DEPRESSION EXPRESSION

raising questions about antidepressants

In this issue:

Antidepressants 101

Antidepressants, including SSRIs (selective serotonin reuptake inhibitors), are a group of drugs commonly prescribed for depression and anxiety.

Antidepressants may be prescribed for sadness, pain relief, anxiety, obsessive-compulsive behaviour, sleep problems, smoking cessation, behaviour problems, PMS, menopause and depression.

There are dozens of antidepressants in total that affect your brain chemistry, but the most common are SSRIs (selective serotonin reuptake inhibitors) such as Paxil, Prozac, Luvox, Zoloft and Celexa. Other relatively new antidepressants that alter brain chemistry in slightly different ways include Effexor, Remeron, Wellbutrin or Zyban, and Serzone. Completing the list are Anafranil, Aventyl, Cymbalta, Desyrel, Elavil, Lexapro, Limbitrol, Ludiomil, Marplan, Nardil, Norpramin, Pamelor, Parnate, Pexeva, Serafem, Sinequan, Surmontil, Symbyax, Tofranil, Tofranil PM, Triavil and Vivactil.

The most common side effects of these drugs include:

- mania, anxiety, agitation
- sexual dysfunction
- emotional problems, dullness, and feeling detached or distant from others
- weight gain or weight loss
- an increase in suicidal thoughts and attempts
- skin, stomach and bladder problems
- dependence and addiction
- falls and fractures

In 2004, both Health Canada and the FDA issued warnings about increased suicidal risks from taking antidepressant medication. Health Canada also required industry to send out advisories which included the following: "There are clinical trial and post-marketing reports with SSRIs and other newer antidepressants, in both pediatrics and adults, of severe agitation-type adverse events coupled with self-harm or harm to others. The agitation-type events include akathisia, agitation, disinhibition, emotional lability, hostility, aggression, depersonalization. In some cases, the events occurred within several weeks of starting treatment."

If you have any of these reactions or side effects, let a friend or family member know as well as your physician. Be self-aware and kind to yourself.

This publication explores issues around antidepressant use: why it is so common, what effects these drugs have, and what are the alternatives.

We dedicate this project to the late Tooker Gomberg – our friend, co-conspirator and guiding light. To him. to all those affected adversely by pharmaceutical drugs, and to all the families and friends who have been touched by such tragedies, we honour your struggle and wish you peace.

Buying the medical profession

By Allan Cassels, drug policy researcher, University of Victoria

Since the first selective serotonin reuptake inhibitor or SSRI (Eli Lilly's Prozac) was approved in the US in 1988, cases of depression there have nearly doubled.

Some argue that the antidepressant drug market's phenomenal growth is due to our ability to better identify people undergoing mental distress. Others blame our frenetic, stressful lifestyle or our lack of traditional social supports.

Regardless, what has fuelled the skyrocketing rates of antidepressant use is the incessant pressure on physicians by drug marketers to get them to think about depression as a "chemical imbalance." And the creation of new "niches" in the depression market has helped too.

Drug marketers know that the most effective weapons in the arsenal of persuasion are gifts – free samples, pens, and free meals bestowed on physicians by drug reps thousands of times a day around the world. This activity, which accompanies the product pushing known as "detailing" constitutes a large part of what

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Your drug may be your problem

By Angela Bischoff, Toronto

I'm a suicide survivor. My soulmate of 17 years, Tooker Gomberg, committed suicide March 3, 2004. I lost my best friend and the world lost a warrior.

The pain around suicide is unfathomable – and indescribable – for those left behind, but especially for the person driven to take his/her own life. Unless you've been there, you just can't know this darkest torture of the soul. I saw Tooker's anguish, one so deep and riveting that he saw no choice but to end the suffering through death.

What could possibly have driven him to such despair?

The world lost a warrior

Tooker Gomberg, internationally renowned environmental, peace and justice activist, gave up the ghost at age 48. We had an excellent relationship; he had skills and friends; he was kind, humorous, courageous, a fighter, a leader, and he had fame and respect around the world. What went wrong?

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Depression Expression

Raising questions about antidepressants

Publisher: Greenspiration
Editor: Angela Bischoff
Designer: fmw design

Contributing Editor: Miriam Hawkins

We welcome your comments, contributions and financial support. Contact us at:

www.Greenspiration.org
Email: healthymind@web.ca
92 Manor Drive,
Sherwood Park, Alberta
Canada T8A 2J1

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Thanks also to all the volunteers who contributed to this publication with their time and skill, especially Andy Singer and all writers.

Important

To take drugs or not is a personal decision. The purpose of this publication is to help consumers make informed decisions.

No psychiatric drug should be stopped suddenly – this could result in serious symptoms or could even be life-threatening.

If you think your drug is causing or worsening your problems, contact a doctor or health care practitioner who is knowledgeable about adverse drug reactions and is willing to listen to your concerns.

If you experience any adverse reactions from a drug you are taking, report it to the Regional Adverse Reaction Centre toll free 1-866-234-2345. This is a confidential service provided by Health Canada to help track adverse reactions people have experienced with prescription drugs.is to help consumers make informed decisions.

From the editor

By Angela Bischoff, Toronto

A pill, a pill, a pill for every ill. The rap dances through my brain like a mantra. Too fat, too thin, too happy, too sad: whatever the problem, big pharma has a pill it claims can cure us. But what are the consequences?

"Wonder drugs" of the 1990s, antidepressants are now being swallowed by 50 million people worldwide, and the number is growing. While their dangerous side effects are now emerging, it's clear manufacturers have downplayed known risks, and regulators and doctors haven't been skeptical enough to properly protect us.

Every day six billion people get up and deal with a life that might be comfortable, difficult, challenging or deprived – but they carry on. "Live one day at a time," we're told, and most of us do – without a pill.

Meanwhile, we're witness (and party) to tragic environmental decline – climate change, species extinction, deforestation, genetic mutations – plus chemical warfare, massive social inequity, and an economy concerned not with life, but money. It's a wonder we're not all depressed!

In 2003, one in five women in BC was prescribed an SSRI.

Our despair is pathologized and we're given diagnoses like Oppositional Defiance Disorder and prescribed a pill, and then another to counter the effects of the first, and so on. A paradigm supported by our medical system and corporate culture, we buy into it.

And they profit. Antidepressants constituted a global market worth $14.3 billion in 2002, growing 50% since 1994. And there's no end in sight. In 2003, one in five women in BC was prescribed an SSRI.

We can take charge of our health

The pharmaceutical industry's sheer size has helped it "get away with murder." How many have died from side effects?

We can rail at corporate greed and government complicity – and we must. But it's also time to say, buyer beware. It's up to us, as consumers, to disregard the hype, to be skeptical, to know that the pill we cradle in our palm may ease our pain, but will just as surely take its toll.

We need to change our definition of success to make extreme ambition and conspicuous consumption, well, just uncool, unacceptable.

We can take pleasure in raising our kids to respect nature and each other, honouring their unique personalities. We can take charge of our health – grow our own organic food, cook from scratch, commute by bike. We can engage in community. And with passion and courage, we can create the world we dream of.

No magic pills can do that for us.

Buying the medical profession

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your GP will ever learn about prescription drugs and about treating mental illness.

You might think your physician can see through the marketing spiels, yet the data says something very different. In 1998, Toronto drug policy researcher Joel Lexchin reviewed the literature on detailing by pharmaceutical representatives and found a very strong link between contact with drug reps and inappropriate prescribing. In fact, Lexchin found that the more frequently prescribers saw industry detailers, the more prone they were to use pharmacotherapy versus non-drug therapy, and the more likely they were to use more expensive medications when cheaper and equally effective ones were available.

With drug reps constantly parading in front of doctors, the chemical view of illness is shaped and reinforced behind closed doors. Why should we be surprised that the dominant paradigm of mental health care has largely been reduced to the tweaking of neurotransmitters and serotonin levels with patented drugs?

The culture of antidepressant use has been beaten into our collective consciousness. Adverse effects associated with these drugs, however, such as the association with suicidality, and alternative views of illness and treatment, do not seem to get much airplay.

With thousands of drug reps working clinics, hospitals and conferences worldwide, how can public health compete? How can we reclaim medicine from the marketplace?

Antidepressants fit the single-pill solution that many of us expect. Yet when the definitions of disease itself are being sold, and where the dangers inherent in using pills are downplayed, how many physicians really have what they need to help their patients through tough times?

What is health care

"Health care" is a term that refers to many different things here at the Gesundheit! community in West Virginia eating healthy, organic food, drinking clean water and breathing clean air are all a part of health care.

Protecting the environment and the ecosystems we all share is planetary health care, because the planet provides all we need to thrive. Laughter, nature, music and art are all health care, and of course, compassionate service based in medicine is health care.

Gesundheit! is a vibrant microcosm of our envisioned healthier world. We believe that introducing a compassionate and fun-spirited community into our society, through the practice of health care in particular, will return us to the heart of the healing process – the making of healthy relationships sustained by a spirit of friendship and fun.

Gesundheit! Institute, West Virginia, founded by Patch Adams

SSRI use skyrockets

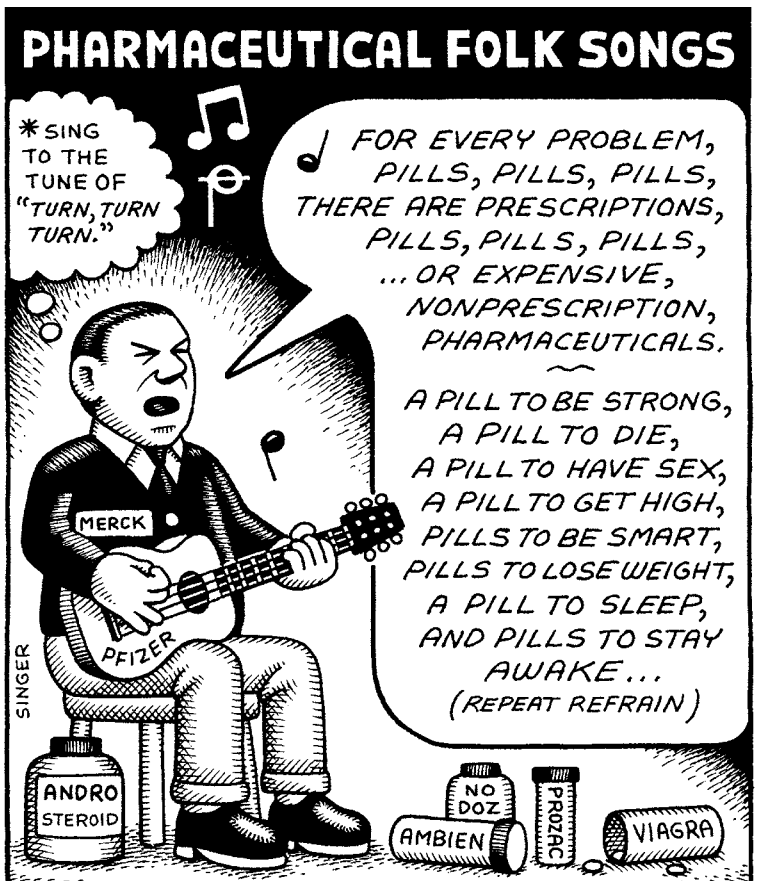
from Women and Health Protection

A new Canadian report, The Marketization of Depression: Prescribing SSRI Antidepressants to Women, documents the vast increase in the use of SSRI antidepressants in this country, with prescriptions growing from just under 9 million in 1999 to over 15.5 million by 2003, two-thirds of these going to women.

Two-thirds of SSRIs are going to women

Researcher Janet Currie suggests a number of reasons for the increasing use of these drugs, such as greater acceptance of the idea that depression is "biological," and the rise of an era of aggressive marketing. She asks why "depression rates have soared so dramatically in the last 15 to 20 years at exactly the same time as SSRIs came onto the market and have been aggressively promoted by drug companies."

Soaring health care costs can partly be blamed on antidepressants, according to the report, which shows total antidepressant drug costs rising 347% from 1993 to 2000.



Compiled from various news sources – Ed.

Psychotropic drugs for teens skyrocket

Mind-altering drug prescriptions for teenagers skyrocketed 250% between 1994 and 2001, according to a new Brandeis University study in the journal *Psychiatric Services*.

This dramatic increase in adolescent visits to health care professionals that resulted in a prescription for a psychotropic drug to counter depression, anxiety and mood or attention disorders occurred despite the fact that few psychotropic drugs are approved for use in children under 18.

Effects include mania, agitation, anxiety, irritability, impulsivity, insomnia, depression, suicidality and psychosis.

The study shows that by 2001, one in every ten doctors' office visits by teenage boys led to a prescription for a mind-altering drug. Of these 25% were not associated with a diagnosis, and one-third were given a diagnosis of ADHD (Attention Deficit Hyperactivity Disorder).

Evidence from controlled trials has demonstrated that psychotropic drugs induce severe adverse effects and new (iatrogenic) illness caused by medical treatment. North American children, for example, are increasingly being diagnosed with manic depression (a.k.a. bipolar disorder) in record numbers. Elsewhere in the world, this diagnosis in children is unheard of.

FDA-approved labels of psychoactive drugs prescribed for children have stimulant effects that include mania, agitation, anxiety, irritability, impulsivity, insomnia, depression, suicidality and psychosis.

Prescription drug abuse by youth

If two reports by Columbia University's National Center on Addiction and Substance Abuse have it right, more kids than ever have their fingers – and sometimes their noses – in somebody else's psychiatric prescription pill bottle.

The July 2005 report *Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the U.S.*, estimates that while self-reported use of prescription drugs by people of all ages nearly doubled between 1992 and 2003, abuse by teenagers during those years tripled.

Similar increases appear in the August report, *National Survey of American Attitudes on Substance Abuse: Teens and Parents*. Between April 2004 and June 2005, for example, the percentage of teens who knew a friend or classmate who had abused prescription drugs jumped 86%.

The medicine cabinet is a greater temptation and threat than the illegal street drug dealer.

Particularly alarming is the 212% increase from 1992 to 2003 in the number of 12- to 17-year-olds abusing controlled prescription drugs, and the number of teens trying these drugs for the first time as recreational drugs.

The explosion in the prescribing of addictive opioids, depressants and stimulants has, for many children, made the medicine cabinet a greater temptation and threat than the illegal street drug dealer, as some parents have become unwitting and passive pushers.

Drugs Discouraged in UK

In September 2005, the UK National Health Service (NHS) took a decisive, responsible step to protect the lives of children exposed to serious risks of harm from antidepressant drugs. Their new guidelines instruct UK doctors to stop prescribing antidepressants to children under 18 because of the serious risks that the pills will make them feel suicidal.

The new NHS guidelines mark a watershed in the treatment of children's mental health. They shift the focus sharply away from psychiatric drugs that millions of children are taking for depression, anxiety and other problems. Children with mild depression should be given advice on diet and exercise, the guidance tells GPs. Those with moderate and even severe depression should be offered a three-month course of counselling.

Drugs not approved for kids

No antidepressants are approved in Canada for persons under 19 years of age. In the US, there is one antidepressant approved for those aged eight years and over, but it comes with a strong warning about the potential for serious adverse effects, including becoming suicidal.

There is little evidence that SSRI use with adolescents is effective and increasing evidence that the drugs can cause substantial harm, including suicidal thoughts and gestures, hostility and aggressiveness.

No antidepressants are approved in Canada for persons under 19 years of age.

Nevertheless, doctors are prescribing them to children in unprecedented numbers, *off-label*. (This means that the drugs are being prescribed for a use for which they were never explicitly approved.)

TeenScreen: the making of mental patients

Edited from content written by Sandra Lucas

Throughout the US, millions of school children are being tested for mental health problems with a 10-minute computer test.

In October, 2004, after taking TeenScreen, 16-year-old Chelsea Rhoades of Indiana was told she had two mental health problems, obsessive-compulsive disorder (OCD) and social anxiety disorder (SAD). The diagnoses were based upon Chelsea's responses that she liked to help clean the house and didn't "party" much. Chelsea is one of countless children who get labelled with fraudulent diagnoses every day.

TeenScreen is nothing more than an unscientific mental health survey that professes to discover "mental illnesses", but in fact trolls for lifelong psychiatric patients in our schools.

Particularly distressing is the data released by a recent survey, published in *JAM Academy Adolescent Psychiatry* 2002, showing that nine out of ten children who see a psychiatrist are given psychiatric drugs.

Children given psychiatric drugs were twice as likely to commit suicide as those given a placebo.

Another recent survey showed that between 1995 and 1999, the use of antidepressants increased 151% for seven to 12-year-olds and 580% for children under six. Between 1998 and 2003, there was another 49% increase in children taking antidepressants.

To make matters worse, on September 15, 2004, the FDA stated that a causal role for antidepressants in inducing suicidality had been established in pediatric patients, and that children given psychiatric drugs were twice as likely to commit suicide as those given a placebo. As a result of this finding, the FDA ordered drug manufacturers to place a Black-Box warning on all antidepressant labels. The Black-Box warning is the most serious measure that the FDA can take regarding a prescription medication, short of an outright ban.

Numbers speak

By David Healy, author of more than 120 peer-reviewed articles and more than a dozen books.

- The odds on you becoming anxious on antidepressants are one in four.
- The odds on you becoming seriously anxious are one in 20.
- The odds on you becoming suicidally anxious are one in 80.
- The odds on you committing suicide are one in 500.
- With 50 million people on antidepressants worldwide, that's 100,000 tragic deaths.
- At least 250,000 people have attempted suicide worldwide because of Prozac alone and at least 25,000 have succeeded.

I lost my only daughter, 20 years old, in May 2004. She killed herself in the subway one night after an increased dose in her antidepressant medication.

Her short life is a tragedy of unbelievable proportions. Her mental disorder began in elementary school. At age 15 she was diagnosed with Borderline Personality Disorder (BPD).

She had been on more than one antidepressant. Risks such as suicidality and withdrawal were not explained to us. Doctors had also prescribed Ritalin against my wishes based on her claiming she had ADD, but we learned from her journal that her reasons were for weight loss. She became addicted to Ritalin, snorting it as "Kiddie Cocaine". The doctors did not have any idea of this risk, nor did we think they would give her something dangerous. She characterized one of her doctors as her "dealer" while she lied to him about her need for Ritalin.

I am left with the horror of regret that "I could have done better", but tragically, we do not have a second chance. The doctors rationalize her death by saying "depressed people do commit suicide", but her death was preventable had her care been managed better, and had we been better counselled on her illness.

Suicide is a major risk for BPD. I now wish I had "researched" her illness on the net, but I foolishly depended on her medical caregivers. She saw 6 different doctors. Her care was poor when you consider the seriousness of her illness.

In the end, I am left with the unimaginable loss and a terrible sense of guilt. My life has become a living hell of pain.

Toronto, ON (middle-aged man)

I was pregnant, penniless, young and in a new relationship. I got fired, had terrible morning sickness and, no surprise, got depressed about it all. At four months pregnant, I found myself in a psychiatrist's office receiving a prescription for an antidepressant, as if this would help my dire life circumstances. I wanted to laugh at the absurdity of it all, but it was no laughing matter.

Somehow I knew drugs couldn't be good for my fetus, although my doctor wasn't concerned.

I chose instead to take a hard look at myself and face my demons. I changed my diet, took up exercise, and thought positively. Within months I was coping better, finding joy ocassionally, and I now have a healthy baby boy. Thank goodness I listened to my intuition.

Toronto, ON (young woman)

Newborns undergo withdrawal

Nearly one in three infants born to women taking antidepressant drugs exhibit signs of withdrawal, and the symptoms were classified as severe in 13%, reports a 2006 study by Dr. Rachel Levinson-Castiel of the *Children's Medical Center of Israel* in Petah Tiqwa.

Symptoms such as high-pitched crying, tremors, gastrointestinal problems and disturbed sleep may show up in the first 48 hours after birth and were more pronounced in infants whose mothers had been taking higher doses.

One in three infants exhibit signs of withdrawal.

Previous studies into the effects of SSRIs on newborns have identified such other symptoms as rapid breathing, bluish skin colour from lack of oxygen, feeding difficulties, low blood sugar and jitteriness.

KIDS

Compiled from various news sources – Ed.

Changing our children's personalities

By Donna Barker, Vancouver

At my son's very first parent-teacher meeting, Liam's kindergarten teacher informed us that he was a challenging child to have in her class. He interrupted her lectures and made other kids laugh. Unless we "changed his personality" she said, he would have trouble through his school years.

I spent hours doing Web searches to find the set of personality traits that would please her. I learned that my sweet son exhibited every single behaviour trait of a kid with ADHD and most of those of a child with bipolar disorder. And that his behaviour was classic for gifted children.

Unless we "changed his personality" she said, he would have trouble.

I concluded that the only way I could give the teacher the student she wanted was to put Liam on a psychoactive drug that would effectively change his five-year-old personality. Problem was, I love all of Liam's personality traits. When he argues with me, I envision him as a future lawyer. When he obsesses over building the perfect Lego character, I imagine him as an engineer. When he explodes into a rage that I'm not being fair, I see the human rights activist in him. All of his personality traits, as challenging as they sometimes are, have the potential to serve him well as an adult. I simply could not imagine him as broken or sick, needing to be fixed or cured of the personality he was born with.

Sadly, millions of parents in North America are convinced that their young children would somehow be "better" if put on a prescription drug to alter their moods and behaviour. Over the past decade, the increase in the number of very young children placed on Ritalin or similar psychoactive medications has been staggering. Recent studies cite a 300 percent rise in the number of two- to four-year olds taking these medications and estimate that nearly 20 percent of school-aged children in the US are taking personality-changing drugs. In addition to psychoactive drugs, over 11 million children were prescribed an antidepressant in 2003 in the US.

Most studies showed that the drugs had no effect compared to placebos.

The danger of prescribing SSRI antidepressants to children was exposed in 2004, when scientist Dr. Andrew Mosholder was assigned to look at 28 studies of SSRI antidepressant use among children. His findings were quite troubling: most studies showed that the drugs had no effect compared to placebos, and some showed the drugs caused greater harm than benefit.

We identified a number of food and chemical allergies.

Of course, parents of children who exhibit signs of depression or questionable behaviour should take action. Perhaps a trip to a pediatrician or general practitioner is the right first step. But parents should go armed with information and questions, such as, "is the drug you're recommending my child receive approved for use in children?" And, "what long-term studies have been done to prove this drug is safe for use with children?" Perhaps most importantly, parents should consider why their child is acting in this way and try to address the root cause, which in most cases will be more difficult than simply applying a pharmaceutical fix.

In the case of my sweet son, it's been four years since that first parent-teacher meeting. Several different careproviders and teachers have now suggested he be put on behaviour-altering drugs and that his "individuality" is a problem. My response is the same: a smile, a "thank you for your opinion" and a conversation with Liam about what we can do to help him meet the teacher's and care-giver's needs.

Liam's challenging behaviour does continue but to a lesser degree since we identified a number of food and chemical allergies and have eliminated those triggers from his diet. He still argues, obsesses and explodes from time to time – an apple, no doubt, that has fallen not too far from his mother's tree!

Mental illness and blood sugar

A study in the September 1999 issue of the *American Journal of Psychiatry* indicated a high rate of diabetes in patients diagnosed with bipolar disorder, demonstrating that mental illnesses are blood sugar related.

Anything that increases serotonin, such as SSRIs and sugar, disrupts blood sugar levels.

The state of Utah is known as the antidepressant capital of the US. In the last decade, diabetes has skyrocketed in Utah as a direct result of these antidepressants, and divorce and domestic violence have increased.

Antidepressants may harm newborns' lungs

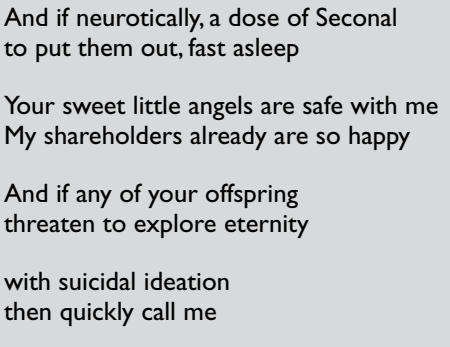
New research has linked the use of Prozac and other similar antidepressants during pregnancy to yet another complication in newborns: an uncommon but life-threatening lung problem.

Infants whose mothers took the antidepressants in the second half of pregnancy had six times the expected risk of developing the lung disorder, the researchers reported in February, 2006 in *The New England Journal of Medicine.*

...and hearts

The Food and Drug Administration and Health Canada warned last year that Paxil is associated with heart defects when taken during the first three months of pregnancy.

Ten little monkeys



By Walter Flueck, Edmonton

Ten little monkeys
jumping on the bed
one fell off
and broke his head

Mama called the doctor
and the doctor said
these monkeys are behaving hyperactively
which could be a side effect of their Anfranil

or perhaps the Ritalin for their ADHD
is stimulating them potentially

We'll need to prescribe Paxipam
in doses three

and Thorazine especially
during the week

Risperdal if they begin to act irrationally
Prozac if they continue to jump impulsively

And if neurotically, a dose of Seconal
to put them out, fast asleep

Your sweet little angels are safe with me
My shareholders already are so happy

And if any of your offspring
threaten to explore eternity

with suicidal ideation
then quickly call me

I have many new drugs to choose from
as you will see

Why the latest drugs from the industry
hold many new promises for all, you see

We'll soon have patents on new discoveries
for every unknown disease

and megatonnes of new pills guaranteed
to isolate and alter every abnormality

And if necessary
erase completely their identities

or reform them more thoughtfully
to keep only their side effects alive for me

to test our products eternally
with or without your consent, the courts agree

and they won't be cheap, you can trust me
They'll have to swallow pills constantly.

But I'll cut you in on the royalties
and all your monkeys will no more bother be

You'll have no more troubles, no more dread
and no more monkeys jumping on the bed

Your Drug May Be Your Problem

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His first depression hit in 2001-2 following the Quebec City free trade protests, police clampdown and horrific mass tear gas poisoning. Tooker was discouraged and exhausted and his depression zapped the spark out of him for nine months. He tried many holistic alternatives to pharmaceutical drugs before turning to an SSRI antidepressant. Nothing seemed to help but, in time, he climbed out of his despair.

When his second depression hit a year later, unemployed after moving to a new city, he sought help through counseling and pharmaceutical drugs, as this was the only option our health care system would pay for. Psychiatrists and their drugs are covered but naturopathic doctors and their medicines aren't, nor are cognitive behavioural therapists, massage therapists or other helpful treatments.

When Tooker's psychiatrist prescribed the antidepressant Remeron, his anxiety and agitation went through the roof – clearly an adverse reaction. However, his psychiatrist didn't see it as such and instead, encouraged him to stick with it, repeatedly increasing the dosages to the maximum. Then he prescribed a tranquilizer to counter the agitation. After just five weeks on the drug, Tooker's agitation sent him over the railing of Halifax's MacDonald Bridge.

His anxiety and agitation went through the roof – clearly an adverse reaction.

He wrote in his suicide note that he was anxious, felt like a zombie and couldn't think.

Let's look at the facts

Three weeks after Tooker passed away, the US Food and Drug Administration (FDA) publicly associated antidepressant drugs with worsened depression and suicidal ideation. I was dumbfounded and immediately immersed myself in this field, reading everything I could.

What I learned is that, typically, one in four patients feels worse when beginning any antidepressant drug and quits it within the first month. Almost half quit within three months. So while these drugs may help some people, they are not reliable, not even close.

If only drug companies were straight up about this. But that wouldn't be good for sales. On the contrary, doctors are instructed through industry propaganda to "reduce patient dropout" by "managing" the side effects and encouraging patients to stick with the program rather than to listen to their patients' actual experiences.

One in four patients feels worse when beginning any antidepressant drug and quits it within the first month.

Agitation is a very common side effect of antidepressant drugs, especially during early stages of treatment or after a change in dosage (up or down). Extreme agitation is known as akathisia, an internal unrest or turmoil.

In clinical trials for SSRIs, the most commonly prescribed antidepressants, this reaction has been recognized and documented since the early '80s. Prozac's own clinical trials, both prior to and after its launch in 1988, recorded rates of agitation and akathisia of between five and 25%.

Conservatively speaking then, at least one (and as many as five) in 20 patients become agitated on antidepressant drugs – a significant adverse reaction that doctors should be informed and patients warned about, but they generally are not. Agitation is a very potent predictor of suicide and violence.

By extrapolating from clinical trial data and multiplying by numbers of users, Dr. David Healy from the UK claims that one in 500 users of antidepressant drugs will complete suicide *because of the drug*. That's 100,000 tragic and unnecessary deaths among the 40 to 50 million people on antidepressant drugs world-wide.

Clearly, drug companies have a lot to lose if this information becomes well understood. And user numbers are growing quickly: there was an 80% increase in antidepressant prescriptions in Canada from 1999 to 2004.

Agitation is a very potent predictor of suicide and violence.

In February 2005, Dr. Dean Fergusson of the Ottawa Health Research Institute and Faculty of Medicine at the University of Ottawa published a shocking finding in *The British Medical Journal*. His meta-analysis reviewed data on 90,000 patients from some 700 clinical trials and found that patients were *twice as likely to attempt suicide on antidepressants as on sugar pills.*

Huh? Patients are put on antidepressant drugs to lower suicide risk, **not double it!**

Just how effective are antidepressants in relieving symptoms of depression? Incredibly, there is little evidence that antidepressant drugs actually produce benefits. (See Blowing their cover) We know that they may help some people in the short term, but over the long term, we find a worsening of depression or anxiety compared to placebo-treated patients. Too often, more severe psychiatric symptoms are triggered by the drug itself, such as drug-induced manic or psychotic attacks, often treated with more drugs.

For everyone helped by a drug treatment, there may be another harmed.

And then there's the disturbing and very real issue of dependence on antidepressants. When you try to stop taking them, you can suffer an emotionally distressing withdrawal that includes "crashing" with depression, fatigue and feelings of hopelessness, and often involves painful physical symptoms such as flu-like symptoms, muscle cramps and shock-like headaches.

What are the alternatives?

Leaving pharmaceutical drugs aside, there's much we can do to treat depression and anxiety, especially of the mild and moderate sort, where it all starts. (See centrefold.)

Proper diet, exercise, talk therapy and hobbies keep your mind and body strong. Spiritual practice, meaningful work and community keep you connected and centred. But it all comes down to self-awareness and self-love.

Patients were twice as likely to attempt suicide on antidepressants as on sugar pills.

We all need to support those in our life who are suffering, especially during their crisis periods. Depression is cyclical. It comes and goes. When someone is in the depth of despair, they may not think rationally. They need you to give them a reality check, to remind them that they're worthy of love and life. Get them beyond their valley of darkness, and when you're going through your own dark night of the soul, someone will be there for you, to pull you back from the brink.

It's better to light a candle than curse the darkness. With intelligence and integrity, and with the intention of patient safety rather than profit motive, we can save lives. With compassion and skill – and a dose of generosity – each of us can reach out to those we love during their dark times. We must. We're all connected, and we're all making a difference.

TESTIMONIAL

I was going through a real "confusing" time in my life. I had just gotten through a bad relationship. I lost a lot of weight. My doctor prescribed Luvox.

Within a few weeks I started to notice that I felt happier, as in, always cheery. At first, it was a nice change. I was sleeping nice, waking up well rested and just felt good.

But something inside me could not get over the feeling that it was artificial.

By the end of the 3rd month, I started to think, hey, I'm feeling so good, maybe I don't need these pills anymore. That was the beginning of a very long downward spiral that I would not wish on anyone.

As the effects of the pills slowly started to wear off, not only was I getting depressed again, I started to get abnormal thoughts.

I started getting severely paranoid, to the extent that I could not leave my house other than for work. I could not handle being around my own friends. When I started to get paranoid of the video games I was playing, I thought that I had gone completely insane. I felt that I no longer knew who I was.

Doctors should know that suicidal thoughts are a side effect of these drugs. I could not control who I was or what I was feeling. These feelings lasted for more than 6 months.

I got through it though. I reassured myself that before I took these pills, I was "normal". It took me the better part of more than a year to get back to my old self. But I did it, without meds.

Yellowknife, NWT (young man)

Blowing their cover

Listening for prozac but hearing placebo

A meta-analysis of antidepressant medication.
Kirsch and Sapirstein, 1998

A review of data submitted to the Food and Drug Administration (FDA) suggests antidepressant drugs are no more effective than placebo.

Antidepressants using active placebos

Cochrane Database Systematic Review, 2001

This review concludes that differences between antidepressants and active placebos are small at best and the majority of trials reviewed show no benefit of antidepressant medication over placebo.

Emperor's new drugs

An analysis of antidepressant medication data
Kirsch et al, 2002

This extensive report analyzes the efficacy data submitted to the US FDA for the six most widely prescribed antidepressants approved between 1987 and 1999. Approximately 80% of the response to medication was duplicated in placebo control groups. If drug and placebo effects are additive, the pharmacological effects of antidepressants are clinically negligible.

Association between suicide attempts and SSRIs

Dr. Dean Fergusson et al
Ottawa Health Research Institute
February 15, 2005

This meta-analysis reviewed data on 90,000 patients from some 700 clinical trials and found that patients were twice as likely to attempt suicide on antidepressants as on sugar pills.

Efficacy of antidepressants in adults

Moncrieff and Kirsch
British Medical Journal
November 28, 2005

Recent meta-analyses show SSRIs have no clinically meaningful advantage over placebo.

Antidepressants have not been convincingly shown to affect the long-term outcome of depression or suicide rates.

TESTIMONIAL

I am the father of a 16-year-old girl who has been heavily medicated on a variety of psychotropic drugs for the past five years. It all started with Paxil, an antidepressant, and has since led to Zoloft, Seroquel, Ativan, Gabapentin and the list goes on.

Our daughter had anxiety problems in the beginning, and both my wife and I believe the medications – especially the antidepressant – sent her into a psychotic, delusional and suicidal state of mind. It's been a hellish four years.

There is good news, however; for the past two weeks my daughter has been off Zoloft and in a treatment centre, although I know it will be a long while before she has fully recovered.

London, ON (middle-aged man)

SSRIs and sex

SSRI antidepressants very often have a negative impact on sexual desire, arousal, and orgasm in both men and women. Research indicates that they cause sexual

They cause sexual problems in 30-70% of people taking them.

problems in 30-70% of people taking them. These effects appear to be especially severe in women who take an SSRI while using some hormonal contraceptives.

What is particularly worrying is that the adverse effects may not end when a woman stops taking the drug. The effects appear to take a long time to wear off and may have a long-term impact on sexual functioning.

Because SSRI use can lead to a worsening of depression, emotional blunting or detachment, reduced emotional activity, memory loss and confusion, these effects, in conjunction with sexual dysfunction, can negatively affect intimate relationships.

ADVERTISING

Doctor, about that medicine I saw advertised

by Barbara Mintzes, Vancouver, Centre for Health Services and Policy Research at the University of British Columbia

"Has social anxiety put your life on hold? Ask your doctor about PAXIL today, your life is waiting!" proclaims a full-page New York Times ad, with an anguished young woman, eyes closed, head in hands, leaning against a wall and presumably suffering from a condition the ad claims 10 million Americans have – social anxiety disorder – what we used to call "shyness."

Although this direct-to-consumer prescription-drug advertising is officially aimed only at the American public and is illegal in Canada, Canadians regularly see such ads via US magazines and cable TV. Legal only in the US and New Zealand, direct-to-consumer advertising (DTCA) of prescription drugs is illegal in all other industrialized countries, and the drug and advertising industries have been lobbying hard throughout Europe, Australia and Canada to make it legal. CanWest, the media conglomerate that owns many newspapers including the *National Post*, has just started a Charter Challenge, claiming that the prohibition of DTCA in Canada unjustly limits freedom of expression, and puts them at a competitive disadvantage to US media.

Why not allow prescription drug advertising to consumers? Two main reasons are reflected in the laws prohibiting it. The first is to not take advantage of sick people's vulnerability (no one chooses to need a medicine). Canada's *Food & Drugs Act* prohibits public advertising of treatments or prevention for a list of serious diseases. The second: prescription drugs differ from those sold without a doctor's signature; they are generally more toxic, need to be used with greater care or present potential risks not evident in research used for government market approval. The ban on public advertising is a protection offered by prescription status.

Ask your doctor

Unlike other products, you can't just go and buy these drugs after seeing an ad. As the constant refrain "Ask your doctor" suggests, you'll need a prescription.

No diet drug advertiser tells you to go to the gym instead of taking the drug

Industry says this protects us from misleading advertising because the doctor makes the final decision. US surveys paint a different picture, showing Americans who asked for a prescription got it four out of five times, and about a quarter will go to another doctor if the first won't prescribe a medicine they want. Doctors often feel pressured and prescribe medicines to please their patients, whether or not a prescription is really needed.

Newer: not necessarily better

In the US, $4.1 billion dollars was spent on prescription drug advertising last year, and around 40% of this was on just 10 products. These are mainly new, expensive drugs for long-term use by a wide target audience; in other words, fairly healthy people. This makes a lot of sense if you're thinking about return on investment. It makes a lot less sense if you're thinking about public health, especially if more and more people take potent drugs for things like a runny nose, shyness and baldness.

Empowered and informed?

One of the arguments for allowing prescription drug advertising is that it empowers consumers, giving them more choice and helping them to make an informed treatment decision. But advertising isn't neutral information. It won't provide full, unbiased facts on the pros and cons of all available treatment options, drug and non-drug. No diet drug advertiser tells you to go to the gym instead of taking the drug because exercise is more likely to lead to sustained weight loss.

In addition, violations of US advertising regulations are common, with the Food and Drug Administration issuing over 90 warning letters to companies about misleading ads. The most common violations: inadequate risk information and exaggerated benefits.

There are serious problems in Canada, too. US ads are streaming across the border and government is doing little to enforce the law. More and more companies are running ads that skirt the limits of the law, and beyond. They've had no fines, no sanctions. During one recent, massive ad campaign, government only said, "This is illegal. Don't do it again." They didn't say, "Pull those ads immediately."

Canada's federal government frugally regulates advertising with less than one staff position,

Which is our priority, public health or marketing?

doubtlessly costing provincial governments a lot more in unnecessary prescriptions. And no one is tracking how many people end up in hospital or die from harmful effects of drugs they took because an ad made the drug look miraculous.

For example, Merck spent more than US $500 million advertising the arthritis drug Vioxx (rofecoxib) from 1999 to 2004. In four of those five years, scientific evidence emerged showing the drug could cause extra heart attacks and strokes. The drug was no more effective than a dozen older, cheaper arthritis drugs. The ads, featuring celebrity skater Dorothy Hamill, told a different story.

The current debate on direct-to-consumer advertising has centred not on the public's right to know but on the company's right to advertise. The real question should be: which is our priority, public health or marketing? Whether the ads are for sadness, baldness, Alzheimer's or AIDS, the message is the same: you can just pop a pill. Reality is a little different.

Drugs on trial

from FreeMarketNews.com

A story in Fortune magazine details the case of Tim "Woody" Witczak, whose wife Kimberly is claiming her husband's suicide two years ago was directly caused by the SSRI Zoloft.

Kim is suing Pfizer alleging that Zoloft induced the suicide.

As the story outlines, Mr. Witczak had very little reason to take his own life: "Shortly before his death he had been named vice president of sales at a startup that sold energy-efficient lighting." But when "anxiety about the new job" caused insomnia, he was prescribed Zoloft. After a couple of weeks on the medication, he reportedly began suffering from "nightmares, profound agitation, and eerie sensory experiences."

According to his wife, at one point he said he felt as if his head were detached from his body, only to calm down shortly thereafter. But within another couple of weeks – about five weeks after his first dose – he hanged himself from the rafters in their garage when Kim was out of town, leaving no suicide note.

Kim is suing Pfizer, maker of the drug, alleging that Zoloft induced the suicide and that the company failed to warn about the drug's potential to cause perilous side effects. Pfizer is of course denying any responsibility for the death, or any connection between it and their medications.

Dr. Ann Blake Tracy

I've testified in court cases involving these drugs for the last ten years. Every one of these cases and many more were induced by one of these antidepressants and they have all been taken to court.

I was one of the consultants on the Andrea Yates case. Andrea was on two of these antidepressants at maximum dosage. They had adjusted her medication two days before this happened, and this adjustment alone was enough to cause what happened in this family (she drowned her 5 children).

Del Shannon, the singer from the 60s, committed suicide after being on Prozac for three weeks.

Joseph Wesbecker went on a shooting rampage in Kentucky killing eight people in total (one month after beginning Prozac).

In the Donald Shell case, a jury ruled that two Paxil pills resulted in the shooting of his wife, daughter, baby granddaughter and then himself.

A case in which a man drowned himself and two children was settled in January by the Paxil company.

I was an expert witness in the Phil Hartman case which was again settled by the drug company.

The Columbine case, which is ongoing, resulted in the drug company pulling Luvox from the American market.

Eric Harris was on Luvox when he went psychotic and went on a shooting spree.

Placebos are the real thing

Extracted from Big Pharma, by Jacky Law

You can get away with a lot in the medicines business, but there is one basic requirement – a drug should do you some good.

The placebo effect shows what the mind and body are capable of achieving in the absence of real drugs but with the expectation of benefit.

Patients inherently possess vast amounts of untapped healing power.

The placebo, despite containing no active ingredient, often proves a surprisingly strong contender. Its performance in one clinical trial after another shows patients inherently possess vast amounts of untapped healing power. They want to be well so much, their bodies respond to the mere expectation that they will be.

These hopes are easily exploited by pharmaceutical companies. Where some antidepressant drugs are concerned, the label can say almost whatever you want it to say. It could be for painful periods, for depression, to stop smoking, to become more engaged in the world, for panic attacks, irritable bowels, incontinence, shyness – virtually anything that has some kind of anxiety at its root.

The active ingredient can be the same, but its effect will depend on what the label says, what the doctor says, and what we believe. Our minds and bodies respond to what we are told the drug will do. GlaxoSmithKline's Zyban for giving up smoking, for example, is a long-acting form of Wellbutrin, prescribed for depression. And the antidepressant Zispin is also marketed for sleeping disorders, one of the top symptoms used in diagnosing depression.

Our minds and bodies respond to what we are told the drug will do.

Such drugs are a triumph of branding. Packages of symptoms that might otherwise be interpreted as fairly normal in our attention-deficit world become new diseases and new opportunities for medication.

How the placebo works is the subject of endless discussion. American medical writer Berton Rouché, in a 1960s article in the New Yorker, said the placebo derives its power from the "infinite capacity of the human mind for self-deception." Others believe the placebo is powerful not because it tricks the mind but because it translates the will to live into a physical reality. The fact that a placebo will have no physiological effect if the patient knows it is a placebo only confirms something about the capacity of the human body to transform hope into tangible and essential biochemical change.

Selling Sickness

How the world's biggest pharmaceutical companies are turning us all into patients

by Ray Moynihan and Alan Cassels

Daily media articles say that the Canadian public health system is in jeopardy, and fingers are pointed at everything from doctor shortages to government mismanagement and bureaucratic greed. But Ray Moynihan and Alan Cassels, authors of the new book, *Selling Sickness: How the world's biggest pharmaceutical companies are turning us all into patients,* point the finger at another cause: drug-company-funded disease creation.

Using their dominating influence in the world of medical science, drug companies are working to widen the very boundaries that define illness. Mild problems are painted as serious disease, so shyness becomes a sign of "social anxiety disorder" and pre-menstrual stress a "mental illness" redefined as "pre-menstrual dysphoric disorder". Everyday sexual difficulties are seen as sexual dysfunctions, the natural change of life is a hormone deficiency called menopause, and distracted office workers now have adult ADD. Just being "at risk" by having an elevated blood pressure or cholesterol level has become a "disease" in its own right.

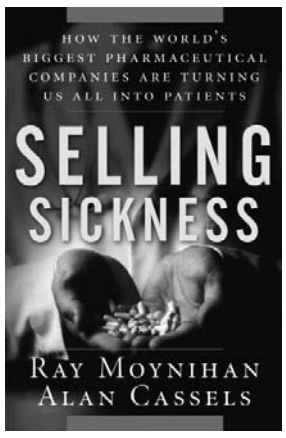
Expanding the boundaries of illness and lowering the threshold for treatments is creating millions of new patients and billions of dollars in new profits.

Selling Sickness reveals how expanding the boundaries of illness and lowering the threshold for treatments is creating millions of new patients and billions of dollars in new profits, in turn threatening to bankrupt health care systems all over the world. Canada's publicly funded health care system is not immune.

"From their domination of guideline committees, their involvement in physician 'education' and their marketing of fear to consumers, the pharmaceutical industry is using its immense power to drive more and more of us towards another prescription," warns Alan Cassels. And, he notes, "a health system that allows drug companies to play a role in defining who is sick is fundamentally unhealthy."

Our health care system will collapse if we continue to allow for-profit enterprises to define who is sick and who needs treatment.

As the authors of *Selling Sickness* detail, pharmaceutical company marketing executives don't actually write the rules to diagnose illness, but they increasingly underwrite those who do. The industry now routinely sponsors key medical meetings in Canada and around the world where disease definitions are debated and updated.



Added to this is the fact that most clinical trials are funded directly by the drug manufactures rather than public or not – for – profit sources. This research is disseminated at scientific meetings, events and conferences sponsored by the pharmaceutical industry, and often hosted by medical societies or patient groups that are themselves partially underwritten by drug companies. "The reach and the scale of the industry's influence is really quite breathtaking in its scope," notes Cassels.

Soaring sales have made drug companies the most profitable corporations on the planet during this past decade. But the flip side of healthy returns for shareholders is the unsustainable increase in costs for those funding the health system.

Selling Sickness tells us that we need the pendulum to swing back towards a rational and appropriate use of pharmaceuticals for everyone who is sick. "Our health care system will collapse if we continue to allow for-profit enterprises to define who is sick and who needs treatment," says Cassels. "Now is the time to start having the conversation about whether we want to continue to allow pharmaceutical greed, not appropriate need, to be driving our health care expenditures."

I was suffering severe pain from a back injury. A GP prescribed an antidepressant, Surmontil, to help with the pain. It didn't help the pain, but ironically, gave me deep depression. My doctor increased the dosage of the antidepressant. I solved the pain issue quite independently, but not before needing stomach surgery from the damage caused by many months of pain and anti-arthritic medications.

Years later the depression, accompanied by severe cognitive and memory loss, was quite severe. This in company with other life circumstances led to hospitalisation and more psychiatric medications.

And so it went for a few more years, with ups and downs as the meds were changed, but mostly downs, until I was disabled from working, and still am. Life became a total hell of depression, mania, anxiety, massive distortions of reality, along with agony from the serotonin overload, also called serotonin syndrome. Throughout I battled the idea of suicide to end the torment, especially on Paxil, which created suicidal compulsion.

I knew the medications were all wrong, but had not the cognitive ability to know what to do.

After a few more years, I refused all psych meds, and started my recovery. But some problems persisted. I now had to deal with a movement disorder called tardive dyskinesia from the Zyprexa. I also had sugar and digestion problems, also from Zyprexa, that now have mushroomed into a severe pancreatic issue, which has me almost totally incapacitated.

It's become crystal clear to me that our doctors are not able to understand the effects these medications actually have on patients, and are highly unresponsive to reports of even well-documented adverse effects.

Rural Saskatchewan (middle-aged man)

TESTIMONIAL

Thinking – that is the key. When your brain is on psychoactive drugs, you really cannot think clearly. Your brain is disabled. You cannot see or analyze what is going on, you cannot think to get out and try alternatives. I certainly could not. I was in a daze.

When they first locked me up, they destroyed my life. I lost my job, my volunteer position, and I lost people's respect.

I wanted so desperately for someone to care, to "help" me out. This was not "mental illness" but inability to cope with life. I did not know how to deal with the problems I was presented with. I also craved love. I don't know how many times us inmates would be so happy and so grateful that someone had actually smiled at us, or was nice to us, or actually talked to us.

It wasn't until an incident that traumatized me deeply woke me up, that I started to question, even in the fogginess of medications, what was going on. I read everything I could get my hands on. I took myself off meds. I fired the "professionals."

My mind began to clear up, my memory started to improve. I could think, I could concentrate, I could feel, I could stay awake, I could function again. The withdrawal was hell, but well worth it. I'm myself again, which I haven't felt in close to a decade.

I sit here, in fear, wanting to mourn what I lost, but cannot out of fear of being thrown away into a cell, meaning I'm ill, meaning I'm crazy, meaning I'm not human.

So I'm writing here instead. Stiff upper lip. Angry indignation instead of tears.

Vancouver, BC (middle-aged woman)

PSYCHIATRY

Heretic of the psychiatric gospel
An interview with Dr. Paula Caplan

By Pierre Loiselle, Fredricton, NB

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the psychiatric bible, the most widely used sourcebook for psychiatrists across the world. If you were ever given a psychiatric label, the DSM was likely the source.

Dr. Paula J. Caplan has written several books, including *They Say You're Crazy: How Psychiatrists Decide Who's Normal,* detailing her involvement with the DSM authors as a consultant for the fourth edition. We spoke about the DSM and the politics of psychiatric labels.

Pierre Loiselle: *The American Psychiatric Association is the publisher of the DSM. Explain the scope of the influence and wealth generated by this book.*

Paula Caplan: Well, it's in the millions. When the DSM-III came out in 1987, it had been translated into at least 17 different languages and was being sold in many countries. You're now hearing about many children in China being diagnosed with Attention Deficit Disorder (ADD). Nobody in China ever knew ADD existed before. What's happening is that there's a kind of simultaneous creep of the DSM's and the drug companies' influence into countries all over the world. It's the globalization of psychiatric diagnosis and of the psychiatrizing of everything.

Any label perpetuates the notion that the problem comes from within you.

You've got entire mental health systems and entire countries operating on the assumption that we're dealing here with science – that we're dealing with therapists who are "objectively" diagnosing people. Meanwhile, the drug companies are making billions and billions of dollars and gigantic profit margins.

PL: *The DSM authors claim that their book is a scientific tome, but how do diagnoses get in there?*

PC: It was only when I was on two of the committees to write DSM-IV that I saw that it could not be further from scientific. Almost anything that gets proposed as a new category gets in because it means more money and more territory for them. I resigned in horror, saying the process should be called "Diagnosisgate."

Look what they do with the research: if the relevant science suits their purposes, then they will talk about it. If it doesn't, they will ignore it, distort it or lie about it.

PL: *Why are psychiatric labels dangerous?*

PC: They have terrifying political power. There are so many ways in which people's lives can be destroyed, and have been destroyed, *just* because of getting a psychiatric diagnosis. You can't put somebody on psychiatric medication unless you've given them a psychiatric diagnosis. You can't prescribe electroshock unless you've given them a diagnosis. You can't have them committed against their will unless you've given them a psychiatric diagnosis.

Getting just about any diagnostic label perpetuates the notion that the problem comes from within you. It masks all sorts of social and economic problems that need to be looked at if we're going to reduce a lot of people's pain – like violence, poverty, homophobia, racism, ageism, sexism, ableism and so on – and then we say, "Oh look, he's depressed, she's anxious." We diagnose you as having Major Depressive Disorder, and her as having Generalized Anxiety Disorder, and so on. This grand political scale is very powerful in pushing us to ignore major social problems. Instead we say, "These persons have psychiatric illnesses." We medicalize them.

It's the psychiatrizing of everything.

There are things in the DSM that are by no stretch of the imagination mental disorders, such as stuttering, Math Disability, Nicotine Dependence and Caffeine-induced Sleep Disorder.

Then there are other categories that are non-pathological reactions to painful parts of life but we treat them as psychiatric problems instead. For example, if you lose somebody close to you and are still grieving two months latter, you have Major Depressive Disorder according to the DSM. There is no such thing as normal feelings and normal reactions anymore.

Defining mental disorders

By Craig Hubley, rural Nova Scotia

Today's psychiatrists universally use a "Diagnostic and Statistical Manual of Mental Disorders" to decide who is suffering from what mental "illness" or "syndrome". In several incarnations of this manual it has become very obvious that these concepts are highly political and that definitions are based more on the cultural and social trends of the time than on science.

Most infamously, the DSM-III classified homosexuality as a disorder but the DSM-IV (the current 1994 edition) does not.

The DMS-V will be published in 2011. Activists who reject the current political agenda of biopsychiatrists and drug companies have a clear opportunity to set an agenda to influence the DSM-V, just as gay activists removed sexual status from DSM-IV.

What could activists do by unifying on this agenda? They could classify unsustainable, inequitable activities that cannot continue on a peaceful planet as a disorder – UIAD (Unsustainable Inequitable Activities Disorder). Perhaps they could define over-consumption as a combined addiction/delusion, the delusion being that it can continue without disaster – OCAD (Over-Consumption Addiction Delusion).

Isn't craving for speed a neurosis – HSN (High Speed Neurosis)? Or computer or video game addiction a particularly dangerous form of DIS (Disembodied Identification of Self)?

What about the Golden Rule (do unto others)? Can those who ignore it safely be called sane?

What about the Golden Rule (do unto others)? Can those who ignore it safely be called sane?

Activists are exploring the possibilities to undo the bias of psychiatry. Using *www.embodimentwiki.org* and *www.yoism.org*, activists hope to create a strong united front of what new disorders are named, and which natural and normal behaviours must be removed.

Suggestions from non-psychiatrists are accepted as formal input to the DSM-V process. You can do this simply by registering at *www.dsm5.org/register.cfm*

We have every right to demand that the next version of this manual respect the traditional and adaptive ways that we ecologists, humanists and global thinkers view the world. When questioning the definition of sanity, the more of us that do, the merrier.

Letter to an activist

By Tooker Gomberg

Tooker wrote this as an exercise for his therapist on Earth Day, 2002. At the time he was suffering from severe depression.

Tooker spent his entire adult life doing inspiring and successful work for a greener, healthier world. In 2001, in his own words, he "hit a wall." For the first time in his life, he battled burnout. – A.B.

Dear Activist:

It's another strange day for me. Things have been strange for eight months or more. I used to be an activist. Now I don't know what I am. Did you ever read the Kafka story about the guy who wakes up and has turned into a cockroach?

My mind is in a fog – I am moving very slowly. Today is Earth Day, but I feel I'm on another planet.

My mind is in a fog – I can't think very clearly. Making a sandwich takes a long time – I have to concentrate on every step along the way, and I am moving very slowly and deliberately. I feel like I am stunned, and spaced out most of the time. Today is Earth Day, but I feel I'm on another planet.

It feels like my mind has melted down, though I am told that it comes back once the depression lifts. Whenever that is. For some people it seems to be months, for others years, and others never get out of it.

But I am writing to you about activism, not the frightening impacts of depression.

Amory Lovins, the great energy efficiency guru, once called me a Hyper-Activist. I guess that's what I was. I lived, breathed, and focussed on activism. It kept me thinking, inspired, interested, and alive.

But it also allowed me to ignore other things in life that now, suddenly, I realize I never developed. This makes me sad and despondent.

I used to enjoy cooking, but stopped. I always liked kids, but never really thought about having kids of our own. Changing the world was more important, and having a kid would interfere with our life's work of changing the world.

I didn't develop my mind in a broad way, learning about music and art and theatre and poetry, for example. It was focussed on changing the world. I never really thought about a career – I was living my life, not worrying about the trappings and credentials of the boring, status quo world.

Maybe I was living in a bubble of naiveté, doing my own thing, unconcerned that my perspectives and actions were so different from "normal." I never wanted to be normal, anyway. Normal got us into the mess we're in.

So now I find myself, with my sliver of self smashed to smithereens after being assaulted by police in Quebec City, a security guard in City Hall, and various other security guards during the mayoralty race. And numerous arrests.

Or maybe it was the tear gas, and last summer's smog. Maybe I pushed my brain too hard, and overstressed it with the run for Mayor of Toronto, or the passport burning, or 20 years of pushing against the juggernaut. And maybe September 11 firmed up my worries into a real fear that working for change was really dangerous.

I neglected my heart, Now that I'm in crisis, I don't really have the language to connect with people.

Or it could be a physiological response to too much coffee, stress, and smog. Maybe I've burned out my adrenal glands. Maybe my brain is poisoned from so much thinking about tragic ecological issues, pondering bad air and getting frustrated at the slow rate of improvement and the rapid destruction of the living world. Could my brain have been damaged when I was close to dying with heat stroke in Vietnam in 1998?

I should have developed a deeper kinship with my family and with people. Don't get me wrong – I had lots of friends and acquaintances in the activist world. But they were not deep friends of the heart. I neglected my heart and how I was feeling about things, about people, about situations. Now that I'm in crisis, I don't really have the language to connect with people. The silence is easier than trying to explain what I'm going through, or to relate to other people's issues or problems.

So what advice can I offer? Stay rounded. Do the activism, but don't overdo it. If you burn out, or tumble into depression, you'll become no good to anyone, especially yourself. When you're in this state, nothing seems worthwhile, and there's nothing to look forward to.

It's honourable to work to change the world, but do it in balance with other things. Explore and embrace the things you love to do and you'll be energetic and enthusiastic about the activism. Don't drop hobbies or enjoyments. Be sure to hike and dance and sing. Keeping your spirit alive and healthy is fundamental if you are to keep going.

I never really understood what burnout was. I knew that it affected active people, but somehow I thought I was immune to it. After all, I took breaks every now and then and went travelling. And all my work was done in partnership with Ange, the great love of my life.

Be sure to hike and dance and sing. Keeping your spirit alive and healthy is fundamental.

But in the end, when burnout finally caught up to me, it was mega, and must have been the accumulation of decades of stress and avoidance. And now I find myself in a dark and confusing labyrinth trying to feel my way back to sanity and calm.

So beware. Take this warning seriously. If you start slipping into the hole of depression and you notice yourself losing enthusiasm and becoming deeply disenchanted, take a break and talk with a friend about it. Don't ignore it. The world needs all the concerned people it can get. If you can stay in the struggle for the long haul you can make a real positive contribution, and live to witness the next victory!

TESTIMONIAL

Over the course of eight years, I watched my psychiatrist watch me wither away. One drug after another. "If that doesn't work, try this one!" At the end, I became completely unwound. My skull was about to crack. Either the pills had to go, or I would.

I tossed the pills. Tossing them all at once involved more torture, but I was desperate.

I look back after eight years of illness, three psychiatrists, and 22,000 pills. They have brought me nightmare after nightmare until this final humiliation. I have been reduced to a state where I am not willing to believe in anything or anybody.

I sit here in the night, trembling and shaking, a tremendous pressure in my chest, crying out in chemical anxiety, teeth clenched, for I have thrown away the poisons that brought me here.

"Do no harm." So much for the Hippocratic Oath. Today I am drug-free. I don't even have a Tums for my tummy. Along the way, I made a remarkable discovery: Health does not come in a pill. I eat an apple a day and I stay away from doctors.

Rocky Mountain House, AB
(middle-aged man)

Serotonin deficiency debunked

From *Journal PloS Medicine*, Nov. 2005

How regularly do you hear someone say, "I've got a chemical imbalance" or "This SSRI balances my serotonin?"

These claims are just not supported by scientific evidence, found researchers published in the *Journal of Public Library of Science.* There's absolutely no evidence of chemical imbalance in a depressed or anxious person's brain.

Researchers Lacasse and Leo studied US consumer advertisements for SSRIs from print, television and the Internet. They found widespread claims that SSRIs restore the serotonin balance of the brain. "Yet there is no such thing as a scientifically established correct 'balance' of serotonin," they observed.

Despite the US FDA's responsibility for regulating consumer advertisements and requirement that they be based on scientific evidence, the mismatch between the scientific literature and SSRI advertisements is "remarkable, and possibly unparalleled," say the authors.

There's absolutely no evidence of chemical imbalance in a depressed or anxious person's brain.

Dr. Joanna Moncrieff, Senior Lecturer in Psychiatry at University College, London said: "It is high time that it was stated clearly that the serotonin imbalance theory of depression is not supported by the scientific evidence or by expert opinion. Through misleading publicity the pharmaceutical industry has helped to ensure that most of the general public is unaware of this."

While the Irish Medicines Board recently banned GlaxoSmithKline from claiming in their patient information leaflets that Paxil corrects a chemical imbalance, neither the FDA n or Health Canada has ever taken similar action.

How I dealt with grief and depression

Angela Bischoff

The police greeted me at the door with the news of my husband's suicide. The pain is still palpable two years later. The grief takes over in waves.

In touching his death, I welcomed my own. Thankfully I made it through those darks days, and am motivated to live and contribute once again. I chose to do it without drugs.

I relied on one girlfriend who called me every other day for the first 6 months, to help me process my feelings and experiences. She was loving, skilled, patient and generous. I also had weekly visits with a very compassionate therapist that taught me coping skills.

I openly grieved. I read books on spirituality and life after death, getting the most comfort from learning about near-death experiences. I immersed myself back into work six weeks later.

I took immaculate care of my body, instinctively giving up all drugs such as sugar, alcohol, caffeine, and processed foods. I cooked my own organic, whole food and drank several pots of herbal tea daily. I journalled. I exercised daily (cycling to work and yoga practice).

I learned about the connection between antidepressant drugs and suicide, and used all my activist skills to share the information. By transforming my pain into knowledge that might help others avoid a similar tragedy, I found meaning in Tooker's death.

Are there alternatives to drugs?

By Miriam Hawkins and Angela Bischoff, Toronto

Health is not merely the absence of disease but a state of well-being in which the mind, body and spirit are balanced.

There's much we can do without drugs to treat depression and anxiety, especially of the moderate sort, where it all starts. There's no quick fix, but we can use a variety of effective alternate approaches to build sound mental health, approaches that cause no harmful side effects and are more likely to get at the root cause of the depression or anxiety

Community

Human interactions and relationships are at the core of good mental health care. At times we need to talk, cry, find ways to laugh and play, or ask friends and family for encouragement. We're all vulnerable, and we all need support at different times. Reach out. Be generous.

Meaningful work

Doing something you believe in can give meaning to everyday life. Working to change social, economic or other injustice, from expensive daycare to workplace racism to saving trees, can give life purpose and passion. Getting paid is important, but volunteer work also reaps enormous reward.

Talk therapy

Psychotherapy, or "talk therapy," has proven an effective alternative to drugs and teaches life-long coping skills. Patients treated with psychotherapy have fewer relapses than those treated with antidepressants. Find a therapist you respect, and who respects you

Exercise

Our bodies are designed to move. Evidence shows regular physical activity is the best long-term treatment for depression and anxiety. Movement is how our bodies circulate lymph to carry away toxins. It focuses and calms the mind, burns fat and excess energy, aids digestion and circulation, tones muscles, strengthens bone, improves heart and lung function, gets endorphins flowing and, best of all, makes you feel good.

Diet

Changes in diet over the past 50 years are an important factor in the rise in mental illness. The UK Mental Health Foundation cites scientific studies clearly linking Attention Deficit Disorder, depression, Alzheimer's disease and schizophrenia to junk food and the absence of essential fats, vitamins and minerals in industrialized diets.

Sugar and antibiotics have caused an epidemic of yeast-related illnesses, including depression, since their massive increase in use after WWII. The 1/3 pound of sugar North Americans now eat on average every day feeds unhealthy colonies of gastrointestinal Candida yeast that release over 250 known toxic metabolic byproducts and gases into our bodies and brains. All these toxins and gases can be depressing (and painful), creating pressure on blood vessels and poisoning nerves.

Making things worse, antibiotics we've taken disrupt our healthy digestive bacteria that would normally help suppress Candida overgrowth, and many of us need to re-populate our systems with healthy pro-biota, found in mother's milk, natural yogurt, kefir, unpasteurized sauerkraut and pickles as well as in capsules. Candida yeast thrive in estrogen-rich environments caused by hormone replacement therapy, birth control pills and excess alcohol (stored as estrogen by the body). Garlic and onions kill yeast very effectively: a regimen of fasting from sugar and processed foods (and alcohol), combined with generous daily use of dietary garlic or deodorized garlic supplements, can work miracles in a matter of days.

Our body responds to sugar by spiking our insulin and crashing our blood sugar to below its original level before the sugar

Non-drug treatm

After nearly 20 years of research, Dr. David Antonuccio, clinical psychologist and professor in the department of psychiatry at the University of Nevada, is among the world's exper studies that comp drug treatments f His research sho treatments such a

was consumed. The sugar gives us energy briefly but then we're exhausted, literally ("sugar blues"). Our routine spiking of blood insulin has caused a tenfold increase in the incidence of once-rare type-2 or adult-onset diabetes in all ages.

Sugar has another secret weapon to make us sick. The bacteria that it feeds in our mouths are a constant and insidious source of dangerous bacteria, entering the gastrointestinal tract via the throat, and the bloodstream via fillings and gums. Oral bacteria entering the blood near the brain cause agitation; an untreated cavity (beware old silver fillings leaching poisonous mercury) or abscess, worse. Use table (sea) salt as a toothpaste or hot gargle at least once a day, it kills oral bacteria.

Many people have hidden allergies, especially to milk, wheat and corn. Try switching to alternatives, or get tested. Sometimes what you crave is what you're allergic to.

Eat like your body is a temple of the spirit. Eat more organic, raw, low on the food chain and as unprocessed as possible: more fruits and veggies and less refined foods. Turns out, when fruits and veggies comprise the majority of our diet, they create an optimal, energetic blood acid-alkaline balance. Research shows this is the right biochemical state for our cells to create 16 times more net energy from each calorie than when we eat a typical North American diet dominated by acid-forming foods (non-fruits and veggies). With all that freed-up metabolic energy, you feel less tired and can cope better. You can do more and eat less.

Grains, seeds, legumes and nuts are nutritional powerhouses, supplying proteins, fatty acids and B vitamins crucial to the nervous system. Many foods have unique properties needed by the brain: oatmeal, a rare but essential amino acid; apples, the trace mineral boron; herbs and spices, aromatic oils that help protect brain cells. Eating a variety ensures you cover the bases. Learn to cook for yourself as healthily as you can.

Brain nutrients

Researchers have noted the mental, physical and emotional effects of stress and adrenal "burnout." Many individuals suffer greatly from depleted hormonal and nutritional reserves, artificially stimulating the nervous system and destroying vitamins with caffeine, sugar and medications until they rollercoaster into systemic breakdown, manifesting in a myriad of symptoms.

Medications act strongly on hormone systems and can easily damage delicate glands and organs. In many cases of depression, diagnoses miss both systemic deficiencies and increasingly common thyroid conditions (brought on by stress, lifestyle, medications, pollution, etc.).

Stressful, toxic environments and poor diets create an increasingly greater demand for essential nutrients to restore and replenish overworked and damaged organ systems. The nervous system is especially dependent on the B vitamins. Stress, caffeine, sugar, cigarettes, drugs and alcohol destroy B-complex and C vitamins. A high-dose, natural-source B-complex supplement should provide noticeable relief, but the coffee, tea or other chronic source of depletion has to be cut back. Eat C-rich fruits, cabbage, greens, peppers to protect cellular walls.

The brain and nervous system are high in fat as well as protein, and should stay that way for optimal health with essential fatty and amino acids from seeds, nuts, whole grains, legumes, avocados, olives, greens and even berries, as well as organic eggs and cheese. Essential fatty acids omega-3 and omega-6 (rich in hemp, flax and fish oils) can improve the behaviour of rowdy kids and help language skills, English researchers have found. Many toxins are fat-soluble and healthy dietary fats help to flush them.

Societal changes

Societal change may be beyond our capacity as individuals, but people can – and do – work together to create social change. Depression may be a normal reaction to a life without adequate support: reach out for help.

Balance

Always make time for fun, friends, art, reading, dance, music, meditation, prayer, nature, journaling, yoga, sport – whatever it is that brings you peace and joy. These will strengthen your spirit and give your life balance and resiliency. Remaining engaged, whether in solo activity or community, is fundamental for sound mental health.

There are many other systems worth trying that have helped countless people suffering with depression – clinical nutritional therapy or orthomolecular medicine, naturopathy, acupuncture, massage, laughter therapy, therapeutic touch. But in the end, it all comes down to self awareness. Notice what the therapy is doing for you and to you. Are the side effects worth it? Are you feeling better or worse?

The road to recovery may be short for some, or a life-long process for others. A variety of therapeutic approaches are often required to provide a comprehensive route to recovery. The process of healing is individual.

But don't walk this journey alone. Confide in someone every step of the way to be sure you don't fall off the rails. Remember – it's all about growth. Embrace it. You're worth it!

Mental health tips

Get at least ten minutes of sunshine or daylight a day, year-round, for vitamin D and melatonin balance. Exercise daily. Go to bed early.

Remove stimulants and chemicals from your diet (sugar, caffeine, nicotine, adrenaline-heavy meat, junk food, artificial hormones, painkillers). Alcohol is dangerous because it's a depressant that damages neurotransmitters.

Eat nutritious organic foods to recharge cells. Raw foods provide top nutrients and enzymes for digestion. Juicing rebuilds the body quickly. Lemon quickly balances acidity to alkaline. Sea vegetables in soups and salads give brain-vital vitamin B12 and trace minerals. Fibre and fasting support brain-clearing detoxification and elimination. Six to 12 nuts (such as almonds) level blood sugar. Chamomile and mint tea sooth and calm.

Take a good vitamin-mineral supplement. Like stimulant "street" drugs, SSRIs push the body to perform beyond capacity, drastically lowering its ability to metabolize nutrients and slowly depleting it of vitamins and minerals vital for health.

Studies show that zinc supplementation improves memory, thinking and I.Q. Super green drinks like Greens Plus, Barley Plus, blue green algae or spirulina provide important trace minerals. Calcium and magnesium are very calming.

Omega-3 oils like flaxseed and hemp oil are incredible for brain function. National Institutes of Health have documented benefits of Omega-3 oils for seizures, schizophrenia, mania, depression, anxiety, hyperactivity, ADD and PMS.

Antioxidants like pycnogenol, grape seed extract, CoQ10 or Gingko biloba protect brain cells. Gingko's natural antidepressant and memory boosting effects are supported by over 40 double-blind studies showing it increases circulation to the brain with virtually no side effects.

Essential Oils (aromatherapy) directly benefit the limbic system through the sinus. Many are helpful such as lavender, clary sage, mint, bergamot, frankincense and sandalwood. Orange or citrus oils can actually change brainwaves to calm one down.

Cranial massage reduces swelling, a common problem with psychiatric drugs. Acupuncture aids withdrawal from any drug.

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as CBT (cognitive

behavioural therapy), talk therapy and even exercise are as effective in the short run, and possibly more effective in the long run, than drugs.

TESTIMONIAL

I had been struggling with moderate but persistent depression for about 18 months and after some reluctance, finally agreed to my family doctor's recommendation that I begin medical treatment. I started Effexor. Over the first two weeks of treatment I became restless and anxious. Although I have always been a sound sleeper, I suddenly had trouble getting to sleep and staying asleep. I uncharacteristically lay awake at night certain that I would fail my upcoming final exams (in spite of a high average in all of my classes).

My doctor prescribed a second antidepressant (Trazodone) to help me sleep. My sleep improved slightly, but I remained agitated. My GP told me that for some people things get worse before they get better, so I continued taking the meds.

Three weeks into my affair with Effexor, I was still waiting to feel better. On Day 23, I accidentally burned myself while baking. The sensation felt good. Although I'd never intentionally harmed myself before, I continued making small burns on my skin. On Day 24, in a state of emotional upheaval, I repeatedly burned myself with a lighter on one spot until it became hard to the touch, yellowed, and then started to turn black. At the Emergency Room the doctor dressed my third-degree burn and told me: "The medications you're on are good. Just keep taking them." I was sent home.

I cringe to think about what might have happened that night had I left the hospital alone. Luckily, I had very supportive friends and family and was not left alone over the next few days.

My GP kept me on Effexor, but replaced Trazodone with Risperidal. After showing little sign of improvement, I was admitted to hospital on Day 29.

In the safety of the hospital (where I received excellent care from the nurses and staff), the doctors experimented with many drugs. The mood stabilizers Lithium and Lamotrigine were added to my regimen, as was a little blue sleeping pill. I was released from the Hospital on Day 37 and gradually recovered over the next several months.

I've since learned that my experience of being put on several drugs to mitigate the negative effects of the original drug is not out of the ordinary.

On Day 440, I stopped taking Effexor, having gradually reduced my dosage over a three-month period. Over the weeks that followed, I experienced nausea and vomiting, headaches, body aches, bruising, fever and exhaustion. I was confused and didn't know what was happening (having never been told about the potential effects of withdrawal) so, as any good patient would, I turned to the internet. I found countless web forums and message boards of psychiatric survivors who discuss the effects of these drugs on their lives, including side effects and withdrawal symptoms. Thus, I learned that my symptoms of withdrawal were "normal."

I am not alone in my frightening experience with these drugs that caused more problems than they solved.

Saskatoon, SK (young woman)

Drugs in our water

By Sharon Batt, Halifax, from Women and Health Protection

Every so often, headlines about "drugs in the water" alert the public to an unsettling fact: our lakes, rivers, streams and groundwater contain trace amounts of pharmaceutical drugs that can enter our drinking water. The growing list includes plenty one would rather not down in a glass of water on a hot day: antibiotics, painkillers, hormones, tranquillizers, drugs to treat high blood cholesterol, epilepsy and cancer, musk fragrances, and phthalates, a family of chemicals found in cosmetics, perfumes and hair products.

Fifty to 90% of the active ingredients of a medication are excreted (through body fluids) and enter the sewage system.

We don't yet know how these chemicals may affect human health but the animal previews include reproductive and brain-function disorders.

To its credit, the federal government has been working for the past four years on a plan to protect the health of Canadians from this emerging threat with a project called Environmental Impact Initiative (EII) Unfortunately, EII may do less for the environment than for the drug and toiletry industry's bottom line.

Because much of this form of pollution comes from personal (not industrial) use of chemicals, public awareness is key. Prevention should be paramount. The easiest way to reduce the environmental burden of drugs and toiletries is for everyone to use less.

These chemicals get into the environment in the most prosaic of ways. Fifty to 90% of the active ingredients of a medication are excreted (through body fluids) and enter the sewage system and on to a water treatment plant not designed to remove them. Unused drugs get flushed down the toilet or sink (mothers have been told to do this for the safety of children). Hospitals and nursing homes dispose of vast quantities of pharmaceuticals, untouched when residents change or discontinue medications, or die. Drugs taken in life's home stretch likely contaminate posthumously, leaching from cemeteries into groundwater. Farmers give veterinary drugs to their animals, including large amounts of antibiotics. Drug-contaminated sewage sludge is sold as farm fertilizer.

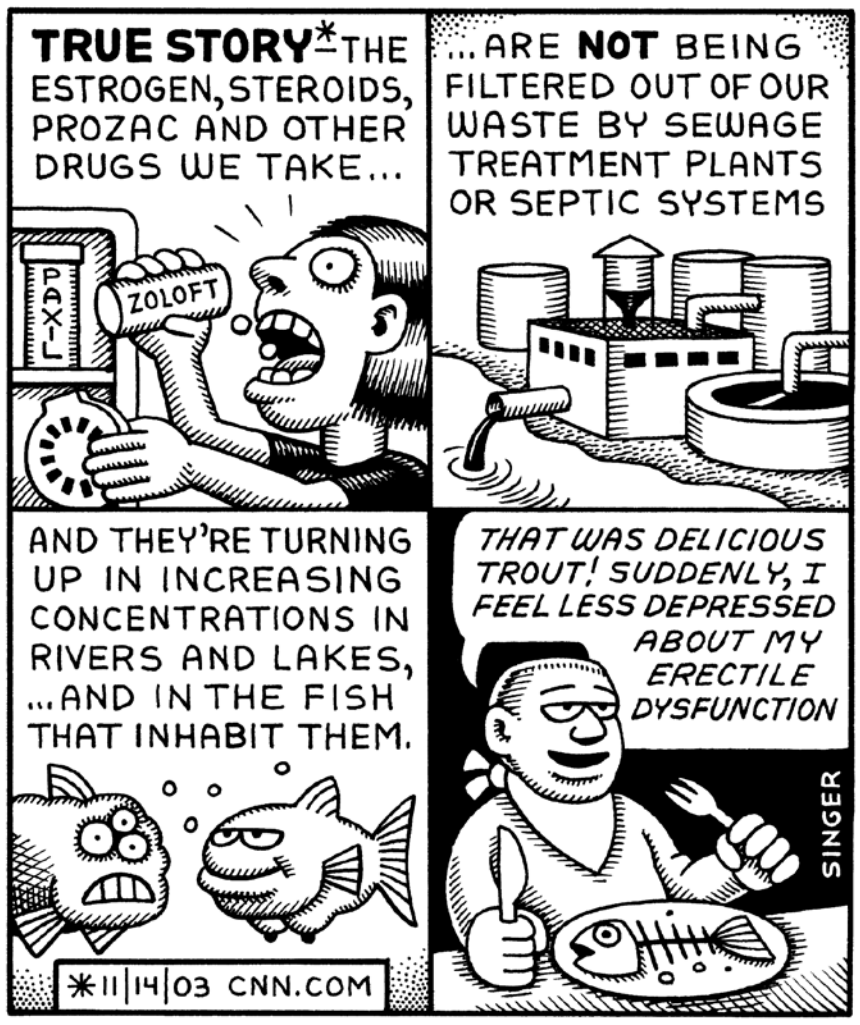
The resulting "chemical soup" with concentrations as little as one part per trillion causes chronic exposure to multiple bioactive substances that may well harm human health, even at low levels. Drugs are designed to have effects in small quantities; they are not meant to be mixed, willy-nilly.

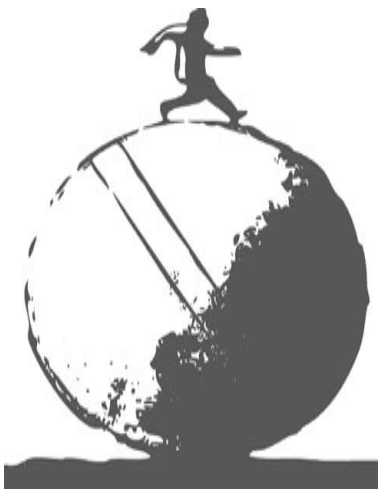
Researchers are discovering "windows of vulnerability," when developing embryos are exquisitely sensitive to even minute amounts of chemicals. Since environmental tests for these chemicals are still new, baseline levels are still being determined.

If my prescription drug can end up in your morning coffee, every home medicine cabinet is a public concern.

If my prescription drug can end up in your morning coffee, every home medicine cabinet is a public concern. Fortunately, plenty can be done to limit consumption. Some examples: curtail ads that promote drug use to consumers, restrict physician drug samples, reduce drug doses, develop smaller package sizes, explore non-toxic alternative treatments, and recycle, rather than dispose of, some unused drugs.

One Ontario survey estimates that the province wastes over $40 million in medications each year. Eliminating inappropriate drug use, overuse and abuse will improve health, save money and help protect the environment. We can all tape that message to the medicine cabinet mirror.





Feminizing fish

CBC News, March 23, 2006

In his recent annual report Ontario's Environmental Commissioner, Gord Miller said contraceptives, painkillers, antibiotics, anti-cancer drugs and blood-pressure drugs are showing up in lakes and rivers, while anti-inflammatory and anti-cholesterol drugs and antidepressants are ending up in drinking water.

Experiments in Northern Ontario have shown that exposure to these waste drugs has led to the feminization of male fish, delayed reproduction in female fish and damage to kidneys and livers of both sexes, Miller reports.

How to withdraw safely from antidepressant drugs

By Angela Bischoff, Greenspiration

In *The Antidepressant Solution* (2005), Dr. Joseph Glenmullen gives a step-by-step guide to safely overcoming antidepressant withdrawal, dependence and addiction.

Research has shown that when patients stop antidepressants cold turkey they have high rates of withdrawal reactions, which vary depending on the particular drug, but generally affect between 60% and 78% of users! With 40-50 million people on antidepressant drugs worldwide, withdrawal and dependence have become major problems.

Almost all patients who have been on antidepressants for more than one month should use a tapering program when they go off.

A study published in 1997 found that 70% of family doctors were unaware of antidepressant withdrawal reaction even though they write the majority of prescriptions for these drugs. Drug companies still don't adequately advise doctors of potential withdrawal reactions (nor other adverse reactions such as agitation). In fact, these drugs are advertised as "non habit-forming" or "not associated with dependence or addiction" even though both anecdotal evidence and company clinical trials prove otherwise. In Europe they can't advertise this but they can in North America, where the FDA supported drug companies' marketing ploy to instead adopt the term "discontinuation" – while the user suffers the same withdrawal effects, which can be serious and even life-threatening.

Antidepressant withdrawal symptoms are divided into two main categories: psychiatric and physical symptoms. The psychiatric symptoms of antidepressant withdrawal include depressed mood, low energy, crying uncontrollably, anxiety, insomnia, irritability, agitation, impulsivity, hallucinations or suicidal and violent urges. The physical symptoms of antidepressant withdrawal include disabling dizziness, imbalance, nausea, vomiting, flu-like aches and pains, sweating, headaches, tremors, burning sensations or electric shock-like zaps in the brain.

Almost all patients who have been on antidepressants for more than one month should use a tapering program when they go off, which Glenmullen is careful to note should be under doctor's supervision. Also, your specific dosage reductions may need to be adjusted depending on your constitution. Everyone is different and will respond differently to the drug as well as to the withdrawal of the drug.

To reduce both the incidence and severity of withdrawal reactions, a conservative rule of thumb is a dosage reduction every month. For example, it is suggested that one taper off Remeron this way: if you start at 45 mg, reduce down to 30 mg for a full month, down to 15 mg for a full month, down to 7.5 mg for a full month, and finally 0.

Children are much more vulnerable than adults to antidepressant withdrawal reactions. Smaller dosage reductions and closer monitoring is recommended.

It is not recommended to skip dosages as a way of tapering; this can result in rollercoaster episodes of withdrawal symptoms. Blunting withdrawal symptoms with other pharmaceutical drugs (i.e., pain killers) is also not recommended because it distorts and obscures the true stress the body is undergoing, a valuable gauge. Even after patients no longer need antidepressants to treat their original psychiatric conditions, their brain cells need time to readjust or readapt to stopping the drugs, and that takes time.

The fact that antidepressant withdrawal can mimic a patient's original psychiatric condition is a cruel irony. Doctors and patients need to be well-informed about distinguishing antidepressant withdrawal from depressive relapse. This can be done by (a) noticing when the reaction occurs, (b) knowing that physical reactions are generally withdrawal reactions, (c) noticing if the symptoms peak and then clear in the predicted timeframe and (d) noticing if the symptoms disappear quickly if the patient is given a test dose of the antidepressant.

How is it that physicians and the public have not been warned about probable withdrawal reactions? Clearly, pharmaceutical companies have protected their profits, and regulatory agencies haven't demanded the right data. Studies for drug approval are typically six to eight weeks, even though most patients are on these drugs for years or decades. Pharmaceutical companies note that dependence has "not been systematically studied."

Studies for drug approval are typically six to eight weeks, even though most patients are on these drugs for years or decades.

Withdrawal, dependence and addiction have historically been the death knell for psychiatric drugs, so that would explain why drug companies refused to study this adverse reaction. But it doesn't explain why the regulatory agencies, such as the US FDA and Health Canada, have let them get away with it, to the peril of millions of users.

TESTIMONIAL

After being administered massive doses of Haldol and Rispiridone in May 1996, I still suffer from tremors, dizziness, night sweats, headaches, depressed mood, irritability, agitation and low energy. I did also suffer from uncontrollable crying for months after quitting these anti-psychotic meds.

Although I cannot afford nutritional supplements, I refuse to take any of the pharmaceuticals that have been repeatedly "recommended." Oddly, on a disability pension, having been diagnosed as suffering from an "anxiety disorder," provincial health care will authorize as much as $1,500 per month for pharmaceutical medication but will not authorize $150 per month for nutritional supplements.

Bedrock, BC (older man)

Why and how to report adverse drug reactions?

By Colleen Fuller, Vancouver, Women and Health Protection

Even the most rigorous government approval process for new drugs cannot possibly predict the full extent of harmful or unexpected effects of a drug once it is on the market. For that reason, all countries need a post-market surveillance system for therapeutic drugs to track any ill effects of these drugs or to determine if the warnings about side effects and directions for use are adequate and appropriate.

However, partly due to inadequate funding, the current Canadian post-market surveillance system does not sufficiently detect harmful or unexpected effects of drugs in a timely or robust manner. This system relies exclusively on *voluntary* reporting by health professionals and consumers, although reporting by health professionals may become mandatory in the near future.

Health Canada maintains a database called the *Adverse Drug Reaction Information System* where consumers and health professionals can report adverse drug reactions (ADR). The database is also accessible to people who want to check how many and what kind of adverse reactions have been reported. Manufacturers must report serious harm within 15 days. This database is available for public and professional use.

Most experts agree, however, that only between 1% and 5% of harmful side effects are reported to Health Canada. This low rate of reporting makes it impossible for Health Canada's database to accurately reflect the extent of harm caused by any given drug. As a result, our safety is in jeopardy.

Only between 1% and 5% of harmful side effects are reported to Health Canada.

For post-market surveillance to work effectively, Health Canada needs to put more money into determining causality-did the drug cause the side effect or not, and what should be done about it? Lately the cuts have been so steep, this research has all but stopped. In 2003-04, $31.2 million extra was put into speeding up the approval of new drugs but only $2.5 million went to boost post-market surveillance and ADR reporting.

There also must be a sharp increase in reporting from all sources, with significantly more support dedicated to increasing consumer reporting directly to Health Canada.

A growing number of consumer groups also believe that more research is needed to understand the whole experience of adverse drug reactions. If you're injured by a prescription drug, you get very little support. Injured Canadians and their families need redress as well as a more competent regulator.

All these things will require political commitment to improve post-market surveillance of therapeutic drugs.

To report an adverse drug reaction, call the Regional Adverse Reaction Centre toll free 1-866-234-2345, or visit Health Canada's Adverse Drug Reaction website and database: http://www.hc-sc.gc.ca/dhp-mps/medeff/index_e.html

Between age 31 and 45 I tried four antidepressants. Two I tried for a month gave me a very disturbing and uncontrollable energy amplification effect that prevented me from sleeping and made me feel like I wanted to jump out of myself. The induced sensation was hideously artificial. What a fraud of the pharmaceutical companies to suggest this is the way "non-depressed" people should feel. Give me back my depression, please – at least it's a REAL feeling!

A third antidepressant blunted whatever "lows" and "highs" I had. While I could sleep, I generally felt more numb. I wanted my passion back, so I quit after four months. Finally I tried the big one, Prozac. After five weeks, I didn't feel any different, so I went off it cold turkey: nothing happened.

I am now age 46 and am not paralyzingly depressed. But it isn't "therapy" that has been reversing it. It's social engagement. I was shy. I never challenged myself to be around other people. I started finally consciously shifting my isolation and withdrawal at age 34. Then the core of my depression started withering after purposefully choosing to be and participate with other supportive people in community activist organizations. I was nudged from passivity to action, and got a sense of my own autonomy and power for the first time in my life.

Depression then began to dissolve and has never returned with the paralyzing force that it once had. I still have suppressed, unconscious feelings of hurt and rage to feel, to completely evaporate the remnants of my depression. But I now know that no drug will ever be necessary.

Victoria, BC (middle-aged man)

INTERVIEW

Conversation with Robert Whitaker

by Terry Messman, *Street Spirit*, edited by A.B.

Bob Whitaker is an award-winning medical journalist and author of *Mad In America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill.*

Street Spirit: *Your new line of research indicates an enormous rise in the incidence of mental illness in the United States, despite seeming advances in a new generation of psychiatric drugs.*

Robert Whitaker: When the National Institute of Mental Health publishes its figures on the incidence of mental illness, you see these rising numbers of mentally ill people. Some recent reports even say that 20 percent of Americans now are mentally ill. Part of this rise is just definitional. We draw a big wide boundary today and throw all sorts of people into that category of mentally ill. So children who are not sitting neatly enough in school rooms are said to have Attention Deficit Hyperactivity Disorder (ADHD), and we created a new disorder called Social Anxiety Disorder (SAD).

SS: *So what used to be called simply shyness or anxiety relating to people is now labelled a mental disorder and you supposedly need an antidepressant like Paxil for social anxiety disorder?*

What you find with every class of these psychiatric drugs is a worsening of the target symptom of depression or psychosis or anxiety over the long term compared to placebo-treated patients

RW: Exactly. And a stimulant like Ritalin for ADHD.

SS: *If psychiatry has introduced these so-called wonder drugs like Prozac and Zoloft and Zyprexa, why is the incidence of mental illness going up dramatically?*

RW: We have a form of care where we're using these drugs in an ever more expansive manner, and supposedly we have better drugs and they're the cornerstone of our care, so we should see decreasing disability rates. That's what you'd expect.

Instead, from 1987 until now, we've seen an increase in the number of mentally disabled people from 3.3 million to 5.7 million people in the United States. In that time, our spending on psychiatric drugs increased to an amazing degree. Combined spending on antipsychotic drugs and antidepressants jumped from around $500 million in 1986 to nearly $20 billion in 2004. So we raise the question: Is the use of these drugs somehow actually fueling this increase in the number of the disabled mentally ill?

When you look at the research literature, you find a clear pattern of outcomes with all these drugs – you see it with the antipsychotics, the antidepressants, the anti-anxiety drugs and the stimulants like Ritalin used to treat ADHD. All these drugs may curb a target symptom slightly more effectively than a placebo does for a short period of time, say six weeks. An antidepressant may ameliorate the symptoms of depression better than a placebo over the short term.

Yes, these drugs disrupt normal brain chemistry

What you find with every class of these psychiatric drugs is a worsening of the target symptom of depression or psychosis or anxiety over the long term,compared to placebo-treated patients. So even on the target symptoms, there's greater chronicity and greater severity of symptoms. And you see a fairly significant percentage of patients where new and more severe psychiatric symptoms are triggered by the drug itself.

SS: *New psychiatric symptoms created by the very drugs people are told will help them recover?*

RW: Absolutely. The most obvious case is with the antidepressants. A certain percentage of people placed on the SSRIs because they have some form of depression will suffer either a manic or psychotic attack – drug-induced. This is well recognized. So now, instead of just dealing with depression, they're dealing with mania or psychotic symptoms. And once they have a drug-induced manic episode, what happens? They go to an emergency room, and at that point they're newly diagnosed. They're now said to be bipolar and they're given an antipsychotic to go along with the antidepressant; and, at that point, they're moving down the path to chronic.

SS: *So the paradox is there's no evidence for modern psychiatry's claim that there is any pathological biochemical imbalance in the brain that causes mental illness, but if you treat people with these new wonder drugs, that is what creates a pathological imbalance?*

RW: Yes, these drugs disrupt normal brain chemistry. That's the real paradox here. And the real tragedy is, that even as we peddle these drugs as chemical balancers, chemical fixers, in truth we're doing precisely the opposite. We're taking a brain that has no known abnormal brain chemistry, and by placing people on the drugs, we're perturbing that normal chemistry.

SS: *One of the SSRI antidepressants that's widely believed to be a wonder drug is Prozac. Yet your research found that the Food and Drug Administration (FDA) received more adverse reports about Prozac than any other drug. What sort of ill effects were people reporting?*

RW: First of all, with Prozac and the SSRIs that followed, their level of efficacy was always of a very minor sort. In all the clinical trials of the antidepressants, roughly 41 percent of the patients got better in the short term versus 31 percent of the patients on placebo. Now just one other caveat on that. If you use an active placebo in these trials – an active placebo causes a physiologic change with no benefit, like a dry mouth – any difference in outcome between the antidepressant and placebo virtually disappears.

SS: *Weren't the early drug tests of Prozac so unpromising that they had to manipulate test results to get FDA approval at all?*

RW: What happened with Prozac is a fascinating story. Right from the beginning, they noticed only very marginal efficacy over placebo; and they noticed that they had some problems with suicide. There were increased suicidal responses compared to placebo. In other words, the drug was agitating people and making people suicidal who hadn't been suicidal before. They were getting manic responses in people who hadn't been manic before. They were getting psychotic episodes in people who hadn't been psychotic before. So you were seeing these very problematic side effects even at the same time that you were seeing very modest efficacy, if any, over placebo in ameliorating depression.

SS: *What was the level of complaints when Prozac hit the market?*

RW: Within one decade, 39,000 adverse reports about Prozac were sent to Medwatch – a number thought to represent only one percent of the actual number of such events. So, if we get 39,000 adverse event reports about Prozac, the number of people who have actually suffered such problems is estimated to be 100 times as many, or roughly four million people. This makes Prozac the most complained about drug in America, by far.

Remember, Prozac is pitched to the American public as this wonderfully safe drug, and yet what are people complaining about?: Mania, psychotic depression, nervousness, anxiety, agitation, hostility, hallucinations, memory loss, tremors, impotence, convulsions, insomnia, nausea, suicidal impulses. It's a wide range of serious symptoms.

When you talk about mania, hallucinations, psychotic depression, these are serious adverse events.

And here's the kicker. It wasn't just Prozac. Once we got the other SSRIs on the market, like Zoloft and Paxil, by 1994, four SSRI antidepressants were among the top 20 most complained about drugs on the FDA's Medwatch list. In other words, every one of these drugs brought to market started triggering this range of adverse events. And these were not minor things. When you talk about

Interview continued

mania, hallucinations, psychotic depression, these are serious adverse events.

SS: *In light of the FDA's failure to warn us about Prozac, what about their recent negligence on the issue of the risk of suicide in children given antidepressants like Paxil?*

RW: Yes. The children's story is unbelievably tragic. It's also a really sordid story. Let's go back a little to see what happened to children and antidepressants. Prozac comes to market in 1987. By the early 1990s, the pharmaceutical companies making these drugs are saying, "How do we expand the market for antidepressants?" Because that's what drug companies do – they want to get to an ever-larger number of people. They saw they had an untapped market in kids, so "let's start peddling the drugs to kids." And they were successful. Since 1990, the use of antidepressants in kids went up something like seven-fold. They began prescribing them willy-nilly.

Drugs were no more effective than placebos and yet they were causing all sorts of adverse events.

Now, whenever they did pediatric trials of antidepressants, they found that the drugs were no more effective on the target symptom of depression than placebo. This happened again and again in the pediatric drug trials of antidepressants. So, what that tells you is there is no real therapeutic rationale for the drugs because in this population of kids, the drugs don't even curb the target symptoms over the short term any better than placebo; and yet they were causing all sorts of adverse events.

For example, in one trial, 75 percent of youth treated with antidepressants suffered an adverse event of some kind. In one study by the University of Pittsburgh, 23 percent of children treated with an SSRI developed mania or manic-like symptoms; an additional 19 percent developed drug-induced

hostility. The clinical results were telling you that you didn't get any benefit on depression; and you could cause all sorts of real problems in kids – mania, hostility, psychosis, and you may even stir suicide. In other words, don't use these drugs, right? It was absolutely covered up.

23 % of children treated with an SSRI developed mania or manic-like symptoms; an additional 19 % developed drug-induced hostility.

SS: *There's supposedly an alarming increase in mental illness being diagnosed in children. Millions are diagnosed with depression, bipolar and psychotic symptoms, attention deficit hyperactivity disorder and social anxiety disorder.*

RW: There are two things happening here. One, of course, is that it's complete nonsense. As you remember as a kid, you have too much energy or you behave sometimes in not altogether appropriate ways, and you do have these extremes of emotions, especially during your teenage years. Both children and teenagers can be very emotional. So one thing that's going on is that they take childhood behaviours and start defining behaviours they don't like as pathological. They start defining emotions that are uncomfortable as pathological. So part of what we're doing is pathologizing childhood with straight-out definition stuff. And we're pathologizing poverty among kids.

For example, if you're a foster kid, and maybe you drew a bad straw in the lottery of life and are born into a dysfunctional family and you get put into foster care, do you know what happens today? You pretty likely are going to get diagnosed with a mental disorder, and you're going to be placed on a psychiatric drug. In Massachusetts, it's something like 60 to 70 percent of kids in foster care are now on psychiatric drugs. These kids aren't mentally ill! They got a raw deal in life. They ended up in a foster home, which means they were in a bad family situation, and what does our society do? They say: "You have a defective brain." It's not that society was bad and you didn't get a fair deal. No, the kid has a defective brain and has to be put on this drug. It's absolutely criminal.

Let's talk about bipolar disorder among kids. As one doctor said, that used to be so rare as to be almost nonexistent. Now we're seeing it all over. Bipolar is exploding among kids. Well, partly you could say that we're just slapping that label on kids more often; but in fact, there is something real going on. Here's what's happening. You take kids and put them on an antidepressant – which we never used to do – or you put them on a stimulant like Ritalin. Stimulants can cause mania; stimulants can cause psychosis.

SS: *And antidepressants can also cause mania, as you pointed out.*

RW: Exactly, so the kid ends up with a drug-induced manic or psychotic episode. Once they have that, the doctor at the emergency room doesn't say, "Oh, he's suffering from a drug-induced episode:" he says, "He's bipolar."

We're robbing kids of their right to be kids.

SS: *Then they give him a whole new drug for the mental disorder caused by the first drug.*

RW: Yeah, they give him an antipsychotic drug; and now he's on a cocktail of drugs, and he's on a path to becoming disabled for life. That's an example of how we're absolutely making kids sick.

SS: *There's an astonishing number of kids being given Ritalin to cure hyperactivity. You write that the effect of Ritalin on the dopamine system is very similar to cocaine and amphetamines.*

RW: Ritalin is methylphenidate. Now methylphenidate affects the brain in exactly the same way as cocaine. They both block a molecule that is involved in the reuptake of dopamine.So think about this. We're giving kids a drug known to have the possibility of stirring psychosis. So you've got kids in boring schools, the boys are not paying attention and they're diagnosed with ADHD and put on a drug known to stir psychosis. The next thing you know, a fair number of them are not doing well by the time they're 15, 16, 17. Some of those kids talk about how when you're on these drugs for the long term, you start feeling like a zombie; you don't feel like yourself.

But you take a kid, and you turn them into a customer, and hopefully a lifelong customer.

SS: *Hollowed-out, blunted emotions. And this is being done to millions of kids.*

RW: Millions of kids! Think about what we're doing. We're robbing kids of their right to be kids, their right to grow, their right to experience their full range of emotions, and their right to experience the world in its full hue of colours. That's what growing up is, that's what being alive is! And we're robbing kids of their right to be. It's so criminal. And we're talking about millions of kids affected this way. There are some colleges where something like 40 to 50 percent of the kids arrive with a psychiatric prescription.

SS: *It looks like a huge social-control mechanism. But it also has a huge marketing payoff.*

RW: You're right, it creates customers for the drugs, and hopefully lifelong customers. That's what they're told, aren't they? They're told they are going to be on these drugs for life. And next thing they know, they're on two or three or four drugs. It's brilliant from the capitalist point of view. It does serve some social-control function. But you take a kid, and you turn them into a customer, and hopefully a lifelong customer. It's brilliant.

The amount of money we spend on psychiatric drugs in this country is more than the Gross National Product of two thirds of the world's countries. It's just this incredibly lucrative paradigm of the mind that you can fix chemical imbalances in the brain with these drugs.

SS: *Everyone gets rich – the drug companies, the psychiatrists, the researchers, the advertising agencies – and the clients get drugged out of their minds and damaged for life.*

RW: And you know what's interesting? No one says that the mental health of the American people is getting better. Instead, everyone says we have this increasing problem. They blame it on the stresses of modern life or something like that, and they don't want to look at the fact that we're creating mental illness.

TESTIMONIAL

In 2004 I suffered from an episode of severe situational depression. Without more than five minutes consultation my GP placed me on Celexa.

At first I did not notice a difference, until suddenly I rose out of my depression. However, with this I experienced a strong sense of euphoria and extremely poor lack of judgment (something that rarely plays a part in my daily life). So I returned to my GP. He offered me another drug. I insisted on a more professional assessment of what was happening because I had begun crashing again and did not feel like myself. The complete lack of concentration meant that I could not use my most valuable part of myself, my mind. I am a thinker and a researcher. It was devastating to feel hand cuffed from my passion and from something I felt was strongly linked to who I am as a person.

After pleading in tears for an in-depth evaluation, I was finally sent to a psychiatrist who diagnosed me as bipolar. I was immediately placed on Trileptol and Wellbutrin. The affects of Trileptol were horrendous, notably blurred vision, difficulty sleeping and a complete lack of concentration, accompanied with the usual uncomfortable feeling of not being in my body and not feeling like myself.

As a graduate student, the culmination of these symptoms was far worse than the original symptoms and I became severely depressed. After receiving an ultimatum to add Lithium to my list, I made the difficult but freeing decision to slowly wean myself off all the drugs.

The withdrawal was challenging, and without the support of my psychiatrist, but I can happily report that I am feeling like myself again. I can concentrate and I'm using therapy, yoga and most importantly, regular exercise to regulate my mood swings.

Waterloo, ON (young woman)

I had it all – advanced education, job with senior salary and freedom.

But before long I was working over 60 hours a week, though I never felt acknowledged. I became apathetic, resentful and intolerant. My ability to focus and concentrate diminished, everything seemed overwhelming, and I was very ineffective at meeting deadlines and producing results.

My doctor prescribed antidepressant meds that resulted in nothing positive but had significant negative side effects. I sometimes had to go home due to flu-like symptoms and dysentery. I suffered from horrifying nightmares and became anxious, enraged and physically violent in meetings. I was unable to connect with my feelings. I couldn't feel anything during a massage or when I made love. There is nothing more frustrating than having a high libido and not being able to reach an orgasm.

It was clear that the medications were doing nothing other than exacerbate my condition.

I was encouraged to go on short-term disability for a month. It's now been almost four years and I haven't been well enough to return.

The most difficult aspect of suffering with depression is the experience of not being understood. It makes me frustrated, disconnected, alienated and not wanting to live.

I am told many people are responsive to antidepressants, but very little has changed for me. With little hope that I will encounter effective treatment, I am now on my journey to master living with the illness.

Toronto, ON (middle-aged man)

BIG PHARMA

Profit first, truth later

By Dr. Joel Lexchin, Emergency Doctor, University Health Network; Associate Professor, York University, Toronto

For over 30 years, pharmaceutical industry profits have increasingly outstripped those of other industries by a wide margin. Only recently falling from first to third place in Fortune profit rankings, drug industry profitability still outpaces nearly all others.

Health problems in developing countries are largely ignored because the people can't generate the profits the companies want.

How much money should drug companies make; enough to attract capital for research and development? What about taxpayers? A better question is how industry achieves its profits, and the consequences of those actions.

Drug companies exist within a market economy and cannot be expected to deviate from its norms. By law, corporations have a duty to put shareholders' interests above all others and no legal authority to serve any other interests. Corporations are neither moral nor immoral; they must obey the law but beyond that, their obligation is to be as profitable as possible; corporate social responsibility or anything that reduces profitability in the long-term is illegal.

Drug companies embrace this logic and tailor research agendas to produce products with the largest market potential, regardless of medical need. If a company decides the market is not favourable enough, they'll terminate development of a drug despite consequences for patients enrolled in studies, researchers conducting them or people who might have benefited from the research. Health problems in developing countries are largely ignored because the people can't generate the profits the companies want.

Research is part of the market cycle. Companies try to ensure clinical trial results are as favourable as possible to the drugs being tested. Half a dozen studies have shown that when drug companies fund the trials, results are two to five times more likely to be positive than trials funded by anyone else.

When drug companies fund the trials, results are two to five times more likely to be positive than trials funded by anyone else.

Drug companies publish results to put their products in the best light, publishing positive results more than once and using statistical techniques to make results look better than they are. When there are negative trials, companies will often try to ensure results do not go public.

In countries where companies are free to set their prices (primarily the US), they price drugs to ensure the highest rate of return, which they justify by citing contestable studies showing high R&D costs. Medications are promoted to push the use of the newest and most expensive version, and emphasize a drug's good points while downplaying or ignoring safety issues.

Companies try to position products in profitable market niches, like drugs being promoted for "shyness." With highly profitable drugs, companies try to minimize emerging safety issues to keep them on the market as long as possible. This industry champions intellectual property rights to maximize the brand-name sales monopoly period, keeping generics away and helping to ensure drug prices (and profits) keep rising. They keep profits high by any measure.

Some drugs produced over the years have had a profound positive impact on people's lives. Whether these achievements balance the tactics companies use to ensure profitability is something for society at large to decide.

Similarities between the pharmaceutical, tobacco and oil industries

• Big Pharma, Big Tobacco and Big Oil produce and sell products that often cause injury or death when used as directed.

• All three industries knew that some of their most profitable products were injuring and killing people, and either hid such evidence, lied about it or both.

• All hired their own experts to produce often phony, always misleading non-peer-reviewed "research" designed solely to cast doubt on any genuine research by outside experts whose conclusions could hurt sales.

• All have earned multi-billion-dollar profits while relying on public funds to pay for the substantial environmental, social and health consequences of their products.

• Finally, all enjoy overly cozy relationships with government that enable them to maximize profits for as long as possible, regardless of the harm such products are known to be causing.

Street drugs and SSRIs

Dr. Ann Blake Tracey – Eli Lilly, maker of Prozac, is the same company who gave us LSD in 1956 and told us that LSD was going to cure mental illness, alcoholism and aid in psychoanalysis. LSD and PCP (which was a "safe effective" prescription medication for seven years before it was pulled) are serotonergic agents. They work almost identically to these new antidepressants.

Miriam Hawkins – An antidepressant is the opposite of a depressant – a stimulant, like cocaine. Both SSRIs and crack shut down natural serotonin production so the addict feels bad when "jonesing" for the source of what makes the serotonin build up again – a hit or dose of a seratonin reuptake blocker like crack or an SSRI.

Dr. Peter Breggin – The stimulants amphetamine and methamphetamine (speed) overstimulate serotonin in a somewhat similar fashion to antidepressants, and are proven to cause permanent dysfunction in the serotonin system. They can even kill serotonin brain cells.

Dr. David Healy – We have difficulties embracing the possibility that "good" drugs might trigger suicide or violence, but no difficulties in accepting that LSD or cocaine might do this – even though there is a significant overlap between the actions of LSD, cocaine and the SSRIs on the serotonin system.

Myths about suicide

By Dr. Howard Rosenthal

Myth 1: *Suicidal people don't give warning signs.*
Fact: Nearly everybody who attempts or successfully commits suicide communicates his or her intent. The person may talk about suicide, repeatedly joke about it, write about it, place messages on Internet chat rooms, or even draw pictures related to death. Others give away prized possessions.

Myth 2: *Suicide occurs around the holidays.*
Fact: December generally checks in as the lowest month for suicide in the US. Some suicidologists have noted that all major holidays have a lower rate of suicide than other days of the year.

Myth 3: *Suicide occurs more frequently during the dark, dreary days of winter.*
Fact: Most suicides occur in the spring. May rates are generally the highest.

Myth 4: *Suicide is primarily a teenage problem.*
Fact: The rate of teen suicide is about three times what it was in the 1960s. However, the suicide rate in women continues to rise until it peaks at about age 51 and then it plateaus. In men, the suicide rate keeps increasing with age. The rate of geriatric suicide (ages 65 and older) is nearly three times the rate of the general population.

Myth 5: *Most people leave a suicide note that explains the nature of their act.*
Fact: Only 15 to 25 percent of those who commit suicide leave a note.

Myth 6: *Clients who live in big cities are under more stress and are more likely to kill themselves.*
Fact: The suicide rate is clearly higher in sparsely populated rural areas.

Myth 7: *Media stories about suicide and the economy do not affect the suicide rate.*
Fact: Suicide is a good barometer of the economy. In troubled economic times, such as the Great Depression of 1929, the suicide rate skyrocketed.

Myth 8: *The grief surrounding a suicide is just like any other grief.*
Fact: In most cases survivors (those who have lost a loved one to suicide) have a tougher time coping with grief. When an individual commits suicide, the survivors cannot blame a virus or a drunk driver.

Myth 9: *The suicide rate goes up in times of war.*
Fact: In reality, the suicide rate plummets during times of war.

Myth 10: *Never ask a person if he or she is suicidal as you could put the idea in his or her head.*
Fact: This is one of the most pernicious myths of all time! Make it a point to ask each of your sad friends/loved ones if he or she is suicidal.

Myth 11: *Once a person's depression lifts, the situation isn't as dangerous.*
Fact: Many, if not most people commit suicide after the depression lifts – this could be the most dangerous time.

Myth 12: *Don't bother giving the suicidal individual the number of the local suicide prevention hotline if the client insists he or she won't call it.*
Fact: Don't buy it! Many people who insist they would never call a hotline do decide to make the call after all.

TESTIMONIAL

I fumble for my lighter and hastily rolled joint. My environment: an intersection, traffic, daylight, tears, break dancers in the distance, indifferent passers-by, commerce. Concrete walls, concrete steps, scuffing shoes. Dark, persistent, familiar, and excruciating depression. I toke on the joint, intending suicide, experiencing ambivalence.

I was a well-informed depressive. I'd read suicide was an act of impulse, often planned, very rarely executed without hesitation, and amongst the survivors, or "incompletes," rarer still without regret. The difference between an incomplete and complete suicide is often a matter of chance.

Several weeks prior, I had sent a distress signal out. My community – friends, family and eventually physicians and mental health workers – responded.

Relapsing, I was hiding, plotting my end, and getting high. Without irony, the joint produced an impulse, and I ran across the street, stole some paper and a pen, and started writing, and crying. After writing (not done crying yet), I called a crisis line. After the crisis line, I called my friends (still crying). Then, I took a bus, talked to an older woman with a charisma I hadn't seen in myself for many long months and, exhausted, collapsed in the arms of a safe person, in a safe place.

Mental illness is a big fucking deal for youth. Males are at particular risk – the violence inscribed in masculinity cuts both ways, and it cuts deep. Four times more males than females will commit suicide, despite the fact that women attempt suicide four times more often. For men it's not only a propensity towards more violent means; it's the deep, socially constructed shame of having been depressed, of having attempted suicide and failed at that too, that drives males to death. It's an even bigger deal for queer youth, who are seven times more likely to commit suicide than straight youth. The suicide rate for Indigenous youth across Canada is six times greater than that of non-Native youth.

This paints a clear picture of the relationship between patriarchal, homophobic, white-supremecist and colonial oppression of subordinate groups. To disrupt and transform this relationship, to move forward, we must understand how privilege and oppression shape our mental health. If we fail to acknowledge our complicity in systems of oppression, we will never be free.

Mental illness is everyone's problem. We are all connected to and affected by one another. Depression is one of the most significant health issues of our times. Despite the obvious truth of these statements, our community's responses to mental illness are as ambivalent and uncertain as depression itself.

We need to talk about it. The shame and stigma of mental illness is destroying our communities. Frank and accepting representations of mental illness can be healing tools of expression and solidarity.

You have a piece of my story. I want to hear yours. We all have them. Because we are worth it, because we must honour the memory of the lost members of our communities, because life is a celebration that lasts just a short while, these stories must be heard. Please – bear witness to one another, listen with love and demand that you and others be heard.

Victoria, BC (young man)

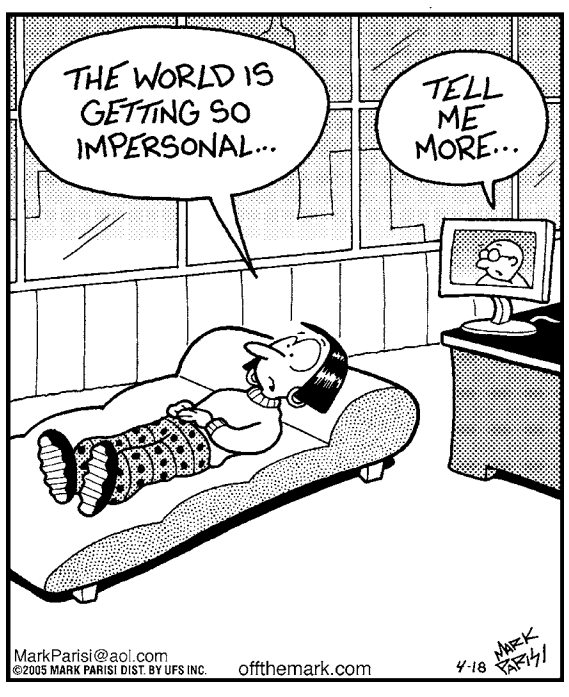
SSRIs wonder drugs from hell

By Evelyn Pringle

The McIntosh family has to introduce 12-year-old Caitlin, with a photograph because that is all they has left. Caitlin committed suicide eight weeks after being prescribed the SSRIs Paxil and Zoloft.

"We were told that antidepressants like Paxil and Zoloft were wonder drugs, that they were safe and effective for children. We were lied to," Caitlin's father says.

According to Glenn, his daughter was a straight "A" student, an artist and a talented musician who loved animals and wanted to be a veterinarian.



With the onset of puberty, Caitlin seemed to be having trouble coping, and had sleeping problems due to a mild seizure disorder.

The dramatic and severe symptoms that led to my daughter's suicide manifested only after she started taking antidepressant drugs.

"We wanted to help, of course," her father explains, "so we took her to our family physician, who prescribed her Paxil."

Right off the bat, Caitlin did not do well on Paxil, so the doctor took her off the drug. About a week later the family went to see a psychiatrist and Caitlin was put on Zoloft.

According to Glenn, "She then started having strong suicidal ideations along with severe agitation known as akathisia, and hallucinations, and she was put in the adolescent ward of a mental hospital to balance her meds."

Once she entered the hospital, the situation got worse as Caitlin was put on more and more psychiatric drugs to treat symptoms and behaviours that Glenn says he now realizes were caused by the SSRIs to begin with.

The pharmaceutical companies have known for years that these drugs could cause suicide – why didn't we?

When she was released from the hospital, the downward spiral continued until the day that Caitlin used her shoelaces to hang herself in a bathroom at school.

"Let me be very clear about something," Glenn said, "the dramatic and severe symptoms that led to my daughter's suicide manifested only after she started taking antidepressant drugs."

"The pharmaceutical companies have known for years that these drugs could cause suicide in some patients," Glenn said. "Why didn't we?"

TESTIMONIAL

My step-dad (age 90) went on antidepressants after my mum died in late October, as he was crying uncontrollably (duh.) He did stop crying. Months later he seemed much slower and more fragile, not eating, not caring about things.

I knew him as a man with a mind as sharp as a tack last year. I thought the death of my mum had just hit him hard and he was deciding to slowly wind down his life. But I also asked him whether or not he had considered that the drugs he was taking could be affecting him. He didn't really seem to take the question seriously. He was so zoned out I doubt if it really sank in.

But... his granddaughter had the same concern. She asked what medication he was on. He showed her and she said she had taken the exact same drug for post-partum depression and it had turned her into a zombie... which is what he had become. She convinced him to start weaning himself off the drug, just to see what would happen, assuring him that he could go back on if things got worse.

In just a week it was like having my old step-dad back. He was present. He was energetic. He said "I can't believe I sat in my chair in the living room for three months looking at the boxes I hadn't unpacked, and just stared at the walls."

So, another example of drugs doing harm and doctors not monitoring for adverse reactions.

Rural BC (middle-aged woman)

Antidepressants and poverty: a sinister mix

By Josephine Grey, Toronto, Low Income Families Together

It has become all too common among doctors to prescribe antidepressants to people suffering the stress and fear of living in poverty, especially single mothers and youth. As a community worker in touch with poor women, men, youth and elders on a daily basis, I have observed many aspects and effects of antidepressant drugs in poor communities.

People in poverty are often afraid to refuse the pills as they feel that they must cooperate.

People in poverty are often afraid to refuse the pills, even if they have heard about safety concerns, as they feel that they must cooperate to receive needed treatments and to encourage doctors to verify their eligibility for various forms of public assistance. Once on antidepressants, they have no means to secure counselling and free services are extremely limited, so they are usually expected to function under the often dangerous influence of these drugs without any psychiatric or counselling support.

Poor people are by far the most vulnerable to the toxic side effects of antidepressants and yet are likely prescribed them more often than most people in society. It may seem to be the easiest or even the only thing a doctor can do to help at the time. The stress caused by undernourishment, lack of dental care and isolation, compounded with negative drug side effects, puts vulnerable people in grave danger of total decline. It becomes especially dangerous for those who, for literacy or language reasons, are unaware of the side effects or of managing dependency on antidepressants.

If the central cause of the depression is poverty, no amount of pills or counselling is going to resolve the root cause of the illness.

If the central cause of the depression is poverty, no amount of pills or counselling is going to resolve the root cause of the illness. So it seems to me that the most sinister effect of all is that most poor and disenfranchised people, once hooked by a doctor on pharmaceutical brain chemicals, lose the ability to engage in organizing themselves to respond to systemic problems. When we lose the capacity to defend each other and ourselves, we become passive victims of bad employers, landlords, welfare workers and other systemic forces that run and can ruin the lives of the poor.

Meanwhile no one profits more from the poor than pharma corporations producing one of the most effective means of suppressing dissent. There is no greater single source of profit derived from poor people than the millions of tax dollars that drug plans use to purchase these deadly prescriptions for those devastated by their poverty.

It is time to examine the demographics of users, to demand to know the prevalence of antidepressant prescribing without support, and to condemn medical and corporate systems abusing the poor for convenience and profit.

On being maladjusted

By Martin Luther King Jr.

Every academic discipline has its technical nomenclature, and modern psychology has a word that is used probably more than any other. It is the word "maladjusted." This word is the ringing cry of modern child psychology. Certainly all of us want to live a well-adjusted life in order to avoid the neurotic personality. But I say to you, there

I never did intend to adjust to the evils of segregation and discrimination

are certain things within our social order to which I am proud to be maladjusted and to which I call upon all men of good will to be maladjusted.

If you will allow the preacher in me to come out now, let me say to you that I never did intend to adjust to the evils of segregation and discrimination. I never did intend to adjust myself to religious bigotry. I never did intend to adjust myself to economic conditions that will take necessities from the many to give luxuries to the few. I never did intend to adjust myself to the madness of militarism, and the self-defeating effects of physical violence. And I call upon all men of good will to be maladjusted because it may well be that the salvation of our world lies in the hands of the maladjusted.

So let us be maladjusted

So let us be maladjusted, as maladjusted as the prophet Amos, who in the midst of the injustices of his day could cry out in words that echo across the centuries, "Let justice run down like water and righteousness like a mighty stream."

Let us be as maladjusted as Abraham Lincoln, who had the vision to see that this nation could not exist half slave and half free.

Let us be maladjusted as Jesus of Nazareth, who could look into the eyes of the men and women of his generation and cry out, "Love your enemies. Bless them that curse you. Pray for them that spitefully use you."

I believe that it is through such maladjustment that we will be able to emerge from the bleak and desolate midnight of man's inhumanity to man, into the bright and glittering daybreak of freedom and justice. That will be the day when all of God's children, black men and white men, Jews and Gentiles, Catholics and Protestants, will be able to join hands and sing in the words of the

I never did intend to adjust myself to the madness of militarism

old Negro spiritual, "Free at last! Free at last! Thank God almighty, we are free at last!"

RESOURCES

Book Picks

The Antidepressant Fact Book

By Dr. Peter Breggin

From how antidepressants work in the brain and how they treat (or don't treat) depression and other disorders, to their little-known side and withdrawal effects and the disturbingly compromised FDA drug approval process, this invaluable guide presents the documented facts.

Worst Pills, Best Pills

By Dr. Sidney Wolfe et al

Inside this 900+ page resource you'll find easy to understand information on 538 prescription drugs like Celebrex, Crestor and Paxil

Over Dose: The Case Against the Drug Companies

By Dr. Jay S. Cohen

Standard doses of top-selling drugs are excessively strong for millions of people, triggering an epidemic of serious, yet avoidable side effects.

Death by Prescription: The Shocking Truth Behind an Overmedicated Nation

By Dr. Ray D. Strand

This book exposes the dangers of an overmedicated society and the inherent risk of all prescription medication – the third leading cause of death in the US.

Let Them Eat Prozac

By Dr. David Healy

A frank examination of the pharmaceutical industry and the dangers of antidepressant drugs, by a psychiatrist who has been a consultant to the largest drug companies.

Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally ill

By Robert Whitaker

A medical journalist's disturbing exposé of the cruel and corrupt business of treating mental illness in America. (See page 14)

Our Bodies, Ourselves: A New Edition for a New Era

By The Boston Women's Health Book Collective

This classic book about women's health and sexuality is written by women, for women.

The Antidepressant Solution: A Step-by-Step Guide to Safely Overcoming Antidepressant Withdrawal, Dependence, and Addiction

by Dr. Joseph Glenmullen

This book offers a menu for tapering safely and comfortably off antidepressants. (See page 13)

The Truth About the Drug Companies: How They Deceive Us and What To Do About It

by Dr. Marcia Angell

Exposes the shocking truth of what the pharmaceutical industry has become and argues for essential, long-overdue change.

Selling Sickness: How the world's biggest pharmaceutical companies are turning us all into patients

Co-written by Ray Moynihan and Alan Cassels

Drug manufacturers today fund aggressive marketing campaigns designed to create new diseases. (See page 7)

Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medications

By Dr. Peter R. Breggin and David Cohen Ph.D.

This book exposes the shortcomings of psychiatric drugs and guides patients and doctors through the process of withdrawing from them.

Movie Picks

Prescription: Suicide?

Directed by Robert Mancierro

This riveting one-hour film is an unprecedented documentary about the personal stories of six American families, their hopes and experiences with antidepressant drugs prescribed to their children.

Little Boy Blue

Directed by Donna Barker and Alan Cassels

Expert testimony, a mock pharmaceutical advertisement, and words from the mouths of babes deliver a hard pill to swallow: if your child seems depressed, a bag of candy will often do more good than a pharmaceutical prescription.

Selling Sickness: An Ill for Every Pill

Directed by Catherine Scott

This documentary exposes the unhealthy relationship between society, medical science and the pharmaceutical industry.

The Constant Gardener

Based on a novel by John LeCarre, this dark tale of corporate corruption is blended with love and tragedy: an indictment of the pharmaceutical drug industry that is more fact than fiction. Available at video rental shops.

Prescription for Disaster

Directed by Gary Null

An expose of the symbiotic relationships between the pharmaceutical industry, the FDA, lobbyists, law makers, med schools and researchers, and the impact this has on consumers and their health care.

We Become Silent

Directed by Kevin P. Miller, Well TV

This details the ongoing attempts by multinational pharmaceutical interests and giant food companies – in concert with the WTO, the WHO and others – to limit the public's access to herbs, vitamins and other therapies.

Website Picks

Antidepressant Facts

Features research, articles, studies, personal experiences, views of doctors and 1001+ links to further sources of information. ***www.antidepressantsfacts.com***

Canadian Health Coalition – Big Pharma archives

An excellent collection of research, papers, media and other resources critiquing big pharma in Canada. ***www.healthcoalition.ca/pharm.html***

Greenspiration

Dedicated to the memory of the late Tooker Gomberg who died by antidepressant-induced suicide, his spouse disseminates information on the dangers of antidepressant drugs. ***www.greenspiration.org***

International Coalition for Drug Awareness

A group of physicians, researchers, journalists and concerned citizens dedicated to educating others about the dangers posed by many prescription medicines. ***www.drugawareness.org***

Psychiatric Medication Awareness Group

This Canadian website includes information about psychiatric medications, some of the main adverse effects associated with these medications, safe and effective withdrawal methods, and links to related resources, books, articles and research. ***www.psychmedaware.org***

Women and Health Protection

Women and Health Protection (WHP) is a Canadian coalition of community groups, researchers, journalists and activists concerned with the safety of pharmaceutical drugs. ***www.whp-apsf.ca***

Consumer Health

A Canadian, non-profit organization committed to public awareness of "holistic" and "alternative" approaches to health. ***www.consumerhealth.org***

TESTIMONIAL

My experiences with Effexor have been a mixed bag. At first, on 75 mg, the results were a spectacular decline in decades-old symptoms of stress, anxiety, and indigestion.

After two years I decided to give "going drug free" a try. I'd cut the dosage as low as about 5 mg (!) through successive halving of the number of granules in a capsule and swallowing them off a spoon, but whenever I tried to go from there to zero it was awful, with all the classic symptoms, especially the "headswoosh" that most people who have taken this drug are familiar with. Anxiety and digestive upset made their unwelcome return, but in surges seemingly unrelated to what was going on around me.

For various reasons – but basically to try and get back that "quality of life" improvement – I went back on. This time I'm on the intro dose of 37.5 mg. I may go down.

For the time being, some but not all of the positive effects are still with me, though they have diminished with time and, of course, vary with external stress levels. We'll see, but one thing's for sure – no drug beats exercise, meditation, and vacation!

Rural PEI (middle-aged man)

OUR PRESCRIPTION

We believe:

There is a growing movement of people and groups that are recognizing that we can heal ourselves with plants, intelligence, spirit, community and love. While there may be a role for western medicine based on chemical treatments to relieve symptoms, we believe also in **complementary and alternative medicine** that encourages self-care and prevention.

We believe in **choice** – to choose health care that may be gentler, safer and more effective than allopathic (western) medicine. In other words, if my provincial health care plan is prepared to pay for my psychiatrist and my pharmaceutical prescriptions, it should also pay for my psychotherapist, naturopath and other well-researched complementary and alternative medicine that I may choose.

We believe in **informed consent** – patients should expect complete and accurate disclosure of the potential benefits and harms of medications that are being prescribed to them. It is the legal responsibility of physicians to inform themselves, and their patients, of these risks.

We believe in **public health care** driven not by excessive profit but by social goals of equity and accessibility. Effective botanical treatments and mind-body therapies won't be prescribed as long as most research and doctors' continuing education is sponsored by pharmaceutical companies.

We understand health to encompass **mind, body and spirit.** We can't be healthy on an ailing planet. We can rise above the pharmaceutical paradigm because we are more than biochemical beings. We choose to steer our own healing. We are empowered to influence and improve our little piece of the planet, and ourselves.

More specifically:

We believe Health Canada should support a public health framework that **reduces the use of psychoactive drugs** through health promotion, rehabilitation and prevention.

Health Canada should actively **discourage physicians from prescribing SSRIs to adolescents and women of child-bearing age.**

Health Canada should make all **clinical trial data available to the public**, including all serious adverse events.

Health Canada should require that clinical trials last long enough to **study long term outcomes**, including withdrawal, to reflect the time period that patients normally take antidepressants. These trials should also include non-pharmacologic treatments, and all new agents should be tested against placebos. The federal government should fund research into "complementary and alternative medicine."

We call upon Health Canada to immediately issue safety advisories for all antidepressant drugs, which would include the risks of suicidal ideation and violence as well as other reactions, stating how often such reactions occur. These **safety advisories** should also include information on withdrawal, adverse reaction reporting, and alternative, non-pharmacologic approaches to the treatment of depression. This information should be standardized for all pharmacies, written by Health Canada under direction of a public advisory group, and given to patients every time they get a prescription for an antidepressant drug. Every physician in the country should also receive these advisories.

We believe that **reporting of all serious adverse reactions** to Health Canada's Adverse Drug Reaction Monitoring Program should be mandatory for all physicians, and promoted and expanded for public use.

All provincial Colleges of Physicians and Surgeons should develop **standard practice guidelines** on suicide assessment, to insure patients are monitored for suicidal ideation. These should include the risks surrounding antidepressant drugs, the safe administration of these drugs, physicians' legal and ethical obligation to warn patients of all potential adverse reactions, and alternative, non-pharmacologic approaches to the treatment of depression.

The provincial Ministries of Education in concert with Ministries of Health should monitor closely the growing trend toward **pharmaceutically-sponsored speakers** presenting to students about depression and suicide, talks which frequently conclude with pro-prescription drug solutions. Parents should be made fully aware that this trend is increasing and be allowed and encouraged to weigh in on whether they feel it is appropriate in the school curriculum.

We implore the **media and the justice system** to take note of the serious, ongoing role of antidepressants in violence and suicide.

We call for **national Parliamentary Hearings** on antidepressant drugs to explore the nature and extent of harm many Canadians have suffered as a result their prescription, with the aim of preventing harm.

Take Action!

Write Canada's Minister of Health and let him know what you think:

The Honourable Tony Clement
Health Canada
Brooke Claxton Bldg, Tunney's Pasture
Postal # 0906C Ottawa, Ontario, Canada
K1A 0K9
Email: Minister_Ministre@hc-sc.gc.ca

Contact the Nova Scotia Minister of Justice and ask him to call on his Chief Medical Examiner to do a Fatality Inquiry into the tragic death of Tooker Gomberg. Such an inquest would consider the systemic failures of the medical profession in prescribing and monitoring the use of psychiatric drugs. This would be precedent setting and of national consequence.

The Honourable Murray K. Scott
Department of Justice, 4th Floor
Terminal Building, P.O. Box 7
5151 Terminal Road, Halifax, Nova Scotia
B3J 2L6
Email: justmin@gov.ns.ca

Do the same for any other cases of suicide following use of antidepressants that you are aware of.

Start a study group using Depression Expression as the initial text. Meet regularly to discuss articles and exchange your own testimonials. Using the resources on page 19, do further research and share it with your group.

Share this paper with people you know and love, as well as your church, community centre, doctor, etc. Invite people affected by depression to talk with you about it. Destroy the stigma that surrounds mental health.

Share with us your actions. We'll act as a coordinating body and keep the ideas moving around. Email: healthymind@web.ca

HEALTHY MIND • BODY • PLANET

Depression Expression is a project of Healthy Mind Body Planet, a 23-city cross-Canada multi-media educational tour, tabloid and documentary sharing information related to mental, physical and planetary health.

While on tour, we'll be interviewing Canada's great drug critics and creating audio and video podcasts which will be posted at www.rabble.ca on the "rpn" and "rabblevision" links.

Dozens of volunteers and more than 70 organizations across the country have sponsored Healthy Mind Body Planet. We're grateful to them all, and to YOU – for joining us on this journey.

Bridget Haworth, Kelly Reinhardt, Angela Bischoff

Greenspiration

www.greenspiration.org educates and advocates for mental and environmental sustainability.

boilingfrog.ca

www.boilingfrog.ca promotes, distributes and develops independent multi-media materials.

- **Join our email list! – tell us what city you live in.)**
- **Send us a donation-please!**
- **Drop us a comment.**
- **Send us your testimonial.**

This publication is available online at www.Greenspiration.org. Hard copies are available by donation. Help us spread the word.

Email: healthymind@web.ca
92 Manor Drive,
Sherwood Park
Alberta, Canada, T8A 2J1
www.Greenspiration.org

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