19137 CCHR Pamphlet - Rehab 10/28/04 5:29 PM Page 2

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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REHAB FRAUD
PSYCHIATRY'S DRUG SCAM

A Public Service Report from
Citizens Commission on Human Rights

INTRODUCTION
WHAT HOPE IS THERE?

Would 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 nothing less than 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.

Twenty-five years ago, this first question would have seemed rather strange, if not

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.
2. Remove psychiatrists and psychologists as advisors or counselors from the police forces, prisons, criminal and drug rehabilitation and parole services.
3. If you or a family member have been abused by a psychiatrist, 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.

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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19137 CCHR Pamphlet - Rehab 10/28/04 5:29 PM Page 6

help patients in order to legally push 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. 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.[10]

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

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.

absurd. "Of course that would be a good thing!" and "Are you kidding?" would have been common responses.

Today, however, the responses would be 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 complete 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.

"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

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, New York psychiatrist Nathan Kline, who served on committees for 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]

▮ 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 2003, Charles Grob, director of child and adolescent psychiatry at Harbor University of California Medical Center believed that Ecstasy (hallucinogenic street drug) was potentially "good medicine" for treating alcoholism and drug abuse.[4]

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. Governments, groups, families and individuals that continue to accept his false information and drug rehabilitation techniques, do so at their own peril.

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.

Jan Eastgate
President, Citizens Commission
on Human Rights International

CHAPTER THREE
A HOPE OF A CURE

In 1986, the French Minister of Justice, M. Chalandon, 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."

Psychiatrists are failed medical practitioners who have betrayed their pledge to

19137 CCHR Pamphlet - Rehab 10/28/04 5:29 PM Page 10

MORE PSYCHIATRIC FAILURES

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.

In Russia, between 1997 and 1999, one hundred psychosurgery operations were conducted on teenage addicts in St. Petersburg.[8] "They drilled my head without any anesthetic," Alexander Lusikian said. "They kept drilling and cauterizing [burning] exposed areas of my brain … During the days after the operation … the pain in my head was so terrible, it was as if it had been beaten with a baseball bat. And when the pain passed a little, I felt the desire to take drugs." Within two months, Alexander had reverted to drugs.[9]

The last thing any psychiatric treatment has achieved is rehabilitation. 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.

Dr. Tana Dineen, Ph.D., states: "It seems, whatever the results," addiction treatment in psychology 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."

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.

CHAPTER ONE
THE SELLING OF 'INCURABILITY'

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, Dr. Alan I. Leshner, professor of psychology and then 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.

19137 CCHR Pamphlet - Rehab 10/28/04 5:29 PM Page 12

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.

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. In 2001, an estimated 5% of the world population, age 15 and above, abused drugs.

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

According to available literature, the program involves the use of a "medication" called methadone, to rebalance brain chemistry, block the effects of heroin, and reduce craving. But there are other lesser-known facts to be examined when evaluating this program.

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."

In 2001, Canadian psychologist Tana Dineen, author of *Manufacturing Victims*, said, "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."[7]

As for Leshner's claim that addiction is a "brain disease," in his 2001 book, *Pharmacracy*, 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."

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.

"[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 *Pharmacracy*

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders IV* (*DSM-IV*) lists "Substance Dependence," "Substance Abuse," and "Substance Intoxication" to cover the various types of "mental disorders" related to these substances.

However, in their book *Making Us Crazy*, professors Herb Kutchins and Stuart A. Kirk say, "*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."

Michael First, one of the developers of the

WHAT EXPERTS SAY ABOUT BIOLOGICAL PSYCHIATRY

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

— Fred Baughman Jr., Pediatric neurologist

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."

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

"There is no evidence confirming 'brain disease attribution.'"

— Loren Mosher, M.D.

Calling methadone a "medication" obscures the fact that it is an addictive drug; in fact, methadone is at least as addictive as heroin. Worse still, methadone withdrawal is even tougher than heroin withdrawal, with the symptoms lasting for six weeks or more. As early as 1971, it was known that babies born to methadone mothers suffered withdrawal symptoms, including convulsions.

Methadone literature warns of the drug's life-threatening risks, including cardiac arrest, respiratory and circulatory depression, and shock. Overdose and death can occur. Between 1982 and 1992, deaths from methadone in England increased by over 710%, from 16 deaths to 131. In New South Wales, Australia, there were 242 deaths related to methadone between 1990 and 1995.

"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

Aside from methadone, there is also buprenorphine, a narcotic used to treat heroin addiction. Buprenorphine, like morphine, can cause respiratory depression and, used on already drug dependent individuals, can result in withdrawal side 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.[5]

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 substituted for an illegal and highly addictive drug.

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.*

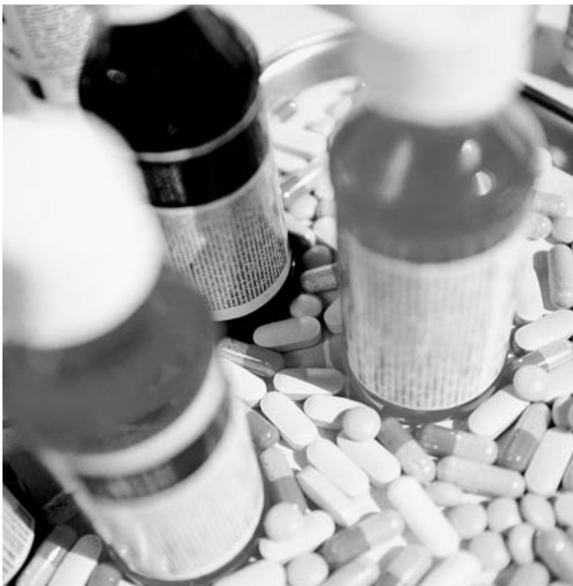
"Methadone is probably the worst thing that can be given to somebody because you're saying it's okay to get high." — *Scott, heroin addict who spent two years on methadone.*

While celebrated as a 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.

"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.

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



CHAPTER TWO HARMFUL DIAGNOSTIC DECEPTIONS

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

According to renowned Professor of Psychiatry Emeritus, Thomas Szasz, "[T]here is not one iota of evidence" that addiction is a brain disease. Prof. Szasz says that by defining the use or abuse of illegal drugs as a "disease," this placed the treatment for it within the province of the psychiatrist. Psychiatrists then describe the course of this "untreated disease"—"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)."[6]