

PSYCHIATRY AND THE CREATION OF SENSELESS VIOLENCE

THE CONNECTION BETWEEN PSYCHIATRIC, MIND-ALTERING DRUGS AND ACTS OF RANDOM SENSELESS VIOLENCE

It is a horribly sobering realization that the school shooting spree on April 20, 1999 at Columbine, Colorado, while devastating in its consequences, is only one incident in a tragic trail of incomprehensible acts of mayhem and murder. You need only read a newspaper or watch a television news broadcast to know that schools are not the only place these assaults have taken place. A review of media reports from the last fifteen years reveals that these incidents are also occurring on our highways, in restaurants, post offices, homes and factories from coast to coast. While the number of these incidents continues to escalate, a more disturbing fact is the increasingly bizarre nature of these pointless murders and suicides.

Acts of criminal violence have been with us since time immemorial but what we have been witnessing over the last couple of decades staggers the mind and assaults the senses. These grotesque acts, devoid of any possible sense of moral decency, strike us as completely incomprehensible—mothers blowing the brains out of their small children, fathers slashing their young children to pieces, employees “calmly” walking through their offices or factories murdering their co-workers, and young children going on maniacal shooting sprees in school yards.

As each new incident is reported, we sit in stunned horror in front of our television sets and wonder what is happening to our way of life.

How can we be at the dawn of the twenty-first century with technology hurtling us into a space age future and yet continue to find ourselves without a solution to the escalating number of acts of random, senseless violence? The reason is that we have been fed all manner of wrong reasons for why these tragedies have taken place and so they continue.

It is not guns that are the common denominator to these horrific events—some occur with knives, axes and even automobiles. Nor is it clothing, age, gender or political orientation. The fact missed by most is

that psychiatric, mind-altering drugs have been found to be the common factor in an overwhelming number of these acts of random senseless violence. These drugs, on an ever increasing rise in society and amongst schoolchildren, particularly over the last two decades, are actually creating acts of violence. In 1997, sales of psychotropic drugs topped \$1.5 billion, double the figure of two years earlier.¹ In short, the rise in senseless violence in America is date-coincident with the increased use of psychiatric mind-altering drugs.

Consider the following:

In the U.S. alone, there are now approximately four million children on the psychiatric drug Ritalin, a drug which the Drug Enforcement Agency (DEA) places in the same category (a schedule II narcotic) as opium, morphine and cocaine.²

Ritalin is the amphetamine-like drug widely prescribed to children for the contrived mental disease, “Attention Deficit Hyperactivity Disorder” (ADHD).³

Even Ritalin's manufacturer warns that “frank psychotic episodes can occur” with abusive use, while the American Psychiatric Association's (APA) *Diagnostic and Statistical Manual of Mental Disorders* states that the major complication of Ritalin withdrawal is suicide.⁴

If this were not bad enough, more than 909,000 children and adolescents between the ages of six and eighteen are on psychiatric antidepressant drugs.⁵

It is important to note that between 1988 and 1992 alone there were reports of more than 90 children and adolescents who had suffered suicidal or violent self-destructive behavior while on the newer antidepressant Prozac, an SSRI (Selective Serotonin Reuptake Inhibitor).⁶

However, as the following will clearly show, the connection between psychiatric drugs, violence and suicide is far from being limited to children.

PSYCHIATRIC DRUG STUDIES

It is not as if psychiatrists don't know.

The scientific research documenting the connection between violence, suicide and psychiatric drugs is overwhelming.

Perhaps most revealing is the statement by Candace B. Pert, Research Professor at Georgetown University Medical Center in Washington, as published in the October 20, 1997 issue of *Time* magazine. Professor Pert stated: "I am alarmed at the monster that Johns Hopkins neuroscientist Solomon Snyder and I created when we discovered the simple binding assay for drug receptors 25 years ago....The public is being misinformed about the precision of these selective Serotonin-uptake inhibitors when the medical profession over-simplifies their action in the brain..."⁷

Brief excerpts from some of the numerous studies documenting the violence/suicide connection follow:

(1) Testing revealed that Eric Harris, one of the dead suspects in the Columbine incident, had therapeutic levels of Luvox in his blood. On May 4, 1999, ABC's affiliate in Colorado reported that "Luvox is the trade name for fluvoxamine, which research shows can induce mania." This is substantiated in an *American Journal of Psychiatry* article entitled "Mania and Fluvoxamine" which states the "drug can induce mania in some persons when it is given at normal doses."

Additionally, a study by researchers at Hadassah-Hebrew University School of Medicine in Jerusalem, published in the *Annals of Pharmacotherapy*, concluded the following about Luvox: "Our case series suggests that fluvoxamine may have the ability to induce or unmask manic behavior in depressed patients. Clinicians are alerted to monitor for this 'switching effect...'"⁸

(2) A psychiatrist and drug expert states: "According to the manufacturer, Solvay, 4% of children and youth taking Luvox developed mania during short-term controlled clinical trials. Mania is a psychosis which can produce bizarre, grandiose, highly elaborated destructive plans, including mass murder..."⁹

(3) The *New York Post* reported on January 31, 1999, that they had obtained documents through the Freedom of Information Act showing that the New York Psychiatric Institute was testing Prozac on 6-year-olds. The psychiatric researchers' own documents noted that "Some patients have been

reported to have an increase in suicidal thoughts and/or violent behavior." Another side effect—wild manic episodes—was also acknowledged in the researchers' records.¹⁰

(4) A study conducted at Yale University School of Medicine and published in *The Journal of The American Academy of Child and Adolescent Psychiatry* in March, 1991, found that self-injurious ideation or behavior started or intensified during treatment with an antidepressant in six patients, ages 10 to 17, who were among 42 patients being studied.¹¹

(5) A study published in *The Journal of Forensic Science* in September, 1998, found that of 392 youth suicides in Paris between 1989 and 1996, 35% used to take psychoactive drugs.¹²

(6) A 1995 Nordic conference reported that the new antidepressant drugs, in particular, have a stimulating amphetamine-like effect and consumers of these drugs can become "aggressive" or "suffer hallucinations and/or suicidal thoughts."¹³

(7) One Canadian research team which studied the effects of psychiatric drugs on prisoners found that "violent, aggressive incidents occurred significantly more frequently in inmates who were on psychotropic (psychiatric or mind altering) medication than when these inmates were not on psychotropic drugs." [emphasis added] Inmates on major tranquilizers were shown to be more than twice as violent as they were when not taking psychiatric drugs.¹⁴

(8) A paper published in *The American Journal of Psychiatry* in 1964 found that major tranquilizers (Thorazine, Haldol, Mellaril, etc.) can "produce an acute psychotic reaction in an individual not previously psychotic."¹⁵ [emphasis added]

(9) In 1970, a textbook on the side effects of psychiatric drugs pointed out the potential for violence from these drugs stating, "Indeed, even acts of violence such as murder and suicide have been attributed to the rage reactions induced by chlordiazepoxide (Librium) and diazepam (Valium)."¹⁶

(10) Valium was later replaced by Xanax as the most widely prescribed minor tranquilizer. According to a 1984 study of Xanax, "Extreme anger and hostile behavior emerged from eight of the first 80 patients we treated with alprazolam (Xanax)."¹⁷

(11) A 1985 investigation into Xanax, reported in the *American Journal of Psychiatry*, said that 58 percent

of the treated patients experienced serious “dyscontrol,” i.e., violence and loss of control compared with only eight percent who were given a placebo.¹⁸

(12) A 1975 paper described a negative effect from the major tranquilizers called “akathisia” (from the Greek *a* – meaning “without” or “not” and *kathisia* – meaning “sitting”) that was first recognized as an inability of people taking the drugs to sit still comfortably.¹⁹

(13) In his paper, “The Many Faces of Akathisia,” researcher Theodore Van Putten reported nearly half of the 110 persons in the study had experienced akathisia. He described what happened to these people after taking the drugs. One woman started to bang her head against the wall three days after an injection of a major tranquilizer. Another who had been given these drugs for five days experienced “an upsurge in hallucinations, screaming, even more bizarre thinking, aggressive and also self-destructive outbursts, and agitated pacing or dancing,” while still another stated that while on the drug she felt hostile, hated everybody and heard voices taunting her.²⁰

(14) Dr. William Wirshing, a psychiatrist at UCLA, reported at the American Psychiatric Association’s 1991 annual meeting that five patients appeared to have developed akathisia from Prozac. Dr. Wirshing believed the akathisia had “led them all to contemplate suicide.”²¹

(15) In 1986, a study published in the *American Journal of Psychiatry* found that patients taking the drug Elavil, an antidepressant, “...appeared progressively more hostile, irritable, and behaviorally impulsive....The increase in demanding behavior and assaultive acts was statistically significant.”²²

(16) A study of children taking Elavil published in *Psychosomatics* in 1980, found that some grew hysterical or hostile. One of the kids began “exhibiting excessive irritability and anger, pacing excessively and declaring that he was not afraid anymore, that he was ‘not chicken anymore.’”²³

(17) Another article published in the *American Journal of Forensic Psychiatry* in 1985 described five cases of “extreme acts of physical violence” due to akathisia caused by Haldol. These cases included acts of extreme, senseless, bizarre and brutal violence.²⁴

The argument is sometimes made that acts of violence occur because the individual was “not

taking his/her medication.” This is a red herring forwarded in the media by psychiatric interests to take attention off the drugs as a creator of violence. It is the drugs themselves that create these states. Several studies illustrate this point.

(18) In February of 1990, Dr. Marvin Teicher, a Harvard psychiatrist, reported in *The American Journal of Psychiatry* that six patients, who were depressed, but not suicidal, had developed intense, violent, suicidal preoccupation within weeks of taking Prozac.²⁵

Subsequent letters from doctors published in *The American Journal of Psychiatry* and *The New England Journal of Medicine* reported similar findings. *The New England Journal of Medicine* report noted that patients had not been suicidal before taking the drug and that their suicidal thoughts ended abruptly upon ceasing its use.²⁶

(19) In 1995, nine Australian psychiatrists urged SSRIs be sold with a warning after patients had slashed themselves or become preoccupied with violence when taking them. “I didn’t want to die, I just felt like tearing my flesh to pieces,” one patient told them. Another said, “I got my cane cutters’ knife in my right hand and wanted to cut my left hand off at the wrist.” The self destructive harm started after the treatment began or doses increased, and eased or ceased when the drugs were stopped.²⁷

(20) A 1988 study documented the tendency of the major tranquilizer Haldol to increase hostile and violent behavior. According to the study, many persons who had *no* history of violence prior to being placed on the drug “were significantly more violent on haloperidol (Haldol).” [emphasis added] In this study, the researchers attributed the marked increase in violence to akathisia.²⁸

(21) A report published in *The Journal of the American Medical Association* exemplified the agitation which can accompany akathisia. Describing a man who had started taking Haldol four days previously, the researcher noted that the man “...became uncontrollably agitated, could not sit still, and paced for several hours.” [emphasis added] After complaining of violent urges to assault anyone near him, the man assaulted and tried to kill his dog.²⁹

Another little known fact is that withdrawal from psychiatric drugs can turn people horrifically violent. The fact that these drugs can create this effect can be obscured because frequently after a violent crime has been committed, psychiatrists or their allied organizations such as the pharmaceutical company-

funded National Alliance for the Mentally Ill (NAMI), blame the offending person's violent behavior on his failure to continue his medication. However, the truth is that extreme violence is a documented side-effect of *withdrawal* from psychiatric drugs.

(22) In 1995, a Danish medical study reported the following withdrawal symptoms from psychotropic drug dependence: "Emotional changes: Fear, terror, panic, fear of insanity, failing self-confidence, restlessness, irritability, aggression, an urge to destroy and, in the worst cases, an urge to kill."³⁰ [emphasis added]

(23) In 1996, the National Preferred Medicines Center Inc., comprised of New Zealand physicians, 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. The antidepressants can create "agitation, severe depression, hallucinations, aggressiveness, hypomania and akathisia."³¹

Janet, a teenager who was prescribed minor tranquilizers and antidepressants, said that while withdrawing from these drugs, she had violent thoughts and had to restrain her aggressiveness, including wanting to stab anyone who withheld the decreasing drug dosage from her: "I had absolutely no history of violence. These new feelings were not part of the so-called 'mental illness' I was suppose to have; I had never been aggressive before being prescribed the drugs. Once safely and gradually withdrawn from them, I never experienced uncontrollable violent urges again."³²

As noted earlier, even the APA euphemistically admits in their *Diagnostic and Statistical Manual* that the major "complication" of withdrawal from Ritalin, a psychiatric drug currently being administered to millions of children, is suicide.

Withdrawal effects from these drugs can be severe and take intense medical supervision to ensure the person safely detoxes. As an example, Stevie Nicks, of the rock group Fleetwood Mac, talks about the intense difficulty of detoxing from psychiatric drugs: "I'm the one who realized that that's what was killing me [the psychiatric drug, Klonopin]." It took her 45 days to withdraw from the Klonopin. "I was in there sick for 45 days, really, really sick. And I watched generations of drug addicts come in and go

out. You know, the heroin people, 12 days...and they're gone. And I'm still just there."³³

Viewed against this research and the dramatic increase in the use of mind-altering drugs by children and adults alike, the cause for the rise of senseless violence becomes all too clear.

INCIDENTS OF SENSELESS VIOLENCE

The Citizens Commission on Human Rights (CCHR) International has a data base of hundreds of cases of violence that span the last 15 years. The following are but a few examples:

(1) On March 6, 1985, Atlanta postal worker Steven W. Brownlee, pulled a pistol from his pocket and shot and killed a supervisor and a clerk. Another clerk was wounded. Brownlee had received treatment and psychotropic drugs at the Grady Memorial Psychiatric Unit.³⁴

(2) On November 20, 1986, 14-year-old Rod Mathews beat a classmate to death with a bat in the woods near his home in Canton, Massachusetts. He had been prescribed Ritalin since the third grade.³⁵

(3) William Cruse was charged with killing six people in a shooting rampage on April 23, 1987, in Palm Bay, Florida. Cruse had been seeing a Kentucky psychiatrist and stated he had been taking psychiatric drugs for several years.³⁶

(4) Bartley Dobben killed his two young children on November 26, 1987, by casting them in a 1,300 degree foundry ladle. He had been placed on a regimen of psychiatric drugs in 1985.³⁷

(5) On May 20, 1988, Laurie Dann walked into a Winnetka, Illinois second grade classroom carrying three pistols and began shooting innocent little children, killing one and wounding five others before killing herself. Subsequent blood tests revealed that both Lithium and the antidepressant Anafranil were in her bloodstream at the time the murder was committed.³⁸

(6) On September 26, 1988, 19-year-old James Wilson took a .22 caliber revolver into an elementary school in Greenwood, South Carolina, and started shooting schoolchildren, killing two 8-year-old girls and wounding seven other children and two teachers. Wilson had been in and out of the hands of psychiatrists for years and within eight months of the killings he had been on several psychiatric drugs which can generate violent behavior. Since the age

of 14 he had been given psychiatric drugs, including Xanax, Valium, Thorazine and Haldol.³⁹

(7) On January 17, 1989, Patrick Purdy opened fire on a school yard full of young children in Stockton, California. During his vicious and unprovoked assault, Purdy killed five schoolchildren and wounded thirty others before killing himself. During the two years prior to the murders of the Stockton children, Purdy had been on two strong psychiatric drugs of categories known to cause violence.⁴⁰

(8) On April 28, 1992, Kenneth Seguin drugged his two children, aged 7 and 5, took them to a pond, slashed their wrists and dumped their bodies in the water. He then drove home and killed his wife with an ax while she slept. He was on Prozac at the time.⁴¹

(9) In November 1992, Lynwood Drake III, in San Luis Obispo and Morro Bay, California, shot and killed six people with a hand gun before he killed himself. Metabolized Prozac and Valium were both found in his system.⁴²

(10) In December 1993, Steven Leith of Chelsea, Michigan, walked back into a school meeting and fatally shot the school superintendent and wounded two others including a fellow teacher. He was on Prozac at the time of the shootings.⁴³

(11) Sixteen-year-old Brian Pruitt, who fatally stabbed his grandparents in 1995, had a history of psychiatric treatment and had been prescribed psychiatric drugs.⁴⁴

(12) On November 3, 1995, Sergeant Steven B. Christian, a twenty-five-year commended veteran of the Dallas police force drove to a police sub-station and seriously wounded an officer outside in his attempt to get inside and shoot others. Christian was shot and killed by two fellow Dallas police officers. The autopsy revealed high levels of an antidepressant in his blood.⁴⁵

(13) In Connecticut on March 6, 1998, Mathew Beck, a lottery accountant, reported promptly to his job, hung up his coat and methodically gunned down four of his bosses, one of whom he chased through a parking lot before he turned the gun on himself. Beck had been seeing a psychiatrist and taking three types of "medication."⁴⁶

(14) On May 28, 1998, Brynn Hartman murdered her husband, comic Phil Hartman, then committed suicide. She had been prescribed and had been taking the antidepressant drug Zoloft, which the coroner

found in her system along with alcohol and cocaine.⁴⁷

(15) On February 19, 1996, 10-year-old Timmy Becton grabbed his 3-year-old niece as a shield and aimed a shotgun at a Sheriff's deputy who had accompanied a truant officer to his Florida home. Becton had been taken to a psychiatrist in January and had been put on a psychiatric drug.⁴⁸

(16) While on vacation, on May 25, 1997, in Las Vegas, 18-year-old Jeremy Strohmeyer raped and murdered a 7-year-old girl in the ladies' rest room in a casino. He had been diagnosed with ADD and prescribed Dexedrine. He had begun taking the drug a week before the killing.⁴⁹

(17) On September 27, 1997, 16-year-old Sam Manzie raped and strangled another boy to death. At the time of the killing the younger boy had been selling candy door to door for the local PTA. Manzie was under psychiatric "care" and was being "medicated."⁵⁰

(18) On May 21, 1998, 14-year-old Kip Kinkel shot and killed his parents and then went on a wild shooting spree at his Springfield, Oregon, high school that left two dead and twenty-two injured. He was reportedly taking Prozac and Ritalin and had been attending "anger management" classes.⁵¹

(19) On April 20, 1999, Eric Harris, one of two Colorado high school seniors who went on a deadly rampage, entered his school shooting students and faculty and setting off explosives. Twelve students and one teacher were killed, along with the two gunmen who ended the rampage by killing themselves, while twenty-three others were wounded. A toxicology report revealed Luvox, an antidepressant, in Harris' system.⁵²

(20) On May 4, 1999, Steven Allen Abrams rammed his car into a preschool playground in Costa Mesa, California, killing two and injuring five. He had been placed on probation in 1994 which required him to see a psychiatrist and take Lithium.⁵³

CONCLUSION

Horror stories all. On the surface, the idea of tranquilizers or antidepressants creating hostility and violence may not make sense. After all, they are supposed to make people calm and quiet. But the reality is that they can and do create such adverse effects. The scientific evidence, only a part of which is presented above, is overwhelming.

Psychiatric drugs and treatments do create violence and the sooner we recognize this and do something about it, the sooner these kinds of killings will stop.

These are facts that psychiatrists and the National Alliance for the Mentally Ill (NAMI) refuse to confront. Psychiatrists for obvious reasons—they could and should be held liable for crimes committed by their toxically drugged patients—and NAMI because, according to the *New York Post*, it “is awash in money from drug companies”&8212;“\$3.2 million per year from nine such companies”&8212;that manufacture these often mind-crippling drugs.⁵⁴

The above is a small sample of hundreds of cases of murders, suicides, and senseless violence documented in the files of the Citizens Commission on Human Rights. Psychiatric drugs create violence. Not everyone who takes a psychiatric drug commits acts of violence, but clearly some do. The research is unequivocal. How many more Littleton, Colorados, will there be before something is done?

CCHR urges that government officials and/or law enforcement bodies, armed with the information contained in this report:

- 1) Hold legislative hearings to fully investigate the correlation between psychiatric drugs and violence (and suicide);
- 2) Call for mandatory toxicology reports that specify a testing for psychiatric drugs in anyone who has committed a homicide or serious violent crime;
- 3) Ensure that where psychiatric mind-altering drugs are implicated in such a crime, the psychiatrist prescribing the drugs be held accountable.

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