WELCOME

TO

WORCESTER WITHDRAWAL GROUP

DEPENDENT ON ANTIDEPRESSANTS, BENZODIAZAPINES OR SEDATIVES AND WANT OFF?

OR IS THE WITHDRAWAL DIFFICULT?

WORCESTER WITHDRAWAL GROUP IS AVAILABLE TO HELP YOU WITH THE CHALLENGING AND COMMON ISSUES OF DEPENDENCY AND WITHDRAWAL FROM THESE PRESCRIBED MEDICATIONS.

OFFERING PEER SUPPORT AND GUEST SPEAKERS TO HELP YOU.

MEETING EVERY SECOND WEDNESDAY 7.15PM TO 8.45PM

VENUE: WORCESTER QUAKERS MEETING HOUSE, 1 FRIENDS MEWS, SANSOME PLACE, WORCESTER, WR1 1UG.

THE GROUP IS NOT RUN BY MEDICALLY QUALIFIED PEOPLE.

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THANKS

Many thanks to the following people and organisations who have contributed to the setting up and running of the Worcester Withdrawal Group.

Hannah Carlson
Laura Delano and the Inner Compass
Friends Meeting House
Mary Hennessey
Maggs Day Centre
Huw Richards
Heather Roberts
Ian Singleton from the Bristol Tranquillizer Project
WARM network – Zoe, Danny
Worcester News

WELCOME TO WORCESTER WITHDRAWAL GROUP

Welcome to all who are seeking to taper and recover from prescribed medications. While we recognize that drugs have their place, our focus here is on the awareness of risks, on reducing dosages, and on utilizing various alternatives. Many of us have taken medications as prescribed only to experience problems as a result. Some of us are still on medication, while others are tapering, or have finished tapering. We come together to facilitate our healing process and that of others through the sharing of our experience, strength and hope in a shared journey of recovery.

Regarding psychiatric diagnoses, we understand there are many causes of “symptoms” such as unresolved trauma, grief, hormone imbalances, poor diet and nutritional deficiencies, toxins in our food and water supply, reactions to medications, including vaccines, and more.

Whether prescribed psychiatric or other drugs, most of us were denied the opportunity to have true “informed consent’ regarding a drug’s risks, its addictive properties, potential to cause long-term damage, and the need for support with the withdrawal and recovery process. Instead, many of us were told the medications were safe and that we would need them for the rest of our lives. Many of us continued taking medication for years until the effects caught up with us and we began to realize the medication might be the problem. It was then that we recognized that if we had been given true informed consent, we likely would have never taken the drugs in the first place.

Therefore, most of us are recovering from injuries to our brains and our bodies, as well as to our emotional, social, and spiritual selves. Our meetings are a place where we can talk about the losses we may have incurred, such as our health, education, careers, relationships with loved ones, self-esteem, sense of security, etc. As we recognize these losses, we have an opportunity to express our grief in the supportive presence of others who can identify because our stories are so similar.

Many of us question how long it takes to recover. This often depends on things such as the type of drug, stress levels, finances, diet, spirituality, support system, etc. Recovery is an individual process and we try not to compare our stories with others. Healing takes time and pushing ourselves to “recover faster” only sets us back. Acknowledging our progress while letting go of perfection, in time we become grateful for the experiences that have made us into stronger and wiser people.

We are happy you have joined us. You are not alone.

WORCESTER WITHDRAWAL GROUP

Why is the Group being set up?

Dependency and withdrawal difficulties from prescribed benzodiazepines, sedatives and antidepressants is not a new phenomenon. It is perhaps more widely recognised that benzodiazepines and sedatives carry a perceived higher risk when it comes to dependency and withdrawal, but recent evidence illustrates that antidepressants can result in similar issues.

These medications were often promoted as solutions for mental distress, physical pain and various other ailments. Some of us found ourselves with additional problems and suspected the medications were causing them; many of us found these problems were only compounded when we tried to stop taking medication.

For some the withdrawal effects may be short term, but for others they can be protracted and last several years or even a lifetime. It can be so intense that some people take their own lives. Apart from the many very useful online support groups there is very little help available for the many people enduring a wide range of painful and prolonged symptoms associated with dependency and withdrawal.

The founders of Worcester Withdrawal Group recognise there is a need to address the increasing incidence and recognition of withdrawal and dependence and also wish to benefit themselves from the group as part of their ongoing recovery. It is with these twin aims in mind that Worcester Withdrawal Group has been set up.

Who are the founders?

Stuart Bryan: Stuart first took prescribed medication in 1995 and has been on and off ever since. Stuart has mainly taken antidepressants and at times they have been helpful, other times neutral and on occasion made him worse. In January 2019, Stuart realised following an unsuccessful taper under medical supervision he had an involuntary physical dependence and on reflection this had been present for many years. Stuart made the decision to start a gradual taper from his medication in April as he views medication as a source of distress and of no current or future therapeutic value. At the time of writing he has found the taper difficult but wishes to persist.

Sue Irwin: Between 1997 - 2013, Sue Irwin took a range of psychiatric medications, including antidepressants. In November 2013, she was abruptly taken off all prescribed medications by a clinician and experienced a range of withdrawal difficulties. She took advantage of the support offered to her by her peers and has found the use of alternative and complementary methods beneficial to help her manage the withdrawal process.

Who is the group facilitator?

As from February 19th 2020, the group has been facilitated by Maria Caldicott. Maria has been a counsellor for ten years and is registered with the BACP. Her background is:

- Advanced Diploma in Counselling, which was founded in Humanistic, Person-centred therapy with Transactional Analysis Training at Trauma Solutions Ltd.
- Emotional Freedom Therapist level 2.
- Current training: Human Givens College.
- Previously Volunteer and support worker for Mind. Support for people with learning difficulties and an earlier career as NHS Nurse for general medicine and surgery .

We are not affiliated with any medical, political, religious or other organisation. We do not wish to engage with any controversy; we neither endorse nor oppose any causes. People are free to pursue these things outside of our meetings. We are each responsible for what we take from our group discussions, how we use the information shared, and for our own individual healing process.

What can participants get out of support groups?

The following four benefits are widely acknowledged as recurring benefits of all types of support groups.

1) Mutual Help–People helping people by pooling knowledge and sharing experiences and the striving to help one another.

2) Peer Support–Members all share a common problem or stressful life situation resulting in a powerful “you are not alone” sense of understanding, often from the very first meeting.

3) Affordable–Support groups are voluntary, non-profit groups usually charging no fees.

4) Exclusivity–The groups are run by members for members. The locus of control is with the group members rather than with professionals. This assures that the needs addressed will be those of the members rather than their needs as perceived by others.

What are the objectives of the Group?

The Group has the following main objectives: -

1. To offer a safe space for people to discuss their difficulties with prescribed antidepressants, benzodiazepines and sedatives.

2. To offer peer support for people to manage dependency and withdrawal safely from antidepressants, benzodiazepines and sedatives where appropriate.

3. To inform people about prescribed medication, health and wellness by exploring relevant topics and having suitable guest speakers.

4. To be used in conjunction with outside resources that provide information and support to help people make more informed choices. We encourage people to locate and communicate with supportive doctors or other professionals who are qualified to help them.

Who is the Group for?

Adults who are currently taking antidepressants, benzodiazepines and sedatives and either want to taper off, are currently tapering off or have successfully tapered off, but are still experiencing dependency and withdrawal effects.

We do not require that people are referred to us by a prescriber but ask people to inform their prescriber of any changes to their medication and health.

What does it cost the client?

We do not make any charge. Clients can donate if they wish. Costs incurred by the founders include room hire, insurance, materials, promotional activities and refreshments.

How does the Group help people?

The group provides a safe, supportive atmosphere where people can discuss the problems caused by prescribed medication dependency and withdrawal. The group will draw on both established and the latest research from experts in the field of prescribed psychotropic medication dependency and withdrawal, paying particular attention to the safest tapering method of gradual reduction. Coping methods and alternatives to prescribed medication will be explored. The group is peer led and not run by medically qualified people, so participants will always be encouraged to further discuss any health concerns with appropriate professionals.

Speaking from our own experience:

When it comes to sharing, we urge members speak from their own experience(s) with medication and withdrawal, or that of a loved one. For example, people should be encouraged to share their story, how things are going, the various methods they use, spiritual or holistic health resources, etc. However, we suggest not letting meetings transcend into "other things." For example, someone might mention experiences with marijuana, which is fine, but avoid letting the meeting then drift into legalization efforts, which strains are best, etc.

The group is not set up as a formal therapy group where people's past experiences which may have led them to taking medication are explored. The group is also not an anti-psychiatry or anti- medication forum. Whilst we recognise that painful past experiences and hostility towards the medical profession will inevitably come up, we aim to minimise these issues. Adhering to the general format ensures our meetings don't mutate into something unintended. The group is geared more towards mutual support and focused on solutions and coping methods in the here and now as we move our lives forward as best we can.

PUBLIC HEALTH ENGLAND

PRESCRIBED MEDICINES: AN EVIDENCE REVIEW

On September 10th 2019, Public Health England (PHE) published the first ever evidence review of dependence and withdrawal problems associated with five commonly prescribed classes of medicines in England. This is a breakthrough review as a respected and influential public body finally acknowledges the widespread and serious nature of dependency and withdrawal which has been prevalent for so long. Whilst we disagree with some of its findings, such as antidepressants aren't addictive (they are) and the evidence proves the effectiveness of the medications (it doesn't), we and many experts in the field of dependency and withdrawal agree with much of what has been reported.

We have included parts of it as we want people to read it for their own benefit, but also to share with prescribers and other health-care professionals if people are not listened to regarding their dependency and withdrawal difficulties or if they are given incorrect advice regarding the medication and tapering protocols. This document can back people's concerns up in a way that even the most dismissive, difficult, ill-informed or negligent prescriber will find hard to ignore. It may also be useful to share with friends and family who struggle to recognise the severity and long-term nature that dependency and withdrawal can result in.

Introduction

In 2017, the minister for public health and primary care commissioned Public Health England (PHE) to identify the scale, distribution and causes of prescription drug dependence, and what might be done to address it.

The review covered adults (aged 18 and over) and 5 classes of medicines:

- Benzodiazepines (mostly prescribed for anxiety).
- Z-drugs (sleeping tablets with effects similar to benzodiazepines).
- Gabapentin and pregabalin (together called gabapentinoids and used to treat epilepsy, neuropathic pain and, in the case of pregabalin, anxiety).
- Opioids for chronic non-cancer pain.
- Antidepressants.

The main findings include:

- One in four adults had been prescribed at least one of these classes of medicines in the year ending March 2018.

- In March 2018 half of those receiving a prescription (of these classes of medicine) had been continuously prescribed for at least the previous 12 months. Between 22% and 32% (depending on the medicine class) had received a prescription for at least the previous three years;

- Long term prescribing of opioid pain medicines and benzodiazepines is falling but still occurs frequently. This is not in line with the guidelines or evidence on effectiveness;

Trends in prescribing

- The number of prescriptions for antidepressants and gabapentinoids are rising;
- Following years of increase prior to 2016, prescriptions for opioid pain medicines and z-drugs are now falling;
- Prescriptions for benzodiazepines continue to fall as they were prior to 2016;
- Women and older adults (particularly over 75s) are prescribed to at the highest rates;
- Long term prescribing is likely to result in dependence or withdrawal problems, but it is not possible to put an exact figure on the prevalence of dependence and withdrawal from current data.

- People who have been on these drugs for longer time periods should not stop taking their medication suddenly. If they are concerned they should seek the support of their GP.
- People who had experienced problems from prescription medicines also reported that they felt uninformed before they started them, and unsupported when they experienced problems.

Findings from the analysis of prescription data

Prevalence

PHE's analysis shows that, in 2017 to 2018, 11.5 million adults in England (26% of the adult population) received, and had dispensed, one or more prescriptions for any of the medicines within the scope of the review[1]. The totals for each medicine were:

- antidepressants 7.3 million people (17% of the adult population)
- opioid pain medicines 5.6 million (13%)
- gabapentinoids 1.5 million (3%)
- benzodiazepines 1.4 million (3%)
- z-drugs 1.0 million (2%)

There are large variations in the standardised rates of prescribing across clinical commissioning groups (CCGs).

Trends and demographics

Between 2015 to 2016 and 2017 to 2018 the rate of prescribing for antidepressants increased from 15.8% of the adult population to 16.6% and for gabapentinoids from 2.9% to 3.3%.

There was a small decrease in prescribing rates for the other 3 medicine classes.

Rates of prescribing were higher for women (1.5 times those of men), and the rates generally increased with age.

After a long increasing trend, the annual number of prescriptions for opioid pain medicines has slightly decreased since 2016.

There is a continuing longer-term fall in prescription numbers for benzodiazepines. A longer-term increase in annual prescription numbers for z-drugs started to reverse in 2014.

Time receiving prescriptions

Most patients who started a prescription in June 2015 were estimated to have received a prescription for 3 months or less. This ranged from 51% for antidepressants to 82% for benzodiazepines.

The proportion estimated to have received a prescription continuously from June 2015 for at least 12 months varied from 5% (benzodiazepines) to almost 20% (gabapentinoids). These proportions were similar, at 4% and 19% respectively, for those starting a prescription in June 2017, the latest date at which 12-month duration could be estimated prospectively. This suggests that most people who start prescriptions receive them for a short time, but each month there is a group of patients who continue to receive a prescription for longer.

Looking retrospectively at people receiving a prescription in March 2018, around half of patients in each medicine class were estimated to have been receiving a prescription continuously for at least 12 months at that point. This proportion is much higher than for those starting a prescription in June 2015 as it reflects an accumulation of people who have long-term prescriptions, some of whom started prescriptions more recently, but many of whom were already receiving prescriptions by April 2015.

The number of patients who received a prescription continuously between April 2015 (and perhaps earlier) and March 2018 was as follows:

- Antidepressants: 930,000 people
- Opioid pain medicines: 540,000
- Gabapentinoids: 160,000
- Benzodiazepines: 120,000
- Z-drugs: 100,000

Dependence, withdrawal and interventions

Benzodiazepines, z-drugs, opioid pain medicines and gabapentinoids are associated with a risk of dependence and withdrawal.

Antidepressants are associated with withdrawal. Seventeen placebo-controlled trials (with 6,729 participants) show that withdrawal symptoms, such as insomnia, depression, suicidal ideation and physical symptoms, follow when patients stop taking medication. The evidence here was mostly very-low to moderate quality. Only one trial was high quality.

Interventions for treating dependence and managing withdrawal varied widely, and meta-analysis, or combining data from the studies, was not feasible. The evidence here came from 26 trials and 2 non-randomised studies: 12 on opioids, 8 benzodiazepines, 3 antidepressants, one z-drugs and 4 on several drugs.

Patients' experiences

Some patients reported harmful effects and withdrawal symptoms on stopping benzodiazepines, z-drugs, opioids and antidepressants which affected their well-being, personal, social and occupational functioning. These effects and symptoms could last many months.

Higher initial opioid doses and prior mental health problems were associated with long-term use of opioids and opioid dependence, respectively. Prescribing opioid pain medicines for longer than 90 days was associated with opioid overdose and dependence.

Low income and use of shorter-acting benzodiazepines are associated with long-term benzodiazepine use.

Patients experienced barriers to accessing and engaging in treatment services. They felt there was a lack of information on the risks of medication and that doctors did not acknowledge or recognise withdrawal symptoms.

Patients described not being offered any non-medicinal treatment options, their treatment not being reviewed sufficiently and a lack of access to effective management and NHS support services.

More people are taking prescribed medicines for longer

Some prescription medicines can be addictive and could cause problems for people taking them or coming off them, especially if someone has been taking them for a long time. These medicines include benzodiazepines and z-drugs, gabapentin and pregabalin, and opioid pain medicines. Antidepressants are not addictive, but some people have problems coming off them.

The government asked Public Health England (PHE) to look at the evidence about this problem. We found that, since at least 10 years ago, more people are being prescribed more of these medicines and often for longer.

The prescribing of some of these medicines (like benzodiazepines and opioids) has fallen recently but others (such as gabapentin, pregabalin and antidepressants) are being prescribed more and for longer. This means more people are at risk of becoming addicted to them or having problems when they stop using them. It also costs the NHS a lot of money, some of which is wasted because the medicines don't work for everyone all the time, especially if they are used for too lo

Do not stop taking a prescribed medicine on your own

The medicines we looked at help to make millions of people every year feel better and recover from their illness. Doctors can prescribe them because there is good evidence that they work, but they do have some risks. If you are a patient taking one of these medicines as prescribed by your doctor (or other prescriber), but you are worried by anything in this report, you should not stop taking them on your own. Instead, make an appointment to see your doctor and talk through your worries.

PHE do not want to put anyone off safely using medicines that could help them. Stopping or limiting the use of medicines could also cause harm, including increasing the risk of suicide or making people try to get medicines or illegal alternatives from less safe sources, such as illegal websites or drug dealers.

What your doctor should do

Because of this report – and work being done by lots of others – doctors and other healthcare professionals should:

- Consider all the treatments that might work for you, including those that don't involve (or are in addition to) medicines, like talking therapies or exercise.
- Tell you about the benefits and risks of medicines.
- Regularly review whether a medicine is helping you or not.
- Change the treatment if it's not helping you.

They might offer some patients the chance to gradually come off a medicine they have been taking for a long time.

If you need to start taking a medicine - or need to continue taking one - your doctor will always try to do what is in your best interests.

If you believe what your doctor is doing is not in your best interests, you should talk to them first. You have the right to make a complaint and the right to ask for a second opinion. If you want support to make a complaint you can contact your local NHS Complaints Advocacy Service. Your local Healthwatch can also give you more information.

We also recommend that there should be improvements in the information, advice and support available to patients from doctors and specialist services. If you have problems coming off a medicine, tell your doctor and they should offer you more support or put you in touch with another service that can help.

Conclusions

In England in the year 2017 to 2018, 1-in-4 adults in England were prescribed benzodiazepines, z-drugs, gabapentinoids, opioids for chronic non-cancer pain, or antidepressants. Prescriptions for antidepressants and gabapentinoids are increasing, but prescriptions for opioid pain medicines are decreasing, after rising for many years. Prescriptions for benzodiazepines continue to fall, and those for z-drugs have more recently started to fall.

There is a higher rate of prescribing to women and older adults, and there are large variations in standardised rates of prescribing at the level of CCGs. The rate of prescribing and the time receiving a prescription increase with deprivation.

Longer-term prescribing is widespread. Aside from antidepressants, the medications reviewed are all licensed and indicated for (usually) short-term treatment of acute conditions. Clinical guidelines specify that benzodiazepines should not usually be prescribed for longer than 2 to 4 weeks.

Long-term prescribing of opioids for chronic, non-cancer pain is not effective for most patients. And some patients need long-term prescribing of antidepressants to maintain benefit and prevent relapse.

Effective, personalised care should include shared decision-making with patients and regular reviews of whether treatment is working. Patients who want to stop using a medicine must be able to access appropriate medical advice and treatment and must never be stigmatised.

Inappropriate limiting of medicines may increase harm, including the risk of suicide, and lead some people to seek medicines from illicit or less-regulated sources, such as online pharmacies. There needs to be increased public and clinical awareness of other interventions, such as cognitive behavioural therapy.

There have been very few high-quality research studies on medicine dependence and withdrawal, and their prevention and treatment, in the past 10 years.

Recommendations

PHE’s recommendations fall into 5 broad categories which are:

1. Increasing the availability and use of data on the prescribing of medicines that can cause dependence or withdrawal to support greater transparency and accountability and help ensure practice is consistent and in line with guidance.
2. Enhancing clinical guidance and the likelihood it will be followed.

3. Improving information for patients and carers on prescribed medicines and other treatments and increasing informed choice and shared decision-making between clinicians and patients.
4. Improving the support available from the healthcare system for patients experiencing dependence on, or withdrawal from, prescribed medicines.
5. Further research on the prevention and treatment of dependence on, and withdrawal from, prescribed medicines.

The goal is to make sure that our healthcare system builds awareness and enhanced decision-making for better patient treatment and support.

These recommendations are just the beginning. All parts of the healthcare system and the general population will need to engage with this complex problem and work together to find solutions. The local strategic leadership of CCGs, sustainability and transformation partnerships and integrated care systems will be vital.

Other than opioid prescriptions for cancer pain, which were excluded as far as possible through a match to the National Cancer Registration Dataset, it was not possible to identify the conditions for which these medicines were prescribed, as conditions are not recorded in prescription data.

For the full report see link below.

https://www.gov.uk/government/publications/prescribed-medicines-review-report

WITHDRAWAL TIPS

Here are some tips that might help us on our journey of recovery. They may or may not apply to everyone.

- On your worst days in withdrawal, remind yourself you're not crazy, that its withdrawal and it will pass.

- Avoid alcohol if possible – it often hinders the healing process and can cause more damage.

- Don't compare your story or symptoms to others, as everyone is different.

- Don't push your brain/body to function beyond its capacity. Distractions are good and so is rest/lack of stress. Listen to your body's needs daily, realizing that needs change.

- Journal your taper/recovery process: daily symptoms, progress, setbacks, triggers that aggravate symptoms (helps to stay in the day/accept the process).

- Stay focused on the progress, especially on bad days, while keeping your eye on the goal.

- Remember, ‘windows and waves’ are normal (good days/bad days) while the brain and body continue to heal.

- Let go of expectations for healing. Don’t project a time limit. Stay in the day.

- Trust in your body’s ability to heal.

- Set limits with others when necessary because you’re fighting for your life.

- Don’t over-explain your story/symptoms to those who aren’t willing to hear or believe you – you don’t have that kind of energy. Instead, refer them to the proper resources.

- Treat yourself with gentleness and care as you would towards anyone who’s suffered TBI (Traumatic Brain Injury).

- Not only are we injured by drug damage and withdrawal that doctors didn’t warn about, we also experience ‘Betrayal Trauma’ by prescribers once we realize the damage they have caused (via prescriptions and deception), when in fact, they were supposed to “cause no harm” (Hippocratic Oath). This can take a long time to recover from.

- Rage against your prescriber is normal and healthy, but it’s wise to wait until more healed before placing accountability. If you’re tapering, it’s important to ‘play the game’ while you make your gradual escape. Best not to ‘rock the boat’ or ‘threaten’ your prescriber in any way if you depend on the scripts. This is when placating might prevent being dropped/cold turkey. (Typically, they feel threatened when we’ve discovered the truth about the drugs and seem to know more than they do).

- For relief from head swelling; lay on your back with an ice pack/clay pack under the back of your neck or on your forehead.

- Take time out to deep breathe on a regular basis.

LIST OF POSSIBLE TOPICS

- Tapering options
- Tapering speed (suggest marathon not sprint)
- Self-care practices
- Managing anxiety
- Managing insomnia
- Managing the fear of coming off medication
- Friend and family issues
- Talking to doctors
- Building social support
- Discomforts of withdrawal and comfort measures
- Withdrawal symptoms, in general
- Dealing with the medical system
- How to navigate resource websites RxISK Tools
- Complex Withdrawal
- Recognizing Akathisia
- Success stories

GROUP GUIDES

Toward a more informed consent:

We want to be clear about what our groups are intended to offer. This format is meant to be used in conjunction with specific resources and readings that provide information to help people make more informed choices while taking or withdrawing from medication(s). We encourage people to locate and communicate with supportive doctors or other professionals who are qualified to help them, but we do not become involved in anyone's decision to either take or discontinue medications.

Listening to one another:

Most of us have had the experience of not being heard by our doctors, friends, and at times, even our families. Unless a person is actively inviting feedback or a discussion around their topic, we suggest holding the space in a way that each person has sufficient room to speak and be heard.

Giving medical advice:

We suggest facilitators be mindful of self and others. If someone is giving medical advice, gently address this. While we should feel free to share our own experiences and resources, we do not give medical advice.

Political issues and campaigns:

Not everyone agrees politically regarding what is going on in the medical, mental health, and the pharmaceutical worlds, yet we all need information on medications and withdrawal. Activism can be helpful, and we don't want to discourage it. However, we suggest campaigns be done separately from recovery meetings so that no one feels out of place.

Confidentiality

In the interest of confidentiality – what you hear here, who you see here, when you leave here, let it stay here.

Stick to the facts

Try not to interpret, analyse and speculate on people's experiences. Respond to the facts given in an objective manner.

Peer Support

The model of the group is peer support and not therapy. Whilst people will inevitably bring up painful issues from their past, we acknowledge it but don't seek to question or open up wounds further. We don't actively seek to resolve each other's trauma but offer support to manage whatever is happening in a non-directive manner.

Contact away from group

If people contact each other outside the group we suggest that the same group guides apply and we are respectful and supportive and recognise if the contact becomes unhelpful and someone needs more space.

SUCCESS STORIES

Jaclyn

(Posted July 30, 2015) – '10+ years on psych drugs, 5 of those specifically on Cymbalta and I'm proud to say I don't wake up and take a pill everyday anymore. I was on Duloxetine and Wellbutrin daily as well as Adderall, Ativan and Ambien (which not surprisingly, were all for the side effects of the antidepressants). It was a 12-month taper, with the last 6 spent reducing the duloxetine from 60 to 0. I started at 120mg and did it by a combination of dose reduction by decreasing the % and finally bead counting to the very end. Smart water, fish oil and magnesium have helped with the brain zaps. My last dose was 7/28/2015 and couldn't have don't it without the support of everyone here as well as my partner. It is possible to get off this stuff!'

Taken from Facebook support group 'Cymbalta Hurts Worse'.

Arabella

"I was on and off anti-depressants for over twenty years, juggling work and family life at the same time. I really struggled to come off them and in 2015 I was diagnosed with post-traumatic stress disorder and chronic fatigue. Day to day activities became overwhelming and I quickly began to feel isolated.

I was very lucky that my doctor's surgery offered social prescribing which made all the difference. They referred me to a local choir which helped me with my recovery and gave me back my confidence.

I know first-hand that dependence and withdrawal from prescription medicines can be extremely difficult to cope with. It is reassuring that this review recognises that more needs to be done and I am hopeful that social prescribing will now be offered more widely'.

Taken from Public Health England. Prescribed Medicines Review: Report September 10th, 2019.

Julian

Julian was prescribed 1mg of lorazepam. He took the drug for one year. Julian said:

'I decided to taper off because I forgot to pack my medication when on vacation and was sick beyond belief. As soon as I returned from home, I took a dose and felt better. I knew then that something was wrong. So, I started doing research on the

web and was surprised to find all the information about withdrawal from benzodiazepines.

I decided to start my taper. First, I bought a pill cutter, but that was just too hard for me, so I bought a jeweller's scale. I then reduced the drug at 10% of the dosage every month. I used sandpaper and a nail file to do this. It's not an exact science but it worked for me. Very slowly is the only way to go.

My withdrawal symptoms were intense, but tolerable. I would say around the fifth month off is when I really started to feel the worst was behind me. There were many times I almost gave in, but I'm glad I stuck it out.'

Taken from Recovery and Renewal: Baylissa Frederick

RESOURCES

We found these inspiring, helpful, disturbing and life changing. Hope you will to.

Books

Psychiatric Drug Withdrawal – Peter Breggin
A Mind of Your Own – Kelly Brogan
Cracked – James Davies
Recovery and Renewal – Baylissa Frederick
Manufacturing Depression – Gary Greenberg
Lost Connections: Uncovering the Real Causes of Depression & the Unexpected Solutions - Johann Hari
Pharmageddon – David Healy
Harm Reduction Guide to Coming off Psychiatric Drugs – Will Hall
Emperor's New Drugs – Irving Kirsch
A Straight-Talking Introduction to Psychiatric Drugs - Joanna Moncrieff
The Myth of the Chemical Cure - Joanna Moncrieff
The Drugs That Changed Our Minds – Lauren Slater
Drop the Disorder – Jo Watson
Anatomy of an Epidemic – Robert Whittaker

Websites

Alternative mental health revolution – www.alternativementalhealthrevolution.com
AntiDepAware – www.antidepaware.co.uk
Benzo Buddies – www.benzobuddies.org
Bloom in Wellness – www.baylissa.com
Bristol Tranquillizer Project – www.btpinfo.org.uk
Council for Evidence based Psychiatry – www.cepuk.org
Deadly Medicines – www.deadlymedicines.dk
Drop the Disorder – www.adisorder4everyone.com
Everything Matters; Beyond Meds – www.beyondmeds.com
Fiddaman Blog – www.fiddaman.blogspot.com
Chaya Grossberg – www.chayagrossberg.com
David Healy – www.davidhealy.org
Holly Higgins – www.hollyfisherhiggins.com
The Icarus Project – www.theicarusproject.net
Inner Compass – www.theinnercompass.org
www.withdrawal.theinnercompass.org
Let's Talk Withdrawal – www.letstalkwithdrawal.com
Terry Lynch – www.doctorterrylynch.com
Mad in America – www.madinamerica.com

Mad in UK – www.madintheuk.com
National Institute for Clinical Excellence – www.nice.org.uk
Prescription Awareness Support Team – www.past.wales
Surviving Antidepressants – www.survivingantidepressants.org
WARM – www.warmnetwork.com

Audio/visual

This is primarily focused on military drugging, but the story applies to the general population as well.
http://www.cchr.org/documentaries/the-hidden-enemy.html

Ben Goldacre talking about "What Doctors Don't Know about the Drugs they Prescribe"
https://www.ted.com/talks/ben_goldacre_what_doctors_don_t_know_about_the_drugs_they_prescribe?language=en#t-236859

Ben Goldacre talking about "Battling Bad Science"
https://www.ted.com/talks/ben_goldacre_battling_bad_science?language=en

Gwen Olsen, ex- pharmaceutical rep - Excellent video - You will learn something new - Guaranteed.
http://www.cchr.org/documentaries/the-hidden-enemy.html

Documentaries which expose the lies.
http://www.therealtruthabouthealth.com/

Coming off psychiatric drugs with the mighty Will Hall.
https://www.youtube.com/watch?v=LDgw36LgPcw

Coming off psych drugs; A meeting of minds
https://www.youtube.com/watch?v=Q5EpnVdLvkU

EXPERTS

- Peter Breggin
- Kelly Brogan
- Monica Cassani (lived experience)
- James Davies
- Laura Delano (lived experience)
- Baylissa Frederick (lived experience)
- Peter Gotzsche
- Chaya Grossberg
- Will Hall (lived experience)
- David Healy
- Robert Whittaker

CRISIS SUPPORT

In an emergency:

- Call 999
- Go to your local A&E Department

If you're in crisis and would like to speak to someone:

- Contact your GP surgery.
- Call Samaritans – **116 123** (free calls from within the UK and Ireland) 24 hrs a day www.samaritans.org
- NHS 111 – Phone **111** if you have an urgent medical problem.
- Hopeline UK – Practical advice on suicide prevention for young people. Tel: **0800 068 4141 (not 24hrs)** www.papyrus-uk.org
- Use the "Shout Crisis Text Line" – text **SHOUT** to **85258** www.giveusashout.org
- Speak to a trusted family member or friend.
- Make a crisis/safety plan and share with someone appropriate.

HELPFUL TOOLS

- A **vision board** is a tool used to help clarify, concentrate and maintain focus on a specific life goal. Literally, a **vision board** is any sort of **board** on which you display images that represent whatever you want to be, do or have in your life.
  https://www.makeavisionboard.com/what-is-a-vision-board
- The **Sunshine box** promotes positive self-care for mental wellbeing through a series of tools and techniques. Fill your box with positive, uplifting items such as photos, letters and gifts.
  https://www.thesunshinebox.org

ENCOURAGEMENT FOR WORCESTER WITHDRAWAL GROUP

‘From all of us here at Bristol and District Tranquilliser Project, we would like to wish you the best of luck with your Worcester Withdrawal Group. Our group has been running since 1984, and we hope your group will be as successful.’

Bristol Tranquillizer Project.

‘A few short years ago, I was struggling through withdrawal symptoms, including dizziness, nausea, fatigue, and a perpetual sense of doom. While my tapering journey wasn't easy, it was one of the most transformative processes of my life, giving birth to a new me: a person full of hope, vitality, and energy. Stay strong through your dark night, support one another, and know that you too are on your way to being a light for others. By making this brave choice, you already are. I made it through the other side. Sor can you.’

Holly Higgins, Nutrition expert on mental health.

‘This seems like an excellent project, and I am happy to support it. I wish you the best with this very important work.’

Irving Kirsch, author of 'The Emperor's New Drugs'.

'To all involved with Worcester Withdrawal Group.
I just wanted to say well done for setting up this important and much needed group which I'm sure will be invaluable to many.
On line support is crucial but nothing can really compare to the support and connection we access through meeting people in real life.
I wish you all the best as your group forms and grows.'

Love and solidarity,

Jo Watson, founder member of 'A Disorder for Everyone!'.

'Best of luck with this initiative.'

Robert Whittaker, author of 'Anatomy of an Epidemic' and founder of Mad in America.

CLOSING STATEMENT

The Worcester Withdrawal Group exists through the volunteer efforts of a growing number of laypeople within the withdrawal community who recognize that change is up to us. We seek the healing power that only connections can provide, knowing that face-to-face meetings promote wellness in ways that surpass our valuable, yet limited, internet connections. As we exit the dark corners of the web and venture into our local communities, we find strength in solidarity, with the presence of our groups conveying an undeniable message: Withdrawal syndromes are real and must be addressed. We are confident that this positive action benefits us as much as it benefits others. It allows our vulnerability and invisibility to disappear, as our strength in unity grows, because in unity, there is strength.

DISCLAIMER

Disclaimer: We will incur no liability regarding how anyone chooses to utilize the resources offered through Worcester Withdrawal Group. Individual members are encouraged to work with a trusted professional when making healthcare decisions.

The opinions and experiences expressed here are not intended to be a substitute for professional medical advice, nor do we assert in any way to be qualified to act in this capacity. It is imperative that each and every person deciding to withdrawal from prescribed medication do so under the supervision of an experienced professional when one can be found, someone who is well-informed and thus able to respectfully support a person’s desire to explore non-drug alternatives. We do not give advice or tell anyone how they personally should taper, we simply share what we have learned and what we have done and put people in touch with people and organisations who are experts in this field.

We will incur no liability regarding how each member chooses to utilize the resources offered through this group.