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FORENSIC & MEDICO-LEGAL PSYCHIATRY

28 September 2011

Mr Russell Keith
Clerk Assistant – Committees

Re – Select Committee on Youth Suicides in the NT

Dear Mr Keith,

I am not a suicidologist, but the CV and attached publication are evidence that I know something about medication-induced suicidality.

This submission does not fit neatly into the Terms of Reference of the Select Committee, as it investigates the grave problem of youth suicide from an entirely different perspective from the one laid out in the Terms. This perspective is based on my research and clinical experience over the past twenty years, and a vast body of international evidence.

The main culprit is toxic build-up from poorly-metabolised antidepressant medications, and the side effects from taking those can go on for three months after the patient stops taking them. I made a long submission to the ongoing Senate Suicides Enquiry. Here is the link:

http://www.aph.gov.au/Senate/committee/clac_ctte/suicide/submissions/sub243.pdf

The problem is also there with other psychiatric drugs. Atypical antipsychotics had double the suicide rate of antidepressants in clinical trials presented for their licensing. Their makers are now being sued successfully in the USA for fraud, by attorneys State and Federal.

I am attaching a document available on the website of the US Food and Drug Administration, which is the US licensing authority concerning Risperdal. After 2/3 of subjects had been unable to complete the six week trials, 24/2607 died, 9 by suicide. None of the deaths and dropouts appear in prescribing or product

information. The other drugs are just as bad for suicides. The company is being sued for fraudulently promoting the drug for kids,

I know of one person who committed homicide and attempted suicide 8 months after becoming homicidal and suicidal on Prozac and Risperdal, and that person has never recovered. This is called 'chronic akathisia.'

There are suicide warnings for many drugs on the website of the United States Food and Drug Administration (US FDA), and barely any on the website of the Therapeutic Goods Administration (TGA).

Here is the link to the US FDA website suicide warning:

http://google2.fda.gov/search?q=drugs+suicide+warning&x=0&y=0&client=FDAgov&site=FDAgov&lr=&proxystylesheet=FDAgov&output=xml_no_dtd&getfields=*m

I know of two cases where a person committed suicide after taking amphetamines. Both are likely to have been Poor Metabolisers (PM), as both had previously become suicidal on antidepressants.

Not everyone who takes these drugs becomes suicidal and homicidal. However it is my experience that the population that has genetic mutations in the cytochrome P450 system (a test to determine this costs \$270), are vulnerable to experiencing multiple toxic side effects from taking antidepressants, amphetamines and other drugs.

Cannabis causes further reduction of metabolising capacity by inhibiting a major metabolic pathway called 3A4.

Alcohol is also counterproductive for different reasons. Excessive consumption of alcohol is known for suicide induction as well, via depression.

I am sending a video, 'Generation Rx' by Kevin Miller as a background to the foregoing. This is coming in the mail.

Some information about these serious issues sits with the Adverse Drug Reaction Advisory Committee which does not act on it.

I attach links to two of my recent publications on this subject:

http://books.google.com.au/books?id=5v-Qa5BRKH0C&pg=PA47&lpg=PA47&dq=lucire+editorial+pharmacogenomics&source=bl&ots=pE3gi0K-0R&sig=RXeR0ONO8iq8A4rGUNQffASNWA4&hl=en&ei=PaGCTqDnCoLQiAKI-OmeDQ&sa=X&oi=book_result&ct=result&resnum=1&ved=0CBsQ6AEwAA-

<http://www.dovepress.com/antidepressant-induced-akathisia-related-homicides-associated-with-dim-a7993>

One needs to be wary of “Clinical Practice Guidelines.”

They are bereft of any information, about even the most serious side-effects.

They bear resemblance to a huge quantity of “ghost-written” guidelines emerging from the fraud called the Texas Medication Algorithm Project, which was convened to encourage the medicalisation of normal human events, and to sell medicines.

This needs to be brought to light in a report.

Psychiatrists have been educated by drug companies and are poor judges of this issue.

Yours Sincerely,

Dr Yolande Lucire