BRISTOL & DISTRICT TRANQUILLISER PROJECT

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

Registered Charity No: 1104033

ANNUAL REPORT

2013 - 2014

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

EXECUTIVE COMMITTEE/DIRECTORS:

Jacquie Jones	Chairman
Jocelyn Mignott	Vice Chairman
William Liew	Treasurer
Anthony R Burton MBE	
Victoria Greenhouse	
John Gunn BA, FCA (till 21.10.13)	
Valerie Stevens	

STAFF MEMBERS:

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

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INTRODUCTION

PROBLEMS WITH BENZODIAZEPINES

- Benzodiazepines are the most commonly prescribed minor tranquillisers and sleeping pills.

- The main ones are Diazepam (Valium), Temazepam, Nitrazepam (Mogadon) and Lorazepam (Ativan).

- They are highly addictive drugs, and their side-effects and withdrawal symptoms can lead to breakdown and temporary mental illness.

- There were 10.7 million prescriptions of benzodiazepines by community pharmacists in 2013 in England alone.

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

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

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

PROBLEMS WITH OTHER PRESCRIBED PSYCHOTROPIC MEDICATION

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

- Prescribing of antidepressants has quadrupled over the past 20 years.

- In 2013 over 53.3 million prescriptions for antidepressants were issued by community pharmacists in England. This number is increasing by up to 10% every year and there is no sign of this trend changing.

- It has been estimated that over 4 million people in England are taking antidepressants regularly.

- The cost to the NHS of antidepressants was £282 million in 2012/3.

- The Uppsala Monitoring Centre database lists 3 SSRI antidepressants – Prozac, Seroxat and Sertraline – amongst the 30 highest-rating drugs for dependency.

- There has also been a big increase over the past 15 years in the prescribing of the newer sleeping pills such as Zopiclone, Zolpidem and Zaleplon. GPs issued over 10 million prescriptions for sleeping pills in 2011. Roughly half of these were for the 'Z' drugs and half for benzodiazepines.

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

OBJECTIVES OF THE PROJECT

1. To assist those involuntarily addicted to benzodiazepines to understand and cope with their addiction, to plan and make a safe withdrawal where appropriate and to lead normal lives without recourse to any psychotropic medication.

2. To help those taking other prescribed psychotropic medication to come off this medication where appropriate.

3. To inform, advise and support the families and friends of those affected.

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

SERVICES PROVIDED BY THE PROJECT

1. One-to-one prescribed drugs counselling especially for those new to the Project and those undergoing particular difficulty.

2. Withdrawal groups at the Project led by counsellors but with a strong user involvement.

3. Outreach withdrawal groups in Knowle and Southmead.

4. Drop in availability at the Project for those in particular need.

5. A help-line open 4 days a week.

6. A programme of visits, talks, workshops, seminars etc for doctors and other professionals within the Bristol area.

THE WAY THE PROJECT WORKS

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

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

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

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

Clients are supported throughout the withdrawal process, and also for a considerable length of time after withdrawal. Many clients have taken

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

COMMITTEE, STAFF AND VOLUNTEERS

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

CHAIRMAN'S REPORT

Once again the Annual Report for 2013/2014 makes good reading. It is more comprehensive than last year's and will help everybody who has an interest in the problems caused by involuntary addiction to prescribed psychotropic drugs.

I became aware of the Bristol & District Tranquilliser Project 18 years ago when my husband needed their help. Not only did they support him but they also helped me. After this I become a member of the Management Committee and gradually took over as Chairman which has enabled me to give something back to them for all the help we both had.

Now that the Clinical Commissioning Group has taken over from the Primary Care Trust there have been a lot of changes in the details which have to be amassed to enable the Project to obtain funding. Once again the staff have done a wonderful job in producing forms for collation of data to be submitted annually to enable funding to be provided. It has been hard work and time consuming with deadlines to meet but through all this the staff have done a first class job helping old and new clients by telephone, emails, one-to-one counselling and undertaking meetings away from the office to reach people who cannot come to Henleaze. They have also continued to fund the Helping Older People scheme, once again, entirely from charitable trusts.

The staff have continued to be a hard-working, close knit team and I thank them for their continued support they give to me as Chairman.

Jacquie Jones
Chairman

PROJECT REPORT

INTRODUCTION

This was another year of steady progress for the Project. Overall numbers of clients helped were higher, with a large rise in the number of helpline clients. There were no staff changes and only one change to the Committee. Our funding from the NHS continued at a similar level to last year, now from the new Bristol Clinical Commissioning Group.

EXECUTIVE COMMITTEE

We were very sorry to lose John Gunn from the Committee, which he had served for 17 years. He was formerly Deputy Finance Director of Bristol University and we were extremely lucky that he agreed to serve as our Treasurer for around 10 years. It was he who put our finances on a firm footing, with meticulous care and attention to detail. He was a great supporter of the Project and all the work we do, and he continued to serve on the Committee as an ordinary member until ill health forced him to retire in October.

We were very fortunate that all the other members of the Committee continued to serve during the year. Jacquie Jones remained as Chair throughout the year and dealt with issues in her usual calm and unflappable way. She is an excellent leader of the organisation and a very good Chair of meetings. Our thanks also go to William Liew, who took over as Treasurer five years ago and always does a Rolls-Royce job for us, providing budgets and checking our monthly and annual accounts. We are very lucky to have had two such outstanding Treasurers throughout our existence. William is also a devoted attender at Committee Meetings and makes valuable comments on a range of issues.

Our thanks are also due to the other members of the Committee, who have continued to support the Project during the year. Particular thanks are due to Tony Burton for his regular attendance and helpful comments at meetings. We are grateful to all the Committee Members for their valuable contributions during the year.

STAFF AND VOLUNTEERS

There were no changes to the staff or their roles this year, for the third year running. This continuity was a vital aid to the productivity of the organisation during the year.

Jayne Hoyle continued as Manager, supervising the Project and liaising with the Clinical Commissioning Group to draw up a new and more detailed contract. In particular she took considerable pains to provide a detailed outcomes questionnaire, which was sent to clients after the end of the year. She continued to suffer from ill-health in the latter part of the year and underwent an operation in May to try and clear up the trouble. Ian Singleton continued to provide statistics on clients and their medication and drew up our final report for the Clinical Commissioning Group (with the exception of outcomes, which Jayne dealt with). Roy Jones continued to take the lead for our Helping Older People Scheme and the fundraising for this. Roy and Ian took the majority of helpline calls during the year.

The Administrative staff as usual played a key role in the work of the Project. Iris Murch continued to deal with a mass of emails, correspondence and reports, and writing brilliant newsletters and carry out all the organisation of the AGM. Despite all this she also found time to speak to clients and give valuable reassurance when the staff were otherwise occupied. Bianca Edwards continued to be responsible for all day to day financial matters, including dealing with the utility companies. She also showed her expertise in other ways, for example helping to sort out problems with the computer and telephone systems. Both women could not be more helpful in often very stressful situations.

Tom Jones continued to be our most loyal and helpful volunteer, turning his hand to a wide variety of tasks, from computer searches to repairing a leaking toilet. It is completely invaluable to the Project to have someone like this who can turn his hand to virtually anything. We would also like to thank Jean Powell for the many afternoons she devoted to answering the helpline. Feedback from clients was universally positive and we hope she will be able to continue this work in the year ahead.

CLIENTS

(a) General

- Over the past year we helped 45 clients at the Project, 10 at Knowle, 7 at Southmead 198 over the telephone helpline and 8 via email, a total of 268.

- 38 of those seen at the Project commenced withdrawal (84%), as did 16 of those in the outreach groups (94%), 149 of those in touch by helpline (75%) and 6 of those in touch by email (75%). In all 209 out of 268 commenced withdrawal (78%).

- Of the 62 clients seen face to face, 20 were referred to us by their doctor, 5 by other agencies and the remainder were self-referred.

- We had a total of 134 new clients during the year of whom a majority were helpline clients (114).

(b) Medication

- 75 clients came off benzodiazepines completely

- 37 came off antidepressants

- 5 came off non-benzodiazepine sleeping pills

- 93 came off all their medication.

    - 14 of these were at the Project

    - 6 in the outreach groups

    - 71 of those in touch by helpline

    - 2 of those in touch by email

(c) Gender and Age

- Of 62 clients helped face to face 40 were female (65%) and 22 male (35%)

- Of the 198 helpline clients 114 were female (58%) and 84 male (42%)

- Of the email clients 4 were female and 4 male

    - Overall 158 were female (59%) and 110 male (41%)

- Age ranges of those seen face to face

    - 7 were between 20 and 40 (11%)

    - 20 were between 40 and 60 (32%)

    - 35 were over 60 (57%).

HELPLINE

- Over the year a record number of clients were helped via the helpline, 198 as against 175 last year.

- A total of 4339 helpline calls were taken during the year, an average of 362 per month.

- 42% of the calls were from clients over 60.

KNOWLE OUTREACH GROUP

Ian Singleton continued to run this group on Tuesdays for the people of north Bristol at the Community Health Park in Downton Road, Knowle. Nearly all clients were either withdrawing from their medication or had already completely withdrawn from it. Good progress was made by everyone during the year towards their goal of becoming drug free.

SOUTHMEAD GROUP

Roy Jones continued to run this group for the people of North Bristol which is based at the New Brunswick Church Hall in Southmead. All clients made good progress in withdrawing from their medication during the year. It is intended to increase numbers at this group in the year ahead.

HELPING OLDER PEOPLE (HOP) SCHEME

The latest year of the scheme specifically to help older people involuntarily addicted to prescribed psychotropic medication ran from 1 October 2012 to 30 September 2013. During the year we helped a total of 76 clients under this scheme, another record. 20 were helped face to face and 56 via the telephone helpline. 56 were female and 20 male. The percentage of clients commencing withdrawal was again around 80%.

We would like to thank the following organisations which helped to fund the work of the HOP scheme during the year covered by this report:-

Bristol Masonic Charities
Denman Charitable Trust
John James Bristol Foundation
Tom and Jacquie Jones
Van Neste Foundation

This funding totalled £21,600. This was a similar figure to that raised in the previous year and is at a level to nearly all costs of the HOP scheme. In addition we received funding from the Lark Trust and Truemark Trust just after the end of

the financial year. The HOP scheme is entirely funded by charitable trusts and we would like to thank most sincerely all those which contributed this year. In all cases these are trusts which have supported us over many years and which have enabled this scheme to continue to grow.

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

Age UK Thornbury
Eden Grove Filton
Greenway Centre, Southmead
James Tudor Trust
North Bristol Advice Centre
Reform Church, Henleaze
Reform Church, Southmead
Southmead Community Centre
St Peters Church, Henleaze
The Care Forum
The Rock Community Centre, Lawrence Weston
Thornbury Library
Town Hall, Thornbury
Upper Horfield Community Trust
Vassell Centre

MONITORING AND EVALUATION

This year we provided detailed outcome measures for the Clinical Commissioning Group. In view of their complexity we have decided to include these as an Annex to the Report. On the whole they show that clients have benefitted greatly from their relationship with the Project and are making good progress under a number of different headings.

EDUCATION/VISITS

1. We wrote to all General Practitioners, Practice Managers, Mental Health Teams, Pharmacists Libraries and other voluntary organisations in the Bristol area with details of our services.

2. We provided particular assistance to 4 GPs on withdrawal from benzodiazepines and antidepressants.

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

MAIN PROJECT FUNDING

This was the first year of our main funding from the Bristol Clinical Commissioning Group (CCG). We were very fortunate in that Grace Elias, who was our link officer with the Bristol Primary Care Trust, is also our link officer with the CCG. She continued to be most helpful in guiding us to meet the new requirements, especially on outcome measures. Our funding is secure for the year 2014/2015 but longer term arrangements will be put in place thereafter.

We would like to thank everyone else, both individuals and organisation, who helped to fund main Project activities during the year. Details of these are shown on the back cover of this Report. Once again we would like to mention the generosity of the Linnet Trust for the fourth year running. They have provided the bulk of our extra funds over those years and the reassurance this gives is inestimable. Major donations were again received from regular donors Rolls Royce, Wessex Water, the Lloyd Robinson Fund via Quartet Community Foundation and from our patron, Professor Heather Ashton. We would like to thank all of these very warmly for their generosity and loyalty in continuing to support us over the years. Quartet has been particularly helpful in overseeing contributions both to the main Project fund and the Helping Older People Scheme.

MEMBERSHIP

Rates for the year remained unchanged, at £30.00 for life membership, £8.00 for waged and £4.00 for unwaged or low waged individuals. At the end of the year we had 91 members of which 60 were lifetime members, 16 full and associate members and 16 honorary members. In all this raised £334.00 for Project funds during the year. We are very grateful to all our members for their valued support of the Project and the work it does.

COUNCIL FOR EVIDENCE-BASED PSYCHIATRY

In early 2014 the Project joined the Council for Evidence-Based Psychiatry. This is an umbrella group set up in late 2013. The organisation has its roots in a tradition of academic research into the damaging effects of psychiatric diagnosis and medications. This research shows that psychiatric drugs can cause considerable harm to many patients, particularly when taken long-term. Increasing numbers of patients are reporting an array of debilitating drug-induced symptoms, yet doctors too often will deny or be unaware that the drugs are the cause. As a result, psychiatric drug withdrawal charities are experiencing a very high level of demand for their under-resourced services.

The mission of the CEP is:-

'To reduce psychiatric harm by communicating the latest evidence to policymakers and practitioners, by sharing the testimony of those who have been harmed, and by supporting research into areas where evidence is lacking.'

The Project will play its part, within its restricted resources, in helping to promote the mission of the CEP and providing information on the dangers posed by the psychotropic drugs it deals with. The website address is www.cepuk.org. If you then click on 'withdrawal advisers' you can see Ian answering questions about his experiences on the medication and his work at the Project.

PUBLIC HEALTH ENGLAND GUIDE FOR COMMISSIONERS ON ADDICTION TO PRESCRIBED MEDICATION

This guide for commissioners on addiction to prescribed medication was published by Public Health England (NHE) in June 2013. However, it proved a big disappointment, as there appeared to be no change from the existing strategy. As Jim Dobbin MP who is the Chair of the All Party Parliamentary Group on Involuntary Tranquilliser Addiction put it in response to the issuing of the guidance:-

'Any services that may emerge from the new commissioning arrangements are directed by this guide into the inappropriate and failed treatment models previously promoted by the National Treatment Agency (NTA). The NTA (now part of NHE), continues to underreport the magnitude of the problem and does not acknowledge the concept of drug-free goals.

The commissioning guide does not reflect the change of direction announced by Anna Soubry when she was a Minister at the Department of Health, at the NTA Conference on Addictions to Medicines on 28 February 2013. It offers no change, no improvements and no help for patients who have become addicted to tranquillisers and antidepressants through no fault of their own.

Whilst superficially recognising involuntary tranquilliser addiction, PHE has not learned anything from a four year policy review and has returned to the same old substance misuse approach to Involuntary Tranquilliser Addiction which has been so unsuccessful in the past.'

PRIME MINISTER'S ORAL PARLIAMENTARY QUESTION FROM JIM DOBBIN MP

The Prime Minister, David Cameron paid tribute to Jim Dobbin MP and Professor Heather Ashton in an oral parliamentary question put down by Mr Dobbin on 23 October 2013. The exchange was as follows:-

> ***Jim Dobbin MP (Heywood and Middleton):*** *A total of 1.5 million people in the UK are addicted to the benzodiazepines diazepam and "z drugs". I know of one individual who has been on those products for more than 45 years – a total life ruined. They are not drug misusers; they are victims of the system of repeat prescriptions. Will the Prime Minister advise the Department of Health to give some guidance to the clinical commissioning groups to introduce withdrawal programmes in line with the advice from Professor Heather Ashton of Newcastle University, who is the expert in this field, to give people back their lives?*
>
> ***The Prime Minister, Rt. Hon David Cameron MP:*** *First, I pay tribute to the Hon. Gentleman, who has campaigned strongly on this issue over many years. I join him in paying tribute to Professor Ashton, whom I know has considerable expertise in this area. He is right to say that this is a terrible affliction: these people are not drug addicts but they have become hooked on repeat prescriptions of tranquillisers. The Minister for public health is very happy to discuss this issue with him and, as he says, make sure that the relevant guidance can be issued.'*

DEPARTMENT OF HEALTH INQUIRY INTO ADDICTION TO PRESCRIPTION DRUGS

The Sunday Times ran an article on 15 December 2013 under the headline

> ***'Norman Baker MP, Minister for Drugs Policy and the Department of Health misrepresent involuntary tranquilliser addiction as substance abuse.'***

The article reads as follows:-

> *The Government has launched an inquiry into the growing problem of addiction to prescription drugs as MPs warn that 1.5 million people may be dependent on tranquillisers alone. Ministers have asked the Advisory Council on the Misuse of Drugs, which usually focuses on illegal narcotics, to draw up an action plan to combat the addiction to prescription and over-the-counter drugs. The Home Office and Department of Health want urgent action as the number of deaths from abuse of prescription medicines outstrips those of heroin and cocaine. A total of 807 people died last year from overdoses of prescription drugs, a rise of 16% in five years.*

"The misuse of prescription drugs is a hidden problem in our society. While the government's response remains rightly focused on more traditional substances like heroin and cocaine, behind the net curtains a wider problem exists" said Norman Baker, the crime prevention minister. "That is why we have asked the advisory council to review the situation and make recommendations on any action that needs to be taken".

The most commonly abused prescription drugs include painkillers such as codeine, anti-anxiety pills such as diazepam and temazepam, antidepressants and stimulants used to treat attention deficit hyperactivity disorder, including Ritalin. An estimated 32,000 Britons are thought to be addicted to painkillers such as Solpadeine and MPs think that about 1.5 million are abusing tranquillisers.

Jim Dobbin, Chairman of the All-Party Parliamentary Group on Involuntary Addiction to Tranquillisers, said the problem was growing and he had met people who had been dependent on such drugs for 40 years. The Labour MP for Heywood and Middleton said despite the prevalence of abuse there is relatively little help for addicts compared with those on illegal drugs: "This is worse than the use of illegal drugs because they are officially prescribed."

Drug related deaths:

Antidepressants 468	*Tramadol 175*
Tranquillisers284	*Cocaine 139*
Paracetomol 182	
	(Source ONS 2012)'

REVISIONS TO BRITISH NATIONAL FORMULARY

A revised British National Formulary, which gives information to doctors on medication and its uses, was issued in November 2013. This was after the current advice was challenged by Luke Montagu and others as being inaccurate and misleading. Part of the new advice, which is not perfect but is a great improvement on the previous version, is as follows:-

A suggested protocol for withdrawal from prescribed long-term benzodiazepine patients is as follows:

1. *Transfer patient stepwise, one dose at a time over about a week, to an equivalent daily dose of diazepam preferably taken at night.*

2. *Reduce diazepam dose, usually by 1-2 mg every 2-4 weeks (in patients taking high doses of benzodiazepines, initially it may be appropriate to reduce the dose by up to one-tenth every 1-2 weeks). If uncomfortable withdrawal symptoms occur, maintain this dose until symptoms lessen.*

3. *Reduce diazepam dose further, if necessary in smaller steps; steps of 500 micrograms may be appropriate towards the end of withdrawal. Then stop completely.*

4. *For long term patients, the period needed for complete withdrawal may vary from several months to a year or more.*

Withdrawal symptoms for long-term users usually resolve within 6-18 months of the last dose. Some patients will recover more quickly, others may take longer. The addition of beta-blockers, antidepressants and antipsychotics should be avoided where possible. Counselling can be of considerable help both during and after the taper.

COMPARING WITHDRAWAL SYMPTOMS WITH BENZODIAZEPINES AND SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRI) ANTIDEPRESSANTS

A study was published in 'Addiction Review' by the Nordic Cochrane Centre in Copenhagen and the University of Copenhagen. This explored the rationale for claiming that benzodiazepines cause dependence while SSRIs do not. The study analysed the definitions of dependence and withdrawal reactions as they had appeared over time in the 'Diagnostic Statistical Manual of Mental Diseases' (DSM) and the International Classification of Diseases (ID).

The study concluded that there are no grounds for using a separate term (discontinuation) for SSRIs as against benzodiazepines (withdrawal). Withdrawal reactions to SSRIs appear to be similar to those for benzodiazepines with 37 of 42 symptoms common to both.

The conclusion of the study was that a common term should be used for both benzodiazepine and SSRI withdrawal. Referring to withdrawal symptoms as part of a dependence syndrome in the case of benzodiazepines, but not SSRIs, does not seem rational.

DRUG COMPANIES ROUTINELY WITHHOLD RESULTS OF TRIALS

Drug companies have

'routinely and legally'

withheld the results of medical trials from doctors, researchers and patients for decades, according to the House of Commons Public Accounts Committee. In a report it said that it was of

'extreme concern'

that about half of all trial results for medicines available on the global market were not subject to public and independent scrutiny.

Warning that doctors and patients are being

'undermined'

in their ability to make informed decisions on treatment, the Committee called on the Government to act to ensure that the results of all clinical trials of every medicine currently being prescribed are made available.

The report will significantly increase pressure on the world's pharmaceutical giants to commit to full transparency over clinical trials. Critics have accused *'Big Pharma'* of systematically putting profit before patients, withholding data that might undermine confidence in their blockbuster drugs. MPs said that

> *'trials which gave a favourable verdict'* were *about twice as likely to be published as trials giving unfavourable results.'*

A Department of Health spokesman said:

> *That it was working with health organisations to make clinical trials more transparent.'*

It said:

> *'All clinical trials conducted in the UK must now be registered on a public database. Patients have rightly been concerned about confidentiality in trials so we need to balance the need to make trials more open with making sure patient data is kept safely.'*

GENERAL PRACTITIONERS SHOULD MONITOR ADDICTIONS TO PRESCRIPTION DRUGS – HOUSE OF COMMONS HOME AFFAIRS COMMITTEE REPORT

> *'GPs should start to track anonymously patients who are addicted to prescription drugs.'*

states a Commons Home Affairs Report published in December 2013. The Commons Home Affairs Committee said

> *'That the scale of addiction to prescribed drugs in Britain was far greater than the numbers of people in treatment programmes for illegal drugs.'*

The Committee also said:

> '*There was an urgent need to overcome the complete lack of data on the misuse and supply of prescription drugs for non-medical purposes.'*
>
> *Immediate steps need to be taken to introduce a system whereby anonymous data can be collected to fully understand where the problem lies.'*

ANNUAL GENERAL MEETING

Our AGM was held on Tuesday 15th October at the British Aerospace Welfare Association (BAWA) Leisure Centre in Southmead. BAWA again very generously waived the fee (£235) for the use of these excellent premises.

Our guest speaker this year was Baylissa Frederick, founder of Recovery Road charity in Cardiff. She spoke about her own history of withdrawal after taking the benzodiazepine Rivotril for an involuntary movement disorder known as dystonia. Following her recovery she founded her own charity to provide support to those affected by benzodiazepines and antidepressants. It was an outstanding talk, which was very well received by everyone present. There were a large number of questions and considerable discussion afterwards of the many issues raised by Baylissa.

ANNUAL OUTING

This year's 'Valerie Stevens Outing' took place on Wednesday 3rd July, this time to Wells in Somerset. This is the first time we have visited Wells and it provided a refreshing change, with the mixture of cathedral, shops, street market and cafes. The weather was quite kind to us this year and a very enjoyable time was had by all.

TARGETS FOR 2014/15

1. To work towards securing long-term NHS funding for the Project.

2. To raise £25,000 for the HOP scheme.

3. To continue our existing helpline, withdrawal groups, drop-ins, assessments and counselling sessions.

4. To advertise our services to health professionals, pharmacists, libraries and voluntary sector organisation in the Bristol area.

Ian J Singleton
Senior Project Development Worker

ANNEX

Bristol & District Tranquilliser Project

Annual Report on Outcome Measures 1 April 2013 – 31 March 2014

Outcome Measures for Counselling and Group Support

1. Improved mental health and wellbeing

57% of clients reported a reduction in visits to their GP. A total 86% of clients have decreased their medication – 29% have come off their medication and 57% are still on their reduction programme. 14% are not reducing their medication at present, this can be for a variety of reasons such as being on more than one medication and having a gap before the next medication is reduced, or severe withdrawals so reduction is put on hold for a while etc.

57% of clients did not report any symptoms of self harm. 67% who did experience these symptoms reported a reduction in their self harm.

29% of clients did not report any symptoms of suicidal thoughts. 60% who did experience these symptoms reported a reduction in their suicidal thoughts.

57% of clients reported a reduction in depression and 43% reported a reduction in anxiety.

57% of clients are retired, all those who are of employment age see themselves returning to the work place once they are off their medication and through their withdrawal.

2. Increased community involvement and social inclusion

43% of clients have started courses, e.g. stress management, relaxation, etc.

43% have also taken up leisure activities e.g. walking, yoga etc. No clients have started any paid or voluntary work.

43% report a decrease in feeling isolated

3. Improved relationships

86% of clients report an improvement in communication.

With regards to conflict 43% report that conflict in their relationship is not an issue. 57% of those who reported conflict in their relationship saw a reduction in this behaviour. 43% report that they are in a healthy (non-abusive) relationship, 14% report that they are not and 43% live alone.

4. Improved ability to cope

Increased ability to undertake everyday tasks – 29% report that they are fully able to undertake everyday tasks, 57% reported an increased ability to undertake everyday tasks and 14% are unable to cope with everyday tasks.

100% reported a reduction in stress.

85% reported no issues with regards to self esteem, 15% who have low self esteem report an improvement.

72% report no change in their ability and confidence in decision making, 14% report an improvement and 14% report that this has become worse.

100% report an increase in coping strategies.

29% report a reduction in troubling thoughts and feelings and 71% do not.

100% of clients report a greater self awareness and understanding of their problems. 71% report that they are able to access other support services. 44% of clients feel that they are independent, 28% report greater independence and 28% report that there is more improvement in their independence.

Outcome Measures for the Helpline

1. Improved mental health and wellbeing

75% of clients reported a reduction in visits to their GP. 100% of clients have decreased their medication.

25% of clients did not report any symptoms of anxiety, 75% who did experience these symptoms reported a reduction in levels of anxiety.

50% of clients did not report any symptoms of panic, 50% who did experience these symptoms reported a reduction in levels of panic.

58% of clients did not report any symptoms of flashbacks, 42% who did experience these symptoms reported a reduction in having flashbacks.

50% of clients did not report any symptoms of depression, 42% who did experience these symptoms reported a reduction in levels of depression and 16% reported no reduction in these symptoms.

80% of clients did not report any symptoms of self harm, 8% who did experience these symptoms reported a reduction in self harm and 8% reported no reduction in these symptoms.

78% reported an increased ability to look after self and be able to undertake everyday tasks.

2. Preventing a crisis

90% of clients reported an increased ability to cope and use coping strategies. 80% of clients reported that they were able to use techniques to help manage symptoms for anxiety, depression, and post traumatic stress disorder.

36% reported that they have improved knowledge of other services and how and when to access them.

3. Improved relationships

82% of clients reported an improvement in communication.

With regards to conflict 60% report that conflict in their relationship is not an issue. 30% of those who reported conflict in their relationship saw a reduction in this behaviour and 10% did not. 73% report that they are in a healthy (non-abusive) relationship, 18% report that they are not and 9% live alone.

4. Increased community involvement, social inclusion

75% reported that they are able to identify and make use of other resources within the community.

33% reported a decrease in isolation.

Feedback from clients in regards to what they think may have happened or been different if the service was not available

Most of our clients feel that the advice and support provided by Bristol & District Tranquilliser Project has been life changing and life altering. Many 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.

> *'BTP helped with the reduction programme whereas the GP suggested cold turkey and regaining my health would have been a lot harder.'*
>
> *'I would have no support or reassurance that I will get better.'*
>
> *'I would have struggled to understand benzo withdrawal and most likely failed to become drug free.'*
>
> *'Advice was given on switching my medication and how to reduce, without this information I would still be taking addictive medication.'*
>
> *'I would have stayed on a higher dose of medication.'*
>
> *'BPT provide the withdrawal expertise and reassurance not available anywhere else.'*

BTP
April 2014