

BRISTOL & DISTRICT TRANQUILLISER PROJECT

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ANNUAL REPORT

2015 - 2016

REVIEW OF THE YEAR 2015-2016

BRISTOL & DISTRICT TRANQUILLISER PROJECT ANNUAL REPORT 2015-2016

PROBLEMS WITH BENZODIAZEPINES

- Benzodiazepines are the most commonly prescribed minor tranquillisers and sleeping pills.
- The main ones are Diazepam (Valium), Temazepam, Nitrazepam (Mogadon) and Lorazepam (Ativan).
- They are highly addictive drugs, and their side-effects and withdrawal symptoms can lead to breakdown and temporary mental illness.
- There were 10.3 million prescriptions of benzodiazepines by community pharmacists in 2014 in England alone.

Benzodiazepines were prescribed by doctors from the early 1960's, when they were unaware of the dependence potential. In January 1988 the Committee on Safety of Medicines issued an advice note to all doctors, stating that benzodiazepines were indicated only for 2 -4 weeks and only for severe anxiety or insomnia. The message has been reinforced by regular warnings from Chief Medical Officers since then.

There are estimated to be around 1½ million people in England taking benzodiazepines regularly, most of whom are undoubtedly addicted. Around a third of patients are still being prescribed benzodiazepines for longer than the 2 – 4 week guideline, despite continued warnings from the Department of Health.

No effective national campaign has ever been undertaken to help people withdraw from these drugs. Bristol is one of the few areas in the country to acknowledge and try to remedy the situation and deserves huge credit for this.

PROBLEMS WITH OTHER PRESCRIBED PSYCHOTROPIC MEDICATION

There has been a rapid increase in recent years in the prescribing of psychotropic medication other than benzodiazepines, especially of antidepressants:

INTRODUCTION

- Prescribing of antidepressants has quintupled over the past 20 years.
- In 2015 over 61 million prescriptions for antidepressants were issued by community pharmacists in England. This represents a 7% increase since 2014 and over double the number prescribed in 2005.
- It has been estimated that over 4 million people in England are taking antidepressants regularly.
- The cost to the NHS of antidepressants was £285 million in 2015.
- The Uppsala Monitoring Centre database lists 3 SSRI antidepressants – Prozac, Seroxat and Sertraline – amongst the 30 highest-rating drugs for dependency.
- There has also been a big increase over the past 20 years in the prescribing of the newer sleeping pills such as Zopiclone, Zolpidem and Zaleplon. GPs issued over 10 million prescriptions for sleeping pills in 2011. Roughly half of these were for the ‘Z’ drugs and half for benzodiazepines.

These newer drugs can cause side-effects and withdrawal symptoms that are every bit as bad as those caused by benzodiazepines. New guidelines for the prescribing of antidepressants were issued by the National Institute of Clinical Excellence (NICE) in December 2004. These urged GPs not to prescribe antidepressants to people with mild to moderate depression unless all other treatments failed.

OBJECTIVES OF THE PROJECT

1. To assist those involuntarily addicted to benzodiazepines to understand and cope with their addiction, to plan and make a safe withdrawal where appropriate and to lead normal lives without recourse to any psychotropic medication.
2. To help those taking other prescribed psychotropic medication to come off this medication where appropriate.
3. To inform, advise and support the families and friends of those affected.
4. To inform and advise those professionally involved in the problems of prescribed psychotropic medication addiction.

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SERVICES PROVIDED BY THE PROJECT

1. One-to-one prescribed drugs counselling especially for those new to the Project and those undergoing particular difficulty.
2. Withdrawal groups at the Project led by counsellors but with a strong user involvement.
3. Outreach withdrawal groups in Knowle and Southmead.
4. Drop in availability at the Project for those in particular need.
5. A help-line open 4 days a week.
6. A programme of visits, talks, workshops, seminars, etc, for doctors and other professionals within the Bristol area.

THE WAY THE PROJECT WORKS

The Project provides a safe, supportive atmosphere where people can discuss the problems caused by involuntary benzodiazepine addiction or by other prescribed psychotropic medication with our prescribed drugs counselling staff and volunteers.

At initial meetings clients come to understand better the symptoms caused by long-term dependence on benzodiazepines or other prescribed drugs and usually start to consider withdrawing from the medication. No-one is pressurised to withdraw, but they are encouraged to do so, and the majority of the counselling staff and volunteers are living proof that such withdrawal is possible. The doctor's permission is always sought before embarking on a withdrawal programme.

New clients are also encouraged to participate in withdrawal groups where they can share experiences and information with those who are undergoing the same withdrawal process. Once the clients have started to withdraw they are encouraged to take control of their own withdrawal programme by deciding when and how much to withdraw. Our counselling staff are always on hand to discuss and advise on their withdrawal programme.

INTRODUCTION

The Project's philosophy is that withdrawal from benzodiazepines or other prescribed psychotropic medication should be gradual and clients are advised initially on how to plan a sustainable programme which does not overload them.

Clients are supported throughout the withdrawal process, and also for a considerable length of time after withdrawal. Many clients have taken benzodiazepines or other psychotropic medication for much of their adult lives. Recovery is usually gradual and many life skills need to be learned or relearned. In some cases clients may participate in the work of the Project as volunteers after withdrawal. This often assists those who have been out of work for some time to develop the skills and discipline needed for a return to full-time work outside the Project

COMMITTEE, STAFF AND VOLUNTEERS

The Project puts the highest emphasis on personal experience of the effects of psychotropic medication. The majority of our staff, volunteers and Committee have considerable first-hand experience of the effects of benzodiazepines and other psychotropic drugs. Many of our staff have worked in the field of prescribed drug addiction for over 20 years and they have built up considerable expertise on a wide variety of prescribed psychotropic drugs. Our patron, Professor Ashton, is an internationally respected expert on both benzodiazepines and antidepressants and she provides the Project with invaluable professional advice on these drugs.

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CHAIRMAN'S REPORT

This was the most demanding year I have known at the Project in over 4 years as Chairman.

The move to the new premises took many months of hard work, both before and after we moved in. Jayne was involved in complicated negotiations before the move, much of it related to the new heating system. After we moved in there were problems with the installation of the telephone and computer systems. There were numerous teething problems with both of these which had to be ironed out before they were running properly. I am glad to say that we have now settled into the new premises which in many ways are a great improvement on those at Henleaze Road.

In addition to this there has been a steady increase in the number of helpline calls taken over the past few years, and last year was no exception. Other helplines are gradually falling by the wayside, leaving the Project as one of the very few organisations to offer this service. This has put a heavy toll on the staff, who have worked tirelessly to keep up with the demand. There is a desperate need for additional services to be provided in future, as the Project cannot be expected to continue at this level for very much longer.

I would like to pay tribute to the staff for their efforts over the past year. I very much hope that the year to come will prove less stressful and more manageable.

Jacquie Jones
Chairman

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PROJECT REPORT

INTRODUCTION

This was a very busy year for the Project. Overall numbers of clients helped were at another record level, with another large rise in the number of helpline clients. There was only one change to staff, with the retirement of our longstanding Administrative Assistant, Iris Murch, and the recruitment of Janice Webb to take her place in February. We also welcomed Polly Matthias onto our Committee as a new member. Our move to new premises at Westbury Court took place in May, with many attendant difficulties.

EXECUTIVE COMMITTEE

We were delighted that Polly Matthias joined our Committee in April 2015. Polly had already been a successful client and a very helpful volunteer at the Project so she was an excellent candidate for the Committee. She has attended subsequent meetings regularly and has made useful contributions to the discussions.

We were fortunate that all the other members of the Committee continued to serve during the year. Particular thanks are due once again to Jacquie Jones for remaining as Chair, taking Committee meetings and the AGM, and always being available for advice and support. Our thanks are due to all the other members of the Committee for their continued support during the year.

STAFF AND VOLUNTEERS

After many years of continuity in the ranks of the staff, we were very sorry to lose Iris Murch, who retired at Christmas 2015. Iris was a former client and volunteer at the Project, with a wealth of knowledge about prescribed psychotropic medication. Her work as an Administrative Assistant was always meticulous, and she was expert at keeping doctors, pharmacists, mental health teams and the voluntary sector up to date with our details. She was also responsible for all the admin work involved in setting up the AGM. She was also a kindly, understanding voice on the phone to distressed clients unable to get hold of our support workers on the helpline. She will be very much missed by staff and clients alike.

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We were very fortunate in recruiting a very able replacement for Iris in the shape of Janice Webb, who joined us this February. She was quick to pick up the various aspects of the job and has fitted in well with the rest of the team. We very much hope that she will continue to stay with us for a considerable time to come.

Jayne Hoyle continued as our Manager, sorting out day to day issues, and providing monitoring and evaluation data for the Clinical Commissioning Group. She also had overall responsibility for our move to new premises which was hugely stressful for many months both before and after the move. This was a huge burden which she bore with her usual tenacity and fortitude.

The work of the Project continued as in previous years, the burden of the helpline calls was again taken by Roy and Ian. Ian also continued to provide reports for the Clinical Commissioning Group, (CCG), on clients and their progress in reducing medication. He also drafted the Annual Report, and ran the outreach group at Knowle. Roy continued to look after the Helping Older People scheme and ran the outreach group at Southmead. Iris continued her work dealing with correspondence, e-mails, and distributing information to doctors, pharmacists, the voluntary sector, etc. She also carried out the organisation of the Annual General Meeting with her usual efficiency and kept in touch with our members with regular newsletters. Janice made an excellent start in carrying out all of this work. Bianca continued to look after all the day to day financial matters, and liaised with the utility companies. She was responsible for much of the work in sorting out our computer and telephone systems in the new office.

Tom Jones was again our most loyal and helpful volunteer, putting his hand to any number of tasks around the office. We are extremely grateful for all his help and expertise, we could not manage without him.

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CLIENTS

(a) General

- Over the past 12 months we helped 31 clients at the Project, 7 at the Knowle group, 5 at the Southmead group, 265 over the telephone helpline and 8 by e-mail, a total of 316. This was by far the highest number we have ever helped in any year – the previous highest was last year's figure (282).
- 23 of those seen at the Project commenced withdrawal (74%), as did all 12 of those in the outreach groups (100%), 187 of those in touch by helpline (71%) and 5 of those in touch by e-mail (63%). In all 227 out of 316 commenced withdrawal (72%)
- Of the 43 clients seen face to face, 12 were referred to us by their doctor, 3 by other agencies and the remainder were self-referred.
- We had a total of 237 new clients during the year

(b) Medication

- 68 clients came off benzodiazepines completely
- 61 clients came off antidepressants
- 6 clients came off non-benzodiazepine sleeping pills
- 99 clients came off all their medication.
 - 12 of these were at the Project
 - 3 were in the outreach groups
 - 84 were in touch by helpline

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(c) Gender and Age

- Of the 43 clients helped face to face 26 were female (60%) and 17 male (40%)
- Of the 265 helpline clients 164 were female (62%) and 101 male (38%)
- Of the email clients 4 were female and 4 male
- Age ranges of those seen face to face were as follows:-
 - 5 were between 20 and 40 (12%)
 - 11 were between 40 and 60 (25%)
 - 27 were over 60 (63%).

HELPLINE

- Over the year a record number of clients were helped via the helpline, 265 as against 222 last year, which was itself a record
- A record total of 6296 helpline calls were taken during the year, an average of 525 per month.
- This was a rise of 9% on the previous year, when the total was 5760, an average of 480 per month.
- Helpline calls have now risen 45% over the past 2 years.

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KNOWLE OUTREACH GROUP

Ian continued to run this group for the people of South Bristol. This is held at the Community Health Park in Downton Road, Knowle. This is a positive and mutually supportive group and great credit is due to the clients for their general attitude and hard work.

SOUTHMEAD GROUP

Roy continued to run this group for the people of North Bristol. It is based at the New Brunswick Church Hall in Southmead. Good progress was made by all those at the group. It is hoped that more clients can be referred to the group in the year ahead.

MONITORING AND EVALUATION

Once again we provided detailed outcome measures for the Bristol Clinical Commissioning Group. These showed that clients considered the Project was meeting their needs and that they were making steady progress towards being drug free and well.

HELPING OLDER PEOPLE (HOP) SCHEME

The latest year of the scheme specifically to help additional older people involuntarily addicted to prescribed psychotropic medication ran from 1 April 2015 to 31 March 2016. During the year we helped a total of 76 clients, 15 were helped face to face and 61 by the helpline. 53 were female and 23 male. The percentage of clients commencing withdrawal was around 75%.

We would like to thank the following organisations and individuals who helped to fund the HOP scheme during the past year:-

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James Tudor Foundation
Pixiella Trust
John James Bristol Foundation
The Sir Jules Thorn Charitable Trust
Mr & Mrs Joe Commons

These provided a total of £8,200. We would like to express our most sincere thanks to all those who funded us during the year. It is becoming increasingly difficult to raise funds for the HOP scheme, and we are particularly grateful to those who have continued to support us this year.

Visits were paid to the following organisations under the auspices of the scheme, to advertise our services and distribute leaflets:-

Care Forum – Vassall Centre
Carers Support Centre – Vassall Centre
The Hub – Lockleaze
North Bristol Advice Centre – Lockleaze
Upper Horfield Community Trust
Filton Community Centre
Filton & District Social Club
Becspool Social Club Thornbury
Southmead Community Centre
Southmead Drugs Project
Greenway Centre Southmead
Downend Folk House

EDUCATION/VISITS

1. We wrote to all General Practitioners, Practice Managers, Mental Health Teams, Pharmacists, Libraries and many other voluntary organisations in the Bristol area with details of our services.
2. We provided particular assistance to 6 GPs on withdrawal from benzodiazepines and antidepressants.

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3. We visited many local groups, clubs, churches and community centres throughout the year to provide leaflets and information about our services.

MAIN PROJECT FUNDING

This was the third year of receiving funding from the Bristol Clinical Commissioning Group (CCG). This year we had a new link officer to work with, Aly Fielden. She proved to be equally helpful and supportive to our previous link officer of several years, Grace Elias.

We would like to thank everyone else, both individuals and organisations who helped to fund the Project's main activities during the year. Details of main funders are included on the back cover of the report. However, many other people, including members and individual clients, gave us small donations during the year which were very valuable.

Once again we would like to single out the Linnet Trust for their very generous donation for the sixth year running. Major contributions were also received from Doreen Hodges, the Lloyd Robinson Fund, Wessex Water, John Parrott and Steph Holliday, Nora and Joe Commons, Pauline and Derek Morris and Nicola Morris.

MEMBERSHIP

Rates for the year were £35.00 for life membership, £10.00 for full membership and £5.00 for unwaged or low waged clients. At the end of the year we had 101 members of which 71 were lifetime members, 13 full and associate members and 17 honorary members. In all this raised £400.00 for Project funds during the year. We would like to thank all members for their continued support of the Project.

BRITISH MEDICAL ASSOCIATION (BMA)

The BMA held a meeting on 25 February 2016 to agree actions required to tackle prescribed drug dependence, covering benzodiazepines, z-drugs, antidepressants and opiate painkillers. Following the meeting, the BMA issued a document detailing the agreed areas for action. These include:

- Calling for a national helpline for prescribed drug dependence

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- Writing to NICE proposing a review of the effects of withdrawal from psychoactive prescribed drugs
- Establishing a working group with the aim of multi-disciplinary quality standard guidelines for prescribing
- Undertaking a pilot of the best way to fund and commission local specialist prescribed drug withdrawal services
- Lobbying for changes to the Prescribing Safety Assessment, part of the year 1 medical curriculum
- Incorporating patient experiences within relevant training programmes
- Proposing areas of additional research to funding organisations, to include research on withdrawal and the harms associated with prescribed drug dependence.

A further meeting was due to be held in June to assess progress.

CHOOSING WISELY CAMPAIGN

Doctors have joined forces in a campaign to cut back on the use of prescriptions, and medical interventions, including drugs for mental health problems. The Academy of Medical Royal College has signed up to the International Choosing Wisely campaign. This aims to curb the use of unnecessary medical interventions and to reverse what it says is a trend to 'overmedicalise' illness.

Writing in the British Medical Journal senior medics argue that a culture of 'more is better' has resulted in patients 'sometimes being offered treatments that have only minor benefit and minimal evidence despite the potential for substantial harm and expense'.

The Academy is asking professional and healthcare organisations to create a 'top five' list of procedures to be avoided. For GP's this is likely to include antidepressants for mild depression. Non-medical approaches might be equally effective 'for example, mindfulness and talking therapies have been shown to

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have positive effects in some patients with recurring depression and anxiety, as opposed to taking antidepressants’.

The Choosing Wisely campaign encourages doctors to ‘have conversations with their patients and explain honestly what the value of a treatment is’ said Professor Bailey, who chairs the Academy. ‘It’s just about taking a grown-up approach to healthcare and being good stewards of the resources we have’.

IAPT SERVICES

The NHS is to fund the expansion of IAPT (Improving Access to Psychological Therapies) in England, in response to the recommendations from a government-backed mental health task force. NHS England has accepted the task force’s main recommendations and pledged to increase funding for NHS mental health services by £1 billion by 2020/21 to raise standards to an equivalent with physical health care.

In its report setting out a 5-year vision for mental health in the NHS, the Mental Health Taskforce, chaired by Paul Farmer, Chief Executive of MIND, sets out key priorities for increased spending. It says that only 15 per cent of people who need talking therapies currently get help from IAPT services. It wants services to expand so they can treat 25 per cent of those in need by 2020 – an increase of 600,000 people. It also sets a target for IAPT and specialist employment support services to help a total of 29,000 more people to find or stay in work.

The Chief Executive of NHS England said:-

‘Putting mental and physical health on an equal footing will require a large increase in psychological therapies. That’s what today’s taskforce calls for, and it’s what the NHS is now committed to pursuing’

UNSAFE REPORT ON SEROXAT

Millions of young people were prescribed a common antidepressant on the basis of a medical trial that actually showed the drug was neither safe nor effective in children and adolescents, a major review has concluded. This new analysis of tens

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of thousands of pages of GlaxoSmithKline ‘Study 329’ starkly contradicts the original reports claims about Paroxetine – sold in the UK as Seroxat.

It is the first study to be reassessed under a pioneering initiative aimed at overturning the findings of potentially misleading studies, often funded by drug companies. The dangers of Paroxetine, which can lead to suicidal behaviour and aggression in children and adolescents, are well established. However, the reassessment of study 329 marks a milestone in the medical community’s campaign to open up clinical trial data held by pharmaceutical companies to independent scrutiny.

The original trial report, funded by what was then SmithKlineBeecham in 2001, was not written by any of the 22 named experts but by a medical writer hired by the drug company. It concluded that the drug was ‘generally well tolerated and effective’. In fact, according to researchers from the University of Adelaide, writing in the British Medical Journal, an assessment of all the data from the trial supports the opposite conclusion in young people.

Within a year of the original report, the US Food and Drug Administration branded Study 329 a ‘failed trial’. However, in 2002 alone, over 2 million prescriptions were written for children and adolescents in the USA. Seroxat is still available in the UK, but Department of Health guidelines state it should not be used for children and young people suffering from depression.

SUICIDE RISK WITH ANTIDEPRESSANTS

A review of 70 trials of the most common antidepressants, involving more than 18,000 people, found they doubled the risk of suicide and aggressive behaviour in under 18’s. No such risk was found for adults. The review was carried out by the Nordic Cochrane Centre and analysed by University College London (UCL), which endorsed the findings.

After comparing clinical trial information to actual patient reports, the scientists concluded that pharmaceutical companies had regularly misclassified deaths and suicidal actions or thoughts in people taking antidepressants to ‘favour their products’.

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Professor Peter Gotzsche, the lead author, from the Nordic Cochrane Centre, said:-

‘Antidepressants don’t work in children, that is pretty clear, in the randomised trials children say that they don’t work for them, but they increase their risk of suicide. What I get out of this colossal under-reporting of suicides is that (antidepressants) likely increase suicides in all ages’.

Experts said the review’s findings were ‘startling’ and that it was ‘deeply worrying’ that clinical trials appear to have been misreported.

Dr Joanna Moncrieff, from UCL, said:-

‘People in the UK are consuming more than four times as many antidepressants as they did two decades ago. Despite this we still do not fully understand the effects of these drugs’.

The UK has the seventh highest prescribing rate for antidepressants in the western world, with about 4 million Britons taking them every year – twice as many as a decade ago at a cost of more than £200 million a year for the 57 million prescriptions now written by community pharmacists in England alone.

The review’s authors concluded that exercise and psychotherapy should be offered to children and young adults before antidepressants, because the harms are likely to outweigh the benefits.

The drugs reviewed were duloxetine, fluoxetine (Prozac), paroxetine, sertraline and venlafaxine. These belong to two classes, selective serotonin reuptake inhibitors (SSRI’s) and serotonin and noradrenaline reuptake inhibitors (SNRI’s).

Marjorie Wallace, the chief executive of the charity SANE said:-

‘This new report indicates that great caution must be taken in prescribing new generation antidepressants for children and adolescents’. Health experts said misreporting of trial data was a growing problem.

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BENZODIAZEPINES TO BECOME CONTROLLED SUBSTANCES?

An article in the American publication 'JAMA Psychiatry', by Olfson, King and Schoenbaum, reports a very comprehensive study of the use of benzodiazepines in the United States. This study confirmed what has been found in several other countries, that benzodiazepines are used predominantly in elderly people, mainly women, and for long periods of time. The older the patient, the longer the drug is used. However, for their main indications of insomnia and anxiety, benzodiazepines fare little better than placebos after a few weeks of treatment. After an initial improvement, the effect wears off and tends to disappear. At that point, what happens when patients try to stop taking benzodiazepines is that they experience withdrawal insomnia and anxiety. After a few weeks of treatment, patients are actually worse off than before they started and cannot stop taking the drug.

The study continues, that benzodiazepines are drugs that should be used at most for a few days or weeks in selected patients, carefully monitored, and stopped as soon as possible. Their true targets are acute episodes of insomnia or transient anxiety in young people. Prolonged use in older people has been associated with a higher risk of falls, amnesia and loss of control, for example leading to a greater risk of car crashes.

The study concludes that it may now be time to act, perhaps first by restricting the prescription of benzodiazepines to psychiatrists. The next step would be to consider them the same as other dangerous addictive substances and put them on a tight dispensation schedule using limited duration prescriptions with no refills. Such barriers could help the public and prescribers think more about the risks before prescribing or using benzodiazepines.

ANNUAL GENERAL MEETING

Our AGM was held on Wednesday 14th October at the British Aerospace Welfare Association (BAWA) Leisure Centre in Southmead. BAWA again very generously waived the fee (£235) for the use of the premises.

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The guest speaker this year was James Davies. He has written widely and lectured in major universities both here and abroad about the problems associated with prescribed drugs. His book 'Cracked: Why Psychiatry Is Doing More Harm Than Good' asked why psychiatry is such big business. He explains in this how the everyday sufferings and setbacks of life are now 'medicated' into illnesses which require treatment, usually with highly profitable drugs.

Dr Davies' talk was entitled 'The Book of Mental Disorders (the DSM) – a Work of Fact or Fiction'. This looked at the American system for classifying mental illnesses, and how it has grown exponentially over the years. It also underlined the strange and often completely amateur processes that led to the inclusion of new 'illnesses' within the classification. It was an excellent talk, which went to the heart of the problems caused by the excessive over-medicalisation of many completely harmless habits or behaviour patterns. This has led to the endless increase in the extent of the psychiatric empire and the relentless increase in the use of prescribed psychotropic medication.

TARGETS FOR 2016/17

1. To work towards securing long-term NHS funding for the Project.
2. To raise £26,000 for the HOP scheme.
4. To continue our existing helpline, withdrawal groups, drop-ins, assessments and counselling sessions.
5. To continue to advertise our services to health professionals, mental health teams, pharmacists, libraries and voluntary sector organisation in the Bristol area.

Jayne Hoyle
Project Manager

Ian J Singleton
Senior Project Development Worker

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Founder: Valerie Stevens in 1985

Patron: Professor C H Ashton, D.M., F.R.C.P, of Newcastle University

EXECUTIVE COMMITTEE/DIRECTORS:

Jacque Jones

Chairman

Maureen O'Connor

Treasurer

Anthony R Burton MBE

Victoria Greenhouse

Valerie Stevens

Polly Matthias (from 11.4.15)

STAFF MEMBERS:

Jayne Hoyle BSc, MSc, CPsychol

Project Manager

Ian Singleton, BA (Oxon)

Senior Project Worker

Roy Jones

Project Worker

Iris Murch (till 23.12.15)

Administrative Assistant

Janice Webb (from 8.2.16)

Administrative Assistant

Bianca Edwards

Administrative Assistant