

Battle Against Tranquillisers

PO BOX 658 Bristol BS3 9FR

Local support line: 0117 9663629

National callback service*:

0844 8269317**

Email: support@bataid.org

Web: www.bataid.org

Office

Coniston Community Centre

Coniston Road, Patchway

Bristol BS34 5LP

Tel: 0117 9690303

(administrative enquiries)

BAT is one of about 50,000 organisations which produce health and social care information for the public in England, and some people can feel overwhelmed by the volume of material and be unsure what to trust. NHS Choices (and the Digital Assessment Service) have been certified as producers of reliable health and social care information by The Information Standard.

The Information Standard has been introduced to fulfil the need for a "quality filter" to help people decide which information is trustworthy. It provides a recognised "quality mark" which indicates that an organisation is a reliable source of health and social care information.

*This is a voicemail service. Please leave a number and we will call you back

**Charges consist of an access charge set by the caller's service provider plus our service charge of 7p per minute

UK registered charity number: 1056508



Consultancy, training & support

We need to think carefully about how we can continue BATs work in order to provide the best benefit for service users and healthcare professionals alike, but also to roll out a nationwide training programme to ensure that any healthcare provider coming across people with addiction to tranquillisers, z drugs sleeping pills (and new and emerging drugs with similar effects) knows how to help them.

With this in mind we are pleased to launch our revised and updated training package

OBJECTIVES

- 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

WHY BAT?

- 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 empowers clients to be in charge of their own journey. They are very well supported with up-to-date and relevant information and advice.
- A client's recovery is supported within a flexible timescale, determined by the client and based on their individual experience.

TRAINING EXPERTISE

BAT is an Associate Trainer for:

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

Fees are calculated on a sliding scale. The maximum charge below is 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.

Fees for pick and mix elements	
Element	Fees
Full day training	A minimum of £625 + travel
Half day training (up to 4 hours)	A minimum of £325 + travel
Policy development and care pathways	Standard unit cost rate of £75 per hour*
Telephone support	
Alerts and newsletter service	We would like this to be a free at point of delivery service which we are still developing
Follow up issue based training full day	£600 + travel
Follow up issue based training half day	£300 + travel
Battle Against Tranquillisers Benzodiazepine Recovery Workbook: P.O.A (to cover printing costs dependent on booklet size)	
Benzodiazepine guidance booklet: £10	
Benzo information pack (information leaflets, pocket information cards, factsheet pack): £25	



What do others say about our training?

Dr Suzanne Davis, Clinical Psychologist (North Somerset Liaison and Later Life Therapies)

"I was most impressed when you came and spoke to the Clinical Psychologists at the Coast Resource Centre a couple of months' ago and I feel that our multidisciplinary team would really benefit from having the same talk. Your session was very informative and thought provoking – I believe that it really changed our thinking about the effects of, and withdrawal from, taking tranquillisers. For my part, it has made me question how readily our services prescribe these medications without always talking through the full implications with service users. We have many training and educational sessions, but I do feel that your talk is one which I will remember and will inform many future discussions on the subject."

Training feedback from group sessions

"The trainers answered questions well and were very knowledgeable; I liked that even having had the training before there are always new things to learn and it seems like the trainers were very up-to-date on new information etc."

"Very useful - has raised my awareness of benzos and has made me more empathetic towards users"

"I liked receiving information around dependency / tolerance and safe reductions. The trainers were expertly knowledgeable around benzos and could answer everything I wanted to know"

"Informative as ever! Always good to refresh my knowledge but I also learn something new every time I attend BATs training! Good to get up to date info"

Interested in our training?

Please email support@bataid.org

for more information.



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Battle Against Tranquillisers

Trustees and Committee Chair Vacancies

We need trustees and a management committee chair to help us grow and develop in challenging times.

Trustees and Management Committee Chair

To be a Trustee of an organisation is exciting and the most effective boards are ones which benefit from individuals from a diverse range of backgrounds, experiences and skill sets. The role of a Trustee is to ensure that Battle Against Tranquillisers fulfils its duties to its service users and delivers on our vision, mission and values.

Location

Coniston Community Centre, Patchway, South Gloucestershire, BS34 5LP

Commitment

12 meetings per year and associated admin, plus AGM

Interested?

Please email support@bataid.org telling us why you'd like to join us, and to receive an application pack!

We look forward to hearing from you.



Chairs report 2016-17

“To lessen the harm caused by benzodiazepines, tranquilisers, z drug sleeping pills, and new and emerging drugs with similar effects”



Vicki Morris

BAT chair from 15.10.15 - 13.09.17

At this time of austerity, when funding is becoming less and less easy to come by, especially for small charities, we have seen a significant reduction in our income. This is largely because the commissioning process has changed, putting smaller charities in a hugely reduced position for making Local Authority bids on their own account.

It is ironic that this is happening at a time when Prescribed and over-the-Counter medicines have been identified as a priority by both Health and Drug and Alcohol policies.

Public Health England, in their introduction to their JSNA support pack ‘Commissioning Prompts’, say ‘Concern is also growing about misuse of and dependence on prescribed and over-the-counter medicines.

This year BAT is working in a consortium, headed by DHI, in a training and consultancy role, which is the first move towards launching our new service-Consultancy, Training and Support. BAT sees this as an important opportunity towards addressing the new Health and Drug and Alcohol agenda, as well as supporting professionals to meet the new tighter Consent Laws 2017.

BAT will continue to support service users, our core business. Sadly this will have to be a reduced service for the time being.

Although BAT funding has taken a dip, we are confident that national policy will provide a growing role and need for our services.

A challenging year ahead

It has been a difficult year for charities in general, and BAT in particular and we will need to do some serious fundraising!

Every donation to BAT will help to fund our much needed services.

For example:-

- A donation of £5 will pay for a client information pack
- A donation of £50 will run one of our much-needed service user groups for one hour
- A donation of £500 will pay for almost a day’s training

Please contact us if you wish to make a donation

What have we been doing this year?

BAT continues to support service users who benefit so much from our support services. This has, for the time being, now become a smaller service than it was, due to the drop in our income.

For the moment, however, we run support groups, a telephone helpline and an advocacy service. BAT is now working in South Gloucestershire, as part of a consortium headed by DHI (Developing Health and Independence.). Our role is one of providing specialist benzodiazepine (and similar drugs) training and advice for workers, and complex client work. We are running specialist one-off workshops in several venues in South Gloucestershire.

BAT’s training programme has continued and included 2 sessions for North Somerset AWP and Clouds House Treatment Centre as well as the ongoing programme of training and support for DHI workers. We have completed the first year as part of the Opioid Pilot in South Gloucestershire.

BAT has continued to contribute to the Prescribed Drugs associated with dependence and withdrawal Round Table stakeholder meetings, and as a member of the RCGP working group.

In the news

Consent law has been tightened considerably during the last year or so and it is now completely patient-focused. The emphasis has changed from ‘the reasonable doctor’, to the ‘reasonable patient’.

What is the change?

The law now requires a practitioner to take **“reasonable care** to ensure that the **patient is aware of any material risks** involved in any recommended treatment and of any reasonable, alternative or variant treatments” and asks the practitioner to consider the following:-

- Does the patient know about the material risks of the treatment that is being proposed?
- What sort of risks would a reasonable person in the patient’s circumstances want to know?
- What sort of risks would this particular patient want to know?
- Does the patient know about reasonable alternatives to this treatment?

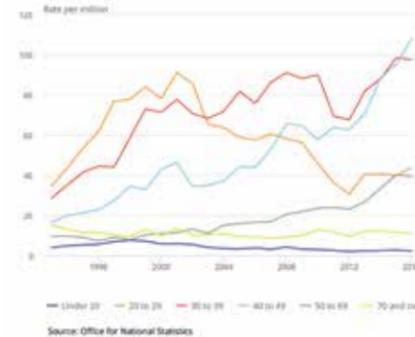


This year Public Health England published commissioning prompts for ‘Planning for Drug Prevention, Treatment and Recovery in Adults’ Treatment services should be ‘local systems that provide welcoming, easy to access, flexible services that can cater for the needs of a broad range of people and their different drug problems’

- Are health and public health commissioners working together to prevent dependence on prescription and over-the-counter medicines, including dependence arising inadvertently from the prescribed use of a medicine?
- Is there access to community-based interventions within 3 weeks of referral?
- Are there highly skilled practitioners providing knowledge on new emerging **benzo analogues** and other NPS drugs?
- Are a full range of addiction specialists and non-specialists providing knowledge and support?

Drug related deaths 2016

Over half of all drug poisoning deaths involve more than one drug and/or alcohol, and it is not possible to tell which substance was primarily responsible for the death.



There were **3,744** drug poisoning deaths involving both legal and illegal drugs in England and Wales registered in 2016; this is **70 higher than 2015 (an increase of 2%) and the highest number since comparable statistics began in 1993**

In line with previous years, **most of the drug-related deaths registered in 2016 in England and Wales were males** (2,572 male deaths and 1,172 female deaths). The sharp increase in deaths registered in 2016 in people aged 40 to 49 years means that **this age group has now overtaken people aged 30 to 39 years and is now the age group with the highest rate of drug misuse deaths.**

Of the **3744 deaths** (where selected substances were mentioned on the death certificate) **406 were attributed to benzodiazepines – that’s more than cocaine and almost as many as methadone – 10.8% of the total.**

Geographically, in **England, the mortality rate from drug misuse has been increasing year-on-year since 2012. The mortality rate for drug misuse in Wales continued to increase** from 58.3 deaths per 1 million population in 2015 to 66.9 deaths per 1 million in 2016, with **Wales now having a higher rate of deaths from drug misuse than eight of the regions of England.**

Prescription cost analysis 2016

Chemical ingredient	Prescription items dispensed (PID) (thousands)		Net ingredient cost (NIC) £ (thousands)	
	2015	2016	2015	2016
Hypnotics				
Lormetazepam	28.1	25.1	731.0	3632.5
Nitrazepam	663.9	596.7	1687.8	3589.3
Temazepam	1423.5	1267.43	1750.3	5568.5
Zaleplon	1.3	7.0	6.8	3.2
Zolpidem Tartrate	731.3	22.13	981.2	751.9
Zopiclone	5672.2	5629.7	7099.1	5283.4
Anxiolytics				
Chlordiazepoxide Hydrochloride	90.6	80.4	663.7	569
Diazepam	5324.1	5294.3	9152.8	8326.1
Lorazepam	1090.4	1107.9	3515.4	4246.5
Oxazepam	113.7	105.2	286.7	218.3
Clonazepam	892.7	935.5	5120.5	12402.4
Midazolam hydrochloride	48.6	61.8	4794.3	6116.5
Midazolam maleate	21.6	18.8	3113.2	3740.4
Pregabalin and Gabapentin				
Pregabalin	4801.6	5547.5	282964.9	314695.2
Gabapentin	5723.0	6466.4	31303.8	29552.1

HYPNOTICS

- The Net Ingredient Cost (NIC) of Lormetazepam, Nitrazepam and Temazepam has increased by many times between 2015/2016 but Prescription Items Dispensed (PID) has reduced – conversely, the NIC of Zaleplon has greatly reduced and PID has increased.

ANXIOLYTICS

- Diazepam PID has fallen slightly as has the NIC. Clonazepam NIC has more than doubled – PID has increased slightly. Midazolam PID and NIC has risen

PREGABALIN AND GABAPENTIN

- Pregabalin PID has increased as has the NIC.

Service user story

“My first experience with benzos was after a 4 day festival. I’d had no sleep and I couldn’t calm down. My friend suggested I try a valium – I was scared at first but then I gave in and within 30 minutes I felt great. All my worries had melted away.

I didn’t really think about them again until about a year later when I got anxious and depressed and straight away I remembered how the valium had fixed my feelings. I found somebody that sold them – after getting home I took 2, the next night 3 then 4. I continued to use various benzos but all along my tolerance to these drugs was getting greater and greater. During this time I’d started taking opiates recreationally as well, as they also helped my anxiety and ongoing sleep issues. In November 2015 I had my first drug overdose; I woke up in hospital after falling over and seriously injuring my arm. I told myself it was time to stop but after a couple of days I started to feel unwell and really anxious so I knew what to do and took my valium. At this point I was taking ten times as much as I’d first tried just to feel “normal”.

I decided to let myself run out of my valium to try and stop in the middle of a busy shift at work. I had my first grand mal seizure and I woke up in hospital once again. I still couldn’t admit to myself I had a problem – after all, they were only prescription drugs and loads of people I know took them.

After suffering my first overdose in 2 years I finally asked for help. I was slowly brought off all the benzodiazepines, the withdrawals were very difficult because I still had no one to speak to about what it was like to have a problem with these drugs. I just needed somebody to tell me it was going to be okay and that they understand what I’m going through. I decided I had to move away and start again after being in Bristol a few months I decided to look for some voluntary work where I discovered BAT. They offer great support to people that are in any stage of my zero use – if I’d known the help they could offer my journey coming off benzos would have been so much easier.

As I write this I am just over a year sober from all anti-anxiety medications.