Prefaces

Much of the conventional wisdom about psychiatric drugs is wrong. Psychiatrists and the pharmaceutical industry have successfully convinced much of the public, through the media, that psychiatric drugs are "safe" and "effective" in "treating" "mental illnesses." Let us look at each of these words in turn:

Safe—generally accepted to mean that they cause no harm, despite many known negative effects such as movement disorders, changes in brain activity, weight gain, restlessness, sudden death from neuroleptic malignant syndrome and many others.

Effective—generally accepted to mean that they reverse or cure the symptoms for which they are prescribed, despite the fact that much research has shown they have a generally sedating effect that masks not only the targeted behavior, but all activities.

Treating—generally accepted to mean that the prescribed agents have specific effects on specific disease processes.

Mental illnesses—generally accepted to mean that there are specific clinical entities known as "schizophrenia," "bi-polar disorder" etc., despite the fact that there are no known structural or chemical changes in the body that can distinguish people who have these so-called illnesses from those who do not.

How is it that these myths have been so successfully accepted as fact? For one thing, those promoting the drugs are authority figures, doctors and scientists who are generally accepted to be presenting value-free experimental results. Another factor, perhaps even more significant, is that those who are given the drugs and who are the ones who have spoken out about their negative effects, are automatically discredited by having been labelled mentally ill. The diagnosis of mental illness carries with it a host of associations, particularly that the person so labelled has impaired judgment and is not a reliable reporter of his or her own experiences.

Nonetheless, it is personal stories which in fact carry enormous weight in the evaluation of the value of these drugs. Reading the eloquent personal testimonials of people who have taken and then discontinued these drugs, some who started with the belief that they were truly lifesaving agents, should be considered along with the positive accounts of researchers and prescribers. In psychiatry, it is the experiences, thoughts and feelings of the patient which are considered to be diseased; therefore, these experiences, thoughts and feelings in response to treatment must be taken into account. Of course, many psychiatrists and other believers in the efficacy of psychiatric drugs can dismiss these accounts by considering them additional "symptoms," but this, of course, is circular reasoning.

The experiences of people who have taken (or continue to take) psychiatric drugs are enormously varied. Some people find them helpful in dealing with troublesome symptoms, and these people, of course, are unlikely to want to discontinue using them. In fact, within this group, many are willing to tolerate troublesome unwanted effects because they find the benefits outweigh the negatives. This group of people is not the subject of this book.

Instead, the book focuses on people who, for a wide variety of reasons, have decided that the drugs are not helpful to them, and who have made the decision to discontinue their use. Such a decision carries enormous consequences, as the treating physician almost always wants the patient to continue and the physician often has enormous powers (such as involuntary commitment) at his or her disposal in order to "persuade" the patient to continue. Indeed, the lack of support a person faces upon a decision to discontinue the use of drugs is often a factor in what is labelled relapse.

As an advocate and activist in the field of mental health and patients' rights (and as a person who discontinued the use of drugs as part of my own personal process of recovery), one of the most common questions I am asked is "how can I discontinue the use of psychiatric drugs?" There is a crying need for information on stopping safely, as well as for supportive structures (such as short-term residential programs and physicians who are willing to consider non-drug approaches) that will enable people who wish to withdraw to do so.

The act of choosing to stop taking psychiatric drugs may be taken for a variety of reasons. Often it is that the negative effects are more troubling than

the original problems, or it may even be that no positive effects are experienced at all (this was certainly my own experience). Unfortunately, the media image of a person who has stopped taking psychiatric drugs is the one that has captured the popular imagination: a person so deluded that he or she is unable to realize that his or her behavior is abnormal and who then usually goes on to commit some horrendous violent crime. Reading about real people and the complex reasons behind their decisions might be a way to counter this negative and destructive image.

It is often said that psychiatric drugs are given to people labelled mentally ill in order that those around them, such as medical personnel and family members, can feel better. Certainly, being around people who are troubled, especially when they are vocal about what is troubling them, can be wearing and difficult. But simply silencing them is not the answer. Instead, we need to listen carefully to the real experiences that people have so that we can learn the true costs of psychiatric drugs on people's lives.

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This world wide first book about the issue "Successfully coming down from psychiatric drugs," published in Germany in 1998, primarily addresses individuals who want to withdraw based on their *own* decisions. It also addresses their relatives and therapists. Millions of people are taking psychiatric drugs, for example Haldol[1], Prozac[2] or Zyprexa[3]. To them, detailed accounts of

1 Neuroleptic, active ingredient haloperidol, marketed also as Dozic, Haloperidol, Peridol, Serenace

2 Antidepressant, active ingredient fluoxetine, marketed also as Auscap, Deprax, Eufor, Felicium, Fluohexal, Fluox, Fluoxetine, Lovan, Oxactin, Psyquial, Sarafem, Veritina, Zactin

3 Neuroleptic, active ingredient olanzapine