



PSYCHIATRY

Hooking Your World on Drugs

Report and recommendations
on psychiatry creating
today's drug crisis

Published by
Citizens Commission on Human Rights
Established in 1969





IMPORTANT NOTICE

For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and “diseases” of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC “DISORDERS” ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental “diseases” have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL “DISORDERS,” NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with “disorders.” In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome*. Harvard Medical School’s Joseph Glenmullen, M.D., says that in psychiatry, “all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases.” As Dr. Thomas Szasz, Professor of Psychiatry Emeritus, observes, “There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases.”

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY “MENTAL DISORDER.” Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not

know the causes or cures for any mental disorder or what their “treatments” specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, “The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness.”

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A “CHEMICAL IMBALANCE” IN THE BRAIN IS UNPROVEN OPINION, NOT FACT.

One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: “[T]here are no tests available for assessing the chemical status of a living person’s brain.”

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE’S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable “brain diseases” that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

PSYCHIATRY

Hooking Your World on Drugs

CONTENTS

Introduction: A Drugged & Dangerous World	2
Chapter One: Pushing Drugs as 'Medicines'	5
Chapter Two: Marketing Disorders to Sell Drugs	9
Chapter Three: The Hoax of Learning 'Disorders'	13
Chapter Four: A Better Way	17
Recommendations	19
Citizens Commission on Human Rights International	20





INTRODUCTION

A Drugged and Dangerous World

What is one of the most destructive things in your world today? If you answered drugs, then you share that view with the majority of people in your community. Illegal drugs, and their resultant violence and crime, are recognized as a major threat to children and society. However, very few people recognize that illegal drugs represent only part of the current drug problem. Today, we see a reliance on another type of drug, namely prescription psychiatric drugs.

Once reserved for the mentally disturbed, today it would be difficult to find someone—a family member, a friend or a neighbor—who hasn't taken some form of psychiatric drug. In fact, these have become such a part of life for many people that "life without drugs" is simply unimaginable.

Prescribed for everything from learning and behavioral problems, to bedwetting, aggression, juvenile delinquency, criminality, drug addiction and smoking, to handling the fears and problems of our elderly, from the cradle to the grave, we are bombarded with information pushing us towards this type of chemical "fix."

Little surprise then that worldwide statistics show that a rapidly increasing percentage of every age group, from children to the elderly, rely heavily and routinely on these drugs in their daily lives. Global sales of antidepressants, stimulants, antianxiety and antipsychotic drugs have reached more than \$76 billion a year—more than double the annual U.S. government budget spent on the war against drugs.

"Psychiatrists have ensured that more and more people are being deceived into thinking that the best answer to life's many routine problems and challenges lies with the 'latest and greatest' psychiatric drug."

— Jan Eastgate

Authors Richard Hughes and Robert Brewin, in their book, *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." In fact,

close study reveals that none of them can cure, all have horrific side effects, and due to their addictive and psychotropic (mind-altering) properties, all are capable of ruining a person's life.

Consider also the fact that terrorists have used psychotropic drugs to brainwash young men to become suicide bombers. At least 250,000 children worldwide, some as young as seven, are being used for terrorist and revolutionary activities and given amphetamines

and tranquilizers to go on “murderous binges” for days. Yet these are the same drugs that psychiatrists are prescribing children for “learning” or “behavioral” problems.

Understanding society’s skyrocketing psychiatric drug usage is now even more critical than ever. Internationally, fifty-four million people are taking antidepressants known to cause addiction, violent and homicidal behavior.

How did millions become hooked on such destructive drugs? We need to look earlier than the drug.

Before falling into the trap, each individual was convinced that these drugs would help him or her to handle life. The primary sales tool used was an invented diagnostic system, the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders IV (DSM)* and the mental disorders section of Europe’s *International Classification of Diseases (ICD)*. Once diagnosed and the prescription filled, the harmful properties of the drugs themselves took over.

Forcing widespread implementation of this diagnostic sham, psychiatrists have ensured that more and more people with no serious mental problem, even no problem at all, are being deceived into thinking that the best answer to life’s many routine difficulties and challenges lies with the “latest and greatest” psychiatric drug.

Whether you are a legislator, a parent of school-aged children, a teacher, an employer or employee, a homeowner, or simply a community member, this publication is vital reading.

Our failure in the war against drugs is



due largely to our failure to put a stop to the most damaging of all drug pushers in society.

This is the psychiatrist at work today, busy deceiving us and hooking our world on drugs.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate". The signature is stylized and cursive.

Jan Eastgate
President,
Citizens Commission
on Human Rights International

IMPORTANT FACTS

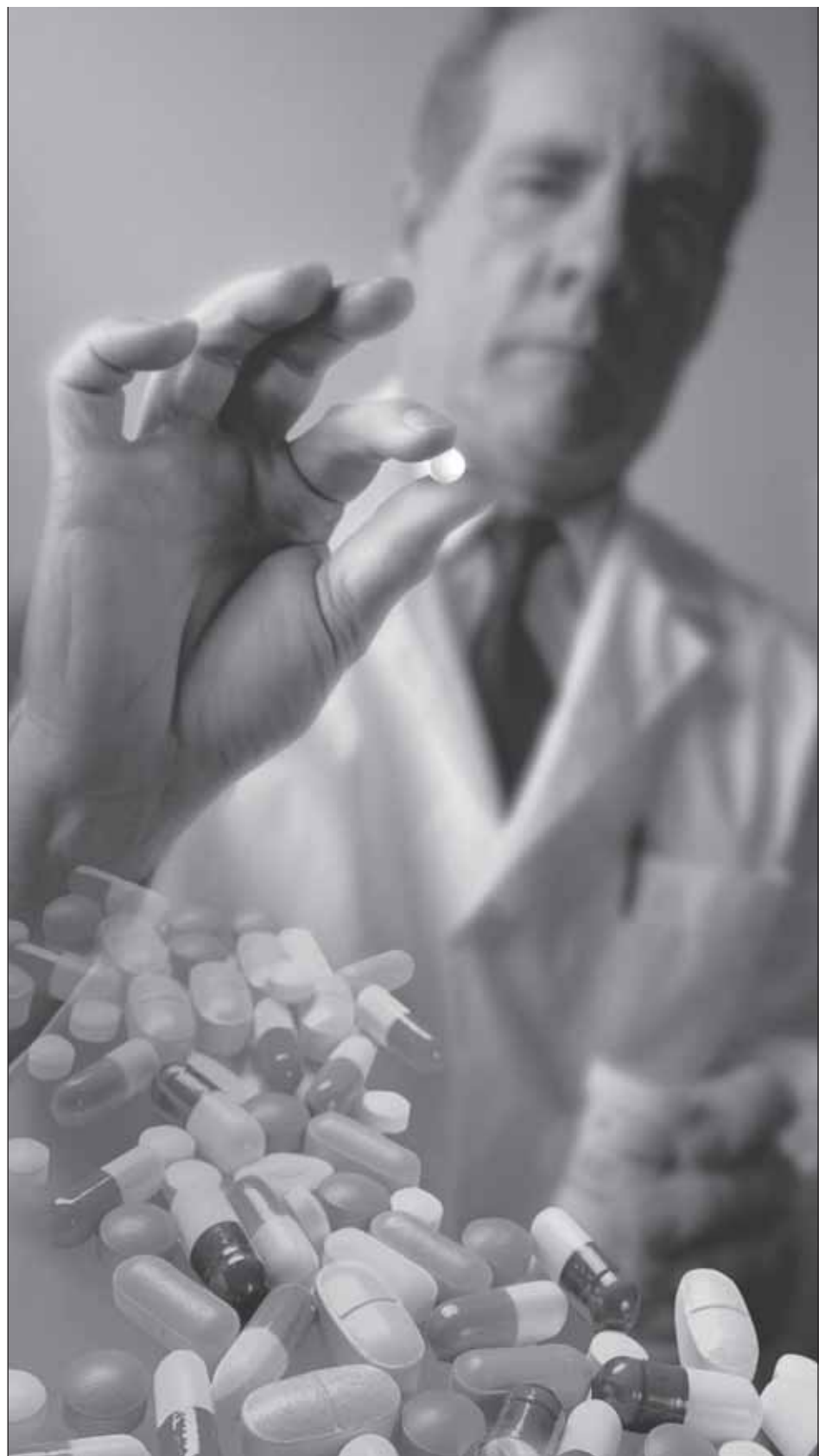
1 Psychiatric drugs have become a panacea for the pressures and stresses of modern living, pushed heavily by psychiatrists into schools, nursing homes, drug rehabilitation centers and prisons.

2 Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants are now known to potentially cause neurological disorders, including disfiguring facial and body tics.¹ Sexual dysfunction has affected 60% of people taking them.

3 The latest antipsychotic drugs can cause respiratory arrest, heart attacks, diabetes and death.

4 More than 100 million prescriptions for antidepressants are written each year. Worldwide sales of psychiatric drugs have climbed to more than \$76 billion, prescribed for conditions that cannot be medically confirmed.

5 Despite the devastating side effects, in France, one in seven prescriptions covered by insurance includes a psychotropic drug and over 50% of the unemployed—1.8 million—take such drugs.²





CHAPTER ONE

Pushing Drugs as 'Medicines'

What's happening in the training of psychiatrists and in the quality of a psychiatrist is that they have become drug pushers. They have forgotten how to sit down and talk to patients as to what their problems are," said psychiatrist Walter Afield.

Decades ago, people understood a drug to be one of two things: a substance legally prescribed by a medical doctor to help treat physical disease—in other words, a medication; or, an illegal substance which characteristically caused addiction, and could lead to a marked change in consciousness—such as the "street" drugs, heroin and opium.

Most people know that illegal drugs are one of society's worst enemies, bringing crime and its associated ills to our streets, communities and schools.

In the last few decades, however, a new breed of drug has moved into mainstream society. These drugs have become so much a part of life that many find it difficult to consider living even a day without them.

Psychiatric drugs have become a panacea for the pressures and stresses of modern living, used extensively in schools, nursing homes, drug rehabilitation centers and prisons. They are relied on to "help" with everything from weight control, and mathematical and writing problems, to flagging self-confidence, anxiety, sleeping disorders and minor day-to-day upsets.

While medical drugs commonly treat,

While medical drugs commonly treat, prevent or cure disease or improve health, psychiatric drugs only suppress symptoms—symptoms that return once the drug wears off. Like illicit drugs, they provide no more than a temporary escape from life's problems.

prevent or cure disease or improve health, psychiatric drugs at best suppress symptoms—symptoms that return once the drug wears off. Like illicit drugs, they provide no more than a temporary escape from life's problems.

But psychiatric drugs are also habit-forming and addictive. Withdrawal from them can be far more difficult than

from illegal drugs. The clearest evidence of the similarities between psychiatric and illegal drugs is the fact that addiction to psychiatric drugs now rivals illegal drug addiction as the No. 1 drug problem in many parts of the world.

Yet, such dangerous and problem-ridden drugs have become widely accepted in society.

PSYCHIATRIC DRUGS

A History of Betrayal



Amphetamine

The evolution of psychiatric drugs has been a procession of claimed “miraculous” new developments that were all eventually found to be harmful, even deadly.

Early 1900s:

Barbiturates, which are sedative-hypnotic drugs, were introduced to control patient behavior. By 1978, the U.S. Bureau of Narcotics and Dangerous Drugs proposed restricting barbiturates because they were “more dangerous than heroin.”

1930s:

Amphetamines, used as antidepressants, were promoted as having “no serious reactions.” However, cases of addiction and “amphetamine psychos” were almost immediately reported but the information was withheld from consumers.

1943:

LSD, initially developed as a circulatory and respiratory stimulant, moved into psychiatric ranks in the 1950s as a “cure” for everything from schizophrenia to criminal behavior, sexual perversions and alcoholism. Information was suppressed about its

effects, which included panic, delusions, toxic confusion, depersonalization and birth defects.

1950s:

Ecstasy, which was originally and unsuccessfully developed as an appetite suppressant in Germany in 1914, was used as an adjunct to psychotherapy. Today, it is one of the most dangerous of the illegal or “street” drugs.

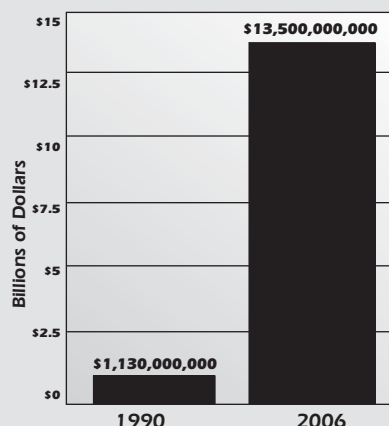
1950s:

Working in a lab in Nazi-occupied Paris in 1942, researchers discovered a phenothiazine (yellowish crystalline substance used for dyes and insecticides) that depressed the central nervous system. In the 1950s, the drug was marketed under various names, including chlorpromazine, Largactil and Thorazine. It wasn’t until 1972 that patients were warned of the crippling effects of the drugs, including irreversible damage to the nervous system and a fatal toxic reaction that killed an estimated 100,000 Americans. Statistics of deaths in other countries are unknown.

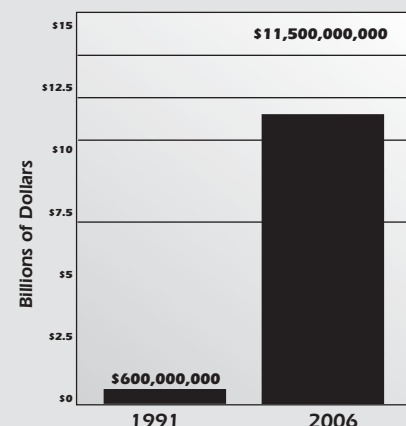
1957:

Monoamine Oxidase Inhibitors (MAOIs), originally developed to treat tuberculosis, but withdrawn from the market because they caused hepatitis, were used as antidepressants. Certain foods and drinks such as cheese, wine and caffeine interacted with the drugs to cause potentially life-threatening changes in blood pressure.

INCREASING DRUG SALES: *Used only to “treat” never cure—mind-altering psychiatric drug sales continue to climb.*



Antidepressant Sales in the United States, 1990 vs. 2006



Antipsychotic Sales in the United States, 1991 vs. 2006

In 1958, as an alternative, tricyclic longer-acting antidepressants were developed but caused sedation, drowsiness, difficulty in thinking, headaches and weight gain.

1960s:

Minor tranquilizers or benzodiazepines became known as "Mother's Little Helper" because of the number of women prescribed them. The public was not told that they can be addictive within several weeks of taking them.

1960s:

Originally used to reverse a barbiturate-induced coma, the cocaine-like stimulant, Ritalin (methylphenidate) was used for childhood behavioral problems and "hyperactivity." By 1971, Ritalin and other stimulants were scheduled in the same abuse category as morphine, cocaine and opium.

1980s -1990s:

Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants were marketed as "a designer medical bullet" and virtually side-effect free. Fourteen years later, the public was finally warned that neurological disorders, including disfiguring facial and body tics (indicating potential brain damage) were potential effects, and that the drugs cause suicidal and violent behavior.

1990s:

"Atypical" (new) neuroleptic (nerve-seizing) or antipsychotic drugs for "schizophrenia" were hailed as a "breakthrough" treatment, despite studies in the 1960s linking one of the drugs to respiratory arrest and heart attacks. Cases are now emerging of the drugs causing diabetes and inflammation of the pancreas.

Today:

At least 20 million people worldwide are prescribed minor tranquilizers, with "Western European countries facing epidemic levels of citizens being hooked on tranquilizers as well as antidepressants," author Beverly Eakman reports.³ In Spain, the use of antidepressants rose 247% in the 1990s, with the sales of antidepressants increasing three-fold and anti-anxiety drugs by four-fold in the four years following 2000.⁴ And the trend continues to climb. In Britain and the United States, scientists discovered that one antidepressant is consumed in such large quantities that traces of it are now in the country's drinking water. The pharmaceuticals travel through the sewage network and end up being recycled into the water system. According to an environmental spokesperson, Norman Baker, M.P., "This looks like a case of hidden mass medication of the unsuspecting public and is potentially a very worrying health issue."⁵

Coincidentally, the world is suffering from massive social problems that are international in scope, including increased drug abuse and violence.

MARKETING HARM FOR PROFIT:

Negative psychiatric drug publicity has historically been countered with articles and advertisements in medical journals which routinely exaggerated the benefits of drugs, while blatantly ignoring their numerous risks. In the case of antipsychotic drugs, that included Parkinson symptoms, permanent nervous system damage and even death.



IMPORTANT FACTS

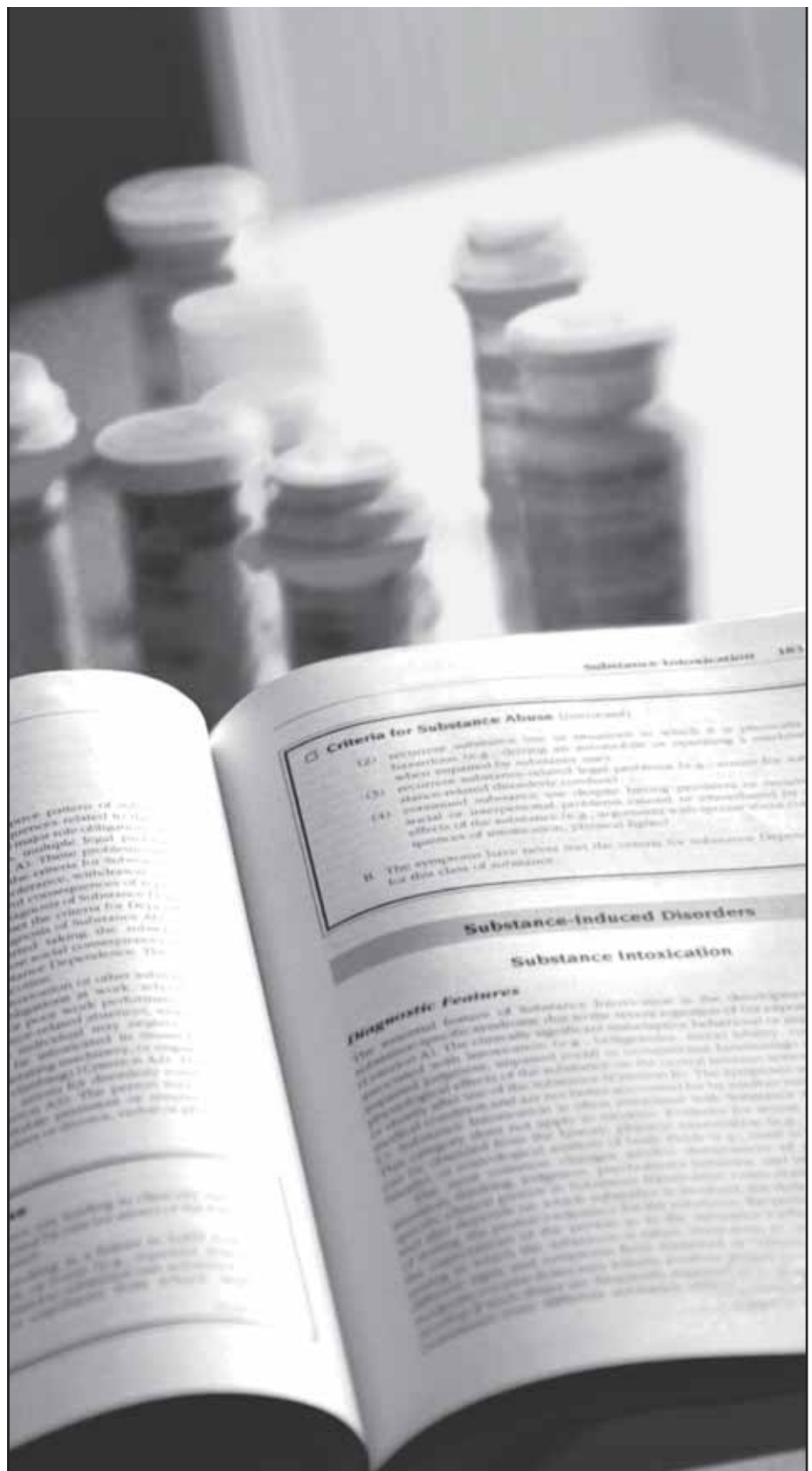
1 Psychiatrists redefined behavior and educational problems as “disorders” in order to claim insurance reimbursements. Literally by a vote, they decide which disorder should be included in their *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

2 In a *Psychiatric Times* article entitled, “Dump the DSM,” psychiatrist Paul Genova said that psychiatric practice is governed by a diagnostic system that “is a laughingstock for the other medical specialties.”

3 Bruce Levine, Ph.D., author of *Commonsense Rebellion* says: “... 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.”⁶

4 Psychiatrist M. Douglas Mar says, “There is no scientific basis for these claims [of using brain scans for psychiatric diagnosis].”⁷

5 Dr. Sydney Walker III, a neurologist, psychiatrist and author of *A Dose of Sanity*, said that the *DSM* has “led to the unnecessary drugging of millions.”⁸





CHAPTER TWO

Marketing Disorders to Sell Drugs

It may be stating the obvious, but for a doctor to legally prescribe a drug, there has to be some sort of agreed-upon diagnosis, some standard by which to act, that would include legitimate physical symptoms. This isn't the case with psychiatry.

Harvard Medical School's Joseph Glenmullen explains: "In medicine, strict criteria exist for calling a condition a disease. In addition to a predictable cluster of symptoms, the cause of the symptoms or some understanding of their physiology [function] must be established. This knowledge elevates the diagnosis to the status of recognized disease. For example, 'fever' is not a disease, it is merely a symptom. In the absence of known cause or physiology [function], a cluster of symptoms that one sees repeatedly in many different patients is called a syndrome, not a disease."⁹ In psychiatry, "we do not yet have proof either of the cause of the physiology for any psychiatric diagnosis. ... The diagnoses are called disorders because none of them have established diseases."¹⁰

The development of the sixth edition of the World Health Organization's *International Classification of Diseases (ICD)* in 1948, which incorporated psychiatric disorders (as diseases) for the first time, and the publication of the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in the

United States in 1952, provided an apparent diagnostic system.

The 1952 edition of the *DSM* contained a list of 112 mental disorders. In 1980, the third edition, *DSM-III*, was released, listing an additional 112 disorders, bringing the total to 224. In the "Infancy, Childhood, and Adolescence" section, 32 new mental disorders were added, including: Attention Deficit Disorder, Conduct Disorder, Developmental Reading Disorder, Developmental Arithmetic Disorder, and Developmental Language Disorder.

DSM-IV, published in 1994, took the total count of mental disorders to 374. And since then new disorders have been continually invented and added to the list.

For all its technical pretense, the *DSM* has never scored a scientific mark with any professional group except psychiatrists themselves.

The reason is very simple.

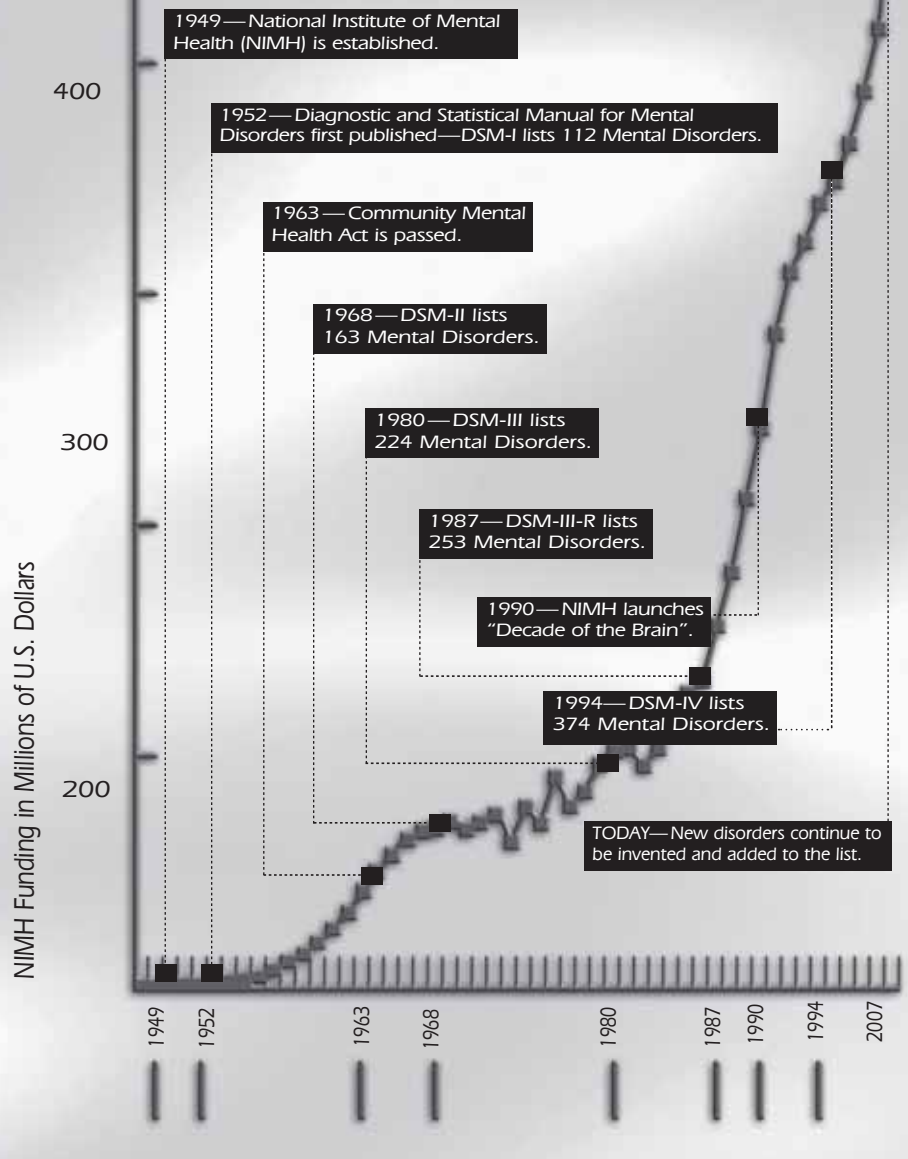
■ *DSM-II* reports, "Even if it had tried, the [APA] Committee could not establish agreement about what this disorder [schizophrenia] is; it could only agree on what to call it." Professor of Psychiatry Emeritus, Thomas Szasz, says that schizophrenia is "defined so vaguely that, in actuality, it is a term often applied to almost any kind of behavior of which the speaker disapproves."

■ Psychiatrists put their own finger on it in their introduction to *DSM-III*: "For most of the *DSM-III*

The *DSM* is "arrogant fraud. ... To make some kind of pretension that this is a scientific statement is ... damaging to the culture."

— Ron Leifer, New York psychiatrist

Psychiatry's Funding Tactic INVENT MORE "MENTAL ILLNESSES"



all the issues surrounding the sticky problem of where deviance ends and dysfunction begins. It doesn't."¹¹

While individuals do suffer from mental disturbances, there is no proof that these conditions are caused by any of psychiatry's mental "diseases." Nor is there proof of any such thing as a mental "disease"; they exist because psychiatry *says* they exist.

So how does a disorder appear in the *DSM*? It becomes qualified by a consensus process which involves a mere show of "expert" hands—the key question being, "Do you think this is a disorder or not, yes or no?" This unscientific procedure prompted psychiatrist Al

disorders ... the etiology [cause] is unknown. A variety of theories have been advanced, buttressed by evidence not always that convincing to explain how these disorders come about."

■ As psychiatrist Matthew Dumont commented, "They say: '...while this manual provides a classification of mental disorder ... no definition adequately specifies precise boundaries for the concept.' They then provide a 125-word definition of mental disorder, which is supposed to resolve

Paredes to call the *DSM* "a masterpiece of political maneuvering." He also observed, "What they [psychiatrists] have done is medicalize many problems that don't have demonstrable, biological causes."

Obviously, people can and do experience serious mental difficulties and need help. However, professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, warn: "The public at large may gain false comfort

PSYCHIATRIC DRUGS

The Chemical Imbalance Lie

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 of peculiar ways that we struggle ... to cope with them. But could life be any different? Far too often, the psychiatric bible has been making us crazy—when we are just human.”¹²

Junk Science

According to an international poll of mental health experts conducted in England, the *DSM-IV* was voted one of the 10 worst psychiatric papers of the millennium. *DSM* was criticized for reducing psychiatry to a checklist: “If you are not in the *DSM-IV*, you are not ill. It has become a monster, out of control.”¹³

A study published in the journal *Psychotherapy and Psychosomatics* found that for so-called mood disorders (“depression” and “bipolar”) and “schizophrenia/psychotic disorders,” 100% of the panel members determining them had undisclosed financial involvements with drug companies.

A July 2001 *Washington Post* article reported that while in real medicine, new drugs are manufactured to treat existing physical conditions, in the case of psychiatry, the drive is seeking “new disorders for existing drugs.”

Dr. Irwin Savodnik, an assistant clinical professor of psychiatry at the University of California, Los Angeles, responded: “The very vocabulary of psychiatry is now defined at all levels by the pharmaceutical industry.”¹⁴

Carl Elliot, a bioethicist at the University of Minnesota, commented, “The way to sell drugs is to sell psychiatric illness.”¹⁵ With the *DSM*, psychiatry has at its disposal an expanding list of supposed mental disorders, for each of which a psychiatric drug can be legally prescribed.

“There’s no biological imbalance. When people come to me and they say, ‘I have a biochemical imbalance,’ I say, ‘Show me your lab tests.’ There are no lab tests.” — Dr. Ron Leifer, New York psychiatrist

Reputable physicians agree that for a disease to be accurately diagnosed and treated, there must be a tangible, objective, physical abnormality that can be determined through tests such as, but not limited to, blood or urine, X-ray, brain scan or biopsy. It is the consensus of many medical professionals that, contrary to psychiatric assertion, no scientific evidence exists that would prove that “mental disorders” are “brain-based diseases” or that a chemical imbalance in the brain is responsible.

A study published in *PLOS Magazine* said neuroscientific research had failed to confirm any chemical abnormality in the brain.

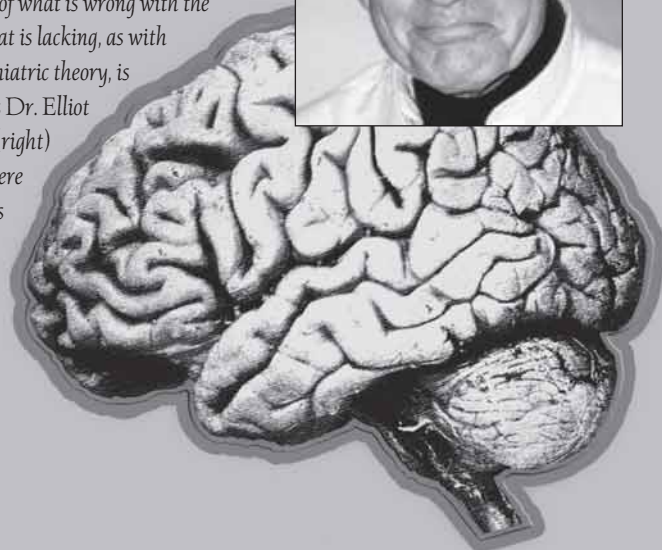
In his book *Blaming the Brain*, biopsychologist Elliot S. Valenstein tells us: “Contrary to what is claimed, no biochemical, anatomical, or functional signs have been found that reliably distinguish the brains of mental patients.” Further, this theory is “useful in promoting drug treatment.”¹⁶

Ty C. Colbert, Ph.D., author of *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry Has Failed Its Patients*, said, “We know that the chemical imbalance model for mental illness has never been scientifically proven.”¹⁷

Australian psychologist Philip Owen warns: “The claim is continually made that the drugs repair chemical imbalances in the brain. This claim is false. It is still not possible to measure the exact levels of neurotransmitters in specific synapses [a place at which a nerve impulse passes from one nerve cell to another]. How, then, is it possible to make claims about chemical imbalances?”

BOGUS BRAIN THEORY:

Presented in countless illustrations in popular magazines, the brain has been dissected and labeled and analyzed while assailing the public with the latest theory of what is wrong with the brain. What is lacking, as with all psychiatric theory, is scientific fact. As Dr. Elliot Valenstein (right) explained, “There are no tests available for assessing the chemical status of a living person’s brain.”



IMPORTANT FACTS

1 There are no objective scientific criteria confirming the medical existence of Attention Deficit Hyperactivity Disorder (ADHD).

2 Dr. Louria Shulamit, a family practitioner in Israel, says, "ADHD is a syndrome, not a disease. The symptoms ... are so common that we can conclude that all children ... fit this diagnosis."¹⁸

3 In 1987, ADHD was literally *voted* into existence by American Psychiatric Association committee members and enshrined in the *DSM*. Within one year, 500,000 American children were diagnosed as "hyperactive"; today, millions around the world are so labeled.¹⁹

4 "Hyperactivity is not a disease," wrote psychiatrist Sydney Walker III. "It's a hoax perpetrated by doctors who have no idea what's really wrong with these children."

5 The U.S. Drug Enforcement Administration (DEA) says the main stimulant used to treat "ADHD" can lead to addiction and that "psychotic episodes, violent behavior and bizarre mannerisms had been reported" with its use.²⁰





CHAPTER THREE

The Hoax of Learning 'Disorders'

Very few families, or teachers, lives have not been interrupted in some way by the widespread drugging of children with prescribed, mind-altering drugs.

For the millions of children around the world now on these drugs, trusted advisors are ready to answer their parents' concerns about their children's disorder necessitating the "medication." Commonly, a psychiatrist or psychologist tells these parents that their child suffers from a disorder affecting his or her ability to learn—commonly known as a Learning Disorder (LD). The disorder is also labeled Attention Deficit Disorder (ADD), or most commonly today, Attention Deficit Hyperactivity Disorder (ADHD). In Sweden it is known as DAMP (Disorder in Attention, Motor control and Perception), although DAMP is now widely discredited.

Parents are told that these are well-recognized, medical problems demanding continuous, prescribed medication. Wanting only the best for their child, and believing the advisors, these parents agree to the drug treatment as the best solution available. However, as many parents have found to their tragic loss, the worst thing to do is to ignore their instincts in the matter and give in to the psychiatric propaganda.

What are the facts?

There are numerous risks associated with the

prescription of mind-altering drugs for so-called behavioral or learning disorders. A short list of these follows:

- The U.S. Drug Enforcement Administration (DEA) reports methylphenidate (Ritalin) prescribed to treat "ADHD" could lead to addiction.²¹

- The U.S. Food and Drug Administration, Canadian, Japanese, UK and European agencies have issued official warnings that Ritalin, Dexedrine and other prescription stimulants are life threatening and have caused psychosis, aggression, hallucinations, sui-

cide, strokes, heart attacks and death. Dr. Steven Nissen, a leading cardiologist at Cleveland Clinic warns that current stimulant use is a "potential public health crisis."²²

- Ritalin is more potent than cocaine and may predispose a child taking it to later cocaine use.

- Known amongst children and teens selling drugs on the playground as "Vitamin R," "R-ball" and the "poor

man's cocaine," this stimulant is abused by grinding up the drug and snorting or injecting it.

- Suicide is a major complication of withdrawal from this stimulant and similar amphetamine-like drugs.²³

- Studies have determined that children taking these drugs do not perform better academically.²⁴

- Psychiatrists misleadingly argue that ADHD requires "medication" in the same way that

"These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a 'brain disease.' Because the diagnosis of ADHD is fraudulent, it doesn't matter whether a drug 'works.' Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven."
— Beverly Eakman, author, president,
National Education Consortium



diabetes requires insulin treatment. On this, Dr. Mary Ann Block, author of *No More ADHD*, is adamant: “ADHD is not like diabetes and Ritalin is not like insulin. Diabetes is a real medical condition that can be objectively diagnosed. ADHD is an invented label with no objective, valid means of identification. Insulin is a natural hormone produced by the body and it is essential for life. Ritalin is a chemically derived amphetamine-like drug that is not necessary for life. Diabetes is an insulin deficiency. Attention and behavioral problems are not a Ritalin deficiency.”

■ Clinical psychologist Ty C. Colbert says that when behaviors are “viewed as pathology, however, doctors will prescribe drugs under the guise of balancing a chemical imbalance. Yet because there is no imbalance, all the drugs do is chemically restrict the brain’s capabilities.” Ritalin, he says, restricts blood flow to the brain: “Blood flow delivers the necessary energy source (glucose) to the brain. The brain cannot function without glucose. It has been observed that many children who take Ritalin (or other stimulants) exhibit zombie-like behavior.”²⁵

■ In his book, *The Wildest Colts Make the Best Horses*, John Breeding, Ph.D., states, “Even the most ardent Ritalin/ADHD enthusiasts find absolutely no positive long-term outcomes on anything in their research reviews. Short term there is only one—conformity in the classroom.”

ADHD Is Not a “Disease”

There are no objective scientific criteria confirming the existence of ADHD, or any mental disorder. According to the *DSM*, symptoms of ADHD include: fails to give close attention to details or may make careless mistakes in schoolwork or other tasks; work is often messy or careless; has difficulty sustaining attention in tasks or play activities; appears as if they are not listening, fails to complete schoolwork, chores, or other duties, often fidgets with hands or feet or squirms in seat; often runs about or climbs excessively in situations in which it is inappropriate; often has difficulty playing or engaging in leisure activities quietly; and is often on the go.

“A child who sees a *DSM*-oriented doctor is almost assured of a psychiatric label and a prescription, even if the child is perfectly fine. ... This willy-nilly labeling of virtually everyone as mentally ill is a serious danger to healthy children because virtually all children have enough symptoms to get a *DSM* label and a drug.”

— Dr. Sydney Walker III, psychiatrist, neurologist, author of *A Dose of Sanity*

“If there is no valid test for ADHD, no data proving ADHD is a brain dysfunction, and if the drugs [prescribed for it] do not improve academic performance or social skills and can lead to illicit drug use, why in the world are millions of children ... being labeled and prescribed these drugs?”

— Dr. Mary Ann Block, D.O., author of *No More ADHD*



■ A U.S. 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.”²⁶

■ Faced with a court order to hand over research that purportedly substantiated the existence of DAMP, coworkers of psychiatrist Christopher Gillberg destroyed 100,000 pages of research so that his “findings” could never be challenged. In March 2006, Gillberg was convicted of misconduct, given a suspended jail sentence and fined.²⁷

According to Dr. Walker, “a child who sees a DSM-oriented doctor is almost assured of a psychiatric label and a prescription, even if the child is perfectly fine. ... This willy-nilly labeling of virtually everyone as mentally ill is a serious danger to healthy children, because virtually all children have enough symptoms to get a DSM label and a drug.”

Dr. Block is unequivocal: “If there is no valid test for ADHD, no data proving ADHD is a brain dysfunction, no long-term studies of the drugs’ effects, and if the drugs do not improve academic performance or social skills and the drugs can cause compulsive and mood disorders and can lead to illicit drug use, why in the world are millions of children, teenagers and adults ... being labeled with ADHD and prescribed these drugs?”

“Hyperactivity is not a disease,” wrote Dr. Walker. “It’s a hoax perpetrated by doctors who have no idea what’s really wrong with these children.”

Today’s Drugged Culture

Worldwide, more than 20 million children are prescribed psychotropic drugs, 9 million of them in the United States. The number of teens in the United States abusing psychiatric stimulants is 30% greater than those abusing a similar compound — cocaine. Some 54 million people of all ages are taking antidepressants. Yet, the European drug regulatory agencies warn that these cause hostility, panic attacks, irritability, impulsivity, akathisia (severe restlessness), hypothermia (abnormal excitement), mania, sexual dysfunction and suicide. Paxil (paroxetine), for example, is seven times more likely to induce suicide in people taking it than those taking placebo (dummy pill), according to a Norwegian study. Effexor has been cited as causing homicidal thought. The drugs are also addictive.

Antipsychotic drugs place the elderly at increased risk of strokes and death and have a “boxed warning” to emphasize the risk. In all ages, they cause agitation, aggressive reaction, and akathisia, blood clots and life-threatening diabetes to people of all ages.

School shootings are now linked to teens taking prescribed psychiatric drugs that cause violent behavior, mania and suicide.

In a study published in *The British Medical Journal*, Joanna Moncrieff, senior lecturer in psychiatry at University College London, and Irving Kirsch, determined that antidepressants were no more effective than a placebo and do not reduce depression. “The bottom line,” Moncrieff stated, “is that we really don’t have any good evidence that these drugs work.”²⁸

This is the psychiatric and pharmaceutical industry today — hooking your world on drugs.

IMPORTANT FACTS

1 Psychiatric drugs can only chemically mask problems and symptoms; they cannot and never will be able to solve problems.

2 There are many causes for the symptoms of "ADHD," including allergies, malnutrition, lead poisoning, high levels of mercury in the body, pesticides and too much sugar.

3 Lack of exercise, thyroid problems, poor adrenal function, hormonal disorders, hypoglycemia (abnormal decrease in blood sugar), food allergies, heavy metals, sleep disturbances, infections, heart problems, lung disease, diabetes, chronic pain and even some psychiatric drugs can cause "depression."

4 Hypoglycemia, allergies, caffeine sensitivity, thyroid problems, vitamin B deficiencies and excessive copper in the body can cause manifestations of "bipolar disorder."²⁹

5 The true resolution of many mental difficulties begins, not with a checklist of symptoms, but with ensuring that a competent, non-psychiatric physician completes a thorough physical examination.





CHAPTER FOUR

A Better Way

There is no end to the number of and the complexity of problems that arise from our misplaced trust in psychiatrists, their diagnostic charades, and their mind-altering drug solutions. Inestimable damage has already been done to individual lives. Wherever psychiatry intervenes, the environment becomes more dangerous, more unsettled, more disturbed.

While life is full of problems, and sometimes those problems can be overwhelming, it is important to know that psychiatry, its diagnoses and its drugs are the wrong direction to go. The drugs can only chemically mask problems and symptoms; they cannot and never will be able to solve problems. Once the drug has worn off, the original problem remains. As a solution or cure to life's problems, they do not work.

Meanwhile, numerous safe and workable alternatives do exist, solutions that psychiatrists refuse to recognize.

"When a person remains depressed despite normal efforts to remedy the problem, a physical source of the depression should be considered," states an alternative mental health group on its website. The site lists a number of

possible physical sources, including: nutritional deficiencies, lack of exercise, thyroid problems, poor adrenal function, hormonal disorders, hypoglycemia, food allergies, heavy metals, sleep disturbances, infections, heart problems, lung disease, diabetes, chronic pain, multiple sclerosis, Parkinson's disease, stroke, liver disease and even some psychiatric drugs themselves.

Dr. Thomas Dorman, an internist, says, "... emotional stress associated with a chronic illness or a painful condition can alter

"Our feelings of vulnerability at a party have nothing to do with our bodies or our chemistry. Instead, they have everything to do with our soul and our view of ourselves."

— Ty C. Colbert, clinical psychologist,
author of *Rape of the Soul*

the patient's temperament. In my practice I have run across countless people with chronic back pain who were labeled neurotic. A typical statement from these poor patients is 'I thought I really was going crazy.'" The problem may be "simply an undiagnosed ligament problem

in their back."

There are many childhood problems that can appear to be symptoms of so-called "ADHD," but which are in fact either allergic reactions or the result of a lack of vitamins or nutrition in the body. High levels of lead from the environment can place children at risk of both school failure and delinquent



or unruly behavior; high mercury (chemical) levels in the body may cause agitation; pesticides can create nervousness, poor concentration, irritability, memory problems and depression. And too much sugar can make a child “overly active” or “hyper.”

More often than not, children simply need educational solutions. Tutoring and learning how to effectively study can save the child from a life of unnecessary and harmful psychiatric drugs. If a child is struggling in class, he may also be very creative and

While life is full of problems, and sometimes those problems can be overwhelming, it is important for you to know that psychiatry, its diagnoses and its drugs are the wrong way to go.

or highly intelligent and in need of greater stimulation.

Mental healing treatments should be gauged on how they improve and strengthen individuals, their responsibility, their spiritual well-being, and thereby society. Treatment that heals should be

delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people’s rights.

A workable and humane mental health system is what the Citizens Commission on Human Rights (CCHR) is working towards.



RECOMMENDATIONS

Recommendations

1 People in desperate circumstances must be provided proper and effective medical care. Medical, not psychiatric, attention, good nutrition, a healthy, safe environment and activity that promotes confidence will do far more than the brutality of psychiatry's drug treatments.

2 Medical facilities should replace coercive psychiatric institutions. These must have medical diagnostic equipment, which non-psychiatric medical doctors can use to thoroughly examine and test for all underlying physical problems that may be manifesting as disturbed behavior. Government and private funds should be re-channeled into such facilities and away from abusive psychiatric institutions that rely on mind-controlling drugs rather than legitimate medical help.

3 The pernicious influence of psychiatry has wreaked havoc throughout society, especially in the hospitals, educational and prison systems. Citizen groups and responsible government officials should work together to expose and abolish psychiatry's hidden manipulation of society.

4 If a person has been the victim of psychiatric assault, fraud, illicit drug selling or other abuse, they should file a criminal complaint and send a copy to CCHR. Once criminal complaints have been filed, they should also be filed with the state regulatory agencies, such as state medical and psychologists' boards. Such agencies can investigate and revoke or suspend a psychiatrist or psychologist's license to practice. You should also seek legal advice to look into filing a civil suit for compensatory, and as applicable, punitive damages.

5 Protections should be put in place to ensure that psychiatrists and psychologists are prohibited from violating the right of any person to exercise all civil, political, economic, social and cultural rights as recognized in the U.S. Constitution, the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, and in other relevant instruments.



Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in over 34 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

Article 3: Everyone has the right to life, liberty and security of person.

Article 5: No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.

Article 7: All are equal before the law and are entitled without any discrimination to equal protection of the law.

Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

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



MISSION STATEMENT

THE CITIZENS COMMISSION ON HUMAN RIGHTS

investigates and exposes psychiatric violations of human rights. It works shoulder-to-shoulder with like-minded groups and individuals who share a common purpose to clean up the field of mental health. We shall continue to do so until psychiatry's abusive and coercive practices cease and human rights and dignity are returned to all.

Beverly K. Eakman CEO, U.S.
National Education Consortium,
Author of the best-selling *Cloning*
of the American Mind

"CCHR has worked tirelessly to protect the right of all parents to direct the education and upbringing of their children. I salute CCHR for its incredible persistence. ..."

Dr. Julian Whitaker M.D.
Director of the Whitaker Wellness
Institute, Author of *Health & Healing*

"The efforts of CCHR and the successes they have made is a cultural benefit of a great magnitude. They have made great strides; they have been a resource to parents and children who have been *terribly abused* by psychiatrists and psychologists and the mental health advocates and professionals, and they're the only group that is standing up for human rights

when it comes to the abuses of the psychiatric community. The over-drugging, the labeling, the faulty diagnosis, the lack of scientific protocols, all of the things that no one realizes is going on, CCHR focused on, has brought to the public's attention and has made headway in stopping the kind of steam-rolling effect of the psychiatric profession."

Cynthia Thielen
Legislator, Hawaii

"Without CCHR I think we would be really at a loss, and it would be a tragic situation for ... children. So I'm very thankful that people such as [CCHR], with their knowledge and availability, [are] there ready to help us. It makes a tremendous difference, because it is a big battle for the lives and the health of our children. And we have to work very hard together."

For further information:

CCHR International
6616 Sunset Blvd.

Los Angeles, CA, USA 90028

Telephone: (323) 467-4242 • (800) 869-2247 • Fax: (323) 467-3720

www.cchr.org • e-mail: humanrights@cchr.org

CCHR INTERNATIONAL

Board of Commissioners

CCHR's Commissioners act in an official capacity to assist CCHR in its work to reform the field of mental health and to secure rights for the mentally ill.

International President

Jan Eastgate
Citizens Commission on Human Rights International, Los Angeles

National President

Bruce Wiseman
Citizens Commission on Human Rights United States

Citizens Commission on Human Rights Board Member

Isadore M. Chait

Founding

Commissioner

Dr. Thomas Szasz,
Professor of Psychiatry Emeritus at the State University of New York Health Science Center

SCIENCE, MEDICINE & HEALTH

Rohit Adi, M.D.
Ivan Alfonso, M.D.
Professor Garland Allen
Giorgio Antonucci, M.D.
Ann Auburn, D.O.
Mark Barber, D.D.S.
Lisa Bazler, B.A., M.A.
Ryan Bazler, B.S., MBA
Margarethe von Beck, DLitt et Phil
Shelley Beckmann, Ph.D.
Lisa Benest, M.D.
Peter Bennet
Mary Ann Block, D.O.
John Breeding, Ph.D.
Lisa Cain
Anthony Castiglia, M.D.
Roberto Cestari, M.D.
James Chappell, D.C. N.D., Ph.D.

Beth Clay
Bishop David Cooper
Jesus Corona
Ann Y. Coxon, M.B., B.S.
Moirra Dolan, M.D.
Mary Ann Durham, B.S.
Dan L. Edmunds, ED.D., M.A., B.C.S.A.

David Egner, Ph.D.
Seth Farber, Ph.D.
Mark Filidei, D.O.
Nicolas Franceschetti, M.D.
Marta Garbos, Psy. D.
Howard Glasser, M.A.
Patti Guliano, D.C.
Edward C. Hamlyn, M.D.
Brett Hartman, Psy.D.
Lawrence Hooper, M.D.
Dr. Joseph Isaac
Georgia Janisch, R.D.
Dr. Derek Johnson
Jonathan Kalman, N.D.
Dr. Peter Kervorkian, D.C.
Professor Oleg Khilkevich
Kenichi Kozu, Ph.D.
Eric Lambert, R. Ph.
Anna C. Law, M.D.
Richard Lippin, M.D.
Otani Logi
Lloyd McPhee
Dr. Bari Maddock
Joan Mathews-Larson, Ph.D.
Conrad Maulfair, D.O.
Colleen Maulfair
Clinton Ray Miller
Dr. Robert Morgan Ph.D.
Craig Newnes
Gwen Olsen
Mary Jo Pagel, M.D.
Vladimir Pshizov, M.D.
Lawrence Retief, M.D.
Franklin H. Ross, M.D.
Megan Shields, M.D.
Allan Sosin, M.D.
David Tanton, Ph.D.
William Tutman, Ph.D.
Tony Urbanek, M.D., D.D.S.
Margaret von Beck, Ph.D.
Wanda von Kleist, Ph.D.
Julian Whitaker, M.D.
Spice Williams-Crosby, BSc, MFS, CFT
Michael Wisner
Sergej Zapuskalov, M.D.
Norman Zucker, M.D.

POLITICS & LAW

Rep. Russell Albert
Lewis Bass, M.S., J.D.
Timothy Bowles, Esq.
Robert Butcher, LLB
Robert E. Byron, LLC
Lars Engstrand
Guillermo Guzmán de la Garza

Sandra Garcia Rojas
Steven Hayes, Esq.
Gregory Hession, J.D.
Sen. Karen Johnson
Erik Langeland, Esq.
Leonid Lemberick, Esq.
Vladimir Leonov, M.P.
Lev Levinson
Doug Linde, Esq.
Jonathan W. Lubell, LL.B.
Jeff Lustman
Kendrick Moxon
Rep. Curtis Oda
Col. Stanislav Pylov
Rep. Guadalupe Rodriguez
Sandro Garcia Rojas
Timothy Rosen, Esq.
Steven Russell, Esq.
Rep. Aaron Tilton, (UT)
Rep. Mark Thompson
Rep. Michael Thompson
Rep. Matt Throckmorton

ARTS, ENTERTAINMENT & MEDIA

Kirstie Alley
Anne Archer
Jennifer Aspen
Catherine Bell
David Campbell
Raven Kane Campbell
Nancy Cartwright
Kate Ceberano
Chick Corea
Bodhi Elfman
Jenna Elfman
Cerise Fukuji
Isaac Hayes
Donna Isham
Mark Isham
Jason Lee
Geoff Levin
Gordon Lewis
Juliette Lewis
John Mappin
Jaime Maussan
Jim Meskimen
Tamra Meskimen
Marisol Nichols
John Novello
David Pomeranz
Kelly Preston
Tariz Nasim
Kelly Patricia O'Meara
Leah Remini
Lee Rogers
Carrina Ricco
Raul Rubio

Harriet Schock
Dennis Smith
Michelle Stafford
Cass Warner
Miles Watkins
Kelly Yaegermann

EDUCATION

Dr. Samuel Blumenfeld
Cassandra Casey
Gleb Dubov, Ph.D.
Beverly Eakman
Professor Antony Flew, Ph.D.
Dr. Wendy Ghiora, Ph.D.
Professor Hector Herrera
Wendy McCants-Thomas
Sonya Muhammad, M.S.
James Paicopolos
Nickolai Pavlovsky
Anatoli Prokopenko
Gayle Ruzicka
Joel Turtel
Shelley Ucinski
Micheal Walker
Charles Whittman, III

BUSINESS

Lawrence Anthony
Michael Baybak
Phillip Brown
Luis Colon
Bob Duggan
Joyce Gaines
James A. Mackie
Cecilio Ramirez
Sebastien Sainsbury
Roberto Santos

RELIGION

Rev. Doctor Jim Nicholls
Pastor Michael Davis
Bishop Samuel V.J. Rowland

ACTIVISTS/HUMAN RIGHTS

Paul Bruhne
Janice Hill
Nedra Jones. Ph. D.
Elvira Manthey
Sheila Matthews
Lynette Riley-Mundine
Ghulam Abbas Sajan
William Tower
Ishrat Nasim
Patricia Weathers
Allan Wohrnitz, B.Sc.
Lloyd Wyles

CCHR National Offices



CCHR Australia
Citizens Commission on
Human Rights Australia
P.O. Box 6402
North Sydney
New South Wales 2059
Australia
Phone: 612-9964-9844
E-mail: cchranzo@tpg.com.au

CCHR Austria
Citizens Commission on
Human Rights Austria
(Bürgerkommission für
Menschenrechte Österreich)
Postfach 130
A-1072 Wien, Austria
Phone: 43-1-877-02-23
E-mail: info@cchr.at

CCHR Belgium
Citizens Commission on
Human Rights Belgium
(Belgisch comite voor de rechten
van de mens)
Postbus 338
2800 Mechelen 3, Belgium
E-mail: info@cchr.de

CCHR Canada
Citizens Commission on
Human Rights Canada
27 Carlton St., Suite 304
Toronto, Ontario
M5B 1L2 Canada
Phone: 1-416-971-8555
E-mail:
officemanager@on.aibn.com

CCHR Colombia
Citizens Commission on Human
Rights Colombia
P.O. Box 359339
Bogota, Colombia
Phone: 57-1-251-0377
E-mail: ccdhcol@hotmail.com

CCHR Czech Republic
Citizens Commission on Human
Rights Czech Republic
Obcanská komise za
lidská práva
Václavské náměstí 17
110 00 Praha 1, Czech Republic
Phone/Fax: 420-224-009-156
E-mail: cchr-cz@volny.cz

CCHR Denmark
Citizens Commission on
Human Rights Denmark
(Medborgernes Menneskerettig-
hedskommission—MMK)
Faksingevej 9A
2700 Brønshøj, Denmark
Phone: 45 39 62 90 39
E-mail: info@mmk.info

CCHR Finland
Citizens Commission on
Human Rights Finland
Post Box 145
00511 Helsinki, Finland
Phone: 358-9-8594-869

CCHR France
Citizens Commission on
Human Rights France
(Commission des Citoyens pour
les Droits de l'Homme—CCDH)
BP 10076
75561 Paris Cedex 12, France
Phone: 33 1 40 01 09 70
Fax: 33 1 40 01 05 20
E-mail: ccdh@wanadoo.fr

CCHR Germany
Citizens Commission on
Human Rights Germany
(Kommission für Verstöße
der Psychiatrie gegen
Menschenrechte e.V.—KVPM)
Amalienstraße 49a
80799 München, Germany
Phone: 49 89 273 0354
Fax: 49 89 28 98 6704
E-mail: kvpm@gmx.de

CCHR Greece
Citizens Commission on
Human Rights Greece
P.O. Box 31268
Athens 47, Postal Code 10-035
Athens, Greece
Phone: 210-3604895

CCHR Holland
Citizens Commission on
Human Rights Holland
Postbus 36000
1020 MA, Amsterdam
Holland
Phone/Fax: 3120-4942510
E-mail: info@ncrm.nl

CCHR Hungary
Citizens Commission on
Human Rights Hungary
Pf. 182
1461 Budapest, Hungary
Phone: 36 1 342 6355
Fax: 36 1 344 4724
E-mail: info@cchr.hu

CCHR Israel
Citizens Commission
on Human Rights Israel
P.O. Box 37020
61369 Tel Aviv, Israel
Phone: 972 3 5660699
Fax: 972 3 5663750
E-mail: cchr_isr@netvision.net.il

CCHR Italy
Citizens Commission
on Human Rights Italy
(Comitato dei Cittadini per i
Diritti Umani ONLUS—CCDU)
Viale Monza 1
20125 Milano, Italy
E-mail: info@ccdu.org

CCHR Japan
Citizens Commission on
Human Rights Japan
2-11-7-7F Kitaotsuka
Toshima-ku Tokyo
170-0004, Japan
Phone/Fax: 81 3 3576 1741
E-mail:
cchrjapan@bpost.plala.or.jp

CCHR Latvia
Citizens Commission on
Human Rights Latvia
Dzelzavas 80-48
Riga, Latvia 1082
Phone: 371-758-3940
E-mail: cchr-latvia@inbox.lv

CCHR Mexico
Citizens Commission
on Human Rights Mexico
(Comisión de Ciudadanos por
los Derechos Humanos—CCDH)
Cordobanes 47, San Jose
Insurgents
México 03900 D.F.
Phone: 55-8596-5030
E-mail:
proteglasaludmental@yahoo.com

CCHR Nepal
Citizens Commission
on Human Rights Nepal
P.O. Box 1679
Kathmandu, Nepal
Phone: 977-1-448-6053
E-mail: nepalccchr@hotmail.com

CCHR New Zealand
Citizens Commission on
Human Rights New Zealand
P.O. Box 5257
Wellesley Street
Auckland 1141, New Zealand
Phone/Fax: 649 580 0060
E-mail: cchr@xtra.co.nz

CCHR Norway
Citizens Commission on
Human Rights Norway
(Medborgernes
menneskerettighets-kommisjon,
MMK)
Postboks 308
4803 Arendal, Norway
Phone: 47 40468626
E-mail: mmknorge@online.no

CCHR Russia
Citizens Commission on
Human Rights Russia
Borisa Galushkina #19A
129301, Moscow
Russia CIS
Phone: (495) 540-1599
E-mail: cchr@g-telecom.ru

CCHR South Africa
Citizens Commission on
Human Rights South Africa
P.O. Box 710
Johannesburg 2000
Republic of South Africa
Phone: 011 27 11 624 3538
E-mail: suzette@cchr.co.za

CCHR Spain
Citizens Commission on
Human Rights Spain
(Comisión de Ciudadanos por los
Derechos Humanos—CCDH)
c/Maestro Arbos No 5-4
Oficina 29
28045 Madrid, Spain
Phone: 34-91-527-35-08
E-mail:
administration@ccdhes

CCHR Sweden
Citizens Commission on
Human Rights Sweden
(Kommittén för Mänskliga
Rättigheter—KMR)
Box 2
124 21 Stockholm, Sweden
Phone/Fax: 46 8 83 8518
E-mail: info.kmr@telia.com

CCHR Switzerland
Citizens Commission
on Human Rights Lausanne
(Commission des Citoyens pour
les droits de l'Homme—CCDH)
Case postale 5773
1002 Lausanne, Switzerland
Phone: 41 21 646 6226
E-mail: cchrlau@dplanet.ch

CCHR Taiwan
Citizens Commission on
Human Rights Taiwan
Taichung P.O. Box 36-127
Taiwan, R.O.C.
Phone: 42-471-2072
E-mail: tao5lanna@yahoo.com.tw

CCHR United Kingdom
Citizens Commission on
Human Rights United Kingdom
P.O. Box 188
East Grinstead, West Sussex
RH19 4RB, United Kingdom
Phone: 44 1342 31 3926
Fax: 44 1342 32 5559
E-mail: info@cchr.org.uk

REFERENCES

References

1. Joseph Glenmullen, M.D., *Prozac Backlash*, (Simon & Schuster, NY, 2000), p. 8.
2. Frank Viviano, "In the Land of Champagne and Croissants, Pills are the King—French lead the world in use of medication," *San Francisco Chronicle*, 14 May 1998; Alexander Dorozynski, "France tackles psychotropic drug problem," Internet address: <http://www.bmj.com/cgi/content/full/313/7037/997>, 20 Apr. 1996; "Civil Unrest in Socialist France," *IDEA HOUSE*, Jan. 1998.
3. Beverly K. Eakman, "Anything That Ails You, Women on Tranqs in a Self-Serve Society," *Chronicles*, Aug. 2004.
4. Victor Cordoba, "Psiquiatria Guerra a la melancholia Aumenta el uso de antidepressivos en España,"—*El Mundo*, 20 Feb. 1997, Internet address: <http://www.el-mundo.es/salud/1997/235/01762.html>; "Prohibido estar Triste," 17 Nov. 2003, Internet address: <http://www.quo.wanadoo.es/quo/carticulos/10017.html>.
5. Anil Dawar, "Prozac 'found in tapwater,'" *Daily Mail*, 9 Aug. 2004.
6. Bruce D. Levine, Ph.D., *Commonsense Rebellion: Debunking Psychiatry, Confronting Society* (New York: Continuum, 2001), p. 277.
7. Lisa M. Krieger, "Some question value of brain scan; Untested tool belongs in lab only, experts say," *The Mercury News*, 4 May 2004.
8. Sydney Walker, *A Dose of Sanity: Mind, Medicine and Misdiagnosis*, (John Wiley & Sons, Inc., NY, 1996), p. 51.
9. Joseph Glenmullen, *Prozac Backlash*, (Simon & Shuster, NY, 2000)10. *Ibid.*, p. 193.
10. *Ibid.*, p. 193.
11. Matthew Dumont, "A Diagnostic Parable," (First Ed.), *Readings: A Journal of Reviews and Commentary in Mental Health*, 9-12 Dec. 1987.
12. Herb Kutchins and Stuart A. Kirk, *Making Us Crazy*, (The Free Press, NY, 1997), p. 265.
13. "Ten Things that Drive Psychiatrists to Distraction" *The Independent* (UK) 19 Mar, 2001.
14. Irwin Savodnik, "Psychiatry's Sick Compulsions: Turning Weaknesses into Diseases," *Los Angeles Times*, 1 Jan. 2006.
15. Shankar Vedantam, "Drug Ads Hying Anxiety Make Some Uneasy," *The Washington Post*, 16 July 2001.
16. Elliot S. Valenstein, Ph.D., *Blaming the Brain*, (The Free Press, New York, 1998), pp. 4, 6, 125, 224.
17. Ty C. Colbert, Ph.D., *Rape of the Soul: How the Chemical Imbalance Model of Modern Psychiatry Has Failed Its Patients*, (Kevco Publishing, California, 2001), p. 97.
18. Louria Shulamit, M.D., Family Practitioner, Israel, 2002—quote provided to CCHR International, 22 June 2002.
19. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders (Third Edition)* (Press Syndicate of the University of Cambridge, Great Britain), 1980, pp. 41, 44, 385; *DSM-III-R*, (American Psychiatric Association, Washington, D.C.), 1987, p. 50; Theodore J. La Vaque, Ph.D., "Kids, Drugs, and ADD ...," Internet address: <http://www.dct.com/~tlavaque/ritalin.html>.
20. "Methylphenidate (A Background Paper)," U.S. Drug Enforcement Administration, Oct. 1995, p. 16.
21. *Ibid.*
22. Brian Vastig, "Pay Attention: Ritalin Acts Much Like Cocaine," *Journal of the American Medical Association*, Aug. 22/29, 2001, Vol. 286, No. 8, p. 905.
23. *DSM-III-R*, (American Psychiatric Association, Washington, D.C., 1987), p. 136.
24. Dr. Mary Ann Block, *No More ADHD*, (Block Books, Texas, 2001), p. 35.
25. *Op. cit.*, Colbert, *Rape of the Soul*, p. 78.
26. National Institutes of Health, Consensus Conference on ADHD, 16-18 Nov. 1998.
27. Annika Hansson, "Disputed Material Destroyed," *Trelleborgs Allehanda*, May 2004.
28. Joanna Moncrief, M.D., and Irving Kirsch, "Efficacy of Anti-Depressants in Adults," *BMJ*, 16 July 2005.
29. "Alternatives for Bipolar Disorder," Safe Harbor, Alternative On-Line.

Citizens Commission on Human Rights

RAISING PUBLIC AWARENESS

Education is a vital part of any initiative to reverse social decline. CCHR takes this responsibility very seriously. Through the broad dissemination of CCHR's Internet site, books, newsletters and other publications, more and more patients, families, professionals, lawmakers and countless others are

becoming educated on the truth about psychiatry, and that something effective can and should be done about it.

CCHR's publications—available in 15 languages—show the harmful impact of psychiatry on racism, education, women, justice, drug rehabilitation, morals, the elderly, religion, and many other areas. A list of these includes:

THE REAL CRISIS—*In Mental Health Today*

Report and recommendations on the lack of science and results within the mental health industry

MASSIVE FRAUD—*Psychiatry's Corrupt Industry*

Report and recommendations on a criminal mental health monopoly

PSYCHIATRIC MALPRACTICE—*The Subversion of Medicine*

Report and recommendations on psychiatry's destructive impact on health care

INVENTING DISORDERS—*For Drug Profits*

Report and recommendations on the unscientific fraud perpetrated by psychiatry

SCHIZOPHRENIA—*Psychiatry's For Profit 'Disease'*

Report and recommendations on psychiatric lies and false diagnoses

BRUTAL THERAPIES—*Harmful Psychiatric 'Treatments'*

Report and recommendations on the destructive practices of electroshock and psychosurgery

PSYCHIATRIC RAPE—*Assaulting Women and Children*

Report and recommendations on widespread sex crimes against patients within the mental health system

DEADLY RESTRAINTS—*Psychiatry's 'Therapeutic' Assault*

Report and recommendations on the violent and dangerous use of restraints in mental health facilities

PSYCHIATRY—*Hooking Your World on Drugs*

Report and recommendations on psychiatry creating today's drug crisis

REHAB FRAUD—*Psychiatry's Drug Scam*

Report and recommendations on methadone and other disastrous psychiatric drug 'rehabilitation' programs

CHILD DRUGGING—*Psychiatry Destroying Lives*

Report and recommendations on fraudulent psychiatric diagnoses and the enforced drugging of youth

HARMING YOUTH—*Screening and Drugs Ruin Young Minds*

Report and recommendations on harmful mental health assessments, evaluations and programs within our schools

COMMUNITY RUIN—*Psychiatry's Coercive 'Care'*

Report and recommendations on the failure of community mental health and other coercive psychiatric programs

HARMING ARTISTS—*Psychiatry Ruins Creativity*

Report and recommendations on psychiatry assaulting the arts

UNHOLY ASSAULT—*Psychiatry versus Religion*

Report and recommendations on psychiatry's subversion of religious belief and practice

ERODING JUSTICE—*Psychiatry's Corruption of Law*

Report and recommendations on psychiatry subverting the courts and corrective services

ELDERLY ABUSE—*Cruel Mental Health Programs*

Report and recommendations on psychiatry abusing seniors

BEHIND TERRORISM—*Psychiatry Manipulating Minds*

Report and recommendations on the role of psychiatry in international terrorism

CREATING RACISM—*Psychiatry's Betrayal*

Report and recommendations on psychiatry causing racial conflict and genocide

CITIZENS COMMISSION ON HUMAN RIGHTS

The International Mental Health Watchdog

WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.



Published as a public service by the
Citizens Commission on Human Rights

CCHR in the United States is a non-profit, tax-exempt 501(c)(3) public benefit corporation recognized by the Internal Revenue Service.

PHOTO CREDITS: Page 14: Vicky Kasala/Getty Images.

*“There is no end to
the number of and the
degree of complexity of problems
that arise from our misplaced
trust in psychiatrists, their
diagnostic charades and their
mind-altering drug solutions.
Inestimable damage has
already been done to
individual lives and society.”*

— Jan Eastgate

*President, Citizens Commission on
Human Rights International*

Get the complete series.

Order on-line at:

www.cchr.org

Citizens Commission on Human Rights International

6616 Sunset Blvd., Los Angeles, CA, USA 90028

Telephone: (323) 467-4242 • (800) 869-2247 • Fax: (323) 467-3720

www.cchr.org • e-mail: humanrights@cchr.org