ANNUAL REPORT **2015/16**

bat 2015/16

Battle Against Tranquillisers
PO BOX 658 Bristol BS3 9FR

Local support line: 0117 9663629
National support line: 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)

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UK registered charity number: 1056508

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Battle Against Tranquillisers
Patron: The Right Hon Baroness Corston

ANNUAL MEETING 2015/2016
Friday 7th October 2016

Coniston Community Centre,
Coniston Road, Patchway,
Bristol BS34 5LP

Coffee and tea from 18:30, meeting 19:00 onwards

Battle Against Tranquillisers invites you to our 'Benzodiazepine question time'. On the panel will be:

Ian Keasey Public Health Programme Manager, Health and Wellbeing: Public Health England South West

Alison Fixsen Faculty of Science and Technology: University of Westminster

David Wilson BAT service user

... and others to be confirmed

If you need this report in an accessible format or translated, please call 0117 9663629 or 0117 9690303

The people behind our annual report 2015/2016
Editors: Una Corbett and Kate King
Production: The Group of Seven
Photography: Reuben Corbett, Shaun King (picfair.com/beerdiddit)

Contents

MISSION STATEMENT & AIMS

BAT's main partner is:

"To lessen the harm caused by benzodiazepine tranquillisers and z drugs"

DHI

Developing Health and Independence in South Gloucestershire

and we also work with ...

Southern Brooks COMMUNITY PARTNERSHIP

BAT WORKERS & TRUSTEES

Co-ordinator: Una Corbett
Development Worker: Colin Young
PA: Kate King

Data Administrator: Suzanne Jouxson

Chair: Vicki Morris
Vice Chair: Vacancy

Trustees: Carol Hogarth and Mary Edwards

Honorary Trustee: Edith Milne

Treasurer/Company Secretary: Hilary Furnivall

- The Trustees are members of the Management Committee who have the extra legal responsibilities of financial and legal accountability.

A big thank you to Kathy Bailey for her Reiki and relaxation services, and all our volunteers, too numerous to mention.

To help...
those who are addicted to benzodiazepine tranquillisers and sleeping pills and drugs with similar effects, and who wish to withdraw from them, to do so as comfortably as possible and to help them make the life changes necessary after withdrawal.

To educate & inform...
all those who may come across the problem of benzodiazepine addiction, either personally or professionally, towards an understanding of the difficulties caused by the drugs' action and the compounding of these difficulties in withdrawal.

To influence...
services in their prescribing, managing and supporting of clients who take/want to withdraw from benzodiazepines and similar drugs.

BAT continues to work closely in partnership with both statutory and voluntary sector organisations and with the South Gloucestershire and North Somerset Drug Action Teams.

CHAIR'S REPORT

The AGM marks my first anniversary as Chair of Battle Against Tranquillisers. Like every small charity we are constantly balancing the delivery of services with the other tasks required to run effectively.

Chair

Vicki Morris

The occasions where I learn more about BATs interventions with its services users, and supporting them in their interactions with doctors, psychiatrists and bureaucracies is when I am most proud to be involved in the Charity.

Public funding is in short supply and small organisations like BAT are precariously placed when it comes to tendering for work. As a Board of Trustees we remain firmly aware of our responsibility to deliver the best support and advocacy services possible to users of benzodiazepines and other Z drugs.

I am not an expert in our services, so I learn a lot from every conversation with the team, and this year I have been made increasing aware of the issues arising from the criminalisation of 'legal highs'. The pros and cons of making these drugs illicit are discussed further on in this report. BAT can see that an increasing number of people need support as a result of their use of 'legal highs' and that the effects and issues being experienced are very similar to those of benzos and z drugs. Hence specialist support is required, we know that what we do is very different from the generic interventions available to opiate users for example.

BAT would fiercely defend the need for services which deliver our specialist interventions, and hope that service commissioners and planners are taking account of the 'legal high' situation when making decisions about the future range of services available.

The occasions where I learn more about BATs interventions with its services users, and supporting them in their interactions with doctors, psychiatrists and bureaucracies (for example the benefits agency and those tasked to assess fitness to work) is when I am most proud to be involved in the Charity. Helping those who are struggling with benzo (or other drug) withdrawal, then seeing people going on to share their experiences to help others, is what BAT is all about. I am always so impressed by the resourcefulness of our service users, volunteers and paid staff.

As a Board we are very small, and we are looking to recruit new trustees. In the last year we have made some progress to towards improving some of our internal systems, for example financial planning and bid writing. We have also made good progress on our Strategic Plan, needing now to finalise our priorities and work to secure the resources necessary to achieve our ambitions.

We are looking to recruit new Board members to help us through this exciting phase of development, our meetings are enjoyable, we are a friendly bunch and Mary

CHAIR'S REPORT CONTINUED

Edwards generously provides us with homemade cakes – they are better than the Bake Off believe me!

BAT is one of those charities that just gets on with its services without too many distractions. The team do what they do so well that sometimes it's hard to believe how much they achieve. Our 22nd year has been another successful one and we look forward to many more years working hard to support the people who need our services.

BECOMING A BAT TRUSTEE
BY CAROL STOCK

I was first asked to become a Trustee of BAT back in 2006. My sister, Tina Hall, had been BAT's Administrator for a couple of years, but she had suddenly died of a brain aneurysm, which obviously was devastating for both me and BAT. BAT asked me to become a Trustee in memory of Tina, which was lovely and really helped me at the time, as I felt I was helping to continue something my sister really believed in.

Over the 10 years or so that I have been a Trustee, it has been very personally rewarding to be able to contribute my skills and time, and emotions too, to a charity that is so focused on helping people who turn to it for help. The staff, who are the heart and soul of BAT, are such caring and skilled people who are very focused on helping their Clients that it makes me feel very humble, and very fortunate, to be able to help and contribute to this in some small way.

Being a BAT Trustee has, and continues to be, a complete privilege. The time that I give to BAT is not huge, but I think it is time well spent and it is appreciated. If there is anyone out there with some time they are willing to donate to BAT, by becoming a Trustee and getting involved in the running and decisions that contribute to the wellbeing of BAT, I would thoroughly recommend it. It is so lovely to be able to help BAT to continue to do the work and help they provide to anyone seeking their help and I can guarantee you will definitely feel that what you contribute will be very worthwhile.

If you are interested in becoming a BAT trustee, please approach any of the team at the AGM, email support@bataid.org or ring 0117 9663629

BAT helps secure funding for mental health and wellbeing project

Southern Brooks COMMUNITY PARTNERSHIP

BAT played a partnership role in preparing a successful joint bid (along with Southern Brooks Community Partnerships and Coniston Community Association) to secure funding for a mental health and emotional wellbeing project. The project is run by Southern Brooks Community Partnerships, also based in Coniston Community Centre. BAT was involved in the recruitment of a Co-ordinator for this programme, spending a day interviewing with a full service user panel and the CEO from Southern Brooks. The project is funded by South Gloucestershire council in conjunction with the Everybody's Business grant and the aim of it is to improve adult wellbeing and reduce isolation in the local area, which is why it was so important to have service user input in the recruitment process.

WHAT HAVE WE BEEN DOING?

2016 has been a very busy year for BAT

The BMA (British Medical Association) has been developing a piece of work on prescribed drugs associated with dependence and withdrawal since 2013, and in March 2014 a call for evidence was sent out seeking information and views from a range of key stakeholders. BAT is one of those stakeholders, along with the Royal College of Psychiatrists, the Royal College of GPs, NICE, Public Health England, service users, specialist organisations etc. In October 2015 this evidence was published in an analysis report which brought together all the views of the stakeholders. BAT also submits evidence in telephone subgroups where service user information and support is our speciality. Two 'roundtable' sessions have happened at the BMA so far; one in February 2016 and one in June 2016. The latter was opened by a BAT service user presentation and we discussed next steps. BAT also fed into this group.

BAT and DHI (Developing Health and Independence) with whom we work closely, 2 GPs and a consultant psychiatrist are about to start a two year pilot exploring the use of opioid painkillers, both on their own and in combination with other prescribed drugs especially benzodiazepines. This will be based in two GP surgeries.

BATs training programme grew throughout the year and sessions at Bristol HMP, Bristol Drug Project, Clouds House residential rehab centre were added to the ongoing training sessions we deliver. We gave a presentation as part of a dual diagnosis training day an NHS house in Bath.

Our coordinator Una was invited to a celebration of the Queens 90th Birthday at St Mary's Church in Thornbury, accompanied by trustee Mary Edwards. It was an interesting event.

BAT's part of the funding enabled consultation sessions with community members (at forums on 4 February and 27 June 2016).

At these forums the theme which emerged most strongly was a need for a regular, informal space to meet others and try new activities to improve wellbeing and reduce isolation. To fulfil this need a weekly Wellbeing drop in session was established in Patchway on 21 July, and similar drop in sessions are also being established in Filton and Yate. The Southern Brooks activity sessions will be offered to people across South Gloucestershire in conjunction with the newly launched Wellbeing College.

AGM 2015 REPORT

AGM 2015

Q&A Session

PANEL

Nicky Owen Breaking the Cycle coordinator, supporting families with children who have been impacted by substance use
Nikki Ralph Substance Misuse Psychosocial Team Manager at HMP Eastwood Park
Adele Littleton Pharmacist / pharmacy manager
Kathy Bailey BAT holistic therapist / volunteer
David Dicks (D.D.) BAT service user / volunteer

OTHER CONTRIBUTORS

Colin Young BAT worker
Una Corbett BAT Co-ordinator
Vicki Morris BAT Chair of Management Committee

Our 2015 AGM took our tried and tested 'Benzo Question Time' panel format.

PANEL INTRODUCTIONS

Nicky Owen (N.O.) I remember BAT before it WAS BAT really, and that was Una. I used to work for Bristol Drugs Project (BDP) and it was just two facilitators, and now it's a whole organisation with staff, and volunteers so it's an amazing journey, and a real credit to Una who's still here. Back then there was very little known about benzos, but there were 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. I now work in Cornwall with families affected by all sorts of different things including benzos.

Nikki Ralph (N.R.) 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. It struck me a few years back that the correlation between 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. I just wanted to bring some awareness into Eastwood Park 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. BAT came in, gave a session and supported the team and we've been delivering it ever since. We also developed it into our drug recovery community which is a 12 step programme and it's a fantastically well utilised programme.

Adele Littleton (A.L.) I thought it would be interesting for people to see what we see, as pharmacists. I think we're forgotten about; we put boxes in bags, but 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.

I worked in Eastwood Park for around 10 years so I saw that side of it. 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 them. 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 standard hours to one that's a bit more out of hours I notice that people are crying out for support.

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. 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 (K.B.) 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. 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. If people don't like it I say tell me, but they don't, and sometimes they go away and I don't see them for a while but they come back again.

The meditation is taking you on a visualisation journey. 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 meditating it's a group and I try to make them as enjoyable, friendly and good.

QUESTIONS FROM THE AUDIENCE

Q LACK OF FUNDING
Colin Young, BAT Worker
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 such little funding available?

A.L. 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. Being in a pharmacy setting it really worries me. 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.

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?'

Whether the funding isn't there because it isn't 'sexy' – I think diabetes now is the thing – that it's forgotten about.

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.

There are lots of fantastic agencies out there but I don't think as providers that we are necessarily in touch with them.

AGM 2015 REPORT CONTINUED

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.

N.O. On the Cornish perspective - 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 I could say that it keeps people quiet.

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 it's shifted so there are new drugs, aren't there, like pregabalin.

A.L. 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? 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 know. They don't have one.

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.

Q MEDICAL ATTENTION
Audience Member
We had the same conversation last year, 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'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'.

A.L. I don't think it's that they don't care, I think it's all to do with funding. I think the NHS is amazing and it 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.

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.

V.M. 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.

So if the doctor knew that patient a little bit better then maybe that amount of medication wouldn't be getting wasted? So who do they go to, to get more training?

V.M. 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.

Q MEDICAL ATTENTION
Audience Member
I'd like to add to what was 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. 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. It might cost the doctor money to give you a review twice a year or whatever but it could save on medication. 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'.

A.L. I'd like to tell you about one service that pharmacies offer for free – called a medicines use review. People take their medicines but do they understand what they do? I try to do (it) in simple English – for example if you're taking a blood pressure tablet, do you understand it opens up the blood vessels? I try to explain it in a really simple way ... what it does, how it works – side effects and what it does, best time of day to take it etc.

Q BENZO KNOWLEDGE
Colin Young, BAT Worker
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 ... 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?

A.L. I think we also need to take some responsibility for ourselves. It's always someone's fault – it's always the government's fault. ... 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 I will say to people 'have you ever tried going for a walk? Ever tried running? Something more natural?'

AGM 2015 REPORT CONTINUED

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 simple. 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.

Because it's 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 other 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.

K.B. 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'. 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.

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.

Q PHARMACY SERVICE
Audience Member
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. 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.

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.

... 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.

V.M. As we will now round up can I ask our panel – we've heard a lot about going round in circles and that being a bit of a theme. 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 was actually thinking that in ten minutes you can actually give someone quite a lot of support and pointers of where to go.

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.

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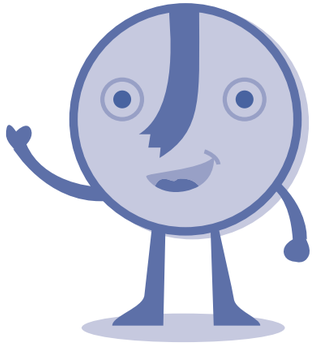
"People describe being on a carousel 'oh, it's Tuesday – again and I'm doing the same thing' well get off the carousel and find something you enjoy doing. That could be knitting, it could be running, it could be reading, it could be kicking a ball around but find it and do something you enjoy"

ADELE LITTLETON
PHARMACY MANAGER



A.L. 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.

K.B. Well I would say be kind to yourself. Everybody beats themselves up. And don't forget there is BAT out there to help you. Don't beat yourself up – just talk to somebody.

D.D. 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.

U.C. In 1995, 21 years ago, in a publication produced by Eli Lilley 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.

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.

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 a round table group of experts later this year talking about what needs to change about benzodiazepine treatment which is a nice note to end on.

PSYCHOACTIVE SUBSTANCES

After the Psychoactive Substances bill

The Psychoactive Substances bill came into force on the 26th May 2016. A blanket ban on so-called legal highs and tough new enforcement powers came into effect. It should protect young people by banning any production supply and importation or exportation for human consumption of these potentially dangerous drugs which were linked to the deaths of 144 people in the UK in 2014 alone.

Parliamentary Under Secretary of State (Minister for Preventing Abuse, Exploitation and Crime) Karen Bradley said:

> "Psychoactive substances shatter lives, and we owe it to all those who have lost loved ones to do everything we can to eradicate this abhorrent trade. This act will bring to an end the open sale on our high streets of these potentially harmful drugs and deliver new powers for law enforcement to tackle this issue at every level in communities, at our borders, on UK websites and in our prisons. The message is clear – so called legal highs are not safe. This act will ban their sale and ensure unscrupulous traders who profit from them face up to 7 years in prison."

But did you know that benzo analogues, under the same legislation, are included in the act? That they too have all the qualities and problems, in the same way as legal highs do? That they too have been sold in shops alongside legal highs for some time? In 2013 there were 9 deaths from these drugs and we expect these numbers to grow in exactly the same way as legal highs did. Because this does not seem to have been identified as an issue in the same way as legal highs, we thought it important to let you know.

This bill could make 'first time use' of benzo analogues by young people smaller, as the appeal of legal highs was the word 'legal'.

On the other hand, those young people who already use benzo analogues will have to find a dealer to buy from and the so the whole process goes underground – which will be a bad thing.

The Norwegian Institute of Public Health has produced a report on blood concentrations of new 'designer benzodiazepines' in forensic cases. It reports that

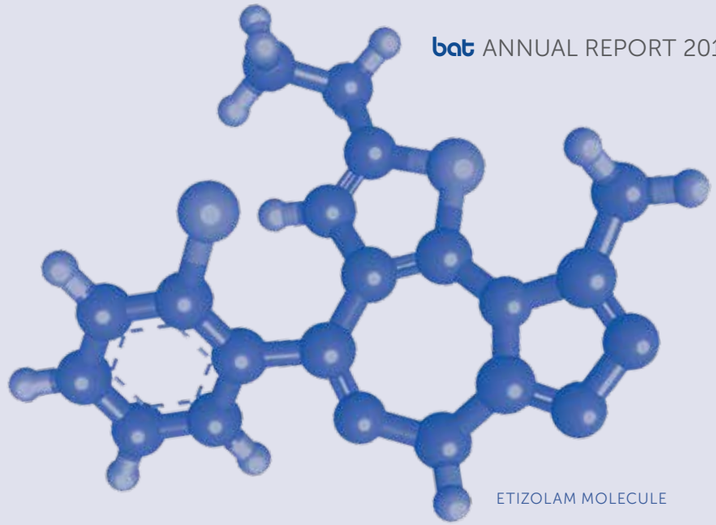
- Blood detections of designer benzodiazepines in criminal offenders increase.
- Designer benzodiazepines are often seen together with THC and amphetamine

It continues with the information that a number of new designer benzodiazepines have reached the illegal drug market over the past years. Analysis of these drugs in blood is quite challenging as very limited human data have previously been published. The analysis represents cases involving new designer benzodiazepines including etizolam, submitted during the period July 1, 2013 to May 31, 2016. Blood concentrations and results from the clinical test of impairment are reported.

Conclusion

Given the lack of previously published data on human concentrations, these results could be helpful in interpretation of blood concentrations of new designer benzodiazepines. This is crucial for the assessment of the importance of toxicological

results in suspected drugged drivers, rape victims etc. New designer benzodiazepines were detected in 77 cases during the study period. In six cases, designer benzodiazepines were the only drugs detected in blood, and in two of those cases, the physician had given the conclusion of "considerably impaired" upon performing the clinical test for impairment.



ETIZOLAM MOLECULE

So what's the problem?

Our workers have noticed that there has been an increase in people particularly using Etizolam (also known as Etilaam, Etizola, Sedekopan, Etizest or Pasaden) above all other 'known' benzo analogues. Many prescribers don't know either that their patients are taking Benzo analogues at all, or are topping up their prescription Benzos with them.

Many people are cut far more quickly than the recommended guidelines and so they supplement with supplies they have purchased. Lots of people whose prescribers believe that they are no longer taking Benzos are unaware that they are now just buying them online.

When we help people to withdraw we recommend first switching to Diazepam (as per NICE and BNF guidelines) as it is a long acting benzo which makes it easier to maintain as even a balance as possible when withdrawing. It is also produced in 10mg, 5mg, 2mg tablets and liquid (2mg in 5ml) making it possible to taper down to extremely small amounts. With an analogue, however, what we don't know is what it is equivalent to in terms of diazepam so if we are advising on tapering off it is very difficult to know where to start.

Etizolam is not just a perceived risk from our point of view – The Deaths Related to Drug Poisoning in England and Wales bulletin of 2014 tells us that:

> "Diazepam was the most common type of benzodiazepine mentioned on deaths certificates in 2014, involved in 258 deaths, the highest number on record. Although diazepam can be prescribed it is also widely abused. The Street Trends Drug Survey suggests that the content of these illegal benzodiazepines varies and there is a trend for taking new benzodiazepine analogues such as etizolam" — (Drugscope, 2015)

"The role of diazepam and other benzodiazepines in drug-related deaths is unclear, as more than 9 out of 10 deaths involving benzodiazepines also mentioned another, often more potent, drug such as heroin or methadone"

DRUGSCOPE
2015

DUAL DIAGNOSIS

Benzos and Mental Health

What is Dual Diagnosis?
You may have heard the term 'dual diagnosis' – BATs coordinator is the Dual Diagnosis coordinator for South Gloucestershire Drug and Alcohol Services ... but what does it mean? Dual diagnosis put simply is a term used in health services to describe people with mental health problems, who also use drugs or alcohol.

To accurately diagnose whether they are attributed to a mental health problem or benzo use, there is a tool called the Diagnostic Statistical Manual (DSM). The DSM is a manual produced the American Psychiatric Association (APA) and it includes all currently recognised mental health disorders.

In the DSM IV it says that:-

> "When a mental disorder due to a general medical condition or a substance-induced disorder is responsible for the symptoms, it pre-empts the diagnosis of the corresponding primary disorder ... In such cases an exclusion criterion containing the phrase "not due to the direct physiological effects of ... " is included in the criteria set for the primary disorder. "

Which in layman's terms means that use of Benzodiazepines should be ruled out before a 'secondary' mental health diagnosis is made. It's easy to see why sometimes people taking or withdrawing from benzos are diagnosed with mental health conditions because these withdrawal effects mimic or resemble many mental health conditions.

The resemblance of benzo consumption and withdrawal to mental health conditions is illustrated by Alan's Story (opposite).

Similarities between mental health problems and benzo use
The links between dual diagnosis and benzo use are many, given that some very common withdrawal effects (sometimes called side effects) of taking or withdrawing from benzos are:-

- Fear
- General anxiety
- Panic attacks
- Phobias, especially agoraphobia and claustrophobia
- De-realisation (feeling that things aren't real)
- De-personalisation
- Mood changes
- Depression
- Aggression
- Over-excitement, restlessness
- Lack of concentration, poor memory
- Minor problems appearing bigger
- Sometimes suicidal thoughts

ALAN'S STORY

Alan shares his story of Benzo addiction

I want to tell you how and why I was put on Benzos.

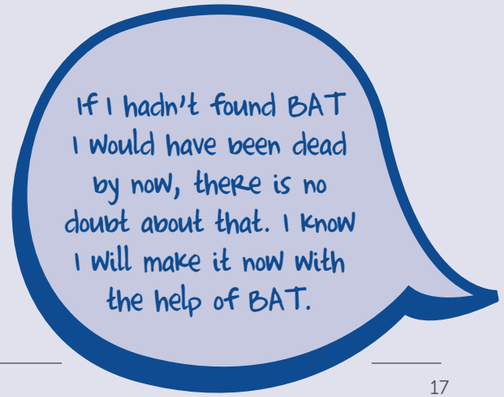
Following a major operation and a family bereavement I became suddenly ill with what was diagnosed as an acute water infection. A variety of antibiotics had no effect and after several hospital admissions, I had surgery to look for a kidney stone or other problem. I couldn't sleep and my anxiety was at an all-time high. I was prescribed Zopiclone and Diazepam and became suicidal.

A mental health assessment followed and it was decided to change my antidepressants. I ended up in A&E in a suicidal state. I knew it was the diazepam and decided not to take it again. However a few days later the feelings were still there and I still wasn't sleeping so 1mg Lorazepam was prescribed. This made me even worse. It was decided I was getting addicted to Lorazepam and I needed to come off it, using 5 mg Diazepam instead of the Lorazepam. Then it was discovered that it should have been 10 mg Diazepam.

I was told to come off 2 mg every three days, until I was off. I was completely suicidal. I had never been so ill. I had cut from 10 mg to nothing. I was being praised and told I'd be over it in three weeks. By the fourth week I couldn't cope. I couldn't stand being in my own skin. I sat on my bed all day, too scared to move, completely agoraphobic, scared to go out, scared of anyone touching me, couldn't cope with a bath or shower. I sat on the settee waiting to be taken away. I thought I was going mad.

I found Battle Against Tranquillisers and everything was explained to me. I was told about withdrawal and about coming off too fast. I decided to reinstate. It has taken a lot of work to stabilise and I still have a long way to go. I am still anxious and I struggle with depression but my mood has become much more stable and happy. I have much better knowledge of what Benzos are and what they do.

If I hadn't found BAT I would have been dead by now, there is no doubt about that. Benzos are serious drugs that need to be tapered off very, very slowly. I know I will make it now with the help of BAT.



BENZOS AND OPIOIDS

BAT and DHI (Developing Health and Independence) with whom we work closely, 2 GPs and a consultant psychiatrist are about to start a two year pilot exploring the use of opioid painkillers, both on their own and in combination with other prescribed drugs especially benzodiazepines.

This will be based in two GP surgeries and will look to address what is called Opioid Analgesic Dependency (OAD).

The aims of the project are to:-

- To provide patients at risk of OAD with effective, alternative care pathways
- To support GPs across South Glos in improving prescribing practices around OAD
- To explore links between OAD and patterns of social deprivation
- To help establish South Glos as a regional/national information hub for treating the misuse of prescribed medication

BAT will provide the part of the service tailored to those service users who are taking both benzodiazepines and opioids, in a variety of ways, to:-

- Coordinate and deliver individual care pathways for project clients with severe co-dependency on benzodiazepines/z drugs.
- Ensure that support packages are in place that meet the needs of individual clients and help to reduce substance dependency

Why are Benzos and Opioids such a potent mix?

In America CNN reported that in the Food and Drug Administration's latest move to help stem the tide of drug overdoses, "black-box warnings" are to be put on nearly 400 products to warn about the dangers of using opioid painkillers in combination with benzodiazepines. Both opioids and benzodiazepines can slow the central nervous system. Using them together can lead to extreme sleepiness, respiratory depression, coma and death.

A recent post on a harm reduction website that aims to "help you stay as safe as possible if you choose to use substances" ranks different drug combinations from lowest to highest risk – Benzos + opioids come in at number 9 of 20.

The Office for National Statistics bulletin: Deaths related to drug poisoning in England and Wales: 2015 registrations tells us that over half (54%) of all deaths related to drug poisoning in 2015 involved an opioid drug (excluding opioids which are contained in paracetamol compounds such as co-codamol). Opioid drugs include opiates that are derived from opium such as heroin and morphine and synthetic or semi-synthetic opioids such as tramadol and fentanyl. They can be prescribed to treat moderate to severe pain, but repeated use can lead to dependence and tolerance (meaning the user needs to take more of the drug to achieve the same effect) in the same way as benzodiazepines, so a dual user (benzos and opioids) is taking two problem substances.

POEM

Poem and Plea to the BMA

by Mike Burrage

Please do a study on benzos
To find out the harm that they do
How they change quite reasoned people
Into something that's totally new ...

It's not just the people you're changing
It's all their friends and family too
They just don't understand you
And they find it hard to love you.

Before you administer benzos
Here is a straightforward plea
Do they have partners, or children?
As you may split up their family ...

Ex-servicemen, prisoners and housewives
In the same boat they share
What they need is understanding
and commitment
With BAT there's a chance to get care

Not all are quite that lucky
They lose all their children and friends
Confined to a circle of misery
Suicide could be their end.

Frightened to approach anybody
Frightened to go out the door
Trapped inside their own bodies
When there's a whole world to explore.

I'm a carer who picks up the pieces
Of just ONE person's shattered life
Over 30 years of addiction
Has caused so much trouble and strife

What's the support for a CARER?
Once you've got their partner hooked
You've just got to read the small print
Please don't leave this overlooked.

I find it so very frustrating
After decades of knowing their faults
Benzos are still here among us, and
misunderstood ... so please halt.

So the next time you dish out these horrors
Think honestly from within
Would you give them to your mother?
Or put them in the bin.

JUST A PILL

I took a few pills in my early years - it started as
a laugh and it took away some of my fears,

Just a few temazies till I got my life in place -
most kids go through a mad little phase,
I wasn't to know they'd change my life
and mean more to me than my wife.

At first they gave me comfort like no other,
In fact they seemed to love me like a mother,
It felt safe and warm with benzos at my side,
but it was a bluff, a temporary guide,
At first they were with me when life was tough,
then they turned on me and called my bluff,

They twisted my mind and made me sick,
I craved them more and needed them quick,
Feeling down and all alone –
paranoid and restless my habit had grown,

Life was miserable I felt trapped and sad -
but worst of all I thought I was going mad,
Without them I was stuck in the house,
couldn't go out,
I couldn't tell anyone they'd section me
without a doubt,

Benzos had turned on me and left me here -
trying to cope with paralysing fear,
Couldn't tell anyone they'd take me away -
couldn't get through another day,

My doctor didn't understand - my
mental state had got out of hand,
I needed more and still felt crazy –
the docs accused me of being lazy,

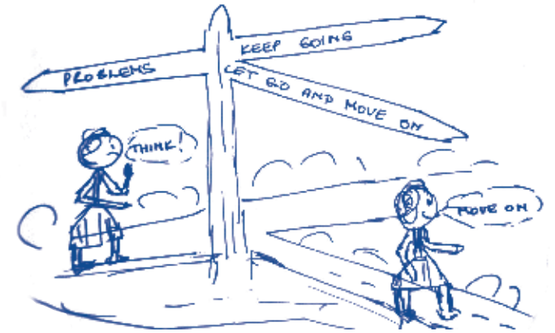
I phoned for help needing more -
I couldn't face going out the door,
I needed prescriptions on repeat –
stuck in the house unable to eat,

Sleeps disturbed and curtains drawn –
the will to live had all but gone,
Bad boy benzos turned the screw -
in the grips of insanity, not knowing what to do,

Darkened rooms disturbed and manic -
24/7 in a constant panic,
A ray of hope in the form of
Battle against Tranquillisers –
their information made me a whole lot wiser.

With the support offered by BAT I came
back to life and beat all that.

DOT'S DIARY



Hello everyone!

Dot can hardly believe that another year has passed since her last update. October – BAT AGM, Christmas, Easter, Summer – and here she is back with her next epistle! For her, what an eventful year it has been. It has been a year of choices. Informed choices, an unheard-of ability for Dot on benzos.

With the distressing issue relating to Dot's home continuing to dominate her life, in April 2016 she decided that 'enough was enough' – she could either accept her circumstances knowing that she had done everything within her power to solve her problem and move on, or she could continue her seemingly hopeless battle and sink into despondency and physical exhaustion. The choice was hers ... slowly, but surely, acceptance reared its head and Dot decided to let go and move on.

Decision made, new home found, Dot's plans for the future forged ahead with many pleasant and exciting choices ... which carpets, curtains, furniture etc should she choose? Then, as with all things in life, due to circumstances beyond her control, plans for the move ground to a halt. Once more her inner strength was tested to the limit. Again, she visualised the ladder where two steps up and one back were the order of the day. Again, she knew she must be positive and hold on.

Now, early September, as Dot writes this, for the second time in her life she has almost reached the top of her proverbial ladder and hopes to be settled in her new home by the time this is read.

Although occupied with her own issues, Dot has continued to support her disabled friend and with the help of two kind gentlemen has tried to widen her friends horizons by taking her beyond the confines of the care home, with visits to the Bath and Bristol Christmas markets, the Pump Room. Wells, Chippenham, Cabot Circus, to the theatre, and to garden centres in and around Bristol.

In July Dot gave herself a special treat, when, on the spur of the moment, she booked a short break alone at an hotel. Here her informed choices were pleasant ... which seaside town should she visit? ... What should she choose from the hotels extensive menus? ... the latter, given Dot's very limited experience of hotel cuisine (partly due to her many years of isolation caused by benzos) was not quite as easy as it seemed! ... however, help was at hand from the hotel staff and from a very knowledgeable friend's text messages.

All in all, Dot has had another year of challenging situations in which choice has played an integral role, but no longer does the prospect of making choices and decisions provoke panic and uncertainty. No longer does she rely entirely on ideas and suggestions made by others. Now with the inner strength, courage, self-confidence and self-assurance gained by coming off her pills she is her own master confident in the knowledge that choices and decisions, given due thought and consideration are right for her at the time.

So, friends! ... Stay with your desire to come off benzos, knowing that in time you too will reap similar benefits at the end of your journey from darkness into light.

Good luck
Dot

PROFESSIONAL SERVICES

What can BAT offer you?

What we provide depends entirely on whom we are training!

Please note that we make a charge for these services unless you are a low or unfunded community group, a user and carer group, or just a small group of interested people.

OUR TRAINING

We tailor our training to what you want. We have a huge resource of information which is always available in our training sessions – but you choose which bits you actually want to learn about. We are associate (ongoing) trainers for:-

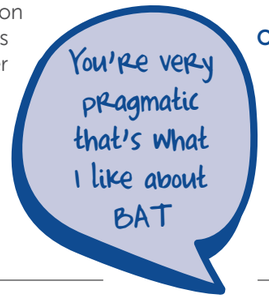
- University of the West of England
- South Gloucestershire Drug and Alcohol Action Team (DAAT)
- AWP Mental Health Trust

What have we done recently?

One of the biggest projects we have done recently is to set up a weekly benzodiazepine support group for women in Eastwood Park Womens' prison.

This is now facilitated by fully trained prison staff, supported by BAT in the background. One of the women prisoners said 'I love my benzo group! It's the best thing that happens here all week.' We are in the process of setting up a similar scheme in Leyhill Open Prison.

We also provide education sessions for whole teams in GP surgeries. Together we have solved quite a few problems, such as changing computer systems to ensure that repeat prescriptions are not just issued automatically.



We have given GPs information about dose equivalences and withdrawal schedules (which they couldn't otherwise get hold of). As one GP said 'the most important thing that BAT does is training'. On top of all these BAT has provided sessions for:-

- Service users and carers
- Statutory Drug and Alcohol Services
- Dual Diagnosis Clinical Network
- Care Forum (an umbrella organisation which links to a large number of statutory and voluntary sector and community organisations, individuals and small groups)
- Domestic abuse organisations
- Women and Alcohol
- Rape and Sexual Abuse Support
- Coniston Community Centre management and trustees

Our pick and mix service

This is our formal training package which organisations can buy in for their staff/workers. If you don't see the service you want in this package, we will be happy to consider your suggestions.

OTHER TRAINING

Informal talks and meetings, and guest speaker service. These can be arranged for community groups and others, including schools and colleges.

Reciprocal training. We are always willing to discuss reciprocal training arrangements with other voluntary sector organisations.

BENZOS IN THE NEWS 2015–16

NEWS FROM THE UK

▶ BENZOS, THE ELDERLY AND FALLS

On 5th August 2016 the Daily Mail reported that sleeping tablets taken by millions of people in Britain could double the chances of breaking a bone and that the risk of a fracture soared in those relying on the drugs to get a good night's sleep with elderly people most in danger, but even those in their fifties and early sixties could be affected.

> Broken bones in the elderly are a major problem for the NHS and the health service already spends £4.6million a day treating fractures caused by falls.

Research from Keele University drew on patient records from over 300 GP surgeries, comparing those on all sleeping drugs with similar-aged patients who did not take them. The results showed those on Z-drugs were twice as likely to break a bone.

Also in the Daily Mail on 13 August 2016 Dr Max Pemberton wrote that he remembered as a junior doctor seeing an elderly woman who had been to her GP complaining of difficulties sleeping. The side effects of the tablets her doctor prescribed included blurred vision, incontinence, dry mouth and constipation. Over the next few months she'd returned to her GP numerous times, and as a consequence of these symptoms was prescribed two types of laxative, a medication to help her urinary problems and drops for her eyes. After a fall in which she fractured her hip she was put on on a medication to strengthen her bones and from the one complaint, she ended up on seven medications.

▶ THE 'NEW' DIAZEPAM?

> On 9th September in 'Pulse' magazine, Dr Des Spence writes about something which is of great concern to BAT at the moment – gabapentin and pregabalin, collectively referred to as 'Gabapentinoids'.

Dr Spence writes about how although historically Diazepam was sold as a safe and effective treatment for anxiety, by the early 1990s there were many patients dependent on benzodiazepines. He goes on to describe how in the last five years he has seen an increase in patients are actively seeking gabapentinoids in the same way as happened with benzodiazepines 20 years earlier, using tactics that illustrate the signs and symptoms of a drug of abuse and stigmata of iatrogenic (caused by medical examination or treatment) harm.

▶ SCOTLAND

On 17th August STV reported that the impact of drug use in Scotland is back in focus, as new figures show deaths have doubled in a decade with deaths from drugs reaching their highest recorded level. Many users take a number of different psychoactive substances, like benzodiazepines or tranquillisers such as Valium.

BENZOS IN THE NEWS 2015–16

AROUND THE WORLD

▶ THE UNITED STATES

As of the end of August 2016 FDA requires strong warnings for opioid analgesics, prescription opioid cough products, and benzodiazepine labelling related to serious risks and death from combined use. There will be boxed warnings and patient-focused Medication Guides for prescription opioid analgesics, opioid-containing cough products, and benzodiazepines, with information about the serious risks associated with using these medications at the same time.

FDA Commissioner Robert Califf, M.D. said:

> "It is nothing short of a public health crisis when you see a substantial increase of avoidable overdose and death related to two widely used drug classes being taken together"

▶ INDIA

India seems to be appearing often on our 'radar' as a country with increasing issues around benzodiazepines.

On August 20 the Tribune News Service reported that the All-India Organisation of Chemists and Druggists (AIOCD) reiterated its demand for a total ban on online sales of medicines. Association's Punjab president Surinder Duggal said that there was no system to check authenticity of prescriptions submitted online which could lead to misuse and irrational use of drugs like Diazepam, Zolpidem and Alprazolam.

Clearly there is an issue with sleep deprivation in India, and the Economic Times reports on the evolution of so-called 'Sleep labs'. They are increasing across the country as stress and excessive use of technology is making Indians sleep deprived. Preeti Devnani, clinical director at Mumbai-based Sleep Disorders Clinic said:

> "We are evolving into a 24-hour society but we are not giving sleep the due importance it deserves"

▶ IRELAND

On 16th August the Sunday World reported that drug dealers are making millions selling prescription tablets. Highly-organised networks are running a daily business in which highly potent sleeping tablets are changing hands for as little as €1, mainly around Dublin's north inner-city.

Zopiclone - also known under its brand names of Zimovane and Imovane, and referred to as 'zimmos' or 'zeds' is easy to obtain. A source said that the gangs behind the trade are highly-organised, with dealers being paid a daily wage of €100 to sell the tablets.

> "Zimmos are easy to get. Anything you want is available," he added.

SIDE/WITHDRAWAL EFFECTS

There is a massive range of possible symptoms.

The most important thing is KNOWLEDGE.

Some people may experience symptoms with which they are able to cope quite well, depending on their circumstances. If you know about and/or expect these feelings and symptoms it can make them easier to cope with – or at least prepare you.

FOR SERVICE USERS

How can I find out what might happen?
You may have experienced some symptoms and want to know if these might be due to the drug. Firstly, look at the Patient Information Leaflet (PIL) which should come with your particular product.

If a symptom is listed but its possible cause is still worrying you, then don't hesitate to check with your doctor or BAT. In general, the more of the drug you are taking the longer it is going to take you to come off it (that's pretty obvious!).

A common problem is for someone to experience several of the symptoms in the list, but finding one really hard to cope with. For example, anxiety or not being able to sleep.

Sometimes this may relate to the problem that caused the drug to be prescribed in the first place. Other users may not experience this symptom at all or may experience it, but be able to cope with it. The unpredictability of these symptoms makes it difficult to deal with.

Common Symptoms
This isn't a complete list. DO remember that one person will not experience all of these, although some are more common than others.

- Fear
- General anxiety
- Panic attacks
- Phobias, especially agoraphobia and claustrophobia
- Lack of confidence
- De-realisation (feeling that things aren't real)
- De-personalisation (not recognising onself)
- Sleepiness or sleeplessness
- Disturbed sleep or nightmares
- Mood changes
- Depression
- Anger
- Aggression
- Lack of concentration, poor memory
- Lack of interest
- Influenza-like symptoms
- Jaw pains, toothache
- Sweating

BENZO KNOWLEDGE

Now incorporated into NICE Guidelines

In 2006 PRODIGY (which was the previous guidance) updated its advice on benzodiazepines and Z drugs. Questions and answers include:

FOR PRESCRIBERS

- **Are they motivated to stop the drug?** If a person is not motivated to stop taking their benzodiazepine or z drug, do not pressurise them to stop as this is likely to be counter-productive, increasing their anxieties about withdrawing.
- **Is this a suitable time to withdraw the drug?** The chances of successfully withdrawing the benzodiazepine or z drug are improved when a person's physical health, psychological health and personal circumstances are stable. In some circumstances it may be more appropriate to wait until other problems are sorted out or improved before starting withdrawal of the drug.
- **Listen and understand** why they do not want to stop the drug.
- **Address any concerns they have about stopping.** Reassure them that they will be in control of their withdrawal and that they can proceed at a rate that suits them.
- **Discuss the benefits of stopping the drug.** This discussion should include an explanation of tolerance, adverse effects and the risks of continuing the drug.
- **Provide written material about the benefits of stopping the drug** and give them time to consider these issues.
- **Review at a later date** if necessary and reassess their motivation to stop.
- **Withdrawal schedules need to be flexible and tailored to the individual** because there are marked variations between people and how they cope with withdrawal.
- **Whenever possible give the person control over their own withdrawal schedule** because they are in the best position to judge how well they are coping with withdrawal.

The size of the dose reduction and the interval between dose reductions can both be varied to suit the individual. At times they may need to be maintained for a longer period of time on a fixed dose, rather than continuing to taper.

- **Avoid increasing the dose.** In general, increasing the dose undermines the progress a person has made.
- **The suggested rate of withdrawal** withdrawal is in steps of between 5% and 10% of their current daily dose. The decrease in dosage therefore becomes smaller as the overall dose decreases.

The full topic 'Benzodiazepine and z-drug withdrawal' was last revised in 2013.

bat ANNUAL REPORT 2015/16

Now incorporated into NICE Guidelines

- **Withdrawal is most easily managed from diazepam** because it has a longer half-life, and is available in 10mg 5mg and 2mg tablets as well as in liquid formulation which allows for small dosage reduction during withdrawal.
- **It is recommended that a person should be switched to diazepam from short-acting benzodiazepines before withdrawing** when they are using short-acting potent benzodiazepines e.g. lorazepam or alprazolam, or are using preparations which do not allow for small reductions in dose, including flurazepam, loprazolam, lormetazepam, oxazepam. The decision about switching to diazepam should be made with the person after a discussion.
- **Conversion to diazepam** is best carried out in stages, one dose at a time.
- **Be flexible in following the schedule** hand be guided by the patient.

The Mental Health Act of 2007: Changes to exclusions from operation of 1983 Act. Dependence on alcohol or drugs is not considered to be a disorder or disability of the mind for the purposes of subsection 2.

The Chief Medical Officer Update 37. In 2007 a reminder update was sent to all doctors by the Chief Medical Officer addressing prescribing habits.

Drug Safety Update MHRA and CHM, October 3rd 2007. Lorazepam: reduction of recommended maximum dose. Maximum dose of lorazepam for short-term symptomatic treatment is 4mg per day for severe, disabling anxiety, and 2mg for severe disabling insomnia.

Prescribers are reminded of previous advice. Doses of lorazepam above 4mg per day are not considered appropriate in view of the recommended maximum treatment duration of 4 weeks, which includes a dose-reduction period.

The NHS Clinical Knowledge Summaries (CKS) is a resource first procured for NHS England in 2006.

DIAZEPAM EQUIVALENCY

DIAZEPAM EQUIVALENCY TABLE

Generic Name	Brand	Dosage	Half life (hrs)
Alprazolam	Xanax	0.5 mg	6-12
Bromazepam	Lexotan	6.0 mg	10-20
Chlordiazepoxide	Librium	10.0 mg	5-30
Clobazam	Frisium	5.0 mg	12-60
Clonazepam	Rivotril	0.25mg	18-50
Clorazepate	Tranxene	2.5 mg	
Flunitrazepam	Rohypnol	0.5 mg	20-30
Flurazepam	Dalmane	15.0 mg	
Ketazolam	Anxon	6.0 mg	36-200
Loprazolam	Dormonoct	0.5 mg	6-12

Generic Name	Brand	Dosage	Half life (hrs)
Lorazepam	Ativan	0.5 mg	10-20
Lormetazepam		0.5 mg	10-12
Medazepam	Nobrium	4.0 mg	
Nitrazepam	Mogadon	5.0 mg	15-38
Oxazepam	Oxanid	15.0 mg	4-15
Temazepam	Normison	10.0 mg	8-22
Triazolam	Halcion	0.25 mg	2
Zaleplon	Sonata	10 mg	1
Zolpidem	Stilnoct	10 mg	2
Zopiclone	Zimovane	7.5 mg	5-6

*Equivalent doses to 5mg Diazepam (Valium) - half-life 20-200 hours. For example 0.25mg of Clonazepam is equivalent to 5mg of Diazepam.

DRUG RELATED DEATH STATISTICS

Deaths related to drug poisoning in England and Wales • 2015 registrations

Diazepam
Deaths specifically from Diazepam also fell slightly from 258 in 2014 to 252 in 2015. Diazepam was the most common type of benzodiazepine mentioned on death certificates in 2015. **The role of diazepam and other benzodiazepines in drug-related deaths is unclear, as more than 9 out of 10 deaths of this type also mentioned another, often more potent, drug such as heroin or methadone.** It is important to be aware that over half of all drug poisoning deaths involve more than 1 drug and/or alcohol, and **it is not possible to tell which substance was primarily responsible for the death.**

Zopiclone and Zolpidem
The number of deaths involving zopiclone or zolpidem had been steadily increasing since 2010 peaking at 100 deaths in 2014, but they decreased to 87 deaths in 2015, a fall of 13%.

Deaths involving benzodiazepines in general fell slightly from 372 in 2014 to

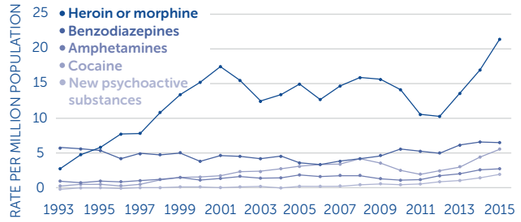
366 DEATHS IN 2015

and the mortality rate of 6.5 deaths per million population was similar to the rate seen in 2014.

As with benzodiazepines

8 OUT OF 10 DEATHS

involving zopiclone or zolpidem also involve another drug (often an opiate, antidepressant or benzodiazepine), making it difficult to disentangle the precise role of zopiclone or zolpidem in these deaths.



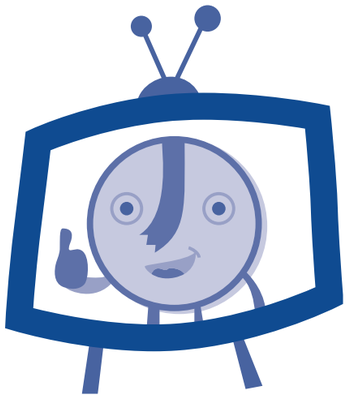
General Number of drug-related deaths increase again to highest level recorded. There were 3,674 drug poisoning deaths (involving both legal and illegal drugs) registered in 2015. The mortality rate increased significantly between 2014 and 2015 from 59.6 to 65.1 deaths per million population – the highest rate since comparable records began in 1993. As in previous years, the majority (just over two-thirds) of drug-related deaths were males (2,547 male deaths and 1,127 female deaths).

Pregabalin and Gabapentin
Although not benzodiazepines, Pregabalin and Gabapentin are seen increasingly as drugs with the potential for dependence in a similar way to benzodiazepines and in January 2016 the Advisory Council for the Misuse of Drugs (ACMD) recommended that Gabapentin and Pregabalin should be controlled under the Misuse of Drugs Act 1971 as Class C substances, indicating that the abuse and potential for abuse of Pregabalin and Gabapentin is similar to that of tramadol (ACMD Tramadol Report [2013]). Deaths from Pregabalin and Gabapentin rose sharply from 26 in 2014 to 49 in 2015 (Gabapentin) and from 38 in 2014 to 90 in 2015 (Pregabalin).

OUR PEER SUPPORT LINE

Ring our local helpline number

0117 9663629
or email us at
support@bataid.org



OUR HELPLINE

Since July 1st 2015 the price structure for calling charges to '08' numbers has changed. The regulator Ofcom changed the way these numbers are charged for. Numbers beginning 084 and 087 are general service numbers for contacting organisations. The cost of calling any of these numbers has been split into two parts:

- **The access charge: This is what is charged for connecting the call. This is set by the caller's service provider, and is out of our control**
- **The service charge: This is the remainder of the call charge. BAT's call centre provider decides the service charge - ours is 7p per minute (up from 5p per minute)**

A continuing increase to our 'local' (Bristol) helpline number and in email enquiries means that we are continually re-evaluating our helpline provision.

At the moment the helpline remains in place as a 24/7 answering machine service. Callers are asked to leave a number and we will call them back. If we decide to change the format of any of our support services in the future information will be clearly displayed on our website and as recorded messages on the helplines.

PRESCRIPTION COST ANALYSIS 2015

Chemical Ingredient	2015 Prescription items dispensed (thousands)		2015 Net ingredient cost £ (thousands)		2014 Prescription items dispensed (thousands)	2014 Net ingredient cost £ (thousands)	2013 Prescription items dispensed (thousands)	2013 Net ingredient cost £ (thousands)
Hypnotics								
Lormetazepam	28.1	(-)	731.0	(-)	32.3	1172.8	38.1	1639.5
Nitrazepam	663.9	(-)	1687.8	(+)	741.9	1655.9	802.8	2297
Temazepam	1423.5	(-)	17503.5	(-)	1681.3	32908	2011	47561.2
Zaleplon	1.3	(-)	6.8	(-)	3.7	17.5	3.2	15
Zolpidem Tartrate	731.3	(-)	981.2	(-)	739.8	1805.1	736.1	1185.4
Zopiclone	5672.2	(-)	7099.1	(+)	5715.9	5918.5	5590	6551
Totals	**8520.3**		**28009.4**		**8914.9**	**43477.8**	**9181.2**	**59249.1**
Anxiolytics								
Chlordiazepoxide Hydrochloride	90.6	(-)	663.7	(+)	122.7	557.9	151	594.5
Diazepam	5324.1	(-)	9152.8	(+)	5351.5	7644.2	5279.8	7525.8
Lorazepam	1090.4	(-)	3515.4	(-)	1067.2	3563.2	1028.1	4334.8
Oxazepam	113.7	(-)	286.7	(-)	122.6	324.6	139.8	494.9
Clonazepam	892.7	(+)	5120.5	(+)	846.5	3397.4	796.5	2994.1
Midazolam Hydrochloride	48.6	(+)	4794.3	(+)	41.4	3800.5	31.6	2950.3
Midazolam Maleate	21.6	(-)	3113.2	(+)	26.5	2647.9	29.4	3676.5
Totals	**7581.7**	(+)	**26646.6**	(+)	**7578.40**	**21935.7**	**7456.2**	**22570.9**
Pregabalin & Gabapentin								
Pregabalin	4801.6	(+)	282964.9	(+)	4086.4	248844.5	3349.8	212746.3
Gabapentin	5723.0	(+)	31303.8	(-)	4978.9	35825.7	4212.3	26776.4
Totals	**10524**	(+)	**314268.7**	(+)	**9065.3**	**284670.2**	**7562.1**	**239522.7**

KEY

(-) indicates a decrease on 2014
(+) indicates an increase on 2014

Headlines

- 108 billion prescription items were dispensed in the community – an increase of 1.79% from 1.06 billion in 2014
- £9.27 billion was the cost of prescription based in the community – an increase of 4.68% from £8.85 billion in 2014

Hypnotics Points to note

- Zopiclone (which is the most often prescribed Hypnotic) has seen a net ingredient cost rise

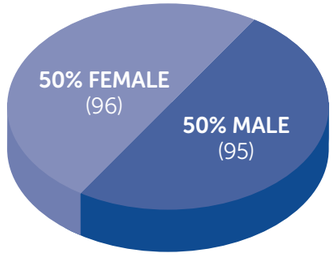
Anxiolytics Points to note

- Whilst the number of items dispensed has risen slightly, the net ingredient cost has increased quite significantly.

Pregabalin & Gabapentin Points to note

- There is a continual steady increase in both Pregabalin and Gabapentin prescribing. The cost of Pregabalin and Gabapentin is very high in comparison to benzodiazepines generally, and is increasing every year.

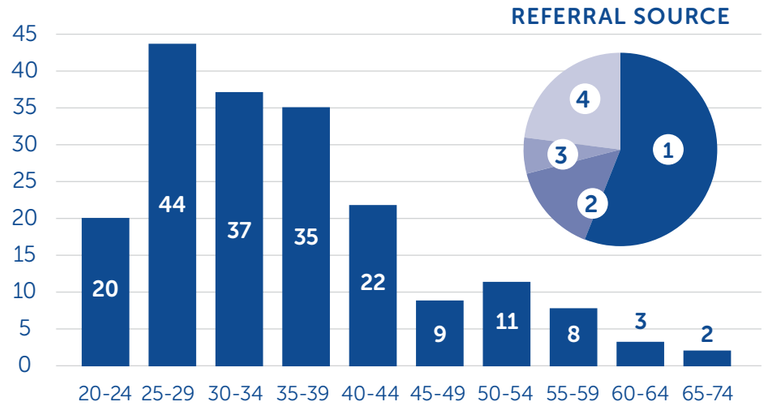
BAT SERVICE USER STATISTICS



Age and Gender
Breaking down the 191 in a different way, the **gender** split is fairly even with 95 male and 96 female – which is indicative of what we already know: that the view of the 'typical' benzo user as a middle aged woman is not accurate. The phrase 'mothers little helpers' was coined more than 50 years ago and yet it is still wrongly perceived as a representation of the average benzo user as a middle aged housewife.

This misperception is reinforced when we see the breakdown of the **age** of our service users – the highest number of our service users are in the 25-29 age group – a far cry from the expectation of middle age use.

Summary
Yet again BAT has more service users in treatment than in the previous year – 191. Of this 191, 73 were new presentations and the remainder are retained service users.



Where do our service users come from?
From the point of view of referrals, there are four main categories:-

1. **Self, family and friends –** 56% (41)
   Where the service user or a friend or family member has found BAT and referred themselves
2. **GP –** 15% (11)
   Where the service user has been referred by their doctor
3. **Substance misuse services –** 5% (4)
   Where the service user has come to BAT via a referral from another drug and alcohol agency
4. **Other –** 23% (17)
   Where the service user has come to BAT via a referral from another kind of service – housing, social work, mental health support or community services etc.

The highest number (more than half) of **referrals** come from self, family and friends – BAT strives to present as approachable and non-judgemental, and this is why we believe we have such a high percentage of self-referrals.

OUR FUNDERS

To find out more about BAT services in your area

Ring our local support line on 0117 9663629, our national support line on 0844 826 9317 or email us at support@bataid.org

South Gloucestershire Council

Bath & North East Somerset Council

OBITUARY
Hillary Jennings

Hillary Jennings was killed after being hit by a vehicle while out jogging in Majorca. The accident happened on the MA-2220 road running along the Mediterranean between Alcudia and Puerto Pollensa in the north east of the island.

Hillary, from Bradley Stoke, was a sessional worker for BAT and helped to run the service user groups. Before working for BAT Hilary worked caring for terminally ill patients at St Peter's Hospice.

Our thoughts are with Hillary's family and friends.

A BIG THANKS TO...

Our funders without whom none of BAT's work could happen.

Our service users, who support one another, support the organisation and contribute uniquely to our training sessions.

Our volunteers who contribute so much, in so many ways.

The organisations with whom we jointly work.

The various organisations who provide venues for our groups.

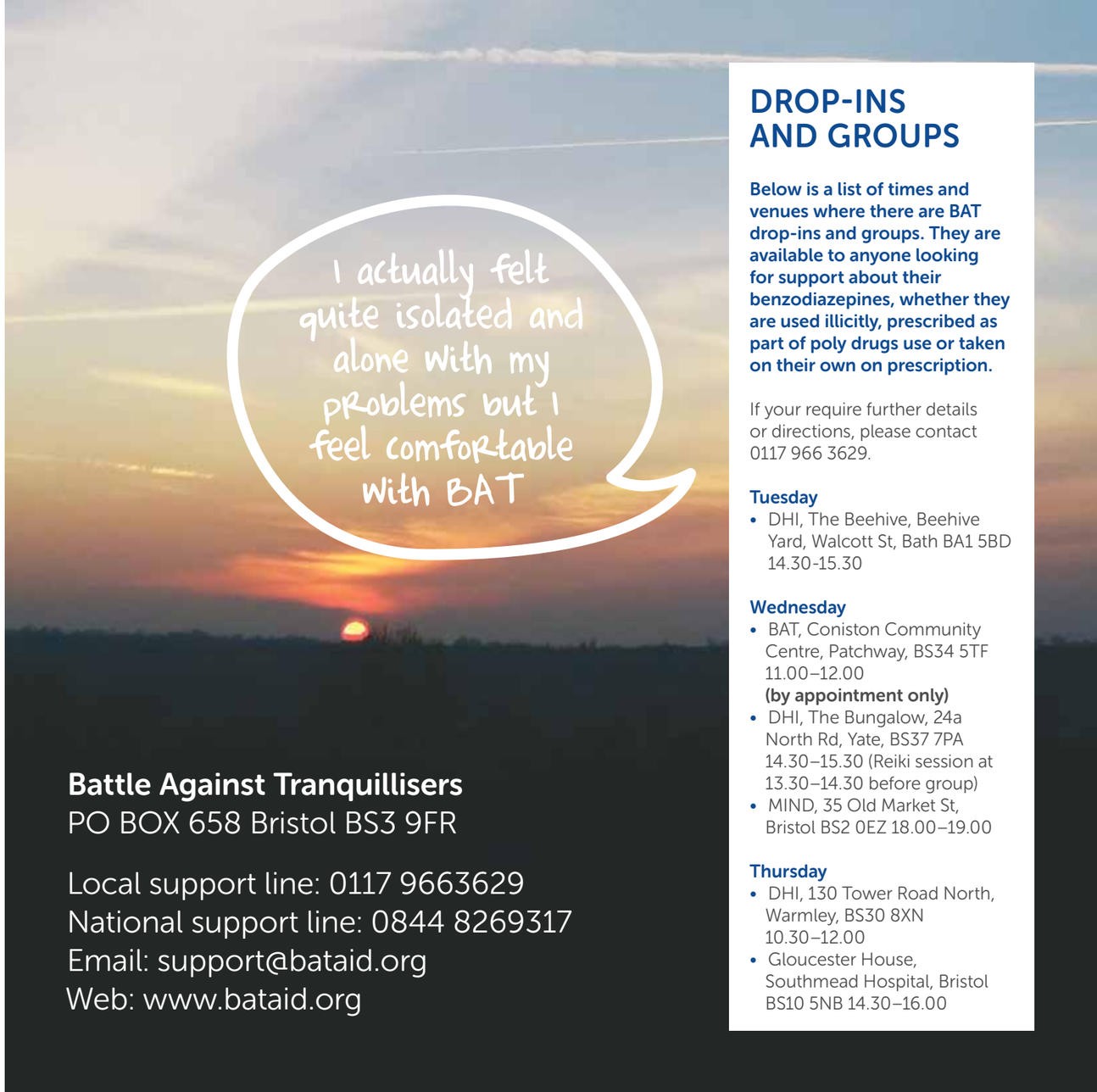
Individuals who have given generously to the organisation.

Perfect Arc computer co. based in Ludlow for funding our website.

Neil Kerfoot (Lead GP for drugs, in South Glos.) for providing information throughout the year and promoting BAT's education module.

Greg Clarke (GP Alcohol lead in South Glos.) for his collaboration.

Roy Fisher for his invaluable help and advice throughout the year.



Battle Against Tranquillisers
PO BOX 658 Bristol BS3 9FR

Local support line: 0117 9663629
National support line: 0844 8269317
Email: support@bataid.org
Web: www.bataid.org

DROP-INS AND GROUPS

Below is a list of times and venues where there are BAT drop-ins and groups. They are available to anyone looking for support about their benzodiazepines, whether they are used illicitly, prescribed as part of poly drugs use or taken on their own on prescription.

If your require further details or directions, please contact 0117 966 3629.

Tuesday
- DHI, The Beehive, Beehive Yard, Walcott St, Bath BA1 5BD 14.30-15.30

Wednesday
- BAT, Coniston Community Centre, Patchway, BS34 5TF 11.00–12.00 **(by appointment only)**
- DHI, The Bungalow, 24a North Rd, Yate, BS37 7PA 14.30–15.30 (Reiki session at 13.30–14.30 before group)
- MIND, 35 Old Market St, Bristol BS2 0EZ 18.00–19.00

Thursday
- DHI, 130 Tower Road North, Warmley, BS30 8XN 10.30–12.00
- Gloucester House, Southmead Hospital, Bristol BS10 5NB 14.30–16.00

Battle Against Tranquillisers
PO BOX 658 Bristol BS3 9FR

Local support line: 0117 9663629
National support line: 0844 8269317
Email: support@bataid.org
Web: www.bataid.org
Office: 0117 9690303 (admin only)

Bath & North East Somerset Council

South Gloucestershire Council

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BATTLE AGAINST TRANQUILLISERS LTD

TRUSTEES AND DIRECTORS REPORT AND ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2016

Charity no: 1056508

Company no: 03169578 (England and Wales)

BATTLE AGAINST TRANQUILLISERS LIMITED

CONTENTS

BATTLE AGAINST TRANQUILLISERS LIMITED

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2016

The Trustees present their annual report and financial statements for the year ended 31 March 2016 which are also prepared to meet the requirements for a directors' report and accounts for Companies Act purposes. The financial statements have been prepared in accordance with the accounting policies set out in note 1 to the accounts and comply with the Charities Act 2011, the Companies Act 2006, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standing applicable in the UK and Republic of Ireland published on 16 July 2014.

Objectives and Activities for the public benefit

Purposes and Aims

The charity's objectives are:

- To help those addicted to benzodiazepines, and who wish to withdraw from them, to do so comfortably as possible, and to help them make the necessary changes in life after withdrawal.

- To educate and inform all those who may come across the problem of benzodiazepine addiction, either personally or professionally, towards an understanding of the difficulties caused by this drug's actions and the compounding of these difficulties in withdrawal.

- To influence services in their prescribing of and withdrawing patients from benzodiazepines.

How our activities deliver public benefit.

Our main activities and who we try to help are described below. All our charitable activities focus on the promotion of health and wellbeing and are undertaken to further our charitable purposes for the public benefit.

A review of our achievements and performance

Who used and benefited from our services?

The number of people benefiting from BAT services rose from 950 in 2014/15 to 1050 in 2015/16, including those who are supported by helpline or e-mail. Services provided include: groups, drop-ins, one-to-ones, telephone helpline, website e mail and advocacy.

The number of people benefiting from BAT training was approximately 400 – this reflects the budget cuts in many local authorities.

Prescribed clients have variously stablised, reduced and completed benzodiazepine and Z drugs withdrawal.

BATTLE AGAINST TRANQUILLISERS LIMITED

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2016

BAT's work continues.

BAT has started work on a short term (2 years) funded pilot project in partnership with DHI (Developing Health and Independence). This is taking place in two GP surgeries in South Gloucestershire, providing services for patients who are prescribed opiate based painkillers, or opiates and benzodiazepines together.

BAT is a member of a Short Life Working Group on Prescribed Drugs Associated with Dependence and Withdrawal, hosted by the British Medical Association in London. Other members are representatives from NICE (The National Institute for Health and Care Excellence), the Royal College of Psychiatrists, Public Health England, the Royal College of GPs etc. The group has been set up to produce standard guidelines for the delivery of services to people who take/use drugs associated with dependence and withdrawal

Together with Southern Brooks Community Partnership, BAT has co-facilitated the start of another pilot project, this time focusing on Mental Health and Wellbeing in the area. We were funded to run two focus groups which shaped the activities which will run over the next two years

Requests for BAT's training continue in line with the national prescribed and over the counter medication agenda, but numbers of requests have fallen due to budget cuts in many local authorities.

The BAT prison support group which we set up continues to run independently as part of the Prison's recovery programme.

BATs coordinator and one of BATs trustees were personally invited to the Queens 90th Birthday celebration service at St Mary's church in Thornbury.

Recovery Agenda

Service users continue to represent BAT in various settings. They are part of BAT training sessions, wherever possible. Both prescribed and illicit Benzo-use experiences are part of these sessions as are service users with polydrug use and those with a dual diagnosis.

Clients, who use Benzodiazepines and Z drugs in combination with other substances/problem drinking, have benefitted from the same BAT services. BAT continues to report positive outcomes for these Drug and Alcohol clients. BAT works with generic services for this client group and signposts to a variety of statutory and voluntary

BAT has continued its input into Dual Diagnosis profile-raising and service improvement and BAT's coordinator is the Dual Diagnosis lead for South Gloucestershire Drug and Alcohol Services.'

BATTLE AGAINST TRANQUILLISERS LIMITED

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2016

This year BAT has been involved in policy-making for the Crisis Care Concordat which works together to ensure that a 'joined up' approach is adopted for anyone in Mental Health Crisis. BATs coordinator is the Dual Diagnosis lead for South Gloucestershire Drug and Alcohol services.

Financial Review

Battle Against Tranquillisers ltd ends the year with a surplus.

We maintain good relationships with the statutory organisations that fund us and continue to look for new sources of funding for new projects to meet service users' needs. The finances are reviewed regularly at an operational and governance level.

Principal Funding Sources

In the year 2015-16 our principle funding sources were South Gloucestershire Council and Bath and North East Somerset Council

Investment Policy

BAT operates a policy of non-investment, other than keeping BAT reserves in high interest bank accounts.

Reserves Policy

BAT recognises the importance of maintaining an appropriate level of reserves to allow for contingency planning or action.

The trustees are aware of the extreme importance for the charity to have sufficient funds for the charity to be able, in all identified risk areas, to continue to run the service for the period of at least one year, during which the trustees could seek additional funding. This is considered necessary for the reason of the uniquely specialist nature of the services provided by the charity, and the time implications involved.

Plans for Future Periods

The Board and Staff team aim to continue the services offered by the charity with the overall aim of the expansion of the current services and the reaching of more individuals in need of these charities services.

Risk Management

The risks to BAT remain; 1) loss of coordinator funding 2) coordinator deciding to leave the post, 3) loss of the development worker, 4) loss of sessional workers and 5) loss of administrative support. There is a reserves policy to cover these eventualities.

BATTLE AGAINST TRANQUILLISERS LIMITED

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2016

Structure, Governance and Management

Governing Document

The organisation is a charitable company limited by guarantee incorporated on 08 March 1996 and registered as a charity on 01 July 1996. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the company being wound up members are required to contribute an amount not exceeding £1.00.

Recruitment and Appointment of Trustees

The number of trustees shall be not less than three but shall not be subject to any maximum. At each annual general meeting, one third of the trustees who are subject to retirement by rotation, or if their number is not three or a multiple of three, the number nearest to one third shall retire from office; but if there is only one trustee who is subject to retirement by rotation, he shall retire. The trustees to retire by rotation shall be those who have been longest in office.

Trustee Induction and Training

New trustees are provided with a full induction to the organisation, covering the roles and responsibilities of Board members, operational, financial and health and safety policies, services and activities, and the Strategic Plans of the Charity.

Reference and Administrative Details of the Charity,

Battle Against Tranquillisers ltd is a company limited by guarantee and a registered Charity.

Registered office: Community Centre, Coniston Road, Patchway, Bristol
Registered Company No: 03169578

Registered Charity No: 1056508

BATTLE AGAINST TRANQUILLISERS LIMITED

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2016

Trustees and Directors at March 31st 2016

Ms V Morris (appointed 15.10.15)
Ms C Stock
Ms M Edwards
Ms E Milne Honorary trustee

Treasurer Mrs H Furnivall

Bankers Coventry Building Society
Economic House
PO Box 9
High Street
Coventry
CV1 5QN

Examiners Harwood, Lane & Co
Chartered Accountants and Registered Auditors
Units 1-4 Crossley Farm Business Centre
Swan Lane, Winterbourne
BRISTOL, BS36 1RH

Statement of trustees' responsibilities

The charity trustees are responsible for preparing a trustees' annual report and financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Accepted Accounting Practices).

The law applicable to charities in England and Wales requires the charity trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources, of the charity for that period. In preparing the financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles in the applicable Charities SORP;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures that must be disclosed and explained in the financial statements;
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

BATTLE AGAINST TRANQUILLISERS LIMITED

ANNUAL REPORT

FOR THE YEAR ENDED 31 MARCH 2016

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Charities Act 2011 and the applicable Charities (Accounts and Reports) Regulations. They are also responsible for safeguarding the assets of the charity and taking reasonable steps for the prevention and detection of fraud and other irregularities.

Members of the Board

Members of the Board of Trustees, who are directors for the purpose of company law and trustees for the purpose of charity law, who served during the year and up to the date of this report are set out on page 7.

In accordance with company law, as the company's directors, we certify that:

- so far as we are aware, there is no relevant accounts information of which the independent examiners are unaware

- as the directors of the company we have taken all the steps that we ought to have taken in order to make ourselves aware of any relevant accounts information and to establish that the charity's examiners are aware of that information.

Independent Examiners

Harwood Lane & Co were the charitable company's independent examiners for the year and have expressed their willingness to continue in that capacity.

Approval

This report was approved by the Board of Trustees on 07 October 2016 and signed on its behalf.

_____

Name:
Chair of Trustees

INDEPENDENT EXAMINER'S REPORT TO THE TRUSTEES OF THE

BATTLE AGAINST TRANQUILLISERS LIMITED

I report on the accounts of the Company for the year ended 31 March 2016, which are set out on pages 10 to 18.

Respective responsibilities of trustees and examiners

The trustees (who are also the directors of the company for the purposes of company law) are responsible for the preparation of the accounts. The trustees consider that an audit is not required for this year under section 144(2) of the Charities Act 2011 (the 2011 Act) and that an independent examination is needed. I am qualified to undertake the examination by being a qualified member of the Institute of Chartered Accountants in England and Wales.

Having satisfied myself that the charity is not subject to audit under company law and is eligible for independent examination, it is my responsibility to:

- examine the accounts under section 145 of the 2011 Act;
- to follow the procedures laid down in the General Directions given by the Charity Commission under section 145(5)(b) of the 2011 Act; and
- to state whether particular matters have come to my attention.

Basis of independent examiners' report

My examination was carried out in accordance with the General Directions given by the Charity Commission. An examination includes a review of the accounting records kept by the charity and a comparison of the accounts presented with those records. It also includes consideration of any unusual items or disclosures in the accounts, and seeking explanations from you as trustees concerning any such matters. The procedures undertaken do not provide all the evidence that would be required in an audit and, consequently, no opinion is given as to whether the accounts present a true and fair view' and the report is limited to those matters set out in the statement below.

Independent examiner's statement

In connection with my examination, no matter has come to my attention:

(1) which give me reasonable cause to believe that, in any material respect, the requirements:

- to keep accounting records in accordance with s386 of the Companies Act 2006; and
- to prepare accounts which accord with the accounting records and to comply with the accounting requirements of section 396 of the Companies Act 2006 and with the methods and principles of the Statement of Recommended Practice: Accounting and Reporting by Charities

have not been met; or

(2) to which, in my opinion, attention should be drawn in order to enable a proper understanding of the accounts to be reached.

David Cox F.C.A.
For and on behalf of Harwood Lane & Co
Chartered Accountants and Statutory Auditors
Units 1 - 4
Crossley Farm Business Centre
Swan Lane
Winterbourne
BRISTOL
BS36 1RH

Date: 10 October 2016

BATTLE AGAINST TRANQUILLISERS LIMITED

BALANCE SHEET AS AT 31 MARCH 2016

	Notes		2016		2015
CURRENT ASSETS					
Stocks	**2**	153		153	
Debtors	**3**	686,089		684,439	
Cash at Bank		9,236		63,350	
		695,478		747,942	
CREDITORS: amounts falling due within one year	**4**	(7,416)		(5,321)	
Net Current Assets			688,062		742,621
Total Assets Less Current Liabilities			**£688,062**		**£742,621**
CAPITAL AND RESERVES					
General Reserve	**10**		688,062		742,621
Restricted Reserve	**10**		0		0
Charity Funds			**£688,062**		**£742,621**

The Directors considers that the company is entitled to exemption from the requirement to have an audit under the provisions of s.477 of the Companies Act 2006. Members have not required the company under s.476 of the Companies Act 2006, to obtain an audit for the period ended 31 March 2016. The Directors acknowledge their responsibilities for ensuring that the company keeps accounting records which comply with s.386 and s.387 of the Companies Act 2006, and for preparing accounts which give a true and fair view of the state of affairs of the company as at 31 March 2016 and of its profit for the period then ended in accordance with the requirements of s.396, and which otherwise comply with the requirements of the Act relating to the accounts so far as applicable to the company.

The financial statements which have been prepared in accordance with the special provisions relating to companies subject to the small companies regime within Part 15 of the Companies Act 2006 were approved by the board on 07 October 2016 and are signed on its behalf.

Trustee
Name:

The notes on page 13 to 18 form part of these accounts

BATTLE AGAINST TRANQUILLISERS LIMITED

STATEMENT OF FINANCIAL ACTIVITIES FOR THE PERIOD ENDED 31 MARCH 2016

SUMMARY INCOME AND EXPENDITURE ACCOUNT

	Notes			2016	2015
INCOMING RESOURCES		**Restricted Funds**	**Unrestricted Fund**	**Total**	**Total**
Income from Charitable Activitie	**13**	0	56,847	56,847	72,047
Donations and Legacies		0	100	100	684,097
Income from other trading activities	**14**	0	630	630	700
Investment Income	**15**	0	773	773	150
Total Incoming Resources		0	58,350	58,350	756,994
RESOURCES EXPENDED					
Cost of Generating Funds Fundraising Costs	**16**	0	0	0	0
Charitable Activities	**17**	0	112,909	112,909	115,307
Total Expenditure		0	112,909	112,909	115,307
Transfers between funds	**10**	0	0	0	0
		0	112,909	112,909	115,307
Net Incoming/(Outgoing) Resources for the year	**7**	0	(54,559)	(54,559)	641,687
Transfers between Funds		0	0	0	0
Balance brought forward	**10**	0	742,621	742,621	100,934
Total Funds Carried Forward	**10**	**£0**	**£688,062**	**£688,062**	**£742,621**

The notes on page 13 to 18 form part of these accounts

BATTLE AGAINST TRANQUILLISERS LIMITED

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED 31 MARCH 2016

	Notes	Total Funds 2016	Prior Year 2015
Net Cash used in operating activities	**18**	(54,887)	(50,622)
Cash Flow from investing activities:			
Interest and dividends		773	150
Purchase of furniture and equipment		0	0
Proceeds from sale of investments		0	0
Net cash provided by investing activities		773	150
Cash Flow from financing activities:			
Repayment of borrowing		0	0
Receipt of expendable endowment		0	0
Net cash provided by financing activities		0	0
Change in cash and cash equivalents in the year		(54,114)	(50,472)
Cash and cash equivalent brought forward		63,350	113,822
Cash and cash equivalent carried forward		**£9,236**	**£63,350**

BATTLE AGAINST TRANQUILLISERS LIMITED

NOTES TO THE ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2016

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1. Accounting policies

The principal accounting policies are summarised below. The accounting policies have been applied consistently throughout the year and in the preceeding year.

(a) Basis of Accounting

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015) - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

Battle Against Tranquillisers ltd meets the definition of a public benefit entity under FRS102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy notes.

(b) Income Recognition

All incoming resources are included in the statement of financial activities when the charity is entitled to the income and the amount can be quantified with reasonable accuracy. The following specific policies are applied to particular categories of income:

Voluntary income is received by way of grants, donations and gifts and is included in full in the Statement of Financial Activities when receivable. Grants, where entitlement is not conditional on the delivery of a specific performance by the charity, are recognised when the charity becomes unconditionally entitled to the grant.

Investment income is included when receivable.

Incoming resources from charitable trading activity are accounted for when earned.

Incoming resources from grants, where related to performance and specific deliverables, are accounted for as the charity earns the right to consideration by its performance.

(c) Expenditure Recognition

Expenditure is recognised on a accrual basis as a liability is incurred. Expenditure includes any VAT which cannot be fully recovered, and is reported as part of the expenditure to which it relates:

Costs of generating funds comprise the costs associated with attracting voluntary income and the costs of trading for fundraising purposes.

Charitable expenditure comprises those costs incurred by the charity in the delivery of its activities and services for its beneficiaries. It includes both costs that can be allocated directly to such activities and those costs of an indirect nature necessary to support them.

All costs are allocated between the expenditure categories of the SoFA on a basis designed to reflect the use of the resource. Costs relating to a particular activity are allocated directly, others are apportioned on an appropriate basis.

BATTLE AGAINST TRANQUILLISERS LIMITED

NOTES TO THE ACCOUNTS

FOR THE YEAR ENDED 31 MARCH 2016

(d) Stocks

Stocks are valued at the lower of cost and net realisable value.

(e) Fund Accounting

Unrestricted funds are available for use at the discretion of the trustees in furtherance of the general objectives of the charity.

Designated funds are unrestricted funds earmarked by the Trustees for particular purposes.

Restricted funds are subject to restrictions on their expenditure imposed by the donor or through the terms of an appeal.

2	**Stocks**	**2016**	**2015**
	T Shirts	**£153**	**£153**

3	**Debtors**	**2016**	**2015**
	Legacy Income	683,782	683,097
	Income Receivable	1,560	0
	Other Debtors and Prepayments	747	1,342
		£686,089	**£684,439**

4	**Creditors: amounts falling due within one year**	**2016**	**2015**
	Accruals	7,416	5,321
	Income Received in Advance	0	0
		£7,416	**£5,321**

BATTLE AGAINST TRANQUILLISERS LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

5	**Employee costs**	**2016**	**2015**
	Wages and Salaries	85,631	84,480
	Social Security Costs	5,147	5,323
		£90,778	**£89,330**

No employees received emoluments of more than £60,000.

	Average number of employees	4	4

6 Trustees remuneration and related party transactions

No members of the board of trustees received any remuneration during the year.

No trustees or other person related to the charity had any personal interest in any contract or transaction entered into by the charity during the year (2015 - Nil).

7	**Net incoming resources**	**2016**	**2015**
	Net Incoming Resources is stated after charging:		
	Depreciation	0	0
	Independent Examiners Fee (inc VAT)	720	702

8	**Capital commitments**	**2016**	**2015**
	Authorised but not contracted	**£ nil**	**£ nil**
	Contracted but not spent	**£ nil**	**£ nil**

9	**Analysis of net assets between funds**	**General Funds**	**Restricted Funds**	**Total**
	Current Assets	695,478	0	695,478
	Current Liabilities	(7,416)	0	(7,416)
		£688,062	**£0**	**£688,062**

BATTLE AGAINST TRANQUILLISERS LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

10	**Reserves**	**At 01.04.15**	**Transfers**	**Income**	**Expenditure**	**At 31.03.16**
	General Reserves					
	- general funds	47,448	7,111	58,350	(112,909)	0
	- designated funds	53,486	(7,111)	0	0	46,375
		100,934	0	58,350	(112,909)	46,375
	Restricted Funds	0	0	0	0	0
	Total Reserves	**£100,934**	**£0**	**£58,350**	**(£112,909)**	**£46,375**

11	**Designated reserves**	**2016**	**2015**
	Designated Reserves consist of:		
	Dr J. Pym	27,486	27,486
	Development Reserve	18,889	26,000
		£46,375	**£53,486**

Purpose of Restricted Funds

There were no restricted funds during the year.

Purpose of Designated Funds

Dr J. Pym
This reserve is consists of donations made from Dr J Pym. No decision has been made as to how these donations will be spent.

Development Reserve
A Development Reserve has been established to set aside funds for the purpose of the on-going development of the charity.

12 Taxation

As a charity, Battle Against Tranquillisers is exempt from tax on income and gains falling within current tax legislation to the extent that these are applied to its charitable objects. No tax charges have arisen in the Charity.

BATTLE AGAINST TRANQUILLISERS LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

13	Income from charitable activities	Restricted	Unrestricted	2016 Total	2015 Total
	South Gloucestershire Council	0	53,727	53,727	55,728
	North Somerset Council	0	0	0	12,299
	DHI	0	3,120	3,120	4,020
		£0	**£56,847**	**£56,847**	**£72,047**

14	Income from other trading activities	Restricted	Unrestricted	2016 Total	2015 Total
	Training	**£0**	**£630**	**£630**	**£700**

15 Investment income

All of the charities investment income of £773 (2015 £150) arises from money held in interest bearing current and deposit accounts.

16	Direct charitable expenditure	Restricted	Unrestricted	2016 Total	2015 Total
	Fundraising Costs	**£0**	**£0**	**£0**	**£0**

17	Charitable activities	Restricted	Unrestricted	2016	2015
	Salaries	0	90,778	90,778	89,803
	Sessional Workers	0	2,486	2,486	3,461
	Sessional Workers 2011/12	0	0	0	(1,095)
	Honorarium	0	3,331	3,331	3,225
	Postage	0	50	50	432
	Photocopying and Printing	0	3,110	3,110	4,985
	Stationery	0	250	250	270
	Hotels and AGM	0	642	642	852
	Travel	0	4,296	4,296	4,383
	Subscriptions and Publications	0	0	0	144
	Advertising/Promotion	0	360	360	770
	Training	0	410	410	477
	Telephone	0	1,577	1,577	1,922
	Rent	0	2,864	2,864	3,442
	Insurance	0	1,095	1,095	941
	Sundry Equipment	0	335	335	786
	Payroll Bureau	0	489	489	409
	Miscellaneous Expenses	0	116	116	40
	Independent Examination	0	720	720	702
	Independent Examination 2012/13	0	0	0	(642)
		£0	**£112,909**	**£112,909**	**£115,307**

BATTLE AGAINST TRANQUILLISERS LIMITED

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 MARCH 2016

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18 Reconciliation of net movements in funds to net cash flow from operating activities

	2016	2015
Net Movement in funds	(54,559)	641,687
Deduct interest income	(773)	(150)
Decrease (increase) in debtors	(1,650)	(683,691)
Increase (decrease) in creditors	2,095	(8,468)
Net cash used in operating activities	**(£54,887)**	**(£50,622)**