July 14, 2018

Benedict Carey
The New York Times
620 8th Avenue
New York, NY 10018

Dear Mr. Carey,

Your April 17th New York Times article entitled, “Antidepressants and Withdrawal: Readers Tell Their Stories,” was very revealing about the downside of prescription psychiatric drugs. Your courage in publishing the negative experiences of people weaning off the drugs, despite the criticisms you received, provides crucial information for mental health consumers and it ensures they are truly able to give informed consent prior to engaging in those services. Informed consent is the bedrock foundation of an ethical mental health system.

In addition to the dangers of withdrawal, as you pointed out, the effects of ongoing psychiatric drug use can be just as harmful. Anti-depressants, anti-anxiety, anti-psychotic, and mood stabilizer drugs do not work by correcting chemical imbalances or other kinds of brain pathology. Instead, they “work” by dampening emotional sensations.

In other words, they interfere with natural brain functioning and impair the person’s ability to sense the full emotional tonalities of difficult life circumstances. When people are not able to fully feel the emotional impact of events, they are less likely to recoil into depression, spin up with anxiety, or escape into psychosis.

While the doctors prescribing these drugs consider this a positive thing, many patients nonetheless experience this dampening in the form of very negative feelings like numbness and agitation. These drugs also reduce inhibition, which can make people more impulsive. We believe this increases the risk of violent behavior such as in the apparent rash of mass shootings and increase in suicide rates.

There is abundant anecdotal evidence of a correlation between psychiatric drug use and homicide/suicide. For instance, one particular site lists 6,000 such cases (https://ssristories.org). We are well aware that correlation does not equal causation, yet we suspect a causal connection because decades of research have demonstrated that alcohol and drug use is a robust predictor of violent behavior.

From a chemical standpoint, prescribed psychoactive drugs are no different than recreational and illicit drugs. The body does not distinguish between prescribed, illicit, or recreational. It just reacts to the chemical properties of the drug. See my White Paper for a detailed explanation of this potential connection (http://psychintegrity.org/wp-content/uploads/2015/08/White-Paper-Psychiatric-Drugs-and-Violence.pdf) (Ruby, C. {2016}. Psychiatric Drugs and Violence. Ethical Human Psychology and Psychiatry, 18{1}, 29-35).

We, the undersigned, therefore think a serious scientific investigation is warranted to confirm such a causal relationship. If there is such a relationship, then we are not treating illness with
those drugs. Instead, we are causing violence. As this investigation is in the interest of public safety, it should be federally funded and independent of any pharmaceutical companies’ influences.

This deadly issue demands more publicity and action. It is for this reason that we respectfully ask you to consider an article or series of articles in the New York Times detailing this problem. The members of our group, including professional experts, survivors, military members, veterans, and family members of people who commit violent acts, to include suicide, are ready and willing to assist you.

Sincerely,

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