

Guns and Drugs Don't Mix: Psychiatric Medications and Violent Behavior

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“The establishment media ignores the scientific evidence linking psychiatric medications and violent behavior because psychiatry is the religion of the mainstream media, and it has chosen to not mention the dangers of psychiatrically prescribed drugs.” — Peter R. Breggin, MD (www.breggin.org)

“In some European nations it is against the law for doctors to prescribe SSRI anti-depressant drugs for children and adolescents because of 1) the lack of long-term safety studies and 2) the known increased incidence of violence and suicide.” — See [this](#)

America Is A Gun - by Brian Bilston

England is a cup of tea.
France, a wheel of ripened brie.
Greece, a short, squat olive tree.
America is a gun.

Brazil is football on the sand.
Argentina, Maradona's hand.
Germany, an oompah band.
America is a gun.

Holland is a wooden shoe.
Hungary, a goulash stew.
Australia, a kangaroo.
America is a gun.

Japan is a thermal spring.
Scotland is a highland fling.
Oh, better to be anything
than America as a gun.”

Domestic mass shootings are a peculiarly American phenomenon at least partly because of the enormous propaganda influence of two of the most powerful industries in America, the US military/industrial/weapons complex and the untouchable multinational pharmaceutical corporations.

If one is totally honest, one must acknowledge also that those same two Corporate Powers have been the major factors behind the pandemics of “legal”, non-domestic, mass shootings in the various foreign countries that have been regularly invaded and destabilized by the American military/industrial/congressional establishment over the past decades.

These condoned, even celebrated mass killings in foreign countries have been occurring with astonishing regularity. These killings have been perpetrated by well-trained, obedient young soldiers, who have all-too-frequently been given prescriptions for brain- and behavior-altering psych drugs by both military psychiatrists and minimally-trained medics.

In the American epidemic of mass shootings – both civilian and military – it needs to be understood that America’s obvious failure to do the right thing and overcome the epidemics is because neither the Republican and Democrat Party politicians can resist taking campaign “bribes” from Big Weapons and Big Pharma Corporate “contributors”.

The mainstream media often uses the phrase “senseless violence” when referring to the domestic mass shootings. Perhaps we could overcome the “senselessness” if we were just given **all** the inconvenient facts concerning the two taboo subjects of traumatic stress events experienced by the mass shooters and their use of dangerous and addictive psychiatric drugs that can have such disastrous effects on the immature brains of children and adolescents – and adults as well.

If we knew about their past traumas, the amount of violence experienced in videogames, Hollywood movies or on television and the mass shooter’s use of brain-altering prescription or illicit drugs in the now infamous Colorado shootings at Aurora, Colorado Springs, Littleton and now Boulder – there would be far less confusion about the origins of mass shootings in America.

Interestingly, one of the victims of Littleton’s (Columbine High School) shooter Eric Harris (Harris had been first prescribed **Pfizer’s** so-called “antidepressant” **Zoloft** and then was switched to **Abbott’s** so-called “antidepressant” **Luvox**) seemed to be promoting blind ignorance when he said “don’t waste time trying to figure out what motivated the shooters. “It’s a waste of time, and it gives them exactly what they want.” And then he complained, “I don’t think I’ll ever understand.” This Columbine School victim had obviously adopted America’s official “approved” narrative: 1] keep everybody unaware of what the real motives may have been; 2] remain silent about painful truths; and 3] don’t expose any of the corporate or governmental powers-that-be for their guilty role in the shootings (or the wars).

In a recent 2012 Duty to Warn column I mentioned the existence of a remarkable database of serious so-called “SSRI-antidepressant” drug adverse effects (SSRI = “Selective” Serotonin Reuptake Inhibitor) that contributed to criminal acts that had been reported in the public domain. That website can still be accessed at www.ssrstories.com.

Before I knew about that website, I had already come to the realization that the vast majority of media reports on mass shootings usually don’t ask the essential questions **about what crazy-making psychiatric drugs the perpetrators might have been taking – unless, of course, the drugs were illicit ones.**

So the thousands of examples documented on that website represents just the tip of what surely is an enormous iceberg, since even the FDA estimates that up to 99% of adverse

effects from any given drug are never reported to that agency.

The Doctor's "Drug Bible" (the Physicians' Desk Reference - PDR) lists the following typical adverse reactions to SSRI "antidepressants":

- *Manic Reaction (Mania, e.g., Kleptomania, Pyromania, Dipsomania, Nymphomania)*
- *Hypomania (e.g., poor judgment, over-spending, impulsivity, etc.)*
- *Abnormal Thinking*
- *Hallucinations*
- *Personality Disorder*
- *Amnesia*
- *Agitation*
- *Psychosis*
- *Abnormal Dreams*
- *Emotional Lability*
- *Alcohol Abuse and/or Craving*
- *Hostility*
- *Paranoid Reactions*
- *Confusion*
- *Delusions*
- *Sleep Disorders*
- *Akathisia (Severe Inner Restlessness)*
- *Withdrawal Syndromes*
- *Impulsivity*

It doesn't take a genius to recognize that any of the above SSRI drug-induced mental aberrations could pass as a "mental illness".

It needs to be emphasized that so-called adverse reactions are most likely to occur when starting or discontinuing the drug, increasing or lowering the dose, running out of the medication or switching from one drug to another. Adverse reactions are commonly misdiagnosed as bipolar disorder, anxiety disorder, ADHD, sleep disorder, psychosis, schizophrenia or some other "mental illness of unknown origin" when, in actuality, the symptoms may be entirely iatrogenic (treatment, drug, vaccine or physician-induced).

Withdrawal from any of these addictive psychiatric medications can cause the neuropsychiatric and/or physical signs and symptoms that are listed in the above list. It is important to withdraw extremely slowly from these drugs, preferably under the supervision of a qualified and experienced healthcare practitioner. Withdrawal syndromes can be more difficult to treat than the disorder for which the drug was prescribed.

SSRI "adverse reactions" should be expected to occur and should not be a surprise to the prescribing physician, the patient or concerned family members.

So, knowing some of the signs and symptoms of the drugs listed above, I present below a partial list of psych drug-associated mass shootings in and around the turn of the last century, perpetrated mostly by children and adolescents. I was able to find, with a lot of sleuthing, the specific psych drugs associated with the shootings.

Suspiciously, in the vast majority of psychiatric drug-related episodes of irrational violence,

such drugs are generally not reported in the Big Pharma-controlled mainstream media, where pharmaceutical companies advertise heavily, thereby exerting conflicts of interest influences on how much investigative journalism is allowed. He who pays the piper, after all, calls the tune.



The SSRI Stories website noted above has listed, among the thousands of examples of psychiatric drug-induced violence, scores of American school shootings. That website also lists psych drug-induced suicides and non-lethal acts of violence or irrational behaviors. There has been a measurable explosion of such incidents since the media-assisted popularization of **Prozac**, which was released by **Eli Lilly & Company** onto an unsuspecting public in 1989.

Contrary to popular opinion, the FDA never actually does tests on drugs (or vaccines, for that matter). Such tests are done by for-profit entities that only report the results to the FDA. Even those tests usually don't run tests for long-term safety or efficacy, and commonly these corporate entities don't run pre-clinical trials on patients below the age of 18. Therefore, we physicians, if we prescribe these untested drugs to that underage group (who are all at various stages of immature brain development), we are doing so "off label", thus making ourselves medico-legally liable.

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Dr Gary G. Kohls is a retired American family physician who practiced holistic (non-drug) mental health care during the last decade of his professional career. His patients came to see him asking for help in getting off the psychotropic drugs to which they were addicted and which they knew had sickened them and disabled their brains and bodies. He was successful in helping significant numbers of his patients get off or cut down on their cocktails of drugs using a time-consuming program that was based on psychoeducational psychotherapy, brain nutrient therapy and a program of gradual, closely monitored drug withdrawal.

He warns against the abrupt discontinuation of any psychiatric drug – legal or illicit – because of the common, often serious withdrawal symptoms that can occur in patients who have been taking such drugs. It is important to be treated by an aware, informed physician who is familiar with treating drug withdrawal syndromes and brain nutritional needs.

[Dr. Gary G. Kohls](#) is a frequent contributor to Global Research.

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