Annual Report

2020 - 2021

Bristol & District Tranquilliser Project

Information and Support

Company Limited by Guarantee No: 5126531

Registered in England and Wales

Registered Charity No: 1104033

Review of the Year (April 2020 to March 2021)

Bristol & District Tranquilliser Project

Suite 5A, Westbury Court, Church Road, Westbury-on-Trym, Bristol, BS9 3EF
Tel: 0117 950 0058 (Office) | 0117 950 0020 (Helpline)

Founder: Valerie Stevens in 1985

Executive Committee/Directors

Trustees, who are also Directors under company law, who served during the year and up to the date of this report were as follows:

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

STAFF MEMBERS (as at 4 April 2021):

Jayne Hoyle BSc, MSc, CPsychol	Project Manager
Ian Singleton, BA (Oxon)	Senior Project Worker
Roy Jones	Project Worker
Rachel Long BA Dip Couns & CBT	Project Worker
Patrick Winch LLB (Hons)	Administrator
Bianca Edwards	Administrator

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Chair's Report

Welcome to Bristol & District Tranquilliser Project (BTP) and our Annual Report.

Overall it has been a hugely successful year for the Project, but it has been a challenging one with a great number of hellos and goodbyes. Whilst, as a team, we haven't been able to meet face-to-face this year, with the use of technology we have been bringing the Project into the 21st century. With Jayne's steady ongoing leadership, our new staff member, Patrick, has created a fantastic new website and logo. We will also be switching email providers to improve our data security and help the team better assist our clients.

Our other new, valued staff member, Rachel, has tirelessly worked alongside Patrick contacting potential funders and individual donors to help finance our hugely successful Helping Older People (HOP) scheme. Jayne and Rachel have also been operating the helpline throughout the pandemic, with Patrick continuing his duties of administration and supporting the team.

Roy continues to work from home, on a separate helpline supporting older clients and continues to be our designated HOP worker. The team is looking forward to welcoming Roy back into the office in due course.

Sadly, Ian Singleton has now retired. Ian is a founder member of the Project and has extensive knowledge and experience in the field. Ian will be sadly missed, but has still offered to be available where needed. I am sure you will, as friends, clients and supporters, wish him well and thank him for his decades of service to the Project.

Bianca continues to look after our financial matters, liaising with our auditors, utility companies and other services and remains an invaluable member of the team.

Jayne continues in her key role as Project Manager. Together with answering helpline calls, submitting contractual reports, attending numerous meetings to learn about changes in services, she has also agreed to take on Ian's duties pending a re-structure in the autumn.

Last, but by no means least, I would like to also thank my fellow committee members: Tony is fast getting to grips with video calls and offers insightful contributions at meetings; Polly is a huge asset with her wealth of experience and hopefully new role as Treasurer; Val is a lifetime friend of the Project since establishing it in 1985; Tori offers some experience of the Project from her time here; and Mo, with her experience both as a staff member and trustee, is an incredible asset to BTP. Sadly, Mo will be stepping down as both Treasurer and Trustee at our AGM in October 2021. We thank Mo enormously for her tireless contributions over the past 18 years. Polly has kindly agreed to become Treasurer, subject to a vote at our AGM, which is great news.

The future! We have continued to be funded by the Bristol, North Somerset, South Gloucestershire Clinical Commissioning Group in 2020-21. Our thanks go to them for their continued and loyal support. However, there are changes ahead – which will be explained on page 13. We will of course do everything we can to continue to receive further funding well beyond 2022.

Jacqueline Jones

Chair

Our Organisation and services

Objectives

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.

How we work

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 and antidepressants 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 General Practitioner's permission is 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.

The Project's philosophy is that withdrawal from benzodiazepines and antidepressants 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 typically for a considerable length of time after withdrawal. Many clients have taken benzodiazepines and antidepressants 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 can assist individuals, who may have been out of work for some time, to develop the skills and discipline needed for a return to a future role outside the Project.

Our committee, staff & 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, antidepressants and other psychotropic drugs. Most of our staff have worked in the field of prescribed drug addiction for decades and have built up considerable expertise on a wide variety of prescribed psychotropic drugs.

Our Services

We offer:

1. assessments for new clients who live within the catchment area
2. one-to-one prescribed drugs counselling and crisis management, especially for those new to the Project and those undergoing particular difficulty
3. withdrawal groups at the Project led by counsellors but with a strong user involvement
4. outreach withdrawal groups (in Knowle and Southmead, Bristol)
5. drop-in availability at the Project for those in particular need
6. a helpline open 4 days a week
7. a programme of visits, talks, workshops and seminars for doctors and other professionals within the Bristol area.

Sadly, all face-to-face interactions were suspended in March 2020, but we are hopeful of resuming these in the medium term. Please email or check our website for news.

Issues with Psychotropic Medications

Benzodiazepines & Z-drugs

- 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 nearly 10 million prescriptions of benzodiazepines by community pharmacists in 2018 in England alone roughly just under half of these prescriptions were for Z-drugs

- Drugs called Zaleplon, Zolpidem and Zopiclone are commonly called Z-drugs

- Rates of prescribing are higher for females (1.5 times those of males) and rates generally increased with age

- There has been a decrease in the prescribing rates for benzodiazepines and Z-drugs (compared to an estimated 16 million in 2015)

Benzodiazepines were prescribed by doctors from the early 1960s, when they were unaware of the dependence potential. In 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. There are estimated to be over 2 million people in England taking benzodiazepines/Z-drugs 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.

Antidepressants

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

- In 2018, 70.9 million prescriptions for antidepressants were issued by community pharmacists in England. The number has been steadily increasing year-on-year with 64.7 million given out in 2016 and 67.5 million prescribed in 2017.

- Public Health England medicines review of 2017-2018 reported that 7.3 million people are taking antidepressants regularly

- The cost to the NHS of antidepressants was estimated to be £266.6 million in 2016

- There were an additional 6 million prescriptions handed out for antidepressants in 2020 due to Covid-19

- The Uppsala Monitoring Centre database has listed three selective serotonin reuptake inhibitors (SSRIs) antidepressants – Prozac, Seroxat and Sertraline – amongst the 30 highest-rating drugs for dependency.

Antidepressants can cause side-effects and withdrawal symptoms that are as bad as those caused by benzodiazepines. 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.

Review of the Year 2020 – 2021

The Project continued to operate the helpline throughout the year with one member of staff in the office each day due to the Covid-19 restrictions. We are proud of what we have achieved as a team through a very tough year. Under extreme circumstances, all the staff have gone the extra mile to enable us to provide a service to extremely vulnerable people. Hopefully, in the coming months as the pandemic abates, we will again all be working in the office together and our full range of services will resume.

Executive Committee

Our usual thanks are due to our committee members for their attendance at meetings, and their good advice and assistance with all matters of concern. Throughout the year we continued our meetings online, and we would like to thank them for continuing to be available.

Jacquie continued as our Chair, expertly guiding us through Committee meetings and the Annual General Meeting and we are delighted that she has agreed to continue as our Chair in these unprecedented times. Once again we would like to thank Mo for her good work as Treasurer and for all her support and advice. Mo has decided to step down as our Treasurer from October 2021 and will be sorely missed. We would also like to thank Tony and Polly for coming so regularly to meetings and for their helpful contributions.

Staff

There have been many changes regarding staff and working protocol this year as a result of the ongoing pandemic. We are all working in rotation in the office and working from home.

Jayne continued as manager and undertook general management duties and managed the helpline. She continued to be responsible to our commissioners regarding the annual statistical report, and monitoring and evaluation report for the Bristol North Somerset South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG) and took on Ian's roles. In addition, Jayne was required to attend meetings for the voluntary sector organisations and meetings regarding BNSSG changing to a more seamless integrated service.

Rachel and Patrick worked together contacting potential funders to finance the separate HOP scheme. Rachel's role was to also help manage the helpline. Patrick continued his duties of administration and supporting the manager when required.

Patrick worked on our fantastic new website which is brighter and more up-to-date and user friendly and also helped create a new logo. He was also responsible for setting up a secure email address that will be launched imminently (fear not, our old one will still work too!).

Roy has continued to work from home on a separate helpline that supports some of our older adults and continues to be our designated worker for the HOP scheme.

Bianca continued to look after our day-to-day financial affairs and liaising with our auditors over the year-end accounts. She also continued to look after our interests with the utility companies and our landlords. She is currently working from home.

Ian retired in June 2021. Ian was the foundation within the organisation, a fountain of knowledge and through his career and dedication has helped thousands of people. He is one of a kind and will be greatly missed, we wish him well in his retirement. Ian has kindly made himself available to us if we need him and becomes an Honorary, Lifetime Member of BTP.

Project's response to the Covid-19 pandemic

We continue to keep our office Covid-19 secure and continue to adhere to Government guidelines and the requirements from our contractors regarding Covid-19. We had to suspend groups, 1:1 crisis management, face-to-face assessments, and drop-ins from March 2020. The only service that continued to run was our helpline. Due to lockdowns and restrictions, most staff were required to work from home and work in rotation whilst in the office. In the coming months, we hope to resume our full range of services.

Funding & Donations

Main Project Funding

Our core funding continued to come from BNSSG CCG. In June 2021 we had a new Link Officer, Julia Chappell, and we look forward to working with her. We would like to express our continued thanks to the CCG for supporting so generously the work we do to help clients in Bristol and surrounding areas.

Clinical Commissioning Group to be replaced by Integrated Care Systems and Integrated Care Partnerships

As of April 2022, the CCG (our funding body) is being dissolved and in its place will be Integrated Care Systems (ICS), the Bristol North Somerset South Gloucestershire (BNSSG). ICS will be split into six geographical areas, overseeing these areas are six Integrated Care Partnerships (ICPs). These partnerships will be deciding on future funding in the voluntary sector. The Project will be notified whether our contract will continue after April 2022. We have made links with the relevant ICPs to highlight the need for a continuation of our service and will do everything we can to continue as an organisation and receive further funding beyond 2022.

The VCSE (Voluntary, Community and Social Enterprise), in response to these changes, have set up a mental health alliance in which we have become a member. The Alliance is to ensure that all voluntary sector organisations have a voice and a platform to make connections and bring and offer to the new ICPs when looking at renewing contracts.

We would like to thank all those other individuals and organisations that helped to fund the Project's main activities over the past year. Details of main funders are included at the end of this Report. We are also grateful to all those others who gave smaller sums during the year. Every donation is valuable to us and appreciated.

Once again, we have the Linnet Trust to thank for giving a very significant donation. The Trust has been generous backers of the Project over the past decade and we remain hugely grateful for this invaluable support. We would also like to thank the Lloyd Robinson Fund for its contribution.

Helping Older People Scheme Funding

This scheme for older people continues to provide a vital adjunct to the work we do helping all clients to withdraw safely from prescribed psychotropic medication. During the year we helped 58 clients, via the helpline. Of these, 76% were female and 24% 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:

- Albert Hunt Trust
- The Lark Trust
- John James (Bristol) Foundation
- James Tudor Foundation
- Needham Cooper Charitable Trust
- Sylvia Waddilove
- Triodos Bank.

These provided a total of £19,500 for the year April 2020 to March 2021. Although we fell short of our target, given the restraints due to the lockdown and many funds being redirected, we are relatively pleased with the outcome.

We are aware that raising funds for the HOP Project in this financial year will be harder to secure but have already received donations this financial year. We have found many funds that we would have been eligible for have been redirected for emergency use in the older adult sector.

Funding Through Membership

In addition to wider fundraising, we raise money from our membership scheme. Rates for the year remained at £35 for life membership and £10 for annual membership. At the end of the year, we had 72 members, of which 46 were lifetime members, 10 annual members and 16 honorary members. In all, this raised £747.23 for Project during the year - £170 from membership fees and £577.23 from donations. We would like to thank all these members for their backing and financial support for the work of the Project.

Services & Outcomes

(a) General

- over the past 12 months we helped 167 clients by helpline, 86% were supported with their medication and 14% were family and friends
- In total, 130 out of 144 clients commenced withdrawal (90%)
- 14% of clients were referred by their GP or other health care professional, 86% were self-referred
- we had a total of 108 new clients during the year from April 2020 to March 2021.

(b) Medication

- 39 clients came off benzodiazepines
- 33 clients came off antidepressants
- 55% of clients were on reduction programmes, 10% were holding on their medication and 35% came off all their medication

(c) Gender and Age

- of the 167 helpline clients, 59% were female and 41% male and 66% of clients were the younger adult population and 34% were older adults.

Helpline

The number of helpline clients slightly decreased this year, largely due to the impact of Covid-19. Certain clients did not continue their reductions and have halted their support until they were ready to continue. The decline in new clients is mostly likely because this year was not right for them to come off or make any changes to their psychotropic medications. Another and significant factor in a decrease in recorded numbers was due to Covid-19 restrictions on staff to adhere to government guidelines and the helpline managed by one member of staff (instead of the previous three).

Outreach Groups, Assessments, 1:1s and Drop-ins

Due to Covid-19, groups, assessments, one-to-ones and drop-ins were all suspended, and these clients were supported by our helpline. We are keen to resume face-to-face support soon.

Education and visits

During the year, we have contacted all health centres (general practitioners, nurse prescribers and practice managers) in the Bristol area. We have also contacted Mental Health Teams and Pharmacists in Bristol with our information and how they can refer their patients to our services. We distributed information to voluntary organisations (but certain venues, such as libraries, were not possible in 2020).

We were an advocate for 21% of clients where communications were made (both written and phone calls) with GPs and other health and care professionals e.g. MHTs, CPNs and social workers. We also provided help and support with benefits, pensions, occupational health and other matters.

We contacted the following organisations in Bristol to advertise our services and distribute leaflets in relation to our HOP scheme:

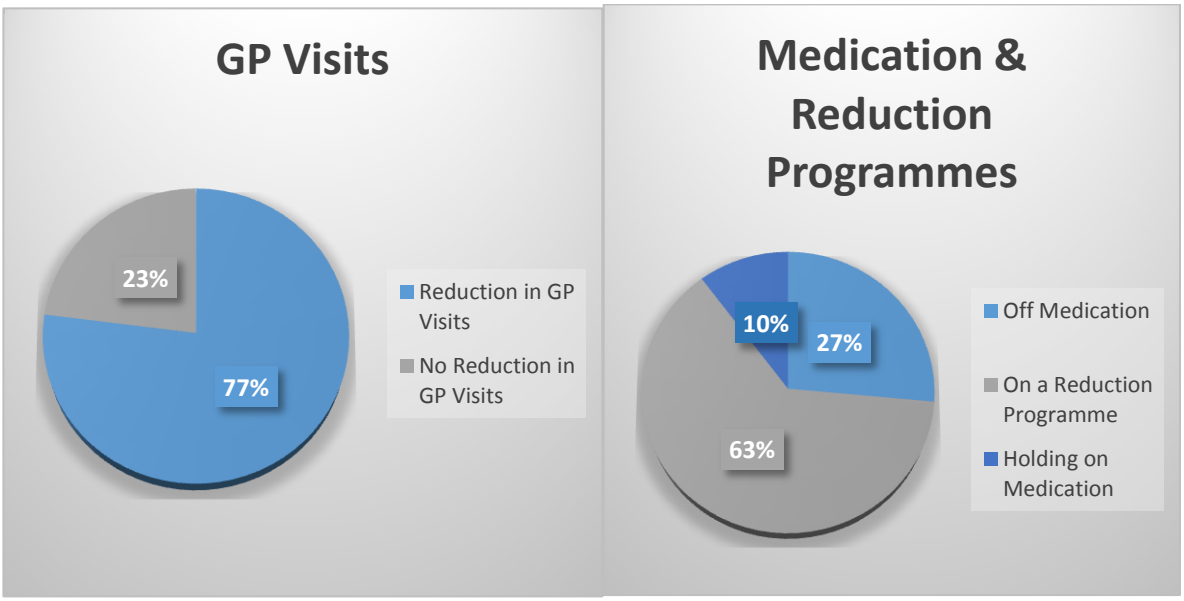
The Care Forum
Downend Folk Centre
Filton Community Centre
Greenway Centre Southmead
Upper Horfield Community Trust

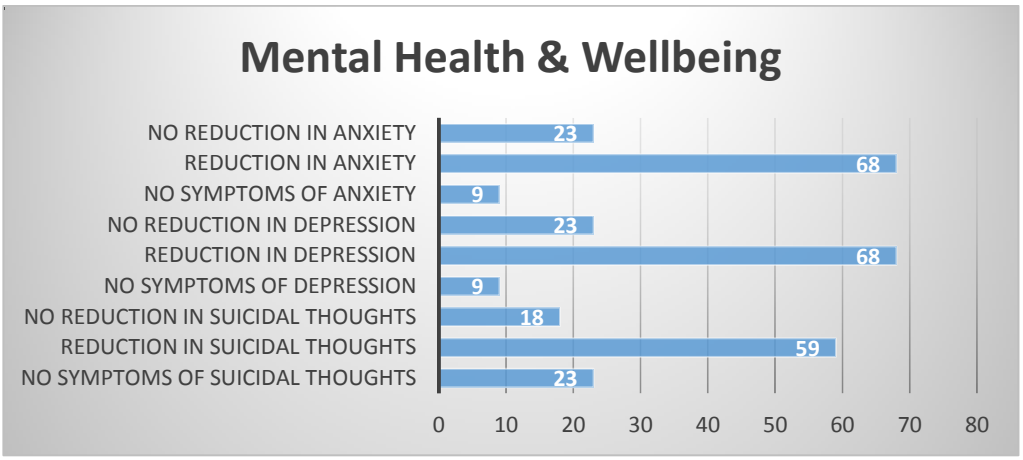
Lockleaze Neighbourhood Trust
North Bristol Advice Centre
SCART information shop Southmead
Community Centre
Vassal Centre, Fishpond

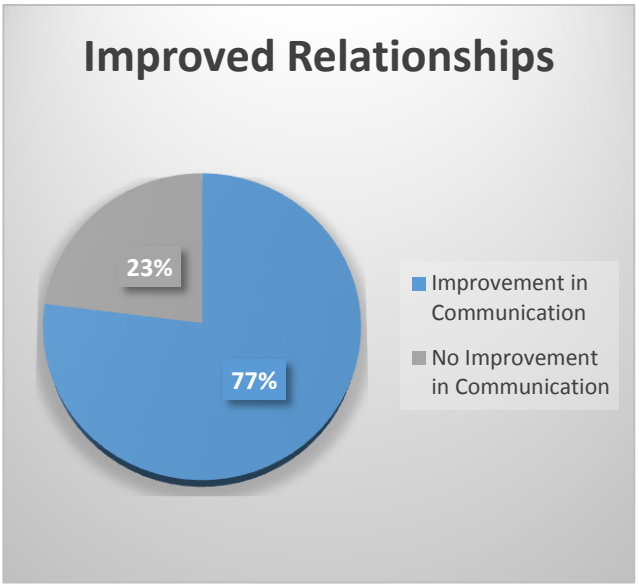
Monitoring & Evaluation

Once again, we provided detailed outcome measures to the Bristol North Somerset South Gloucestershire (BNSSG) Clinical Commissioning Group (CCG), based on the year-end questionnaires sent out to clients. We would like to thank all clients who responded to this exercise. We know this can be both demanding and time consuming for clients. From these graphs, it is evident what a difference our service makes to the lives of our clients. There are less GP visits, most of our clients commence a reduction programme and come off their medication in this process. Depression and anxiety decreased, there is an improvement in relationships and a decrease in isolation, most will make a full recovery.

Statistics Showing the Success of the Project







Feedback from clients

Many of our clients tell us the advice and support provided by the Project has been life changing. Some clients tell us they do not believe they would be able to come off their medication without our support. This would mean more visits to the GP, continuing on medication and being unable to live full, independent and healthy lives. Feedback from clients include the following statements:

"This service enables me to stay positive because it gives me hope and reassurance that I will be able to come off my medication and make a full recovery. There is no other service like BTP that I know of. We are very lucky to have this service in Bristol"

"I would have either come off my medication too fast and become much worse. Likely hospitalised again or I'd have been referred to a psychiatrist and most likely be on higher doses and more medication"

"I may have ended up on more medication that was harmful to my physical and mental wellbeing. To put it bluntly, I may have ended up in hospital or even worse"

"I may have made some poor and damaging tapering decisions and become more unwell"

"I wouldn't have been able to get support for the problems I'm experiencing. My situation would be even scarier than it already is"

"I would be without any support."

"I would not have coped at all and would have possibly killed myself"

"I may not be here today, complete mental and physical breakdown"

"I would more than likely have ended my life. BTP gave me what I needed most. Explained that the symptoms were as a result of recovering from Valium withdrawal and that my body would recover in time. That gave me the reason to hope to hang on, I tried many other services before Bristol Tranquilliser Project, but none acknowledge the trauma involved in withdrawing from these medications"

"I really don't want to have to think about it, this service saves lives and has helped me to understand withdrawal and gave me support and that I will get better. They are amazing"

"You gave me so much useful information about my tranquilliser addiction, this was invaluable in helping me understand that a lot of my symptoms are due to the effects of the medication. This was a huge relief to me and helped me lose a lot of shame and guilt about my levels of fear and many suicide attempts. Without your service I would still feel shame and guilt. It is a great comfort to me to know that you are there. An absolutely invaluable lifesaving service"

Comments once again show that the Project is playing a vital role in helping clients getting through the nightmare of withdrawal for many clients. Gratitude was shown for our expertise and the reassurance that we bring as a result of many years of accumulated experience. It is heartening to hear how valuable our contribution is to clients' wellbeing and their ability to continue a long and exhausting process.

Latest Developments & Reports for Psychotropic Medication

UK Prescribed Medication Support Services (UK-PMSS)

The Project has been heavily involved in highlighting the need for more services in the area of psychotropic medications and withdrawal support. We are pleased to be part of an All Party Parliamentary Group - UK Prescribed Medication Support Services (UK-PMSS) Project Charter (NHS 2020) team and made recommendations to Public Health England on the implementation of services like ours. The objective was to enable the NHS to commission the implementation of UK wide prescribed medication support services (UK-PMSS). This is a huge task and has created a significant amount of work. We can therefore proud to say the Project is at the heart of making changes.

We have also worked with the Project Charter and submitted papers in the 'Call for Evidence' to NHS England who are looking at implementing the PHE recommendations. The Project Sponsor is Lord Crisp (the Chair of Cross-Party Group for PDD) and the Project Lead is Dr Anne Guy (Secretariat Coordinator for CPG). The project Steering Group includes Luke Montagu, Dr James Davies, Professor Joanna Moncrieff, June Lovell, Melanie Davis and the Project's Jayne Hoyle.

Overview of Initial Report (Public Health England)

In 2019, PHE published a report entitled 'Dependence and Withdrawal Associated with some Prescribed Medicines'. The report outlined the scale of prescribing of drugs that can cause dependence and withdrawal. It showed that one in four adults in England has been prescribed a benzodiazepine, Z-drug, gabapentinoid, opioid or antidepressant in the previous twelve months, with up to a third of these receiving a prescription for at least three years. Many of these patients have no clinical indication for continuing to take the drug, and long-term use is known to cause harm in some cases. The report noted the severity and duration of withdrawal from these prescribed drugs and highlights the lack of services available to support patients coming off.

As a consequence, the PHE report includes the following recommendations to "improve the support available from the healthcare system" (Taylor et al, 2019:125):

- 'The NHS locally works with local authorities to commission the tiered support previously recommended by PHE. Depending on local needs and circumstances, the response should be developed by local primary care services, involving pain and addiction specialists, and peer support groups'
- Primary care services, clinical and community pharmacists, and GPs develop their knowledge of, and competence to identify, assess and respond to, dependence or withdrawal associated with some medicines and the support needs of people experiencing problems with withdrawal or dependence.
- 'The development of a time-limited national helpline and associated website to provide expert advice and support to patients while changes in practice, prevention activities and support services scale up to meet support needs'
- 'Any helpline and website services should be developed in consultation with key stakeholders (including experts by experience) and in line with guidance and relevant standards, and with appropriate clinical oversight. A helpline service would provide patients with a combination of support and guidance, to include:
    - drug information, including common side effects, information on dosages and typical duration of treatment
    - advice on withdrawal, including tapering, with medical support and what to expect
    - information on withdrawal symptoms especially regarding symptoms and suggestions for coping strategies
    - patient rights and advocacy information
    - details of local specialist in-person support services
    - discussion of options for non-drug alternatives to help patients cope with the underlying issues, as well as coping with withdrawal symptoms
    - information and advice for carers and family members'
- 'The associated website is developed to act as a prescribed medicine dependence and withdrawal resource, including evidence-based information – for patients, doctors and other prescribers, and other healthcare professionals – on the medicines, effects and side effects, and advice on shared decision making with patients working alongside medical practitioners to withdraw safely if appropriate'.

Lord Crisp book launch and Webinar series 2020

"Health is made at home, hospitals are for repairs" challenges us to set aside our normal assumptions and '*take off our NHS spectacles'* to see the world differently and take control of our health. And it calls for a new partnership between the NHS, government and the general public to build a healthy and health creating society. Health is made at home is all about creating health in the home, the workplace, the school, the community and wider society. Creating the conditions for people to be healthy and helping them to be so. It tells the stories of some of the country's leading health creators in businesses, towns and communities. The NHS has been fighting for our lives in the last few months but it can't deal with many of today's problems of stress, loneliness, addictions, obesity and poverty – it can only do the repairs.

Building a healthy and health-creating society: The first series:

1. Making change happen
2. Joining the dots in the community
3. Design and the environment
4. Community voices, barriers, and enablers

5. Social enterprise and business
6. Partnerships between the health creators, NHS and government

There is also second series of webinars in 2021, following a similar theme.

‘More than 6 million people in England use antidepressants as a record number turn to pills during Covid lockdown, new figures show’

[Antony Trower, Mail, 2 January 2021].

A record-breaking six million people in England have been prescribed antidepressants as lockdown life continues to impact everyday life in the country. The high number is believed to have been partly caused by counselling moving online meaning some will have missed out on early help with their mental health. Others are thought to have stayed away from therapy in an attempt to avoid meeting in person or putting more strain on the overworked NHS.

As a result more than six million people, more than ever before, were prescribed antidepressant meds in the three months leading to last September, according to the Guardian.

Dr Esther Cohen-Tovée, chair of the British Psychological Society's division of clinical psychology, said psychological help can save lives. She said: 'I'm shocked and extremely concerned about the massive extent of the reduction in referrals for psychological help during a time of huge anxiety, stress and distress for the whole population. 'This is even more concerning when there has been a huge increase in the prescription of antidepressants.' 'The longer people wait, the more severe and complex their difficulties and their lives can become.'

Latest data shows there were 601,530 referrals to the NHS's Improving Access to Psychological Therapies programme from February to August 2020, 235,000 fewer than in 2019.

'Safe' Z-drug sleeping tablets given to MILLIONS each year are as addictive as Valium - and they can cause crushing anxiety, flu-like effects and suicidal thoughts

[Miranda Levy, Mail on Sunday, 17 April 2021]

- Zopiclone launched in the 1990s as a user-friendly alternative to tranquillisers
- Mental health experts warn the drug could trigger severe withdrawal symptoms
- Long-term use could cause agoraphobia, flu-like aches and digestive problems

Zopiclone is the so-called 'safer' sleeping pill dished out by doctors to millions of Britons each year. When it was launched in the 1990s, it was touted as a user-friendly alternative to older and notoriously addictive tranquillisers. And in the short-term, zopiclone causes few problems. Indeed, it can be a lifeline to those battling the agony of sleeplessness. But there are growing concerns, and mental health experts now warn that the drug could be just as risky as older tablets and can trigger severe withdrawal symptoms that make it impossible for patients to stop taking it.

Support workers and sufferers, speaking to this newspaper, have described a raft of disturbing symptoms linked to long-term use of zopiclone, many of which begin as soon as a dose is missed. These include crushing anxiety and agoraphobia, flu-like aches and pains and distressing digestive problems. Studies indicate that patients may even have suicidal thoughts.

Professor Joanna Moncrieff, author of several books on psychoactive drugs, said: 'Zopiclone was originally meant to be a safer version of benzodiazepine medicines, but it's become obvious it is not.'

Benzodiazepines include, among others, Temazepam, given for sleep, and Valium, or diazepam, which is mainly an anti-anxiety medicine. Widely prescribed from the late 1950s, they became associated with dependence, severe withdrawal symptoms, worsening mental health and other problems. Zopiclone was supposed to be different. It has become the most commonly taken member of the family of 'Z' drugs, which includes zolpidem, also known by the US brand name Ambien. Like benzodiazepines, Z drugs work by boosting levels of a chemical messenger in the brain called gamma-aminobutyric acid, which produces a feeling of calm and drowsiness. There were initial suggestions they weren't as addictive and had fewer downsides, even when used longer term.

Last month it was reported that a number of Premier League footballers were hooked on zopiclone and zolpidem. Team doctors had originally prescribed the drugs to help players sleep before midweek matches, but it was claimed some were mixing the medication with alcohol to increase its effect. It is a dangerous game: the combination of sleeping pills and alcohol can be deadly.

There were 539 deaths from sleeping pills, including Z drugs, in 2019, of which 139 were linked to alcohol. This is twice the number of such incidents in 2009.

…

The NHS bill for sleeping pills now stands at £10 million a year, and in 2020 more than 14 million prescriptions were given out for Zopiclone alone. This is, perhaps, unsurprising as insomnia – broadly defined as long-term problems getting to or staying asleep – is incredibly common, believed to affect between ten and 30 per cent of the population. The drugs watchdog, the National Institute for Health and Care Excellence, suggests that sleeping pills should be prescribed only in cases of severe insomnia and for between two and four weeks. Yet recent research suggests more than 300,000 Britons have been on a Z drug or other sleeping pill for a year or longer. Melanie Davis, of addiction recovery charity Change Grow Live, says: 'Patients manage fairly well on Zopiclone to begin with, but the pills stop working after a year or so and they start taking higher doses. The drug can cause side effects – drowsiness, poor concentration, a low or flat mood and even amnesia. But the biggest problems arrive when people try to come off it and get hit by withdrawal symptoms. They can be worse than we see with illegal drugs: panic attacks and severe, unrelenting anxiety, flu-like symptoms and cramps. Some people say their body feels like jelly.'

If a patient is dependent on Zopiclone, doctors are now advised not to pressure them to stop straight away but instead will reduce their dose gradually. However, this process may take months, or longer.

So what is it about Zopiclone that makes it so difficult to give up? The answer is not simple. Like most sleeping pills, Zopiclone and other Z drugs slow down the nervous system to induce sleep. Patients often report that when they stop taking the tablets, they find it harder than ever to sleep – so-called rebound insomnia. Some have theorised that the brain becomes dependent on the drug and can't function normally when it is withdrawn. But studies into this, which involved giving patients either a real pill or a dummy placebo, without them knowing which they were getting, have thrown up intriguing results. Most reveal that rebound insomnia is seen just as commonly, if not more so, in patients given a placebo, which contains no active drug at all. This suggests that other factors might be leading to the dependence seen in so many patients.

King's College London's Professor Dinesh Bhugra, a former president of the Royal College of Psychiatrists, says: 'Zopiclone is short-acting – it stays in the body for only about six hours, which means it shouldn't cause addiction. But we know people do find it difficult to come off it. 'Like all sleeping pills, Zopiclone helps patients sleep, but it

doesn't treat whatever is causing that insomnia. And if that underlying cause isn't tackled, it will still be there when the pills are stopped.' The reasons people suffer severe, long-term insomnia are varied. Mental health problems such as anxiety and depression can 'play havoc' with sleep patterns, says Prof Bhugra. But, he adds, doctors may need to look further to find the triggers. 'Many patients have money or housing worries or feel trapped in a job or relationship that is causing them unhappiness, so it's no surprise they're stressed, anxious and find it hard to sleep. 'A pill might help treat some of the symptoms, but they won't solve these problems. If doctors are committed to helping these patients, they need to think about their whole life. The focus needs to shift on what we can offer to help them stay well.'

In recent years there has been an NHS drive to promote social prescribing – also known as community referral. GPs are able to refer patients to local exercise classes or gyms, volunteering organisations and even gardening clubs. Studies have shown these approaches can have a positive impacts on patient wellbeing – reducing stress and their need for medication and other health services.

Dr Mark Horowitz, from University College London, who has studied Z drug dependence, said: 'Insomnia is often a response to stress or grief, and sleep problems improve when the stress lessens or improves.' With concerns growing about addiction to other prescription tablets, such as antidepressants and anxiety drugs, Prof Moncrieff and Dr Horowitz both hope that further training will be given to GPs and nurses in supporting 'deprescribing' – offering patients support and advice in safely coming off medications.

Current NHS guidance stresses that patients dependent on Z drugs should not be pressured into stopping, and should be allowed to set the timescale for cutting down themselves.

‘Covid has led to record levels of antidepressant use – but withdrawal can be difficult’

[David Taylor, The Guardian, 17 May 2021. Prof Taylor is director of pharmacy and pathology at the south London and Maudsley NHS foundation trust]

One of the impacts of the Covid lockdowns since March 2020 has been a widespread worsening of mental health, with anxiety and depression the most common symptoms reported. Running parallel to this, the prescription of antidepressants in England has climbed to record levels, according to the NHS Business Services Authority. In the final three months of 2020, there was a reported 6% increase in prescription rates. According to the government, 17% of the population were taking an antidepressant in 2017-18, the last year for which figures are available.

This rise probably reflects both the increase in diagnosis of depression and anxiety because of the pandemic, and the restricted availability of talking therapies during lockdowns. While antidepressants play an important role in treating depression and anxiety, it’s essential at this time of increasing usage rates to address how people will ultimately stop treatment.

There are no reliable figures for the proportion of people suffering withdrawal reactions after stopping antidepressants, or for the fraction who have severe problems. Discontinuation problems vary according to dose, treatment duration and the individual antidepressant. From my experience, both personal and vicarious, I would estimate that most people – a small majority – have only mild symptoms when stopping, and some, albeit very few, may have no symptoms. A good percentage of people will have noticeable symptoms that are at best disturbing and unpleasant, and a small minority will have severe and even disabling symptoms that may linger for many months or even longer.

In my professional life I speak to many patients considering antidepressants about their potential benefits and shortcomings. I also help develop guidelines on their optimal use and on how best to stop treatment with them. Perhaps more importantly, I have also taken antidepressants myself and have gone through the process of stopping them. My personal experience broadly reflects what I hear from patients: sometimes stopping is easy, sometimes it's awful.

In 2019, I co-authored a paper in the Lancet Psychiatry that recommended some patients may need to reduce their prescriptions over the course of many months, down to as little as one-fortieth of their original dose, before giving them up entirely. Previously, standard advice was to stop taking antidepressants over the course of up to four weeks. Some official guidelines introduced in the past few years now reflect the findings of our paper and recommend what is known as "hyperbolic tapering".
If taken at low doses or for a few weeks or months, antidepressants seldom cause any significant problems when patients stop. However, most current guidelines suggest continuing antidepressant treatment for six to nine months after getting better to reduce the risk of a relapse into the original condition. This advice means more people may suffer some kind of withdrawal when they finally try to reduce their dose. In medical textbooks and official guidelines, I am informed that stopping antidepressants can lead to a "discontinuation reaction". This reaction is usually described as "mild and short-lived".

I know from personal experience that, if you don't do it right, stopping antidepressants can be a pretty horrible experience. Dizziness, nausea, anxiety, panic, mood changes, sweating, agitation, insomnia, nightmares and electric shock sensations are all common symptoms. None are physically dangerous or life-threatening, but neither are they pleasant. This withdrawal syndrome is readily distinguishable from a return of the original depression or anxiety because dizziness, nausea and electric shocks (known as "zaps") are not symptoms of either condition.

As well as a prolonged reduction schedule, the dose of antidepressant needs to be lowered in a way that gradually and evenly decreases its pharmacological effects. It may seem logical to reduce from, say, 20mg a day to 15mg, to 10mg and then to 5mg, and then stop. However, for complex reasons related to something called the law of mass action, such a reduction schedule will produce ever larger reductions in the effect of the antidepressant. Withdrawal symptoms may then get progressively worse with each step down and some people will find it very difficult to stop if using this method.

A dose reduction schedule that looks something like this – 20mg a day, 10mg, 7.5mg, 5mg, and then 2.5mg and even down to 1.25mg and then to 0.625mg – is an example of hyperbolic tapering. It is thought to be the most effective way to reduce the severity of discontinuation symptoms or even avoid them altogether. The difficulty, though, is that it may sometimes be practically difficult to measure the small doses needed at the end of the taper.

Patients have been doing their own hyperbolic tapering for many years, having discovered, often by trial and error, that it is the best method. I have read online accounts of people breaking open their antidepressant capsules and reducing the amount of medication inside by one grain each day. Needless to say, it is important to always talk to your prescriber before making any decisions about treatment, and the dosing schedules I give here are for illustrative purposes only.

Antidepressants do work for most people and they remain important treatments for depression and anxiety, alongside behavioural and psychological interventions. Nonetheless, anyone thinking of starting an antidepressant should do so in the knowledge that they can sometimes be difficult to stop, and that slow, hyperbolic tapering may be required to minimise any withdrawal symptoms.

Annual General Meeting

Our AGM was held on Monday 30 November 2020 virtually. The event ran very well and there were no technical difficulties. Our next AGM on Tuesday 19 October 2021 will also be a virtual meeting, but we hope the 2022 AGM will be at our usual venue of BAWA in Bristol.

BTP Targets for 2021-22

1. To work towards securing long-term NHS funding for the Project
2. To raise over £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 Bristol and the surrounding area
5. To work with other colleagues in the UK to highlight the need for services across the board and looking towards national support.

Jayne Hoyle

Project Manager

Patrick Winch

Project Administrator

October 2021

REGISTRATION NUMBER: 05126531
CHARITY REGISTRATION NUMBER: 1104033

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Unaudited Financial Statements

31 March 2021

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report)

Year ended 31 March 2021

The trustees, who are also the directors for the purposes of company law, present their report and the unaudited financial statements of the charity for the year ended 31 March 2021.

Reference and administrative details

Registered charity name	Bristol & District Tranquilliser Project
Charity registration number	1104033
Company registration number	05126531
Principal office and registered office	5A Westbury Court Church Road Westbury-On-Trym Bristol BS9 3EF
The trustees	J Jones V Greenhouse V Stevens A.R. Burton M.B.E M. O'Connor P Matthias
Independent examiner	N Michael BA FCA Elliott Bunker Limited 61 Macrae Road Ham Green Bristol BS20 0DD

Structure, governance and management

All major decisions concerning the organisation are taken by the trustees at quarterly Management Committee meetings. Day to day management of the organisation is delegated to the project manager, who is directly responsible for this to the Chairman of the trustees. Trustees are subject to election and re-election at Annual General Meetings by the members of the organisation.

The trustees keep the skills requirement for the board under review. In the event that a trustee retires or additional trustees are required, the trustees consider the recruitment of new trustees.

PUBLIC BENEFIT
The trustees confirm that they have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing the Trust's focus and objectives.

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31 March 2021

Objectives and activities

The organisation has the following main objectives and activities:-
1. To help clients to withdraw successfully from prescribed psychotropic medication at a suitable pace. 2. To help clients who successfully withdraw from their medication to make a full recovery. 3. To inform, advise and support the families and friends of those affected. 4. To inform and advise other professionals involved in their care.

Achievements and performance

There was a high level of activity during the year. The overall number of clients helped was 167 (2020: 279), with 130 (2020: 107) withdrawing from their medication. Unfortunately, due to Covid-19 restrictions, we were unable to offer in person assessments, 1:1s, drop-ins or run the weekly local support groups since March 2020. All support is provided through the helpline, including assessments and advocacy. All services will resume once the crisis has abated and it is safe to proceed with face-to-face support. The latest year of the scheme specifically aimed at helping older people (HOP) has continued. A total of 58 (2020: 69) clients were helped under this scheme.

Financial review

Total incoming resources decreased from the previous year. Expenditure was higher and so expenditure exceeded income this year, resulting in a deficit of £15,565. The Trustees continue to review the charity's cost base. There are adequate funds in hand for future contingencies.

RESERVES POLICY
The trustees have examined the charity's requirements for reserves in the light of the main risks to the charity. They have established a policy whereby the unrestricted funds not committed or invested in tangible fixed assets held by the charity should be between three and six months expenditure. Budgeted expenditure for 2021/22 is £100,000 and therefore the target is £25,000 to £50,000 in general funds. The reserves are needed to meet the working capital requirements of the charity and the trustees are confident that at this level they would be able to continue the current activities of the charity, in the short term, in the event of a significant drop in funding.

The level of general reserves as at 31 March 2021 available to the charity of £77,523 therefore falls above this target level. The Trustees consider that this is a prudent level, given the current prevailing economic conditions. They approve the strategy of maintaining this level of reserves through planned operating surpluses from unrestricted funding sources. The charity is also continuously exploring additional alternate funding sources and assessing the extent to which existing activities and expenditure could be curtailed, should the major income source cease.

Plans for future periods

Plans for the year ahead include:-

1. Working towards securing long-term NHS funding for the Project.
2. Raising funds for the HOP Scheme.
3. Continuing with the existing withdrawal groups, drop-ins, individual counselling and the telephone helpline.

Small company provisions

This report has been prepared in accordance with the provisions applicable to companies entitled to the small companies exemption.

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Trustees' Annual Report (Incorporating the Director's Report) *(continued)*

Year ended 31 March 2021

The trustees' annual report was approved on 25 August 2021 and signed on behalf of the board of trustees by:

J Jones
Trustee

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Independent Examiner's Report to the Trustees of Bristol & District Tranquilliser Project

Year ended 31 March 2021

I report to the trustees on my examination of the financial statements of Bristol & District Tranquilliser Project ('the charity') for the year ended 31 March 2021.

Responsibilities and basis of report

As the trustees of the company (and also its directors for the purposes of company law) you are responsible for the preparation of the financial statements in accordance with the requirements of the Companies Act 2006 ('the 2006 Act').

Having satisfied myself that the accounts of the company are not required to be audited under Part 16 of the 2006 Act and are eligible for independent examination, I report in respect of my examination of the charity's accounts as carried out under section 145 of the Charities Act 2011 ('the 2011 Act'). In carrying out my examination I have followed the Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act.

Independent examiner's statement

I have completed my examination. I confirm that no matters have come to my attention in connection with the examination giving me cause to believe:

1. accounting records were not kept in respect of the charity as required by section 386 of the 2006 Act; or

2. the financial statements do not accord with those records; or

3. the financial statements do not comply with the accounting requirements of section 396 of the 2006 Act other than any requirement that the accounts give a 'true and fair' view which is not a matter considered as part of an independent examination; or

4. the financial statements have not been prepared in accordance with the methods and principles of the Statement of Recommended Practice for accounting and reporting by charities applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102).

I have no concerns and have come across no other matters in connection with the examination to which attention should be drawn in this report in order to enable a proper understanding of the accounts to be reached.

N Michael BA FCA
Elliott Bunker Limited
Independent Examiner

61 Macrae Road
Ham Green
Bristol
BS20 0DD

25 August 2021

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Statement of Financial Activities (including income and expenditure account)

Year ended 31 March 2021

	Note	2021 Unrestricted funds £	2021 Restricted funds £	2021 Total funds £	2020 Total funds £
Income and endowments					
Donations and legacies	**5**	85,731	7,500	**93,231**	102,873
Investment income	**6**	77	–	**77**	535
Total income		85,808	7,500	**93,308**	103,408
Expenditure					
Expenditure on charitable activities	**7,8**	80,211	28,662	**108,873**	96,157
Total expenditure		80,211	28,662	**108,873**	96,157
Net (expenditure)/income		5,597	(21,162)	**(15,565)**	7,251
Transfers between funds		(21,162)	21,162	**–**	–
Net movement in funds		(15,565)	–	**(15,565)**	7,251
Reconciliation of funds					
Total funds brought forward		93,088	–	**93,088**	85,837
Total funds carried forward		77,523	–	**77,523**	93,088

The statement of financial activities includes all gains and losses recognised in the year.
All income and expenditure derive from continuing activities.

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Statement of Financial Position

31 March 2021

	Note	2021 £	2020 £
Fixed assets			
Tangible fixed assets	**14**	**1,236**	1,929
Current assets			
Debtors	**15**	**150**	150
Cash at bank and in hand		**78,730**	93,602
		78,880	93,752
Creditors: amounts falling due within one year	**16**	**2,593**	2,593
Net current assets		**76,287**	91,159
Total assets less current liabilities		**77,523**	93,088
Net assets		**77,523**	93,088
Funds of the charity			
Unrestricted funds		**77,523**	93,088
Total charity funds	**19**	**77,523**	93,088

For the year ending 31 March 2021 the charity was entitled to exemption from audit under section 477 of the Companies Act 2006 relating to small companies.

Directors' responsibilities:

- The members have not required the company to obtain an audit of its financial statements for the year in question in accordance with section 476;
- The directors acknowledge their responsibilities for complying with the requirements of the Act with respect to accounting records and the preparation of financial statements.

These financial statements have been prepared in accordance with the provisions applicable to companies subject to the small companies' regime.

These financial statements were approved by the board of trustees and authorised for issue on 25 August 2021, and are signed on behalf of the board by:

J Jones
Trustee

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Financial Statements

Year ended 31 March 2021

1. General information

The charity is a public benefit entity and a private company limited by guarantee, registered in England and Wales and a registered charity in England and Wales. The address of the registered office is 5A Westbury Court, Church Road, Westbury-On-Trym, Bristol, BS9 3EF.

2. Statement of compliance

These financial statements have been prepared in compliance with FRS 102, 'The Financial Reporting Standard applicable in the UK and the Republic of Ireland', the Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (Charities SORP (FRS 102)) and the Companies Act 2006.

3. Accounting policies

Basis of preparation

The financial statements have been prepared on the historical cost basis, as modified by the revaluation of certain financial assets and liabilities and investment properties measured at fair value through income or expenditure.

The financial statements are prepared in sterling, which is the functional currency of the entity.

Going concern

There are no material uncertainties about the charity's ability to continue.

Judgements and key sources of estimation uncertainty

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the amounts reported. These estimates and judgements are continually reviewed and are based on experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. There are no critical estimates and judgements to note.

Fund accounting

Unrestricted funds are available for use at the discretion of the trustees in the furtherance of the general objectives of the charity and which have not been designated for other purposes. Restricted funds are funds which are to be used in accordance with specific restrictions imposed by donors or which have been raised by the charity for specific purposes. The costs of raising and administering such funds are charged against the specific fund. The designated fund comprises an unrestricted fund that has been set aside by the trustees for a particular purpose.

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2021

3. Accounting policies *(continued)*

Incoming resources

All incoming resources are included in the statement of financial activities when entitlement has passed to the charity; it is probable that the economic benefits associated with the transaction will flow to the charity and the amount can be reliably measured. The following specific policies are applied to particular categories of income:

- income from donations or grants is recognised when there is evidence of entitlement to the gift, receipt is probable and its amount can be measured reliably.
- legacy income is recognised when receipt is probable and entitlement is established.
- income from donated goods is measured at the fair value of the goods unless this is impractical to measure reliably, in which case the value is derived from the cost to the donor or the estimated resale value. Donated facilities and services are recognised in the accounts when received if the value can be reliably measured. No amounts are included for the contribution of general volunteers.
- income from contracts for the supply of services is recognised with the delivery of the contracted service. This is classified as unrestricted funds unless there is a contractual requirement for it to be spent on a particular purpose and returned if unspent, in which case it may be regarded as restricted.

Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs relating to the category. Where costs cannot be directly attributed to a particular heading, they have been allocated to activities on a basis consistent with use of the resources. The charity is not registered for VAT and accordingly expenditure is shown inclusive of VAT.

Tangible assets

All fixed assets are initially recorded at cost.

Major expenditure on tangible fixed assets over £1,000 is capitalised. The cost of other items is written off as incurred.

Depreciation

Depreciation is calculated so as to write off the cost or valuation of an asset, less its residual value, over the useful economic life of that asset as follows:

Fixtures & fittings	-	over 6 years
Equipment	-	20% reducing balance

Impairment of fixed assets

A review for indicators of impairment is carried out at each reporting date, with the recoverable amount being estimated where such indicators exist. Where the carrying value exceeds the recoverable amount, the asset is impaired accordingly. Prior impairments are also reviewed for possible reversal at each reporting date.

3. Accounting policies ***(continued)***

Impairment of fixed assets ***(continued)***

For the purposes of impairment testing, when it is not possible to estimate the recoverable amount of an individual asset, an estimate is made of the recoverable amount of the cash-generating unit to which the asset belongs. The cash-generating unit is the smallest identifiable group of assets that includes the asset and generates cash inflows that largely independent of the cash inflows from other assets or groups of assets.

For impairment testing of goodwill, the goodwill acquired in a business combination is, from the acquisition date, allocated to each of the cash-generating units that are expected to benefit from the synergies of the combination, irrespective of whether other assets or liabilities of the charity are assigned to those units.

Government grants

Government grants are recognised at the fair value of the asset received or receivable. Grants are not recognised until there is reasonable assurance that the charity will comply with the conditions attaching to them and the grants will be received.

Where the grant does not impose specified future performance-related conditions on the recipient, it is recognised in income when the grant proceeds are received or receivable. Where the grant does impose specified future performance-related conditions on the recipient, it is recognised in income only when the performance-related conditions have been met. Where grants received are prior to satisfying the revenue recognition criteria, they are recognised as a liability.

Financial instruments

A financial asset or a financial liability is recognised only when the entity becomes a party to the contractual provisions of the instrument.

Basic financial instruments are initially recognised at the amount receivable or paable including any related transaction costs, unless the arrangement constitutes a financing transaction, where it is recognised at the present value of the future payments discounted at a market rate of interest for a similar debt instrument.

Current assets and current liabilities are subsequently measured at the cash or other consideration expected to be paid or received and not discounted.

Defined contribution plans

Contributions to defined contribution plans are recognised as an expense in the period in which the related service is provided. Prepaid contributions are recognised as an asset to the extent that the prepayment will lead to a reduction in future payments or a cash refund.

When contributions are not expected to be settled wholly within 12 months of the end of the reporting date in which the employees render the related service, the liability is measured on a discounted present value basis. The unwinding of the discount is recognised as an expense in the period in which it arises.

4. Limited by guarantee

The company is limited by guarantee. No part of this guarantee has been called up.

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2021

5. Donations and legacies

	Unrestricted Funds £	Restricted Funds £	**Total Funds 2021 £**
Donations			
Donations	2,719	–	**2,719**
Grants			
Grants Received	17,103	7,500	**24,603**
Government grant income	411	–	**411**
Sponsorship			
Membership	–	–	**–**
Other donations and legacies			
Main Funding	65,498	–	**65,498**
	85,731	7,500	**93,231**

	Unrestricted Funds £	Restricted Funds £	Total Funds 2020 £
Donations			
Donations	2,310	–	2,310
Grants			
Grants Received	14,500	20,500	35,000
Government grant income	–	–	–
Sponsorship			
Membership	65	–	65
Other donations and legacies			
Main Funding	65,498	–	65,498
	82,373	20,500	102,873

6. Investment income

	Unrestricted Funds £	**Total Funds 2021 £**	Unrestricted Funds £	Total Funds 2020 £
Bank Interest	77	**77**	535	535

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2021

7. Expenditure on charitable activities by fund type

	Unrestricted Funds £	Restricted Funds £	**Total Funds 2021 £**
Charitable activities	79,045	28,370	**107,415**
Support costs	1,166	292	**1,458**
	80,211	28,662	**108,873**

	Unrestricted Funds £	Restricted Funds £	Total Funds 2020 £
Charitable activities	70,568	24,155	94,723
Support costs	1,147	287	1,434
	71,715	24,442	96,157

8. Expenditure on charitable activities by activity type

	Activities undertaken directly £	Support costs £	**Total funds 2021 £**	Total fund 2020 £
Charitable activities	107,415	–	**107,415**	94,723
Governance costs	–	1,458	**1,458**	1,434
	107,415	1,458	**108,873**	96,157

Support costs comprise of independent examiners' fees.

9. Net (expenditure)/income

Net (expenditure)/income is stated after charging/(crediting):

	2021 £	2020 £
Depreciation of tangible fixed assets	**794**	963
Operating lease rentals	**2,527**	1,824

10. Independent examination fees

	2021 £	2020 £
Fees payable to the independent examiner for:		
Independent examination of the financial statements	**1,458**	1,434

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2021

11. Staff costs

The total staff costs and employee benefits for the reporting period are analysed as follows:

	2021	2020
	£	£
Wages and salaries	**81,552**	70,460
Social security costs	**1,063**	1,493
Employer contributions to pension plans	**1,070**	676
	83,685	72,629

The average head count of employees during the year was 3 (2020: 3). The average number of full-time equivalent employees during the year is analysed as follows:

	2021	2020
	No.	No.
Number of staff	**3**	3

No employee received employee benefits of more than £60,000 during the year (2020: Nil).

12. Trustee remuneration and expenses

No remuneration or other benefits from employment with the charity or a related entity were received by the trustees.

No trustee expenses have been incurred.

13. Transfers between funds

The funds transfer from unrestricted funds to restricted funds covers a shortfall on the Helping Older People fund.

14. Tangible fixed assets

	Fixtures and fittings	Equipment	**Total**
	£	£	**£**
Cost			
At 1 April 2020	3,739	2,481	**6,220**
Additions	–	101	**101**
At 31 March 2021	3,739	2,582	**6,321**
Depreciation			
At 1 April 2020	3,172	1,119	**4,291**
Charge for the year	501	293	**794**
At 31 March 2021	3,673	1,412	**5,085**
Carrying amount			
At 31 March 2021	66	1,170	**1,236**
At 31 March 2020	567	1,362	1,929

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2021

15. Debtors

	2021	2020
	£	£
Prepayments and accrued income	**150**	150

16. Creditors: amounts falling due within one year

	2021	2020
	£	£
Accruals and deferred income	**1,375**	1,375
Social security and other taxes	**1,218**	1,218
	2,593	2,593

17. Pensions and other post retirement benefits

Defined contribution plans

The amount recognised in income or expenditure as an expense in relation to defined contribution plans was £1,070 (2020: £676).

18. Government grants

The amounts recognised in the financial statements for government grants are as follows:

	2021	2020
	£	£
Recognised in income from donations and legacies:		
Government grants income	**411**	–

19. Analysis of charitable funds

Unrestricted funds

	At 1 April 2020	Income	Expenditure	Transfers	**At 31 March 2021**
	£	£	£	£	**£**
General funds	93,088	85,808	(80,211)	(21,162)	**77,523**

	At 1 April 2019	Income	Expenditure	Transfers	At 31 March 2020
	£	£	£	£	£
General funds	85,837	82,908	(71,715)	(3,942)	93,088

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Financial Statements *(continued)*

Year ended 31 March 2021

19. Analysis of charitable funds *(continued)*

Restricted funds

	At 1 April 2020	Income	Expenditure	Transfers	**At 31 March 2021**
	£	£	£	£	**£**
Helping older people	–	7,500	(28,662)	21,162	**–**

	At 1 April 2019	Income	Expenditure	Transfers	At 31 March 2020
	£	£	£	£	£
Helping older people	–	20,500	(24,442)	3,942	–

20. Analysis of net assets between funds

	Unrestricted Funds	**Total Funds 2021**
	£	**£**
Tangible fixed assets	1,236	**1,236**
Current assets	78,880	**78,880**
Creditors less than 1 year	(2,593)	**(2,593)**
Net assets	77,523	**77,523**

	Unrestricted Funds	Total Funds 2020
	£	£
Tangible fixed assets	1,929	1,929
Current assets	93,752	93,752
Creditors less than 1 year	(2,593)	(2,593)
Net assets	93,088	93,088

21. Operating lease commitments

The total future minimum lease payments under non-cancellable operating leases are as follows:

	2021	2020
	£	£
Not later than 1 year	**5,738**	11,204
Later than 1 year and not later than 5 years	**3,990**	8,531
	9,728	19,735

22. Related parties

There are no related party transactions that require disclosure.

The charity is controlled by its trustees.

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Management Information

Year ended 31 March 2021

The following pages do not form part of the financial statements.

Bristol & District Tranquilliser Project

Company Limited by Guarantee

Notes to the Detailed Statement of Financial Activities

Year ended 31 March 2021

	2021	2020
	£	£
Income and endowments		
Donations and legacies		
Donations	**2,719**	2,310
Grants Received	**24,603**	35,000
Government grant income	**411**	–
Membership	**–**	65
Main Funding	**65,498**	65,498
	93,231	102,873
Investment income		
Bank Interest	**77**	535
Total income	**93,308**	103,408
Expenditure		
Expenditure on charitable activities		
Wages and salaries	**81,552**	70,460
Employer's NIC	**1,063**	1,493
Pension costs	**1,070**	676
Operating leases	**2,527**	1,824
Rent	**10,927**	8,064
Rates and water	**891**	877
Light and heat	**505**	833
Repairs and maintenance	**210**	210
Insurance	**926**	1,457
Other motor/travel costs	**67**	297
Telephone	**3,711**	3,334
Other office costs	**2,672**	3,117
Depreciation	**794**	963
Other interest payable and similar charges	**108**	104
Catering and accountancy	**1,665**	2,433
Cleaning	**185**	15
	108,873	96,157
Total expenditure	**108,873**	96,157
Net (expenditure)/income	**(15,565)**	7,251

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 North, Somerset, South Gloucestershire (BNSSG)
Clinical Commissioning Group (CCG)
The Linnet Trust
Lloyd Robinson Fund

Helping Older People (HOP) Scheme

Albert Hunt Trust
The Lark Trust
John James (Bristol) Foundation
James Tudor Foundation
Needham Cooper Charitable Trust
Sylvia Waddilove
Triodos Bank

Individual Donations

We would also like to thank all our clients and friends
who made donations to the Charity:
your generous support is invaluable.

In particular, we are hugely grateful to
Margaret Mackenzie and her family, Brian and Ros,
for leaving a substantial donation in her will.
Her kindness is hugely appreciated.