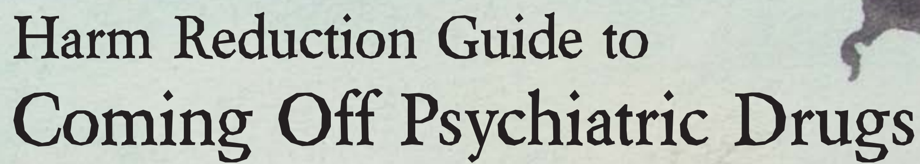
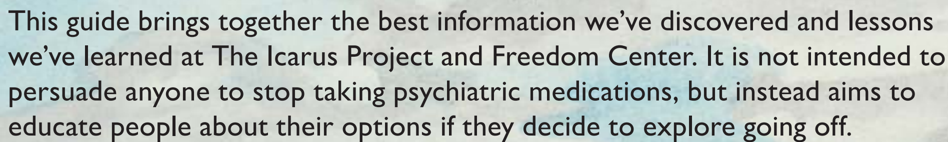


Harm Reduction Guide to Coming Off Psychiatric Drugs

Published by
The Icarus Project and Freedom Center



This guide brings together the best information we've discovered and lessons we've learned at The Icarus Project and Freedom Center. It is not intended to persuade anyone to stop taking psychiatric medications, but instead aims to educate people about their options if they decide to explore going off.

In a culture polarized between the pro-medication propaganda of pharmaceutical companies on the one hand, and the anti-medication agenda of some activists on the other, we offer a harm reduction approach to help people make their own decisions. We also present ideas and information for people who decide to stay on or reduce their medications.

Many people do find psychiatric drugs helpful and choose to continue taking them: even with the risks, this may be a better option given someone's situation and circumstances. At the same time, psychiatric drugs carry great dangers and can sometimes do terrible harm, even becoming bigger problems than the conditions they were prescribed to treat. Too often, people who need help getting off psychiatric drugs are left without guidance, and medication decisions can feel like finding your way through a labyrinth. We need honest information that widens the discussion, and we hope this guide helps people trust themselves more and take better care of one another.

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The Icarus Project is a website community, support network of local groups, and media project created by and for people struggling with bipolar disorder and other dangerous gifts commonly labeled as "mental illnesses." The Icarus Project is creating a new culture and language that resonates with our actual experiences of madness rather than trying to fit our lives into a conventional framework.

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Freedom Center is an award-winning support, advocacy and activism community based in Western Massachusetts. Run by and for people labeled with mental disorders such as bipolar, schizophrenia, and borderline, or who experience extreme states of consciousness, Freedom Center works for access to holistic alternatives, compassionate care, and an end to forced psychiatric treatment.

This is a first edition and we welcome your input and ideas for future versions.

Written by Will Hall. Published by the Icarus Project and the Freedom Center.
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This guide is available free as a file download at the Freedom Center and Icarus Project web sites.
Contact us to order published book versions and multiple copies to distribute.

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Medical Disclaimer:
This guide is written in the spirit of mutual aid and peer support. It is not intended as medical or professional advice. While everyone is different, psychiatric drugs are powerful and coming off suddenly or on your own can sometimes be dangerous.

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Author's Note:

This is a guide I wish I had when I was taking psychiatric drugs. Prozac helped me for a while, then made me manic and suicidal. I was sick for days after coming off Zoloft, with counselors telling me I was faking it. Nurses who drew blood samples for my lithium levels never explained it was to check for drug toxicity, and I thought the Navane and other anti-psychotics I took to calm my wild mental states were necessary because of my faulty brain.

I used many different psychiatric drugs over several years, but the medical professionals who prescribed them never made me feel empowered or informed. They didn't explain how the drugs work, honestly discuss the risks involved, offer alternatives, or help me withdraw when I wanted to stop taking them. Information I needed was missing, incomplete, or inaccurate. When I finally began to learn ways to get better without medication, it wasn't because of the mental heath system, it was in spite of it.

Part of me didn't really want to be on psychiatric drugs, but another part of me desperately needed help. My suffering was very serious – multiple suicide attempts, hearing persecutory voices, extreme mistrust, bizarre experiences, hiding alone in my apartment, unable to take care of myself. Therapy hadn't worked, and no one offered me other options. I was under pressure to see my problems as "biologically based" and "needing" medication, instead of looking at medication as one option among many. For a time medication seemed like my only way out. It took years to learn that the answers, and my hope for getting better, were really within myself.

When I finally left the hospitals, residential facilities, and homeless shelters I lived in for nearly a year, I began to do my own investigating. I started judging my options more carefully, based not on misinformed authorities telling me what to do, but on my own research and learning. That process led me to co-found Freedom Center, a support community in Western Massachusetts that brings together people asking similar questions.

Through the Freedom Center I discovered that I was denied a basic medical right: informed consent, having accurate information about my diagnosis and medication. I learned that mistreatment like I went through is business as usual in the mental health profession. I came across research ignored by the mainstream media, including studies by the UK charity MIND and the British Psychological Society, which confirmed my experience: most professionals are not only ignorant about coming off drugs, but frequently stand in patients' way, sometimes ending up harming them.

The Freedom Center led me to work with the Icarus Project, and together these communities of mutual support have helped many people make wiser decisions about medications, including exploring the possibility of coming off them. Many of us are living without psychiatric drugs that doctors told us we would need our whole lives, and despite a diagnosis of schizoaffective disorder schizophrenia I have been medication-free for more than 13 years.

This guide brings together the best information we've come across and the most important lessons we've learned at the Freedom Center and the Icarus Project. It's not perfect, and I invite you to contribute your experiences and research for future editions, but it's a guide that I hope can be helpful.

–Will Hall

HARM REDUCTION FOR MENTAL HEALTH

Absolutist approaches to drug and sex education teach only abstinence and "just say no." They work for some people, but not most, and people who do not follow the abstinence model end up being judged, not helped.

"Harm reduction" is different: pragmatic, not dogmatic. Harm reduction is an international movement in community health education that recognizes there is no single solution to every problem. Abstinence is not necessarily the only way. Instead of pressuring to quit, harm reduction accepts where people are at and educates them to make informed choices and calculated trade-offs that reduce risk and increase health. People need information, options, resources and support so they can move towards healthier living – at their own pace and on their own terms.

Applying harm reduction philosophy to mental health is a new but growing concept. It means recognizing that people are already taking psychiatric drugs, and already trying to come off them. It encourages examining all the different kinds of risks involved: the harm from emotional crisis that goes along with experiences labeled mental disorders, as well as the harm from treatments to deal with these experiences, such as psychiatric drugs, diagnostic labels, and hospitalization. Making harm reduction decisions means looking carefully at the risks of all sides of the equation: honesty about what help drugs might offer for a life that feels out of control, honesty about how harmful those same drugs might be, and honesty about options and alternatives. Any decisions may involve a process of experimentation and learning, including learning from your own mistakes. Harm reduction accepts all this, believing that the essence of any healthy life is the capacity to be empowered.

Introduction:

We live in a world that, when it comes to drugs, is quite crazy.

On the one hand there is the War on Drugs, which keeps some drugs illegal, overflows our prisons, and hasn't ended illegal drug use. Then there are the acceptable drugs like alcohol and tobacco, advertised everywhere with promises of happiness and power while causing widespread disease, addiction and death. Legal prescription drugs, like anti-depressants, sleep medications, and anti-anxiety pills, are just as addictive and risky as street highs, with a doctor's seal of approval. And there are neuroleptics, lithium, and anti-convulsant drugs, which have dangerous effects on the brain but help manage consciousness when people feel out of control, so we call them anti-psychotics and mood-stabilizers.

With drugs in the picture, lives are often at stake, whether from addiction, adverse drug effects, or the risks that go along with emotional crisis and madness. Combined with the confusing messages from society about drugs, the result is a lot of fear. Drugs become demons or angels. We need to stay on them at all costs, or get off them at all costs. We look only at the risks, or we're too frightened to look at the risks at all. There is no compromise: it's black and white, all or nothing.

It's easy to fall into absolutist thinking when it comes to psychiatric drugs. Pro-drug advocates focus on the risks of extreme emotional states, while anti-drug advocates focus on the risks of taking drugs. But it is the belief of this guide, and the philosophy of our pro-choice work at the Freedom Center and the Icarus Project, that either-or thinking around drugs is a big part of the problem.

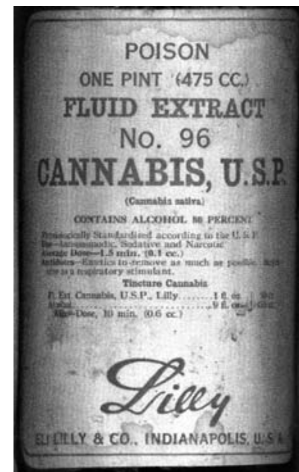
EVERYONE'S EXPERIENCE IS DIFFERENT.

There is no formula for coming off psychiatric drugs successfully. What there is, and what this guide presents, is some common experience, basic research, and important information that can potentially make the process less difficult. Many people successfully come off psychiatric drugs, with or without guidance, while others find it very hard. And many people end up staying on psychiatric drugs even though they don't want to, because they don't know any other way.

When we've relied only on doctors, television, and mainstream sources, it might seem impossible to deal with our emotional extremes without medication. Maybe we've never heard of anyone going through what we go through any other way. Maybe a prescription was the beginning of people taking our need for help seriously, and medications feel like the only way to recognize the pain and seriousness of our problems. And when everyone around us has come to view medication as essential to our survival, exploring a new path can feel too risky to even try.

Many of us get help from psychiatric drugs, but might not understand how they really work or what the other options are. Some of us never found medications useful, or they even made our problems worse, and we are ready to try living without them. Sometimes people are torn between the risks of staying on them and the risks of going off, or we take multiple drugs and suspect we don't need all of them. Others may want to go off but it's not the right time, or we may have tried in the past, experienced a return of painful or "psychotic" symptoms, and decided to go back on them for now.

Our paths to healing are unique. Some of us may not need to make any life changes, letting time and patience make change for us. Others may need to make significant changes such as in nutrition, work, or relationships; we may need to focus more on self-care, expression, art and creativity; adopt other



treatments like therapy, herbalism, acupuncture or homeopathy; or find new life interests like going to school or connecting with nature. We may discover that the first step is getting restful sleep, we may need structure to help get us motivated, or we may need to stop taking any recreational drugs or alcohol. Our priorities might be to find a home or a new job; we may need to establish stronger support networks of trusted friends; or we may need to speak up with greater honesty and vulnerability about what we are going through.

The process might feel mysterious and arbitrary, and we may need an attitude of acceptance and patience. Learning means trial and error. **Because each of us is different, it is as if we are navigating through a labyrinth, getting lost and finding our way again, making our own map as we go.**

KEY RESOURCES FOR FURTHER LEARNING

This guide draws especially from research by MIND, the leading mental health non-profit in the UK; the British Psychological Society, a mainstream professional association; and Peter Lehmann Publishing, a psychiatric survivor press.

MIND Making Sense of Coming Off Psychiatric Drugs
www.mind.org.uk/Information/Booklets/Making+sense/Making+sense+of+coming+off+psychiatric+drugs.htm or http://snipurl.com/MINDComingOffGuide

MIND Coping With Coming Off Study
www.mind.org.uk/NR/rdonlyres/BF6D3FC0-4866-43B5-8BCA-B3EE10202326/3331/CWCOreport-web.pdf or http://snipurl.com/MINDComingOffStudy

Recent Advances in Understanding Mental Illness and Psychotic Experiences: A report by The British Psychological Society Division of Clinical Psychology.
Available free online at www.freedom-center.org/pdf/britishpsychologicalsocietyrecentadvances.pdf

Coming Off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers
edited by Peter Lehmann, www.peter-lehmann-publishing.com/

Looking Critically at "Mental Disorders" and Psychiatry

Doctors put people on psychiatric medications for experiences labeled "mental disorders": extreme emotional distress, overwhelming suffering, wild mood swings, unusual beliefs, disruptive behaviors, and mysterious states of madness. Currently millions of people world-wide, including infants and elders, take psychiatric drugs when they are diagnosed with such labels as bipolar disorder, schizophrenia, depression, anxiety, attention deficit, or post-traumatic stress. The numbers are climbing every day.

For many people, these drugs are very useful. Putting the brakes on a life out of control, being able to function at work, school, and in relationships, getting to sleep, and keeping a lid on emotional extremes can all feel lifesaving. The sense of relief is sometimes dramatic, and the medications can stir very powerful emotions and even feelings of salvation. At the same time, the help psychiatric drugs offer many people can sometimes leave little room to recognize that many others experience psychiatric drugs as negative, harmful, and even life-threatening. As a result, it is rare in society to find a clear understanding of how and why these drugs work, or an honest discussion of risks, alternatives, and how to come off them if people want to.

Doctors and TV ads tell people that psychiatric medication is necessary for a biological illness, just like insulin for diabetes. They promote the idea that the drugs correct chemical imbalances and fix brain abnormalities. The truth is different, however. "Biology" and "chemical imbalances" have become simplistic sound-bites to persuade people to put their faith in science and doctors. These words are in fact much more complicated and unclear. Biological *factors* (such as nutrition, rest, and food allergies) affect everything we experience: biological *cause* or *"basis"* plants the belief that there is one root or key cause of our problem. To say something has a biological cause, basis, or underpinning is to say that the solution must be a medical one and "treatment" has to include psychiatric drugs. Once people have a diagnosis and start taking medication, it is easy to think of the medications as physically necessary for survival.

Not only is there is no solid science behind viewing mental disorders as caused by biology, but many people with even the most severe diagnosis of schizophrenia or bipolar go on to recover completely without medication. The experiences that get labeled mental disorders are not "incurable" or always "lifelong." For some people psychiatric drugs are helpful tools, but they are not medically necessary treatments for illness. And once you acknowledge these facts, the risks of psychiatric drugs themselves deserve greater scrutiny, because they are very serious, including chronic illness, mental impairment, dependency, worse psychiatric symptoms, and even death.

Because psychiatric medications are a multi-billion dollar industry like big oil and military spending, companies have incentive and means to cover up facts about their products. If you look more carefully into the research and examine closely the claims of the mental health system, you will discover a very different picture than what pill companies and most doctors want us to believe. Companies actively suppress accurate assessments of drug risks, mislead patients about how objective a mental disorder diagnosis is, promote a false understanding of how psychiatric drugs really work,

keep research into alternative approaches unfunded and unpublicized, and obscure the role of trauma and oppression in mental suffering. For the mental health system, it's one size fits all, regardless of the human cost: scandals are growing, and the fraud and corruption surrounding some psychiatric drugs are reaching tobacco-industry proportions.

In this complicated cultural environment, people need accurate information about possible risks and benefits so they can make their own decisions. Too often, people who need help getting off these drugs are left without support or guidance, and even treated like the desire to go off the drugs is itself a sign of mental illness – and a need for more drugs.

In discussing "risks" and "dangers," it is important to understand that all life involves risk: each of us makes decisions every day to take acceptable risks, such as driving a car or working in a stressful job. It may not be possible to predict exactly how the risks will affect us, or avoid the risks entirely, but it is important that we know the risks exist and learn as much about them as we can. Looking at the risks of drug treatment also means looking at the risks of emotional distress / "psychosis" itself, and making the best decision for you, whether it is that psychiatric drugs are the best option given your circumstances and situation, or whether you want to try to come off. This guide is not intended to persuade you one way or the other, but to help educate you about your options if you decide to explore going off psychiatric drugs.

Because of the pro-drug bias in medicine and science, there has been very little research on psychiatric drug withdrawal. We based this guide on the best available information, including excellent sources from the UK, and worked with a group of health professional advisors (see page 40) including psychiatric doctors, nurses, and alternative practitioners, all of whom have extensive clinical experience helping people come off drugs. We also draw on the collective wisdom of an international network of peer counselors, allies, colleagues, activists, and healers who are connected with the Freedom Center and the Icarus Project. ***We encourage you to use this guide not as the definitive resource but as a reference point for your own research and learning.*** And we hope that you will share what you have learned with others and contribute to future editions.

HOW DIFFICULT IS COMING OFF PSYCHIATRIC DRUGS?

In working with hundreds of people over many years, we have found there is no way to predict how the coming off process will go. There is really no way to know in advance who can and who cannot live without psychiatric drugs, who can live with fewer drugs or lower doses, or how hard it will be. We've seen people withdraw successfully after more than 20 years, and people need to continue to take them after being on for just a year. Because it is potentially possible for anyone, the only way to really know is to slowly and carefully try, and see how it goes. Everyone should have the right to explore this.

The study of coming off drugs by MIND, the leading mental health charity in the UK confirms our experience. MIND found that **"Length of time on the drug emerged as the factor that most clearly influenced success in coming off. Four out of five people (81 per cent) who were on their drug for less than six months succeeded in coming off. In contrast, less than half (44 per cent) of people who were on their drug for more than five years succeeded. (Just over half of people who were on their drug for between six months and five years succeeded.)"**

(see Resources, page 38)

In some ways the issue of coming off psychiatric drugs is deeply political. People of all economic and educational backgrounds successfully reduce or go off their psychiatric medication. However, sometimes economic privilege can determine who has access to information and education, who can afford alternative treatments, and who has the flexibility to make life changes. People without resources are often the most vulnerable to psychiatric abuse and injury from drugging. Health is a human right for all people: we need a complete overhaul of our failed "mental health system" in favor of truly effective and compassionate alternatives available to all regardless of income. Pushing risky, expensive drugs as the first and only line of treatment should end; priority should be on providing safe places of refuge and treatments that do no harm. Numerous studies, such as Soteria House in California and programs in Europe, show that non-drug treatments can be very effective and cost less than the current system. And a medical and product regulatory establishment honest about drug risks, effectiveness, and alternatives would have never put most psychiatric drugs on the market to begin with.

Instead of viewing the experiences of madness as a "dis-ability," which can be a stigmatizing put-down, it is helpful to view those of us who go through emotional extremes as having "diverse-ability." Society must accommodate the needs of sensitive, creative, emotionally wounded, and unusual people who make contributions to the community beyond the standards of competition, materialism, and individualism. To truly help people who are labelled mentally ill, we need to rethink what is "normal," in the same way we are rethinking what it means to be unable to hear, without sight, or with limited physical mobility. We need to challenge able-ism in all forms, and question the wisdom of adapting to an oppressive and unhealthy society, a society that is itself quite crazy. Our needs are intertwined with the broader needs of social justice and ecological sustainability.

UNIVERSAL DECLARATION OF MENTAL RIGHTS AND FREEDOMS

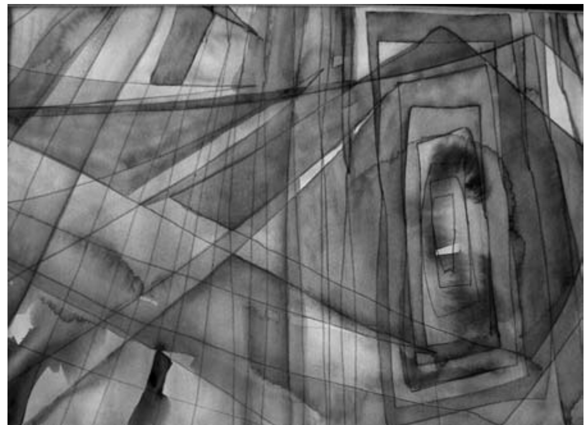
That all human beings are created different. That every human being has the right to be mentally free and independent.

That every human being has the right to feel, see, hear, sense, imagine, believe or experience anything at all, in any way, at any time.

That every human being has the right to behave in any way that does not harm others or break fair and just laws.

That no human being shall be subjected without consent to incarceration, restraint, punishment, or psychological or medical intervention in an attempt to control, repress or alter the individual's thoughts, feelings or experiences.

from: Adbusters.org



Principles of This Guide:

- **Choice:** Psychiatric medications affect the most intimate aspects of mind and consciousness. We have the right to self-determination: to define our experiences as we want, seek out practitioners we trust, and discontinue treatments that aren't working for us. We don't judge others for taking or not taking psychiatric drugs: we respect individual autonomy. When people have difficulty expressing themselves or being understood by others, they deserve accommodation, supported decision-making, and patience from caring advocates, according to the principle of "first do no harm" and the least intrusion possible. No one should be forced to take psychiatric drugs against their will.

- **Information:** Pharmaceutical companies, medical practitioners, and the media need to provide accurate information about drug risks, the nature of psychiatric diagnosis, alternative treatments, and how to go off psychiatric drugs. Medical ethics require practitioners to understand the treatments they prescribe, protect patients from harm, and promote safer alternatives.

- **Access:** When we choose alternatives to psychiatric drugs and mainstream treatments, there should be programs, affordable options and insurance coverage available. Choice without access to options is not real choice. Community controlled services should be available to everyone who needs help going off psychiatric drugs or struggling with extreme states of consciousness without drugs. We urge all health care practitioners to offer free and low-cost services to a share of their clients, and for everyone with economic and social privilege to work to extend access to alternative treatments to all.

How Do Psychiatric Drugs Work?

Most people begin taking psychiatric medications because they are "distressed and distressing." They are either experiencing overwhelming states of emotional distress, or someone else is distressed with their behavior and sends them to a doctor – or some combination of both. There are many labels for these states, like anxiety, depression, mania, psychosis, voices, and paranoia, and labels change over time. Doctors frequently tell people that their emotional distress is due to a mental disorder which has a biochemical basis, that their distress is dangerous (such as the risk of suicide) and must be stopped, and that medication with psychiatric drugs is the most appropriate therapy.

Psychiatric drugs act on the brain to change mood and consciousness like any other mind altering drug. Because many medications can blunt or control the symptoms of emotional distress – by either speeding a person up, slowing a person down, reducing sensitivity, or getting them to sleep – they can take the edge off extreme states. They help some people feel more capable of living their lives. It is important to realize, however, that psychiatric drugs do not change the underlying causes of emotional distress. They are best understood as tools or coping mechanisms that can sometimes alleviate symptoms, with significant risks for anyone who takes them.

Do Psychiatric Drugs Correct Your Chemistry?

People are told that mental disorders exist because brain chemistry levels are "abnormal" or "imbalanced," that this results from genetic "predispositions" inherited from families, and that psychiatric drugs work by correcting these pre-existing brain chemical imbalances. However, these claims have never been proven by scientific study to be true.

Despite decades of effort and billions of dollars in research, no reliable and consistent evidence of preexisting chemical imbalances, genetic predispositions, or brain abnormalities has ever been found to go along with any psychiatric disorder diagnosis. Even the fine print of drug company ads now typically state that conditions are "believed to be caused by" or "thought to be caused by" chemical imbalances, rather than making definitive claims. Genetic theories today talk about complex interactions with the environment that differ from individual to individual based on experience, rather than genetic "blueprints" or causality.

No elevated or lowered level of any neurotransmitter has ever consistently been proven to cause a psychiatric disorder. A baseline has never even been established for what constitutes "normal" brain chemistry for all people, and no physical test, like urinalysis or blood draw, exists to detect mental disorders. Brain scans have never been able to distinguish consistently between "normal" people and people with psychiatric diagnoses (though medications can cause brain changes that show up on scans). Three people with an identical diagnosis might have completely

different brain chemistry, and someone with very similar brain chemistry might have no diagnosis at all. Western medicine has not isolated any biological causes in the same way it can describe the physical mechanisms that cause illnesses such as tuberculosis, Down Syndrome, or diabetes.

Madness and mental disorder diagnoses do sometimes seem to "run in families," but so do child abuse and artistic ability. Because of shared learning and experience, family history can mean many things other than genetic determination. Despite ambitious claims by researchers that are sensationalized in the media, no genetic cause, marker or set of markers has ever been discovered and isolated for mental disorders. In fact, the more that is understood about genetics, behavior and the brain, the more complicated the picture becomes, and the less likely of ever finding a genetic "key." Using genetics to explain the diverse range of human behavior in a simplistic way is a throwback to the discredited concepts of social Darwinism and eugenics.

Identical twins have the same genes, but don't always have the same psychiatric diagnosis, which proves that genes alone cannot be causal. Studies show that twins do tend have a slightly higher chance of the same diagnosis, possibly indicating some genetic role, but these studies are often flawed, and claims exaggerated. Parents certainly know that children have different temperaments and qualities even at birth, but individual traits like sensitivity and creativity only become the experiences of madness and emotional distress after the very complicated social factors of experience, including trauma and oppression, have played a role.

Every mood, thought, or experience exists somehow in the brain and body as expressions of biology, but society, mind, and learning intervene to make any causal relationship impossible to establish. Philosophers and scientists have been puzzling over the relationship between consciousness and the brain for hundreds of years. Psychiatry and neuroscience can make no credible claim to have solved the mystery of the mind-body relationship.

Ultimately, psychiatric diagnosis requires a doctor's subjective psychological evaluation of a patient, and the doctor relies on their own interpretations, fears, and preconceptions. Doctors often disagree with each other, people sometimes have many different diagnoses over time, and discrimination based on class, race, and gender is common.

The decision to take or not take psychiatric drugs should be based on the usefulness of the drug to the person who needs help relative to the risks involved, not any false belief that they "must" be on the drug because of biology or genes.

WHO'S TO BLAME? YOURSELF? YOUR BIOLOGY? OR NEITHER?

If biology and brain chemistry aren't to "blame" for your anxiety, voices, suicidality, or other distress, does this mean that you yourself are to blame? Is it either your brain's fault or your fault?

A mental disorder diagnosis and a prescription can be a huge relief if the only other option is blaming yourself as lazy, weak, or faking it. When people haven't been taking your pain seriously, a doctor's decision that you have a mental disorder can feel liberating. Choosing to come off medication can then seem like the wrong message, that you don't really need help and your suffering is not really that bad.

This is an unfair either-or trap that ensnares people in the mental health system. Pharmaceutical company advertising preys on this dilemma. Coming off medications and challenging the medical model of disorders and illness means educating yourself and the people in your life to think beyond this narrow conception.

Because medical science doesn't have definitive answers about what madness and extreme states are, it is up to each person to understand their experience in the way that makes sense to them. Grounding in solid research, like the sources used in this guide, can be a powerful antidote to mainstream messages. For example, the British Psychological Society report, referenced in the Resources section, acknowledges the limits of disease-model theories and suggests that *stress vulnerability* may be a more neutral, non-pathologizing way to understand what gets called "mental illness." Other explanations, such as spirituality, abuse, trauma, environmental illness, or holistic health, are also possible. Connecting with other people who share your experiences can be crucial, and today with the internet it is easy to gather supporters even from distant countries.

Taking medication doesn't mean your suffering is more serious than someone who doesn't take medication. Looking to non-biological factors like trauma, sensitivity, or spirituality doesn't mean your problems are more your own fault than someone who points to biology, genes, or brain chemistry. You don't need help any less just because you don't see yourself as having a "disorder" or being "sick."

What Do These Drugs Do to Your Brain?

Like street drugs and any mood or mind altering substance, psychiatric drugs alter mental states and behavior by affecting brain chemistry.

Current medical theory is that most psychiatric drugs work by changing the levels of chemicals called neurotransmitters (anti-convulsants, anti-epileptics, and "mood stabilizers" like lithium appear to work by changing blood flow and electrical activity in the brain in general). Neurotransmitters are linked with mood and mental functioning, and all the cells of the nervous system, including brain cells, use neurotransmitters to communicate with each other. When neurotransmitter levels change, "receptor" cells, which receive and regulate the neurotransmitters, can grow or shrink to adjust, and become more sensitive.

SSRI anti-depressants ("selective serotonin re-uptake inhibitors") for example are said to raise the level of the neurotransmitter serotonin present in the brain and reduce the number of brain serotonin receptors. Anti-psychotic medications like Haldol lower the level of dopamine and increase the number of dopamine receptors in the brain. This action on neurotransmitters and receptors is the same as for many street drugs. Cocaine changes the levels of both serotonin and dopamine, as well as noradrenaline, and alters receptors.

While these chemical changes are taking place, your consciousness works to interpret and respond in your own way, while your body responds in its way as well. Because everyone is different, your experience of medication may not be the same as other people, and will ultimately be uniquely your own. Trust yourself.

Why do People Find Psychiatric Drugs Helpful?

Unlike their risks, the benefits of psychiatric drugs are widely and loudly promoted in the media. The helpful aspects of the drugs, however, tend to be mixed in with inaccurate claims about biological causes and distorted by sensationalistic advertising hype. The information below is an attempt to cut through the confusion and describe the basic ways that many people find psychiatric drugs helpful.

- Sleep deprivation is one of the single biggest causes of, and contributors to, emotional crisis. Short term medication use can get you to sleep.
- Short term medication can interrupt and "put the brakes on" a difficult extreme state of consciousness or an acute moment of crisis. Ongoing use can sometimes prevent episodes of mania or depression, or make them less severe. Some people report that extremes and symptoms feel less severe and more manageable on medications.
- Interrupting crisis and getting some sleep can reduce stress in your body and settle you down, which can allow you to reduce chaos in your life and take care of yourself better with food, relationships, and other basic issues. This can lay a groundwork for greater mental stability and making changes that might not have been possible otherwise.
- Medications can sometimes help you show up for and function at work, school, and in your life, which is especially useful if you cannot change these circumstances. Work may require you to get up in the morning and avoid mood swings, and relationships may need you to avoid emotional reaction or sensitivity.
- All drugs have a powerful placebo effect: just believing they work, even unconsciously, can make them work. Recovery from very serious illnesses is possible just from receiving a placebo sugar pill the patient thinks is real, or undergoing a "placebo surgery" believed to be real. In clinical trials many psychiatric drugs have little proven effectiveness beyond that of placebo, because of the powerful mental effect at work. The mind plays a central role in any healing, and there is no way to determine whether effectiveness for an individual comes from placebo or drug effects.
- Compliance also contributes to the placebo effect: sometimes people will feel better when they find a clear official explanation of their suffering to believe in, and when they follow and get support from a doctor, family member, or other authority figure.
- Advertising, especially direct-to-consumer television advertising (allowed in the US and New Zealand), is extremely powerful and influences people's experience to fit their hopes and expectations.

Facts You May Not Know About Psychiatric Drugs

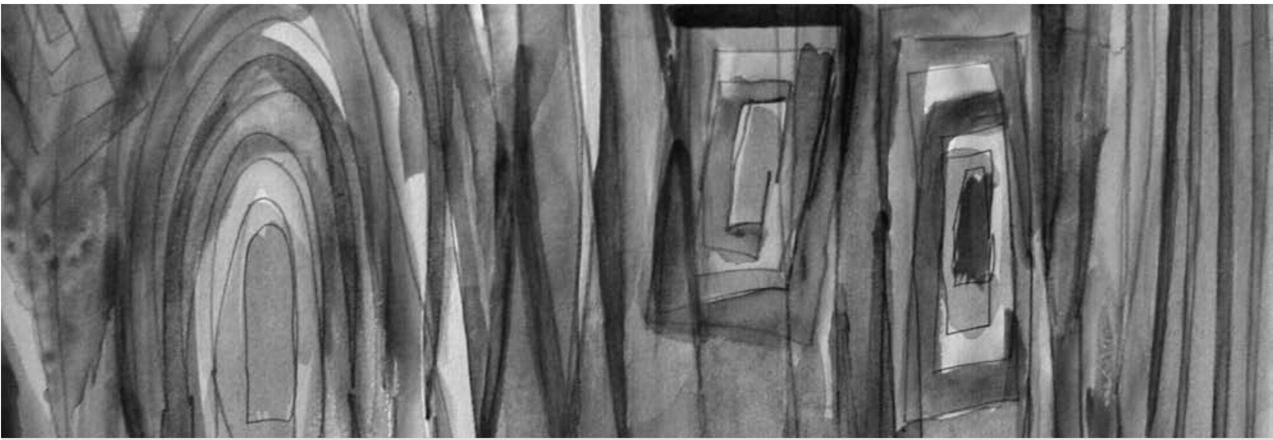
- Higher doses and longer term use of psychiatric drugs often mean brain changes can be deeper and longer lasting. The drugs are then often harder to come off and can have more serious adverse effects. The human brain is much more resilient than was once believed, however, and can heal and repair itself in remarkable ways.
- Neuroleptic or major tranquilizer drugs are claimed to be "anti-psychotic," but in fact do not target psychosis or any specific symptom or mental disorder. They are tranquilizers that diminish brain functioning in general for anyone who takes them. They are even used in veterinary science to calm down animals. Many people on these drugs report that their psychotic symptoms continue, but the emotional reaction to them is lessened.
- The psychiatric use of chemicals such as Thorazine and lithium was discovered before theories of "chemical imbalance" were invented, and do not reflect any understanding of the cause.
- Newer anti-psychotic drugs called "atypicals" target a broader range of neurotransmitters, but they work in basically the same ways as older drugs. Manufacturers marketed these drugs (which are more expensive than older ones) as better and more effective with fewer side effects, and they were hailed as miracles. But as reported in the *Archives of General Psychiatry, New York Times*, *Washington Post*, and elsewhere, this has been exposed as untrue, with some companies even covering up the extent of adverse effects like diabetes and metabolic syndrome. However, because newer drugs are somewhat different, people on older drugs might feel better by switching to newer ones. This may be because dosages are often smaller, it can take longer for negative effects to show, and individuals have different expectations of different drugs.
- Sometimes people are told that adverse drug effects are due to an "allergic reaction." This is misleading: psychiatric drug effects do not function biologically in the body the way food or pollen allergies do. Calling drug effects "allergic reactions" treats the problem like it is in the person taking the drug, not the drug's effect itself.
- Benzodiazepene – Valium, Xanax, Ativan and Klonopin – addiction is a huge public health problem, and withdrawal can be very difficult. Use for more than 4-5 days dramatically increases risks.
- Psychiatric drugs are widely used in prisons to control inmates and in nursing homes to control the elderly.
- Sleep medication like Ambien and Halcyon can be addictive, worsen sleep over time, and cause dangerous altered states of consciousness.
- Because they work like recreational drugs, some psychiatric medications are even sold on the street to get high. Stimulants like Ritalin and sedatives like Valium are widely abused. Because of their easy availability, illegal use of psychiatric drugs, including by children, is widespread.
- The "War on Drugs" obscures the similarities between legal psychiatric drugs and illegal recreational drugs. Anti-depressant "selective serotonin re-uptake inhibitors (SSRIs)" work chemically similar to slow-administered oral cocaine. Cocaine was in fact the first prescription drug marketed for "feel good" anti-depression effects, before being made illegal. Coca, the basis of cocaine, was even once an ingredient in Coca-Cola.

Health Risks of Psychiatric Drugs

Making a decision about coming off psychiatric drugs means evaluating as best you can the risks and benefits involved, including important information missing or suppressed from most mainstream accounts. Some risks may be worth taking, some risks may not be worth taking, but all risks should be taken into consideration. Because each person is different and drug effects can vary widely, the uncertainty involved should be met with your own best judgment and observations of how your body and mind are responding. This list cannot be comprehensive, and new risks are being uncovered regularly. Check a watchdog group (like www.ahrp.org) for the latest information.

Physical Health Risks

- Psychiatric drugs are toxic and can damage the body. Neuroleptic "anti-psychotics" can cause the life-threatening toxic reaction called neuroleptic malignant syndrome, as well as Parkinson's disease-like symptoms. Regular blood level tests are required of some drugs such as lithium and Clozaril to protect against dangerous organ damage. Many drugs can lead to obesity, diabetes, sudden heart attack, kidney failure, serious blood disorder, and general physical breakdown. Other toxic effects are numerous, and include interfering with the menstrual cycle, threats to pregnancy, and life-threatening "serotonin syndrome" when anti-depressants are mixed with other drugs.
- Psychiatric drugs can injure the brain. The rate of tardive dyskinesia, a serious neurological disease that can disfigure a person with facial tics and twitching, is very high for long-term patients on neuroleptic anti-psychotic drugs, and even short-term use carries some risk. Anti-depressants can also cause brain injury. Other effects can include memory damage and cognitive impairment.
- Pharmaceutical company effectiveness and safety studies, as well as FDA regulation, are extensively corrupted and fraud is widespread. There are few long-term studies, or studies of how drugs combine together. The real extent of psychiatric drug dangers may never be accurately known. Taking psychiatric drugs is in many ways society-wide experimentation, with patients as guinea pigs.
- Combining with alcohol or other drugs can dramatically increase dangers.
- Drug effects can lower the quality of life, including impaired sexuality, depression, agitation, and overall health deterioration.
- Drug-induced body changes such as restlessness or stiffness can alienate you from others and increase isolation.
- Lithium interacts with salt and water in the body, and when these levels change, such as from exercise, heat, or diet, potency can fluctuate. Even with regular blood tests and dosage adjustments, this means people taking lithium are sometimes at risk of exposure to damaging levels.
- ADHD drugs such as Adderall and Ritalin can stunt growth in children, and present other unknown dangers to brain and physical development. Like any amphetamines, they can cause psychosis and heart problems, including sudden death.
- ADHD stimulants, sleeping aids, and benzodiazepene tranquilizers are physically addictive like street drugs, and benzodiazepenes are more addictive than heroin.



Mental Health Risks

Mental health risks are some of the least understood aspects of psychiatric medications, and can make drug decisions and the withdrawal process very complicated. Here are some things that your doctor may not have told you:

- Psychiatric drugs can make psychotic symptoms worse and increase the likelihood of having psychotic symptoms. Drugs can change receptors for such neurotransmitters as dopamine, making a person "supersensitive" to becoming psychotic, as well as increasing sensitivity to emotions and experiences in general. Some people report some of their first psychotic symptoms occurred *after* starting to take psychiatric drugs.
- Many drugs now carry warnings about the increased risk of suicide and violent behavior.
- Many people experience negative personality changes, including not feeling themselves, feeling drugged, emotional blunting, diminished creativity, and reduced psychic/spiritual openness.
- People who take psychiatric drugs, especially anti-psychotics, are often more likely to become long-term and chronic mental patients. People in poor countries that use less medication recover much faster than in rich countries that use a lot of medication. Many people recover faster and do much better without drugs.
- Once you are on the drug, your personality and critical thinking abilities may be very changed. It might be difficult to properly evaluate the drug's usefulness. You may need to get off the drug, but not realize it because of how the drug is affecting your thinking.
- Psychiatric drugs can interrupt and impair the mind's natural ability to regulate and heal emotional problems. Many people report having to "re-learn" how to cope with difficult emotions when they come off psychiatric drugs.
- Some people, even experiencing the worst depths of madness, say that by going through their experiences rather than suppressing them, they emerge stronger and healthier in the end. Sometimes "going crazy" can be the doorway to personal transformation, and some people are thankful for even the most painful suffering they have been through. Drugs can obscure this possible positive side. Artists, philosophers, poets, writers and healers often attribute tremendous value to the insights gained from "negative" emotions and extreme states.

Other Drug Risks and Considerations

Understanding the coming off drugs process means taking into account many different factors you may not have considered before:

- While not publicized widely by a culture dominated by pharmaceutical companies, alternative treatments, talk therapy, and even the placebo effect can often be more effective than psychiatric drugs, without the risks.
- Keeping up with taking pills every day is difficult for anyone. Missing doses of psychiatric drugs can be dangerous because of the withdrawal effects, making you vulnerable if the drug is interrupted.
- Doctors typically see patients infrequently for short visits, making it less likely to spot potentially serious adverse drug reactions.
- People with a mental disorder diagnosis frequently have difficulty getting insurance.
- Taking psychiatric drugs often means giving up control to the judgments of a doctor, who may not make the best decisions for you.
- Taking psychiatric drugs can mean being seen as mentally ill in society and starting to see yourself in that role. The stigma, discrimination, and prejudice can be devastating, and even create a self-fulfilling prophecy. Diagnostic labels cannot be stricken from the record the way criminal histories can. Studies show that trying to convince people that "mental illness is an illness like any other" is a counterproductive strategy that actually contributes to negative attitudes.
- Psychiatric drugs can convey the false view that "normal" experience is productive, happy, and well adjusted all the time, without mood shifts, bad days or suffering. This encourages a false standard of what it is to be human.
- Taking psychiatric drugs can put a passive hope in a "magic bullet" cure rather than taking personal and community responsibility for action to change.

How Withdrawal Affects Your Brain and Body

All psychiatric drugs work by causing organic brain changes. This is why going off leads to withdrawal effects: your brain gets used to having the drug, and has a hard time adjusting when the drug is removed. When you go off the drug, it takes your brain time to bring the activity of receptors and chemicals back to the original state before the drug was introduced. While medical authorities sometimes use confusing terms like "dependence," "rebound," and "discontinuation syndrome," the psychiatric drug action that causes withdrawal symptoms is basically the same as addiction. *Tapering off slowly is usually best*: it allows your brain time to become accustomed to being without the drugs. Going off fast does not usually allow your brain enough time to adjust, and you may experience much worse withdrawal symptoms.

Important: the symptoms of psychiatric drug withdrawal can sometimes look exactly like the "mental illness" that the medications were prescribed for in the first place.

People can become "psychotic," anxious, or any other psychiatric symptom from drug withdrawal itself, not because of their psychiatric "disorder" or condition.

When someone goes off a psychiatric drug they can have anxiety, mania, panic, depression and other painful symptoms. These may be the same, or even worse, than what got called psychosis or mental disorder before the drug was taken. Typically people are then told that this proves their illness has come back and they therefore need the drug. *However, it may be the withdrawal effect from the drug that is causing these symptoms.*

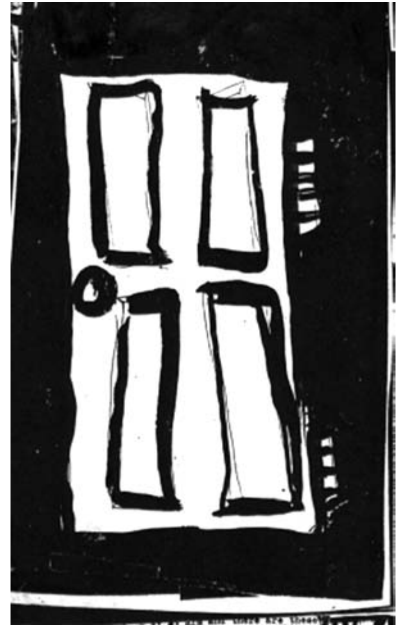
Withdrawal symptoms do not necessarily prove you need a psychiatric drug any more than headaches after you stop drinking coffee prove you need caffeine, or delirium after stopping alcohol shows you need to drink alcohol. It just means your brain has become dependent on the drug, and needs time to adjust to being off it.

Psychiatric drugs are not like insulin for a diabetic: they are a tool or coping mechanism.

Scientists used to believe that the brain could not grow new cells or heal itself, but this is now known to be untrue. Everyone can heal. A strong and healthy body with good lifestyle and positive outlook will help support and nurture your brain and body to heal. When you have been on psych drugs for years, it can however sometimes take years to successfully reduce or go off them. Many people on these drugs, especially long-term neuroleptic anti-psychotics, develop brain injury and damage. This may not be permanent, but sometimes people live the rest of their lives with these brain changes. You may find that the goal of going off completely might not be right for you. You may feel better staying on them, and decide instead to reduce your medication or stay at the same dosage, and focus on other ways to improve your life.

Why Do People Want to Stop Using Psychiatric Drugs?

People are often told that whatever the negative side effects, taking psychiatric drugs is always better than suffering from "untreated" mental disorders. Some doctors claim that mental disorders have a "kindling" effect, and that the earliest possible medication is always best. Today these views are being discredited. Many people with even the most severe mental illness diagnosis have gone on to find ways to recover without psychiatric drugs, and they report their lives are much better without them. Many people who go into "psychotic" or extreme emotional states deal with them successfully without medication. Diverse, non-western cultures often respond to and understand these experiences differently, even sometimes seeing them as positive and spiritual.



It's not an either-or choice between taking psychiatric drugs or doing nothing about your problems. There are many alternatives you can try. In fact, some of the problems that are called "mental disorders" might for some people actually turn out to be *caused* by the drugs they are taking.

HARM REDUCTION AND STAYING ON PSYCHIATRIC DRUGS

You may decide that, given the degree of crisis you are facing and the obstacles to workable alternatives, you want to continue psychiatric medication. It may still be a good idea to take a harm reduction approach. You can make whatever changes to improve the quality of your life, and work to minimize the risk or harm associated with the medications you are taking:

- Learn what you can from a variety of sources about the adverse effects of your medications. Use nutrition, herbs and supplements to reduce these effects.
- Consider experimenting with lowering the dosage of your drug, even if you don't intend to go off it completely. Remember that even gradual dosage reduction can cause withdrawal effects.
- If you are starting a medication for the first time, many people report that an extremely small dose, much lower than recommended, can sometimes be effective, with fewer risks.
- Try to reduce the number of different medications you take to those you feel are really essential, understanding which ones carry the greatest risks and sticking to temporary use when you can.
- Take an active interest in your overall health, alternative treatments, and holistic wellness approaches, including those discussed in this guide. Finding new sources of self-care might reduce your need for medication and allow you to lower your dosage.
- Make sure you have the prescriptions and refills you need, because missing doses can add stress to your body and brain.
- Carefully follow your schedule of any blood draws, liver, kidney and other tests that monitor dosage and toxicity.
- Get regular physical exams and consultations with health care providers, especially holistic practitioners, to watch your overall health.
- If you are taking other medications, look out for any possible interaction with your psychiatric drugs.
- Beware mixing psychiatric drugs with recreational drugs or alcohol, which can worsen adverse effects and be dangerous.
- Don't just rely on your doctor for guidance. Connect with other people taking the same medications you do; the internet, local support and discussion groups can help.

I WANT TO COME OFF MY PSYCHIATRIC DRUGS, BUT MY DOCTOR WON'T LET ME. WHAT SHOULD I DO?

Many doctors have a controlling attitude towards patients and will not be supportive of a decision to reduce or go off psychiatric drugs. They may hold the fear of hospitalization and suicide over patients as a danger. Some see themselves as custodians and feel like whatever happens to you is their responsibility. If your doctor doesn't support your goals, ask them to explain their reasons in detail. Consider what they have to say carefully – you may want to reevaluate your plan or put it off if the doctor is making sense. You may also want to get a friend, advocate, or ally to help you make your case to the doctor, especially someone in a position of authority like a family member, therapist, or health practitioner. Explain that you understand the risks, and describe how you are preparing to make your medication changes carefully with a good plan. Educate them about the research presented in this guide, and the studies documenting the many people who succeed in reducing and going off their drugs. Describe your reasons clearly. Remind the doctor their job is to help you help yourself, not run your life for you, and that the risks are yours to take.

You may need to inform your doctor you are going ahead with your plan anyway: sometimes they will cooperate even if they don't approve. If your doctor is still unsupportive, consider getting a new doctor. You can also rely on a health care practitioner such as a naturopath or acupuncturist. Sometimes people even go ahead with a medication reduction and elimination without telling their doctor or counselor. This may be understandable in many circumstances, such as if you have benefits such as health care, housing or transportation that might be in jeopardy if you are considered "noncompliant." Weigh the risks of such an approach carefully, though.

The UK charity MIND, in their study on coming off psychiatric drugs, found that **"People who came off their drugs against their doctor's advice were as likely to succeed as those whose doctors agreed they should come off."** As a result of this finding, MIND changed its official policy, and no longer recommends that people attempt to go off psychiatric drugs only with their doctor's approval.

BEFORE YOU START COMING OFF

Everyone is different, and there is no cookie-cutter or standard way to withdraw from any psychiatric drug.

The following is a general step-by-step approach that many people have found helpful. It is intended to be shaped and changed to suit your needs. Be observant: follow what your body and heart are saying, and look to the advice of people who care about you. Finally, keep a record of how you reduced your medications and what happened, so that you can study the changes you are going through and others can learn from your experience.

GET INFORMATION ABOUT YOUR DRUGS AND WITHDRAWAL

Prepare yourself by learning all that you can about withdrawing from your psychiatric drug. Meet and discuss going off with people who have succeeded. Read about your drugs from mainstream, holistic, and alternative sources. Additional resources are listed at the end of this guide.

TIMING

When is a good time to start coming off? When is a bad time?

If you want to reduce or go off medication, timing is very important. It is usually better to wait until you have what you need in place instead of trying to come off unprepared, though sometimes the drugs themselves make this difficult. Remember, coming off may be a long-term process, so you may want to prepare just like you were making any major life change. Coming off drugs will likely not be a solution in itself, but the beginning of new learning and challenges.

- Do you have stability in your housing, and a regular schedule? Would it be better to focus on these first?

- Are there big problems or issues that need attention you have been putting off? Are there things that are worrying you that you should prioritize? Settling other matters might help you feel more in control.

- Did you just come out of a hospital, or were you recently in a crisis? Is this a bad time to begin withdrawal, or is the drug part of the problem?

- Are you noticing worsening of drug effects, or have you been on the drugs for a long time and feel "stuck"? These might be good times to prepare to come off.

PLAN SUPPORT

- Get help if you can. Working with a doctor or health care practitioner who is on your side can make a huge difference. Have supportive friends and family, and get help making your plan. Make sure they know that withdrawal may be rough, and that withdrawal symptoms do not necessarily mean you should go back on the drug. Helpers can provide an outside perspective, offer feedback on your plan, help you when things get difficult, and strengthen your resolve. It might be a good time to make sure you have access to a cell phone, or stay with someone close to you who can help cook good meals and help look after you during the rough times. Lacking support is not necessarily an obstacle to coming off drugs – some people have done it on their own – but in general a supportive community is a crucial part of everyone's wellness.

- Create a "Mad Map" or "advance directive," which is a crisis plan telling people what to do if you go into serious crisis and have trouble communicating or taking care of yourself. A mad map, wellness plan, or advance directive lists your warning signs and how people should respond, and includes instructions on who to contact and how to help, as well as treatment and medication preferences. Hospitals and professionals may look to your advance directive for guidance, and eventually they may be legally enforceable, like a living will. Your advance directive will help people provide you with what you need when you are having a hard time. Check the National Resource Center on Psychiatric Advance Directives at www.nrc-pad.org.

- Get a thorough health evaluation, by a practitioner who can thoroughly assess your well-being and offer restorative and preventive ways to improve your health. Many people with psychiatric diagnoses have unaddressed physical health needs. Chronic medical/dental problems, toxic exposure, pain, and malnutrition can all undermine your health and make it harder to reduce or go off your medications. Take the time to work on your physical health, including searching for affordable options. Consider seeing a holistic practitioner: many have sliding scale or barter arrangements.

- Pay extra attention to your health while withdrawing. This is a stressful detoxification process. Strengthen your immune system with plenty of rest, fresh water, healthy food, exercise, outdoor air, sunlight, visits to nature and connections with your community.

ATTITUDE

Believe that you *can* improve your life. With the right attitude you will be able to make some positive changes, whether it is coming off, reducing your medications, or increasing your well-being. Many people, even if they've been on high doses of psychiatric drugs for decades, have gotten off, and others have reduced drugs or improved the quality of their lives in other ways. Believe in your ability to take greater control of your health and wellbeing. Make sure people around you believe in your ability to make change.

Remember that just lowering your dosage can be a big step, and might be enough: what is important is that you believe in your ability to improve your life by taking charge of your medication choices.

PREPARE TO FEEL STRONG EMOTIONS

When you go off psychiatric drugs you may have to learn new ways to cope with feelings and experiences. Be patient with yourself and do the best you can, with support. Remember that life is a constantly changing range of feelings and experiences: it is okay to have negative feelings sometimes: such feelings may be part of the richness and depth of who you are. Talk with others about what you are going through, try to stay connected with sensations in your body, and gradually build up your skills. Alert people close to you how they can help.

PLAN ALTERNATIVE COPING STRATEGIES

It's not always possible, but if you can, create alternatives before you start reducing. You have been relying on the drug to cope, and you may need new coping mechanisms. There are many alternatives, such as nutrition, holistic health, exercise, support groups, therapy, spirituality and being in nature. Everyone is different, so it will take some time to discover the "personal medicine" that works for you. You may want to gain some confidence in your new tools before undertaking drug withdrawal. Make sure your helpers know about your alternatives, and can remind you about them and support you using them. If you can, give yourself enough time to put alternatives in place first.

WORKING WITH FEAR

Many people who have come off psychiatric drugs report that fear is the greatest obstacle to beginning the process. You may worry about going into the hospital again, losing a job, conflicting with friends and family, stirring powerful altered states of consciousness, facing difficult withdrawal symptoms, triggering suicidal feelings, or stepping away from a tool that helps you cope with underlying emotions and problems. And since there may be real risks, some fear makes sense.

Beginning a big life change is like embarking on a trip or journey: the unknown can be an exciting possibility or an intimidating threat. It is important to acknowledge that you may be a very different person than when you began taking psychiatric medications. You may have grown, developed new skills, and gained new understanding. It may be helpful to list your fears and get a friend to help you examine what is realistic and what might be exaggerated, as well as any concerns you may not have thought about. Can you be realistic about your fears and all the different possibilities? What kind of preparation can you do? Can you find room for hope – or transformation?

The future doesn't necessarily have to be the same as the past: don't let a label of "disorder" or a dire prediction from a doctor convince you recovery is impossible.

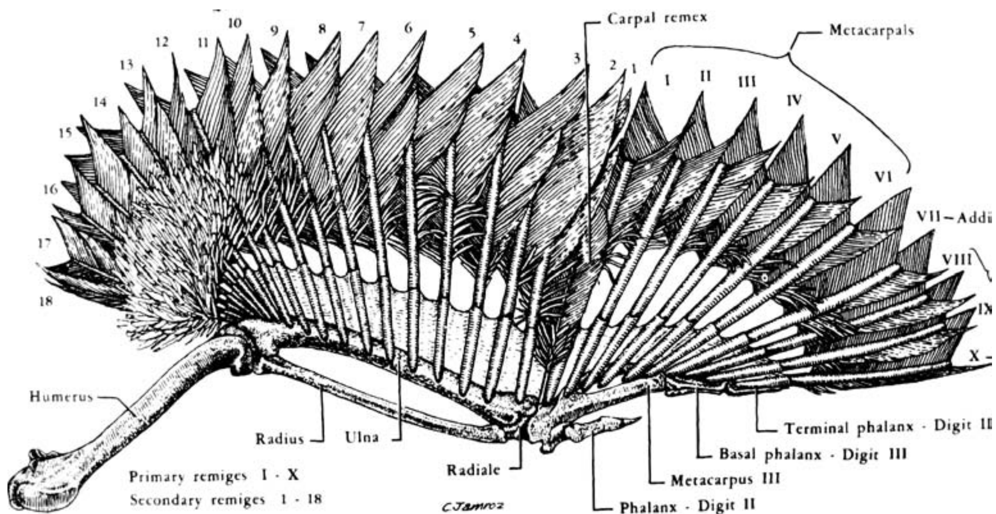
What are the Alternatives to Using Psychiatric Drugs?

- Friendships with people who believe in your capacity to take charge of your wellness can be crucial. Ideally these should be people who have seen you on your "bad days," are there for you when you're in trouble, and are prepared for difficulties that can come from withdrawal. At the same time, they should be friends who know the limits of what they can offer and know how to say "no" to protect themselves from burnout.
- Consider going off recreational drugs and alcohol. Many people who go through extreme emotional distress and end up with psychiatric labels are much more sensitive than others, so what affects your friends one way may affect you more strongly. Abstaining from drugs and alcohol can dramatically improve your mental wellbeing. Even milder drugs like marijuana and caffeine can undermine health, stability, and sleep for some people. Sugar (including sweet juices) and chocolate can also affect mood and wellbeing. Some people even have reactions to blood sugar levels or caffeine that get mistaken for psychosis or mental disorders.
- Rest. Do what you can to ensure a healthy sleep routine, and discover tools to help you sleep. Medical sleep prescriptions, such as short-term psychiatric drugs like benzodiazepenes, might be good as a backup, but start first with herbs like valerian and skullcap or homeopathics. If you have trouble sleeping, consider eliminating caffeine such as coffee and sodas. Caffeine can disrupt your sleep and make the sleep you do get not as restful. Remember that even if you get plenty of hours of sleep, staying up late means the sleep might not be as good; if you don't feel rested, try to get to sleep before 11pm.
- Nutrition can play a huge role in mental stability and overall health. Explore what foods you might be allergic to such as gluten and milk, and consider taking proven supplements that nourish the brain and help the body's ability to detoxify, such as vitamin C, fish oil / essential fatty acids, and b-vitamins. Eat plenty of fresh fruits and vegetables, and beware of junk food. Some people are sensitive to artificial sweeteners like aspartame or saccharin, and to preservatives and other chemicals in processed foods. If you take herbs or medical drugs for physical illness, consult with an herbalist about interactions, especially if you are pregnant or nursing
- Drink plenty of fresh water (nothing added) throughout the day: water is crucial to your body's ability to detoxify. It is recommended you drink 1/2 your body weight in ounces per day minimum (i.e. someone weighing 140 lbs needs to drink 70 oz. of water every day). Each glass of wine, alcoholic drink, coffee, black tea or soft drink you drink dehydrates you, and needs to be replaced with an equal amount of water. If your tap water is not good quality, consider a filter. If you are overheated or sweating, or become dehydrated, make sure to replenish sodium, sugar, and potassium electrolytes.

INTERMITTENT USE: TAKING DRUGS FROM TIME TO TIME

Some drugs take time to build up to effectiveness in the body, but others – especially to help with sleep and episodes of anxiety – work right away. It might be wise to occasionally use them to get rest, prevent crisis, or protect you from overwhelming emotional extremes. While many people who go off drugs do go back on them after some time, there is, however, very little research on the possible risks of going off and then back on neuroleptics, lithium, or anticonvulsant medications.

- Chemical exposure and toxins in the environment can stress the body and cause physical and mental problems, sometimes very severe. If you can, reduce your exposure to such pollutants such as furniture and carpet fumes, household cleansers, harsh noise, and fluorescent lights. For some people, going off psychiatric drugs might make them even more sensitive to toxins for a while.
- Take a careful look at other medications you are taking for physical diagnoses. Some, such as the steroid Prednisone, can themselves cause anxiety, sleep disturbance, and psychosis.
- Many holistic practitioners such as homeopaths, naturopaths, herbalists, and acupuncturists are skilled in assisting people reduce psychiatric drugs, and can provide powerful, non-toxic alternatives to help with anxiety and other symptoms. Find a recommendation from someone you trust. Be prepared to make recommended lifestyle changes such as diet and exercise and quitting drugs and alcohol. Be persistent if money is an obstacle: some providers have sliding scale or offer barter or other options. If you do take herbs, make sure to check for drug interactions if you are taking medical drugs.
- A counselor, therapist, or support group can be very helpful. Allow yourself time to settle in as a new client or participant before beginning a medication reduction plan.
- Many people find a spiritual practice helps them endure hardship and suffering. Find a practice that is non-judgmental and accepts you for who you are.
- Being in nature and around plants and animals can be very helpful to calm you and give you a bigger perspective on your situation.
- Art, music, crafts, and creativity can be a powerful way to express what is beyond words, and create meaning out of your ordeal. Even a crayon sketch in a journal or a simple collage with the theme "what do I feel right now" can be very powerful.
- Exercise such as walking, swimming, bicycling, yoga, or sports can dramatically reduce anxiety and stress. Exercise also helps the body to detox.
- Consider on-line support networks such as www.benzo.org.uk and www.theicarusproject.net as an addition to, but if possible not replacement for, direct support.



Coming Off: Step by Step

Identifying and Managing Withdrawal Symptoms

Not all painful symptoms you experience when coming off are part of the drug withdrawal effect. You may be experiencing emotions and distress that existed prior to the drug and which the drug has been helping to suppress. There is no definitive way to distinguish the two, though many people report that the quality of the anxiety or depression is different, and they can tell which is the drug and which is "themselves." Withdrawal symptoms, as opposed to prior emotions, tend to be those that begin right after a dosage reduction, and change more quickly over time as the brain adjusts to not having the drug. Withdrawal symptoms are also much less like true emotions or states of consciousness, and sometimes less manageable with emotional and psychological approaches. You need to wait it out, and give your brain time to adjust. If the symptoms are unbearable or too disruptive, you may be going too fast. Consider increasing the dosage again and trying more slowly.

It is possible you will experience long term withdrawal symptoms and dependency. The risk of this increases the longer you were on the drugs, and on some particularly difficult drugs such as Paxil, the benzodiazepenes, and the neuroleptic anti-psychotics. Remember that your goal is to improve your life: going slowly or staying on a lower dose can be very positive.

Reducing Drugs and Doses Safely

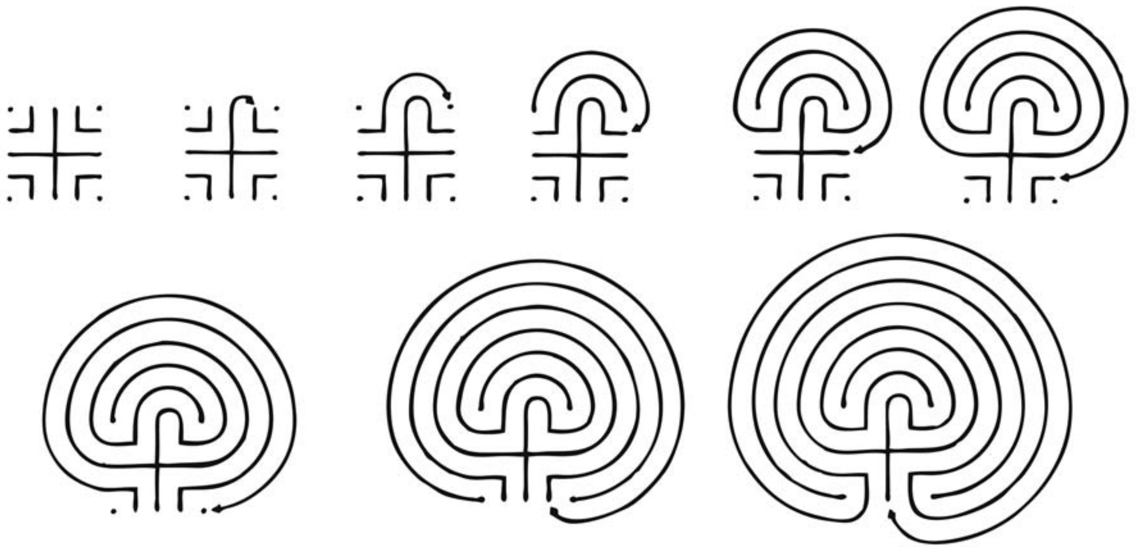
The following are general considerations, and no one pattern fits everyone:

- Usually it is best to go slow and taper off gradually. Though some people are able to successfully go off all at once, withdrawing from psychiatric drugs abruptly can trigger dangerous withdrawal effects, including seizures and psychosis. As a general principle, the longer you were on the drug, the longer you should take going off of it. You may need to take as long reducing the dose as you were on the drug before you started reducing. This works up to about 18-24 months. So if you've been on 6 months, reduce over 6 months. If you were on for 18 months reduce over 18 months. For longer periods on drugs (e.g. 5 years or more), aim to reduce over 18-24 months.

- Start with one drug. Choose the one that is giving you the worst negative effects, the drug you feel is the least necessary, or the one that is likely to be easiest to get off.

- Switch to an equivalent dose of a drug with a longer half-life – more gradual time leaving your system. See the section on half-lives and the dose comparison chart. Give yourself time, at least 2 weeks, to adjust to your new drug, or longer if there is difficulty switching. You can also switch to liquid equivalents of any drug or use custom pharmacies, if you need very small doses or you need to control the dosage very precisely.

- Make a plan. A good guideline is 10% reduction of your original dose every two weeks. It is not a good idea to skip doses, but to taper down gradually. Make a chart showing exactly how much of each drug you will be taking each day. Get a pill cutter or measuring cup. For example, if you started with 400 mg. of your drug daily, you could first reduce the dose by 10 percent (40 mg.), to 360 mg. After 2 weeks, if the feelings are



tolerable, the next 40 mg. reduction would take you down to 320 mg., then 280 mg., 240 mg., and so on. If you got to 200 mg. And then found that a further drop of 40 mg. drop was too difficult, you could reduce by 10 percent of 200 mg. (20 mg.), and go down to 180 mg.

- If you are taking an anti-Parkinson's drug for the toxic effects of neuroleptic anti-psychotics, remain on it until you substantially reduce the anti-psychotic, then start to gradually reduce the side-effect medication.

- If you are taking other medical drugs along with your psychiatric drugs, dosages and effects might be interacting. Be especially careful and slow, and try to get good medical advice.

- If you are taking a drug as needed ("prn"), not on a set regular dosage, try to rely on it less, but keep it as an option to help you with the withdrawal process from other drugs. Then you can gradually stop using this drug as well.

- After your first reduction, monitor any effects carefully. Consider keeping a journal of your symptoms, maybe with someone's help. Remind yourself that if symptoms got worse directly after you reduced the drug, they may be withdrawal effects and may pass.

- If withdrawal is unbearable, too difficult or continues for too long, increase the dose again. This is not a failure; this is a wise, long term strategy. Give yourself two more weeks and try again. If you still have difficulty, raise the dose again and then reduce more slowly. You may find it difficult to go off, so accept this as a possibility, and include other ways to improve your life and well-being.

What Will It Feel Like?

Everyone is different and it is important to keep an open mind towards what you will experience. You may not experience any withdrawal at all – or withdrawal may hit you like a ton of bricks. You might go through several rough weeks then even out, or you might notice withdrawal effects long-term.

Forty percent of people in the MIND coming off drugs study reported no significant problems withdrawing. Sometimes, however, withdrawal can be so severe you need to go back on the drug or raise

your dosage. It appears that the longer you have been on them, the more likely you will have significant withdrawal. The healthier and stronger your body is, and the more coping tools you have, the more likely you are to tolerate withdrawal effects well, but the chemical changes in your brain can be dramatic, and everyone is potentially vulnerable. Support your body's natural healing ability, and keep in mind that time is on your side in any detoxification process. Preparation for possible problems, including how to deal with crisis, is key.

The most common withdrawal effects are anxiety and trouble sleeping. Other effects cover a wide range, and can include but are not limited to: feeling generally ill, panic attacks, racing thoughts/obsessions, headaches, flu-like symptoms, depression, dizziness, tremors, difficulty breathing, memory problems, extreme emotions, involuntary movements, muscle spasms and twitching, and nausea. Withdrawal can also trigger crisis, personality changes, mania, psychosis, delusions, agitation, and other psychiatric symptoms. Symptoms associated with anti-depressants can include severe agitation, "electrical jolts," suicidality, self-harm such as cutting, and aggression. Often people report the worst withdrawal effects at the end of the coming off process, when they have reduced their dosage to zero or nearly zero.

Withdrawal from lithium and anti-seizure "mood stabilizer" drugs does not appear to act on neurotransmitters, but on electrical and blood flow to the brain, which can lead to withdrawal effects similar to other drugs. Sudden withdrawal from anti-convulsant or anti-seizure medications can trigger seizures.

All of these effects may subside in a few days or weeks, so it is important to be as patient as you can. Emotional adjustment and tension can last months or even a year or more, as you learn to deal with feelings and experiences that have been suppressed by the drugs. ***For many people the most difficult part is after you are off the drugs and struggling with your emotions and experiences, including long-term detoxification and healing.***

Neuroleptic malignant syndrome is a very serious condition, which some people have developed on drug withdrawal, but can also occur as a side effect of the drugs. It can be life-threatening and involves changes in consciousness, abnormal movements and fever. If you have been on neuroleptic anti-psychotics and have any of these symptoms when you reduce your dosage, it is important to seek medical treatment immediately. If there is extreme agitation, vomiting, muscle twitching, and psychotic symptoms that persist when you withdraw from neuroleptic anti-psychotics, you may be experiencing tardive psychosis from the drugs. These symptoms usually diminish when the dose is increased again. Once you feel better, start again with a more gradual reduction.

Special Considerations

Drugs in Liquid Form, Half-Life, and Custom Pharmacies

Switching to the liquid form of a drug gives you greater control over reducing the dosage slowly; ask your pharmacist. You can also go to a "custom pharmacy" (found on the internet) that will mix your drug into doses of your specifications. A pill cutter can also be useful.

"Half-life" means how abruptly the drug washes out of your system when you stop taking it. Shorter half-lives means the drug wears off faster because it takes less time to leave your body. Withdrawal effects will likely be more difficult on drugs with shorter half-lives, so you may want to switch drugs of equivalent dosage with longer half-lives before reducing, so that you are on the same dosage but on a drug that will leave your system more gradually. Consult the following list (from MIND), but make sure to get the advice of a doctor and pharmacist.

Fluoxetine (Prozac) has a longer half-life and tends to be easier to withdraw from. Change to 20 mg. liquid fluoxetine from: paroxetine (Paxil/Seroxat) 20 mg., venlafaxine (Efexor) 75 mg., citalopram (Celexa/Cipramil) 20 mg., sertraline (Zoloft/Lustral) 50 mg.

Diazepam (Valium) has a longer half life and tends to be easier to withdraw from. Change to 5 mg. of Diazepam/ Valium from chlordiazepoxide 15 mg., loprazolam 0.5-1.0 mg., lorazepam 500 mcg. (0.5 mg.), lormetazepam 0.5-1.0 mg., nitrazepam 5 mg., oxazepam 15 mg., temazepam 10 mg.

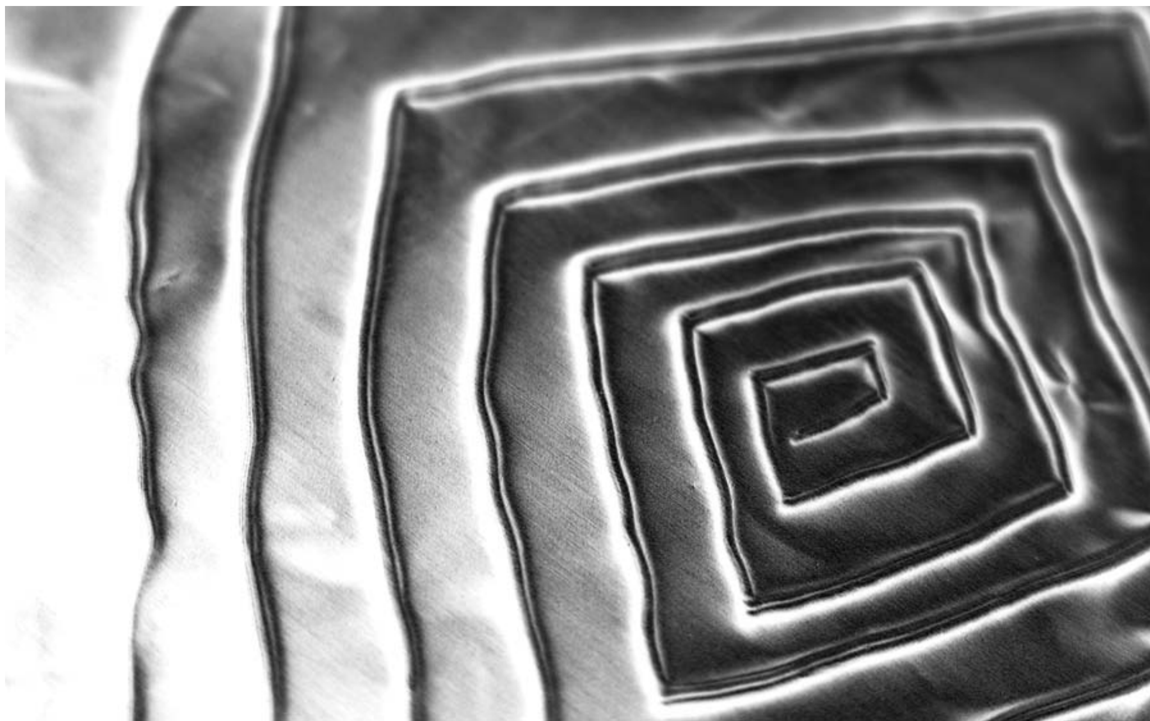
Children and Psychiatric Drugs

More and more young adults and children, and even infants, are being given psychiatric diagnoses and put on psychiatric drugs. Most prescriptions are stimulants for ADHD, but also anti-psychotic neuroleptics and other drugs. This is a new trend that reflects aggressive marketing by pharmaceutical companies.

No long term studies exist on the impact of psychiatric drugs for children. Some prescribed drugs are not even approved for child use by the FDA. Only recently has psychiatry accepted diagnosing children with mental illnesses: in the past they were considered still developing with changing personalities, and not subject to the same criteria as adults.

The exact extent of drug risks to children is unknown, and companies have not been honest. For example, it took years of pressure before anti-depressant packaging started carrying the "black box" warning that they could cause suicide, or warnings on ADHD drugs that they can cause addiction and psychosis.

Child behavioral problems are very real, and families do need help in dealing with them. However, trying to solve these problems with drugs raises serious issues. Unlike adults, children do not have the legal right to refuse drugs if their parents tell them to take them. The brains and bodies of children are still forming and are exceptionally vulnerable. Child personalities are very influenced by their surroundings and the support they receive, making it even more difficult to assess the nature of behavioral problems and the effectiveness of drug treatments. Children can also be more sensitive to factors such as diet, exercise, and chemical exposure. Some families are under growing pressure to compete and perform at school, including getting the additional help and support that medication and a "special needs" status can provide.



Confusing matters more is that sometimes children with behavioral problems get attention – punishment and scolding – when they do the very behaviors their parents want to change. This can end up inadvertently reinforcing the behavior, and the child becomes the "identified patient" of the family system.

Because of their youth, the relative short time they are usually on drugs, their physical resilience and the way their lives are supervised, children are often very suited for reducing and going off psychiatric drugs. Creating alternatives to help these children often means addressing the needs of parents and changing the circumstances the children are living in. While many pressures on families are economic and circumstantial, parenting skills classes and family therapy have proven effective and helpful, as are many other alternatives including diet, exercise, sleep, and being in nature.

"Insight" and Forced Drugging

The mental health system sometimes forces people to take psychiatric drugs against their will, with the justification that they lack insight and risk harming themselves, harming others, can't take care of themselves, or are incompetent. In practice, the definition of words like "insight" and "risk to harm to self or others" is very blurry and subjective. It can depend on the doctor you get, the facility you are in, or even what your parents think is best, rather than any objective standard. Being in conflict, or acting in ways others don't know how to control, can lead to forced drugging, and force is often a convenience for overworked staff untrained how to help in other ways. Sometimes people are forced onto drugs just for yelling, or for cutting (which is usually not a suicide attempt). Biological theories that say people "need their medication" are used to support forced drugging, and in many

court settings, "lacking insight" amounts to disagreeing with a psychiatrist who thinks you are sick and should be medicated.

The legacy of psychiatric treatment is violent and abusive. Today, thanks to patients' rights activism and the psychiatric survivor movement, laws often do recognize the harm that can be done by forced drugging, and there are protections that mandate the least intrusive, and least harmful, treatments be used. These protections, however, are rarely fully followed.

Forcing people to take drugs and go into treatment often traumatizes them and makes the situation worse, and it violates the most basic human rights: the right to the integrity of your own mind, consciousness, and sense of self. Drugging and locking someone up because of "risk" in some ways amounts to punishing them because authorities believe a crime will be committed in the future. While some people can feel helped by a forced hospitalization or drugging, the dangers of abuse and the infringements of rights are too great, especially when alternative, voluntary approaches can be tried but aren't.

Sometimes other people seem to "lack insight" or be unable to acknowledge their problems, but this is one person's opinion about someone else, and not grounds to label others with a medical disorder and deny them basic rights. Spiritual states of consciousness, nonconformist beliefs, conflicts with abusive family members, or trauma reactions might be considered "lacking insight," but they deserve to be listened to, not made into illnesses. Even people who are truly in trouble and making bad choices share everyone's right to learn from their own mistakes, and what others might consider "self-destructive behavior" may be the best way someone knows how to cope, given other things they are struggling with. Forced treatment may be more damaging than their "self-destructive" behavior.

This does not mean people don't need help, but help should be based on what the person defines help to be, not what others define for them. From the outside, cutting, suicidal thoughts, or recreational drug use might seem like the most important issue, but the person themselves may decide they need help with housing, an abusive boyfriend, or access to health care. This means a mental health system based on voluntary services, compassion, and patience, not force, control, and paternalism. It also means communities taking more responsibility to care for each other.

If people have a hard time communicating, they need supportive helper advocates who can try to bridge the gap between madness and "ordinary" reality. Because forced drugging often takes place with the claim that it is in the patient's best interest, many advocates are suggesting people use "advance directives" to state before a crisis what they want and don't want. Advance directives are kind of like a living will for crisis, where you give instructions on what to do, who to contact, and treatment preferences, including leaving you alone, in case you are in crisis and having a hard time communicating. Advance directives are not legally binding (which may change through movement advocacy), but do sometimes carry weight in how people are treated.

Lawsuits

If you have taken a psychiatric drug and experienced any negative effects, including difficulty withdrawing, you may be eligible to file suit against the drug manufacturer if they acted improperly. This is especially true about newer drugs. Over the years thousands of people on psychiatric drugs have received settlements totaling more than a billion dollars. Contact a reputable lawyer, and be sure to get a second opinion.

Future Drugs

Pharmaceutical companies plan to introduce a wide range of new drugs in the future. Many of these drugs will be marketed as improvements over past drugs.

The industry's record should make us skeptical about these innovations. Repeatedly drugs are brought to market as "new and improved." Then serious problems and toxic effects are revealed, corruption is exposed, and lawsuits are filed. Then the next cycle begins, with "new and improved" drugs introduced once again.

Medications lose their profitability when their patents expire after a few years. It is in companies' interest to pit new, expensive drugs against older, cheaper ones, even when they have to deceive the public to do so.

Of great concern is future drugs that target deeper parts of the brain and more complex aspects of the mind. Some new drugs aim to erase traumatic memories, or try to disable pleasure centers of the brain that play a role in addiction, while others work on the stress and fight/flight hormonal system. Marketing new drugs amounts to social experimentation. There is huge potential for dangerous negative effects and abuse. Like past drugs, miraculous claims are likely to give way to scandal.

RESOURCES

If you are looking for detailed information about psychiatric drugs and mental disorders from beyond the mainstream and pro-pharmaceutical company perspective, you can explore more deeply the following sources and references we relied on in writing this guide. In addition to the Key Resources on page 8, we recommend the web site of the *Alliance for Human Research Protection* watchdog group at http://ahrp.blogspot.com/, which monitors leading newspaper and journal articles closely.

Advice On Medications
by Rufus May and Philip Thomas
http://www.hearing-voices.org/publications.htm

Alliance for Human Research Protection
http://ahrp.blogspot.com/

Alternatives Beyond Psychiatry
edited by Peter Stastny and Peter Lehmann
http://www.peter-lehmann-publishing.com/books/without.htm

Antidepressant Solution: A Step-By Step guide to Safely Overcoming Antidepressant Withdrawal, Dependence, and "Addiction"
by Joseph Glenmullen
Free Press

"Are Schizophrenia Drugs Always Needed?"
By Benedict Carey
The New York Times, March 21, 2006
www.freedom-center.org/pdf/NYT3-21-06AreSchizophreniaDrugsAlwaysNeeded.pdf

"Atypical Antipsychotics in the Treatment of Schizophrenia: Systematic Overview and Meta-regression Analysis"
by John Geddes, et al.
British Medical Journal. 2000; 321:1371-1376 (2 December).
Cited in "Leading Drugs for Psychosis Come Under New Scrutiny" by Erica Goode, *The New York Times*, May 20, 2003.

Benzodiazepenes: How They Work and How To Withdraw (aka The Ashton Manual)
by C. Heather Ashton
www.benzo.org.uk

"The Case Against Antipsychotic Drugs: a 50 Year Record of Doing More Harm Than Good"
by Robert Whitaker
Med Hypotheses. 2004; 62: 5-13

Coming Off Psychiatric Drugs: Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers
edited by Peter Lehmann
http://www.peter-lehmann-publishing.com/withdraw.htm

Philip Dawdy
www.furiousseasons.com

Depression Expression: Raising Questions About Antidepressants
www.greenspiration.org

"The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration"
by Irving Kirsch, Thomas J. Moore, Alan Scoboria, and Sarah S. Nicholls
Prevention & Treatment. July 2002; 5(1)

"Factors Involved in Outcome and Recovery in Schizophrenia Patients Not on Antipsychotic Medications: A 15-Year Multifollow-Up Study"
by Martin Harrow and Thomas H. Jobe
Journal of Nervous & Mental Disease. May 2007; 195(5):406-414
http://psychrights.org/Research/Digest/NLPs/OutcomeFactors.pdf

Factsheets and Booklets
by MIND UK
www.mind.org.uk/Information/Factsheets

Full Disclosure: Towards a Participatory and Risk-Limiting Approach to Neuroleptic Drugs
by Volkmar Aderhold and Peter Stastny
www.psychrights.org/Research/Digest/NLPs/EHPPAderholdandStastnyonNeuroleptics.pdf

Halting SSRI's
by David Healy
www.mind.org.uk/NR/rdonlyres/59D68F19-F69C-4613-BD40-A0D8B38D1410/0/DavidHealyHaltingSSRIs.pdf

Harm Reduction Coalition
www.harmreduction.org

Hearing Voices Network
www.hearing-voices.org

The Icarus Project drug withdrawal forum
www.theicarusproject.net//forums/viewforum.php?f=64

"Is it Prozac, Or Placebo?"
by Gary Greenberg
Mother Jones. November/December 2003;
www.motherjones.com/news/feature/2003/11/ma_565_01.html

"The Latest Mania: Selling Bipolar Disorder"
by David Healy
PLoS Medicine. Vol. 3, No. 4, e185
http://doi:10.1371/journal.pmed.0030185

Law Project for Psychiatric Rights
www.Psychrights.org

Long-Term Follow-Up Studies of Schizophrenia
by Brian Koehler
http://isps-us.org/koehler/longterm_followup.htm

Mad In America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill
by Robert Whitaker
Perseus Publishing

MIND National Association for Mental Health (UK) www.mind.org.uk

MIND Making Sense of Coming Off Psychiatric Drugs
www.mind.org.uk/Information/Booklets/Making+sense/Making+sense+of+coming+off+psychiatric+drugs.htm
or http://snipurl.com/MINDComingOffGuide

MIND Coping With Coming Off Study
www.mind.org.uk/NR/rdonlyres/BF6D3FC0-4866-43B5-8BCA-B3EE10202326/3331/CWCOreportweb.pdf
or http://snipurl.com/MINDComingOffStudy

My Self Management Guide to Psychiatric Medications
by the Association des Groupes d'Intervention en Defense des Droits en Sante Mentale du Quebec

National Resource Center on Psychiatric Advance Directives
www.nrc-pad.org

Peter Lehmann Publishing
www.peter-lehmann-publishing.com
mailing lists: www.peter-lehmann-publishing.com/info/mailing-lists.htm

Evelyn Pringle
www.opednews.com/author/author58.html

Protocol for the Withdrawal of SSRI Antidepressants
by David Healy
www.benzo.org.uk/healy.htm

"Psychiatric Drug Promotion and the Politics of Neoliberalism"
by Joanna Moncrieff
The British Journal of Psychiatry. 2006; 188: 301-302. doi: 10.1192/bjp.188.4.301

Recent advances in Understanding Mental Illness and Psychotic Experiences: A Report by The British Psychological Society Division of Clinical Psychology
www.freedom-center.org/pdf/britishpsychologicalsocietyrecentadvances.pdf

Rethinking Psychiatric Drugs: A Guide for Informed Consent
by Grace Jackson
AuthorHouse Publishing

Self-Injurer's Bill Of Rights
www.selfinjury.org/docs/brights.html

"Serotonin and Depression: A Disconnect between the Advertisements and the Scientific Literature"
by J.R. Lacasse and J. Leo
PLoS Med. 2005; 2(12): e392 doi:10.1371/journal.pmed.0020392

"Soteria and Other Alternatives to Acute Psychiatric Hospitalization: A Personal and Professional Review"
by Loren Mosher
The Journal of Nervous and Mental Disease. 1999; 187:142-149

Soteria Associates
www.moshersoteria.com

Universal Declaration of Mental Rights and Freedoms
www.adbusters.org

Wellness Recovery Action Plan
by Mary Ellen Copeland
www.mentalhealthrecovery.com
and http://polk.ia.networkofcare.org/mh/library
or http://snipurl.com/wraponlineregister

Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medications
by Peter Breggin and David Cohen
HarperCollins Publishers

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