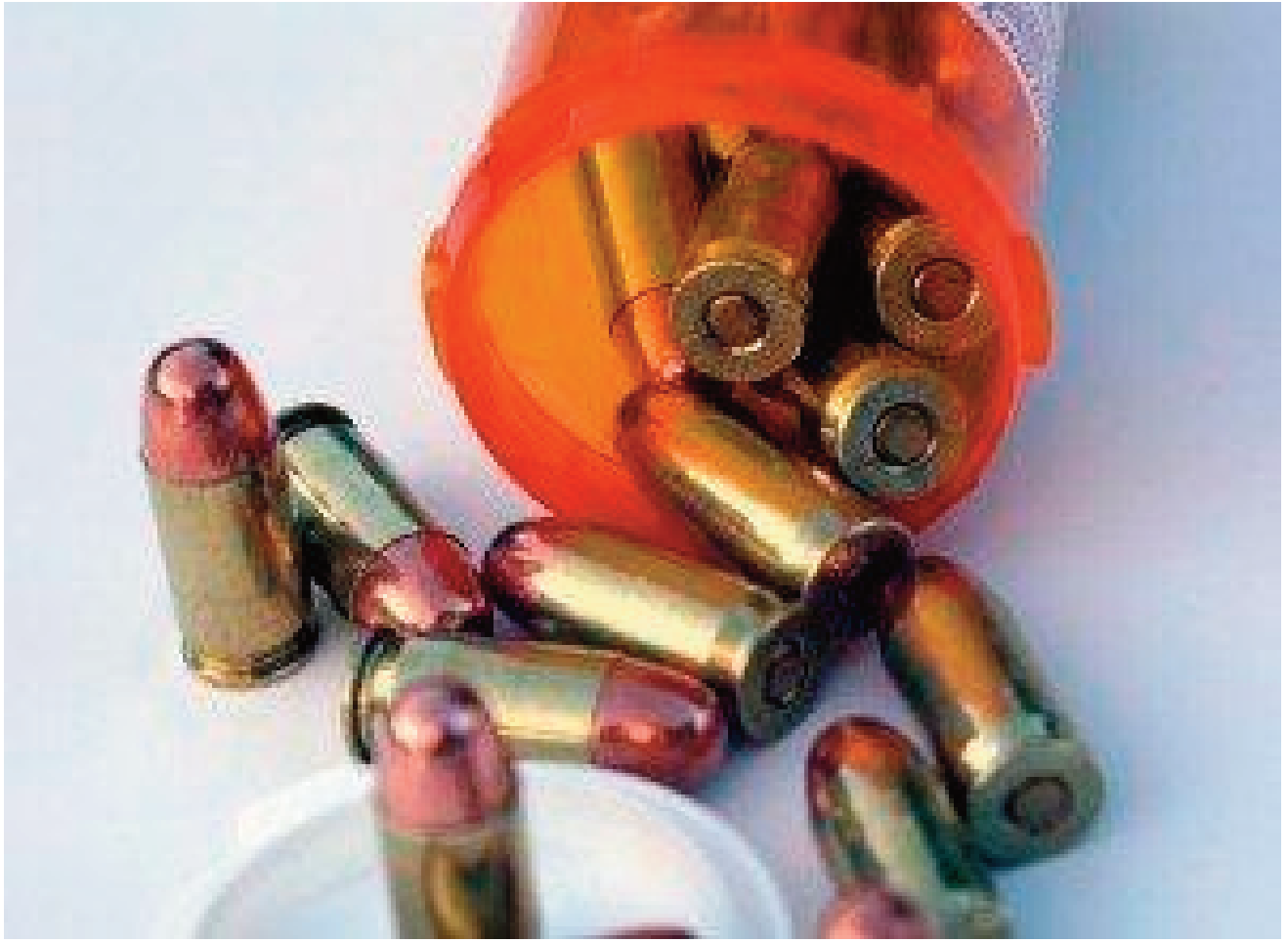

The Systemic Correlation Between Psychiatric Medications and Unprovoked Mass Murder in America

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Since the beginning of the human race, violence has permeated every civilization in recorded history. However, over the last 10-15 years, violence of an unprecedented nature has become common place across America. Young male killers are opening fire in movie theatres, shopping malls, and schools with no apparent motivation. Innocent six- and seven-year-old American children are shot to death as they sit in their first grade classrooms. We as a nation are stunned, despondent, and angry. How could this happen? Why is this happening? How can we prevent such tragedy from occurring in the future? On December 17, 2012, President Barack Obama addressed the nation at a memorial service for the 20 first grade children and the six school employees who were shot to death at a public school

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in Newtown, Connecticut. The president of the United States consoled the American public and made it absolutely clear that change was needed in order to stop the senseless carnage that is occurring in America. A significant number of American citizens are convinced that stricter gun laws are the answer to decreasing mass murder in America. Others are suggesting that bullying, coupled with the rise in violent video games are at the root of our problem. Still others are insisting that more mental health screening and involuntary commitment to psychiatric hospitals is the answer. One thing is certain, and that is that we as a nation can no longer tolerate the senseless brutality that has become a part of our national landscape. Interestingly, despite the multitude of international drug regulatory warnings on all classifications of psychiatric medications citing adverse reactions such as suicidal ideation, homicidal ideation, violence, and psychosis, not one local, state, or federal commission has investigated the correlation between the mass shootings in America and the use of psychiatric medications. Drawing on the scientific literature, this paper with explore in depth the hazards associated with exposure to psychiatric drugs and will offer a scientifically validated explanation as to how these classifications of drugs are intrinsically related to the escalation of mass killings across America.

Key Words: Psychiatric drugs, mass shootings and psychiatric drugs, connection between psychiatric medications and violence, drug-induced violence, violence and psychotropic drugs

Correlates Linked to Mass Shootings in America

Beginning with the unprovoked slaughter at Columbine High School on April 20, 1999, specific correlates have been linked to mass murder in America. Immediately following the Columbine shootings, bullying was put forth as a possible cause for the senseless school shooting. While it is certain that being bullied is an unpleasant experience, the fact of the matter is that bullying exists across all cultures, across all mammalian species, and across recorded human history. Never before in the recorded historical literature has bullying caused two adolescent males to enter their high school and begin the indiscriminate shooting of their classmates and teachers. If indeed bullying is the cause of the increasing frequency of unprovoked violence in America, these specific types of mass murders would have been taking place since the inception of the public school system in the United States, and this clearly is not the case. Furthermore, if bullying (i.e., being ostracized, teased, rejected, etc. . .) is the impetus for the mass shootings, we would see these types of shootings frequently across the globe from Canada to Switzerland, from Peru to South Africa, and every nation in between, as bullying does not only occur within the confines of America, but exists in every corner of the globe. If the hypothesis that bullying is the sole cause of mass murder were accurate, then we would be able to document similar rates of mass murder across cultures and across historical time. Fortunately, there exists no data to support this hypothesis as the majority of unprovoked mass murder that is occurring in movie theatres, shopping malls, and elementary schools is largely an American phenomenon.

Another correlate that has been linked to mass murder in America is the availability of violent video games, violent television programs, and violent movies. While it is certain that the frequency and intensity of media violence has increased dramatically over the last three decades, the proliferation of violence in the media can be seen not only in America, but across Europe, Australia, South America and in much of Asia. Japan, the United Kingdom, and Canada are all highly industrialized countries that are on the cutting edge of technological advancement. Violent video games, as well as a plethora of other violent media outlets abound in these countries, yet there has been very little mass murder committed in these countries, and certainly, there has been no quantifiable increase in unprovoked mass murder in schools, shopping malls, or movie theatres. Clearly, if exposure to

violence via video games and movies is causing the increase in mass murder, there would be a significant increase in unprovoked mass killings throughout much of the industrialized world. However, at present time, there is no empirical evidence to support the hypothesis that links media violence to mass murder.

As a direct result of the mass shootings in America, many citizens' groups and politicians are calling for a widespread gun control bill. Proponents of gun control cite easy accessibility to firearms and the lack of comprehensive background checks as the causal factors in the escalating gun violence in America. The second amendment of the United States Constitution allows for citizens to keep and bear arms; however, the increasing rates of senseless mass shootings have made many Americans rethink their stance on the interpretation of the second amendment. While to many, stricter gun control laws seem to be a justifiable response to the violence in America, many Americans argue that guns have been readily available throughout American history, and it is just recently that senseless gun violence has accelerated.

Historical archives indicate that firearms have been widely available throughout America since the 1600s. It has been, and continues to be, a rite of passage for many fathers and grandfathers to introduce their young sons and grandsons to guns at a very early age. In many parts of the country, BB guns are given as birthday or Christmas presents to 11-12 year old boys. As these boys enter their teens, they are introduced to rifles, shotguns, and other types of firearms. Many Americans attended public schools where it was commonplace in the 1950s, 1960s, and 1970s for shotguns to be in the gun racks of numerous pick-ups parked in the high school parking lot. Before the automobile was invented, many young males carried firearms with them as they went about their daily lives. To many that were raised in metropolitan cities, this scenario sounds unbelievable, but for those millions of Americans who live in rural communities across the central, western, and southern parts of the United States, guns were, and continue to be, a fundamental component of daily life. Perhaps the time has come to enact stricter gun laws in America. However, the fact remains that guns have always been available to young American males, but it is only in the last 10-15 years that guns have been used to indiscriminately kill innocent, defenseless strangers in mass killings in schools, shopping malls, and movie theatres with no apparent motivation for the killings.

Lastly, many Americans are convinced that an increase in mental health screening will significantly reduce the unmitigated violence that Americans are experiencing. However, if we look at the demographic data collected over the last 30 years in America, we will find documentation that shows that as psychiatric diagnoses increase, so does the number of mass shootings. Prior to the 1950s in America, psychiatric diagnoses in American men, women, and children were extremely rare. Fast forward to 21st century America and one in five Americans have been diagnosed with a plethora of mental illnesses including ADHD, depression, anxiety, bi-polar, Aspergers, personality disorders, etc. . . , and for the first time in human history, the standard method of treatment is daily doses of dangerous and addictive psychiatric medications (Breggin, 2011).

Politicians, teachers, researchers, parents, physicians, pharmaceutical companies, and concerned citizens are calling for legislation that will make compulsory mental health assessment mandatory for all Americans (including American infants and children). The underlying assumption is that if we can identify those who are mentally ill and get them the proper medication, we as a nation will see a significant decrease in mass violence across America. While the intention of these concerned citizens must be applauded, we must also acknowledge that an unprecedented number of Americans (more per capita than any other country) have already been diagnosed as mentally ill and are prescribed a wide range of psychiatric medications that can, and often do, cause irrational

and senseless violence, including homicide and suicide (Breggin & Cohen, 1999).

More mental health screening and more psychiatric drugging? We as a nation conduct more mental health screening than any other nation on earth and have the highest rates of gun violence on the globe. Over the last 15-20 years we have become engulfed in a paradigm that pathologizes the human experience and insists that behaviors that were once considered normal are now indicators of a psychiatric illness that require daily doses of dangerous and addictive psychiatric drugs. Never before have so many citizens (including children) been scrutinized by so many who are on the lookout for mental illness. Take the average American child, for example. Beginning in infancy, he is assessed for signs of psychiatric illness by parents, physicians, and daycare workers. If he is enrolled in the federally funded Head Start program, it is mandatory that he undergo a comprehensive mental health evaluation and this evaluation is conducted by staff who have no training whatsoever in the behavioral assessment of children. As the child enters school, teachers, principals, counselors, and other staff personnel are continually evaluating him for behavior that is indicative of a mental illness. As the child grows, this scrutiny escalate as coaches, babysitters, piano teachers, after-school daycare providers, and family friends and relatives all join in the lookout for signs of psychiatric illness. As a direct result of this unprecedented scrutinization, millions of American children and adolescents (the majority are males) have been formally diagnosed as "mentally ill" and are forced to take psychiatric medications for an illness that, according to the Surgeon General of the United States, cannot be definitively diagnosed as there exists no medical tests or abnormality within the brain that would indicate the existence of a psychiatric illness (Baughman, 2006).

The Hidden Correlate: Psychiatric Drugs

Since the Columbine massacre, there have been 31 documented mass shootings in the United States of America. Each mass shooting was unprovoked and countless numbers of men, women, and children died or were injured as a result of the senseless violence that has become a regular feature of American society. Following Columbine, it appeared that there was a pattern developing as each of the shooters was young, male, Caucasian, came from a two-parent family, was middle-to-upper income, and was prescribed psychiatric medications. As time passed, and more shootings occurred, the demographic information concerning the shooters began to change. Not all were Caucasian, not all were from two-parent families, and not all were from middle-to-upper income classes. The two constant variable that remained were that the vast majority of shooters had been formally diagnosed with a mental illness and were prescribed psychiatric medications. In some instances, such as the massacre at Virginia Tech, medical records concerning the shooter were sealed. However, the mother of the shooter was interviewed by a local news organization and stated publically that she believed her son was "doing better now as he was taking his medicine for his mental problems." In addition, the *New York Times* also reported that the Virginia Tech shooter had been prescribed psychiatric medications.

Across the world, there has always existed senseless killing and individual acts of violence that defied logic. In America, one can go through the historical archives of local newspapers and find accounts of gruesome and horrific murder. What has changed dramatically over the last 10-15 years is 1. the frequency of these mass murders and 2. the senseless nature of the murders (i.e. these murders are not the result of organized crime, revenge, or crimes of passion). One does not have to look far for the answer as to why this type of senseless violence is increasing. According to the pharmaceutical industry, *The Physician's Desk Reference Manual*, and numerous researchers, all classifications of psychiatric medications can cause a wide range of pathological behavior including, but not limited to, suicidal ideation, homicidal ideation, violence, mania, and psychosis (Breggin &

Cohen, 1999; Breggin, 2004; Novartis, 2012; *Physician's Desk Reference Manual* (PDR), 2009). Should we as a country really be so incredulous that this type of psychotic violence is occurring? The manufacturers of psychiatric medications clearly and unequivocally state that use of their product can cause all of the behaviors that these shooters have displayed, including unprovoked violence, murder, suicide, and violent psychosis (Novartis, 2012).

The question really is this: How did we convince a whole generation of Americans that feelings such as sadness, worry, anxiety, or behavior such as overactivity, disobedience, and defiance were indicators of a neurochemical abnormality in the brain? These feelings and/or behaviors have existed in every culture throughout the world and in every historical time period. For the majority of human history, these feelings and/or behaviors were not collectively defined as indicators of mental illness, but were instead thought to be an integral part of human nature.

Beginning with the amendment to the Americans with Disabilities Act (ADA) in 1990, all types of psychiatric diagnoses have skyrocketed across America (Baughman, 2006). This federal amendment states that psychiatric disorders such as ADHD, depression, Aspergers, anxiety, conduct disorder, and oppositional defiance are legitimate disorders and that individual schools must receive additional federal monies for each child diagnosed with a psychiatric disorder. As a direct result of this federal legislation, millions of American children have been diagnosed as "mentally ill," and use of psychiatric medications in child and adolescent populations is at an all-time high (Baughman, 2006; Stolzer, 2007). According to published research, approximately 98% of all referrals for psychiatric diagnosis in pediatric populations come directly from the United States public school system (Baughman, 2006). This should come as no surprise as there clearly exists an economic incentive (as outlined in the 1991 ADA Amendment) to label children with a myriad of psychiatric disorders. Over the last 20 years, teachers, principals, and school counselors have become brokers for the pharmaceutical industry as referrals for psychiatric diagnoses are now reaching epidemic proportions in America. Let us remember that teachers are not now, nor have they ever been, trained as neurologists, psychiatrists, or psychologists. Their training is in curriculum and instruction, as they are paid by the American tax payer to educate children- not to serve as unpaid brokers for the pharmaceutical industry (Stolzer, 2009). Interestingly, according to the United States Department of Education (2009), 85-90% of students who have been formally diagnosed as "psychiatrically disordered" are male.

The pharmaceutical industry has also played a pivotal role in the mental illness epidemic in America. This industry funds the majority of research focused on mental illness and its treatment, and is responsible for billion dollar advertising campaigns that have been quite successful at convincing Americans that they (and their children) are mentally ill. As a direct result of this successful marketing campaign, Americans consume 80-90% of the psychiatric drugs produced worldwide (Breggin & Cohen, 1999; Stolzer, 2009). With regard to the ADHD epidemic in America (which clearly is a "boy disorder," as young males are significantly more likely than their female cohorts to be diagnosed and drugged for this disorder), prescriptions for Ritalin (i.e. methylphenidate) increased 700% from 1990-1998 (Root, 2009).

Unquestionably, the pharmaceutical industry has a vested economic interest in promoting the sale and distribution of various types of psychiatric drugs that are known to cause a wide range of psychiatric abnormalities ranging from homicide to suicide, to unprovoked violence, to mania and psychosis (Breggin, 2006). Physicians' offices, hospitals, parenting magazines, television commercials, and medical journals routinely advertise a wide range of psychiatric medications, while at the same time promoting the neurobiological explanation for mental illness without a shred of sci-

entific data to back up their claims (Baughman, 2006; Breggin, 2011; Stolzer, 2011).

According to published scientific data, one of the major reasons for the epidemic of psychiatric drug use in America can be found in the economic alliance which exists between the pharmaceutical industry and the American medical community (Baughman, 2006; Stolzer, 2011). Backed by the pharmaceutical industry, physicians routinely give free samples of psychiatric medication, and often times receive financial incentives for prescribing particular psychiatric drugs. In addition, the pharmaceutical industry in tandem with the medical community strongly endorse the hypothesis that behaviors defined as "psychiatric illness" are the result of a "chemical imbalance" of the brain, despite no evidence to support this claim (Breggin, 2011).

From the 1600s until the 1960s, psychiatric illness was extremely rare in America. Furthermore, throughout most of American history, medicating pediatric populations with a plethora of psychiatric drug cocktails was unheard of. It is only in the last 10-15 years that Americans have collectively accepted the widespread use of psychiatric medications to treat behaviors that were once considered normative. In spite of the Surgeon General's statement that the diagnosis of mental illness is questionable as there exists no metabolic, cognitive, or any other type of marker that can confirm the existence of mental illness, we as a country continue drugging millions of Americans each year, and many of these citizens are young males. To add credence to the Surgeon General's statement on mental illness, the World Health Organization has stated emphatically that the diagnosis of psychiatric illness in child and adolescent populations is especially problematic as distinguishing between "normal" and "abnormal" behaviors is extremely difficult (Baughman, 2006).

Risks Associate with Psychiatric Medications

According to published data, psychiatric drugs "work" by impairing the chemical composition of the brain by overstimulating particular neurotransmitters, or by preventing the brain from producing specific neurotransmitters such as dopamine, norepinephrine, and serotonin (Breggin & Cohen, 1999). Every classification of psychiatric drug causes brain dysfunction and has been found to impair emotional responsivity, self-awareness, and overall cognitive functioning (Breggin, 2006). Following is a summation of the effects associated with specific classifications of psychiatric drugs.

Stimulants

This category of psychiatric drugs includes Ritalin, Adderall, and Dexedrine, as well as other stimulant drugs. These drugs are commonly presented to treat symptoms of ADHD which include fidgeting, impulsivity, jumping, climbing, and inability to pay attention. The vast majority of stimulant medications are prescribed to American males ranging from ages 2-24 (Breggin & Cohen, 1999). Stimulants are highly addictive drugs and have been known to cause insomnia, seizures, agitation, irritability, nervousness, confusion, visual disturbances, aggression, disorientation, personality changes, apathy, social isolation, depression and suicidal feelings (Breggin & Cohen, 1999; Novartis, 2012; Stolzer, 2011). The most common characteristic of the stimulant classification of drugs is that they cause a wide range of psychoses, including mania, paranoia, and violent feelings towards others. In addition, stimulant drugs have been found to cause a lack of empathy towards others, lack of impulse control, heightened reaction to stressful situations, uncontrollable mania, acute anxiety, abnormal thoughts, feelings, and behavior, and acute psychosis (Breggin & Cohen, 1999; Novartis, 2012; *Physician's Desk Reference Manual* (PDR), 2009). The literature indicates that all classifications of stimulant drugs impair growth- including brain growth. These drugs also affect particular hormone production, which has been shown to be particularly dangerous, especially in prepubescent and pu-

bescent males due to the influx of testosterone and androgen that is typically associated with puberty in the developing male (Breggin & Cohen, 1999).

Antidepressants

Some of the most commonly prescribed antidepressants in America include Prozac, Zoloft, Cymbalta, Paxil, and Luvox. These drugs are typically prescribed for individuals who have been diagnosed with depression. Symptoms of depression include loss of interest in social activities, sadness, crying, sleep disturbances, and lack of energy. Despite the lack of efficacy of these drugs, Americans continue to be prescribed antidepressants at an alarming rate, and that rate is significantly higher than any other nation on the globe (Barber, Barrett, Gallop, Rynn, and Rickels, 2011; Breggin, 2011).

According to Breggin and Cohen (1999), antidepressants often times produce effects similar to amphetamines and methamphetamine including but not limited to synthetically induced euphoria, anxiety, agitation, and the inability to sleep. In addition, antidepressants have been found to cause manic psychoses, violence, loss of impulse control, akathisia (e.g. a sensation of being tortured from within and often times causes self-directed or other-directed violence), obsessive suicidal thoughts, flat effect, loss of empathy, delirium, and brain abnormalities (Breggin & Cohen, 1999; PDR, 2009).

In addition, the PDR (2009) lists the following side effects associated with antidepressants. (Note that none of these side effects are listed as "rare" by the PDR; rather, they are listed as either "frequent" or "infrequent"). Side effects listed include: manic reaction, hypomania (which includes impulsive actions and poor judgment), abnormal thoughts, hallucinations, personality disorder, agitation, psychosis, emotional instability, hostility, paranoia, confusion, and delusions. The PDR (2009) also states that adverse effects are most likely to occur when starting or discontinuing a psychiatric medication, increasing or lowering the dosage, switching to a new classification of antidepressant, or when adding additional psychiatric medications.

According to the literature, antidepressants can also cause sudden onset of compulsive aggression directed at the self or others, accelerated agitation, extreme and/or bizarre thoughts or actions, obsessive thoughts concerning violence, and ego-dystenic feelings (i.e. thoughts and/or actions that seemed "unreal" to the person taking antidepressants) (Breggin, 2004, Gualtieri, 1991; Healy, 2003; Preda, MacLean, Mazure, & Bowers, 2001).

Benzodiazepines/Non-Benzodiazepines

Benzodiazepines are typically prescribed for anxiety, panic attacks, and insomnia. This category of drugs includes Ativan, Klonopin, Serax, and Xanax. Side effects associated with benzodiazepines include acute anxiety, cognitive impairment, poor judgment, feelings of disassociation with the self or others, and amnesia (Breggin & Cohen, 1999; PDR, 2009). Benzodiazepines often times cause serious withdrawal reactions between therapeutic doses, and the vast majority of individuals prescribed these drugs experience extreme difficulty when discontinuing these medications. These classifications of drugs suppress neuro activity which in turn affects thinking and memory. As with all psychiatric drugs, use of benzodiazepines can cause irreversible brain damage (Breggin & Cohen, 1999). Other effects of benzodiazepines include: confusion, paranoia, mania, agitation, rage, unprovoked aggression, uncontrollable violence, depression, suicide, impulsivity, and acute depersonalization (Breggin & Cohen, 1999; Rouve, Bagheri, Telmon, Pathak, Franchitto, & Schmitt, 2011).

Non-benzodiazepines include Ambien, Atarax, BuSpar, and Trancopel. These drugs are often times prescribed to treat insomnia and acute anxiety. Side effects of these drugs include manic-depressive episodes, confusion, amnesia, hallucinations, nightmares, night terrors, sensory disturbances, disinhibition, bizarre and/or dangerous behaviors, anxiety, delirium, psychotic mania, and violent psychosis (PDR, 2009).

Antipsychotics

The antipsychotic classification of drugs includes Haldol, Risperidone, Abilify, Seroquel, and Zyprexa. In spite of the published international data that has concluded that antipsychotic medications have low efficacy rates, and can cause irreversible atrophy of the brain, Americans (including infants and children) continue to be prescribed these classifications of drugs at an alarming rate (Breggin, 2011; Krystal, 2011). Many antipsychotics are being mass marketed in America as "miracle drugs" that supposedly help individuals who in the past were unable to get relief from conventional antidepressant drugs. However, there is no data to support these spurious claims made by physicians and the pharmaceutical industry (Breggin, 2011; Krystal, 2011).

Side effects associated with antipsychotic drugs include neurological impairment, sedation, agitation, bizarre behaviors, apathy, emotional flatness, and severe withdrawal symptoms as these drugs directly impact the frontal lobes and basal ganglia which are associated with the highest functions of the human brain (Breggin & Cohen, 1999; PDR, 2009).

Mood Stabilizers

This category of drugs includes Klonopin, Depakene, Depakote, Dilantin, and Lyrica. The side effects associated with this classification of drugs includes apathy, indifference, cognitive dysfunction, behavioral abnormalities, confusion, delirium, chronic mental impairment, nightmares, anxiety, depression, and hallucinations (Breggin & Cohen, 1999; PDR, 2009). Other side effects include neurological intoxication, double vision, visual disturbances, suicide, homicidal ideation and homicidal actions (Canadian Adverse Reaction Newsletter, 2010; Moore, Glenmullen, & Furbert, 2010).

According to Breggin (2006), all classifications of psychiatric drugs alter the chemical composition of the human brain, and interestingly none of these drugs have been shown to improve brain function in any way. In addition, all psychiatric drugs affect *all* people- not just individuals diagnosed with a specific psychiatric illness. These drugs "work" by interfering with normal brain functioning and by disabling specific neurotransmission (Breggin, 2011; Breggin, 2006). According to the scientific literature, all classifications of psychiatric drugs cause a wide range of psychiatric impairment, including but not limited to mania, paranoia, bizarre thoughts and/or behavior, agitation, depression, irritability, confusion, visual disturbances, personality changes, acute anxiety, violent ideation toward others, loss of impulse control, akathisia, delirium, brain abnormalities, delusions, emotional instability, hostility, aggression, cognitive impairment, amnesia, suicidal ideation, suicide, hallucinations, homicidal ideation, homicide, drug-induced violent psychosis and homocide (Moore, et al, 2010; PDR, 2009).

Discussion

For over 50 years, scientific data has demonstrated that psychiatric drugs neuropharmacologically induce bizarre and violent behavior patterns (Breggin, 2006; Klein & Fink, 1962). In addition, over

the last 15 years, there have been over 20 international drug regulatory warnings issued that state unequivocally that psychiatric medications cause violence, mania, hostility, unprovoked aggression, hallucinations, violent psychosis, homicide, and suicide (Citizen's Commission on Human Rights International (CCHR), 2012; Moore, et al, 2010).

While Americans collectively shake their heads in the wake of another senseless tragedy, this scientific literature has, and continues to, document that the majority of mass killings that have occurred over the last 10-15 years in schools, shopping malls, and movie theatres in America involved a young male shooter who had been prescribed psychiatric medications (CCHR, 2012). It is a distinct possibility that every one of the shooters was, or had been, prescribed psychiatric drugs, but at present time, it is impossible to factually confirm this as many of the shooter's medical records have been sealed (i.e., withheld from the American public). What is clearly needed at this time is a full scale, compendious, federal investigation into the linkages between psychiatric medications and the senseless mass murder that has occurred in America beginning in the mid-to-late 1990s. Indeed, if each of the shooters had been found to be users of illegal drugs such as heroin or methamphetamine, no one would have any doubt as to the cause of these senseless shootings. The time has come to demand answers, to demand transparency with regard to medical records, and to demand that pharmaceutical companies and physicians be held accountable for the role they have played in the meteoric rise in psychiatric drug prescriptions over the last 15 years.

It is an undisputed, scientific fact that psychiatric drugs cause a wide range of violent and unexplainable behaviors directed toward the self and others (Mosholder & Pamer, 2006; PDR, 2009). In some cases, psychiatric drugs have caused toxic psychosis which symptoms are drug-induced brain impairment, loss of touch with reality, and violent behavior which culminates in homicide and/or suicide (Breggin & Cohen, 1999; Coupland, Ohiman, Morriss, Arthur, Barton, & Hippisley-Cox, 2011) Numerous researchers have documented the homicidal and suicidal effects associated with psychiatric drugs, yet the majority of Americans are unaware of these effects, which according to the PDR (2009) are "frequent" or "infrequent" side effects (Burrai, Bocchetta, & Zompa, 1995; CCHR, 2012; Peyre, Verdous, & Bourgeois, 1992).

It is clearly stated in various psychiatric drug inserts that use of psychiatric medications can cause violent psychosis, hallucinations, delirium, mania, suicidal ideation, and homicidal ideation (Canadian Adverse Reaction Newsletter, 2010; Novartis, 2012; Moore, et al, 2010). Published scientific data indicates that while there are numerous adverse effects associated with psychiatric drugs in adult populations, children, adolescents, and young adults are significantly more susceptible to the deleterious effects of psychiatric drugs as serious side effects occur more frequently in pediatric populations and in young adults (Breggin, 2004; Sim, 2000). In spite of the scientific evidence that demonstrates that psychiatric drugs are especially harmful in child and adolescent populations, the United States public school system continues to refer children for psychiatric diagnoses in record numbers, while physicians and pharmaceutical companies enjoy immense economic profit as a direct result of the sale and distribution of psychiatric drugs to pediatric patients (Jain, Birmaher, Garcia, Al-Shabbout, & Ryan, 1992; Koizumi, 1991; Stolzer, 2011).

According to the scientific literature, psychiatric drug-induced violence toward the self and/or others typically results from 1. a rapid, drug-induced escalation of compulsive aggression, 2. the initial exposure to psychiatric drugs, 3. a recent change in the dosage of the psychiatric drug(s), 4. a recent addition or removal of a psychiatric drug, 5. extremely violent and bizarre thoughts, 6. an obsessive focus on violent and bizarre behaviors, 7. an out-of-character quality for the individual's past history, and 8. an alien or ego-dystonic quality as determined by the individual's subjective

report (Breggin, 2004, p. 36-37). It is a distinct possibility that young males are particularly sensitive to the violence-inducing effects of psychiatric drugs due to the surging influx of the hormones testosterone, androgen, and vasopression- hormones which are known to significantly increase territorialness, combativeness, aggression, and the fight or flight response (Brizendine, 2010).

Proponents of psychiatric drugs insist that these drugs are both safe and effective; however, decades of published scientific data clearly refute this supposition. First of all, controlled trials of psychiatric drugs typically last less than 6 weeks, and are conducted on adults. In addition, researchers are not required to report any side effects that occur in less than 10% of the population studied (Breggin & Cohen, 1999). Secondly, numerous researchers have documented that psychiatric drugs are no more effective than placebos in controlling psychiatric symptoms (Breggin, 2011; Healy, 2003). Thirdly, every new psychiatric drug that is approved by the FDA claims to be "safe" and "effective" in spite of the fact that there exists no double blind, longitudinal data to back up these claims. Lastly, even when there is scientific data indicating that psychiatric drugs lack efficacy, or worse, induce violent and bizarre behavior, pharmaceutical companies and physicians continue to push these drugs on record numbers of Americans- including infants, children, adolescents, and young adults (Breggin & Cohen, 1999; Moore, et al, 2010; Stolzer, 2011).

With regard to the stimulant classification of drugs typically prescribed to treat the symptoms of ADHD, there exists no scientific data indicating that these drugs are effective (Breggin, 2002). Numerous studies have reported that there are no benefits associated with stimulant therapy, yet physicians continue prescribing stimulant drugs to millions of American children, and in many instances, physicians advise that the drug(s) be continued throughout the life course (Baughman, 2006). Data has clearly demonstrated that stimulant drugs suppress brain growth and cause neurological atrophy, yet these drugs are some of the most commonly prescribed psychiatric drugs in America, and alarmingly, the majority of Americans who are prescribed these dangerous and addictive drugs are male children and adolescents (Breggin, 2002).

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM IV, 2000), there are no laboratory tests, neurological assessments, or any other type of confirmatory evidence that can definitively establish the existence of any psychiatric disorder. Furthermore, the pharmaceutical industry has clearly stated that the mode of therapeutic action in all classifications of psychiatric drugs is unknown at this time. In addition, the pharmaceutical industry states unequivocally that the specific etiology (i.e., cause) of psychiatric illness is unknown, and that there are no diagnostic tests which can definitively confirm the existence of any psychiatric illness. Lastly, they openly report that the effectiveness of psychiatric drugs for long term use (i.e., longer than 2 weeks) has not been established in controlled trials, nor has the safety of long term use of psychiatric drugs been determined (Eli Lily, 2012; Moore, et al, 2010; Novartis, 2012).

Conclusion

In the shadow of the senseless mass murder that has spread across America over the last 10-15 years, Americans are asking questions, seeking answers, and demanding that the violence stop. We can, if we so choose, continue blaming the ever increasing horrific violence on bullying, violent video games, and/or easy accessability to firearms. However, the fact of the matter is that bullying exists across all cultures, and has existed throughout historical time, and yet, has never produced the type of violence we have witnessed in America beginning with the Columbine Massacre in April, 1999. Violent video games exist in much of the industrialized world, yet it is in America where the majority of senseless gun violence is occurring. Perhaps stricter gun laws would decrease the violence,

but logically speaking, easy accessibility to firearms cannot be the cause of the rampant violence, or this type of violence would have been the norm since the first Europeans set foot on American shores. Clearly, there is another factor that must be analyzed, and that factor is the widespread, meteoric rise in the use of psychiatric drugs. Never before in the history of the human race have so many human beings had their brains pharmacologically altered. Never before in the history of the human race have we allowed, and indeed encouraged, millions of children to be labeled as "mentally ill" and to be prescribed daily doses of psychiatric drugs that are known to cause homicidal ideation, suicidal ideation, mania, hallucinations, violent psychosis, suicide, and homicide (Baughman, 2006; Breggin, 2004; Moore, et al, 2010; Stolzer, 2007). According to Baughman (2006), every classification of psychiatric drug causes varying degrees of toxicity, which can, and often does, neuropharmacologically induce violent and bizarre behavior patterns. We as Americans ask ourselves, "Why is this senseless violence occurring?" The answer can be found in any one of the psychiatric drug inserts that are available at the corner drug store. READ THE INSERTS! There you will find the answer as to why the senseless mass murder is increasing, as the inserts clearly and plainly state that the use of psychiatric drugs can cause of a wide range of pathological symptoms, including hallucinations, psychosis, suicide, and homicide.

As the American Psychiatric Association (APA) continues to enlarge the DSM by voting into existence more mental illnesses, the psychiatric drugging of Americans will continue to increase exponentially. We are now witnessing the wholesale medicalization of normative, human developmental processes, and it seems that very few Americans are willing to take a stand and collectively shout "enough!" The DSM IV (2000), as well as the pharmaceutical industry have decreed that there exists no evidence to confirm that mental illness exists. There is not one neurologic, metabolic, or cognitive marker to indicate the existence of pathology, and according to the pharmaceutical industry, the safety and efficacy of psychiatric drugs cannot be determined at this time. Safety and efficacy of drugs prescribed to treat an illness that cannot be confirmed? This is absurdity at its height.

Do we really want to decrease the senseless mass murder? Then perhaps our very first step in eradicating this senseless violence is to stop the cycle of the psychiatric drug-induced lunacy that is permeating America. Surely we can see- because the DSM and the pharmaceutical industry have pointed it out- that if there is no confirmatory evidence that a psychiatric illness exists, then clearly, there is no need for psychiatric drugs that cause mania, psychosis, homicide, and suicide. It is evident that we have been fooled into accepting the greatest hoax in history. Enough of voted-into-existence diseases. Enough of fabricated illnesses. Enough of drugging human beings with brain-crippling medications. Enough of ignoring 22 international drug regulatory warnings. Enough of innocent men, women, and children being slaughtered.

The time has come to shake ourselves out of our collective complacency. We as Americans can no longer afford to ignore the deadly effects of psychiatric drugs. What is needed at this time is a swift and compendious response. Following is a call to action:

- Demand a full scale, federal investigation into the linkages between psychiatric drugs and unprovoked mass murder in America.

- Demand that all members of the federal investigative team have absolutely no financial ties to the pharmaceutical industry, the medical community, or any other entity that profits economically from the sale and/or distribution of psychiatric drugs.

- Demand full disclosure of all psychiatric medical records of the shooters, including the specific

types of psychiatric medications they were currently prescribed, or had been prescribed in the past.

•Demand that Americans be made aware of the serious side effects associated with the use of psychiatric drugs, including, but not limited to, public service announcements, black box warnings, national anti-psychiatric drug campaigns (modeled after anti-smoking campaigns), television and radio advertisements, and the use of the internet to inform consumers of the multifarious risks associated with psychiatric drugs.

•Require comprehensive psychiatric drug education during physician residency training.

•Require continuing education for physicians regarding the serious side effects associated with psychiatric drugs.

•Require that physicians be trained in non-pharmacological treatment of the human condition (i.e., alternative ways to treat worry, sadness, heightened activity level, anger, etc.).

•Demand that physicians adhere to the doctrine of informed consent by requiring patients to read and sign a full disclosure of *all* of the side effects associated with psychiatric drugs (including the side effects suicide, homicide, and unintended death).

•Require physicians to inform their patients in writing that there is no way to confirm the existence of any mental illness.

•Require physicians to inform their patients in writing that there is no data demonstrating the safety or efficacy of psychiatric drugs.

•Demand that the economic alliance that exists between the pharmaceutical industry and the medical community be severed. This includes refusal to give free samples of psychiatric drugs, and refusing to provide free advertising for psychiatric drugs in clinics and/or hospitals.

•Demand that explicit and factual warnings appear on all psychiatric prescription bottles.

•Enact federal legislation that bans the advertising of psychiatric drugs (including advertisements on television, in magazines, in medical journals, and on the internet).

•Challenge the medical model's "chemical imbalance" hypothesis (i.e., demand empirical evidence to validate a psychiatric diagnosis).

•Demand that the pharmaceutical industry be banned from funding psychiatric illness research and conferences that focus on psychiatric illness.

•Demand that physicians do not profit in any way from the sale and/or distribution of psychiatric drugs.

•Prohibit the practice of pharmaceutical sales representatives educating physicians regarding the safety and efficacy of psychiatric drugs.

•Demand that physicians inform their patients in writing of the numerous, potentially life-

threatening side effects associated with withdrawal from psychiatric drugs.

•Demand that researchers are required by federal law to inform consumers of all of the side effects associated with psychiatric drugs.

•Require insurance companies to pay for extensive and long term talk therapy (as opposed to the current practice of paying only for long term use of psychiatric drugs).

•Demand that the pharmaceutical industry be held liable for injuries and deaths that occur as a direct result of the manufacture of psychiatric drugs.

•Demand that physicians be held liable for the injuries and deaths that occur as a direct result of the distribution of psychiatric drugs.

•Ban federal policies that allow schools to profit economically from the psychiatric labeling of children and adolescents.

•Federally ban all public school employees from "practicing medicine without a license by pushing psychiatric diagnoses and psychiatric drugs they are not qualified to discuss" (Baughman, 2006, p. 221).

•Discontinue the practice of police officers requiring juvenile offenders to undergo psychiatric evaluations (i.e., return to the criminal justice model).

•Understand and respect that the normative, developmental processes associated with boyhood are not indicators of a psychiatric illness.

•Understand and respect that emotional suffering is an inevitable part of life. Sadness, worry, shame, anger, loneliness, and emotional numbness are normative parts of life's journey. Pharmacologically blunting these human emotions will do nothing to encourage authentic healing (Breggin & Cohen, 1999).

•Ban federal policies that require that low-income children who are enrolled in the Head Start program be evaluated for psychiatric illness.

•Ban federal policies that allow the Head Start program to profit economically from the psychiatric labeling of preschool children.

•Understand that "psychiatric drugs are not 'medications'- they are foreign compounds- poisons, each with its greater or lesser potential to harm or kill" (Baughman, 2006, p. 221).

•Expose the fact that 80% of school shootings occur in the United States of America and that 80-90% of the methylphenidate produced worldwide is prescribed to American children and adolescents- and the majority of these children are male.

•Inform the American consumer that "normalcy" is never achieved through the use of brain-impairing drugs (Breggin, 2002).

The time has come to demand action. We can, if we so choose, enact policies that limit media violence, enact stricter gun control policies, ban bullying, and have armed guards stationed at every shopping mall, movie theatre, and school in America. However, if we are serious in our collective endeavor to significantly reduce the senseless violence, we must courageously and factually expose the risks associated with the use of psychiatric drugs, and hold those who recommend, manufacture, and distribute these drugs accountable for their actions. We as a country have experienced horrible and senseless violence for much too long. The time has come to demand an end to the violence, and to expose psychiatric drugs for what they are- brain-crippling chemicals that extinguish empathy and induce a wide range of pathological behaviors, including the massacre of innocents. A long and arduous task lies before us. Let us begin our work now.

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