



ELIZABETH COOKE
has been on
Paxil since shortly
after she watched
the 9/11 attack
from outside her
home.

*by Alexis Jetter
photography by Jana Leon*

Paxil has made
life worth living
for people
around the
world. But
for those who
want off,
the wonder
drug can
turn scary.

THE DOWN SIDE OF UP



MAY 2004

T ALL STARTED with a nervous stomach. Janelle Leonard, a third-grade teacher in Bradford, Massachusetts, just wanted to get through her morning commute without having to make a restroom stop. So 3 years ago she mentioned the problem to her doctor, who said, "Try this," handing Leonard a prescription for Paxil. "It may help."

The doctor didn't tell her that Paxil was an antidepressant, or that there were any potential problems associated with it. "I looked at it almost like an antibiotic," Leonard says sheepishly. "You know, whatever helps."

The little pink pill did help—for a while. But after 2 years, Leonard's stomach jitters returned, so she quit the drug. "Within 24 hours I went into severe vertigo," says Leonard, now 31. "I was absolutely spinning. I couldn't move." Her husband had to carry her from room to room, and violent nausea reduced her to a helpless mess. Over the next several months, her physician alternately diagnosed Leonard with flu, strep throat, a sinus infection, and an ulcer. Leonard's mother had a simpler theory. "You know, you stopped taking that medication," she told her daughter. "Maybe it's that." So Leonard stumbled into her bathroom and gulped down a single Paxil tablet. Twelve hours later, she says, "I was absolutely fine."

On her doctor's advice, Leonard resumed taking Paxil, then gradually lowered her 20-milligram dose (a commonly prescribed amount) by 5 milligrams every 3 weeks. But each cutback brought a new wave of symptoms: tremors, weeping, sweating, diarrhea, insomnia, a strange tingling sensation under her skin, and a sickening taste in her mouth. Down to only 2.5 milligrams a day, Leonard could no longer work, leave the house, even stand upright. For the first time in her life, she contemplated suicide. "My mother and husband wouldn't leave me alone, because they were afraid of what I might do," Leonard says.

Paxil (a.k.a. paroxetine) is known for its power to change lives for the better. Introduced in the United States in 1993 by Britain-based GlaxoSmithKline (GSK), it has eased depression and anxiety for tens of millions of people around the world. Like Prozac and Zoloft, it's a selective serotonin-reuptake inhibitor (SSRI), which elevates mood by increasing the brain's supply of serotonin. And Paxil, the second-best-selling antidepressant in America, does more than just lift spirits. More than 30 million prescriptions for the drug were written in 2002 in the United States alone, in part because it has been approved by the U.S. Food and Drug Administration (FDA) to treat more conditions—including panic attacks, post-traumatic stress disorder, and acute shyness—than any other SSRI. Many clinicians expect the number of women taking Paxil to jump, because a recent study found it can diminish



JANELLE LEONARD is finally off Paxil, but she says she is still feeling the drug's effects.



the severity and frequency of menopausal hot flashes.

But across the United States and Europe, thousands of people have described harrowing physical ordeals when they stopped taking Paxil. According to the World Health Organization, there have been at least 2,380 reports from physicians of problems in patients who go off the drug. And in the United States, more than 2,000 people in more than 30 states have filed suit against GSK, charging that they should have been alerted to the possibility of developing a dependence on Paxil. Despite television commercials that until recently said "Paxil is non-habit-forming," researchers at Massachusetts General Hospital in 1998 found that more than half of patients who take this SSRI may experience moderate to severe side effects if they quit taking it abruptly. In most cases, the disturbing symptoms clear up in a week or two. But as the stories of Leonard and others indicate, for some people those symptoms linger.

"It felt like bust-your-butt electric shock. I remodeled an apartment once, and I got shocked. That's exactly what it felt like."

"Paxil is notorious for this withdrawal syndrome," says Lalith Tissera, M.D., a Boston-area psychiatrist and psychopharmacologist who treats at least a dozen patients a year who run into trouble when they try to stop taking the drug. "One has to be very, very cautious with it. And we have to alert our patients."

Some scientific reports suggest that even tapering off doesn't always work. "I've had patients who went off cigarettes cold turkey who couldn't get off Paxil," says Joseph Glenmullen, M.D., a psychiatrist and clinical instructor at Harvard Medical School who wrote *Prozac Backlash: Overcoming the Dangers of Prozac, Zoloft, Paxil, and Other Antidepressants With Safe, Effective Alternatives*. "I've had patients who took 6 months to taper off. And I've talked to others who have not been able to get off it at all."

Jane Lawrence (not her real name), 41, a Houston-area lawyer who took Paxil for anxiety, says quitting triggered a sensation akin to sticking her finger in an electrical outlet. "It felt like bust-your-butt electric shock," she says. "I remodeled an apartment once, and I got shocked. That's exactly what it felt like."

In lawsuits and online, other women with no history of mood or sensory disorders describe rage, suicidal

thoughts, visual disturbances such as flashing lights, and migraine headaches when they tried to go off of Paxil. According to Britain's Medicines and Healthcare Products Regulatory Agency, the U.K. equivalent of the U.S. FDA, Paxil causes 10 times as many withdrawal complaints as Zoloft and 150 times as many as Prozac. A 2000 study of 107 patients at Massachusetts General Hospital found that those who abruptly quit Paxil experienced a 76 percent spike in dizziness, nausea, agitation, and other side effects after just 4 days. Patients who quit Zoloft reported an 18 percent increase; those who stopped Prozac reported none.

It took only two missed Paxil doses for that sick feeling to kick in, according to Maurizio Fava, M.D., a Harvard Medical School psychiatrist who co-authored the study and directs Massachusetts General's Depression Clinical and Research Program. How long a patient has been taking the antidepressant seems to be key.

"You can stop the drug abruptly after a few weeks if you're not tolerating it, and it's very unlikely you'll have a reaction," Fava says. "But if you've been on it for 3 months or more, you're more likely to have a reaction."

GSK says the problem is being overstated. According to company spokeswoman Mary Anne Rhyne, only 7 percent of patients who gradually quit Paxil feel dizzy,

a sensation that can signal withdrawal. But she says the company is up front about the possibility of what it calls discontinuation effects. "Consumers need to know that they may experience certain side effects when they stop taking the drug," Rhyne says.

Paxil's packaging insert—the small-print dosing guide

GSK says that the withdrawal problem is overstated, but also that consumers need to know they may experience side effects when they stop taking Paxil.

inside each box—has included a brief reference to withdrawal symptoms since 1994, when GSK began using a tapered regimen in its own clinical trials of the medication. (A sentence about discontinuation appeared toward the end of the roughly 15,000-word insert.) It was partly those clinical trials, started in 1994 and submitted to the FDA in 2000, that prompted the agency

Antidepressants and Suicide: Is There a Link?

"**W**E NEED to warn people," said Robert Temple, M.D., the director of the U.S.

Food and Drug Administration's (FDA's) Office of Drug Evaluation.

The comment came moments after a heated public hearing in February on whether antidepressants such as Paxil, Zoloft, and Effexor can significantly increase the risk of suicidal behavior in children and teens. At the meeting, Temple and other FDA officials acknowledged that these drugs, which are so helpful for some, may be dangerous for others.

"There isn't any doubt that these drugs can cause akathisia," Temple said. (Akathisia is a severe form of agitation that some experts have linked to suicide.) "Some people get worse when they start these drugs."

At the meeting, a panel composed of leading psychiatrists and pediatricians urged the FDA to issue a warning to parents, patients, and doctors about akathisia, which can strike in the first

days and weeks of antidepressant treatment. Children may be particularly susceptible, experts say, but adults, too, sometimes complain about inexplicable, harmful urges during their first weeks on the drugs.

"Akathisia leaves people feeling so uncomfortable they think death would be a welcome relief," Joseph Glenmullen, M.D., a clinical instructor in psychiatry at Harvard Medical School, told the FDA panel.

Dozens of parents at the hearing described how their children, many of whom were prescribed antidepressants for mild anxiety disorders, quickly became restless and violent. Several committed suicide; some killed others, including family members.

A number of studies raise worrisome questions as well. One study, sponsored by GlaxoSmithKline (GSK), found that depressed teenagers who took Paxil were five times as likely to attempt suicide as those who took a placebo pill. According to an internal company

memo, the study also found that the drug didn't work any better than sugar pills in young patients. The October 1998 memo said the data wasn't strong enough to promote the use of Paxil in children, and so wouldn't be submitted to the FDA. (Legally, the company was required to report any serious adverse effects not already mentioned on a drug's label.) The study was eventually published in a prestigious medical journal—but without any mention of an increased suicide risk. In fact, the study concluded that Paxil was both safe and effective for children.

Martin Keller, M.D., lead author of the study and head of psychiatry at Brown University, says that the original analyses of the data didn't reveal the link to suicidal behavior. It was only after the FDA asked GSK to review its data that the fivefold increase in suicide attempts became evident.

In the next few months, the FDA will be taking a second look at that study and 24 others to determine

in 2001 to require GSK to provide explicit warnings about the possibility of problems when a patient attempts to get off the drug. Quitting, the insert now says, has been associated with “dizziness, sensory disturbances such as ... electric shock sensations, agitation, anxiety, nausea, and sweating.”

The instructions add: “If intolerable symptoms occur following a decrease in the dose or upon discontinuation of treatment, then resuming the previously prescribed dose may be considered. Subsequently, the physician may continue decreasing the dose but at a more gradual rate.”

People like Janelle Leonard might put that a little differently: You may be on Paxil for a lot longer than you expected, because it might be too tough to stop.

UNFORTUNATELY, many doctors don't appear to be getting the word. A 1997 study conducted in England found that 70 percent of primary care providers—who prescribe the bulk of antidepressants—were unaware of the withdrawal syndrome associated with Paxil and, to a lesser extent, other SSRIs. Even among psychiatrists, nearly 30 percent didn't know about it. The situation was similar on

this side of the Atlantic, says Michael Craig Miller, M.D., assistant professor of psychiatry at Harvard and editor-in-chief of the *Harvard Mental Health Letter*. Doctors have become more aware of the potential for difficulty in getting off Paxil in recent years, he says, “but many still aren't alert to the problem or don't know how to deal with it.”

Lalith Tissera, the psychiatrist who weaned Janelle Leonard off the drug using other medications, finds that inexcusable. “Psychiatry is not rocket science,” he says. “There are only about 30 drugs to learn. But too many psychiatrists like to practice in a cocoon, disregarding the effects of these drugs on other systems in the body. They don't bother to learn about the pharmacology of these drugs.”

As a result, Tissera and others say, many physicians mistake withdrawal—which can include crying spells, insomnia, and irritability—for the return of their patients' original symptoms. Instead of helping these patients get off Paxil, the doctors renew the prescription.

“Everyone concludes it's relapse, and the patients go back on the drug for literally years,” Harvard's Glenmullen says. “They're medicating withdrawal, chasing their tail.”

Why is it so hard for some [continued on page 200]

whether Paxil and other selective serotonin-reuptake inhibitors (SSRIs) should be given to young people. An estimated 1 million American children are currently taking the drugs, even though only one SSRI antidepressant—Prozac—has been shown to be

effective in treating their depression.

“We want to put a speed bump in the road,” said panel chairman Matthew Rudorfer, M.D., associate director of treatment research at the National Institute of Mental Health. “Clinicians should take these medications more seriously and not dispense them as liberally.”

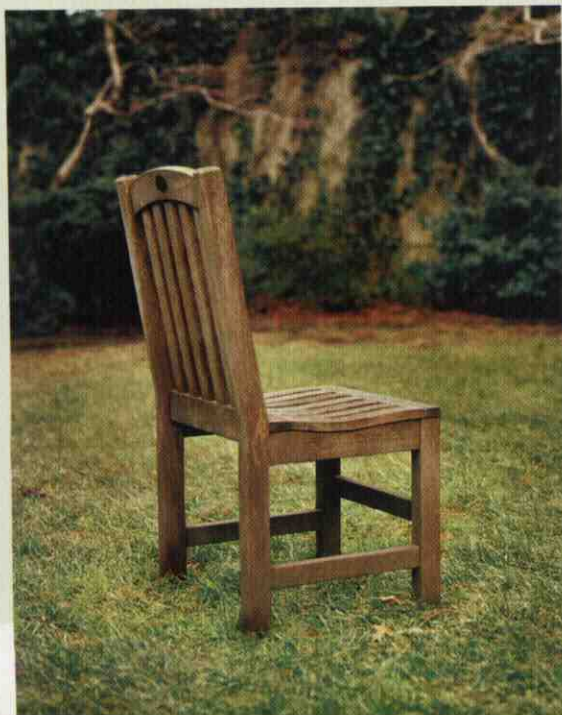
The recent hearing followed warnings last year from the FDA and its British counterpart, the Medicines and Healthcare Products Regulatory Agency, urging doctors to avoid prescribing Paxil to depressed patients under 18. Indeed, the U.K. safety agency says doctors should avoid prescribing any SSRI except Prozac

to depressed children because of concerns about safety and effectiveness.

GSK protested the FDA warning, saying that no patients in the company's 1,000-person pediatric trials had actually killed themselves. Spokeswomen for GSK and Eli Lilly, Prozac's manufacturer, say that rather than triggering suicide, their drugs prevent it by effectively treating depression, a leading cause of suicide.

Some leading child psychiatrists also say the FDA is overreacting. “I think the risks of taking these drugs are less than [the risks of] not taking them,” says Graham Emslie, M.D., a professor of psychiatry at the University of Texas Southwestern Medical Center. “People tend to improve more with the medicine than with placebo. Some people get more agitated, but that's not the same as being suicidal.”

But several other experts—including Mark Riddle, M.D., director of child and adolescent psychiatry at Johns Hopkins University [continued on page 200]



the down side of up

continued from page 161

people to quit Paxil? The answer is unclear, but it may lie in the drug's potency and in the complex behavior of serotonin, which is only partially understood.

Serotonin is a messenger chemical in the brain; it passes its signal by traveling from one brain cell to another. SSRI antidepressants work by blocking the absorption of serotonin after it's done its job. That leaves more of the chemical around to elevate mood.

But only 5 percent of serotonin is stored in the brain; the rest of it is distributed throughout the body, especially to the stomach and cardiovascular system. So a change in levels can affect everything from mood and memory to libido, appetite, sleep, and digestion.

Paxil's prowess in boosting serotonin, researchers say, may also be

behind some of the withdrawal troubles. The drug is faster-acting than Prozac, for instance, quickly reaching high concentrations in the bloodstream. Conversely, once it's stopped, Paxil leaves the body so rapidly—in just 21 hours—that serotonin levels plummet quickly as well. Prozac, by contrast, lingers in the body for 2

Zoloft causes more than Prozac but fewer than Paxil, and studies show that Effexor may be most prone to causing problems when a patient stops taking it.

In addition, Paxil has some distinctive properties that in theory could contribute to withdrawal, experts say. One is called nonlinear

Paxil's prowess in boosting serotonin, researchers say, may also be behind some of the drug's withdrawal troubles.

weeks after patients quit; Zoloft, with a half-life of 26 hours, falls in between. Effexor, an antidepressant closely related to the SSRIs, is even faster-acting than Paxil.

For each drug, the likelihood of withdrawal symptoms appears to be related to the speed with which it's processed: Prozac triggers far fewer withdrawal side effects than Paxil,

kinetics, which means that a two-fold increase in dose—from 10 milligrams to 20 milligrams—can trigger a sevenfold increase of Paxil in the bloodstream. That's because once the drug reaches high concentrations in the body, Paxil interferes with the action of the enzyme that breaks it down. The flip side is that as blood levels of the drug fall, the

antidepressants and suicide

continued from page 161

School of Medicine—say they've already stopped giving Paxil to young patients. "There are other drugs that are as effective or more effective, with less potential for side effects," Riddle says.

Questions about SSRIs and suicide arose years ago when Prozac, the first of these drugs, hit the market in 1988. In 1991, an FDA panel ruled that the antidepressant did not cause suicide. But it's recently become clear that the question was hotly argued. Many experts, including the FDA's chief epidemiologist at the time, felt that Eli Lilly had painted an unduly rosy picture of Prozac by inappropriately excluding many suicides from its analysis.

Safety information regarding Paxil has also come under fire. In 1989, GSK provided studies to the FDA showing that people taking the drug were eight times as likely to attempt suicide as patients given a placebo. Two years

later, after an FDA reviewer asked for more data in response to public concerns about SSRI-induced suicide, the company submitted different numbers about the same patients, showing that Paxil had no detectable effect on suicidal behavior.

"There were unfortunately some inconsistencies in how the data on suicide attempts was presented to the FDA," says GSK spokeswoman Mary Anne Rhyne. But she says the company later re-evaluated the data, along with more-recent studies, and concluded that Paxil did not raise suicide risk.

Part of the problem, says David Healy, a British psychiatrist and former researcher for SmithKline Beecham (now GSK), is that pharmaceutical companies themselves sponsor many of the studies exploring the possibility of antidepressant-related suicide. The findings are considered company property, and depending on the outcome,

many such studies aren't published or even completed. So independent researchers may never see the data or even know it exists. And psychiatrists who are paid by drug companies to conduct these studies are routinely asked to sign confidentiality agreements. That angers industry critics. "I don't understand why data that's so essential to public health is considered proprietary," says Harvard's Glenmullen.

Could SSRIs trigger suicide in adults? Until recently, the FDA said study results indicated there was nothing to worry about. But last month the agency issued a public health advisory regarding children and adults with depression who are taking any of the newer-generation antidepressants. During the early period of treatment or when the dose is changed, the FDA cautioned, doctors, patients, and families should watch closely for worsening depression or suicidal thinking.

enzyme chews up Paxil at an increasing rate. So as people whittle their Paxil intake, the medication leaves their systems faster than the dose alone may indicate.

Whatever the reasons, it's clear that some people experience substantial difficulties when they stop taking Paxil. GSK says those problems don't mean that the drug is addictive. "When you talk about addiction, what comes to mind is heroin and cocaine," says Philip Perera, M.D., medical director for the company's psychiatry research and development group. "Addiction causes craving and abnormal behavior, and it affects your social and occupational functioning. Those things don't happen with SSRI antidepressants."

Glenmullen says it is true that people taking Paxil don't crave it or find illicit ways to hoard it. "But you must deal with what these words mean to the public. When you say it's nonaddicting and non-habit-forming, that means if they decide

on Friday morning that they want to get off it, they can," he says. "If it's aspirin, that's true. If it's Paxil, it's not necessarily true."

PAXIL ALLOWS Elizabeth Cooke to walk down the streets of New York without scanning the sky nervously. Cooke, 45, an advertising copywriter who lives five blocks away from Ground Zero, started taking the antidepressant not long after she and her then-2-year-old daughter witnessed the second plane smash into the World Trade Center on September 11, 2001.

The fast-talking New Yorker is not easily cowed. But, she says, "when I'm off Paxil, the sound of any plane in the sky—I can feel it in my chest. I start to panic. That's how I know whether I've taken the pill or not."

A few months ago, Cooke misplaced her Paxil bottle and went on a family vacation without her 20-milligram daily supply. "No problem," she thought. "I don't need to take it for 4 days."

But Cooke says she grew so furious, so unapproachable, that for the first time in her marriage, she and her husband had a spate of bitter arguments.

"A wonderful relationship got troubled," Cooke says. "Now, believe me, I take that pill. The simple act of spacing it out can have disastrous consequences."

Not all people are content to stay on a pill for the rest of their lives, of course, particularly if their original problem wasn't terribly nettlesome. And particularly if they're pregnant.

Jane Lawrence, the Texas lawyer, wanted to get off the drug when she became pregnant 3 years ago. But every time she tried to cut back, "it was like chewing bullets," she says. "My entire system was so agitated. And the baby was agitated inside of me." On medical advice, Lawrence continued on Paxil.

Lawrence's daughter was born with respiratory distress, a problem that may be more common in newborns whose mothers used the drug

How to Quit—Smartly and Safely

DOCTORS OFTEN MISS signs of Paxil withdrawal, say Boston-area psychiatrist Lalith Tissera, M.D., and others, mistakenly attributing symptoms to a return of the depression or anxiety disorder for which the patient was on the drug in the first place. Relapse is a possibility, of course, but experts say there are good ways to tell the difference.

"If you're having symptoms you didn't have when you were depressed, that's a clue," says Jerrold Rosenbaum, M.D., chairman of the psychiatry department at Massachusetts General Hospital. "The classic symptom of discontinuation is dizziness. That's a good marker, because it doesn't easily get confused with depression."

Timing is another giveaway, says Joseph Glenmullen, M.D., a psychiatrist and clinical instructor at Harvard Medical School. Symptoms that appear

within a week of stopping a drug are signals of withdrawal. "Relapse is typically much later, from weeks to months," Glenmullen says.

The simplest test: Resume taking the drug. If agitation or newly emergent flulike symptoms disappear, those side effects were likely due to withdrawal.

Symptoms of withdrawal are disturbing but not dangerous, says Michael Craig Miller, M.D., assistant professor of psychiatry at Harvard and editor of the *Harvard Mental Health Letter*. Here are suggestions from patients and researchers for quitting Paxil or similar antidepressants.

• **Don't stop** taking it without consulting your primary care doctor or psychiatrist. He or she may suggest reducing the dose gradually and may also prescribe some medications to help wean you off the drug. (Benadryl may help

you sleep; motion sickness medicines such as Dramamine may ease nausea.)

- **Exercise** as much as you can.
- **Eat healthy** foods; drink lots of water.
- **Take** a multivitamin.
- **Don't tough out** severe withdrawal problems; make smaller reductions instead. (A prescription for liquid Paxil allows you to decrease the dose by small amounts.)
- **Remember** that even tapering off the drug may cause severe mood swings. Watch out for suicidal thoughts.
- **Steer clear** of stressful situations when possible if withdrawal is making you anxious.
- **Keep in mind** that quitting gradually may take several months. The last 10 milligrams may be the hardest.
- **Chart your course** in a daily journal so that you can more accurately describe symptoms to your doctor.

during late-stage pregnancy, according to a recent study in the *Archives of Pediatric & Adolescent Medicine*. Her baby was in intensive care for a week. "I can't say that she definitely had withdrawal," Lawrence says. "But I harbored guilt for having that medication in my system."

Ultimately, Lawrence went off her 50-milligram dose cold turkey, but it wasn't easy.

"It goes through your whole body," she says. "When my husband left for work, I lay in the bed all day and let it fire." It took 4 months, but she finally got through.

"Paxil helped me through a really hard time," Lawrence says. "But getting off it was hell. Patients should be told about that before they take their first tablet."

Harvard's Michael Craig Miller agrees. Every medication has its advantages and disadvantages, he says. "Paxil is a perfectly good drug for treating depression. And it's useful to keep as many of these drugs as we can in our medicine bag, because we don't ever know which is going to be the best one for any given individual.

Still, Miller says, "doctors and patients plainly need to be aware of the problems that can occur when Paxil is stopped."

PAXIL WAS APPROVED 12 years ago, so why is the withdrawal issue gaining attention now? FDA spokeswoman Susan Cruzan says the studies GSK submitted in 2000, along with what the agency calls an excess of patient complaints, have shed new light on the problem.

And recent FDA warnings that Paxil may increase suicidal behavior in children, adolescents, and adults have raised safety issues about SSRIs that many doctors and patients believed had long been resolved (see "Antidepressants and Suicide: Is There a Link?" page 160).

But psychiatrists have been researching Paxil withdrawal since

the early 1990s. David Healy, M.D., a British psychiatrist, author, and former researcher for SmithKline Beecham (now GSK), says he has seen a number of large studies in the company's private archives in Harlow, England, that indicate the firm has known since the late 1980s that Paxil can cause severe withdrawal symptoms.

Healy was given access to those files in March 2001 while serving as an expert witness in a lawsuit against

"So many times I thought, 'Oh my God, if I just took a Paxil, this would all be over.' My doctor suggested that."

GSK. He reviewed 34 studies the company conducted on "healthy volunteers"—people with no prior history of mental illness—before Paxil was approved in the United States. "There's withdrawal syndrome from Paxil that comes through in spades in these healthy-volunteer studies," Healy says. But few scientists have ever seen those reports, because most have never appeared in a medical journal. "Inconvenient data for pharmaceutical companies is left unpublished," Healy says. "And there is a vast amount of inconvenient data that is unpublished."

FDA officials, though, say they are satisfied with the information about withdrawal that GSK has provided them. Beyond asking the company to include warnings in its insert, the FDA has not alerted U.S. physicians to possible side effects of quitting Paxil—although Russell Katz, M.D., director of the FDA's Division of Neuropharmacological Drugs, acknowledges that patients frequently don't read or even see package inserts anymore. (Pharmacists, who receive the drug in its original box, often substitute a drugstore print-out after portioning out the pills into individual prescriptions.)

In contrast, European medical

authorities have been warning patients about the possibility of withdrawal problems for years. Italian and Swiss labels for Seroxat, the trade name for Paxil in most of Europe, state explicitly that symptoms appearing within a few days after quitting ought not be confused with relapse. Irish officials last year ordered GSK to remove the phrase "Remember, you cannot become addicted to Seroxat" from patient leaflets (the company complied).

And the British government is investigating SSRI withdrawal, including the reasons Seroxat seems to trigger a disproportionate number of cases.

The more muted FDA response leaves some former patients like Janelle Leonard upset, and pretty much on their own. "There were so many times when I thought, 'Oh my God, if I just took a Paxil, this would all be over,'" Leonard says. "My doctor suggested that. But I said, 'Absolutely not. This does something to you, and I don't want it.'"

Leonard has returned to teaching and is expecting her first child this spring. But she says she's still not back to her old self—not completely, anyway. The nausea never fully went away. And sometimes, as she lies in bed at night, she's gripped by anxiety as well.

"Occasionally, I'll wake up in the middle of the night and I'll have to calm myself down," Leonard says. "I never had that before the Paxil. The best way I can put it is, it caused for me everything the commercials say it cures." **1**

Contributing Editor Alexis Jetter has also written for Mother Jones, The New York Times Magazine, and Vogue.

Copyright of Health is the property of Time Inc. Health and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.