
COMMON PSYCHIATRIC DRUGS AND THEIR EFFECTS

**A White Paper by
Citizens Commission
on Human Rights**

DRUG USAGE STATISTICS

Thomas Moore, author of *Prescriptions for Disaster* said that the current use of drugs like Ritalin is taking “appalling risks” with a generation of kids. The drug is given, he said, for “short-term control of behavior—not to reduce any identifiable hazard to [children’s] health. Such large-scale chemical control of human behavior has not been previously undertaken in our society outside of nursing homes and mental institutions.”¹

More than 8.5 million American children are prescribed powerful stimulants, antidepressants and other psychotropic drugs for so-called educational and behavioral problems.

- 6 million are prescribed amphetamine-like stimulants or others, such as Ritalin, Adderall and Dexedrine.
- Between 1.5 and 2 million are prescribed antidepressants such as Paxil, Prozac, Celexa, Effexor, Serzone, Remeron, Zoloft, Luvox, and Wellbutrin.
- 500,000 children are prescribed antipsychotic drugs (also called neuroleptics, meaning “nerve seizing” or major tranquilizers).
- Unknown numbers of children are prescribed other psychiatric drugs, including minor tranquilizers such as Xanax, Valium and Ativan.

- A survey by the Partnership for a Drug-Free America, released on April 21, 2005, found 10% of teens abuse the stimulants Ritalin and Adderall.²
- Children 5 years old and *younger* are the fastest-growing segment of the non-adult population using antidepressants today.³
- Between 1995 and 1999, the use of antidepressants increased 580% in the under 6 population and 151% in the 7-12 age group.⁴
- In 2002, roughly 11 million antidepressant prescriptions were dispensed, largely to boys under the age of 12 diagnosed with “conduct disorders.”⁵
- Since 1987, when Attention Deficit Hyperactivity Disorder (ADHD) was added to the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual for Mental Disorders (DSM-IV)* there has been a 900% increase in the number of children “diagnosed” with ADHD and a 665% percent increase in the production of cocaine-like stimulants for children.⁶

There are financial incentives behind so many children being drugged.

- In 2004, sales of the latest antidepressants reached more than \$14 billion in the U.S. Nearly 11 million prescriptions were dispensed in 2002 for new antidepressants to 1- to 17-year-olds in the U.S.⁷
- Sales of stimulants in the U.S. alone for children have reached more than \$1.3 billion dollars a year.⁸
- Between 1997 and 2001, prescriptions for the stimulant Adderall increased 1,017% since and within a year of becoming available, Concerta captured 11% of the market.⁹
- Between 1991 and 2003, antipsychotic drug sales in the U.S. increased by 1,500%, from less than \$500 million to more than \$8 billion. International sales reached more than \$12 billion in 2002.¹⁰
- In some U.S. communities, 20% of children are taking stimulants, according to the Drug Enforcement Administration (DEA) pharmacologist Gretchen Feussner. “That should be a wake-up call that something isn’t right,” Feussner said.¹¹

THE TRUTH ABOUT “CHEMICAL IMBALANCES”

The APA’s *Diagnostic and Statistical Manual for Mental Disorders (DSM)* is a source of scientific ridicule among medical professionals. Psychologist Tana Dineen, author of *Manufacturing Victims*, said, “Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis [course of a disease], the disorders listed in *DSM-IV* are terms arrived at through peer consensus”—a vote by APA committee members—and designed largely for billing purposes.¹²

In 2001, Simon Wessley, professor of psychiatry at King’s College and the Maudsley Hospitals, South London, organized a poll and vote by 150 mental health specialists from around the globe on the 10 worst psychiatric publications in psychiatry’s history. Among the top 10 was the fourth edition of *DSM*. The poll determined, “If you are not in the *DSM-IV*, you are not ill. It has become a monster, out of control.”¹³

Psychiatry: The Pseudoscience

Because its diagnostic methods are based on opinion rather than scientific fact, psychiatry is a pseudoscience. The late Dr. Sydney Walker, III, a neurologist, psychiatrist and author of *A Dose of Sanity*, wrote, “Psychiatry has replaced the science of diagnosis with the pseudoscience of labeling.”¹⁴

Dr. Thomas Szasz, Professor of Psychiatry Emeritus of the State University Medical University in Syracuse, New York, states, “Since psychiatry is a pseudoscience, it is not surprising that psychiatrists are especially eager to be accepted as scientific experts. Since they obviously cannot bring this about by discovering the causes and cures of mental diseases which—tragically for psychiatrists no less than for patients—do not exist, they have to do it by producing great quantities of gibberish. That is indeed the most constant and most frequent thing psychiatrists do, in speech as well as in print.”¹⁵

With a significant departure from medical diagnosis, psychiatric diagnoses are devoted to categorization of *symptoms* only, not the observation of actual physical disease. None of the diagnoses are supported by scientific evidence of biological *disease* or mental *illness* of any kind.

The cornerstone of psychiatry’s disease model today is the theory that a brain-based, chemical imbalance causes mental illness. Popularized by marketing, the notion is no more than psychiatric wishful thinking. It has been thoroughly discredited by researchers, psychiatrists, psychologists and medical doctors.

- Dr. Joseph Glenmullen, Clinical Instructor in Psychiatry at Harvard Medical School and author of *Prozac Backlash*, states: “We do not have proof either of the cause or the physiology for any psychiatric diagnosis....In the absence of any verifiable diseases, in recent decades, psychopharmacology has not hesitated to construct ‘disease models’ for psychiatric diagnoses.”
- He warns: “Patients are often explicitly told they have such a disease, usually to justify treating them with medication. But when one looks closely, all the disease models are built on three pseudoscientific cornerstones: superficial checklist diagnoses, putative [supposed, reputed] ‘biochemical imbalances,’ and alleged genetic determinism [genes].”
- Psychiatrist David Kaiser points out that “...modern psychiatry has yet to convincingly prove the genetic/biologic cause of any single mental illness....Patients [have] been diagnosed with ‘chemical imbalances’ despite the fact that no test exists to support such a claim, and...there is no real conception of what a correct chemical balance would look like.”¹⁶
- Bruce Levine, Ph.D., psychologist and author of *Commonsense Rebellion* said: “Remember that no biochemical, neurological, or genetic markers have been found for attention deficit disorder, oppositional defiant disorder, depression, schizophrenia, anxiety, compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease, or disorder.”¹⁷
- Elliot Valenstein, Ph.D., author of *Blaming the Brain*, is unequivocal: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”¹⁸

- “In recent decades,” Dr. Glenmullen adds, “we have had no shortage of alleged biochemical imbalances for psychiatric conditions. Diligent [hardworking] though these attempts have been, not one has been proven. Quite the contrary. In every instance where such an imbalance was thought to have been found, it was later proven false.”¹⁹
- In 1998, the National Institutes of Health held an experts’ “Consensus Conference on the Diagnosis and Treatment of ADHD” that concluded, “We don’t have an independent, valid test for ADHD; there are no data to indicate that ADHD is due to a brain malfunction...and finally, after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative.”²⁰

Brain Scans Cannot Detect “Mental Illness”

While media and the general public have been fed “breakthrough” news that neuroimaging (brain scans) *appear* to have identified mental illness, Dr. Thomas Szasz, Professor of Psychiatry Emeritus of the State University Medical University in Syracuse, New York, says that psychiatry’s claim that mental illnesses are brain diseases is “a claim supposedly based on recent discoveries in neuroscience, made possible by [brain] imaging techniques for diagnosis and pharmacological agents for treatment. This is not true.”

- A study published in the *Journal of the American Academy of Child and Adolescent Psychiatry* in September, 2001, noted that although gross differences in size or symmetry [arrangement of parts] of brain structures can be quantified with neuroimaging, individual cells and cell layers cannot yet be visualized. This means that, although the volume and shape of brain structures may be determined, the underlying cause of any differences cannot.²¹
- An article published in the *The Mercury News*, in May 2004, stated, “Many doctors warn about using [brain] imaging as a diagnostic tool, saying it is unethical—and potentially dangerous—for doctors to use [it] to identify emotional, behavioral and psychiatric problems in a patient. The \$2,500 evaluation offers no useful or accurate information, they say.”²²
- M. Douglas Mar, psychiatrist, says: “There is no scientific basis for these claims [of using brain scans for psychiatric diagnosis].”²³
- “An accurate diagnosis based on a scan is simply not possible,” stated Dr. Michael D. Devous, Nuclear Medicine Center at the University of Texas Southwestern Medical Center.²⁴

Further, when brain scans do indicate any changes, it is most likely drug-induced.

In 2003, Jonathan Leo, Professor of Anatomy at the Western University of Health Sciences and Professor David Cohen of the School of Social Work at Florida International University, reviewed 33 of the most recent brain-imaging studies of ADHD-diagnosed subjects. They confirmed that every study concerned medicated kids, a major variable because stimulant drugs “cause very persistent changes in the brain.” They also reviewed a widely touted 2001 National Institute of Mental Health (NIMH) study that included unmedicated subjects and had claimed that unmedicated ADHD children had significantly smaller brains (and this somehow supports that ADHD exists and is a neurobiological disorder). However, the comparison group was two years older, so naturally the younger children had smaller brains.²⁵

Dr. Valenstein also says: “It is well established that the drugs used to treat a mental disorder, for example, may induce long-lasting biochemical and even structural changes [including in the brain], which in the past were claimed to be the cause of the disorder, but may actually be an effect of the treatment.”²⁶ Further, “It is now difficult to find mental patients who have not had a history of drug treatment, and as a result many of the brain abnormalities found in these patients are probably iatrogenic [doctor/treatment caused], that is, *produced by the treatment rather than being the cause of the disorder.*”²⁷ [Emphasis added]

DRUG EFFECTS

Dr. Mary Ann Block, author of *No More ADHD*, points out: “The psychiatrist does not do any testing. The psychiatrist listens to the history and then prescribes a drug.”²⁸ And these drugs are poisons.

Quite apart from their physically damaging effects, stimulants prescribed to children do not do what they are promoted to. For example, parents are told children will focus more while taking a stimulant and this will improve their educational outcomes. However, studies show children who take stimulants do not perform better academically. Evidence presented to a National Institutes of Health conference on ADHD in 1998 said that children who take these drugs fail just as many courses, and drop out of school just as often as children who do not take them.²⁹ This confirms a 1978 review of 17 studies of stimulant drugs that concluded “stimulant drugs have little, if any, impact on...long-term academic improvement....” Their major effect seemed to be an “improvement in classroom manageability.”³⁰

Psychiatrists substitute the word “medication” for drug to ease the minds of parents and teachers, conjuring up images of some benign cough syrup prescribed by a kindly family doctor. However, psychiatric medications are *all* mind-altering drugs, many are addictive, and all have been abused.

The following is information about the more common drugs prescribed to children.

Stimulants

The stimulants most prescribed for ADHD and other so-called learning disabilities include Ritalin, Adderall, Concerta, Metadate, Focalin and Cylert. As stimulants or amphetamine-likeⁱ drugs, they are categorized by the DEA as Schedule II drugs in the same class as morphine, opium and cocaine.³¹

The abuse of these stimulants in the United States is so great that in 1995, the United Nations’ International Narcotics Control Board (INCB) asked governments to “exercise vigilance with regard to trade in and dispensing of the substance [stimulant prescribed for ADHD] in order to prevent any attempts to divert it into illicit traffic.”³²

The same year the DEA said Ritalin could lead to addiction and that “psychotic episodes, violent behavior and bizarre mannerisms had been reported” with its use.³³

In 2000, ADHD drug manufacturers began “direct to consumer” advertising of these drugs in leading women’s magazines and on television, breaking a 30 year United Nations Treaty that banned the promotion of such drugs because of their high abuse potential.³⁴

- The side effects of Ritalin include nervousness, insomnia, hypersensitivity, anorexia, blood pressure and pulse changes, abdominal pain, weight loss and toxic psychosis. Suicide is a risk during withdrawal.³⁵ Ritalin and other stimulants potentially can also cause symptoms ranging from thought disorder to cardiac arrhythmia (irregular heart beat), and can stunt a child’s growth.³⁶

ⁱ Ritalin is **amphetamine-like** as it is very similar in chemical structure to amphetamine and its effects on the body. An **amphetamine’s** chemical structure closely resembles natural stimulants in the body, like adrenaline. It can reduce appetite and fatigue and “speed” you up. A drug of abuse, it is known as “speed,” “crystal meth” and “crank” and can cause addiction, serious bodily reactions and withdrawals. A **stimulant** refers to any mind-altering chemical or substance that affects the central nervous system by speeding up the body’s functions, including the heart and breathing rates. Common stimulants include cocaine, amphetamines, Ritalin, caffeine, and nicotine.

- Between 1990 and 2000, 186 deaths were linked to Ritalin. The risk is highest for abusers who snort large amounts of the drug.³⁷
- Dr. Walker reported in his book, *The Hyperactivity Hoax*, “While studies indicate that the drug is probably only a weak carcinogen [cancer-causing agent], increasing the future risk of millions of children—even a little bit—is not something to be done lightly.” He cited another report that warned Ritalin “may have persistent, cumulative effects on the myocardium (the thick muscle layer that forms most of the heart wall).”³⁸

In 2005, Texas researchers warned that human studies linked Ritalin to a higher risk of cancer. The study revealed that after only three months, one of a dozen children treated with Ritalin had a three-fold increase in chromosome abnormalities associated with increased risks of cancer. All 12 children showed chromosomal “breaks” that are similarly associated. “This should raise a red flag,” Marvin Legator, an environmental toxicologist and principal investigator in the study, said.³⁹

Causing Drug Abuse

According to the DEA, the street abuse of Ritalin has become a major problem. The drug now sells for \$5 to \$10 a pill on the black market. Known also as “Vitamin R,” “R-ball” and the “poor man’s cocaine,” it is also abused by grinding up the drug and snorting or injecting it.⁴⁰

- Stimulants, as Schedule II narcotics, can also lead to future drug abuse and addiction. In an analysis of a community based group of adults born in the 1960s, the DEA concluded: “Preliminary data indicated the medicated ADHD group had a higher lifetime frequency of cocaine use and a higher percentage that used cocaine more than 40 times...this preliminary data suggest that stimulant treatment of ADHD in childhood may be a risk factor for cocaine abuse in adults.”⁴¹
- A 1998 study of Californian adolescents diagnosed with “ADHD” found that, as adults, those treated with the stimulant were three times more likely to use cocaine.⁴²
- *The Journal of Forensic Science* reported in 1999 that there is increasing evidence that Ritalin is being diverted to illicit use by snorting or injection, with some fatalities, at least one from intranasal use.⁴³
- In 2000, the DEA said studies show neither animals or humans can differentiate between cocaine and Ritalin—“They produce effects that are *nearly* identical.”⁴⁴ In 2001, officials said ADHD drugs were among the most stolen and most abused prescriptions, particularly by children who share or sell their own pills. “This is not something that is driven by the Mafia. It’s the kind of casual distribution that goes on in high schools where kids pass it around,” said Gene R. Haislip, former head of DEA’s drug diversion unit.⁴⁵
- The same year *The Journal of the American Academy of Child and Adolescent Psychiatry* reported that psychostimulants have an abuse potential: “Very high doses of psychostimulants...may cause central nervous system damage, cardiovascular damage, and hypertension. In addition, high doses have been associated with compulsive behaviors, and in certain vulnerable individuals, movement disorders.” A percentage of children and adults treated at high doses can also have “hallucinogenic responses.”⁴⁶
- In August 2001, *The Journal of the American Medical Association* reported that Ritalin is chemically similar to cocaine. Injected as a liquid, it sends a jolt that “addicts like very much,” said Nora Volkow, M.D., psychiatrist from Brookhaven National Laboratory, Upton, New York. The study also admitted that although psychiatrists have used this drug to treat ADHD for 40 years, they and pharmacologists have never known how or why it worked.⁴⁷
- Dr. Richard Nakamura, acting director of the National Institute of Mental Health testified before the U.S. Government Reform Committee hearing into ADHD in September 2002. Under questioning by Committee Chairman, Congressman Dan Burton, Dr. Nakamura said, “The

stimulant properties of both [Ritalin and cocaine] derive from similar chemical properties.” When asked whether a person grinding up Ritalin and making it into a powder form to snort, would experience the same effect on the brain as snorting cocaine, Dr. Nakamura answered: “It would probably not do as much for them. However, yes, they would get a high from ground up methylphenidate [Ritalin].” He also said that addiction can occur if Ritalin is snorted.⁴⁸

COMMON PSYCHIATRIC DRUGS

Stimulants

The *Physicians’ Desk Reference* lists the side effects of all stimulants. They are Schedule II controlled substances, so categorized because of their enormous abuse potential.

- **Adderall:** This can cause mood swings, depression, weight loss, heart palpitations or irregular heartbeat, involuntary muscle tics or movements, psychosis and restlessness. Adderall is an amphetamine and potentially habit forming. A doctor should be contacted if a child experiences vomiting, stomach pain, fever, unusual weakness or tiredness, severe headaches or mental/mood changes. There is also a warning to contact a doctor immediately in the event of unusually fast heartbeat, blurred vision, uncontrolled muscle movements (e.g., tics, tremors) or chest pain.⁴⁹

Adderall, which now comprises 32% of the stimulant market for children, has also been linked to violence when in 2000 a North Dakota judge acquitted 26-year-old Ray Ehlis of murdering his 5-week-old daughter after two independent psychiatrists testified he was suffering a severe psychosis induced by Adderall.⁵⁰

- **Concerta:** Approved in 2000, this drug is chemically the same as Ritalin and can cause the same side effects, such as nervousness, weight loss, stunted growth, heart palpitations, insomnia, tics, psychosis, liver problems, hallucinations and depression. Withdrawal effects can include suicidal thoughts.
- **Cylert:** Also known as pemoline, this is chemically different in structure to amphetamines and Ritalin but is similar to them in its effects on the body. Side effects include hallucinations, increased irritability, involuntary movements of the face, eyes, lips, tongue, arms and legs, liver problems, loss of appetite, mild depression, seizures, tics and uncontrolled muscle spasms. There have been reports of death related to liver problems in people taking Cylert. Britain and Canada removed the drug from the market, but the FDA to date has allowed it to remain, despite its own analysis that found Cylert increased the risk of liver failure almost 17 times. A 2002 agency report found that stiffer label warnings had failed to prompt doctors to increase testing of patient’s livers.⁵¹

In 1999, the Ontario Medical Association Committee on Drugs and Pharmacotherapy reported that sales of Cylert were to be suspended in Canada, after a risk benefit assessment had been conducted by Health Canada on the use of Cylert posing serious liver complications, including liver failure resulting in death or liver transplantation. The findings said that the risks far outweighed the benefits of continued use.⁵² Prescriptions of Cylert in Canada are now severely restricted and are only available through Health Canada’s Special Access Program, which requires specific written requests for the drug to be used.

- **Dexedrine:** This drug is chemically similar to Adderall and can cause the same side effects: mood swings, depression, weight loss, heart palpitations or irregular heartbeat, involuntary muscle tics or movements, psychosis and restlessness.
- **Focalin:** FDA approved in 2001, the same company that makes Ritalin manufactures Focalin. It is a Schedule II controlled substance.⁵³ Adverse effects include decreased appetite, headache, dry mouth, insomnia, irritability, stomachache, and weight loss.⁵⁴

- **Metadate:** Approved by the FDA in August 2001, Metadate is a once a day [“extended release”] version of Ritalin. In 2002, the FDA also approved Metadate to include the option of sprinkling it onto a small amount of applesauce, making it the first once-daily methylphenidate product to receive sprinkle administration approval.⁵⁵ Side effects include headache, loss of appetite, abdominal pain, insomnia, ticks, “zombie” demeanor, and moodiness.⁵⁶
- **Ritalin:** Taken approximately every four hours, the side effects include nervousness, weight loss, stunted growth, heart palpitations, insomnia, tics, psychosis, liver problems, hallucinations and depression. The *Physicians’ Desk Reference (PDR)* warns, “frank psychotic episodes can occur” with abuse. Suicide is the major complication of withdrawal from Ritalin and similar drugs.⁵⁷ In 2002, researchers at the University of Buffalo conducted studies that showed Ritalin might cause long-term changes in the brain. Conducted on rats, the study revealed the changes to the brain are similar to those seen with cocaine.⁵⁸
- **Strattera (non-stimulant):** The drug, which was approved in 2002, was found to potentially cause severe liver problems. In December 2004, a new warning was added to Strattera packaging showing that the drug should be discontinued in patients who develop jaundice [unhealthy condition that causes yellowness of the skin, eyes and body fluids] or liver injury. The FDA noted, “The labeling warns that severe liver damage may progress to liver failure resulting in death or the need for a liver transplant in a small percentage of patients.”⁵⁹ Signs of the possible liver problems include jaundice, dark urine, unexplained flulike symptoms, upper right-side abdominal tenderness and a form of itchy skin known as pruritus [caused by irritation of the sensory nerve endings].⁶⁰ Other common side effects are headache, abdominal pain, nausea and vomiting, anorexia [eating “disorder”] and weight loss, nervousness, somnolence [drowsiness].⁶¹
- **Wellbutrin:** Also known as bupropion, this is an antidepressant (also prescribed for depression), one of the non-stimulant drugs prescribed to the 20% who apparently don’t respond “properly” to stimulants. Fatal heart attacks in those with a history of heart-rhythm disturbances have occurred.⁶² It can cause seizures and at rates of four times that of other antidepressants.⁶³ Other side effects include agitation, insomnia, increased restlessness, anxiety, delusions, hallucinations, psychotic episodes, confusion, weight loss, and paranoia.⁶⁴ Teens have abused the drug by crushing and snorting it, causing seizures.⁶⁵

Antidepressants

The new generation of antidepressants [Prozac, Paxil, Zoloft, Luvox, etc.] was falsely promoted as a dramatic new type of mood-altering drug, “a designer medical bullet targeting serotonin [a hormone that transmits nerve impulses],” says Harvard University Dr. Glenmullen.⁶⁶ “While the alleged ‘selectivity’ of the drugs makes good marketing copy,” he says, “implying that they target a depression center in the brain, no such center is known to exist.”⁶⁷ Dr. Andrew Nierenburg, director of the depression research program at the Massachusetts General Hospital and a professor at Harvard, says, “The dark side of all this is that we have many elegant models but the reality is that [when it comes to] the exact mechanisms by which these things work, we don’t have a clue.”⁶⁸

- In 2002, 14 years after Prozac came on the market, studies showed that up to 65% of the millions who had taken these antidepressants had not been helped. People experienced emotional numbing, restlessness, and memory lapses.⁶⁹ Sexual dysfunction affected 60% of patients taking these antidepressants.⁷⁰
- In Britain in 2003, the medicine regulatory agency told doctors not to prescribe the drugs for this reason.⁷¹ The U.S. Food and Drug Administration (FDA) Public Health Advisory of March 22, 2004, stated, “Anxiety, agitation, panic attacks, insomnia, irritability, hostility, impulsivity, akathisia [severe restlessness], hypomania [abnormal excitement, mild mania] and mania [psychosis characterized by exalted feelings, delusions of grandeur and overproduction of ideas], have been reported in adult and pediatric patients being treated with [Paxil-like] antidepressants...both psychiatric and non-psychiatric.”⁷² Bizarre dreams and violent behavior have also been reported.⁷³

- The FDA also said these antidepressants have the potential to cause suicidal behavior. In Britain in 2003, the medicine regulatory agency told doctors not to prescribe the drugs for this reason.⁷⁴
- On 20 August 2004, the FDA announced that a Columbia University review of the pediatric [child] clinical trials of Zoloft, Celexa, Effexor, Wellbutrin, Paxil and Prozac, found that young people who took the antidepressants were more likely than those taking a placebo [sugar or fake pills] to experience suicidal thoughts or actions.⁷⁵
- An FDA official, Dr. Andrew D. Mosholder, found that most antidepressants are too dangerous for children because of a suicide risk. He reviewed 22 studies, which showed that children were nearly twice as likely to become suicidal as those given placebos.⁷⁶
- On 15 October 2004, the FDA ordered pharmaceutical companies to add a “black box” warning to antidepressants, saying the drugs could cause suicidal thoughts and actions in some children and teenagers. The agency also directed the manufacturers to print and distribute medication guides with every antidepressant prescription and to inform patients of the risks.⁷⁷
- On December 9, 2004, ABC’s Prime Time Live exposed that at least 100 children in the United States had committed suicide while taking these types of antidepressants and many others had attempted it.⁷⁸ The precise numbers are unknown.
- According to a report in 2005, the manufacturer of Prozac has settled at least 30 Prozac lawsuits since 1990 for at least \$50 million. It also agreed to pay \$2.3 million in cash in 2000 to settle a class-action lawsuit by California drug consumers.⁷⁹

Violence and Antidepressants

- In November 2002, FOX National News reported that teenagers either taking antidepressants or stimulants or experiencing the withdrawal effects of them committed 7 out of 12 school shootings in the United States. One of these was Eric Harris, one of the teenagers responsible for the Columbine school shooting in 1999. He had been taking Luvox, which lists mania as a side effect. [The possible drug use by the remaining five school shooters is unknown as their medical records are sealed.]
- *The Physicians’ Desk Reference* reports that during clinical trials of Luvox manic reactions developed in 4% of children. Mania is defined as “a form of psychosis characterized by exalted feelings, delusions of grandeur and overproduction of ideas.” Applying that figure to the number of children on these types of antidepressants, that’s about 80,000 time bombs waiting to go off.
- Dr. Glenmullen says antidepressants could explain the rash of school shootings and mass-suicides over the last decade. People who take antidepressants, he said, could “become very distraught....They feel like jumping out of their skin. The irritability and impulsivity can make people suicidal or homicidal.”⁸⁰
- Dr. David Healy, director of the North Wales Department of Psychological Medicine stated: “What is very, very clear is that people do become hostile on the drugs.”⁸¹

Withdrawal Symptoms

- Withdrawal symptoms associated with SSRIs include deeper depression, which is why a person needs to gradually stop taking them under a physician’s supervision.⁸²
- Internal pharmaceutical company documents from 1997 show that in some studies, the number of people taking Paxil who experienced withdrawal symptoms was shockingly high—up to 62%. Documents directed sales reps to minimize concerns about discontinuation and avoid using the word “withdrawal.” Forced to testify before Congress in October 2004, manufacturer

representatives admitted their own studies showed as many as 21% of people taking Paxil experience withdrawal symptoms. Yet the drug packaging only reports a risk of 2%.⁸³

Antipsychotics (Major Tranquilizers)

Approximately 500,000 American children are prescribed powerful antipsychotic drugs, also called neuroleptics [meaning nerve seizing], for so-called “schizophrenic” behavior or conduct “disorders.” The older neuroleptics—first introduced in the 1950s—are more commonly known as Thorazine and Haldol. The current ones are Risperdal, Clozaril, Zyprexa, and an even newer one called Abilify.

Psychiatrists learned very early on that neuroleptics *cause* Parkinsonian [nervous system damage resulting in tremor and weakness in muscles] and *encephalitis lethargica* [brain inflammation] symptoms.⁸⁴

- The drugs damage the extrapyramidal system (EPS)—the extensive complex network of nerve fibers that moderate motor control—resulting in muscle rigidity, spasms, and various involuntary movements.⁸⁵
- The drug-induced side effect, *Tardive dyskinesia* [*Tardive*, meaning “late” and *dyskinesia* meaning, “abnormal movement of muscles”], is a permanent impairment of the power of voluntary movement of the lips, tongue, jaw, fingers, toes, and other body parts.⁸⁶ Individuals you see walking the streets grimacing, shuffling and shaking are suffering, not from their “mental disorder,” but from the damage induced by psychotropic drugs.
- Since the drugs’ introduction, researchers and psychiatrists have known the risk of neuroleptic malignant syndrome, a potentially fatal toxic reaction where patients break into fevers and become confused, agitated and extremely rigid. An estimated 100,000 Americans have died from it.⁸⁷
- The latest antipsychotic drugs were introduced when the older ones stopped making manufacturers sufficient profits and their damaging side effects could no longer be ignored. They are sold at significantly higher prices, in one case at 30 times the price of the older drugs.⁸⁸ One new neuroleptic costs \$3,000 to \$9,000 more per patient, with no benefits to symptoms, side effects or overall quality of life.⁸⁹
- One in every 145 patients who entered the drug trials for Risperdal, Zyprexa, Seroquel, and a fourth atypical [new] called Serolect died, and yet those deaths were never mentioned in the scientific literature.⁹⁰
- In 2003, *The New York Times* effectively retracted its earlier high praise for these antipsychotics stating, “They were billed as near wonder drugs, much safer and more effective in treating schizophrenia than anything that had come before.” However, now “there is increasing suspicion that they may cause serious side effects, notably diabetes, in some cases leading to death.”⁹¹ Between 1994 and 2002, 288 patients taking the new antipsychotics developed diabetes; 75 became severely ill and 23 died.
- Some of the newer drugs may be linked to pancreatitis [inflammation of the pancreas, the gland that breaks down protein, fats and carbohydrates]. Weight gain is a problem, with some patients gaining up to 65 pounds.⁹²
- Rather than fewer side effects, the newer antipsychotics have more severe ones. These include blindness, fatal blood clots, heart arrhythmia [irregularity], heat stroke, swollen and leaking breasts, impotence and sexual dysfunction, blood disorders, painful skin rashes, seizures, birth defects, extreme inner-anxiety and restlessness, death from liver failure, suicide rates two to five times more frequent than for the general “schizophrenic” population, and violence and mayhem, especially in young patients.

- *The New York Times* also referred to what had been known for more than 20 years—that one of these drugs had a record of causing a life-threatening blood disorder, and that patients required regular blood tests to monitor this side effect, also adding to its expense.
- In June 2005, the manufacturer of Zyprexa agreed to pay \$690 million to settle 8,000 claims against the drug. The drug accounts for one-third of the company’s annual drugs sales, generating \$4.4 billion in 2004 alone.⁹³
- Nor are physical effects the full extent of the problem. Many patients complain that the drugs are spiritually deadening, robbing them of any sense of joy, of their willpower, and of their sense of being. While the exact danger and side effect profiles have changed, the atypical neuroleptics still operate as a “chemical lobotomy.”⁹⁴

Abilify [brand name for the chemical aripiprazole] has been on the market since November 2002 and has been marketed as safe and effective with less side effects than earlier neuroleptics.

- Abilify has the following side effects: Blurred vision, headache, insomnia, light-headedness, nausea, restlessness, sleepiness, tremors, vomiting, weakness, tachycardia [heart irregularity], heart palpitation, hemorrhage [heavy, uncontrollable bleeding], cardiac arrest, heart failure, seizures and weight gain. Nervous system side effects include depression, nervousness, hostility, suicidal thoughts, manic reaction, abnormal gait [manner of walking] and confusion.⁹⁵ Abilify can also cause tardive dyskinesia.⁹⁶
- In September 2003, the FDA requested the makers of six atypical antipsychotic drugs, including Abilify, add a caution to their labeling language about the potential risk of diabetes and blood-sugar abnormalities.⁹⁷ Today, the information insert on Abilify lists hyperglycemia [abnormally high blood sugar—usually associated with diabetes], hypoglycemia [abnormally low blood sugar] and diabetes.⁹⁸
- In April 2003, the consumer advocacy group Public Citizen conducted their own review of information published on Abilify. They based their evaluation primarily on publicly available FDA reviews of information submitted by the manufacturer of Abilify in gaining FDA approval for the drug. FDA approval was based on just five trials lasting four to six weeks. According to Public Citizen, “...nothing in these five trials can lead one to believe that aripiprazole (Abilify) is a meaningful advancement in the treatment of schizophrenia.”⁹⁹

Essentially, all antipsychotics damage the nervous system, which affects the brain and, therefore, the communication system within the body. Studies also show that when patients stopped taking these drugs, they improved.¹⁰⁰

All psychiatric drugs are dangerous. Neurologist Sydney Walker, III, wrote in *A Dose of Sanity*, “In short, virtually every ‘safe’ or ‘harmless’ psychotropic drug introduced on the market was later found to have serious or even fatal side effects.”¹⁰¹

DO PSYCHIATRIC DRUGS “HELP”?

Richard Hughes and Robert Brewin, authors *The Tranquilizing of America*, warned that although psychotropic drugs may appear “to ‘take the edge off’ anxiety, pain, and stress, they also take the edge off life itself...these pills not only numb the pain but numb the whole mind.”¹⁰² In fact close study reveals that none of them can cure, all have side effects, some horrific, and due to their addictive and psychotropic properties, many believe that they cannot deal with life without them.

Peter Schrag and Diane Divoky, authors of *The Myth of the Hyperactive Child*, say that dozens of drug experiments have been founded on the “dubious premise: that if the drug worked, or seemed to work, the subject must be suffering from the ailment for which drug was administered.”¹⁰³ Because the person’s emotional state, behavior or outlook changes, there is a belief that the drugs are helping. However, a person could drink alcohol or take cocaine and may think they “feel better.” It doesn’t make it right and, in the case of psychiatric drugs, it is potentially very dangerous because the drugs mask physical conditions, which left untreated, can be catastrophic.

Because of the American Psychiatric Association’s *Diagnostic & Statistical Manual of Mental for Mental Disorders*, psychiatrists have deceived millions into thinking that the best answer to life’s many routine problems and challenges lies with the “latest and greatest” psychiatric drug.

However, Dr. Walker said that the *DSM* has “led to the unnecessary drugging of millions of Americans who could be diagnosed, treated, and cured without the use of toxic and potentially lethal medications.”¹⁰⁴

Imagine, he says, what would happen if a physician “simply gave patients symptom-masking drugs instead of diagnosing and treating them.” He gave the example of a patient visiting a general practitioner with a swollen hand that is twice its normal size, feels hot and is turning an unpleasant color. “Now suppose, the physician—instead instead of diagnosing the patient’s life-threatening infection and treating the infection with antibiotics—simply prescribes pain-killing drugs and sends the patient home! Treating a patient’s behavioral symptoms with Prozac and Ritalin is no different.” While the patient may be lulled into a temporary sense of wellness, whatever condition has caused the symptom is still present and often growing worse.

Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, say: “The public at large may gain false comfort from a diagnostic psychiatric manual that encourages belief in the illusion that the harshness, brutality and pain in their lives and in their communities can be explained by a psychiatric label and eradicated by a pill. Certainly, there are plenty of problems that we all have and a myriad [great number] of peculiar ways that we struggle...to cope with them. But could life be any different? Far too often, the psychiatric bible [*DSM*] has been making us crazy—when we are just human.”¹⁰⁵

SUMMARY

The repercussions are telling. Hundreds of children have committed suicide while taking the latest antidepressants. Millions more are prescribed “kiddy cocaine” [stimulants] for “disorders” that don’t exist and put at risk of addiction and worse. Children diagnosed with “ADHD” and prescribed stimulants can be later ineligible to serve in the U.S. Armed Forces. In 1998, the military discharged more than 3,100 recruits with psychiatric histories, pointing to a rise in “medication” and treatment of ADHD and other “behavioral disorders” as a reason for discharge.¹⁰⁶

Parents *must* be better informed. Few, if any, parents faced with the school situation of their child being labeled as “mentally” or “learning disordered” and coerced into taking psychiatric drugs, are told that there are many other factors that could be causing the child’s inattention, behavior problems or learning difficulties.

Common causes are poor reading and math skills requiring tutoring, environmental toxins, allergies, nutritional deficiencies, and other easily detectable and treatable physical conditions. Special medical doctors can do tests to determine if a person is experiencing an allergic reaction. Diet can also help.

In a study of 803 New York public schools and nine juvenile correction facilities, researchers increased fruits and vegetables and whole grains and decreased fats and sugars over a couple of years. No other changes were made in the schools or correctional facilities. Consequently, the academic performance of 1.1 million children rose 16% and learning disabilities fell 40%. In the juvenile correction facilities violent and non-violent antisocial behavior fell 48%.¹⁰⁷

The Washington D.C.-based Center for Science in the Public Interest (CSPI) cited 17 controlled studies in a 1999 report that found diet adversely affects children's behavior, sometimes dramatically.¹⁰⁸

Dr. Walker emphatically stated: "Physicians who skip the work of making an accurate diagnosis, and cavalierly [casually] prescribe dangerous psychotropic drugs based solely on labels picked out of the *DSM* are violating one of the most basic principles of medicine: to do no harm. And physicians who prescribe drugs to perfectly normal, healthy patients looking for a magic pill to make them more popular, or less sensitive to life's ups and downs, are even more misguided: they are actually creating brain dysfunction where none existed, and stunting their patients' emotional growth as well."

"A patient's health is his or her most prized possession," he added. "To prescribe medicines known to cause grave risk to a patient's health, and known to have few beneficial effects, is a perversion of the physician's duty and a violation of the Hippocratic Oath. To prescribe such drugs as a means of helping patients shirk responsibility or avoid life's tough knocks is simply unconscionable. These practices should be strongly condemned—not actively encouraged—by the American Psychiatric Association."¹⁰⁹

RECOMMENDATIONS

1. If you are concerned about a psychiatric drug that you or another is taking, seek medical attention. No one should stop taking a psychiatric drug without the advice or assistant of a competent, non-psychiatric medical doctor.

2. Any diagnosis of a “mental disorder” is not based on a test or any physical means to scientifically substantiate it. It is important to find a medical doctor that will conduct a thorough physical examination to first determine what underlying physical condition may be causing any unwanted behavior or emotion, including, but not limited to testing for:

- lead- or pesticide-poisoning
- thyroid conditions
- early-onset diabetes
- heart disease
- viral or bacterial infections
- malnutrition
- head injuries or tumors
- allergies
- vitamin and/or mineral deficiencies
- mercury exposure

Often a child, for example, may act up or not focus because he or she is experiencing the effects of such undiagnosed and, therefore, untreated conditions.

3. Concurrently, parents should also ensure that the child fully understands what he or she is learning in school to determine whether he or she should see a competent tutor who acknowledges the value of phonics and the value of defining key words. There are educational solutions for behavioral and classroom problems.

4. Any person or any parent whose child has been falsely diagnosed as mentally disordered which results in treatment that harms should file a complaint with the police and professional licensing bodies and have this investigated. They should seek legal advice about filing a civil suit against any offending psychiatrist and his or her hospital, associations and teaching institutions seeking compensation.

CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR®) was co-founded in 1969 by the Church of Scientology and Professor Emeritus of Psychiatry, Thomas Szasz, to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. Today, it has more than 130 chapters in 34 countries. Its board of advisors includes doctors, lawyers, educators, artists, business professionals and civil and human rights representatives.

CCHR has inspired and contributed to many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

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