

"20% of recently approved prescription drugs have serious, even life-threatening side effects."

Journal of American Medical Association, May 2002

"90% of authors of clinical practice guidelines received research funding from, or acted as consultants to, a drug company."

Journal of American Medical Association, February 2002

"US direct-to-consumer drug ad spending soared to \$2.49 billion in 2001, up from \$859 million in 1997."

Wall Street Journal, March 2002

"Seven drugs (recalled by the FDA between 1993 and 2000 after reports of death and severe side-effects) exceeded \$5 billion in sales before being withdrawn."

Los Angeles Times, December 2000

"I just wanted you to know that there is another childless parent out here in the world because of these drugs."

Shannon Baker, April 2002

who lost her 12 year old daughter trying to withdraw from Paxil*

WHAT ELI LILLY (PROZAC) AND NOVARTIS (RITALIN) WOULD RATHER YOU DIDN'T KNOW

"Never before Prozac has a medication been so misrepresented by so many people for so long in the absence of adequate data." - Drs. Dewan & Masand

"Meanwhile, Dr. Healy (director of the North Wales Department of Psychological Medicine at the University of Wales) hasn't shied away from linking Prozac, Paxil and the other SSRI's to suicide. He figures at least 250,000 people have attempted suicide worldwide because of Prozac alone and that at least 25,000 have succeeded." - Rick Giombetti, CounterPunch Magazine

"Here are some facts that are being withheld from parents that could possibly alter their life decisions and outcomes."

Did you know that schools receive additional money from state and federal government for every child labeled and drugged? This clearly demonstrates a possible "financial incentive" for schools to label and drug children. It also backs up the alarming

rise/increase in the labeling and drugging that has taken place in the last decade within our schools.

Did you know that parents receiving welfare money from the government can get additional funds for every child that they have labeled and drugged? In this way, many lower socio-economic parents (many times single mothers) are reeled into the drugging by these financial incentives waved in front of them in hard times, making lifestyle changes possible.

Did you know that by labeling your child with ADHD, you are actually labeling them with a mental illness listed in the DSM-IV, the unscientific billing bible of psychiatry?

Did you know that a child taking a psycho-tropic, psycho-stimulant drug after the age of 12 is ineligible for military service?

Did you know that the subjective checklists that are being used as criteria for diagnosis are very similar to the checklists used to determine Gifted and Talented Children? These two checklists are almost identical.

The Drug Enforcement Administration clearly states in their report on Methylphenidate: "However, contrary to popular belief, stimulants like methylphenidate will affect normal children and adults in the same manner that they affect ADHD children. Behavioral or attentional improvements with methylphenidate treatment therefore is not diagnostic of ADHD." (p.11) This statement thoroughly contradicts what is being told to many parents by the many "professionals" that have a vested stake in the diagnosis itself.

The DEA further states that: "Of particular concern is that most of the ADHD literature prepared for public consumption by CHADD and other groups and available to parents, does not address the abuse potential or actual abuse of methylphenidate. Instead, methylphenidate (usually referred to as Ritalin by these groups) is routinely portrayed as a benign, mild substance that is not associated with abuse or serious side effects. In reality, however, there is an abundance of scientific literature which indicates that methylphenidate shares the same abuse potential as other Schedule II stimulants." (p.4)

Did you know that groups like CHADD and others available to parents are being supported financially by pharmaceutical companies? This is a red flag and demonstrates a conflict of interest in the role that these groups have regarding our children's health and well-being.

Did you know that there are studies such as the Berkeley Study that contends that Ritalin and other stimulants further raise the

risk of drug abuse? From the Wall Street Journal, Monday, May 17, 1999 by Marilyn Chase: "Nadine Lambert, a professor of education, followed almost 500 children for 26 years. She argues that exposure to Ritalin makes the brain more susceptible to the addictive power of cocaine and doubles the risk of abuse." This study seems to never make it into the hands of parents because it doesn't support the theories of those using the diagnosis to profit off of our children. What does seem to make it into many parents' hands is research indicating that if children go "untreated", which corresponds with "unmedicated" they will "self-medicate" or end up as juvenile delinquents. Sadly many of these parents are not aware that many of this biased and unproven research (one such is the Beiderman study) infiltrating our schools are actually being distributed by pharmaceutical companies, such as Novartis. This in itself is another red flag and conflict of interest surrounding our children's health.

I leave you with this question: How many more 11 year old Stephanie Hall's, 14 year old Matthew Smith's and 10 year old Shaina Dunkle's need to die before we realize what is happening and speak out and act to put an end to it? One toy might be recalled if 1 or 2 children die from it. How many children have to die from these drugs before we realize and put an end to this horror. Why should hundreds or thousands have to die before we are outraged and act? Is the profit of so many, worth more than our children's safety and lives? Sadly the deaths of these children have remained unexposed and suppressed for so long because there is a tremendous amount of money and profit at stake for so many. My son's voice will not be one of those suppressed and quieted.

Matthew's voice in death will be heard by all." - **Lawrence T. Smith Vice President, Parents for Label & Drug Free Education, State of Michigan, Author and Creator of RitalinDeath.com**

"As our latest panacea, Prozac and its analogues are being prescribed for everything from headaches and flu to acne and home sickness. Yet, according to FDA spokespersons, there have been more adverse reaction reports on Prozac than any other medical product. As of October, 1993, a total of 28,623 complaints of adverse side effects had been filed with the FDA, including 1,885 suicide attempts and 1349 deaths. The FDA's general rule of thumb for estimating the true figures is that these reports represent only one to ten percent of the actual figures. This would indicate the staggering amount of 286,230 - 2,862,300 actual adverse reactions, 18,850 - 188,500 actual suicide attempts and 13,490 - 134,900 actual deaths attributed to Prozac by the end of 1993. We are being told these new mind-altering chemicals have a large margin of safety. Will time prove otherwise or has it already? Considering the widespread use of these products, we have no time to waste in learning the answer.

In 1956 Eli Lilly patented LSD and in 1987 they gave us Prozac. Has Lilly turned the 90's upside down for us to relive the 60's with their latest miracle drug, Prozac? LSD, the most notorious of the psychedelic drugs, was first marketed by Sandoz in Europe with the suggestion that it be used to chemically induce insanity in "normal subjects." The reason was to discover how mental illness is produced. Yet in December 1955, two months before Lilly obtained their patent on LSD in America, TIME featured the drug, declaring that LSD "may actually help psychiatrists clear up mental illness." It was also promoted as a cure for alcoholism and as an "aid in facilitating psychoanalysis". It was even considered a safe medication for pregnant women. How many are aware that the finest physicians once recommended LSD as a miracle cure?

Now, a generation later, many of the same marketing claims are being made for Prozac that were once made for LSD. Just how similar in action are these two drugs? How much evidence is there that those who feel they cannot live without Prozac, Zoloft, Paxil, etc. are addicted to these drugs or dependent upon them?"
- Prozac: PANACEA OR PANDORA?, by Ann Blake Tracy, Ph.D.

"Ritalin is highly sought after by the drug-abusing population. According to Drug Abuse Warn Net (DAWN) it represents the greatest increase in drugs associated with abuse, and the highest number of suicides and emergency room admissions. Ritalin is classified as a schedule II, or most addictive drug, on par with cocaine, morphine, PCP and metamphetamines. The DEA has noted serious complications associated with Ritalin, including suicide, psychotic episodes and violent behavior. According to Washington Times [Insight magazine], "the common link in the recent phenomenon of high school shootings may be psychotropic drugs like Ritalin." The International Journal of Addictions lists over 100 adverse reactions to Ritalin-paranoid psychosis, terror and paranoid delusions among them. Ritalin can have other serious side effects including disorientation of the central nervous system. It is an amphetamine, capable of inducing sudden cardiac arrest and death. Twelve year old Stephanie Hall of Canton, Ohio died the day after her Ritalin dose was increased."- **Patti Johnson, Colorado State Board of Education, 2nd Congressional District Broomfield, Colorado 80020, October 1999**

"RITALIN TOOK ME AS LOW OR LOWER THAN ANYTHING ELSE I USED IN THE 60s AND 70s – including heroin, cocaine, LSD – the whole horror show....The rush was euphoric – it's like poor man's coke. But the side effects were devastating. You'd get paranoid even faster than with coke....You'd think your friends were going to turn you in, the cops were about to beat down the door, that you'd taken an overdose and your heart would jump out of your chest. But I was so addicted to the few seconds of euphoria, I'd put up with the hours of insanity, pain and [aggression]." – **New Zealand Ritalin addict**

"Psychotic episodes, paranoid delusions, hallucinations, and bizarre behavioral characteristics similar to amphetamine-like stimulant toxicity, have been associated with methylphenidate (Ritalin) abuse. Severe medical consequences, including death, have been reported." - **Terrance Woodworth, DEA Congressional Testimony before the Committee on Education and the Workforce: Subcommittee on Early Childhood, Youth and Families, 16 May 2000, special study by the U.S. Drug Enforcement Administration**

"Nearly 3 million U.S. adolescents ages 12 to 17 abuse many highly addictive prescription drugs such as painkillers, tranquilizers, and sedatives. In Japan, large numbers of methylphenidate addicts and "advisors," called Ritalers, use the Internet to promote how to best use the drug and offer drug swaps." - **"Net trafficking a boon for drug addicts," Mainichi Daily News, 2 Feb. 2003; "Prescription junkies aided by money grabbing shrinks," Mainichi Daily News, 5 Feb. 2003.**

"Between the years of 1990-2000 over 569 children were hospitalized, 38 of them were life threatening hospitalizations, and 186 died from Ritalin." - **<http://www.ritalindeath.com/>**

"Why is America suddenly experiencing an explosion of new mental diseases and disorders never heard of thirty years ago? Why are children seemingly out of control, refusing to listen to parents and teachers, even driven to violence? Here are two possible reasons to consider. First, it is apparent the psychology industry isn't opposed to simply making up diseases and disorders if there is money to be made. Second, some research is suggesting that many of the growing diseases and disorders could actually be side effects of the drugs psychologists are pouring into children to "cure" their made-up diseases." - **RITALIN IS POISON by Tom DeWeese, publisher/editor of The DeWeese Report and president of the American Policy Center**

"Internal documents show that in 1990, Lilly scientists were pressured by corporate executives to alter records on physician experiences with Prozac, changing mentions of suicide attempt to "overdose" and suicidal thoughts to "depression."

Three years before Prozac received approval by the US Food and Drug Administration in late 1987, the German BGA, that country's FDA equivalent, had such serious reservations about Prozac's safety that it refused to approve the antidepressant based on Lilly's studies showing that previously nonsuicidal patients who took the drug had a fivefold higher rate of suicides and suicide attempts than those on older antidepressants, and a threefold higher rate than those taking placebos.

Lilly's own figures, in reports made available to the Globe, indicate that 1 in 100 previously nonsuicidal patients who took

the drug in early clinical trials developed a severe form of anxiety and agitation called akathisia, causing them to attempt or commit suicide during the studies."

Now a decade later, Lilly has targeted Dr. Joseph Glenmullen, whose book "'Prozac Backlash'" has apparently incensed Lilly executives.

Glenmullen, a clinical instructor in psychiatry at Harvard Medical School and a clinician at the Harvard University Health Services, says he wrote the book because he was alarmed by the number of patients who were reporting severe side effects from the serotonin-boosting antidepressants including Prozac, Paxil, Zoloft, and Luvox. "The two most upsetting side effects were patients becoming suicidal on the drugs, and the development of disfiguring facial tics," he said in an interview.

After obtaining hundreds of pages of FDA documents through the Freedom of Information Act, as well as internal Lilly memos that are part of the public record in lawsuits filed against the drug company, Glenmullen says he believes he sees a pattern: that since the mid-1980s, Lilly had tried to squelch its own findings on the link between Prozac and suicide.

Lilly alerted newspapers and TV stations to the book and began a campaign to discredit the author, saying Glenmullen, a graduate of Harvard Medical School, had inflated his resume, and that top officials of the school were unfamiliar with his work and did not recognize his name. Glenmullen is one of more than 420 clinical instructors in medicine at Harvard." - **Leah R. Garnett, Boston Globe**

"Just how serious are the adverse effects of Prozac? Houston attorney Andy Vickery of Vickery & Waldner (www.justiceseekers.com) has spent a great deal of time researching what he believes is a deadly serious question. Vickery has represented numerous clients in lawsuits where Prozac was alleged to be the cause of violent deaths, including Forsyth v. Eli Lilly.

"Lilly" says Vickery, "has avoided all but two trials out of hundreds of lawsuits by settling out of court or having the suits dismissed." - **Kelly Patricia O'Meara, Insight Magazine**



"During the drug's pre-release clinical trials, both Eli Lilly and officials of the FDA were aware of at least 27 deaths linked to Prozac. One document shows that as of October 15, 1987, two months before Prozac was allowed on the

market, there had already been 15 suicides linked to it - six by overdose, four by gunshot, three by hanging and two by drowning. A total of 12 other deaths are also described in the document provided by Lilly to the FDA. Previously, the FDA has recalled products for causing as little as two deaths. Instead of a recall, Prozac was given final FDA approval on December 29, 1987.

"A safety review of Prozac, dated March 23, 1986, by the FDA's Richard Kapit, observed that "Fluoxetine [Prozac] may exacerbate certain depressive symptoms and signs." (And here I was thinking it cures depression). Kapit, a medical doctor, noted, "Certain clinical risks of mild to moderate severity did appear to be associated with the use of Fluoxetine. These potential risks include intensification of the vegetative signs and symptoms of depression." In addition to this, the safety review also discovered that Lilly had failed to report information about the onset of psychotic episodes in people during Prozac's testing. Still, no action was taken against the drug company.

"As early as 1986 - almost two years before Prozac's approval for public consumption - there was clear evidence linking Prozac to worsened symptoms of depression and the onset of psychotic episodes. Not to mention the 1,089 suicides, or the many episodes of senseless violence, homicide and even multiple murder linked to the drug. The FDA had other opportunities to act in the public interest. In 1991, the FDA's psychopharmacologic Drugs Advisory Committee held a hearing to review evidence showing links between Prozac (and related drugs) and psychotic, violent acts. For over three hours, more than two dozen Prozac victims or surviving family members recounted horror stories linking the drug to multiple murders, suicide, attempted suicide, self-mutilation, psychosis and other nightmarish effects. The Committee ignored this information and voted against relabelling Prozac to carry a proper warning of its dangers. One doctor asked to present slides correlating Prozac with violent, suicidal thoughts; the Committee refused to see them.

There is clear evidence that the drug is dangerous in some cases. So what's with the FDA? Might have something to do with the fact that at least five out of ten members of the Committee at the time had business dealings with manufacturers of antidepressant drugs - including Lilly - totaling a minimum of US\$1,108,587. One Committee member, David Dunner of the University of Washington, was in receipt of around US\$100,000 in research grants related to the company. It is claimed that Dunner has received up around US\$1.4 million from Lilly since 1982. Another member received an estimated US\$4 million in grants related to Prozac research from the company. A few members had been paid to lecture on the benefits of the drug. When the FDA held a panel in 1991 to review concerns about Prozac and violence, eight of the 10 members were psychiatrists. Their livelihood, of course, depends a fair bit on

the prescription of antidepressants such as Prozac. Every single member was either a psychiatrist or had research grants from the company pending. Not exactly an ideal in objectivism.

"In 1985, after tests of Prozac found the drug not to be significantly more effective than the placebo, an FDA statistician suggested to Lilly that the test results be evaluated differently - resulting in findings favourable to Prozac.

"More than 15,000 reports of adverse reactions to Prozac were dismissed as having "limited value."

"Side effects reported by Prozac users: heart attack, impotence, hair loss, cataracts, kidney disorders, hepatitis, arthritis, breast cysts, breast pain, convulsions, coma, migraine headache, bronchitis, pneumonia, deafness, duodenal ulcer, stomach ulcer, gallstones, pelvic pain, inability to control bowel movements, painful sexual intercourse for women, urinary tract disorders, eye bleeding, spitting blood and vomiting blood.

"Meanwhile, Prozac and similar drugs manufactured by Eli Lilly are prescribed worldwide everyday. This is probably worst in the US. An estimated 6 million American children between the ages of 6 and 18 are taking some kind of legal mind-altering drug. Is there really that much mental illness in the US? Imagine how many adults must be poppin' the pills. Have a think about US school shootings:



"March 24, 1998: Mitchell Johnson, 13, and Andrew Golden, 11, opened fire on their classmates. Johnson was on psychotropic drugs at the time; the details of which were kept private.

May 21, 1998: Klip Klinkel, 15 years old, murdered his parents and then opened fire on students at his school. He killed 2, wounded 22. He was on both Ritalin and Prozac.

April 16, 1999: A 15 year-old named Shawn Cooper fired 2 shotgun rounds at staff and students at his school. He was on Ritalin at the time.

April 20, 1999: Two 18 year olds, Eric Harris and Dylan Kleebold, killed 12 students and a teacher at their school, then killed themselves. Harris had been under the influence of Luvox (a new kind of

antidepressant) prior to the shootings.

May 20, 1999: A 15 year old, TJ Solomon, opened fire on and wounded 6 classmates. He was taking Ritalin for depression at the time.

"None of these kids suffered from abuse or illegal drug / alcohol problems. The only thing they all have in common is that they were prescribed drugs of this group." - **Armin Tanzariaia**

"First it is important to realize that all of the stimulant drugs prescribed for ADHD/ADD are closely related to some illegal street drugs. These include dextroamphetamine (dexedrine) (street name: "dexies"), methamphetamine (street name: "crystal meth"), and, of course, cocaine. We imprison people for making drugs very similar to the drugs we prescribe to our ADHD children.

A research report in the Archives of General Psychiatry states, "Cocaine, which is one of the most reinforcing and addicting of the abused drugs, has pharmacological actions that are very similar to those of methylphenidate (Ritalin, Concerta), which is now the most commonly prescribed psychotropic medicine for children in the U.S."

The long term outcome for children is another story that has often been overlooked.

A report on a comprehensive follow-up study at Montreal Children's Hospital discovered that "at the end of five years, hyperkinetic children who received drugs (either Ritalin or Chlorpromazine) did not differ significantly from children who had not received the drugs. Although it appeared that hyperactive kids treated with Ritalin were initially more manageable, the degree of improvement and emotional adjustment was essentially identical at the end of five years to that seen in a group of kids who had received no medication at all."

Known side effects for stimulants are weight loss, insomnia, reduced stature, ticks, "zombie" demeanor, stomach aches, moodiness and death." - **Lawrence Weathers, Ph.D. Psychologist**

"Ritalin is an addictive drug, classed by the DEA as a Schedule II controlled substance, same as narcotics like heroin, morphine and cocaine. Ritalin is also as an illegal street drug where a profit of about \$400 can be made from an average prescription. It can be crushed up and snorted, or else mixed with heroin to enhance a junkie's high. The U.S. uses 90% of the world's Ritalin, and Canada most of the remaining 10%.

The theory is that kids are so hyperactive, give them speed and they'll be normal - the famous Paradoxical Effect. The reality is, long-term effects of Ritalin given to children have never been studied, according to the 1995 PDR. No known biochemical imbalance in these children has ever been proven. As far as learning disability is concerned, Ritalin has never been shown to improve it even slightly. (Armstrong p.47) Moreover there is absolutely no evidence to show that the emotional stability of

adult life can be promoted or even influenced by childhood experience with Ritalin. (A Dose of Sanity, p141)

Childhood use of Ritalin does show a high correlation with adolescent abuse of street drugs an easy transition. Ritalin brings with it the psychotic tendencies which can be brought on by the advanced drugs, like heroin, cocaine, and speed.

In light of the immense social and economic forces promoting explosive market growth of this wonder drug, it wouldn't be so bad if it were harmless. Unfortunately most parents don't know about the PDR. The Physician's Desk Reference is an annual publication by the drug companies which is a general catalogue of all drugs sold in the U.S., their effects, recommended dosages, and adverse effects. The PDR is a legal protection for the pharmaceutical industry more than anything else; it is fair warning about side effects of drugs: 3200 pages of CYA. But parents are rarely told what it says. Here are some of the side effects the 1996 PDR 42nd edition lists for Ritalin:

nervousness
skin rash
seizures
decreased growth
nausea
Tourette's syndrome
insomnia
nausea
glaucoma
gastric pain
weight loss
emotional
headache
visual problems
suicidal
dizziness
irregular heart
tardive dyskinesia
fatigue
visual problems
decreased appetite
moodiness
high blood pressure

Outside of that, it should be fine." - **Dr. Timothy O'Shea**

"If you don't have a biochemical imbalance before starting Prozac, you certainly will have one once you are on it! Prozac has been shown to have drastic effects on the brain's serotonergic system. Serotonin is a neurotransmitter, or chemical messenger, that normally connects to receptor sites and fires nerves. Prozac prevents serotonin from being removed from the

active place where it's working in the brain. It keeps the sparks alive longer, and as a result, a lot of excess firing takes place. The brain doesn't like all the overstimulation and eliminates 30-40 percent or more of receptors. The brain, in effect, is saying, I'm not going to have receptors for all this serotonin. It's a compensatory mechanism for the overstimulation. Receptors can be compared to catcher's mitts. The balls being thrown are like serotonin. After awhile the brain just eliminates its catcher's mitts. It says, I'm catching too much serotonin. I'm going to get rid of my catcher's mitts.

Eli Lilly knew about the disappearance of receptors from their laboratory experiments. What they failed to study, however, was whether or not receptors ever come back. The experiment, which would have been simple to perform, could have consisted of stopping the drug, waiting a couple of weeks, sacrificing some of the animals, and then seeing if their brains had come back to normal. The information could also have been indirectly gleaned from performing spinal taps on human beings before and after they had taken Prozac, to see if the breakdown products indicated that the brain returns to normal. Neither of these approaches were ever attempted. Obviously, Lilly is not concerned with this issue." - <http://www.antidepressantsfacts.com/Biochemical-Imbalance.htm>

"The brain chemical these drugs increase, serotonin, is the same brain chemical that LSD, PCP and other psychedelic drugs mimic in order to produce their hallucinogenic effects. And remember that psychedelic agents are "a class of compounds with no demonstrated therapeutic use, a history of extensive abuse, and the ability to provoke psychosis. Yet many brain researchers value the psychedelic agents above any of the other psychoactive drugs" because "the research into psychedelic drugs has already enriched our understanding of how the brain regulates behavior." - **Dr. Solomon Snyder, DRUGS AND THE BRAIN.**

"Behavior is not solved with drugs. Drugs can change behavior, that is certain, but the change is always in the direction of making the person more like a vegetable. Unfortunately some people would rather have a quiet vegetable for a daughter than a live but possibly over-active girl." - **Karl Loren, health researcher**

"Elevated 5HT (serotonin) levels:

- #1 schizophrenia, psychosis, mania, etc.
- #2 mood disorders (depression, anxiety, etc.)
- #3 organic brain disease - especially mental retardation at a greater incident rate in children
- #4 autism (a self-centered or self-focused mental state with no basis in reality)
- #5 Alzheimer's disease

- #6 old age
- #7 anorexia
- #8 constriction of the blood vessels
- #9 blood clotting
- #10 constriction of bronchials and other physical effects

Lower 5HIAA (serotonin metabolism) levels:

- #1 suicide (especially violent suicide)
- #2 arson
- #3 violent crime
- #4 insomnia
- #5 depression
- #6 alcohol abuse
- #7 impulsive acts with no concern for punishment
- #8 reckless driving
- #9 dependence upon various substances
- #10 bulimia
- #11 multiple suicide attempts
- #12 hostility and more contact with police
- #13 exhibitionism
- #14 arguments with spouses, friends and relatives
- #15 obsessive compulsive behavior
- #16 impaired employment due to hostility, etc.

(actually there are 56 total such Prozac side effects - 57 if you count "sudden unexpected death" as stated on Prozac labels)

- PROZAC: PANACEA OR PANDORA?, BY ANN BLAKE TRACY, PH.D.

"The body is an extremely complex biochemical machine, with chemical reactions and flows that occur in harmony and rhythmically one with another. They happen in specific sequences, in certain quantities, and at exact rates of speed. When a foreign substance such as a psychotropic drug is introduced into the body these flows and inner workings are disrupted. The drugs may speed up, slow down, damn up, overwhelm or deny critical metabolic substances. This is why psychiatric drugs produce side effects. This is, in fact, why they produce any effect at all. They do not heal anything. The human body, however, is unmatched in its ability to withstand and respond to such disruptions. The various systems fight back, trying to process the foreign chemical, and work diligently to counterbalance its effects on the body.

But the body can only take so much. Quickly or slowly, the systems break down. Like a car run on rocket fuel, you may be able to get it to run a thousand miles an hour, but the tires, the engine and the internal parts were never meant for this; the machine flies apart.

The Betrayal

If you are worried about something—a problem in life like

relationships with your friends, parents or teachers, or how your child's school grades are going, taking any drug—illegal or psychiatric—isn't going to solve the problem. If a drug is used to feel better when you are depressed, sad or anxious, the relief is only for a short while. If the problem is not fixed or helped, the person can often feel worse than before. As a drug wears off, whatever pain, discomfort or upset that was there before taking the drug can become stronger; it can make a person want to keep taking the drug.

The Violence

Psychiatric drug reactions can include agitation, hostility, aggression, and suicidal behavior. In fact, teenagers who had been prescribed psychiatric drugs and/or were undergoing some sort of psychological program in an attempt to "control their anger" have committed many of the mass school shootings in the U.S." -

http://www.fightforkids.com/psychiatric_drugs_and_the_body.htm

"Stimulants for "ADHD" should not be used in children under six years of age. Adverse reactions include: nervousness and insomnia, hypersensitivity, anorexia, nausea, dizziness, headaches, drowsiness, blood pressure and pulse changes, tachycardia, angina, abdominal pain, loss of appetite, weight loss and toxic psychosis. Some children have developed the involuntary tics and twitching called Tourette's disorder.

Major tranquilizers, anti-psychotics frequently cause difficulty in thinking, poor concentration, nightmares, emotional dullness, depression, despair and sexual dysfunction. Physically, they can cause Tardive Dyskinesia—sudden, uncontrollable, painful muscle cramps and spasms, writhing, squirming, twisting and grimacing movements, especially of the legs, face, mouth and tongue, drawing the face into a hideous scowl. They also induce Akathisia, a severe restlessness that studies show can cause agitation and psychosis. A potentially fatal effect is "Neuroleptic Malignant Syndrome," which includes muscle rigidity, altered mental states, irregular pulse or blood pressure and cardiac problems.

Minor tranquilizers or benzodiazepines can cause lethargy, lightheadedness, confusion, nervousness, sexual problems, hallucinations, nightmares, severe depression, extreme restlessness, insomnia, nausea and muscle tremors. Epileptic seizures and death have resulted from suddenly stopping the use of minor tranquilizers. Thus, it is important never to stop suddenly or without proper medical supervision, even if the drugs have only been taken for a couple of weeks.

Sedative-Hypnotics frequently cause the above side effects as well as a hangover effect, apparent drunken state, lack of

coordination (ataxia) and skin rash.

Antidepressants (tricyclics) can cause sedation, drowsiness, lethargy, difficulty thinking, confusion, poor concentration, memory problems, nightmares, panic feelings, and extreme restlessness; also delusions, manic reactions, delirium, seizures, fever, lowered white blood cell count (with risks of infection), liver damage, and heart attacks and strokes.

Selective Serotonin Reuptake Inhibitors (SSRIs) can cause headaches, nausea, anxiety and agitation, insomnia and bizarre dreams, loss of appetite, impotence, confusion and akathisia. It is estimated that between 10% and 25% of SSRI users experience akathisia, often in conjunction with suicidal thoughts, hostility and violent behavior." - http://www.fightforkids.com/psychiatry%27s_wonder_drugs.htm

"The adverse reactions (side effects) for Ritalin include nervousness, insomnia, joint pains, fever, anorexia, nausea, dizziness, palpitations, headache, dyskinesia, drowsiness, increased blood pressure and pulse, rapid heart rate, angina, cardiac arrhythmias, abdominal pain, actual psychosis. And there is a major warning in the Physician's Desk Reference regarding drug dependency.

The Physicians Desk Reference of Drug Side Effects notes that, regarding the pharmacology of Ritalin: "The mode of action in man is not completely understood." And this is what you're giving your child! The pharmaceutical manufacturers admit that they don't even know how it works. They're just experimenting -- on your child!

Ritalin has effects similar to other stimulants including amphetamine, methamphetamine and cocaine. There are 6 million prescriptions for Ritalin filled annually. The U.S. pharmacists distribute five times more Ritalin than the rest of the world combined. No other nation prescribes stimulants for its children in such volume. In fact, the United Nations International Narcotics Control Board has on two recent occasions written to U.S. officials expressing concern about the sixfold increase in Ritalin usage since 1990.

What about Ritalin and cancer? Scientific studies on carcinogenicity were finally released in June 1993 revealing that feeding mice Ritalin, induced liver tumors including very rare and highly malignant cancers. These results were found at dosage levels close to those routinely prescribed for children. Animal tests are very good predictors of human health effects. In fact, the International Agency for Research on Cancer suggests that if a chemical is proven to cause cancer in animals, it should be treated as if it were cancer-causing in humans as well."

"The FDA has reported, "A total of 4,400 health-related complaints of adverse reactions to methylphenidate, the main drug prescribed for ADHD, have been received since 1969. Thirty percent of those—more than 1,300 complaints—were reported in the last 15 months, including complaints of convulsions and tics, drug dependence, heart ailments, and death." - **Dr. Gary Farr** - <http://www.becomehealthynow.com/article/conditionmentaladd/667/2/>

"The brain-disabling principle applies to all of the most potent psychiatric interventions - neuroleptics, antidepressants, lithium, electroshock, and psychosurgery. . . the major psychiatric treatments exert their primary or intended effect by disabling normal brain function. Neuroleptic lobotomy, for example, is not a side effect, but the sought-after clinical effect. Conversely, none of the major psychiatric interventions correct or improve existing brain dysfunction, such as any presumed biochemical imbalance. If the patient happens to suffer from brain dysfunction, then the psychiatric drug, electroshock, or psychosurgery will worsen or compound it." - **Peter Breggin, M.D., psychiatrist**

"The reported adverse effects of drugs are only the tip of the iceberg. Consider 'Digoxin', the best-selling heart drug. The Food and Drug Administration (FDA) receives about 82 reports each year involving Digoxin, yet a systematic study of Medicare records reveals 202,211 hospitalizations for Digoxin adverse effects in a 7-year period. That's more than 28,000 reactions per year, only 82 (0.3%) of which the Food and Drug Administration (FDA) hears." - **article in Journal of the American Medical Association**

"NIMH-Harvard study: 74% children prescribed SSRI suffer adverse effects

Fri, 22 Aug 2003

A report in the *Journal of Child and Adolescent Psychopharmacology* (abstract below) Dr. Timothy Wilens, Dr. Joseph Biederman, et al, child psychiatrists at Harvard's teaching hospital, Massachusetts General, found that 22% of children and adolescents who had been prescribed any one of the selective serotonin reuptake inhibitor (SSRI) antidepressants suffered drug-induced psychiatric adverse effects within three months. Furthermore, the authors, who have long advocated prescribing psychotropic drugs for children, reported: "Overall, 74% if children and adolescents experienced [i.e., suffered] an adverse event to an SSRI over the course of their treatment."

The SSRI drugs prescribed for these children were: Prozac, Paxil (Seroxat), Zoloft, Luvox and Celexa. Proof that the adverse effects were drug-induced is borne out by the fact that after the drugs were withdrawn and the children were re-exposed to an SSRI,

44% suffered another psychiatric adverse effect.

This report validates what critics--who are not receiving financial support from drug companies--have been pointing out for some time: Antidepressant drugs are not the solution for troubled children. The documented evidence consistently shows that the drugs are causing children mental distress that can only aggravate their problems.

Of particular concern: According to the authors, the most frequent adverse effects induced by SSRI drugs are sleep disturbance (35%) and agitation. That combination is a prescription for violent outbursts--such as, self injury, suicide attempts, and / or violent outbursts toward others." - ALLIANCE FOR HUMAN RESEARCH PROTECTION (AHRP)

"In *Molecules of the Mind: The Brave New Science of Molecular Psychology*, Professor Jon Franklin observed: "This era coincided with an increasing awareness that the neuroleptics not only did not cure schizophrenia - they actually caused damage to the brain. Suddenly, the psychiatrists who used them, already like their patients on the fringes of society, were suspected of Nazism and worse." (Dell Pub. Co., 1987, p. 103). In his book *Psychiatric Drugs: Hazards to the Brain*, psychiatrist Peter Breggin, M.D., alleges that by using drugs that cause brain damage, "Psychiatry has unleashed an epidemic of neurological disease on the world" one which "reaches 1 million to 2 million persons a year". In severe cases, brain damage from neuroleptic drugs is evidenced by abnormal body movements called tardive dyskinesia. However, tardive dyskinesia is only the tip of the iceberg of neuroleptic caused brain damage. Higher mental functions are more vulnerable and are impaired before the elementary functions of the brain such as motor control. Psychiatry professor Richard Abrams, M.D., has acknowledged that "Tardive dyskinesia has now been reported to occur after only brief courses of neuroleptic drug therapy" (in: Benjamin B. Wolman (editor), *The Therapist's Handbook: Treatment Methods of Mental Disorders*, Van Nostrand Reinhold Co., 1976, p. 25). In his book *The New Psychiatry*, published in 1985, Columbia University psychiatry professor Jerrold S. Maxmen, M.D., alleges: "The best way to avoid tardive dyskinesia is to avoid antipsychotic drugs altogether. Except for treating schizophrenia, they should never be used for more than two or three consecutive months. What's criminal is that all too many patients receive antipsychotics who shouldn't." - Mentor, pp. 155- 156.

"MAJOR TRANQUILIZER/NEUROLEPTIC/ANTI-PSYCHOTIC/ANTI-SCHIZOPHRENIC DRUGS Even as harmful as psychiatry's (so-called) antidepressants and lithium and (so-called) anti-anxiety agents (or minor tranquilizers) are, they are nowhere near as damaging as the so-called major tranquilizers, sometimes also called "antipsychotic" or "antischizophrenic" or "neuroleptic" drugs. Included in this

category are Thorazine (chlorpromazine), Mellaril, Prolixin (fluphenazine), Compazine, Stelazine, and Haldol (haloperidol) - and many others. In terms of their psychological effects, these so-called major tranquilizers cause misery - not tranquility. They physically, neurologically blot out most of a person's ability to think and act, even at commonly given doses. By disabling people, they can stop almost any thinking or behavior the "therapist" wants to stop. But this is simply disabling people, not therapy. The drug temporarily disables or permanently destroys good aspects of a person's personality as much as bad. Whether and to what extent the disability imposed by the drug can be removed by discontinuing the drug depends on how long the drug is given and at how great a dose." - **Lawrence Stevens, J.D**

"A senior executive with Britain's biggest drugs company has admitted that most prescription medicines do not work on most people who take them.

Allen Roses, worldwide vice-president of genetics at GlaxoSmithKline (GSK), said fewer than half of the patients prescribed some of the most expensive drugs actually derived any benefit from them.

It is an open secret within the drugs industry that most of its products are ineffective in most patients but this is the first time that such a senior drugs boss has gone public. His comments come days after it emerged that the NHS drugs bill has soared by nearly 50 per cent in three years, rising by £2.3bn a year to an annual cost to the taxpayer of £7.2bn. GSK announced last week that it had 20 or more new drugs under development that could each earn the company up to \$1bn (£600m) a year." - **Steve Connor, Science Editor, The Independent**

"* 180,000 deaths a year occur due to adverse reactions to prescription medications. By comparison, general accidents in life account for 98,000 per annum. This includes 42,000 from car accidents, 120 from airline crashes**, 90 from being struck by lightning** and 5 from Anthrax (in 2001). 15,500 die from murders and 20,000 from flu or its complications.

**averaged over 2-3 decades

* About 2,216,000 annual hospitalizations result in adverse drug reactions and these account for 106,000 deaths annually.

* Side effects of commonly used over the counter pain relievers include gastric ulcers, bleeding stomachs, hospitalizations and 16,500 deaths last year." - **Sources: Centers for Disease Control and Prevention** (National Center for Health Statistics), **Deaths: Final Data for 1997. National Vital Statistics Reports: Deaths: Leading Causes for 1999.** Volume 49, Number 11, October 12, 2001 **Phillips DP, Christenfeld N, Glynn LM.** Lancet 1998 Feb 28;351

(9103):643-4 **Increase in US medication-error deaths between 1983 and 1993.**

* "...St. John's Wort fully cured 24 percent of the depressed people who received it, and Zoloft cured 25 percent - but the placebo fully cured 32 percent...." - **Shankar Vedantam, The Washington Post, Wednesday, May 8, 2002**

"Seven out of 12 U.S. school shootings were committed by teens taking prescribed psychotropic drugs known to cause violent and suicidal behavior." - **CCHR Publication, Violence**

"17 million schoolchildren worldwide have now been diagnosed with mental disorders and prescribed cocaine-like stimulants and powerful antidepressants as treatment. Such mind-altering and addictive drugs are now sold illicitly in schoolyards, constituting a feeder line to the street drug culture for many children." - **CCHR Publication "The Real Crisis in Mental Health" A REPORT, CONCLUSIONS AND RECOMMENDATIONS by Rohit Adi, M.D., • Mary Jo Pagel, M.D., • Anthony P. Urbanek, M.D., • Julian Whitaker, M.D.**

"There are many causes of drug addiction, here are just a few:

- * changes in the brain take place as a result from drug use contribute to addiction and abuse
- * some drugs possess reinforcing qualities that make them more addictive than others
- * easy access, and environmental, psychological, and cultural factors play a role in who starts or continues to abuse drugs
- * drugs "numbing" effects help to ease the emotional/physical pain that the individual is experiencing
- * drugs produce a sense of euphoria that make the individual feel good

Drug addiction is also caused because some substances are more addictive than others, either because they produce a rapid and intense change in mood; or because they produce painful withdrawal symptoms when stopped suddenly. Social learning is considered the most important single factor in the cause of drug addiction. It includes patterns of use in the addict's family or subculture, peer pressure, and advertising or media influence.

The first thing you must understand about addiction is that alcohol and addictive drugs are basically painkillers. They chemically kill physical or emotional pain and alter the mind's perception of reality. They make people numb. For drugs to be attractive to a person there must first be some underlying unhappiness, sense of hopelessness, or physical pain." - **Narconon**

"1. On May 25, 1997, 18-year-old Jeremy Strohmeyer raped and murdered a 7-year-old African American girl in Las Vegas, Nevada.

Strohmeyer had been diagnosed with ADD and prescribed Dexedrine, a Ritalin-like drug, immediately prior to the killing.

2. On October 1st, 1997, in Pearl Mississippi, 16-year-old Luke Woodham stabbed his mother, 50-year-old Mary Woodam, to death and then went to his high school where he shot nine people - killing two teenage girls and wounding seven others. Published reports say he was on Prozac.

3. Exactly two months later on Dec 1, 1997, Michael Carneal, a 14-year-old, opened fire on students at a high school prayer meeting in West Paducah, Kentucky. Three teenagers were killed, five others were wounded, one of whom was paralyzed. Carneal was reportedly on Ritalin.

4. Then in February, 1998 a young man in Huntsville, Alabama, while on Ritalin went psychotic - chopping up his parents with an ax and also killing one sibling and almost murdering another.

5. On March 24, 1998 in Jonesboro, Arkansas, 11-year-old Andrew Golden and 14-year-old Mitchell Johnson shot 15 people killing four students, one teacher, and wounding 10 others. According to one report, the boys were believed to be on Ritalin. 6. Two months later another grisly school massacre occurred. On May 21, 1998 15-year-old Kip Kinkel of Springfield, Oregon murdered his parents and proceeded to his high school where he went on a rampage killing two students and wounding 22 others. Kinkel had been prescribed both Prozac and Ritalin.

7. On April 16th, 1999, 15-year-old Shawn Cooper of Notus, Idaho took a 12-gauge shot gun to school and started firing, injuring one student and holding the school hostage for about 20 minutes. Terrified students ran for their lives, some barricading themselves in classrooms. Cooper had been taking Ritalin when he fired the shotgun's rounds.

8. The incident in Idaho did not make the national press (no one, thank God, was killed). But all that changed four days later when 18-year-old Eric Harris killed 12 students and a teacher at Columbine High School before killing himself. Harris was on one of the SSRI anti-depressants called Luvox.

9. One month later to the day, on May 20th of this year TJ Solomon, a 15-year-old high school student in Conyers, Georgia, while on Ritalin opened fire on and wounded six of his classmates. Thankfully, none were killed.

10. Then there's 14-year-old Rod Mathews who had been prescribed Ritalin since the third grade and beat a classmate to death with a bat.

And 19-year-old James Wilson who had been on psychiatric drugs

for 5 years and took a .22 caliber revolver into an elementary school in Greenwood, South Carolina killing two young girls, and wounding seven other children and two teachers!

I could go on, but hopefully the message is clear - these drugs drive some who take them to acts of violence and murder and are THE common denominator to these killings. Just as in the 60s when Thalidomide (another psychotropic drug) created grotesque physical deformities in some of the babies born to the women who took it, so too do these "modern" psychiatric drugs deform and twist the minds of some who take them. They don't call them mind altering without reason.

Moreover, it is not as if psychiatrists don't know. The scientific research documenting the connection between violence and suicide and these toxic substances is overwhelming and long-standing ever since the 1960s. The Citizens Commission on Human Rights has recently issued a report documenting 22 such studies from some of the most prestigious universities in the world, including Harvard, Yale, Columbia, the State University of New York and UCLA. Time does not permit a referencing of each and every one of these studies and we have made copies of our report available to the members of the Committee. I will, however, review just a bit of the information for you.

First, as stated earlier, even the manufacturer of Ritalin warns of "frank psychotic episodes" with abuse.

Ritalin's use and abuse was the subject of a 30-page report by the DEA in 1995 entitled "Methyphenidate", which is the generic term for Ritalin. That report stated in part: "Of particular concern is that most of the ADHD literature prepared for public consumption by CHADD (this is an ADHD advocacy group) and other groups and available to parents, does not address the abuse potential or actual abuse of methylphenidate. Instead, methylphenidate (usually referred to as Ritalin by these groups) is routinely portrayed as a benign, mild substance that is not associated with abuse or serious side effects. In reality, however, there is an abundance of scientific literature which indicates that methylphenidate shares the same abuse potential as other Schedule II stimulants (morphine, opium and cocaine -ed.). Case reports document that methylphenidate abuse '...can lead to tolerance and severe psychological dependence.'"

"These reports and scientific studies of abuse potential are routinely downplayed, if referenced at all. As a consequence, parents of children and adult patients are not being provided with the opportunity for informed consent . . ."

In short, ladies and gentlemen, this drug is addictive.

Secondly, as also mentioned previously, testing revealed that

Eric Harris, one of the dead suspects in the Columbine, Colorado incident, had therapeutic levels of the anti-depressant Luvox in his blood.

The following is from an ABC news report that cited an article from the American Journal of Psychiatry. "Luvox is the trade name for fluvoxamine, which research shows can "induce mania"

One symptom of mania is, "aggressive behavior" Moreover, a psychiatric drug expert stated that according to Solvay, the manufacturer of Luvox

". . . 4% of children and youth taking Luvox developed mania during short-term controlled clinical trials. Mania is a psychosis which can produce bizarre, grandiose, highly elaborated destructive plans, including mass murder..."

Prozac is mentioned in some of the incidents above. Here is some information about what that drug can do. A. In February of 1990, Dr. Martin Teicher, a Harvard psychiatrist, reported in The American Journal of Psychiatry that six patients who were depressed - but not suicidal - had developed intense, violent, suicidal pre-occupation within weeks of taking Prozac (emphasis added). Subsequent letters from doctors published in The American Journal of Psychiatry and The New England Journal of Medicine reported similar findings. The report published in The New England Journal of Medicine noted that the patients had not been suicidal before taking the drug and that their suicidal thoughts ended abruptly upon ceasing it's use.

B. In 1995, nine Australian psychiatrists urged that SSRIs (drugs like Prozac and Luvox) be sold with a warning after patients had slashed themselves or became preoccupied with violence while taking them. The self destructive harm started after the treatment began or doses were increased and eased or ceased when the drugs were stopped.

*I could go on, but again, I hope the message is clear: psychiatric drugs are the cause of violence and suicide and are THE common denominator in the killings and acts of senseless violence occurring in our nation's schools." - **From testimony of Bruce Wiseman. Presented to The Pennsylvania House Democratic Policy Committee, Philadelphia, Pennsylvania July 20, 1999. Bruce Wiseman is National President of the Citizens Commission on Human Rights.***

"What the psychiatrists avoid mentioning is that there are horrendous effects accompanying these drugs, which can be long term and cause irreversible damage to the brain and nervous system. These effects usually require another drug to contain them.

No single psychiatric drug can stand aside as more dangerous than another - they alter personality, they can weaken the will, they can deteriorate morale. Bizarre things happen with these drugs: addiction, exhaustion, diminished sexual drive, trembling, nightmares, increased anxiety and violent and suicidal behavior.

While these mind-altering drugs may deaden the mental and emotional pain connected with living, in so doing they kill the drive that promotes the search for real solutions and improvement." - CCHR Pamphlet

"Some psychiatric drugs are addictive. Also, as the drug wears off, whatever pain, discomfort or upset that was there before taking the drug can become stronger. It can make a person want to keep taking the drug." - CCHR Pamphlet "Hooking Your World on Drugs"

"Dr. Malcolm Bowers of Yale University states that eight percent of all psychiatric hospital admissions in 1994 were due to SSRI induced psychosis." - Todd Zwillich, Senior Writer Clinical Psychiatry News, 1999

"Psychiatric drugs are worthless, and most of them are harmful. Many cause permanent brain damage at the doses customarily given. Psychiatric drugs and the profession that promotes them are dangers to your health." - Lawrence Stevens, J.D.

* Choice of 1st 5 quotes and color design based on Flash presentation at the excellent [International Coalition For Drug Awareness](#) website.



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