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a n d
v i o l e n c e



A report by the Citizens Committee on Human Rights (Australia)



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**Report any side-effects of a psychiatric drug
to the Therapeutic Goods Administration by:**

Phoning the Consumer Adverse Medications Events Line: 1300 134 237

Electronically by logging on to:
www.tga.gov.au/problem/index.htm#medicines
and filling out a report.

Or ask your doctor or pharmacist who can file a report for you.

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EXECUTIVE SUMMARY

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As a national organization with a more than 30-year tenure of investigating abuses in the mental health system in Australia, the Citizens Committee on Human Rights (CCHR) has conducted comprehensive research into the role of psychiatric drugs and violence. In determining policy to address problems of school, community and domestic violence or in assessing common characteristics in those responsible for heinous acts of violence, the role of prescribed psychotropic (mind-altering) drugs must be considered.

- CCHR obtained records from the Therapeutic Goods Administration (TGA) revealing that hundreds of incidents of homicidal and violent ideation, aggression, agitation, hallucinations, self-harm, suicidal behaviour and attempts, and death associated with antidepressants and antipsychotic drugs have been reported. Medical studies support this.
- In recent years, Australian courts have ruled that these drugs were, in part, responsible for the murder of at least one 70 year-old grandmother and the attempted murder of two children. U.S. courts have recognized the dangers of such drugs and made similar rulings.
- Experts estimate that less than one percent of adverse drug reactions are reported to the Australian Drug Reactions Advisory Committee (ADRAC).¹ Therefore, incidents of homicidal ideation/behaviour from antidepressants and antipsychotics alone could be as high as 5,100.
- Few Australians are aware of these side effects. A survey conducted recently determined that 76 percent of those surveyed had no idea what the Therapeutic Goods Administration was, 82 percent had never heard of ADRAC, and 73 percent did not know they could report drug side effects to the one federal body that could protect them from dangerous drugs.²
- What drug information is made available is potentially skewed in a system where the TGA expects to cover its regulatory activities through \$71 million in fees and charges from pharmaceutical and medical equipment companies that have a vested interest in being selective about what information consumers should be provided. Serving as an example, in the United States 30,000 claimants have settled a US\$1.2 billion class action suit against Eli Lilly, manufacturer of the antipsychotic drug Zyprexa, over its failure to warn of the drug's potential to cause life-threatening diabetes. Zyprexa is one of the 10 dearest drugs on the Pharmaceutical Benefits Scheme (PBS). Used by at least 20,000 Australians, it cost the Federal Government \$154 million in 2005-06.³
- Australians are not adequately warned that psychiatric drugs can drive them to suicide and acts of violence. Patient safety has been compromised in favour of pharmaceutical profits and protecting mental health budgets. Sales of antidepressants have increased 1,500 percent since 1992-93, reaching \$200 million in 2004. In 2003, the PBS spent \$544 million on psychiatric drugs, representing 45 percent of the total Federal Government mental health budget—its largest cost.⁴ In 2005-06, these drugs comprised more than 10 percent of all government-subsidized drugs, costing taxpayers about \$639 million.⁵

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- Mental health budgets in Australia are spiralling out of control, increasing from \$1.3 billion in 1992-93 to \$3.3 billion in 2003.⁶ The main cause for the increase was psychiatric drugs provided through the PBS, accounting for 68 percent of increased Australian government spending. Drugs for depression and antipsychotic drugs accounted for about half of the total increase.⁷ Yet, despite windfall funding and drug sales, psychiatrists tell governments that ‘mental illness’ is getting worse. It is the only profession that advertises failure to demand more appropriations.
- Mental health expenditures are usually in the direction of biological psychiatry, which simply increases the numbers of Australians becoming dependent upon mind-altering drugs, and potentially creating a more violent community. Because psychiatrists admit that they do not know the cause of or cure for any mental disorder, ‘treatment’ can be limitless. Psychiatric treatment can cost up to 300 percent more than general medical treatment, contributing to an overall increase in medical costs. Treatment of depression (the symptoms of which have become broader with the rise in antidepressant availability) was responsible for 7 percent of claims made to the federal workers’ compensation scheme, ComCare, in 2003-04, but comprised 27 percent of actual claim costs. The lifetime cost of these claims is estimated at \$110,000 per claim, compared to \$15,000 for ‘non-stress’ related claims—or more than 600 percent greater.⁸
- Please review the sample of adverse reactions reported to the TGA for homicidal ideation linked to psychiatric drugs and current TGA and other warnings in the Appendix, Pages 20 to 27.

Recommendations:

- That the TGA must require drug manufacturers add a prominently boxed advice at the beginning of the Consumer Information sheet and on medication containers stating: **“You are encouraged to report adverse drug reactions to the Therapeutic Goods Administration. Log onto www.tga.gov.au or call 1-300-134-237.”**
- That mental health education require consumers be fully informed of all dangers and risks of psychiatric drugs, including the potential to induce violent and suicidal reactions. Governments should hold hearings into the relationship of these drugs and violence/suicide.
- Implementation of full blood and tissue toxicology testing for psychiatric drugs for anyone who commits a homicide or serious violent crime, with a police database maintained on the findings and information shared with the TGA.
- That funds allocated for mental health services should also provide facilities to assist consumers to safely withdraw from prescribed psychotropic drugs, with additional funds provided for workable, non-drug, non-harmful therapies, giving consumers the right to the least restrictive alternative and safer medical choices.

ANTIDEPRESSANTS COULD EXPLAIN THE RASH OF INCOMPREHENSIBLE VIOLENCE

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– Psychiatrist
Joseph Glenmullen

Harvard Medical School psychiatrist 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.”⁹

Robert Whitaker, author of *Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill*, researched violence and psychiatric drugs and determined, “Although the public may think that ‘crazy’ people are likely to behave in violent ways,” this is not true of ‘mental patients’ prior to the introduction of neuroleptics [nerve seizing antipsychotics]. Before 1955, four studies found that patients discharged from mental hospitals committed crimes at either the same or a lower rate than the general population. However, after the release of drugs like Thorazine [Largactil] in 1954 “eight studies conducted from 1965 to 1979 determined that discharged patients were being arrested at rates that exceeded those of the general population.... Akathisia [extreme drug-induced restlessness which can cause assaultive, violent behaviour] was also clearly a contributing factor.”¹⁰

The International Coalition for Drug Awareness compiled a record of more than 950 acts of violence over an eight-year period, committed by people of all ages taking Selective Serotonin Reuptake Inhibitor (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.

The rise in senseless violence, especially evident in school shootings in the United States and elsewhere reflect the dramatic increase in antidepressant and antipsychotic usage in the community. Since 1988—a year after Prozac was approved for adult use in the United States—there have been 46 incidents of school violence involving 48 children and adolescents in that country. 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 (dexamphetamine in Australia), 1 was taking a tranquilliser and 3 took psychiatric drugs (specifics unknown). The 18 students, aged between 11 and 19, killed 47 people and wounded 104.

- 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—almost double.
- Between 1995 and 1999, the use of antidepressants in the United States increased 151% in the 7-12 age group.¹¹ *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 2002.¹² Between 1990 and 2005, there was a more than 380% increase in the paediatric use of stimulants that the FDA warned in 2006 could cause psychosis, mania and aggression.¹³
- Likewise, in Australia, there has been a steep increase in antidepressant, stimulant and antipsychotic drug use. Spending on SSRIs in Australia soared from \$12 million in 1992-93 to \$200 million in 2003-04—more than 1,500 percent. Additionally, private spending on SSRIs reached more than \$70 million in 2003-04. Corresponding this, the number of prescriptions increased from 250,000 in 1992-93 to almost 7 million in 2003-04, a 2,700 percent increase.¹⁴

Given the serious risk of violence these drugs cause, it is imperative that patients recommended to take these as well as their families be fully apprised of the side effects in order to make an informed decision. In fact, on June 30, 2006 an Alaskan 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 drug affect the mind, behaviour, 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).”¹⁵

COURTS: PSYCHIATRIC DRUGS INDUCE VIOLENT ACTS

Robert Whitaker reports, “Little could the public have suspected that the madman of its nightmares, who kills without warning and for no apparent reason, was not always driven by an evil within but rather by a popular medication.”¹⁶ Courts in the United States and Australia have agreed:

- 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....”¹⁷ 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.”¹⁸ The case was “a tragic reminder to medical practitioners and the community of the possible serious – even dangerous – side effects that can be produced by Zoloft,” he stated in his judgment.¹⁹
- On May 26 2004, Chief Justice Malcolm of the Western Australian Supreme Court gave a 32 year-old mother a suspended four-year sentence for two attempts to kill herself and her two young children by gassing them in the car. Justice Malcolm found that antidepressant drugs (Aropax and Efexor) prescribed to the mother affected her mental state and substantially contributed to the offences. Defence lawyer Derek Hunter told the court that after her arrest in July 2003, the woman had reduced her intake of Efexor and by September had completely stopped taking the antidepressant and since then her condition had improved markedly.²⁰
- 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 the antidepressant Paxil (Aropax in Australia) and killing his wife, daughter, and his baby granddaughter. The jury determined that the drug was 80% responsible for inducing the killing spree.²¹
- Testifying in the Schell case was Harvard psychiatrist John Maltzberger who said that SSRI manufacturers should warn prescribing physicians—in particular family and primary care physicians—that SSRIs can cause some patients to experience akathisia and mania, which, he told the court, can induce violence and even suicide.²²
- David Healy, M.D., director of the Sub-Department of Psychological Medicine at the University of Wales College of Medicine, testified that as early as 1989, SSRIs (including Paxil) could cause 1 in 4 healthy volunteers to exhibit moderate to severe agitation, which, he said, could lead to violent behaviour.²³
- Dr. Richard Kapit, a former FDA researcher who investigated Prozac, Paxil and Zoloft before the drugs were allowed on the U.S. market, also testified in another 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 presented at a FDA hearing in September 2004 that showed some children and adolescents taking antidepressants may develop suicidal thoughts or actions because of the drugs.²⁴

- Reports authored by Kapit repeatedly warned the FDA that fluoxetine’s (Prozac) stimulant effects could cause insomnia, nervousness, anorexia, and agitated depression. Clinically, agitated depression is an unstable condition that can lead to violence against self or others more frequently than a non-agitated depression.²⁵

There is also the risk of suicide. As early as 1991, reports of Prozac being linked to suicidal behaviour were reported to the Australian TGA. One report shows that a 41-year-old female taking Prozac, had abnormal thinking, was agitated and anxious and made a suicide attempt and had impulses to harm and stab herself.²⁶ Adverse reaction reports for Prozac and Lovan show there have been 70 suicide attempts, suicidal ideation and completed suicides.²⁷ Contemporary reports include:

- 2006: A 16-year-old girl was admitted to hospital—“Patient made 2 suicide attempts since starting the drug, nil previous. Drug ceased.”²⁸
- 2006: A 50-year-old female experienced the following while on Prozac, “The patient became more depressed whilst taking Prozac. She wanted to throw herself off a train or bus, had difficulty sleeping, was pacing and restless, had voice hallucinations, would look in the mirror and see a different person, had murderous thoughts, stiff legs, was hot a lot, felt she was in a delirium, could not concentrate, was angry, had numbness in her hands and pins and needles in her body which occurs in akathisia. Ceased Prozac.”²⁹

FURTHER EVIDENCE OF DRUG-ASSOCIATED VIOLENCE

- On September 2004, Dr. Healy released further evidence that SSRIs could cause aggression and homicidal behaviour. In response, the British Healthcare Products Regulatory Authority advised that it had issued guidelines that children should not be given most SSRI antidepressants because of clinical trial data showing an increased rate of harmful outcomes, including hostility.³⁰
- In December 2004, the Australian TGA published an Adverse Drug Reactions Bulletin recommending that any use of SSRIs in children and adolescents be carefully monitored for the emergence of suicidal ideation. In a recent study involving Prozac, it said, there was an increase in adverse psychiatric events (acts and ideation of suicide, self harm, aggression and violence).³¹
- In September 2006, Dr. Healy and his colleagues raised questions again about the link between this class of drugs and violent behaviour. Dr. Healy’s team looked specifically at GlaxoSmithKline’s (GSK) Paxil and concluded the drug 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

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“There are many reports and studies confirming that SSRI antidepressants can cause violence, suicide, mania and other forms of psychotic and bizarre behaviour.”
 – Psychiatrist Peter Breggin

stated. The findings, which are based in part on clinical trial data GSK submitted to the UK's Committee on Safety of Medicines Expert Working Group, appear in the journal *Public Library of Science Medicine* (PLOS).³² “I have no reason to think all of the drugs in the group don't pose just as much risk,” he said. “We need all of the companies to put their data on this risk out there so we can have a look at it.”

- Substantial evidence from SSRI clinical trials shows that these drugs can trigger agitation. Approximately 5% of patients on SSRIs in randomised trials drop out for agitation against 0.5% on placebo (dummy pill).³³
- Several reports published since 1990 have linked SSRI intake with the production of emotional blunting, detachment, or an amotivational syndrome, described in one report as the equivalent to a ‘chemical lobotomy’.³⁴
- In his book *Prozac Backlash*, published in 2000, Harvard University psychiatrist Joseph Glenmullen documented cases in psychiatric journals and in his own practice of disturbing side effects linked to SSRIs. He found cases of hallucinations, psychoses, violence, and attempted suicide among patients who took these drugs. In August 2006, Dr. Glenmullen said he believed Paxil could cause homicidal episodes.³⁵
- Psychiatrist Peter Breggin in a study of SSRIs, published in the *International Journal of Risk & Safety in Medicine* in 2003, said: “There are many reports and studies confirming that SSRI antidepressants can cause violence, suicide, mania and other forms of psychotic and bizarre behaviour.”³⁶ The fact that drug regulatory agencies 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.³⁷ Further, “From agitation and hostility to impulsivity and mania,” he warns, “antidepressant-induced behaviours is identical to that of PCP, (psychedelic also known as angel dust) methamphetamine and cocaine—drugs known to cause aggression and violence.”³⁸
- One of the former lead chemists at the U.S. National Institute of Health, whose work led to the development of many antidepressant drugs, first spoke out against the drugs in an interview in *TIME* magazine in 1997, stating: “I am alarmed at the monster that Johns Hopkins neuroscientist Solomon Snyder and I created when we discovered the simple binding assay for drug receptors 25 years ago.” She told the *Melbourne Age* in 2002, that there is now an ‘epidemic’ of over-medication. “There's this increasing violence in the culture where people are going ‘postal’ (berserk). Doesn't anyone ask what's causing that? You know, a woman drowns her five children—these kinds of things never happened before.... A common thread is that people are on some of these psychiatric drugs. They're supposed to help people, but they actually cause violence. There's scientific literature that supports that. But it gets kind of swept aside. There's too much money in the drugs. Prozac alone nets \$US13 million (\$A23.8 million) a day. It nets it! It's an unbelievable figure.”³⁹

DRUG AGENCY WARNINGS

Since 2000, there have been 119 international warnings against psychiatric drugs, 94 of them by government agencies, including the Australian Therapeutic Goods Administration (TGA), U.S. Food and Drug Administration (FDA), The Irish Medicines Board (IMB), New Zealand's Medicines Adverse Reactions Committee (Medsafe), British Healthcare Products Regulatory Authority, European Committee for Medicinal Products for Human Use (CHMP), Health Canada, and BGA (German Drug Regulatory Authority).

A sample follows, while an **Appendix** shows specific warnings that the Australian and New Zealand drug regulatory agencies have issued during the past four years.

- In October 2003, the TGA issued an Adverse Drug Reactions Bulletin to warn that the new antidepressant Mirtazapine (Remeron, Avanza and Mirtazon) had received reports of potential serious reactions such as convulsions and of blood disorder along with reports of anxiety, agitations, nightmares and hallucinations.⁴⁰
- In November 2005, the FDA's Safety Information and Adverse Event Reporting Program reported "homicidal ideation" as an adverse event of Efexor ER (extended release) antidepressant.⁴¹ In a 2004 advisory, it also warned that all SSRIs could cause anxiety, **agitation**, panic attacks, **insomnia**, **irritability**, **hostility**, **impulsivity**, **akathisia** (severe restlessness), **hypomania** and **mania** in both, "psychiatric and non-psychiatric" conditions.⁴²
- In the 2006 edition of Australia's drug manual, *MIMS (Monthly Index of Medical Specialities)*, under the "Precautions in Children and Adolescents" for Aropax (antidepressant), it warns that in clinical trials for this population, adverse events related to suicidality (suicide attempts, suicidal thoughts) and **hostility (predominately aggression, oppositional behaviour and anger)** were more frequently observed in patients treated with Aropax than with placebo. Side effects listed for Aropax include: **psychosis, psychotic depression, agitation and hostility**.⁴³
- Adverse drug reactions reported to the Australian TGA for Aropax (also known as Paxil) include a 58-year-old male who in 1994 experienced aggression described as, "Patient stabbed his wife". There have been two reports to the TGA where Aropax was linked to homicidal ideation and 88 reports of agitation, 16 reports of aggression and 22 reports of suicidal ideation and suicide attempts. Other reports include violent ideation, irritability and four reports of Aropax linked to sudden death.⁴⁴
- In February 2006, Health Canada approved a new warning label for Paxil that read, in part: "A small number of patients taking drugs of this type may feel worse instead of better. For example, they 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**."⁴⁵
- As of August 2007, adverse drug reaction reports to the Australian TGA cited antidepressants as the sole suspected drug in 25 incidents of homicidal ideation, 176 reports of aggression, 136 suicide attempts and another 140 for suicidal ideation.⁴⁶ Reports to the TGA linked to antipsychotics include: 26 reports for homicidal ideation/behaviour, 207 for aggression and 74 for suicidal behaviour.⁴⁷ That is 51 incidents of homicidal ideation between the two classes of drugs and, as experts say only about only one percent of adverse reactions are reported, the number of homicidal reactions could be as high as 5,100.

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Some of the incidents of homicidal behaviour detailed include:

- **2006:** A 25-year-old girl on the antipsychotic Seroquel had the following adverse reaction: “The patient experienced homicidal ideation, suicidal ideation, a suicide attempt, auditory hallucinations, akathisia. She found herself at her parent’s house carrying a knife with the intention to kill them.”⁴⁸
- **2006:** A 53-year-old woman tried to kill herself and her children and was quoted in the report as saying, “I never did that before I had the Efexor.”⁴⁹
- **2006:** A 35-year-old male who had suicidal and homicidal ideation was described in the adverse reaction report as, “The patient experienced disassociation and murdered his wife whilst on Prozac.”⁵⁰
- **2005:** An 18-year-old girl experienced aggression and homicidal ideation while taking the antidepressant Avanza, and was described in the report as experiencing “outbursts of violence against her boyfriend, smashed furniture and could not sleep... she experienced aggression and homicidal ideation— ‘cut him up and feed him to the pigs.’”⁵¹
- **2004:** A male of unknown age taking the antidepressant Efexor and the antipsychotic Risperdal had “violent thoughts of ‘wanting to kill my parents’ which led to being placed under police arrest.” He did not have a history of violence according to the TGA report.⁵²
- **2000:** A 25 year old taking the antipsychotic Zyprexa was aggressive, which was described in the report as “attacking and stabbing (hostility).”⁵³

CASES OF DRUG-INDUCED VIOLENCE

Psychiatrists have known for years that psychotropic drugs induce psychotic and violent reactions as the sample of studies below show:

- The *Journal of Nervous and Mental Disease* in 1988 found that many persons who had no history of violence prior to being placed on a neuroleptic, “were significantly more violent on haloperidol [Haldol].” In this study, the authors linked the marked increase in violence to “akathisia,” the negative reaction that was described as being frequently associated with taking major tranquillisers.⁵⁴ Haldol, along with Mellaril, Stelazine and Thorazine were the four most widely used major neuroleptics before the atypical (new) drugs came on the market in the 1990s.
- A 1990 study determined that 50% of all fights on a psychiatric ward could be tied to akathisia. Another study concluded that moderate-to-high doses of one major tranquilliser made half of the patients markedly more aggressive. Patients described “violent urges to assault anyone near.”⁵⁵
- One 39-year-old man—after a haloperidol injection made him feel like he was “falling apart, that... all the bones in his body were broken,”—bludgeoned his mother with a hammer, an act he later found incomprehensible. Another 35-year-old man, asked why he had stabbed a grocer he had known for some time, said he did it to get the drug-induced pain out of his head: “The only reason I knifed the guy was Haldol messed me up. Prolixin [antipsychotic] makes me want to kill, too.”⁵⁶

- The murderous explosion of a 23-year-old man, detailed in the *Journal of Forensic Psychiatry*, was perhaps the most chilling example of all. After his wife left him, he became distraught and was brought to an emergency room by the police. He had been briefly hospitalised a number of times before, and he warned the staff that he reacted badly to haloperidol. In spite of his protest, he was injected with the drug, and he quickly exploded in rage. He ran from the emergency room, tore off his clothes in a nearby park, and started attacking everyone he saw. Over the course of 45 minutes, he tried to rape a woman walking in the park, broke into a house and beat an eighty-one-year-old woman to a pulp, fought with a policeman and then escaped, stabbed two more women, and was then at last subdued by a gang of eight police.⁵⁷
- According to a study on a minor tranquilliser, “Extreme anger and hostile behaviour emerged in eight of the 80 patients treated” with the drug. One woman who had no history of violence before taking the tranquilliser “erupted with screams on the fourth day, and held a steak knife to her mother’s throat for several minutes.”⁵⁸
- In 1995, nine Australian psychiatrists reported that patients had slashed themselves or become preoccupied with violence while taking SSRI antidepressants. “I didn’t want to die, I just felt like tearing my flesh to pieces,” one patient told the psychiatrists.⁵⁹

Thousands of cases exist in which the person was in psychiatric hands before the crime. The following are but a few representative examples.

- 8 June 2001: In Japan, Mamoru Takuma stabbed to death eight schoolchildren and injuring 15 others in a frenzied knife attack while under the influence of tranquillizers.⁶⁰
- 14 June 2002: In Australia, Mohamud Hassan stabbed and killed a man. Hassan was first prescribed antipsychotic medication in February 2002. According to court documents he stopped taking antipsychotic medication on the day of the stabbing.⁶¹
- 27 December 2002: Michigan resident Christopher Bernaiche opened fire in a bar, killing two men and wounding three others. Bernaiche had been taking an antidepressant for nearly two months and the dosage was doubled five days before the shootings.⁶²
- 29 June 2003: Irvine, California grocery store worker Joseph Parker killed two co-workers and injured three other people with a sword before being gunned down by police. Mr. Parker had been in psychiatric treatment and hospitalised at least twice. Three different bottles of psychiatric prescriptions including a mood stabilizer, a tranquilliser and an antipsychotic were found in his possession.⁶³
- 8 July 2003: Doug Williams gunned down 14 co-workers, killing six, at a Lockheed Martin aircraft parts plant in Meridian, Mississippi, before turning the gun on himself. He was using two antidepressants and had undergone an anger management program at a local mental health facility.⁶⁴
- 24 Nov. 2004: Former New York corrections officer Everett George shot and killed his 12-year-old son, then turned the gun on his baby daughter, fatally shooting her while she sat in her high chair. Afterwards he attempted suicide by downing several antidepressants. According to Mr. Everett’s girlfriend he was taking six different prescriptions at the time including an antidepressant.⁶⁵

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WITHDRAWAL EFFECTS

... the violence is most often caused by withdrawal from these drugs.

Psychiatrists misleadingly argue that if patients, who dislike the side effects of their medication, stop taking it resulting in their 'untreated' mental disorder causing them to become violent.

However, the violence is most often caused by withdrawal from these drugs.

- In 1996, the National Preferred Medicines Centre Inc. of New Zealand issued a report on "Acute drug withdrawal", which stated that withdrawal from psychoactive drugs can cause: 1) rebound effects that exacerbate previous symptoms of a disease, and 2) new symptoms unrelated to the original condition and unfamiliar to the patient.⁶⁶
- In August 2005, the TGA published an Adverse Drug Reactions Bulletin reporting a review of SSRIs and evidence supporting an association between SSRI use and "new onset suicidality" in adults developing shortly after commencing the drugs or after an increase in dosage that could cause akathisia, agitation, nervousness and anxiety. Similar symptoms could occur during **withdrawal**.
- In *Lancet*, the British medical journal, Dr. Miki Bloch reported patients who became suicidal and homicidal after stopping an antidepressant, with one man having thoughts of harming "his own children."⁶⁷

In fact, studies also show that when patients stop taking these drugs, they *improve*.⁶⁸

PSYCHIATRISTS CANNOT PREDICT OR CURE VIOLENCE

By their own admission psychiatrists cannot predict dangerousness and often release violent patients claiming that they are not a threat to others or after granting them privileges that lessen security procedures in place for them.

- In 1993, Angel Coro easily walked out of Rochester Psychiatric Centre, despite a long criminal and violent history with previous admissions to Rochester and a Buffalo psychiatric centre. At the time of his escape, Rochester staff had granted Mr. Coro grounds privileges, so that he could freely walk around. While escaped, Coro stabbed a 6-year-old girl, Colete Lopez, who was riding the subway in Manhattan with her mother.⁶⁹
- In 1998 in Western Australia, a patient was seen by a psychiatrist after being referred to him because he was having acute hallucinations, feeling depressed, had suicidal thoughts and some features of mania, inattention, and flight of ideas. The patient was on Ritalin for 'ADD.' The psychiatrist saw the patient on January 8 and then went on holidays the following Sunday without a proper management plan in place for observation and supervision. On the January 17, the patient beat and killed his mother's de facto husband.⁷⁰
- In April 2003, a Superior Court jury in Santa Clara County, California ruled that psychiatrist Cecil Bradley was civilly liable for failing to prevent a patient's violent crime after the patient told him repeatedly that he wanted to hurt others with his vehicle. Eventually the patient drove his truck up on a sidewalk killing one man and injuring another. Dr. Bradley was ordered to pay \$8.6 million to the surviving victim.⁷¹
- In December 2006 in NSW, Jayant Singh who had been in a psychiatric institution since July 2006 was released into the community. At the time of discharge, a risk assessment estimated that Singh was at low risk of harm to himself or others. Three days after he was released he allegedly slashed the throat of a baby with a meat cleaver and was charged with the baby's murder.⁷²

A DIAGNOSTIC SYSTEM RE-DEFINES CRIMINALITY

It would be easy to blame the ‘treatments’ alone for incidents of violence. Yet underneath these is an invented diagnostic system, the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders IV* (DSM) that is the main psychiatric manual used in Australia, and excuses criminal culpability and responsibility.

- Canadian psychologist Tana Dineen reports, “Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis, the disorders listed in *DSM-IV* are terms arrived at through peer consensus”—literally, a vote by American Psychiatric Association committee members—and designed largely for billing purposes.⁷³
- According to the *DSM-IV*, itself, “When the *DSM-IV* categories, criteria, and textual descriptions are employed for forensic purposes, there are significant risks that diagnostic information will be misused and misunderstood.” And it is “not sufficient to establish the existence for legal purposes of a ‘mental disorder,’ ‘mental disability,’ ‘mental disease,’ or ‘mental defect,’” in relation to competency, criminal responsibility or disability.
- An American Psychiatric Association’s task force admitted in its 1979 Brief Amicus Curiae to the U.S. Supreme Court that psychiatrists could not predict dangerousness: “It has been noted that ‘dangerousness’ is neither a psychiatric nor a medical diagnosis, but involves issues of legal judgment and definition, as well as issues of social policy. Psychiatric expertise in the prediction of ‘dangerousness’ is not established and clinicians should avoid ‘conclusory judgments in this regard.’”⁷⁴
- In response, the Supreme Court rendered the opinion that “the professional literature uniformly establishes that such predictions are fundamentally of very low reliability, and that psychiatric testimony and expertise are irrelevant to such predictions. In view of these findings, psychiatric testimony on the issue of future criminal behaviour only distorts the fact-finding process.”
- In 2002, Kimio Moriyama, vice president of the Japanese Psychiatrists’ Association further admitted, “... [I]t is impossible for [psychiatric] science to tell whether someone has a high potential to repeat an offence.”⁷⁵
- On March 28, 2007, Judge Helen O’Sullivan from Queensland labelled ‘psych reports’ a waste of time and described the author of one report for a repeat child sex offender as living in ‘fairyland’. On 29 January 2007, a lawyer requested an adjournment to have his client, a sex offender assessed, to which Judge O’Sullivan replied, “I am not very interested in psych reports, I think they are a total waste of time. What’s a psych report going to tell me? I think there are thousands of dollars going straight down the gurgler and the psychologists are tickled pink with us because we are abdicating our responsibility.”⁷⁶

The disorders contained in the *DSM-IV* are arrived at by consensus, not by scientific criteria and are most often influenced by the pharmaceutical industry.

- A study published in the April 2006 edition of *Psychotherapy and Psychosomatics* determined that 56% of the psychiatrists who determined 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 Tuft University professor, conducted the study, entitled, “Financial Ties between DSM-IV Panel Members and the Pharmaceutical Industry.” It documented how pharmaceutical companies who manufacture drugs for mental disorders funded psychiatrists who defined the disorders for the manual. One hundred percent of the ‘experts’ 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.

While creating violence with their treatments, those psychiatrists also undermine a person’s personal responsibility and the criminal justice system with the use of their ‘insanity defence’ that is based on an unscientific document: the DSM.

On the surface, the idea of psychiatric drugs creating hostility and violence may not make sense. After all they are supposed to make people calm and quiet. But the reality is that they can and do create such adverse effects. Not everyone who takes a psychiatric drug commits an act of violence, but clearly some do. Psychiatric drugs do create violence - the evidence, only part of which is presented in this report, is overwhelming.

Psychiatric drugs do create violence – the evidence, only part of which is presented in this report, is overwhelming.



RECOMMENDATIONS

That mental health education require consumers be fully informed of all dangers and risks of psychiatric drugs, including the potential to induce violent and suicidal reactions.

- That the TGA must require drug manufacturers add a prominently boxed advice at the beginning of the Consumer Information sheet and on medication containers stating: **“You are encouraged to report adverse drug reactions to the Therapeutic Goods Administration. Log onto www.tga.gov.au or call 1-300-134-237.”**
- That mental health education require consumers be fully informed of all dangers and risks of psychiatric drugs, including the potential to induce violent and suicidal reactions. Governments should hold hearings into the relationship of these drugs and violence/suicide.
- Implementation of full blood and tissue toxicology testing for psychiatric drugs for anyone who commits a homicide or serious violent crime, with a police database maintained on the findings and information shared with the TGA.
- That funds allocated for mental health services should also provide facilities to assist consumers to safely withdraw from prescribed psychotropic drugs, with additional funds provided for workable, non-drug, non-harmful therapies, giving consumers the right to the least restrictive alternative and safer medical choices.

CITIZENS COMMITTEE ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR) is an international body, headquartered in Los Angeles. The Australian subsidiary is the **CITIZENS COMMITTEE ON HUMAN RIGHTS**. CCHR was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Today, it has more than 250 chapters in over 30 countries. Its board of advisors, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

While it doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice.

CCHR's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts:

Article 3: "Everyone has the right to life, liberty and security of person,"

Article 5: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment,"

Article 7: "All are equal before the law and are entitled without any discrimination to equal protection of the law."

Through unscientific diagnoses and resulting stigmatising labels, easy-seizure commitment laws, brutal, depersonalising "treatments," thousands of individuals are harmed and denied their inherent human rights.

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

CCHR has long been an advocate for competent, non psychiatric, medical evaluation of people with mental problems by medical doctors. Undiagnosed and untreated physical conditions can manifest as 'psychiatric symptoms'. Psychiatric facilities should have a full complement of diagnostic equipment which could prevent more than 40% of admissions by finding undiagnosed physical conditions.

The Californian Department of Mental Health Medical Evaluation Field Manual—which CCHR assisted in introducing—stated, "Mental Health Professionals working within a mental health system have a professional and a legal obligation to recognise the presence of physical disease in their patients... physical diseases may cause a patient's mental disorder [or] may worsen a mental disorder..."

MISSION STATEMENT

The Citizens Commission on Human Rights investigates and exposes psychiatric violations of human rights. It works shoulder to shoulder with 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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DRUG WARNINGS:

AUSTRALIA AND NEW ZEALAND

A sample of warnings in Australia and New Zealand follows:

2003

August: The Australian Therapeutic Goods Administration (TGA) warned that the use of SSRIs during or after pregnancy may result in adverse reactions to newborn babies, due to the withdrawal effect following intra-uterine exposure, or a toxic effect from ingestion of an SSRI in breast-milk. The withdrawal effects include **agitation**, jitteriness, poor feeding, sleepiness/lethargy, gastrointestinal symptoms and hypotonia (deficient tone or tension).

October: The TGA reported that new antidepressants Remeron, Avanza and Mirtazon could cause potential serious reactions such as convulsions, blood clots, anxiety, **agitation**, blood disorders, **nightmares**, and **hallucinations**.

2004

March: New Zealand's drug regulatory agency, Medsafe warned of suicide risk in children taking SSRIs.

June: The TGA published an Adverse Drug Reactions Bulletin warning that the latest antipsychotics could increase the risk of diabetes.

October: New Zealand's Medsafe recommended that old and new antidepressants not be administered to patients younger than 18 years of age because of the risk of suicide.

December: The TGA recommended that children and adolescents prescribed SSRI antidepressants should be carefully monitored for the emergence of suicidal ideation. In a study involving Prozac, it said there was an increase in adverse psychiatric events (acts and ideation [thoughts] of **suicide**, **self-harm**, **aggression**, **violence**).

2005

August: The TGA reported that SSRI antidepressants could cause "new onset of suicidality" in adults and **agitation**, nervousness and anxiety. Similar symptoms could also occur during withdrawal.

September: The TGA warned that antidepressant use during pregnancy could cause "withdrawal effects [in infants] that can be severe or life-threatening."

2006

February: The TGA announced it would review the FDA Advisory Committee recommendation for stronger warnings against stimulants.

October: The TGA ordered manufacturers of 'ADHD' drugs, Ritalin, Strattera and dexamphetamine to add stronger warnings to their information because of complaints that Ritalin caused headache, nausea, anorexia, somnolence and depression; Strattera caused aggression, and dexamphetamine, caused **agitation**, tachycardia (rapid heartbeat), hypertonia (abnormally tight muscles), hyperkinesia (muscle spasm) and insomnia.

December: The TGA asked Eli Lilly & Co. to provide information "regarding the allegation that in the USA the sponsor has downplayed the risk of diabetes in patients taking Zyprexa."

2007

April: In New Zealand, health professionals were warned to monitor patients taking the antipsychotic Clozapine, after a review found five people had died from its side effects. The Intensive Medicines Monitoring Programme said one person had died from an acute blood disorder, as a result of using Clozapine; four other deaths were caused by another side effect, severe constipation.

April 5: The TGA ordered Sanofi-Aventis, the manufacturer of a controversial sleeping pill, Stilnox, to upgrade its warning about mixing the pills with alcohol following reports of bizarre and dangerous behaviour. More than 500 complaints had been made to the national drug hotline, including reports of sleepwalkers crashing cars, falling off balconies, smoking, painting and having sex after popping a pill. Product information already shows that the drug could cause "complex sleep-related behaviour including sleepwalking, as well as hallucinations and amnesia." A TGA spokeswoman said an expert committee was examining whether warnings on the packets should be upgraded.

June: The TGA issued an Adverse Reactions Bulletin warning that a range of cardiac disorders is associated with the use of the antipsychotic, Clozapine. A boxed warning alerting prescribers has been placed on the Product Information. Prescribers have been warned that **potentially fatal myocarditis** (inflammation of the heart muscle) may develop after commencement of Clozapine.

July: Adverse drug reaction reports obtained from the TGA revealed that hundreds of Australians have died and thousands more suffered gruesome side effects after taking antipsychotic drugs. There were 26 reports for **homicidal ideation/behaviour**, 207 for **aggression** and 74 for **suicidal behaviour**.

August: The TGA's drug adverse reaction database revealed there had been 112 notified adverse reactions report—in 67 separate cases—for antidepressant use among under 10-year-olds. These included convulsions, mania, muscle spasms, **hallucinations** and insomnia. A further 807 adverse health responses, in 495 cases, had been linked to use by youths aged between 10 and 19 years. The reactions for 10-19 year-olds, included 4 deaths.

August: The TGA issued an Adverse Reactions Bulletin about newer antipsychotic agents causing extrapyramidal side effects, EPS (involuntary movements and muscle rigidity). There had been 70 reports for Clozapine and 126 reports for Olanzapine (Zyprexa). About one third of patients experiencing EPS had not recovered.

August: Adverse drug reactions obtained from the TGA revealed 2 reports where Aropax was linked to **homicidal ideation**, 88 reports of **agitation** where Aropax was considered the sole suspected drug, 16 reports of aggression and 22 reports of **suicidal ideation** and **suicide attempts**. Other reports include violent ideation, irritability and 4 reports of Aropax linked to **sudden death**. Reports about antidepressants generally show they have been the sole suspected drug for 25 incidents of homicidal ideation, 176 reports of aggression, 136 suicide attempts and another 140 for suicidal ideation.

CASES OF INDUCED VIOLENCE



THERAPEUTIC GOODS ADMINISTRATION Public Case Detail

Date Range: 1 Jan 1950 To 31 Dec 2059 Unclear causality excluded GM medicines Only Tradenames:
QUETIAPINE, SEROQUEL

Report Details:

Case Number: 208442 Seq: 1 Gender: F
Reported: 03/05/2005 Weight: 0.00
Hospitalisation: Age: 25
Onset Date: DOB: 30/11/1979
Outcome: Unknown Causality: Causality possible

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Homicidal ideation		The patient experienced homicidal ideation, suicidal ideation, a suicide attempt, auditory hallucinations and akathisia. She found herself at her parents' house carrying a knife with the intention to kill them.	
Akathisia			
Hallucination, auditory			
Suicidal ideation			
Suicide attempt			

Medicine Details:

SEROQUEL (Suspected)	Reason:
Tablet	Oral
Batch:	Started: Stopped:

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

Report 208441 is the first sequence to this report.

[SEROQUEL: Antipsychotic]

CASES OF INDUCED VIOLENCE



THERAPEUTIC GOODS ADMINISTRATION Public Case Detail

Date Range: 1 Jan 1995 To 31 Dec 2058 Unclear causality excluded GM medicines Only Tradenames:
Auscap, EROCAP, FLUOXETINE HYDROCHLORIDE, Fluohexal, GenRx Fluoxetine, LOVAN, PROZAC, PROZAC LIQUID, ZACTIN

Report Detail

Case Number: 214543 Seq: 1

Gender: M

Reported: 04/01/2006

Weight: 0.00

Hospitalisation:

Age: 35

Onset Date:

DOB: 11/09/1970

Outcome: Unknown

Causality: Causality possible

Reaction Detail

Preferred Term	Severity	Report Description	Treatment
Suicidal ideation		He had also experienced suicidal thoughts.	
Homicidal ideation		The patient experienced dissociation and murdered his wife whilst on Prozac.	
Dissociation			

Medicine Details:

PROZAC (Suspected)	Reason:
Tablet	2.0 Dose Unspecified Daily Oral
Batch:	Started: Stopped:

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:



THERAPEUTIC GOODS ADMINISTRATION Public Case Detail

Date Range: 1 Jan 2003 To 31 Dec 2007 Unclear causality excluded GM medicines Only Tradenames:
OLANZAPINE,ZYPREXA,Zyprexa IM,Zyprexa Zydys

Report Details:

Case Number: 216399 Seq: 1 Gender: M
Reported: 10/03/2006 Weight: 0.00
Hospitalisation: Age: 19
Onset Date: DOB: 09/10/1986
Outcome: Unknown Causality: Causality possible

Reaction Details:

Preferred Term	Severity	Report Description	Treatment
Suicidal ideation		Patient had thoughts about killing himself which made him violent, tried to hit someone else, tried to hit a security guard with feelings of killing and tried to do physical damage. Tried to hurt himself and had thoughts of hurting other people. He was walking faster than normal. Experienced aggression, insomnia and was feeling high on Prozac. Also felt anxious and put on more than 20kg.	
Aggression			
Akathisia			

Medicine Details:

ZYPREXA (Suspected)	Reason:
Batch:	Started: 19/02/2004 Stopped: 19/01/2006
PROZAC (Suspected)	Reason: Depression
Batch:	10.0 Milligram Daily Started: Stopped:

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

[ZYPREXA: Antipsychotic]

CASES OF INDUCED VIOLENCE



THERAPEUTIC GOODS ADMINISTRATION Public Case Detail

Date Range: 1 Jan 1989 To 31 Dec 2059 Unclear causality excluded GM medicines Only Tradenames: AVANZA,Avanza
Soltab,Axil,MIRTAZAPINE,Mirtazon,REMERN

Report Detail

Case Number: 208473 Seq: 1 Gender: F
Reported: 03/06/2005 Weight: 0.00
Hospitalisation: Age: 18
Onset Date: DOB: 23/11/1986
Outcome: Unknown Causality: Causality possible

Reaction Detail

Preferred Term	Severity	Report Description	Treatment
Aggression	Caused or prolonged inpatient hospitalisation	The patient developed borderline traits, sudden suicidal thoughts, outbursts of violence against her boyfriend, smashed furniture and could not sleep. She cleaned the house at night, her sexual desire was absent and she experienced aggression and homicidal ideation - 'cut him up and feed him to the pigs'.	
Homicidal ideation	Caused or prolonged inpatient hospitalisation		

Medicine Details:

AVANZA (Suspected)		Reason: Specific disorders of sleep
Tablet	5.0 Milligram	As necessary Oral
Batch:	Started:	Stopped:

Laboratory Investigations:

Date	Type	Range	Data Tested	Result	Details

Additional Information:

[AVANZA: Antidepressant]



THERAPEUTIC GOODS ADMINISTRATION
Public Case Detail

Date Range: 1 Jan 2001 To 31 Dec 2050 Unclear causality excluded GM medicines Only Tradenames:
EFEXOR, EFEXOR-XR, VENLAFAXINE HYDROCHLORIDE

Report Detail

Case Number: 214514 Seq: 1 Gender: F
Reported: 03/01/2006 Weight: 0.00
Hospitalisation: Age: 51
Onset Date: 15/04/2003 DOB: 10/05/1951
Outcome: Unknown Causality: Causality possible

Reaction Detail

Preferred Term	Severity	Report Description	Treatment
Homicidal ideation	Caused or prolonged inpatient hospitalisation	She tried killing her children and herself	

Medicine Details:

OROXINE (Other drug)		Reason:	
Batch:	Started:	Stopped:	
EFEXOR (Suspected)		Reason:	Depression
	300.0 Milligram	Daily	Oral
Batch:	Started:	L TERM	Stopped:

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

I never did that before I had the Efexor.



THERAPEUTIC GOODS ADMINISTRATION Public Case Detail

Date Range: 1 Jan 2001 To 31 Dec 2059 Unclear causality excluded GM medicines Only Tradenames:
EFEXOR, EFEXOR-XR, VENLAFAXINE HYDROCHLORIDE

Report Detail

Case Number: 215364

Seq: 1

Gender: M

Reported: 30/01/2006

Weight: 0.00

Hospitalisation:

Age: 17Y

Onset Date:

DOB:

Outcome: Unknown

Causality: Causality possible

Reaction Detail

Preferred Term	Severity	Report Description	Treatment
Aggression		The patient experienced violent thoughts, wanted to kill himself and others, was restless and couldn't sit, was irritable, was pacing, was paranoid, vomiting and had withdrawal syndrome.	Efexor ceased. Given Mogadon for sleep.
Akathisia			
Drug withdrawal syndrome			
Homicidal ideation			
Paranoia			
Suicidal ideation			
Vomiting			

Medicine Details:

EFEXOR (Suspected)	Reason:	Oral
Batch:	Started:	Stopped:

Laboratory Investigations:

Date	Type	Range	Date Tested	Result	Details

Additional Information:

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