

THE TRANQUILLISER GROUP

The Tranquilliser Group is for everyone who wants help to come off addictive medication. We help people get safely and gently free of tranquillisers, sleeping pills, pain-killers and anti-depressants.

We are a group of independent volunteers with no wage bills or expensive overheads so our services are FREE – there is no registration fee and no charge for our work.

We started in Trafford in 1991 and we have helped hundreds overcome medication addiction. Because we are self-supporting and manage on donations from those who appreciate our efforts we maintain our free service regardless of economic climate and political whim. We are always here.

We advocate safe, gentle, gradual withdrawal and provide stress-free advice and support. That means no time limits, no pressure to attend meetings and definitely no programme insisting on people making reductions in medication when they don't want to.

People who need help, their carers, family and friends come to meetings when they please, ring our Helpline when they want and only make drug reductions when they feel like it.

We currently help people all over the UK get back to a normal life and we will help you too.

Call us on 0161 283 0521 between 10 am and 4 pm every Monday and Wednesday.

WHICH DRUGS?

The generic names of the medications people commonly need help with are listed below but they have trade names as well so you might not recognise your medication.

Call the Helpline if you want to know which drug you are using.

1. BENZODIAZEPINE TRANQUILLISERS AND/OR SLEEPING PILLS.

Diazepam, Temazepam, Lorazepam, Nitrazepam etc.

2. Z-DRUG SLEEPING PILLS.

Zalepion, Zolpidem and Zopiclone.

3. MOOD STABILISERS.

Lithium, Carbamazepine etc.

4. ANTI-DEPRESSANTS.**i. SSRI**

Citalopram, Fluoxetine, Fluvoxamine, Paroxetine and Sertraline.

ii. SNRI

Duloxetine, Venlafaxine.

iii. TRICYCLIC

Amitriptyline, Clomipromine, Doxepim, Imipramine, Lofepamine etc.

iv. OTHERS

Mirtazepine, Reboxetine.

5. ANTI-PSYCHOTICS.

Chlorpromazine, Promazine, Risperidone etc.

6. PAIN KILLERS.

Mainly Codeine preparations.

NONE OF THE ABOVE CAN BE SAFELY STOPPED OR RAPIDLY REDUCED.

YOUR LEGAL RIGHTS.

You have a legal right to make an informed decision about treatment involving drugs. No one but you can give your consent. Anyone, including your doctor, who gives treatment or alters or withdraws it without your informed consent risks prosecution for assault and negligence. You can change your mind after you have given consent anytime you want. These rights apply whether the drugs you use are legally or illegally obtained.

You need to be properly informed before you take any action and you need to consult your doctor or other appropriate health professional before you make any cuts. Once you have reached a decision we will give you a letter which you can take to your doctor when you have read it. There is no rush. Take your time and only decide what to do once you fully understand your situation.

MENTAL DISTURBANCE

Rational people experiencing the strange effects of psychoactive medication assume, reasonably enough, that they are suffering some weird mental disturbance. The British National Formulary and the Electronic Medical Compendium call these disturbances “side effects”. This is misleading because the known “side effects” are not trivial. If you take the drug you risk getting ALL the effects and only some have short term benefit. Here are the main “side effects” reported to us by the people we help.

Panic attacks, bouts of depression, loss of memory, inability to concentrate, emotional blunting, lethargy, lack of motivation, irregular sleep patterns, digestive upset, palpitations, feelings of unreality, creeping sensations on the skin, blurred vision,

ringing or hissing in the ears, fatigue, exhaustion, unsteadiness, 'jelly legs', phobias, irritability, electric shock sensations, pains in the back, neck and shoulders, pains in the legs, hallucinations, racing thoughts and paranoia.

Some or all of these effects are a certainty and not just a risk when you take the medications we help people overcome. Suffering the "side effects" and the adverse social consequences of them undermine self-confidence and make people doubt their own sanity. Quite suddenly, other people can use public transport and you cannot. Other people can go out, shop in the supermarket, make friends, socialise, find work, party and enjoy life but you cannot. If you are unaware of the "side effects" of the drug you use and are rational, you can only conclude that you must be mentally disturbed.

Any initial relief you get when you first take a psychoactive drug wears off quickly. There is not enough research to reliably predict how quickly for each individual. Working out how long initial relief lasts for each drug on average has little practical value if no one knows how variations are distributed around that average. For example, estimating that SSRI initial benefits last 18 months on average is no help if your partner spots the changes they induce in your personality and packs their bags to leave after 12 months. Similarly, knowing that Benzodiazepine initial relief as a tranquilliser lasts only 4 months on average and Benzodiazepine sleeping pills fail to help you sleep after 14 nights on average (Committee on the Review of Medicines 1986) is not particularly useful unless you are certain you are the average user. Most people spot when the bad effects of psychoactive drugs outweigh the good but not always before their partners, family and friends notice. That means there is pressure to stop using or reduce the dose of an addictive drug before you have had chance to

find out how to do so safely. Try to resist the pressure because if you stop using any of the drugs we list or reduce them by too much or too quickly you will automatically convince yourself you are much more mentally disturbed than you thought you were.

Psychoactive drugs are designed to store in the fatty tissue of the brain and once the brain is saturated they store in fatty tissue all over the body. This means you carry a three day supply once you start using the drug regularly so if you stop, nothing much changes for three days. Then savage, dramatic and terrifying symptoms begin, unlike anything ever experienced before. The rational person assumes they are much more disturbed than they realised, takes the full dose again, begins to feel less distressed and concludes that only the drug provides some vestige of mental health. Fear of a mental illness they do not have keeps people taking drugs which harm rather than help them for years and decades.

THE GROUP.

Nothing works faster to resolve doubts about your own sanity than attending our group. You meet people who are clearly rational and friendly and who come from all walks of life. And all of them, regardless of age, gender, origin and whether their drugs are prescribed or obtained illegally know exactly what you are talking about when you describe your symptoms. This is because they have all suffered exactly the same “side effects” as you and their ‘symptoms’ were just as unbearable as yours until they started to reduce their intake of drugs exactly like yours.

You will also meet people who once felt just like you but now lead entirely normal and fulfilling lives. Their ‘symptoms’ stopped when the last of the drugs left their

bodies. Forget about 'illness' because of all the hundreds we have helped withdraw from psychoactive drugs no one, not one, has proved to be mentally disturbed once the drugs leave their system. The "side effects" come with the medication but they also go with it. Come to the group – it will be a real eye-opener!

IMMEDIATE RELIEF.

If you have been using any of the listed drugs for a while, the drugs will have more control over your life than you do. You should be deciding when you take your drugs, if and when you eat, when you go out and when you go to bed. Without cutting your dose you can start to impose your own order on life now, at home.

STEP ONE

The first thing to do is take control of your drug taking. There is a time delay between taking any psychoactive drug and getting an effect and it varies from drug to drug. If you take your drug when you think you need it or when facing some stressful event you will be going in and out of withdrawal the entire time and suffering uncontrollable mood swings. If you are in this situation work out exactly how much of the drug you use in a week, divide it by seven and take that and only that every day.

Once you have a clear daily amount of drug to work to, you need to make sure you are getting whatever benefit you feel the drug has for you. If you feel it starts working after 20 minutes and stops six hours later you are NOT maximising benefit by taking your daily dose in one shot. This is hard to grasp if you have been told your drug is a sleeping pill. Exactly the same drug is prescribed as a sedative, a muscle

relaxant, an anxiolytic (to prevent panics) and a hypnotic (as a sleeping pill). If it only lasts for 6 hours and takes 20 minutes to work, regardless of what it is supposed to be for, split the daily dose into three and take a third every 5 hours. You will see for yourself that taking the same dose at the same time every day will make you feel a lot better quickly. After seven days at most you and not the drug will control your drug use.

STEP TWO

The listed drugs all prevent your body keeping an automatic balance between insulin and adrenaline. This is not obvious and unless you have a full blood sugar test over the requisite seven hours you would not know. All who use the listed drugs have low blood sugar levels and the effects feel dreadful.

If you have low blood sugar and go too long without eating or too long on an inadequate diet, the further drop in blood sugar levels causes anxiety, perspiration, dizziness, muscle pains, cramps, forgetfulness, un-coordination, blurred vision, trembling and overwhelming fatigue. All users of addictive psychoactive drugs suffer low blood sugar levels and already have quite enough “side effects” to contend with.

Some of the drugs listed have warnings that they cause weight gain so it may seem odd to be considering diet as a way of improving your situation. The diet we recommend has nothing to do with your weight, it is intended to repair your drug disordered ability to maintain insulin: adrenaline balance. Instead of three meals a day you need to be eating small amounts of nutritious food very regularly and allow no more than four hours to elapse between meals. It is not too difficult to change

because very few drug users have the appetite for three meals a day because of the digestive disorders the drugs cause. Most people only notice their blood sugar levels are low after they fall so they quickly try to rectify the situation by using artificial stimulants, like sugar, chocolate, caffeine, alcohol and nicotine. At best they are drawn to junk food loaded with artificial sweeteners which are also stimulants. The way forward is to act BEFORE your blood sugar levels fall and this is what you need to do.

BREAKFAST.

Blood sugar levels are at their lowest when we first wake. As soon as you wake, even before you attempt to get out of bed, eat an orange or a grapefruit. Fresh fruit juice prepared the night before works just as well and you can keep it by your bed in a vacuum flask. If you are a smoker, do not take your cigarettes into the bedroom because you must not smoke until AFTER you have eaten. Within 20 minutes you will feel well enough to get up and organise breakfast.

You need to eat well. Start with fruit or 100 ml of unsweetened fruit juice.

Have one egg, with or without two slices of bacon or ham or cheese or fish.

One slice of wholemeal bread or toast with butter and take a drink of milk.

(Use proper milk, not low fat or skimmed: feed a calf on that stuff and it dies from malnutrition. Similarly, use real butter, not a spread or margarine.) If you still need to smoke, you can do so then.

TWO HOURS AFTER BREAKFAST.

100 ml fresh, unsweetened fruit juice or if you feel hungry use a blender to mix 300 ml soya milk, 2 eggs and 300 ml fresh orange juice into a protein drink.

LUNCH

Meat, fish, cheese or eggs with salad. Use plenty of lettuce and tomato and add mayonnaise or French dressing if you want it. You can add vegetables from the list below if you are hungry. Take one slice of wholemeal bread or toast and use plenty of butter.

TWO HOURS AFTER LUNCH

100 ml milk or the protein drink detailed above if you need it.

ONE HOUR BEFORE DINNER

100 ml fresh, unsweetened fruit juice.

DINNER

If you want soup it has to be home made and not thickened with flour. Tinned soups or dried soups in packets are not a lot of use on this diet because of their high sugar and artificial sweetener content. Supermarkets now sell fresh soup in cartons which can be excellent but check the ingredients before you buy - if the packet contains sugar, sweetener or preservative leave it and make your own.

Meat, fish or poultry plus vegetables from the list below.

One slice of wholemeal bread with butter if you want it.

Fruit is the best dessert, fresh, stewed or baked but without added sugar.

Drink milk with dinner or decaffeinated tea or coffee.

EVERY TWO HOURS UNTIL BED

Handful of unsalted nuts

SUPPER

A high protein snack such as Ryvita buttered and with pate or cottage cheese.

NOTES

You can take yoghurt if it is live traditional yoghurt made from sheep or goat's milk and containing *Lactobacillus Acidophilus*. Synthetic cow's milk yoghurt is no use on this diet.

If you cannot use dairy products because of catarrh, migraine or asthma, use soya milk or other non-animal products.

FULL LIST OF WHAT YOU CAN EAT. If it is not on this list do not eat it.

PROTEIN AND FAT FOODS.

Butter, cream, vegetable (or Soya) margarine, vegetable oils, cheese, yoghurt, milk, meat, poultry, game, fish (fresh or canned), pulses and lentils, nuts and seeds, tofu.

VEGETABLES

Asparagus, Beetroot (but not if it is preserved in vinegar), Broccoli, Brussels Sprouts, Lettuce, Mushrooms, Cabbage, Cauliflower, Carrots, Celery, Sweet corn, Peas, Cucumber, Beans (but not if the can also contains sugar and salt), Onions, Radishes, Peppers, Aubergines, Courgettes, Tomatoes, Turnips, Swede and Parsnips. (No potatoes on this diet no matter how they are cooked and remember that frozen as well as canned vegetables usually contain sugar, salt and artificial colouring which are no use here).

FRUIT

Apples, Apricots, Strawberries, Raspberries, Blackberries, Grapefruit, Melons, Oranges, Peaches, Pears, Pineapple, Tangerines and Avocados can be eaten raw or cooked but without added sugar. You can have fresh cream with them if you want. Canned fruit unadulterated with sugar, sweeteners, preservatives and artificial colouring are hard to find but if you can find them they are fine as an alternative to fresh fruit.

Fruits with a lot of their own type of natural sugar can increase your blood sugar levels too quickly at first so go easy on Grapes, Plums, Figs, Dates and Bananas for the first few weeks.

JUICE.

Any unsweetened vegetable or fruit juice except Grape or Prune juice at first. No juice of any description unless it is pure and unsweetened.

DESSERT.

Fresh, stewed or baked fruit without added sugar. Cheese.

WHAT YOU CANNOT EAT. If it is on this list avoid it.

Sugar, chocolate, cakes, pies, pastries, custards, puddings, ice-cream, salted nuts, refined cereals, syrup, molasses, jam, marmalade, coffee, tea, cola and anything else containing caffeine, all alcoholic drinks and all commercially made sauces and relishes.

You can use this diet for ten weeks. It is meant to correct insulin: adrenaline imbalance. The diet contains more fat than you will need long term but if you have been using a lot of sugar and foods containing sugar like chocolate, biscuits and

cakes, you will probably lose weight. In any event you will quickly feel better on this diet and you can continue to use it if you want by cutting down on the fats.

If you take your drugs in the way we suggest and eat only the foods we recommend you will feel much better very soon. Once you have re-established control over your drug taking and mastered the diet, you can if you wish start to learn about the drug you use so as to make a properly informed decision about continuing, reducing or withdrawing once you have complete information. Our booklets give you all the information available for your drug but it takes time to understand it all. While you study your drug you could be taking the steps we recommend and starting to feel better.

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Chairman.

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Please feel free to share the information contained in this document if you believe it can help in some way. If you do, we'd appreciate that you acknowledge us as the source of this information, perhaps by linking back to our site at

<http://thetranquillisergroup.co.uk>

Thank you

Tom, Jenny, Lindsey and Mark.