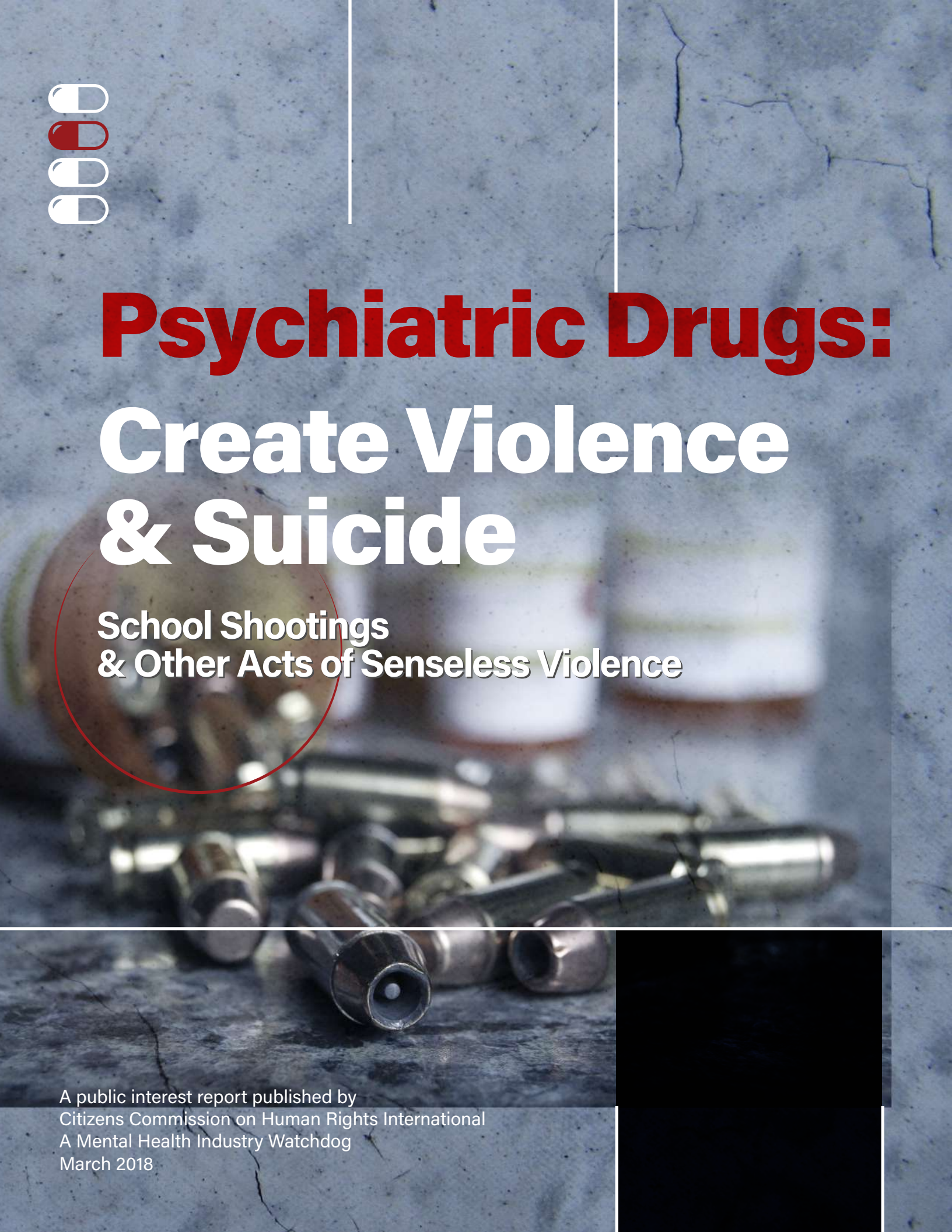


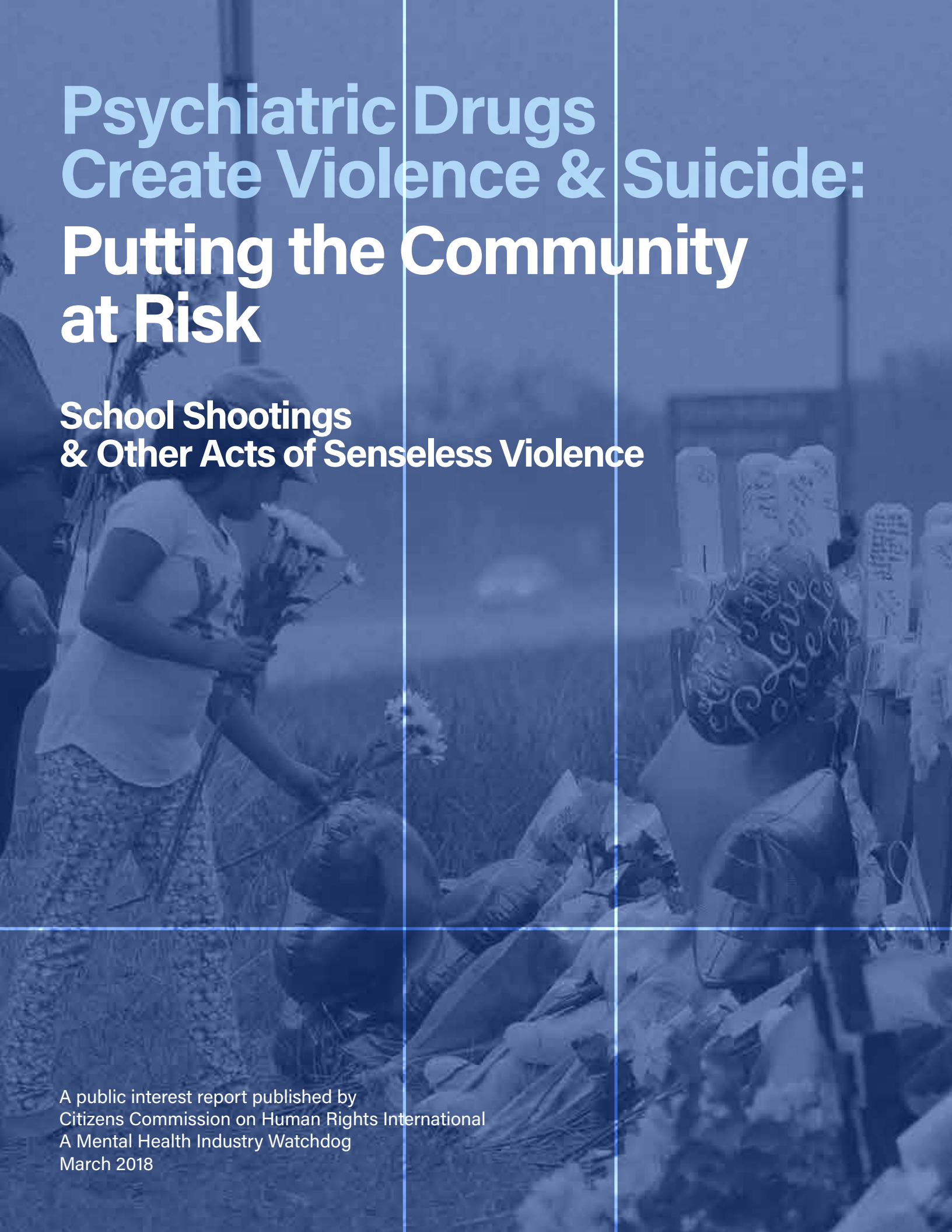
Psychiatric Drugs: Create Violence & Suicide

School Shootings & Other Acts of Senseless Violence

A public interest report published by
Citizens Commission on Human Rights International
A Mental Health Industry Watchdog
March 2018



As violent acts rise, law enforcement should look to a common denominator.



Psychiatric Drugs Create Violence & Suicide: Putting the Community at Risk

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Violence: Psychotropic Drugs' Best Kept Secret

Although there can be numerous reasons for mass murder, violent crime and suicide, with just as many solutions proposed to curb it and funding poured into its prevention, senseless acts of violence continue unabated, with more than 80 dead and 500 injured between the Las Vegas concert shooting on October 1, 2017 and Texas church shooting on November 5, 2017 alone. Then the shocking Parkland, Florida school shooting on February 14, 2018, left 17 dead and some 15 injured.

Media quote experts saying that such individuals are "mentally disturbed," or have "untreated mental illness," but that doesn't explain the level of violence we are seeing or what drives a person to pull a trigger or intentionally crash an airplane, killing all 150 people on board. The facts paint a disturbing picture. A review of scientific literature published in *Ethical Human Psychology and Psychiatry* regarding the "astonishing rate" of mental illness over the past 50 years revealed that it's not "mental illness" causing the problem; rather, it's the psychiatric drugs prescribed to treat it. [1] Mental disorder is not a predictor of aggressive behavior, but rather the adverse effects of the drugs prescribed to treat it. Whatever psychiatric assessment, "treatment," including the drugs reportedly given the teen charged over the Parkland school massacre, all failed to predict or prevent the murderous outcome and potentially exacerbated his troubled mental state.

Since the introduction of antipsychotic drugs in 1955 and the newer Selective Serotonin Reuptake Inhibitors (SSRI) antidepressants, like Prozac, in 1987, both are documented to be linked to violent effects in a percentage of the people taking them.

"The irritability and impulsivity [from antidepressants] can make people suicidal or homicidal." [2]

- Joseph Glenmullen
Harvard Medical School Psychiatrist

"The link between antidepressants and violence, including suicide and homicide, is well established." [3]

- Patrick D. Hahn
Affiliate Professor of Biology,
Loyola University Maryland

"Violence and other potentially criminal behavior caused by prescription drugs are medicine's best kept secret." [4]

- Professor David Healy
Leading Psychopharmacology Expert
and Professor of Psychiatry in Wales

Drug proponents argue that there are many shootings and acts of violence that have not been correlated to psychiatric (psychotropic) drugs, but that is exactly the point. It has neither been confirmed nor refuted, as law enforcement is not required to investigate or report on prescribed drugs linked to violence, and media rarely pose the question.

Russian Roulette with Psychotropic Drugs

With millions of people taking psychotropic drugs, clearly not everyone will experience violent reactions to taking them. But what drug regulatory agency warnings confirm, is that a percentage of the population *will*.

Of nearly 410 psychiatric drug warnings, 27 warned of violence, aggression, hostility, mania, psychosis or homicidal ideation; 49 warned of self-harm or suicide/suicidal ideation; 17 were for addiction or withdrawal effects; and 27 were linked to Serotonin Syndrome found in antidepressant use and marked by symptoms that include agitation, restlessness and confusion.

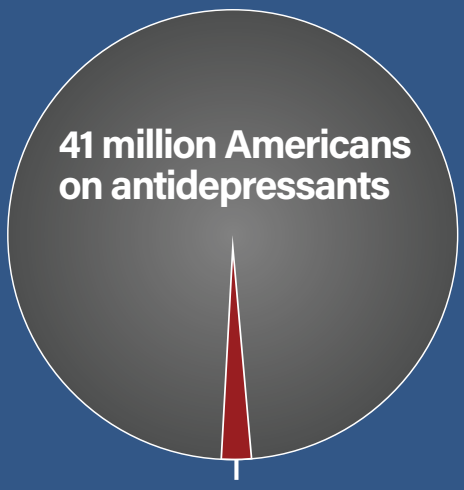
Professor Healy suspects that the main causal factor behind suicide and violence while taking antidepressants is increased mental and/or physical agitation, which leads to about five percent of subjects taking the drugs to drop out of clinical trials, compared to only 0.5 percent of people on placebos. [5]

If five percent of the 41 million Americans taking antidepressants were to experience "increased mental and/or physical agitation," that represents 2.05 million people. How many of them could potentially become so agitated that they would carry out violent acts? It's a case of playing Russian roulette with their lives.

Further, of those committing mass shootings or violent acts, how many had never had a history of violence or a criminal past until they were prescribed a mind-altering drug?

- Take, for example, David Hawkins. On May 25, 2001, an Australian judge blamed the antidepressant Zoloft (sertraline) for turning this peaceful, law-abiding man into a violent killer. Hawkins had no history of violence or suicidality and had remained gainfully employed throughout his life. Judge Barry O'Keefe said that had Mr. Hawkins not taken the antidepressant, "it is overwhelmingly probable that Mrs. Hawkins

Antidepressant Clinical Trial Subjects Drop Out Because of Agitation



Increased mental and/or physical agitation has led to about 5% of subjects taking antidepressants to drop out of clinical trials. Were this percentage applied to the 41 million in the U.S. taking antidepressants, how many of those 2.05 million could potentially become so agitated that they would carry out violent acts? It's playing Russian roulette with their lives and their prospective victims.

would not have been killed...." [6] Further, "The killing was totally out of character" and "inconsistent with the loving, caring relationship which existed between him and his wife and with their happy marriage of 50 years." [7] According to Hawkins, there was no argument, no warning—he just strangled his wife. Hawkins was sentenced to three years in prison.

- In June 2001, a Wyoming jury awarded $8 million to the relatives of a man, Donald Schell, who went on a shooting rampage after taking an antidepressant. According to the study, "Antidepressants and Violence: Problems at the Interface of Medicine and Law," Schell ("DS" in the study) had no history of suicidality, aggressive behavior or other serious disturbance. Earlier prescribed fluoxetine (generic of Prozac), he had experienced agitation, restlessness and hallucinations which ended after fluoxetine was discontinued. In 1998, a different doctor, unaware of this adverse reaction, prescribed paroxetine (generic of Paxil) for anxiety. Two days later, Schell put three bullets each through the heads of his wife, his daughter who was visiting, and his nine-month-old granddaughter before killing himself. The jury determined that paroxetine "can cause some people to become homicidal and/or suicidal" and that the drug was 80 percent responsible for the ensuing acts. [8]

- In another case, a mother had a baby daughter in December 2000 at the age of 17. She'd been feeling "low" and in 2003, she was prescribed fluoxetine. Three weeks later she robbed a 14-year-old boy of his phone and watch, then stole another phone. According to the above "Antidepressants and Violence" study, she had never before been involved in criminal behavior. Her first two offenses took place 17 and 19 days after she started taking fluoxetine. They appear to have been impulsive and were marked by a complete lack of feeling, researchers said. The third, fourth and fifth offenses occurred after a dose increase. The fifth offense involved brutal violence and use of a flick knife. [9]

- A 66-year-old man had marital difficulties and frequent arguments with his wife ten years his junior. He was treated with the benzodiazepines, chlordiazepoxide (generic of Librium) and clonazepam (generic of Klonopin) and an antidepressant, doxepin. The doxepin was later replaced with fluoxetine. Two months after starting fluoxetine, the man had become floridly deluded, expecting to be attacked or poisoned by his wife, or her agent. A psychiatrist received phone calls of concern from friends and family but did not alter his treatment. The patient's wife was later found dead in their hallway, in a pool of blood, with 200 stab wounds. Although prescription drugs were not invoked in this man's defense, a subsequent civil case seeking damages from Eli Lilly (manufacturer of Prozac) and Hoffman La Roche (manufacturer of clonazepam and chlordiazepoxide) was settled in 2005. According to researchers, "This homicide case involves a treatment-induced psychosis." [10]

- Add to that those that had undergone psychiatric treatment, driving cars into and killing shoppers, such as Saeed Noori, 32, who on December 21, 2017, plowed into Melbourne, Australia shoppers, injuring 19. The victims were aged from 4 to 83. Noori was undergoing "mental health treatment," according to media reports. He was charged with multiple accounts ofattempted murder and one count of murder. Melbourne Magistrate John Hardy noted Noori was withdrawing from drug addiction and was taking medication for mental health issues.

What we also know is that at least 65 high profile acts of senseless violence have been committed by individuals taking or withdrawing from psychiatric drugs, resulting in 357 dead and 336 wounded. Of these, there have been at least 36 school shootings and/or school-related acts of violence.

Of 409 official psychiatric drug warnings:

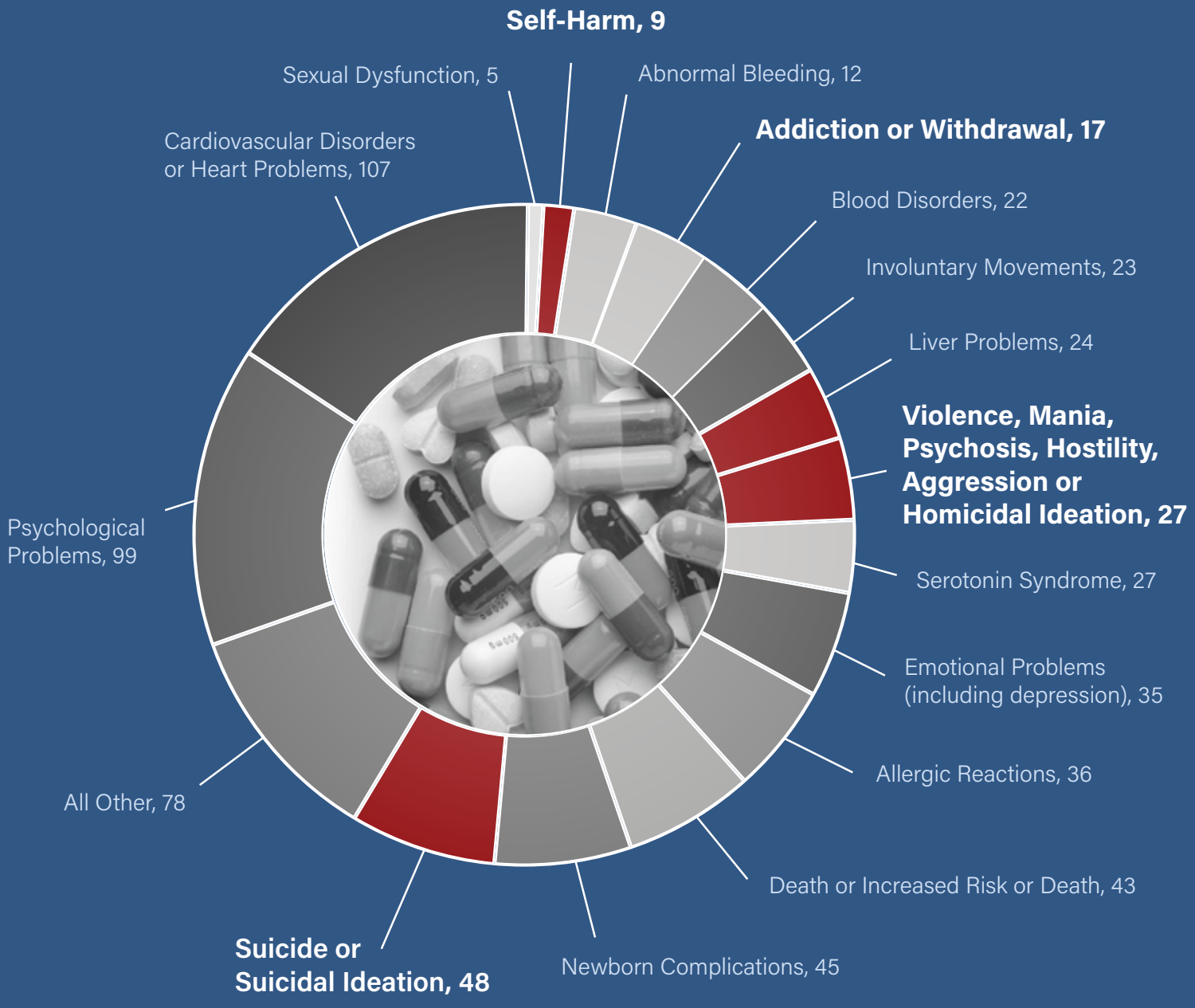
49 warned of self-harm, suicide or suicidal ideation

27 warned of violence, mania, psychosis, hostility, aggression or homicidal ideation

43 warned of death or increased risk of death

35 linked emotional problems to the drugs

17 warned of addiction or withdrawal effects



Note: Some warnings include multiple side effects.

No History of Violence Until Prescribed Zoloft

On May 25, 2001, Judge Barry O'Keefe blamed the antidepressant Zoloft (sertraline) for turning David Hawkins, a peaceful, law-abiding man, into a violent killer. Hawkins had no history of violence and had remained gainfully employed throughout his life. Judge O'Keefe said that had Hawkins not taken the antidepressant, "it is overwhelmingly probable" that his wife, "would not have been killed...." It was "inconsistent with the loving, caring relationship which existed between him and his wife and with their happy marriage of 50 years." Hawkins was sentenced to three years in prison.



Judge Barry O'Keefe

U.S. Psychotropic Drug Sales & Use Soar: Suicide Increase

2011 – 2015

$175.4 Billion
or an average of $35 billion/year in non-discount U.S. spending on psychiatric drugs

79 Million Americans
take prescription, mind-altering drugs [12]

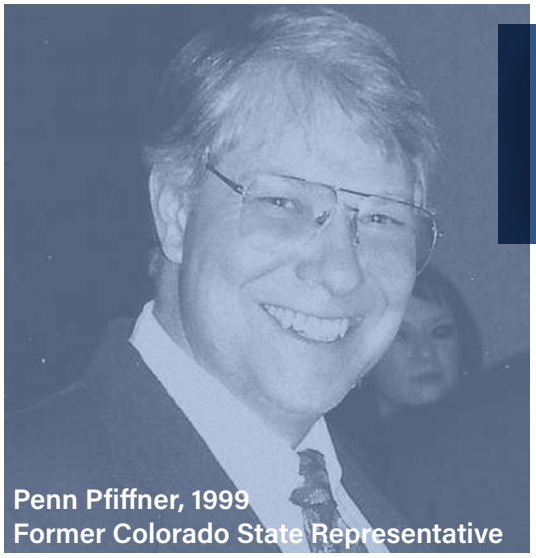
Number of psychiatric drug prescriptions [11]

1999: 197,247,557
117% increase
2013: 427,837,506

Suicide rate increase

1999: 10.5/100,000
24%
2014: 13/100,000

Psychiatric drug prescriptions, including sedatives, antidepressants, psycho-stimulants and antipsychotics (psychotropic drugs), keep soaring. [13] Acts of violence and suicide may incrementally be increasing because of the massive increase in these prescription psychotropic drugs. In the wake of massive increases in psychotropic drug use in the U.S., the CDC reported that from 1999 to 2014 the suicide rate increased 24 percent. [14]



Penn Pfiffner, 1999
Former Colorado State Representative

> ***"There is enough coincidence and enough professional opinion from legitimate scientists [about psychotropic drugs and violence] to cause us to raise the issue and to ask further questions."***

Those with a vested, financial interest will continue to champion the use of such drugs, as the psychiatric-pharmaceutical drug industry rakes in an average of $35 billion a year in sales in the U.S. alone. [15]

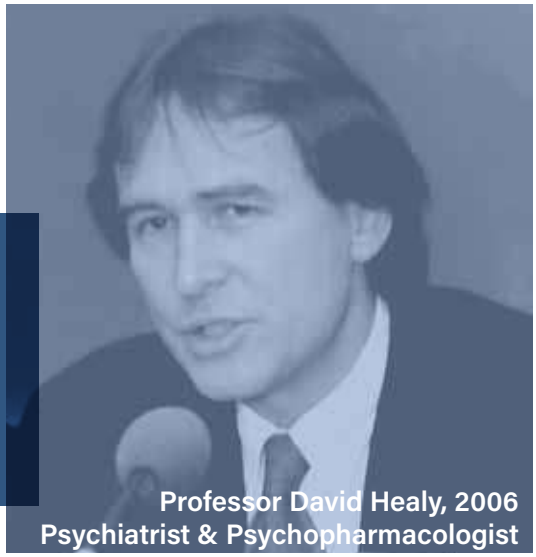
It is that vested financial interest which may be preventing a thorough investigation of the link between prescription psychoactive drugs and increased violence, especially considering that there have been calls for such investigations since the Columbine High School massacre in 1999.

The groundbreaking article, "Guns and Doses," written in 1999 by former Congressional staffer and award-winning journalist, Kelly Patricia O'Meara, reported: "Although the list of school-age children who have gone on violent rampages is growing at a disturbing rate—and the shootings at Columbine became a national wake-up call—few in the mental health community have been willing to talk about the possibility that the heavily prescribed drugs and violence may be linked." Such drugs were the common denominator between the cases of school shooters she cited at the time. [16]

In response, Colorado State Representative, Penn Pfiffner, chaired a hearing into the connection between violent behavior and psychotropic drugs, and stated: "There is enough coincidence and enough professional opinion from legitimate scientists to cause us to raise the issue and to ask further questions." Further, "If we're only interested in debating gun laws and metal detectors, then we as legislators aren't doing our job." [17]

Seven years later, Professor Healy was the lead author of a study which advised: "Legal systems are likely to continue to be faced with cases of violence associated with the use of psychotropic drugs, and it may fall to the courts to demand access to currently unavailable data. The problem is international and calls for an international response." [18]

It is long past time that government agencies answered that call with an investigation. None can argue against the fact that disclosure of the facts would serve the public interest.



Professor David Healy, 2006
Psychiatrist & Psychopharmacologist

> ***"Legal systems are likely to continue to be faced with cases of violence associated with the use of psychotropic drugs, and it may fall to the courts to demand access to currently unavailable data. The problem is international and calls for an international response."***

Las Vegas Concert & Texas Church Shootings

Although not every violent killer has been on or withdrawing from a psychotropic drug at the time of committing a crime, in many cases such drugs emerge when learning of the killer's background. It begs the question whether in taking the drug or when drug or other *treatment failed them*, did this help propel them on a path towards the destruction of others?

Stephen Paddock, who shot dead 58 people at a Las Vegas country music festival on October 1, 2017, had been taking the sedative-hypnotic Valium prescribed him several months before the shooting. [19] The former postal worker and tax auditor had been given a prescription for 50 ten-milligram Valium (diazepam) tablets on June 21, 2017, as well as fifty tablets in 2016. [20] CNN obtained court records that showed Paddock had also been prescribed Valium in 2012. [21] The court document revealed Paddock was prescribed the drug for "anxiousness" and when asked whether he had a good relationship with the doctor who prescribed him the pills, he responded, "He's like on retainer, I call it, I guess. It means I pay a fee yearly...I have good access to him." The autopsy confirmed Paddock had had amounts of nordiazepam, oxazepam and temazepam in his body, which are consistent with Valium. It was claimed that because the drugs were found in his urine rather than his blood, that these had not influenced him.

However, tolerance and dependence can develop quickly with this class of drugs, also known as benzodiazepines. Withdrawal effects, which can last weeks and sometimes *months or years*, include increased anxiety, perceptual distortions, depersonalization, paranoid thoughts, rage, aggression and irritability to name but a few. [22] Rage, aggressiveness and irritability are among the side effects of taking diazepam, according to its manufacturer. [23]

On November 5, 2017, 26-year-old Texas Church Shooter Devin Kelley killed 26 people and injured about 20 more. His victims ranged in age from 18 months to 77 years old. [24] From a very early age, Kelley was taking prescription psychotropic drugs. Fox News reported that a former middle school classmate said that Kelley would complain about his parents and medications during school. "His parents had him on high doses of 'psych' meds from 6th to 9th grade, the time I knew him," said the student, who wished to be identified as Reid. [25]

The Daily Mail quoted Kelley's best friend from aged 12 through 19, Ralph Martinez, who said Kelley was taking prescription drugs for "ADHD" and during a visit with him when Kelley was 21 the future killer was taking "medicine" for his "aggression." [26]

In 2012, Kelley was court-martialed by the Air Force for assaulting his spouse and her child. Kelley received a bad conduct discharge, was jailed for 12 months and was given a reduction in rank. Prior to the court-martial, Kelley had been sent to the Peak Behavioral Health Services Center in Santa Teresa, New Mexico after beating his wife and fracturing his baby stepson's skull. The facility was owned at the time by Universal Health Services (UHS), which has one of the country's largest psychiatric hospital chains that has been plagued in recent years with allegations of staffing issues leading to patients committing suicide. In June 2012, Kelley escaped from the center and fled across the state line to El Paso, Texas. In a missing person report, Kelley was described as "a danger to himself and others as he had already been caught sneaking firearms onto

Hollomon Air Force Base." [27] Police officers captured Kelley and returned him to the hospital for a couple of more weeks before the military picked him up for his court-martial. [28]

Popular stimulant drugs can cause aggressive behavior, manic episodes and psychotic symptoms like hallucinations. The U.S. Food and Drug Administration (FDA) has received hundreds of reports of aggressive behavior in children taking stimulant drugs. Up to 20 percent resulted in a significant injury or hospitalization, the FDA said. [29]

Post-withdrawal symptoms from antidepressants "may last several months to years" and include disturbed mood, emotional lability [excessive emotional reactions and frequent mood changes], and irritability." [30]

Eric Harris, the ringleader in the Columbine High School shooting, was taking the antidepressant Luvox (fluvoxamine), which has side effects of mania that is linked to violent behavior. In a clinical trial of the drug, four percent treated with fluvoxamine experienced manic reactions, compared to none of the placebo patients. [31] Mania is described as a "form of psychosis characterized by exalted feelings, delusions of grandeur...and overproduction of ideas." [32]

There are many possible explanations for school shootings—violence on television, the accessibility of guns and other weapons among them. While some of these factors existed in a much lesser degree 50 years ago, children didn't go out and coolly commit premeditated massacres as we are seeing today. A common denominator that should not be ignored in many current cases is the link to prior and current psychiatric treatment, especially mind-altering drugs.



Psychiatric Drugs Create Hositility, Aggression & Suicide

There are numerous drug regulatory agency reports, studies and expert opinion that support the need for close tracking of psychotropic drugs potentially implicated in violent crimes.

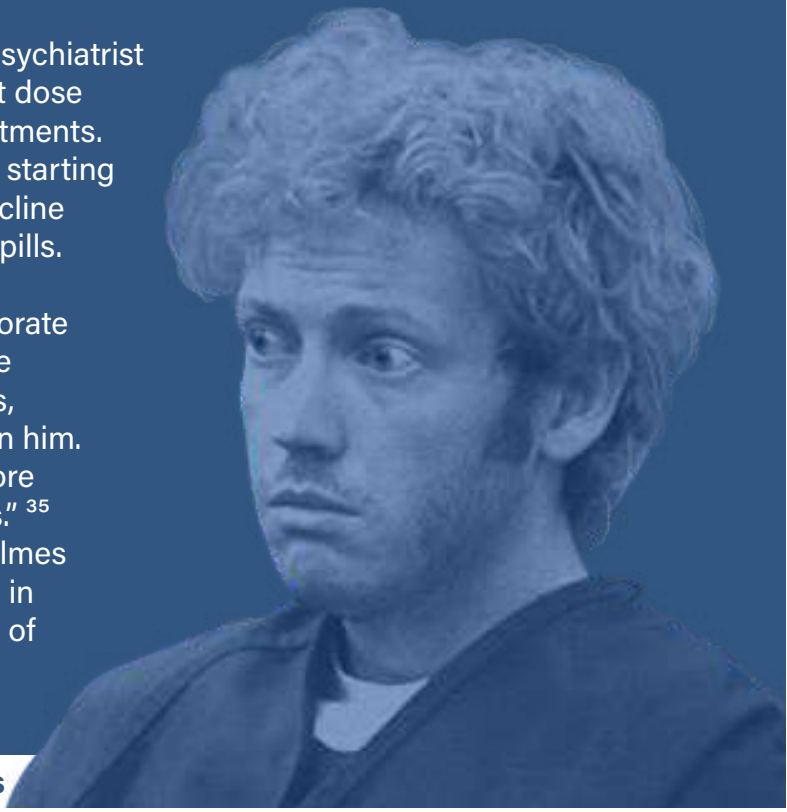
The Emergency Psychiatry journal says that what is labeled as "homicidal" may "range from globally aggressive thoughts... to a specific lethal plan with available means to carry it out." [33] Despite the mind-altering, and sometimes numbing effects of psychiatric drugs, those taking them are not hindered in their plan and execution of mass murder and, in fact, the drugs can be the catalyst. [33] At least 15 published medical studies show psychotropic drug adverse effects that include mania, psychosis, violence and homicidal ideation.

Antipsychotic or neuroleptic (meaning nerve seizing) drugs have been linked to hostility and aggression. They can damage the extrapyramidal system (EPS)—the extensive complex network of nerve fibers that moderates

A Prescription for Murder?

In July 2017, a BBC UK Panorama documentary, "A Prescription for Murder?" explored the role of antidepressants in the shooting rampage James Holmes, 24, committed at the Aurora, Colorado cinema on July 20, 2012. Holmes, with no prior history of violence, was taking an antidepressant, sertraline, the generic of Zoloft, when he coldly executed 12 innocent people and injured dozens more at a midnight screening of the Batman film, *The Dark Knight Rises*. Professor David Healy, who interviewed Holmes prior to his trial in 2015, told the BBC, "I believe if he hadn't taken the [antidepressant] sertraline, he wouldn't have murdered anyone." [34]

Panorama and Professor Healy detailed how the psychiatrist who treated Holmes had tripled his antidepressant dose from 50 mg to 150 mg per day over several appointments. There was a steep decline in James' behavior after starting the antidepressant. Medical records show that decline occurring fewer than four weeks after starting the pills. Holmes was displaying "psychotic level thinking. Guarded, paranoid, hostile thoughts he won't elaborate on." Holmes himself wrote in a notebook, which he posted to the psychiatrist just before the shootings, about the effects the antidepressant was having on him. "Anxiety and fear disappears. No more fear, no more fear of failure," he wrote. "No fear of consequences." [35] Drug use and effects do not excuse the crime—Holmes received 12 life sentences plus another 3,318 years in prison—but it may explain the drug-induced frame of mind that can drive a number of consumers to commit such heinous acts.



James Holmes

Antipsychotics, often forcibly given patients, have disturbing effects, including aggressive behavior from drug-induced akathisia



Akathisia (inability to sit still)

- Restless
- Trouble standing still
- Paces the floor
- Feet in constant motion, rocking back and forth



Acute Dystonia (muscular spasm)

- Facial grimacing
- Involuntary upward eye movement
- Muscle spasms of tongue, face, neck & back (back muscle spasms cause trunk to arch forward)
- Laryngeal spasms



Tardive Dyskinesia (abnormal movement)

- Protrusion and rolling the tongue
- Sucking and smacking movements of the lips
- Chewing motion
- Facial involuntary movements
- Involuntary movements of the body and extremities

Although the severity of these akathisia sensations varies, they can become intolerable and are associated with violence and suicide. Akathisia may begin within several days after treatment but usually increases with duration of treatment, occurring in up to 50% of cases within one month and 90% of cases within three months. [36] Between 20% and 75% of people who take antipsychotics experience akathisia—potentially 5.1 million Americans.

motor control—resulting in muscle rigidity, spasms, and various involuntary movements. [37]

One drug-induced effect is called *akathisia* [*a*, without; *kathisia*, sitting—an inability to keep still]. It's a torturous condition where the sufferer feels an incredible, irresistible restlessness that creates constant repetitive movements like pacing, rocking back and forth or swaying. This side effect has been linked to assaultive, violent behavior. [38] The person may experience violent, aggressive impulses or feel suicidal, although they often can't pinpoint the source of their distress, even though it can feel unbearable. [39]

Another disturbing effect is dystonia (from *dys*, meaning bad or ill and *tonos*, tension), a movement disorder in which a person's muscles contract uncontrollably. Yet another is called *tardive dyskinesia* (*tardive*, meaning "late" and *dyskinesia* meaning, "abnormal movement") and is an impairment, often permanent, of the power of voluntary movement of the lips, tongue, jaw, fingers, toes and other bodyparts. [40]

Between 20 and 75 percent of people who take antipsychotics experience akathisia, especially in the first few weeks after they start treatment, according to Healthline, a consumer health information site that cited *Principles and Practice of Geriatric Psychiatry*. [41] With more than 6.8 million Americans taking antipsychotic drugs, that's a potential 1.3 and 5.1 million who may experience this damage. [42] Akathisia is now also associated with SSRI antidepressants. [43]

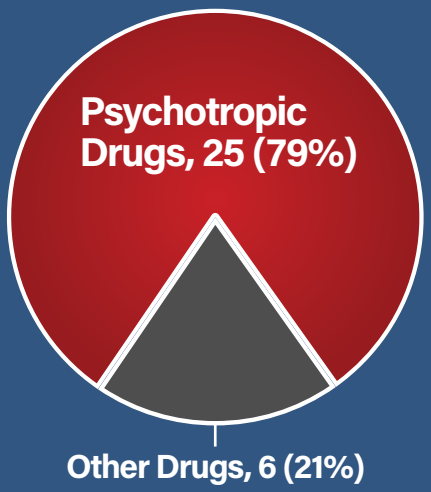
The following is a summary of some of the reports about psychotropic drugs and violence:

- At least 27 international drug regulatory agency warnings have been issued on psychiatric drugs being linked to mania, psychosis, hostility, violence and homicidal ideation (thoughts or fantasies of homicide). [44]
- In November 2005, the FDA added "homicidal ideation" as a side effect of Effexor XR (extended release). [45]
- At least 15 published medical studies show psychotropic drug adverse effects that include mania, hostility, violence and homicidal ideation.

The FDA's Adverse Event Reporting System has at least 1,530 cases of homicide/homicidal ideation reported to it as linked to psychiatric drugs. The FDA admits that only 1-10 percent of drug side effects are reported to its MedWatch program. Taking a moderate five percent, then, the potential number of reported incidents could be as high as 30,620. A percent of *those* could be driven to commit violent crimes.

Researchers also took the FDA Adverse Event Reporting System data and of 484 prescription drugs identified, 31 were disproportionately associated with violence. These drugs, accounting for 79% of all violence cases, included 25 psychotropic drugs. [46] Their findings, published in *Public Library of Science ONE*, included 11 antidepressants, six sedative/hypnotics and three drugs for treatment of attention deficit hyperactivity disorder (ADHD). The specific cases of violence included: homicide, physical assaults, physical abuse, homicidal ideation and cases described as violence-related symptom. [47]

31 Prescription Drugs Linked to Violence, 79% were Psychiatric



Researchers took the FDA Adverse Event Reporting System data and of 484 prescription drugs identified, 31 were disproportionately associated with violence, of which 25 were psychotropic (psychiatric) drugs. Their findings, published in *Public Library of Science ONE*, included 11 antidepressants, six sedative/hypnotics and three drugs for treatment of attention deficit hyperactivity disorder (ADHD). The specific cases of violence included: homicide, physical assaults, physical abuse, homicidal ideation, and cases described as violence-related symptom.

Psychotropic Drugs Associated with the Highest Rates of Violence Compared to Other Drugs

Antidepressants include:

Fluoxetine (Prozac)	10.9 times
Paroxetine (Paxil)	10.3 times
Fluvoxamine (Luvox)	8.4 times
Venlafaxine (Effexor)	8.3 times
Desvenlafaxine (Pristiq)	7.9 times
Sertraline (Zoloft)	6.7 times

Stimulants (for ADHD):

Amphetamines	9.6 times
Atomoxetine (Strattera)	9 times

Benzodiazepine:

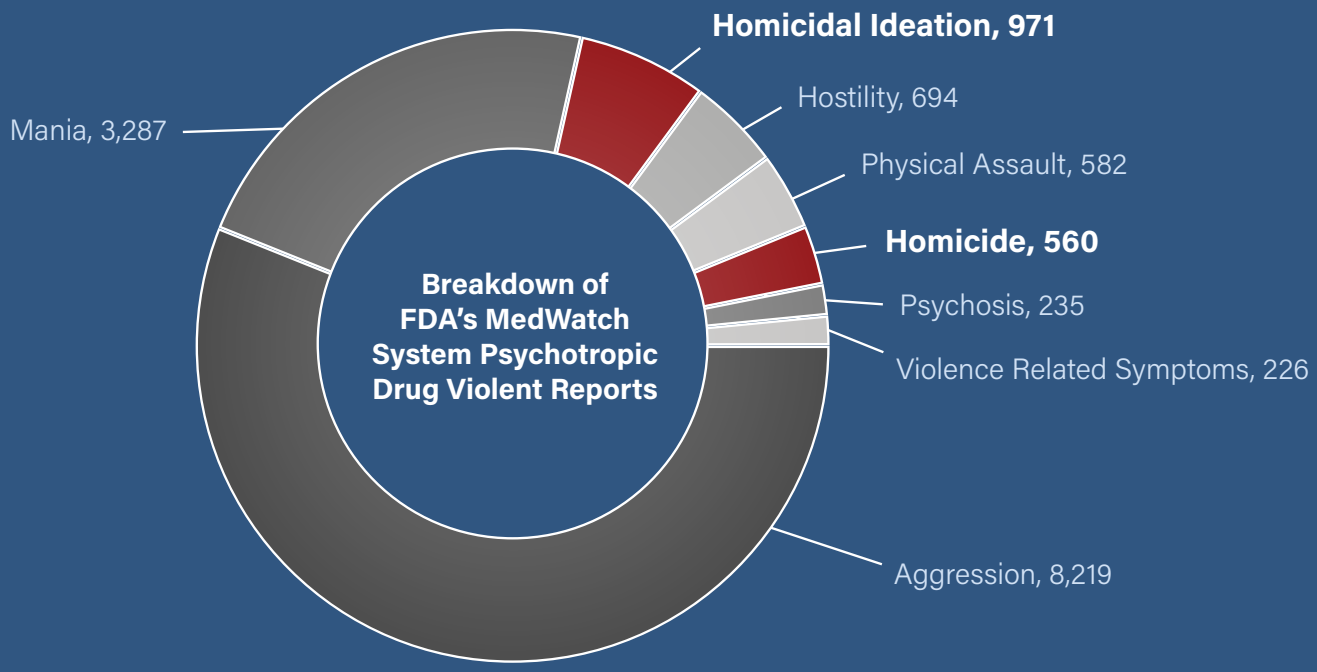
Triazolam (Halcion)	8.7 times [48]

Reports to FDA's MedWatch System on Violent Adverse Effects Linked to Psychiatric Drugs

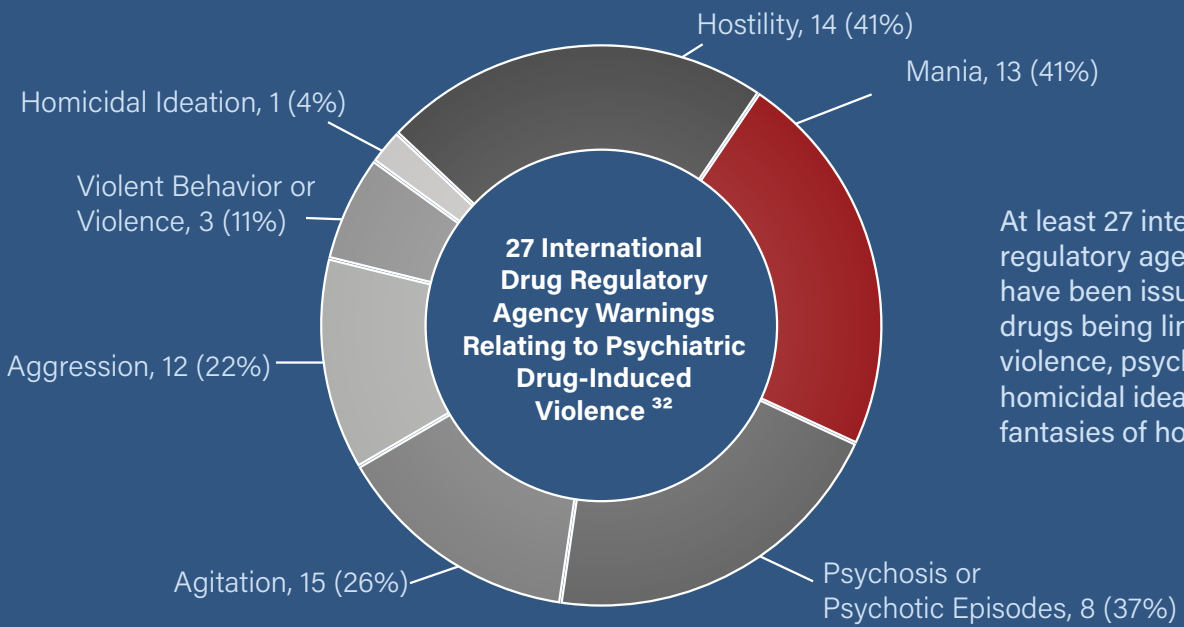
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1,530 - Actual Number of Reports to FDA

30,620 - Potential Number Unreported to FDA



International Drug Agency Warnings on Violence



At least 27 international drug regulatory agency warnings have been issued on psychiatric drugs being linked to mania, violence, psychosis and homicidal ideation (thoughts or fantasies of homicide).

School Shootings: The Missing Link

David Kirschner, Ph.D., a New York psychologist says: "As a forensic psychologist, I have tested/evaluated 30 teenage and young adult murderers, and almost all of them had been in some kind of 'treatment,' usually short term and psychoactive drug-oriented, before they killed. After each episode of school killings or other mass shootings, such as the Aurora, Colorado, Batman movie murders and Tucson, Arizona, killing of six and wounding of Rep. Gabrielle Giffords and 12 others, there is a renewed public outcry for early identification and treatment of youths at risk for violence.

"Sadly however, most of the young people who kill had been in 'treatment,' prior to the violence, albeit with less than successful results."

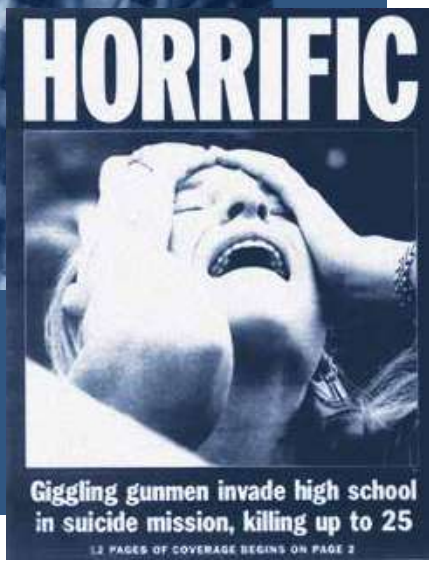
Further, "Most of the young murderers I have personally examined had...been in 'treatment' and were using prescribed stimulant/amphetamine type drugs before and during the killing events. These medications did not prevent but instead contributed to the violence by disinhibiting normal, frontal cortex control mechanisms...And so, despite ongoing congressional debates regarding stricter gun control laws vs. improved access to mental health treatment, our concern should be about the quality of mental health care, not just a societal safety net insuring treatment for all children and young adults." [49]

From This...
To Giggling Over Mass Murder

Prior to the Columbine High School massacre in 1999, Eric Harris, the ringleader, underwent court-ordered counseling, including anger management, for stealing a car. He was also part of a "death education" class at school in which students were asked to imagine their own death. Harris was taking an antidepressant known to cause suicidal thoughts and mania, a form of psychosis characterized by exalted feelings, delusions and overproduction of ideas. He had a dream where he and his friend, Dylan Klebold, went on a shooting rampage. Shortly afterwards, he and Klebold killed 12 students, a teacher and wounded 23 others before shooting and killing themselves.



Eric Harris



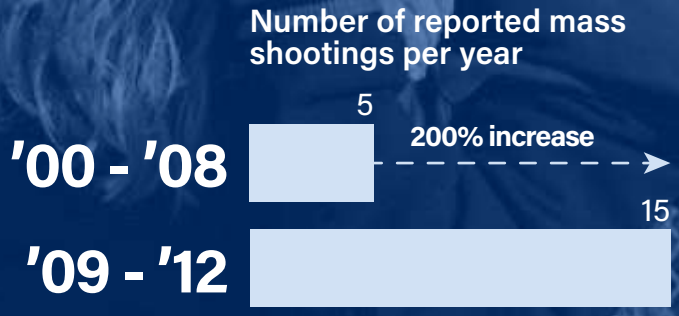
Children on Psychotropic Drugs

8 Million American Children

and adolescents prescribed psychoactive drugs

2.1 Million Take Antidepressants

documented to cause violent and suicidal behavior [50]



A statistical analysis of more than three decades of data shows that in 2011 the United States entered a new period in which mass shootings were occurring more frequently. The annual number of mass-shooting incidents tripled from an average of five per year before 2009 to approximately 15 per year since, according to a U.S. Justice report. In 2004, the U.S. Food and Drug Administration placed its most stringent black box on antidepressant packaging to warn of the risk of suicidal behavior and thinking in those younger than 18, and later up to age 25.

- A statistical analysis of more than three decades of data shows that in 2011 the United States entered a new period in which mass shootings were occurring more frequently. [51] The annual number of mass-shooting incidents tripled from an average of five per year before 2009 to approximately 15 per year since, according to a 2013 U.S. Justice report. [52]

- Professor Healy estimated that 90 percent of school shootings, over more than a decade, were linked to SSRI antidepressants (e.g., Prozac, Paxil, Zoloft, etc.). [53] "We've got good evidence that the drugs can make people violent and you'd have to reason from that that there may be more episodes of violence," Dr. Healy stated. [54] Further, "What is very, very clear is that people do become hostile on the drugs." [55]

- In 2014, Charles Gant, MD, Ph.D. and Greg Lewis, Ph.D. wrote that "criminal activity by young people under the influence of [psychotropic] drugs becomes an iatrogenic [treatment-induced] outcome in an anything-goes society that does its part by placing few restraints on its younger members' behavior and compounds that by looking the other way as they damage their brains with prescription chemicals that magnify the youngsters' capability to exhibit violent behavior." [56]

- In 2003, Hans Zeiger, today a Washington State Senator, wrote: "Over the past century public education has devolved from the classical approach of character plus basics (reading, writing, arithmetic, respect and responsibility), to skills, to psychological-social engineering." Add to that a heavy emphasis on the "educational" use of mind-altering psychotropic drugs that they also abuse (10 percent of U.S. college students report abuse of stimulants like Ritalin) and a powder keg has been created, waiting for a spark.

Withdrawal Effects Ruin Minds, Lasting Years

The theory that a person is violent because he "stopped taking his medication" is misleading and omits the fact that it is more likely to be the *withdrawal* from a drug of dependence that is experienced—*not* the return of the person's "untreated mental illness." Numerous studies and expert opinion cited in this report supports this. Psychotropic drug withdrawal destroys mental faculties and creates impulsivity. And it can last years.

The journal *Psychotherapy and Psychosomatics* published a report in September 2012 about persistent post-withdrawal effects which began *six weeks* after cessation of taking SSRI antidepressants. Researchers reviewed self-reported adverse events between February and September 2010 and found post-withdrawal symptoms "may last several months to years." Symptoms included disturbed mood, persistent insomnia, emotional lability, irritability, depression, impaired concentration and memory and poor stress tolerance. [57]

In 2014, the Council for Evidence-Based Psychiatry in the United Kingdom determined: "Withdrawal from psychiatric drugs can be disabling and can cause a range of severe physical and psychological effects which often last for months and *sometimes years*...." [Emphasis added] [58]

Dr. Stuart Shipko, a California psychiatrist who has published reports on SSRI antidepressant withdrawal, said his "clinical observation is that long-lasting symptoms occur even in patients who taper very slowly, not just those who stop quickly, and that there is no guarantee that these symptoms will go away no matter how long the patient waits." [59]

British psychiatrist Joanna Moncrieff and others reported in *The Journal of Psychoactive Drugs*: "It is now accepted that all major classes of psychiatric medication produce distinctive withdrawal effects which mostly reflect their pharmacological activity." Further, "Just like the various substances that are used recreationally, each type of psychiatric medication induces a distinctive altered mental and physical state...," the researchers reported. [60]

"Furthermore," they said, "discontinuation of most psychoactive substances after chronic use produces mental and physical changes. Withdrawal from psychiatric medications, including antidepressants and antipsychotics, is associated with distinctive withdrawal or discontinuation syndromes, which are suppressed by resumption of the drug." These effects are significant, they said, "because they may be—and probably often are—mistaken for signs of relapse," and their prescribers "may wrongly believe that the patient cannot manage without it."

In short, as one medical researcher wrote, "Psychiatric drugs perturb normal neurotransmitter function, and while that perturbation may curb symptoms over a short term, over the long run it increases the likelihood that a person will become chronically ill, or ill with new and more severe symptoms. A review of the scientific literature shows quite clearly that it is the drug-based paradigm of care that is fueling this modern-day plague." [61]

Britain's drug regulatory agency warned that all SSRI antidepressants "may be associated with withdrawal" and noted that Paxil and Effexor "seem to be associated with a greater frequency of withdrawal reactions." [62]

Professor Heather Ashton became a leading

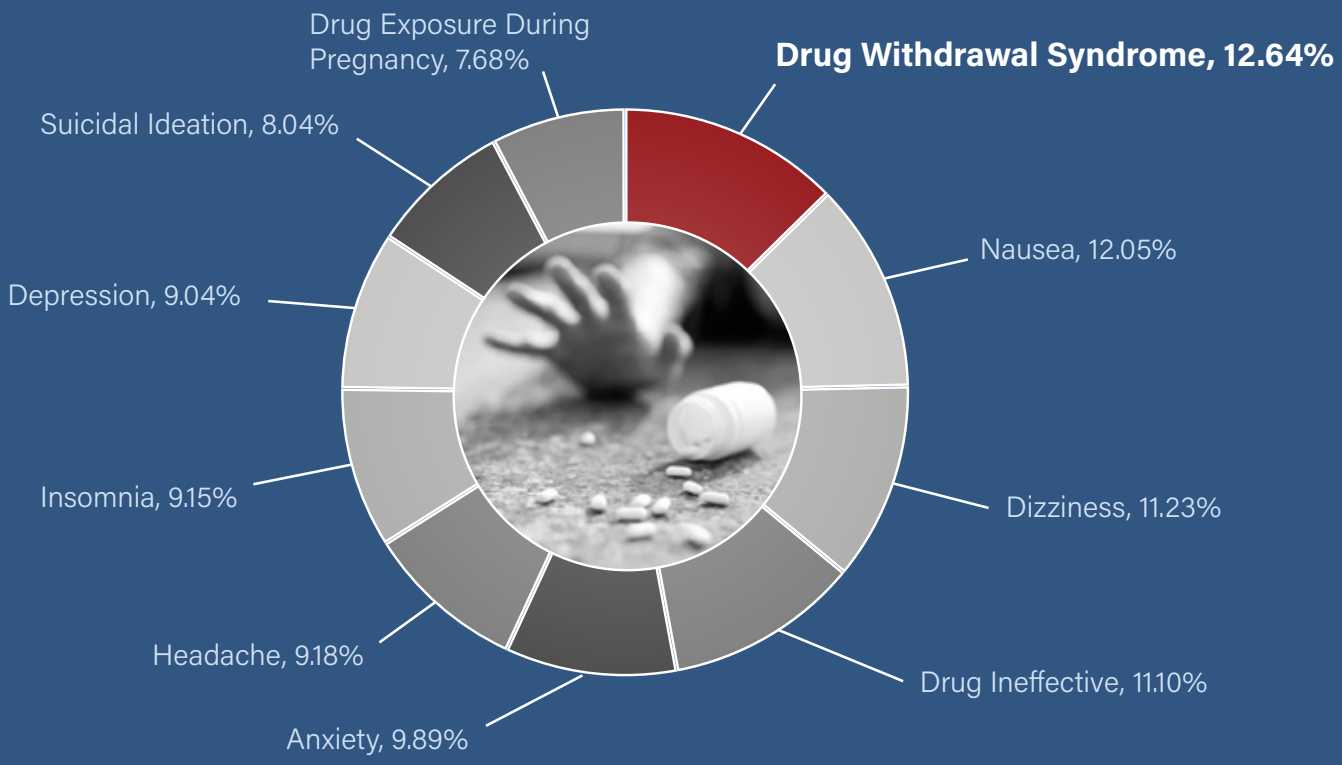
authority on benzodiazepine withdrawal in the United Kingdom after managing a large withdrawal clinic in the 1980s. She described a range of withdrawal symptoms, including nightmares, increased anxiety, panic attacks, perceptual distortions, depersonalization, hallucinations, paranoid thoughts, rage, aggression and irritability to name but a few. [63]

In an article on protracted withdrawal symptoms, Dr. Ashton also said that in chronic users of the drugs, a "sizeable minority, perhaps 10 to 15 percent develop a 'post-withdrawal syndrome,' which may linger for months or even years." The acute "pharmacological" benzodiazepine withdrawal syndrome is classically described as lasting 5 to 28 days, with a peak in severity around two weeks post-withdrawal, she said. [64]

The FDA also warns that quitting benzodiazepines abruptly can result in more than 40 withdrawal side effects, including headache, anxiety, tension, depression, insomnia, confusion, dizziness, derealization and short-term memory loss.

In fact, as John M. Grohol, Psy.D., a researcher, points out, the FDA "doesn't require pharmaceutical companies to conduct withdrawal studies in order to analyze a drug's impact when it's time to discontinue it. It only requires a broader safety evaluation, and a measure of the drug's efficacy. The FDA is concerned about adverse events while a patient is taking the drug—not adverse events when the drug is removed." [65]

Withdrawal Effects are No. 1 Antidepressant Adverse Reaction Reported to FDA



A person "stopping taking his medication" is not the source of violent acts, but likely *withdrawal* effects from a prescription drug of dependence. Withdrawal effects are common with antidepressant and other psychotropic drugs that include disturbed mood, irritability and impaired concentration that may last months or even years.

Involuntary Treatment Not a Deterrent

When someone is violent or suicidal in the community and appears to be mentally ill, the "solution" is usually involuntary detainment in a psychiatric facility and forcibly administered more of the same or similar treatment that likely caused or exacerbated the behavior in the first place. This isn't a deterrent to violent behavior and psychiatrists admit they can't predict violence anyway.

Consider Parkland school shooter Nikolas Cruz. He spent years attending Henderson Mental Health Clinic. Police were called to his home 36 times, yet a therapist with the center deemed Cruz "to be no threat to anyone or himself" in 2016. [66]

In an article in the *Rutgers Law Review*, Henry Steadman and Joseph Cocozza concluded, "There is no empirical evidence to support the position that psychiatrists have any special expertise in accurately predicting dangerousness." [67]

"There is no instrument that is specifically useful or validated for identifying potential school shooters or mass murderers," according to Stephen D. Hart, a psychologist at Simon Fraser University in Vancouver, quoted in *The Washington Post* in 2013. [68]

An American Psychiatric Association's (APA) task force report admitted as much in 1974, stating, "Psychiatric expertise in the prediction of 'dangerousness' is not established and clinicians should avoid 'conclusory judgments in this regard.'" [69]

The APA's *Diagnostic and Statistical Manual of Mental Disorders* (DSM) contains a cautionary notice about not using the manual for forensic purposes as there are significant risks that the information will be misused or misunderstood. [70]

In 2002, Kimio Moriyama, then vice president of the Japanese Psychiatric Association also warned, "...[I]t is impossible for [psychiatric] science to tell whether someone has a high potential to repeat an offense." [71]

James Holmes, prescribed an antidepressant, is a good example. At his fourth appointment with his psychiatrist, Lynne Fenton at the University of Colorado Denver, on 17 April, 2012, Holmes told her that his homicidal thoughts had increased. [72] "Aside from the fact that you have a guy who is now actively beginning to think and plan about harming others in a way that he just hadn't been doing before, you have a change of personality. This is a totally different person," said Professor Healy. [73] But Fenton didn't act on the warning signals. [74]

Holmes' mother Arlene said she didn't even know James was being treated by a psychiatrist until more than a month before the shooting. According to Arlene, the psychiatrist never informed her that her son was having murderous thoughts. "She never said he was thinking of killing people. I would have been crawling on all fours to get to him. She didn't tell me." [75]

Edmund Kemper III was the inspiration behind the film *Silence of the Lambs* and a key player in Netflix's *Mindhunter*. At 15, he shot dead his grandparents. After five years at Atascadero State Hospital, psychiatrists released him as rehabilitated. One wrote, "...it is my opinion that he had made a very excellent response to the years of treatment and rehabilitation and I would see no psychiatric reason to consider him to be of any danger to himself or to any member of society...." Kemper went on to kill and dismember six women and then his mother, having sex with her decapitated head. [76] The late District Attorney Peter Chang said two psychiatrists had declared Kemper harmless midway through his murder spree. [77] Kemper is now serving eight life sentences.

Psychiatric Drugs Cause Death

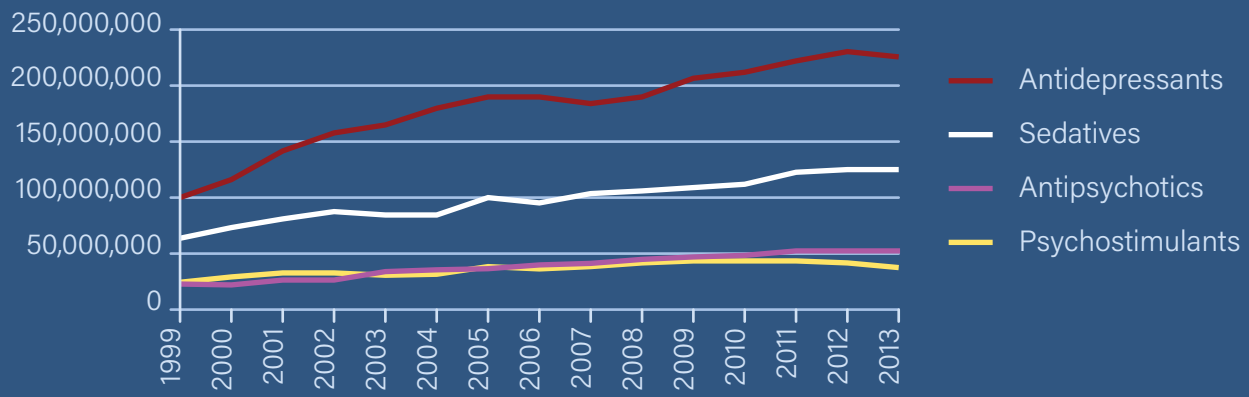
If potential aggressive and violent acts and suicide being linked to psychotropic drugs were not enough, often these drugs are also abused. And there is the risk of inadvertent or deliberate overdose leading to death.

Between 1999 and 2013, death rates from overdose of prescription psychiatric drugs rose an astonishing 240 percent. [78]

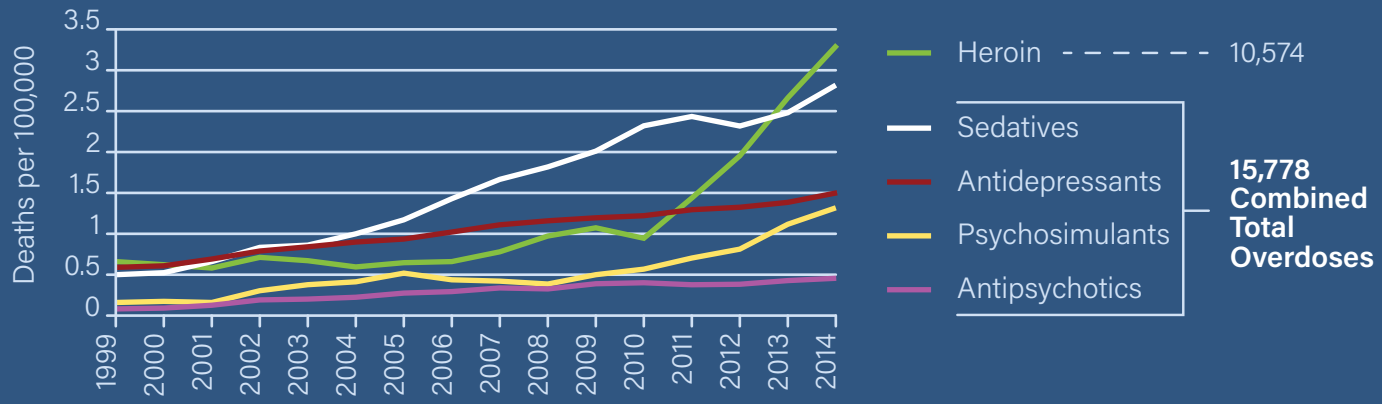
In 2014, 10,574 people died of heroin overdose while 15,778 died from an overdose of psychiatric drugs, nearly 50 percent more than the number of heroin overdose deaths. The biggest killers were sedatives (benzodiazepines such as Xanax and Z-drugs such as Ambien), antidepressants, psychostimulants (Ritalin, amphetamine, and methamphetamine), and antipsychotics. [79]

Prescriptions for benzodiazepines (sedative hypnotics) more than tripled and fatal overdoses more than quadrupled between 1996 and 2013. [80] In 2015 alone, there were about 9,000 benzodiazepine-related deaths reported. [81]

No. Of Psychiatric Drug Prescriptions 1999-2013



Psychiatric Drugs Cause More Overdose Deaths Than Heroin



In 2014, 10,574 people died of heroin overdose while 15,778 died from an overdose of psychiatric drugs, nearly 50% more.

Police Put at Risk: "Suicide by Cop"

A Deputy Chief of Police of one of the largest police departments in the U.S. stated that the police sit in the front row seats of the chaos in society. That chaos is evident in news headlines that report increasing numbers of seemingly psychotic, irrational acts of violence, some of which appear to have no motive.

In 2012, an FBI Law Enforcement Bulletin pointed out that "Law enforcement always has been a dangerous profession because officers risk their lives to form a barrier between criminals and society." [82] The National Law Enforcement Memorial Fund provides examples of those risks: over the 10-year period ending in 2015—an average of 144 police officers was killed each year. In 2013, nearly 50,000 police officers were assaulted—or nine out of every 100 officers were attacked. [83]

A study published in the *International Journal of Law Psychiatry* reported that "police officers typically spend more time dealing with a mental disturbance call than they spend on calls involving traffic accidents, burglaries or assaults. Police officers report such situations as problematic because persons with mental illness may not respond well to traditional police tactics." [84]

Consider the horrific case reported in March 2017 of North Carolina resident, 18-year-old Oliver Funes Machado, who decapitated his mother because "he felt like it." The first deputy on the scene reported that Machado was "carrying a knife in one hand and a severed human head in the other." Charged with first degree murder, Machado was on four psychiatric drugs at the time of the crime. [85] In October 2017, the charges against him were dropped after the teen was found to be incapable of following the proceedings and was, instead, involuntarily committed to a psychiatric facility. This was despite his already being admitted to a mental institution and, according to a family friend, was released a week before the killing.

While clearly a troubled and unstable man, the question is whether the drugs he was prescribed were the driving force behind his senseless act. Such drugs don't excuse the crime, but do offer a potential reason for why law enforcement officers (LEOs) are facing some in the community who are inflicting self-harm or committing heinously violent crimes and "suicide by cop."

According to preliminary statistics from the FBI, in 2016, 66 LEOs were feloniously killed in the line of duty. This was an increase of 61 percent compared with the 41 officers killed in 2015. [86] A 2009 study published in the *Journal of Forensic Studies* examined more than 700 officer-involved shootings in North America and classified 36 percent of them as "suicide by cop."

Ann Blake Tracy, Ph.D., head of the International Coalition for Drug Awareness, said we have a whole new vocabulary today as a result of widespread antidepressant use, with terms such as "road rage," "murder/suicide," "going postal" and "suicide by cop." [87]

"Suicide by cop" is where someone deliberately puts a plan in motion to compel officers to use deadly force. When officers are involved in such incidents, when the person wants them to take their life, "it is completely outside the rubric of what policing is about," David Klinger, a criminology and criminal justice professor at the University of Missouri-St. Louis said. No one keeps statistics on such incidents in the U.S.,

but in San Diego, a report by the District Attorney's Office in 2015 found that 19 percent of the 358 officer-involved shootings between 1993 and 2012 were considered "suicide by cop." [88]

Furthermore, how many police are killed in the line of duty because of someone under the influence of violence- or suicide-inducing psychotropic drugs?

A Case Study

In May 2015, a suicidal veteran, Craig Burton, fired 11 shots during an encounter with police in Spokane, Washington, for which he was found guilty of assault in February 2016. Burton, aged 26, who worked at the Spokane Veteran's Administration Hospital at the time of the incident, testified during his trial that he was trying to force police to shoot him as part of a "suicide by cop" plan. He had previously attempted suicide by overdosing on prescription drugs while on the antidepressant Paxil. Despite the fact that Paxil can cause suicidal thoughts, doctors had doubled his dose of the antidepressant.

Officer Nicholas Spolski shot Burton in the abdomen after Burton emerged from his yard into an alley, ignoring multiple commands to drop the gun. At trial, Burton testified he had unloaded his gun before walking out into the alley and intended to provoke police into shooting him. [89]

Spokane County Superior Court Judge Michael Price was required by law to sentence Burton to 10 years but said that the vet was a father of two children, had no criminal record and had served his country honorably as a combat medic. Additionally, the Veterans Administration offered him his job back and a promotion. "That speaks volumes to me," Judge Price said. "I think counsel will agree with me that this is really a heartbreaking case."

Burton apologized to the officer who shot him, saying he knew the shooting caused psychological trauma to the officer. "Nobody was supposed to get hurt," he said. "I'm apologetic to all the officers involved that night. It shouldn't have happened." [90]

Regarding Paxil, Burton stated: "I should have never been put on that drug. When I made my first suicide attempt, I should have been immediately taken off that drug." [91]

Manhattan-based psychiatrist and author Kelly Brogan, MD, said she put down her prescription pad after learning three facts about psychiatric drugs:

- They result in worse long-term outcomes;
- They are debilitatingly habit forming;
- They cause unpredictable violence. [92]

Our societies and law enforcement often bear the consequences of these drugs.

"Suicide by Cop Study"

36% of police shootings are suicide by cop

80% have a gun or fake gun

95% involve men

"Suicide by cop is happening so often that one study called it a rising tide that must be stopped." - NewsOn6 in Oklahoma. In November 2014, Attorney Scott Wood, who has represented dozens of officers involved in shootings in the past two decades said, "Since the early 90s, suicide by cop has tripled." [93]

Medical Solutions Create Real Mental Health Care

In his June 2017 report on global mental health care, United Nations Health Rights Special Rapporteur Dr. Dainius Pūras stated. "I am calling on states to move away from traditional practices and thinking and enable a long overdue shift to a rights-based approach. The status quo is simply unacceptable." [94] He added: "Mental health policies and services are in crisis—not a crisis of chemical imbalances, but of power imbalances. We need bold political commitments, urgent policy responses and immediate remedial action."

There are numerous medical and non-harmful alternatives to subjective psychiatric labeling and potentially harmful drugs. Such options must rely upon standard medical examination and care. In 2000, the U.S. government's National Council on Disabilities said: "Mental treatment should be about healing not punishment…Also, public policy should move toward the elimination of electroconvulsive therapy and psychosurgery as unproven and inherently inhumane procedures. Effective human alternatives to these techniques exist now and should be promoted." [95]

Although Citizens Commission on Human Rights (CCHR) does not condone or promote any specific practitioner, medical organization, practice or group, it does respect and recommend that anyone with a mental health/behavioral problem seek competent medical care, especially to ascertain whether an undiagnosed, untreated physical condition may be manifesting as a "psychiatric" symptom.

For example, Dr. Thomas Dorman, an internist, said, "Clinicians should first of all remember that emotional stress associated with a chronic illness or a painful condition can alter the patient's temperament. In my practice I have run across countless people with chronic back pain who were labeled neurotic. A typical statement from these poor patients is 'I thought I really was going crazy.'" [96] The last thing a person needs is a drug that masks and exacerbates the problem.

The California Department of Mental Health *Medical Evaluation Field Manual* stated, "Mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients…physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder…." [97]

Dr. Mary Ann Block, a best-selling author, including *Just Because You're Depressed Doesn't Mean You Have Depression*, also said, "Many doctors don't do physical exams before prescribing psychiatric drugs…This is not how I was taught to practice medicine. In my medical education, I was taught to do a complete history and physical exam. I was taught to consider something called a 'differential diagnosis.' To do this, one must consider all possible underlying causes of the symptoms." [98]

Medical facilities need to be established that have a full complement of diagnostic equipment to use to locate underlying physical conditions in those presenting with "psychiatric" symptoms. Government and private funds should be channeled into this and cut for abusive psychiatric institutions that rely on mind-controlling drugs rather than legitimate medical help. Treatment that heals should be delivered in a calm atmosphere characterized by tolerance, safety, security and respect for people's rights.

Visit: https://www.cchrint.org/alternatives

Summary

The information in this report is not to excuse violent crimes and make the perpetrator blameless, but to demonstrate why there may be a much different type of violent behavior that police and the community face today compared to 50 years ago. All psychotropic drugs are called that because they are mind-altering or mind–turning. For some of those taking them, the consequences can be serious. For the community, where the psychiatric drug consumer acts wittingly or unwittingly due to the drug's adverse effects and kills, the results are tragic and catastrophic.

Doctors Charles Gant and Greg Lewis wrote: "The area in which we need much more restrictive laws" is "against allowing psychotropic chemicals to get into the brains of children 21 years of age and younger, during which time their brains are developing and very vulnerable. The war against drugs needs to begin with eliminating prescription psychotropic drug availability to and used by our children. Gun control laws or the lack thereof, had nothing to do with the Newtown massacre. Adam Lanza was denied a permit to purchase a gun, but that didn't prevent him from committing a gun crime. In the meantime, and for a long time to come, there are going to be great quantities of 'legal' psychotropic drugs out there, not least because 'psych meds' are still going to be prescribed to children as if they were candy." [99]

This report is to provide law enforcement, legislators, policy makers, healthcare professionals and educators with facts about the potential risks of violent, irrational and suicidal behavior that psychotropic drugs may cause and the devastating side effects while withdrawing from them.

Recommendations

1. Legislative hearings should be held to fully investigate the correlation between psychiatric treatment and violence and suicide.

2. Toxicology testing for psychiatric and even illicit drugs should be mandatory in cases where someone has committed a mass shooting or other serious violent crime, the information from which would become part of a national database that all branches and levels of law enforcement could access. For example, a New York Assembly Bill introduced in 2015, would have required police agencies to report to the Department of Criminal Justice Services (DCJS) on certain crimes and suicides committed by a person who was using psychotropic drugs. These crimes included assault, homicide, sex offenses, robbery offenses, firearms and other dangerous weapons offenses, kidnapping and arson. A report on psychiatric drug usage in such crimes would regularly be made public to identify which drugs are most associated with violence.

3. Train law enforcement officers, school security and teachers in the adverse effects of psychotropic drugs in order to recognize that irrational, violent and suicidal behavior in persons they may face could be influenced by these drugs.

4. No student shall be forced to take any psychotropic drug as a requisite of their education in alignment with Title 20 of United States Code: Chapter 33, "Education of Individuals with Disabilities," Subchapter II, (25) "Prohibition on mandatory medication."

Citizens Commission on Human Rights International

The Citizens Commission on Human Rights (CCHR) is a non-profit, non-political and non-religious mental health watchdog established in 1969 by the Church of Scientology and the late Dr. Thomas Szasz, professor of psychiatry, Syracuse University of New York Health Science Center. CCHR works to enact protections for and increase consumer rights, especially informed consent rights and to raise public awareness about psychiatric abuses.

It has assisted many thousands of individuals who have been adversely treated in the U.S. mental health system and globally. It is the only group that has obtained more than 180 consumer/mental health patient-protection laws in the world, receiving recognition from the Special Rapporteur to the United Nations Human Rights Commission for being "responsible for many great reforms."

Congressional recognitions of its work include a resolution by Congresswoman Diane Watson and others, acknowledging that "CCHR has secured numerous reforms around the world, safeguarding others from abuses in the mental health system and ensuring legal protections are afforded them."

Its Board of Advisors, called Commissioners, includes doctors, psychologists, attorneys, educators, artists, businessmen and civil and human rights representatives.

CCHR's work aligns with the U.N. Universal Declaration of Human Rights, in particular the following precepts: Article 3: "Everyone has the right to life, liberty and security of person" and Article 5: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."

In an effort to provide accurate information, CCHR has made available on its website (www.cchrint.org) a psychiatric drug search engine containing 409 international drug regulatory warnings, 553 studies and over 400,000 adverse reaction reports on psychiatric drugs filed with the U.S. FDA on psychiatric drugs.

https://www.cchrint.org/psychdrugdangers/

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CCHR Recognitions

U.S. HOUSE OF REPRESENTATIVES RESOLUTION: "CCHR has secured numerous reforms around the world, safeguarding others from abuses in the mental health system and ensuring legal protections are afforded them."

"CCHR is a shining example of what people can accomplish in a free society. Through united action, effective education and advocacy, CCHR has helped to bring about critically needed healthcare reforms that make our society and country a better place." **- Congressman Dan Burton**

CERTIFICATE OF SPECIAL CONGRESSIONAL RECOGNITION: Congress recognizes "the Citizens Commission on Human Rights for its longstanding commitment to advancing the fundamental freedoms set forth in the Universal Declaration of Human Rights and the Nuremberg Code. CCHR serves as a stellar example of the united power of individuals who achieve reform through dedicated efforts to better society and effective education and advocacy. We recognize CCHR for the many great reforms it has championed, which today protect individuals against cruel, inhumane and degrading treatment and for its leadership role in raising public awareness so that dignity and human rights can be returned to all men." **- U.S. Congresswoman Loretta Sanchez, Senator Diane Watson, Congressman Dan Sherman**

CALIFORNIA STATE ASSEMBLY RECOGNITION: "[CCHR] is renowned for its long-standing work aimed at preventing the inappropriate labeling and psychotropic drugging of children.... The contributions that the Citizens Commission on Human Rights International has made to the local, national and international areas on behalf of mental health issues are invaluable and reflect an organizationdevoted to the highest ideals of mental health services." **- CA State Representative Raymond N. Haynes**

"I found all of your personnel very positive, eager, intelligent and exceptionally well informed on issues that are obscure to the majority of the population.... I commend you and your staff for the tireless energy and unselfish commitment to solving one of societies neglected and secret problems—'experimental psychiatry.'" **- Dennis D. Bauer, Senior Deputy District Attorney, Orange County, California**

"I would like to congratulate the Citizens Commission on Human Rights for its consistent work in exposing fraudulent and harmful practices in the field of mental health. The CCHR staff is a dedicated group. Their expertise, publications, and reports are a tool for any investigator conducting investigations into mental health fraud or other criminal activity in the system. CCHR's work and materials also alert consumers and the public about the degree of mental health fraud and abuse that they, too, can easily become a victim of." **- Dennis Cowan, former Health Care Fraud Investigator, California**

"I congratulate CCHR for its efforts to protect individuals from cruel, inhumane, and degrading treatments." **– U.S. Congressman Ron Paul**

"We broadly recognize CCHR's unprecedented fight in mankind's history against psychiatric abuses, its protection of children from abusive practices and treatments and encourage CCHR's humanitarian work." **- Committee of Science and Technology, Federal House of Representatives, Mexico**

Appendix

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Violent Killers: Drug Links



Joseph Wesbecker (47)
Drug: Prozac
8 dead, 12 wounded
Suicide



Aaron Alexis (34)
Drug: Trazodone
13 dead, 8 wounded
Suicide



Ivan Lopez (34)
Drug: Ambien, antidepressants
4 dead, 16 wounded
Suicide



Troy Bellar (34)
Drug: Tegretol
4 dead, including a 5-month-old
Suicide



Bradley Stone (35)
Drug: Trazadone, risperidone
7 dead
Suicide



Andreas Lubitz (27)
Drug: antidepressant & lorazepam
Germanwings pilot
150 dead, Suicide



Arcan Cetin (20)
Drug: Prozac
5 dead



Robert Stewart (45)
Drug: Lexapro, Xanax, Ambien
8 dead, 3 wounded



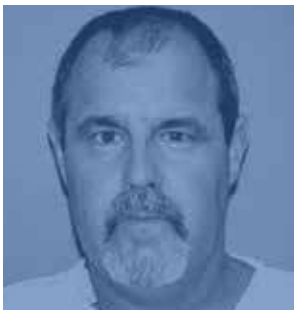
Elliot Rodger (22)
Drug: Xanax & Vicodin
6 dead, 13 wounded
Suicide



Matti Saari (22)
Drug: Xanax & SSRI antidepressant
11 dead, 1 wounded
Suicide



James Holmes (24)
Drug: sertraline & clonazepam
12 dead, 70 wounded



Scott DeKraai (41)
Drug: antidepressant & mood stabilizer
8 dead, 1 injured

Teen Killers & Violence



Jose Reyes (12)
Drug: Prozac
1 dead, 2 wounded
Suicide



John Odgren (16)
Drug: Ritalin
1 dead



Oliver Funes Machada (18)
Drugs: 4 psychiatric
Decapitated mother



Robert Hawkins (19)
Drug: Valium
9 dead, 5 wounded
Suicide



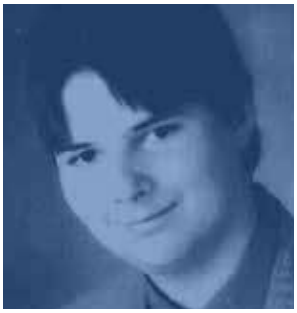
Jeff Weise (16)
Drug: Prozac
10 dead, 7 wounded
Suicide



Cory Baadsgaard (16)
Drug: antidepressant
23 classmates held hostage
Attempted suicide



Eric Harris (18)
Drug: Luvox
2 dead, 26 wounded
Suicide



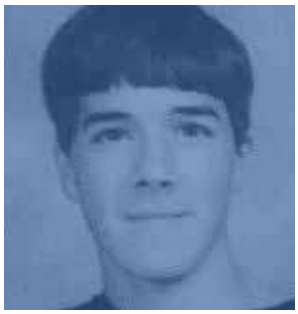
Asa Coon (14)
Drug: Trazadone
4 wounded
Suicide



Kip Kinkel (15)
Drugs: Ritalin & Prozac
4 dead, 25 wounded



Elizabeth Bush (14)
Drug: Prozac
1 wounded



T.J. Solomon (15)
Drug: Ritalin
6 wounded



Ali David Sonboly (18)
Drugs: for "Social Anxiety Disorder" & depression
9 dead, 35 wounded
Suicide

Appendix A

Sample Studies: Drugs Cause Violent Effects

This appendix includes details about studies and a sample of more than 60 acts of violence linked to psychotropic drugs.

In December 1993, Steven Leith, a Chelsea, Michigan teacher, fatally shot a school superintendent and wounded two others, including a fellow teacher. He was taking Prozac prescribed for depression while caring for his wife dying of cancer. Convicted and in jail, he was remorseful over what he'd done and wrote to the FDA Commissioner asking for Prozac to be taken off the market.

The mind-altering effects of the drug are telling. He wrote:

"I was constantly agitated…My temper became shorter and anything could set me off. My anger burned so intensely it was scary. I had never experienced anything like it either before going on Prozac or since I was taken off of it. I had a headache all the time and was confused much of the time. Something inside felt as if it wanted to crawl out of me…After nearly two years of decline, I snapped and killed the Superintendent at a grievance meeting…Only minutes later I was going about the normal routine in my classroom, wondering if the shooting had really transpired; it did not seem real…So here I am, a trained educator, being punished for something I would not have done if I had not been on Prozac. The Superintendent, a talented man, is dead and his family is bitter over his loss and their wrecked lives…My wife was disgraced in the community due to my actions, and she died from the cancer two years later without me having been there to help her and comfort her….This drug is dangerous. Both you and I know it, and it is time to do the right thing. Declare this drug unsafe and take it off the market."

A sample of studies and drug regulatory agency warnings supporting concerns about psychotropic drug-induced violence and/or suicide includes:

2017

- *British Medical Journal* and *Journal of Epidemiology Community Health*, April 11, 2017: Researchers with the National Institute for Health and Welfare in Finland examined "whether young violent offenders were more likely antidepressant users prior to their first violent offence than other young persons." They looked at young offenders aged 15 to 18 and found that "antidepressant use (both overall and SSRIs) prior to violent crime was more common among those convicted than among those without convictions." The crimes did not involve manslaughter or attempted manslaughter. The researchers concluded: "The results of this study add further evidence for exercising caution in the use of antidepressants, particularly SSRIs, among children and youth, and to rely on other treatment methods." [1]

- In May 2017, researchers, including Dr. Gregory Plemmons, an associate professor of pediatrics at Monroe Carell Jr. Children's Hospital at Vanderbilt, showed that the number of children and adolescents that were aged five to 17 and were hospitalized for suicidal thoughts or actions doubled over an eight year period, ending 2015. Children 5 through 11—a total of 15,050 kids—represented nearly 13 percent of the total, and those aged 15 to 17 represented slightly more than 50 percent. While numerous theories behind the increase were given (without concrete proof), Carl Tishler, an adjunct associate professor of psychology and psychiatry at Ohio State University, said

that with "an estimated 12 to 15 million children on psychotropic medications," any time their doses begin or get increased or decreased, "it may cause a change in emotional state which may reduce impulse control." This could contribute to suicidal urges. [2]

2016

- *British Medical Journal*: January 27, 2016: Professor Peter C. Gøtzsche and other researchers reported: "Perpetrators of school shootings and similar events have often been reported to be users of antidepressants...." Antidepressants, including the use of Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), put at risk the lives of individuals prescribed them. [3]

  The researchers studied clinical trial reports for five antidepressants obtained from European and UK drug regulators, and summary trial reports for duloxetine (Cymbalta) and fluoxetine (Prozac) from their manufacturer, Eli Lilly's website. This encompassed 70 trials (64,381 pages of clinical study reports) with 18,526 patients. Their findings included:

  - There was a doubling of the risk for both aggressive behavior and suicidality for children and adolescents.

  - *Akathisia* was found with use of psychotropic drugs. This is an extreme form of restlessness, which some patients describe as wanting to "jump out of their skin" that may increase the risk of suicide and violence.

  - Tranquilizers (e.g., Xanax, Valium, Klonopin) and sleeping aids (e.g., Ambien) were used in many of the studies, which tend to obscure aggression and akathisia events— meaning these conditions may be under-reported.

  - Patient narratives were available for serious events which included homicidal threat, homicidal ideation, assault, sexual molestation, a threat to take a gun to school (all five participants were receiving sertraline (the generic of Zoloft), damage to property, punching household items, aggressive assault, verbally abusive and aggressive threats (all five participants were receiving paroxetine, the generic of Paxil), and belligerence (fluoxetine, generic of Prozac).

- *The International Journal of Geriatric Psychiatry*, February 18, 2016: Researchers found "a larger proportion of patients" diagnosed with dementia taking antipsychotics "exhibited **psychosis and agitation** compared with those on no ation, while those on antidepressants exhibited more depressive symptoms." Further, "**More intense psychotic symptoms** and **agitation** were associated with antipsychotic use; more intense anxiety and **agitation** were associated with sedative-hypnotic use." [4]

- *Psychotherapy and Psychosomatics*, August 11, 2016: This study evaluated the literature on adverse events, tolerability and safety of various **antidepressants** (including SSRIs and SNRIs). The researchers said the use of these antidepressants are likely to yield significant side effects, which include amongst others: affective disorder (apathy, switching into **hypomania** or **mania,** paradoxical effects); suicidality and discontinuation (withdrawal) syndromes. In fact, the researchers said some antidepressant-related side effects "may persist long after treatment discontinuation... . " [5]

- October 2016: *The Pharmaceutical Journal* reported that even healthy adults who are taking certain antidepressants have a higher risk of suicidal thoughts and violent behavior, according to the results of a systematic review. "While it is now generally accepted that antidepressants increase the risk of suicide and violence in children and adolescents (although many psychiatrists still

deny this), most people believe that these drugs are not dangerous for adults. This is a potentially lethal misconception," warned the researchers, based at the Nordic Cochrane Centre and the University of Copenhagen in Denmark. [6] Writing in the *Journal of the Royal Society of Medicine*, the team said: "We found that antidepressants double the risk of suicidality and violence, and it is particularly interesting that the volunteers in the studies we reviewed were healthy adults with no signs of a mental disorder." The researchers pointed out the difficulty in obtaining full data about adverse events with these drugs: "There can be little doubt that we underestimated the harms of antidepressants... it [is] well documented that the drug companies underreport seriously the harms of antidepressants related to suicide and violence, either by simply omitting them from the reports, by calling them something else or by committing scientific misconduct." They said their results suggest that it is likely that antidepressants increase the number of suicides in people of all ages. [7]

2015

- *World Psychiatry*, June 1, 2015: Researchers said that taking not only tranquilizers but also regular prescription pain relievers is linked with an increased risk of committing homicide. Researchers in Europe found that people who were on certain prescription drugs were at greatest risk of killing someone, compared with people who were not using them. The high-risk drugs included benzodiazepines and opioids. The researchers looked at data collected from about 960 men and women in Finland, aged 13 to 88, who were all convicted of homicide. For a control group, the researchers matched each person who committed homicide with 10 other people who had not committed homicide but were the same age and gender, and lived in the same town. The researchers then searched a nationwide drug registry, looking at whether the people in the study had used psychiatric drugs, as well as medications that relieve pain, manage epilepsy and control addictions, over a seven-year period. The findings showed that tranquilizers increased the risk of committing a homicide by 45 percent and antidepressant use increased the risk by 31 percent. [The researchers were surprised to find that the use of anti-inflammatory pain relievers was tied to an increase of more than 200 percent in the risk of committing homicide, while opioid pain relievers elevated risk by 92 percent.] [8]

- *PLoS Medicine*, September 15, 2015: Information was extracted on 856,493 individuals from Swedish national registers who were prescribed SSRI antidepressants and subsequently committed violent crimes during 2006 through 2009. Researchers found a significant association between **SSRIs** and **violent crime convictions** for individuals aged 15 to 24 years and concluded, "...we demonstrated associations between **SSRIs and violent crime** that vary by age group. The clinical and public health implications of this require careful consideration, and validation in other settings." [9] The individuals were more likely to be convicted of a homicide, assault, robbery, arson, kidnapping, sexual offense or other violent crime when they were taking the medications than when they weren't. [10]

2014

- *Social Psychiatry and Psychiatric Epidemiology*, March 18, 2014: The study found that people taking psychotropic drugs were nearly six times more likely to kill themselves, while people who spent time in the previous year in a psychiatric hospital were over 44 times more likely to kill themselves. [11]

- *Australian and New Zealand Journal of Psychiatry*, September 2, 2014: The authors examined 46 studies on the relationship between benzodiazepines and aggressive behaviors and found "An association between benzodiazepine use and

subsequent aggressive behavior was found in the majority of the more rigorous studies... . " Diazepam [Valium] and alprazolam [Xanax] received the most attention. The study concluded: "There appears to be a moderate association between some **benzodiazepines** and **subsequent aggressive behavior** in humans." [12]

2013

- *Scientific American*, September 20, 2013: The Drug Safety Research Unit in Southampton, England, study of paroxetine (Paxil) and fluoxetine (Prozac) involving more than 25,000 subjects, showed that one out of every 250 were involved in "a violent episode," **including 31 assaults and one homicide.** [13]

- *Scientific American*, September 2013: This also reported that a website maintained by the U.S. National Institutes of Health stated that trazodone, generic of Desyrel, and other antidepressants have been associated with "new or worsening depression; **thinking about harming or killing yourself, or planning or trying to do so**; extreme worry; agitation; panic attacks; difficulty falling asleep or staying asleep; **aggressive behavior; irritability; acting without thinking;** severe restlessness; and frenzied abnormal excitement." [14]

- *Scientific American* reported on another study involving more than 9,000 subjects taking the antidepressant paroxetine (Paxil) for depression and other disorders showed that subjects experienced more than twice as many **"hostility events"** as subjects taking a placebo. Professor David Healy added in the article: "I have had clinical experience of at least one older man, with no prior history of violence, who became homicidal after a week on citalopram [generic of the antidepressant Celexa] where the problem cleared up once treatment had stopped." [15]

- Health and Human Services and Centers for Medicare and Medicaid Services, August 2013, published a report which stated, "Antidepressant medications have been shown to increase the risk of suicidal thinking and behavior. In a pooled-analysis of short-term, placebo-controlled trials of nine antidepressant medications, patients taking an antidepressant had twice the risk of suicidality in the first few months of treatment than those taking placebo. The long-term risk is unknown." [16]

2011

- *European Journal of Clinical Pharmacology*, June 8, 2011: The study found that "...benzodiazepines and [SSRI antidepressants] are the main pharmacological classes able to induce aggressive behavior." All reports of adverse drug reactions (ADR) recorded in the FPVD (French Pharmaco-Vigilance Database) between January 1, 1985 and July 31, 2008 which included the terms **aggressiveness** or **violence** were selected. The benzodiazepines included alprazolam (Xanax) and bromazepam (Lexotan, Rekotnil). [17]

2010

- *Journal of the American Medical Association*, April 14, 2010: In 2008, the FDA mandated a warning labeling for anticonvulsant medications regarding the **increased risk of suicidal thoughts and behaviors**—these drugs are also administered to counter the side effects of antipsychotics and are prescribed off-label for depressive disorder and anxiety. Researchers concluded that some anticonvulsants have a higher risk of **suicidal acts/violent deaths** than others. Gabapentin (generic of Neurontin) and lamotrigine (generic of Lamictal), are also associated with behavioral problems, including **aggression** and **hyperactivity**. The FDA found that patients taking these drugs had approximately twice the risk of suicidal behavior or ideation (0.43 per 100) compared with patients receiving placebo (0.22 per 100). [18]

- *PLoS One*, December 1, 2010: Researchers took the FDA's Adverse Event Reporting System data and extracted all "serious adverse event" reports for drugs with 200 or more cases received from 2004 through September 2009. Of the 484 drugs identified, 31 drugs were disproportionately associated with **violence**. These drugs, accounting for 79 percent of all the violence cases, included 25 psychotropic drugs. This included eleven antidepressants, six sedative/hypnotics and three drugs for treatment of attention deficit hyperactivity disorder. The specific cases of violence included: homicide, physical assaults, physical abuse, homicidal ideation, and cases described as violence-related symptoms. [19] Among the top 10 drugs, the antidepressants were: desvenlafaxine (Pristiq), venlafaxine (Effexor), fluvoxamine (Luvox), paroxetine (Paxil), and fluoxetine (Prozac). Also in the top 10 were atomoxetine (Strattera), used to treat ADHD, and the benzodiazepine triazolam (Halcion). The number one drug was Chantix (varenicline), a smoking cessation drug. [20] The FDA found that Chantix was linked to a large number of hallucinations, suicide attempts and psychotic behavior. [21]

2009

- *Pediatrics*, February 1, 2009: Andrew Mosholder, formerly from the Office of Surveillance and Epidemiology, Center for Drug Evaluation and Research, FDA, and others, reported spontaneous case reports of patients treated for ADHD, which showed a likely causal association between certain psychotropic drugs and signs and symptoms of **psychosis** or **mania**, notably hallucinations, in some patients. The authors concluded, "Patients and physicians should be aware that **psychosis** or **mania** arising during drug treatment of attention-deficit/hyperactivity disorder may represent adverse drug reactions." The prescription drugs were amphetamine/dextroamphetamine (Adderall), atomoxetine (Strattera), or methylphenidate (Ritalin/Concerta/Daytrana). [22]

2006

- February 2006: Health Canada approved a new warning label for Paxil (paroxetine) that patients "may experience unusual feelings of **agitation, hostility** or **anxiety**, or have **impulsive or disturbing thoughts**, such as **thoughts of self-harm** or **harm to others**." [23]

- *The Archives of General Psychiatry*, August 2006: A study by Mark Olfson, MD, MPH and colleagues stated that in children and adolescents, "the risk of suicide attempts was 1.52 times higher after antidepressant drug treatment compared with no antidepressant drug treatment." They were also 15 times more likely to succeed in their suicide attempt. [24]

- *Public Library of Science Medicine*, September 2006: A study determined that **newer antidepressants** could increase the **risk of violence in people taking them**. They looked specifically at GlaxoSmithKline's (GSK) paroxetine (Paxil) and concluded the drug raises the **risk of severe violence** in some people. The study stated: "In paroxetine clinical trials, **aggression** and **violence** were commonly coded under the rubric of hostility. This coding term includes **homicide, homicidal acts, and homicidal ideation** as well as aggressive events and 'conduct disorders'…." Researchers also reported: "Another mechanism that may contribute to hostile events is treatment-induced emotional blunting. Several reports published since 1990 have linked SSRI intake with the production of emotional blunting, detachment, or amotivational syndrome, described in one report as the equivalent to a "chemical lobotomy." [25]

2005

- *The European Medicines Agency*'s Committee for Medicinal Products for Human Use (CHMP), concluded at an April 2005 meeting that **suicide-related behavior** (suicide attempt and suicidal thoughts), and hostility (predominantly **aggression**, **oppositional**

behavior and **anger**) were more frequently observed in clinical trials among children and adolescents treated with antidepressants compared to those treated with placebo. [26]

- *BMC Medicine*, August 22, 2005: Norwegian researchers published a study comprising more than 1,400 patients, entitled "Suicide attempts in clinical trials with paroxetine randomized against placebo" that found that adults taking antidepressants have an increased risk of suicide attempts. "The data strongly suggest that the use of SSRIs is connected with an increased intensity of suicide attempts per year" (i.e., there were seven among the patients on paroxetine and one among the patients on placebo.) [27]

2004

- *Washington, DC, Drug Safety Research* report, January 26, 2004: This was about **newer antidepressants** and concluded, "The higher than expected numbers of suicidal and **aggressive behaviors** observed in some clinical trials of **antidepressants** in children also can be seen in spontaneous adverse event data....The data show that suicidal/**aggressive behaviors** are reported in both adults and children, but more than twice as often in children." Among all ages, the six target drugs were suspected of triggering 3,309 episodes of suicide, attempted suicide, or hostile, violent or other abnormal behaviors. A total of 353 cases were in children under 18 years of age. An additional 544 cases involved the suspicion that an antidepressant drug was linked to another disorder of mood, potentially dangerous feelings of euphoria, grandiosity or mania. [28] Author Thomas Moore is a senior scientist at the Pennsylvania-based Institute for Safe Medication Practices.

- Food and Drug Administration, March 22, 2004: FDA issued an advisory that it had requested 10 antidepressant manufacturers to include in their labeling a warning recommending close observation **of adult and pediatric patients taking antidepressants** for worsening depression or the **emergence of suicidality**. Further, "Anxiety, **agitation**, **panic attacks**, insomnia, **irritability**, **hostility**, **impulsivity**, akathisia (severe restlessness), hypomania, and mania, have been reported in adult and pediatric patients being treated with antidepressants...both psychiatric and non-psychiatric." [29]

  Updated June 11, 2004: The manufacturer of Prozac reported the following frequent nervous system effects during U.S. clinical trials: **agitation, amnesia, confusion** and emotional lability (susceptible to change or instability). [30]

- *Pediatrics*, September 2004: A study titled, "Aggression, Mania, and Hypomania Induction Associated with Atomoxetine" (Strattera), revealed that 33 percent of the children and adolescents they studied that were exposed to atomoxetine exhibited **extreme irritability**, **aggression**, **mania or hypomania [mild mania]**. [31] Although an antidepressant, with a black box warning of increased risk or suicidal thinking in children and adolescents, Strattera is prescribed largely to children said to have ADHD.

2001

- *The Journal of Clinical Psychiatry*, January 2001: Researchers found that a significant proportion (8.1 percent) of psychiatric hospitalizations they reviewed in a U.S. psychiatric facility was due to antidepressant-associated **psychotic or manic symptoms**. [32]

2000

- Department of Clinical Neuroscience, Occupational Therapy and Elderly Care, Research Division of Forensic Psychiatry, Karolinska Institute, Sweden: The Swedish study of 47 juvenile delinquents found that 40 percent were acute abusers of flunitrazepam (Rohypnol), also known as the "fear reducer," because, according to the study, "it enabled

them to commit extremely violent crimes." "Abusers showed no guilt about their violent offenses ('When I stabbed him, it felt like putting a knife into butter')," stated the report. "I didn't feel any emotion when I stabbed him five times," one teenager said. [33]

1996

- Merck, the manufacturer of the antidepressant Remeron, reported that in their clinical studies, four percent of users experienced **abnormal dreams** and three percent reported **abnormal thinking**. Other nervous system effects that occurred frequently included apathy (**blunting effect**) and **agitation**. The results would have been worse except that 16 percent of those taking Remeron dropped out of the study because of adverse reactions. [34]

Appendix B

Sample Studies: Psychiatric Drugs Cause Addiction - Withdrawal Effects Create Havoc

Harvard professor of psychiatry Dr. Joseph Glenmullen emphasizes that the psychiatric symptoms of antidepressant withdrawal are not a return of the patient's diagnosed mental condition. "Rather they are drug-induced withdrawal phenomena," he warned.

Common effects of antidepressant withdrawal include:

- Eight symptoms that mimic "depression," including suicidal thoughts and attempts, worsening mood, trouble concentrating and insomnia;
- Four symptoms that look like "anxiety," as well as irritability, agitation, aggressiveness, self-harm and homicidal thoughts or urges;
- Manic-like reactions; auditory and visual hallucinations; nightmares; and
- More than 20 physical adverse effects. [35]

A percent of people who quit psychotropic drugs abruptly may experience a "syndrome" of withdrawal symptoms that extend long after the drugs leave their bodies. This change can reverse, but for a small proportion of people, it can take months or years to recover. [36]

Studies and reports supporting this include:

- *Psychotherapy and Psychosomatics* Journal, September 2012. Researchers reported that the immediate withdrawal phase continues up to six weeks after drug withdrawal and persistent post-withdrawal effects *begin* six weeks after cessation of taking SSRI antidepressants. They reviewed self-reported adverse events between February and September 2010 and found post-withdrawal symptoms **"may last several months to years."** Reported post-withdrawal symptoms included disturbed mood, emotional lability, irritability, poor stress tolerance and impaired concentration. [37]

- Jerrold Rosenbaum and Maurizio Fava, researchers at Massachusetts General Hospital, found that among people getting off antidepressants, anywhere from 20 to 80 percent (depending on the drug) suffered antidepressant withdrawal. Fava also published in a 2006 paper that withdrawal symptoms included: "**agitation, anxiety, akathisia, panic attacks, irritability, aggressiveness, worsening of mood, dysphoria [feeling unhappy], crying spells or mood lability [emotional instability], over activity or hyperactivity, depersonalization, decreased concentration, slowed thinking, confusion and memory/concentration difficulties."** [38]

- *Public Library of Science Medicine*, September, 2006: Professor Healy and others reported that another mechanism that may link SSRI antidepressants to violence is "the manic or psychotic states reported to be induced by drug treatment. These drug-induced states often resolve once the medication is removed. However, the full dimensions of treatment-induced psychotic or manic reactions have yet to be mapped; *some may continue for a long period after treatment has stopped*." [39] [Emphasis added]

- *Journal of Clinical Psychopharmacology*, 1997, reported withdrawal effects of SSRI antidepressants can be categorized as:
  1. Disequilbrium (e.g. dizziness, spinning sensations, swaying, or difficulty walking),
  2. Gastrointestinal symptoms (e.g.

nausea, vomiting),

3. Flu-like symptoms (e.g. fatigue, lethargy, muscle pain, chills),

4. Sensory disturbances (e.g. tingling, electric shock sensations), and

5. Sleep disturbances (e.g. insomnia, vivid dreams.) [40]

- *Journal of Clinical Psychiatry*, July 1, 1997: Professor John Zajecka, who was associated with Rush University Medical Center and others, reported that discontinuation [withdrawal] symptoms after treatment with **Prozac** can cause **"aggressiveness and suicidal impulsivity."** [41] The newer antidepressants were already showing discontinuation symptoms that included dizziness, light-headedness, insomnia, fatigue, anxiety/agitation, nausea, headache, and sensory disturbance that could last up to three weeks.

- 1996: The National Preferred Medicines Centre Inc. in New Zealand, issued a report on "acute drug withdrawal," saying that withdrawal from psychoactive drugs can cause 1) rebound effects that exacerbate previous symptoms of a "disease," and 2) new symptoms unrelated to the condition that had not been previously experienced by the patient. [42]

- *The Lancet*, a British journal, July 1, 1995: Dr. Miki Bloch of the U.S. NIMH and colleagues published a report on patients who became suicidal or homicidal after stopping Paxil, including one man who experienced thoughts of harming his own children. [43]

Appendix C

Sample Acts of Violence Linked to Psychiatric Drugs

One of the first cases that significantly raised the link between psychotropic drugs and violence was Joseph Wesbecker in 1989. He shot dead eight people and injured 12 others before killing himself at his place of work in Kentucky. Wesbecker, aged 47, had been taking the antidepressant fluoxetine (Prozac) for four weeks before these homicides. This led to a legal action against the makers of fluoxetine, Eli Lilly. Three days prior to the killing, Wesbecker's psychiatrist described him as exhibiting an "increased level of agitation and anger" and wrote: "Plan: Discontinue **Prozac** which may be the cause." [44]

The case was tried and settled in 1994, and as part of the settlement a number of pharmaceutical company documents about drug-induced activation were released into the public domain. Subsequent legal cases have further raised the possibility of a link between antidepressant use and violence.

Former U.S. Army specialist Kyle Wesolowski returned from Iraq in December 2010 following a brutal year-long deployment. Psychiatrists at Fort Hood prescribed him "a cocktail of seven different drugs" for war-related mental health issues. More than three years later, Wesolowski came to the uncomfortable conclusion that the prescribed drugs made him feel homicidal. He contemplated murdering a young woman he met in a bar near the base. "I began to fantasize about killing her," he said. Wesolowski was safely weaned off almost all drugs and went on to attend college. [45]

Ronald Bruce Wedderman, 55, a National Guard staff sergeant who fought in Iraq in 2005, returned home where VA doctors prescribed him the antidepressants trazadone and Prozac. He said the combination was nearly lethal. "At one point I had two pistols raised to my head on the beach. Somebody called the police. They found me yelling and screaming at people and waving my guns." Wedderman has not taken trazodone since and he hasn't tried to kill himself, either. [46]

Kyle Wesolowski and Ronald Wedderman were some of the lucky ones that recognized their murderous or suicidal thoughts may have been prescription-drug-influenced. For many others, the results have been catastrophic.

Following is a sample of publicized violent crimes where the perpetrators had taken prescription mind-altering drugs or were potentially withdrawing from them at the time of the crime.

Military

- **Marine Lance Corporal Delano Holmes (22), New Year's Eve, 2006:** He was working with Iraqi soldier, Munther Jasem Muhammed Hassin in Fallujah, Iraq, when they fought over Hassin lighting a cigarette that Holmes was terrified would alert assassins. He used his bayonet to stab Hassin to death. [47] Holmes had been prescribed **trazodone** (antidepressant), **Ambien** and **Valium** (the latter both anti-anxiety drugs, also known as benzodiazepines). [48] In 2007, he was convicted of negligent homicide.

- **PFC. David Lawrence (20), October 17, 2010:** Shot and killed Iraqi senior Taliban commander, Mullah Mohebullah, while guarding him. Lawrence was prescribed **Zoloft** and **trazadone**, two antidepressants that the FDA warns could make an individual 24 years old or younger more depressed and/or suicidal. [49]

- **Eddie Ray Routh (28), February 2, 2013:** Shot and killed Chris Kyle, the former Navy

SEAL who was the subject of the movie, *American Sniper*, and Kyle's friend, Chad Littlefield, at a firing range. In February 2015, the former U.S. Marine was found guilty and sentenced to life in prison without parole for the killings. In late July 2011, a little more than a year after he had received an honorable discharge from the military, Routh, then aged 24, had been diagnosed with PTSD at the Dallas Veterans Affairs Medical Center and prescribed **risperidone**, an antipsychotic and generic of Risperdal, as well as the antidepressant, **Zoloft**, which is not recommended for anyone aged younger than 25 because of the risk that it may cause suicide. Routh's father would later report that the cocktail of pharmaceuticals "made Eddie worse," adding, "I ain't no doctor. I ain't no rocket scientist or nothing, but I could tell a difference in him." [50] He had various hospitalizations over the next few years, and was said to be "paranoid and impulsively violent" and was prescribed a cocktail of psychotropic drugs that included two powerful antipsychotics, **Haldol** and **Seroquel** and the antidepressant **Paxil**. [51] He was also mixing prescription drugs known to cause aggressive and psychotic behavior with alcohol and marijuana.

- **Aaron Alexis (34), Washington DC Navy Yard shooter, September 16, 2013:** Alexis, a former navy reservist, had been prescribed the antidepressant **trazodone** when he killed 12 people and wounded eight, before being killed by police. [52]

- **Ivan Lopez (34), Fort Hood gunman, April 2, 2014:** Iraqi War veteran, Ivan Lopez had been prescribed **Ambien**, a sleep agent, and psychiatric drugs for depression and anxiety when he shot dead three colleagues and injured 16 others before killing himself at the Fort Hood military base. [53]

- **Bradley Stone (35), Montgomery County, Pennsylvania, December 15, 2014:** Iraq War veteran and a former U.S. Marine Corps reservist, killed his ex-wife and her mother, grandmother and sister, and the sister's husband and 14-year-old daughter, then committed suicide. According to the Medical Examiner, he had both the **antidepressant trazodone** and the **antipsychotic risperidone** in his system at the time of his death. He'd also taken **meta-Chlorophenylpiperazine**, or **mCPP**, which is sometimes sold on the street as a substitute for ecstasy. Just one week prior to the murders, he had seen his Veterans Affairs psychiatrist, who cleared Stone as having no suicidal or homicidal ideation. [54]

- **Former U.S. Marine Gavin Long, 29, Baton Rouge, Louisiana, July 17, 2016:** Long went on a shooting rampage, killing three law enforcement officers and wounding three others before being shot dead by a SWAT team officer. Long had filled a prescription for sedative hypnotic **Ativan** as recently as June, and also had prescriptions for **Valium** and the sedative **Lunesta**. [55]

Community Examples of Violence

2017

- **Oliver Funes Machado (18), Franklin County, North Carolina, March 6, 2017:** He was accused of decapitating his mother after stabbing her eight times, leaving the knife in her mouth, because he "felt like it." His 4-year-old sister and 2-year-old brother were in the home at the time. The first deputy on the scene saw the suspect leave the house "carrying a knife in one hand and a severed human head in the other." He was on four prescription drugs that "could be used to treat psychosis and schizophrenia." [56]

- **Kendrex J. White (21), Austin, Texas, May 1, 2017:** He stabbed four people with a machete-like hunting knife at the University of Texas, killing one and wounding three. The stabbings occurred within a one-block area as the attacker "calmly walked around the plaza," according to the chief of police. After he was arrested, White told police he did not

remember the attack. The police department said that White had recently been involuntarily committed in another city and county records showed that he had been arrested and charged with Driving While Intoxicated on April 4, 2017. When an officer spoke to him, White said he had taken two "happy pills," which the arrest report listed as the antidepressant Zoloft. [57]

- **Stephen Paddock (64), Las Vegas, Nevada, October 1, 2017:** Paddock killed 59, including himself, and wounded more than 500 in the worst mass shooting in U.S. history when he opened fire on concertgoers at a country music festival. [58] The former postal worker and tax auditor turned gambler had been given a prescription for 50 ten-milligram Valium (diazepam) tablets on June 21, 2017, as well as fifty tablets in 2016. [59] Court records CNN obtained showed that Paddock had also been prescribed the drugs as far back as 2012. A 2013 court document revealed Paddock said he was prescribed diazepam for "anxiousness" and when asked whether he had a good relationship with the doctor who prescribed him the pills, he responded, "He's like on retainer, I call it, I guess. It means I pay a fee yearly … I have good access to him." The autopsy confirmed Paddock had amounts of nordiazepam, oxazepam and temazepam in his system, which are consistent with **Valium**. [60] It is believed that because the drugs were found in his urine rather than his blood, that these had not influenced him. However, Paddock may have been withdrawing from diazepam. Tolerance and dependence can develop quickly with benzodiazepines. Withdrawal effects, which can last weeks and sometimes years, include increased anxiety, panic attacks, perceptual distortions, depersonalization, hallucinations, paranoid thoughts, rage, aggression, and irritability to name but a few. [61] Rage, aggressiveness and irritability are among the possible side effects of taking diazepam.

- **Devin Kelley (26), Texas church shooter, November 5, 2017:** He shot and killed 26 people and injured about 20 more. His victims ranged in age from 18 months to 77 years old. [62] Fox News reported that Kelley's parents "had him on high doses of 'psych' meds from 6th to 9th grade, the time I knew him," according to another student. [63] Kelley's best friend from age 12 through 19, Ralph Martinez, said Kelley was taking prescription drugs for "ADHD" and during a visit with him when Kelley was 21, he was taking "medicine" for his "aggression." [64] In 2012, Kelley had been sent to the Peak Behavioral Health Services Center in Santa Teresa, New Mexico after beating his wife and child while stationed at Holloman Air Force Base. In June 2012, Kelley escaped from the center. In a missing person report, Kelley was described as "a danger to himself and others as he had already been caught sneaking fire arms onto Hollomon Air Force Base." [65]

2016

- **Ali David Sonboly (18), Munich, Germany, July 22, 2016:** He shot and killed nine people, injured 27 others, then killed himself. *The Guardian* reported that after leaving a hospital in 2015, where he received psychiatric treatment for two months, Sonboly "continued to receive outpatient treatment for social anxiety disorder and depression for which he was receiving medication." [66]

- **Arcan Cetin (20), Burlington, Washington, September 23, 2016:** Cetin walked into a Mall and mercilessly shot and killed five people. Cetin, whom police described as "zombie-like" when he was arrested, had a long history of mental health treatment and had been treated with drugs "like **Prozac**" in the months leading up to the shooting. [67]

2015

- **Andreas Lubitz (27), Southern France, March 24, 2015:** The Germanwings pilot deliberately crashed a plane in a remote, mountainous area of Southern France killing

all 150 people on board. He was on prescribed drugs for depression, anxiety and panic attacks, including **an antidepressant** and the **benzodiazepine lorazepam**. [68] On July 2, 2016, the German Civil Aviation Act prohibited pilots from flying or "operating an aircraft under the influence of alcohol or other psychoactive substances." This applies to "medicines only to the extent that, on account of their narcotic, mind-altering or stimulating effect, it is assumed that they impair or exclude the fitness for duty of aircraft operators, unless a medical certificate from a flight medical expert or a flight medical center can prove that such an effect is not to be feared.

- **Dylann Storm Roof (21), Lexington, South Carolina, June 17, 2015:** He confessed to killing nine people at a historic black church, Emanuel African Methodist Episcopal Church, in Charleston because he hoped to start a race war. "I chose Charleston because it is the most historic city in my state, and at one time had the highest ratio of blacks to whites in the country," he wrote. Roof walked into a Bible study class, stayed until it was just about over and then began shooting the victims. John Mullins, who went to school with Roof, said: "He used drugs heavily a lot" and said he was a pill-popper, "Like **Xanax**, and stuff like that." On February 28, 2015, Roof was arrested for drug possession at a mall in Columbia. *The Wall Street Journal* reported that a police incident document said Roof was found to have strips of **Suboxone**. He did not have a prescription for the drug, which is commonly sold illegally on the street. [69] He was sentenced to death. [70]

2014

- **Elliot Rodger (22), Santa Barbara, California, May 23, 2014:** Rodger stabbed his three roommates. He then drove to a University of California at Santa Barbara (UCSB) sorority house where he shot three women, killing two of them. Driving again, he exchanged fire with sheriff deputies, hit a bicyclist, fired on other people in multiple locations and then killed himself. In all, he killed six and wounded 13 others before taking his own life, in a rage against women he considered had rejected him. He explained in his manifesto that he had psychiatric drugs and made them part of his plan in ending his own life. On page 133 of the manifesto, Rodger explained that he'll shoot himself in the head and "To end my life I will quickly swallow all of the **Xanax** and **Vicodin pills** I have left.... I will shoot myself in the head with two of my handguns simultaneously. If the gunshots don't kill me, the deadly drug mixture eventually will." [71] **Xanax** reportedly made him feel "isolated and anxious." His family believed he had been taking the prescription drugs for six months. Xanax's rarer side effects include **hostility**, nervousness, hyperactivity and **hallucinations or feelings of unreality**. [72]

- **Aaron Ybarra (26), Seattle, Washington, June 5, 2014:** Ybarra opened fire with a shotgun at Seattle Pacific University, killing one student and wounding two others. He planned to kill as many people as possible and to then kill himself. In 2012, Ybarra reportedly had been prescribed **Prozac** and the antipsychotic, **Risperdal**. A report from his counselor in December of 2013 said that he was taking Prozac at the time. His lawyer also confirmed that he was taking prescribed drugs for mental health issues at the time of the shooting. [73]

- **Myron May (31), Florida State University alum, November 20, 2014:** May opened fire in the school's library, wounding three before he was shot and killed by police. A half-filled prescription for the antianxiety drug **hydroxyzine (Vistaril, Atarax)** was found in his apartment after the shooting. According to May's friends, he had been prescribed the antidepressant **Wellbutrin** and the ADHD stimulant, **Vyvanse**. Friends also discovered the antipsychotic **Seroquel** among his prescriptions. [74]

2013

- **Sean Johnson (34), St. Louis, Missouri, January 15, 2013:** Johnson walked onto the Stevens Institute of Business & Arts campus and shot the school's financial aid director once in the chest, then shot himself in the torso. Johnson had been taking prescribed drugs for an undisclosed mental illness. [75]

- **Jose Reyes (12), Sparks, Nevada, October 21, 2013:** The boy opened fire at Sparks Middle School, killing a teacher and wounding two classmates before committing suicide. The investigation revealed that he had been seeing a psychotherapist and had a generic version of **Prozac (fluoxetine)** in his system at the time of death. [76]

2012

- **John Shick (30), Pittsburgh, Pennsylvania, March 8, 2012:** A once "exceptionally bright" man with degrees in chemistry and computer science, according to the *Pittsburgh Post-Gazette*, Shick shot and killed one employee at the University of Pittsburgh Medical Center's Western Psychiatric Institute and injured six other people before he was killed by the police. In 2000, Shick worked on a research project regarding "schizophrenia" and "bipolar disorder" at a lab at Harvard Medical School's psychiatric hospital in Belmont, Massachusetts. He was listed as a co-author of a paper that appeared in the *Archives of General Psychiatry* in June 2002. In the immediate years closer to the shooting his behavior deteriorated. Forty-three prescriptions were found in his apartment, including **sedatives**, and drugs for anxiety and depression. [77]

- **James Holmes (24), Aurora, Colorado, July 20, 2012:** Holmes entered a movie theater where about 420 people were watching a midnight showing of *The Dark Knight Rises* and opened fire, killing 12 people and wounding 70. During court testimonies, his psychiatrist, Lynne Fenton, said that she had prescribed Holmes the antidepressant **sertraline (Zoloft)** and antianxiety drug **clonazepam (Klonopin)**. In a recorded interview with Holmes, he was asked whether the shootings would not have taken place if he hadn't taken the prescribed drugs. Holmes' answer was, "I'd say it was a possibility." [78] Holmes himself wrote in a notebook, which he posted to the psychiatrist just before the shootings, about the effects the antidepressant was having on him. "Anxiety and fear disappears. No more fear, no more fear of failure," he wrote. "No fear of consequences." [79] In August 2015, Holmes was sentenced to 12 life sentences (one for each person he killed) plus 3,318 years for the attempted murders of those he wounded and for rigging his apartment with explosives. He is not eligible for parole. [80]

- **Michael Hamilton (33), Jackson County, Michigan, September 8, 2012:** He shot to death Robert Marcyan, attempted to kill Robert's twin brother, Richard, and stole two cars to try to flee police. Robert was a handyman who had gone to the Hamilton house with his brother to fix some deck issues. Just months before the shooting, Hamilton's daily dosage of **Adderall** had more than doubled. In October 2013, Hamilton was convicted of first-degree murder and assault with intent to murder. On December 4, 2013, Hamilton was sentenced to life in prison. [81]

2011

- **Christian Helms (14), Myrtle Beach, South Carolina, September 21, 2011:** Helms had two pipe bombs in his backpack when he shot at and wounded Socastee High School's "resource" (police) officer. However the officer was able to stop the student before he could do anything further. **Helms had been taking drugs for ADHD and depression.** [82]

- **Scott DeKraai (41), Seal Beach, California, October 12, 2011:** The harbor tugboat worker, enraged over a custody dispute with ex-wife Michelle Fournier, entered the hair

salon where she worked, shot and killed her and seven others and injured another. He was prescribed an antidepressant and a "**mood stabilizer**." Side effects include **aggressiveness**, **irritability**, **mania** and **paranoia**. In 2017, Orange County Superior Court Judge Thomas Goethals sentenced DeKraai to eight consecutive life sentences, one for each dead victim. [83]

- **15-year-old girl, Snohomish County, Washington, October 24, 2011:** The teenage girl went to Snohomish High School where she stabbed a girl as many as 25 times just before the start of school. She then stabbed another girl who tried to help her injured friend. The girl charged in the attack had been suspended from school earlier in the year for threatening to kill another student's boyfriend, according to prosecutors. She received counseling at a psychiatric hospital and was later allowed to return to school. The girl was taking "medication" and seeing a psychiatrist prior to the attack. Court documents said the girl was being treated for depression. [84] In March 2012, the girl was sentenced to more than 13 years in a combination of juvenile detention and adult prison after pleading guilty. [85]

2010

- **Hammad Memon (15), Huntsville, Alabama, February 5, 2010:** Memon shot and killed a Discover Middle School student, Todd Brown. Memon had a history for being treated for ADHD and depression and was taking **Zoloft** and **"other drugs for the conditions."** [86]

- **Planoise, France (17), December 13, 2010:** The youth held 20 preschool children and their teacher hostage for hours, using two swords, at Charles Fourier Preschool. The teen was reported to be on "medication for depression." [87]

2009

- **Robert Kenneth Stewart (45), Carthage, North Carolina, March 29, 2009:** He killed eight people and wounded three others during a shooting rampage at a Carthage nursing home. He was under the influence of the antidepressant **Lexapro** and the sedatives **Ambien** and **Xanax**. Tests on Stewart's blood following the shooting showed he had 12 times the therapeutic dose of Ambien in his system. Two days before the shooting he attempted to see a doctor. The doctor wasn't there, but a nurse prescribed the anti- depressant **Lexapro** and benzodiazepine, **Xanax**. The day before the shooting, Stewart became agitated because of the antidepressants he was taking. Stewart's attorney said Stewart's problems with the antidepressants prompted him to overdose on Ambien. [88]

- **Christopher Wood (34), Middletown, Maryland, April 17, 2009:** Wood shot and killed his wife, three small children and himself inside their home. Toxicology test results verified that Wood had been taking the antidepressants Bupropion (**Wellbutrin**), amitriptyline (**Elavil**), and nortriptyline (**Pamelor**), as well as the anti-anxiety drugs zolpidem (**Ambien**) and alprazolam (**Xanax**). [89]

- **Fred B. Davis (53), Granberry Crossing, Alabama, April 26, 2009:** He threatened a neighbor with a gun before shooting and killing police officer Dexter Hammond, 38, and critically injured Henry County Sheriff's Deputy Ted Yost. Prescription drug bottles found at the scene showed that Davis had been prescribed the antipsychotic drug **Geodon**. According to some reports, he may have stopped taking the drug which would then make him prone to withdrawal effects. [90]

- **Troy Bellar (34) Lakeland, Florida, May 3, 2009:** Bellar killed his wife and two of his young sons—an 8-year-old and 5-month-old. His oldest son, 13-year-old Nathan, survived. Bellar fatally shot himself. [91] Toxicology test results showed Bellar was on **Tegretol**, a drug prescribed for "bipolar disorder." [92]

- **Sergio Robles (24), Pasadena, Texas, August 21, 2009:** Robles was charged with capital murder and aggravated assault for shooting to death Pasadena police officer Jesse Hamilton, 29, who was responding to a domestic disturbance call. Another officer later shot Robles, seriously injuring him. Robles' mother, Olga Garcia, said her son was "on his medication." He had a history of mental illness. His attorney said Robles had recently been diagnosed as schizophrenic and was prescribed medication. Robles had been released from Harris County jail less than 24 hours prior to the incident. He was sentenced to 40 years in prison. [93]

2008

- **Steven Kazmierczak (27), DeKalb, Illinois, February 14, 2008:** Kazmierczak shot and killed five people and wounded 21 more before killing himself in a Northern Illinois University auditorium. According to his girlfriend, he had recently been taking **Prozac, Xanax** and **Ambien**, but had stopped taking Prozac three weeks before the shooting. Toxicology results showed that he still had trace amount of **Xanax** in his system. [94]

- **Jesus "Jesse" Carrizales (17), Fresno, California, April 24, 2008:** He attacked an officer at the Fresno High School, hitting him in the head with a baseball bat. After knocking the officer down, the officer shot Carrizales in self-defense, killing him. Carrizales had been prescribed the antidepressant **Lexapro** and antipsychotic, **Geodon**. His autopsy showed that he had a high dose of Lexapro in his blood that could have caused him to be paranoid, according to the coroner. [95]

- **Timothy D. Johnson (50), Little Rock, Arkansas, August 13, 2008:** Soon after Johnson shot and killed Arkansas Democratic Party Chairman Bill Gwatney, the Little Rock Police declared they were investigating shooter's use of the antidepressant **Effexor**, which was found in Johnson's house. A police report later stated an autopsy found Effexor in Johnson's blood and that the drug may have played a part in his "irrational and violent behavior." The officials said Johnson fired several shots at Mr. Gwatney, a former state legislator, in the party's headquarters near the Capitol. After a long car chase, the suspect was fatally wounded in a shootout with police. [96] Police were unable to establish a motive for Johnson's attack. [97]

- **Matti Saari (22), Kauhajoki, Finland, September 23, 2008:** The culinary student shot and killed nine students and a teacher, and wounded one student, before killing himself. Saari was taking an **SSRI antidepressant** and **alprazolam (Xanax)**. [98]

2007

- **John Odgren (16), Sudbury, Massachusetts, January 19, 2007:** Odgren stabbed a student to death with a large kitchen knife in a bathroom at Lincoln-Sudbury Regional High School. In court his father testified that Odgren was prescribed the stimulant, **Ritalin**. [99]

- **Asa Coon (14), Cleveland, Ohio, October 10, 2007:** Coon stormed through his school with a gun in each hand, shooting and wounding four before taking his own life. Coon had been prescribed the antidepressant **trazodone**. [100]

- **Pekka-Eric Auvinen (18), Jokela, Finland, November 7, 2007:** Auvinen had been taking antidepressants before he killed eight people and wounded a dozen more at Jokela High School in southern Finland, then committed suicide. [101]

- **Felicia McMillan (17), Texas, November 7, 2007:** McMillan returned to her former Robert E. Lee High School campus and stabbed a male student because he was dating her ex-girlfriend and then wounded the principal with a knife. McMillan had been on anti-depression drugs for a few years and had committed prior offenses in 2005 and

- 2006 while taking these prescription drugs. She was sentenced to 25 years in prison. [102]

  Robert Hawkins (19), Omaha, Nebraska, December 5, 2007: He killed eight people and wounded five before committing suicide in an Omaha mall. Chief Thomas Warren of the Omaha Police Department called the shooting "premeditated," but said it "appears to be very random and without provocation." Hawkins' landlord Debora Maruca Kovac found a suicide note saying he loved his friends and family, but "he was a piece of s--- all his life, and now he'll be famous." [103] Autopsy results confirmed he had been taking **Valium**. [104]

2006

- **Alvaro Rafael Castillo (19), Hillsborough, North Carolina, August 30, 2006:** He shot and killed his father, then drove to Orange High School where he opened fire. Two students were injured in the shooting, which ended when school personnel tackled Rafael. His mother said he was on drugs for depression. [105]

- **Travis Roberson (16), North Vernon, Indiana, December 4, 2006:** Roberson stabbed a Jennings County High School student in the neck, nearly severing an artery. Roberson was in withdrawal from the **antidepressant Wellbutrin**, which he had stopped taking days before the attack. [106]

- **David Crespi (45), North Carolina, January 20, 2006:** The bank auditor was being treated with a cocktail of drugs for depression when he stabbed and killed his five-year-old twin girls, Sam and Tess. Seven days before the killings David was prescribed a new drug for his depression, **Prozac**, as well as taking **Lunesta** and **Ambien**. After pleading guilty to murder in a deal struck to avoid execution, he began serving two life sentences. [107]

2005

- **Jeff Weise (16), Red Lake, Minnesota, March 21, 2005:** Weise was taking **Prozac**, when he shot and killed his grandfather and his grandfather's girlfriend, then went to his school on the Red Lake Indian Reservation and shot dead five students, a security guard and a teacher, and wounded seven before killing himself. [108]

- **Kenneth Bartley (14), Jacksboro, Tennessee, November 8, 2005:** A student at Campbell County Comprehensive School, Bartley shot and killed the assistant principal and wounded another assistant principal and the principal. He was taking **Xanax** at the time of the shooting. Just before the shooting, Bartley had also **snorted a crushed Valium pill**. [109]

2004

- **Jon Romano (16), East Greenbush, New York, February 9, 2004:** Romano strolled into his high school in East Greenbush and opened fire with a shotgun. Special education teacher Michael Bennett was hit in the leg. Romano had been taking **Xanax**. [110]

2003

- **Ryan T. Furlough (18), Ellicott City, Maryland, January 2003:** He killed a Centennial High School classmate by spiking his soda with cyanide. He was being treated with **Effexor**. [111] In July 2004, he was sentenced to life in prison for the poisoning of his best friend, with a potential for parole. [112]

- **Doug Williams (48), North Meridian, Florida, July 8, 2003:** The assembly line worker shot 14 of his co-workers at Lockheed Martin aircraft plant with a shotgun, killing six of them, before turning the gun on himself. [113] He was reported to have been on two antidepressants, **Zoloft** and **Celexa**. [114]

2001

- **Richard Lopez (17), Oxnard, California, January 10, 2001:** Lopez went to Hueneme High School with a gun and shot twice at a car in the school's parking lot before taking afemale student hostage. Lopez was eventually killed by a SWAT officer. He had been prescribed **Prozac**, **Paxil** and "**drugs that helped him go to sleep.**" [115]

- **William Michael Stankewicz (56), Red Lion, Pennsylvania, February 2, 2001:** He terrorized the North Hopewell-Winterstown Elementary School, wielding with a machete and a baseball bat, chasing and injuring the principal, two teachers and 11 kindergarten children. The principal's hand was cut so severely by the 2-foot-long machete's blade that surgeons had to repair tendons and reattach blood vessels and nerves. Stankewicz, an ex-convict and former history teacher, was taking four different drugs for depression and anxiety weeks before the attacks. In September 2001, he pleaded guilty to multiple accounts of attempted homicide and aggravated assault. [116]

- **Elizabeth Bush (14), Williamsport, Pennsylvania, March 7, 2001:** Bush was taking **Prozac** when she shot at fellow students, wounding one. [117]

- **Jason Hoffman (18), El Cajon, California, March 22, 2001:** While taking the antidepressants **Celexa** and **Effexor**, Hoffman opened fire on his classmates, wounding three students and two teachers at Granite Hills High School. [118]

- **Cory Baadsgaard (16), Wahluke, Washington, April 10, 2001:** Baadsgaard took a rifle to his high school and held 23 classmates and a teacher hostage. Three weeks earlier, his doctor had switched Baadsgaard's antidepressant prescription from **Paxil** to **Effexor**. The morning of the incident, his dosage of **Effexor** had been increased. Baadsgaard said he had no memory of the incident. [119]

- **Mamoru Takuma (37), Ikeda, Japan, June 8, 2001:** Wielding a six-inch knife, Takuma slipped into an elementary school and stabbed eight first and second graders to death while wounding at least 15 other pupils and teachers. He then turned the knife on himself, suffering only superficial wounds. Takuma told interrogators that before the attack **he had taken 10 times his normal dose of antidepressants.** [120]

2000

- **Richard Baumhammers (34), Pittsburgh, Pennsylvania, April 28, 2000:** Baumhammers shot six people, killing five and paralyzing the sixth. He considered Hitler and the Oklahoma City Bomber to be heroes, Baumhammers had frequented white supremacist websites, tried to form a Free Market political party and created a website opposing non-white, non-European immigration. He then chose his victims accordingly. The killing spree was described as a "20-mile trail of blood across two counties" that was carried out in a "chilling," "unhurried, methodical" manner. [121] **Prior to the killing spree, he had been under treatment by 12 different psychologists and psychiatrists and had taken up to 17 different psychiatric drugs.** [122]

- **Michael McDermott (42), Wakefield, Massachusetts, December 26, 2000:** McDermott shot and killed seven fellow employees at Edgewater Technology. He then shot to death two employees at reception, headed down the hall to the human resources department, picked off three people and proceeded to accounting, where three other workers were barricaded. McDermott blasted through the door and gunned down two. (The third employee survived by concealing herself beneath a desk.) "No one saw it coming," said a former employee. For more than a year prior to the senseless shooting, McDermott had been taking antidepressants, including **Prozac.** [123]

1999

- **Shawn Cooper (15), Notus, Idaho, April 16, 1999:** He fired two shotgun rounds in his school, narrowly missing students. Cooper spent 18 minutes in control of his high school. The sheriff got him to surrender. He was taking a prescribed antidepressant and the stimulant, **Ritalin**. [124] In September 1999, the teenager received the maximum sentence as a juvenile, ordered to be held at a state juvenile facility for an indeterminate period not to exceed his 21st birthday. [125]

- **Eric Harris (18), Columbine, Colorado, April 20, 1999:** Harris and his accomplice, Dylan Klebold, killed 12 students and a teacher and wounded 26 others before killing themselves. Harris was on the antidepressant **Luvox**. Klebold's medical records were sealed. Both shooters had been in anger-management classes and had undergone counseling. Harris had been seeing a psychiatrist before the shooting. [126]

- **T.J. Solomon (15), Conyers, Georgia, May 20, 1999:** Solomon was being treated with **Ritalin** when he opened fire on and wounded six of his classmates. Solomon was convicted and sentenced to 40 years prison in 2000. He was released after serving 17 years and two months. [127]

1998

- **Kip Kinkel (15), Springfield, Oregon, May 1998:** He murdered his parents and the next day went to his school, Thurston High in Springfield and opened fire on his classmates, killing two and wounding 25 others. He had been prescribed **Prozac** and **Ritalin**. He was sentenced to nearly 112 years in prison. [128]

1997

- **Luke Woodham (16), Pearl, Mississippi, October 1, 1997:** He shot and killed two students at Pearl High School and wounded seven others after beating and stabbing his mother to death. Public reports said the boy was taking **Prozac**. In June 1998, Woodham was found guilty of two counts of murder and seven counts of aggravated assault and was sentenced to two consecutive life sentences for the murder convictions and seven 20-yearsentences for the aggravated assault convictions. [129]

- **Michael Carneal (14), West Paducah, Kentucky, December 1, 1997:** He was on **Ritalin**, when he started firing a gun during a high school prayer meeting, killing three teens aged 14 to 17 and wounding five other students, including one who was paralyzed. Carneal is serving a life sentence without a chance for parole for 25 years. [130]

1995

- **Toby R. Sincino (15), Blackville, South Carolina, October 12, 1995:** Sincino slipped into the Blackville-Hilda High School's rear entrance, where he shot two teachers, killing one. Toby killed himself moments later. His aunt, Carolyn McCreary, said he had been undergoing counseling with the Department of Mental Health and was taking **Zoloft** for emotional problems. [131]

1993

- **Stephen Leith (39), Chelsea, Michigan, December 16, 1993:** The chemistry teacher Stephen Leith, facing a disciplinary matter at Chelsea High School, shot Superintendent Joseph Piasecki to death, shot Principal Ron Mead in the leg, and wounded journalism teacher Phil Jones. Leith was taking **Prozac** and had been seeing a psychiatrist. [132]

1992

- **Calvin Charles Bell (44), Houston, Texas, September 18, 1992:** Bell was apparently distraught over his child's second-grade progress report and, armed with two semi-automatic guns, a combat-style hunting knife and a can of Mace, he turned up at the administration office of Piney Point

Elementary School, fired a shot, left the office, fired at a police officer who was at the school for a drug education program and wounded another officer before surrendering after police surrounded the building. Relatives told police that Bell was an unemployed Vietnam veteran and had been taking **antidepressants**. [133]

1988-89

- **Laurie Wasserman Dann (31), Winnetka, Illinois, May 20, 1988:** Dann had set fire to a house, tried to firebomb Ravinia School in Highland Park, delivered poisoned juice and snacks to several acquaintances and opened fire on children at Hubbard Woods School in Winnetka, killing 8-year-old Nick Corwin and injured five other children. She then entered a nearby house, took a family hostage and wounded a 20-year-old man before killing herself. She had been taking the antidepressant **Anafranil** and **Lithium**, long used to treat mania. [134]

- **James Wilson (19), September 26, 1988, Greenwood, South Carolina:** Wilson went on a shooting spree in an elementary schoolyard in Greenwood, killing two eight year olds, and wounding seven other children and two teachers. He had been taking **Xanax** and **Valium** and five other psychiatric drugs. He had been in and out of psychiatric centers starting at age 14. A judge sentenced Wilson to 175 years in prison and death. [135]

- **Patrick Purdy (25), January 17, 1989, Stockton, California:** Purdy went on a schoolyard shooting rampage which became the catalyst for the original legislative frenzy to ban "semiautomatic assault weapons" in California and the nation. Purdy murdered five children and wounded 30. He had been on **amitriptyline**, an antidepressant, as well as the antipsychotic, **Thorazine**. [136]

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WARNING: No one should stop taking any psychiatric drug without the advice and assistance of a competent, non-psychiatric, medical doctor.

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The goal of this report is to help law enforcement and policy makers discover and identify a hidden link to the prevalence of violence and suicide in the community: psychotropic drugs. Facts, statistics, studies and expert opinion show the medical concerns about the rise of senseless acts of violence coincident with the increase in psychotropic drug prescriptions and usage. Psychiatric drugs create dependence, suicide and violence in a percent of individuals taking them. That is a documented fact. The disastrous consequences are felt by all. As so many lives are at stake, it is vital that each person who is in a position to take action avail themselves of this information to help protect our communities.

Jan Eastgate
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