

CITIZENS COMMISSION ON HUMAN RIGHTS

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. Its co-founder is Dr. Thomas Szasz, professor of psychiatry emeritus and an internationally renowned author. Today, CCHR has more than 130 chapters in over 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, business professionals, and civil and human rights representatives.

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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PSYCHIATRY

HOOKING YOUR WORLD ON DRUGS



A Public Service Report from
Citizens Commission on Human Rights



"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



RECOMMENDATIONS

- 1 Humane hospitals 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.
- 2 The pernicious influence of psychiatry has wreaked havoc throughout society. Citizen groups and responsible government officials should work together to expose and abolish psychiatry's hidden manipulation of society.
- 3 If you or a relative or friend have been falsely imprisoned in a psychiatric facility, assaulted, abused or damaged by a mental health practitioner, seek attorney advice about filing a civil suit against any offending psychiatrist and his or her hospital, associations and teaching institutions.

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



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- 1 Beverly K. Eakman, "Anything That Ails You, Women on Trangs in a Self-Serve Society," *Chronicles*, Aug. 2004.
- 2 Victor Cordoba, "Psiquiatria Guerra a la melancolia Aumenta el uso de antidepresivos en Espana," *El Mundo*, 20 Feb. 1997, website address: <http://www.el-mundo.es/salud/1997/235/01762.html>;
- 3 "Prohibido estar Triste," 17 Nov. 2003, address: <http://www.quo.wanadoo.es/quo/carticulos/10017.html>.
- 3 Anil Dawar, "Prozac 'found in tapwater,'" *Daily Mail*, 9 Aug. 2004.
- 4 Joseph Glenmullen, M.D., *Prozac Backlash*, (Simon & Schuster, NY, 2000), p. 192.
- 5 *Ibid.* p. 193.
- 6 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.
- 7 Herb Kutchins, Stuart A. Kirk, *Making Us Crazy*, (The Free Press, NY, 1997), p. 265.
- 8 *Ibid.*
- 9 Brian Vastig, "Pay Attention: Ritalin Acts Much Like Cocaine," *Journal of the American Medical Association*, August 22/29, 2001, Vol. 286, No. 8, p. 905.
- 10 DSM-III-R, (American Psychiatric Association, Washington, D.C., 1987), p. 136.
- 11 *Op. cit.*, Colbert, p. 78.
- 12 *Ibid.* p. 117.

condition can alter 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. 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.

Mental healing treatments should be gauged by how they improve and strengthen individuals, responsibility, 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. 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.

And a workable and humane mental health system is what the Citizens Commission on Human Rights is working for.



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 today's drug problem. During the last 40 to 50 years there have been major worldwide changes in our 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 a rapidly increasing percentage of every age group, from children to the elderly, rely heavily and routinely on these drugs in their daily lives. Worldwide sales of antidepressants were more than \$19.5 billion (€15.6 billion) in 2002 alone. Antipsychotic drug sales have reached more than \$12 billion (€9.8 billion).

Meanwhile authors Richard Hughes and Robert Brewin, in their book *The Tranquilizing of America*, warned that although psychotropic, mind-altering 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 damaging properties, all are capable of ruining a person's life.

Consider also the fact that terrorists have used psychotropic drugs to brainwash young men into becoming suicide bombers. Additionally, 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.

How did millions become hooked on such destructive drugs? We need to look at life before the drug.

Before becoming hooked, each individual was convinced that these drugs would help him or her to handle life. The primary sales tool that was 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 destructive 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, 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.

Jan Eastgate
President, Citizens Commission
on Human Rights International

CHAPTER FOUR A BETTER WAY



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.

Dr. Thomas Dorman, a member of the Royal College of Physicians of the United Kingdom and Canada says, "...emotional stress associated with a chronic illness or a painful

Europe were in Switzerland, Iceland, the Netherlands, the United Kingdom, Germany, Belgium, and Luxemburg. In Britain the stimulant prescription rate for children increased 9,200% between 1992 and 2000. Spain reports a steady 8% annual increase in Ritalin consumption between 1992 and 2001.

In 2003, the British medicine regulatory agency warned doctors not to prescribe SSRI antidepressants (such as Paxil, Zoloft and Effexor) for under-18 year olds because of the risk of suicide.

"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. ...

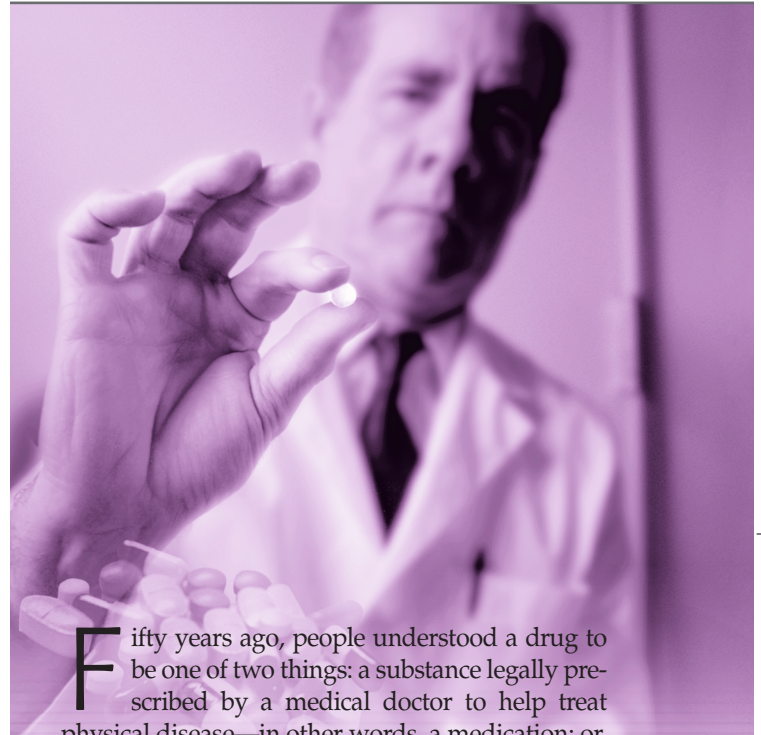
This willy-nilly labeling of virtually everyone as mentally ill is a serious danger to healthy children because virtually all children have enough symptoms to get a DSM label and a drug."

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



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CHAPTER ONE PUSHING DRUGS AS 'MEDICINES'



Fifty years 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

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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, 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.

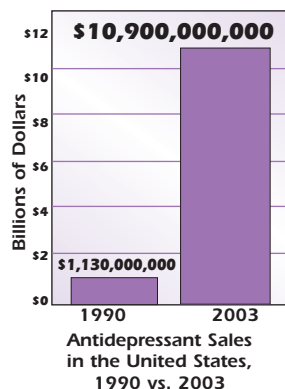
But psychiatric drugs are also habit-forming and addictive. Withdrawal from them can be far more difficult than from illegal drugs. The clearest evidence of the similarities between psychiatric and illegal drugs is the fact that addiction to psychiatric drugs now rivals illegal drug addiction as the No. 1 drug problem in many parts of the world.

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

At least 17 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.¹ 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 since 2000.² In 2004 in Britain, scientists discovered that one SSRI is consumed in such large quantities that traces of it are now in the country’s drinking water. According to an environmental spokesperson, Norman Baker, MP, “This looks like a case of hidden mass medication of the unsuspecting public and is potentially a very worrying health issue.”³

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

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



Administration (DEA) said the main stimulant used to treat “ADHD” could lead to addiction and that “psychotic episodes, violent behavior and bizarre mannerisms had been reported” with its use.⁸

■ A 2001 *Journal of the American Medical Association* study found the stimulant to be more potent than cocaine.⁹

■ Suicide is a major complication of withdrawal from this stimulant and similar amphetamine-like drugs.¹⁰

■ 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.”¹¹

According to Dr. Sydney Walker, author of *The Hyperactivity Hoax*, “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.”

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

“ADHD is a phenomena, not a ‘brain disease.’ ... 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

TODAY’S DRUGGED CULTURE

In the United States today, more than eight million children have been put on mind-altering psychiatric drugs. In Australia, the stimulant prescription rate for children increased 34-fold in the past two decades. In Mexico, sales of one stimulant increased 800% between 1993 and 2001.

The Council of Europe Parliamentary Assembly reported that, in 2000, the highest rates of methylphenidate (Ritalin) consumption in

CHAPTER THREE THE HOAX OF LEARNING 'DISORDERS'



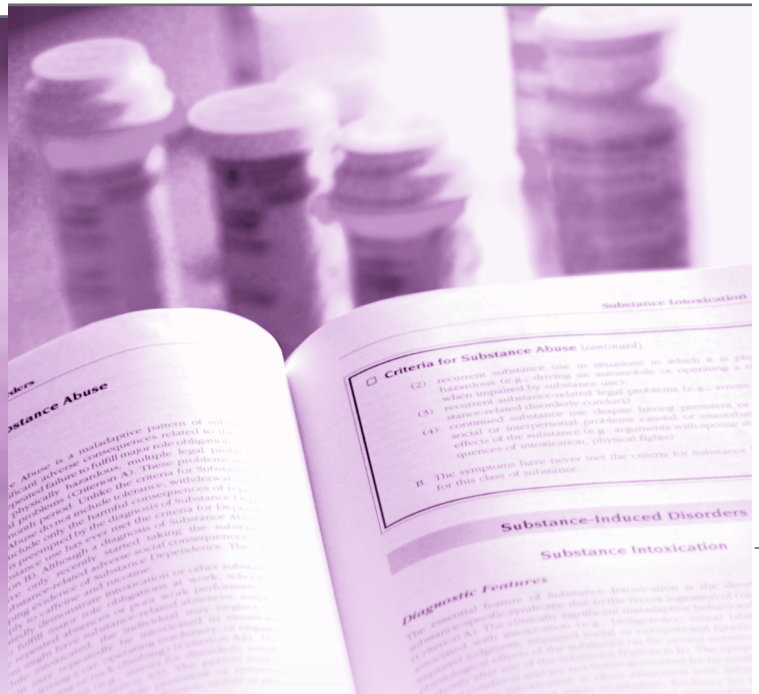
In today's world, there are very few families or teachers whose lives have not been interrupted in some way by the widespread drugging of children with prescribed, mind-altering drugs.

For the millions of children around the world now on these drugs, trusted advisors were ready to answer the parents' concerns about their child's disorder necessitating the "medication." Commonly, a psychiatrist or psychologist told 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).

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:

■ In 1995, the U.S. Drug Enforcement

CHAPTER TWO FRAUDULENT DIAGNOSES



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 agreed-upon, 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."⁴ 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."⁵

Reputable physicians agree that for a disease to be accurately diagnosed and treated, there must be a

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

— Ron Leifer,
New York Psychiatrist

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.

Ty C. Colbert, Ph.D. says, "We know that the chemical imbalance model for mental illness has never been scientifically proven."⁶

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.

However, a disorder 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?"

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 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."⁷

With the *DSM*, psychiatry has at its disposal an expanding list of supposed mental disorders, and for each of them a psychiatric drug can be legally prescribed.

THE CHEMICAL IMBALANCE LIE 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."

