illusion about victims of modern psychiatry. They are often people whose minds don't co-ordinate with modern thinking. They're put on drugs, locked up and their minds get like caged lions. The fact that I climbed into the lions' den is not a sign of my insanity. It is more a reaction to seeing my fellow beings locked up".

Clearly we may have good reasons for wanting to change, reduce or come off medication. Legal measures to force us to continue with medication in the community takes away our right to self-determination. But for the first time in history, psychiatric survivors are finding a collective voice. I was one of several survivors who gave evidence to a Government committee which helped to persuade them that no new legal powers were necessary. Supervision Orders were dropped.
However, the Government now plans to introduce Supervised Discharge powers to ensure that patients discharged from hospital comply with their treatment plans. Not doing so could lead to their recall to hospital. Once again, the aim is to enforce medication.

Meanwhile, a Civil Rights Bill that would have outlawed discrimination against disabled people and former psychiatric patients was defeated in Parliament.

It may be ethical to keep someone in safety for a few days to save their life or prevent them from hurting others, but forced treatment with chemicals and electric shocks infringes human rights, while ensuring that little effort is made to address the problems that cause people to break down. If legal coercion was removed, services would have to provide the range of holistic therapies, counselling and practical help that we consistently call for.
We must campaign for an end to all forced treatment.

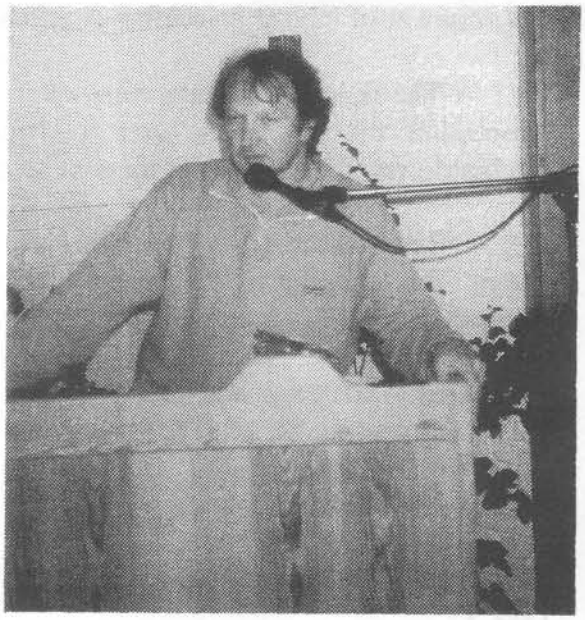
6b. SPEECH BY PETER LEHMANN: **The medical model, diagnostics and treatment methods**

The medical model, the psychiatric diagnostic system included, is a question of faith. People may believe in it or not. The concrete risks and dangers of psychiatric treatment seem more important here.

- DANGERS OF NEUROLEPTICS -
The main psychiatric reply to mad behaviour and feelings are neuroleptics. These neurotoxic psychodrugs lead to a reduction of the absorption of oxygen of the brain cells, the hormone system and the transmitter system are blocked; there is an organic disease of the brain, identical to the symptomatology of encephalitis lethargica. You can read about all these things in detail in my book 'Der chemische Knebel' ('The chemical gag') or in Peter Breggin's 'Toxic psychiatry'.Healthy people who are considered mad are made organically ill. Under neuroleptics about 90% suffer from brain atrophical states, brain cells die; 90% suffer from movement disorders; 30% from fever attacks; up to 100% from pathological changes of the electroencephalogram; 50% from inflammation of the gums, often combined with loss of teeth; under continued administration of neuroleptics about 80% from liver disease, 40% from diabetes, 43% from obesity. In addition to this, there are sterility, absence of menstruation, impotence, pigment deposition in the eyes and in the heart muscle; there is a significantly increased amount of breaks and splits of chromosomes, which may lead to identical mutations as caused by thalidomide (Contergan). Psychic deadening (called zombie-effect) loss of will, states of desperation and danger of suicide, dizziness and delirium are other dangers; this is by no means exhaustive.

In the USA since 1978 information sheets from neuroleptic-drugcompanies must include the warning that all neuroleptics can cause neoplasms (tumours) in the breast glands of rodents, if those animals are treated with doses that are normal in continued psychiatric treatment. In the German speaking countries, maybe in whole Europe, this danger, too, is not told to the 'users'.

Another severe damage is tardive dyskinesia; David Hill, psychologist in England, wrote 1993 in Clinical Psychology Forum, that world-wide meanwhile about 86 million people suffer from irreversible tardive dyskinesia, a choreatic-like muscle disorder; it can be developed after few months or years under all typical neuroleptics, and sometimes is recognised only at withdrawal or afterwards. There is no treatment for this disease; only further administration of neuroleptics may reduce the symptoms. Tardive dyskinesia correlates with shortened life expectancy. All these disorders are caused by all neuroleptics, low and high potent, by low and 'therapeutical' doses, by short and prolonged duration of administration. It is an illusion to separate dangerous doses from harmless ones. Even minidoses, one time administered, can lead to extremely dangerous dystonic attacks, i.e. means people might die of suffocation.
Furthermore, especially in the case of the so called atypical neuroleptics, there will be changes in the receptors' system; when neuroleptics first block the receptor system, especially the dopamine-receptors, the organism will react and built new receptors, which may not disappear after withdrawal, and then there is an imbalance of transmitters and receptors, as if an agent is implanted in the nervous system, that makes people irreversibly crazy. Finally, after prolonged administration, there might be a vegetative dependence, which may lead to severe withdrawal symptoms - sleep disorders, stomach problems, nervousness, circulatory collapse, withdrawal-psychoses etc.
Electro- and insulin-shocks are still in use; they are just as bad or probably even worse. Neuroleptics like these shocks lead to an artificial brain-organic psychosyndrome. Electroshocks cause epileptic fits. There is an internal damage to the brain cells by electrical current and by bleedings in the brain; nerve cells are damaged and die. Of course, there are also positive effects of these drugs and of shocks. These agents may suppress unpleasant feelings, you may have temporary relief, which may be more important than the risk of being damaged. On a short or medium term basis you might be able to adjust to your surrounding world, if you do not have to deal with ambitious tasks. Shocks will kill the brain cells, where memories are stored, and some bad memories will disappear too, and this may make you indifferent.



- CONSEQUENCES -
There are two trends as for psychiatric treatment:
People who, on principle, are in favour of the treatment, or who may demand better drugs, a better psychiatric net, being better understood by psychiatrists, more talks, more services to use, better cooperation. These people accept the concept of mental illness. The opposite side fights against compulsory treatment, the absence of information about risks and damages, etc.

Its adherents fight for autonomous and user-controlled alternatives to the psychiatric system, for self help, for money (less and less money for psychiatry, more and more for organized victims and survivors), for legal equality with (medical) ill and healthy ones, for legal protection (psychiatric testament (psychiatric will), for informed consent or rejection, compensation), and for free choice of doctors and therapists.
If we, users on the one side and victims and survivors on the other side, can deduce joint consequences from the risks and damages by means of psychiatric treatment we will have to act together and we have to try not to offend one another. How can we complain of psychiatric mistreatment if we only use the concept of users? Because this implies that psychiatry is something which is useful for all of us: for people who have been electroshocked, treated by force, developed tardive dyskinesia, perhaps died from neuroleptic malignant syndrome e.g.
On the other hand: If we equate psychiatry and torture, we ignore the needs of people going to psychiatrists by their own decision. If we want to base ourselves on a common factor, it might be the relationship to the human rights. They seem to be our immediate joint basis. I can see four issues here that are important:

- The right to remain unwounded, bodily:
Forced treatment only in cases of prior informed consent. Ban of damaging treatment methods (by proven brain- or genetic damages, by suspicion of tumor-building). Compensation and criminal prosecution of law-breakers.

- The right to medical, therapeutical and social help:
Development of harmless methods and of relievers for damages, caused by neuroleptics. Development of ethical principles in psychotherapies.

- The right to self-determination:
Prosecution for psychiatric assault. Right of self-definition, right to look into the own psychiatric records, to correct them or to get them handed over. Free choice.

- The right to self-organization and to self-representation of our own interests:
Money for user-controlled alternatives and for projects run by users. Patient's-councils, advocacy.

6c WORKING GROUPS 2 AND 3

Jan Walcraft gives the report.

We came up with three tasks which we would like the Network to consider for the forming of taskgroups.

Task 1:

Aim: to eliminate ECT in the long term

Short term measures:
1. To campaign for ECT to be classified as a high-risk treatment so that procedures for giving it are complicated and difficult (as is the case for lobotomy).

2. To continue collecting information on ECT, on its usage in different countries, its damaging effects and people's experience with ECT (which Jan Dirk has started).