

**February 2015**

Greetings!

Here's a recap of blog posts and other news from the past month.

Many thanks to those who answered my request for design help last month. We are hoping to launch our new website before summer.

We have more than 14 draft guides covering antidepressants, antipsychotics, dopamine antagonists, and a series on withdrawal. We will be releasing final versions of these over the next month.

We need guides on:

- Anti-inflammatories
- Anticonvulsants for epilepsy
- Beta-blockers
- Biphosphonates and other drugs for osteoporosis
- Contraceptives
- Drug treatments for inflammatory bowel disorders (Humira and others)
- Drug treatments for multiple sclerosis
- Drugs for gastric acid (proton pump inhibitors)
- Drugs for sexual functioning
- Hypoglycemics

- Statins
- Stimulants

If you are interested in working on the website or can help write, edit, or format the above-mentioned guides, please contact me through my [blog](#).

Thank you for your support.

Your feedback, as always, is greatly appreciated.

A handwritten signature in blue ink that reads "David". The letter "D" is large and stylized, with a long horizontal stroke extending to the right.

David Healy, MD

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## RxISK stories

### [Doctors Writing Scary Scripts... Saving Grace](#)

Saving Grace is the latest romantic novel by Jane Green. It tells the story of the perfect life of the beautiful, elegant Grace Chapman, married for 25 years to the very successful and respected author, Ted. ... [\[Read More...\]](#)...»

### [Dopamine & Addiction: Junkies of the Third Age?](#)

The last set of posts have brought stimulants and dopamine into the frame. In the 1960s and 1970s while stimulants were becoming controlled drugs it was nevertheless denied that they caused dependence. It is now clear that the closely related ... [\[Read More...\]](#)...»

### [A Blast from the Past: Amphetamines for Weight Loss](#)

The story below, a first-person account of life on (and off) amphetamine "diet pills," was written over forty years ago. It couldn't be more relevant. Under the cover of a public-health crusade against obesity, drug companies are ...

[\[Read More...\]...»](#)

### [The Show Ain't Over Till the Fat Lady Sings](#)

This post is by Johanna Ryan. As 2015 dawns, the specter of Corporate Personhood, sanctified by trade treaties which put patents and profits above the needs of us humans, seems to be drawing ever closer. Our latest wake-up ...

[\[Read More...\]...»](#)

### [The Destruction Statins Leave after Them](#)

This post is taken with permission from an article authored by Hazel Summers that first appeared in Canyon News - The Secret Danger of Statin Drugs, on December 28th. Moyra Peyralta, who wrote one of the key RxISK ... [\[Read More...\]...»](#)



## From David's blog...

### [Pharmaceutical Rape](#)

PHARMACEUTICAL RAPE: An act of plunder, violent seizure or abuse, despoliation, to rob of goods by force, to seize wrongfully or by force, steal.

PHARMACEUTICAL RAPE

CULTURE: A concept that

examines a culture in which harm from pharmaceutical products is pervasive and normalized due to societal attitudes about medicine and health care. It is a complex set of beliefs that encourages capitalistic, pharmaceutical domination of healthcare and supports everyday harms in medical and mental health care settings. [...][...»](#)

### [Persecution: Dangerous Liaisons II](#)


Slightly over a week ago in New York I was subject to a blizzard of questions from a lawyer for Forest, who taking

great pleasure in using the word Fucked in a deposition, asked among others questions whether it was reasonable for me to compare what happens in clinical trials to Rape as was done in the Fucked post: "You're accusing industry of raping folks that are engaging in the consent process." [...]...»

### Persecution: Dangerous Liaisons

From 1951, a system designed for heroin and cocaine addicts - prescription-only status - was applied to all new drugs. Why? These were after all the first truly effective drugs in medicine. But the ability to do good came with a likelihood of doing harm. There was a trade off to be made between risks and benefits. The new complex trade-offs could not be put on to the label of a drug or even captured in a forty page package insert. They needed to be individual to each person. [...]...»



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