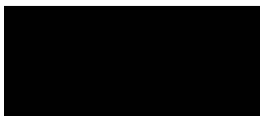


The Hon. Marcia Neave AO
 Commissioner
 Royal Commission into Family Violence (Victoria)
 PO Box 535
 Flinders Lane
 Vic. 8009



26 May 2015

Dear Commissioner,
 I would like to frame my submission under question one
Are there other goals the Royal Commission should consider?

Most people would agree that alcohol and illicit drugs are strong contributing factors in family violence. Deteriorating mental health can also be an important factor. Another "elephant in the room", that has been neglected for too long, despite wide ranging and extensive evidence are prescription drugs. Few people realise that *prescription drugs, are the third leading cause of death, after heart disease and cancer. This figure doesn't include accidental overdoses.* (Deadly Medicines and Organised Crime - how big pharma has corrupted health care. Author- Professor Peter Gøtzsche page 1) This data is available at Centres for Disease Control and Prevention , U.S.A.

Violence and homicide (and suicide) are also caused by prescription drugs, especially psychiatric drugs. A list of 5000 stories that have appeared in the media can be found at www.ssrstories.org .

The most pronounced effect of one class of drugs, antidepressants (SSRI's) is to cause sexual disturbance. An FDA scientist found out that the companies had hidden sexual problems by blaming the patients rather than the drug. The companies claimed that only 5% of the patients were sexually disturbed, which is one-tenth of the true occurrence. In a study designed to look at the problem, sexual disturbances developed in 59% of 1022 patients who had a normal sex life before they started using an antidepressant. Deadly Medicines page 202. This important information needs recognition and the part it plays in violence.

The cytochrome P450 (CYP 450) enzyme system plays a key role in the metabolism of more than half of all drugs. CYP2D6, CYP2C9 , CYP2C19 and CYP3A4 are important biomarkers. These genes are highly "polymorphic " or variable, and therefore drug response varies significantly between patients. They can be one of four types

- | | | | | |
|-----------------------|---|--------------------------|---|------------------------------|
| 1/- Hyper metaboliser | - | Drug cleared too quickly | - | NO EFFECT |
| 2/- High responder | - | Extended metabolisers | - | DESIRED EFFECT |
| 3/- Poor responders | - | Poor metabolisers | - | drug slow to clear from body |

RISK OF ADVERSE DRUG REACTION

4/- Non responder - Poor metabolisers RISK OF ADVERSE DRUG REACTION

A CYP 450 assay, will show which type.

An adverse drug reaction can lead to serious assault, homicide self harm and suicide. An even worse problem, for a poor metaboliser, on a psychiatric drug is to drink alcohol and take illicit drugs.

SSRI's commonly cause another stimulantlike effect that can lead to dangerous behaviour. It is called akathisia. It means the inability to sit down or stand still. It can feel like someone is dragging chalk down a blackboard, only it's inside your brain and down your spinal cord. Akathisia is a dreadful feeling that compels the victim to keep moving in an effort to relieve it.

*Akathisia is listed as "infrequent" on the Prozac label. Actually, Elli Lilly and Co. systematically avoided looking for akathisia in clinical trials. In later, more independent studies, akathisia turned out to be very common. As I documented in my text book, *Brain-Disabling Treatments in Psychiatry (1997)*, reported rates of akathisia from taking Prozac range from 10 to 25 percent. Akathisia drives people to serious assault, homicide and suicide. (The Antidepressant Fact Book by Peter Breggin M.D.)*

It is current medical practice to increase dosage of many psychiatric drugs. Clinicians, usually blame the patient, instead of the drug, if there is an adverse reaction.

The public (and many medical practitioners) are under the impression that, psychiatric drugs have proven efficacy. I would suggest this is not the case. On the 11 th February 2015, at the State Library, Victoria, a mental health talk was given by prominent European medical scientist, Professor Peter Gøtzsche. He co-founded The Cochrane Collaboration and is Managing Director of The Nordic Cochrane Centre. This organisation is the gold standard for the review of medical research data. His 63 minute talk (including Q & A) is on You Tube at <http://youtu.be/ZMhsPnoldy4>. I cannot recommend enough you watch this talk. DVD also attached.

While in Melbourne, he talked about overmedication, at Grand Rounds at The Alfred Hospital and Royal Melbourne Hospital.

In September 2015, Professor Gotzsche will publish *Deadly psychiatry and organised denial*.

In Australia, we have a big problem in mental health. Nearly all the Key Opinion Leaders, lobby governments and act as "expert witness " in court trials, have a HUGE conflict of interest. The drug industry is very, very profitable. Many Professors of Psychiatry and others, have greatly benefited.

Recommendations

Anyone, placed on a family violence intervention order, that is on psychiatric medication, should have a CYP 450 assay done. If they are a poor metaboliser or non responder, the drug should be withdrawn slowly. A more suitable course of therapy should be tried, eg. psychotherapy (Open Dialogue).

Anyone, placed on a compulsory treatment order, should firstly have a CYP 450 assay. If they are a poor or non responder, they should not be placed on any medication. A more suitable course of action could be psychotherapy (eg. Open Dialogue)

As a matter of interest, Open Dialogue was developed in Finland. It will be featured at the International Society for Psychological and Social Approaches to Psychosis (ISPS) Conference at La Trobe University, 28 and 29 May 2015.www.isps.org.au

A public awareness campaign about the true side effects (actually main effects) of psychiatric drugs.

A public awareness campaign about the lack of efficacy of most psychiatric drugs. Why are not all drug trials, double blind with ACTIVE placebo? All trials should be published.

An awareness campaign for the medical profession on the CYP 450 and the need for an assay.

The Victorian Institute of Forensic Medicine, CYP 450 assay, for murderers and suicide victims.

A conflict of interest register be established, for psychiatrists, on the web.

Thank you for the opportunity to make a submission.

Yours sincerely,



Bill Thomson

Attachment : DVD. Mental health talk by Professor Peter Gøtzsche,
State Library of Victoria. 11 February 2015

TALK BY PROF. PETER GÖTZSCHE
STATE LIBRARY, VICTORIA.

MENTAL HEALTH

11/2/2015

