



Psychiatric Meds: Prescription for Murder?

In a frenzied cry for gun-control, the media is rife with details about the firearms Adam Lanza used to kill 20 children and six adults before turning a handgun on himself at Sandy Hook Elementary School in Newtown, Connecticut, on December 14, 2012. But information about Lanza's medical history is scarce, feeding speculation that he may fit the profile of school shooters under the influence of psychotherapeutic medication.



"In virtually every mass school shooting during the past 15 years, the shooter has been on or in withdrawal from psychiatric drugs," observed Lawrence Hunter of the Social Security Institute. "Yet, federal and state governments continue to ignore the connection between psychiatric drugs and murderous violence, preferring instead to exploit these tragedies in an oppressive and unconstitutional power grab to snatch guns away from innocent, law-abiding people who are guaranteed by the U.S. Constitution the right to own and bear arms to deter government tyranny and to use firearms in self defense against any miscreant who would do them harm."

There is a striking connection between school shootings and psychotherapeutic drugs, also known as psychotropics. Consider these examples:

- Toby Sincino, a 15-year-old who shot two teachers and himself in 1995 at his South Carolina school, was taking the antidepressant Zoloft.
- Kip Kinkel, an Oregon teen who murdered his parents and proceeded on a shooting rampage at his high school in 1998, killed two and wounded 25 while in Prozac withdrawal.
- Shawn Cooper fired two shotgun rounds in 1999 at his Idaho high school while on an antidepressant.
- T.J. Solomon, Jr. was 15 years old when he shot six classmates in Atlanta in 1999. He was taking Ritalin and was also being treated for depression.
- Eric Harris was one of the assailants at Columbine High School in Colorado in 1999. His autopsy revealed a therapeutic level of the antidepressant Luvox in his system.
- Jason Hoffman wounded five people with a shotgun at his California high school in 2001 while on two antidepressant medications, Celexa and Effexor.
- Jeffrey Weise, a student at Red Lake High School in Minnesota, killed 10 and wounded seven in 2005 while on Prozac.
- Matti Saari, a college student in Finland, shot and killed 10 people before committing suicide at his university in 2008. The Finnish Ministry of Justice later reported he was taking an antidepressant and an anti-anxiety medication.
- Steve Kazmierczak killed six including himself at Northern Illinois University in 2008 while in withdrawal from the antidepressant Prozac.
- Tim Kretschmer murdered 15 students and teachers at his secondary school in Germany in 2009, and then committed suicide. Police reported Kretschmer was taking prescriptions to treat depression.



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A 2002 Fox News interview with Cory Baadsgaard sheds some light on the possible mental state of these criminals. The year before, at age 16, Baadsgaard held a high-school class hostage at gunpoint in Washington state. Fortunately, no one was killed or physically hurt during the incident. The young man remembers the day in this way: “In the morning I didn’t feel like going to school. I felt sick; didn’t feel like I could get up very well. So I went back to bed. And the next thing I remember I’m in juvie in the detention center where I used to live.” Baadsgaard says he has no memory of the incident. He was tried as an adult but spent only 14 months in prison because expert psychiatric testimony convinced the jury his crime was the result of adverse reactions the antidepressants Effexor and Paxil.

Despite the abundance of such evidence and a glut of scientific studies proving real danger, “there has yet to be a federal investigation on the link between psychiatric drugs and acts of senseless violence,” according to the Citizens Commission on Human Rights International (CCHRI), a non-profit mental health watchdog group. CCHRI states that government officials are well aware of the connection. “Between 2004 and 2011, there have been over 11,000 reports to the U.S. FDA’s MedWatch system of psychiatric drug side effects related to violence,” including 300 homicides. The FDA estimates this total is less than 10 percent of the actual number of incidents since most go unreported.

However, there has been little government action at all, with one exception. Due to the “large body of scientific research establishing a connection between violence and suicide and the use of psychotropic drugs,” the New York State Senate introduced a bill in 2000 to “require police to report to the Division of Criminal Justice Services (DCJS), certain crimes and suicides committed by persons using psychotropic drugs.” The bill died in committee, and the issue remains unresolved.

Instead, in response to the Sandy Hook tragedy and ignoring the obvious, Senator Toni Nathaniel Harp and Representative Toni E. Walker, both Democrats of the Connecticut General Assembly, introduced Bill 374, “requiring behavioral health assessments for children,” mandating psychiatric testing for public school students in grades 6, 8, 10, and 12 and for homeschooled children at ages 12, 14, and 17. The assessments would have to be reported to the State Board of Education, and there is great likelihood that more children would end up on psychiatric meds after such tests.

There is also plenty of official agitation for gun control. Hunter suggests instead, “It is pharmaceutical makers, not law-abiding gun owners or gun manufacturers, who should be held to account for the series of ‘lone-wolf’ mass shootings that have occurred since the widespread use of psychiatric drugs began.”

Drugs on the Firing Line

Antidepressants are psychiatric drugs that form a common thread in school shootings. There are five categories of antidepressants: selective serotonin reuptake inhibitors (SSRI), selective norepinephrine reuptake inhibitors (SNRI), monoamine oxidase inhibitors (MAOI), tricyclic antidepressants (TCA), and atypical antidepressants. Despite the moniker, doctors prescribe these medicines for much more than depression. They use them to treat such ailments as obsessive-compulsive disorder (OCD), bipolar disorder, bulimia nervosa, panic disorder, social anxiety disorder (SAD), premenstrual dysphoric disorder (PMDD), and attention deficit hyperactivity disorder (ADHD). Other suspect medications, such as Ritalin, Adderall, and Concerta, are sympathomimetic amines, prescribed to treat ADHD.

These medicines act on the body’s nervous system — altering its chemical communication pathways to affect areas of the brain involved in judgment, abstract reasoning, memory, emotions, and the fight-or-flight response — explains Michelle Morrison-Valfre, MHS, FNP in her 2005 book, *Foundations of Mental Health Care*. The expected result is a calm mood and clear thinking. However, in some cases



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unexpected results occur.

The Physicians' Desk Reference (PDR), an authoritative source of all FDA-approved drug labeling information, identifies the potential hazardous side effects of psychotherapeutics, including suicidal and homicidal ideation. Unfortunately, such effects are not uncommon. In fact, when taking a particular medication poses serious risks, the FDA requires drug manufacturers to highlight the dangers in eye-catching boxes on pharmaceutical packaging. A drug's "black box warning" alerts consumers to the major hazards they face when taking that medicine. Most prescriptions do not have black box warnings — only those that can cause extreme adverse reactions compared to the potential benefit. Among psychotherapeutics' black box warnings are:

- "Increased risk of suicidal ideation in short-term studies in children and adolescents with ADHD." (Strattera, SNRI)
- "Antidepressants increased risk of suicidal thinking and behavior (suicidality) in short-term studies in children, adolescents and young adults with major depressive disorder and other psychiatric disorders." (Zoloft, SSRI)
- "Monitor appropriately and observe closely for clinical worsening, suicidality or unusual changes in behavior for all patients who are started on antidepressant therapy." (Parnate, MAOI)
- "High potential for abuse; avoid prolonged use. Misuse of amphetamine may cause sudden death and serious cardiovascular events." (Adderal, sympathomimetic amine)

Additionally, all depression and ADHD therapies contain FDA-mandated warnings for caregivers to monitor for suicidal thinking, worsening of depression symptoms, and unusual changes in behavior. Patients taking the tricyclic Elavil are cautioned to "seek medical attention for symptoms of mania, increasing psychosis or paranoia." Literature warns parents of children on Ritalin that "stimulants at usual doses can cause treatment emergent psychotic or manic symptoms (hallucinations, delusional thinking, mania) in children and adolescents *without prior history of psychotic illness.*" (Emphasis added.) The *PDR* also reports clinical trials have identified aggressive behavior and hostility as notable side effects of ADHD medications.

The advent of these drugs coincides disturbingly with a rise in the adolescent suicide rate. Ritalin was introduced in 1956. Antidepressants made their debut in the early 1960s, according to Morrison-Valfre, who noted elsewhere in her text that statistics from the U.S. Bureau of the Census reveal, "from 1960 to 2000 the rate of adolescent suicide more than doubled." This may be coincidental, but it is unnerving in light of these drugs' well-known adverse effects.

One thing, however, is certain. Prior to the advent of antidepressants, there was little relation between depression and violent behavior. "One of the things in the past that we've known about depression is that it very, very rarely leads to violence," observed psychiatrist Peter Breggin in a Fox News report. "It's only been since the advent of these new SSRI drugs that we have murderers, sometimes even mass murderers, taking antidepressant drugs."

Dr. Breggin is an expert in the mental health field and an outspoken critic of psychiatric drug overuse. Among his more than 20 books on the topic is *Brain-Disabling Treatments in Psychiatry* (2008), in which he recounts a significant clinical trial involving children taking Prozac. Fourteen percent of the study's subjects became aggressive and even violent on the drug, but the experience of a 12-year-old boy is particularly disturbing. Quoting the study, Breggin writes:



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Thirty-eight days after beginning the protocol, F. experienced a violent nightmare about killing his classmates until he himself was shot. He awakened from it only with difficulty, and the dream continued to feel “very real.” He reported having had several days of increasingly vivid “bad dreams” before this episode; these included images of killing himself and his parents dying. When he was seen later that day he was agitated and anxious, refused to go to school, and reported marked suicidal ideation that made him feel unsafe at home as well.

Breggin notes the boy cannot be labeled a copycat since the study was conducted in 1991, long before the highly publicized school shootings of more recent years. Once the child stopped taking Prozac, his symptoms disappeared.

The Drug Pushers

Instead of investigating psychiatric drugs’ connection to acts of mass violence, public policymakers and healthcare professionals actually promote the use of psychotropic drugs by children and adolescents. *The New York Review of Books* published a June 2011 review by Dr. Marcia Angell, former editor of *The New England Journal of Medicine*, called “The Epidemic of Mental Illness: Why?” She summed up the problem saying:

The tally of those who are so disabled by mental disorders that they qualify for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) increased nearly two and a half times between 1987 and 2007 — from one in 184 Americans to one in seventy-six. For children, the rise is even more startling — a thirty-five-fold increase in the same two decades. Mental illness is now the leading cause of disability in children, well ahead of physical disabilities like cerebral palsy or Down syndrome, for which the federal programs were created.

Angell relates that psychiatric treatment shifted from “talk therapy” to drug therapy in the 1950s when doctors noticed new drugs meant to treat infections also “blunted disturbing mental symptoms” by affecting the levels of certain chemicals in the brain. Out of that observation was born the theory that mental illness is a result of chemical imbalances. “Thus, instead of developing a drug to treat an abnormality, an abnormality was postulated to fit a drug,” observed Angell. “That was a great leap in logic.” She noted that subsequent studies have proven such chemical imbalances do not in fact exist in patients diagnosed with psychiatric disorders such as depression. It is only after a person takes a psychiatric medication that the brain begins to function abnormally.

Moreover, diagnosing mental illness is largely a subjective endeavor, unlike other fields of medicine that rely on objective lab data or scans and x-rays for diagnosis. So says psychiatrist Daniel Carlat in his 2010 book *Unhinged: The Trouble With Psychiatry — A Doctor’s Revelations About a Profession in Crisis*. “Our diagnoses are subjective and expandable, and we have few rational reasons for choosing one treatment over another,” admits Carlat.

Eager to exploit the benefits of the chemical theory and aware of the “subjective and expandable” nature of diagnosing mental illness, drug companies vigorously subsidize the psychiatric profession. In his 2010 exposé *Anatomy of an Epidemic*, Robert Whitaker notes that besides the gifts and fringe benefits given directly to psychiatrists, especially those at influential academic centers, drug companies generously support psychiatric associations, patient advocacy groups, and educational organizations. They fund around one-fifth of the budget of the American Psychiatric Association. In the first quarter of 2009 alone, pharmaceutical company Eli Lilly donated more than \$1.2 million to mental health non-profits.



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Angell goes on to explain how drug companies peddle their wares. In order to have a drug approved, pharmaceutical manufacturers must submit to the FDA two clinical trials proving a product more effective than a placebo. Drug companies can perform as many trials as they wish in order to achieve the two successful tests they need. Positive studies are highly publicized while the negative are suppressed. In a review of tests for the six most widely used antidepressants between 1987 and 1999 — Prozac, Paxil, Zoloft, Celexa, Serzone, and Effexor — Angell reported, “Most of them were negatives. Overall, placebos were 82 percent as effective as the drugs... The average difference between drug and placebo ... was clinically meaningless.”

Convinced by positive reports of the drugs’ benefits, doctors prescribe them liberally. The Centers for Disease Control and Prevention divulged in 2011 that 11 percent of Americans age 12 years and over take antidepressant medication. CDC statistics also revealed a 400-percent increase in the rate of antidepressant use in the United States between 1988 and 2008. As of 2008, antidepressants were the most frequently used drug by persons aged 18-44 years.

The problem is not confined to the United States. Last year the *Guardian* reported prescriptions for Ritalin in the U.K. quadrupled from 2000 to 2010, and between 2006 and 2010 the United States witnessed an 83-percent increase in sales. The U.K.’s Association of Educational Psychologists complains that physicians are ignoring the professional union’s recommendation not to prescribe ADHD medication to most children under age six. “We need to show young people how to deal with the normal stresses and strains of growing up,” argues Member of Parliament Tessa Munt. “Resorting to powerful drugs only stores up trouble for the future.”

The University of Utah’s Genetic Science Learning Center says that Ritalin is currently prescribed to approximately six million people in the United States, of which 75 percent are children. Its data also confirm between 30 and 50 percent of adolescents in drug treatment centers report abusing Ritalin. And because of the medication’s similarity to cocaine, once these teens reach adulthood they are more prone to cocaine addiction.

Angell acknowledges the long-term effects of psychiatric drugs have yet to be proven. But she quotes several psychiatric researchers, including a former director of the National Institute of Mental Health, who contend that by upsetting normal brain chemistry, these medications cause brain cells to become desensitized to or overcompensate for the disturbances the drugs cause. In other words, the drugs can trigger chemical imbalance where none existed in the first place, hence the emergence of adverse effects like mania and suicidal/homicidal ideation, especially when a psychotropic drug is first started or stopped. Other research shows a relation between these drugs and brain atrophy, an often irreparable decrease in the size and number of brain cells.

The Connecticut Case

Fox News reported, after an initial search of Lanza’s home, investigators found no indication the 20-year-old was taking prescriptions. Other evidence suggests he was. Louise Tambascio, a friend of Lanza’s mother, told CBS News’ Scott Pelley on *60 Minutes*, “I know he was on medication and everything.” ABC News also interviewed Tambascio, who repeated, “I knew he was on medication.”

Connecticut’s chief medical examiner, H. Wayne Carver II, is currently conducting toxicology exams to determine if Lanza was using any behavior-modifying drugs. Many think it likely. Days after the Sandy Hook massacre, standing outside Lanza’s home, CNN’s chief medical correspondent Dr. Sanjay Gupta commented, “What medications was he on? I’m specifically talking about antidepressants. If you look at



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the studies of other shootings like this that have happened, medications like this were a common factor." In a December 16 Fox News interview, former Secretary of Homeland Security Tom Ridge also warned of the undeniable link between youth violence and psychiatric drugs.

Most media choose to ignore such warnings and even downplay the obvious. The Associated Press published a January 11 report entitled, "Connecticut shooting: Medical examiner says gunman's body won't reveal much." It claims that "Connecticut's chief medical examiner says he doubts toxicological tests and genetic analysis of the body of the gunman who fatally shot 20 children and six educators at an elementary school will explain his actions." In a glaring contradiction the same article later notes, "The toxicology exam, which could take several weeks, involves testing body fluids for psychiatric medications or illegal substances. Carver said the result could provide 'potentially valuable information' in creating a full picture of Lanza."

Meanwhile, government officials and anti-gun activists continue to use the tragedy in the Constitution State to deprive Americans of the constitutionally protected right to keep and bear arms. Whether Adam Lanza's toxicology tests reveal psychiatric medications were involved in his rampage is not likely to deter their frenzied zeal.

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