REHAB FRAUD

Psychiatry's Drug Scam

Report and recommendations on methadone and other disastrous psychiatric drug 'rehabilitation' programs

Published by
Citizens Commission on Human Rights
Established in 1969

IMPORTANT NOTICE
For the Reader

The psychiatric profession purports to be the sole arbiter on the subject of mental health and "diseases" of the mind. The facts, however, demonstrate otherwise:

1. PSYCHIATRIC "DISORDERS" ARE NOT MEDICAL DISEASES. In medicine, strict criteria exist for calling a condition a disease: a predictable group of symptoms and the cause of the symptoms or an understanding of their physiology (function) must be proven and established. Chills and fever are symptoms. Malaria and typhoid are diseases. Diseases are proven to exist by objective evidence and physical tests. Yet, no mental "diseases" have ever been proven to medically exist.

2. PSYCHIATRISTS DEAL EXCLUSIVELY WITH MENTAL "DISORDERS," NOT PROVEN DISEASES. While mainstream physical medicine treats diseases, psychiatry can only deal with "disorders." In the absence of a known cause or physiology, a group of symptoms seen in many different patients is called a *disorder* or *syndrome.* Harvard Medical School's Joseph Glenmullen, M.D., says that in psychiatry, "all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases." As Dr. Thomas Szasz, professor of psychiatry emeritus, observes, "There is no blood or other biological test to ascertain the presence or absence of a mental illness, as there is for most bodily diseases."

3. PSYCHIATRY HAS NEVER ESTABLISHED THE CAUSE OF ANY "MENTAL DISORDERS." Leading psychiatric agencies such as the World Psychiatric Association and the U.S. National Institute of Mental Health admit that psychiatrists do not know the causes or cures for any mental disorder or what their "treatments" specifically do to the patient. They have only theories and conflicting opinions about their diagnoses and methods, and are lacking any scientific basis for these. As a past president of the World Psychiatric Association stated, "The time when psychiatrists considered that they could cure the mentally ill is gone. In the future, the mentally ill have to learn to live with their illness."

4. THE THEORY THAT MENTAL DISORDERS DERIVE FROM A "CHEMICAL IMBALANCE" IN THE BRAIN IS UNPROVEN OPINION, NOT FACT. One prevailing psychiatric theory (key to psychotropic drug sales) is that mental disorders result from a chemical imbalance in the brain. As with its other theories, there is no biological or other evidence to prove this. Representative of a large group of medical and biochemistry experts, Elliot Valenstein, Ph.D., author of *Blaming the Brain* says: "[T]here are no tests available for assessing the chemical status of a living person's brain."

5. THE BRAIN IS NOT THE REAL CAUSE OF LIFE'S PROBLEMS. People do experience problems and upsets in life that may result in mental troubles, sometimes very serious. But to represent that these troubles are caused by incurable "brain diseases" that can only be alleviated with dangerous pills is dishonest, harmful and often deadly. Such drugs are often more potent than a narcotic and capable of driving one to violence or suicide. They mask the real cause of problems in life and debilitate the individual, so denying him or her the opportunity for real recovery and hope for the future.

REHAB FRAUD
PSYCHIATRY'S DRUG SCAM

CONTENTS

Introduction: What Hope Is There? 2

Chapter One: The Selling of 'Incurability' 5

Chapter Two: Harmful Diagnostic Deceptions 9

Chapter Three: The Hope of a Real Cure 15

Recommendations 16

Citizens Commission on Human Rights International 18

INTRODUCTION
What Hope Is There?

Would a universal, proven cure for drug addiction be a good thing? And is it possible?

First, let's clearly define what is meant by "cure." For the individual a cure means nothing less than complete and permanent absence of any overwhelming physical or mental desire, need or compulsion to take drugs. For the society it means the rehabilitation of the addict as a consistently honest, ethical, productive and successful member.

Twenty-five years ago, this first question would have seemed rather strange, if not absurd. "Of course that would be a good thing!" and "Are you kidding?" would have been common responses.

Today, however, the responses would be considerably different. A drug addict might answer, "Look, don't talk to me about cures, I've tried every program there is and failed. None of them work." Or, "You can't cure heredity; my father was an alcoholic." A layperson might say, "They've already cured it; methadone, isn't it?" Or, "They've found it's an incurable brain disease; you know, like diabetes, it can't be cured." Or even, "Science found it can't be helped; it's something to do with a chemical imbalance in the brain."

> "It is very important to understand one thing about much of the drug rehabilitation field today. Our hope of a cure for drug addiction was not lost. It was buried by an avalanche of psychiatry's false information and false solutions. Drug addiction is not a *disease*. Real solutions *do* exist."
>
> — Jan Eastgate

Very noticeable would be the complete absence of the word, even the idea, of *cure*, whether amongst addicts, families of addicts, government officials, media or anywhere else. In its place are words like disease, illness, chronic, management, maintenance, reduction and relapse. Addicts in rehab are taught to refer to themselves as "recovering," never "cured." Stated in different ways, the implicit consensus that has been created is that drug addiction is incurable and something an addict will have to learn to live with—or die with.

Is all hope lost?

Before considering that question, it is very important to understand one thing about drug rehabilitation today. Our hope of a cure for drug addiction was not lost; it was buried by an avalanche of false information and false solutions.

First of all, consider psychiatrists' long-term propagation of dangerous drugs as "harmless":

- In the 1960s, psychiatrists made LSD not only acceptable, but an "adventure" to tens of thousands of college students, promoting the false concept of improving life through "recreational," mind-altering drugs.
- In 1967, U.S. psychiatrists met to discuss the role of drugs in the year 2000. Influential New York psychiatrist Nathan Kline, who served on committees for the U.S. National Institute of Mental

Health and the World Health Organization stated, "In principle, I don't see that drugs are any more abnormal than reading, music, art, yoga, or 20 other things—if you take a broad point of view."[1]

- In 1973, University of California psychiatrist, Louis J. West, wrote, "Indeed a debate may soon be raging among some clinical scientists on the question of whether clinging to the drug-free state of mind is not an antiquated position for anyone—physician or patient—to hold."[2]
- In the 1980s, Californian psychiatric drug specialist, Ronald K. Siegel, made the outrageous assertion that being drugged is a basic human "need," a "fourth drive" of the same nature as sex, hunger and thirst.[3]
- In 1980, a study in the *Comprehensive Textbook of Psychiatry* claimed that, "taken no more than two or three times per week, cocaine creates no serious problems."[4] According to the head of the Drug Enforcement Administration's office in Connecticut, the false belief that cocaine was not addictive contributed to the dramatic rise in its use in the 1980s.[5]
- In 2003, Charles Grob, director of child and adolescent psychiatry at University of California Harbor Medical Center believed that Ecstasy (hallucinogenic street drug) was potentially "good medicine" for treating alcoholism and drug abuse.[6]

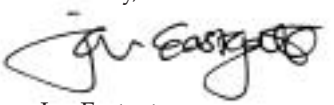
The failure of the war against drugs is largely due to the failure to stop one of the most dangerous drug pushers of all time: the psychiatrist. The sad irony is that he has also established himself in positions enabling him to control the drug rehab field, even though he can show no results for the billions awarded by governments and legislatures. Governments, groups, families, and

individuals that continue to accept his false information and drug rehabilitation techniques, do so at their own peril. The odds overwhelmingly predict that they will fail in every respect.

Drug addiction is not a *disease*. Real solutions *do* exist.

Clearing away psychiatry's false information about drugs and addiction is not only a fundamental part of restoring hope; it is the first step towards achieving real drug rehabilitation.

Sincerely,



Jan Eastgate
President,
Citizens Commission
on Human Rights International

IMPORTANT FACTS

1. The goal of psychiatry's Methadone was never a cure but to make the addict "functional."

2. Despite the fact that street heroin has many more users, methadone kills more people.

3. Other "therapeutic" drugs like buprenorphine can cause respiratory depression.[7]

4. Joseph Glenmullen of Harvard Medical School says that potent prescription drugs merely "numb feelings just as the addictive behavior once did" and won't enable the person to successfully overcome his or her addiction.[8]

Methadone, itself a narcotic, cannot permanently halt the craving for narcotics.

CHAPTER ONE
The Selling of 'Incurability'

A close review of drug rehabilitation today shows it is a field nearly monopolized by psychiatry.

In a 1998 article published in the "*National Journal of Justice*," Alan I. Leshner, professor of psychology and then head of the National Institute of Drug Abuse (NIDA), stated, "Addiction is rarely an acute illness. For most people, it is a chronic, relapsing disorder." One of today's top "authorities" in the field of drug rehabilitation is teaching that, for most people, addiction is a "disease" that the individual will never overcome.

In the same article, Leshner also defined positive performance in the field of drug rehabilitation with the statement, "… a good treatment outcome—and the most reasonable outcome—is a significant decrease in drug use and long periods of abstinence, with only occasional relapses." Based on his theory, those who manage drug rehabilitation are doing a good job if the addict merely abuses drugs less frequently.

Leshner's most revealing statement tells us exactly where curing addiction fits into psychiatric drug rehabilitation. He says, "… a reasonable standard for treatment success is not curing the illness but managing it, as is the case for other chronic illnesses." Actually curing drug addiction doesn't enter into it at all.

Not surprising, drug abuse is rampant. In 2001, an estimated 5% of the world population age 15 and above abused drugs.

The Methadone Program—A Clever Hoax

Psychiatry's flagship drug treatment program is methadone maintenance for heroin addicts. Just how effective has this been?

According to available literature, the program involves the use of a "medication" called methadone to rebalance brain chemistry, block the effects of heroin, and reduce craving. But there are other lesser-known facts to be examined when evaluating this program.

> "Calling it [methadone] a medication obscures the fact that it is an addictive drug; in fact, methadone is at least as addictive as heroin."
>
> — Dr. Miriam Stoppard, National Drugs Helpline, United Kingdom

The goal for methadone was never a cure. According to one of the original researchers investigating methadone, "The goal is NOT abstinence, the goal is to become functional."[9]

Calling methadone a medication obscures the fact that it is an addictive drug; in fact, methadone is at least as addictive as heroin.[10] Worse still, methadone withdrawal is even tougher than heroin withdrawal, with the symptoms lasting for six weeks or more. As early as 1971, it was known that babies born to methadone mothers suffered withdrawal symptoms, including convulsions.[11]

Methadone, itself a narcotic, cannot permanently halt the craving for narcotics, nor can it eliminate the underlying reason the addict takes drugs.

In reality, all the methadone program achieves is a reduction in heroin usage, and it achieves this through an increase in methadone usage.

As one heroin and methadone addict of 17 years testified: "I am not an advocate of methadone for the simple fact that I believe [it] helped me to prolong my active addiction. Long-term methadone use kept me trapped as a prisoner of addiction, I was tied to the clinic … if you are on methadone you do not have a 'life,' you are rather a slave to this drug and everyday existence depends on it. … I could not travel anywhere on vacations, nor did I want to, because I was held as a captive by this drug. …" After withdrawing from methadone, he said he "started living for the first time in my life," and now speaks out about drug-free living.[12]

Methadone literature warns of the drug's life-threatening risks, including cardiac arrest, respiratory and circulatory depression, and shock. Overdose and death can occur.[13]

Between 1982 and 1992, deaths from methadone in England increased by over 710%, from 16 deaths to 131.[14] In New South Wales, Australia, there were 242 deaths related to methadone between 1990 and 1995.[15]

In September 2002, after taking heroin for three weeks, Patricia Cluka's 38-year-old husband admitted himself to a Mental Health Family Counseling Center for methadone treatment. Reacting severely to the methadone, a week later, he asked for the dosage to be reduced, but there were no doctors available at the time to adjust the dosage. Two days later, he was dead. The coroner determined the cause of death was "Acute Methadone Poisoning."

Aside from methadone, there is also buprenorphine, a narcotic used to treat heroin addiction.[16] Buprenorphine, like morphine, can cause respiratory depression and used on already drug dependent individuals can result in withdrawal effects.[17]

Joseph Glenmullen of Harvard Medical School says that potent prescription drugs merely "numb feelings just as the addictive behavior once did" and won't enable the person to successfully overcome his or her addiction.[18]

It is interesting to recall Leshner's statement that methadone maintenance achieves "a significant decrease in drug use and long periods of abstinence. …" In reality, all the methadone program achieves is a *reduction in heroin* usage, and it achieves this through

an *increase in methadone* usage. A legal and highly addictive drug—euphemistically called a medication—has been substituted for an illegal and highly addictive drug.

The same deception is reflected in a 1998 report from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), which stated that substance abuse programs were "working." Yet the survey of less than one percent of the country's users showed 79% of those surveyed had not reduced their illicit drug usage and 86% had not reduced their heroin usage.

In Belgium, methadone prescriptions increased tenfold between 1990 and 1994.[19] In the Netherlands, more than 50% of methadone is dispensed through community-based private practice "methadone buses" to supply 100 or more patients with the drug. This easy access to drugs and the country's liberalized drug policies, have made it the "place for drug traffickers to work." A French narcotics officer described the Netherlands as "Europe's drug supermarket."

In 1987, NIDA launched a campaign to use "the full power of science to stop a troubling spread of heroin use among our nation's youth." However, by 1995, there were 500,000 heroin addicts in the United States. After billions of dollars spent on supposed drug abuse research and psychiatric treatment, the number of heroin addicts in 2000 reached 810,000.

While drug addiction can be overwhelming, it is important to know that psychiatry, its diagnoses and its drugs, are not working. Their drugs and methods only chemically mask problems and symptoms; they cannot and never will be able to solve addiction.

REHAB FAILURE

Like Switching Seats on the Titanic

While celebrated as an exemplary success by psychiatrists, the truth is that their methadone program is no more than an unmitigated failure for the individual drug addict and for society. The following are statements from addicts who have been through methadone programs:

"Methadone maintenance is institutionalized misery. It does not address the emotional and spiritual disease that drug addiction is. The heroin addict who finds his way to methadone treatment and does nothing else is only switching seats on the Titanic."

— Sam, former heroin addict

"Methadone is probably the worst thing that can be given to somebody because you're saying it's okay to get high."

— Scott, heroin addict who spent two years on methadone

"I have been a methadone maintenance dupe for 6 years. I wanted my life back. So I started cutting my dosage way down, skipping days, and only taking as little as possible. Now I'm on my 10th day without anything. I am just too old to feel this bad for much longer. I can do a 'dope' kick in 5–7 days, at the end, feeling fine. But this? Whoever thought of giving methadone to kick heroin must have been a mean, sadistic person … I've heard this could go on for up to 6 months. I'll be insane by then."

— Nanci, coming off methadone

"I went through all the different [psychiatric-based] rehabilitation methods available in Australia in an effort to get away from drugs and to get back my life; methadone, twelve-step programs, counseling—you name it, I did it. Some of these methods, more than twice. In the end, relapse after relapse."

— G.C., former heroin addict

"I was on methadone for five years and it was much harder to get off than heroin. You can't skip a day going to the methadone clinic or you immediately get really sick. It's totally a trap."

— J.J., former heroin addict

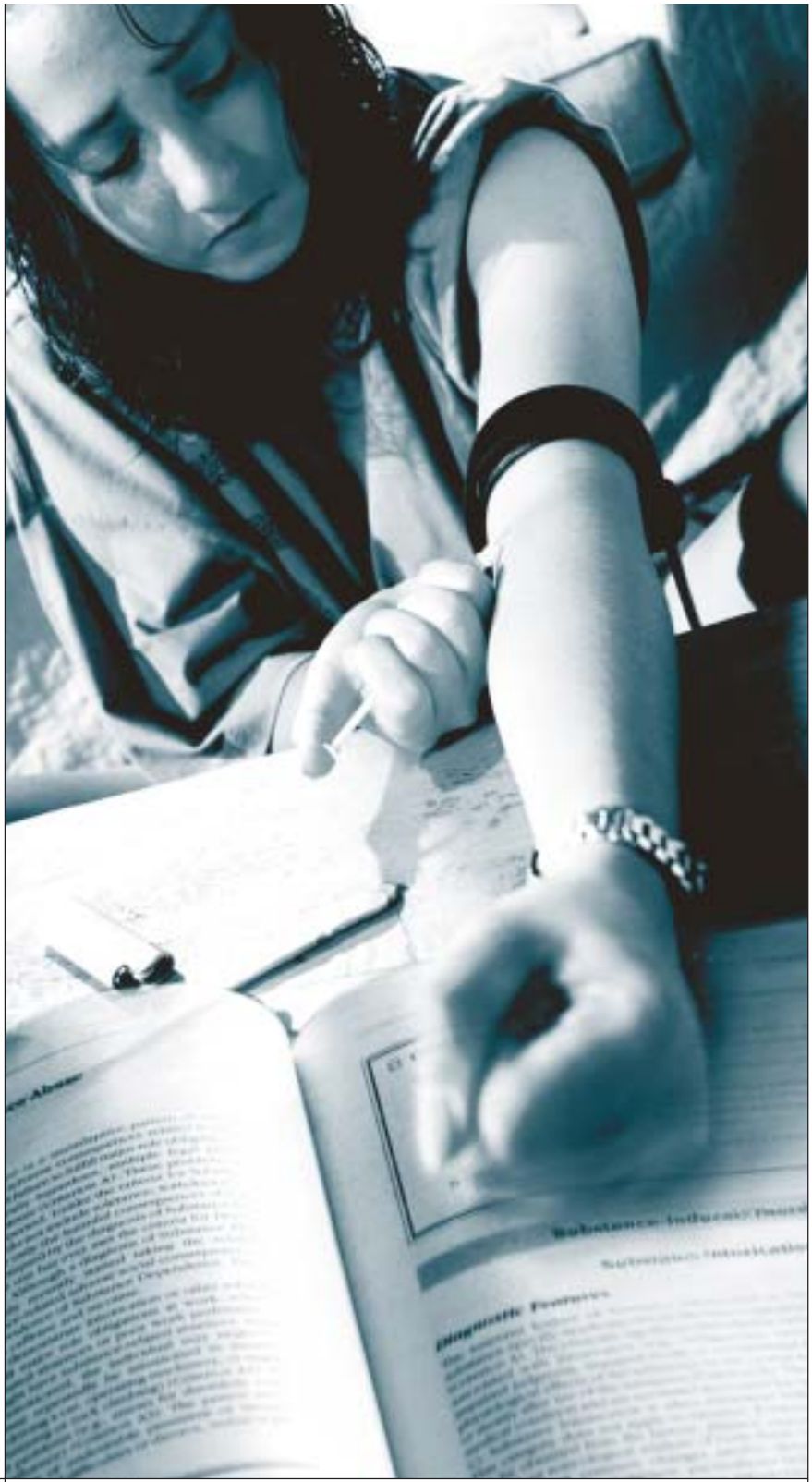
IMPORTANT FACTS

1. Redefining addiction as a mental disorder justifies the use of psychiatry and psychology in the treatment of it.

2. Psychiatry's *Diagnostic and Statistical Manual of Mental Disorders IV (DSM)* lists substance abuse and intoxication as disorders so that insurance companies and governments can be billed.

3. Canadian psychologist Tana Dineen says, "Addiction treatment is a cash cow of the psychology industry, which has argued, in most cases successfully, that treatment of the 'disease' ought to be covered by health insurance."

4. Other related psychiatric deceptions include the concept of drug addiction as a brain disease, and the existence of "chemical imbalance" in the brain. These are no more than theories quoted as fact.



The Diagnostic and Statistical Manual of Mental Disorders (DSM) *and mental disorders section of the* International Classification of Diseases (ICD-10) *label drug addiction as a "mental disorder," providing psychiatrists the excuse to treat, but never cure, drug dependence.*

CHAPTER TWO
Harmful Diagnostic Deceptions

Methadone treatment is a deception and failure. Redefining drug addiction as a treatable "disease" is part of the deception.

According to renowned Professor of Psychiatry Emeritus Thomas Szasz, "[T]here is not one iota of evidence" that addiction is a brain disease." Szasz says that by defining the use or abuse of illegal drugs as a "disease," this placed the treatment for it within the province of the psychiatrist. Psychiatrists then describe the course of this "untreated disease" —"steady deterioration leading straight to the insane asylum"— and prescribe its "treatment": "psychiatric coercion with or without the use of additional, 'therapeutic' drugs (heroin for morphine; methadone for heroin…)."[20]

> "[T]here is not one iota of evidence" that addiction is a brain disease. "Psychiatrists maintain that our understanding of mental illnesses as brain diseases is … made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true."
>
> — Dr. Thomas Szasz, professor of psychiatry emeritus, author of *Pharmocracy*

The American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)* and Europe's *International Classification of Diseases (ICD)*, mental disorders section provide all-inclusive listings, lumping together everything from alcohol, amphetamines, cannabis, cocaine, hallucinogens, inhalants, nicotine, sedatives and hypnotics to caffeine. The *DSM-IV* lists "Substance Dependence," "Substance Abuse" and "Substance Intoxication" to cover the various types of "mental disorders" related to these substances. There's even "Substance-Induced Anxiety Disorder."

This generalized classification gives rise to some outrageously false psychiatric claims: "24% of American men have a lifetime diagnosis of Alcohol Abuse or Alcohol Dependence," and "24.1% of the population, or 48.2 million Americans have some kind of mental disorder." The media quote these bold pronouncements as fact. However, in their book *Making Us Crazy*, Professors Herb Kutchins and Stuart A. Kirk say, "Such statistics come from studies that are based on *DSM*'s inadequate definition of mental disorder. … *DSM* is used to directly affect national health policy and priorities by inflating the proportion of the population that is defined as 'mentally disordered.'" The numbers are also used to "shape mental health policy and the allocation of federal and state revenues."[21]

Michael First, one of the developers of the *DSM-IV*, is quoted as saying that the *DSM* "provides a nice, neat way of feeling you have control over mental disorders," but he confessed this is "an illusion."

In 2001, Canadian psychologist Tana Dineen, author of *Manufacturing Victims*, said, "Addiction treatment is a cash cow of the psychology industry,

BIOLOGICAL PSYCHIATRY
What Experts Say

"'Biological psychiatry' has yet to validate a single psychiatric condition/diagnosis as an abnormality/disease, or as anything 'neurological,' 'biological,' 'chemically imbalanced' or 'genetic.'"

— *Pediatric neurologist Fred Baughman, Jr.*

Psychiatry and psychology's addiction treatment "is identifiably a business that ignores its failures. In fact its failures lead to more business. Its technology, based on continued recovery, presumes relapses. Recidivism is used as an argument for further funding. …"

— *Dr. Tana Dineen, Ph.D., author, Manufacturing Victims*

"The theories are held onto not only because there is nothing else to take their place, but also because they are useful in promoting drug treatment."

—*Elliot S. Valenstein, Ph.D., author of* Blaming the Brain

"There is no evidence confirming 'brain disease attribution.'"

— *Loren Mosher, M.D.*

which has argued, in most cases successfully, that treatment of the 'disease' ought to be covered by health insurance."[22]

As for Leshner's claim that addiction is a "brain disease," in his 2001 book, *Pharmocracy*, Professor Szsaz says, "Psychiatrists maintain that our understanding of mental illnesses as brain diseases is based on recent discoveries in neuroscience, made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true."

Pediatric neurologist Fred Baughman, Jr. says that '"biological psychiatry' has yet to validate a single psychiatric condition/diagnosis as an abnormality/disease, or as anything 'neurological,' 'biological,' 'chemically imbalanced' or 'genetic.'"[23]

In 1998, the late Loren Mosher, M.D., a member of the American Psychiatric Association for 30 years, wrote that there is no evidence confirming "brain disease attribution." Elliot S. Valenstein, Ph.D., author of *Blaming the Brain* is unequivocal: "The theories are held onto not only because there is nothing else to take their place, but also because they are useful in promoting drug treatment."

The obvious conclusion, then, is that due to their drug rehabilitation failures, psychiatry redefined drug addiction as a "treatable brain disease," making it conveniently "incurable" and requiring massive additional funds for "research" and to maintain treatment for the addiction.

More Celebrated Poor Results

Since the 1950s, psychiatry has monopolized the field of drug rehabilitation research and treatments. Its long list of failed cures has included lobotomies, insulin shock, psychoanalysis and LSD.

"Ultra Rapid Opiate Detoxification," a more recent example, uses narcotics to keep an addict unconscious for about five hours, during which withdrawal supposedly takes place. One recipient of this treatment told of awaking, her mouth and throat blood-filled, with broken capillaries in

FATAL FLAW
Psychiatry's Lack of Science

Professors Herb Kutchins and Stuart A. Kirk, authors of *Making Us Crazy*, warned that people "may gain false comfort from a diagnostic psychiatric manual that encourages belief in the illusion that the harshness, brutality, and pain in their lives and in their communities can be explained by a psychiatric label and eradicated by a pill."

In June 2004, John Read, senior lecturer in psychology at Auckland University, New Zealand put it this way: "More and more problems have been redefined as 'disorders' or 'illnesses', supposedly caused by genetic predispositions and biochemical imbalances. Life events are relegated to mere triggers of an underlying biological time bomb. … Worrying too much is 'anxiety disorder.' Excessive gambling, drinking, drug use or eating are also illnesses. … Making lists of behaviors, applying medical-sounding labels to people who engage in them, then using the presence of those behaviors to prove they have the illness in question is scientifically meaningless. It tells us nothing about causes or solutions. It does, however, create the reassuring feeling that something medical is going on."[33]

Dr. Margaret Hagen, Ph.D., points out: "There are a great many ways to do science badly, and the junk science that makes up the bulk of the body of 'knowledge' of clinical psychology manages to exemplify every one of them. …"[34]

Professors Kutchins and Kirk also stated: "There are indeed many illusions about *DSM* and very strong needs among its developers to believe that their dreams of scientific excellence and utility have come true, that is, that its diagnostic criteria have bolstered the validity, reliability, and accuracy of diagnoses used by mental health clinicians."[35]

Bruce Levine, Ph.D., psychologist and author of *Commonsense Rebellion* said: "Remember that no biochemical, neurological, or genetic markers have been found for … compulsive alcohol and drug abuse, overeating, gambling, or any other so-called mental illness, disease or disorder."[36]

In 2003, Peter Tyrer, professor of community psychiatry at Imperial College, London, debunked the DSM: "I always say that *DSM* stands for Diagnosis of Simple Minds; it provides what American [psychiatrists] call 'operational criteria' for the diagnosis of conditions. Basically, if you have a certain quota then you have the condition. It has led to a tick-box mentality. Well, you are a bad clinician if you have to do that. Doctors should be finding out about the person."[37]

J. Allan Hobson and Jonathan A. Leonard, authors of *Out of Its Mind, Psychiatry in Crisis, A Call for Reform*, say that *DSM-IV's* "authoritative status and detailed nature tends to promote the idea that rote diagnosis and pill-pushing are acceptable."[38]

The sham of psychiatry's invented diagnoses in the field of drug rehabilitation is preventing cures and perpetuating addiction.

her face, and tremendous cramping, nausea and convulsions.[24]

In Russia, between 1997 and 1999, 100 psychosurgery operations were conducted on teenage addicts in St. Petersburg.[25] "They drilled my head without any anesthetic," Alexander Lusikian said. "They kept drilling and cauterizing [burning] exposed areas of my brain … blood was everywhere. … During the three or four days after the operation … the pain in my head was so terrible—as if it had been beaten with a baseball bat. And when the pain passed a little, I still felt the desire to take drugs." Within two months, Alexander had reverted to drugs.[26]

In 2001, Russian addicts were also strapped to beds and beaten, while being fed only bread and water during withdrawal. At the Leningrad Regional Center of Addictions, alcoholics and heroin addicts are administered ketamine, an anesthetic with strong hallucinogenic properties, in conjunction with "talk therapy."[27]

As bizarre as it may sound, Russia, Switzerland and the United States are also conducting LSD trials for substance abuse.

In 1992, Australian psychiatrists called for heroin, cocaine and marijuana to be sold legally in liquor stores. Instead, eight years later, Australia established legal "heroin injection rooms" known as "shooting galleries."

> "There are a great many ways to do science badly, and the junk science that makes up the bulk of the body of 'knowledge' of clinical psychology manages to exemplify every one of them …."
>
> — Dr. Margaret Hagen, Ph.D.

The last thing any psychiatric treatment has achieved is rehabilitation.

As reported in a 2001 survey of American companies about the effectiveness of "substance abuse" programs for their employees, "the overwhelming majority saw few results from these programs. In the survey, 87% reported little or no change in absenteeism since the programs began and 90% saw little or no changes in productivity ratings."[28]

In the late 1990s, scores of Russian teenage drug addicts received brain surgery in a barbaric and failed effort to handle their addictions.

Psychiatry and psychology's addiction treatment "is identifiably a business that ignores its failures. In fact its failures lead to more business. Its technology, based on continued recovery, presumes relapses. Recidivism is used as an argument for funding."

— Dr. Tana Dineen, Ph.D.,
author, Manufacturing Victims