



REHAB FRAUD

Psychiatry's Drug Scam

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

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.

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INTRODUCTION

What Hope Is There?

Wouldn't a universal, proven cure for drug addiction be a good thing? And is it possible?

First, let's clearly define what is meant by "cure." For the individual a cure means complete and permanent absence of any overwhelming physical or mental desire, need or compulsion to take drugs. For the society it means the rehabilitation of the addict as a consistently honest, ethical, productive and successful member.

In the 1970s, this first question would have seemed rather strange, if not absurd. "Of course that would be a good thing!" and "Are you kidding?" would have been common responses.

Today, however, the responses are considerably different. A drug addict might answer, "Look, don't talk to me about cures, I've tried every program there is and failed. None of them work." Or, "You can't cure heredity; my father was an alcoholic." A layperson might say, "They've already cured it; methadone, isn't it?" Or, "They've found it's an incurable brain disease; you know, like diabetes, it can't be cured." Or even, "Science found it can't be helped; it's something to do with a chemical imbalance in the brain."

Very noticeable would be the absence of the word, even the idea, of *cure*, whether amongst

addicts, families of addicts, government officials, media or anywhere else. In its place are words like disease, illness, chronic, management, maintenance, reduction and relapse. Addicts in rehab are taught to refer to themselves as "recovering," never "cured." Stated in different ways, the implicit consensus that has been created is that drug addiction is incurable and something an addict will have to learn to live with—or die with.

Is all hope lost?

Before considering that question, it is very important to understand one thing about drug rehabilitation today. Our hope of a cure for drug addiction was not lost; it was buried by an avalanche of false information and false solutions.

First of all, consider psychiatrists' long-term

propagation of dangerous drugs as "harmless":

■ In the 1960s, psychiatrists made LSD not only acceptable, but an "adventure" to tens of thousands of college students, promoting the false concept of improving life through "recreational," mind-altering drugs.

■ In 1967, U.S. psychiatrists met to discuss the role of drugs in the year 2000. Influential New York psychiatrist Nathan Kline, who served on committees for the U.S. National Institute of Mental Health and the World Health Organization stated, "In principle, I don't see that drugs are any more abnormal than reading, music, art, yoga, or 20 other things—if you take a broad point of view."¹

"It is very important to understand one thing about much of the drug rehabilitation field today. Our hope of a cure for drug addiction was not lost. It was buried by an avalanche of psychiatry's false information and false solutions. Drug addiction is not a disease. Real solutions do exist."

— Jan Eastgate

■ In 1973, University of California psychiatrist, Louis J. West, wrote, "Indeed a debate may soon be raging among some clinical scientists on the question of whether clinging to the drug-free state of mind is not an antiquated position for anyone—physician or patient—to hold."²

■ In the 1980s, Californian psychiatric drug specialist, Ronald K. Siegel, made the outrageous assertion that being drugged is a basic human "need," a "fourth drive" of the same nature as sex, hunger and thirst.³

■ In 1980, a study in the *Comprehensive Textbook of Psychiatry* claimed that, "taken no more than two or three times per week, cocaine creates no serious problems."⁴ According to the head of the Drug Enforcement Administration's office in Connecticut, the false belief that cocaine was not addictive contributed to the dramatic rise in its use in the 1980s.⁵

■ In 2003, Charles Grob, director of child and adolescent psychiatry at University of California Harbor Medical Center believed that Ecstasy (hallucinogenic street drug) was potentially "good medicine" for treating alcoholism and drug abuse.⁶

Today, drug regulatory agencies all over the world approve clinical trials for the use of hallucinogenic drugs to handle anything from anxiety to alcoholism, despite the drugs being known to cause psychosis.

The failure of the war against drugs is largely due to the failure to stop one of the most dangerous drug pushers of all time: the psychiatrist. The sad irony is that he has also established himself in positions enabling him to control the drug rehab field, even though he can show no results for the billions awarded by governments and legislatures. Governments, groups, families, and



individuals that continue to accept his false information and drug rehabilitation techniques, do so at their own peril. The odds overwhelmingly predict that they will fail in every respect.

Drug addiction is not a *disease*. Real solutions *do* exist.

Clearing away psychiatry's false information about drugs and addiction is not only a fundamental part of restoring hope, it is the first step towards achieving real drug rehabilitation.

Sincerely,

A handwritten signature in black ink, appearing to read "Jan Eastgate".

Jan Eastgate
President,
Citizens Commission
on Human Rights International

IMPORTANT FACTS

1 The goal of psychiatry's Methadone was never a cure but to make the addict "functional."

2 Despite the fact that street heroin has many more users, methadone kills more people.

3 Other "therapeutic" drugs like buprenorphine can cause respiratory depression.⁷

4 Joseph Glenmullen of Harvard Medical School says that potent prescription drugs merely "numb feelings just as the addictive behavior once did" and won't enable the person to successfully overcome his or her addiction.⁸



Methadone, itself a narcotic, cannot permanently halt the craving for narcotics.



CHAPTER ONE

The Selling of 'Incurable'

A close review of drug rehabilitation today shows it is a field nearly monopolized by psychiatry.

In a 1998 article published in the *"National Journal of Justice,"* Alan I. Leshner, professor of psychology and former head of the National Institute of Drug Abuse (NIDA), stated, "Addiction is rarely an acute illness. For most people, it is a chronic, relapsing disorder." One of today's top "authorities" in the field of drug rehabilitation is teaching that, for most people, addiction is a "disease" that the individual will never overcome.

In the same article, Leshner also defined supposed positive performance in the field of drug rehabilitation with the statement, "... a good treatment outcome—and the most reasonable outcome—is a significant decrease in drug use and long periods of abstinence, with

only occasional relapses." Based on his theory, those who manage drug rehabilitation are doing a good job if the addict merely abuses drugs less frequently.

Leshner's most revealing statement tells us exactly where curing addiction fits into psychiatric drug rehabilitation. He says, "[A] reasonable standard for treatment success is not curing the illness but managing it, as is the case for other chronic illnesses." Actually curing drug addiction doesn't enter into it at all.

Not surprising, drug abuse is rampant. An estimated 5% of the world population age 15 and above abuse drugs.

The Methadone Program—A Deadly Hoax

Psychiatry's flagship drug treatment program is methadone maintenance for heroin addicts. Just how effective has this been?

Methadone is falsely promoted as a "medication" that rebalances brain chemistry, blocking the effects of heroin, and reducing cravings. The goal for methadone

was never a cure. According to one of the original researchers investigating methadone, "The goal is NOT abstinence, the goal is to become functional."⁹

Calling methadone a medication obscures the fact that it is an addictive drug; in fact, methadone is at least as addictive as heroin.¹⁰ Methadone withdrawal is even tougher than

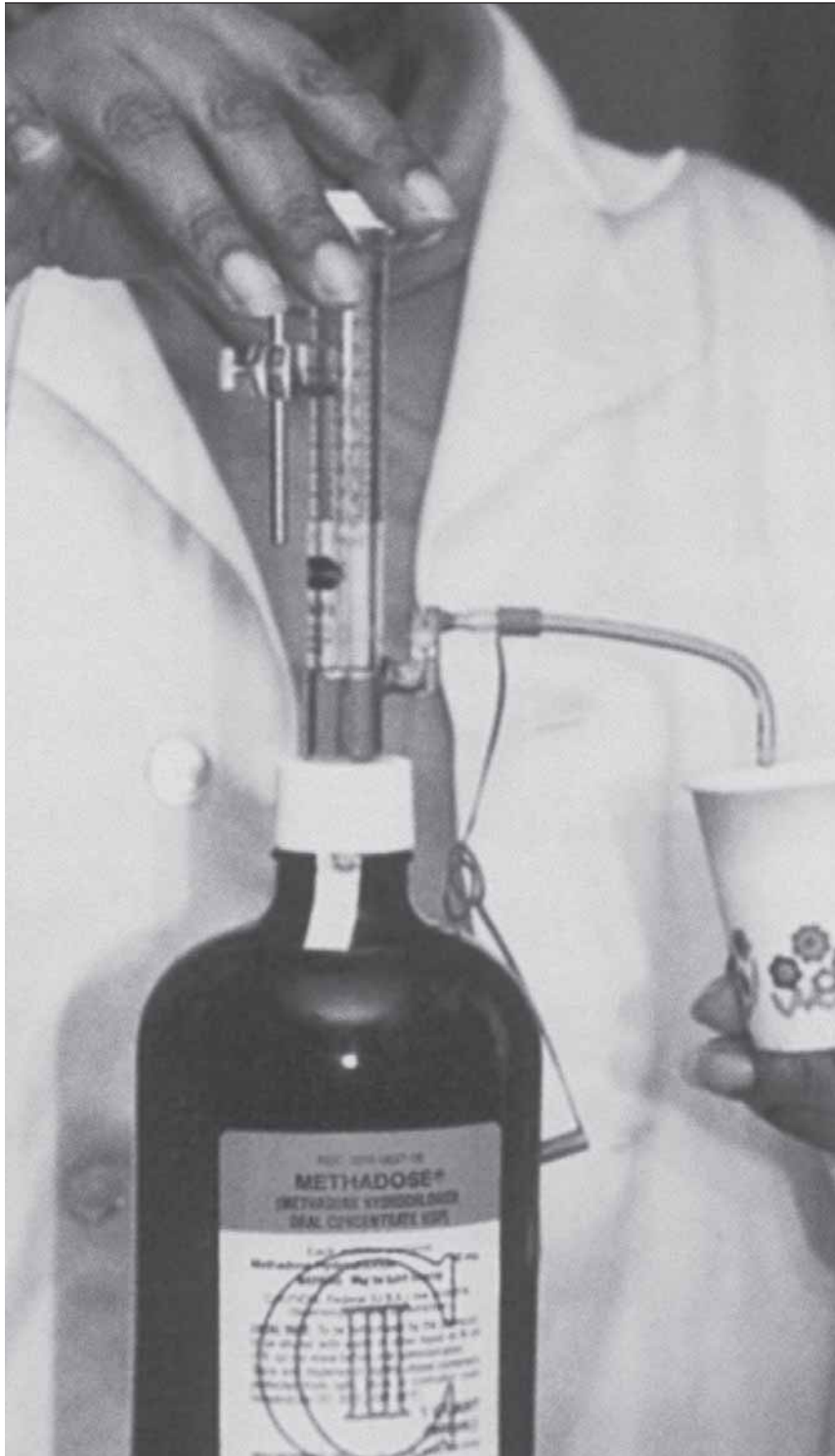
heroin withdrawal. Babies born to methadone mothers suffer the same withdrawal symptoms, including convulsions.¹¹

Methadone is a narcotic and cannot permanently halt the craving for narcotics, nor can it eliminate the underlying reason the addict takes drugs.

As one methadone addict testified: "I am not an advocate of methadone for the simple fact that I believe [it] helped me to prolong my active addiction.

"Calling it [methadone] a medication obscures the fact that it is an addictive drug; in fact, methadone is at least as addictive as heroin."

—Dr. Miriam Stoppard,
National Drugs
Helpline, United Kingdom



In reality, all the methadone program achieves is a reduction in heroin usage, and it achieves this through an increase in methadone usage.

Long-term methadone use kept me trapped as a prisoner of addiction. I was tied to the clinic ... if you are on methadone you do not have a 'life,' you are rather a slave to this drug and everyday existence depends on it."¹² "The clinic has now become my dealer," reports another addict. "I am now committing crimes to pay for an addictive drug (methadone). It's really not much different than the street." Said one addict who managed to make it through methadone withdrawal, "It is this attitude of futility and hopelessness that methadone gives you—it takes away the promise that you can live a drug-free existence."

Current methadone literature must warn of the drug's life-threatening risks, including the possibility of cardiac arrest, respiratory and circulatory depression, and shock. Overdose and death can occur.¹³

During a 10-year period, deaths from methadone in England increased by more than 710%, from 16 deaths to 131.¹⁴ In New South Wales, Australia, there were 242 deaths related to methadone between 1990 and 1995.¹⁵ In 2003, methadone caused 2,452 unintentional poisoning deaths in the U.S., up from 623 in 1999, according to the National Center for Health Statistics.¹⁶

After taking heroin for three weeks, Patricia Cluka's 38-year-old husband admitted himself to a Mental Health Family Counseling Center for methadone treatment. Reacting severely to the methadone, a week later, he asked for the dosage to be reduced, but there were no doctors available at the time to adjust the dosage. Two days later, he was dead. The coroner determined the cause of death was "Acute Methadone Poisoning."

Aside from methadone, there is also buprenorphine, a narcotic used to treat heroin addiction.¹⁶ Buprenorphine, like morphine, can cause respiratory depression and used on already drug dependent individuals can result in withdrawal effects.¹⁷ Another drug, ketamine, is a veterinary anesthetic that produces hallucinatory effects and at high doses delirium, amnesia, impaired motor function, and fatal respiratory effects.

Joseph Glenmullen of Harvard Medical School says that potent prescription drugs merely "numb feelings just as the addictive behavior once did" and won't enable the person to successfully overcome his or her addiction.¹⁸

It is interesting to recall Leshner's statement that methadone maintenance achieves "a significant decrease in drug



use and long periods of abstinence." In reality, all the methadone program achieves is a *reduction in heroin* usage, and it achieves this through an *increase in methadone* usage. A legal and highly addictive drug—euphemistically called a medication—has been substituted for an illegal and highly addictive drug.

The same deception is reflected in a report from the U.S. Substance Abuse and Mental Health Services Administration, which stated that substance abuse programs were "working." Yet the survey of less than one percent of the country's users showed 79% of those surveyed had not reduced their illicit drug usage and 86% had not lessened their heroin usage.

In Belgium, methadone prescriptions increased tenfold over a four-year period.¹⁹ In the Netherlands, more than 50% of methadone is dispensed through community-based private practice "methadone buses" to supply 100 or more patients with the drug. A French narcotics officer described the Netherlands as "Europe's drug supermarket."

In 1987, NIDA launched a campaign to use "the full power of science to stop a troubling spread of heroin use among our nation's youth." However, by 1995, there were 500,000 heroin addicts in the United States. After billions of dollars spent on supposed drug abuse research and psychiatric treatment, the number of heroin addicts in the U.S. has reached one million, equal to the total number of addicts for all of Europe.

While drug addiction can be overwhelming, it is important to know that psychiatry, its diagnoses and its drugs, are not working. Their drugs and methods only chemically mask problems and symptoms; they cannot and never will be able to solve addiction.

REHAB FAILURE

Like Switching Seats on the Titanic

While celebrated as an exemplary success by psychiatrists, the truth is that their methadone program is no more than an unmitigated failure for the individual drug addict and for society. The following are statements from addicts who have been through methadone programs:

"Methadone maintenance is institutionalized misery. It does not address the emotional and spiritual disease that drug addiction is. The heroin addict who finds his way to methadone treatment and does nothing else is only switching seats on the Titanic."

— Sam, former heroin addict

"Methadone is probably the worst thing that can be given to somebody because you're saying it's okay to get high."

— Scott, heroin addict who spent two years on methadone

"I have been a methadone maintenance dupe for 6 years. I wanted my life back. So I started cutting my dosage way down, skipping days, and only taking as little as possible. Now I'm on my 10th day without anything. I am just too old to feel this bad for much longer. I can do a 'dope' kick in 5–7 days, at the end, feeling fine. But this? Whoever thought of giving methadone to kick heroin must have been a mean, sadistic person ... I've heard this could go on for up to 6 months. I'll be insane by then."

— Nanci, coming off methadone

"I went through all the different [psychiatric-based] rehabilitation methods available in Australia in an effort to get away from drugs and to get back my life; methadone, twelve-step programs, counseling—you name it, I did it. Some of these methods, more than twice. In the end, relapse after relapse."

— G.C., former heroin addict

"I was on methadone for five years and it was much harder to get off than heroin. You can't skip a day going to the methadone clinic or you immediately get really sick. It's totally a trap."

— J.J., former heroin addict

IMPORTANT FACTS

1 Redefining addiction as a mental disorder justifies the use of psychiatry and psychology in the treatment of it.

2 Psychiatry's *Diagnostic and Statistical Manual of Mental Disorders IV (DSM)* lists substance abuse and intoxication as disorders so that insurance companies and governments can be billed.

3 Canadian psychologist Tana Dineen says, "Addiction treatment is a cash cow of the psychology industry, which has argued, in most cases successfully, that treatment of the 'disease' ought to be covered by health insurance."

4 Other related psychiatric deceptions include the concept of drug addiction as a brain disease, and the existence of "chemical imbalance" in the brain. These are no more than theories quoted as fact.



The Diagnostic and Statistical Manual of Mental Disorders (DSM) and mental disorders section of the International Classification of Diseases (ICD-10) label drug addiction as a "mental disorder," providing psychiatrists the excuse to treat, but never cure, drug dependence.



CHAPTER TWO

Harmful Diagnostic Deceptions

Methadone treatment is a deception and failure. Redefining drug addiction as a treatable “disease” is part of the deception.

According to Thomas Szasz, renowned author and professor of psychiatry emeritus, “[T]here is not one iota of evidence that addiction is a brain disease.” Szasz says that by defining the use or abuse of illegal drugs as a “disease,” this places the treatment for it within the province of the psychiatrist. Psychiatrists then describe the course of this “untreated disease” as a “steady deterioration leading straight to the insane asylum,” and prescribe its “treatment”: “psychiatric coercion with or without the use of additional, ‘therapeutic’ drugs (heroin for morphine; methadone for heroin...).”²⁰

The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)* and Europe’s *International Classification of Diseases (ICD)*, mental disorders section provide all-inclusive listings, lumping together everything from alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, nicotine, sedatives and hypnotics to caffeine. The *DSM-IV* lists “Substance Dependence,” “Substance Abuse” and “Substance

Intoxication” to cover the various types of “mental disorders” related to these substances. There’s even “Substance-Induced Anxiety Disorder.”

This generalized classification gives rise to some outrageously false psychiatric claims: “24% of American men have a lifetime diagnosis of Alcohol Abuse or Alcohol Dependence,” and “24.1% of the population, or every second person, has some kind of mental disorder.” The media quote these bold pronouncements as fact. However, in

their book *Making Us Crazy*, Professors Herb Kutchins and Stuart A. Kirk say, “Such statistics come from studies that are based on *DSM*’s inadequate definition of mental disorder. ... *DSM* is used to directly affect national health policy and priorities by inflating the proportion of the population that is defined as ‘mentally disordered.’” The numbers

are also used to “shape mental health policy and the allocation of federal and state revenues.”²¹

Michael First, one of the developers of the *DSM-IV*, is quoted as saying that the *DSM* “provides a nice, neat way of feeling you have control over mental disorders,” but he confessed this is “an illusion.”

Canadian psychologist Tana Dineen, author of *Manufacturing Victims*, said, “Addiction

“[T]here is not one iota of evidence” that addiction is a brain disease. “Psychiatrists maintain that our understanding of mental illnesses as brain diseases is ... made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true.”

— Dr. Thomas Szasz, professor of psychiatry emeritus, author of *Pharmacocracy*

BIOLOGICAL PSYCHIATRY

What Experts Say



“‘Biological psychiatry’ has yet to validate a single psychiatric condition/diagnosis as an abnormality/disease, or as anything ‘neurological,’ ‘biological,’ ‘chemically imbalanced’ or ‘genetic.’”

— Pediatric Neurologist
Fred Baughman, Jr.



Psychiatry and psychology’s addiction treatment “is identifiably a business that ignores its failures. In fact its failures lead to more business. Its technology, based on continued recovery, presumes relapses. Recidivism is used as an argument for further funding. ...”

— Dr. Tana Dineen, Ph.D., author,
Manufacturing Victims



“The theories are held onto not only because there is nothing else to take their place, but also because they are useful in promoting drug treatment.”

— Elliot S. Valenstein, Ph.D.,
author of *Blaming the Brain*



“There is no evidence confirming ‘brain disease attribution.’”

— Loren Mosher, M.D.

treatment is a cash cow of the psychology industry, which has argued, in most cases successfully, that treatment of the ‘disease’ ought to be covered by health insurance.”²²

As for Leshner’s claim that addiction is a “brain disease,” in his book, *Pharmocracy*, Professor Szasz says, “Psychiatrists maintain that our understanding of mental illnesses as brain diseases is based on recent discoveries in neuroscience, made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true.”

Pediatric neurologist Fred Baughman, Jr. says that “‘biological psychiatry’ has yet to validate a single psychiatric condition/diagnosis as an abnormality/disease, or as anything ‘neurological,’ ‘biological,’ ‘chemically imbalanced’ or ‘genetic.’”²³

Elliot S. Valenstein, Ph.D., author of *Blaming the Brain* is unequivocal: “The theories are held onto not only because there is nothing else to take their place, but also because they are useful in promoting drug treatment.”

The obvious conclusion, then, is that due to their drug rehabilitation failures, psychiatry redefined drug addiction as a “treatable brain disease,” making it conveniently “incurable” and requiring massive additional funds for “research” and to maintain treatment for the addiction.

More Celebrated Poor Results

Since the 1950s, psychiatry has monopolized the field of drug rehabilitation research and treatments. Its long list of failed cures has included lobotomies, insulin shock, psychoanalysis and LSD.

“Ultra Rapid Opiate Detoxification,” a more recent example, uses narcotics to keep an addict unconscious for about five hours, during which withdrawal supposedly takes place. One recipient of this treatment told of awaking, her mouth and throat blood-filled, with broken capillaries in her face, and tremendous cramping, nausea and convulsions.²⁴

Between 1997 and 1999, 100 psychosurgery operations were conducted on teenage addicts in St. Petersburg, Russia.²⁵ "They drilled my head without any anesthetic," Alexander Lusikian said. "They kept drilling and cauterizing [burning] exposed areas of my brain ... blood was everywhere. ... During the three or four days after the operation ... the pain in my head was so terrible—as if it had been beaten with a baseball bat. And when the pain passed a little, I still felt the desire to take drugs." Within two months, Alexander had reverted to drugs.²⁶

Russian addicts were also strapped to beds and beaten, while being fed only bread and water during withdrawal. At the Leningrad Regional Center of Addictions, alcoholics and heroin addicts are administered ketamine, an anesthetic with strong hallucinogenic properties, in conjunction with "talk therapy."²⁷ The therapists forced the subjects to sniff a bottle of vodka at the peak of the ketamine-induced hallucination. And while the patients' revulsion for drugs persists after the ketamine's effects have worn off, they normally revert to drugs within a year.²⁸

Australia established legal "heroin injection rooms" known as "shooting galleries."

The last thing any psychiatric treatment has achieved is rehabilitation.

As reported in a 2001 survey of American companies about the effectiveness of "substance abuse" programs for their employees, "the overwhelming majority saw few results from these programs. In the survey, 87% reported little or no change in absenteeism since the programs began and 90% saw little or no changes in productivity ratings."²⁹

"Harm Reduction" Harms

But its failures notwithstanding, psychiatry plows ahead with another justification—"harm reduction"—the idea that "drug abuse is a human right and that the only compassionate response is to make it safer to

be an addict." This has led to such infamous developments as Australia's "shooting galleries," Switzerland and Germany's "needle parks" and Holland's needle exchange programs.³⁰

The needle parks in Switzerland quickly became killing fields

"There are a great many ways to do science badly, and the junk science that makes up the bulk of the body of 'knowledge' of clinical psychology manages to exemplify every one of them. ..."

—Dr. Margaret Hagen, Ph.D.



Scores of Russian teenage drug addicts have received brain surgery in a barbaric and failed effort to handle their addictions.



as addicts flooded in from across Europe, followed by gangs of violent drug dealers openly marketing their wares at tables, and helping junkies to inject their drug of choice. Infected needles boosted the HIV rates.

While Baltimore once proclaimed that harm reduction would be more effective than law enforcement, the results have been tragic. Baltimore's drug-overdose death rate rose to become five times that of New York City's.

Its homicide rate was six times greater.³¹

According to psychiatrist Sally Satel, "Harm reduction holds that drug abuse is inevitable, so society should try to minimize the damage done to addicts by drugs (disease, overdose) and to society by addicts (crime, health care costs). ... But since harm reduction makes no demands on addicts, it consigns them to their addiction, aiming only to allow them to destroy themselves in relative 'safety'—and at taxpayers' expense."³²

While the National Institute of Drug Abuse might claim that addiction is a "chronic, relapsing brain disease," Dr. Satel calls this "pessimistic." Candidly she states, "When the treatment system doesn't do a good job, you just fall back on that [excuse]." She insists that addiction is fundamentally a problem with behavior, over which addicts can have voluntary control.

Dr. Tana Dineen, Ph.D. states: "It seems, whatever the results," addiction treatment in psychology's and psychiatry's hands, "is identifiably a business that ignores its failures. In fact its failures lead to more business. Its technology, based on continued recovery, presumes relapses. Recidivism is used as an argument for further funding. ..."³³

Harm reduction and psychiatric or psychological drug rehab programs overlook the real victims—the mother who loses a child through a drug overdose, the family that can't go out at night because of neighborhood drug gangs and the many others who live in fear of drug violence.

FATAL FLAW

Psychiatry's Lack of Science

Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, warned that people “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.”

John Read, senior lecturer in psychology at Auckland University, New Zealand put it this way: “More and more problems have been redefined as ‘disorders’ or ‘illnesses’, supposedly caused by genetic predispositions and biochemical imbalances. Life events are relegated to mere triggers of an underlying biological time bomb. ... Worrying too much is ‘anxiety disorder.’ Excessive gambling, drinking, drug use or eating are also illnesses. ... Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however,

create the reassuring feeling that something medical is going on.”³⁴

Dr. Margaret Hagen, Ph.D., points out: “There are a great many ways to do science badly, and the junk science that makes up the bulk of the body of ‘knowledge’ of clinical psychology manages to exemplify every one of them. ...”³⁵

Professors Kutchins and Kirk also stated: “There are indeed many illusions about DSM and very strong needs among its developers to believe that their dreams of scientific excellence and utility have come true, that is, that its diagnostic criteria have bolstered the validity, reliability, and accuracy of diagnoses used by mental health clinicians.”³⁶

Bruce Levine, Ph.D., psychologist and author of *Commonsense Rebellion* said: “Remember that no biochemical, neurological, or genetic markers have been found for ... compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease or disorder.”³⁷

Debunking the science of DSM, Peter Tyrer, professor of community psychiatry at Imperial College, London, said: “I always say that DSM stands



for Diagnosis of Simple Minds; it provides what American [psychiatrists] call ‘operational criteria’ for the diagnosis of conditions. Basically, if you have a certain quota then you have the condition. It has led to a tick-box mentality. Well, you are a bad clinician if you have to do that. Doctors should be finding out about the person.”³⁸

J. Allan Hobson and Jonathan A. Leonard, authors of *Out of Its Mind, Psychiatry in Crisis, A Call for Reform*, say that *DSM-IV's* “authoritative status and detailed nature tends to promote the idea that rote diagnosis and pill-pushing are acceptable.”³⁹

The sham of psychiatry's invented diagnoses in the field of drug rehabilitation is preventing cures and perpetuating addiction.

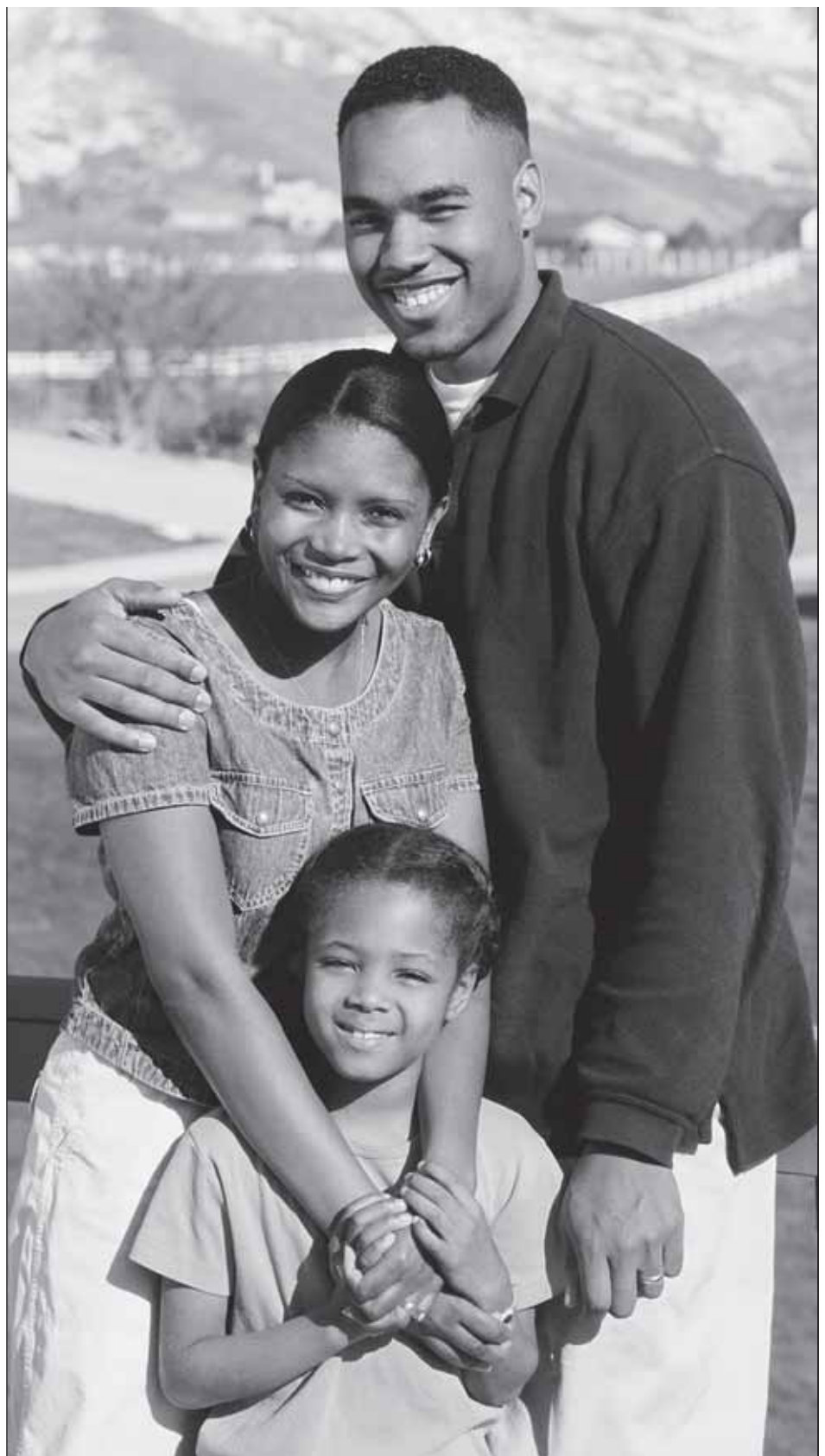
IMPORTANT FACTS

1 Psychiatrists have betrayed their pledge to help patients in order to legally push their own dangerous drugs.

2 While billions in tax dollars are paid each year to fight drug abuse, psychiatrists and their institutions and associations devote their energy and resources to promoting extremely destructive, addictive and mind-altering drugs as the "solution." But they have no results to show for it.

3 Effective drug rehabilitation methods do exist, but outside of psychiatric ranks. Such programs should be gauged on how they improve and strengthen individuals, their responsibility, their spiritual well-being and thereby society.

4 A former French Minister for Justice, M. Chalandon, said he was shocked by "the attitude of some psychiatrists who arranged a monopoly over the treatment of drug addicts and practiced a kind of intellectual terrorism in this area."





CHAPTER THREE

The Hope of a Real Cure

Psychoiatrists are failed medical practitioners who have betrayed their pledge to help patients in order to legally push psychotropic drugs. While billions in tax dollars are paid each year to fight drug abuse, psychiatrists and their institutions and associations devote their energy and resources to promoting extremely destructive, addictive and mind-altering drugs as the “solution.”

Thankfully, not all rehabilitation programs are based on the psychiatrist’s fictitious chronic brain disease, or the idea that addiction is incurable. As one expert in this field stated, “Although some may feel that alcohol and drug addiction is primarily a medical problem, close examination does not support this view.” As such, non-drug alternatives were recommended. In Spain, an independent sociology group, the Tecnicos Asociados de Investigacion y Marketing, conducted a study of such a program, which is available in many countries, including Australia, Europe, South Africa and the United States. Prior to starting the rehab program, over 62% of the subjects had committed robberies and 73% had been selling drugs to support their habits. The success of

the non-drug rehab program was significant: 78% of the graduates remained drug-free years after finishing the regimen, with no subsequent criminal activity.⁴⁰

Consider this testimonial from this same program: “I was 27 years old, had been using every drug under the sun for 15 years and was basically in apathy as to whether or not anything could be done

Not all rehabilitation programs are based on the psychiatrist’s fictitious brain disease theory or the idea that addiction is incurable. “Here was a program that didn’t have me admit I was powerless and diseased ... or want me to take ‘medication’ for my ‘manic depression’. ... This program not only showed me how to stay off drugs, it did just what it promised, it gave me a new life.”

— Former addict

to help me. This was my third rehab in a year. ... No matter how hard I tried ... I couldn’t find anything wrong with it. Here was a program that didn’t have me admit I was powerless and diseased, want me to relive my terrible past 90 times in 90 days (for the rest of my life) or want me to take ‘medication’ for my ‘manic depression’. ... This program not only showed me how to stay off drugs, it did just what it promised, it gave me a new life.”⁴¹

Mental healing technology, treatments and drug rehabilitation methods 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.

RECOMMENDATIONS

Recommendations

- 1** Drug rehabilitation programs should be based on proven, workable results that return the addict to society, drug-free and productive within the community. Don't accept programs that offer one drug, such as methadone, as a trade-off for another.
- 2** Remove psychiatrists and psychologists as advisors or counselors from the police forces, prisons, criminal and drug rehabilitation and parole services. Do not permit them to give opinions about or to treat drug addiction, criminal behavior and delinquency.
- 3** Seek legal advice about filing a civil suit against any offending psychiatrist and his or her hospital, associations and teaching institutions for compensatory and punitive damages.
- 4** Ensure taxpayer funds are channeled only into proven, workable drug education and treatment practices that do not rely on psychiatric drugs and treatment.
- 5** No person, with a drug problem or not, should ever be forced to undergo electric shock treatment, psychosurgery, coercive psychiatric treatment, or the enforced administration of mind-altering drugs. Governments should outlaw such abuses.



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.

Dennis D. Bauer
Senior Deputy District Attorney
Orange County, California:

"I found all of your personnel very positive, eager, intelligent and exceptionally well informed on issues that are obscure to the majority of the population. ... I commend you and your staff for the tireless energy and unselfish commitment to solving one of societies neglected and secret problems — 'experimental psychiatry.'"

Robert Butcher
Barrister and Solicitor
Western Australia:

"I have worked with CCHR since 1980 and I know them to be a dedicated organization working to achieve better legal rights for people with mental illness. CCHR has written submissions to

government on mental health law reform, raised public awareness about mental health issues and has encouraged and activated others in their effective efforts to bring about a better, fairer and more workable system."

Beverly Eakman
Bestselling author, CEO, U.S. National Education Consortium:

"CCHR's most important contribution has been to get the international community and the medical community aware that it has really gone over the edge of ethical acceptability in using psychiatric drugs. Now it's becoming a big issue and a lot of legislators and the national and international community are taking the ball and running with it, realizing that this has become unacceptable, and they're taking CCHR very seriously."

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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.

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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

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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: Cover: Ed Kashi/Corbis; page 7: Ed Kashi/Corbis; page 8: Hugh Burden/Getty; page 11: NTV Moscow.

*Psychiatry and psychology's
addiction treatment "is identifiably
a business that ignores its failures.
In fact its failures lead to more
business. Its technology, based
on continued recovery, presumes
relapses. Recidivism is used
as an argument for funding."*

*— Dr. Tana Dineen, Ph.D.
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