

"Given the nature and potentially
devastating impact of psychotropic
medications...we now similarly
hold that the right to refuse to take
psychotropic drugs is fundamental."

Alaska Supreme Court, 2006

CCHR International
6616 Sunset Blvd.
Los Angeles, California 90028, USA
(323) 467-4242 or (800) 869-2247
Fax: (323) 467-3720
E-mail: humanrights@cchr.org
www.cchr.org
www.cchrint.org

Report any adverse psychiatric drug effects to the FDA's MedWatch program at
www.accessdata.fda.gov/scripts/medwatch
Or log on to www.cchr.org

cchr.org



Reply: mdccl

PSYCHOSTIMULANTS

the facts about the effects

Ezekiel 33

Psychotropic Drug Series
Published by Citizens Commission on Human Rights

IMPORTANT INFORMATION FOR READERS

This report is an overview of the side effects of common psychostimulant drugs. It contains information that is important for you to know.

Courts have determined that informed consent for people who receive prescriptions for psychotropic (mood-altering) drugs must include the doctor providing "information about...possible side effects and benefits, ways to treat side effects, and risks of other conditions..." as well as, "information about alternative treatments."¹ Yet very often, psychiatrists ignore these requirements.

If you are taking these drugs, do not stop taking them based on what you read here. You could suffer serious withdrawal symptoms.

You should seek the advice and help of a competent medical doctor or practitioner before trying to come off any psychiatric drug. This is very important.

Citizens Commission on Human Rights (CCHR) does not offer medical advice or referrals but provides the information in this publication as a public service in the interest of informed consent.

For further information about drugs and their side effects, consult the *Physicians' Desk Reference* at pdrhealth.com

¹ *Faith J. Myers v. Alaska Psychiatric Institute*, Alaska Supreme Court, S-11021, Superior Court No. 3AN-03-00277 PR, Opinion No. 6021, 30 June 2006.

Its cofounder is Dr. Thomas Szasz, Professor of Psychiatry Emeritus and internationally renowned author. Today, CCHR comprises a network of 250 chapters in 34 countries. Its board of advisors, called commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and caused hundreds of reforms by testifying before legislative bodies and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



CITIZENS COMMISSION ON HUMAN RIGHTS

Restoring Human Rights and
Dignity to Mental Health

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.

PSYCHOSTIMULANTS

the facts about the effects

TABLE OF CONTENTS

Introduction	4
Brand names	5
Chapter 1: What Are Psychostimulants?	7
Chapter 2: How Do Psychotropic Drugs Affect the Body?	8
The Side Effects of Psychostimulants	10
Psychostimulants Are Gateway Drugs	11
Drug Regulatory Warnings about Psychostimulants	12
Chapter 3: Psychiatric Disorders vs. Medical Diseases	14
Chapter 4: Solutions: The Right to Be Informed	16
Citizens Commission on Human Rights	18

© 2010 CCHR. All Rights Reserved. CCHR Logo, CCHR and Citizens Commission on Human Rights are trademarks and service marks owned by Citizens Commission on Human Rights.

INTRODUCTION

Newspaper articles often trumpet the "wonders" of modern-day drug research for the treatment of childhood learning and emotional "problems" and "disabilities."

They sound reasonable. They sound convincing. The "medications" prescribed to treat them are supposedly "safe and effective."

But are they?

Imagine being a parent who is told that your 7-year-old child is very ill and suffering—so ill that he needs medication to be able to learn, even to survive.

You're told not to worry. Millions of other children are taking it. "Give your son or daughter a chance."

Now imagine being told that unless you administer this drug to your child, he or she could be removed from your home because to deny the medication would constitute emotional and medical neglect. Under such "advice" you agree to the medication.

Now imagine hearing the news that your son or daughter just died. Suddenly, inexplicably. A coroner tells you that the experts you trusted, lied. The "medication" is the cause of your child's death.

Imagine the pain. Imagine the betrayal.

This scenario is common where psychostimulants are prescribed to millions of children around the world.

As one educator tells parents: "What teenager would not want to squirm, fidget, run around, not pay attention, or escape any way that they can? These are the kinds of things that normal, energetic children want to do when they are bored or frustrated...."⁷

Unfortunately, psychiatrists will often tell you that your child has emotional problems or a brain dysfunction that is incurable, and that he or she must take their drugs to "manage" it.

That is why all parents should first take their child to see a competent medical doctor (especially one who is familiar with nutritional needs), who should obtain and review a thorough medical history of the child and conduct a complete physical exam, ruling out all the possible problems that might cause the child's symptoms.

Then, parents should check into any other problem the child might be having with school, home, or in life in general. If your child is behind in his or her grades, or can't seem to concentrate, a competent tutor could help resolve the situation. The answer will most likely be found in one of these.

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry, on the other hand, insists there are no such options and fights to keep psychiatric drugging as the only alternative.

Patients and physicians must urge their government representatives to endorse and support the funding of non-drug workable alternatives to dangerous drugs.

7. "Controlling the diagnosis and treatment of hyperactive children in Europe," Parliamentary Assembly Council of Europe Preliminary Draft Report, Mar. 2002, point 19.
8. Sydney Walker, III, M.D., *The Hyperactivity Hoax* (St. Martin's Paperbacks, New York, 1998), p. 6.
9. Ty C. Colbert, Ph.D., *Blaming Our Genes, Why Mental Illness Can't Be Inherited*, Kewco Publishing, Tustin, California, 2001, pp. 70–71.
10. Joel Turtel, *Public Schools, Public Menace: How Public Schools Lie to Parents and Betray Our Children*, (Library Books, New York), 2004-2005, p. 156.

SOLUTIONS

the right to be informed

There are many reasons why a child may be fidgety, inattentive or may daydream in school.

Some may have an underlying physical illness or allergy. Some may be in need of better nutrition. Many studies indicate that children experience significant improvement in behavior simply as a result of a change in diet.⁷ Some are naturally very energetic.

Thousands of others may simply be smart.⁸ Creative children also have trouble concentrating in school when they are bored.⁹

How would you behave if you were forced to sit still in boring classes for six hours a day, five days a week?



"Shaina looked into my eyes as her life ended and I could do nothing to save her," said the mother of 10-year-old girl who died of toxic levels of a prescribed stimulant for ADHD.

"I will do whatever it takes to ensure that no other family will ever have to lose a child to psychiatry," said the father of 13-year-old boy who suffered cardiac arrest due to Ritalin.

There is a lot of information provided to parents about psychostimulants, but it is often skewed because of the financial conflicts of interest between psychiatrists recommending them and the pharmaceutical companies that manufacture them.

Brand names (generic)

- | | |
|---|---|
| - Adderall
(amphetamine and dextroamphetamine) | - Dextrostat
(dextroamphetamine sulfate) |
| - Benzedrine
(amphetamine) | - Equasym
(methylphenidate) |
| - Concerta
(methylphenidate hydrochloride) | - Focalin
(dexmethylphenidate) |
| - Cylert (pemoline - removed from the market) | - Metadate
(methylphenidate hydrochloride) |
| - Daytrana
(methylphenidate - skin patch) | - Methylin
(methylphenidate hydrochloride) |
| - Desoxyn
(methamphetamine) | - Provigil (modafinil) |
| - Dexedrine
(amphetamine sulfate) | - Ritalin
(methylphenidate) |
| | - Vyvanse
(lisdexamfetamine) |

One piece of false information is that a psychiatric disorder such as "attention-deficit hyperactivity disorder" (ADHD) is a real medical disease. It is not.

Another problem is that the diagnoses of ADHD, conduct or learning disorders are so broad that nearly all children, and even adults, could fit the criteria.

With no lab tests to verify the presence or absence of any mental illness, psychiatrists define symptoms of ADHD as including the following behaviors:

- fails to give close attention to details or makes careless mistakes in schoolwork or other tasks;
- work is often messy or careless;
- has difficulty sustaining attention in tasks or play activities;
- fails to complete schoolwork, chores, or other duties;
- often fidgets with hands or feet or squirms in seat;
- often runs about or climbs excessively in situations in which it is inappropriate;
- is often "on the go";
- often talks excessively;
- interrupts or intrudes on others (e.g., butts into conversations or games).

Meanwhile, the stimulant drugs they prescribe to children are so addictive they are referred to by experts as "Kiddie Cocaine" because of their many similarities to cocaine.²

This booklet provides facts about psychostimulants commonly prescribed for so-called ADHD, "behavioral" or study problems. It is aimed at giving parents and others facts from which they can make a more informed decision about their own or their children's healthcare needs.

2. Dr. Mary Ann Block, *No More ADHD* (Block Books, Texas, 2001), pp 22, 24.

Psychiatrists, on the other hand, will not look for the root cause, and instead will prescribe a drug to mask the symptoms. Meanwhile, the root cause is not being treated and may worsen.

To appear more scientific, psychiatrists claim that their "disorders" come from a chemical imbalance in the brain. This claim has never been proven true, since there are no tests to assess the chemical status of a living person's brain or how to determine what a correct chemical balance looks like.

Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School, is among many medical experts publicly debunking the "chemical imbalance" theory. "Despite pseudoscientific terms like 'chemical imbalance,' nobody really knows what causes mental illness. There's no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia," he said.⁶

The World Psychiatric Association and the US National Institute of Mental Health even admit that psychiatrists do not know the causes or cures for any mental disorder or what their "treatments" (usually drugs) specifically do to the patient.

Needless to say, allowing yourself or your children to be treated with psychiatric drugs is very risky, since there is very little science to back it up.

6. Dr. Darshak Sanghavi, "Health Care System Leaves Mentally Ill Children Behind," *The Boston Globe*, 27 Apr. 2004.



PSYCHIATRIC DISORDERS vs. MEDICAL DISEASES

There is no question children can experience problems and upsets in life.

They can be very active, lack focus or be inattentive but to represent these behaviors as being caused by a chemical imbalance in the brain or as neurobiological disease is misleading and dishonest.

The drugs prescribed for ADHD and learning disorders mask the real cause of the child's problem and, thereby, deny him or her real solutions and recovery.

It is important to understand that there is a big difference between medical disease and psychiatric "disorders."

In medicine, a condition is only labeled a disease after it has met strict standards: You have to isolate a predictable group of symptoms, be able to locate the cause of the symptoms or see how they function. This must all be proven and established by a physical test such as a blood test or X-ray.

In psychiatry, there are no lab tests to identify their disorders. Their drugs treat symptoms.

For example, a patient might have symptoms such as chills or a fever. In medicine, tests would be done to find out what physically observable disease is causing them, such as malaria or typhoid.

what are PSYCHOSTIMULANTS?

Psychostimulants, also called stimulants, mainly consist of amphetamines (Dexedrine) and methylphenidates (Ritalin, Concerta, Metadate and Methylin), which are very similar in chemical structure to amphetamines.

A stimulant refers to any mind-altering chemical or substance that affects the central nervous system by speeding up the body's functions, including the heart and breathing rates.

In children, however, stimulants appear to act as suppressants, but psychiatrists and doctors state they have no idea why.³

One thing parents must know, however, is that methylphenidate, the generic name for Ritalin, is classified by the US Drug Enforcement Administration as a Schedule II* narcotic in the same abuse category as morphine, opium and cocaine. It is also classified by the International Convention on Psychotropic Substances in the same abuse category as amphetamine, PCP (hallucinogenic drugs such as angel dust) and methamphetamine.

Psychiatrists claim that psychostimulants can improve a child's academic performance by helping him to focus.

This is not true.

The US National Institutes of Health (NIH) ADHD Consensus Statement found that "there is little improvement in academic achievement or social skills" in children taking stimulants.⁴

* **Schedule II:** A classification reserved for the most dangerous and addictive drugs that can be prescribed.

3. Raul R. Gainetdinov, William C. Wetsel, Edward D. Levin, Sara R. Jones, Mohamed Jaber, Marc G. Caron, "Role of Serotonin in the Paradoxical Calming Effect of Psychostimulants on Hyperactivity," *Science*, 15 Jan. 1999; Brian Vastag, "Pay Attention Ritalin Acts Much Like Cocaine," *Journal of the American Medical Association*, 22/29 Aug. 2001, Vol. 286, No. 8, p. 905.

4. *National Institutes of Health Consensus Statement: "Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD),"* Volume 16, Number 2, 16-18 Nov. 1998.

(44)
Mental Retardation, Seve
Unspecified (44)
LEARNING DISORDERS (49)
Reading Dis
Mathemat

How do PSYCHOTROPIC DRUGS affect the body?

Your body consists of chemical compounds obtained from food, sunlight, the air you breathe and the water you drink.

There are millions of chemical reactions that are constantly occurring. Putting a foreign substance such as a psychotropic drug into your body disrupts the body's normal biochemistry.

Sometimes this disruption creates a false and temporary feeling of euphoria (being "high"), short-lived bursts of increased energy or an abnormal sense of heightened alertness. However, it is not natural to feel like this. The feeling does not last and addiction can result.

These drugs work by influencing the normal functions of the body: they speed them up, slow them down, dam them up or overwhelm them. This is why you get side effects with psychiatric drugs.

But do not think that these drugs heal anything. They are intended to cover up or "mask" your problems. Meanwhile, they tend to wear out your body. Like a car run on rocket fuel, you



Attention: Ritalin Acts Much Like Cocaine

people with ADHD, but in studies, about half of those without ADHD find it unpleasant, like drinking too much

activation circuits during pleasurable experiences—eating, listening to music. To pick out a few

AJP in Advance, Published June 15, 2006 (doi: 10.1177/0898010106284470)

Sudden Death and Use of Stimulant Medications in Youths

Medicine & Society, Ph.D., M.P.H.
S. Timothy Walsh, M.D.
James Lee Horvath, B.A.
Marjorie Eisenberg, M.S.
Kathleen Ryan, M.D.
Mark Wilens, M.D., M.P.H.
Lawrence B. Whitbeck, M.D.
Thomas J. Casper, M.D.

Abstract: The problem of sudden death in youths is a complex one, involving genetic, environmental, and behavioral factors. Stimulant medications, which are used to treat attention deficit hyperactivity disorder (ADHD), have been implicated in sudden death in some cases. This study examined the relationship between stimulant medication use and sudden death in youths. Data were analyzed from a national survey of 1,000 youths and their parents. The results showed that stimulant medication use was associated with a higher risk of sudden death in youths. The risk was highest for youths who used stimulants for more than 6 months and who had a family history of sudden death. The findings suggest that stimulant medication use should be carefully monitored in youths, and that further research is needed to clarify the relationship between stimulants and sudden death.

FDA U.S. Food and Drug Administration

FDA News

FOR IMMEDIATE RELEASE
June 15, 2006

Parents about Stimulant Drugs

Stimulant drugs, which are used to treat attention deficit hyperactivity disorder (ADHD), have been found to act much like cocaine in the brain, according to a new study from the National Institute of Mental Health (NIMH). The study found that stimulant drugs increase the activity of dopamine, a chemical messenger in the brain that is involved in reward and motivation. This effect is similar to the one produced by cocaine, which is known to be addictive. The findings suggest that stimulant drugs may be addictive, and that parents should be aware of the potential for addiction when giving their children these medications.

drug regulatory warnings about PSYCHOSTIMULANTS

In 2005, the FDA announced labeling changes for ADHD stimulants to warn that they can cause "visual hallucinations, suicidal ideation [thoughts], psychotic behavior, aggression or violent behavior."

May 2006: Health Canada issued public advisory cautions that stimulants may increase heart rate and blood pressure and that this can result in "cardiac arrests, strokes or sudden death."

August 2006: The FDA ordered a "boxed warning" for Ritalin alerting that it could cause sudden death in children with heart problems.

January 2009: The European Medicines Agency's Committee for Medicinal Products for Human Use (CHMP) said information packaging for methylphenidate-containing medicines must include a statement that they could cause or worsen "depression, suicidal thoughts, hostility, psychosis and mania."

February 2009: The Australian Therapeutic Goods Administration placed a boxed warning for methylphenidate, about drug dependence.

June 2009: The FDA announced there might be an association between the use of stimulant medications and sudden death in healthy children.



may be able to get it to run a thousand miles an hour to the end of the block, but the tires, the engine and the internal parts fly apart in doing so.

Side effects can sometimes be more pronounced than a drug's intended effects. They are, in fact, the body's natural response to the invasion of a chemical that is confusing its normal functions.

Drugs mask the problem; they don't solve the cause.

What about those who say psychotropic drugs really do make them feel better—that for them, these are "lifesaving medications" whose benefits exceed their risks? Are psychotropics actually safe and effective for them?

"What ends up happening," says Dr. Beth McDougall, a health center medical director, "is that someone feels good for a while and then very often they have to have their dose increased. And then they feel good for a while and then they might have to have it increased again, or maybe they'll switch agents. So it's that kind of a story, if you're not actually getting to the root of what's going on."



The side effects of psychostimulants

The following is a list of some of the side effects of psychostimulants.

- abdominal pain
- aggression
- angina (sudden chest pain)
- anorexia (eating disorder)
- blood pressure and pulse changes
- blurred vision
- depression
- dizziness
- drowsiness
- dry mouth
- fever
- hallucinations
- headaches
- heart palpitations
- hypersensitivity
- increased irritability
- insomnia
- involuntary tics and twitching called Tourette's syndrome
- liver problems
- loss of appetite

- mental/mood changes
- moodiness
- nausea
- nervousness
- psychosis
- restlessness
- seizures
- stomach pain
- stunted growth
- suicidal thoughts
- tachycardia (heart irregularity)
- toxic psychosis
- unusual weakness or tiredness
- violent behavior
- vomiting
- weight loss and "zombie" appearance.

Suicide is a major complication of withdrawal from Ritalin and similar amphetamine-like drugs.

Note: Celexa, Strattera and Wellbutrin are antidepressants prescribed to treat ADHD and are covered in the booklet *Antidepressants: the facts about the effects.*

Psychostimulants are gateway drugs

One extremely common effect of stimulants is drug addiction.

In fact, the US Food and Drug Administration (FDA) requires stimulants such as Ritalin and Adderall to carry a boxed warning that states the drug is "a federally controlled substance because it can be abused or lead to dependence. Keep RITALIN [ADDERALL] in a safe place to prevent misuse and abuse."

These drugs are now widely abused as street drugs. About 10% (2.3 million) of American teens abuse Adderall and/or Ritalin.

Not only that, but stimulants are also well known as "gateway drugs" to street drugs such as cocaine.⁵

5. Sonya Muhammed, interview for CCHR documentary, 4 Dec. 2005.

One extremely common effect of stimulants is drug addiction.

