

# HUMAN RIGHTS ALERT

JUNE 17, 1999

ISSUE # 1



**A Psychiatric Survival Broadsheet**

## **WARNING:** Psychiatric drugs & hot weather can be lethal combination

Summertime is once more upon us, and every indication is that this year will again be unseasonably hot.

For many people this may mean little more than occasional discomfort which is easily alleviated by retreating to an air-conditioned space or one of the city-run swimming pools.

However, for persons using any number of the common neuroleptics (antipsychotics), antidepressants or other psychotropic drugs the summer heat carries an increased potential for serious injury or even death.

### **Homeless at risk**

It is well-established fact that these substances substantially interfere with the body's ability to regulate its own temperature, thus creating an increased risk of heat stroke or similar injuries among persons taking prescribed psychiatric medications.

Homeless persons are also substantially at risk of injury due to hot weather - and the fact that the homeless are frequently prescribed neuroleptics places such persons in a potentially lethal double jeopardy situation.

In Chicago during July of 1995, a

significant percentage of the several hundred heat-related fatalities that occurred were found to have been contributed to by the use of prescription medications - most often, those prescriptions dispensed by psychiatrists.

Many of these victims were also homeless, which proves that it isn't only the wintertime that can prove deadly for unhoused persons.

## **PSYCHIATRY PSUCKS**

The thing is, many of these dangers could be diminished or averted if patients were properly advised of the potential hazards (thus enabling them to make an informed choice) and instructed on how to minimize the risk.

### **Shrinks neglectful**

The problem however lies in the fact that shrinks *very seldom explain the potentially serious adverse effects of their 'treatments' to their patients.* In addition, psychiatrists have the legal right to *force* these 'medications' on persons against their wishes - a situation that in combination with hot weather or other stressors can amount to a virtual sentence

of death.

Recently media articles have appeared calling for use of advisory labels on prescription medicine containers for those drugs that present an increased risk of heat-related injury. While this is an important first step, much more needs to be done in order to avoid these seasonal tragedies.

### **Amend laws**

Future health advisories from the City or media related to hot weather must include a specific listing of what drugs present the greatest risk. It is necessary for 'cooling centres' (temperature-controlled spaces where homeless persons and others can seek respite from the heat) to be created. And most importantly, the relevant laws must be amended to strip psychiatrists of the right to coerce and so that failure by any physician to properly advise patients of the potential risks involved in their treatment can be considered malpractice

## **Mike Harris chooses cabinet**

Health Minister Elizabeth Witmer was one of four senior Tory cabinet members to retain her original post as Harris unveiled the roster of his inner chamber this afternoon.

In an address to the International Congress on Law & Mental Health on June 15, **<Cont. Next Page>**

**SURVIVORS' RIGHTS ARE HUMAN RIGHTS!**

## Mike Harris <Continued>

Witmer confirmed the intention of this government to implement outpatient committal legislation.

Now that the target is clear it is vital that action commence *immediately*. Contact Ms. Witmer to voice your opposition to such repressive legislation at the addresses below:

### Hepburn Block

80 Grosvenor St. 10th Flr

Toronto, ON M7A 2C4

P: (416) 327-4300 F: (416) 326-1571

<elizabeth\_witmer@ontla.ola.org>

## Schizophrenia: a myth shattered

The idea of schizophrenia as a 'brain disease' took a substantial beating at the hands of David Cohen in a talk he gave at the Clarke Institute of Psychiatry on the afternoon of June 16.

Dr. Cohen, who is a professor of social work at the University of Montreal, has been researching the subject of so-called 'schizophrenia' for a number of years and is probably more knowledgeable on the subject of this phenomena (and the hazards associated with the more common 'treatment' approaches) than most shrinks - and he is certainly much more upfront about what he knows.

### Brain abnormalities rare

Among the flaws with the disease model that Cohen pointed out is the fact that actual physical abnormalities in the brains of persons labeled schizophrenic are fairly unusual, occurring in only twenty to thirty percent of all instances where this diagnosis is applied. Conversely, members of the same families who exhibit similar abnormalities **often show no clinical indications of schizophrenia**.

Another point he raised is that a number of long-term studies have shown that a significant (22 to 30 percent) number of persons labeled schizophrenic recovered completely from the phenomena over a period of time with an even larger percentage

(thirty to fifty percent) showing 'significant improvement' - **this apparently occurring regardless of whether or not any form of psychiatric intervention took place.**

In addition, he pointed out that in so-called 'developing' countries (citing India as an example) the recovery or improvement rate was substantially higher, despite the fact that psychiatric hospitalization or administration of neuroleptics happens far less frequently in such countries than in 'developed' nations such as Canada or the U.S.



Not only does this fly in the face of what is typical of true degenerative brain diseases - such as Alzheimer's or multiple sclerosis - that tend not to show improvement and generally follow a clearly predictable course, but it speaks volumes about the negative impact western 'civilization' has on its inhabitants. Our society is certainly not gentle with the souls of its members.

### Unusual courage

Dr. Cohen displayed a level of courage which is almost unheard of among 'mental health' professionals by showing in no uncertain terms not only the flaws in the disease model, but by stating that the 'cure' in this case is often worse than the 'disease.'

He took a clear stand against coercion by stating that such drugs should only be available on the basis of clearly informed personal choice, and that ultimately a model based on caring human contact (unfortunately not a

priority in modern psychiatry) is what will prove to be the most helpful.

(David Cohen is also the editor of the *Journal of Mind and Behavior* and co-author with Dr. Peter Breggin of a book entitled *Your Drug May Be Your Problem* which is scheduled for publication on September 1, 1999).

## Psychiatric survivor resources in Toronto

### People Against Coercive Treatment

P: 760-2795 F: 368-5984

Internet: <pact@tao.ca>

<www.tao.ca/~pact>

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### Queen Street Patient's Council

Room 2059, 1001 Queen St. W.

Toronto, Ontario M6J 1H4

P: 535-8501x2018 F: 325-9749

Internet: <patientsco@icomm.ca>

<www.icomm.ca/~patientsco>

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### No Force! Coalition

(c/o Queen Street Patient's Council)

<www.tao.ca/~pact/noforce.html>

## From the editor...

The idea for this broadsheet arose out of several 'human rights alerts' I produced and distributed to highlight the frequent HR abuses faced by psychiatric survivors. I am now seeking to expand it into a newsletter format for more or less regular production.

This first issue was written entirely by myself but in future I would welcome submissions from my fellow survivors.

Please send any personal accounts, anecdotes, opinions or rants (try to keep it fairly short - 250 to 350 words is cool) to my e-mail address which is <gbacque@idirect.com> or in plain text format on a floppy disk (Yer disk will be returned). Submissions may be edited for space.

**Thank you - and keep  
up the struggle!**

**GRAEME BACQUE  
June 17, 1999**

