Peter Lehmann

Informal psychiatric human rights violations: Micro-political psychiatric abuse through deliberate misinformation about risks of dependence on psychotropic drugs and through withholding of support in their withdrawal

Lecture to "Political Abuse of Psychiatry: Ongoing Cases Worldwide", organized by the Medical Anthropology Research Center of the Rovira i Virgili University in Tarragona, November 10, 2023

Last Friday, November 3, 2023, in Enric Garcia Torrents' lecture series "Political Abuse of Psychiatry", the former Human Rights Council Special Rapporteur Dainius Pūras spoke in his impressive presentation about Political abuse of psychiatry, amongst other places, in the former Soviet Union. After his lecture, I have asked him where he could see the border between the misuse of psychiatry and its correct therapeutic use. Admittedly, a difficult question that probably cannot be answered straight away.

Afterwards, I set about asking the same question myself. On Wikipedia, I found the page "Political abuse of psychiatry", and there the definition of Robert van Voren, the Chief Executive of the Human Rights in Mental Health Federation Global Initiative on Psychiatry:

> "Political abuse of psychiatry, also commonly referred to as punitive psychiatry, is the misuse of psychiatry, including diagnosis, detention, and treatment, for purposes of obstructing the human rights of individuals and/or groups in a society."

Craig Newnes and I are talking today about "Informal psychiatric human rights violations". For this reason, I would like to broaden and differentiate the understanding of political abuse of psychiatry, in this form:

> Macro- and micro-political abuse of psychiatry is the use of psychiatric diagnosis, of detention, of coercion, of administration of psychotropic drugs and electroshocks without informed consent or with misinformation about treatment risks inclusively risks of dependence on psychotropic drugs, and withholding of support in their withdrawal for the purposes of obstructing the fundamental human and civil rights of certain groups and individuals in a society.

I don't want to talk about macro-political abuse, others have already talked a lot about it. Formal coercion is well known. Informal coercion is less visible, has so far been little addressed, is no less profound in its effects and is the pervasive psychiatric practice worldwide. Informal coercion is characterized between others, I repeat, by withholding information about the risks of prescribed psychotropic drugs, by concealing the risk particularly on antidepressants and neuroleptics, and by withholding of support in their withdrawal.

These substances have a number of toxic, occasionally life-threatening or even fatal adverse effects, whether they are administered compulsorily or with the approval of the affected person. People with serious psychiatric diagnoses and appropriate treatment, that is the administration of neuroleptics and antidepressants, have a reduced life expectancy of 20 to 25 years on average. And these substances cause physical dependency.

Now I have to mention some psychiatrists. Rudolf Degkwitz is a former director of two psychiatric university hospitals in Germany and also a former president of the German Society for Psychiatry and

Neurology. He was the first psychiatrist in Germany to provide specific information about the risk of drug dependence on neuroleptics and antidepressants. In 1967, he wrote about psycholeptics, which include antidepressants and neuroleptics:

> "The reduction or discontinuation of psycholeptics leads to considerable withdrawal symptoms, which are in no way different from the withdrawal symptoms following the discontinuation of alkaloids and sleeping pills."

The chemical group of alkaloids includes, for example, morphine, well-known for its potential to build dependency. Its withdrawal can also bring major problems, including life-threatening circulatory disorders with shock states.

Already in 1965, Degkwitz had written about neuroleptics:

> "We now know that it is extremely difficult, if not impossible, for many of the chronic patients to stop neuroleptics because of the unbearable withdrawal symptoms."

Gerhard Gründer is another German psychiatrist. He is a former Chairman of the Task Force Psychopharmacology of the German Society for Psychiatry and Neurology. He warned of a vicious circle that can arise from continued neuroleptic drug use. Not publicly, but in his technical book, addressed to his colleagues, he wrote in 2022:

> "The development of supersensitive dopaminergic systems illustrates the dilemma of antipsychotic pharmacotherapy: Every treatment with dopamine$_2$ receptor antagonists (these are substances directed against the action of dopamine$_2$ – P.L.) potentially carries the risk that supersensitivity of the target receptors will develop. However, once this has occurred, a vicious circle of tolerance development, dose increase and further progression of the pathophysiological process often follow."

Similarly, in the same year the Italian psychiatrist Giovanni Fava warned in his book "Discontinuing Antidepressant Medications" of the consequences of adaptive responses of continued administration of antidepressants, which involve changes of special subtypes of serotonin receptors:

> "The clinical events that may follow tapering and/or discontinuation of antidepressant medications are very variable: they may range from no or limited withdrawal symptoms to severe withdrawal syndromes; they may occur within days, if not hours or have a delayed onset; they may fade away or persist for months or years, accompanied by new disorders and/or greater intensity of the original disturbance. Further, withdrawal and persistent postwithdrawal disorders may be associated with other manifestations of behavioral toxicity, such as loss of clinical efficacy, paradoxical effects, switching to bipolar course, resistance, and refractoriness."

Drug firms and doctors withheld the warning of those affected and their relatives from tolerance formation of psychotropic drugs, especially of antidepressants and neuroleptics. Most of the psychiatrists deny the risk of drug dependence on antidepressants and neuroleptics with these arguments: Withdrawal – or how they call them "discontinuation symptoms"

- are only a symptom change of the diagnosed disorder

- are greatly overstated and solely signs of medical mismanagement and due to too rapid discontinuation
- are usually mild and self-limiting and only in extremely rare cases classified as more severe
- are merely reported among the layperson withdrawal community, and the resulting publications are fuelled by anecdotal reports of bad outcomes
- are neuroadaptive processes, as they also occur when discontinuing drugs prescribed in physical medicine.

And persistent withdrawal problems are only incidental ones.

If an antidepressant discontinuation syndrome occurs, for example, the *DSM-5 Guidebook* names one easy possibility of solving the problem: taking antidepressants again. This way of dealing with withdrawal symptoms is not new. People dependent on alcohol also alleviate withdrawal symptoms by continuing to reach for the bottle.

Finally, and this is the killing argument, there is no craving for antidepressants or neuroleptics: But craving for a substance would be indispensable condition for the existence of drug dependency. So far the community of psychiatrists who deny the existence of drug dependence on neuroleptics and antidepressants.

Craving as a "crucial characteristic of dependence" was incorporated into the definition of drug dependence in the psychiatric classification systems in the interests of the pharmaceutical industry. Court judgements in the 1980s had led to convictions of psychiatrists who had not warned of the risk of benzodiazepine dependence. The judicially enforced information about the risk of such a drug dependence had led to a significant decline in the sales figures for these substances.

To think that people feel a craving for neuroleptics, that means, for substances that are administered in totalitarian states to punish and torture dissidents, requires a dark imagination. And it's so absurd. Nobody has ever claimed that there is a craving for neuroleptics and antidepressants. You could just as easily claim that a drug dependence only exists if in the face of the person concerned over time grows out an elephant's trunk. Perhaps many would also fall for such a definition if it were only spread by people in white coats or with medical doctor titles.

There are groups, in Germany, and outside, for example the International Institute for Withdrawal of Psychiatric Drugs, who publicly criticise these primitive tactics. They – we – are not alone. In its report to the General Assembly of the United Nations in 2015, the Human Rights Council's Working Group on Arbitrary Detention demanded not only the immediate cessation of any forced treatment, but also non-psychopharmacological assistance. And in its guideline no. 20e, the final demand was that

> "... assistance in withdrawing from medications should be made available for those who so decide."

In the same year, this demand was included in the same wording in guideline 14 ("The right to liberty and security of persons with disabilities") of the UN Convention on the Rights of Persons with Disabilities. And in October 2023, the World Health Organization and the United Nations High Commissioner for Human Rights demanded in the protocol "Mental health, human rights and legislation" not only a higher standard for free and informed consent, but also a governmental initiative to guarantee by law support in withdrawal:

> "Legislation can require medical staff to inform service users about their right to discontinue treatment and to receive support in this. Support should be provided to help people safely withdraw from treatment with drugs."

We should be aware of these important statements and call on governments and administrations and organisations in the psychosocial field at all levels to implement these all too justified and overdue demands without delay. Experience has shown that the lobbyists of the pharmaceutical companies and the organisations of mainstream psychiatrists will do everything in their power to undermine effective measures against the micro-political abuse of psychiatry. Until this happens, it is our task to do everything in our power to publicise the risks and harms of prescribed psychotropic drugs. And to develop a system of competent support for the self-determined withdrawal: With further training, with publications, digital as well as analogue, by participating in self-advocacy organisations, in organisations of humanistic anti-psychiatry, or in organisations that seriously want to reform psychiatry in the direction of human rights-based assistance. Of course, it would be even better to develop a system of psychosocial support in which psychotropic drugs only play a subordinate role.

I mentioned some statements. You can find some of them and their sources on the Internet, the address is: peter-lehmann.de/abc (see below). And you can find all of them in my chapter "For and against dependence on antidepressants and neuroleptics: Who benefits?" in the book "Withdrawal from prescribed psychotropic drugs". This book is about practical withdrawal concepts for professionals, patients and relatives.

About myself

I am a certified pedagogue, a social scientist and independent publisher in Berlin, Germany. Until 2010, I was a longstanding board member of the European Network of (ex-) Users and Survivors of Psychiatry. This means, I belong also to the group of people with lived experience. I deal with the topic of withdrawal from psychiatric drugs since more than 50 years, give lectures and training, also for psychiatrists in clinics. And I published books about this topic, for example "Coming off psychiatric drugs" (also in German, French, Greek and Spanish). It was the first book in the world about successful withdrawal from neuroleptics, antidepressants and other psychotropic drugs. Together with my friend Craig Newnes, recently I edited the book "Withdrawal from prescribed psychotropic drugs". More at www.peter-lehmann.de.

Books / Collection of materials / Demands by WHO, UN-CRPD, United Nations (peter-lehmann.de/abc)

Books

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Demands by WHO, UN-CRPD, United Nations

CRPD – Committee on the Rights of Persons with Disabilities (2015): *Guidelines on article 14 of the Convention on the Rights of Persons with Disabilities – The right to liberty and security of persons with disabilities*. Adopted during the Committee's 14th session, held in September 2015. Online resource https://www.ohchr.org/sites/default/files/Documents/HRBodies/CRPD/14thsession/GuidelinesOnArticle14.doc

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