

Quaker Action on Alcohol & Drugs



Benzodiazepines and dependency

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At QAADRANT it is rare for us to do 'themed issues', but in the space of a few weeks we received two personal accounts from Friends about dependence on prescribed drugs. Their experiences date from some years ago, but this can be a hidden subject and we felt it was one that could usefully explored. This issue also includes a medical perspective from Tim James, who is a trustee of QAAD and has just retired from General Practice. Friends are invited to contribute thoughts on aspects that may not have been covered in the contributions we have received.

For those affected by any of the issues, it is important to stress that medications of this nature should not be stopped abruptly. As well as the need for medical supervision, counselling and/or self-help support is often extremely useful. Some help-line numbers appear below..

CITA, The Council for Information on Tranquillisers, Antidepressants, and Painkillers provides a helpline for information

and supportive advice on 0151 932 0102. People can ring at any time and leave a message, if possible from a landline; all calls are responded to. An office line is available on 0151 474 9626, for literature and general enquiries (open during office hours). There is also a drop in group at the Liverpool offices: details on request.

Website www.citawithdrawal.org.uk

Fellowship '12 Step' support is available at the following numbers and websites, which can also give information on local meetings:

Narcotics Anonymous (NA) national helpline 0300 999 1212 www.ukna.org

Families Anonymous (sister body for close others) 0845 1200 660

www.benzo.org.uk is a website containing 'A Guide to Benzo Withdrawal' written by a former iatrogenic addict. It also contains a fuller manual written by Professor Heather Ashton 'Benzodiazepines: how they work and how to withdraw.'

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Action on Gambling

The Salvation Army, the Methodist Church, the Evangelical Alliance and QAAD gave evidence to a Parliamentary Select Committee which is reviewing the Gambling Act. We pressed for increased local powers to address numbers of gambling premises. The gambling industry raises funding for research, education and treatment for problem gambling on a voluntary basis. Arrangements for funds to be disbursed through an independent body recently broke down. We expressed strong concern about this, and argued for a statutory levy. We proposed arrangements that ensure independence in how the funds are distributed, in order to avoid conflicts of interest.

Minimum pricing of alcohol in Scotland

On 31st October, the Scottish government re-introduced a bill on the minimum pricing of alcohol. The price per unit has yet to be fixed: 45 pence was the proposed figure when the measure came before the Scottish Parliament in 2010. It has also been announced that a three-year research project will be conducted at Queen Margaret University in Edinburgh into the impact of minimum pricing on the heaviest drinkers. QAAD is continuing to co-operate with faith-based groups on minimum pricing.



Benzodiazepine: a family's experience

By Christine Downes-Grainger of Epping Quaker Meeting

Baked beans flew across the bedroom, landing on the walls, the carpet, the bedding. The television made a sudden untuned noise and the pain in Colin's ears was unbearable.

For 30 years he had eaten the majority of his meals sitting cross-legged on the bed. He was a partially dependent adult, unable to relate easily to his family. His bedside table housed a stash of medicines. Every day he took 40/60mg of tranquillisers plus anti-depressants, anti-psychotics, sleeping pills, prescription painkillers, laxatives, antacids, and high blood pressure treatments. His repeat prescription sheet was as long as a scarf. While our three children grew up, he spent 90% of his life in the bedroom. He suffered physical symptoms, mania, agoraphobia, terrors, compulsions, mood swings, irrational rages, anxiety, depression and comatose or broken sleep.

In such an unpredictable state, he was unable to turn out for and complete a day's work. Colin retired from primary teaching in 1985, aged 38. Unbeknown to us, the benzodiazepines prevented him having empathy with children and fellow teachers. Their uninhibiting effects propelled him to make commitments and behave in gregarious ways that created new anxieties. This unrecognized pattern, and tolerance withdrawal, led to the prescribing of further drugs by the GP to fix these "new problems". He lived only with the short-term aim of getting the next prescription. His restricted outlook resulted in money mismanagement and our social isolation. We had no idea why he was sick.

When aged 50 I applied to Saga for cheaper motor insurance. Completing a new form, we

had to answer the question "Does either driver take medication?" Colin did not drive much but had checked with his doctor that it was alright. He sent off his list of medicines and Saga's response was, "Has the DVLA been informed?" With some misgivings, but knowing it was the right thing to do, we informed them. Their response came several months later – surrender your driving licence, your tablet level is too high and your case has been referred to the Advisory Panel on Alcohol, Drugs and Substance Misuse and Driving. This totally unexpected blow pierced right through the layers of drug-induced fog to Colin's sense of personal freedom. He did not misuse drugs; they were all prescribed.

Colin's account of how he endured horrendous withdrawal symptoms and the incomprehension of the doctor to become totally drug free and rational can be found with his campaigning work on the website of Benzodiazepine Addiction Withdrawal and Recovery. The benzo afflicted are living inside a plastic bottle. They look like normal adults – walking, talking and making decisions. But there is an impenetrable barrier between them and the world. The feedback loop that allows people to learn from experience, grow, evolve and modify their behaviour has been blocked. No one suspects that medicine that is intended to do good is actually controlling and harming.

The flying dinner? I was gaining insight and empathy from the determination he was showing. "So you could not help doing that?" I asked. I was learning that the withdrawal symptoms were not "all in his mind" as the GP implied. When finally off all the drugs in 2003 I enjoyed again the company and personality of the man I had married in 1969. He never fully regained his physical health and died suddenly in 2009.



They help me and I help them

A Friend shares her experiences of dependency on prescribed drugs - and of her recovery

I was 24, from a North Country family, and on my own in London in 1959. I did have friends, and I had a job I loved. I foolishly fell under the spell of a very charming rogue. Matters took a bad turn when he started both sexual harassment at work and pursuing me home. The strain began to tell on me. In 1961 I visited my doctor who thought that I needed something to help me get through. He prescribed Librium, and when Valium came on the market, he changed me over to that instead.

I remember saying to him quite early on "I think I'm getting hooked on this stuff." Benzos are a muscle relaxant, and so the relief from the stress was immediate and very pleasant. His reply was that they were as safe as Smarties and I needn't worry about them. Rather than prescribe a particular amount, he told me just to "take one when I needed it".

Which I did for the next 26 years!

It meant of course that for most of that time I was permanently in withdrawal, because one's tolerance grows and more is needed to achieve the same level of "comfort".

In July 1968 I decided I had had enough of taking the drug. So I stopped it. I was all right for about five days, and then had the biggest panic attack I have ever experienced. I was so ill that I had to have time off work. My GP was horrified that I had tried to come off the pills, and told me, "Now you see why I have got you on this

medication. You have seen what you are like without it." At that point Tryptizol was added to my medication. I can't say it did much for me, but the experience of coming off the Valium cold turkey made me ready to do whatever I was told.

I married and moved away from London, but regret to say that both children were born with a Valium addiction which was not noticed at the time, but I now realise that was what happened. They each went through a sort of withdrawal.

My new GP decided to refer me to the local mental hospital. I asked all the time to be "allowed" to come off the medication, but the psychiatrist's reply was always, "We have got you stable on this medication, and you should go on taking it." The fact that I was stable in a grey hell appeared to escape his notice.

In about 1979, this man retired. I saw a new younger psychiatrist. Once again I started saying I wanted to come off the medication. His reply (which is branded on my memory) was, "I haven't got time to waste on patients who won't take their medication." He then said he would refer me to a clinical psychologist, in a tone that indicated he was casting me out to outer Hades! The clinical psychologist is the only professional who comes out of this with any glory.

The psychologist told me quite honestly that he had never been faced with what I was asking him to help me with. He asked me what I wanted to do, and I said that I thought I should first come off what I



had been last put on. So I came off the Tryptizol. This was a mistake, but then even the professionals didn't know what to do in those days.

Then we were left with the Valium. He asked me how much I was taking. I didn't know, because I still took it "when I needed it"! He suggested I should stick to a regular dose each day. So I started taking 10mg. every morning. By this time I had got an office job which I liked better than shop work. I got a lot of support from the psychologist and worked through the hurt of the original problem which had never been addressed by anyone since I left my London GP.

In 1985 I saw a little advert in the local freebie newspaper which said something like, "Problem with Drugs? Legal or Illegal - We Can Help" - and a phone number. I was so desperate by this time that I would have done anything to get help. I rang the number and talked to a man who was about to start a meeting of Narcotics Anonymous in my town. He was a counsellor at the local treatment centre. I told him my tale of woe and he suggested I should come to this meeting. So I did. He was kind and accepting and did not lecture me the way all the professionals had done up to that time. He just suggested that I should keep coming back to the meetings.

The people I met in NA in 1985 were mainly heroin users. They were amazed that something as "mild" as Valium could be a problem. I plodded on with NA and the psychologist, and we worked out a plan for me to reduce my dose. I could find no-one who had done this before, so we were treading virgin ground. I went from 10 mg gradually to 0.5mg, which took the very long time of 13 months.

I am pleased to say that I have largely forgotten what the withdrawals were really like. I do remember that everything was too "loud": noise certainly was, but also I was extremely light sensitive. My sense of touch was so exaggerated that touching the slightly rough back of hardboard felt like sandpaper; touching sandpaper was actually painful.

My balance was affected and at times I had a hallucination that there was a lump in the floor about one step in front of me. I could SEE this thing. It was the size and shape of a large tortoise. If I went to step on it, I had the experience of "going up a step that isn't there". This was my first lesson in Faith: I would glance at the floor ahead and if it was clear I would hold up my head and trust the floor to be there. I had times when I did not get a full night's sleep for months on end. And believe it or not, I still went to work every morning through all this.

Once I was off the drugs, I was of course learning to work the Twelve Steps of Narcotics Anonymous, which they borrowed and adapted slightly from those of Alcoholics Anonymous, to whom we are all very grateful. I had got myself a sponsor in NA - a lovely lady. She was another Northerner, and spoke her mind to me. I rang her one day and whinged about not having slept for many days. Her reply was, "Well, soon you'll be so exhausted that you will sleep." I slept like a log that night! I worked through the Steps with her. If I survive "clean" for another few months, I hope to have 25 years of clean time. I am rather older than most of my friends in NA, as I was 51 when I got clean, but age does not matter - they help me and I help them.



Benzodiazepines – a Blessing or a Burden?

Tim James, a GP and a trustee of QAAD, comments on past and present practice

When I first came into General Practice in the late 70's, one of the current concerns in prescribing that we were encouraged to address was barbiturate addiction. Usually prescribed for some time as night sedation, patients were very reluctant to relinquish its use. The concerns were that it had side effects in some patients very similar to those that give cause for concern in those patients using diazepam long-term today. It was also very dangerous in overdose. When I retired a year ago I still had a handful of patients, now of a good age, using barbiturate night sedation. Despite all our efforts over the years because the side effects were apparently negligible, because of their continued need for help and the negative effect of their circumstances, none of the alternatives had helped them in the same way. As doctors we always knew, and the patients knew, that continuing use was a risk, especially with the changing metabolism of later life, but because of the balance of risk the individual's predicament was accepted and they were supported.

When benzodiazepines, commonly known as tranquilisers, were developed in the late 50's and early 60's they were enthusiastically welcomed by patients and doctors alike. For patients they gave

rapid relief from symptoms associated with anxiety and for doctors they were a safe, effective way of giving relief to patients, often asking for help in critical situations, where other options were not going to provide significant relief quickly enough. At the same time the tricyclic antidepressants [imipramine, amitriptyline and the like] were also becoming available. Initially these were nothing like as impressive nor as useful in the short term. It took two to four weeks to see the benefit at one dose which then had to be adjusted depending on the individual response. In due course, as is inevitable with a new class of drugs that offers a major advance, experience brought a wider understanding of the dangers associated with both the use of benzodiazepines and the tricyclic antidepressants. A clearer perception of their separate but complementary roles emerged.

Today we recognise that benzodiazepines should be used as short term treatment to deal with the initial impact of anxiety for three weeks only. After that the risk of dependency increases, and often the dose as well, leading to an increased incidence of side effects. There are situations where it is appropriate to continue benzodiazepines long term but these decisions need to be made following a considered assessment of risk often after the involvement of specialists and with the full understanding of the patient and their family. Once such a plan is agreed then supervision is required until the use of the drug or drugs are discontinued. This will usually happen when the patient's particular symptoms are relieved, exacerbating factors in their circumstances resolved and a judgement made that the character of



their illness does not imply an ongoing risk of recurrence often with significant dangers. Longstanding anxiety with recurrent provocation can now be addressed by other means but there will always be a place for continued chronic use in those for whom it is an essential part of dealing with life's emotional pain in a similar way to those who never were able to do without barbiturates.

The principal side effect of the benzodiazepines is that it dulls the individual's thinking. To the extent that anxiety confuses and disrupts thinking, this effect is useful in that it normalises the distortion associated with anxiety. But a point can then be reached where this effect prevents the user from achieving an insight into the factors contributing to that anxiety and hence hinder their ability to take action in correcting them. Thus a situation is created that is now chronic and unlikely to resolve spontaneously. At this point support for the chronic benzodiazepine user has to be re-evaluated. Is the individual still bound in to the situation that created their problems in the first place or have things changed for the better? Does the person want to try to live without the support of medication? Would that be a realistic hope in unchanged circumstances? Do they have side effects that add to their problems? Does their use of benzodiazepines represent a risk to others? All these questions are a few of the factors that have to be reconsidered in a re-assessment where there has to be a mutual exchange between the prescriber and the user so that both have ownership of any outcome and a common will to implement change. Our now long experience has given

us an awareness that unplanned withdrawal will cause difficulties that are well described in the stories that are written in this edition of QAADRANT. Any reduction in use must be gradual, tailored to the individual, supervised and the user supported by family, friends and professionals bearing in mind that a recurrence of the original problem is a risk.

Some mention must be made of the use of diazepam in the management of pain. Muscle spasm has been controlled by its use for some years and as many causes of pain are longstanding and progressive a good number of the long term users of diazepam require its regular ongoing use. Some pain specialists now believe that diazepam reduces the pain threshold so withdrawal of diazepam becomes a required part of their treatment programmes. Although in some people some therapeutic benefit may be expected from withdrawal, the process still has to be managed in the same way as described above. Alternative medication can then be commenced in parallel.

Diazepam and chlordiazepoxide [Librium] are also used beneficially to avoid convulsions when alcohol use is stopped in established heavy users.

So for the individual, the messages are if you need its benefits, use for three weeks only or less; if you currently take regular doses of benzodiazepines, take advice from a professional who will listen to and respond to your experience, before, during and after you withdraw, provided you decide between you to go down that road.

As with most drugs used appropriately with the correct supervision they are a blessing; if not they become a burden.



Charity begins at...

To meet the cost of QAAD's activities we have to find around £53,000 a year. Half of this is met from donations and investment income, the rest by using up our dwindling reserves.

QAAD speaks for Friends on such important social issues as dealing with drugs misuse, gambling, and alcoholism.

Additionally, we give a lot of support to Friends working in the treatment of addiction, to individual Friends who have problems with addiction or are the victims of drug and alcohol abuse, and to local meetings which are supporting a Friend with an addiction.

So we are speaking out, and seeking to meet the needs of Friends who are not immune to the problems of addiction.

Please send your donation to: Ron Barden, Treasurer, 33 Booth Lane North, Northampton NN3 6JQ. Please make cheques and charity vouchers payable to QAAD. Individual Friends and Attenders can enhance their donation if it is by cash or cheque, by completing the Gift Aid Declaration below.

Gift Aid Declaration

Name _____

Address _____

I wish Quaker Action on Alcohol and Drugs to reclaim tax on all donations I have made since 6 April 2000 and hereafter.

I understand that I must pay an amount of income tax at least equal to the tax the charity reclaims on my donations in the relevant tax year.

Signed _____

Date _____

Have you visited the
QAAD website recently?

It's at www.qaad.org

Join QAAD

AS AN ASSOCIATE MEMBER

Send £5 or whatever you can afford (cheque/postal order payable to **QAAD**) to Helena Chambers, 21 Church Street, Tewkesbury, Gloucestershire, GL20 5PD to receive a 1 year postal subscription to **QAADRANT** and advanced notice of **QAAD** events

Join us at QAAD Woodbrooke
conference July 13th-15th 2012

Speaking truth to power

QAAD works with interfaith partners to speak our truths to power as regards alcohol, gambling, and other substances.

Truth is not simple. It is not a single pearl that can be found and treasured, but more a shape that needs to be sought within all the complexities of life. It needs to be found afresh for each age we live in.

Join us – and some of our interfaith colleagues - to explore what speaking truth to power means today.

The QAAD/Woodbrooke conference is a nominating one for Area Meetings.

Contact Helena Chambers or Woodbrooke for more details.

Letters and articles for QAADRANT are very welcome, and should be sent to Helena Chambers, 21 Church Street, Tewkesbury, Gloucestershire GL20 5PD. t: 01684 299247 e: helenaqaad@hotmail.com