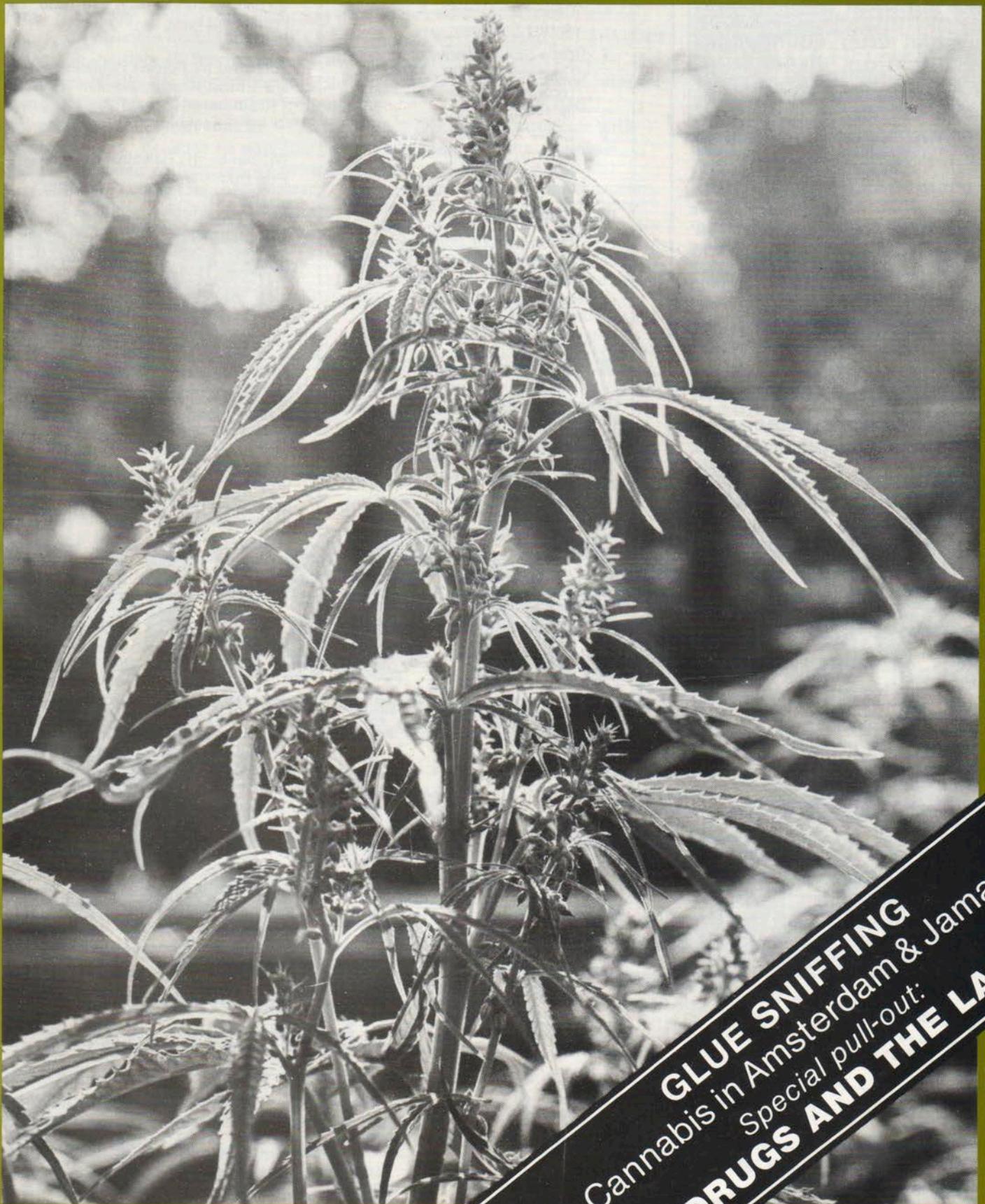


# NEWSRELEASE

35p

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**GLUE SNIFFING**  
Cannabis in Amsterdam & Jamaica  
Special pull-out:  
**DRUGS AND THE LAW**

# A port in a storm

Release, as well as giving advice about drug use and problems from barbiturate addiction to parents who worry about their kids' cannabis consumption, also sees many people to whom drugs are not the main difficulty. We deal with both 'one-off' enquiries and regular visitors. We are not a 'day centre', but people come in here on a regular circuit from other local projects.

Tim Malyon spent four years working, successively, at a day centre mainly for barbiturate addicts, an all-night club for young people, mostly drifters, and as a detached worker and a hostel worker. He is leaving Release after working here for two years. He describes his experiences, and in doing so hopes to dispel the stereotype of 'someone with a problem', be it drugs or not.

The counselling service Release offers is not a professional one. Many people who come in would like to turn their problems over to the counsellor for solution. Yet the problems have often arisen as a direct result of their abdicating responsibility for their own lives and thus a counsellor cannot take up this responsibility. At best he/she should be able to assist people to work out their problems themselves, or with the help of already established friends. Sometimes this is not practical. He or she should be aware of the possibilities and quality of outside help, if this is requested.

As an instance, in June 77 'George's' girlfriend telephoned Release saying that he had taken a trip three days ago and had not come down or slept since. She and two other friends had been with him non-stop since the trip had started and were beginning to get extremely upset themselves.

If George had gone to hospital he probably would have been heavily tranquilised for a week or so and then most likely discharged. They didn't want to send him there but were worried about how long he would take to recover and whether they were treating him the right way. They understood tripping sufficiently (they had tripped themselves) to be able to look after him. They had given him valium to get him to sleep and when he

woke up he was slightly improved.

They wanted to know whether he should go to some non-drug orientated crisis centre. Unfortunately, Arbours was full, Philadelphia Association unobtainable and Cope's crisis house not ready. In any event the friends had the latent knowledge to help George but lacked the confidence to utilise it. They were still thinking in terms of some magical professional solution which would stop George tripping.

I tried to make them aware of this and realise that they were far more capable of communicating with George than most psychiatrists he was likely to meet. I revisited them several times and watched as 'George' slowly came down from the trip. He had been changed by the experience but was not forced to become mixed up with hospitals and large quantities of tranquilisers.

## How the city limits

In the larger towns the stage is now being reached where people are almost totally dependant on forces beyond their direct control for the necessities of life, and where they have little control over the environment in which they live. In such circumstances, it seems inevitable that more and more people will become angry, depressed, neurotic, psychotic or just plain aggressive. Some of the people we see at Release don't have the option

of opting out; they've been opted out.

This can produce positive self-help reactions like those who have taken their own homes by squatting, or created their own communities and started small 'alternative' businesses. But many of the people we see have no decent housing, no interesting jobs and have rarely experienced loving stable relationships. Quite understandably they sometimes decide to opt out of their own lives.

It is hard to suggest to someone that they might try not being stoned all the time to see what it's like out there, when their realistic prospects for change and decent living conditions are almost nil. For many people the effort and imagination required for positive opting out is beyond their reach. They may become institutionalised, i.e. hand over responsibility for their lives to the State, or just muddle along, unable to form lasting stable relationships, or to develop an individual life of their own.

'Ian' lived in a home until he was 14. His mother lives with his step-father who wants to have nothing to do with him. When he left school he started drifting. He didn't have the motivation to find a long-term job—difficult for someone with his school record. Soon after he started drifting he began injecting and then became registered for heroin. He was sent to prison for nine months following prosecutions for shoplifting, theft from a chemist, forging prescriptions, possession of drugs and breach of a previous probation order. When he came out of prison he immediately started using dicalcium, as well as amphetamines and barbiturates.

Sometimes he expresses a wish to come off. All his friends use; so to stand any chance of coming off he has to get away from them. Hospitals will not take him, without a long wait, if at all, by which time he will have lost his motivation. His inability to stop is probably more connected to his fear of losing the lifestyle in which he feels at home and secure, than any physical addiction. This lifestyle has become so chaotic that to fit into any community would require great motivation and he doesn't have the faith to believe that things might get better if he allowed the haze to clear. It can be hard as a counsellor not to sympathise with his view.

'Ian' is probably as near to the classic newspaper-type junkie as can be found. There is no mystical, psychiatric or medical cure for him. More psychiatrists, doctors or counsellors will make little difference.

'Brenda' is in very much the same position except she isn't involved with drugs. Her parents separated when she was a baby and lived abroad. She had a breakdown when she was at university and during the last five years has hardly been able to direct her life at all. She continually asks for decisions to be made for her, is incapable of committing herself to relationships, and as a result has almost no close friends. Release workers as well as workers in other agencies are amongst the people she knows best, but when offered some sort of consistent long-term counselling program by us she found the prospect totally daunting. She had a baby as much because she couldn't commit herself to an abortion as because she really wanted it. She wanders from town to town

basing herself in London. She has been in and out of psychiatric hospital, but apart from diagnosing her as schizophrenic they have made no difference. She has opted out of any direction in her life. At this level I see little difference between her way of doing this and 'Ian's'. Realistically Release can offer them both cups of tea, some warmth, comfort and friendship but little else. I do not know how her situation could be changed.

'Carol' left home in Scotland three years ago when she was 17. She spent a year around Piccadilly and Notting Hill, moving from squat to squat, becoming more and more stoned. When she first came to London she did it to find work and get away from home, but could find neither a stable job nor a flat. After a year she was arrested for supply, passing on a small quantity of heroin to a friend, and was given one year in Holloway. When she came out we found her a hostel to live in but she soon moved back to a squat with the people that she knew. She started using again but managed to get a job as a cleaner in a hospital. She enjoyed doing it mainly because she involved herself with the patients on the ward. She still uses sometimes and lives with people who use, but she continues to be outward going and enjoys contact with other people.

#### Breaking the vicious circle

These are three examples of people 'on the street', living in run-down houses and drifting. It is hard to see how their situation could have been avoided. By the time we had any contact with 'Brenda' or 'Ian' it would be difficult to think of any project that could have radically changed their lives, simply because they have gone past the point of having the motivation to change themselves. If they had been given help when they first broke away from home, things may have been different. Most useful would have been good housing, interesting work and easy access to friendship but such basic facilities were not available.

One wet night 'Sean' was withdrawing behind Piccadilly Tube station. He had been using physeptone and barbiturates, was shivering, had violent pain in his stomach and hardly knew where he was. He wasn't intending to come off, but hadn't been able to get hold of anything.

"Many of the people we see have no decent housing, no interesting jobs, and have rarely experienced loving, stable relationships."

A student walked by, happened to have nothing to do that night, started talking to him, liked him and took him to University College Hospital. They refused to have anything to do with him so the two went back to the student's room. Sean stayed the night there talking, drinking coffee and smoking. He was still getting cramps and hot and cold sweats. He felt very insecure.

The next day he went to University College Hospital but they could not help him because his main problem was with barbiturates. Having been through some withdrawals he started to cut himself down. Eventually he met a very committed

ex-user who was determined to establish a community for barbiturate users who had recently stopped using. There was virtually no money available so the worker with Sean and four others squatted a house. The only demand in the house was that people should not use and should show responsibility for themselves and the rest of the community. Sean has now stopped using completely and returned to Ireland. His coming off was not professionally accomplished, nor was it done to him. He just had luck, got the chance to take responsibility for himself again, and was able to relearn to enjoy life without being continuously stoned. The person who started the hostel is now in prison for possession of marijuana and the hostel, T.P.O.T. (Towards the Preservation of Tomorrow) is closed.

There are as many types of drug habit as there are people using drugs. The people I've mentioned so far who had been using drugs quite patently had habits and lifestyles that curtailed their capacity to enjoy life. Their lives weren't too great before they started using. To see another side we're in touch with someone who has been out to Southeast Asia twice in the last year and who greatly enjoyed using heroin whilst out there. Twice he has come back and stopped using in this country because of the expense and risks involved. Both times he's had a big habit. But he's experienced only about two weeks of feeling terrible and then returned to normal. He didn't need help with his drug habit, or at least he takes sufficient responsibility for his life to find any help he needed in his immediate friends. How does his 'addiction' compare to the 40 cigarettes a day smoker who is unbearable when he/she comes off and never goes anywhere without first making sure that he/she has at least one pack of cigarettes to hand?

Where's the line between drugs for fun, drugs for escape from temporary depression, drugs for self-discovery, drugs for something to do in social situations where you are not relaxed enough to do nothing, and drugs for long term escape be they prescribed by a doctor or oneself? Especially with the present cuts in the N.H.S. there is more and more pressure on GPs as well as psychiatrists to prescribe drugs as long term solutions. Valium can be very useful for someone who has just been through a very heavy experience or period of their life, and needs some basis of stability from which to work themselves out. Even Modicote may be useful for people who are so freaked that they cannot begin to enter into any sort of coherent communication with others. But pills are quick and cheap, solutions—very tempting to overworked GP's or hospital psychiatrists, even enlightened ones. The latter sometimes have to balance a 'difficult' individual patient's welfare against nurses' and occasionally union pressure for 'proper' sedation in over crowded wards, as well as having to decide whether he/she has the time and ability to give a patient less 'drug-therapy' and more drug-free help.

In some circumstances a drug problem stamped and sealed can be a useful label. Registered users, for instance, can be considered for places at ROMA, a voluntary organisation offering a wide range of residential facilities for registered addicts only. The extent of a person's habit is often very dependent on how that person feels about their habit,

and how they wish to use it. 'Oh I'm too stoned' is often a good excuse for refusing to communicate in a potentially very positive but also threatening position.

Openly flaunting use, especially injecting, may be a cry for help but also may be used in relationships as a hold on people. 'Look what I'm doing to myself—you have to do more for me' may be the conscious or unconscious message. 'I'm an addict, you have to give me a prescription or else I'll withdraw is a common line but addicts do not have to use primarily for physical reasons. Withdrawals are not fatal, except possibly in the case of barbiturates.

"It is time to stop enshrouding drugs in mystery, either as legal pills that bring instant happiness, or illegal substances that destroy"

Who is to say that a 'drug problem' is a bad thing for a particular person at a particular time? Another visitor to Release has been using physeptone for five to six years. He receives a regular prescription from his doctor, usually keeps his needles and works clean, but also occasionally buys opiates and amphetamines on top for a binge. He's managed to carry out a metalwork apprenticeship and has a stable relationship with a girl who does not use. He's under some pressure from her and his parents to come off and says that he wishes to do so. He still enjoys getting stoned, as well as the image of himself as a user, and he almost boasts when talking of this. He may come off, find that he can't stay off, and start using again. This might well cause his girlfriend to leave him and possibly result in a heavier, less stable habit than he now has.

Living should be a continuous process of self-discovery and enlargement, both through self consideration and with relationships with other people. This process can break down and sometimes drugs, like work, possessions and authority, come to substitute for it. Drugs can give the process a boost, especially if people are in a position to direct their own lives rather than being forced to turn on to an environment that has been created despite them. It is time to stop enshrouding drugs in mystery, either as legal pills that bring instant happiness, or illegal substances that destroy.

This article offers no solutions or neat conclusions. The number of mentally disturbed people, the number wishing to stay stoned most of the time, be it on drugs or zombied out in front of the television, will continue to rise for as long as living conditions—especially in inner cities—remain as they are. Psychiatrists, social workers, doctors and professional do-gooders will not alter the fundamental situation. Release will help certain individuals to retake control, at least partially, of their lives, and I feel our work to be justifiable as long as we do this. The long-term solution and by far the hardest, is to develop structures whereby we can all control our lives equally, and according to our temperament. Even confused fumbling towards this end is more exciting, humane and productive than imposed, inevitably short-term solutions.