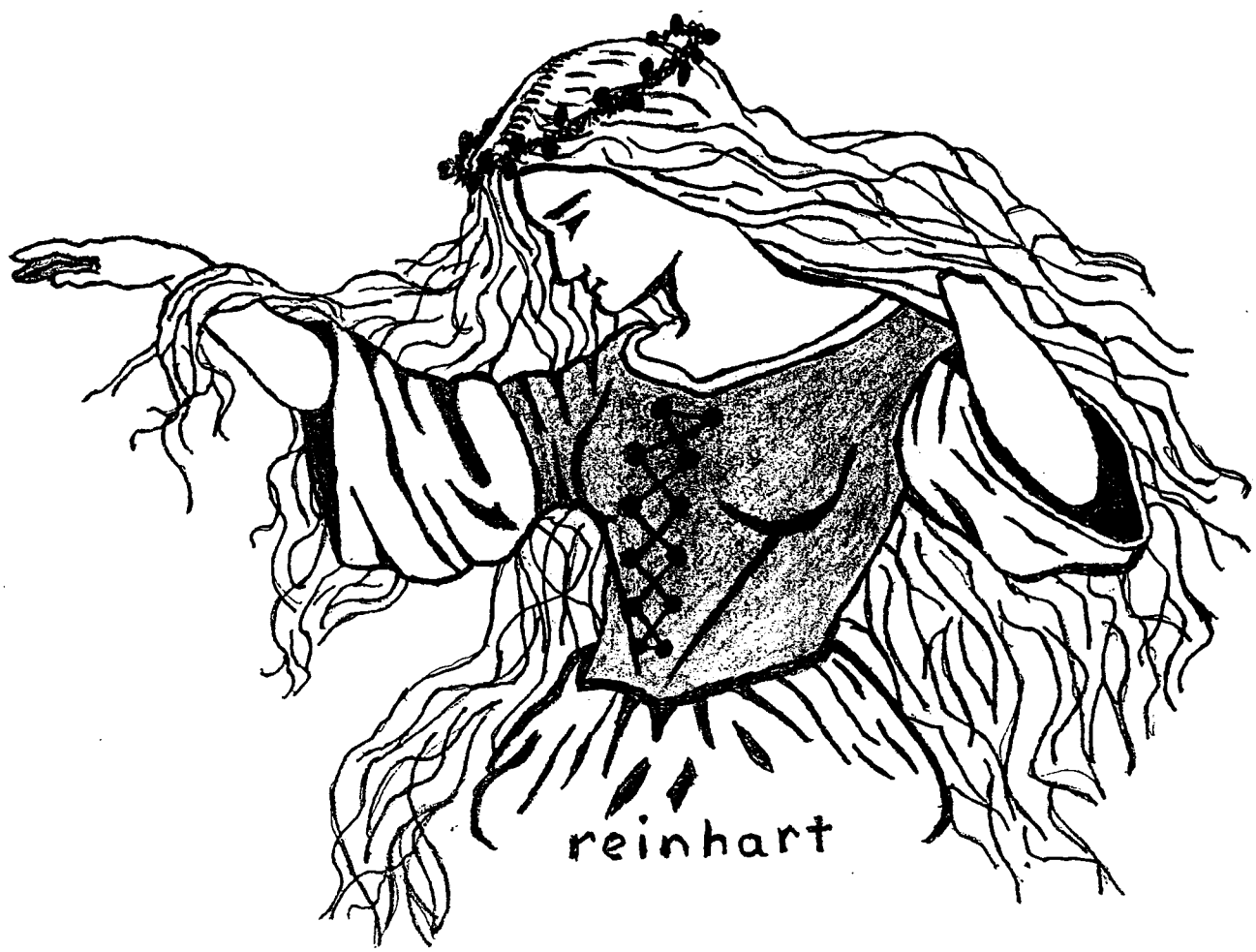
Autumn, 2000

In A *NutShell*



In This Issue

Features:

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Added Features:

Cover Drawing: by Reinhart

Do not aprubtly stop psychiatric medications! Most psychiatric medications are powerful drugs and should be withdrawn from gradually under the care of a physician or other health practitioner.

'In A NutShell' is a publication of the MPA, #202-1675 W. 4th Ave.,Vancouver,B.C., V6J 1L8, (604) 738-2811, fax (604) 738 -4132. The MPA is a non-profit organization that offers a variety of programs in ADVOCACY, HOUSING, VOCATIONAL, RECREATIONAL, and SOCIAL ACTIVITIES for former mental patients. For more information on any of the above programs or housing waiting lists, please phone the office at 738-2811. Editorial Board: Jim Gifford, D Paul Strashok, Reinhart, Byron Fraser, Ron Carten

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Feature

Your Drug May Be Your Problem: How and Why to Stop Taking Psychiatric Medications

By Peter Breggin, M.D. and David Cohen, Ph.D.

(Persus Books/Harper Collins Publishers, 1999, 272 pages)

review commentary and select quotes compiled by Byron Fraser

Introduction

This is the best selling book first published late last year (and now due to come out in a large paperback edition as of Nov., 2000) which numerous people I've met in the local mental health community have been vigorously recommending, promoting, and/or disputatiously talking-up, seemingly non-stop, of late; it is having a major impact. The thing is that, for years people "in the system" wanting to access alternatives to what has passed for "treatment" (i.e., essentially drugging) have had no ready guide to both the risks entailed in taking their prescribed medications or the often extremely debilitating withdrawal syndromes associated with going off of their medications; there simply has been nothing like informed consent, full disclosure, or any sort of succinct informational source we could direct people to which covers all of this. Now, thankfully, we have this factually power-packed, up-to-date, authoritative and definitive capsule summary, grounded in solid medical research, of everything anyone considering taking or wondering about stopping psychiatric drugs really needs to know. Intended for patients, layman and professional alike, it is also a must-read for every health care professional working in psychiatry. Adverse effects of all categories of psychiatric drugs currently in use — including minor and major tranquilizers, antidepressants, stimulants, sleeping pills, neuroleptics/antipsychotics, and "mood stabilizers" — are listed in detail along with the most comprehensive summary of psychiatric drug withdrawal reactions (e.g., "relapse" and "rebound" effects) available anywhere. Of course, the authors — world-famous psychiatrist/author/Director of the International Center for the Study of Psychiatry and Psychology, Peter Breggin, and expert psychiatric drug researcher, Professor David Cohen, of the University of Montreal — have a point of view, but their intent is not to preach or proselytize. Rather, it is to aid in harm reduction via contributing what they can to maximally efficacious decision-making processes — at all levels. This review is limited to just highlighting a few of the very relevant and timely issues treated of at length in the book. It's major premise, briefly, is:

"...we believe that the benefits of psychiatric drugs are vastly exaggerated, that their disadvantages are too often minimized, and that there is far too little information about how to stop taking them. This book is, in fact, the first and only one to focus on the overall problem of why and how to stop taking psychiatric medication." — p. 28

Quotes and "Quick Facts"

1) The Current Situation

"...all psychiatric drugs have well-documented, serious hazards." — p. 12.

"Evidence suggests that all psychiatric drugs can produce withdrawal reactions." — p. 26.

"**...all psychiatric drugs are drugs of dependence.**" (according to accepted **medical** definitions of **physical dependence**; see same page — B.F.). — p. 145.

" The longer you take a tranquilizer, the higher the doses, and the more abrupt the withdrawal — the more serious your withdrawal reactions are likely to be." — p.148.

"Overconfidence in clinical judgement concerning the long-term safety of drugs has led to an even more tragic outcome. Millions of patients have been afflicted with gross neurological disorders from taking antipsychotic drugs. This class of drugs —...— was used for two decades before it was generally recognized that the entire group frequently causes tardive dyskinesia and neuroleptic malignant syndrome (and they are prescribed more frequently than ever, in spite of this, to this day — B.F.)."— p. 49.

"FDA records contain thousands of reports of severe and life-threatening reactions to almost every psychiatric drug in current use... . Hence FDA approval should not be interpreted as indicating that a given drug is without serious and potentially fatal adverse reactions. On the contrary, all psychiatric drugs approved by the FDA can pose enormous risks even in routine use." — pp. 102-103.

"More than 50 percent of patients drop out of psychiatric drug treatment 'due to side effects,' including drug-induced 'sleep problems, anxiety and agitation, and sexual dysfunction'." — p. 31.

"Although there is some variation among medications in this class (neuroleptics —B.F.), all of them can cause toxic psychoses with delirium, confusion, disorientation, hallucinations, and delusions. Probably all of them also cause depression... . Most of them can cause sedation and fatigue, seizures, weight gain, dangerous cardiac problems, hypotension..., a variety of gastrointestinal problems such as paralysis of the bowels, hormonal abnormalities... , sexual dysfunctions..., skin rashes and sensitivity to sunlight, eye disorders, allergic reactions... and disorders of body temperature regulation... ." — pp. 80-81.

2) <u>Are Biochemical Imbalances and Brain Diseases Treated by Psychiatric Drugs?</u>

The simple scientific answer is an emphatic **"No"** — : no underlying causal pathology for any psychiatric disorder has ever been identified to be so "treated" or "cured". What psychiatric drugs do is to treat **symptoms** of mental disorders temporarily without affecting their **causes**. This is admitted by all. Hence:

"In the field of mental health, not a single physical explanation has been confirmed for any of the hundreds of psychiatric 'disorders' listed in the DSM-4. A recent editorial in the <u>American Journal of Psychiatry</u> (Tucker, G.J. 1997. 'Editorial: Putting DSM-4 in perspective.' No. 155, pp. 159-161) states the case plainly: 'As yet, we have no identified etiological agents for psychiatric disorders'."— p. 112.

"The concept of biochemical imbalances in people diagnosed with depression, anxiety and other 'disorders' remains highly speculative and even suspect... there is at present no way to prove its validity. Specifically, we lack the technical capacity to measure biochemical concentrations in the synapses between nerve cells... .

... all psychiatric drugs directly affect the brain's **normal** chemistry by disrupting it... .

It is important to keep this in mind: the brain is **always** impaired by psychiatric drugs. ...this conclusion... is supported by... an enormous amount of scientific research detailing the biochemical imbalances in the brain created by psychiatric medication. These drug-induced biochemical imbalances commonly cause psychiatric disorders in routine psychiatric practice.

Even if some emotional problem turned out to be caused by subtle, as-yet-undetected biochemical imbalances, this finding would not be a rational justification for using any of the psychiatric drugs that are currently available. Because they impair normal brain function, such drugs only add to any existing brain malfunction... .

If psychiatric drugs could correct specific biochemical imbalances, specific types of drugs for specific disorders would be available. But this is not the case... .

No psychiatric drug has ever been tailored to a known biochemical derangement... .

At the same time, no biochemical imbalances have ever been documented with certainty in association with any psychiatric diagnosis. The hunt goes on for these illusive imbalances; but their existence is pure speculation, inspired by those who advocate drugs. (footnote: 7. Within the privacy of professional writings, various experts in the field agree that no biochemical abnormalities have been demonstrated in psychiatric disorders. Textbooks are filled with speculations, often specifying several potential biochemical mechanisms, but in no case can they claim that such speculations have been proven. Indeed, the textbook chapters usually conclude with an admission that nothing has been proven but that 'breakthroughs' are anticipated. [See also, especially, in this regard, the recent very scholarly summary by Al Siebert, Ph.D., in the Ethical Human Sciences and Services journal, Vol. 1, No. 2, 1999 from the International Center for the Study of Psychiatry and Psychology: "Brain Disease Hypothesis for Schizophrenia Disconfirmed by All Evidence." Also in the same issue focusing on the theories and identification of — as well as current treatments for - "schizophrenia", is the important article by Jay Joseph, Ph.D., "The Genetic Theory of Schizophrenia: A Critical Overview." It can be ordered from Support Coalition International - toll free: 1-877-623-7743/ Fax: 1-541-345-3737 — or from Springer Publishing Company: 1-212-431-4370/ Fax: 1-212-941-7842 — B.F.])." — p. 33-35.

3) If Psychiatric Drugs Don't "Cure" Physically Caused Organic Brain Diseases Or Mental "Illnesses", What Do They Do?

"Psychiatric drugs do not work by correcting anything wrong in the brain. We can be sure of this... . There are no known biochemical imbalances and no tests for them. That's why psychiatrist do not draw blood or perform spinal taps to determine the presence of a biochemical imbalance in patients. They merely observe the patients and announce the existence of the imbalances... .

Ironically, psychiatric drugs cause rather than cure biochemical imbalances in the brain. In fact, the only known biochemical imbalances in the brains of patients routinely seen by psychiatrists are brought about by the psychiatrists themselves through the prescription of mind-altering drugs.

Psychiatric drugs 'work' precisely by causing imbalances in the brain — by producing enough brain malfunction to dull the emotions and judgment or produce an artificial high... ." — p. 41.

"... few, if any, psychiatric drugs have been proven to bring about long-term beneficial effects, even by the standards of researchers who favor drugs.

There are no lifetime studies of drug efficacy. ... most studies of psychiatric drugs last four to six weeks and often have to be statistically juggled to make them look positive. Even when researched over the longer term, these drugs tend to be associated with increasingly adverse effects and no evidence of efficacy... . There is simply no justification whatsoever for the commonly made claim that some people need to take psychiatric drugs for the rest of their lives.

In fact, most of the problems involved in 'doing without drugs' are the result of drug withdrawal. Patients most often have trouble stopping drugs not because they are useful but because they create dependency." —p. 193.

"Contrary to claims, neuroleptics have no specific effects on irrational ideas (delusions) or perceptions (hallucinations)." —p 77.

4) Do Psychiatric Drugs Prevent Suicide and Violence?

"... the FDA has never approved a drug specifically for the prevention or control of suicide or violence.

More generally, there is no convincing evidence that any psychiatric medication can reduce the suicide rate or curtail violence. But there is substantial evidence that many classes of psychiatric drugs —

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Bleak House
by Ron Carten

By peculiar twists of fate some people accumulate many friends who are divorced, others know dozens of war vets. I know handfuls of ex-mental patients. While some people are well-acquainted with suburbs, others are familiar with gentrified estates. I have been intimate with the slum. So it was not an unusual afternoon in March this year that found me sipping coffee with an ex-mental patient on the periphery of the worst slum in Canada, to wit, the Downtown Eastside of Vancouver.

These days I have an ambiguous relationship with slums. On the one hand, I despise them for the conditions residents must live in inside decaying hotels. On the other hand, the architecture of these same buildings evokes a pleasing nostalgia. Some days I am appalled by the ragged appearance of so many who live here, on other days I know I am closer to the naked truth of the human condition than I could ever be in any other part of this country. This may be due to a Catholic upbringing, but that is beside the point. Something of horror mixed with compassion seeps into my brain at the sight of junkies on the nod at Powell and Carral or of coke-addicted prostitutes posing lamely on dirty sidewalks. Something blind and ugly inside me could almost affirm their trips into hell. Perhaps that is why I withdrew from college in 1984. I knew about slums then, but my view of them was hopelessly romantic, a view nourished by Hollywood movies. Perversely these movies glamourized slums, in rich technicolor, with scenes of the failed jazz musician blowing wistfully on a saxophone alone in a dreary hotel room, or the countercultural drug user finding release on a rusting fire escape with a syringe in an outstretched arm, or the tired but lovable hooker loping along in pumps beneath neon signs back to a seedy hotel.

I left the University of Victoria in 1984, because I felt out of touch with the real world. I was being institutionalized. I also left in order to write, and I began, with a couple of pens and a sheaf of loose leaf , by renting a rotted hotel room beside a biker bar on the south edge of the Downtown Eastside. The cockroaches slowly went to work on me.

The ex-mental patient I mention is just that - ex. In the jargon of social services he is know as a mental health consumer or "consumer" for short, and he will freely admit it. I would not, but that is another story. By the way, he was having a dish of sausages, eggs and hash browns outside a greasy spoon called Uncle Henry's cafe. I was the one sipping a coffee.

At that point in the day the sun was, as it often is in Vancouver in springtime, a bright smudge of light behind undifferentiated cloud cover. Across the street lay an empty lot and behind it stood a decaying, gray clapboard house fit for children of misery or struggling immigrants. But this paltry structure represented something found only in a slum, something incongruous, something intractably human. I stared at it as my friend carried on a disquisition about politics and conditions in the neighbourhood.

He expressed his contentment in living here. He bemoaned the lives of the hookers and drug users here. He derider Glen Clark, the last premier of the province, and he expressed his misgivings about the opposition. He may, if I remember rightly, have turned to praising Tommy Douglas, or was it Pierre Trudeau? My friend claimed to be a social democrat. And like so many who live in the slum, individuals at the bottom of a society powered by hype, he was completely disempowered, without a trace of influence and usually, I suspect, without listeners.

Throughout my friend's discussion he communicated a sense of commitment to values — compassion, fairness, equality — that most residents in this sordid quar-

ter would share and express without hesitation. Or would they? I like to think the poor represent the common man, and that the common man is a bit of a humanist. But perhaps many residents of this quarter are bitter, even envious of our middle class. Perhaps some are on a free ride. Others still may be so inured to government handouts that they see no other solution to the problems they face.

Despite being on a pension due to his mental health problems, despite being a victim of the loneliness of an unemployed man, despite being surrounded by human decay on all sides, my companion was not bitter, he was not cynical. He spoke with a faith that appears to be dying. A social democrat, he believed that people will listen to reason and that a rational approach to political problems will succeed where a conservative approach will not.

Here was a man who was once mad in the streets, who had been through one of our society's most humiliating institutions, the psychiatric hospital, who had gathered his wits together after the ordeal, and who was speaking as a leader of his community; and yet he had no one for a listener but a caffeine-addled, chain-smoker staring at a gray, derelict house in the slum.

I am not certain what that house meant to me, but my eyes kept returning to it as he spoke. Perhaps that house suggested the poverty that previous generations of Canadians lived with and overcame only after a second, bloody world war. Perhaps it was like a house in the dustbowl of Saskatchewan in the thirties, occupied by obstinate Ukrainians. Perhaps it was a house in Longueil, Quebec, in the 1950's, the kind constructed with some two-by-four and tar paper, described by Pierre Vallieres in "White Niggers of America."

The house looked to have been built in the thirties, a time when the slum threatened to inundate cities, when men and women would stalk the richer neighbourhoods begging spare food at the doors of homes enjoying their nightly meals. There was something of a hard-as-rock history surrounding that gray, derelict house, and of people hard as rock.

I do not mean to praise hardness, although its source is often ascribed to tribulation, which itself gives rise to a not unwarranted pride. Prison time, served by no small number of people in the Downtown Eastside, leaves many with a hardness of character. A few years in the armed forces seem to chisel out some adamantine features. Drug addiction, should one survive it, leaves some stony cliffs in the personality, and so too the countless exmental patients, who make their home in the slums of every city in this country, have been through harrowing ordeals that leave a barren stony place in the soul.

Such hardened men and women may not beat their children or their spouses but, having passed through difficult trials, they can laugh at, and in some way are less sensitive to, troubles that come after their ordeal, after their wounds heal into scars.

Isn't something wrong when a dirty, bug-ridden room seems like tolerable living conditions? Isn't something wrong when masturbation seems a reasonable alternative to a loving relationship? Isn't something wrong when spending hours a day on the sidewalk seems like a sociable way to pass the time? For some, such responses to the curves life throws at us can be overcome with a little application. For others, these curve balls hit the batter and the batter really doesn't feel that much.

So, it was refreshing to listen to my friend at the cafe speak in hopeful tones about solving the congeries of social problems that stew in our city's poorest neighbourhood. I wish I could say that his faith in politics is not uncommon, but it is. Even his more cynical remarks were moderate, suggesting an expectation that a change in government could mean a change in the neighbourhood.

Doubtless, a change in government in British Columbia today will mean a shift to the right. It will mean that a neo-liberal approach, that is to say, paradoxically, a conservative approach, will forsake the attempt of enrolling the community in rational plans for addressing social problems. It will mean a retrenchment,

(Continued on pg. 16)

Minute Particulars

by Andrew Feldmar

The *Talmud* says, "A dream not understood, is like a letter unopened." When my daughter was five years old, she dreamt that her mother and I were arguing, and that I was very angry with my wife. In the dream, she was standing beside her brother, when I "magic-ed" both of them "to grow little, and right back into Mother's womb." The phrase that immediately came into my mind upon hearing this dream was "Go back where you came from!" Then I remembered where and when I had first heard it. I was sixteen and had just arrived to Toronto, a refugee from Hungary. I couldn't speak English yet and going to the local high school was a nightmare. One of my classmates, himself of Estonian origin, got mad at me and screamed, "GO BACK WHERE YOU CAME FROM, YOU BLOODY D. P.!" ("D. P." was for "displaced person".) I experienced shame because I didn't feel welcome, and I thought it was all my fault. Having recalled all this, I could understand my daughter's dream and my heart went out to her. Her parents quarreling scared her and made her feel that they might not like each other, in which case they might not want to stay together, in which case they might wish they never had children. She didn't feel welcome from me. Perhaps she felt that the last safe haven where she had been welcome was her mother's womb. I told her all this and added that even when her mother and I were fighting, I am still very happy about having her and her brother in my life and that I would be bereft should they disappear. She seemed visibly relieved.

A woman, 28 years old, in therapy with me, tells me a dream that has repeatedly tormented her ever since childhood: "I come upon this daisy-like flower with a long stem. The environment is desolate, there is nothing around as far as the eye can see. Except for this one flower with the long stem. I want to pluck it, but I can't break the stem. So I pull, and it keeps pulling out of the ground, the stem getting longer and longer. Finally, I pull out a rotting mass of decaying flesh. Lung-like web of meaty roots. As I unearth this, I feel disgusted and I feel frightened." Sometimes patterns evoke other patterns through what we might call mappings. Fetus - umbilical cord - placenta, the three parts of who I once was, could be represented in a dream by the triad "daisy-like flower" - "long stem" - "decaying flesh". Could it be that her dream contains memories of her own birth? Nandor Fodor, a Hungarian psychoanalyst, published a book in 1949, entitled "The Search for the Beloved: A clinical investigation of the trauma of birth and prenatal conditioning." According to Fodor, at birth we all lose the part of ourselves that we were intimate with for close to nine months, the placenta. We are torn apart and from that moment of separation on we spend the rest of our lives searching for the lost beloved. George Groddeck in 1935 wrote that the pungent smell of genital blood, shed in the process of delivery, may have traumatic impact. Fodor thought that the absence of one's mother in birth dreams becomes understandable once you realize that she is the environment, not a person. In my patient's dream the environment is bleak and desolate. Could this refer to her mother's anaesthetized absence? Was the baby yanked out from a passive mother (earth)? Was the placenta already deteriorating when she was delivered? Who felt afraid and

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UnderDog
Pick Yourself Up
by Jim Gifford

Three decades ago I experienced a 'breakthrough breakdown'. My original crisis or disease was medically diagnosed as severe chronic manic-depression, now referred to as bi-polar affective disorder. My consequent lifework as an adult has been to go through (not overcome) the ups and downs that ensued and come out the other side. Realizing that this has been my job description has not been easy to accept.

Not able to hold down a regular occupation has occasioned a sense of failure in the 'real world'. But the years have been challenging and at the present time I have a great feeling of accomplishment. My life is balanced, rich with caring people, a modicum of work, and a lifestyle that reflects adaptation to my situation, through an acceptance of both my weaknesses and my strengths.

Although I have worked for ten years as a journalist and editor with In A NutShell, The Barnacle and The OceanParker, and served nearly five of those years as my ailing mother's principal caregiver, my main focus was regaining my emotional and mental health. It was a Grounding Exercise.

I had initially been thrust into the ecstatic realm of mysticism, that essence of religious and spiritual life that sees God or The Source as All-In-One/One-In-All. At the deepest point of my being there exuded an awe and wonder in The Face of The Force that moves both stars and atoms.

Canadian neurologist, Dr. Michael Pirsinger, is an exponent of the theory that all mystical experiences are basically hallucination and delusions caused by biochemical reactions in the human brain. I feel the brain's primary function is to act as a vehicle for Cosmic Consciousness, a profound aperture into The Universal Mind.

Having said that, I am reminded of something I am told was my great-grandmother's favourite advice, 'if you're an inch above the ground, you're an inch too high'. Keeping my feet on the ground is vitally important for my inner harmony. This includes enjoying the journey without a win/lose state of mind and treating those two impostors of success and failure with equal detachment.

Many times I have stumbled and fallen, but as the lyrics of a familiar pop song say:

'pick yourself up
dust yourself off
start all over again'.

Quotes from the Roundtable
by M.D. Arthurs

"sanity isn't all it's cracked up to be."

"statistics show that 63% of North American families are dysfunctional — in other words — it's normal to be screwed up."

"tatoos are a blemish on the real work of art."

BookWorm

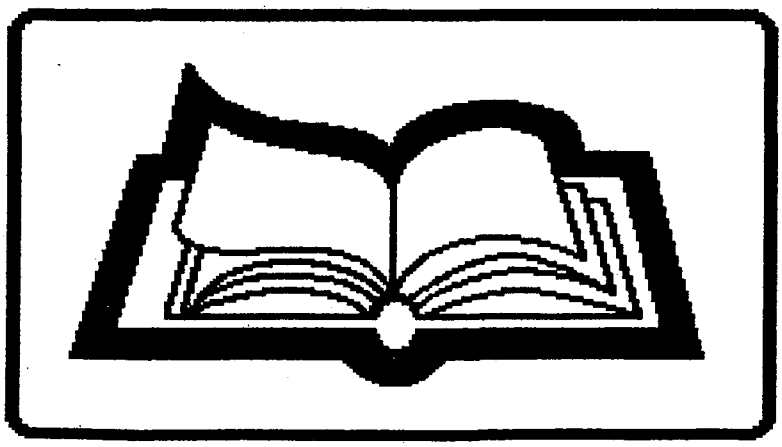
Momma and the Meaning of Life

by Irvin D. Yalom
Basic Books, 1999
Reviewed by Andrew Feldmar

The subtitle of this book is *Tales Of Psychotherapy*. Yalom's earlier book, *Love's Executioner*, was also a collection of vignettes from a therapist's practice, *for anyone who's ever been on either side of the couch.* It isn't easy to write about what goes on between patient and therapist in a useful and interesting way. So much of therapy is slow and quiet and disjointed and harrowing and difficult. It's anything but entertaining. Hardly anyone has described or depicted simply the encounter; most writers on the subject hide behind abstractions and theory. Of the 24 volumes of Freud's collected writings, my favorite parts are the case histories: the Rat Man, the Wolf Man, Dora, Anna O., Emmy van N., Elisabeth van R., and others. They read like good literature. Even if you disagree with Freud, it's thanks to his courageously candid confessions that you even know what he was up to in the first place.

Yalom is now Professor Emeritus of Psychiatry at Stanford University, and he also authored at least two classic textbooks on psychotherapy: *Existential Psychotherapy* and *The Theory and Practice of Group Psychotherapy.* He can be serious, and he can be very funny. I love what he writes and I hate what he writes, but I'm glad *that* he writes.

One of his professors often said "Listen to your patients; let them teach you. To grow wise you must remain a student." Yalom must have taken this to heart. His essays are sophisticated notes of a devoted student. That is what I love about him. He is never without an agenda and he is always ambitious, at times pushy. That is what I hate about him.



Addressing a group of patients, hospitalized for major life issues, he says, "I know that troubled relationships may not have been the reason for your hospitalization, but I've found over the years that everyone who has encountered significant psychological distress can profit by improving their mode of relating to others. The important point is that we can get the most out of this meeting by focusing on relationships because *that's what groups do best.* That's the real strength of group therapy." This is an explicit agenda that he intends to keep to, come hell or high water. When I do group therapy, I state my intent rather more loosely: "Here we all are in one place and we will spend a lot of time together. I am looking forward to some conviviality, I intend to enjoy myself in your company. If we manage to enjoy ourselves, well and good; if not, all right then, we'll examine what interferes and will strive to eliminate all that blocks us from having a rip-roaring time."

Even when working one on one, Yalom has a program: "I would get as close as I could to her... I would focus on the 'space between us' (a phrase I used in virtually every hour I saw [her]),

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A Stitch in Time

by D. Strad

A stitch in the fabric of time,
wavering before opened eyes,
receiving and believing into much, much more,
aware of all that is around,
inward speaking
reaching out from the core.
Fire is in this heart
to charge every moment with special power,
the hour not passing away
but captured in essence - spirit of the age.
We walk the fine line between
inspiration and insanity
in the many-moded pathways
of so many that have travelled and moved here before.
Solitary solidarity unwinding to find community
and abundantly furnished abode.
Let light fall on all the earth,
the eyes horizon peculiar viewpoint,
one of myriads.

Who can tell or show,
capture the resplendent mix
of colour, sound shape, and sense?
This hour is my choice
to voice the season,
with temper and tune,
transitions forming and fading,
turning and churning,
revolving and swirling —
unceasing motion
of society's driven desires.
The multitude of merchandise
claims that each one has his own way,
at work - at play;
but much more than the triumph of independence
shines the splendour of service and fraternity —
the communion of hearts —
the sharing of soul-depths.
"People in motion"
seeking to e-mote
and remove the mote
after having removed the beam.

A Room With A Bed

by Reinhart

It was only a room,
It wasn't much,
There was little to see,
Even less to touch.
It was only a room,
It was all I had,
It was only a room,
A room with a bed.

And when she was empty,
And she came to me,
Like a snowflake on thin ice,
Like the truly free.
I said rest in my room,
Rest your hungry soul,
Rest your heavy head,
Rest your bruised heart,
In my room with a bed.

And I left her there,
On the bed with her dreams,
With the door slightly open,
With her freedom it seemed.
And I entered there,
To bless her sleeping,
To change my clothes,
To call her for dinner,
And then eat alone.

Then the night seemed too bitter,
To make her go,
So I gave her my blankets,
For her spirit of snow.
And said you need it more than I,
Stay here the night,
I'll sleep on the couch,
Or stay up till light.
And she never said nothing,
Never agreed nor chose,
Till I came to her in the morning,
And the door was closed.

The Wail Of Babes In The Wild

by Reinhart

The wails of babes in the wild,
the drum, drum, drum of the bare-skinned village,
the humming hum of the streetcar traffic,
legions of crying voices,
boundless trying choices –
multitudes aching with broken souls,
hungry beggars and wooden bowls –
the wail of babes in the wild
is the light of stars in the night.

The wail of babes in the wild,
the rolling flowing of time and space,
glowing eyes of the human race:
the tick tock of the alarm clock,
knocking at the door stock --
loneliness breaking with solitude,
lust, pain and bitter food --
the wail of babes in the wild
is the burning sun in the sky.

Taking the Skies

by D. Strad

Value-virtue (not only the practice but the power)
calls me forward reaching from inward, this very hour;
time-motion banked against eternal storehouses of substance
far exceeding the greedy grasping hand.
To stand, after walking the miles,
in styles containing content,
richer than more localized vocalizations —
I traverse the wide divide —
planting feet firm,
drawing meat out of the turning,
branching centre,
or Spirit.
Now,
why should the soul choose to linger in doubt,
when all around the bounty shines —
designs of infinite grace —
no longer in the rat-race
but unfolding inner holding,
soaring without roaring;
in quietude abiding,
finding much more than was held before.
Rising and flying,
astounded by abounding grace,
no hint of grasping chase,
realizing the rising of faith
to take hold of the skies.

(Continued from pg. 3)

including neuroleptics (antipsychotics), antidepressants, stimulants, and minor tranquilizers — can cause or exacerbate depression, suicide, paranoia, and violence." — p. 38.

(While this is true, the main argument used by institutional/corporate, political and media proponents of the expansion of forced treatment/compulsory outpatient commitment involves deliberate perpetuation and exacerbation of the false public stereotype of people with mental disabilities as innately more violent than the general public. For definitive studies refuting this commonplace myth, see Mental Illness and Violence: Proof or Stereotype, National Clearing House On Family Violence [ph. 1-800-267-1291] ,1996, and in the U.S., The MacArthur Violence Risk Assessment Study, 1998 — B.F.)

"Numerous suicide and murder cases have involved patients who have taken SSRIs (serotonin reuptake inhibitors — such as Prozac, Zoloft, Paxil, Luvox, etc. — B.F.) for a few days or longer." — p. 69.

(Luvox was being taken by Eric Harris at the time he committed the murders at Columbine High School in Littleton, Colorado on April 20, 1999, for example — B.F.)

5) What Are The Dangers? Tardive Dyskinesia/Dystonia/Akathisia, Neuroleptic Malignant Syndrome, and other "side effects"

"For the neuroleptics that have been extensively studied... the rates of tardive dyskinesia and neuroleptic malignant syndrome are very high." — p. 47.

"Tardive dyskinesia (TD) is a common and yet potentially disastrous adverse reaction to all of the neuroleptic drugs. TD involves irreversible abnormal movements of any of the voluntary muscles of the body. It commonly afflicts the face, eyes, mouth, and tongue, as well as the hands and arms, feet, and legs, and torso. It can also affect breathing, swallowing, and speech. In some cases, spasms of the eyes are so severe that the person cannot see.

One variant of TD is tardive dystonia, which involves painful spasms, often of the face and neck. Tardive dystonia can be disfiguring and disabling, potentially impairing even the ability to walk.

Another variant of TD is tardive akathisia. The individual is virtually tortured from inside his or her own body as feelings of irritability and anxiety compel the person into constant motion, sometimes to the point of continuous suffering... .

Another disastrous reaction caused by neuroleptic drugs is neuroleptic malignant syndrome (NMS). Similar to viral brain inflammation (encephalitis), NMS is characterized by severe abnormal movements, fever, sweating, unstable blood pressure and pulse, and impaired mental functioning. Delirium and coma can also develop. NMS can be fatal... . Patients who recover may be left with varying degrees of irreversible mental impairment as well as permanent abnormal movements... .

The rates of TD are extremely high. Many standard textbooks estimate a rate of 5% -7% per year in healthy young adults. The rate is cumulative so that 25% - 35% of patients will develop the disorder in 5 years of treatment. Among the elderly, rates of TD reach 20% or more per year. (footnote: '35... Bezchlibnyk-Butler and Jeffries (1996), Clinical Handbook of Psychotropic Drugs, estimate that 37% of patients will develop TD in the first 5 years and 56% after 10 years. ')" — pp. 78-79.

"Mania, depression, and other abnormalities of emotional control commonly result from taking psychiatric drugs. These drug-induced 'mood disorders' are mentioned many times in the ... (DSM-4), which is the source of all official diagnoses in psychiatry. The manual makes clear that a number of psychiatric drugs, including antidepressants, can cause mania." As well, "Patients often become more depressed on antidepressants... . Almost all psychiatric drugs — from the minor tranquilizers to stimulants... — can cause depression." — pp. 54-56.

6) Is Drug Treatment Superior to Non-Drug Treatment or Psychotherapy?

"... the effectiveness of most or all psychiatric drugs remains difficult to demonstrate. The drugs often prove no more effective than sugar pills, or placebos....

...Studies show that at least 75 per cent of the antidepressant effect is a placebo effect...." — p. 37.

"Claims are usually made for the superiority of medication; it is supposedly faster, more economical, and more effective. In reality, however, the comparable or superior efficacy of psychotherapeutic interventions, even for severely disturbed people, is much better documented than most therapists or the public realize. (Numerous source references cited — B.F.) ... .

Therapy has also been shown to be more effective than drugs in helping patients diagnosed with their first 'schizophrenic' break. Nowadays it is argued that these people must have drugs and that psychotherapy is futile; yet nothing could be further from the truth. In controlled studies, untrained therapists in a home-like setting have proven more successful than drugs and mental hospitals in treating patients diagnosed with their first episode of schizophrenia. A key factor was the caring, non-coercive approach of these therapists." — p. 40.

(See especially also, in this regard, the report on recent longitudinal studies in Sweden comparing outcomes of first time psychotic patients treated with neuroleptic drugs vs. those not so treated in the essay collection, edited by Dr. Lars Martensson, Deprived of Our Humanity: The Case Against Neuroleptic Drugs, 1998. This 224 page paperback, which is one of the best introductory volumes to current issues in psychiatry for giving to laymen, family members, and mental health professionals, is available at the special reduced sale price of $6.00 U.S. from SCI, who ordered bulk copies from the publishers. [It also has excellent sections on "Withdrawal Symptoms Connected with Cessation of Psychiatric Drugs", "How to Come Off Psychiatric Drugs, "Psychiatric Living Wills" and much else. Highly recommended!]. Also very relevant is the work of Dr. Loren Mosher, former Chief of the National Institute for Mental Health's [NIMH] Center for Studies of Schizophrenia, documented in "Soteria: a therapeutic community for psychotic persons" in Psychosocial Approaches to Deeply Disturbed Patients, 1996, edited by P. Breggin & E.M. Stern as well as Community Mental Health: Principles and Practice, 1994, by L.R. Mosher and L. Burti. Finally, there is a very recent superb brief treatment of this subject-area in the above-mentioned Vol. 1, No. 2, issue of the Ethical Human Sciences and Services journal by Richard Gosden titled: "Prepsychotic Treatment for Schizophrenia: Preventative Medicine, Social Control, or Drug Marketing Strategy?" —B.F.).

"According to an international study by the World Health Organization (see: 'WHO studies of schizophrenia: An overview of the results and their implications for an understanding of the disorder', 1996, by G. de Girolano in Psychosocial Approaches to Deeply Disturbed Patients — B.F.), less industrialized cultures characterized by extended families have a very positive effect on the recovery of individuals who are diagnosed as schizophrenic — in contrast to their counterparts in Western cultures, where isolated families are more common. ... a large proportion of very disturbed individuals labeled schizophrenic had complete recoveries. Tragically, this study also showed that the availability of modern psychiatric treatment with drugs has a negative effect on the outcome for people diagnosed as schizophrenic... ." — p. 41.

7) Basic Guidelines for Drug Withdrawal

We can sum up the most prudent and sensible way to stop taking psychiatric drugs in one short sentence: Plan it well and go slowly. Regardless of the drug you are using and the problems it may have created in your life, a **well-planned, gradual** withdrawal has the best chance to succeed." — p. 111.

"Beware! It's not a good idea to abruptly stop taking drugs without first making sure that there's no danger involved in doing so. In our opinion, it is almost always better to err in the direction of going too slowly rather than too quickly." — p. 133.

"The... best approach is to plan a slow, gradual withdrawal involving close monitoring and a systematic, ongoing program of information, counseling, and reassurance. Unfortunately, however, abrupt withdrawal remains very common in clinical practice. Abrupt withdrawal is imprudent and may result in additional distress and disability." — p. 172.

"All psychiatric drugs can produce unpleasant, disturbing reactions upon withdrawal or discontinuation... . However, doctors are too often unfamiliar with withdrawal problems associated with many of the... psychiatric drugs they routinely prescribe.

... even when doctors do know about the dangers of withdrawal problems from drugs, they often fail to warn their patients (footnote: 1. Young & Currie, 1997. 'Physicians' knowledge of antidepressant withdrawal effects: A survey.' Journal of Clinical Psychiatry. Even with respect to tardive dyskinesia, an often irreversible movement disorder frequently produced by neuroleptic drugs and mentioned in all information sources about these drugs, surveys show that psychiatrists admit that they routinely fail even to mention this effect to patients before prescribing [see Cohen, D. 1997. 'A Critique of the Use of Neuroleptic Drugs in Psychiatry.' In From Placebo to Panacea: Putting Psychiatric Drugs To The Test, Fisher & Greenberg, eds.]) ... medical ethics and sound practice require that physicians advise patients about withdrawal problems. There is no legitimate excuse for not doing so." — p.142.

8) Rebound and Relapse Effects (Does continued use of psychiatric drugs actually prevent relapse?)

"In terms of relapse rates,... prolonged drug treatment appears to be no better than (complete cessation and withdrawal with) a gradual tapering (vis-a-vis prevention — B.F.)" (1997 research reference cited) — p.165.

"Psychotic withdrawal symptoms are variously called tardive psychosis, supersensitivity psychosis, or withdrawal psychosis. Frequently accompanied by abnormal movements, they include hallucinations, delusions, confusion, and disorientation.

After years of suppression of the dopamine system by these drugs, the brain compensates for their effects. When the drugs are discontinued, the hyper-aroused dopamine system takes over. Psychotic reactions (which then often occur — B.F.) upon abrupt withdrawal have been observed (even) in individuals with no history of psychotic symptoms, such as patients taking neuroleptics for tic disorders." — p. 163.

"In cases where patients are withdrawn from extended neuroleptic use, much of what gets called 'schizophrenic' or 'psychotic' relapse may actually be unrecognized withdrawal reactions. Withdrawal symptoms such as agitation, restlessness, and insomnia are also likely to be mistakenly attributed to the patients' mental condition... .

Indeed, because of the resemblance between many withdrawal symptoms and patients' prior emotional problems, clinicians not only blame the reaction on the 'underlying disorder' but also recommend continued treatment with the offending agent." — p. 165.

"We... suggest that a sound attempt be made to answer two important questions: Do 'discontinuation' or 'withdrawal' effects drive people to remain on their drugs indefinitely? And do these effects mistakenly convince doctors that patients 'need' their drugs?" — p. 147.

9) Conclusion: There Are Humane, Realistic Alternatives (Or Should Be!)

There is a great, great deal more in Your Drug May Be Your Problem about why things are the way they currently are, many more details about planning your or your child's withdrawal, and non-drug therapy options, etc., but the above excerpts will have hopefully given the interested reader an essential grasp of the important issues dealt with in plain English and "in a nutshell", as we like to say around here. The book's concluding Chapter 13, which outlines 12 Psychological Principles for Helping Yourself and Others Without Resort to Psychiatric Medications (page 203) was also found to be an especial inspiration by this reviewer. We **can** move beyond this stage of suffering and harm that many of us have personally witnessed and lived through.

Bleak House

(Continued from pg. 5)

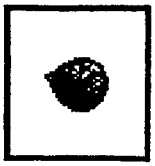
a retreat into a basic and probably simplistic faith that an efficient marketplace can better save people from poverty and anguish than can targeting social problems methodically and applying the province's collective resources in attending to them.

If my eloquent friend's political persuasion can be called a faith in rationality, the conservative faith is a faith in opportunity. Try to instill that faith in opportunity into the workers of a sweatshop in China or Indonesia. Tell that to a drug-addicted prostitute on Powell Street. Tell that to the clients of the Strathcona Mental Health Team two blocks away, hundreds of them so medicated, or paranoid, or depressed that they have no hope of being able to hold down a full-time job.

They can still live. They can talk and sometimes laugh, they can form friendships, they can patiently carry on their lives, though it may be in a halting way. The future may promise little to them, it may promise cutbacks in the meager support they receive, it may promise a return to decaying lodgings, breadlines, and the anguish of life lived in perpetual want. It may be an intimidating future, but my companion at the café did not express hopelessness, and he did not express hopelessness because he had faith in the good sense and fairness of voters and their governments.

Recently, I returned to Uncle Henry's and looked across the empty lot to see the derelict house which I had seen before. It was not there. It had not been demolished. It was simply not derelict. Why it seemed decrepit when I first noticed it is a mystery to me. The neighbourhood of the Downtown Eastside provides some good housing to families of a wide variety of backgrounds. The house I mention retains symbolic value for me in the memory of the conversation I had earlier this Spring. It indicates the degree to which perceptions can be distorted by mood or prejudice or context. If the question of slums is alive in the minds of residents in other parts of the city, I can only suggest they visit the Downtown Eastside not once but a few times, just to get a clear perception of the place.

This suggestion may seem unnecessary, given the play in the media the area receives, but strangely the photographs of the slum in newspapers don't convey its reality. The television cameras do come into this neighbourhood, but the squalor and anguish found here fail to come across on the screen. So too, the odd mix of flourishing and blight cannot be conveyed without, at the least, a few visits. Unfortunately, one cannot easily understand the people in this neighbourhood and the lives they lead without living or working here. One needs to listen to its spokespersons, which I was fortunate enough to be able to do at Uncle Henry's café.



Just Enough for a Big Mac

by Frank G. Sterle

"Spare change?" asked the squeaky, disembodied voice. I turned from the bank machine to the source and asked how much he was seeking and for what he planned to use it. "Maybe thirty cents," was his reply, "so I'll have enough to get a Big Mac". He then began muttering to himself.

The appearance of the short, needy man sitting on the tiled bank floor that chilly March evening didn't convince me of his claimed intent for any financial donation: his light-brown hair and beard were unkempt and frazzled; he wore an unclean, blue t-shirt and greyish-white sweat pants that stopped at his upper calves, and his sockless feet were dressed in cheap, worn sneakers. His light-blue eyes seemed unfocused, like those of a drunk man, but there was no liquor on his breath that I could detect. This man, it was clear to me, suffered from a serious mental illness.

I flipped him a loonie, and "Wow!" was his sincerely grateful reply, as I walked out the bank door, "thanks a lot!"

It wasn't till some hours later that night, while replaying the event over in my mind , that I realized the blatant inequality of it all: here was a person with the very least in society seeking food, money and shelter in an outlet of an institution which is the nation's most profitable. Collectively, Canada's large banks make billions in after-tax profit.

Needless to say, our mostly-Christian society could really be more giving to the impoverished through better redistribution of our collective (and individual) wealth.

Those who are familiar with the teachings of Christ will know that He is far from being a capitalist as could be: He taught that one should acquire/retain only that which one needs to subsist; He despised wealth and was an adamant proponent of his adherents selling their assets and giving the proceeds to the poor.

From my perspective, too large a portion of 'Christians' (not to mention followers of most of the other major religions) are capitalistic and somewhat callous towards society's poor. Some hold the belief that God blesses His people with the right to, for example, gratuitously own three cars and a swimming pool; that everyone is responsible for him- or herself, and that one only needs to become a Christian and ask God for what one requires (or perhaps simply wants). This, despite Christ's teachings that God gives to the needy through His followers; and it's not enough for Christians to give a certain small portion of their earnings to their churches and then go home feeling that they've done their moral share.

Through his delightfully sarcastic novel **Oliver Twist**, profound author Charles Dickens expressed his dismay with many of his 'Christian' countrymen. One of the pompous characters, Mr. Bumble, the head master of a poor house who professes to be Christian, treats his impoverished subjects with contempt while he feasts on steaks with oyster sauce and porter. After a starving, homeless man with his wife and large family come to Mr. Bumble seeking assistance, Mr. Bumble states indignantly to a colleague: "give 'em a apron full of coals today, and they'll come back for another the day after tomorrow, as brazen as alabaster."

The day after the hungry family warns that he'll starve to death in the street — an act which Mr. Bumble forbids him to carry out — Mr. Bumble notes that "he went away; and he did die in the streets. Therewithal an obstinate pauper for you!"

I hope that society is not returning to such inhumane times as written about by Dickens; however, with the gap between the rich and the poor widening these days, who knows? What I do know, though, is that a lot more people — to a large extent, myself included — need to get back to the Christian basics: Care for one another as you'd care for yourself.

Minute Particulars

(Continued from pg. 6)

disgusted at her birth? Mother? Father? Obstetrician?

Dreams come from many different regions of our psyches. I've been writing down my dreams for over thirty years now. I could sort them into at least a dozen categories based on their origins : memories, desires, fears, body, soul, spirit, ESP, etc. A 68 year old man dreams that a male voice is calling to him firmly but not harshly, "If you do not kindle the inner light now, you are done for!" He recalls a similar incident in his life only once before, when he was 12. He was looking at fluffy clouds floating gently across the sky when a voice said, "That's where you want to be, not down here on earth." Clearly, the three dreams I have quoted come from distinctly different zones of the psyche.

I'll end with the very last dream of an 80 year old woman, weighing 74 pounds, waiting at home to die, plagued by diarrhea. Two days after the dream she died in her sleep. "In the dream." she told me. "I am at the beach. I sit on a log and produce a large, complicated-looking stool. I look for newspaper to wrap it in. I want to mail it to someone. I try to put it into my cut-glass, silver-topped jewelry box, but the stool is too big, it won't fit. The tide come in and takes the stool away. As I head off, I see a bush I know well, but it has no berries, it's dry." She knew her life was ending, but what troubled her is that she'll be forgotten. Not even a trace of her will be preserved. The tide will wash away everything...

Francis Crick, the co-discoverer of the structure of the DNA, Nobel laureate, a dedicated scientist, announced a few years ago that dreams are the meaningless excrement produced by our biocomputer brain and advised against remembering and examining our dreams. Recently, I had occasion to interview him on the telephone and I asked if he still stood by his stated sentiment. He said that it was just a hypothesis and no valid test has been found to prove it or disprove it.

With all due respect, Dr. Crick, I have no doubt about the richly meaningful, brilliantly creative, healing and informative nature of every dream or even dream fragment. Proof or no proof!

Some Facts About Schizophrenia

by Dave Kahut

Schizophrenia, a medical illness, is youth's greatest Disabler. It hits in the prime of life, usually between the ages of 16 and 25. No one is immune to the illness and it may easily be inherited. My sisters and I prove that fact.

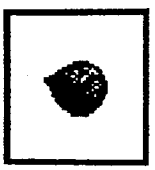
Fairly widespread, it affects more than 1 out of every 100 people, that's 300,000 persons in Canada and over 40,000 in British Columbia alone. For one reason or another, a lot of people are not getting help.

I would like to quote from a case history of someone we will call Janice:

'The schizophrenia can be a terrifying journey through a world of madness no one can understand, particularly the person travelling through it... deranged, empty, and devoid of anchors of reality. You feel very much alone. You find it easier to withdraw than cope with a reality that is incongruent with your fantasy world. You feel tormented by twisted perception. You cannot distinguish what is real from what is unreal...'

So that's part of her story. I do know for myself that I wouldn't be doing as well as I am today were it not for careteams, medication, decent housing through MPA, and mostly my darling wife, Debbie.

Take care one and all.



My First Stay in Riverview

by Dave Kahut

Before I tell you about my stay in Riverview, I shall explain what schizophrenia is: the most widespread mental disorder, it is characterized by distorted patterns of thought and strange behaviour.

I was first classified as a paranoid schizophrenic. Paranoia is an affliction of persistent, unrelenting development of systematized hallucinations of real proportions.

Riverview to me was hell. At first they put me on a locked ward because I was trying, as always in those days, to join the RCMP. Naked, they threw me into a room with just a hard mat and no toilet. This was torture.

I recall one male nurse I befriended named Brian. He said 'Dave, I'm going on vacation... when I get back I want you out of here, please.' When he came back two months later, I was still there. He told Dr. Choi that I was never violent and my medication was reduced.

I soon received 'ground privileges'. I ate at the cafeteria and walked through the beautiful outdoors. Within two weeks I was getting back in shape and my paranoia went away. Dr. Choi released me into my mother's care, a mild schizophrenic who had left our home when I was five years old.

Against my better and proud judgement, I went to Welfare who paid me half of her rent and an additional two hundred dollars. In their books I was employable and had to find a job within three months.

I had previously worked as a journeyman cement finisher, work that I loved. I pounded the pavement every day at construction sites. There simply were no jobs. So I looked in the yellow pages and soon was a working foreman in North Vancouver, although at the lowest wage I had ever earned.

My dream now is to keep on reading and learning about mental health and medications. Thank you for your time.

BookWorm

(Continued from pg. 8)

on the 'here-and-now': that is, on the relationship between her and me *here* (in this office) and *now* (in the immediate moment)." Not that I object to the idea, but why be so dogged about it? Perhaps it has to do with insurance in the USA, the pressure to hurry up, to be efficient. It is now a luxury to be allowed to meander. And yet, Yalom writes that "You can't fling the truth in your patient's face: the only real truth is the truth we discover for ourselves." Take your time, but hurry up!

Chapter 6, *The Hungarian Cat Curse*, is a hilarious fairy tale that depicts a willful and curious therapist. Perhaps Yalom is self-aware and can poke fun at himself. Each chapter poses ethical dilemmas, some of which, to my delight, Yalom handles in an unorthodox fashion. At one point he asks, "what other therapist had ever taken it upon himself to make personal amends for his patient's misdeed?" Which reminds me of M. Masud R. Khan, another great writer on therapy, who, without making an interpretation, volunteered to return several stolen books to a neighbourhood bookstore, for a patient of his, who was rushing off for summer holidays.

Yalom is a good storyteller and also a good teacher. He has a broad knowledge of philosophy, literature and psychology, but better than that are his rich experience as a therapist, and his candor that allows me to criticize him. He writes, "when two people have something big between them and don't talk about it, they don't talk of anything else of importance either." I think I would enjoy talking with Yalom even if I disagreed with him on certain issues. I'd know where I stood with him. I trust him, even though I don't always like him.

Yalom has a web site **(www.yalom.com)** where he discusses aspects of the six tales in this book in greater technical detail. One could do worse than read this book and browse for clues to the moral of each story on the Web, especially on a rainy Vancouver day.

Bulletin Board

CMHA Visions Magazine

The CMHA Visions magazine, No. 10, Spring/Summer 2000 special 48 page issue focusing on Housing for Mental Health System consumers is available for $5.00 from: CMHA, B.C. Division, 1200 - 1111 Melville St., Vancouver, B.C., V6E 3V6, Ph. 688-3234 or outside Lower Mainland 1-800-555-8222. It features an article by our own Executive Director, Barry Niles, entitled "Independent Housing that Works for People with Mental Illness: The Supported Living Program (SLP)", among others. There are still 300—400 copies of this Special Issue available.

Alternative Healing

Health Action Network Society supports natural healing methods for mental illness. Ph 1-888-432-4267. Their local address is #202-5262 Rumble St., Burnaby B.C.

Vancouver Women's Health Collective has peer counselling and makes referrals to support services, groups, and does advocacy work in health care reform. Their address is #1- 175 E. 15th Ave., Vancouver, V5T 2P6. Info by phoning (604) 732-5262

Freedom of Choice in Health Care, B.C. Chapter can be reached by phoning (604) 685-7835.

Tzu-Chi Institute for Complimentary and Alternative Medicine is at 715 W. 12th Ave., Vancouver. They do research, have a clinic, resource centre, and library . They can be reached by phoning (604) 875-4767.

Vancouver/Richmond Mental Health Network sponsors many self-help groups including a Women's Circle. Their address is #109 - 96 E. Broadway, Vancouver, V5T 4N9 and the Co-ordinator of the Network, Helen Turbett may be reached at 733-5570.

Freebies:

For those in need: free clothing, dishes.
Choose from a variety of donations.
At the Community Resource Centre, 1731 W. 4th Ave.,
Monday to Friday, 9 am to 9 pm on request.