

BRISTOL & DISTRICT TRANQUILLISER PROJECT

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

Registered Charity No: 1104033



ANNUAL REPORT

2017 - 2018

INTRODUCTION

BRISTOL & DISTRICT TRANQUILLISER PROJECT ANNUAL REPORT 2017 - 2018

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 2016 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 on prescription, 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. A new problem has arisen recently from young people taking Xanax, obtained online, for recreation and to combat stress.

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 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 4 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.

INTRODUCTION

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 or helpline consultations 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

INTRODUCTION

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. Most 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.

CHAIRMAN'S REPORT

This year has been as stressful as the previous years partly due to the ill health of some members of staff. After her operation Jayne is now back in the office building up to her normal full-time hours. Despite her absence Jayne has also managed to complete the report for the CCG and has sent out requests for HOP funding. Ian unfortunately was poorly in January but is now back on form. These absences, of course which cannot be avoided, leave very few staff to cope on a day-to-day basis. The volume of calls has not been as high as last year, and therefore allows more time to discuss problems with our clients, but is still higher than in previous years.

I really appreciate that, even with the obstacles of shortage of staff through illness, the staff have done a wonderful job of keeping the Project going once again.

One other major problem continues to be the funding of the HOP scheme. We are extremely grateful to two of our funders, James Tudor Trust and the John James (Bristol) Foundation, for substantially increasing their donations this year. However even with this we still have a substantial funding gap which needs to be closed in future years.

I am very pleased that the Government has ordered an investigation into the problem of addiction to prescription drugs, as outlined later in this report. This gives us some hope that the increasing volume of prescriptions of some drugs, such as antidepressants, can be curbed in future. I look forward to what the next year brings on this issue.

Jacquie Jones
Chairman

PROJECT REPORT

INTRODUCTION

Activity in the Project continued at a very high level during the year, although not quite at the record levels of the year before. There were no changes in staff or Committee once again, which provided welcome continuity.

EXECUTIVE COMMITTEE

Many thanks are due to our 6 Committee members for once again serving this year. We are so grateful to them for turning out so regularly for meetings, and also for responding so readily to our requests for assistance.

Jacquie continued as our Chairman, with particular duties including chairing Committee meetings and the AGM. She was also always available to sort out problems and give advice. Mo continued to serve as Treasurer and always offered helpful suggestions at Committee meetings. We would also particularly like to thank Tony and Polly for turning up so regularly to meetings and for their helpful advice and comments.

STAFF AND VOLUNTEERS

There were again no changes in staff this year.

Jayne continued as Project Manager during the year. Unfortunately she suffered from ill health for much of the year and needed another operation in November. We are pleased to say that this proved successful and she has since returned on a phased basis. She still managed to provide the monitoring and evaluation report for the Clinical Commissioning Group (CCG) and to write to funders to try to obtain HOP funding.

Ian continued to run the Knowle group, provided the annual statistical report for the CCG and drafted the Annual Report. He and Roy continued to take the bulk of the helpline calls. Roy continued to be responsible for the Southmead group and was the designated worker for the HOP scheme. Janice continued to provide admin backing for the team with letters, e-mails and reports, and distributing information to doctors, mental health teams, pharmacists and the voluntary sector. She also organised the AGM with her usual professionalism, and ran our membership scheme and sent out regular newsletters. Bianca continued to look after our day-to-day financial affairs and liaised on numerous matters with our landlords and utility companies. She was also our expert at sorting out problems with the computer and telephone systems.

Tom Jones once again was invaluable as our volunteer. He collated our telephone helpline information on a monthly basis and turned his hand at all manner of tasks that the staff had no time to carry out. We are so grateful for his general willingness to help and his expertise in so many areas.

CLIENTS

(a) General

- over the past 12 months we helped 251 clients by helpline, 22 at the Project, 6 at the Knowle group, and 6 at the Southmead group, a total of 285
- 207 of those in touch by helpline commenced withdrawal (85%), as did 17 of those at the Project (77%) and all 12 of those in the outreach groups (100%). In all 236 out of 285 clients commenced withdrawal (83%)
- of the 34 clients seen face to face, 11 were referred by their GP, one was referred by Southmead Hospital and the remainder were self-referred
- we had a total of 191 new clients during the year

(b) Medication

- 91 clients came off benzodiazepines completely
- 54 clients came off antidepressants
- 6 clients came off Zopiclone
- 125 clients came off all their medication

(c) Gender and Age

- of the 251 helpline clients 167 were female and 84 male
- of the 34 clients seen face to face 17 were female and 17 male

- of the face to face clients 9 were between 40 and 60 (26%) and 25 were over 60 (74%)

HELPLINE

The number of helpline clients was slightly down this year compared with last (251 as against 293 last year). This was in some ways a welcome reduction, as the helpline had become rather frantic in previous years, with an excess of calls and staff struggling to answer all of them, especially in the mornings. This has given an opportunity for staff to speak to clients at slightly greater length and in more depth than before. It is hoped that the number of calls will stay at around this level in the year to come.

KNOWLE OUTREACH GROUP

Ian continued to run this group, which is held on Tuesday afternoons at the Community Health Park in Downton Road, Knowle. This group is run for the benefit of all the people of South Bristol. It is a very positive group with good interaction between clients and very good outcomes. As usual, we wish more local GP's would refer clients to the group.

SOUTHMEAD OUTREACH GROUP

Roy continued to run this group which is intended for the people of North Bristol, and is held in the New Brunswick Church Hall in Southmead. This continues to be a very supportive group with good progress towards withdrawal from all clients. Again, we would welcome local GP's referring more clients to this group.

MONITORING AND EVALUATION

Once again this year we provided detailed outcome measures to the CCG. We are grateful to all clients who responded to our questionnaires, which provide much of the information for this report. Once again the outcomes showed that the Project is overwhelmingly succeeding in meeting clients' needs and that it is an essential part of clients' lives during the withdrawal process. Many of the comments showed just how strongly clients are attached to the Project and the lifeline it provides through difficult times.

HELPING OLDER PEOPLE (HOP) SCHEME

This was the 20th year of the scheme specifically to help additional older people involuntarily addicted to prescribed psychotropic medication. During the year we helped 66 clients, 8 face to face and 58 by helpline. 48 were female and 18 male. The percentage of clients commencing withdrawal was just over 80%. We would like to thank the following individuals and organisations that helped to fund the HOP scheme during the year: -

Tom and Jacquie Jones
Mrs Polly Matthias
Joe and Nora Commons
John James (Bristol) Foundation
James Tudor Foundation
Bristol Rotary Club

These provided a total of £10,950 for the year. We are very grateful to all those who donated to the scheme during the year. We would particularly like to thank the James Tudor Trust and the John James (Bristol) Foundation, which both increased their usual donation by 50% this year. We continue to struggle to raise sufficient funds to keep the HOP scheme afloat and these increases have been of great value to us.

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

Downend Folk Centre
Vassall Centre – Main Office
Vassall Centre – Assessment Bureau
Carers for South Gloucestershire
North Bristol Citizens Advice Centre – Lockleaze
The Hub – Lockleaze
Upper Horfield Community Trust
Filton Community Centre
Southmead Community Centre
Southmead Drugs Project
Greenway Centre Southmead

EDUCATION/VISITS

1. We wrote to all GP's, Practice Managers, Mental Health Teams, libraries and many other voluntary sector organisations in Bristol with details of our services.

2. We provided particular assistance to 3 GP's on withdrawal from benzodiazepines and antidepressants.
3. We visited numerous other local groups and community centres throughout the year to provide leaflets and other information about our services.

MAIN PROJECT FUNDING

This was the fifth year of receiving funding from the Bristol Clinical Commissioning Group (CCG). Again we worked with our Link Officer Aly Fielden to discuss progress and improvements to our services. We would like to thank the CCG for providing the bulk of our funding and for supporting the work we do for Bristol.

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 major funders are included on the back cover of the Report. Many others made smaller donations that were still invaluable to us.

Yet again we have to thank the Linnet Trust most especially for their extremely generous donation and for their continued support for the work we do. It is now eight years that they have been funding us and it is impossible to express just how important this is to us. We would also like to thank in particular Mrs Jenny Morris, the Lloyd Robinson Fund (via Quartet), the Needham Cooper Charitable Trust (via Quartet), and Wessex Water for their generous donations.

MEMBERSHIP

Rates for the year were unchanged at £35 for life membership, £10 for full membership and £5 for unwaged or low waged clients. At the end of the year we had 99 members, of which 72 were lifetime members, 11 full and associate members and 16 honorary members. In all, this raised £1,807 for Project funds during the year - £162 from membership fees and £1,645 from donations. We would like to thank all members for their continued and invaluable contribution to the work of the Project.

TEENAGERS AND XANAX

A growing number of children are using the benzodiazepine Xanax to self-medicate against mental health problems, according to a report in the Observer newspaper in January 2018.

Xanax has seen a sharp rise in popularity in the last year. Some experts say it has become one of the top five drugs used by young people, alongside cannabis and alcohol. It is not available on prescription in the UK but can easily be bought from street dealers, online pharmacies, or the dark web for as little as £1 a pill.

Nick Hickmott at the charity Addaction, said 'I think that the self-medication taps into CAMHS (Child and Adolescent Mental Health Services) waiting lists and young people not having access to good mental health care. Young people don't have the time to explore anxiety and paranoia, and pressure and stress. Young people are looking for answers and they're not necessarily looking to GP's, carers or drug workers – they're looking to each other.'

Addaction believes more needs to be done to educate young people about the harm involved in taking Xanax, including the addictive nature of the drug. In the last few months there have been reports of young people being hospitalised after taking Xanax in Sussex, Somerset, Kent and Cumbria.

Professor Malcolm Lader, a clinical psychopharmacologist at King's College London said Xanax could also be used as a date-rape or grooming drug due to its amnesia-inducing effects. 'Users have become zombie-like. They're dazed. It's an introductory drug to more serious abuse. If they're taking it every day, they're going to be staggering around.'

GLOBAL STUDY ON ANTIDEPRESSANTS

A global study led by researchers from Oxford University analysed data from 522 drug trials, involving 116,000 patients with moderate to severe depression. This concluded that more than a million extra people should be offered antidepressants. Researchers found that every one of 21 common antidepressants was better than a placebo. They criticised 'ideological' resistance to antidepressants fuelled by a misguided belief that illness linked to social problems should not be treated with pills.

The Council for Evidence-based Psychiatry countered this with the following statement:-

'Cipriani et al's new research on whether antidepressants work has generated much excitement in the news media as well as the psychiatric community. The study has been represented by the Royal College of Psychiatrists as 'finally putting to bed the controversy on antidepressants.'

This statement is irresponsible and unsubstantiated, as the study actually supports what has been known for a long time, that various drugs can, unsurprisingly, have an impact on our mood, thoughts and motivation, but also differences between placebo and antidepressants are so minor that they are clinically insignificant, hardly registering at all in a person's actual experience.

But even these differences can be potentially accounted for. Most people on antidepressants experience some noticeable physical or mental alterations, and as a consequence realise they are on the active drug. This boosts the placebo effect of the antidepressant, helping explain these tiny differences away.

Furthermore, the trials only covered short-term antidepressant usage (8 weeks) in people with severe or moderate depression. Around 50% of patients have been taking antidepressants for more than two years, and the study tells us nothing about their effects over the long term. In fact, there is no evidence that long-term use has any benefits, and in real-world trials (STAR-D study) outcomes are very poor.

Lastly, and perhaps most importantly, the study does not bury the controversy around the damage caused by unnecessary long-term prescribing, the costs lost to the NHS, and the associated harms and disabling withdrawal effects these drugs cause in many patients, which often last for many years.

Overall, the study's findings are highly limited, and do not support increasing antidepressant usage. Antidepressants are already being prescribed to around 10% of the UK population, and current guidelines do not even support their use by at least one third of these patients.

This study, and the media coverage that has accompanied it, will unfortunately do nothing to help reduce this level of unnecessary prescribing and the consequent harms.'

INQUIRY INTO PRESCRIPTION DRUGS

The Guardian newspaper reported in January 2018 that the Government has ordered an investigation into the growing problem of addiction to prescription drugs such as painkillers and medicines to treat anxiety and insomnia.

Steve Brine, the public health Minister, has acted after it emerged that one in eleven patients treated by the NHS in England last year were given a drug that can induce dependence. There has been a more than 100% rise in the number of antidepressants prescribed over the last decade. He has asked Public Health England (PHE) to launch an independent inquiry into the problem, including the harms caused by dependence on and withdrawal from commonly prescribed drugs. PHE will assess the evidence relating to the prescription of, and problems resulting from the use of:

- benzodiazepines
- z-drugs, used for insomnia
- antidepressants

- Opioid pain relieving drugs
- Pregabalin, used for anxiety, insomnia and nerve pain
- Gabapentin, an anticonvulsant

'It's of real concern that so many people find themselves dependent on or suffering from withdrawal symptoms from prescribed medicines' said Rosanna O'Connor, PHE's director of drugs, alcohol and tobacco.

Steve Brine has asked PHE to recommend what the Government and the NHS should do about addiction problems. The British Medical Association, which represents most of Britain's doctors, said ministers should establish a helpline as a matter of urgency.

'A national helpline, similar to the FRANK service (for users of illicit drugs such as heroin and cocaine) could be set up relatively quickly' said Dr Andrew Green, clinical and prescribing lead on the BMA's GP's committee.

But the Royal College of GP's sounded a note of caution and said family doctors are not routinely over-prescribing drugs that can lead to patients becoming addicted.

'Many addictive medications, when prescribed and monitored correctly, in line with clinical guidelines, can be very effective for a wide range of health conditions' said Professor Helen Stokes-Lampard, the college's chair. 'But all drugs will have risks and potential side-effects. It is important not to automatically jump to the conclusion that more drugs being prescribed is always a bad thing.'

SECRET PAYMENTS BY DRUG INDUSTRY TO HEALTH PROFESSIONALS

Two of the UK stock market's biggest pharmaceutical companies have made millions of pounds in 'secret' payments to healthcare professionals and organisations, an investigation by the Times newspaper has found.

At least £22.3 million was given in anonymous payments, including £17.9 million by AstraZeneca and £4.4 by Shire. The figures cover payments such as consultancy fees and 'related expenses' and travel and accommodation for events organised or sponsored by the companies. The two companies are among the biggest drugs companies in the world, having a combined £94 billion market value on the FTSE 100.

The anonymous payments have been made despite a European self-regulatory code of conduct encouraging drugs companies to renegotiate contracts with professionals and health organisations, in order to include consent to disclose details.

Payments from drugs companies to professionals who have influence over prescribing and purchasing drugs has come under increasing scrutiny about conflicts of interest. The European Federation of Pharmaceutical Industries and Associations introduced a code for members requiring payments to be published annually from 2016. However, not all individual payments are disclosed, as companies can report payments in aggregate because of national data protection laws. Healthcare professionals can withhold or withdraw consent for companies to disclose details of payments they have received. Disclosing in aggregate makes the recipient of the payments anonymous.

Ben Goldacre, director of the evidence-based medicine data lab at Oxford University said the public:-

‘need to know if someone who provides a drug is getting money from the company. The state has chosen not to invest disseminating unbiased evidence to doctors. So industry has stepped into that gap. Doctors commonly turn to free ‘educational’ activities, delivered by ‘key opinion doctors’ paid by industry. I doubt that there are many doctors who completely change their opinions about treatments in exchange for a cheque, but it’s a temptation that some cave into.’

£200 MILLION BLACK MARKET IN PRESCRIPTION DRUGS

Millions of prescription only drugs are being syphoned off from chemists and wholesalers to be sold illegally at a huge mark-up, according to a report in the Daily Mail. Criminals have sold the medicines for up to £200 million on the online black market. Drugs such as painkillers and valium costing around £1 each wholesale, are being sold for £30 to £40 by criminals.

In the scam, wholesalers and pharmacists are bribed or tricked out of the medications which are usually for anxiety and insomnia. Tens of millions of the drugs have been smuggled out of the supply chains. Just one operation is understood to have seized more than two million tablets. Since January 2014 criminality involving about 80 firms and pharmacies and 54.5 million tablets has been uncovered by the Medicines and Healthcare Regulatory Authority (MHRA).

Alastair Jeffrey, head of enforcement at the MHRA, told an investigation by BBC Radio 4’s File on 4 programme:-

‘They have a sales team, a distribution team. This is a huge business and there’s a massive criminal profit to be made. A typical example would be a wholesale dealer or a pharmacist ordering vast amounts of these particular types of medicines on behalf of the criminal who would sell them on the internet.’

In other cases pharmacists were bribed to order drugs or offered over the wholesale cost to sell them to criminals. In 2012 the MHRA expanded operations to 19 active enquiries and it has made 40-plus arrests in connection with this illegal activity.

IMPROVED ACCESS TO TALKING THERAPIES

Over one million referrals were made to IAPT talking therapy services in England in 2016/17, according to the latest data from NHS England. Of the 1.4 million new referrals, 965,000 people began treatment, a 32,000 increase on 2015/16.

Waiting times decreased and recovery rates improved. Of the 567,106 referrals who finished a course of treatment (attended at least 2 sessions) 87.5% waited less than six weeks for treatment and 98.2% waited less than 18 weeks. Recovery rates improved to 49%, and 65% of other patients showed 'reliable improvement' as a result of treatment.

Clare Murdoch, NHS England's National Director for Mental Health, said:-

'Not only are more patients getting help more quickly, but their chances of recovering, thanks to NHS support, are improving significantly.'

ANNUAL GENERAL MEETING

Our AGM was held on Thursday 5th October at the British Aerospace Welfare Association (BAWA) leisure centre in Southmead. BAWA again waived the fee for the use of the premises. We would like to express our thanks to BAWA for once again letting us have these excellent premises free of charge.

The guest speaker on this occasion was Luke Montagu. He had a career in the film industry before ill health brought on by prescribed medication caused him to leave. His problems started in 1990 when he was prescribed various medications, including Prozac and Seroxat. He underwent a spell at the Priory and was eventually able to come off all medication in December 2010.

Luke paid tribute to the work of the Project in supporting him over many years when he was suffering severe post-withdrawal symptoms. He then set about trying to raise awareness of over-prescribing of these drugs. He succeeded in getting information published in the British National Formulary advising an increase in the length of time needed to withdraw safely. He was a co-founder of the Council for Evidence-Based Psychiatry (CEP), which was set up in 2014 to educate the public about the effects

of psychotropic medication. He has since spent much time and effort lobbying the BMA and Government through the CEP. He was currently working with the All Party Parliamentary Group for Prescribed Drug Dependence. The main aim was to develop a national NHS helpline to advise on prescribed medication and withdrawal.

It was an excellent talk, very well received by everyone at the meeting.

TARGETS FOR 2018-19

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 and counselling sessions and to try to increase client numbers in the outreach groups
4. To advertise our services to health professionals, mental health teams, pharmacists and voluntary sector organisations in the Bristol area.

Jayne Hoyle
Project Manager

Ian 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
Lloyd Robinson Fund
Needham Cooper Charitable Trust
Wessex Water

MAIN PROJECT INDIVIDUALS

Dr Peter Beck
Hilary Bowen
Betty Carey
Judy Clements
Shirley Cooley
Kath Dominey
Melanie Hayes
Doreen Hodges
Rob Mellor
Jenny Morris

Nicola Morris
Margaret Nicholls
Maureen O'Connor
Jo Olivier
Colin Payne
Sheila Staig-Graham
Dr Alison Tierney
Christine Whiteman
Dr David Whitwell

HELPING OLDER PEOPLE (HOP) SCHEME

John James (Bristol) Foundation
James Tudor Foundation
Bristol Rotary Club
Polly Matthias
Nora and Joe Commons
Jacquie Jones

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

REVIEW OF THE YEAR 2017 - 2018

BRISTOL & DISTRICT TRANQUILLISER PROJECT

Company Limited by Guarantee No: 5126531

Registered in England and Wales

Registered Charity No: 1104033

Suite 5A, Westbury Court, Church Road, Westbury-on-Trym, Bristol BS9 3EF

Tel: (0117) 9500058 (Office) or (0117) 9500020 (Helpline)

Founder: Valerie Stevens in 1985

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

EXECUTIVE COMMITTEE/DIRECTORS:

Jacquie Jones	Chairman
Maureen O'Connor	Treasurer
Anthony R Burton MBE	
Victoria Greenhouse	
Polly Matthias	
Valerie Stevens	

STAFF MEMBERS:

Jayne Hoyle BSc, MSc, CPsychol	Project Manager
Ian Singleton, BA (Oxon)	Senior Project Worker
Roy Jones	Project Worker
Janice Webb	Administrative Assistant
Bianca Edwards	Administrative Assistant