

'I am dismayed by the way the job I used to love doing has changed. My skill is working with people, not sitting at a desk, shuffling mountains of paperwork and endlessly recording, collating, analysing and reporting data, which I then send off into the ether. I am sick of auditors coming in like vultures to pick over the bones of my work and criticising my team of skilled, dedicated workers for forgetting to tick some box on some bloody form. Proving I am working has become my job and I feel de-skilled, demotivated and unappreciated.'

Who watches the watchmen?

I imagine thousands of practitioners across the country agreed with the points your correspondent made regarding Paul Hayes and the bureaucracy that controls our lives (*DDN*, 26 February, page 9). I think it's about time that the people who actually do the work, turned the tables and started putting under intense scrutiny the ever-growing army of those whose nice jobs, salaries and pensions depend on us being at the coal face.

Who is monitoring them? How many audits are they subjected to every year? What are their targets? What specialist qualifications do they hold?

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Let's start applying the same pressure to our pen-pushing masters and see how they respond. Let's demand that they are accountable to us and make them prove they are fit for purpose. Let's hear some voices!

Name and address withheld

Let me down easy

It was good to see the difficulties associated with benzodiazepine use being highlighted by Dr Chris Ford in 'Good Drug, bad drug?' (*DDN*, 26 February, page 13), as well as her sympathetic approach to the problem. In the case she cites, monitored maintenance prescribing was the way forward for her patient and a positive outcome was achieved by prescribing benzodiazepines to someone dependent on them.

At Mind in Camden's Minor Tranquilliser Project, we all too often hear of clients being threatened with an abrupt or too quick cessation of a benzodiazepine prescription. Our way of working is recommending a slow reduction at the user's own pace, because in our experience this is the most successful way to withdraw from benzodiazepines. We have come across cases of inadequately treated clients who then try and relieve persisting distress with alcohol, other drugs and or obtaining benzodiazepines by illicit means. Residents of Camden who would like to receive a range of services for any difficulties they may be having are welcome to contact us.

Whether good drugs or bad, the chief medical officer sent a statement to doctors in 2004 reminding them that benzodiazepines should only be prescribed for short-term treatment (two to four weeks) before reviewing the situation. The unfortunate consequence of the CMO's statement is that we have heard from clients whose GPs are pressurising them to come off without discussion with their patient. This has caused great distress to our long-term prescribed benzodiazepine users, and increasing concerns about withdrawal symptoms.

For some clients, general health advice, supportive counselling, and

information on sleep, relaxation, and behavioural strategies may suffice for coming off. However, for many of our clients addicted to these pills, whether in combination with other drugs or not, these techniques alone are not enough. What users of the project do tell us is helpful, is that they are allowed to be a prime mover in their treatment and to taper the dose gradually at their own pace, with our service's encouragement and support.

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Ball of confusion

I fully agree with Dr Ford's decision to reinstate Imran's prescription of benzodiazepine (*DDN*, 26 February, page 13). In my opinion it is both unfortunate and dangerous that some drug services refuse to prescribe benzodiazepines beyond a few weeks to dependent individuals.

The two to four week guidelines are aimed at new patients or non-dependent individuals. The guidelines from the vast majority of medical authorities, including prodigy clinical guidance, committee on safety of medicines and the Department of Health, state that withdrawal of benzodiazepines should be carried out over a lengthy timeframe. It is unfortunate and worrying that many drug services seem to confuse the guidelines for prescribing benzodiazepines to new patients or non-dependent patients with the guidelines for withdrawing dependent individuals from benzodiazepines.

From the description of Imran's behaviour it sounds like he was suffering an acute withdrawal syndrome. Abruptly or rapidly discontinuing benzodiazepines can be

hazardous and has been associated in clinical studies with suicide, psychosis and epileptic seizures. Also, it would be expected that Imran's alcohol usage would increase during acute benzodiazepine withdrawal as alcohol and benzodiazepines are cross-tolerant and one will relieve to a degree the withdrawal of the other.

The 1999 Department of Health guidelines, referenced in the article, advised against rapid detoxification of patients who are physically dependent on benzodiazepines. The DoH 1999 guidelines state that: 'A benzodiazepine can be withdrawn in proportions of about one-eighth (range one-tenth to one-quarter) of daily dose every fortnight', but the rate of withdrawal can be slower as they state in the same guidelines that: 'The rate of withdrawal is often determined by an individual's capacity to tolerate symptoms'.

The Department of Health does, however, recommend against long-term maintenance prescribing of benzodiazepines. This is because long-term use can be associated with harm, including cognitive deficits, agoraphobia, social isolation, and increasing anxiety problems as well as a lack of continued efficacy. Of course not everyone is negatively affected by taking long-term benzodiazepines and many can function reasonably well on them.

It was reported that Imran had suffered depression since early childhood and had been using benzodiazepines to deal with this. Benzodiazepines may also impose a learning defect which impairs an individual from learning or forming new coping strategies to overcome mental health problems.

I personally believe that an individual already dependent on benzodiazepines should be encouraged (but not forced) to withdraw gradually from them, and long-term prescribing should not be initiated for non-dependent individuals – the distinction is important. The 'bad guy' in this article seems to be the drug service who abruptly stopped Imran's supply of benzodiazepines after 20 years of use and the 'good guy' was Dr Chris Ford who recognised the dangers in doing this. A better understanding of benzodiazepine dependency management among drug services is called for!

Ross J. M.