

# **BRISTOL & DISTRICT TRANQUILLISER PROJECT**

Company Limited by Guarantee No: 5126531  
Registered in England and Wales

Registered Charity No: 1104033



## **ANNUAL REPORT**

### **2016 - 2017**

## INTRODUCTION

# BRISTOL & DISTRICT TRANQUILLISER PROJECT ANNUAL REPORT 2016-2017

### PROBLEMS WITH BENZODIAZEPINES

- Benzodiazepines are the most commonly prescribed minor tranquilisers 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 around 10 million prescriptions of benzodiazepines by community pharmacists in 2015 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 1 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:

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- Prescribing of antidepressants has risen sevenfold over the past 25 years
- In 2016 over 64 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 5 million people in England are taking antidepressants regularly. The Health and Social Care Information Centre published its Health Survey for England in 2013. This showed that 11% of women and 6% of men were taking antidepressants.
- The cost to the NHS of antidepressants was £285 million in 2015.
- The Uppsala Monitoring Centre database has listed 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 25 years in the prescribing of the newer sleeping pills such as Zopiclone, Zolpidem and Zaleplon. GP's 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 GP's 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.

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4. To inform and advise those professionally involved in the problems of prescribed psychotropic medication addiction.

## **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

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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

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 side 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 has provided the Project with invaluable professional advice on these drugs.

## **REVIEW OF THE YEAR 2016-2017**

### **CHAIRMAN'S REPORT**

This year has been less stressful than the previous one but that is not to say that it has been easy. The relentless increase in the number of new clients calling the Project has continued, reaching record levels. We have had to impose a one call per day policy to ensure we can respond to all callers.

We have had major problems with our computers during the year but I am glad to say this has now been sorted out.

HOP funding has been difficult for the second year running. We are making special efforts to overcome this, helped by one of our most loyal funders, the James Tudor Foundation.

I would like to express my great admiration to all the Staff who kept the Project up together over the previous year, despite the increase in callers and some staff illness. Jayne and Ian have done a wonderful job of providing information to the CCG for the end of the year report. This is an onerous task, but essential to enable the Project to qualify for continued funding.

Jacquie Jones  
Chairman

## **REVIEW OF THE YEAR 2016-2017**

### **PROJECT REPORT**

#### **INTRODUCTION**

This was another very busy year for the Project. Overall numbers of clients were at yet another record level, with another large rise in the number of helpline clients. There were no changes to staff or Committee this year, which was a huge help.

#### **EXECUTIVE COMMITTEE**

We are grateful to our 6 Committee members for continuing to serve during the year. Jacquie continued to serve as Chairman, taking Committee meetings and the AGM and always being on hand for advice and support. Mo continued to serve as Treasurer, for which many thanks are due. Polly continued to attend Committee meetings regularly, even after the birth of her daughter Hannah in January. We would like to say a special thank you to her for this and also send many congratulations to her and Stuart on the birth of their first child.

#### **STAFF AND VOLUNTEERS**

Our staff continued with their existing duties during the year. We were grateful and relieved to have a year without staff changes.

Jayne continued in the Manager role, sorting out day to day issues and most particularly writing the monitoring and evaluation report for the Clinical Commissioning Group. She was also mainly responsible for obtaining funding for the HOP scheme. Ian and Roy continued to take most of the helpline calls. Ian also ran the outreach group in Knowle, provided a statistical annual report for the CCG and drafted the Annual Report. Roy continued to look after the Southmead outreach group and was the designated worker for the HOP scheme. Janice continued her work dealing with daily correspondence, e-mails, and distributing information to doctors, mental health teams, pharmacists and the voluntary sector. She also carried out the organisation of the AGM with great efficiency, and kept in touch with members. Bianca continued to be our financial expert and liaised with the utility companies and our landlords. She was also busy sorting out continued problems with the computer and telephone systems.

Tom Jones once more proved his worth as a diligent and loyal volunteer. He continued to collate information about our phone calls on a monthly basis and helped with innumerable one-off tasks.

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### CLIENTS

#### (a) General

- over the past 12 months we helped 26 clients at the Project, 6 at the Knowle group, 6 at the Southmead group and 293 via the telephone helpline, a total of 331. This is the highest number of clients we have ever helped in one year – the previous highest was last year's figure (316), which was itself a record.
- 22 of those seen at the Project commenced withdrawal (85%), as did all 12 of those in the outreach groups (100%) and 222 of those in touch by helpline (67%). In all 256 out of 331 commenced withdrawal (77%).
- of the 38 clients seen face to face, 10 were referred to us by their doctor, 2 via Bristol Drugs Project and the remainder were self-referred.
- we had a total of 241 new clients during the year

#### (b) Medication

- 87 clients came off benzodiazepines completely
- 72 clients came off antidepressants
- 16 clients came off zopiclone
- 121 clients came off all their medication
  - 10 of these were at the Project
  - 7 were in the outreach groups
  - 104 were in touch by helpline

#### (c) Gender and Age

- of the 38 clients seen face to face 22 were female (58%) and 16 male (42%)
- of the 293 helpline clients 164 were female (56%) and 129 male (44%)
- age ranges of those seen face to face were as follows:-

## **REVIEW OF THE YEAR 2016-2017**

- 3 were between 20 and 40 (8%)
- 11 were between 40 and 60 (29%)
- 24 were over 60 (63%)

### **HELPLINE**

Over the year a record number of clients were helped via the helpline, 293 as against 265 last year and 222 the year before.

Overall numbers of calls were down this year, as we were forced to bring in a rule that clients could only make one call per day. Some clients had been calling at regular intervals during the day. This meant that the phones were constantly ringing, which was stressful for staff and frustrating for those clients unable to get through to us. The new policy has been very successful. Clients can now be fairly sure of getting through to us during the day, and staff are much better able to manage the number of calls we are now getting.

### **KNOWLE OUTREACH GROUP**

Ian continued to run this group for the people of South Bristol, which is held at the Community Health Park in Downton Road, Knowle. Good progress was made in withdrawal by the clients and the group continues to be very positive and supportive and the results are very good. It is hoped that local GP's will refer more patients to this group in future.

### **SOUTHMEAD GROUP**

Roy continued to run this group for the people of North Bristol, which is held in the New Brunswick Church Hall in Southmead. Again, this is a very supportive group with good progress towards withdrawal. It would also benefit from more referrals from local GP's.

### **MONITORING AND EVALUATION**

This year we provided expanded outcome measures for the Bristol Clinical Commissioning Group. These continued to show that the Project is meeting their needs and that clients considered it a valuable resource, even a lifeline in some cases. We continue to modify our services in the light of comments made by clients in this survey.

### **HELPING OLDER PEOPLE (HOP) SCHEME**

The latest year of the scheme specifically to help additional older people involuntarily addicted to prescribed psychotropic medication. During the year we helped 71 clients, 9 face to face and 62 by helpline. 50 were female and 21 male. The percentage of clients commencing withdrawal was just under 80%.

## **REVIEW OF THE YEAR 2016-2017**

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

Mrs Polly Matthias  
Mr & Mrs Joe Commons  
James Tudor Foundation  
Van Neste Foundation  
Denman Charitable Trust  
Bristol Masonic Charities

These provided a total of £12,730. We would like to express our most sincere thanks to all of those who funded us during the year. We are struggling to raise sufficient funds for the HOP scheme, and we are extremely grateful to all those who 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  
North Bristol Advice – Lockleaze  
The Hub – Lockleaze  
Upper Horfield Community Trust  
Filton Community Centre  
Filton & District Social Club  
Southmead Community Centre  
Southmead Drugs Project  
Greenway Centre Southmead  
Downend Folk House  
St Teresa's – Filton  
Slant – Southmead

### **EDUCATION/VISITS**

1. We wrote to all General Practitioners, Practice Managers, Mental Health Teams, pharmacists, libraries and many other voluntary sector organisations in the Bristol area with details of our services.
2. We provided particular assistance to 4 GP's on withdrawal from benzodiazepines and antidepressants.

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

### **MAIN PROJECT FUNDING**

This was the fourth year of receiving funding from the Bristol Clinical Commissioning Group (CCG). Again we worked with Aly Fielden as our link officer to discuss progress and improvements to our services. We would like to thank the CCG for its continued, vital support for the work we do.

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. Many others made smaller donations that were equally valuable to us.

Once again we would like to express our special gratitude to the Linnet Trust for their extremely generous donation. They have now funded us for seven years running, it is impossible to express how important this is to us. Major contributions were also received from the Needham Cooper Charitable Trust, the estate of Rene Gould, Wessex Water, Mrs B Drury, and the Morris family, Derek, Pauline and Nicola.

### **MEMBERSHIP**

Rates for the year were £35 for life membership, £10 for full membership and £5 for unwaged or low waged clients. At the end of the year we had 100 members, of which 72 were lifetime members, 12 full and associate members and 16 honorary members. In all, this raised £535 for the Project funds during the year. We would like to thank all members for their continued commitment to the work of the Project.

### **CALL FOR NATIONAL HELPLINE**

In October 2016 the All Party Parliamentary Group for Prescribed Drug Dependence (APPG) issued a report calling for a national helpline to support patients affected by Prescribed Drug Dependence (PDD). This follows on work carried out by its predecessor, the All Party Parliamentary Group on Involuntarily Tranquiliser Addiction (APPGITA). This group had issued a survey in June 2012 to determine the level of services available across the country. Of the 100 Primary Care Trusts that responded, 83 Trusts acknowledged that they had no services, 11 had partial services, while only 6 confirmed that they had proper service.

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The new APPG report reviewed all the evidence of widespread addiction to benzodiazepines, antidepressants and opiates. In the light of the lack of existing help within the NHS, the report concluded:-

*‘The impact of long-term use and withdrawal from psychoactive prescription drugs can be devastating, leading to a range of harms including disability and death. Studies demonstrate that long-term use often leads to worse outcomes for patients, yet prescription data shows that the rate of prescribing continues to increase, with millions of people in the UK taking prescribed psychoactive drugs long-term.*

*There are no NHS services which provide the specialist support needed by this cohort of patients. While some GP’s are aware of this issue and can provide suitable advice, many are uninformed and as a result misdiagnosis can occur, leading to the unnecessary prescription of additional or substitute drugs.*

*The APPG for Prescribed Drug Dependence calls upon the Public Health Minister and the Department of Health to fulfil the commitment of successive health ministers by providing an appropriate helpline service for these patients. Such a helpline would ensure that there is a timely, consistent, nationwide support for a group of patients who have become dependent – and often disabled – because of treatment received through the NHS. The Public Health Minister and the Department of Health should therefore recognise the urgent need for services in this area, and provide the necessary resources to ensure that there is an effective national solution to this growing crisis in public health.’*

### DAILY MAIL ARTICLE OF 8 NOVEMBER 2016

A Daily Mail article of 8 November 2016 backed the evidence given by the APPG about these drugs. It states:-

*‘For decades, patient groups, addiction charities and experts have warned about the over-use of benzodiazepines, with calls to provide specialist help for patients to come off them to be provided on the NHS. They have also called for doctors to change prescribing habits. Such calls have been largely ignored.*

*Professor Malcolm Lader, a psycho-pharmacologist from King’s College London identified so-called benzo dependency syndrome – where patients develop dependence even at lower doses and when taking the drug as prescribed. He started campaigning in the Seventies and says he has been trying to get the NHS to do something about it ever since, but has met a brick wall.*

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*Professor Heather Ashton, from Newcastle University, devised a protocol to help patients come off the drugs gently – the Ashton Manual – and set up the first NHS benzodiazepine withdrawal clinic. But it is one of just a handful of centres.*

*'If patients get referred for treatment at all, they can end up being sent to drug dependency services for illegal drugs. Patients feel that when they do go to the doctor, 'they are blamed for being in that position', says Dr Andrew Green of the British Medical Association (BMA).*

*Following a two-year consultation with patient groups, the BMA has finally acknowledged the scale of the problem. It is calling for a national helpline and specialist support services to help patients who are hooked on benzodiazepines and other prescription medicines.*

*Dr Green admits the BMA had realised there was a problem with benzodiazepines for 'quite a long time'. He adds 'But until this consultation exercise, what we didn't realise was the scale of the problem or the depth of feeling it causes in those affected.'*

*'Patients feel let down by the NHS and say the services are not there for them'*

*Professor Maureen Baker, chair of the Royal College of GP's, supports the BMA's calls for a helpline and dedicated withdrawal services. She suggests they should be prescribed long-term only in 'exceptional circumstances' – for example in patients with chronic anxiety under psychiatric care.*

*Professor Lader dismissed the BMA's announcement as 'too little, too late'. He says the problem is not theirs but the NHS's, and the root lies with 'the GP's – they just won't listen'. He has called for pharmacists to be given legal powers to challenge GP prescribing decisions. 'GP's won't like it, of course. They think they are god incarnate, but pharmacists could play a role as information specialists,' he says.*

*'There should be an automatic stop on prescribing these drugs at three months and pharmacists could be the first line of defence.' He also says more hands-on treatments should be available within GP surgeries as an alternative to drugs, including early access to cognitive behavioural therapy (CBT) and relaxation techniques.*

*Meanwhile, patients are taking matters into their own hands, with a growing number of those prescribed benzodiazepines long-term taking legal action against their doctors and seeking compensation.*

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*Oliver Thorne, of Slee Blackwell Solicitors, Barnstaple, explained that patients are being prescribed these drugs by NHS clinicians and becoming addicted through no fault of their own. 'There is no provision within the NHS to address this problem,' says Mr Thorne, 'So patients end up having to pay for treatment out of their own pocket for a problem that wasn't of their making,' he says.'*

### DAILY MAIL BACKS CALL FOR NATIONAL HELPLINE

A Daily Mail article in March 2017 again backed the call for a national helpline for those involuntarily addicted to prescribed medication. The article states:-

*'They are the forgotten victims of medical incompetence, the secret army of innocent addicts – hundreds of thousands of them – hooked on drugs prescribed by their doctors for pain, anxiety, sleeplessness or depression.'*

*They had put their trust in the experts, only to descend into a nightmare of dependence on the very pills that were supposed to help them – and then find themselves abandoned to their fate.*

*Today the Mail exposes the national disgrace of the hidden and ignored epidemic of addiction to prescription drugs, calling for the Government to set up a 24-hour helpline for people hooked on prescription drugs through no fault of their own. The forgotten victims of medical incompetence, hundreds of thousands are hooked on drugs prescribed by their doctors for pain, anxiety, sleeplessness or depression.*

*The present situation is completely unsatisfactory' it continues.*

*'While some GP's are aware of withdrawal effects and understand the importance of slowly reducing the dose, others deny that the drugs can cause these problems. Even when it is done properly, withdrawal from benzodiazepines can take 'months or years', says the Royal College of Psychiatrists.*

*'Withdrawal should be done gradually, and only with proper support', adds Stephen Buckley, Mind's spokesperson on mental health problems and their treatments. 'We hear from lots of people who have been on antidepressants for a long time and want to come off them but with limited time and money and a huge number of patients to see, not every GP is set up to help,' he says.*

*Indeed, while some GP's are aware of side-effects and withdrawal effects, and understand, for example, the importance of slowly reducing the dose, 'others deny that the drugs can cause these problems, or insist on rapid tapers which can cause*

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*great harm to patients', according to a report on the helpline proposal presented to the Government last year.*

*GP's point to a lack of specialist services to which they can refer patients. This makes the Government's response to the BMA's appeal for a helpline all the more astonishing. Over the past year funding to addiction services has been slashed by 30 per cent 'and people dependent on prescription drugs have been pushed further down the priority list.'*

*In a letter seen by the Mail, Nicola Blackwood, under-secretary of state for public health, suggests 'people who feel they might be dependent on either prescribed or over-the-counter-medicines should seek help from their GP.'*

*'I accept this may not always be straightforward,' Blackwood added. 'However, help and advice is also available from the 111 helpline or the online NHS Choices service.'*

*Clearly, these options are a world away from the dedicated services campaigners say are vital.*

*'Long term users of antidepressants, tranquillisers and opioid painkillers can suffer devastating effects when they try to withdraw, often leading to years of unnecessary suffering and disability,' says Paul Flynn, chair of the APPG. 'And yet – unlike illicit drugs – there are hardly any dedicated services to support them.'*

*The Mail is backing a call by the parliamentary group for an urgent inquiry to examine the extent and causes of the over-prescribing problem and the lack of support services available to patients.'*

## THE CASE OF LUKE MONTAGU

The same Daily Mail article also mentioned the story of Luke Montagu, well known to this Project and a founder member of the Council for Evidence Based Psychiatry. The article was as follows:-

*'Luke Montagu, the Viscount Hinchinbrooke, battled benzodiazepine dependence for years after being prescribed them following a sinus operation when he was 19. He'd had a reaction to antidepressants given after the surgery, which left him feeling 'wired' and suffering from insomnia.*

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*'So I was then prescribed benzos to help me sleep,' he says. For the next 19 years he was prescribed a combination of drugs, including the benzodiazepine clonazepam, until he eventually came off them in a private clinic seven years ago.*

*'Withdrawal from benzos is the most horrific thing I've been through in my life,' he told Good Health. 'For the first few years after I came off the drugs I couldn't function at all and was stuck at home unable to work. I suffered from memory loss, pins and needles, extreme agitation and insomnia. Even now I've been left with permanent nerve pain.'*

*Luke, founder of the Council for Evidence-Based Psychiatry, which campaigns for responsible prescribing, says that the over-prescription of benzodiazepines is 'a national disgrace – and it's shocking it's taken the medical profession this long to act. We've had promises from successive public health ministers, but then they'd get reshuffled and nothing would get done.'*

*He said he hoped the BMA step was a mea culpa moment for the medical profession to come forward and acknowledge there was a problem of their own making.'*

### DRUG FIRMS PAY UP TO £100,000 FOR DOCTORS ASSESSMENTS

An article in the Daily Telegraph in July 2016 pointed to the huge amounts doctors can make from assessing new drugs. The article was as follows:-

*'Doctors involved in assessing which drugs should be prescribed to NHS patients are receiving up to £100,000 per year from pharmaceutical companies.*

*A new database reveals that individual medics are receiving tens of thousands of pounds in consultancy fees from the pharmaceutical industry while recommending products to patients. At the same time NHS officials involved in assessing which drugs should be prescribed to patients have been earning up to £20,000 from firms simultaneously marketing their products to the health service.*

*However, tens of millions of pounds' worth of payments to doctors and officials were not individually declared because the recipients refused to be named in the voluntary register. The disclosures, based on figures in a new database published by the Association of the British Pharmaceutical Industry (ABPI), come after a series of Daily Telegraph investigations have exposed the practice of NHS staff involved in prescribing work taking lucrative advisory fees from drugs firms.*

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*The pharmaceutical industry say firms need the expertise of doctors, nurses and officials to help 'bring the right medicine to the right patient at the right time.' But the practice has also raised concerns about the potential for conflicts of interest.*

*The ABPI yesterday published a database which shows a breakdown of payments from drugs firms. It described the publication as 'a milestone moment for transparency in our industry'*

*In total, £46 million was paid out to medics and officials in 'fees for service and consultancy' and related expenses in 2015. However, the industry body admitted that the payments making up around 52 per cent of this total were not individually included in the database because the recipients had refused to be included. Ben Goldacre, lead academic at the Evidence-Based Medicine Data Lab at Oxford University, said 'A financial conflict of interest does not necessarily mean that somebody is up to no good, but it does mean there are risks, and that they may be biased. That's why clearly declaring your conflicts matters, so that we can all judge for ourselves.'*

## RISE IN MENTAL HEALTHCARE USE

More than one in three adults (37%) with anxiety and depression in England were receiving mental health treatment in 2014, a new report from NHS Digital reveals. This is a significant rise from the one in four (24%) recorded in 2007, when the national *Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing in England* was last carried out.

Yet talking therapies are still being offered much less frequently than medication.

Overall, around one in six adults (17%) in England met the criteria for common mental disorders (CMD) such as anxiety and depression. But women were more likely than men to report CMD (19% compared with 12%). Women were also more likely than men to report severe symptoms of CMD (10%, compared with 6%).

The report also reveals a growing gap in rates of CMD between young men and women. In 1993, 19 per cent of 16 to 24-year-old women reported symptoms of CMD, compared with eight per cent of men in this age group. In 2014, CMD symptoms were almost three times more often reported by women in that age group (26%) than by men (9%); a quarter of young women aged 16-24 were self-harming, and 13 per cent of young women in this age group reported symptoms of post-traumatic stress disorder, compared with four to five per cent of men.

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Overall, just half of people who attempted suicide had sought help after their most recent attempt. Only 12 per cent of those with current anxiety and depression were having psychological therapy; 31 per cent were treating symptoms with medication. However, there was a rise in the proportion of those with severe anxiety and depression receiving psychological therapies, from 13 per cent in 2000 to 15 per cent in 2007 and 18 per cent in 2014.

Professor Maureen Baker, Chair of the Royal College of GP's, said NHS England's *GP Forward View* report had promised every GP practice access to a dedicated mental health therapist: 'The growing number of patients presenting with mental health conditions in our surgeries underlines the urgent need to implement these plans.' [tinyurl.com/hybtfnr](http://tinyurl.com/hybtfnr)

### ANTIDEPRESSANTS MAY CAUSE CHRONIC DEPRESSION

Antidepressants may be fuelling the rise in the numbers of people who are unemployed and claiming benefits because of mental health problems, MP's on the All Party Parliamentary Group (APPG) for Prescribed Drug Dependence have been told.

These claims have risen to more than 1.1 million, alongside a 500 per cent increase in prescriptions for antidepressants to almost 60 million in England. The picture is similar in many other countries in the developed world. Yet benefit claims for other common health problems, such as musculo-skeletal conditions – are falling.

Speaking at an event in Westminster on 11 May arranged by the APPG to discuss concerns about the rising numbers of disability claims for mental illness in the UK, US health writer Robert Whitaker said that long-term follow-up studies show that up to 80 per cent of people with depression who take antidepressants remain depressed, yet 85 per cent of those who don't take antidepressants are recovered and remain well at one year. 'Drugs may be helpful for the short-term but maybe they increase progression of the disease in the long-term. They make you more vulnerable to depression,' he said.

Joanna Moncrieff, senior lecturer at University College London, and a practising consultant psychiatrist, disputed the belief that antidepressants work by reversing a chemical imbalance in the brain. 'There is no evidence for this or even that there is a chemical imbalance associated with depression. It is a myth put about by drug companies,' she said. She called for more research into the psychological effects of being prescribed antidepressants: 'I think many people given a pill hear the message, *'you have a problem with your brain, you need this drug to put it right'*, and

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that has a profoundly disempowering effect. It sets people up to a lifetime of chronicity...Doctors need to look for alternatives.'

However, fellow consultant psychiatrist Alan Green warned against jumping to conclusions 'based on soundbites'. The problem is not the over-prescribing of antidepressants so much as under-resourcing of good, holistic, multidisciplinary mental health care, he said. 'We are spending the money but we are spending it on disability payments.' <http://prescribedrug.org>

### ANTIDEPRESSANTS POSE SUICIDE RISK TO ADULTS

Taking antidepressants doubles the risk of suicide and violence, even among healthy adults with no symptoms of mental ill health, a new review of published studies reveals.

This is the first ever review of trials of antidepressants taken by healthy adults with no signs of a mental disorder. It was undertaken by a research team in Denmark to test claims that risk of suicide associated with antidepressants is simply a symptom of mental illness, or only a problem in children.

The systematic review examined 13 double-blind, placebo-controlled trials and may, the researchers say, actually underestimate the risks associated with antidepressants, as they had access to the published data only for 11 of the 13 trials, rather than the full data held by the drugs' manufacturers.

Lead author Professor Peter Gotzsche of the Nordic Cochrane Centre said: 'While it is now generally accepted that antidepressants increase the risk of suicide and violence in children and adolescents, most people believe that these drugs are not dangerous for adults. This is a potentially lethal misconception.' [tinyurl.com/z77mwmf](http://tinyurl.com/z77mwmf)

### ANNUAL GENERAL MEETING

Our AGM was held on Thursday 17 October at the British Aerospace Welfare Association (BAWA) leisure centre in Southmead. BAWA again kindly waived the fee (£235) for the use of the premises.

The guest speaker was Dr Joanna Moncrieff, practising Consultant Psychiatrist and Reader at University College London. She is one of the founding members and co-chair of the Critical Psychiatry Network, and has written 3 books on psychotropic medication, 'The Bitterest Pills', 'The Myth of the Chemical Cure', and 'A Straight Talking Introduction to Psychiatric Drugs'.

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Her talk was entitled 'Medicating Distress: The History and Politics of Prescribing Drugs for Mental Health Problems'. She described how drugs had been used for centuries to manage sadness and anxiety, and the physical effects of these drugs on the brain and body. The talk was very well received and led to a large number of questions and considerable discussion.

## **TARGETS FOR 2017-18**

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

Jayne Hoyle  
Project Manager

Ian J Singleton  
Senior Project Development Worker

## **ACKNOWLEDGEMENTS**

The Committee and Staff would like to acknowledge with gratitude the financial assistance to the Project of these organisations and individuals during the past year.

### **MAIN PROJECT CORPORATE FUNDING**

Bristol Clinical Commissioning Group (Core Funding)  
Linnet Trust  
Needham Cooper Charitable Trust  
Wessex Water

### **MAIN PROJECT INDIVIDUALS**

Mrs B Drury	Derek, Pauline and Nicola Morris
Helen Keen	Howard Kettle
Daphne Norbury	Angela Clayton
Dr Peter Beck	Shirley Cooley
Judy Clements	
Estate of the late Rene Gould	

### **HELPING OLDER PEOPLE (HOP) FUNDING**

Nora and Joe Commons  
Mrs Polly Matthias  
Bristol Masonic Charities  
James Tudor Foundation  
Denman Charitable Trust  
Van Neste Foundation

There were also other smaller donations from numerous individuals whose contributions to the Project were invaluable.

## REVIEW OF THE YEAR 2016-2017

### BRISTOL & DISTRICT TRANQUILLISER PROJECT

Company Limited by Guarantee No: 5126531

Registered in England and Wales

Registered Charity No: 1104033

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**Founder:** Valerie Stevens in 1985

**Patron:** Professor C H Ashton, DM, FRCP, of Newcastle University

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