

The background of the main section is a close-up, teal-tinted photograph of a dandelion seed head. The seeds are blowing away, creating a sense of movement and lightness. The text is overlaid on this image.

PICK AND MIX SUPPORT PACKAGE

Battle Against Tranquillisers

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NEW COMMISSIONING GUIDANCE FOR ADDICTION TO MEDICINES (PUBLIC HEALTH ENGLAND)

New guidance states NHS and Local Authorities are to provide support for people addicted to prescription or over-the-counter medicines.

The guidance sets out Public Health England's expectation that support should be available in every area for people with a dependency on prescription or over-the-counter medicines, based on a full assessment of local need

With this in mind, this package has been developed by BAT to support workers/agencies who work with Benzodiazepine clients - to help them to deliver a properly informed and delivered Benzodiazepine service, one which is workable, effective and sustainable.



Battle Against Tranquillisers

BAT is the lead agency for specialist knowledge, information and support for Benzodiazepine* and Z drug services

(*Please note that wherever 'Benzodiazepine' appears in this document, it also refers to Z drugs)

The Pick and Mix Support Package

Support package objectives

- To help workers assess the effectiveness of their current working practice
- To equip workers with relevant and current knowledge about the effects and withdrawal problems of Benzodiazepines, so that they can recognise how these impact on clients
- To give workers the opportunity to develop appropriate interventions and strategies
- To help workers to identify any barriers to effective delivery of client services and how these can be addressed.
- To help the agency to deliver a more cost effective service

Our Model

Our model for engaging with clients has the twin aims of both Recovery and Sustainability.

- BAT empowers clients to be in charge of their own journey. They are very well supported with up-to-date and relevant information and advice.
- BAT provides signposting to other services/organisations: anxiety management, relaxation and alternative therapies, as well as to service-specific organisations: Debt advice, housing support, relationship problems, etc.
- A client's recovery is supported within a flexible timescale, determined by the client and based on their individual experience.
- BAT makes no judgement about how a client comes to be using/taking Benzodiazepines. The same service is available to both client groups (prescribed and illicit).
- Standards are uniformly developed and maintained so that the best possible service is available to clients putting service users at the heart of decision making.
- Workers delivering Benzodiazepine services are appropriately supported and informed.
- All those working in services work with up-to-date and relevant information.
- Models of Treatment and Recovery are developed and maintained, so that they ensure safety and sustainable recovery
- BAT understands that a long term approach is required rather than short term interventions

Why BAT?

- BAT is a widely known and respected organisation - recommended by:
 - SMMGP (Substance Misuse Management in General Practice)
 - NHS Direct (formal agreement)
 - FRANK (National Drug Helpline)
- BAT believes that we are the best-informed organisation in both prescribed and illicit use of Benzodiazepines and Z drugs
- BAT is always up-to-date with current knowledge and practice.
- BAT has both knowledge of the issues, and the experience of provision, through sixteen years of service delivery.
- BAT has a consistent approach and is highly valued. From experience we know what works and what does not.
- BAT is unique in being the only organisation included on the NTA supported 'Addiction to Medicine' consensus statement to deliver to all 3 client groups; prescribed, illicit and using on top of prescribed.

Training Expertise

BAT is an Associate Trainer for:

- AWP (Avon and Wiltshire Mental Health Partnership Trust)
- South Gloucestershire Drug And Alcohol Team (DAAT)

Other training includes:

- Statutory and Voluntary sector Drug and Alcohol services
- Statutory and Voluntary sector Mental Health services.
- Primary Care workers – national programme in partnership with the Department of Health
- A&E workers
- Police, Probation, Criminal Justice.
- Housing support
- Prisons
- General nurses
- Service users/carers
- Department of Health national training
- GP Education Sessions (currently throughout South Gloucestershire but available for anyone)

Fees for pick and mix elements

Fees are calculated on a sliding scale. Our maximum charges are for large statutory, voluntary and private organisations. The fees will be reduced accordingly for smaller organisations and may be free of charge for small groups of interested people.



Battle Against Tranquillisers

The Support Package

For each participating organisation the package will consist of:-

- **Initial assessment:**

To enable us to understand the needs of each Benzodiazepine service.

This will include:

- BAT looking at existing strengths, weaknesses and service development needs.
- Reviewing your availability for training and support, how long you work with clients, how referrals happen, partner organisations, your current policy framework, your support and supervision practices etc

The assessment will take place either face to face or by telephone.

- **Feedback and recommendations**

Once BAT has had a discussion with you we will give you feedback, and discussions leading to recommendations of which elements of training from the 'Pick and Mix' menu we both feel would be most appropriate for your organisation/group - set out in a service agreement, with costs.

- **Initial training**

Once the recommendations have been discussed we will carry out an initial days training. This may be either a half or a full day and can take place either at your premises, at our premises or another place of your choice. Up to 16 places will be available on each training session.

The training will also help us to further assess the needs of each organisation and make appropriate recommendations as to how to proceed with the next stages.

- **Policy development and care pathways (consultative support)**

At this stage we will work with you to review and update your policies, or where appropriate, to develop new policies.

- **Support and supervision**

This can only be offered if the relevant policies have been put in place by the participating organisation, as we want to encourage a consistent approach to working with clients.

We can offer this support either via conference calls, or over the telephone with individual workers.

- **On-going development and support**

- Telephone conferencing as a learning opportunity – themed around relevant topics.
- Alerts and newsletter email service.
- Follow up training on specific issues.
- Specific resources such as the prisoners' handbook, the South Gloucestershire Benzodiazepine Guidance document, NHS Constitution etc.

BAT TIMELINE

In the beginning ...

When the organisation was being formed we contacted several GP surgeries, and one reported that they had noticed that a lot of their older patients, who had fallen and broken bones, seemed to have benzo use in common. This prompted them to ask us whether we could come and do a presentation to local GPs and also to run a session for the patients they had who were on Benzos

...and then

In 1995 BAT was placed on a firmer foundation and started to be funded from a number of sources. South Gloucestershire Council were already funding us as part of their Drug and Alcohol services – and were, at the time, the only statutory source of funding.

We were approached by Barton Hill Settlement who felt there was a need in their building for an organisation providing our kind of services – ‘gap filler’ – so our office was placed there, with our workers continuing to cover groups in South Gloucestershire.

The organisation grew as the years progressed, and services began to increase. A growing awareness in government of the problem and magnitude of benzodiazepine issues began to emerge..

Some years later we were approached by the manager of newly built Coniston Community Centre management and asked BAT to move in to one of the new offices – this was ideal, as it meant we were now physically in South Gloucestershire where the majority of our funding comes from.

BAT is now a registered charity and company limited by guarantee. Baroness Jean Corston, is our patron. Several ex benzodiazepine users, and carers of users, are on our management committee.

Our aims and objectives

- **To stay small in terms of service delivery, but large and national in terms of influence, advice and training.**
- To help those who are addicted to Benzodiazepines and ‘Z’ drug tranquillisers, and sleeping pills and who wish to withdraw from them, to do so as comfortably as possible, and to help them to make the changes necessary in life after withdrawal.
- To educate and inform all those who may come across the problem of benzodiazepine addiction, either personally or professionally, towards an understanding of the difficulties caused by the drugs actions, and the compounding of these difficulties in withdrawal.
- To influence services in their prescribing, managing and supporting of clients who take/want to withdraw from benzodiazepines and similar drugs. (We aim, through education and training, to reduce prescribing by raising awareness of the problems of Benzodiazepine use)
- To have a national influence and input on the training of specialist Benzodiazepine workers (as now required by the Department of Health.)

Many national and local organisations signpost people to BAT for specialist tranquilliser help. These include NHS Direct, National Drugs Helpline (FRANK), Mind, Sane, and The Samaritans.

Our interest is not how people came to be taking Benzodiazepines in the first place; it is that they need help.



Battle Against Tranquillisers

Our staff

Our staff (employed and voluntary, including our trustees) come from diverse backgrounds; the legal profession, probation services, teaching, GP, administrative support. We welcome service users as volunteers: their input is brought to management meetings and helps us to shape our practice.

Current projects

We work with Shared Care teams in South Gloucestershire, have good working relationships with a growing number of GPs locally and are part of the South Gloucestershire GP education programme.

Our partners include;

- **DHI** (Developing Health Initiative)
- **CJIT** (Criminal Justice Intervention Team)
- **SGSDAS** (South Gloucestershire Specialist Drug and Alcohol Services)
- **South Gloucestershire DAAT** (Drug And Alcohol Team)
- **Addaction** – National Drug and Alcohol organisation

Additionally:-

- BAT develops protocols and care pathways in Primary Care, for prescribed Benzodiazepine users.
- BAT is part of policy and service delivery planning in South Gloucestershire. We have developed a Prison Benzodiazepine workbook, the first of its kind, used in prisons throughout South Gloucestershire.
- BAT produced the South Gloucestershire Benzodiazepine guidance booklet, in 2013.
- BAT was part of a round table group of experts working towards an agreed consensus statement on prescribed and over-the-counter medication during 2012. This statement was launched in January 2013 and is at the back of this booklet.
- BAT presented, together with South Gloucestershire DAAT (Drug And Alcohol Team), at the 2011 South West Region Shared Care Conference.

The original BAT telephone helpline, which has been running for the last 16 years, has developed into a service-user facilitated national peer support line, re-launched as a Recovery Model initiative in 2010. One key feature of this helpline is that it allows clients, as volunteers on the helpline, to develop skills, confidence, help others and build their CVs.

What next for BAT?

We hope to provide e-learning modules as part of our Benzodiazepine training programmes. Ideally these would:

- Produce proof of learning for course attendees – both before and during the training.
- Allow for varying modules on specific areas.
- Include downloadable learning materials – follow up with a peer-to-peer support sessions.
- Some of e-learning to be illustrated with real-life examples

We have begun to market our services to the 'Troubled Family' government initiative. This will enable us to access some of the 'hard to reach' population.

For clients we have just started to provide holistic and alternative linked therapies (Reiki etc.) We have now a volunteer who is a Reiki therapist. There is also the potential for stress management / emotional intelligence from the same volunteer.

What do our service users say?

From clients ...

"I know where I'm going now, thanks to BAT."

"You made sense of the questions I've been asking for the last 20 years: 'What's happened to me?' 'Why am I like this?'"

"Your service tells it as it is."

"You're the 'real deal' you are!"

From participating organisations...

"BAT trainers were good. They had good knowledge of our difficulties and those they didn't know, they took on board."

"BAT addressed our needs and trained to our requirements."

GP: 'for us the most important thing BAT does is training.'"

Addiction to Medicines Consensus Statement

January 2013



For better mental health

MIND in Camden Tranquilliser Service



1. Medicines have an important role in healthcare. However, dependence on prescribed and over-the-counter medicines can occur and can be devastating to those affected and their families. Care is needed in the initiation of any drugs that can lead to dependence and in managing the risk and development of withdrawal symptoms.
2. Medicines can be obtained via prescription, over-the-counter and from illicit and online markets. Some medicines, such as painkillers, and tranquillisers like benzodiazepines, carry a known risk of dependence. Health and social care professionals across the statutory and voluntary sector need to work together to prevent addiction to medicines from occurring and to support all those suffering dependence and its impact.
3. In line with the NHS Constitution, all patients should be treated with dignity and respect and provided with information to enable them to make informed decisions about their treatment. This should include information both about the risk of dependence, and about how this can be reduced by taking medicines as prescribed and in ways that are consistent with the information supplied with the medicines
4. Prescribing should be informed by the latest good quality guidance such as that provided by the National Institute for Health and Clinical Excellence (NICE), and where appropriate patients should be offered appropriate non-pharmacological options as alternatives or adjuncts to pharmacological treatments.
5. Practitioners and patients should reach agreement on the duration and review of any proposed course of medication or treatment. Longer term prescribing can increase the risk of dependence, and with some medicines, such as tranquillisers like benzodiazepines, should only be considered under exceptional circumstances and with regular review by practitioners with suitable expertise and understanding of the risks.
6. Care should be taken when reducing and stopping any medication because this can cause serious withdrawal symptoms in some patients and requires suitable expert support.
7. Patients should be supported to make informed decisions about their treatment and this should include information on the risk of dependence and withdrawal and how this can be reduced.
8. Everyone needs to be aware of the risk of dependence and be proactive to prevent it and address it when it occurs.
9. Addiction to medicines is a serious issue that is best addressed through collaborative action.
10. Evidence to support prescribing is available through the web-based NHS Evidence service managed by NICE (www.evidence.nhs.uk) and the British National Formulary, which is made available to all NHS prescribers.
11. Non-pharmacological options that can be used as alternatives or adjuncts to pharmacological treatment could include physical rehabilitation advice for pain conditions; and lifestyle advice, psychological and social therapies and support interventions for anxiety, depression and pain conditions.
12. Regardless of someone's route into dependence, there should be a clear pathway to support his or her individual recovery needs.
13. Very many of those individuals affected by dependence on prescription or over-the-counter medicines require expert treatment and support to reduce their medication. Withdrawal symptoms for some medicines can be prolonged and some individuals require a gradual reduction to achieve success. The recovery pathway for an individual needs to take account of the medicine(s) to which a patient is addicted, any ongoing physical or psychological health needs, the period of addiction and the wider support needs of the patient.
14. Local areas should ensure that there are services to respond to the range of local need.
15. Services dedicated to treating addiction to medicines, working alongside other community well-being services and primary care, can provide advice, support and individual reduction regimens that improve patient outcomes.
16. Through this consensus statement we will strive to deliver improvements to prevent addiction to medicines and to support those who have developed problems to recover.
17. We the undersigned, representing the Department of Health, professional groups, Royal Colleges, specialist services and voluntary organisations support this joint consensus statement on the action needed to tackle addiction to medicines.