



Battle Against Tranquillisers

BAT AGM – 18th October, 2013

FULL VERSION OF PRESENTATION BY JEAN CORSTON (BAT PATRON) PLUS Q&As

It's a pleasure to be here – I've only, I think, been to a couple of your AGMs before and I'm trying to remember how long I've been a patron! It's quite a long time.

It's one of the things I'm very proud of – being the Patron at Battle Against Tranquillisers, for a whole host of reasons, some of which I shall elaborate tonight. Perhaps I ought to start by saying – by almost apologising for the fact that I am your guest speaker! I came here in April and had a session with Una talking about ways in which I might be able to help the charity in my work in parliament, and she asked me to do this – and it struck me that generally the people who address your AGMs are renowned and experienced clinicians, and I'm just here to tell you some stories from my family. But I think that in a way it's ... I hope it's helpful in that you can see – it shows that any family anywhere can come up against these terrible challenges. And before I do that I just wanted to say something about BAT.

A while back I asked some questions in the House of Lords about benzodiazepines, whether they were implicated in suicides, and there was another question from another member of the House of Lords about benzodiazepines, so I got up and just made the very obvious point that it had been known for many years that these drugs were dangerous etc etc. I was amazed at the number of peers who came up to me afterwards and talked about personal stories, and one of these was somebody called the Earl of Sandwich. I presume that one of his ancestors used to eat his meals between two pieces of bread which is why we call them a sandwich – but anyway, I said I was the patron of Battle Against Tranquillisers and he said 'Oh! Una Corbett!'

He immediately knew Una's name, and I said 'yes, indeed' so the work you do, and the reputation you have, actually spreads far and wide.

I was talking to somebody last night – an osteopath (I have an injured shoulder) and I said I was coming tonight, and I was talking about these drugs and he said 'they're drugs that feed themselves' and I thought that was really quite a good description. They are drugs that feed themselves. And the truth of that has been exemplified by much within my own family.

In April of 1972 – I can't describe what it was, but something happened to me. I had two small children. They were at primary school. I worked in the home – you know, I didn't have a job outside the home but I worked very hard IN it, and I suddenly could not cope with anything. I didn't know how much dinner money I had to give my children every week. I'd get them to school, just about on time, but then I'd go home and I'd lie down in a foetal position. I had **no idea** what was wrong, and I eventually went to my GP ... and I can't remember what he said was wrong with me, but there was some kind of ... some kind of anxiety, or some kind of breakdown, and he said 'I'm going to give you some pills' which he did. And he said 'I want you to come back in a month.' And these pills were called Valium.

And I must say that, to start with, for a few days I felt so much better. And I thought they really were 'mothers little helper' as they were described 50 years ago.

So I went back at the end of the month and he said 'I'm not going to give them to you for much longer.' And I was panic-stricken and I said 'but they've made such a difference'. And he said 'yes – but they've really stopped making a difference now' and he said 'what I did for you a month ago was the equivalent of throwing you a life raft when you were drowning.' And he said 'now you've got a choice. If you INSIST that I prescribe it for you, I will. But what it will mean is that you spend all the time that you are on this drug clinging to that life raft. And I think it's better for you if you make for the shore, and have a life' which was a really good way of describing what I had to do. And of course because I only taken it for a matter of weeks it wasn't very NICE stopping it ... but it wasn't terrible. And that was 1972.

It's one of the reasons why I've always been very alert to the challenge of being prescribed these drugs, and the bewilderment in the way which they have been, and in many cases, still are being prescribed. So much so, I might say by way of explanation, that after talking to Una in April I put down some written questions in parliament about the association between Benzodiazepines and suicide and back came the reply from the minister that there was no connection. So I winged it off to Una and back came reams and reams of research going back nearly 40 years showing the link between suicide and Benzodiazepines, and so I was then able to piggyback another question in the House of Lords and to get up and tell the minister that he had got his answer to me completely wrong, because there was research that went back to the 1970's which did show that suicide could indeed be a consequence of taking these drugs.



Now if you look at page 11 of your reports, you will see a picture ...it says 'now it can be yours' and in brackets says 'Lorazepam' and then 'the Ativan Experience'

(this is an image from a direct – to – patient advertisement from 1977)

...and in that year something cataclysmic happened in my life, and in my sisters life. And our dad found this really difficult. He worried about us. Well, it's being a parent, isn't it? Being a parent is to worry. And so he went to his doctor, and he was prescribed some pills. I ashamed to say that I didn't ask him for a very long time what they were – but he had 'the Ativan Experience' and I didn't know. About two years later, perhaps three, I remember him coming to my house one day with my stepmother and he said that he had these pains, in the top of his back and in his neck, and that he found his head sometimes moving involuntarily. My stepmother said 'he listens to you; you talk to him about it'. I didn't know

what it was and I have to say that he, at that time – I'd assumed he'd stopped taking these pills, in my innocence. He never mentioned to any of us, ever, apart from to my stepmother, it turns out, that he had been continuing to take them. And this didn't go away.

Now this was a man who was gregarious, articulate – that came from a very poor working class background but became the general secretary of his trade union. He was used to public speaking; he was used to going to meetings at the trade union congress in London ... he was the person who used to take me into the strangers gallery in the House of Commons at midnight sometimes when we were going to be catching the milk train back to Yeovil for me to get the first taste of what Parliament was about. He found this very difficult – the fact that he couldn't move his head. And then he began to find it difficult to eat, which of course is very embarrassing – if you go out, if food starts to fall out of your mouth.

So he went to see his GP, who told him to go and see a dentist. Well guess what the dentist did? Took out all of his top teeth, saying it must be something to do with some nerve or something or other to do with his jaw. Now I didn't know he was going to go to the dentist. I found out about it when his teeth had gone – and I have to tell you that his teeth, considering at the time he was in his 60s, were beautiful. He'd never eaten rubbish, and he had a full set of teeth with virtually no fillings. He had the bottom set but not the top set left. But you see, if your head keeps moving, and if food falls out of your mouth, it's very hard for you to keep a top set of teeth in, and consequently they fell. And for him this was deeply humiliating. So going out for a meal became an absolute trial. In fact we couldn't get him to come out for a meal. We could get him to come out for tea – afternoon tea – and perhaps he'd have a scone. But he always had to be somewhere - my sister and I had to look around the room and if there was a table in the corner there, and there was a chair facing he corner, that's where we'd put dad, so that he could be out with us, yet not have the humiliation of having people seeing what he was doing.

He stopped going to public meetings, because once ... some of you might know the name Dennis Skinner? A firebrand labour MP, and I have to say a lifelong friend of mine. He was speaking at a public meeting once and he was making some joke about the Conservative party, as he would, and dad's head moved, and Dennis said 'oh – there's somebody here in the front row who disagrees with me!' ... can you imagine? And my father wrote to him – and, bless him, the following day the phone rang and it was 'Laurie, I'm really sorry!' and it was Dennis, to apologise. But do you know it put dad off going to public meetings.

So what I'm saying is, his world shrank, because of Ativan. And it was quite a long while before I said to him 'dad, you must still be taking these pills' and he said that yes, he was. I said 'well, what are they called?' and he went and got them. I said 'how long have you been taking them?' and he told me.

At that time, I was a very 'elderly' university student - I didn't go to University until the age of 44 because my family couldn't afford for me to stay on at school after the age of 16, but I did train then, as a Barrister, after my law degree. I knew that there was an action that was planned in the British courts against some of the companies that were marketing these drugs. This would have been about 20 years ago. And I spoke to my father about it – but you see the hard thing about that was that I think he felt that he would have had to have accepted that he was addicted ... and yet in a way he felt that there was no way - he had not

'taken a drug' that would be likely to cause addiction – like crack cocaine or heroin or cannabis or whatever. He had been complying with medical advice. That description just didn't fit him. And although he could see, after a while, the truth of this, he found it impossible to cope with.

Now, I'm not saying that it shortened his life, because it didn't. He was an extremely fit man – physically – and he lived to the age of 87. What I'm saying IS that the last 15 years of his life were not exactly destroyed by Ativan, but my goodness me he'd have had a much better quality of life without it.

And it shows a lot of things. It shows the ignorance of a lot of people in the medical profession. It shows the degree to which pharmaceutical companies can spread a lie. It shows the degree to which there is, all too often, a too cosy relationship between pharmaceutical companies and the medical profession and it ALSO shows that there simply isn't the information for people who were put on these drugs to understand the effect of taking them for anything longer than a few weeks. I can remember my father trying to come off them, and he did cut the dose down considerably – and I could see how hard it was.

Then, in 1980, I was working for the Labour party as an organiser and I was sent to Southend for a by-election. And to save money, because I was going to be staying there for three weeks and a hotel or a guest house was quite a considerable expense, I stayed with a woman who was a member of the labour party; who was a widow, lived in a biggish house and quite liked the idea of three weeks of another woman's company. I was young, but we got on very well, and it turned out that she was taking benzodiazepines. And I said 'look, I'm only going to be here for three weeks – but in that time, perhaps you could take a fraction – of a little fraction – less of these each day while I'm with you' and she said to me 'I've never been able to talk to anyone about this before. I just get a repeat prescription.' And I said 'yes, but you got the repeat prescription because your husband died, and you were distressed because your husband died – and you couldn't sleep.' Now MY husband has died, I understand more now what she was going through than I did then – because you always think that you understand someone else's experience, and you don't.

So she started to reduce the dose, bit by bit, by bit. And there is a woman who is now in the House of Lords who at that time was a 16 year old so obviously she's a lot younger than me – who knew this woman, whose name was Kit. And she said to me once 'you don't know what you did for Kit – you gave her the permission to start to reduce her dose of that drug, and she managed to keep it up' and she was eventually clear of, I think it was Valium.

So the next thing I want to say is that about 7 years ago there were 13 women who had died in our prisons over a 2 year period. You couldn't say that they'd committed suicide because you didn't know they intended to die, so in the prison service they're always called 'self-inflicted deaths'. Sometimes it's a cry for help. An assumption that someone will find you before you die. There was a great outcry about this and in the Home office there were 4 women ministers, fortunately, and the permanent secretary (who is the top civil servant in the department) was talking to the Home secretary about what they should do, and he said 'I recommend that we commission research' and one of these women ministers said 'look – you've been doing that since 1971. It all points in the same direction. We don't want MORE research, what we want is someone who will draw ON that research and write us a practical

piece of work telling us what to do to keep these women out. Well, a) to stop women dying and b) to keep women OUT of prison.’ The permanent secretary said ‘well, we don’t know anyone like that’.

And this woman – who still is a friend of mine (although she’s given me a lifetime of work so I’m not THAT pleased about it!) said ‘well, I know someone who can do that – it’s a question of whether I can persuade her.’ And she rang me up and said ‘look, we want you to do this’ and it took her a while to persuade me to do it, but I did, and in March 2007 I published what is now known as ‘The Corston Report’ which is about women in the criminal justice system.

What was extraordinary to me going into prisons – was not only that 70% of these women are mentally ill, that at least 80% of them shouldn’t be there AT ALL, but the degree to which they have addictions. And it’s not just alcohol; it’s not just class A drugs, but its nearly always benzodiazepines and alcohol, or benzodiazepines and alcohol and class A drugs. The benzodiazepines are nearly always in there, somewhere.

Some of you – I expect most of you – will know about the case of Vicky Price, who went to prison over the business of her husband’s speeding points. She’d been in there two days and a colleague of mine, I didn’t know she’d done this, sent her my report. And she said to my friend ‘when I come out, will you introduce me to Jean Corston?’ She came and had lunch with me in June – something like that – she was writing her book. And she said what a terrible shock it had been to her to see who these women were, and to see how often drugs were implicated.

So I hope that these stories indicate for YOU – not just personal stories, but the challenge that we ALL face, really, in supporting people who are on this journey - because it is a journey – to become free of these drugs. I personally don’t like the word ‘victim’. Whenever I used to go into prisons and speak to women I used to say ‘you are NOT victims – you are survivors.’ And I think that’s important for you. It’s not victimhood, it’s surviving. Because if you’ve got to a situation where you can recognise what’s happened to you, go beyond professional medical advice and seek your own journey to the other side, I congratulate you.

Thank you.

PART 2 – Q&A SESSION

- **Do you think the government is actually doing enough?**

Well, I didn’t know the answer to that – Una has a much better idea than me because she’s been much involved lately with the initiatives at the department of Health to try to ensure that there is a greater understanding throughout the medical profession of the challenge of Benzodiazepines. My daughter’s a GP and after I’d met Una, I went home - took two copies of your annual report, and I gave one to my daughter. And I said to her ‘look, I know that YOU are not a reckless prescriber of benzodiazepines, but I want you to read this’ and she thought it was fantastic.

When I asked my question – the last one, in the House of Lords, the minister was giving very warm words about how the medical profession understands that these drugs

should not be routinely prescribed, and that they should not be put on repeat prescription. The degree to which that happens now I couldn't say, because I don't have that professional knowledge. All I know is that there is a group of people in parliament who do keep going on about benzodiazepines – and that's all we can do really.

- **I was just going to make a comment – I was prescribed Benzos at 16 for sleep, and if I didn't take them I couldn't sleep. Nobody told me that insomnia was one of the withdrawal effects; I just thought I needed them. I didn't think once, ever, in those 20 years that I was addicted – I just thought I needed them ... like a diabetic needs insulin, and so I think it's really understandable that people DON'T realise that they're addicted. Because with withdrawal effects, unless it's explained what's going on you wouldn't know. So I just would like to say that I really understand that.**

That's absolutely the case. And that's why this description of these drugs that feed themselves ... I thought it was such a wonderful sentence. Because actually, in a way that's what they do. You know, you take them because you can't sleep – and then you can't sleep if you don't take them ... and yet by taking them, it's not just a question of your sleep, it's a question of all other factors in your life. So much so that coping with pretty well ANYTHING can be almost impossible.

And the whole business of ... Una's talked to me about the changes in the benefits system, and the degree to which Benzodiazepine use should be a factor in looking at whether people are going to be able to be work-prepared, for example. Now it seems to me that that thinking still hasn't been done.

- **Benzodiazepines cause agoraphobia, so people can't go out. They can't go out to work. They can't go out to do ANYTHING without somebody else.**

Yes – well that's another factor really, in relation to this whole business of being 'work-ready' and benefits – if you cannot go out it is impossible to comply, and I'm not even sure it is understood professionally that agoraphobia is indicated.

There was a woman who lived next door to me, many years ago, and she had a very gregarious husband and she never went anywhere. Occasionally she came into my house next door, but she'd scurry. And I noticed that her husband would get the car out, and he would turn it round, and he would drive it as close to the front door as he could, and he'd sit there. And then after a period of time, which could be a very short time or quite a long time, the front door would open and she'd dash out, and into the car. And it took ages for me to work out what it was that was causing this.

- **I've been off diazepam now for six and a half years and I still get withdrawals from it.** I'm not at all surprised. Because of course these drugs are a lot harder to come off than a lot of the drugs that the newspapers keep talking about. But – you're here. That's the important thing. You're HERE. Well done!
- *(beginning of sentence inaudible)* ... **have the attitudes of the doctors in prisons changed at all? Because in my experience prison doctors have been the worst I've come across. On one occasion I went to jail, and I was on quite a high dose of valium and I was drinking and I was taking drugs as well. I was on a 70 mg prescribed dose of**

Valium, and it was all on my records, and they didn't even have a computer link – like, you couldn't even get it up in a screen what my prescription was. I was given a Zopiclone and told to go to my cell. That was like the first time I've been to jail. And like two days later I had a fit on the top bunk, and fell off the bed, and split my head open, until they gave me a detox – a proper detox, off the Benzos. Has the attitude in jail changed at all?

Well, I don't know what timescale you're talking about ...

About 5 years ago.

I think what did begin to make a very big change was that the prison service ... I used to say this to prison governors when I used to go round doing my report. I'd say 'this place is like an independent country. You've got your own borders; you're very fussy about who comes in – you're even fussier about who goes out; what the prison governor says goes, and it's a completely closed institution'. And closed institutions are the hardest to change, which is what I found. And there used to be a prison medical service and I'm sure there were some people in it who were highly committed but there were a lot of people in it who hadn't practiced for a long time – and whose prescribing methods were not up to date, to put it tactfully.

Now about 5 or 6 years ago the prison medical service was effectively closed down and the NHS took responsibility for prisons. Now, before that, a detox lasted three days. That was how long prisons gave you to detox – three days. When the NHS took over it became 21 days – which you might say is not enough, but it's a damn sight better than three days. To what degree there's been a BIG change I wouldn't say because in 2007 when I published my report I remember thinking 'well, I've published that – I've done the press conference, the government have accepted 41 of my 44 recommendations; I can go off and do something else'. But I was wrong – these women won't let me go, and so I'm still very much involved with women in prison, but one of the things that's concerned me about the changes to the NHS, which this government have brought in, with the privatisation of a lot of services, is whereas before healthcare was commissioned through Primary Care Trusts (PCTs) as they were called, so there was a direct NHS involvement. The PCT had to accept responsibility for a prison in its area. Which actually in itself could cause problems - because Styal prison, which is possibly the worst womens prison in Britain, is in Wilmslow. And Wilmslow is full of people MY age – who are in their 70's and their 80's – who are more likely to use a Zimmer frame than a Valium, and certainly not to understand the degree to which women in prison are addicted. But even so, that PCT had the absolute statutory – the lawful duty – to provide healthcare for people in that prison.

Now, with this new legislation nobody has yet satisfactorily explained to me how services for prisoners and going to be commissioned and provided. And when I have got to my feet in parliament and asked this question, 'who is going to provide this service for women, and how is it going to be commissioned?' I don't really get a satisfactory answer, so I don't know whether it's now going backwards; and I'm not saying it is perfect, I'm saying it's quite a lot better than it was – but I still think that generally there is a lot of ignorance about the effect of these drugs, and until I think it's going to be very hard for the medical profession because they're going to have to put their hands up and ... I don't know whether anyone here has heard of the Hippocratic Oath? It was Hippocrates who set out I suppose what you could say was a professional, erm

(from the audience) “mission statement?”

Oh yes! It's a modern phrase and I'm sure Hippocrates had never heard of a mission statement, but it WAS a mission statement, for doctors. And the most important thing in that? It is NOT about healing. It is 'do no **HARM**'. Now, in order for the medical profession to really accept the truth of what you all know - of what Una and others work for every day of their lives - is that they will have to recognise that they have done **harm**. That's very difficult for any profession – and we shouldn't beat them up about it. Because, you know, they must have seen the research that shows that these things help with phobia and panic attacks ... although I do notice that on page 11 it says that the side effects weren't *bad* except for a schoolteacher struck his wife for the first time in 20 years of their marriage – now, that would ring alarm bells with *me* because, you know – why would he DO that? And if it was related to taking a drug, surely that would have raised some questions in somebody's mind. So I think until we can, through some of the work that Una has been doing with government ministers ... although I have to say that one of them who I gather was very helpful has now been moved to the Ministry of Defence, just as she got to know all about this – so somebody else has been appointed, and I don't know who it is ...

(Una)

... well, actually this might sound quite frivolous but it's actually quite serious. Two of them have had that post – Anne Milton, who was extremely good and

...

... (inaudible speech)

...

... going back to something that was said at the beginning, made sure that services would be available

...

... (inaudible speech)

...

...all over the country, was moved on. She became a whip. And then it was Anna Soubry – and she's gone, and it SEEMS as though nobody is going to be appointed in her place

...

... (inaudible speech)

...

...Is it because they're too interested in Benzos?!

I shouldn't think so. I don't think that's crossed anybody's mind. Whatever government I don't think they're that clued up. Don't assign to them thoughts that they might not have – because you know a damn sight more about them than they do, Una! But I shall make it my business to find out what's happening. I'll ask.

The thing is, if nobody else is appointed, it'll just disappear.

Oh they've got to have one. There's got to be a parliamentary under-secretary. I'll find out who it is. But that's the trouble – you have to re-invent the wheel and start all over again. And sometimes there can be an institutional resistance where there are civil servants who 'don't think this is worth bothering with' and I'm not saying civil servants think that about benzodiazepines, don't get me wrong, but it helps if you've got people who know what this is like. I used to be known as the 'Lariam MP' – there's a drug that used to be given for Malaria which I knew caused psychosis, and I had this big row with the multinational Hoffman Laroche – this was about 1995. I tell you, if Hoffman Laroche pick a fight with you it's not nice – they don't take prisoners. What was interesting was the number of members

of parliament that came up to me and said 'I'm glad you're doing this – I took Lariam when I went on a parliamentary visit and I was ill for a year, and I had hallucinations and I had to keep trying to do this job ...'. People keep quiet about these things, particularly if they're in professions because in a way I think they feel it's a sign of weakness, but of course it's not, you're just relying on professional advice.

END
