

and

DRUGS

This policy statement is being sent to agencies and individuals who refer or may refer potential residents to V.E.E.C. We want you to know about a change in our practice.

In the future, we will insist that V.E.E.C. be a totally drug-free environment. We have always banned alcohol and illegal drugs; from now on, psychiatric drugs (tranquilizers, sleeping pills, "anti-psychotics", anti-depressants, etc.) are banned as well.

At V.E.E.C., we try to provide an environment of human support for people undergoing life crisis; the experience of the past four months persuades us that the use and abuse of psychiatric drugs seriously interferes with the possibility of this happening.

We recognize that this decision closes V.E.E.C. to a large population of people who would otherwise be appropriate residents. We are saddened by this, but we are convinced that a life pattern involving drugging fear and pain into dullness at best, and serious overdose attempts at worst, cannot co-exist with the growth/communication/autonomy promoting work we try to do with folks who use V.E.E.C.

An important point must be made: people do not become drug dependent in a social vacuum. Institutional psychiatry, psychiatrists, general practitioners, and drug companies share responsibility for their promotion of drug dependence. We believe these drugs are flagrantly over-prescribed, in the coercive context of involuntary committal, or the unequal and mystified power relationship between doctor and patient. These drugs, in far too many cases, serve as internal straight-jackets or invitations to dulled-out apathy.

We recognize the practical and structural realities that encourage doctors and mental health workers to over-prescribe psychiatric drugs. No understaffed community care team or mental health facility can provide extensive human contact to its enormous caseloads. However, we feel that this situation argues for struggle: with the government over under-financing, and internal struggle by mental health facility staff with the oppressive attitudes implicit in their medical model training.

What we attempt at V.E.E.C. is a different invitation. We invite residents to explore ways of meeting the needs that psychiatric drugs dull and mystify. We hope V.E.E.C. can serve as a pilot and demonstration of this approach. We also hope that this statement can serve as the first step in a dialogue-- perhaps encourage those of you who receive it to examine these issues and reply. We look forward to hearing from you.

V.E.E.C. Staff and Volunteers