

# Psychiatric Drugs: An Assault on the Human Condition

## Street Spirit Interview with Robert Whitaker

by Terry Messman

Bob Whitaker is the author of *Mad In America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*.

Investigative reporter Robert Whitaker, author of the groundbreaking book *Mad In America*, is now pursuing a fascinating line of research into how the mammoth psychiatric drug industry is endangering the American public by covering up the untold cases of suffering, anguish and disease caused by the most widely prescribed antidepressants and antipsychotic medications.

Whitaker exposes the massive lies and cover-ups that have corrupted the Food and Drug Administration's drug review process, and co-opted research trials in order to spin the results of drug tests and conceal the serious hazards and even deadly side-effects of brand-name drugs like Prozac, Zoloft, Paxil and Zyprexa.

The story becomes even more frightening when we look at the aggressive tactics these giant drug companies have used to silence prominent critics by defaming them in the press, and by using their money and power to have widely respected scientists and eminent medical researchers fired for daring to point out the hazards and risks of suicide and premature death caused by these drugs.

Whitaker starts by debunking the effectiveness of these massively hyped wonder drugs -- antidepressants like Prozac, Zoloft and Paxil, and the new atypical antipsychotic drugs like Zyprexa. His research shows how they often are barely more effective than placebos in treating mental disorder and depression, despite the glowing adulation they have received in the mainstream media.

But he goes on to make the startling claim that these new psychiatric drugs have directly contributed to an alarming new epidemic of drug-induced mental illness. The very drugs prescribed by physicians to stabilize mental disorders in fact are inducing pathological changes in brain chemistry and triggering suicide, manic and psychotic episodes, convulsions, violence, diabetes, pancreatic failure, metabolic diseases, and premature death.

Whitaker originally was a highly regarded science reporter for the *Boston Globe*. When he began to research a series on psychiatric issues for the *Globe*, he was

still a believer in the story of progress that psychiatry has been telling the public for decades.

He said, "I absolutely believed the common wisdom that these antipsychotic drugs actually had improved things and that they had totally revolutionized how we treated schizophrenia. People used to be locked away forever, and now maybe things weren't great, but they were a lot better. It was a story of progress."

That story of progress was fraudulent, as Whitaker soon found out when he gained new insight from his research into torturous psychiatric practices such as electroshock, lobotomy, insulin coma, and neuroleptic drugs. Psychiatrists told the public that these techniques "cured" psychosis or balanced the chemistry of the brain.

But, in reality, the common thread in all these different treatments was the attempt to suppress "mental illness" by deliberately damaging the higher functions of the brain. The stunning truth is that, behind closed doors, the psychiatric establishment itself labeled these treatments as "brain-damaging therapeutics."

The first generation of antipsychotic drugs created a drug-induced brain pathology by blocking the neurotransmitter dopamine and essentially shutting down many higher brain functions. In fact, when antipsychotics such as Thorazine and Haldol were first introduced, psychiatrists themselves said that these neuroleptic drugs were virtually indistinguishable from a "chemical lobotomy."

In recent years, the media have heralded the arrival of so-called designer drugs like Prozac, Paxil and Zyprexa that are supposed to be superior and have fewer side effects than the old tricyclic antidepressants and the first antipsychotics. Millions of Americans have believed this story and have enriched drug companies like Eli Lilly by spending billions of dollars annually to purchase these new medications.

Whitaker's research into the tragic cases of disease, suffering and early deaths caused by these drugs shows that millions of consumers have been misled by a massive campaign of lies, distortions, and bought-and-paid-for drug trials. Eminent medical researchers who have tried to warn us of the perils of these drugs have been silenced, intimidated and defamed. In the process, the Food and Drug Administration has become the lapdog of the giant pharmaceutical industry, not its watchdog.

Street Spirit interviewed Robert Whitaker about this new "epidemic" of mental disorders, and how the giant drug companies have profited from selling drugs that make us sicker.

Street Spirit: Your new line of research indicates that there has been an enormous rise in the incidence of mental illness in the United States, despite the seeming advances in a new generation of psychiatric drugs. Why do you refer to this increase as an epidemic?

Robert Whitaker: Even people like the psychiatrist E. Fuller Torrey wrote a book recently in which he said it looks like we're having an epidemic of mental illness. 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.

So what I wanted to do was two-fold. I wanted to look into exactly how dramatic is this increase in mental illness, and particularly severe mental illness. Part of this rise in the number of people said to be mentally ill is just definitional. We draw a big wide boundary today and we throw all sorts of people into that category of mentally ill. So children who are not sitting neatly enough in their school rooms are said to have attention deficit hyperactivity disorder (ADHD), and we created a new disorder called social anxiety disorder.

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

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

SS: This increases psychiatry's clients, but doesn't it also increase the number of people that giant pharmaceutical companies can sell their psychiatric drugs to?

RW: Absolutely. So part of what we're seeing is nothing more than the creation of a larger market for drugs. If you think about it, as long as we draw as big a circle as possible, and expand the boundaries of mental illness, psychiatry can have more clients and sell more drugs. So there's a built-in economic incentive to define mental illness in as broad terms as possible, and to find ordinary, distressing emotions or behaviors that some people may not like and label them as mental illness.

SS: Your research also shows that there is a real increase in people who have a severe mental disorder. Now, this seems counterintuitive, but is it true that you believe much of this increase is caused by the overuse of some of the new generations of psychiatric drugs?

RW: Yes, exactly. I looked at the number of the so-called severely disabled mentally ill -- people who aren't working or who are somehow dysfunctional because of mental illness. So I wanted to chart through history the percentage of the population who are considered the disabled mentally ill.

Now, by 1903, we see that roughly 1 out of every 500 people in the United States is hospitalized for mental illness. By 1955, at the start of the modern era of psychiatric drugs, roughly one out of every 300 people was disabled by mental illness. Now, let's go to 1987, the end of the first generation of antipsychotic drugs; and from 1987 forward we get the modern psychiatric drugs. From 1955 to 1987, during this first era of psychiatric drugs -- the antipsychotic drugs Thorazine and Haldol and the tricyclic antidepressants (such as Elavil and Anafranil) -- we saw the number of disabled mentally ill increase four-fold, to the point where roughly one out of every 75 persons are deemed disabled mentally ill.

Now, there was a shift in how we cared for the disabled mentally ill between 1955 and 1987. In 1955, we were hospitalizing them. Then, by 1987, we had gone through social change, and we were now placing people in shelters, nursing homes, and some sort of community care, and gave them either SSI or SSDI payments for mental disability. In 1987, we started getting these supposedly better, second-generation psychiatric drugs like Prozac and the other selective serotonin re-uptake inhibitor (SSRI) antidepressants. Shortly after that, we get the new, atypical antipsychotic drugs like Zyprexa (olanzapine), Clozaril and Risperdal.

What's happened since 1987? Well, the disability rate has continued to increase until it's now one in every 50 Americans. Think about that: One in every 50 Americans disabled by mental illness today. And it's still increasing. The number of mentally disabled people in the United States has been increasing at the rate of 150,000 people per year since 1987. That's an increase every day over the last 17 years of 410 people per day newly disabled by mental illness.

SS: So that leads to the obvious question. 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: That's exactly it. This is a scientific question. 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 your expectation would be.

Instead, from 1987 until the present, we saw an increase in the number of mentally disabled people from 3.3 million people 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.

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 disability.

SS: Modern psychiatry claims that these psychiatric drugs correct pathological brain chemistry. Is there any evidence to back up their claim that abnormal brain chemistry is the culprit in schizophrenia and depression?

RW: This is the key thing everyone needs to understand. It really is the answer that unlocks this mystery of why the drugs would have this long-term problematic effect. Start with schizophrenia. They hypothesize that these drugs work by correcting an imbalance of the neurotransmitter dopamine in the brain.

The theory was that people with schizophrenia had overactive dopamine systems; and these drugs, by blocking dopamine in the brain, fixed that chemical imbalance. Therefore, you get the metaphor that they're like insulin is for diabetes; they're fixing an abnormality. With the antidepressants, the theory was that people with depression had too low levels of serotonin; the drugs upped the levels of serotonin in the brain and therefore they're balancing the brain chemistry.

First of all, those theories never arose from investigations into what was actually happening to people. Rather, they would find out that antipsychotics blocked dopamine and so they theorized that people had overactive dopamine systems. Same with the antidepressants. They found that antidepressants upped the levels of serotonin; therefore, they theorized that people with depression must have low levels of serotonin.

But here is the thing that one wishes all of America would know and wishes psychiatry would come clean on: They've never been able to find that people with schizophrenia have overactive dopamine systems. They've never been able to find that people with depression have underactive serotonin systems. They've never found consistently that any of these disorders are associated with any chemical imbalance in the brain. The story that people with mental disorders have known chemical imbalances -- that's a lie. We don't know that at all. It's just something that they say to help sell the drugs and help sell the biological model of mental disorders.

But the kicker is this. We do know, in fact, that these drugs perturb how these chemical messengers work in the brain. The real paradigm is: People diagnosed

with mental disorders have no known problem with their neurotransmitter systems; and these drugs perturb the normal function of neurotransmitters.

SS: So rather than fixing a chemical imbalance, these widely prescribed drugs distort the brain chemistry and make it pathological.

RW: Absolutely. Stephen Hyman, a well-known neuroscientist and the former director of the National Institute of Mental Health, wrote a paper in 1996 that looked at how psychiatric drugs affect the brain. He wrote that all these drugs create perturbations in neurotransmitter functions. And he notes that the brain, in response to this drug from the outside, alters its normal functions and goes through a series of compensatory adaptations.

In other words, it tries to adapt to the fact that an antipsychotic drug is blocking normal dopamine functions. Or in the case of antidepressants, it tries to compensate for the fact that you're blocking a normal reuptake of serotonin. The way it does this is to adapt in the opposite way. So, if you're blocking dopamine in the brain, the brain tries to put out more dopamine and it actually increases the number of dopamine receptors. So a person placed on antipsychotic drugs will end up with an abnormally high number of dopamine receptors in the brain.

If you give someone an antidepressant, and that tries to keep serotonin levels too high in the brain, it does exactly the opposite. It stops producing as much serotonin as it normally does and it reduces the number of serotonin receptors in the brain. So someone who is on an antidepressant, after a time ends up with an abnormally low level of serotonin receptors in the brain. And here's what Hyman concluded about this: After these changes happened, the patient's brain is functioning in a way that is "qualitatively as well as quantitatively different from the normal state." So what Stephen Hyman, former head of the NIMH, has done is present a paradigm for how these drugs affect the brain that shows that they're inducing a pathological state.

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. Here's how Barry Jacobs, a Princeton neuroscientist, describes what happens to a person given an SSRI antidepressant. "These drugs," he said, "alter the level of synaptic transmission beyond the physiologic range achieved under normal environmental biological conditions. Thus, any behavioral or physiologic change produced under these conditions might more appropriately be considered pathologic rather than reflective of the normal biological role of serotonin."

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.

Basically, what Eli Lilly (Prozac's manufacturer) had to do was cover up the psychosis, cover up the mania; and, in that manner, it was able to get these drugs approved. One FDA reviewer even warned that Prozac appeared to be a dangerous drug, but it was approved anyway.

We're seemingly finding all this out only now: "Oh, Prozac can cause suicidal impulses and all these SSRIs may increase the risk of suicide." The point is, that wasn't anything new. That data was there from the very first trial. You had people in Germany saying, "I think this is a dangerous drug."

SS: Even back in the late 1980s, they already knew?

RW: Before the late 1980s -- in the early '80s, before Prozac gets approved.

Basically what Eli Lilly had to do was cover up that risk of mania and psychosis, cover up that some people were becoming suicidal because they were getting this nervous agitation from Prozac. That's the only way it got approved.

There were various ways they did the cover-up. One was just to simply remove reports of psychosis from some of the data. They also went back and recoded some of the trial results. Let's say someone had a manic episode or a psychotic episode; instead of putting that down, they would just put down a return of depression, and that sort of thing. So there was a basic need to hide these risks right from the beginning, and that's what was done.

So Prozac gets approved in 1987, and it's launched in this amazing PR campaign. The pill itself is featured on the cover of several magazines! It's like the Pill of the Year [laughs]. And it's said to be so much safer: a wonder drug. We have doctors saying, "Oh, the real problem with this drug is that we can now create whatever personality we want. We're just so skilled with these drugs that if you want to be happy all the time, take your pill!"

That was complete nonsense. The drugs were barely better than placebo at alleviating depressive symptoms over the short term. You had all these problems; yet we were touting these drugs, saying, "Oh, the powers of psychiatry are such that we can give you the mind you want -- a designer personality!" It was absolutely obscene. Meanwhile, which drug, after being launched, quickly became the most complained about drug in America? Prozac!

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

RW: In this county, we have Medwatch, a reporting system in which we report adverse events about psychiatric drugs to the FDA. By the way, the FDA tries to keep these adverse reports from the public. So, instead of the FDA making these easily available to the public, so you can know about the dangers of the drugs, it's very hard to get these reports.

Within one decade, there were 39,000 adverse reports about Prozac that were sent to Medwatch. The number of adverse events sent to Medwatch is 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. There were more adverse event reports received about Prozac in its first two years on the market than had been reported on the leading tricyclic antidepressant in 20 years.

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.

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

Prozac was pitched to the American public as a wonder drug. It was featured on the covers of magazines as so safe, and as a sign of our wonderful ability to effect

the brain just as we want it. In truth, the reports were showing it could trigger a lot of dangerous events, including suicide and psychosis.

The FDA was being warned about this. They were getting a flood of adverse event reports, and the public was never told about this for the longest period of time. It took a decade for the FDA to begin to acknowledge the increased suicides and the violence it can trigger in some people. It just shows how the FDA betrayed the American people. This is a classic example. They betrayed their responsibility to act as a watchdog for the American people. Instead they acted as an agency that covered up harm and risk with these drugs.

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? Weren't England's mental health officials far better than their American counterparts in the FDA in warning about the dangers of suicidal attempts when antidepressants are given to youth?

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.

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.

SS: How was it covered up?

RW: We had psychiatrists -- some of those obviously getting money from the drug companies -- saying the kids are under-treated and they're at risk of suicide

and how could we possibly treat kids without these pills and what a tragedy it would be if we couldn't use these antidepressants.

Finally, a prominent researcher in England, David Healy, started doing his own research on the ability of these drugs to stir suicide. He also managed to get access to some of the trial results and he blew the whistle. He first blew the whistle in England and he presented this data to the review authorities there. And they saw that it looks like these drugs are increasing the risk of suicide and there are really no signs of benefits on the target symptoms of depression. So they began to move there to warn doctors not to prescribe these drugs to youth.

What happens in the United States? Well, it's only after there's a lot of pressure put on the FDA that they even hold a hearing. The FDA sort of downplays the risk of these drugs. They're slow to even put black box warnings on them. Why? Aren't kids lives worth protecting? If we know that we have a scientifically shown risk that these drugs increase suicide, shouldn't you at least warn about it? But the FDA was even digging in its heels about putting that black box warning on the drugs.

SS: If Prozac is the nation's most complained about drug, if Paxil is shown to be a suicide risk for youth, how do these antidepressants continue to have a reputation as near-magic cures for depression? And why did the FDA failed to warn us about Paxil and Prozac for such a long time?

RW: There's a couple reasons for that. The FDA's funding changed in the 1990s. An act was passed in which a lot of the FDA's funding came from the drug industry: the PDUFA Act, or Prescription Drug User Fee Act. Basically, when drug companies applied for FDA approval they had to pay a fee. Those fees became what is funding a large portion of the FDA's review of drug applications.

So all of a sudden, the funding is coming from the drug industry; it's no longer coming from the people. As that act comes up for renewal, basically the drug lobbyists are telling the FDA that their job is no longer to be critically analyzing drugs, but to approve drugs quickly. And that was part of Newt Gingrich's thing: Your job is to get these drugs to market. Start partnering with the drug industry and facilitating drug development. We lost this idea that the FDA had a watchdog role.

Also, in a human way, a lot of people who work for the FDA leave there and end up going to work for the drug companies. The old joke is that the FDA is sort of like a showcase for a future job in the drug industry. You go there, you work awhile, then you go off into the drug industry. Well, if that's the progression that people make, in essence they're making good old boy network connections, so they're not going to be so harsh on the drug companies. So, that's what really happened in the 1990s. The FDA was given new marching orders. The orders were: "Facilitate getting drugs to market. Don't be too critical. And, in fact, if you want to keep your funding, which was coming now from the drug industry, make sure you take these lessons to heart."

SS: So the giant pharmaceutical companies have a vast amount of power to cook the results of drug tests and make researchers and even the FDA itself bow to their will?

RW: The FDA, in essence, was kneecapped in the early 1990s, and we really saw it with the psychiatric drugs. The FDA became a lapdog for the pharmaceutical industry, not a watchdog.

It's only now that this has become common knowledge. We have Marcia Angell, the former editor of the New England Journal of Medicine, write a book in which she says that the FDA became a lapdog. It's basically now well recognized that you had this decline and fall. As the editor of the New England Journal of Medicine, the most prestigious medical journal we have, Marcia Angell is someone who was at the very heart of American medicine, and she concluded that the FDA let down the American people. And she lost her job at the New England Journal of Medicine for starting to criticize pharmaceutical companies.

She was the editor of the journal in the late 1990s and there was a corresponding doctor named Thomas Bodenheimer who decided to write an article about how you couldn't even trust what was published in the medical journals anymore because of all the spinning of results.

So they did an investigation about how the pharmaceutical companies are funding all the research and spinning the trial results, so you can no longer really trust what you read in scientific journals. They pointed out that when they tried to get an expert to review the scientific literature related to antidepressants, they basically couldn't find someone who hadn't taken money from the drug companies.

Now, the New England Journal of Medicine is published by the Massachusetts Medical Society which publishes a lot of other journals, and they get a lot of pharmaceutical advertising. So what happens after that article appears by Thomas Bodenheimer and an accompanying editorial by Marcia Angell about the sorry state of American medicine because of this? They both lose their jobs! She's gone and so is Thomas Bodenheimer. Think about this. We have the leading medical journal firing people, letting them go, because they dared to criticize the dishonest science and the dishonest process that was poisoning the scientific literature.

So we have the FDA that's acting as lapdogs. You can't trust the scientific literature. All this shows how the American public was betrayed and didn't know about all the problems with these drugs and why it was kept from them. It has to do with money, prestige and old boy networks.

SS: It also has to do with the silencing of critics. Eli Lilly uses the media to trumpet Prozac's benefits and gives perks to doctors to attend conferences to hear about its benefits, and buys off researchers. But don't they also use their power and money to silence their critics?

RW: An example is Dr. Joseph Glenmullen, a psychiatrist who also works for Harvard University Health Services, and who wrote a book called Prozac Backlash to warn about the dangers of Prozac. He's finding that the drugs are

being overused and cause severe side effects. He even raises questions about long-term memory problems with the drugs and cognitive dysfunction. Well, Eli Lilly then mounted a public relations campaign to try to discredit him. They sent out notices to the media questioning his affiliation with Harvard Medical School, etc. It was all about silencing the critics.

If you sing the tune that the drug companies want, at the very top levels, you get paid a lot of money to fly around and give presentations about the wonders of the drugs. And those who come, and don't ask any embarrassing questions, get the lobster dinners and maybe they get a little honorarium for attending this educational meeting. So if you want to be part of this gravy train, you can. You sing the wonders of the drug, and you don't talk about their nasty side effects, and you can get a nice payment as one of their guest speakers, as one of their experts.

But if you're one of the ones saying, "What about the mania, what about the psychosis?" -- they do silence you. Look at what happened to David Healy. Healy is even the best example. David Healy has this sterling reputation in England. He's written several books on the history of psychopharmacology. He's like the former Secretary of the Psychopharmacology Association over there. He gets offered a job at the University of Toronto to head up their psychiatry department. So while he's waiting to assume that position at the University of Toronto, he goes to Toronto and delivers a talk on the elevated risk of suicide with Prozac and some of the other SSRIs. By the time he's back home, the job offer has been rescinded.

Now does Eli Lilly donate some money to the University of Toronto? Absolutely. So, to answer your question, yes, Eli Lilly silences dissenters as well.

SS: What is the story behind the secret settlement between Eli Lilly and the survivors who sued the company after Joseph Wesbecker shot 20 coworkers after being put on Prozac?

RW: During this trial in which Eli Lilly was being sued, the judge was going to allow some very damaging evidence showing wrongdoing by Eli Lilly in a previous instance. The judge said, "Go ahead and introduce this at the trial." But next thing you know, they don't introduce this; and in fact, all of a sudden, the plaintiffs no longer are presenting very damaging evidence to make their case. So the judge wonders why they are not presenting their best case anymore. He smells a rat. He suspects Eli Lilly has settled with the plaintiffs secretly and the deal is that, as part of this settlement, the plaintiffs will go ahead with a sham trial so that Eli Lilly will win the trial. Then Eli Lilly can claim, "See our drug doesn't cause people to become violent."

And, indeed, that's what happened. Eli Lilly felt it was going to lose this trial. They went to the plaintiffs and said they would give them a lot of money. They agreed to go ahead and settle the case, but had the plaintiffs go ahead with the trial. That way Eli Lilly can publicly claim that they won the trial and Prozac doesn't cause harm.

SS: How did this even come out into the light of day?

RW: We would never have known about this except for two things. One, believe it or not, the judge, in essence, appealed the decision in his own court. He said, "I smell a rat." And through that, he found out that there was this secret settlement and that it was a sham proceeding that continued on. He said it was one of the worst violations of the integrity of the legal process that he'd ever seen. And second, an English journalist named John Cornwell wrote a book called *Power to Harm: Mind, Medicine, and Murder on Trial*. He wrote about this case, and yet in the United States, we got almost no news about this secret settlement and this whole perversion of the legal process. It was an English journalist who was exposing this story.

My point here is this: They silence people like Marcia Angell. They pervert the scientific process. They pervert the legal process. They pervert the FDA drug review process. It's everywhere! And that's how we as a society end up believing in these psychiatric drugs. You asked the question a while back, "Why do we still believe in Prozac?" One of the reasons is that the story about Prozac is, in effect, maintained. It's publicly maintained because we do all this silencing along all these lines.

The other thing to remember is that some people on Prozac do feel better. That's true. That shows up, just in the same way that some people on placebos feel better. And those are the stories that get repeated: "Oh, I took Prozac and I'm feeling better." It's that select group that does better that becomes the story that is told out there, and the story that the public hears. So that's why we continued to believe in the story of these wonder drugs that are very safe in spite of all this messy stuff that gets covered up.

SS: Let's now move from the antidepressants like Prozac to consider another new group of supposed wonder drugs -- the new antipsychotic drugs. You write that long-term use of antipsychotic drugs -- both the original neuroleptic drugs like Thorazine and Haldol and the newer atypicals like Zyprexa and Risperdal -- cause pathological changes in the brain that can lead to a worsening of the symptoms of mental illness. What changes in brain chemistry result from the antipsychotics, and how can that lead to the most frightening prospect you describe -- chronic mental illness that is locked in by these drugs?

RW: This is a line of research that goes across 40 years. This problem of chronic illness shows up time and time again in the research literature. This biological mechanism is somewhat well understood now. The antipsychotics profoundly block dopamine receptors. They block 70-90 percent of the dopamine receptors in the brain. In return, the brain sprouts about 50 percent extra dopamine receptors. It tries to become extra sensitive.

So in essence you've created an imbalance in the dopamine system in the brain. It's almost like, on one hand, you've got the accelerator down -- that's the extra dopamine receptors. And the drug is the brake trying to block this. But if you release that brake, if you abruptly go off the drugs, you now do have a dopamine

system that's overactive. You have too many dopamine receptors. And what happens? People that go abruptly off of the drug, do tend to have severe relapses.

SS: So people that have been treated with these antipsychotic drugs have a far greater tendency to relapse, and have new episodes of mental illness, as opposed to people who have had other kinds of non-drug therapies?

RW: Absolutely, and that was understood by 1979, that you were actually increasing the underlying biological vulnerability to the psychosis. And by the way, we sort of understood that if you muck with the dopamine system, that you could cause some symptoms of psychosis with amphetamines. So if you give someone amphetamines enough, they're at increased risk of psychosis. This is well known. And what do amphetamines do? They release dopamine. So there is a biological reason why, if you're mucking up the dopamine system, you're increasing the risk of psychosis. That's in essence what these antipsychotic drugs do, they muck up the dopamine system.

Here's just one real powerful study on this: Researchers with the University of Pittsburgh in the 1990s took people newly diagnosed with schizophrenia, and they started taking MRI pictures of the brains of these people. So we get a picture of their brains at the moment of diagnosis, and then we prepare pictures over the next 18 months to see how those brains change. Now during this 18 months, they are being prescribed antipsychotic medications, and what did the researchers report? They reported that, over this 18-month period, the drugs caused an enlargement of the basal ganglia, an area of the brain that uses dopamine. In other words, it creates a visible change in morphology, a change in the size of an area of the brain, and that's abnormal. That's number one. So we have an antipsychotic drug causing an abnormality in the brain.

Now here's the kicker. They found that as that enlargement occurred, it was associated with a worsening of the psychotic symptoms, a worsening of negative symptoms. So here you actually have, with modern technology, a very powerful study. By imaging the brain, we see how an outside agent comes in, disrupts normal chemistry, causes an abnormal enlargement of the basal ganglia, and that enlargement causes a worsening of the very symptoms it's supposed to treat. Now that's actually, in essence, a story of a disease process -- an outside agent causes abnormality, causes symptoms...

SS: But in this case, the outside agent that triggers the disease process is the supposed cure for the disease! The psychiatric drug is the disease-causing agent.

RW: That's exactly right. It's a stunning, damning finding. It's the sort of finding you would say, "Oh Christ, we should be doing something different." Do you know what those researchers got new grants for, after they reported that?

SS: No, what? You'd guess they got funding to carry out these same studies on other classes of psychiatric drugs.

RW: They got a grant to develop an implant, a brain implant, that would deliver drugs like Haldol on a continual basis! A grant to develop a drug delivery implant

so you could implant this in the brains of people with schizophrenia and then they wouldn't even have a chance not to take the drugs!

SS: Unbelievable. Designing an implant to provide a constant dose of a drug that they had just discovered causes pathology in the brain chemistry.

RW: Right, they had just found that they're causing a worsening of symptoms! So why would you go on to a design a permanent implant? Because that's where the money was.

And no one wanted to deal with this horrible finding of an enlargement of the basal ganglia caused by the drugs, and that is associated with the worsening of symptoms. No one wanted to deal with the fact that when you look at people medicated on antipsychotics, you start to see a shrinking of the frontal lobes. No one wants to talk about that either. They stopped that research.

SS: What other side effects are caused by prolonged use of these antipsychotic drugs?

RW: Oh, you get tardive dyskinesia, a permanent brain dysfunction; and akathisia, which is this incredible nervous agitation. You're just never comfortable. You want to sit but you can't sit. It's like you're crawling out of your own skin. And it's associated with violence, suicide and all sorts of horrible things.

SS: Those kinds of side-effects were notorious with the first generation of antipsychotic drugs, like Thorazine, Haldol and Stelazine. But, just as with Prozac, so many people are still touting the new generation of atypical antipsychotics -- Zyprexa, Clozaril and Risperdal -- as wonder drugs that control mental illness with far fewer side effects. Is that true? What have you found?

RW: No, it's just complete nonsense. In fact, I think the newer drugs will eventually be seen as more dangerous than the old drugs, if that's possible. As you know, the standard neuroleptics like Thorazine and Haldol have had quite a litany of harm with the tardive dyskinesia and all.

So when we got the new atypical drugs, they were touted as so much safer. But with these new atypicals, you get all sorts of metabolic dysfunctions.

Let's talk about Zyprexa. It has a different profile. So it may not cause as much tardive dyskinesia. It may not cause as many Parkinsonian symptoms. But it causes a whole range of new symptoms. So, for example, it's more likely to cause diabetes. It's more likely to cause pancreatic disorders. It's more likely to cause obesity and appetite-disregulation disorders.

In fact, researchers in Ireland reported in 2003 that since the introduction of the atypical antipsychotics, the death rate among people with schizophrenia has doubled. They have done death rates of people treated with standard neuroleptics and then they compare that with death rates of people treated with atypical antipsychotics, and it doubles. It doubles! It didn't reduce harm. In fact, in their seven-year study, 25 of the 72 patients died.

SS: What were the causes of death?

RW: All sorts of physical illnesses, and that's part of the point. You're getting respiratory problems, you're getting people dying of incredibly high cholesterol counts, heart problems, diabetes. With olanzapine (Zyprexa), one of the problems is that you're really screwing up the core metabolic system. That's why you get these huge weight gains, and you get the diabetes. Zyprexa basically disrupts the machine that we are that processes food and extracts energy from that food. So this very fundamental thing that we humans do is disrupted, and at some point you just see all these pancreatic problems, faulty glucose regulation, diabetes, etc. That's really a sign that you're mucking with something very fundamental to life.

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. Is this explosive new prevalence of mental illness among children a real increase, or is it a marketing campaign that enriches the psychiatric drug industry, a bonanza for the pharmaceutical corporations?

RW: You're touching on something now that is a tragic scandal of monumental proportions. I talk sometimes to college classes, psychology classes. You cannot believe the percentage of youth who have been told they were mentally ill as kids, that something was wrong with them. It's absolutely phenomenal. It's absolutely cruel to be telling kids that they have these broken brains and mental illnesses.

There's two things that are 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 behaviors and start defining behaviors 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. 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.

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: It's like society or their schools are trying to make them manageable and they end up putting them on a chemical roller coaster against their will.

RW: Absolutely.

SS: There's an astonishing number of kids being given Ritalin to cure hyperactivity. But what 10-year-old boy in a confined school setting isn't hyperactive? 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.

SS: So they both increase the dopamine levels in the brain?

RW: Exactly. And they do it with a similar degree of potency. So methylphenidate is very similar to cocaine. Now, one difference is whether you're snorting it or if it's in a pill. That partly changes how quickly it's metabolized. But still, it basically affects the brain in the same way. Now, methylphenidate was used in research studies to deliberately stir psychosis in schizophrenics. Because they knew that you could take a person with a tendency towards psychosis, give them methylphenidate, and cause psychosis. We also knew that amphetamines, like methylphenidate, could cause psychosis in people who had never been psychotic before.

So think about this. We're giving a drug to kids that is known to have the possibility of stirring psychosis. Now, the odd thing about methylphenidate and amphetamines is that, in kids, they sort of have a counterintuitive effect. What does speed do in adults? It makes them more jittery and hyperactive. For whatever reasons, in kids amphetamines will actually still their movements; it will actually keep them in their chairs and make them more focused. 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 that is 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.

SS: Hallowed-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 colors. 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 who have been 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. Society gives kids Ritalin and antidepressants to subdue them and make them conform. On the one hand, it's all about social control and conformity. 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.

We now spend more on antidepressants in this country than the Gross National Product of mid-sized countries like Jordan. It's just amazing amounts of money. 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. It works so well from a capitalistic point of view for Eli Lilly. When Prozac came to market, Eli Lilly's value on Wall Street, its capitalization, was around 2 billion dollars. By the year 2000, the time when Prozac was its number-one drug, its capitalization reached 80 billion dollars -- a forty-fold increase.

So that's what you really have to look at if you want to see why drug companies have pursued this vision with such determination. It brings billions of dollars in wealth in terms of increased stock prices to the owners and managers of those companies. It also benefits the psychiatric establishment that gets behind the drugs; they do well by this. There's a lot of money flowing in the direction of those that will embrace this form of care. There's advertisements that enrich the media. It's all a big gravy train.

Unfortunately, the cost is dishonesty in our scientific literature, the corruption of the FDA, and the absolute harm done to children in this country drawn into this system, and an increase of 150,000 newly disabled people every year in the United States for the last 17 years. That's an incredible record of harm done.

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.