

DOPED UP Treatment

There's a drug epidemic in America that no one is talking about. It isn't cocaine, heroin or methamphetamines. It's reaching all of us, but it's hurting our young and old people the most. Instead of coming from dealers on street corners, it's coming from the prescription pads of doctors. Americans are being overprescribed psychoactive drugs at astonishing rates and no one seems to have noticed. What does it say about a society when 11% of adult women and 5% of adult men are on anti-depressants? The happy story that the slick drug ads on TV have sold America is that this is progress, that these are sick patients and the pills are making them better. But in double-blind clinical trial after double-blind clinical trial anti-depressants prove to be no more effective than placebos. If no one is being cured, why are so many millions of us still being prescribed these drugs? Maybe it's because Washington is in the pocket of the pharmaceutical lobby, known as Big Pharma. Big Pharma has nearly 1,300 lobbyists working for it in Washington and, in a single year, spends more than any other industry, nearly \$200M, to lobby our representatives. And Big Pharma doesn't just lobby, it finances campaigns. Financial contributions from the pharmaceutical industry are some of the largest corporate donations to campaigns in the country. Maybe you say to yourself, "That's just how it is. No one is being forced to take an anti-depressant." But here's where it gets really scary: the pharmaceutical industry is looking to create younger and younger patients and turn them into lifetime users. Prescriptions for psychoactive medicines for children rose almost 50% from 2002 to 2007 despite the fact that many of these drugs are *not even approved* for use in children. The system is broken at every step of the way: the patients who come in looking for a quick fix for a complex problem; the doctors who take the easy way out and give it to them; our representatives in government who look the other way so as not to bite the hand that feeds them; the pharmaceutical industry laughing all the way to the bank as Americans pay the price with their health.

In this all too real dystopia, we meet our hero, LINDA STEELE, a UCLA-trained Clinical Psychologist. Linda is a righteous advocate for getting patients off their meds so that they can make real lifestyle changes to improve their health. Again and again, she's seen firsthand the damage psychotropic drugs can do to people who don't need them and, by this point, she's just plain pissed off. She's pissed off at the psychiatrists who reflexively prescribe drugs to patients as a first option, she's pissed off at an irrational, bureaucratic system that makes prescription medicine the cheapest way to avoid really dealing with our problems and, more than anything, she's really pissed off at the pharmaceutical industry for causing all of this destruction out of sheer greed. Linda Steele is mad as hell and she's not going to take it!

Linda's caseload is filled with patients who struggle as much with their medications as they do their illnesses. We'll focus on three patients in particular, each of whom is facing problems typical of a group in American society today.

The ROBINSONS are a working class family with limited means and an eight year old daughter, LINDSAY, who has had severe behavioral problems since she was two when she was diagnosed as ADD and Bipolar. She was medicated but the medicine, while seeming to sedate Lindsay, also had some side effects that affected Lindsay's learning and social progress. When Lindsay was five, the Robinsons, out of desperation, took part in a special intensive therapy group through Medicaid. The therapy made a world of difference with Lindsay's problems... and got her off of the drugs. Lindsay started behaving like a normal child. But now at age 8, Lindsay is too old for the Medicaid group and her parents can't afford to pay for private therapy. Her behavioral problems are coming back. The Robinsons don't want to put Lindsay back on medicine but her school is threatening to expel her if she isn't medicated.

BETTY RAMIREZ is an elderly woman with many health issues. She's been put on one medicine after another and each has a new side effect that the doctors "treat" with another prescription. She's been depressed since her husband died two years ago. She's too old school to go to a psychiatrist but her gastroenterologist prescribed her a anti-depressant. Only it's not helping. Her daughter, CARMEN, out of desperation, has brought her to Linda. Linda must convince Betty that the doctors who prescribed her anti-depressants (and all the other meds) aren't gods and that they could be wrong. On a more personal level, she needs to connect with Betty about her grief so that she can begin to heal.

GRAHAM MITCHELL has struggled off and on with depression throughout his life. For the past several years, it's been on. After a breakup with his then girlfriend, Graham's doctor put him on antidepressants. They always seem to work at first... until he goes back to his baseline depression a few months in. When he's feeling miserable again, his psychiatrist simply ups the dose. Graham is working with Linda but it's hard to get off of these drugs. Linda's job is to work with Graham through real therapy and to help him make it off the meds.

Prescription drugs have become so much a part of our culture that we no longer question their efficacy. But how did we get here? Is it possible that the 8.1% of adult Americans who are on anti-depressants are really severely depressed or is this an invention of a greedy pharmaceutical industry? Whatever happened to strength through struggle? As we get the answers, we follow Linda as she crusades on behalf of her patients to change a mental health system that is more about profit than healing.

ACT 2

Linda asks the Robinsons if the school appointed doctors had asked them about Lindsay's diet, play habits or home life. Half the battle, she explains, is asking the right questions. But the Robinsons reply that no one has ever mentioned any of these things to them. How can these doctors have overlooked obvious health concerns while jumping ahead to prescribe Lindsay psychoactive medication? Linda goes to see the district's appointed psychiatrist, Dr. THOMAS SHELLEY. As Linda confronts Dr. Shelley, we see it isn't as black and white as we may have thought. Dr. Shelley wants to do the right thing but he is terribly overworked. These kids need therapy and a lot of one-on-one attention but there aren't the resources to provide for it. Psychoactive drugs are the cheaper, easier alternative for dealing with problem children.

Linda is stunned to find Dr. Shelley knows very little about basic health and nutrition. When he stumbles over her questions, he offers up the excuse that it “wasn’t something they taught us in med school.”

We all know doctors and we know that, in general, they’re good, caring people. Do they really buy into these pills as miracle drugs? Is there something that we lay-people aren’t getting? To get the answer, we’ll have to go all the way back to med school. Meet Dr. DANIEL CARLAT, a clinical Professor of Psychiatry at Tufts University School of Medicine, and author of the highly-regarded, peer-reviewed, *Carlat Psychiatry Report*. We talk to Dr. Carlat about the influence drug companies can have on medical education and patient care. In fact, a recent survey of America’s major medical schools found that they get 2-16% of their budgets from the pharmaceutical industry. Even worse, much of the faculty is on the pharmaceutical companies’ payroll to do pseudo-research outside of their official academic duties that helps push new drugs. From the beginning of their medical careers, our young doctors are surrounded by a culture that pushes the use of pharmaceutical drugs instead of other treatments. In Dr. Carlat’s opinion, “allowing pharmaceutical companies to sponsor accredited medical education leads to many bad things, including biased education, corrupt physicians, and, ultimately, harm to our patients.”

Back in Los Angeles, Linda and Betty fight over her going off her meds. Linda carefully questions Betty about the medications to see if they’re helping her. But even as Betty sees in question after question that she’s not getting her desired effect, she refuses to stop taking them. She just believes that what a doctor says, goes. Betty gets angry and ends the session.

Could it be that we’ve been wrong? Meet Dr. THOMAS STOSSEL of Harvard Medical School, a proponent of the pharmaceutical companies involvement in research and education. Dr. Stossel argues that, “without the large sums of money that are put into programs by pharmaceutical manufacturers and other private industry, advances in modern medicine would be achieved much more slowly, or perhaps not at all.” His position is that any regulation of financial conflicts-of-interest is, “a damaging solution in search of a problem.” He has helped found an association that is “dedicated to the advancement of patient care through productive collaboration with industry and its counterparts.” Not surprisingly, he’s an advocate of the widespread use of psychotropic medicine for children.

Back with the Robinsons, Linda now knows enough about Lindsay to be her advocate. The Robinsons take Linda to meet Lindsay’s teacher, KATHERINE GREEF, who is on the Robinsons’ side. As a special ed. teacher—Lindsay is in her class because of her behavioral problems, not her intelligence—Katherine witnesses firsthand the problems of overmedication. She watches her students’ behavior change as their drug cocktails are tinkered with. She wants to advocate for Lindsay but doing so puts her up against her school district. Here’s a person who knows her children as well as anyone, who could be a powerful ally in the fight for their health, but the politics of her job keep her from being able to do what’s right for her students. Linda is outraged, but she knows she can’t ask Katherine to risk her job.

Dr. MARK OLFSON is a top Researcher and a Professor of Clinical Psychiatry at Columbia University. The main focus of his research is studying patterns in the delivery of mental health services in U.S. communities, looking closely at drug treatment trends for psychotic and mood disorders. Many of his 240+ published papers reveal unbelievable rates of pharmacological treatment of very young children. Dr. Olfson's latest findings are perhaps the most shocking: poor children on Medicaid are medicated at a rate four-times higher than children whose parents can afford private healthcare. Not only that, the drugs Medicaid children receive are more likely to be given for less severe mental and behavioral conditions. Dr. Olfson's colleague, Richard Stockton College Professor and leading Child Psychologist JEAN MERCER, is floored by these recent findings. She feels that there are conditions children face growing up in poverty that logically *create* stress and anxiety. In her opinion, medicating kids for their natural reactions to incredibly difficult situations--domestic and community violence, parental drug abuse, separation from family members and homelessness--goes against common sense. She realizes it is time-consuming and costly to provide non-drug treatments, and problems like budget cuts and over-worked staff are very real. But, as a society, is this how we really want to deal with these challenges? These drugs cause serious side effects like weight gain and metabolic changes that don't go away once the medication is stopped. And, while they're getting the worst of it, it isn't just poor children who are overmedicated: psychiatric drug prescriptions for children is increasing rapidly across the board. Just think of all the kids you know who are on ritalin. We are creating a generation of speed addicts for the sake of easier and better control in the classroom and at home.

We follow Linda as she takes Graham to DR. ALLAN SOSIN, an Orange County doctor who specializes in getting patients off of anti-depressants (like rehab, but from a prescription drug that was inflicted on the patient by another doctor). Dr. Sosin believes that, "It is a fallacy of current medical practice to label all problems as diseases and to intervene with chemical cures. At times the cure becomes worse than the disease. We often see people respond better to life-style changes and than to an array of drugs." Linda is unbelievably pissed as she learns about the effects the meds have had on Graham's body.

How did well-meaning doctors get so out of touch with basic health issues? How did they come to see pharmacology as the answer to our mental health problems? Meet Dr. JERRY AVORN, a Professor of Medicine at Harvard Medical School, who explains that the rising rates of government subsidized prescriptions is leading to an increase in drug use in elderly patients, particularly in hospitals and elder-care facilities. The pushing of over-priced meds by drug manufacturers and an uneducated public is leading to a national health debacle. "Tens of thousands of attractive, articulate people come to visit doctors' offices each week, nicely dressed and often bearing gifts, ostensibly to 'teach' us how to prescribe to our patients." He calls them drug "detailers"--and again, they are not medically trained. They are sales reps.

We meet JENNY HOLMAN a pharmaceutical sales rep. Jenny, just out of college (she was a cheerleader!), crisscrosses her state meeting with doctors and pushing her company's drugs. Although we don't get to go into her actual meetings with doctors, our time with her provides a portrait of a beautiful young woman, who is friendly, enthusiastic and completely clueless about

the drugs she's selling. If the drugs are really as effective as Big Pharma claims, why do they need to use saleswomen like Jenny? From Dr. JEROME HOFFMAN, we learn about the troubling relationship between professional doctors and the pharmaceutical companies. We learn about the "free" Lakers tickets, cruises and lavish parties that doctors are wooed with by people like Jenny. So who is really deciding what you're being prescribed? Your doctor or the cute sales rep who gives him the best swag? Even the best intentioned doctors don't have time to keep up with the latest research in their field. So who fills the vacuum? Pharmaceutical companies, of course, with research from respected physicians on their payroll like Dr. Stossel to show how wonderful their drugs are.

Linda then takes Graham back to the psychiatrist who kept upping his dosage and confronts him. Linda is furious, but for Graham it's an angry, personal clash. He has finally come to see the anti-depressants as perpetuating, not curing, his depression and he is irate that the doctor who he trusted for years could be blind to this. Graham is not only questioning the "cure" for his disease, he's questioning the very nature of that disease. Has he been sold a bill of lies?

"In many cases, depression is not a mental illness. It is a sane response to a crazy world," says psychotherapist GARY GREENBERG. He voices his strong dissent towards the biomedical disease-model of depression in his book, *Manufacturing Depression: The Secret History of a Modern Disease*. Greenberg argues that while depression can be debilitating, it has also been largely manufactured by doctors and drug companies as a medical condition with a biological cause that can be treated with prescription medication. Gary Greenberg's research reveals that pharmaceutical companies essentially invented not only new drugs, but new diseases. The practice started in 1946, when a preservative for penicillin was found to also work as a tranquilizer. The drug manufacturer Carter-Wallace new they had a blockbuster drug but just didn't have the disease for it to treat. So they invented one. Carter-Wallace hired the drug's inventor to develop the preservative under a new name, *Miltown*, and created a massive marketing campaign for its new use: to alleviate anxiety. At that time, anxiety was only considered a personality trait, not a disorder, but the introduction of *Miltown* changed that perception. By 1960, prescriptions for *Miltown* accounted for a third of all prescriptions written in America and the idea of anxiety as a disease was firmly fixed in the American consciousness. The drug companies then repeated this process again and again, most notably with the advent of anti-depressants. In short, Greenberg explains, the pharmaceutical industry basically invented mental illnesses like anxiety and mild depression out of things that had been considered to be just part of life before, like shyness and understandable sadness.

Investigative journalist and Pulitzer Prize nominee ROBERT WHITAKER takes the stance that it is the creation of psychiatric drugs--their availability and their marketing to doctors and patients--that causes new diseases to be added to the DSM. [The D.S.M. is the *Diagnostic and Statistical Manual of Mental Disorders*--a listing of categories of mental disorders used by doctors for diagnosing their patients. It will be explained in detail in the film, using animated graphics.] In Whitaker's book, *Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs & the Astonishing Rise of Mental Illness in America*, he insists that "there was never evidence that depressed people have low levels of serotonin." He calls it a marketing ploy. But once a disease is added

to the DSM and its treatments, no matter how ineffective, have been codified they will be covered by insurance. In other words, the DSM has been hijacked and turned into a tool for the pharmaceutical industry to get the insurance industry to recognize “diseases” that their pills “treat.” Once the big insurers cover a treatment, the prescriptions and money begin flowing. Now we see laid bare the whole evil workings of an industry that is willing to lie and ruin Americans’ health to turn a profit. And we learn about how grief over the death of a loved one is now a treatable mental illness.

ACT 3

And yet, after all this darkness, we begin to see a light at the end of the tunnel...

We meet Dr. PETER BREGGIN, widely known as 'the conscience of psychiatry' for his work in researching the adverse effects that medicines have on the brains of the adults--and the *children*--who take them. "The drugs themselves are causing severe disorders in millions of children in the U.S. Substances like antidepressants, stimulants, mood stabilizers, and antipsychotic drugs cause severe, and potentially permanent, biochemical imbalances." But Dr. Breggin isn't just talking about the problem: he's doing something about it. Breggin is one of the strongest advocates for a reduction in prescriptions of psychoactive medicines and he's taken the fight to the halls of Congress, where he's testified at hearings about the dangers of overprescription.

After seeing Dr. Breggin's good work at the policy level, we come back down to the trenches where Linda introduces us to a true success story. SARAH WALSH is one of Linda's favorite patients. In high school, Sarah was going through a rough patch... but nothing special for a teenager. And yet her doctor put her on anti-depressants and continued to up the doses despite seeing nothing but short term gains. As Sarah's depression stretched on for years, it took her down a much darker path, one that her to the brink of suicide before her parents brought her to Linda. It wasn't, but Linda eventually got Sarah off her meds and helped her to see what her real issues were and give her strategies to change her life without a pill. Now Sarah is a successful young woman with a career and family of her own. Sure, just like the rest of us, she has problems. But she's learned that there's strength through struggle.

We play out the outcomes for Linda's three patients and, sadly, they won't all be fairy tale endings:

We come back to Linda and Betty. Linda hasn't gotten Betty off the meds, but she does convince Betty to go see a doctor who will take a more holistic approach to her problems. Betty is surprised to hear a doctor going against what her trusted longtime physician has told her. She isn't ready to change just yet, but she's listening. After the consultation, Linda gets Betty to open up for the first time about how she feels about her husband's death. Why has no one taken the time to talk to this woman about her loss? Why was the answer to put her on meds? Linda reaches a breakthrough with Betty, but it also reveals the absolutely heartbreaking state of our mental health system.

Lindsey Robinson's school board, despite Linda's impassioned advocacy, refuses to let Lindsey back in school if she's not medicated. Because of the bureaucracy and laws designed clearly to protect the schools from any liability, the school will not go against the initial diagnosis from its psychiatrist. Lindsay must continue taking anti-psychotics if she's going to stay in school. The Robinsons are devastated. Lindsay just doesn't want to go back on the drugs. She says she doesn't feel like herself when she's on them. Linda, who has been working with Lindsay and seen significant improvement, is heartbroken.

Graham makes it off his meds, but he feels like he has a tenuous grasp on his progress. He's hoping everything in his life goes well for a little bit, so he can stay stable and healthy. Linda is his lifeline in a crazy world.

It isn't going to be easy, but we're starting to see the blueprint of a way forward. We'll come back to Linda Steele who will tell us about new methods and techniques to treat mental illness. Psychoactive drugs may have their place as short-term solutions for acute cases, but a higher degree of education and a change of individual and cultural expectations are necessary for both doctors and patients. In other words, it starts with us. It's our job to ask the right questions, to not be sold on the quick fix to our lives' complex problems. Linda will offer us alternatives to Big Pharma: diet and exercise, bio-feedback, mediation, talk therapy, spirituality... love. The overuse of prescription drugs is a problem that threatens our most valuable resource: our minds. But it's a problem we can beat. It's time to educate ourselves. It's time to get angry. It's time to change the system.