

PSYCHIATRIC DRUGS

create
violence
& suicide

Psychotropic Drug Series
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IMPORTANT INFORMATION FOR READERS

This report is an overview of the side effects of common psychiatric drugs known to cause violent and suicidal behavior. It contains information that is important for you to know.

Courts have determined that informed consent for people who receive prescriptions for psychotropic (mood-altering) drugs must include the doctor providing “information about...possible side effects and benefits, ways to treat side effects, and risks of other conditions...,” as well as, “information about alternative treatments.”¹ Yet psychiatrists ignore these requirements.

If you are taking any of these drugs, do not stop taking them based on what you read here. You could suffer serious withdrawal symptoms.

You should seek the advice and help of a competent medical doctor or practitioner before trying to come off any psychiatric drug. This is very important.

Citizens Commission on Human Rights (CCHR) does not offer medical advice or referrals but provides the information in this publication as a public service in the interest of informed consent.

For further information about drugs and their side effects, consult the *Physicians’ Desk Reference* at pdrhealth.com

¹ *Faith J. Myers v. Alaska Psychiatric Institute*, Alaska Supreme Court, S-11021, Superior Court No. 3AN-03-00277 PR, Opinion No. 6021, 30 June 2006.

PSYCHIATRIC DRUGS

create violence and suicide

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INTRODUCTION

The amount of violence in today's society is truly astounding—and the sheer number of theories attempting to explain it can leave the average person shaking his head in confusion.

One cause is known: the astonishing rise in psychiatric drug-related crime.

In fact, Harvard University's Dr. Joseph Glenmullen warns that antidepressants could explain the rash of school shootings and mass suicides over the last decade. People taking them “feel like jumping out of their skin. The irritability and impulsivity can make people suicidal or homicidal.”²

A study of 950 acts of violence committed by people taking antidepressants found 362 murders, 13 school shootings, 5 bomb threats or bombings, 24 acts of arson, 21 robberies, 3 pilots who crashed their planes and more than 350 suicides and suicide attempts.

Medical studies show that patients with no history of violence, develop “violent urges to assault” while under the effects of psychiatric drugs.

At Columbine High School, on April 20, 1999, teens Eric Harris and Dylan Klebold shot dead 12 students and a teacher and wounded 23 others before shooting and killing themselves. Harris was taking Luvox, an antidepressant known to cause mania and violence.

Following the Columbine incident, Colorado State Rep. Penn Pfiffner chaired a hearing on the potential connection between violent behavior and psychotropic drugs, stating: “There is enough coincidence and enough professional opinion from legitimate scientists to cause us to raise the issue and to ask further questions.”



Courts of law also now recognize the link between acts of violence and psychotropic drugs.³

As medical writer Robert Whitaker reports, "Little could the public have suspected that the madman of its nightmares, who kills without warning and for no apparent reason, was not always driven by an evil within but rather by a popular medication."⁴

This booklet provides an easy-to-read guide to the risks of psychotropic drugs and their tendency to cause violence and suicide.

2. Elizabeth Showgren, "FDA reviews labels on antidepressants," *The Seattle Times*, 21 Mar. 2004.
3. Jim Rosack, "SSRIs Called on Carpet Over Violence Claims," *Psychiatric News*, Vol. 36, No. 19, 5 Oct. 2001.
4. Robert Whitaker, *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill* (Perseus Publishing, New York, 2002), p 189.

Medical studies show that patients with no history of violence, develop "violent urges to assault" while under the effects of psychiatric drugs.



psychoactive drugs **CREATE VIOLENCE**

What causes violence in people who take psychiatric drugs?

One reason may be a common side effect called *akathisia* commonly found in people taking antipsychotic drugs and antidepressants. Akathisia is a terrible feeling of anxiety, an inability to sit still, a feeling that one wants to crawl out of his or her skin.

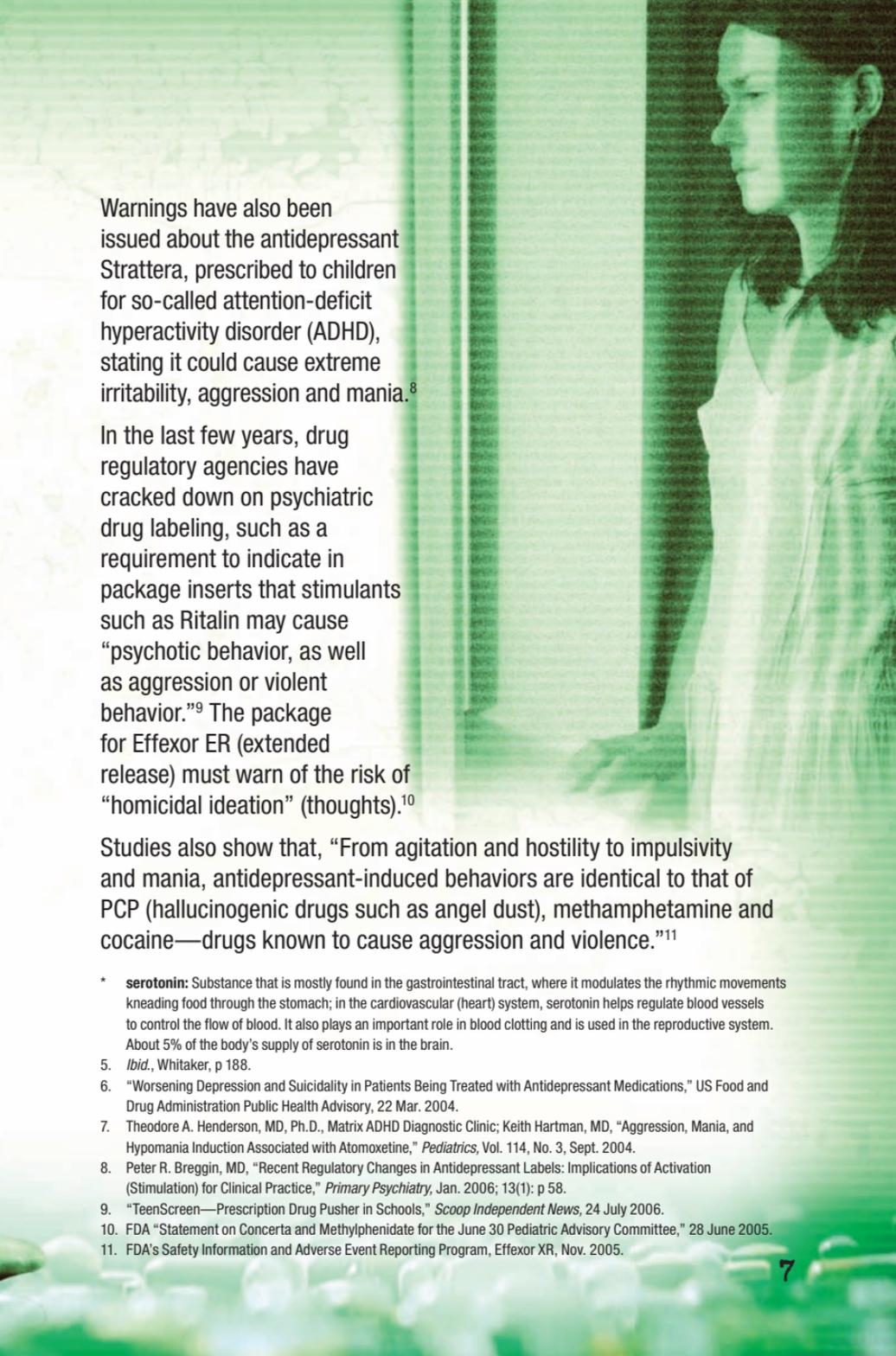
Behind much of the extreme violence to self or others we see in those taking psychiatric drugs is akathisia.

As early as 1975, studies described patients experiencing “violent urges to assault anyone near” them while taking psychotropic drugs. A 1990 study determined that 50% of all fights in psychiatric ward could be tied to akathisia.⁵ Patients described “violent urges to assault anyone near” them.⁶

Though psychiatrists are keenly aware that extreme violence is a documented side effect both of taking psychiatric drugs and withdrawing from them, they will often blame it on the patient’s “sickness” or his failure to continue his or her medication.

But this is not the case.

Government drug regulatory agencies around the world have made the connection between psychiatric drugs and violence, warning that Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants such as Prozac, Zoloft and Paxil/Seroxat cause agitation, irritability, hostility, impulsivity, akathisia and mania.⁷

A woman with long dark hair, wearing a white dress, is shown in profile from the chest up, looking out a window. The scene is bathed in a soft, natural light, likely from the window she is looking out of. The background is slightly blurred, showing the window frame and some foliage outside.

Warnings have also been issued about the antidepressant Strattera, prescribed to children for so-called attention-deficit hyperactivity disorder (ADHD), stating it could cause extreme irritability, aggression and mania.⁸

In the last few years, drug regulatory agencies have cracked down on psychiatric drug labeling, such as a requirement to indicate in package inserts that stimulants such as Ritalin may cause “psychotic behavior, as well as aggression or violent behavior.”⁹ The package for Effexor ER (extended release) must warn of the risk of “homicidal ideation” (thoughts).¹⁰

Studies also show that, “From agitation and hostility to impulsivity and mania, antidepressant-induced behaviors are identical to that of PCP (hallucinogenic drugs such as angel dust), methamphetamine and cocaine—drugs known to cause aggression and violence.”¹¹

* **serotonin:** Substance that is mostly found in the gastrointestinal tract, where it modulates the rhythmic movements kneading food through the stomach; in the cardiovascular (heart) system, serotonin helps regulate blood vessels to control the flow of blood. It also plays an important role in blood clotting and is used in the reproductive system. About 5% of the body’s supply of serotonin is in the brain.

5. *Ibid.*, Whitaker, p 188.

6. “Worsening Depression and Suicidality in Patients Being Treated with Antidepressant Medications,” US Food and Drug Administration Public Health Advisory, 22 Mar. 2004.

7. Theodore A. Henderson, MD, Ph.D., Matrix ADHD Diagnostic Clinic; Keith Hartman, MD, “Aggression, Mania, and Hypomania Induction Associated with Atomoxetine,” *Pediatrics*, Vol. 114, No. 3, Sept. 2004.

8. Peter R. Breggin, MD, “Recent Regulatory Changes in Antidepressant Labels: Implications of Activation (Stimulation) for Clinical Practice,” *Primary Psychiatry*, Jan. 2006; 13(1): p 58.

9. “TeenScreen—Prescription Drug Pusher in Schools,” *Scoop Independent News*, 24 July 2006.

10. FDA “Statement on Concerta and Methylphenidate for the June 30 Pediatric Advisory Committee,” 28 June 2005.

11. FDA’s Safety Information and Adverse Event Reporting Program, Effexor XR, Nov. 2005.

serious

WITHDRAWAL EFFECTS

It is not just the taking of antidepressants that can cause extreme violence. *Withdrawal* from antidepressants can cause extreme violence too.

Research shows that in just a few days, a person can unknowingly go into severe withdrawal and not even know why he or she is feeling so violent or suicidal.

A common symptom of withdrawal is the return of the symptoms the drug was supposed to treat. Psychiatrists will commonly tell you that this is the “return of the mental illness.” It is not. This is withdrawal, an indication of addiction or dependency.

What is happening is that after months or years of taking a psychiatric drug, the body has now gotten adjusted to it. When you then take the drug away, it creates trauma within the body, as it now has to adjust back to functioning without it.

Rather than recognizing withdrawal reactions for what they are, psychiatrists will frequently insist on putting the patient back on the drug. This practice has been referred to by one expert as “chasing one’s tail, medicating withdrawal, and needlessly prolonging the patient’s exposure to the drug, often for years.”¹²

For years, pharmaceutical companies and psychiatrists covered up the addictive effects of their drugs.

12. Joseph Glenmullen, MD, *Prozac Backlash* (Simon & Schuster, NY, 2000), p 75.



When there was too much proof to ignore, one drug company funded a closed-door conference with experts who decided to rename it “discontinuation syndrome” to avoid the negative connotations of drug withdrawal effects.¹³

Whether you call it drug withdrawal or just discontinuation syndrome, the bottom line, says psychiatrist Dr. David Healy, is “if there is withdrawal, then there is physical dependence.”¹⁴

13. *Ibid.*, Glenmullen, p 76.

14. Sarah Boseley, “Seroxat maker abandons ‘no addiction’ claim,” *The Guardian* (London), 3 May 2003.

provoking **SCHOOL VIOLENCE**

Children are particularly vulnerable to **psychotropic drugs** because their bodies are still developing. The drugs can create horrific physical and mental side effects including, but not limited to, hostility, spasms, grimacing movements, manic reactions and seizures.

At least 11 recent school shootings in the US were committed by teens that had been taking prescribed psychotropic drugs known to cause violent and suicidal behavior. The violence is not unique to America. Following is a small sample:

- Andreas B., of Germany, aged 15, shot and killed his private teacher while taking prescribed psychotropic drugs.
- Teenager Ryan Furlough of Maryland was convicted of the first-degree murder of a school friend, committed while taking a prescribed antidepressant.
- In Japan, two boys, aged 15 and 16, stabbed a 16-year-old high-school student, while taking a sedative (sleeping pill) because, they said, it made them feel “invincible.”
- In Minnesota, 16-year-old Jeff Weise killed his grandfather and 8 others before taking his own life. He was taking Prozac.
- Pekka-Eric Auvinen had been taking a prescribed antidepressant prior to killing 8 people and then himself at his school in Jokela, Finland.
- Teenager Kip Kinkel was taking Prozac when he murdered his parents and then proceeded to school where he opened fire on students in the cafeteria, killing 2 and wounding 22.
- 15-year-old T. J. Solomon was being treated with Ritalin when he opened fire on and wounded 6 of his classmates.

- Elizabeth Bush, 14, was taking Prozac when she shot at fellow students, wounding one.

Dr. Richard Kapit, a former US Food and Drug Administration (FDA) researcher who investigated Prozac, Paxil and Zoloft before the drugs were allowed on the US market, testified in a murder case linked to SSRIs that he always suspected in some patients the drugs could cause mania that can lead to violence. "In the psychiatric profession, antidepressants have always been thought to cause manic episodes," Kapit said.¹⁵

In the US, between 1990 and 2005, there was a more than 380% increase in the pediatric use of stimulants in the US that the FDA warned in 2005 could cause psychosis, mania and aggression.¹⁶

In September 2006, the findings of a study determined that Paxil raised the risk of severe violence in people taking it. In summing up his findings, lead researcher Dr. David Healy noted, "What is very, very clear is that people do become hostile on the drugs [SSRI antidepressants]."¹⁷

15. Jason Cato, "As trial nears, defense team in Pittman case grows by three," *The Herald* (Rock Hill, SC), 12 Oct. 2004.

16. FDA Statement on Concerta and Methylphenidate, 28 June 2005.

17. "FDA Mulls Antidepressant Warnings," *Daily Press*, 21 Mar. 2004.

how do psychiatric drugs **AFFECT THE BODY?**

Your body consists of chemical compounds obtained from food, sunlight, the air you breathe and the water you drink.

There are millions of chemical reactions that are constantly occurring. Putting a foreign substance such as a psychotropic drug into your body disrupts the body's normal biochemistry.

Sometimes this disruption creates a false and temporary feeling of euphoria (being "high"), short-lived bursts of increased energy or an abnormal sense of heightened alertness. However, it is not natural to feel like this. The feeling does not last and addiction can result.

These drugs work by influencing the normal functions of the body: they speed them up, slow them down, dam them up or overwhelm them. This is why you get side effects with psychiatric drugs.

But do not think that these drugs heal anything. They are intended to cover up or "mask" your problems. Meanwhile, they tend to wear out your body. Like a car run on rocket fuel, you may be able to get it to run a thousand miles an hour to the end of the block, but the tires, the engine and the internal parts fly apart in doing so.

Bizarre things may happen. Psychotropic drugs generally may cause bodily effects such as nausea, dry mouth, constipation, diarrhea, vomiting, decreased

appetite and weight loss leading to anorexia (eating disorder), fatigue, dizziness, sleepiness, tremors, increased sweating, hot flashes, blurred vision and sexual dysfunction.

Mental effects include anxiety, agitation, panic attacks, insomnia, nightmares, trembling, exhaustion, irritability, hostility, impulsiveness, aggressiveness, and urges to move about restlessly associated with an inner mental agitation that can lead to violence and outright psychotic mania.

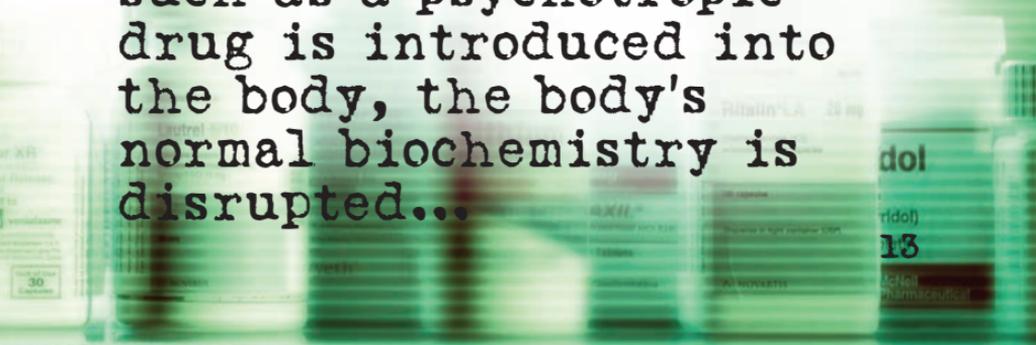
The patient and family must be alert to these frequent drug effects so that they are not mistakenly blamed on just “more mental illness.”

Side effects can sometimes be more pronounced than a drug’s intended effects. They are, in fact, the body’s natural response to the invasion of a chemical that is confusing its normal functions.

What about those who say psychotropic drugs really do make them feel better—that for them, these are “lifesaving medications” whose benefits exceed their risks? Are psychotropics actually safe and effective for them?

“What ends up happening,” says Dr. Beth McDougall, a health center medical director, “is that someone feels good for a while and then very often they have to have their dose increased. And then they feel good for a while and then they might have to have it increased again, or maybe they’ll switch agents. So it’s that kind of a story, if you’re not actually getting to the root of what’s going on.”

When a foreign substance such as a psychotropic drug is introduced into the body, the body's normal biochemistry is disrupted...



PSYCHIATRIC DISORDERS vs. MEDICAL DISEASES

In order to sell the new psychotropic drugs, psychiatrists and pharmaceutical companies came up with a marketing campaign that a chemical imbalance in the brain causes mental disorders and that drugs correct that imbalance.

The marketing hype was repeated so often that millions of people around the world were led to believe it was fact.

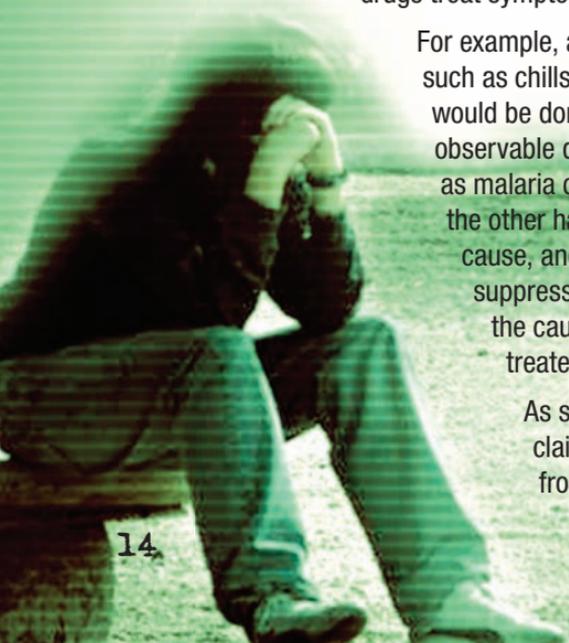
But it is important to understand that there is a big difference between medical disease and psychiatric “disorders.”

In medicine, a condition is only labeled a disease after it has met strict standards: You have to isolate a predictable group of symptoms, be able to locate the cause of the symptoms or see how they function. This must all be proven and established by a physical test such as a blood test or X-ray.

In psychiatry, there are no lab tests to identify their disorders. Their drugs treat symptoms.

For example, a patient might have symptoms such as chills or a fever. In medicine, tests would be done to find out what physically observable disease is causing them, such as malaria or typhoid. Psychiatrists, on the other hand, do not look for the root cause, and instead prescribe a drug that suppresses the symptoms. Meanwhile, the cause of the problem is not being treated and may worsen.

As stated above, psychiatrists claim that their “disorders” come from a chemical imbalance in



the brain. This claim has never been proven true, since there are no tests to assess the chemical status of a living person's brain or how to determine what a correct chemical balance looks like.

Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School, is among many medical experts publicly debunking the "chemical imbalance" theory. "Despite pseudoscientific terms like 'chemical imbalance,' nobody really knows what causes mental illness. There's no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia," he said.¹⁸

The World Psychiatric Association and the US National Institute of Mental Health admit that psychiatrists do not know the causes or cures for any mental disorder or what their "treatments" (usually drugs) specifically do to the patient. Even Steven Sharfstein, while president of the American Psychiatric Association, admitted that there is "no clean cut lab test" to determine a chemical imbalance in the brain.¹⁹

There is no question that people do experience problems and upsets in life that may result in mental troubles, sometimes very serious.

But to say that these are "medical diseases" caused by a "chemical imbalance" that can only be treated with strong and dangerous psychiatric drugs, is dishonest, harmful and often deadly.

Psychiatric drugs mask the real cause of problems, often denying you the opportunity to search for workable, effective solutions.

Needless to say, allowing yourself to be treated with psychiatric drugs is very risky, since there is very little science to back it up.

**Psychiatric drugs
mask the real cause of
problems, often denying
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effective solutions.**

18. Dr. Darshak Sanghavi, "Health Care System Leaves Mentally Ill Children Behind," *The Boston Globe*, 27 Apr. 2004.

19. Michelle Tauber, *et al.*, "All Fired Up," *People*, 11 July 2005.

SOLUTIONS **effective treatments** **are available**

The first step toward creating less violence and self-harm is to recognize the role that psychiatric drugs play.

The next step is to look for other, less side effect-laden options.

All patients should first see a medical doctor (especially one who is familiar with nutritional needs), who should obtain and review a thorough medical history of the patient and conduct a complete physical exam, ruling out all the possible problems that might cause the person's symptoms.



Emotional stress associated with a chronic illness or a painful condition can alter a patient's temperament.²⁰ Lyme Disease (a serious bacterial infection from a tick bite) can cause symptoms of psychosis.²¹

Doctors also recognize that many patients "who have been prescribed psychiatric drugs do not have a psychiatric disorder. Normal life experiences or underlying medical problems actually lie at the heart of their symptoms."²² Depression, for example, may be triggered by a normal response to the death or loss of a loved one, which is not a psychiatric disorder.²³

Even for serious mental problems, there are many alternative programs that come at a much lower cost.

In 1971, for example, Dr. Loren Mosher, chief of the US National Institute of Mental Health's Center for Studies of Schizophrenia, opened a retreat called Soteria House for young persons labeled with "schizophrenia."

They lived medication-free with a nonprofessional staff trained to listen, understand them and provide support and with no antipsychotic drugs, improved significantly compared to the group taking the drugs.

The Soteria House was pressured out of existence in the US but the model is now used in several countries outside the US.

Patients and physicians must urge their government representatives to endorse and support the funding of non-drug workable alternatives to dangerous drugs.

20. Thomas Dorman, "Toxic Psychiatry," Thomas Dorman's website, 29 Jan. 2002, <http://www.dormanpub.com>, Accessed: 27 Mar. 2002.

21. Janet Ginsburg, "Diseases of the Mind," *Newsweek*, 1 Dec. 2003.

22. Dr. Mary Ann Block, *Just Because You Are Depressed Doesn't Mean You Have Depression*, (Block Systems Books, 2007), p 9.

23. *Ibid*, p 18.



CITIZENS COMMISSION ON HUMAN RIGHTS

Restoring Human Rights and Dignity to Mental Health

Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.



Its cofounder is Dr. Thomas Szasz, Professor of Psychiatry Emeritus and internationally renowned author. Today, CCHR comprises a network of 250 chapters in 34 countries. Its board of advisors, called commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and caused hundreds of reforms by testifying before legislative bodies and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



**“Given the nature and potentially
devastating impact of psychotropic
medications...we now similarly
hold that the right to refuse to take
psychotropic drugs is fundamental.”**

Alaska Supreme Court, 2006

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Report any adverse psychiatric drug effects to the FDA's MedWatch program at

www.accessdata.fda.gov/scripts/medwatch

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