Over-Prescription of Psychiatric Drugs: Changing an Irrational Policy

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While Some People find Neuroleptics Helpful . . .

- Psychiatric Drugs Causing Massive Amount of Harm
  - Life Spans Now 25 Years Shorter
- Greatly reduce recovery rates as compared to unmedicated patients
  - 5% v. 40% recovery Rate in recent study
- 6-fold Increase in Mental Illness Disability Rate
- Current System Does Not Allow Non Drug Choices
- Hugely and Unnecessarily Expensive
- Huge Unnecessary Human Toll

“Atypical” Neuroleptics

Not better than the old ones in terms of their safety and tolerability, and quality of life may even be worse on the new drugs than on the old ones.


Medical Model

- National Institute of Mental Health:
  - “Schizophrenia is a chronic, severe, and disabling brain disorder”
  - “Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in a person’s mood, energy, and ability to function.”
  - “Research indicates that depressive illnesses are disorders of the brain.”


The Medical Model, The Hunger Strike and the APA

- 2003 Hunger Strike Challenged American Psychiatric Ass’n to provide reliable scientific evidence of Medical Model; APA essentially admitted it could not.
- Query: Does a headache demonstrate an aspirin deficiency?

Sources: August 22, 2003 letter from Scientific Panel (attached) and Duncan Double article on Hunger Strike.
Results from other experimental programs that have minimized use of neuroleptics

- **Switzerland.** Ciompi reported in 1992 that first-episode patients treated with no or very low doses of antipsychotics "demonstrated significantly better results than patients treated conventionally."

- **Sweden.** Cullberg reported in 2002 that 55% of first-episode patients treated in an experimental program were off neuroleptics at end of three years, and the others were being maintained on extremely low doses of chlorpromazine. Patients treated in this manner spent fewer days in the hospital than conventionally treated patients in three-year follow-up period.

- **Finland.** Lehnherr and his colleagues developed a program that involves treating first-episode patients without neuroleptics for first three weeks, and then initiating drug treatment only when "absolutely necessary." At the end of five years, 37% of the experimental group had never been hospitalised and 88% of patients had never been hospitalised during the two-to-five-year follow-up period. (Reported in 2001).

- **Finland.** Seikkula reported in 2006 that after five years, 82% of psychotic patients treated with his "open dialogue" approach did not have any residual psychotic symptoms, and that 66% had returned to their studies or full-time jobs. Only 14% were on disability allowance. Seventy-one percent of patients never took any antipsychotic medication.  

Key Studies

- Morbidity and Mortality in People with Serious Mental Illness, National Association of State Mental Health Program Directors, (2006).

What Does the Science Suggest?

- Selective use only after other approaches have failed.
- Such Other Approaches:
  - Soteria
  - Open Dialogue
  - Alternatives Beyond Psychiatry (book)

Fear and Absolution

- Fear
  - People Diagnosed with Serious Mental Illness Are Violent
- Absolution
  - By Accepting "Medical Model," No one is Responsible

Why Such an Irrational Policy?

The Transformation Triangle
Public Education in Alaska

- Constant Pounding on Policymakers
- Accept All Speaking Invitations
- Public Forums
- Perlin in 2003
- Menn in 2007
- Numerous Newspaper & Some Broadcast Coverage
  - Myers Case
  - Feature Front Page Story in November 2006
  - Zyprexa Papers local coverage
- Writing
  - Updated "Multi-Faceted Efforts" Report
  - Upcoming Law Review Article
  - Other

The Four Non-Profits

- Soteria-Alaska—Alternative to Hospitalization
- CHOICES, Inc.—Choice in the Community
- Peer Properties—Peer Run Housing
- Law Project for Psychiatric Rights (PsychRights)

Soteria-Alaska

- Non-coercive, Non-Drug option for Newly Diagnosed with Psychotic Disorder.
  - Be With, Not Do To
  - Expect Recovery
  - Let People Be "Delusional"
  - But Insist on Safety/Responsibility
- Replicate Original Soteria-House
  - 6-8 People
  - Two staff at all times.
- Opening in 2008?

Peer Properties

- Peer Run Housing
- Allows Non-drug Choice
- No “services,” but peer support principle
- One 4 bedroom House Owned & Operated
- Proven Concept, but
- Needs infra-structure support

"Consumer" Run
- Non-coercive, Non-drug (& drug) Choices In Community
- Available for people in the system a long time
- Started Providing Services in July, 2007
**Law Project for Psychiatric Rights (PsychRights®)**

- Public Interest, Tax Deductible, Law Firm
- Mission: To Mount a Strategic Litigation Campaign Against Forced Psychiatric Drugging and Electroshock Around the Country.
- Adopted Kid Drugging as Priority

**Strategic Litigation**

- Force System to Honor People’s Rights
- Change Path of Least Resistance
- Help Create Environment Supportive of Other Choices
- Public Education Potential

**When Involuntary Commitment Constitutionally Permissible**

1. Confinement takes place pursuant to proper procedures and evidentiary standards,
2. Finding of "dangerousness either to one’s self or to others," and
3. Proof of dangerousness is “coupled ... with the proof of some additional factor, such as a ‘mental illness’ or ‘mental abnormality.’” Kansas v. Crane, 534 U.S. 407, 409-10, 122 S.Ct. 867, 869 (2002).

**Forced Drugging under US Constitution: Sell**

Court Must Conclude:
- Important governmental interests are at stake,
- Will significantly further those state interests - substantially unlikely to have side effects that will interfere significantly (with achieving state interest),
- Necessary to further those interests. The court must find that any alternative, less intrusive treatments are unlikely to achieve substantially the same results, and
- Medically appropriate, i.e., in the patient’s best medical interest in light of his medical condition. The specific kinds of drugs at issue may matter here as elsewhere. Different kinds of neuroleptic drugs may produce different side effects and enjoy different levels of success.


**Alaska Strategic Cases**

- **Myers** (2006)
  - Best Interests
  - No Less Intrusive Alternative
- **Wetherhorn** (2007)
  - Unable to Survive Safely in Freedom
  - Not consider Effective Representation Issue
- **WSB** (pending – oral argument May 13)
  - Define Unable to Survive Safely in Freedom
  - Necessity for Transcript by Masters
- **Bigley** (pending)
  - State Must Pay for Less Intrusive Alternative
  - File Open to Public if Wanted

**Alaska Mental Health Trust Authority Opinion Shift: Soteria-Alaska**

- 2002: Not Endorse -- Just Educational
- 2003: Implies Need Non-Drug Alternative
- 2004: Needs More Development
- 2005: Not If, But How
- 2006: Formally Supports
- 2007: Trust Funds 2008 Opening
  - But no State Funding Yet
General Attitude

- Widespread Support for Idea that Non-Drug Choices Should Be Available.
- But, Limited or No State Funding.
  - Not on Governor’s Radar Screen
  - Not Legislature Priority
  - Some State Employee Opposition

Suggested Reading

- Alternatives Beyond Psychiatry, Peter Lehman & Peter Stastny, MD, Editors (2007)
- A Fight to Be: A Psychologist’s Experience from Both Sides of the Locked Door, Ronald Bassman, Ph.D. (2007)
- The Hidden Prejudice: Mental Disability on Trial, (2000) by Michael L. Perlin
- Brain Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Role of the FDA, Ed. 2 (2008) by Peter Breggin, MD.
- Community Mental Health: A Practical Guide (1994) by Loren Mosher and Lorenzo Burti
- Psychotherapy of Schizophrenia: The Treatment of Choice (Jason Aronson, 1996), by Bertram P. Karon and Gary R. Vandenbos

Suggested Reading (cont.)

- Creating Mental Illness, by Allan V. Horwitz (2002).
- Toxic Psychiatry: Why Therapy, Empathy, and Love Must Replace the Drugs, Electroshock, and Biochemical Theories of the New Psychiatry, by Peter Breggin, MD (1994)
- Commonsense Rebellion, by Bruce E. Levine (2001)
- Escape From Psychiatry, by Clover (1999)
- Other books at http://psychrights.org/Market/storefront.htm