

I'VE BEEN THERE AND LOOK AT ME NOW

SELF-INFLICTED ADDICTIONS to drugs such as alcohol, heroin and glues are always talked about, but still very little is said about the addiction inflicted on millions of innocent victims of the medical profession — addiction to benzodiazepine tranquillisers and hypnotics. Prescribing these drugs is a quick way out for the busy doctor (usually male) lacking the training and the time to counsel patients (usually female) or the capacity to say 'no' when they ask for a 'chemical cure'.

TRANX (UK) is the only national agency specialising in benzodiazepine dependence. The counselling and advice workers are all recovered ex-benzodiazepine users, so when people contact TRANX they are immediately in touch with someone who's gone through it all themselves. We can put them at rest that it can be done — we've been there, and look at us now!

We often become their 'second home': here they find they do not have to pretend (as they do in the outside world) about how they are feeling and can 'let go' and be themselves. Sometimes people who are quite agoraphobic are able to be sent to the shops by us without any difficulty.

It is rare for our clients to have had serious problems before taking benzodiazepines. Their original prescriptions were often given for life events which should have been dealt with by counselling, but while on the drugs problems have accumulated that cannot be resolved until they stop. So when people come to TRANX they are often very vulnerable due to:

- physical withdrawal symptoms;
- having to adapt psychologically to living without 'crutches';
- the need to deal with emotions subdued over the years of pill-taking;
- uncovered physical ailments;
- the atrophy of their own coping mechanisms during the long period on benzodiazepines.

It is often said by the medical profession that people can come off their pills in four to six weeks and that the withdrawal syndrome is purely psychological. People find this very discouraging, as on the whole recovery is very long-term with many relapses. Often during relapses doctors

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At TRANX they've found ex-users can help others overcome benzodiazepine dependence where the professionals have failed. Identification and example are the keys, explains Joan Jerome.

Joan Jerome

say: "I told you, you need these pills".

There are many physical symptoms — palpitations, breathing problems, weight-loss, vomiting, abdominal cramps, tremor, etc — but I find it hard to distinguish between physical and psychological symptoms, as they are so closely related. The most common symptoms are: blurring of vision; 'jelly legs'; insomnia; tinnitus; feeling of tension in head, neck and shoulders; depression; phobias (especially agoraphobia); panic attacks; general fear, and also fear of going insane. Depression is often offset by doctors again prescribing drugs, this time, antidepressants.

However, expectations do play a part. In groups somebody may hear about another person's symptoms and ring up the next day to say they've got that too. For this reason our information pack sent out to initial contacts does not list all possible symptoms. If people want to know everything that might happen they have to write in and ask for that information.

Recovery depends very much on attitude. Those with a very positive attitude, who say they will get on with it no matter how they feel, recover far quicker than the ones who say: 'I cannot and I won't'. Again there is the client with a very dependent nature who may start using their partner as a 'crutch' instead of the drugs, with the partner very often cooperating, for whatever reason. It is sometimes hard to convince these partners or relatives that they are not helping.

One-to-one counselling is offered, but we rely more on groups. What our clients want is to be able to talk about what is happening to them and to hear from others that they've all had similar experiences, so they are OK and are not going mad.

We run two kinds of groups. The first is a detoxification group in which people stay for up to six months after their withdrawal. After this there is an advanced group which no longer focuses on withdrawal problems but provides mutual support with life problems. This is available for up to two years after withdrawal. If clients then still say they are having withdrawal problems, we say, "No, you are not — go and find yourself alternative help, such as psychotherapy or counselling".

There is no set programme of therapy. The only 'therapy' we offer is identification with an ex-user, encouragement, support, and contact with others in a similar position. Our workers are not professionally qualified but do have personal experience and so can provide someone with whom the client can easily identify.

We have a few affiliated TRANX groups. In the past we had more but received so many complaints from clients given wrong information by these groups that we now make it clear we are responsible only for information sent out by TRANX (UK) Ltd. We now only affiliate groups with a minimum of 12 members which have been running on a stable basis for at least three months, and are led by an ex-user who has been off all psychotropic drugs for at least a year. We also visit each one before their affiliation can be approved by TRANX.

MANY OF OUR clients have been to all the professionals available and got nowhere. Yet what they need is something quite simple and basic — genuine befriending and support from someone like them who has been through it and shows, just by being there, that it can be done. □



TRANX's torch symbol represents the choice between a life shackled by tranquillisers and freedom from drugs.