



PSYCHIATRIC DRUGS AND ANGER MANAGEMENT CURRICULA— A PERSPECTIVE ON SCHOOL VIOLENCE

DRUG SHAME



Kids who queue to be sedated

THIS is a portrait of the 1990s, when instead of lining up for the daily gym class, children lined up for the school to receive psychiatric medication.



By Citizens Commission on Human Rights
The preminent international mental health watchdog



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IT WORKS SHOULDER-
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LIKE-MINDED GROUPS AND
INDIVIDUALS WHO SHARE
A COMMON PURPOSE
TO CLEAN UP THE FIELD OF
MENTAL HEALTH. IT SHALL
CONTINUE TO DO SO UNTIL
PSYCHIATRY'S ABUSIVE AND
COERCIVE PRACTICES CEASE
AND HUMAN RIGHTS AND
DIGNITY ARE RETURNED TO ALL.

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Since 1988—a year after Prozac was approved for adult use—there have been 46 incidents of school violence involving 48 children and adolescents. Of these, 38% were reported to be taking psychiatric drugs.

INTRODUCTION: THE ROLE OF PSYCHIATRIC DRUGS IN SCHOOL VIOLENCE

In determining any policy regarding school violence or in assessing potential common characteristics of teens responsible for school shootings and violence, the role of prescribed psychotropic (mind-altering) drugs and psychological programs must be considered. This is especially important given the evidence showing that since the introduction of the Selective Serotonin Reuptake Inhibitors (SSRI) antidepressant Prozac in 1987 and thereafter, Luvox, Effexor, Zoloft, Paxil and other SSRIs, the Food and Drug Administration has warned that these can induce suicidal behavior and agitation, hostility, impulsivity and mania.

- Since 1988—a year after Prozac was approved for adult use—there have been 46 incidents of school violence involving 48 children and adolescents. Of these, 38% (18) were reported in media, websites or books to be taking psychiatric drugs or were withdrawing from them at the time of their shooting spree. *The relationship of psychiatric drugs in the remaining incidents of violence has not been publicly disclosed or the person's records are sealed.*
- Of the 18 children and adolescents who committed acts of violence on psychiatric drugs, 9 were taking antidepressants, 5 were taking the stimulants Ritalin or Dexedrine, 1 was taking a tranquilizer and 3 others took psychiatric drugs (specifics unknown). The 18 students, aged between 11 and 19, killed 47 people and wounded 104.
- Of the 18 children and adolescents who committed acts of violence, at least seven students had undergone anger management/conflict resolution classes or psychological counseling that experts have also indicated could increase violent tendencies.
- Between 1993 and 2006, there were an additional 22 cases reported in the media of teens committing violent crimes and murders while taking psychiatric drugs outside of school settings. During the same period, school shootings involving adults taking psychiatric drugs resulted in 5 deaths and 7 people wounded.
- Between 1995 and 1999, the use of antidepressants increased 151% in the 7-12 age group.¹ *The Journal of American Academy of Child and Adolescent Psychiatry* reported a 500% increase in those 18 years of age and younger taking antidepressants between 1987 and 2002.²
- Between 1991 and 1996, Zoloft, Paxil, Effexor, Luvox and Celexa were all FDA approved for adult use only, yet all these drugs are cited in incidents of teen violence. It was not until January 3, 2003, that the Food and Drug Administration (FDA) approved Prozac as the only SSRI to treat “depression” in children. In October 2004, the FDA ordered its strongest “black box” labeling to warn that SSRI antidepressants can cause suicidal behavior in children and adolescents.

- Between 1990 and 2005, there was a more than 380% increase in the pediatric use of stimulants that the FDA warned in 2006 could cause **psychosis, mania** and **aggression**.³ Suicide is a risk during withdrawal.

- In May 2002, the U.S. Secret Service and Department of Education report on prevention of school attacks in the United States reviewed 37 incidents of targeted school shootings and school attacks between 1974 and June 2000—an average of 1.4 shootings per year. In comparison, the number of incidents over 18 years since 1988 was 2.5 per year or almost double.

- The U.S. Secret Service and Department of Education research did not investigate potential psychotropic drug influence but only whether attackers had non-complied with taking prescribed psychiatric medications, of which 10% had.⁴ There was no mention of the studies showing severe withdrawal effects, especially from SSRI antidepressants and stimulants that could predispose a child to violent behavior.

- Kelly Patricia O’Meara, author of *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, says that despite the fact that two federal law-enforcement agencies had the opportunity to view the personal files of many of the school shooters, important medical data gleaned from those files apparently was ignored.⁵

- Cases of violent crimes compiled by the International Coalition for Drug Awareness recorded more than 950 acts of violence over an eight-year period, committed by people of all ages taking SSRI antidepressants. This includes 362 murders; 45 attempted murders; over 100 acts of violence and assault, including 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.

This is more than coincidental and experts say that it warrants government investigation and intervention.

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People who take antidepressants, could “become very distraught.... They feel like jumping out of their skin. The irritability and impulsivity can make people suicidal or homicidal.”

**Dr. Joseph Glenmullen,
Harvard Medical
School**

CHAPTER 1

ANTIDEPRESSANTS COULD EXPLAIN THE RASH OF SCHOOL SHOOTINGS...

Harvard Medical School psychiatrist, Dr. Joseph Glenmullen, author of *Prozac Backlash*, says antidepressants could explain the rash of school shootings and mass-suicides over the last decade. People who take antidepressants, he said, could “become very distraught....They feel like jumping out of their skin. The irritability and impulsivity can make people suicidal or homicidal.”⁶

Robert Whitaker, author of *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*, 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.”⁷

DRUG-INDUCED VIOLENCE: “IF WE’RE ONLY INTERESTED IN DEBATING GUN LAWS AND METAL DETECTORS, THEN WE AS LEGISLATORS AREN’T DOING OUR JOB.”

Following the Columbine school shooting in 1999, Colorado State Rep. Penn Pfiffner, chaired a hearing on the possible connection of 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.” “If we’re only interested in debating gun laws and metal detectors,” said Pfiffner, “then we as legislators aren’t doing our job.”⁸

Since then, many more studies and drug warnings have emerged that highlight the violent and suicide inducing effects of psychiatric drugs. For example:

- In September 2006, Dr. David Healy, director of the North Wales Department of Psychological Medicine, and colleagues released the findings of their study published in the journal *Public Library of Science Medicine* (PloS) that determined GlaxoSmithKline’s Paxil raises the risk of severe violence in people taking them. “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. The findings are based in part on clinical trial data GSK submitted to the UK’s Committee on Safety of Medicines Expert Working Group.⁹ “I have no reason to think all of the drugs in the group don’t pose just as much risk,” he said.
- Adds Dr. Healy, “What is very, very clear is that people do become hostile on the drugs.”¹⁰
- In February 2006, Health Canada approved a new warning label for Paxil that reads, in part: “A small number of patients taking drugs of this type...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**.” Health Canada required Paxil’s product information to detail a list of “rare” side effects, affecting fewer than one in 1,000 patients. These include delusions, **hostility, psychosis** and **psychotic depression**.¹¹

- Based on this figure, of the 1.5 million children and adolescents in the United States currently taking antidepressants, 1,500 are potential time bombs.
- The manufacturer’s study of the antidepressant Remeron reported that 4% of users experienced **abnormal dreams** and 3% 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% of those taking Remeron dropped out of the study because of adverse reactions.¹²
- In September 2004, a study titled, “Aggression, Mania, and Hypomania Induction Associated with Atomoxetine” (Strattera), published in *Pediatrics*, the journal of the American Academy of Pediatrics, revealed that 33% of the patients reviewed exhibited **extreme irritability, aggression, mania or hypomania**.¹³ While an antidepressant, Strattera is prescribed largely to children with so-called Attention Deficit Hyperactivity Disorder (ADHD).
- Substantial evidence from SSRI clinical trials shows that these drugs can trigger **agitation**. Approximately 5% of patients on SSRIs in randomized trials drop out because of **agitation** against 0.5% on placebo (dummy pill).¹⁴ The maker of Prozac reported the following frequent nervous system effects: **agitation, amnesia, confusion** and emotional lability (“**susceptible to change, error or instability**”—*Webster’s New World Medical Dictionary*).¹⁵
- When Yale University’s Department of Psychiatry analyzed the admissions to their hospital’s psychiatric unit, they found that 8.1% of the patients “were found to have been admitted owing to antidepressant-associated mania or psychosis.”¹⁶
- Dr. Glenmullen documented cases in psychiatric journals and in his own practice of disturbing side effects linked to SSRIs, including **hallucinations, psychoses, violence** and **attempted suicide**. In August 2006, Dr. Glenmullen said he believed Paxil could cause homicidal episodes.¹⁷
- In November 2005, the FDA added “**homicidal ideation**” as a side effect of Effexor XR (extended release).¹⁸

“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.”

Robert Whitaker,
author of
Mad in America



CHAPTER 2

SUICIDE RISK

- Dr. Healy also found that rather than reducing suicide, a review of published SSRI antidepressant clinical trials determined that they increase the risk of suicide.¹⁹
- In fact, two years before Prozac was approved for the American market, Germany's drug licensing agency, BGA, refused to approve it because of the risk of suicide. BGA had determined 16 suicide attempts had been made during treatment with the antidepressant, two of these with success. It stated, "As patients with a risk of suicide were excluded from the studies, it is probable that the high proportion can be attributed to an action of the preparation." While the Germans eventually licensed Prozac, it was not without a warning that Dr. Timothy Scott, author of *America Fooled, The Truth About Antidepressants, Antipsychotics and How We've Been Deceived*, essentially warned those taking it that should they react to the drug they should consider asking physicians for a sedative to decrease the danger of suicidal disinhibition and agitation.²⁰
- In August 2006, *The Archives of General Psychiatry* published a study by Mark Olfson, M.D., MPH, and colleagues stating 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.²¹
- In 2005, Norwegian researchers published a study of more than 1,500 patients, entitled, "Suicide attempts in clinical trials with paroxetine (Paxil) randomized against placebo," in the *BMC Medicine*, finding that Paxil was seven times more likely to induce suicide in people taking this than those taking placebo: "The data strongly suggests that the use of SSRIs is connected with an increased intensity and suicide attempts per year."²²
- Dr. Richard Kapit, a former FDA researcher who investigated Prozac, Paxil and Zoloft before the drugs were allowed on the U.S. market, testified in a murder case linked to SSRIs that he always suspected in some patients the drugs could cause mania, a condition that can lead to violence. "In the psychiatric profession, antidepressants have always been thought to cause manic episodes," Kapit said. "Now, we have hard data to back up what everyone sort of believed." Kapit was referring to three reviews of clinical trial data provided by drug companies and presented at an FDA hearing in September 2004, showing some children and adolescents taking antidepressants may develop suicidal thoughts or actions because of the drugs.²³
- "There are many reports and studies confirming that SSRI antidepressants can cause violence, suicide, mania and other forms of psychotic and bizarre behavior,"

says psychiatrist Peter Breggin in a study of SSRIs, published in *International Journal of Risk & Safety in Medicine* in 2003.²⁴ The fact that drug regulatory agencies such as the FDA and Health Canada require SSRI packaging to include the warning of “anger, aggression, and violence indicates a concern that antidepressant reactions can pose a danger to others,” Dr. Breggin stated.²⁵ Further, “From agitation and hostility to impulsivity and mania,” he warns, “antidepressant-induced behaviors is identical to that of PCP, methamphetamine and cocaine—drugs known to cause aggression and violence.”²⁶

- Attorney Jim Gottstein adds, “The high rate at which we are drugging America’s children with psychotropics is a national disgrace.”²⁷

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CHAPTER 3

DRUG WITHDRAWALS CAUSE VIOLENT BEHAVIOR

“The data strongly suggests that the use of SSRIs is connected with an increased intensity and suicide attempts per year.”

BMC Medicine, August 2005

When drug companies became concerned about the withdrawal effects from SSRIs, according to Dr. Glenmullen, the manufacturer of Prozac funded a closed-door conference with experts who decided to call this effect “antidepressant discontinuation syndrome” to avoid the negative connotations of drug withdrawal (addictive) effects.²⁸

Since then, Britain has warned that all SSRIs “may be associated with withdrawal” and noted that Paxil and Effexor “seem to be associated with a greater frequency of withdrawal reactions.”²⁹

Pharmaceutical records show that 62% of patients in clinical trials for Paxil experienced withdrawal symptoms.³⁰

A report issued by the National Preferred Medicines Center Inc. in New Zealand on “Acute drug withdrawal,” warned 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.³¹

Dr. John Zajecka reported in the *Journal of Clinical Psychiatry* that the agitation and irritability experienced by patients withdrawing from one SSRI could cause “aggressiveness and suicidal impulsivity.”³² In *Lancet*, the British medical journal, Dr. Miki Bloch reported on patients who became suicidal and homicidal after stopping an antidepressant, with one man having thoughts of harming “his own children.”³³

In August 2005, the Australian Therapeutic Goods Administration published an Adverse Drug Reactions Bulletin reporting that a review of SSRIs found evidence that increased dosages of the antidepressants could cause akathisia, agitation, nervousness and anxiety. Similar symptoms could also occur during *withdrawal*.³⁴

Donald Marks, M.D., Ph.D., testified before FDA hearings in February 2004 stating, “There are many studies in the peer reviewed medical literature supporting the causal role of serotonin in disinhibition and violence. My own prescribing experience with SSRI drugs and evaluation of numerous cases referred to me has revealed significant agitation and aggression, akathisia, activation of mania and hypomania, increased depression, serious dependency and *withdrawal* difficulties, suicidal ideation, and toxic interactions with other drugs.”³⁵

Suicide is the major complication of withdrawal from Ritalin and similar amphetamine-like drugs.³⁶

COURTS DETERMINE DRUGS INDUCE VIOLENT ACTS

- In January 1999, University of North Dakota student Ryan Ehlis, 27, shot and killed his five-week-old daughter and wounded himself after taking the stimulant Adderall for several weeks. Ehlis' girlfriend, the mother of his children, testified that Ehlis stopped acting like himself the first day he took Adderall. After the first week, he began to describe delusions and hallucinations. Shire Richwood, the manufacturer of Adderall, issued a statement to the court that psychosis is a side effect of this class of stimulants. Charges were dismissed against Ehlis after various doctors testified that he suffered from "Amphetamine-Induced Psychotic Disorder."³⁷
- On May 25, 2001, an Australian judge blamed the antidepressant Zoloft for turning a peaceful, law-abiding man, David Hawkins, into a violent killer. Judge Barry O'Keefe of the New South Wales Supreme Court said that had Mr. Hawkins not taken the antidepressant, "it is overwhelmingly probable that Mrs. Hawkins would not have been killed...."³⁸ 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."³⁹
- 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 Paxil and killing his wife, daughter and his baby granddaughter. The jury determined that the drug was 80% responsible for inducing the killing spree.⁴⁰
- Testifying in the Schell case was Harvard psychiatrist John Maltzberger who said that SSRI manufacturers should warn that SSRIs can cause some patients to experience akathisia and mania, which, he told the court, can induce violent behavior and suicide.⁴¹

Pharmaceutical companies invented "antidepressant discontinuation syndrome" to avoid the negative connotations of drug withdrawal (addictive) effects.

Prozac Backlash



“...evaluation of numerous cases referred to me has revealed significant agitation, aggression, serious dependency and withdrawal difficulties.”

**Donald Marks,
M.D., Ph.D.,
Testimony to
FDA Hearing,
February 2004**

CHAPTER 4

COLUMBINE: A DRUG AND ANGER MANAGEMENT TRAGEDY

On November 11, 1999, in response to the Columbine shooting, the Colorado State Board of Education passed the “Resolution: Promoting the Use of Academic Solutions to Resolve Problems with Behavior, Attention, and Learning,” that stated, “there are documented incidents of highly negative consequences in which psychiatric drugs have been utilized for what are essentially problems of discipline which may be related to a lack of academic success.”

The Board resolved to “encourage school personnel to use proven academic and/or classroom management solutions to resolve behavior, attention, and learning difficulties.” This followed evidence presented to it of Eric Harris, the ringleader in the Columbine shooting taking the antidepressant Luvox.

In 2003, Colorado passed a law “Concerning School Board Policies Covering When Personnel May Address Health Care Treatment for Student Behavior Issues,” where each School Board was directed to “adopt a policy of prohibiting school personnel from recommending or requiring the use of a psychotropic drug for any student” and that “school personnel shall not test for a child’s behavior without prior written consent from the parents or guardians.”

In 2004, a federal child medication safety amendment also provided similar safeguards. It is now widely recognized that given the serious potential risk of violence caused by these drugs, that it is imperative that those recommended to take these as well as their families be fully apprised of the side effects.

On June 30, 2006, an Alaska Supreme Court ruling regarding enforced psychiatric drug use determined, “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.”

Recognizing the risks of these drugs, the court stated: “Psychotropic drugs ‘affect the mind, behavior, intellectual functions, perception, moods, and emotion’ and are known to cause a number of potentially devastating side effects...Courts have observed that ‘the likelihood [that psychotropic drugs will cause] at least some temporary side effects appears to be undisputed and many have noted that the drugs may—most infamously—cause Parkinsonian syndrome (disease of the nerves causing tremor, muscle weakness, shuffling walk) and tardive dyskinesia” (*tardive*, late and *dyskinesia*, abnormal movement of muscles).⁴²

ANGER MANAGEMENT/CONFLICT RESOLUTION IN THE CLASS

While exposing millions of children to the potential violence- and suicide-inducing

effects of psychiatric drugs on one hand, “anger management,” conflict resolution programs and “death education” have also been a common denominator in some of the school shootings.

At least 7 of the school shooters identified in this report had undergone some form of anger management, conflict resolution or other psychological counseling program.

- “Death education, which has been used in many countries since the 1970s, requires children to discuss suicide, and write their own wills and epitaphs.”
- Critics cite Colorado’s Columbine High School teens Eric Harris and Dylan Klebold as prime examples of the failure of “anger management” and “death education.” Both boys had attended a court-ordered counseling program, including anger management. Then they participated in a death education class at school in which students were asked to imagine their own death. Harris, who, as referenced above, was also taking Luvox, subsequently said he had a dream where he and Klebold went on a shooting rampage in a shopping center. Harris wrote about his dream and handed it in to the teacher.⁴³
- Tara Becker who survived an unsuccessful suicide attempt after a death education class at Columbine High School, stated, “The things we learned in the class taught us how to be brave enough to face death. We talked about what we wanted to look like in our coffins.”⁴⁴
- Experts reviewing the Jefferson County’s diversion program files on Harris said that clearly “something was wrong” and they should have recognized that despite concluding an anger-management class, Harris was still having problems controlling anger. Harris’ own words in some of the diversion documents state, for example: “Short temper, often get angry at almost anything I don’t like, like people I have no respect for trying to tell me what to do. People telling me what to think. I have too many inside jokes or thoughts to have very many friends. I hate too many things.” Harris also noted he experienced **anger**, **anxiety**, depression, disorganized thoughts, **homicidal thoughts**, jealousy, loneliness, mood swings, obsessive thoughts, racing thoughts, stress, suspiciousness and a temper.⁴⁵
- Compare this also to the side effects of SSRIs that include, “**Anxiety**, **agitation**, panic attacks, **irritability**, **hostility**, **impulsivity**, **akathisia** (severe restlessness), **hypomania** and **mania**.”⁴⁶ **Bizarre dreams** and **violent behavior** have also been reported.⁴⁷

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“The things we learned in the class taught us how to be brave enough to face death. We talked about what we wanted to look like in our coffins.”

**Tara Becker,
Columbine High
School**

- While claiming to teach individuals to control their aggression and anger, there are no standards for delivering anger management courses.⁴⁸ “There are as many ways to approach [anger management] as there are people,” said W. Doyle Gentry, a clinical psychologist and director of the Institute for Anger Free Living in Virginia. “And it’s created a lot of confusing, even bizarre methods that can’t be taken seriously. I mean, if they ask you to beat a mattress with a tennis racquet [to work out your anger], it’s not going to do you any good,” he said.⁴⁹ One anger management student beat up a classmate so badly that six days later the boy was still hospitalized.⁵⁰

- In a report by Daniel W. Webster entitled, “The Unconvincing Case For School-Based Conflict Resolution Programs For Adolescents,” he wrote, “I am skeptical that existing conflict resolution programs can reduce interpersonal violence, for the following reasons: (1) There is no evidence that such programs produce long-term changes in violent behavior or risk of victimization; (2) in the absence of other supporting interventions, classroom-based curricula generally have failed to produce sustainable behavior changes for other health and social problems among youth.”⁵¹

- In his book *Maximum Security: The Culture of Violence in Inner City Schools*, John Devine, former Director of the School Partnership Program in New York City who also taught at the Metropolitan Center for Urban Education at New York University, said, “Violence-prevention courses also create the impression that schools are doing something—other than using metal detectors—about the problem, even though they do not address the fundamental causes. A violence-prevention curriculum, then, is one more method that has evolved for distracting attention from real issues.”⁵²

SUMMARY

THE RISK OF MENTAL HEALTH SCREENING

Delinquency, suicide and violence have been escalating among youths. Too often this has been falsely attributed to their “mental illness,” when, in fact, the very methods used to “treat” such “illness” are the cause of the problem.

Today, teachers are expected to fill out different reports on the behavior of their students using forms based on the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) that experts say lacks any science and reliability. In their renowned book *Making Us Crazy: The Psychiatric Bible and the Creation of Mental Disorders*, Professors Herb Kutchins and Stuart A. Kirk say, “...the latest versions of DSM as a clinical tool are unreliable and therefore of questionable validity as a classification system.”⁵³

Further, the DSM has questionable ties to the pharmaceutical industry.

A study published in the April 2006 edition of *Psychotherapy and Psychosomatics* determined that 56% of the psychiatrists who decided which “mental disorders” were to be included in the fourth edition of DSM were drug-company funded. Lisa Cosgrove, a psychologist from the University of Massachusetts and Sheldon Krinsky, a Tufts University professor, conducted the study and documented how pharmaceutical companies funded psychiatrists who defined the disorders for the manual. One hundred percent of those sitting on DSM-IV panels overseeing so-called “mood disorders” (which includes “depression”) and “schizophrenia/psychotic disorders” were financially involved with drug companies. These are the largest categories of psychiatric drugs in the world: 2004 sales of \$20.3 billion for antidepressants and \$14.4 billion for antipsychotic drugs alone.⁵⁴

Yet behavior evaluations of students are often based on the DSM.

The *Disruptive Behaviors Disorders (DBD) Rating Scale* contains 61 questions, of which 39 are taken directly from the DSM.

The “Teacher’s Report Form for Ages 6-18” rates 112 behaviors for each child, including: “Fails to finish things he/she starts,” “defiant, talks back to staff,” “bragging, boasting,” “can’t sit still, restless, or hyperactive,” “confused or seems to be in a fog,” “fidgets,” “daydreams or gets lost in his/her thoughts,” “disobedient in school,” “breaks school rules,” “over-conforms to rules,” “easily jealous,” “hangs around with others who get into trouble,” “bites fingernails,” “picks nose, skin, or other body parts,” “has difficulty learning,” “poor schoolwork,” “secretive, keeps things to self,” “showing off or clowning,” “speech problem,” “stares blankly,” “fails to carry out assigned tasks,” “talks too much,” and “underachieving, not working up to potential.”

The “Teacher Problem Rating” supposedly evaluates the child’s relationship with

“...the latest versions of DSM as a clinical tool are unreliable and therefore of questionable validity as a classification system.”

Professors Herb Kutchins and Stuart A. Kirk, *Making Us Crazy*



“[We] found no evidence that screening for suicide risk reduces suicide attempts or mortality.”

U.S. Preventive Services Task Force

other children, the teacher, his academic progress, how he affects the classroom and his self-esteem. The teacher is expected to make the evaluation which can range anywhere from no problem to extreme problem.

Based on the DSM, psychiatric screening programs such as TeenScreen™ are being implemented in schools across the United States, without any scientific veracity to them. Program inventor, Columbia University psychiatrist David Shaffer, admits there’s at least an 84% error rate, while the U.S. Preventive Services Task Force, an independent panel of experts in primary care and prevention said it had “found no evidence that screening for suicide risk reduces suicide attempts or mortality.”⁵⁶

Kelly Patricia O’Meara, former Congressional staff and author of *Psyched Out: How Psychiatry Sells Mental Illness and Pushes Pills That Kill*, responded to this: “Since when does an 84% failure rate equate to a reliable scientific test?”⁵⁷

The use of DSM-based screenings and student evaluations, anger management and other “conflict resolution” programs, are often not only ineffective but could also potentially lead to more children being prescribed psychiatric drugs that can induce violent behavior and suicide. In addressing the rise in senseless violence in schools, the role of these and psychiatric drugs must be investigated.

RECOMMENDATIONS

In light of the above information, studies and the list of school shooters in the appendix of this report, CCHR urges that government officials and/or law enforcement bodies to:

- 1) Hold legislative hearings to fully investigate the correlation between psychiatric treatment and violence and suicide, including the impact of anger management and conflict resolution classes in schools.
- 2) Implement 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 and that this information is made public.
- 4) Ensure that any advertisements for psychiatric drugs warn of the potential to cause violent, aggressive or suicidal behavior and that consumers are made aware that they should report all adverse side effects of this nature to the FDA's Medwatch program: <http://www.fda.gov/medwatch>

Implement mandatory toxicology reports that specify a testing for psychiatric drugs in anyone who has committed a homicide or serious violent crime.



APPENDIX 1

ACTS OF PSYCHIATRIC DRUG-RELATED SCHOOL VIOLENCE: 1988-2006

The following are reports of teens committing acts of school violence beginning in 1988, one year after the first SSRI antidepressant was approved for the U.S. market for adult use only. More than half of the teens committing these acts were taking SSRI antidepressants. The list also includes where the teenager had undergone anger management or some other psychological counseling that may have exacerbated their condition; an * marks those taking psychiatric drugs.

1988

1. * **September 26, 1988, South Carolina: James Wilson**, 19, went on a shooting spree in an elementary schoolyard in Greenwood, killing two 8 year olds, and wounding 7 other children and 2 teachers. He was taking **Xanax** and for the eight months prior to the shooting had been taking several psychiatric drugs.

1997

2. * **October 1, 1997, Pearl, Mississippi: Luke Woodham**, 16, shot two students to death and wounded seven others after beating and stabbing his mother to death. Public reports say the boy was taking **Prozac**.

3. * **December 1, 1997, West Paducah, Kentucky:** 14-year-old **Michael Carneal** was on **Ritalin**, when he started firing a gun during a prayer meeting at a high school, killing three teens aged 14 to 17, and wounding five other students, including one who is paralyzed.

1998

4. * **March 1998, Arkansas: Andrew Golden**, 11, and cousin **Mitchell Johnson**, 13, went on a shooting spree at Westside Middle School in Arkansas, killing four students and one teacher. Nine students and a teacher were also wounded. Arkansas was one of the first states to introduce Outcome Based Education, which includes conflict resolution classes. In a review of the book *Teenage Rampage: The Worldwide Youth Phenomenon*, it said both boys had taken **Ritalin**.

5. * **May 21, 1998, Oregon:** 15-year-old **Kip Kinkel** murdered his parents and then proceeded to school where he opened fire on students in the cafeteria, killing two and wounding 22. Kinkel had been taking **Prozac** and an amphetamine and had also undergone psychological anger management classes.

6. * Pocatello, Idaho: An unnamed 14 year old held 5 classmates hostage with a gun. He surrendered to the police and no fortunately one was hurt. He was taking **Zoloft**.

1999

7. * April 16, 1999, Idaho: 15-year-old **Shawn Cooper** fired two shotgun rounds in his school, narrowly missing students. He was taking a prescribed **SSRI antidepressant** and **Ritalin**.

8. * April 29, 1999, Taber, Alberta: An unnamed 14-year-old student from W.R. Myers High School shot two students, killing one. He began taking prescribed **Dexedrine** immediately prior to the shooting.

9. * April 20, 1999, Colorado: 18-year-old **Eric Harris**, the ringleader in the Columbine massacre killed a dozen students and a teacher before taking his own life. He was taking **Luvox** that the coroner confirmed was in his system through toxicology reports. He and his co-shooter, **Dylan Klebold**, had also undergone psychological anger management programs. Harris had “graduated” from a juvenile detention center. They killed 12 students and a teacher and wounded 23 others before killing themselves. Anger Management/Death Education were involved.

10. * May 20, 1999, Georgia: 15-year-old **T.J. Solomon** was being treated with **Ritalin** when he opened fire on and wounded six of his classmates.

11. * December 6, 1999, Fort Gibson, Oklahoma: 13-year-old **Seth Trickey** fired at least 15 shots at Fort Gibson Middle School wounding four classmates. He was undergoing psychological counseling.

2000

12. * March 7, 2000, Williamsport, Pennsylvania: **Elizabeth Bush**, 14, was taking **Prozac** when she shot at fellow students, wounding one.

2001

13. * January 10, 2001, Oxnard, California: A 17-year-old gunman fired shots at Hueneme High School before taking a female student hostage. He was later shot and killed by police. Prior to the shooting he had been treated for mental illness, which



most likely included **psychiatric drugs**.

14. * March 22, 2001, California: 18-year-old **Jason Hoffman** opened fire on his classmates, wounding three students and two teachers at Granite Hills High School. He had been prescribed the antidepressants **Celexa** and **Effexor**. He had also been receiving counseling and anger management.

15. * April 2001, Washington State: 16-year-old **Cory Baadsgaard** took a rifle to his high school and took 23 classmates and a teacher hostage. According to another student, “Cory was yelling and then he just stopped, looked down at the gun in his hand and woke up.” Fortunately, no one was hurt. Cory had been taking **Effexor** and had no memory of the incident.

2003

16. * January 2003, Elliot City, Maryland: **Ryan T. Furlough**, 19, killed a Centennial High School classmate by *spiking his soda with cyanide*. He was being treated with **Effexor**.

2004

17. * February 2004, Greenbush, New York: 16-year-old, **Jon Romano** strolled into Columbia high school in east Greenbush and opened fire with a shotgun. Special education teacher Michael Bennett was hit in the leg. The boy was treated with medication for depression.

2005

18. * March, 2005, Minnesota: **Jeff Weise**, 16, shot dead his grandparents, then went to his school on the Red Lake Indian Reservation where he shot dead 8 students and a teacher, and wounded 7 before killing himself. He was taking **Prozac**.

19. * November 8, 2005, Jacksboro, Tennessee: **Kenneth Bartley**, a student in high school shot and killed an assistant principal. The principal and another assistant principal were wounded. He had previously spent about a year and a half in a residential juvenile treatment program, where he was potentially prescribed psychiatric drugs or anger management/psychological counseling.

2006

20. * August 30, 2006, Hillsborough, North Carolina: Alvaro Castillo, 19, killed his father, then opened fire at Orange High School, wounding two students before surrendering to police. He had been involuntarily treated in a state psychiatric hospital, and such commitment involves drugs.

21. * September 29, 2006, Wisconsin: Eric Hainstock, 15, gunned down the principal of Weston High School. He was in special education and had allegedly spent an hour in anger management class two days before the shooting.

22. * October 10, 2006, Charleston, South Carolina: Tyrell Glover, 19, took an air rifle to Burke High School where he planned to hold students hostage and be gunned down by police. He had been taking an **antidepressant** for several years but his mother took him off the drug when she saw the listed side effects in ads. However, Tyrell began taking **Prozac** again for approximately six months. Whether he was taking a psychiatric drug or withdrawing from it at the time of this hostage/suicide plan is yet to be confirmed.



APPENDIX 2

OTHER TEEN VIOLENT ACTS ASSOCIATED WITH PSYCHIATRIC DRUGS

- 1. October 9, 1993, Rochester, Massachusetts:** 15-year-old **Gerard McCra, Jr.** shot and killed his mother, father and 11-year-old sister, Melanie, after taking **Ritalin** for nine years.
- 2. October 23, 1994, Iowa:** **Kristina Fetters**, 14, stabbed to death her great aunt in Polk County. She said that while taking **Prozac**, she attacked her aunt in a fit of rage.
- 3. February 19, 1996, Florida:** 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 was taking **Prozac**.
- 4. March 1997, Alabama:** At 17 years old, **Brian Storey** killed a woman. He was being treated with **Zoloft**.
- 5. September 27, 1997, New Jersey:** 16-year-old **Sam Manzie** raped and strangled another boy to death. The younger boy was selling candy door to door for the local PTA at the time of the killing. Manzie was taking **Paxil**.
- 6. May 25, 1997, Nevada:** 18-year-old **Jeremy Strohmeyer** raped and murdered a 7-year-old girl in the ladies restroom in a casino. He had been taking **Dexedrine**.
- 7. March 10, 1998, Alabama:** 17-year-old **Jeffrey Franklin** used an ax to bludgeon his family, killing both his parents and hospitalizing his two younger brothers and his sister. Franklin had been taking **Prozac**, **Klonopin** and **Ritalin**.
- 8. August 25, 1999, Tennessee:** 15-year-old **Matthew Hardrick** killed his father and then shot and wounded his mother when he fired at the bathroom door she was hiding behind. He was reported to have been on the antidepressant **Paxil**.
- 9. March 5, 2000, Massachusetts:** 16-year-old **Valerie Hall** pushed her mother down a flight of stairs and then beat her to death with a hammer. Valerie had been taking the antidepressant, **Wellbutrin**.
- 10. March 20, 2001, Texas:** **Jon "Paul" Marsh**, 17, killed his 14-year-old friend, Nathan Mayoral. Marsh was on **Paxil** and **Resperidal** in the months before he beat Mayoral to death. The Paxil dosage was doubled in the weeks before the killing.
- 11. November 2001, Charleston, South Carolina:** **Christopher Pittman**, 12, shot his parents Joe Frank and Joy Pittman in the head before setting their house on fire. He was taking **Zoloft** at the time, which attorneys argued caused involuntary intoxication.
- 12. November 2002, Lewisville, Texas:** A 15-year-old unnamed girl killed her

6-year-old brother and admitted to stabbing him in the neck and burying him in a shallow grave behind their house. She was withdrawing from **Paxil**.

13. January 22, 2003, Michigan: 18-year-old **Joe Siesling** killed his mother and two sisters. Siesling's bloodtest revealed he had the chemical fluoxetine (**Prozac**) in his system.

14. January 2003, Florida: 15-year-old **Daniel Carter** killed his uncle by stabbing him 10 times with a knife. He was taking **Zoloft** and **Ritalin**.

15. September 2, 2003, Boise, Idaho: **Sarah Johnson**, 16, shot and killed her parents while they slept. She was taking **Zoloft** as well as **Ambien** to help her sleep.

16. May 2004, Arkansas: 16-year-old **Amy Williams** killed her father. Prior to the killing she was having behavioral problems and was admitted to Pinnacle Pointe Behavioral Hospital in Little Rock where she was prescribed **Prozac**.

17. July 2004, New Mexico: **Cody Posey**, 14 years old, killed his father, Delbert Paul Posey, his stepmother Tryone, and his 13-year-old stepsister and then hid their bodies. Cody was taking an **antidepressant**.

18. August 2004, Texas: A 10-year-old boy climbed into the back of his father's sport utility vehicle, fired a pistol several times through the back of the driver's seat and then ran back inside his home. Shortly beforehand he had been prescribed **Prozac**.

19. September 21, 2004, Redding, California: **Paul McCallister**, 16, killed his neighbor and then himself. He'd started taking an **antidepressant** a month earlier.

20. February 2005, Santa Clara, California: **Neil Richardson**, a 16-year-old boy who was considered by his family to be the "golden boy," stabbed his 17-year-old brother to death. He was being treated with **Paxil**.

21. May 2005, Omaha, Nebraska: **Charles Gray III**, 15, shot his father, then shot and killed himself. He was withdrawing from **antidepressants**.

22. March 2006, Seattle, Washington: A 13-year-old boy stabbed his grandmother to death after plotting the crime. He was taking **Prozac** and seeing a counselor.



APPENDIX 3

ADULT ACTS OF VIOLENCE IN SCHOOLS

- 1. December 1993, Chelsea, Michigan: Steven Leith** walked back into a school meeting and fatally shot the school superintendent and wounded two others including a fellow teacher. He was taking **Prozac**.
- 2. May 4, 1999, Costa Mesa, California: Steven Allen Abrams**, 39, rammed his car into Southcoast Early Childhood Learning Center (preschool) playground killing two and injuring five. He was taking **Lithium**.
- 3. September 13, 2006: 25-year-old Kimveer Gill** stormed Montreal's Dawson College and sprayed students with bullets, killing 18-year-old Anastasia De Sousa before turning the gun on himself. He had been **treated for depression**.
- 4. September 28, 2006, Bailey, Colorado: Duane Morrison**, 53, entered Platte Canyon High School and shot and killed one girl, and sexually assaulted 6 others. **Antidepressants** were found in his vehicle.

APPENDIX 4

A PERSONAL STORY ON THE VIOLENCE-INDUCING EFFECTS OF ANTIDEPRESSANTS

Stephen Leith 239190
Carson Correctional Facility
PO Box 5000
Carson City, MI 48811

Jane Henney, M.D.,
Commissioner, Food and Drug Administration
5600 Fishers Lane, Rm 1471
Rockville, MD 20857

Dear Dr. Henney:

I am writing to tell you what PROZAC did to me and to urge you to take it off the market. In the years prior to 1992, I became depressed as I watched my wife slowly die of cancer. In January of 1992, I sought psychiatric help and was immediately prescribed PROZAC. After about 2 weeks it kicked in, and I was full of energy, I felt as though I could accomplish anything I put my mind to and began a major project. People in the school where I taught knew something had happened to me: I ran everywhere, even in the school! The kids joked that I was “hitting the acid cabinet” in the back of my chemistry room, and the Superintendent, thinking I was on street drugs, called me into his office and demanded to know what was going on. I lost all discretion regarding what I said, even speaking to strangers about personal things. I became obnoxious and the students started fearing me, especially when I began touching some of them. I now lacked control.

After about six weeks, I sprained my ankle and the good feeling turned bad. My **sleep became increasingly more fitful** and the **depression** returned. The psychiatrist suggested taking me off PROZAC, but I begged him to leave me on it, fearing that the depression would be much worse without it. I started seeing things moving out of the corner of my eye, and I was constantly jerking my head in the perceived direction to see what it was. There was nothing, of course, but I was fooled into looking anyway. I was constantly **agitated**. I became disillusioned, thinking people didn't like me and were out to get me. When I was reprimanded for my inappropriate behavior (which began after taking PROZAC), I was certain the administration was trying to fire me. I was becoming paranoid. I had gone deeply into debt, acquiring many things I did not need after going on the drug, and now I was convinced they were out to take my job from me. **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, leaving a shell behind; my

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. Here's his story about how the drug affected him, with highlighted sections indicating side effects of this type of antidepressants.



brain felt like it was sloshing in my skull. After nearly two years of decline, I snapped and killed the Superintendent at a grievance meeting pertaining to my bizarre behavior. 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.

Of course I was arrested and whisked away. When the lawyer arrived at the jail, I asked him if anyone got hurt! I have been incarcerated now for over six years on a life sentence. I have met others here who have been on PROZAC and several of them, without my prompting, have shared how the drug also **intensified their anger** and caused similar **impulse control problems**.

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. The two others who were wounded are mistrustful in their dealings with others. 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. My friends deserted me and my name and reputation ruined. As you can see, many lives besides my own have been negatively impacted due to what PROZAC did to me.

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.

Sincerely

Stephen Leith

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