ONE HUNDRED AND FIRST NATIONAL CONVENTION
OF
THE AMERICAN LEGION
Indianapolis, Indiana
August 27, 28, 29, 2019

Resolution No. 52: Antidepressant Harms Analysis
Origin: Michigan
Submitted by: Convention Committee on Veterans Affairs & Rehabilitation
(As Amended)

WHEREAS, According to the Department of Veterans Affairs (VA) an average of twenty (20) veterans died by suicide each day in 2014, approximately 6,079 veterans died by suicide in 2016, and veterans now account for eighteen (18) percent of all deaths by suicide among U.S. adults; and

WHEREAS, According to the Department of Veterans Affairs, the average suicide rate for veterans who used Veterans Health Administration (VHA) services between 2005 and 2016, were on average 32% higher than for veterans who did not use VHA services; and

WHEREAS, According to the Defense Suicide Prevention Office (DPSO), Quarterly Suicide Report (QSR), 3rd Quarter, CY 2018, from CY 2016-2018, 797 Active Component servicemembers, 575 Reserve Component servicemembers and 346 National Guardsmen died by suicide; and

WHEREAS, Veterans who have access to Veterans Health Administration (VHA) services have greater access to psychiatric care than veterans who do not have access to VHA services; and

WHEREAS, Veterans who have been diagnosed with a mental health condition and have access to psychiatric care are more likely to be prescribed antidepressant drugs than veterans who do not have access to psychiatric care or VHA services; and

WHEREAS, According to the VA, the suicide rate for male veterans between the ages of 18-34 is 451/100,000, and it is this veteran population at the greatest risk to die by suicide; and

WHEREAS, A study comparing suicide rates between seven (7) different types of anti-depressants, found that the suicide rate for the first ninety (90) days of treatment for six (6) of those seven (7) drugs studied, had suicide rates greater than 451/100,000, more than ten (10) times that of even the most at risk veteran population, male veterans between the ages of 18-34; and

WHEREAS, According to the Congressional Research Service, there have been over 128,000 deployed veterans diagnosed with post-traumatic stress disorder (PTSD) between 2000-2014, and

WHEREAS, According to a study by the Department of Defense (DoD), antidepressants were prescribed to 70-80% of servicemembers that had been diagnosed with depression or PTSD; and

WHEREAS, Veterans and servicemembers have been prescribed antidepressant drugs that could take months and years to safely withdraw from, but may not have provided informed consent related to those withdrawal risks; and

WHEREAS, Antidepressant drug makers are required by the Food & Drug Administration to include a "Black Box Warning" that antidepressants can increase the risk of suicidal thoughts and behaviors in young adults; and

WHEREAS, In spite of the "Black Box Warnings" and other indicators listed above that identify the use of antidepressants could be causing veteran suicides and other physiological and psychological harms, the word "antidepressant" is not mentioned one time in the United States

Department of Veterans Affairs 42 page "National Strategy for Preventing Veteran Suicide, 2018-2028"; now, therefore, be it

RESOLVED, By The American Legion in National Convention assembled in Indianapolis, Indiana, August 27, 28, 29, 2019, That The American Legion urge the Department of Veterans Affairs (VA) and Department of Defense (DoD) to investigate the role antidepressants have in veteran, active and reserve component servicemembers and National Guard personnel suicides; and, be it further

RESOLVED, That the VA and DoD conduct a comprehensive "Antidepressant Harms Analysis" to investigate the harm antidepressants may cause, to include, but not be limited to: suicides, homicides, violent crimes, job loss, relationship failures, homelessness, lifelong disabilities, and depression or post-traumatic stress disorder (PTSD); and, be it further

RESOLVED, That the VA and DoD investigate the possible harms caused to veterans, servicemembers and members of the National Guard who were prescribed antidepressant drugs, but who may not have been provided information to allow them to provide informed consent for the need to taper off of these drugs over the course of many months and years, once they have begun treatment; and, be it further

RESOLVED, That The American Legion research the role antidepressants have in veteran suicides, homicides, violent crimes, job loss, relationship failures, homelessness, and permanent disabilities from PTSD, and may instead be the side effects of antidepressant drugs exacerbating existing depression or PTSD; and, be it further

RESOLVED, That The American Legion urge Congress to require the Department of Veterans Affairs and the Department of Defense to conduct a comprehensive antidepressant harms analysis as it relates to the role of antidepressants in veteran and servicemember suicides, homicides, violent crimes, job loss, relationship failures, homelessness, and lifelong disabilities that may be the side effects or withdrawal effects of antidepressant drugs exacerbating pre-existing depression or PTSD; and, be it further

RESOLVED, That the completed antidepressant harms analysis be provided to the president of the United States, the United States Congress and The American Legion to show the total number of acts of suicide, homicide and violent crimes that veterans and servicemembers committed while they were actively taking or had recently withdrawn from an antidepressant drug, and should also show the number of Veterans Health Administration (VHA) using veterans and servicemembers who have open prescriptions for antidepressants and have not recently seen a psychologist or counselor; and, be it further

RESOLVED, That the report also detail veteran and servicemembers information related to job loss, relationship failures, homelessness and disabilities that may be related to antidepressant drugs; and, be it finally

RESOLVED, That every veteran or servicemember who has an open prescription for an antidepressant and has not recently been seen by a psychologist or counselor shall receive a wellness check from the VHA or DoD health-care providers to ensure the veteran or servicemember patient's health and safety, and that the veteran or servicemember be re-enrolled in counseling services at the patient's request.

Ambushed by Antidepressant Withdrawal: The Escape Story

madinamerica.com/2019/09/ambushed-antidepressant-withdrawal/

Derek Blumke

I nervously panned the room, looking for suspicious behaviors from other diners, who were mostly enjoying their pancakes. The conversation from my close friends sitting across the table from me was nearly indecipherable as I surveilled the room. When I did speak, I used hushed tones so potential spies wouldn't hear us. I was waiting until we left the restaurant and were out of earshot from other diners before I could share with my friends what I was working on.

When we got outside, I urgently asked for their phones. They complied without question, as they could hear in my tone that something was wrong. I placed our phones in my car and then joined them in their SUV. I explained that pharmaceutical companies were listening to our conversations, and I was probably being followed.

That was one of the less-concerning stories from my first month of antidepressant withdrawal.

The reality: I'd been nearly unemployable for the two years prior as the panic attacks, overwhelming anxiety and depression — side effects of an antidepressant and other meds — made me all but incapable of caring for myself.

No one was listening to my phone calls. I wasn't being followed. A few weeks later, I would take what I thought was going to be my last dose.

The Rocket Ship

In the spring of 2014, I was a tech startup entrepreneur and was living a life that seemed to be out of the pages of an adventure story. Coming from a working-class family in rural northern Michigan, I traveled the world over three tours in the U.S. Air Force, including a deployment immediately following September 11, 2001.

Upon leaving active duty in 2005, and excelling at community college after the transition into the Air National Guard, I earned an acceptance letter to the University of Michigan.

Arriving at the University as a 26-year-old military veteran and first-generation, "non-traditional" transfer student proved to be challenging, so I got the idea to start a student veteran group on campus to help others in their transition to school. The idea proved popular, and with

an incredible team of student veterans from across the country, I founded Student Veterans of America (SVA). As SVA's president, I led the organization's fight for the passage of the

Post- 9/11 GI Bill with former U.S. Senators Jim Webb and Chuck Hagel — the Post 9/11 GI Bill has now sent nearly two million veterans and their family members to college, to the tune of $80+ billion.

SVA now hosts over 1,500 chapters in all 50 states and four countries, and is the largest student organization in America. In 2010, I was recognized at the White House by then President Barack Obama for these efforts. That same year, while still the president and executive director of SVA, I was recruited by the former chief of mental health at the Department of Veterans Affairs (VA) to build a national mental health program as part of the "VA Secretary's 21st Century Transformation Initiatives."

At the VA, I learned "evidence based practices" in mental health, and the process for America's mental health model of care: identify patients in need, screen for symptoms, refer for diagnosis, prescribe medications to get the patient to a state where they can accept treatment, treat and then manage care.

After working with an amazing group of psychologists and social workers at the VA, I moved to New York City and became a tech executive, ultimately starting my own technology company. Around this time things started to unravel. I had enrolled in MBA classes but had become distracted in favor of my entrepreneurial pursuits. Remembering I'd been diagnosed with attention deficit disorder (ADD) as a kid, but forgetting the daily bullying I experienced for nearly a decade of my childhood that had assuredly caused my inattentiveness towards my studies, I went in to get re-diagnosed.

In short order, a psychiatrist prescribed me Aderrall for ADHD, Ambien for insomnia, gabapentin for anxiety, and a few others medications. In 2017, three years after the prescriptions started, a friend helped me move back to Michigan. My life was now on fire, the company in rubble and I was struggling to keep a job and maintain my sanity. Instead of looking at the list of meds I was already prescribed, the VA psychiatrist said, "Let's try an antidepressant." At this point, I wasn't capable of making competent decisions — not that it would have mattered, as I trusted the doctor. The doctor trusted the regulatory authorities, the researchers and the drug makers; all of whom were supposed to make sure the drug was safe for patients.

I was told to take the drug and that it would help me, but not how dangerous it was or that I might not be able to stop taking it once I started. I spent the next year and a half on Zoloft.

Fall from Grace — Acute Withdrawal Begins

Wednesday, April 4, 2018: I take my last dose, for the first time.

Thursday afternoon: Flu-like symptoms develop. I begin feeling outside of myself. Slightly dizzy and nauseated.

Friday at 6 a.m.: In the gym with a personal trainer who directs me to fast-step through a rope ladder laid out on the ground, something I could usually do without effort. I couldn't do it. I could barely put one foot in front of the other and was tripping over myself with every step. "It's 6 a.m., I haven't had coffee. Give me a break," I explain. I arrive at the office and am falling into walls and begin gagging as though I'll be sick.

Saturday afternoon: I'm unable to get out of bed. Severe physical pain. I feel like I am choking to death and the room will not stop spinning. Bolts of lightning begin shooting from one side of my brain to the other. The electric shocks in my head won't go away. Brief black blips of time seem to go missing, as though I'm time traveling. My ears start pulsing with such force that my head feels like it will be crushed. It mimics the feeling one gets when driving 70 miles per hour on the interstate with the back two windows down. There is no window button. I don't know how to stop it. I'm scared. I don't know what is happening to me.

I begin googling "electric shocks in brain." "Brain zaps" keeps showing up on layperson chat pages. I find a website called Mad in America that says something about "antidepressant withdrawal" but at this point I can barely process anything I'm reading. My senses and functioning are haywire. I lie in bed and hope the symptoms will be gone when I wake up. Based on initial research, these symptoms seem to be related to the antidepressant I'd been on for the past year and a half, Zoloft (drug name sertraline). If symptoms persist in the morning, I'll need to retrieve the refill I left at my family's house in northern Michigan, over a three-hour drive from Ann Arbor, where I'm staying.

Sunday morning: The terrible side effects are still occurring, but worse than before. I'm terrified it will never stop. Nearing panic, I call a friend who will pick up the meds and meet me halfway.

In my condition, the drive is terrifying. I feel better sitting down, but the two-hour drive to West Branch is rough. I shouldn't be driving. I get to the gas station that is our rendezvous point. Her car is there. She isn't. I panic. I call her. She's inside getting snacks. "I don't think you understand," I tell her. "This is an emergency!"

Within a half hour of taking a half dose of Zoloft, all the symptoms vanish. I begin to calm down but am still shaken. I can't believe what just happened. As I drive back to Ann Arbor, I speak with an old friend over the phone who is a licensed clinical social worker and leads mental health programs for the San Francisco VA Medical Center. He suggests I read the article published in *The New York Times* the day before, titled: "Many People Taking Antidepressants Discover They Cannot Quit".

As I read the article, I realize I am not the only one who has experienced "antidepressant withdrawal." It turns out that millions of Americans are on these meds, and according to a study out of the UK, 56% of patients experience withdrawal effects, with 46% of those

experiencing withdrawal effects described as *severe*. As I read, I realize the month-long withdrawal period I anticipated is going to be a much longer and more painful experience than planned. The stories I'm finding show that it could take a year, or years — if I'll ever be able to get off this drug at all.

Protracted Withdrawal — A Year-Long War

It ended up taking the full year. I gained 25 pounds. There were times I could barely walk because of physical pain. At times I was overcome with rage and anger. It was the most painful, miserable and trying year of my life, which says a lot considering the previous few years.

Meanwhile, I researched, studied and read every paper and book I could find on antidepressants, specifically Selective Serotonin Reuptake Inhibitors (SSRIs). I wanted to understand how these drugs "work" and their effects on the body. From *Anatomy of an Epidemic* I learned how psychiatric medications came to market, their effects on behavior, and that violence and suicides coincided with the rollout of Prozac, Zoloft and other antidepressants and SSRIs.

The book *Mad in America* gave me the background on the field of psychiatry and how the field shifted from lobotomies in the mid 1950s (the inventor of the procedure won a Nobel Prize in 1949) to antipsychotics in the same decade. I learned that during this period, psychiatric care moved from within the walls of the asylums and into communities around the country.

Prior to my acute withdrawal episode, I'd begun a fitness regimen. Based on my experience, I surmised that going through antidepressant withdrawal would continue to be challenging, so I worked to make myself as fit as possible. Every morning at 6 or 7 a.m., I was in small group fitness classes or with a personal trainer.

In the following weeks, I developed severe arch pain. The pain then moved to my calves and finally to my thighs. I could barely walk. For weeks I was forced to stop going to the gym entirely. Over the next six months, my right calf tore, my left arch blew out, my right ear drum blew out and a doctor friend and my trainer ordered me to the ER for a suspected cardiac event. The emergency doctors quickly eliminated heart attack from their concerns but began testing for a stroke — especially concerning for a 37-year-old healthy male.

I realized the pain and the injuries didn't just coincide with my antidepressant withdrawal, but instead were caused by the drug. At this point I no longer trusted the prescribing psychiatrist. From the pain and injuries I sustained, I also realized the drug maker's instructions for weaning were far more aggressive — even dangerous —

than I think anyone should be medically prescribed, as it was causing me injuries, pain and psychological turmoil.

After rediscovering Mad in America, the website and podcast, I learned from survivor stories of others harmed by these drugs that I needed to make much smaller, 10% reductions over the course of a year or more.

I began making 10% reductions, eyeballing the best I could with a kitchen knife, as the pill cutter the VA provided me was inaccurate in cutting a stable dose. Since I'd connected the leg pain with the antidepressant withdrawal, I was able to use my arch and calf pain as a barometer for when I could make another reduction.

The model I created for my reductions went like this: first, make a 10% reduction. The arch pain would become nearly unbearable. I'd then decrease my workouts so I wouldn't re-injure myself. I learned to be aware that as I experienced the leg pain, my depressive, stress and "agitation" symptoms — rage — were likely far more extreme than the physical pain.

To account for the dramatic shifts in affect, I implemented a one-week hold on any important decisions or responding to any major stressors. I learned that my responses to common life stresses were disproportionate to the situations, and if I didn't question my initial visceral response, I would have blow-ups focused on family members and friends.

And so it went — I'd make a 10% dose reduction and the severe leg pain would resume, along with the manic-like symptoms that led to fights with family members. I'd then resume the one-week hold on decisions and reactions to life events. I'd stabilize at the dose for a few weeks to a month, so I could have a brief period of normalcy, and then I'd make another reduction.

This went on for over a year. As I got closer and closer to being off the drug, I ran into a problem. The size of the broken-down pills had gotten too small to accurately measure, so I began spacing out the days between doses. This was not ideal, as I was constantly in a state of withdrawal, but it was impossible to maintain a stable dose between any given days, so I didn't feel as though I had much of a choice.

Then I learned from an online support group that if I got the liquid version of sertraline, I could dilute it down to smaller dosages as needed. In theory this was great. In practice, it required a chemistry degree and an associated lab. After getting a prescription for the liquid form of sertraline I opened the packaging, but found the process so complicated that I had to go back to the VA and sit with the pharmacist to learn how to use the three different-sized droppers she had given me to blend this concoction.

This training session took over thirty minutes, as the pharmacist had to read the instructions multiple times herself, which required a calculator to create the correct dilution formula. She then talked me through how to extract the 25 mg of sertraline into the

dropper, to then mix the sertraline with a 120 milliliter glass of "liquid," to then stir this concoction; and finally use another syringe to extract the correct amount of "mixture," which would ultimately be my dose.

When the sertraline was mixed with water, the drug looked like an alien life form, and smelled like toxic waste. I was able to tolerate this laboratory experiment once. The dose made me sick for a week. At this point, I'd had enough. I'd gotten down to sand grain sized doses of Zoloft's pill form and was just re-poisoned with the liquid concoction. I was done. I decided to deal with the withdrawal symptoms. I wanted this ordeal to be over.

The next week being off the medication was rough. I was in pain, nauseated, dizzy and "agitated." The following two months weren't great. All my muscles and joints were constantly sore, I couldn't sleep, my mood fluctuated with the hour, but progressively I got better.

As of six months ago, the withdrawal is finally over. Three years of being prescribed multiple meds, plus a fourth year of antidepressant withdrawal, took what was a flourishing career and an amazing life, and set it on fire.

Survived the Crash — That Others May Live

I'm incredibly blessed, and equally lucky. I survived. I never followed through with any of the dark thoughts that neared harming myself or others. I was lucky enough to land a part-time role here at Mad in America where I can help people recover themselves, through the telling and reading of the stories of others. I am able to deploy my incredibly fortunate years of experience as a leader in the veteran community, a tech entrepreneur and mental health leader to ensure this doesn't happen to anyone else.

I'm alive. More than 30,000 veterans in the past decade alone are not; not to mention the family members who fell victim to this epidemic and the wreckage that was left for the survivors. I was not warned of the risks of this drug. I was not told that once on it, I might never be able to get off it, or the nightmare that would ensue when I tried. I know millions of others were not told either.

No more speaking in hushed tones. No more worrying if someone is listening. The nightmare is over for me, but this story is just beginning.

Get the MIA Newsletter

Sign-up to receive our weekly newsletter and other periodic updates.