

Today, the #startsmall spreadsheet¹ does not contain the word “drugs” whatsoever, but it *must*. There are 2 hits for the word “anxiety” out of 180. That is ~1%. But in USD these 2 got less than 1%.

adversity.support needs capital to face a brutal mix of “Other” which deeply impacts COVID-19, focused UBI, Women and Girls Health & Education, Social Justice, and more. All by a singular focus on a more dire epidemic under the novel virus pandemic: psychiatric drug dependence and harm.

We let individuals free themselves, one by one. A rare few have the range, experience, and courage to help. Those unaware create more damage than they solve in this area today, and families suffer. We stand alongside medical practitioners as much as their patients. We guide the way out of hell.

COVID-19 takes under 14 days to pass (when patients live) but being prescribed benzodiazepines longer than 14 days for anxiety or insomnia with or without COVID-19 infection often takes years to taper properly without more drugs, and risk of far worse consequences than COVID-19 presents. But over-prescribing never or rarely happens, right? “Nope,” says the FDA: “In 2018, an estimated 50% of patients dispensed oral benzodiazepines received them for two months or longer.”²

There was an 830% increase in benzodiazepine overdose deaths between 1999 and 2017.³ Then at the start of the COVID-19 pandemic, right away 34% more people were prescribed anti-anxiety medications, and 14.8% more were prescribed anti-insomnia, especially benzodiazepines.⁴

This makes sense, since according to NIH in 2011 “Despite the recommendations for its judicious use, benzodiazepines were the most commonly used drug by psychiatrists on duty, regardless of patient’s age.”⁵ Bloomberg warned the global market in 2018 to “nip in the bud” this problem while it is still possible, before it becomes worse than the opioid pandemic.⁶

NIH again in 2015 said “Benzodiazepine use was nearly twice as prevalent in women as men.”⁷ Okay, two adult nouns. But what about kids? Researchers say “The rate of pediatric benzodiazepine exposure increased 54% between 2000 and 2015.” and therefore, “Adolescent exposures are of specific concern”⁸ Let’s be real here. These are kids and those do not include *recreational* numbers.

When you put all these figures together: this a COVID-19 issue; a Girls Health & Education issue; and a matter of Social Justice beyond all lines. This is based on improper prescriptions by trusted authorities, despite the black-box warning applied by the FDA.¹ When you look at benzodiazepine withdrawal symptoms, we see the need for a focused form of UBI. Good luck holding down a job or running a business during months or years of incapacitation beyond most worst nightmares. Divorce, suicide, and homelessness spike. And allegedly there is a 88% relapse rate for 15 months.⁹

We lead medical professionals and sovereign individuals alike to flexible paths to BREAK FREE. This uses processes built by those who survived this, it is backed by 24-hour support agents, and uses technology created by the survivors. Our modular and franchisable model will be a cross-sectional mainstay, with time and energy to work with 100+ participants over 18+ months.

¹ <https://docs.google.com/spreadsheets/d/1-eGxq2mMoEGwgSpNVL5j2sa6TooJZUZ-Zun8h2oBAR4/edit#gid=0>

² <https://www.fda.gov/news-events/press-announcements/fda-requiring-labeling-changes-benzodiazepines>

³ <https://mphdegree.usc.edu/blog/the-next-u-s-drug-epidemic-as-of-2019/>

⁴ <https://www.express-scripts.com/corporate/node/2332>

⁵ <https://pubmed.ncbi.nlm.nih.gov/21353127/>

⁶ <https://www.bloomberg.com/opinion/articles/2018-03-09/america-s-next-big-drug-problem-benzodiazepines>

⁷ <https://pubmed.ncbi.nlm.nih.gov/25517224/>

⁸ <https://www.tandfonline.com/doi/abs/10.1080/15563650.2019.1674321>

⁹ <https://www.youtube.com/watch?v=OUc2gT5gM9w> after 57:00; citing Oude, 2006

From the *Ashton Manual*, Chapter 3:¹⁰

TABLE 1. BENZODIAZEPINE WITHDRAWAL SYMPTOMS

PSYCHOLOGICAL SYMPTOMS

- Excitability (jumpiness, restlessness)
- Insomnia, nightmares, other sleep disturbances
- Increased anxiety, panic attacks
- Agoraphobia, social phobia
- Perceptual distortions
- Depersonalisation, derealisation
- Hallucinations, misperceptions
- Depression
- Obsessions
- Paranoid thoughts
- Rage, aggression, irritability
- Poor memory and concentration
- Intrusive memories
- Craving (rare)

PHYSICAL SYMPTOMS

- Headache
- Pain/stiffness - (limbs, back, neck, teeth, jaw)
- Tingling, numbness, altered sensation - (limbs, face, trunk)
- Weakness ("jelly-legs")
- Fatigue, influenza-like symptoms
- Muscle twitches, jerks, tics, "electric shocks"
- Tremor
- Dizziness, light-headedness, poor balance
- Blurred/double vision, sore or dry eyes
- Tinnitus
- Hypersensitivity - (light, sound, touch, taste, smell)
- Gastrointestinal symptoms - (nausea, vomiting, diarrhoea, constipation, pain, distension, difficulty swallowing)
- Appetite/weight change
- Dry mouth, metallic taste, unusual smell
- Flushing/sweating/palpitations
- Overbreathing
- Urinary difficulties/menstrual difficulties
- Skin rashes, itching
- Fits (rare)

¹⁰ <https://benzo.org.uk/manual/bzcha03.htm#t1>

My partner *Carrie Lynn Keme* created **adversity.support** out of her own experiences. *You can read her story at that domain.* This is the lead domino of a Series Limited Liability Company called **Renewal Network** made to cover essentials Individuals require by 2040. Without our brains, we are not going to accomplish anything else of real significance, whether as a planet or as individuals. Starting with our own bodies and preserving the integrity of brains is a uniquely practical concern.

I am the husband in Carrie Lynn's story. I could find the only medical practitioner willing to help, because I was not forcibly impaired. It's a Catch-22 for most. Need help, but cannot speak to ask, have no one to speak for you, or even just think in a straight line. This is a family war building on the experiences of my parents too. My own mother was put on benzodiazepines in one doctor visit. It damaged her worse than the issue she went in for, but it was one whimsically written prescription.

Every time we ask for volunteers or invite preregistrations, we get immediate, eager, and often desperate responses. We need capital to deliver on a promise of help for those no one can reach.

Budget Breakdown

Our budget is \$5,000,000 to cover a pilot program: 100 clients will taper backed by a team of ~13.

This covers 18-24 months of tapering with clients, after 6-12 months of preparations. Our skeleton team works at below market value, and many collaborators work at a discount or as volunteers.

\$200,000 is reserved for licensed professionals who will be contributing services intermittently.

\$500,000 is spent on Facilities. Extreme demands are placed on our teams because of the acute suffering of clients. We make special preparations to preserve the sanity and peace of our people.

\$1,750,000 is for up to 50 people to receive \$35,000 spread out over 18-24 months as needed. This number is likely x2-5 too low. Of those 100 clients tapering, we expect up to half to be financially threatened by their taper. We keep aside capital for these clients as special purpose grants to help pay their bills and take care of their families while they taper.

\$1,450,000 covers 24 months of a skeleton team.

\$1,000,000 covers Technology Development.

\$100,000 is a Buffer for unforeseen requirements.

The pilot proves the program model so it can be franchised as a self-sustaining not-for-profit structure, or used as a bolt-on module at organizations. With that, we can truly solve this problem. This requires a lead-up period to establish reproducible, dependable processes, all created by patients cooperating with medical professionals, not the other way around this time.

Thank you //



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