by the Citizens Commission on Human Rights

While most people know that illicit drugs are one of society's worst enemies, there is something about drugs in general, and our thinking about them, that is entirely different today — something that most people are not consciously aware of.

To understand this change, it is first necessary to define the word 'drug'. 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; alternatively, an illegal substance which characteristically caused habituation and addiction, and could lead to a marked change in consciousness — such as the 'street' drugs, heroin and opium.

In the last few decades, however, a new breed of drug has moved into mainstream society with such speed and recommendation that we have had neither the opportunity nor inclination to question its newly elevated status in our daily lives. Like some hybrid between medical and street drugs, today these drugs have become so much a part of life that many would find it difficult to consider life without them.

Now used extensively in our schools, nursing homes, drug rehabilitation centres and prisons, we also personally rely on them to 'help' us with everything from weight control, mathematical and writing problems, flagging self-confidence, to anxiety, sleeping problems and minor day-to-day upsets. They have become a panacea for the pressures and stresses of modern living.

A partial list of these includes such well-known prescription drugs as tranquillisers, antidepressants, stimulants and sedatives. However, while they are legal and often called medications, they are very different from routine medical drugs. They are, in fact, mind-altering psychiatric drugs, which in their effects, share much more in common with illegal 'street' drugs.

For example, while medications primarily address the physical body, psychiatric drugs are mood-altering, capable of not only unpredictably changing the way a person thinks, feels and acts, but what a person sees.

Whereas medical drugs commonly treat, prevent or cure disease or improve health, psychiatric drugs only suppress symptoms — symptoms that return once the drug wears off. Like illicit drugs, they provide no more than a temporary escape from life's problems. Such drugs can have horrific physical and mental side effects, including suicidal thoughts, hostility spasms, grimacing movements, manic reactions, seizures, sexual dysfunction and much more.

Psychiatric drugs are also potentially habit-forming and addictive. Withdrawal from them can be far more difficult than from illegal drugs. In fact, perhaps our clearest evidence of the similarities between psychiatric and illegal drugs is the fact that addiction to these drugs now rivals illegal drug addiction as the No.1 drug problem in many countries today.

But how did this come about? How have such dangerous and problem-ridden drugs become so widely and quickly accepted in everyday society?

SCIENTIFIC FRAUD — INVENTING THE DIAGNOSES FIRST

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, which would also include agreed-upon, physical symptoms.

It was in 1952 that the American Psychiatric Association (APA) published its first Diagnostic and Statistical Manual for Mental Disorders (DSM), containing a list of 112 mental disorders. DSM-II, published in 1968, aligned with the World Health Organisation's International Classification of Diseases (ICD), mental health disorders section, and consisted of 163 disorders. American psychiatrists had been directly involved with ICD committees.

In 1980, the third edition, DSM-III, was released, listing an extra 61 disorders, bringing the total to 224. Some interesting developments had occurred. In the 'Infancy, Childhood and Adolescence' section, 32 new mental disorders were added, including: Attention Deficit Disorder, Conduct Disorder, Developmental Reading Disorder, Developmental Arithmetic Disorder and Developmental Language Disorder.

In 1987, the number of mental disorders increased to 253 in DSM-IIIIR. By 1994, DSM-IV had taken the total count to 374. For all its technical pretense, the DSM has never really made the scientific hall of fame. In fact, it has never scored a scientific mark with any professional group except psychiatrists themselves.

The reason for this is very simple. Psychiatrists put their own finger on it in their introduction to DSM-III. For most of the DSM-III disorders ... the etiology (cause) is unknown. A variety of theories has been advanced, but tested by evidence not always that convincing to explain how these disorders come about."

In other words, not one of the DSM's long list of disorders is supported by any objective diagnostic observations or criteria.

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

SLEEPING POSITIONS SHOW PERSONALITY TYPE

A British scientist claims to have discovered a direct link between people's favourite sleeping position and their personality. Professor Chris Idzikowski, one of Britain's leading sleep experts has identified six different positions which reveal different personality types. Dr Idzikowski says, "We are all aware of our body language when we are awake but this is the first time we have been able to see what our subconscious posture says about us. " The research also revealed that changing positions was just as unlikely as couples changing the side of the bed on which they usually sleep. Only 5% of the subjects adopted a different position each night while the vast majority stuck to their favourite one.
THE WORLDWIDE PSYCHIATRIC DRUG CRISIS

While billions in tax dollars are paid each year to fight drug abuse, psychiatrists devote their energy and resources to the proliferation of their unscientific diagnoses.

The direct result continues to be an escalating worldwide consumption of their addictive, mind-altering drugs.

Consider the following alarming statistics. According to International Narcotics Control Board statistics on average sedative-hypnotic consumption (mainly benzodiazepines) worldwide from 1997 to 1999, the Japanese consumed almost 1.8 billion doses each year, Italy 772 million, Mexico 317 million, France 288 million, Hungary 147 million, The Netherlands 133 million, South Africa 80 million, Sweden 54 million, Denmark 45 million, Finland 39 million and Greece 30 million doses.

The INCB statistics also indicate that South Africans consumed 100 million doses of stimulants each year and Mexicans 159 million.

- Between 1990 and 1996, benzodiazepine drugs caused 1,810 deaths in Britain, making them more lethal than heroin, cocaine and methadone at 1,623 deaths combined.
- In 1999 in England, more than 17.5 million prescriptions for minor tranquilizers were written. Many of the 1.5 million people who have been prescribed tranquilizers for a four-week period have become addicted.
- Between 1985 and 2000, Australia experienced a 34-fold increase in prescriptions of two stimulants. Over the past decade there has been a 12-fold increase in antidepressants and antipsychotics. One in every 100 children under 6 years of age taking stimulants is 2 years of age.
- In Japan stimulants are the illegal drug of choice; nearly 90% of the drug offences registered in the country involve amphetamines and methamphetamine.
- Between 1992 and 1998, prescriptions for one stimulant tripled in British Columbia, Canada. Of the 21,000 people taking psychiatric stimulants in 1999, two-thirds were high school students, the majority of them between the ages of 6 and 15.
- Between 1997 and 2001, prescriptions for drugs used for so-called ‘Attention Deficit Hyperactivity Disorder’ (ADHD) increased 37% in the US, with more than 20.5 million prescriptions written during the 12 months ending in June 2001.
- Meanwhile, Mexico’s import of one ‘ADHD’ stimulant tripled between 1990 and 1998. Latin America reported a 20% increase from 1999 to 2000 in anti-psychotic drug sales.

In summary, take a list of scientific-sounding but hollow diagnoses and match it with a ready supply of mind-bending and addictive psychiatric drugs, with numerous side effects and horrific withdrawal symptoms.

Now successfully push to make it the authority wherever citizens are trying to solve life’s problems, large and small, ignore all alternatives and reduce everything to a mental health problem, and we have psychiatry today.

Tragically we also have massive social problems that are international in scope, including increased drug abuse and violence.
CHILD DRUGGING – THE HOAX OF LEARNING AND BEHAVIOUR ‘DISORDERS’

"These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a ‘brain disease’. Because the diagnosis of ADHD is fraudulent, it doesn’t matter whether a drug ‘works’. Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven.”


In many countries today, 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 all of their parents’ concerns. Commonly, these parents were told by a psychiatrist or psychologist that their child suffers from a disorder affecting their child’s ability to learn – commonly known as a Learning Disorder (LD). The disorder is also labelled Attention Deficit Disorder (ADD), or most commonly today, Attention Deficit Hyperactivity Disorder (ADHD). In Sweden it is known as DAMP (Disorder in Attention, Motor Control and Perception).

Brain disease or a chemical imbalance of the brain may have been mentioned, but certainly parents and teachers were told that it is a well-recognised, medical problem demanding continuous, prescribed medication.

Wanting only the best for their child, and trusting the advisors, these parents agreed to the drug treatment as the best solution available.

As a result, walk into an average British, Australian, Canadian or US school or even some Mexican private schools today, and you could be forgiven for thinking that you had walked into a mental health clinic, as kids line up for their daily stimulant drug dosage. Look closer and you might even see or hear about a black market drug trade run by school children, dealing in the very same drugs being prescribed for supposed learning difficulties.

As many parents have found to their tragic loss, the worst thing to do is to ignore their instincts in the matter and give into the psychiatric propaganda.

WHAT ARE THE FACTS?

There are numerous risks and inconsistencies associated with the prescription of mind-altering drugs for so-called behavioural or learning disorders. A short list of these is as follows:

- Suicide is a major complication of withdrawal from this stimulant and similar amphetamine-like drugs.
- The childhood use of mind-altering drugs is a major contributing factor to later cocaine dependence.
- A 2001 Journal of the American Medical Association study found the stimulant to be more potent than cocaine.
- Studies have found that children who take amphetamine-type drugs or other prescribed mind-altering drugs do not perform better academically. In fact, children who take these drugs fail just as many courses, and drop out of school just as often, as children who did not take the drugs.
- There is no scientific evidence proving that a chemical imbalance in the brain is responsible for the symptoms attributed to ADHD, or that ADHD is a ‘brain-based disease’, yet this is repeatedly claimed as fact by psychiatrists. Dr Mary Ann Block, author of No More ADHD, says, “The psychiatrist does not do any testing. The psychiatrist listens to the history and then prescribes a drug.”
- Psychiatrists misleadingly argue that ADHD requires ‘medication’ in the same way that diabetes requires insulin treatment. On this, Dr Block is adamant: “Let me clear this up right now. ADHD is not like diabetes and [the stimulant used for it] is not like insulin. Diabetes is a real medical condition that can be objectively diagnosed. ADHD is an invented label with no objective, valid means of identification. Insulin is a natural hormone produced by the body and is essential for life. [This stimulant] is a chemically derived, amphetamine-like drug that is not necessary for life. Diabetes is an insulin deficiency. Attention and behavioural problems are not a [stimulant] deficiency.”
- Children diagnosed with ADHD and prescribed stimulants can be later ineligible to serve in the armed forces. In 1998 the US Military discharged more than 3,100 recruits with psychiatric histories, pointing to a rise in ‘medication’ and treatment of ADHD and other ‘behavioural disorders’ as a reason for discharge.
- The US National Institutes of Health Conference on ADHD found that kids taking prescribed, mind-altering drugs still have a higher level of some behaviour problems.
- Recent studies show that children who take psychiatric stimulants for ‘ADHD’ are 46% more likely to commit one felony, and 36% more likely to commit two or more felonies. Instead of overcoming supposed learning difficulties, these children are at risk of moving toward a life of crime.

PROFIT AT THE EXPENSE OF CHILDREN’S LIVES

While there are no objective scientific criteria confirming the existence of ADHD, its reported symptoms are revealing.

According to the Diagnostic Statistical Manual for Mental Disorders, symptoms of ADHD include: fails to give close attention to details or may make careless mistakes in schoolwork or other tasks; work is often messy or careless; has difficulty sustaining attention in tasks or play activities; finds it hard to persist with tasks until completion; appears “as if their mind is elsewhere” or “as if they are not listening”, and fails “to complete schoolwork, chores, or other duties...”

Hyperactivity includes: often fidgets with hands or feet or squirms in seat; often leaves seat in classroom or in other situations in which remaining seated is expected; often runs about or climbs excessively in situations in which it is inappropriate; often has difficulty playing or engaging in leisure activities quietly; is often “on the go”; often talks excessively.

According to psychiatrist and neurologist Dr Sydney Walker III, 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 labelling 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 Fred A Baughman Jr., a paediatric neurologist and Fellow of the American Academy of Neurology, says that parents, teachers and children have been horribly betrayed when a child’s behaviour is labelled as a disease: They “believe they have something wrong with their brains that makes it impossible for them to control themselves without using a pill.”

This is reinforced by “having the most important adults in their lives, their parents and teachers, believe this as well.”

Dr Mary Ann Block – a mother who took up medical training at age 39
after her daughter's physical problems were treated with psychiatric drugs - bluntly asks: "If there is no valid test for ADHD, no data proving ADHD is a brain dysfunction, no long-term studies of the drugs' effects, and if the drugs do not improve academic performance or social skills, and the drugs can cause compulsive and mood disorders and can lead to illicit drug use, why in the world are millions of children, teenagers and adults ... being labelled with ADHD and prescribed these drugs?"

"Hyperactivity is not a disease," Dr Walker said. "It's a hoax perpetrated by doctors who have no idea of what's really wrong with these children."

A huge and entrenched psychiatric treatment and research empire has mushroomed around this fictitious disease called ADHD - a disease literally voted into existence by a show of American Psychiatric Association Committee hands. That empire demands and consumes billions of dollars each year, has turned schools into mental health clinics, and has mentally and physically hooked millions of normal children on mind-altering drugs.

It may seem unbelievable. It also happens to be true.

AN INTERNATIONAL PUBLIC WARNING

"There is an increasing number of children and young adults in Europe taking legally prescribed drugs which are addictive, and ... there is a growing problem with these drugs now being sold illegally as 'street drugs'." - from Council of Europe Motion for an Order 'Ending the Misdiagnosing of Children,' 2000.

Internationally, there has been official outcry over the massive increase in the number of children placed on powerful and potentially addictive psychotropic drugs.

1995: The United Nations International Narcotics Control Board (INCB) asked governments to "...exercise vigilance with regard to trade in and dispensing of the substance (stimulant prescribed for ADHD) in order to prevent any attempts to divert it into illicit traffic."

1995: The US Drug Enforcement Administration (DEA) said the substance used to treat 'ADHD' could lead to addiction and that "psychotic episodes, violent behaviour and bizarre mannerisms had been reported" with its use.

1997: The INCB reiterated that all governments exercise "utmost vigilance in order to prevent over-diagnosing of ADD" and the "medically unjustified treatment" of it.

1998: The US National Institutes of Health held an experts' Consensus Conference on the Diagnosis and Treatment of ADHD' that concluded. "We don't have an independent, valid test for ADHD; there are no data to indicate that ADHD is due to a brain malfunction ... and finally, after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains speculative.

1999: The Colorado State Board of Education passed a Resolution calling on teachers to use academic rather than drug solutions for behaviour, attention and learning difficulties in the classroom.

2000: The Green Party of Soermland County in Sweden passed a motion calling for all health and medical personnel to be educated on alternative, natural methods of treating children who display hyperactive behaviour.

2000: The Council of Europe signed a motion regarding 'Ending the misdiagnosing of children,' which called for a study on the misdiagnosing of 'ADHD' and to establish possible legal measures to "curtail the abuse of psychiatric drugs by children."

2000: The Luzern Council in Switzerland was asked to investigate the number of children placed on psychotropic drugs and whether parents were being properly informed of the drugs' damaging side effects.

2000: The INCB added amphetamine use to its concern about stimulant use for ADHD and "other behavioural disorders."

2001: Two Australian states began inquiries into the diagnosing of 'ADHD' and corresponding prescription drug use in children.

2001: Several US states passed laws preventing school personnel from recommending psychotropic drugs for any child as a solution for learning or behavioural problems.

WARNING

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

ACKNOWLEDGEMENT

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