

Psych Drugs and Guns Don't Mix

By [Dr. Gary G. Kohls](#)

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*"Violence and other potentially criminal behaviors caused by prescription drugs are medicine's best kept secret." — **David Healy**, UK psychiatrist and author (and co-founder of www.RxISK.org)*

*"The establishment media ignores the scientific evidence linking psychiatric medications and violent behavior because psychiatry is the religion of the mainstream media, and they don't want to see the dangers of psychiatrically prescribed drugs." — **Peter R. Breggin**, psychiatrist and author*

"In some European nations it is against the law for doctors to prescribe SSRIs for children and adolescents because of 1) the lack of long-term safety studies and 2) the known increased incidence of violence and suicide." — [Source](#)

"The FDA has warned that any abrupt change in dose, whether starting on, increasing, decreasing or discontinuing the drug, skipping doses by forgetting, or when switching from one antidepressant to another where you are both abruptly decreasing one antidepressant AND abruptly increasing the new antidepressant can cause suicide, hostility or psychosis – generally a manic psychosis which is often (mis-)diagnosed as Bipolar Disorder or occasionally as Schizophrenia when it is actually caused by the abrupt change in dose. Another problem can be if another antidepressant is added to one you are already taking, thus producing a synergistic affect. Withdrawal, especially abrupt withdrawal, from any of these medications can cause severe neuropsychiatric as well as physical symptoms, both of which can be life threatening." - [Source](#)

"It is difficult to get a man to understand something, when his salary depends upon his not understanding it!" - Upton Sinclair, anti-fascist, anti-imperialist American author from the early decades of the 20th century. Sinclair's 1903 novel "Jungle" was about the horrific slaughterhouse practices in the meat-packing industry in Chicago. That powerful book led to President Theodore Roosevelt's pushing through the Pure Food and Drug Act of 1906. (Ed note: Upton Sinclair's axiom, if taken to heart, applies to almost every employee, investor, CEO or member of every board of directors of every polluting, for-profit industry as well as for most of us physicians, psychiatrists, nurse practitioners, nurses, pharmacists, drug sales reps, journalists, banker-lenders and the employees and CEOs of every company that makes or markets toxic substances, drugs and vaccines- (with the exception of those courageous ones who stood up and spoke out against the injustice or the pollution that their industries were participating in). I was recently reminded of the lyrics of a Peter, Paul and Mary song that included the lyrics: "If you've been to jail for justice, then you're a friend of mine". Upton Sinclair would have resonated with that song.)

Psychoactive Drugs and Violence

In my weekly Duty to Warn columns I have frequently written about the connections between

- 1) the wide-spread prescribing of dangerous psychiatric drugs to humans whose brains have not fully developed and
- 2) the large variety of violent, often criminal behaviors that are committed by the newly drug-intoxicated patients.

These abnormal drug-induced behaviors can occur either while the patient is “under the influence” of the drug or while the patient is going through the crazy-making withdrawal process when the patient stops or reduces the dosage of the drug - usually because of intolerable side effects.

For much more on this reality, see the addendum at the end of this column that discusses the not uncommon incidence of fully resolvable, drug-induced behaviors that include transient psychoses, homicidal violence, suicidality and a large variety of irrational behaviors.



Importantly, such drug-induced behaviors are NOT mental illnesses but still are commonly diagnosed as such and then tragically “treated” with life-long psychiatric drugs as if they were mental illnesses! The DSM IV code for that reality is 292.11. I wrote a column in 2012 that discussed 31 of Big Pharma’s most popular psychoactive drugs and their astonishingly high risks of causing violence. The link to that article is [this](#).

The most infamous of those psychiatric drug-induced criminal behaviors happens to be the uniquely American epidemic of mass school shootings, of which the Parkland, Florida shooting is just one of the most recent ones. Not usually so well-publicized are the many acts of asocial behaviors, poor judgments (or actual crimes) which includes such actions as impulsive thefts, inappropriate sexual conduct, physical assaults, homicidal thinking, suicidality, drug-induced psychotic episodes, drug-induced mania, drug-induced OCD symptoms, drug-induced anxiety or depression, drug-induced, crazy-making sleep-deprivation, etc.

Illicit intoxicating drugs and alcohol are often accurately mentioned by “the authorities” as potential root causes of abnormal behaviors or criminal acts, but when legal, intoxicating prescription drugs are involved, most police, psychiatrists, lawyers and journalists don’t even consider the possibility that those psychoactive drugs could be a factor, despite the well-documented fact that the molecular structures, brain-damaging effects and

mechanisms of action of both types of drugs can be identical.

Psychoactive Drugs and Brain Damage

In addition to warning about the many abnormal behaviors and criminal acts that are commonly associated with the use of psychoactive drugs, I have often written about the tight connections between violence and the many neurotoxic (ie, brain-damaging) effects of psychiatric drug use – which includes dementia, personality disorders, brain shrinkage, addiction/dependency, and the many varieties of withdrawal syndromes. These outcomes are well documented, but when these highly profitable, well-advertised, and popularized Big Pharma products are factors in public crimes, the whole truth is likely to be sabotaged, the connections buried and the primary role of the prescribed drugs hidden away, another teachable moment is wasted and we physician’s blameworthy prescribing habits continue unchanged. Prestige and doctor-patient confidentiality and all that.

The deadly relationship between prescription drug use and gun homicidality range from simple threats to “mass” shootings (which, according to the FBI’s definition of “mass shooting”, only applies when 4 or more gunshot victims actually die. Hence when an angry, humiliated, abusive “boyfriend” or ex-spouse shoots and kills his estranged partner and their two kids, the FBI does not regard that as a mass shooting!

Psychoactive Drugs and Guns: A Very Bad Combination

A good example of the connections between drugs and guns is the 2005 school shooting incident in Red Lake, Minnesota. Jeff Weise, the 16 year-old shooter, had just had the dose of Prozac upped to an unconscionable, highly toxic, 60 mg per day! Eli Lilly & Company’s popular, so-called “anti-depressant” drug Prozac was never proven to be safe at such a high dosage, particularly for adolescents. Indeed, the recommended starting dose for adults (as approved by the FDA) was 10 – 20 mg per day, which, for 10% of the population is not normally metabolizable and therefore even small doses of psych drugs can be toxic overdoses! Jeff Weise was tragically being overdosed with a dangerous brain-altering drug, unbeknownst to him, his psychiatrist and his community. His worsening depression, sleep deprivation, fear, hatred, self-hatred, aggression, suicidality and homicidality were actually being caused by his so-called drug “treatment”! It should be obvious to any open-minded observer that the shooter’s drug was a far more important motivating factor in the school shooting than the gun that he used to irrationally kill his family members, himself and his schoolmates. And that the tragic affair was iatrogenic (doctor- or treatment-induced).

Over the past several generations there has developed an unholy alliance between the following handful of corporate-controlled, profit-at-all-cost entities that have been prime suspects for the rapid rise in American school shootings and other mass shootings:

- 1) Big Pharma; the multinational pharmaceutical industry;
- 2) Big Government and its various agencies such as the corporate-subsidized and influenced FDA, CDC, NIMH, NIH, etc;
- 3) Big Medicine and Big Psychiatry and most of its physicians, trade associations and their journals (like the AMA, the APA, the AAP, AAFP, etc);
- 4) Big Pharma’s Washington, DC lobbyists and the legislators that are in the back pockets of corporations;

- 5) Big Insurance and the HMOs, who have chosen to favor (and reimburse for) non-curative psych drug treatments over the potentially curative psychotherapy;
- 6) the NRA and the weapons manufacturers it lobbies for;
- 7) Big Media, the entity that refused to publish the factual information that might offend their wealthy Big Pharma advertisers because such truths might adversely impact their bottom line; and
- 8) Wall Street and Big Finance, whose lending institutions and investment groups that salivate over the huge profits to be made in any industry that sells addictive products that customers can't stop taking, even if it is killing them.

My Perspective on the Drug/Gun Connection

For the decade prior to my retirement from family practice medicine in rural Minnesota, I practiced holistic mental health care in Duluth, Minnesota a small city in the northeast part of the state. My independent solo practice largely dealt with the sickened, over-dosed and addicted survivors of conventional drug-based psychiatry. Every patient that came to me for help had never had a really thorough biopsychosocial (or drug) history taken. All of those drug-toxified patients had been too-rapidly diagnosed and then reflexively treated with neurotoxic psych drugs, usually in combinations that had never been adequately tested for safety or long-term efficacy. By the time my patients had come to see me, most of them had been over-diagnosed and mis-diagnosed with a large variety of often mutually-exclusive DSM coded disorders and then over-treated and/or mis-treated with cocktails of neurotoxic drugs whose mechanisms of action often conflicted one with the other. It soon became clear to me that my major responsibilities had to be: to re-assess each patient, re-diagnose them, re-educate them and then help them start the process of gradually tapering down the drugs that had both sickened and addicted them.

During that decade, I acquired a unique fund of insider knowledge about how psychiatry was being practiced behind the closed doors of out-patient clinics, psychiatric in-patient treatment facilities and electroshock rooms. In order to sort everything out, I had to re-learn what I actually had never been taught in med school or in my continuing education courses (which had ALL been partially planned and paid for by Big Pharma). In order to be successful in helping drug-toxified patients, I had to become familiar with psychology, brain chemistry, brain pathophysiology, brain nutrition and the molecular structures and mechanisms of action of the illicit drugs, the over-the-counter drugs and the legal psychoactive prescription drugs that my sickened patients had been exposed to over their lifetimes.

That decade of hard work helping patients get off or at least cut down the dosages of their drugs was sobering yet enlightening. But what I learned about the brain damage and the long-term dangers that those synthetic chemicals posed to patients, convinced me, beyond a shadow of a doubt, of the tight connection between psych drugs and medication-induced violence. Those adverse effects included homicidality, suicidality, akathisia, sleep-deprivation, irrational behaviors, restlessness, aggression, toxic psychosis, mania, worsening depression, behavioral dys-control and acute and tardive akathisia, dyskinesia and bradykinesia (Parkinson's). And what was so sobering to me was the fact that any of those drug-induced, iatrogenic symptoms were commonly mistaken for new or recurring "mental illnesses of unknown cause" and therefore promptly mis-treated with more toxic drugs!

I witnessed again and again the mis-diagnoses and drug-induced tragedies to which my patients had been unnecessarily subjected. And they had all been made worse because of the long-term use of their brain-altering, brain-damaging cocktails of drugs despite the evidence that I had uncovered that revealed that most of them had not actually had a mental illness in the first place.

Most of my patients had been normal up until the time that they had become victims of brain trauma, drug- or vaccine poisoning, severe neglect during child-rearing or significant psychological, physical, sexual, military or spiritual trauma anytime during their brain-development and up-bringing.

All during my experience as an un-wanted insider observing up close and personal what was the common practice of drug-centered psychiatry, I was slowly beginning to realize how widespread must be the mis-treatment of patients elsewhere around the world. I eventually realized that I might be in a position to do something about what had to be considered an iatrogenic and drug-induced disaster. The 1,200 patients with which I had worked so hard over the decade represented a tiny fraction of the hundreds of millions of other victims of Big Pharma and Big Psychiatry world-wide. Having only directly impacted 1,200 patients over the decade, it became obvious to me that my advocacy for damaged patients couldn't stop with my retirement. Hence my continued journalistic efforts to raise consciousness about these serious issues, even if my consciousness-raising might be regarded as a threat to the members of the 7 groups of wealthy obstructionists listed above.

It should be clear to every open-minded reader that psychiatric drugs are over-promoted and over-sold for huge profits by the entities listed above. It should be clear that Big Pharma's dangerous, potentially addictive and unaffordable drugs are often cavalierly and ignorantly prescribed by Big Psychiatry's psychiatrists and Big Medicine's physicians to desperate, obedient, vulnerable, brain-washed patients who are often erroneously told to "take these medications for the rest of your lives" and then "see me every month or three for the rest of your lives for your brief med checks and prescription renewals". It should be clear that Big Media, Big Medicine's lobbying groups and its medical journals all benefit from the lucrative advertising revenues that they get from Big Pharma and therefore refuse to publish valid articles by authors and journalists who know that they should be exposing Big Pharma's propaganda, corrupted clinical trials and other evil agendas - but are not allowed to do so.



The New York Times' masthead slogan, "All the News That's Fit to Print", is seriously deceptive when it comes to that premier newspaper's obvious reluctance to step on the big toes of the pharmaceutical industry or the psychiatric industry when their powerful propaganda claims are exposed as false, dangerous or criminal. As Dr Peter Breggin (image

on the left) so accurately wrote:

“The establishment media ignores the scientific evidence linking psychiatric medications and violent behavior because psychiatry is the religion of the mainstream media, and they don’t want to see the dangers of psychiatrically prescribed drugs.”

90+% of American school shooters were either “under the influence” of legal brain-altering drugs at the time of the shootings or were experiencing the confusing and crazy-making symptoms of drug withdrawal. Eric Harris, the Columbine school shooter, blogged how he could alter the level of his aggressiveness and hatred for society and certain of his classmates by altering the dose of his Luvox (a Prozac look-alike drug marketed originally by Solvay Pharmaceuticals, then by Jazz Pharmaceuticals and Abbott Labs).

The punishment of inadvertently drug-intoxicated individuals needs to be informed by the reality of the above information, just like bartenders who may at times legally share some of the responsibility for the victims of the crimes committed by their intoxicated customers. That principle should also apply when justice is sought for the innocent victims of mass shootings. That of course would open up a can of worms for the assorted guilty parties who have falsely and widely promoted the false notion that psych drugs are safe and non-addictive, implying that the shooter’s genetics and innate badness are entirely to blame for the violent acts and NOT the guilty brain-altering drug or the prescribers or manufacturers of the guilty drug.

If one were to paraphrase the silly, distracting NRA mantra that wants to shift the blame, Big Pharma could proclaim that “Drugs Don’t Kill People; People Kill People” but they would be as wrong as the NRA because, in the case of deadly psychiatric drugs and deadly guns, both the drugs and the guns as well as the people and the corporations that are cavalierly dishing them out all must share the blame.

The information below lists a short list (of a hundred or so) cases where prescription psych drugs had large influences in American’s school shootings prior to 2012. This is a partial list, just like any list of non-school shootings would measure in the thousands. Antidepressants of all types are well-known to cause anger, aggression, sleep deprivation, worsening depression, hostility, suicidality and an “I don’t give a damn attitude”. Without those drug effects, the impulse to kill or suicide may never have occurred.

And, prior to the easy access to addictive, neurotoxic and lethal drug prescriptions and prior to the easy access to affordable, easy-to-shoot and highly lethal weapons of mass destruction (thanks to the NRA and the highly profitable weapons-manufacturing sector for which the NRA is a propaganda and lobbying tool), any psychiatric drug-induced motivation to avenge some perceived injustice or dis-respect might have only resulted in a fist fight or knife attack.

Guns and drugs don’t mix.

For much more on the sobering connections between irrational acts of violence and other dangerous aspects of psychotropic drugs, check out

1) the 6,000+ examples of violence related to SSRI drugs [here](#);

- 2) the powerful CCHR documentaries [here](#);
 - 3) UK psychiatrist David Healy, author of Pharmageddon and The Antidepressant Era who co-founded [this](#);
 - 4) US psychiatrist Peter Breggin and his revelatory books Toxic Psychiatry, Medication Madness and many others (and his website [here](#)).
 - 5) US author Robert Whitaker's [website](#) established after his ground-breaking 2002 book Mad In America: Bad Science, Bad Medicine and the Enduring Mistreatment of the Mentally Ill and his 2010 book Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America; and
 - 6) Danish author Peter Goetzsche's powerful book, Deadly Medicine and Organized Crime (website [here](#)).
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Appendix A: Recent School Shootings Linked to Psychopharmaceutical Drugs

A list of 6,000+ preventable, irrational, psychotropic drug-related acts of violence can be obtained [here](#), from which this partial list 50+ school shooters has been obtained:

May 20, 1988 - Winnetka, Illinois

Laurie Dann, age 30, walked into a second grade Hubbard Woods School classroom carrying three pistols killed an 8-year-old and wounded five others before fleeing. He was taking an Mallinckrodt's antidepressant Anafranil (clomipramine) for "OCD".

September 26, 1988 - Greenwood, South Carolina

James Wilson, age 19, went on a shooting spree in an elementary schoolyard, killing two 8 year olds, and wounding 7 other children and 2 teachers. He was taking Pfizer's Xanax and several other psychiatric drugs.

September 17, 1992 - Houston, Texas

Calvin Charles Bell entered Piney Point Elementary School and opened fire. Two officers suffered gunshot injuries. He was on undisclosed antidepressants.

December 17, 1993 - Chelsea, Michigan

Steven Lieth, a Chelsea High School teacher walked out of a staff meeting and returned with a gun killing one and wounding another. He had been taking undisclosed numbers of antidepressants prescribed by a psychiatrist.

October 12, 1995 - Blackville, South Carolina

Toby Sincino walked into Blackville-Hilda High School, killed two teachers and then himself. He was taking Pfizer's Zoloft.

February 2, 1996 - Moses Lake, Washington

Barry Loukaitis, age 14, shot and killed 2 students and 1 teacher and wounded 1 student in his algebra class. He was taking Novartis's Ritalin at the time of the shooting.

October 1, 1997 - Pearl, Mississippi

Luke Woodham, age 16, killed 2 and wounded 7 students at Pearl High School. He was taking Eli Lilly's Prozac.

December 1, 1997 - West Paducah, Kentucky

Michael Carneal age 14, during a prayer meeting at a high school, killed 3 fellow students and wounded 5 other students.. He was on Novartis's Ritalin.

March 24, 1998 - Jonesboro, Arkansas

Andrew Golden, age 11, and cousin Mitchell Johnson, age 13, went on a shooting spree at Westside Middle School, killing four students and one teacher. 9 students and another teacher were also wounded. Both boys were on Novartis's Ritalin.

April 9, 1998 - Pocatello, Idaho

Mitchell Gushwa walked into Pocatello School with a gun and held several staff and students hostage. He was on Pfizer's Zoloft.

May 1, 1998 - Buffalo, New York

Juan Roman, age 37, an Erie County deputy sheriff, pursued his estranged wife into their children's elementary school in Buffalo and shot her dead. He also shot an aide, but no children were hurt. He was taking unspecified antidepressants and seeing a psychiatrist.

May 21, 1998 - Springfield, Oregon

Kip Kinkel, age 15, killed 2 students, and wounded 22 others in the cafeteria at Thurston High School. He had been arrested and released a day earlier for bringing a gun to school. His parents were later found dead at home. He had been taking the Lilly's Prozac and an amphetamine and had been attending anger control classes. He was under the care of a psychologist.

April 16, 1999 -Notus, Idaho

Shawn Cooper, age 15, fired two shotgun rounds in his school, narrowly missing students. He was taking a mix of SSRI antidepressants and Novartis's Ritalin.

April 20, 1999 - Littleton, Colorado

Eric Harris, age 18, and Dylan Klebold, age 17, killed 14 students (including themselves) and one teacher. 23 others were wounded at Columbine High School. Harris was on the antidepressants Solvay/Jazz/Abbott's Luvox and Pfizer's Zoloft, and had been seeing a psychiatrist before the shooting. Both shooters had been in anger-management classes and had undergone counseling. The autopsy results for Dylan Klebold were not disclosed but it is thought he was sharing Harris's medications.

April 28, 1999 - Taber, Alberta, Canada

Todd Cameron Smith, age 14 killed one student and injured another at W.R. Myers High School. He had taken dexadrine.

May 20, 1999 - Conyers, Georgia

Thomas Solomon, age 15 shot and wounded 6 students injured at Heritage High School. He was taking Novartis's Ritalin.

Dec. 6, 1999 - Fort Gibson, Oklahoma

Seth Trickey, age 13 wounded 4 students at Fort Gibson Middle School using a 9mm semiautomatic handgun. He was taking two unspecified psychotropic drugs.

January 10, 2001 -, age 17, Oxnard, California

Richard Lopez, age 17, took a fellow student hostage, and was later killed by police. He had taken Lilly's Prozac and GlaxoSmithKline's Paxil.

February 2, 2001 - Winterstown, PA

William Michael Stankewicz, wounded 3 adults and 11 children with a machete at North Hopewell-Winterstown Elementary School. For the prior 2 weeks, he had been taking 4 different medications to “stabilize” acute depression and anxiety.

March 7, 2001 - Williamsport, Pennsylvania

Elizabeth Catherine Bush, age 14, wounded a fellow student at Bishop Neumann High School. She was on Glaxo’s Paxil.

March 22, 2001 - Granite Hills, California

Jason Hoffman, age 18, shot and wounded 1 teacher and 3 students wounded at Granite Hills High School. He was taking the antidepressants Forest Lab’s Celexa and Pfizer’ Effexor which had been prescribed by his psychiatrist.

April 15, 2001 - Mattawa, Washington

Cory Baadsgaard, age 16, took a rifle to his Wahluke High School, and held 23 classmates and a teacher hostage. According to a student, “Cory was yelling and then he just stopped, looked down at the gun in his hand and woke up.” No one was hurt, and he had no memory of the incident. 21 days before the event, he had been recently taken off Glaxo’s Paxil and prescribed a high dose of Pizer’s Effexor. He was on the varsity basketball team, played football and golf, and was very popular in school. “Cory sat in jail for 14 months before finally being released based on expert testimony by psychiatrists that his behavior was an adverse reaction to the drugs he was prescribed.”

June 9, 2001 - Japan

Mamoru Takuma, age 37, stabbed to death 8 Ikeda Elementary School students and injured 13 others. He had taken 10 times the normal dosage of an unspecified antidepressant.

January 16, 2002 - Grundy, Virginia

Peter Odighizuwa killed 3 people at the Appalachian School of Law including the Dean, a professor and a student. He was withdrawing from an unspecified anti-depressant.

January, 2003 - Elliot City, Maryland

Ryan T. Furlough, age 19, killed a Centennial High School classmate by spiking his soda with cyanide. He was on Pfizer’s Effexor.

February 9, 2004 - East Greenbush, New York

Jon Romano, age 16, shot and wounded a special education teacher. He was on Glaxo’s Paxil and had been seeing a psychiatrist.

June, 2004 - Gloucester Township, NJ

A teenager at Highland High School carried loaded handguns to school, but shot no one. His thoughts of violence were linked to over-medication with undisclosed psych drugs.

February 9, 2005 - Red Lion, Pennsylvania

John Meisky, age 16 attacked another student at Red Lion Area Senior High School with a knife. He was taking two prescriptions of unspecified antidepressants.

March 21, 2005 - Red Lake, Minnesota

Jeff Weise, age 16, killed his grandfather and his grandfather’s girl friend at their home, then killed a teacher, a security guard, 5 students, and finally himself at Red Lake High School, leaving a total of 10 dead. He had previously spent about a year and a half in a residential juvenile treatment program and was on 60 mg/day(!) of Lilly’s Prozac.

January 24, 2006 - Cave City, Arkansas

A 15-year-old student at Cave City School attempted to commit suicide at school by slitting his wrists. He had taken 4 different antidepressants.

February, 2006 - Memphis, Tennessee

Ladarius Guy, age 15, punched a teacher in the mouth at Memphis City High School. He had just recently started taking Pfizer's Zoloft.

April 24, 2006 - Hillsborough, NC

A student at East Chapel High School with a shotgun took a teacher and a fellow student hostage. He had just stopped taking unspecified antidepressants and antipsychotics.

August 30, 2006 - Hillsborough, North Carolina

Alvaro Castillo, age 19, shot and killed his father, then wounded two students at Orange High School before surrendering to police. Forest Lab's Celexa and other medications were found in his personal effects.

September 13, 2006 - Montreal, Canada

Kimveer Gill, age 25, opened fire with a semiautomatic weapon at Dawson College. He killed 1 and injured 19 before killing himself. He had been depressed and was being treated at a local health clinic where he likely received unspecified antidepressants.

September 27, 2006 - Bailey, Colorado

Duane Morrison, Platte Canyon High School student, took 6 female students hostage, sexually assaulted them, then shot one of them in the back of the head before shooting himself. He was on an unspecified antidepressant.

September 29, 2006 - Cazenovia, Wisconsin

Eric Hainstock, a student at Weston High School, killed 1 person. He had been labeled with an ADHD diagnosis and was likely on Novartis's Ritalin.

October 10, 2006 - Charleston, South Carolina

Tyrell Glover, age 19, took an air rifle to Burke High School where he planned to hold students hostage. He was gunned down by police. He had been on an unspecified antidepressant or several years and had switched to Lilly's Prozac for the previous 6 months.

December 4, 2006 - Indiana

Travis Roberson, age 16, slit a classmate's throat at Jennings County High School. He had recently missed an unknown number of doses of an un-named antidepressant.

January 3, 2007 - Tacoma, Washington

Douglas Chanthabouly, age 18, shot a fellow student at Henry Foss High School. He had been in a psychiatric hospital because of a suicide attempt and was on an unspecified anti-psychotic.

April 16, 2007 - Blacksburg, Virginia

Cho Seung-Hui, age 23, killed 32 fellow students and wounded 15 at Virginia Tech. He then killed himself. He was on Glaxo's Paxil.

October 10, 2007 - Cleveland, Ohio

Asa H. Coon, age 14, wounded 2 students and 2 teachers and then killed himself. He had been taking the antidepressant Trazodone.

November 7, 2007 - Tyler, Texas

Felicia McMillan, age 17, stabbed a male student and the principal at Robert E. Lee High School. She was taking an unspecified anti-depressant.

November 7, 2007 - Tuusula, Finland

Pekka-Eric Auvinen, age 18, shot and killed 7 students and the principal at Jokela High School. At least 10 others were injured. He then shot and killed himself. He had Pfizer's Zoloft, Solvay/Jazz/Abbott's Luvox and Lilly's Prozac in his possession.

January 8, 2008 - Columbia, Tennessee

A 15 year-old student at Spring Hill High School brought a semi-automatic gun. He also had in his possession Pfizer's Zoloft.

January 23, 2008 - Coeur d'Alene, Idaho

Brian Gilmore was arrested in the high school parking lot of Lake City High School with 3 stolen high powered rifles and ammunition. His mother stated that his psychiatric meds had "drastically" changed the teenager's behavior, and his doctor had recently switched him to Lilly's Prozac.

February 14, 2008 - DeKalb, Illinois

Stephen P. Kazmierczak a former graduate student at Northern Illinois University, killed 5 students and wounded 17 more in a NIU classroom. He then killed himself. His psychiatrist had prescribed Lilly's Prozac, Pfizer's Xanax and Sanofi Aventis's Ambien for him.

February 15, 2008 - Blackfoot, Idaho

Curtis Kofoed, age 16, took a handgun to Snake River High School, but did not shoot anybody. 8 hours later, he killed himself. He had depression problems in the past and was taking an unspecified antidepressant.

March 13, 2009 - Winnenden, Germany

Tim Kretschmer, age 17, shot and killed 15 people at Albertville Technical High School. He had been suffering from depression, and was on unspecified antidepressants.

August 28, 2008 - Boerne, Texas

Allen Doelitsch, age 18, was jailed for asking a 14-year-old friend to join him in a "Columbine-style" attack. He had been depressed and had recently stopped his so-called bipolar medications because of the side effects.

September 23, 2008 - Western Finland

Matti Saari, age 22, shot and killed 10 students at the Kauhajoki School of Hospitality before killing himself. Matti Saari was taking an SSRI and a benzodiazepine tranquilizer.

November 10, 2009 - Pine Plains, New York

Christopher Craft Sr., age 43, a graduate of Stissing High School, took Middle School Principal Robert Hess hostage with a shotgun. He been on Eli Lilly's Cymbalta for depression.

December 15, 2010 - Planoise, France

A 17 year-old with 2 swords held 20 pre-school children and their teacher hostage for 4 1/2 hours at Charles Fourier Preschool in Planoise, France. The teen was on an unspecified antidepressant.

October 25, 2011 - Snohomish, Washington

A 15 year-old student at Snohomish High School stabbed two schoolmates with kitchen knives. She had been taking an unspecified antidepressant.

February 5, 2012 - Huntsville, Alabama

Hammad Memon, age 15, shot and killed a Discover Middle School student. He had a history for being treated for ADHD and depression. He had been seeing a psychiatrist and a psychologist for ADHD and depression and was taking Pfizer's Zoloft and "other unspecified psychoactive drugs".

December 14, 2012 - Newtown, Connecticut

Adam Lanza, age 24, killed his mother at her home and then shot and killed 20 children and 6 staff members at the Sandy Hook Elementary School. Nobody that was shot survived. He committed suicide at the scene. According to the Washington Post and other witnesses, Lanza was on undisclosed psychotropic medications.

Appendix B: Substance (Medication/Drug)-induced Psychotic Disorder (DSM IV 292.11)

Excerpted from [here](#).

Definition

Prominent psychotic symptoms (i.e., hallucinations and/or delusions) determined to be caused by the effects of a psychoactive substance is the primary feature of a substance-induced psychotic disorder. A substance may induce psychotic symptoms during intoxication (while the individual is under the influence of the drug) or during withdrawal (after an individual stops using the drug).

Description

A substance-induced psychotic disorder is subtyped or categorized based on whether the prominent feature is delusions or hallucinations. Delusions are fixed, false beliefs. Hallucinations are seeing, hearing, feeling, tasting, or smelling things that are not there. In addition, the disorder is subtyped based on whether it began during intoxication on a substance or during withdrawal from a substance. A substance-induced psychotic disorder that begins during substance use can last as long as the drug is used. A substance-induced psychotic disorder that begins during withdrawal may first manifest up to four weeks after an individual stops using the substance.

Causes

A substance-induced psychotic disorder, by definition, is directly caused by the effects of drugs including alcohol, medications, and toxins. Psychotic symptoms can result from intoxication on alcohol, amphetamines (and related substances, including antidepressants), cannabis (marijuana), cocaine (and its chemical look-alike, Ritalin), hallucinogens, inhalants, opioids, phencyclidine (PCP) and related substances, sedatives, hypnotics, anxiolytics, and other or unknown substances.

Psychotic symptoms can also result from withdrawal from alcohol, sedatives, hypnotics, anxiolytics, and other or unknown substances.

Medications that may induce psychotic symptoms include anesthetics and analgesics, anticholinergic agents, anticonvulsants, antihistamines, antihypertensive and cardiovascular medications, antimicrobial medications, anti-parkinsonian medications, chemotherapeutic agents, corticosteroids, gastrointestinal medications, muscle relaxants, nonsteroidal anti-inflammatory medications, other over-the-counter medications, antidepressant medications, and disulfiram (Antabuse) .

Toxins that may induce psychotic symptoms include anticholinesterase, organophosphate insecticides, nerve gases, carbon monoxide, carbon dioxide, and volatile substances (such as fuel or paint).

The speed of onset of psychotic symptoms varies depending on the type of substance. For example, using a lot of cocaine can produce psychotic symptoms within minutes. On the other hand, psychotic symptoms may result from alcohol use only after days or weeks of intensive use.

The type of psychotic symptoms also tends to vary according to the type of substance. For instance, auditory hallucinations (specifically, hearing voices), visual hallucinations, and tactile hallucinations are most common in an alcohol-induced psychotic disorder, whereas persecutory delusions and tactile hallucinations (especially formication) are commonly seen in a cocaine- or amphetamine-induced psychotic disorder.

Symptoms

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) notes that a diagnosis is made only when the psychotic symptoms are above and beyond what would be expected during intoxication or withdrawal and when the psychotic symptoms are severe. Following are criteria necessary for diagnosis of a substance-induced psychotic disorder as listed in the DSMIV-TR:

- Presence of prominent hallucinations or delusions.
- Hallucinations and/or delusions develop during, or within one month of, intoxication or withdrawal from a substance or medication known to cause psychotic symptoms.

*

***Dr Kohls** is a retired physician from Duluth, MN, USA. He writes a weekly column for the Duluth Reader, the area's alternative newsweekly magazine. His columns deal with the dangers of American fascism, corporatism, militarism, racism, malnutrition, Big Pharma's psychiatric drugging and over-vaccination regimens, and other movements that threaten the environment, prosperity, democracy, civility and the health and longevity of the populace.*

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