

**FALSE AND MISLEADING
“ADVERTISING”
BY PSYCHIATRIC GROUPS**

*A Contributing Factor in
Negligence and Harm?*

A PUBLIC INTEREST REPORT
BY



CITIZENS COMMISSION ON HUMAN RIGHTS

INTRODUCTION

This report has been written in the public interest to reveal the largely untold story of the psychiatric lobby and its “advocacy” groups that frequently convey biased opinion about mental illness and the need for psychiatric medication to treat it. Much of their published material passes *theory* off as *fact*, thereby misleading parents and consumers. This can potentially result in ill-informed or wrong healthcare decisions being made. The most tragic outcome is a parent, influenced by such advice, agreeing to his or her child being prescribed a psychotropic drug, leading to the child’s addiction, experiencing other destructive side effects, or even death.

Biopsychologist Elliot Valenstein, author of *Blaming the Brain*, says that people “are forced to depend on information that is really promotional material, or, at the very least, is information that is filtered and shaped by various interests groups....What physicians and the public are reading about drugs and what causes mental disorders is by no means a neutral reflection of all the information that is available.”¹

The Citizens Commission on Human Rights, with more than 35 years experience in investigating and exposing civil and human rights violations in the mental health field, has documented a side to the story of psychiatry and, especially, the wholesale drugging of children, that is not being told. It involves patient “advocacy” groups heavily funded by pharmaceutical interests.

CCHR recognizes that pharmaceutical companies produce valuable and often life-saving medications for physical *illnesses*. However, psychiatric drugs are prescribed not for disease or illness but for “disorders” that are based on psychiatric opinion, not science. As such, millions of families and children are potentially placed at risk.

“What are the legal repercussions for failing to properly inform or warn, especially when someone who has been influenced by misleading ‘advertising’ or a failure to adequately inform, embarks upon a drug treatment that results in damage?”

A FAILURE TO WARN

The proliferation of psychiatric “diagnoses” in the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)* has fueled a dramatic rise in antidepressant sales, reaching \$12.5 billion in 2000.² Children have been a targeted market: 1.5 million are now prescribed Selective Serotonin Reuptake Inhibitors (SSRI) antidepressants, despite the majority of SSRIs not being tested as safe or FDA-approved for pediatric use.

In 2003, British regulators banned the prescription of many SSRIs to under 18 year olds because clinical trials showed the potential side effect of the drugs to cause suicide, hostility, or self-injury. Despite mounting concern about these risks, the APA has yet to issue a warning to psychiatrists to cease prescribing these drugs. Psychiatric patient “advocacy” groups that receive pharmaceutical and/or government funding, and with a responsibility to adequately inform parents and others, have also failed to effectively issue appropriate warnings.

The APA issued a warning about neuroleptic drugs only after “several highly publicized civil lawsuits found psychiatrists (and their institutions) negligent for failing to warn patients....”

***- Robert Whitaker
Mad In America***

In the 1960s, the APA refused to warn its members and physicians about neuroleptics causing Tardive Dyskinesia (TD), an irreversible neurological disorder manifesting in facial tics and uncontrollable twitching. Award winning medical journalist Robert Whitaker, author of *Mad in America*, investigated this and said, “Year after year passed and the APA made no effort to educate its members, while the tally of Americans afflicted with TD climbed at a rate of more than 250 people per day, and still the APA did nothing.” It issued a warning only after “several highly publicized civil lawsuits found psychiatrists (and their institutions) negligent for failing to warn patients of this risk, with damages in one case topping \$3 million,” writes Whitaker. “This foot-dragging obviously told of a stunning disregard for the mentally ill,” he said.

Since 1995, the International Narcotics Control Board (INCB) has condemned the widespread psychotropic drugging of children in the United States. In 1995, the INCB particularly expressed concern about

non-governmental organizations and parental associations in the U.S. actively lobbying for the medical use of Ritalin (methylphenidate) for children with “Attention Deficit Hyperactivity Disorder” (ADHD). It said that financial transfers from a pharmaceutical company with the purpose to promote sales of an internationally controlled substance could be identified as hidden advertisement and in contradiction of the provisions of the 1971 Psychotropic Drugs Convention.³

In its 2002 report, released in January 2003, it also warned, “There is growing concern about the over-prescription of methylphenidate [Ritalin] in the United States, which may be the direct result of the direct-to-consumer advertising of that drug.” Since 1997, when direct-to-consumer marketing was approved in the U.S., there has been a 37% increase in the sales of prescriptions for stimulants for children, with sales today reaching more than \$1 billion.

Pharmaceutical/government funded psychiatric advocacy groups continue to advertise this drug, contributing to “direct to consumer” marketing through the internet.

Financial transfers to patient associations from a pharmaceutical company with the purpose to promote sales of a controlled substance (Ritalin) could be identified as hidden advertisement and in contradiction of the 1971 Psychotropic Drugs Convention

- International Narcotics Control Board, 1995

A WORD ON *DSM*: SELLING OUT CHILDREN

In 1952, the first edition of the *DSM* contained only three “disorders” for infants or children. By 1980, there was a nearly ten-fold increase in the number of child disorders. In 1987, APA members literally voted ADHD to be a “disorder” to be included as a billing item in the *DSM*. Consequently, talking in class, being distracted, fidgeting or losing pencils could be labeled “ADHD” and drugged. Within a year, 500,000 American children were said to be afflicted with it. Today, children barely out of diapers are already diagnosed with mental illness, leading to the substantial increase in prescribed psychiatric drug consumption by very young children in the last 15 years.

APA members and their advocacy groups claim that up to 5% of children now suffer ADHD. Without any scientific legitimacy to support ADHD as a medical disease, drugs often offered as a “solution” for it, are more potent than cocaine and can be just as addictive.

Statistics provided on the number of people suffering mental illness are completely false or, at best, questionable.

According to a February 2002 study published in the *Archives of General Psychiatry*, “When people look at numbers that say close to 30% of the American public has a mental disorder and therefore needs treatment, most would say that it is implausibly high.”⁴

“You often hear: ‘There are 10 million Americans with this, three million Americans with that,’” says Barbara Mintzes, an epidemiologist at the University of British Columbia’s Center for Health Services and Policy Research. “If you start adding up all those millions, eventually you’ll be hard put to find some Americans who don’t have such diagnoses.”⁵

Psychiatric patient “advocacy” groups play an important role in the marketing of *DSM* “disorders,” which helped to increase drug sales. While in 1989, a study reported as few as 1.2 percent of the population suffered the obscure *DSM* disorder, “Generalized Anxiety Disorder” (GAD), after the FDA approved an antidepressant for treatment of it, followed by a massive marketing campaign, the media reported that 10 million Americans suffered the “disorder.” In 1998, one pharmaceutical company applied for FDA approval of an antidepressant/antianxiety drug for “Social Anxiety Disorder” (SAD), a form of shyness the *DSM* said was “extremely rare”—roughly 2%. Once the drug was approved, SAD was marketed as a “severe” disorder affecting up to 13.3 percent of the population.

MARKETING “DISORDERS” TO SELL DRUGS

The scenario goes like this: More sales are needed for an FDA approved drug. An obscure *DSM* disorder is chosen for which the drug can be tested. Drug companies fund studies and then use prominent psychiatrists to affirm the “disorder” as a far-reaching problem. Public relations (PR) firms launch campaigns to promote the new disease, using dramatic statistics from corporate-sponsored studies. The drug companies establish or fund existing patient “advocacy” groups to become the “public face” for the “disorder.” Some of the groups operate directly out of the manufacturer’s PR firms.⁶

The following is an example of the conflict of interests in such patient “advocacy” groups:

CHILDREN AND ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER (CHADD)

[ADHD] “It really is a matter of belief.”

- E. Clarke Ross, CEO of CHADD
The Washington Times Insight Magazine

- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD) has been severely criticized by both the United Nations International Narcotics Control Board (INCB) and the United States Drug Enforcement Administration (DEA) for its financial ties to the manufacturers of ADHD drugs that CHADD heavily promotes. More than half of the drugs promoted and validated on the CHADD website are manufactured by companies that fund this organization.
- While CHADD accuses its critics of “tossing around untruths and inaccuracies,” “misinformation” and “junk science,” a close study of its website reveals CHADD to be guilty of that which it accuses others of.

Consider the following:

- In 1987, members of the American Psychiatric Association voted Attention Deficit Hyperactivity Disorder (ADHD) to be a mental disorder for inclusion in its *DSM*. The same year, CHADD was formed.⁷
- After a financial boost from pharmaceutical interests, the number of

CHADD chapters exploded from 29 to 500.⁸

- Between 1991 and 1994 alone, the national CHADD office received almost \$1 million from pharmaceutical interests and another \$700,000 in 2001.⁹

- As previously mentioned, in 1995, the INCB expressed concern about non-governmental organizations and parental associations in the U.S. actively lobbying for the medical use of Ritalin for children with ADHD. It said that financial transfers from a pharmaceutical company with the purpose to promote sales of an internationally controlled substance could be identified as hidden advertisement and in contradiction of the provisions of the 1971 Psychotropic Drugs Convention.¹⁰

“The DEA has concerns that the depth of the financial relationship with the manufacturer was not well known to the public, including CHADD members, that have relied upon CHADD for guidance as it pertains to the diagnosis and treatment of their children.”

- Drug Enforcement Administration, 1995

- Also in 1995, the DEA issued a Methylphenidate (Ritalin) background paper, stating: “The DEA has concerns that the depth of the financial relationship with the manufacturer was not well known to the public, including CHADD members, that have relied upon CHADD for guidance as it pertains to the diagnosis and treatment of their children.”¹¹

- Despite INCB/DEA concerns, and conflict of interests with pharmaceutical funding, in 2002, the federal Center for Disease Control and Prevention (CDC) gave \$750,000 to CHADD to act as a national resource center on ADHD, including a website.

- Parents accuse CHADD of using taxpayers’ money to provide biased information, thereby denying parents access to true “informed consent” from a government-funded “resource center.” While freedom of speech is a constitutional right, the support of government funds means the information must be accurate and unbiased.

- CHADD falsely claims that ADHD is a “neurobiological” disorder when there is no science-based evidence to support this. CHADD’s website fails to inform people of the considerable difference in medical opinion regarding the validity of ADHD.¹²

- CHADD defers to the 1999 Surgeon General’s Report on Mental Health when citing ADHD as a neurobiological disorder, yet the Surgeon General’s report, the *DSM-IV*, the National Institutes of Health, and the American Academy of Pediatrics Clinical Practice Guideline for ADHD, *do not* confirm or state that ADHD is a “neurobiological” disorder. In fact, the Surgeon General provided no conclusive evidence to support this theory—a fact CHADD neglects to mention on its website.¹³

CHADD Biased Against Non-Drug Therapies

- In a token gesture to provide balanced coverage, CHADD devotes about four pages of its website to negating alternative interventions, while using 10 pages to promote the virtues of psychotropic drugs. The known and documented side effects of these drugs are downplayed as “mild and typically short-term,” contradicting medical and scientific reports showing serious side effects, including death.¹⁴
- The DEA has warned that most of the material prepared for public consumption by groups like CHADD does not address the potential or actual abuse of Ritalin. It is portrayed as a benign, mild substance that’s not associated with abuse or any serious side effects. In fact, Ritalin and several other ADHD drugs are Schedule II drugs in the same category as cocaine and morphine.¹⁵
- CHADD opposes any legislation that would prevent parents from being coerced into placing their child on such potentially dangerous drugs; for example, The Child Medication Safety Act of 2003. Indeed, it attacks parents who grieve the death of their children by psychiatric drug treatment—or parents who have been terrorized with charges of medical neglect for choosing not to drug their child. CHADD makes a mockery of their pain, labeling them “isolated” cases, whereas the truth is hundreds of parents have complained about such abuse (see <http://www.ablechild.org> for list of over 600 signatures by parents who have been coerced).

NATIONAL ALLIANCE FOR THE MENTALLY ILL

“The National Alliance for the Mentally Ill (NAMI) gets the pharmaceutical money and then says they spend it on their ‘anti-stigma’ campaign. They say that mental illness is a ‘brain disease.’ And it works well for the people who suffer from this to use their drugs. This is why NAMI is pushing for forced medication. It is an amazing selling job on the part of NAMI.”¹⁶

***- Loren Mosher, psychiatrist and former Chief of
Schizophrenic Research Studies
National Institute of Mental Health (NIMH)***

- Families concerned about family members said to be suffering schizophrenia started NAMI in 1979. After a NIMH director and psychiatrist attended a meeting of the group, the group formed a “scientific” advisory board, comprised largely of psychiatrists, including government psychiatrists.¹⁷ Over the next 20 years it would come to rely upon pharmaceutical funding—more than \$11 million over one four year period.
- According to internal documents published in a 1999 *Mother Jones* article,

“An Influential Mental Health Non-profit Finds Its Grassroots Watered by Pharmaceutical Millions,” 18 drug firms gave NAMI a total of \$11.72 million between 1996 and mid 1999. These included Janssen (\$2.08 million), Novartis (\$1.87 million), Pfizer (\$1.3 million), Abbot Laboratories (\$1.24 million), Wyeth Ayerst Pharmaceuticals (\$658,000), and Bristol-Myers Squibb (\$613,505). A lion’s share went to funding NAMI’s spuriously named “Campaign to End Discrimination” against the mentally ill.¹⁸

- In 1996, NAMI started a five-year campaign pushing for insurers to pay out unlimited funds for psychiatric treatments with their “Campaign to End Discrimination.” The “Founding Sponsors” of this campaign were eight pharmaceutical companies that manufacture psychiatric drugs: Abbott Laboratories; Bristol-Myers Squibb Company; Eli Lilly and Company; Janssen Pharmaceuticals, Inc.; Pfizer, Inc.; Sandoz Pharmaceuticals; SmithKline Beecham and Wyeth-Ayerst Laboratories.¹⁹

- In a 2000 *Insight Magazine* article, NAMI spokesperson Bob Carolla stated, “Mental illness is a biologically based brain disorder” and deferred to the U.S. Surgeon General’s 1999 Report on Mental Health as evidence of this. Yet the author of the article, Kelly Patricia O’Meara reviewed the entire report looking for this evidence, and found, “The Surgeon General’s report does not provide a single piece of scientific data supporting mental illness as a brain disorder or disease.”²⁰

- Factually, the Surgeon General’s report *admitted* there is no medical proof to substantiate NAMI’s claims. The report states, “The diagnoses of mental disorders is often believed to be more difficult than diagnoses of somatic or general medical disorders *since there is no definitive lesion, laboratory test or abnormality in brain tissue that can identify the illness.*”²¹ [emphasis added]

- NAMI can’t even keep its own house in order. In September 2003, prosecutors filed 40 theft charges against NAMI’s Washington state office manager, Julie L. Warren, for embezzling more than \$169,000 from the state chapter over a two-year period.²² In her defense, Warren said she was suffering from a mental disorder that affected her decision-making. The judge didn’t agree and sentenced her to 20 months in jail.

- The latest exposé on NAMI occurred on December 18, 2003, when *The New York Times* reported how NAMI bused scores of protestors to a hearing in Frankfort, Kentucky, took out full page ads in Kentucky newspapers, and sent angry faxes to state officials, all protesting a state panel proposal to exclude the antipsychotic drug Zyprexa from Medicaid’s list of preferred medications. According to the article, “What the advocacy groups did not say at the time was that the buses, ads and faxes were all paid for” by the manufacturer of Zyprexa.²³

- Sally Zinman of the California Network of Mental Health Clients summarized the primary omission made by most mainstream media when crediting NAMI as a valid source of information on mental illness, “NAMI is seen by the media as the voice of the mental health community, but the integrity of its work is called into question by its sources of funding.”²⁴
- Psychiatrist Loren Mosher castigates the APA for its support of NAMI, which, he says, “believes that mentally ill patients should be coerced to take medication. I am appalled at this level of social control. Mentally ill people should be given a choice to have their illness treated in alternative ways.”²⁵

NATIONAL MENTAL HEALTH ASSOCIATION

“Another way that pharmaceutical companies increase the market for psychotherapeutic drugs is to support various patient advocacy groups that encourage people to seek help from such drugs. There are a large number of such groups, including the...National Alliance for the Mentally Ill,...the National Mental Health Association...and the Children and Adults with Attention Deficit Disorders. These patient advocacy groups have an influence that complements the promotional material of pharmaceutical companies. Many patient advocate groups receive funding from the pharmaceutical industry, which enables the groups to increase newspaper and magazine advertising and the information they distribute by other means. Typically, patient advocacy material has a pro-drug bias, encouraging people to seek medication often by exaggerating the effectiveness of drugs and the scientific foundation on which they rest.”

*- Elliot Valenstein, Ph.D. Professor Emeritus of
Psychology and Neuroscience University of Michigan²⁶*

- The National Mental Health Association (NMHA) is a nonprofit organization, which claims that it addresses all aspects of mental health and mental illness. It is one of the key sponsors of the annual National Screening for Depression program. The screenings claim to identify the “presence or absence of depressive symptoms and provide a referral for further evaluation if needed.” The program is supported in part by an educational grant from Eli Lilly and Company, the manufacturer of Prozac, one of the top-selling drugs for depression.²⁷
- “National Depression Screening Day” has today grown into a major media event, with glossy press kits sent to reporters well in advance of the day to promote it. Thousands of sites in hospitals, corporations, and universities around the country provide free depression screening, which involves people answering a modified version of the “Zung Self-Rating Scale,” lasting less than five minutes. They then watch a video on how “treatable” depression is.²⁸

• Harvard University Medical School psychiatrist, Joseph Glenmullen, author of *Prozac Backlash*, says that checklist-rating scales for depression are “designed to fit hand-in-glove with the effects of drugs, emphasizing the physical symptoms of depression that most respond to antidepressant medication.” The “Zung Self-Rating Scale” for patients and the “Hamilton Depression scale” for technician-raters ask patients to respond to questions such as “I get tired for no reason,” “I have trouble sleeping at night,” “I notice that I am losing weight,” “I feel down-hearted and blue.” Each item has a numerical score, representing a scale from experiencing these “a little of the time” up to “most of the time.”²⁹ The symptoms of depression, he adds, “are subjective emotional states, making the diagnosis extremely vague. Depressive symptoms overlap with many other psychiatric syndromes and with fatigue caused by a host of other medical conditions.”³⁰ “While assigning a number to a patient’s depression may look scientific, when one examines the questions asked and the scales used, they are utterly subjective measures based on what the patient reports or a rater’s impressions,” he says.³¹

• Dr. Thomas Szasz, Professor Emeritus of Psychiatry best describes psychiatry’s public relations efforts such as Depression Screening Day: “The massive manpower mobilization in the Mental Health Movement is best understood as an attempt to increase the number of mental patients ‘found’ in society.”³²

• An article called “Prozac Indignation” in *Salon Magazine* in 2000 reported how Eli Lilly and patient “advocacy” groups criticized Dr. Glenmullen’s *Prozac Backlash*. The article lists the pharmaceutical company connections of several of these advocacy groups, including NMHA and NAMI, noting, “NMHA and NAMI both receive significant funds from Eli Lilly, which refers journalists to the organizations for information. NMHA, in Alexandria, Va., receives around \$1 million in funding. In its April 11 statement condemning ‘Prozac Backlash,’ it describes itself as ‘the country’s oldest and largest nonprofit organization addressing all aspects of mental health and mental illness.’ However, it never disclosed that Eli Lilly is one of its principal contributors.”³³

• NMHA’s 2001 Annual Report lists nearly \$2 million from the following pharmaceutical contributions:

\$700,000 and above – Eli Lilly and Co.;

\$500,000 and above – a Pfizer Inc.;

\$400,000-499,999 – Janssen Pharmaceutica Products, Inc.; McNeil Consumer and Specialty Pharmaceuticals; Wyeth;

\$300,000–399,999 – Forest Laboratories, Inc.;

\$200,000-299,000 – AstraZeneca Pharmaceuticals LP; Bristol-Myers Squibb Co.;

\$50,000-99,999 – Eli Lilly & Company Foundation;

\$10,000-49,999 – GlaxoSmithKline;

\$5,000-9,999 – Abbott Laboratories.

TOTAL: \$1,977,000.00³⁴

SUMMARY

No one can deny that many children and other individuals today are faced with very real problems. But to propagandize that they are a widespread mental *disease* or the result of a “brain disease” when there is no scientific evidence substantiating this, is fraudulent. To promote the use of mind-altering drugs with serious side effects to treat a “chemical imbalance” in the brain, when there is no medical evidence to support this theory, is negligent. To prevent or mislead people about the diverse medical opinion about whether a “disorder” legitimately exists or not, or from finding out *all* the information about the documented risks of a “treatment” and then not provide full information about the alternatives, must be viewed as violating informed consent.

“We should not convert all human problems into illness. SSRIs make everyone feel good. They are for many a kind of magic pill for unhappiness caused by the structure of their lives. But it is not the job of psychiatry to lend the luster of science to this kind of folkloric self-medication that is driven forward by commercial interests.”³⁵

***British Medical Expert
Quoted in “Resist the
depression industry”
The Independent, London, 2001***

Dr. Valenstein points out that if therapists and doctors “are persuaded that chemical imbalances are the only factor that has to be considered in treating mental disorders, they will neglect other factors that may play an equal or even more important role.”³⁶

And with such neglect, the lives of countless families and children have been endangered, and permanently harmed.

CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 130 chapters in 31 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives. While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice.

CCHR has inspired many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.

It has long been the policy of CCHR that anyone with a physical condition requiring medical treatment should see a competent, non-psychiatric physician. While CCHR does not, itself, give medical or legal advice, it advocates standard medical care.

“The ostensible validity of the DSM is reinforced by psychiatry’s claim that mental illnesses are brain diseases—a claim supposedly based on recent discoveries in neuroscience, made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true.”

***- Dr. Thomas Szasz
Professor Emeritus
of Psychiatry***

CCHR rejects psychiatric treatment being prescribed based on the scientifically discredited *DSM*. Dr. Thomas Szasz, Professor Emeritus of Psychiatry at Upstate University, New York, renowned author and co-founder of CCHR, says: “The primary function and goal of the *DSM* is to lend credibility to the claim that certain behaviors, or more correctly, misbehaviors, are mental disorders and that such disorders are, therefore, medical diseases. Thus, pathological gambling enjoys the same status as myocardial infarction (blood clot in heart artery). In effect, the APA maintains that betting is something the patient cannot control; and that, generally, all psychiatric ‘symptoms’ or ‘disorders’ are outside the patient’s control. I reject that claim as patently false.

“The ostensible validity of the *DSM* is reinforced by psychiatry’s claim that mental illnesses are brain diseases—a claim supposedly based on recent discoveries in neuroscience, made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true. There are no objective diagnostic tests to confirm or disconfirm the diagnosis of depression; the diagnosis can and must be made solely on the basis of the patient’s appearance and behavior and the reports of others about his behavior.

In CCHR’s view, these labels drum up business for psychiatrists and drugs are produced to meet the demand. Without the fraudulent diagnoses, we wouldn’t be witnessing the prescribed drug problem we have today.

“There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases. If such a test were developed (for what, theretofore, had been considered a psychiatric illness), then the condition would cease to be a mental illness and would be classified, instead, as a symptom of a bodily disease.”

Because of the *DSM*, doctors often no longer practice differential diagnosis, which first considers all possible underlying causes of the symptoms presented to them in a patient. Instead, they make a *DSM* “checklist” diagnosis, frequently failing to diagnose physical conditions. In a 1986 speech, Morton Reiser, a psychiatrist affiliated with Yale University School of Medicine, said that once students had done their *DSM* “inventory” and “had identified target symptoms for psychopharmacology, the diagnostic workup and meaningful communication stopped....”³⁷

Psychiatry has literally covered every base with its invented criteria. The migraine sufferer has a “pain disorder,” the child who fidgets or is overzealous at play is “hyperactive,” the person who smokes or drinks coffee has a “nicotine” or “caffeine” disorder. If you stutter, it’s a mental illness. If you have a low math score, it’s “developmental arithmetic disorder.” If a teenager argues with his parents it’s “oppositional defiance disorder.”

In CCHR’s view, these labels drum up business for psychiatrists and drugs are produced to meet the demand. Without the fraudulent diagnoses, we wouldn’t be witnessing the prescribed drug problem we have today.

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