

## **BAT AGM, 15 October 2015**

---

### **Una Corbett**

This AGM is going to take a slightly different form from the previous AGM for reasons that will become apparent almost immediately. There will be no election or re-election of trustees this year because three trustees have resigned so obviously are not for re-election so we don't need to do that this year. If anyone is interested in becoming a trustee we are looking for new ones, so please come and see any of us.

I'd like to introduce Vicki, who is our chair elect. Last week we had a meeting of the workers and trustees and we decided that we would very much like Vicki to be our chair. I've known Vicki for years and years and years ... and mostly it's been in a work situation and mostly Vicki has been the chief exec of each organization, and BAT has been doing a group within that organisation. I can honestly say – because I used to sit in rooms having cups of coffee with workers in each of these organisations, I have never known a worker say anything about Vicki other than she is wonderful – she's the best boss I've ever had. She's fair; she's funny and she's fearless. So without any more ado – I introduce Vicki. We just need to have a show of hands from the people here, particularly the trustees, to say that the people here are happy for her to be elected.

### **Vicki Morris**

Thank you Una that's very kind. I didn't know what Una was going to say! It's an absolute honour to be asked to join the board of BAT and as Una says it's an organisation that I've known for many years. Actually I was a trustee for BAT in around 2000-2003 – my memory doesn't serve me well – and it was very enjoyable, but work commitments meant I had to stand down eventually, but I've kept in touch with Una over the years and it's a pleasure to be here. I hope to say a bit about how I hope it's going to be over the next year or two, working with the team. The first thing that I need to do as chair – and this is the quickest entry into a new job I've ever had, but I don't mind. As chair the first thing I have to do is ask you to look at the minutes of last year's meeting. Thank you to the team for the preparation for tonight's meeting. I wasn't at last year's meeting so I invite you to quickly scan the minutes and let us know if there are any matters arising.

The minutes are accepted as an accurate record.

We have an esteemed panel tonight and really they are the stars of the show but as I am now chair elect I have a little speech that I've prepared. I'm delighted to be joining the management committee, and working with everyone and with everyone in the room tonight. Thank you for prevailing and getting through the traffic.

What an auspicious occasion to become the new Chair. BAT's 21<sup>st</sup> birthday is an opportunity to reflect on achievements and the people who made them happen, because BAT is all about people. The reports you've been given have some lovely stories and great pictures in them about what BAT has achieved over the 21 years from its earliest roots having been very much a grass roots organisation starting from something quite small. Over the years it's contracted and expanded but has always remained quite true to its roots and origins, and it has always remained focused on the people who need the services, and who are struggling with their tranquilliser use.

For many years in many people's minds the public face of BAT has always been Una Corbett, who I've known professionally since I moved to Bristol in 1997, and I met Una fairly early on when I was working for Bristol Mind. Una has been at BAT since day 1, and she has contributed immeasurably to the way the organisation has developed, keeping it going sometimes with very scarce and sparse resources and holding together teams of volunteers and the people using the services. Thank you Una for your continued efforts, and the 21 years is your achievement as well as the achievement of the organisation and it takes a lot of tenacity to get there. I'm sure there were times when you wondered why you were doing this but – hey, 21 years! Let's do 21 more.

I was thinking – what do I know about benzodiazepines, and I don't know much – but I don't need to because I have the team – I'm here because I know a bit about running charities, not because of what I know about benzodiazepines – but what I do now I probably learned from Una, and I know there are a lot of workers, volunteers, stakeholders and generally members of the community who would say the same.

Another constant in BAT's development is Rt Hon Jean Corston BAT's Patron who sadly could not join us tonight.

Over the years BAT has had a number of loyal committed staff, including Tabz Jones, Natasha Tonks and not forgetting Tina Hall whose passing in 2006 hit everyone in the organization very hard. The current team; Una, Colin, Kate, Chris, Hilary and Suzanne are a credit to the organisation, working hard to develop and deliver BATs services which the service users need, and the systems that funders need to ensure sustainability and success. A relatively small team are doing an enormous amount of work. I am just reminded of something Una told me – the Tudor Trust is one of the trusts that a lot of charities go to for funding, and a couple of years ago they described BAT as small but very influential and I think that's true – they changed not only service delivery and the lives of people who use the service, but BAT has also changed the narrative around the prescribing of benzos and made such a difference through training programmes to the way that professionals view the subject of benzodiazepines which is really important to remember.

BAT's volunteers have been numerous, and have contributed their time, knowledge and commitment freely, with passion and determination to improve the lives of people with whom they worked. They give their time freely and are generous in spirit and dedicated to improving the lives of those who use the service. All we can say as a board of managers, and the staff team, is to thank them for all they do. Some like Dave Dicks have made the journey from client to volunteer, and I've been talking to Dave about some of the things that have happened to him, and there are times that he could have given up but didn't. A prevailing spirit I think is what runs through BAT. Some volunteers have a different starting point, a specific skill maybe such as Kathy Bailey our Reiki Practitioner who is also on our Panel tonight. I can only speak for all the Board and Staff team when I thank all the volunteers over the past 21 years for their massive and crucial contribution.

To my fellow Committee members and all those who have gone before I thank you for looking after BAT thus far. I look forward to working with my colleagues on the Board and recruiting some new members to take BAT forward with the staff team and volunteers. We are a small team on the board at the moment - quality, not quantity! We're looking for new people to join us and we're going to work hard as a board.

Looking at the list of previous Chairs I note I am in esteemed company. I believe when I was last a Committee member around the late 90s/ early 2000s, Tom Turvey was Chair and I recall having a lot of time for his genial style. I undertake being the chair with a good deal of sensitivity at what has gone before and I will try to do it justice. I think I may also be the first female Chair of the Committee, so for all the various women who used BAT's services or worked at BAT in a paid or voluntary capacity, I'll do my best in this small example of pioneering.

Finally a word about the people who matter most. Any charity is only as good as the people who use its services. We can have the best cake at our AGM and the best buffet ... the buffet last year was amazing ... we can have a beautiful room, we can have great pictures on our walls but none of that matters a) if the people who use our services don't rate us and b) don't achieve the things they're trying to achieve. So we're going to work hard in whatever capacity we're involved to continue that focus on the service users and to dedicate every ounce of energy into making sure our services are really good for the people who come in and want the support we offer.

A quick word about what's next: Well, when I met the Board last week we talked a lot about what we want to do in the next year. A key point on which we were all agreed, is that we aren't going to change things that are working well – 'if it ain't broke, don't fix it' is going to be our committee motto. We have some things we will hopefully improve – were going to learn together, work together and we want to think about long term sustainability. We want BAT to be financially secure so our service users can rely on us for many more years to come and were going to make it an enjoyable place to work, a great place to volunteer, a great place to come and receive services because ultimately BAT is all about the people that are involved. It isn't anything but a set of people. So we're going to look after the people in whatever capacity they're involved – that includes stakeholders – we want to work well with you and we want you to like working with us.

I thank everyone for having made the last 21 years brilliant – I was a tiny slice of that round about the millennium. I want to thank all of the people who've been involved over the last year – some of the board have gone, but with the people that are here it's in safe hands. Thank you to everyone who gave me all this information so I could make this speech tonight, because it's only been a week since you said I could join! I'm looking forward to the coming year and I know were going to be a really strong team doing a really good job.

Lastly, please see your information pack for BATs financial summary. If you would like a full set of accounts please let us know.

This concludes the formal part of the meeting.

---

#### Panel introductions

##### **Nicky Owen**

*I remember BAT before it WAS BAT really, and that was Una. I used to work for Bristol Drugs Project (BDP) and Una came and asked for a room. Is that right Una?*

##### **Una**

Actually it was the other way around because BDP had only opened three months before and they realised they had so many people who were using Benzos that they contacted us.

##### **Nicky Owen**

*Right, so it was just two facilitators, and now it's a whole organisation with staff, and volunteers so its an amazing journey, and a real credit to Una who's still here. Back then there was very little known about benzos, but there was a lot of people in a lot of distress ringing BDP saying 'we need some support' and they got provided with that support from Una, and Val and the whole group. Being part of a group made a huge difference. So that's my link, and I now work in Cornwall with families affected by all sorts of different things including benzos.*

##### **Nikki Ralph – Substance Misuse Manager, HMP Eastwood Park**

*Ok, well I'm the second Nikki and I work for AWP (Avon and Wiltshire Partnership Trust) and they work in prisons, predominantly Eastwood Park which is a female estate. I do the psychosocial element of drug treatment and it struck me a few years back that the correlation between the benzo use (and the service users understanding of benzos) and the crimes they were committing was sometimes quite significant with regard to violence and/or not being able to remember the offence that they had committed or were being charged with, and just the sheer lack of knowledge about the drugs that they were using, including the introduction of internet based medicine. I just wanted to bring some awareness into Eastwood Park of 'do we really know what we're taking?' and also what we're being prescribed so I got in contact with Una and Colin to come in, meet with the women in Eastwood park and find out what their needs were, and BAT were astronomical in coming in and supporting us to deliver a group that met the need of the women at the time, in their recovery journey, which in prison is traumatic. We wanted to give something that was 'live', that was fresh and relevant and that supported the women in that stage and environment. BAT came in,*

*gave a session and supported the team and we've been delivering it ever since, rolling into what we call the 'inside recovery' programme which is a very early onset into recovery programme whilst the women are going through stabilisation. We also developed it into our drug recovery community which is a 12 step programme and it's a fantastically well utilised programme. most recently we had a drug awareness and amnesty week which worked really well – Colin and Una came in, in the evenings to speak to women around benzo use which we know is prevalent in prison. It's been a tremendous help and support so thank you. I'm here this evening to answer any questions around that.*

### **Adele Littleton – Pharmacist**

*I'll be honest – I didn't know much about BAT before – I knew Kathy who knows me as a pharmacist. We thought it would be interested for people to see what we see, as pharmacists. I think we're forgotten about; we put boxes in bags, and that's not all we do. My area of specialism has been enhanced and private services. I started off supporting people to stop smoking, dealing with methadone and helping users. I see them every day. I work 5 or 6 days and get to know people very well. We do an incredible amount of services and support but one thing I've noticed over the years, being at the end of when a prescription is supposed to be done and doesn't turn up, and you're the one who's on duty and someone comes in looking for the benzodiazepines and I'm the one who's on duty on a Saturday and someone comes in looking for their benzodiazepines and I have to tell them they're not there, and i think do people realise the importance? When we're dealing with prescriptions that we can be dealing with violence and such, and you would think that if people knew they would make sure that their prescriptions were ready at the pharmacy and they're not – and I'm trying to calm people down and understand the needs and seeing the aggression and problems that come with that. And I worked in Eastwood Park for around 10 years so I saw that side of that.*

*With addicts I come to get to know them really well. when I left Eastwood I would say it was the addict population that I missed the most because you see them every day and as a person you get to know the, we're there to offer support. In my role as a pharmacist I could be there from 6 in the morning and sometimes work until 11 at night and the pharmacy's open a long time. We have consultation rooms where we can talk to people privately. Since I've moved from a pharmacy that opened of standard hours to once that's a bit more out of hours I notice that people are crying out for support. And people come in and we always think that we should 'hit them with a stick' because they're asking for codeine or whatever it is – but it's not about that. Sometimes it's about asking 'are you OK? What's going on? Do you need support?' we're given this list of questions were supposed to be asking but I find that, particularly ;ate at night, rather than say 'have you taken this before?' etc it's better to say 'are you OK? Why are you using this? Can I help or support you?' and I find sometimes people get aggressive and say 'how dare you? Why are you asking these questions?' – but then they come back. It might be in a couple of weeks or so but they'll come back and say 'you asked me and actually I am struggling' and those are the times when I wished I'd known about BAT because nobody's informed us. One of our jobs as pharmacists is to signpost – somebody's come in and asked us - early in the morning, late at night – whatever problem that might be, and you can then signpost people – so that's knowing that these organisations exist and are able to direct someone for support to the right place. So it's very important to know that pharmacies are there and help, and we do understand I couldn't draw the chemical structure of benzodiazepines but we do understand and we see people a lot more than the doctor or nurse might because we see them every day, and through every stage. I used to have people come in for their methadone and they'd say 'do you mind if rather than taking my benzo at home I take it here?' because they know there will be someone waiting outside. They'd either want to or not want to come off them. and information gets shared, and someone will have said 'you want to get these' and there's the street value if you don't take them. So we get to see a whole range of things and I thought it was important for people to know what we see. I don't think people realise what we do and we are there to signpost and I certainly will put all this information on our computer and pass it around to pharmacy groups. Yesterday I was dealing with Clinical Commissioning groups for the South West and I had them all turn up at the pharmacy, and I was at the local pharmaceutical committee AGM and it's interesting because I have deal with people but I have no access to their medical records, but at the end of*

*next year that will happen. So I'm trying to help people and they will come to me with a mistake in the prescription but I don't know the details so it will be handy if we had the whole picture about someone because we get to see them all the time. And if we can link back information – because there's very bad communication between what we call hospital secondary carers and primary carers. We were talking last night about what happens when people go into hospital and there's no communication – they're expected to bring their medications in, in a bag. It's very important that people realise that there's no communication and when someone comes out of hospital it can take a while before it's fed back.*

*So pharmacies are a place to turn to and to ask for support and we're not just about 'here's your medication in a bag and off you go, take it twice a day.'*

### **Kathy Bailey – BAT volunteer and Reiki Therapist**

*I'm the Holistic Therapist. I've worked with BAT for nearly 3 years now and I also work with DHI. I do meditation as well as Reiki, which people seem to really enjoy. I enjoy that as well, because to see someone come who needs a bit of support in a different way, and a little peace of mind – I suppose that's how I can put it – and they can spend 15-20 minutes having some Reiki and I can see them relax, and see some of the anxieties go away. It's gone a little quiet and I love it if there were some more people who'd come and have some Reiki because I'm there on a Wednesday in Yate before the group at 1:30 and it would be nice to see more people, and it would be nice to see people. You can come and see me and get to know me and have some Reiki. On Thursday I offer meditation and Reiki at Warmley so there are things going on. Reiki is very hard to explain to people – you've really got to experience it to enjoy it. If I was selling you a pen I could tell you what it did! Reiki helps to get your body back in balance and helps what you're going through and it does help – so feel free. If people don't like it I say tell me stop and I will, but they don't, and sometimes they go away and I don't see them for a while but they come back again. It's basically just an enjoyment to help you on your journey. The meditation is not sitting crossing your legs and I ring a bell – I don't do that – it's taking you on a visualisation journey. It could be going to a beach, going to the forest – somewhere really nice and people do enjoy it, and it brings back some nice happy memories. It can also move things for you and help you face something which you maybe need to move. Reiki is one to one but when we're meditation it's a group and I try to make them as enjoyable, friendly and good and I really would like to see some more people. I just wanted to say how much I've enjoyed working with you and wish you a Happy Birthday! It's been wonderful and thank you for taking me on board*

### **Dave Dicks – BAT volunteer**

I was addicted to Benzos for 40 years. For 27 years I was a very lonely person with just my family for support. GPs gave me the medication and told me to go away. If I had a problem I was told to carry on taking the medication, and so on. I got a new GP in 2000. She was advised that as long as I was given my tablets I'd be no problem. She came to see me on a home visit - I called for an emergency doctor and she came to see me, because I had collapsed at the bottom of the stairs crying my eyes out and I couldn't breathe – I thought I was going to die. Over the next couple of months she saw me regularly every fortnight and she decided that I wasn't the problem which other doctors said that I was, but that it was the medication that was causing the problems. She sent me to a group called Battle Against Tranquillisers and for the last 13 years I worked hard, learnt all the lessons I needed to learn, and I came off in December 2013. I volunteer for BAT and I try to do as much as I can, but not as much as I would like to, but I find that there is a lot of need for education amongst lots of people who SHOULD know what they're doing with these drugs, and my life is going to be to help educate them to stop people suffering the way that we do.

### Questions from the audience

(Colin)

**There is the issue of a lack of funding for a problem that has been recognised for years as a mental health and socio economic problem. Why do you think that is? That there's so little funding available?**

**AL**

I think in general when it comes to anything where people can become depressed or anything to do with mental health it's kind of been forgotten about – it doesn't exist. If you've got a heart problem or diabetes it's fantastic – it's still something we're fighting to get recognised. Being in a pharmacy setting it really worries me. I see the hypnotics, the benzos, and the diazepam going out and are we just going to accept it? In Ireland there's an epidemic of suicide. It's almost as if everyone needs to stand up and say 'just hang on a second, this isn't good enough' or 'why aren't we looking after things to do with the mind?'

I find it terrifying as a pharmacist just seeing the amount of young people coming in – even on antidepressants – and people being depressed, and nobody knows what to do, because these people are afraid of it. When I started doing the enhanced services – even support to stop smoking – it's not ABOUT stopping smoking, it's about why does somebody need a crutch to lean on? Whether that crutch is benzos, or methadone or cigarettes or whatever it is – people are crying out 'can someone take notice of me please? Can someone please help me?' and I find in my job I try to be there to talk to people and just give people a bit of time. Because as you say the funding isn't there, the greater care, and people just don't understand it. Even Barack Obama was saying rather than sending people to keep fit we need to spend money on understanding the mind and I think ultimately that's what it's about. If more people just cared. That's what my job is about, it's not just a case of 'oh, here's your methadone or your benzos' its 'are you OK?'. Getting to know people – getting to know what they're all about.

And I think all pharmacists are like that – it upsets me when people think I'm being kind to them because I think 'what's everyone else like?' because I see them as people. This is someone's child, someone's dad ... I've got kids and I'd like to think that someone would be kind to them. So I think it's getting people to recognise what it is.

Whether the funding isn't there because it isn't 'sexy' – I think diabetes now is the thing – that it's forgotten about. And I think lots of people need to stand up and say it's a really big problem because so many people are depressed and leaning on different crutches – and diazepam is just another crutch to lean on. And it's getting people through the day. It's going to take a lot of people to say 'look – we need to do something about this'.

**N.R.**

I think its education, and also agencies and support services being strong and brave enough to say that there is an alternative and not looking for the quick fix solution which has historically been there. I mean, if you're in crisis and you don't have access to that support is it because the support isn't there or because we don't know that the support is there? There are lots of fantastic agencies out there but I don't think as providers that we are necessarily in touch with them. I think it's about being brave and providing those options. It starts with education - how many people know about BAT? Certainly since I've been in the field of substance misuse I know it's not everybody who should know about them that do – and that's just one example. Its spreading word, educating, and giving people confidence that there ARE alternatives.

**VM**

**Nikki – in terms of coming from a criminal justice perspective that the home office – the people who are looking at offender and offender management – really understand how big a part substance misuse as a whole, but tranquillisers specifically, are playing in terms of peoples patterns of offending and readmission to the criminal justice system?**

**N.R.**

What a question! Drug trends are changing and when we're looking at a custodial environment it's not just benzo use. You're looking at poly drug and alcohol use; alcohol has a particular agenda in relation to violent crimes. There's only a particular pot of money and where that can go, and certainly in terms of benzo use, and in particular benzo use with other drugs, and that's what we're seeing coming through. Do I think the

home office is aware of it? You've got to be when you're looking at what's coming up in testing when you're going through custodial. Working for an organisation that works in prisons there's far more freedom now to tailor – prisons are very good at needs analysis. That was how we got the Benzo group in Eastwood park – it wasn't a generic, template 'one size fits all' – it was actually the needs of the women in Eastwood park and that's where people are getting more switched on and things are tailor made, I guess. Local authorities are being given more power to do what's needed in that area – that's my belief.

**VM**

**Nicky – can you give us the Cornish perspective?**

**N.O.**

I think it's partly because although education has shifted things I still see GPs, psychiatrists dishing out different types of benzos and if I want to be more controversial it keeps people quiet. That still happens – it still happens in prisons. I used to work in Dartmoor – hopefully its changed but I know that from the people I work with in the community going in to prison that as well as using it illegally on the outside (benzos mixed with alcohol, opiates) they'll also be getting it prescribed in the prison because it keeps them quiet. It might be only in Devon and Cornwall and more with male prisoners, but I think that's still very much part of our state system – and it has shifted a bit but there's nothing like BAT in Cornwall or Devon. I still think there's a strong culture both from patients wanting to feel better and from GPs and psychiatrists saying 'I can give you this'. And its shifted so there are new drugs, aren't there, like pregabalin. I don't know if that's prescribed at the same rate as diazepam?

**Hilary Jennings**

**I think there is a bit of a movement going on in some quarters – I just recently bought a book called 'de-medicalising misery' and it does talk about people being given drugs because it's the easiest solution when people turn up with everyday problems – problems that we all have to face in life, but being given a drug isn't the answer. I think there is a bit of a revolution going on to try and get it across that we should stop doling them out. I think antidepressants have increased by something like 500% in the last few years - I don't know if Adele can confirm that?**

**AL**

It's about 1 in 3 people. And it is controversial to say that a lot of my GP friends say to me 'I don't really enjoy my job any more. I've got 10 minutes to see someone' so if you go in and say 'I've got high blood pressure' they can go 'oh, right' and write a prescription and that's ok. If you go in and say 'I'm feeling really unwell and low, and I think I've got a problem' well, how can you solve that in 10 minutes? Quickly? Speaking from personal experience my mother in law committed suicide, and I remember feeling really distressed and going to the Dr and you have 10 minutes, and I was very distressed and they said to me 'well, we'll give you an antidepressant' and I'm thinking 'no ...' because you don't need tablets, what you really need is the time and the effort and that's why they're bringing services in to the community in the sense that we've got more time to talk to them. They call these brief interventions. and a brief intervention can be more appropriate than 10 minutes with the doctor – because you set a seed. And they'll come back again – and its having the information. There isn't the funding there – there isn't the money in the NHS. There's no such thing as knowing your GP. If you say to someone 'who's your GP?' they don't. They don't have one. You can't say 'I always see Dr 'X' – they don't have a doctor. So they don't know YOU, they don't know your family or your history and the time isn't there. I think you're right – they think 'how am I going to do this?' and they write a prescription. I remember having a query and thinking 'well hang on, benzos should only be prescribed for maybe 3-4 weeks and when someone's still on it ... so you ring the doctor and you're kind of told 'well what do YOU know?' and you're only trying to bring it to their attention and they can get quite aggressive as if to say 'don't interfere' and that's the attitude you get. I see it all the time. Someone goes in with anxiety – and benzos can cause people to be more aggressive – so the side effect of the drug is worse than what they went in for. And if people decide 'ok, I'm going to try and come off this myself' they withdraw abruptly and feel worse so they go back again and get more and the loop goes round and round. So I think it's time, and I think the care needs to be spread out. So you go in and

you say 'I need help' and there isn't always the time for a course of CBT or whatever so they have 10 minutes and here you go. Here's your tablets. Next person.

#### **AUDIENCE 1**

I'm not sure if people were here a couple of years ago but I'm sure Una can remember – we had the same conversation except we had a doctor on the panel and the doctors response was exactly what you said – we've only got 10 minutes with a patient' but my response to that was at the end of the day, when you go through your training to be a doctor at the end of that and you're qualified and you get told 'you're a doctor, you can look after people' I think the doctors have to take a little bit of responsibility in as much as they take an oath to pledge to look after people but they're not. it's like teachers, for example, if they're not happy – they strike. If firemen aren't happy – strikes. Why are the doctors not saying 'well, hang on, we can't even do the job that we've sworn to do, to look after people because we've only got ten minutes and we get them out as quickly as possible'. I'm not saying its ALL the doctors faults but I think they could do a little but more. I'm not saying they should strike but I think they could do a bit more. I'm lucky – my doctor is absolutely brilliant and I do always get the same doctor but with a lot of people, when they talk to their doctor not only have they not go the time, they haven't got the care to try and take the time or to go to someone above them and say 'we need more time'. Years ago before benzos were about if someone couldn't sleep, you'd have had to say to them 'so what's going on in your life? What's affecting your sleep?' Just using sleep as an example although there are loads of reasons why people are given them. I don't know if its funding but it seems that doctors don't care enough.

**AL**

I don't think its that they don't care, I think its all to do with funding. I think the NHS is amazing. In Ireland if you go and see a doctor you pay 60 euros whether you're an adult or a child. You can always get an appointment and your appointment lasts as long as it needs to and the care is incredible. My parents doctor has been their doctor all their lives – he knows everything about them. You pay and you'll get a doctor's appointment that day. The NHS is very badly abused. From what I see, people just come in and get their repeat prescriptions, a lot of people don't pay and when people die I get SACKLOADS of medication back that's not even opened. And you ask people why they kept ordering it and they say 'I'm entitled to it' so they just keep ordering. what im trying to say is that thousands and thousands of pounds are wasted and where I would change it is that I would almost ask people to pay a small amount. People complain that its £8.20 but the reality is that ... I think at the meeting I was at last night they were saying the deficit is 22 BILLION. It's really, really bad. With the rate of diabetes – diabetes costs more to treat than all the prison services, and schools and education put together. Everyone considers their area really important and the money just isn't there. I think that doctors DO care and most doctors I know say that they hate their job and they would advise people not to be doctors.

#### **AUDIENCE 1**

I'm not saying they should strike, but who else is there? Who else is there other than a doctor? Surely if they're that unhappy they're able to tell someone how unhappy they are? If they really care that much, surely they'd find an avenue to go down TO change it? I know for a fact I hated my job in my last company so I changed it. If a doctor hates it surely there's someone they can go to, to say 'we're not happy, we can't provide the care we're supposed to' who can they go to? Surely they can do that?

**VM**

I'm just going to come in because I work in public health when I'm not being BATs chair and we're doing a lot in public health on 'social prescribing' which is very much about GPs looking for alternatives to things like antidepressants and tranquillisers, and for people with low level mental health needs and loneliness. Dave has talked about being quite isolated and actually finding non-tablet alternatives for people. There's quite a big movement going on there. When you talk about wastage, Bristol Clinical Commissioning Group



is doing some research and I believe in the figure you mentioned in wastage half of that is going to be in medication and your testimony about having things returned or not picked up or whatever, is going to be there in proper academic research within the next six months.

**1**

**So if the doctor knew that patient a little bit better then maybe that amount of medication wouldn't be getting wasted?**

**VM**

I totally agree with everything you've said.

**1**

**But in my experience as well as the doctors who are unhappy there are many out there who are ignorant to people's needs**

**DD**

If you can remember back to last year the GP was here actually openly admitted that she had prescribed thousands of benzos and it was only picking up on me that she had realised how much damage they did. And she said that GPs need more training – they don't get enough

**1**

**So who do they go to, to get more training?**

**VM**

I agree with everything you've said and I've been fighting GPs for many years in various jobs that I've done and you're a brilliant spokesman for what a lot of us are feeling. There are moves within public health that it's in local authorities now and out of the hands of local clinicians – but the biggest driver is that there isn't going to be enough money and they are going to have to change something. Sadly GPs always throw money as the way why they can't do things differently but I believe there's a more creative solution and that actually they might save money by trying alternatives.

**AUDIENCE 2**

**Thanks for the invite to this evening – I've learnt a lot already and I openly admit I know nothing about the subject but I've enjoyed and learnt something. I'd like to add to what Adele said with regard to the reviews that doctors do NOT give you when you're on medication and the amount of money and waste there is. A quick example – I went to the BRI for treatment yesterday and they looked at the lid of my dossette box and said 'yes, you're on a kind of painkiller' and we worked out I've been on it for 13 years and we still didn't know whether I needed it or not. So though I'm learning about benzos and what it can do and how serious it is compared to mine, I support where you're coming from Adele, about the time and the reviews. It might cost the doctor money to give you a review twice a year or whatever but it could save on medication. And the last thing is that I go to consultants and doctors, and they both give you prescriptions and they both go in the box and they don't seem to consult. 'Oh, did Dr Smith give you that? Well I'll give you this instead'.**

**AL**

If I could just tell you one service that pharmacies offer for free – called a medicines use review. Any pharmacy you go into, if you said 'please would you sit down and explain my medicines to me. Will you tell me what they do?' I try and do it sometimes when I'm handing the medicines out - something like 'ok, so you're on (a benzo) do you understand what it does? Do you understand how it works?' and people take their medicines but do they understand what they do? When I went to university you use the complicated stuff but what I try to do in simple English – for example if you're taking a blood pressure tablet, do you understand it opens up the blood vessels and I try to explain it in a really simple way. As I said with the medication review, if you go to any pharmacy and ask for a medication review – even if they're not 'my'

patient I will sit down and write little things on the boxes to say what it does, how it works – side effects and what it does, best time of day to take it etc

## COLIN

**There are a lot of valid points being made – people who have been here a few times are talking about going round in circles ... the reality of us being here in South Glous is that we have funding to deliver training and we do it where we can. Benzos are the most researched drug in history – nothing has been researched as much as benzodiazepines. So there isn't a lack of knowledge – there's 50-odd years' worth of knowledge. There's three and a half million people worth of knowledge – so we've got the knowledge. The things came up about money – we put an email out to 38 GP practices 6 months ago offering free training. Nobody got back to us. No response. There's a message there. There's something wrong – a lethargy. In the prison system where it's a drug of choice. 1-3.5 million people are affected who've never used another drug. So lack of money – that's a myth. Lack of education – that's a myth because it's the most researched drug ever. They're myths – so what is the truth?**

## AL

I think we also need to take some responsibility for ourselves. It's always someone's fault – it's always the government's fault. One thing I do – I like to do something a bit different ... I might be a pharmacist and I'm educated in the sense that I understand medicines – every detail of them – but people come to me, and people who know me in the pharmacy will know this – and I will say to people 'have you ever tried going for a walk? Ever tried running? Something more natural?' and what I've learned from a lot of things in my own life is that no one's going to solve your problems apart from you. so I decided 'if I go to the doctor I'm going to be thrown a tablet ' but I decided to start doing exercise; I lost a lot of weight and I started running. And I feel fantastic and its brilliant. If you think about how we were initially, and we lived in caves, and we ran a lot because we had to find that rabbit or whatever to cook it, or go and pick some berries and life was a bit more simplistic. We did a lot more exercise and got out a bit more and lived more in communities. When you think about it , we all live in our little boxes – our houses – and people are lonely, and there's not enough communication or community spirit and people think I'm novel because I stand at the counter and talk to people quite openly, and the staff say 'oh, people like you because you're a little bit quirky. You say things a little but strangely and ... I never say 'I'm busy' I say 'I'm running round like a fool' and that's my way of saying 'I'm busy'. I think it's because I take the time to talk to people and I'm like this strange thing that's in Yate. But because you care ... people come in at night and they might say to me 'can I have some Nytol?' and I might say 'well actually, do you realise if you take that it might actually make you more depressed – and you won't have a deep sleep, you'll have a very light sleep' and I might say to them 'why don't you try a walk, or maybe taking up a bit of exercise?' and I try to say that.

All the GPs came to me yesterday and I said 'if people come to me and they're overweight I see what they have in their baskets – I see the cream cakes and crisps and whatever and I say 'why don't you try not eating those?' and you have to be kind of brave. And they look at me as if to say 'oh, is there something else?' and you do have to be brave and put yourself out there. I said it to one guy and he came back a few weeks later and said 'I told you that the cream cakes and the bottle of vodka weren't for me, but they were – but just to let you know I've bought a bike!' And it being brave and saying it. Because its easy to go 'well, there's your Nytol and that'll be £4 please' but I try and stop and say things. And I'm trying to educate people to do that. When I was speaking to these GPs and these chemical guys I was saying 'do you know what, sometimes it's as simple as speaking to someone. They might not want the advice and sometimes I bore people to death with what I do. And sometimes it encourages people. I go running and I feel fantastic because it's a natural buzz. You get that endorphin rush and you feel fantastic. It's taking something a bit differently. I didn't blame the government and I didn't go to the GP and blame them, I took it upon myself to make myself better and have a more positive outlook and stronger thinking. I was brought up a very strict catholic but I don't really believe in religion because I think it divides people. If people get peace from it, fair enough. I believe in just trying to be as kind as I can to try and make a difference – but we've all got to try and do that.

**KB**

Actually, this is how I met Adele – we both have quite quirky things – mine being meditation, reiki, stress management and all that – and it is very true. We all tend to do these things – we go home and we out the telly on, and it's depressing and it upsets you, and you tend to feel even more stressed. If you did actually just take a walk, or something like that – or something a little bit more calming it does help. But we live in such a busy world and everyone has to do everything 'today'. We've lost the feeling of living in the moment, now, we're thinking about what we're going to do tomorrow – and next week. I'm, just as bad. Reiki and meditation are very important and the sad thing is that you can't get this on the NHS; you have to look for someone and this is why I've enjoyed working with BAT and DHI because I can give that as a volunteer, free. But it is true that this is how I met Adele – I buy my cakes round the corner so she doesn't see them (laughter) but she has always been there for me and explained when I've had things given to me and she's been a great help. And it is true – we should use our pharmacists more and we should ask questions. They will help us. And we need to turn to places like BAT and DHI – they're here to help us. This organisation has really saved me from lots of times when maybe I've been to the doctor or I've had a bad back or something wrong. 'Oh - have some diazepam? They'll help you'. No way. My doctor is scared to death to write a prescription now because he doesn't know what I'll come out with. My husband goes off to work and tells his colleagues 'don't take that!' so it's really been an eye opener.

**AUDIENCE MEMBER 1**

**Can I just make the point that – Adele, I admire everything you say – but there aren't many people out there who ARE that caring and who are prepared to take that step and talk to a complete stranger in their pharmacy in that way. it's a lot easier to go out and just say 'here's your bag of tablets.' it's very rare. And also what you said about taking responsibility – in my life I took it and I know it wasn't my fault. and I know there are people who throughout their lives have been prescribed it, and then they're in that situation where they've been given it by the doctor and they don't even know what they're taking. One of my friends said to me 'you've taken diazepam – what's it all about?' and I said why are you taking those? And he said 'I can't sleep'. He took the tablets and then tried to go up the stairs and with every four steps he came back three – I said 'you need to know what you're taking!'**

**The fact that YOU go the extra mile to explain to people what they're taking so they can make a conscious decision as to whether or not they should take it – there's not many people around like that.**

**AL**

Well that's what I'm trying to do – I'm trying to change that. It's been said tonight that you have to stand up and be brave and that's what I'm trying to do. You can think that if you say it you're going to be knocked down – but I thought they can say I'm being stupid but I'm running around – I can honestly say that as a pharmacist for 15 years I don't think I've ever had a break because I have so much to do. Yes we are really busy, but regardless of that, when you have someone in front of you ... I get real satisfaction out of thinking I have guided that person the right way. That's more rewarding than anything. I'm trying to change the culture.

**For example though – until you said a moment ago about that service that pharmacies offered, I didn't know anything about it. Maybe they should put a sign up in the pharmacies, I know that's a very small step ...**

**AL**

If you look you'll see signs for the MUR – but why call it an MUR? People don't know what it means. At least you know now so you can ask.

**VM**

**As we will now round up can I go along our panel. In your opinion and for the individuals you work with, what do you think can help them get off the merry go round?**

**N.O.**

I think its noticing the small changes in people that are happening, so more GPs are aware. I'm sad to hear that no one replied to your offer of training.

**AUDIENCE 4**

I've been buying mine and I went to the GP to say I wanted to come off them and that I'd been buying the illicitly and she gave me a prescription for what she thought was enough for my addiction and it wasn't, so I'm back to buying them again. Education should be mandatory because I mentioned to her about BAT and she said 'we don't work with them, and don't necessarily go along with what they say' and she told me to go to BDP (Bristol Drugs Project) and all THEY do is praise you guys up and say that BAT really know what they're talking about. With GPs it's definitely down to education – because she (the GP) just flatly refused. And I can't get an appointment with the same GP. The education should definitely be a mandatory part of their training. If I was on heroin they'd have given me methadone and known how much.

**N.O.**

I was actually thinking that in ten minutes you can actually give someone quite a lot of support and pointers of where to go. The other thing was that I know in Cornwall there isn't a BAT but there is a mindfulness group and they managed to get into GP surgeries, but when the work with GPs stopped they went and did it on their own and that can be really helpful for people who suffer from depression and anxiety.

**N.R.**

From my perspective it's the realisation that not one size fits all, and it needs to be tailor made – the use of volunteers and peer supporters is essential particularly in a custodial setting to give that faith and hope that actually there is an alternative to life on illicit benzos as I'm referring to now. And to have volunteers come in and support them. In custody GPs are quite strict in not prescribing in a custodial setting but it's that transition between custodial and community and making sure that information is shared. Those of us on the panel here – who can actually support someone with an addiction to benzos? I've certainly learnt something today from the pharmacist and this agency is so important.

**AL**

One thing I would say to people is to find a crutch to lean on – whether it's a hobby or something, and rather than thinking 'what can I stop?' think 'what can I start?'

People describe being on a carousel 'oh, it's Tuesday – again and I'm doing the same thing' well get off the carousel and find something you enjoy doing. That could be knitting, it could be running, it could be reading, it could be kicking a ball around but find it and do something you enjoy – that you get into to focus on something positive. I always say that to people – find some distraction you enjoy, that becomes 'your thing' that you will look forward to each day. Because we all need something to look forward to. We're so caught up in running around – you just have to stop. I work 45 hours a week and I have two children, but I still manage to find the time to run. Turn off the TV – it's probably the worst thing. Even the adverts remind you of what you can't have and it pisses you off. You can get really depressed – so don't look at it, turn it off. And the time you'd spend looking at it every day you could be doing a hobby you enjoy, and you'll grow stronger. So I would say find something you enjoy.

**KB**

Well I would say be kind to yourself. Everybody beats themselves up so the one thing I would say is be kind to yourself. As Adele says, look for something – even if it's just a walk. Take yourself away from how you're

feeling and enjoy the moment. Live that moment because we're only here once, so live the moment and enjoy. And don't forget there is BAT out there to help you. Don't beat yourself up – just talk to somebody.

**DD**

I think that the majority of people need to learn just what it is about being on benzos and the problems you have, and the only way you'll find out is by asking people who are users. GPs could save thousands of pounds a week if they listened to a user on benzos because they wouldn't need to send you off for all these tests because most of it is down to benzo withdrawal.

**UC**

I'm the last person to speak on this so I'm going to round in a really good circle and I'm going to start with the first question because I don't think we've had an AGM before where it's turned into a conversation rather than a series of questions. I don't know if any of you looked at that Eli Lilley folder at the back and it's about 2 GPs being asked to conduct an audit of benzos and patients, and it tells them how to do it. If you did see it you may have noticed that actually that was published in 1995, 21 years ago. In that book it says that benzos shouldn't be prescribed for longer than two weeks – information now on everything that you look at, says 2-4 weeks so that's really moving backwards. Thinking of the things you said, Adele, it also says that every time a benzo prescription is given out it should be recorded that information was given to the patient explaining the dangers of addiction – 21 years ago. I would say that we are behind that publication, which is quite depressing. However the final note that I would like to end on is a very positive one which is that some months ago the BMA (British Medical Association) sent out a call for evidence about benzos, and BAT responded, and Dave responded in his own right as a service user and as a result of the evidence which was from all kinds of organisations, and individuals like Dave, there will be later this year, a round table group of experts talking about what needs to change about benzodiazepine treatment which is a nice note to end on.

**VM**

Will you be round the table?

**UC**

Both Dave and I will be round the table.

---

THANK YOU AND GOODNIGHTS