For and against psychotropic drugs

Proposal as position-paper for the European Network of (ex-)Users and Survivors of Psychiatry [1]

Speech by Peter Lehmann

Assessing the administration and taking of psychotropic drugs is an especially controversial issue. Taking neuroleptics, antidepressants, lithium, antiepileptics (administered as psychotropic drugs), psychostimulants (administered to children in order to subdue them) and tranquilizers can lead to apathy, emotional deadness, depression, suicidal states, paradoxical agitation, confusion and delirium, intellectual disturbances, loss of creativity, lack of concentration, memory problems, epileptic attacks, weakening of the immune system, hormonal and sexual disturbances, chromosomal and pregnancy damage, blood damage, disturbance of body temperature regulation, heart problems, liver and kidney damage, skin and eye damage, parkinsonian disturbances, hyperkinesia, muscle cramps, movement stereotypy, or much more. On the other side, many individuals made the experience, that they cannot exist in their life-conditions now without taking these psychiatric drugs.[2]

It is up to every individual to decide for herself or himself if, for whatever reason, they want to take these substances. However, the following arguments do not reflect a context conducive to free decision-making nor do they speak for a care-free liberal attitude:

1. The treated individuals are usually not informed of the risks – neither of those which exist nor of those which are possible or cannot be excluded. The treated individuals do not know that substances are banned from the market in some countries but sold without restrictions in other countries. For example, penfluridol (brand names: Cyperon, Flupidol, Longoperidol, Longoran, Micefal, Semap) is banned in certain countries as a possible carcinogen, remoxiprid (brand name: Roxiam) because it is associated with blood damage, and triazolam (brand names: Apo-Triazo, Dumozolam, Halcion, Novidorm, Novodorm, Novo-Triolam, Nuctane, Nu-triazo, Rilamir, Somniton, Songar, Triasan, Triazoral) in connection with amnesia and black-outs.

2. Those who decide about the admission of these risk-connected substances onto the pharmaceutical market are profit-oriented companies, doctors who are either dependent on or sponsored by such businesses, or federal health bureaucrats who have yet to prove that the health of the treated individuals by psychiatry or other recipients of tested drugs play a central role for them in their deliberations. 'Patients'-groups and other related

groups are not part of the decision-making process concerning the admission or banning of psychotropic drugs.

3. In court cases concerning damages, the burden of proof lies entirely on the shoulders of the treated individuals by the substances. It is not the financially secure company which needs to prove that the hazardous substances which it produces does not cause the damages in question, but rather the usually financially insecure person suffering the damages who, in drawn-out proceedings, has to prove that specific damage can be directly and exclusively traced to the administered drug.

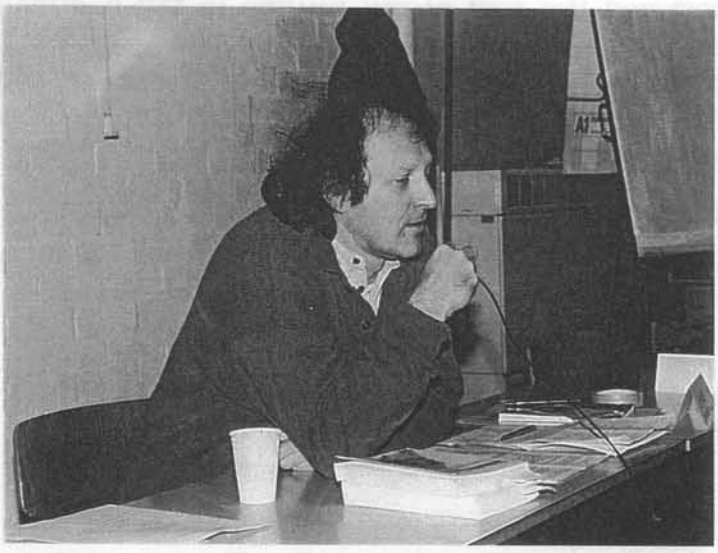
4. Psychotropic drugs are often administered forcibly. An especially criminal example is the forcible administration of psychotropic drugs to women of child-bearing age without possible pregnancy being taken into account.

5. More and more defenseless older people are administered these substances as a way of chemically managing their care-taking. More and more children – who do not have the possibility of making their own decisions – receive psychotropic drugs in order to adapt them through chemical means to an environment hostile to children. More and more women receive psychotropic drugs to chemically neutralize their disruptive reactions to silencing and restrictive patriarchal living conditions. More and more people who come into conflict with the law receive psychotropic drugs in order to keep them quiet in prisons or to break their resistance to deportation.

6. The vast spectrum of inter- and intraindividual effects make it impossible to predict the effect of a specific dosage of a substance. All known damages associated with all types of psychotropic drugs have appeared independent of the dosage and within a relatively short amount of time, sometimes even after taking a small dosage only once.

7. More and more people receive combinations of different psychotropic drugs. Their effects on each other as well as their combined effect is unpredictable.

8. All psychotropic drugs create dependency, although prescribers of the substances deny the dependency-forming effects (except in the case of tranquilizers). They also remain silent concerning the possible withdrawal effects, rebound effects, hypersensitive reaction of the receptors and irreversible damage which can appear after one stops taking the drugs, or they even redefine these effects as new symptoms. Examples of damage caused by psychotropic treatment which can appear during the treatment as well as while coming off of the drugs or even after one has stopped using them altogether include: chronic fear after long-term administration of antidepressants or tranquilizers, chronic brain damage after the combined administration of lithium and neuroleptic drugs, tardive dyskinesia (dystonia, movement sterotypy, and hyperkinesia) as well as tardive psychosis after the administration of neuroleptic drugs.



9. There are hardly any in-patient treatment facilities to support those dealing with the effects of coming off of psychotropic drugs.

10. At present there are attempts being made by psychiatric associations, pharmaceutical companies and family-member organisations (which are either ideologically influenced or financially supported by these companies) to enforce and compel the taking of

psychiatric drugs, especially the life-long consumption of the drugs. These attemps are being made through legal measures, perfecting surveillance and enforcement in such institutions as intermediate-care living projects, and developing new forms of drug administering.

11. There exists neither the right to psychotropic-free treatment nor non-psychiatric crisis facilities or financially secure self-help and user-controlled centers.

12. None of the named psychotropic drugs solve any kind of psychological problem which is of a social nature. As a rule, they make it harder to solve these problems, regardless of whether one has worked on the problem through individual self-help, group-support or paid psychotherapy. After one has stopped taking the psychiatric drugs – if it ever actually comes to that point – the conditions are usually worse than before, making it even more difficult to solve the problems which originally led to the implementation of the psychotropic drugs.

The administration and usage of psychotropic drugs is, for all these reasons, to be judged with great scepticism. Nevertheless, the individual's decision to take psychotropic drugs should be respected. This is especially the case if the individual, making his or her own thought-out decision can, by taking as small, low-toxic and low-risk a dosage as possible for as short a time as possible, survive an otherwise hopeless situation which would lead to being put at the mercy of the violence of institutionalized psychiatry and the conflict situations it entails. It is also important to respect individual decisions to take psychotropic drugs regardless of the reasons, the dosage, the time-span and how informed the individual is or is not. Those who especially deserve understanding are those who, because of pychiatrogene nerve damage, are forced to continue taking these drugs in order to survive. This group of individuals make it clear how important it is to avoid as far as possible ever taking psychotropic drugs to begin with.

We need to reflect on the tension between, on the one hand, the needs of the individuals in question who have a right to define their own conflicts, needs and risk threshhold, and, on the other hand, the power of biological psychiatry, irresponsible politicians, family-member associations which get involved in internal family conflicts, and profit-oriented pharmaceutical companies. While the needs of the individuals need to be respected, the power of these institutions needs to be restrained. This tension can only be reduced on a long-term basis if consumers of psychotropic drugs as well as those who are administered these drugs forcibly are guaranteed the following: 1) diagnosis-independent human rights[3]; 2) easy access to financial compensation when necessary; 3) a right to psychotropic drug-free help; and, 4) appropriate alternative non-psychiatric help.

Footnotes

1) This paper is a translation of the shortened last part of my résumé in my (German language) two-volume book »Schöne neue Psychiatrie« (»Brave new psychiatry«), Vol. 1: »Wie Chemie und Strom auf Geist und Psyche wirken« (»The effects of chemistry and current on mind and psyche«), Vol. 2: »Wie Psychopharmaka den Körper verändern« (»How psychiatric drugs change the body«), Berlin: Antipsychiatrieverlag 1996.

2) This sentence I added as a result of the Reading discussion.

3) Meant: It should not be possible to dispense a human (or civic) right because of a psychiatric diagnosis.

After the discussion the assembly decided to publish this proposal-paper in the European Newsletter. Commentaries should be sent the editorial department (Maths Jesperson).