

Psychiatric Drugs Cause Violence



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The rise in gratuitous and murderous violence committed by youth is a tragic phenomenon. Psychiatrists continue to “sell” the wrong causes—from mental illness and poverty to broken families and genetic makeup (none of which they can cure)—yet the psychiatric drugs can themselves *cause* violence.

A 1975 Canadian study researching the effects of psychiatric drugs on prisoners discovered that “violent, aggressive incidents occurred significantly more frequently in inmates who were on psychotropic medication than when these inmates were not on psychotropic drugs.”

In 1997, *The Journal of the American Academy of Psychiatry and the Law* published data on how the typical patient in prison is a 19-year-old with a history of substance abuse or a multi-drug habit. All patients in this study had been treated with psychotropic drugs, and in this population there was a “high incidence of expression of aggression.”

These are side effects that psychiatrists go to great lengths to ignore or deny. However, there are now international warnings and studies showing these drugs cause violent and aggressive behavior.

On 29 June 2005, the FDA announced they intend to make labeling changes for Concerta and other methylphenidate products (stimulant based drugs) used to treat attention deficit/hyperactivity disorder to include, “psychiatric events such as visual hallucinations, suicidal ideation, psychotic behavior, as well as aggression or violent behavior.”

On 19 August 2005, the Commission of the European Communities, representing 25 countries, issued its decision to endorse and issue the strongest warning yet against child antidepressant use as recommended by Europe’s Committee for Medicinal Products for Human Use (CHMP). This followed a review of clinical trials that showed the drugs cause suicidal behavior including suicide attempts and suicidal ideation, aggression, hostility and/or related behavior.

The history of violence by teens who have been subjected to psychiatric drugs cannot be ignored. The following represents a minute sample of such crimes:

November 20, 1986: Rod Matthews, 14, beat a classmate to death with a bat in the woods near his house in Canton, Massachusetts. Though Rod was extremely bright, he was put on Ritalin when he was in third grade.

September 26, 1988: 19-year-old James Wilson went on a shooting rampage at the Greenwood Elementary School in South Carolina. Two children were killed and seven others and two teachers were wounded. Wilson had been treated by Greenwood psychiatrist, Willie Moseley. Since the age of 14, Wilson had been given a mixture of psychiatric drugs. He was withdrawing from Xanax at the time of the shooting spree.

October 17, 1995: Brian E. Pruitt, 16, fatally stabbed his grandparents. The prosecutor in his murder trial said: "His intent was to kill, not just to cause great bodily harm." Pruitt had a history of psychiatric treatment and had been prescribed "medication."

February 19, 1996: Timmy Becton, 10, grabbed his three-year-old niece as a shield and aimed a shotgun at a sheriff's deputy who accompanied a truant officer to his Florida home. Becton had been taken to a psychiatrist in January to cure his dislike of school and was put on Prozac. His parents said that when the dosage of the drug was increased, Timmy had violent mood swings and that he would "get really angry...."

September 27, 1997: A 16-year-old, Jackson Township, New Jersey boy, Sam Manzie raped and strangled to death an 11-year-old boy who was selling door-to-door for the local Parent-Teacher Association. Manzie then took a "trophy photo" of the dead boy, the cord from the clock radio still around his neck. Manzie was under psychiatric care at the time and being "medicated." He reportedly told his mother, "I wasn't killing that little boy. I was killing [my doctor] because he didn't listen to me."

May 21, 1998: Before going on a wild shooting spree at his Springfield, Oregon high school that left two dead and 22 injured, 14-year-old Kip Kinkel had been attending anger control classes and was reportedly taking Prozac. He had also reportedly taken Ritalin. Kinkel also shot his parents, killing them.

April 16, 1999: Shawn Cooper, 16, of Notus, Idaho, rode the bus to school with a shotgun wrapped in a blanket. He pointed the gun at a secretary and students, then shot twice into a door and at the floor. He had a death list, but told one girl he wouldn't hurt anyone. He surrendered. He was taking Ritalin.

April 20, 1999: While on Luvox, an SSRI (Selective Serotonin Reuptake Inhibitor, a type of antidepressant) antidepressant, 18-year-old Eric Harris masterminded the killing of 12 students and a teacher at Columbine High School in Littleton, Colorado. He and his partner, Dylan Klebold, 17, then shot themselves.

March 7, 2001: Elizabeth Bush took a loaded .22-caliber revolver to Bishop Neumann Junior-Senior High School and sat through a Mass before she then went to the school's cafeteria and fired the gun at a fellow student, wounding her in the right shoulder. Elizabeth was on Prozac.

March 22, 2001: At age 18, Jason Hoffman was on Effexor and Celexa, both antidepressants, when he wounded one teacher and three students at California's Granite Hills High School in El Cajon, in 2001.

April 10, 2001: Sixteen-year-old Cory Baadsgaard, from Washington, took a rifle to his high school and held 23 classmates and a teacher hostage. He had been taking the antidepressant Effexor.

April 20, 2001: T.J. Solomon, 15, was on a mix of antidepressants when he shot and wounded six at his Conyers, Georgia High School.

March 25, 2005: Jeff Weise, 16, shot dead his grandparents, then went to his school on the Red Lake Indian Reservation in Minnesota where he killed 9 before killing himself. He was taking Prozac.

October 10, 2007: 14-year-old Asa Coon from Cleveland, Ohio, stormed through his school with a gun in each hand, shooting and wounding four before taking his own life. Court records show Coon had been placed on the antidepressant Trazodone.

November 7, 2007: 18-year-old Finnish gunman Pekka-Eric Auvinen had been taking antidepressants before he killed eight people and wounded a dozen more at Jokela High School in southern Finland, then committed suicide.

February 14, 2008: 27-year-old Steven Kazmierczak shot and killed five people and wounded 16 others in Dekalb, Illinois before killing himself in a Northern Illinois University auditorium. According to his girlfriend, he had recently been taking Prozac, Xanax and Ambien. Toxicology results showed that he still had trace amount of Xanax in his system.

*Journal of the American Academy of Psychiatry and
Law*, 1997, Vol. 25, No. 2

“Description of an Outpatient Psychiatric Population
in a Youthful Offenders Prison”

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Title

Description of an outpatient psychiatric population in a youthful offender's prison.

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Source

J Am Acad Psychiatry Law, 1997, 25:2, 149-60

Abstract

Prisons are receiving increased numbers of inmates with mental and emotional problems. This study describes some of the characteristics and treatment of such an outpatient population. It was determined that a typical patient is a white male, 19 years old, of average intelligence, with a sporadic work record and poor academic performance, who quits high school in his freshman year. He has a history of substance abuse and is likely to have a multidrug habit. He is likely to have had a traumatic childhood and had psychiatric treatment as a child or young adolescent, as well as having attended special classes in school and counseling for drug abuse. The great majority of patients were diagnosed as having either mood, adjustment, or psychotic disorders. All were treated with a psychotropic medication and case management and also with some type of accepted individual and/or group counseling. In this population, there is a high incidence of expression of aggression requiring medication and counseling with the patient's permission. Patients responded well to treatment, but usually requested to discontinue treatment when symptoms diminished. However, approximately half of them returned for medication when symptoms recurred.

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Canadian Family Physician, November 1975

“Effect of Psychotropic Drugs on Aggression
in a Prison Setting”

Effect Of Psychotropic Drugs On *Aggression* In A Prison Setting

D. G. WORKMAN, MD and D. G. CUNNINGHAM

SUMMARY

The authors, working in a maximum security correctional institution, had noted an apparent increase in acts of aggression by inmates when these inmates were on psychotropic drugs. A retrospective study was therefore carried out to attempt to correlate and prove or disprove this hypothesis. It was found that violent, aggressive incidents occurred significantly more frequently in inmates who were on psychotropic medication than when these inmates were not on psychotropic drugs. Of these, antianxiety agents (diazepam in 81 percent of the cases), appeared to be most implicated, with 3.6 times as many acts of aggression occurring when inmates were on these drugs. For the other classes of psychotropic medication the aggressive incident rate was double the rate of those on no psychotropic medication.

Dr. Workman is a lecturer in the Department of Family Medicine at Queen's University, Kingston, and is physician to the Millhaven maximum security penitentiary in the Kingston area. Mr. Cunningham is a medical student who was employed at Millhaven Institution for two summers as a research assistant. Address for reprints: Amherstview Medical Centre, 1 Manitou Crescent West, Amherstview, Ont.

PSYCHOTROPIC DRUGS have been noted to affect human behavior in many ways: previous studies have indicated that the release of hostile aggression frequently follows from the use of some benzodiazepines. The release of hostility observed after the use of chlorpromazine, chlorthalidone and diazepam has even been implicated in some acts of murder and suicide. It is further hypothesized that people with a history of poor impulse control may have a predictable response when placed on these drugs. We therefore attempted to analyze this hypothesis in a markedly aggressive group of inmates in a federal maximum security institution.

Method

We define aggression as behavior directed towards removing or overcoming what is menacing the physical or psychological integrity of the living organism. It is also defined as behavior used to reach dominant rank in a socialized animal organization.^{1,2}

In this study we focused on measurable overt acts of aggression which included fighting, assault against others or

self, destruction of property or intentionally causing disturbances. We have also included verbal aggression, i.e. abusive language and threats. These overt acts of aggression were observed and reported by prison staff and had been authenticated by formal prison hearings before the study began.

Inmates were deemed to have an aggressive background on the basis of a study of confidential files which contained evaluations of the inmate by classification and psychiatric personnel as well as a history of their convictions and social background. These records also include offenses committed in prison authenticated by prison hearings and convictions. Crimes committed by those inmates in the study included murder, attempted rape, rape, attempted murder, indecent assault, armed robbery, robbery with violence, assault or wounding with intent.

The period studied was from December 1, 1972 to May 31, 1973 and an aggressive history during this time was considered to be one in which two or more offenses of an aggressive nature occurred. Offenses (see Table 1) were judged aggressive on the basis of descriptions of the

inmates when not on any psychotropic medication.

These results are highly significant statistically ($p < .001$) with a 250 percent increase in aggressive incident rate while on psychotropic medication. The rate of 1.36 aggressive episodes per 100 days off medication compares favorably with the rate of 1.79 for inmates with an aggressive background who did not receive any psychotropic medication during the period studied. This would be expected because the medication group were off more days than on.

The average number of aggressive incidents for the medication receiving group was 3.92 and 3.26 for the group not receiving medication. The group who did receive some medication were not significantly more aggressive as a group over the whole time period studied, but their acts of aggression were clearly tied to the taking of psychotropic drugs. In both groups the vast majority of incidents were very physically aggressive (i.e. assault, destroying cell to point of kicking down walls, etc.). In the group receiving medication the aggressive incidents were spread throughout the group and the time period. The average length of drug course was 11.4 days, ranging from one to 26 days.

Breaking down the psychotropic medication into drug classes (see Tables 3 and 4) one immediately sees that, except for one case of an antianxiety/antidepressant combination where the rate is almost doubled, any class containing antianxiety agents shows a marked increase in the rate of aggressive incidents. This is most marked in the antianxiety, sedative and hypnotic class, where there is an almost 500 percent increase; when antipsychotics and antianxiety agents are combined, there is a 280 percent increase. This represents an average increase in rate of 360 percent.

For the other classes the average increase in rate is only 200 percent, with a high increase of 230 percent for antipsychotics. This is less than the lowest of the antianxiety classes, excluding the antidepressant combination which may have some sort of dampening effect on the antianxiety agent. Since diazepam accounts for 81.3 percent of the antianxiety group, this group is considered as being chiefly represented by diazepam.

While dividing the groups into two classes is somewhat artificial, the striking increase in aggressive incident rate seen in antianxiety classes shows a significant ($p < .0298$ percent level) increase (180 percent) when compared to the aggressive incident rate of the other medication classes combined. Antianxiety drugs are therefore most implicated in causing an increase in aggressive incidents. In some cases the aggressive incident rate doubles as the dosage of antianxiety agents is increased from low to high (see Table 4).

In the antianxiety, sedative and hypnotic classes the rate doubles when either is high as compared to when both are low and doubles again when both are high, to a 500 percent increase over when both are low or an astronomical 1,000 percent increase in aggressive incident rate as compared to no medication. This response was not seen with sedatives and hypnotics alone or when combined with antipsychotics; rather, a decrease in rate was observed when moving from low to high dosage. The combination of sedatives and hypnotics with antianxiety agents may therefore be acting to potentiate the dosage effects of the sedatives and hypnotics. Methypylon was the sedative and hypnotic prescribed in 69 percent of the cases.

Of the total psychotropic medication used, 70 percent was prescribed by the prison psychiatrist. Due to the psychiatrist's workload, an average wait of nine days

existed between psychiatric referral and the actual psychiatric consultation. Even requests from the prison physician for referrals averaged a three day wait. The aggressive incident rate per 100 days during the waiting period from request for consultation to being put on medication was 1.32. This compares with the rate of 1.36 incidents seen for the whole period off medication. This seems to disprove any disclaimer that the aggressive incidents occurred because the inmate was anxious and unable to control his frustrations, or would have been aggressive regardless of drug ingestion, since the inmate was better able to control his aggression *until* he received the psychotropic medication, whereupon the aggressive incident rate almost triples.

Psychotropic medication was often prescribed to prevent recurrence of anxiety or hostility and its use would be cyclic (i.e. two weeks on, one off etc.) extended over a time period. This method of time on and off medication seems to be a rough method of randomizing the usage of psychotropic medication time. The second cycle of time (i.e. second two weeks on) accounted for 26 percent of the total drug days. The aggressive incident rate between periods of medication (i.e. the one week off) was only 0.98. The aggressive act was not therefore just coincidental with the use of psychotropic medication.

Discussion

The prison environment provided several limiting forces not available in a civilian population. It provided a group of known aggressive personalities whose behavior could be easily documented for the period studied. Some environmental control was possible: all subjects were housed within a single building with little variance in food,

TABLE 3
Drug Classes and Rates

Medication	Days	Incidents	Rate Incidents/ 100 Days
None received	3,230	44	1.36
Sedatives and Hypnotics	593	15	2.53
Antipsychotics	221	7	3.17
Anxiolytics	257	10	3.89
Antidepressants	18	0	0.00
Antipsychotics and Anxiolytics	71	3	4.22
Sedatives and Hypnotics and Anxiolytics	309	20	6.44
Antipsychotics and Sedatives and Hypnotics	317	9	2.80
Anxiolytics and Antidepressants	80	2	2.50
TOTALS	5,096	110	

TABLE 1
Charges Under Which an Aggressive Incident
Could be Listed

1. Disobedience of a lawful order from a penitentiary officer, e.g. refusing to leave an area when told.
2. Assault or threatened assault on another person.
3. Damage to government property or the property of another person, e.g. destroys cell.
4. Indecent, disrespectful or threatening actions, language or writing toward another person.
5. Willful disobedience of any regulation governing the conduct of inmates, e.g. willfully engages in known unlawful activity.
6. Possession of contraband e.g. uses dangerous weapons.
7. Any act calculated to prejudice the discipline or good order of the institution, e.g. creating a disturbance.

TABLE 2
Drug Classification

All high and low classifications are daily dosages	
Drug	Unit (mg) <4 units = low, >4 = high
Anxiolytic	
Diazepam	5
Chlordiazepoxide	25
Hydralazine	50
Meprobamate	400
Antipsychotic	
Chlorpromazine	50
Thioridazine	50
Pericyazine	10
Methotrimeprazine	10
Trifluoperazine	2
Haloperidol	1
Perphenazine-amitriptyline	1-13
Antidepressant	
Imipramine	25
Amitriptyline	25
Sedatives and Hypnotics	
Me hyprylon	300
Pentobarbital-carbromal	98-259
Methaqualone-diphenhydramine	250-25
Secobarbital	10
Amobarbital-secobarbital	20
Glutethimide	50
Phenobarbital	20
Chloral hydrate	500
Furazepam	30

incident and the nature of the charge. They included mainly direct physical aggression, i.e. fighting, destruction of a cell or self-mutilation. Excluded from the group were those who suffered from chronic physical disease or injury, those who were not in prison for the full six months or those who had been found to be hoarding contraband medication or who were intoxicated or on medication from any non-medical source.

The selected group therefore had a history of aggressive behavior in the past and in the period studied. They were all males of varying origins, ranging in age from 18-50 years.

Prescription of Medication

Psychotropic medication is prescribed in the institution by the physician or the prison psychiatrist following interviews with the patient. Inmates receive medication at prescribed times and in prescribed dosages, from institution nurses who ensure the medications are taken as prescribed. If medication is refused, it is generally discontinued.

In many instances the physician or psychiatrist prescribes the medication on a cyclic basis, i.e. one week on, one week off, or some similar pattern, to discourage habituation. Exact records therefore existed for dosage and time periods on any medication ordered for a patient.

The psychotropic drugs were classified into four groups:

1. Antianxiety agents.
2. Antipsychotics.
3. Antidepressants.
4. Sedatives and hypnotics.

Dosage was also classified high or low (see Table 2). An inmate was considered to be on medication on the first day received and to be off it on the last day received.

Following documentation of the above records the following ratio was calculated for each inmate and then for the aggressive group as a whole: number of aggressive incidents per man day on psychotropic medication vs. number of aggressive incidents per man day not on psychotropic medication. This ratio enabled us to compare aggressive incidents in a group with an aggressive history to incidents occurring when participants were on or off psychotropic medication.

Findings

From a population of 375 inmates in the institution, 82 or 20 percent had a history of an aggressive background and of aggression in the period studied. Of this group, 28 inmates received some psychotropic medication during the time studied, 19 did not, and 35 were disqualified.

The average total time per individual on any kind of psychotropic medication during the time period studied was 66.6 days or 36.6 percent of the period studied. This varied widely in individuals; eight inmates received the drug more than 50 percent and less than 75 percent of the time, while seven inmates received the drug more than four percent and less than 25 percent of the time.

Of the 28 inmates who received some psychotropic medication, 22 showed a greater ratio of aggressive incidents per days on medication than when off medication. For the whole group of aggressive inmates who had received some psychotropic medication the ratio revealed: 66 aggressive incidents per 1866 days on psychotropic medication, as compared to 44 aggressive incidents per 3,230 days not on any psychotropic medication, i.e. a ratio of 3.54. There were therefore 3.54 aggressive incidents per 100 days caused by inmates on psychotropic medication and only 1.36 aggressive incidents per 100 days for those same

clothing, habitation or routine. The use of psychotropic medication could also be easily and accurately documented and dispensed in a manner which ensured patient compliance.

The prison environment is also one in which aggression is more apt to occur. Aggression is encouraged by the frustrations of limitations in personal expression, restricted space and difficulties in personal and sexual relationships. Also in a prison society violence and aggression are not only socially acceptable but often status gaining; since a captive man is unable to escape his problems and other forms of expression are limited, violent aggression often results. These factors, compounded in a known aggressive personality who in the past has dealt with frustration by violent aggression, provided an excellent testing group for the hypothesis that psychotropic drugs may facilitate this behavior.

The giving of psychotropic medication, especially anti-anxiety agents, appears to make the acting out of aggression easier, and usually in the violent manner seen in a prison society. Perhaps anti-anxiety agents do not act to relieve anxiety and the frustration but only to remove the anxiety and inhibitions about aggressive acts.

Considering that certainly not all aggressive personalities are in prison, that frustrations also abound in society and that diazepam is the most commonly prescribed drug in the United States, with chloridazepoxide third,⁵ the implications of the combination of anti-anxiety agents and aggressiveness are astounding. Further, considering the paucity of information concerning the effects of psychotropic medication on select groups or on the mechanisms of these drugs, more investigation seems mandatory.

Acknowledgements

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TABLE 4

Dosage Breakdown and Rates (Incidents/100 days)

Medication	Days	Incidents	Rates
Anxiolytics			
Low	243	9	3.70
High	14	1	7.14
Sedatives and Hypnotics			
Low	245	8	3.27
High	348	7	2.02
Antipsychotics			
Low	157	7	4.52
High	64	0	
Antidepressants			
Low	18	0	
Anxiolytics, Sedatives and Hypnotics Combined			
Both low	73	2	2.74
AAs low, SHs high	160	10	6.25
AAs high, SHs low	40	3	7.50
Both high	36	5	13.89
AAs low, ADs low	53	1	1.89
AAs low, ADS high	27	1	3.70
Anxiolytics and Antipsychotics Combined			
Both low	69	3	4.35
AAs low, APs high	2	0	
Antipsychotics, Sedatives and Hypnotics Combined			
Both low	175	7	4.00
APs low, SHs high	90	2	2.22
Both high	52	0	

FDA Advisory Committee, 29 June 2005

“Concerta Psychiatric Safety Labeling”

J&J Concerta Psychiatric Safety Labeling, Cardiovascular Events Are Topics For Cmte.

FDA intends to include language concerning psychiatric adverse events in labeling for Johnson & Johnson's attention deficit/hyperactivity disorder therapy **Concerta** and other methylphenidate products.

"Post-marketing reports received by FDA regarding Concerta and other methylphenidate products include psychiatric events such as visual hallucinations, suicidal ideation, psychotic behavior, as well as aggression or violent behavior," the agency said in briefing documents for its June 30 Pediatric Advisory Committee meeting.

"We intend to make labeling changes describing these events," FDA said.

FDA scheduled the meeting to discuss adverse event reporting for methylphenidate products, as required by the Best Pharmaceutical for Children Act.

In addition, the agency plans to "examine the other stimulant products approved for ADHD, specifically the amphetamine products, and atomoxetine (Lilly's **Strattera**)...to determine if they are associated with these adverse events," FDA said. Strattera is not a stimulant.

FDA is currently examining the post-marketing adverse event reports for the products and hopes to present the analysis to the Pediatric Committee in early 2006.

"Given that both methylphenidates and amphetamines are stimulants used in the treatment of ADHD, it is important we evaluate both stimulant classes in order to avoid potential switching from one class to the other based on incomplete safety assessments," FDA explained.

FDA will ask the committee to comment on its plan for evaluating psychiatric events with the ADHD products.

The agency would also like to know if there is any other information it should provide to the public while developing the information on psychiatric adverse events with the stimulants and Strattera.

The committee will also discuss cardiovascular events with ADHD drugs.

FDA previously strengthened Shire's ADHD therapy **Adderall XR**'s "black box" warning to note that the agent "may cause sudden death and serious cardiovascular adverse events."

Meanwhile, Canadian health authorities suspended marketing of Adderall XR due to the adverse events after being presented with a "thorough" review of safety information from Shire.

FDA, however, said it "believes that it is not yet possible to determine whether these events, especially the more serious ones, are causally associated with these treatments."

The agency said it is pursuing "additional means to better characterize the cardiovascular risks for all drug products approved for ADHD."

FDA is considering population-based pharmacoepidemiologic studies, long-term safety trials and other targeted CV risk studies.

"While FDA pursues these additional potential options, the agency may consider advising patients and physicians of our ongoing efforts and the reasons for them," the agency said.

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Posted: Wednesday, June 29, 2005

Commission of the European Communities,
19 August 2005

Decision on Antidepressant Use Among Children



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 19-VIII-2005
C(2005) 3256

NOT FOR PUBLICATION

COMMISSION DECISION

of 19-VIII-2005

concerning the placing on the market, under Article 31 of Directive 2001/83/EC of the European Parliament and of the Council, of the medicinal products for human use which contain the active substance Atomoxetine, Citalopram, Escitalopram, Fluoxetine, Fluvoxamine, Mianserine, Milnacipran, Mirtazapine, Paroxetine, Reboxetine, Sertraline and Venlafaxine

COMMISSION DECISION

of 19-VIII-2005]

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(Text with EEA relevance)

THE COMMISSION OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Community,

Having regard to Directive 2001/83/EC of the European Parliament and of the Council of 6 November 2001 on the Community code relating to medicinal products for human use¹, and in particular Article 34(1) thereof,

Having regard to the opinion of 21/IV/2005 of the European Medicines Agency, formulated by the Committee for Medicinal Products for Human Use, whose opinion was requested on 17/XII/2004,

Whereas:

(1) Medicinal products for human use authorised by the Member States must meet the requirements of Directive 2001/83/EC.

(2) A scientific assessment, the conclusions of which are set out in the Annex to this Decision, has shown that, in the interest of the community, a decision should be taken to amend the marketing authorisation of the medicinal products concerned.

(3) The measures provided for in this Decision are in accordance with the opinion of the Standing Committee on Medicinal Products for Human Use,

¹ OJ L 311, 28.11.2001, p. 67. Directive as last amended by [Directive 2004/27/EC (OJ L 136, 30.4.2004, p. 34)].

HAS ADOPTED THIS DECISION:

Article 1

The Member States referred to in Article 4 shall amend national marketing authorisations for the medicinal products listed in Annex I on the basis of the scientific conclusions set out in Annex II.

Article 2

The national marketing authorisations referred to in Article 1 are based on the amendments to the relevant sections of the Summary of Product Characteristics and Package Leaflets, set out respectively in Annexes III and IV.

Article 3

Under Article 34(3) of Directive 2001/83/EC, the Member States referred to in Article 4 shall comply with this Decision within thirty days of its notification.

They shall forthwith inform the Commission and the European Medicines Agency thereof.

Article 4

This Decision is addressed to the Kingdom of Belgium, the Czech Republic, the Kingdom of Denmark, the Federal Republic of Germany, the Republic of Estonia, the Hellenic Republic, the Kingdom of Spain, the French Republic, the Ireland, the Italian Republic, the Republic of Cyprus, the Republic of Latvia, the Republic of Lithuania, the Grand Duchy of Luxembourg, the Republic of Hungary, the Republic of Malta, the Kingdom of the Netherlands, the Republic of Austria, the Republic of Poland, the Portuguese Republic, the Republic of Slovenia, the Slovak Republic, the Republic of Finland, the Kingdom of Sweden, the United Kingdom of Great Britain and Northern Ireland.

Done at Brussels, 19-VIII-2005

For the Commission
Günter VERHEUGEN
Member of the Commission

ANNEX II

SCIENTIFIC CONCLUSIONS AND GROUNDS FOR AMENDMENT OF THE SUMMARIES OF PRODUCT CHARACTERISTICS AND PACKAGE LEAFLETS PRESENTED BY THE EMEA

SCIENTIFIC CONCLUSIONS

OVERALL SUMMARY OF THE SCIENTIFIC EVALUATION OF MEDICINAL PRODUCTS CONTAINING FLUOXETINE, FLUVOXAMINE, SERTRALINE, PAROXETINE, CITALOPRAM, ESCITALOPRAM, ATOMOXETINE, VENLAFAXINE, MIANSERINE, MILNACIPRAN, REBOXETINE AND MIRTAZAPINE (see Annex I)

Following a request from the European Commission, the CHMP reviewed the data from clinical trials available to the national competent authorities for the following SSRI¹/SNRIs² products particularly as regards their use in the paediatric population: fluoxetine, fluvoxamine, sertraline, paroxetine, citalopram, escitalopram, atomoxetine, duloxetine, venlafaxine, mianserine, milnacipran, reboxetine, and mirtazapine.

The data reviewed included short-term placebo controlled randomised clinical trials submitted to the competent authorities, randomised clinical trials published in the medical literature, observational studies and ecological studies. The majority of trials included patients with major depressive disorders (MDD) while a few included patients with various anxiety disorders (Obsessive Compulsive Disorder (OCD), Generalised Anxiety Disorder (GAD), and Social Anxiety Disorder (SAD)). In addition there were some trials with patients suffering from Attention Deficit/Hyperactivity Disorder (ADHD).

These products are not authorised Europe-wide for the treatment of depression and anxiety disorders in children or adolescents. Only some of these products are authorised for the treatment of children and adolescents with obsessive-compulsive disorder and only one of them for the treatment of Attention Deficit/Hyperactivity Disorder.

Examination of suicide-related behaviours indicated that no completed suicide was reported in any of the reviewed studies. However, there was a clear suicide-related behaviours signal from the depression studies and a less strong signal from the anxiety studies. Moreover there was a signal concerning related adverse events like hostility, self-harm and emotional lability in almost all products and indications.

With the preliminary review of the data available to the national competent authorities the CHMP concluded that there were grounds for concerns about increased suicide-related behaviours in paediatric populations. The CHMP agreed that there was a potential signal of an increase in suicidal behaviour, including suicide attempts and suicidal ideation and/or related behaviour like self-harm, hostility and mood lability in children and adolescents treated with SSRIs and SNRIs. This signal was present in all products for which studies were available, and from the available evidence it could not be excluded that this signal would be class related.

Following the review of the data available to the national competent authorities, the European Commission triggered an article 31 of Directive 2001/83/EC, as amended, on 17 December 2004. The EC requested the CHMP to give its opinion on whether the marketing authorisation for medicinal products containing the above mentioned active substances should be maintained, varied, suspended or withdrawn.

¹ SSRI stands for 'Serotonin-Selective Reuptake Inhibitor'. SSRIs are described as 'selective' because they affect only the reuptake pumps responsible for serotonin.

² SNRI stands for 'Serotonin-Norepinephrine Reuptake Inhibitor'. SNRIs work on the norepinephrine and serotonin neurotransmitters

The CHMP reviewed the data submitted by the MAHs in relation to the signal of suicidal behaviour in children and adolescents. The CHMP concluded that a warning to reflect that suicide-related behaviours (suicide attempt and suicidal thoughts), and hostility (predominantly aggression, oppositional behaviour and anger) were more frequently observed in clinical trials among children and adolescents treated with antidepressants compared to those treated with placebo, should be included in the Summaries of Product Characteristics and relevant section of the Package Leaflets of citalopram, escitalopram, fluoxetine, fluvoxamine, mianserine, milnacipran, mirtazapine, paroxetine, reboxetine, sertraline and venlafaxine containing medicinal products.

The Committee also concluded that a different warning was more appropriate for atomoxetine, which is only indicated in the treatment of ADHD. The CHMP considered that there wasn't any signal of increased risk of suicide related behaviour in the atomoxetine studies, however, there was a signal of an increased risk of behavioural abnormalities with more aggression and hostility effects. Therefore the CHMP concluded that a warning to reflect that hostility (predominantly aggression, oppositional behaviour and anger) and emotional lability were more frequently observed in clinical trials among children and adolescents treated with atomoxetine compared to those treated with placebo and a warning indicating the lack of efficacy in depression should be included in the Summaries of Product Characteristics and the relevant section of the Package Leaflets of atomoxetine containing medicinal products.

GROUND S FOR AMENDMENT OF THE SUMMARIES OF PRODUCT CHARACTERISTICS

Whereas

- The Committee considered the referral made under article 31 of Directive 2001/83/EC, as amended, for medicinal products containing atomoxetine, citalopram, escitalopram, fluoxetine, fluvoxamine, mianserine, milnacipran, mirtazapine, paroxetine, reboxetine, sertraline and venlafaxine;
- The Committee, in view of available data from clinical trials, concluded that there is a signal of suicidal behaviour, including suicide attempts and suicidal ideation and/or related behaviour like self-harm, hostility and mood lability in children and adolescents treated with Selective Serotonin Reuptake Inhibitors and Serotonin-Norepinephrine Reuptake Inhibitors, such as the medicinal products mentioned above;
- The Committee, as a consequence, concluded that a warning to reflect that suicide-related behaviours (suicide attempt and suicidal thoughts), and hostility (predominantly aggression, oppositional behaviour and anger) were more frequently observed in clinical trials among children and adolescents treated with antidepressants compared to those treated with placebo, should be included in the Summaries of Product Characteristics and relevant section of the Package Leaflets of citalopram, escitalopram, fluoxetine, fluvoxamine, mianserine, milnacipran, mirtazapine, paroxetine, reboxetine, sertraline and venlafaxine containing medicinal products.
- For atomoxetine, which is only indicated in the treatment of ADHD, the Committee concluded that a warning to reflect that hostility (predominantly aggression, oppositional behaviour and anger), and emotional lability were more frequently observed in clinical trials among children and adolescents treated with atomoxetine compared to those treated with placebo and a warning indicating the lack of efficacy in depression should be included in the Summaries of Product Characteristics and relevant section of the Package Leaflets of atomoxetine containing medicinal products.

The CHMP has recommended the maintenance of the Marketing Authorisations for the medicinal products referred to in Annex I for which the amendments to the relevant sections of the Summary of Product Characteristics and Package Leaflets are set out respectively in Annexes III and IV.

Good Housekeeping, August 1989

“Kids Who Kill”

Kids Who Kill

How can a child "just like the boy next door" be capable of murder? Here, three families share their tragic stories—and experts try to explain what makes good kids do terrible things. A special report by Rosalind Wright



Yvo Stanslas/Reuters/Herald

In Miami, Fla., a five year old pushes a toddler to his death from a fifth-floor stairwell.

In Rockwall, Texas, a 10 year old shoots his playmate and hides the body under his house.

In Winder, Ga., a 15-year-old boy stabs his high school principal in a disciplinary conference.

In New York City, a group of teenage boys sexually assault and savagely beat a female jogger in Central Park, leaving her close to death.

Each account seems more shocking and horrible than the last. How can these things happen? It is a question that, above all, the agonized families of the victims ask in shock and disbelief.

It is a question that we as a society must ask to find ways to prevent future tragedies. But it is also a question that torments the violent children's families, as they struggle to understand why their lives have been shattered.

Experts point to a

number of possible causes for violence in children today (see box, below), and sometimes there are clear signs that a child is in danger of causing serious harm to others. Other times, however, a child commits an unthinkable act seemingly out of the blue. Such was the case with 14-year-old Rod Matthews of Canton, Mass.

Rod is the youngest of Ken and Janice Matthews' four children. Shy as a toddler, Rod grew into a boy with many friends and a wide range of interests, including computers and cooking. Still—though his parents were convinced he was extremely bright—Rod "passed by the skin of his teeth" at school, Janice admits.

When Rod was in the third grade, Janice took the advice of a teacher and the family pediatrician and began giving him the drug Ri-

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WHAT MAKES KIDS VIOLENT?

In some cases there doesn't seem to be an answer—if there is, no one has found it. In another ten percent, says Richard Gelles, Ph.D., co-author of *Intimate Violence*, the violence has a physical root: "Some of them turn out to have brain tumors or have suffered significant head trauma. And some are born with a chemical imbalance. Those kids are psychopaths, incapable of knowing right from wrong." But Gelles, like many experts, believes that most violent children are products of shattered family relationships. "Almost all violent children have suffered a break in their attachment to others," says Carole McKelvey, co-author of *High Risk: Children Without a Conscience*. Teen pregnancies, the high divorce rate, inad-

quate day or foster care and, above all, child abuse contribute to this growing problem. In group assaults, another factor, group dynamics, comes into play. "Young people in groups do things they wouldn't do on their own," says Geller, "because they have less of a sense of individual responsibility for their actions."



Rod Matthews' mother, Janice, says he was a good student and a good person.



Center photograph: Severd Studio

KIDS WHO KILL

continued

tal in to control his hyperactive behavior. But even with the medication, Rod often acted up in school.

Janice and Ken were assured during Rod's elementary and middle-school years that his difficulties were not serious. "It's just something he's going through," Janice recalls the junior high school principal telling them. "He'll grow out of it by tenth grade."

But Rod never made it to tenth grade. In the fall of 1986, as he entered the freshman class of Canton High School, Rod decided to kill someone.

On the afternoon of November 20, Janice Matthews came home from work to find Rod playing pool with a heavy-set, friendly boy named Shaun Ouillette. Janice was soon busy preparing supper and didn't notice him and Shaun leave the house.

"The next thing I knew, Rod was sitting down with the family, eating dinner," Janice remembers. She was worried when she heard that Shaun's mother had reported her son missing. But Rod told his parents and the police that he believed Shaun had run away.

It would be three weeks before the Matthews learned the unbelievable truth. "The police came to the door at five o'clock in the morning," Janice says. "One trooper handcuffed Rod and threw him on the couch. They told us Shaun had been murdered and Rod was under arrest."

Janice fights tears at the memory. "I couldn't believe it. I said to him, 'Rod, you didn't do this, did you?' And he said, 'No, Momma.'"

But Rod did kill Shaun, and to their horror, Janice and Ken learned that Rod had been thinking of murdering someone for a while. He had talked over his plans with two friends, Robbie Peterson and Jonathan Cash.

Rod had also put a note in a ninth-grade teacher's "Problem Box," confessing that he was lighting fires and having thoughts of killing someone. "What should I do?" he wrote. Unbelievably, when Rod approached the teacher and asked if his note had been read, the only response the teacher gave him was to remind him that arson and murder were both felonies.

It was Jonathan who finally broke the silence. On December 10th, he sent an unsigned letter to the Canton police, telling them where to find Shaun's body and identifying Rod as the killer.

After Rod's arrest, the story of what had happened that fall afternoon slowly emerged: When they finished playing pool, Rod suggested to Shaun that they go to the woods nearby and build a fort. Rod took along a baseball bat, saying he had to return it to someone. Once they were deep in the woods, Rod got behind

Shaun, struck him with the bat, and kept hitting him until he was certain Shaun was dead. Before going home for supper, Rod took his friend Robbie to see Shaun's body; within the week, Jonathan had also viewed the corpse.

Janice still finds it hard to believe that the other boys kept Rod's secret. "Robbie had known Rod since first grade," she says. "Why didn't these boys tell us what Rod was planning?"

On March 10, 1987, Rod was found guilty of second-degree murder and sentenced to life in prison. Janice and Ken are still trying to learn if Ritalin might have played a part in their son's actions. (Though many doctors advocate discontinuing the drug once a child enters adolescence, Rod took it every school day until his arrest.)

"We've got to find out what caused Rod to commit this crime," Ken says, "because one day he will be free." Rod is eligible for parole in 15 years. He will be just 29 years old.

Penny Baert, of Carl Junction, Mo., admits she knew that her son, Pete Roland, was a very troubled child by the time he reached his teenage years. According to Penny—and to testimony she and her daughter eventually gave at Pete's trial—Pete's father was an alcoholic who physically abused Pete and sexually abused Pete's sister. Penny divorced him and remarried when Pete was 11, but the boy never became close to his stepfather.

Between his junior and senior years of high school, Pete withdrew from his family, dropped his old friends, and began to hang around almost exclusively with a boy named Jim Hardy. Though Jim had been elected president of the senior class, Penny found him vulgar and unpleasant—"but I didn't say anything because I knew Pete liked him."

When Penny discovered a copy of *The Satanic Bible* in Pete's room, she questioned him but accepted his word that the book belonged to another boy and he was just passing it along. "I also saw the horribly violent album covers of the heavy-metal music he listened to," Penny says, "but I told myself that every generation has its own music—and every generation does things to shock their parents." So she took no action. "I just prayed this was a phase Pete was going through."

Her rationalizations came to an abrupt halt, however, on December 8, 1987, when Pete was arrested, along with Jim Hardy and another boy, for murdering a classmate, Steven Newberry, by striking him at least 70 times with baseball bats. Newberry's body had been found in a cistern with three dead animals.

Pete admitted that he and his friends had been killing animals as offerings to Satan and that Newberry's murder was

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KIDS WHO KILL

continued

intended as a human sacrifice. According to Pete, Jim Hardy maintained that his popularity at school and his intelligence came from power sent to him by Satan. Pete wanted that popularity and power for himself.

Many people in the area who knew Pete were dumbfounded. Like the other three boys, Pete had never been in trouble with the law before. At first, Penny felt only shock and revulsion. "I knew my son understood right from wrong," she says. "And I told myself that if he had done this terrible thing, I just wanted him locked away."

But when she went to see Pete in jail, "he just stared at me with empty eyes. It was like he had no feelings. I went over to him and said, 'I am your mother, and I forgive you for anything.' And he started to cry."

Penny watched her son undergo a profound change during the four months he was held in isolation. "He came back to reality," she says. "When it sunk in that he had taken a human life—that there is a boy in a grave who has a mother who cried and cried for him—he was suicidal. He is so sorry."

The jurors rejected the argument that Pete had a mental disorder at the time of the murder, one brought on by an ob-

session with heavy-metal music, the influence of Jim Hardy, and a belief in Satanism. And though Penny is still convinced her son suffered a kind of brainwashing, Pete is serving a life sentence without the possibility of parole.

I hate my grandson now just as much as I once loved him," says Bernice Coleman of Bristol, Vt. That grandson, 14-year-old Steven Buelow, is charged with the sexual assault and murder of a seven-year-old cousin, Crystal Sumner.

It was on the afternoon of August 1, 1988, that Crystal was reported missing. She had been playing near her mother's house that morning with Steven. "I went outside and called for her," Bernice remembers. "When she didn't answer me, I knew. Crystal was my baby—we were so very close. I knew if she was alive and could hear me, she would come to Grandma."

Police and community volunteers joined in a search for the young girl. Late the following morning they found Crystal's body in a nearby cornfield. According to state witnesses, a gag placed in her mouth during a sexual assault had caused her death.

Bernice was brokenhearted, barely able to take in the equally horrible news that quickly followed. "My son, Ronnie, came to the house," Bernice remembers. "He was crying. He said,

'When I tell you what I've got to tell you, you'll never want to see me again.' " Ronnie then explained that Steven had been arrested for the murder.

Even though Steven was Ronnie's stepson, he'd been accepted wholeheartedly as a member of Bernice's extended family. But several months earlier, according to Bernice, he had started getting into trouble—refusing to go to school, throwing violent rages. Bernice also suspected he was drinking. Various family members tried to talk with him and sought assistance for him through the state's juvenile services.

But now what once was a close and caring family is torn apart. "Steven's parents are standing by him," Bernice says. "They have to. But I can't. I feel like I lost two grandchildren that day."

Bernice speaks through tears. "People always said what a close family we were. I don't see how we will ever be the same again."

Steven has pleaded not guilty to the crime and is currently awaiting trial.

Was there ever a chance that these families could have foreseen and prevented their children's acts? Are there signs other parents can look for, signs that may warn them their children are in danger of going over the edge?

Foster Cline, M.D., director of the Evergreen Consultants in Human Be-

havior in Evergreen, Colo., says that the most violent children almost always display some of these symptoms:

- lack of ability to give and receive affection

- self-destructive behavior
- cruelty
- phoniness
- severe problems with stealing, hoarding, and gorging on food

HOW HARMFUL IS VIOLENCE IN THE MEDIA?

In the fall of 1988, after the brutal murder of a young woman in Greenfield, Mass., police announced that the suspect, an 18-year-old boy, apparently had a fascination with the *Friday the 13th* movies: a search of his home had turned up hockey-goalie masks like that worn by the films' murderous villain, plus 75 horror movies on videotape. In March of this year, a 16-year-old boy shot his way through his family's Poughkeepsie, N.Y., home, killing his father, mother, and brother and wounding his sister. In the boy's bedroom, police found posters and magazines depicting the movie character Rambo, as well as army packs and ammunition pouches.

Very few children who watch simulated murders in the movies or on television will commit the crime in real life, experts say. But professionals do warn that children exposed to media violence may exhibit increased anger and aggression. Of the more than 1,000 studies that have been done on the subject of violence

in entertainment, roughly three-quarters of them found some harmful impact on viewers. And the National Coalition on Television Violence estimates that by age 18, the average child—without a VCR or pay cable—has witnessed 26,000 murders on TV.

Recently, rock videos and heavy-metal music—which Penny Baert believes played a part in her son's deterioration—have come under the scrutiny of watchdog groups such as the Parents' Music Resource Center. That group found that 56 percent of "concept" music videos—those with a theme rather than a taped performance—contained violence.

What's the bottom line for parents of kids glued to action shows, horror movies, and MTV? Tune in yourself and find out what your child is hearing and seeing. If you don't like it, have a frank talk with your child, set reasonable limits, and don't be afraid to complain—to record and movie producers and to managers of TV and radio stations.

- marked problems with self-control
- inability to keep friends
- unwillingness to make eye contact
- preoccupation with fire or gore
- various learning disorders
- pathological lying

Parents should not necessarily be alarmed if a child shows just one or two of these symptoms, Dr. Cline says. But when a child exhibits real extremes of behavior or a combination of several symptoms—as Pete Roland did when he withdrew from friends and became obsessed with Satanism—parents should get the child into counseling as soon as possible. "The earlier we work with disturbed children," Dr. Cline says, "the easier they are to treat."

Penny Baert cannot forgive herself for missing the signs that Pete needed help. "If I could do it over again, I would sit down and listen to the music myself; I would confront him; I would insist he give me real answers to my questions, not just the answers I want to hear. God puts us on this earth to be responsible for our children."

Today, she says, Pete understands why he must spend his life in jail, and he tells her he wants to make that life the best it can be. "It makes me feel proud, but also terribly sad," Penny says. "When I see this maturity, I see the man he could have been if only this terrible thing hadn't happened." ★

Anderson Independent-Mail, 6 October 1988

“Inquiry Planned in Wilson Case”

Anderson Independent-Mail

Thursday, October 6, 1988

Inquiry planned in Wilson case

State wants to know how murder suspect was treated by system

By Jason Gertzen
Independent-Mail

The state Department of Mental Health is trying to find out how Jamie Wilson slipped through the cracks.

Commissioner Joseph Bevilacqua has ordered a special panel to determine if the department mishandled the treatment of the 19-year-old Wilson, who has been charged with murder in connection with the shooting at a Greenwood elementary school that left two children dead and nine other people wounded.

The panel, which will be formed by early next week, will be composed of officials from the department in addition to outside experts, Bevilacqua said.

The inquiry is designed to determine specifically how Wilson was involved with the state mental health system rather than casting blame, said William Pope, chairman of the state mental health commission.

"He obviously slipped through the

cracks in some system," Pope said. "Whether it is the public or the private, I don't know."

Family members attempted on several occasions to have Wilson involuntarily committed to the State Hospital for psychiatric treatment, according to retired probate Judge Rosemary M. Trakas.

Willie Moseley, a Greenwood private psychiatrist, said last week that he had treated Wilson and referred him to Beckman Mental Health Center for further treatment about six months ago. Moseley said Wilson did not go to the center for treatment.

Bevilacqua said the department's quality care review board regularly targets about 12-15 cases a year that need to be reviewed.

Normally the process starts with a peer review panel at the local level.

"Because of the seriousness of this type of situation we are starting right at the state level," Bevilacqua said.

Bevilacqua said it is too early to talk about specific action that will be taken as a result of the inquiry.

However, the commission may implement new policies that "seal up the cracks" that Wilson appears to have slipped through, Pope said.

Commercial-News, 15 June 1996

“Pruitt Found Guilty of Murder”

Pruitt found guilty of murder

Jurors reject notion that Danville teen was insane

By Ken Holloway
Commercial-News Staff Writer

PEORIA — Brian E. Pruitt slowly leaned back in his chair Friday afternoon as a jury of five women and seven men made their way back into Courtroom 213.

As the jury members seated themselves, the 17-year-old Danville youth folded his hands across his stomach. Pruitt, in contrast to the fidgeting he'd done throughout the week-long murder trial, kept perfectly still.



Commercial-News file photo

It took a jury 2½ hours to render a guilty verdict in the Brian Pruitt murder trial Friday.

Then, Vermilion County Circuit Court Judge Thomas Fahey read the verdict.

"We, the jury, find the defendant guilty of first-degree murder of Roberta McNeely."

"We, the jury, find the defendant guilty of first-degree murder of Frank Pat McNeely."

Pruitt frowned slightly as he leaned forward to rest his elbows on the table before him. After the jury was dismissed, the teen was handcuffed by a Vermilion County sheriff's deputy and escorted in silence from the Peoria County Courthouse, where his trial was held because of intense publicity.

"I think he was feeling down, as best as I could tell," said his defense attorney, Vermilion County Public Defender Robert McIntire. "But I will talk to him

What's next

Convicted murderer Brian E. Pruitt, 17, of Danville, is scheduled to be sentenced at 1 p.m. Aug. 15 at the Vermilion County Courthouse.

Pruitt is not eligible for the death penalty because he was younger than 18 when he killed his grandparents. He faces life in prison without parole.

later in the day."

For McIntire, the jury's decision, reached after about 2½

hours, Please see **GUILTY** Page 10A.

Guilty

Continued from Page 1A

hours of deliberation, was a rejection of the insanity defense he attempted to use to explain why the troubled teen on Oct. 17 fatally stabbed the grandparents who allowed Pruitt to live in their North Gilbert Street home.

McIntire this week argued traumatic experiences as a boy, neglect by his drug-addicted mother, and mental illness contributed to Pruitt's actions.

On Friday, he added society to the list of contributing factors, saying the tragic case is another example of the mentally ill not getting the attention they need until it's too late.

"In this case, the McNeelys and Brian paid the price. The McNeelys paid the ultimate price, but Brian is also paying by going to jail."

McIntire said Illinois laws governing insanity defenses — generally, it's the ability to distinguish right from wrong — made his job an uphill battle.

"The legislators have made it very difficult to prove insanity because people think, even though it may not be the case, that guilty people get off on an insanity case," said McIntire who plans to appeal the guilty verdict to the 4th District Appellate Court in Springfield.

Vermilion County Assistant State's Attorney Larry Mills, who helped State's Attorney Michael Clary prosecute the case, said they were pleased the jury did not come back with a verdict of guilty but mentally ill. They did not believe mental illness played a role in the killings.

The verdict brought some relief to the victims' family.

Roberta McNeely's daughter, 40-year-old Darla Shuck of Ridge Farm, had mixed emotions.

"I'm sorry that he ruined his life for no apparent reason," Shuck said. "But that was the choice that he made."

Clary was more harsh during his closing arguments Friday morning.

The prosecutor characterized the youth as a cold and calculated killer who planned, then tried to cover up the killings.

"His intent was to kill, not just to cause great bodily harm," Clary said.

Pruitt, then 16, stabbed his 57-year-old grandmother while she was in her bedroom. He waited a short time for his 58-year-old grandfather to come home, then stabbed him, too. Later, the teen stole the couple's car and hid the murder weapon, testimony revealed.

"There weren't any signs of a struggle or any signs that they tried to defend themselves," Clary said of the killings. "The defendant is guilty without any

doubt. The evidence is so overwhelming."

Clary said none of the experts brought to the witness stand by the defense would confirm Pruitt was legally insane.

"He knew what he did was wrong, and he tried his best to hide the evidence."

McIntire, during his 50-minute closing statements, disagreed, saying his client was "a wreck waiting to happen."

By June 1995, there were signs Pruitt could present a danger to the McNeelys and himself, McIntire said. He had come back to the McNeelys' house in February after stints at out-of-state juvenile facilities, but began displaying threatening behavior that alarmed the McNeelys.

Pruitt had been diagnosed with conduct disorder, intermittent explosive disorder and attention deficit disorder. He needed medication to control the symptoms, but stopped taking the drugs.

McIntire suggested Pruitt was on his way to having another episode of intermittent explosive behavior, characterized by sudden outbursts that can cause harm to individuals or property.

"Something triggered the intermittent explosive disorder, which led to the response that he did," McIntire said. "He was suffering from a mental disease or defect."

Pruitt, McIntire said, could not understand right from wrong.

The Durango Herald, 9 March 1996

“Prozac Blamed for Boys’ Aggression”

Durango Herald

March 3, 1996

Prozac blamed for boy's aggression

By Lisa Holewa
Associated Press Writer

BARTOW, Fla. — Ten-year-old Timmy Becton hated going to school.

He missed so many days that his parents took him to a therapist, who sent him to a psychiatrist, who gave his mother a box of Prozac for Timmy.

Weeks later, police say, the fourth-grader grabbed his 3-year-old niece as a shield and aimed a 12-gauge shotgun at a sheriff's deputy who accompanied a truant officer to his home.

"I'd sooner shoot you than go to school," the boy shouted, according to police.

Timmy's is the first known court case to involve a child using Prozac, the popular antidepressant drug. He has been charged in Polk County juvenile court with aggravated assault with a firearm on a law enforcement officer and armed kidnapping.

His lawyer blames the seven-minute standoff on Prozac.

"Timmy Becton was under the influence of a mind-altering drug at the time of the incident," defense lawyer Ellis Rubin said after a brief court hearing Thursday. "The drug ought to be taken off the market."

Timmy's parents said he responded well to the drug at first, after a visit to a psychiatrist in January. But when the boy's dosage was increased, he had violent mood

swings.

"He'd get really angry and stuff like that. He'd scream at you and then a few minutes later, he'd love you and hug you and not even remember being so angry," his mother, Cindy, said after the court hearing.

Prozac is the world's largest-selling antidepressant, with sales of more than \$1 billion a year. But the drug's success has been clouded by claims it can cause mood swings and suicidal thoughts in some people.

Lawyers have presented the use of Prozac as a defense in 66 criminal court cases, but none have been successful, according to the drug's maker, Indianapolis-based Eli Lilly & Co.

On Thursday, a New York man was convicted of attempted murder after claiming that a mixture of drugs, including Prozac, caused him to firebomb two subway trains in 1994.

And two years ago, a Kentucky jury cleared Lilly of wrongdoing in the case of a man on Prozac who killed nine and wounded 12 in a 1989 shooting spree.

"No medical evidence has been brought forward to support the Prozac defense," said Lilly spokesman Jeff Taylor. "It ranks right up there with the Twinkie defense and the TV dependency defense as pretty shaky."

But the drug's label notes that Prozac's safety and effectiveness for children has not been established. Few studies have been done on its

effects on children.

Prozac, like other drugs, is used to treat children because it has been proven effective for adults. About 220,000 depressed children 10 and younger were prescribed, recommended to use or administered the drug in 1994, according to figures compiled by IMS America, a division of Dunn and Bradstreet that tracks pharmaceutical sales.

Timmy skipped school on President's Day, Feb. 19, because he felt it was unfair that students in a neighboring county had the day off while his district remained open, his mother said.

After the deputy and truant officer arrived at the Bectons' Lakeland home, 40 miles east of Tampa, police say Timmy sat on a sofa and aimed the shotgun at a deputy, while hiding behind his niece, Tiffany.

His family says the gun is bigger than the 4-foot, 70-pound boy, and he never pointed it at police.

The standoff ended when Timmy's grandmother arrived, pushed past the deputy and took the gun.

"I said, 'Timmy, why are you doing this?'" said his grandmother, Minnie Lee Parker. "He said, 'I don't know, Grandma.' He was scared."

Timmy had been held at a juvenile detention center until a judge ordered him to be released to his parent's custody Thursday. The judge also ordered him not to leave the house.

The Boston Globe, 27 April 1998

“Manzie to Plead Insane in Killing of Jackson
Township 11-Year-Old”

The Boston Globe

Latest News

Manzie to plead insane in killing of Jackson Township 11-year-old

Associated Press, 04/27/98 21:39

[TOMS RIVER, N.J. (AP) - Lawyers for Sam Manzie said Monday the troubled teen-ager was insane when he raped and strangled an 11-year-old boy who was selling door-to-door for the local PTA.

The 16-year-old Jackson Township boy pleaded innocent Monday to a 10-count indictment stemming from the Sept. 27 slaying of Eddie Werner, and his attorneys said they would present an insanity defense.

[``At the time of the incident, he was seeing a psychiatrist and he was being medicated. You don't have to be Clarence Darrow to know that's something you should consider," said Michael Critchley, one of Manzie's lawyers.

Experts said that while it is rarely the first choice in murder cases, an insanity defense might be the best for Manzie, who had recently been involved with a convicted pedophile and was undergoing counseling prior to the slaying.

``In my view, this is an ideal case for presentation of the insanity defense, particularly because of his age and (his history of) medication," said Alan Zegas, president-elect of the Association of Criminal Defense Lawyers of New Jersey.

He predicted the trial - no date has been set - would consist of ``a battle of the experts," pitting prosecution psychiatrists against those hired by Manzie's lawyers.

Critchley acknowledged that Manzie, who is being held on \$500,000 bail, has been examined by several experts already. He would not say what they concluded.

``Quite frankly, the condition of Sam Manzie is such that at the time this occurred, he didn't know the nature and quality of the act. As a matter of the definition, he's legally insane.

``He was not able to form the requisite intent to commit the crime," Critchley said in a telephone interview.

Werner was selling holiday items door to door when he came to Manzie's house. Prosecutors say the older boy attacked Werner, stole his money and killed him.

Manzie then took a "trophy photo" of the dead boy, the cord from a clock radio still around his neck, prosecutors said. He threw the boy's clothing and knapsack into a trash bin outside the Shoreline Behavioral Health Center in Toms River, where he had been undergoing daily treatment, prosecutors said.

The killing occurred three days after Manzie's parents sought unsuccessfully to have a judge commit the boy to an institution because of his erratic behavior.

His mother, Dolores Manzie, has said that he told her: "I wasn't killing that little boy. I was killing (my doctor) because he didn't listen to me."

Manzie is charged with murder, two counts of felony murder, three counts of aggravated sexual assault, two counts of aggravated criminal sexual contact and one count each of robbery and theft.

He will be tried as an adult, but cannot get the death penalty because he is a juvenile.

His head bowed, Manzie pleaded innocent to the charges Monday during a brief appearance before Superior Court Judge Peter J. Giovine. In a long private session beforehand, the judge gave Manzie's lawyers 60 days to submit experts' reports about the boy's condition and ordered him to return to court Aug. 14.

The parents of both boys left court without comment.

In addition to psychiatric treatment, Manzie's involvement with Stephen P. Simmons - a 43-year-old man he met in an online chat room - will likely be used to bolster his defense.

Manzie, who had a sexual relationship with Simmons for months, helped investigators gather evidence against him before having a change of heart, according to prosecutors.

Under New Jersey law, a person is not criminally responsible if he was "laboring under such a defect of reason, from disease of the mind as not to know the nature and quality of the act he was doing, or if he did know it, that he did not know what he was doing was wrong."

If acquitted, Manzie could be released immediately or committed to a mental health facility for an undetermined amount of time.

Former Ocean County Prosecutor Daniel Carluccio, who has returned to practicing as a defense lawyer, wasn't surprised that Manzie would plead insane.

"This boy himself had been victimized and was in the hands of mental health professionals. You have quite a combination of factors that will have to be dealt with," he said.

Vigo Examiner, Circa June 1998

“Prozac Implicated in Oregon School Shooting”

The Vigo Examiner

Prozac Implicated in Oregon School Shooting

by MAUREEN SIELAFF
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The Vigo Examiner

SPRINGFIELD, OREGON - Before going on a wild shooting spree at his Springfield Oregon high school that left 2 dead and 22 injured, Kip Kinkel had been attending anger control classes and was taking a prescription drug called Prozac. This particular drug has factored in almost all wild shooting sprees which have taken place in the last ten years. Eli Lilly of Indianapolis, Indiana was recently sued over the homicidal tendencies this drug is alleged to induce in patients.

Prozac is commonly given to youth as a treatment for depression. In the book "Prozac and other Psychiatric Drugs," by Lewis A. Opler, M.D., Ph.D., the following side effects are listed for Prozac: apathy; hallucinations; hostility; irrational ideas; and paranoid reactions, antisocial behavior; hysteria; and suicidal thoughts.

The following information is taken from form PV 2472 DPP, prepared by Dista Products Company, a division of Eli Lilly and Company of Indianapolis, Indiana. It was last revised on June 12, 1997, and can be found in each package of Prozac.

Anxiety and Insomnia: In clinical trials for the depressed, held in the U.S., 12% to 16% of those tested reported increased anxiety, nervousness, or insomnia. In similar trials for those diagnosed with obsessive-compulsive disorders insomnia was reported in 28% of the patients, and anxiety was reported in 14%.

Altered Appetite and Weight: In controlled U.S. clinics 11% of patients treated with Prozac reported an anorexic appetite. However, only rarely have patients discontinued treatment with Prozac because of this symptom. Those diagnosed with OCD, again, came in at a higher rate of 17%.

Other symptoms: (considered to be frequent by Dista) chills, hemorrhage and hypertension of the cardiovascular system, nausea and vomiting, agitation, amnesia, confusion, emotional liability, sleep disorder, ear pain, taste perversion, and tinnitus.

The outcome classification (%) on the Clinical Global Impression improvement scale based on two studies showed that of those who took 40mg of Prozac 0% were reported to be no worse, 33% showed no change, 28% were minimally improved, 27% much improved, and 12% very much improved. Meaning that of those tested only 39% showed any reasonable improvement from taking this drug.

Though many are demanding stricter gun control laws as a solution to this sudden increase in homicidal shootings, these events do not appear to correlate to a sudden increase in firearm ownership. But when the

percentage of these killers that are on Prozac is compared to the percentage of the general public on Prozac, a very disturbing pattern emerges. Though Prozac does indeed help many people suffering from depression, it appears that it does indeed also drive many into homicidal rages.

When Kip Kinkel's home was investigated several bombs that he had constructed were discovered. With a ban on bombs already in place, he nevertheless managed to have several in his possession that he might well have taken to school instead of guns. So the question arises, if guns had been banned like bombs, would the danger have been averted? The unmistakable answer is that it would not. And with the shootings correlating far more closely with the psychiatric drug Prozac, why is the public put in such great danger by its widespread use, while efforts are directed instead toward something that shows no correlation?

On Tuesday, May 19th, Kip Kinkel's father took away his rifle, after finding that Kip was taking the gun out of the house on unsupervised ventures into the woods. The next day, Wednesday, May 20th, 15 year old Kip Kinkel showed up at Thurston High School with a dangerous attitude and a newly purchased stolen gun that he had gotten from another student. A security guard caught wind of the arrangement and the two boys were arrested, booked, and then released to their parents.

[On Thursday, May 21st, Kip Kinkel walked out of his home after shooting his parents with the rifle his dad had taken away from him and proceeded to the high school. He walked into the cafeteria and fired off 51 rounds of ammunition which resulted in the deaths of two of the students and injuries of various degrees to 22 other students ages 14 through 18. The onslaught ended when one of the wounded students, a 17 year old wrestler, tackled Kip, and other students piled on top of Kip to help restrain him.

Those who have known Kip Kinkel present very differing portrayals of his life and his demeanor on an everyday basis. Gun control advocates are outraged that "a gun" has again taken the lives of innocent citizens. Others are saying that Kip Kinkel is just an average kid who went about on a daily basis doing stunts that average kids do. Still others paint a depressing picture of a child and a family in crisis and at the end of their ropes, and of a young boy who for years had displayed his unhappiness, albeit apparently reasonless, by doing acts which should have been considered highly questionable and certainly not normal.

A close family friend told reporters that Bill Kinkel had begun confiding in him about four years ago about severe behavioral problems with his son. The friend stated that the boy's parent sought counseling and attempted to maintain a very structured home life. "As parents, they just kept trying."

The day before the shooting spree Mr. Kinkel contacted the Oregon National Guard to inquire about having his son enrolled in the Guard's

Youth Challenge Program. An official with the Guard stated that Mr. Kinkel seemed at the end of his rope, and that he wanted to get his son "mainstreamed back into school." The Guard YCP takes in children who "are on the razor's edge, ready to fall on the dark side." Obviously Kip Kinkel was already over the edge.

His attitude regarding life and his subsequent behavior was irrationally ignored by not only his closest friends but also the teachers, the school nurse, school management, and police officials. Most had the attitude that he was just a kid, that no one needed to be concerned. But how could this be?

All were well aware of the boys bizarre behavioral patterns. Although they might say what a nice kid they thought he was, most can follow up with one story or another of comments and actions that definitely describe a boy that is anything but "average".

Apparently it is easier to drug our youth, to fill their bodies with drugs that many times have worse side effects on their minds and spirits than the problems they have. You name the attitude and there is a drug to supposedly help or cure it.

It may be time to take the War On Drugs to where it can really be effective; getting these society cop-out drugs out of our children's lives. It may be time we rise and help our children through productive activities and quit drugging them senseless.

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New York Post, 10 May 1999

“Killer Teens Had Prescription for Murder”

NEW YORK POST

LATE CITY FINAL

MONDAY, MAY 10, 1999

Killer teens had prescription for murder

DOUGLAS
MONTERO



FRANK COOPER'S reticence was easy to detect, even over the telephone.

Cooper was reluctant to talk about his grandson Shawn, 15, who borrowed Grandpa's shotgun, wrapped it in a blanket and headed to his high school on April 16.

"It tears me up to even talk about it," said Frank Cooper, a 68-year-old retired mechanic who cares for the teen in Lotus, Idaho, a small town 30 miles west of Boise.

Shawn Cooper began firing the 12-gauge shotgun the minute he stepped into the school — injuring one student, who was struck by flying debris.

Terrified students and teachers ran for their lives, some barricading themselves in classrooms.

Shawn Cooper spent 18 minutes in control of the school, where he had been teased by classmates. The sheriff got him to surrender.

Frank Cooper sighs.

"A lot of things have crossed my mind," Frank Cooper said sadly, trying to explain why the quiet youngster he raised in his God-fearing home went berserk.

Frank Cooper and the boy's lawyer are now looking closely at the medication Shawn had been taking since January.

Shawn Cooper came from a dysfunctional family. Grandpa gained legal custody of Shawn and his brother seven years ago, when the boys turned up at a local hospital suffering from malnutrition.

Frank Cooper took his grandson to church and allowed him to enjoy boy things — baseball, sports cards, Christian rock music. Shawn even preached at a local church.

After he was diagnosed with a condition where you fluctuate from deep depression to feelings of ecstasy, Shawn was given steady doses of anti-depressants.

"Sometimes it worked, sometimes it didn't," Frank Cooper said. "Sometimes he would be as calm as a cucumber, then all of a sudden, boom!"

Boom! That's the sound that echoed April 20 through the hallways at Colorado's Columbine HS, where Eric Harris, a 17-year-old also on anti-depressants, killed 13 with a classmate. About 20 were injured.

Boom! Two are killed and more

than 20 injured in a Springfield, Ore., school when Kip Kinkel, a 15-year-old also on anti-depressants, goes haywire on May 21, 1998. The boy also killed his parents.

Boom! Since October 1997, 14 people have died and dozens have been injured in school shootings in Mississippi, Kentucky, Arkansas, Pennsylvania, Tennessee and Alberta, Canada.

Before their rampages, all the teen-age gunmen suffered from some sort of "behavioral problem," which in the United States

and Canada is almost always treated with anti-depressants.

The same anti-depressants are apparently given to adults like Tipper Gore, who admitted last week that she's been treated for symptoms of depression.

The psychiatric community is waking up.

Dr. Candace B. Pert, the Georgetown University research professor who helped develop anti-depressants, reissued a 1997 warning following the Columbine shootings.

"I am alarmed at the monster

that Johns Hopkins neuroscientist Solomon Snyder and I created," she said.

Anti-depressants are known to trigger maniacal tendencies in a small population of patients, but that didn't stop U.S. doctors from writing 500,000 prescriptions a year to children.

A recent University of North Carolina poll showed that 72 percent of 600 doctors surveyed prescribed mind-altering drugs to children, yet only 8 percent were actually trained in treating

See **MONTERO** on Page 26

Teens had prescription for murder

MONTERO from Page 20

childhood depression.

No one knows how these drugs affect the developing brains of children because the Food and Drug Administration approved the drugs after their safety was tested on adults — not kids.

"I think these medications are starting to show promise," said Jerry Rushton, who conducted the study.

"However, they should be used with caution and monitored closely, not used haphazardly for transient symptoms — not for school problems or nebulous behavioral problems."

A growing number of New York City schoolchildren with "behavioral problems" are taking these drugs, which go by the name of Prozac, Ritalin, Paxil and Zoloft, just to name a few.

Frank Cooper thought he was helping his grandson by giving Shawn the drugs the doctor had prescribed.

Now he's wondering whether he made a mistake.

FOX on the Record with Greta van Susteren,
25 November 2002

Psychiatric Drugs and Violence in Teens

FOX ON THE RECORD WITH GRETA VAN SUSTEREN

November 25, 2002 Monday

Show Transcript

BYLINE: Linda Vester, Douglas Kennedy, Steve Harrigan

BODY:

VESTER: It has happened all too often. A troubled teenager gets his hand on a weapon, and lives are changed forever. But why? ON THE RECORD investigates, and, as Fox's Douglas Kennedy found out, the trail can often lead right to the medicine chest.

(BEGIN VIDEOTAPE)

DAVID KENNEDY, FOX CORRESPONDENT (voice-over): Two years ago 16-year- old Cory Baadsgaard took a rifle to his high school and held 23 classmates hostage.

(on camera): Describe around that time how you were feeling.

CORY BAADSGAARD, TOOK GUN TO SCHOOL: In the morning, I just -- I didn't feel like going to school. I felt sick. I didn't feel like really -- you know, like I could get up very well, and so I went back to bed, and the next thing I remember, I'm in juvy in the detention center where I used to live.

KENNEDY (voice-over): Just one more apparently unexplainable violent outburst at school, unexplainable to everyone but Cory's dad.

(on camera): So, in your mind, there's no doubt what happened here?

JAY BAADSGAARD, CORY'S FATHER: I had no doubt that the medication did this. I mean, he was -- had amnesia, you know, hallucinations earlier, abnormal dreams, which are all side effects of the medication.

KENNEDY (voice-over): That morning, Cory was on a mix of antidepressants prescribed for what doctors called situational depression. His father says the pills turned Cory from a sensitive teenage boy to a volatile marauder susceptible to blind rage.

JAY BAADSGAARD: He was never a violent kid. I mean, he's always been a good kid, loved us, hugged us all. You know, he's never watched violent videos, and, until the medication, he started -- you know, after that, then we realized that he was having aggression problems, and -- you know, it was out of character.

KENNEDY (on camera): At Fox News, we found the Baadsgaard story with antidepressants compelling. So we investigated further. We found a disturbing number of recent school shooters were either on medication or were experiencing withdrawal.

(voice-over):

The list includes:

15-year-old Kip Kinkle withdrawing from Prozac when he shot 22 classmates, killing two, after murdering his mother and stepfather at his home in Springfield, Oregon;

14-year-old Elizabeth Bush on Prozac when she blasted away at fellow students in Williamsport, Pennsylvania, wounding one;

18-year-old Jason Hoffman on Effexor and Celexa when he opened fire at his California high school wounding five;

15-year-old Shawn Cooper on a mix of antidepressants when he shot students in Idaho;

15-year-old T.J. Solomon, also on a mix of antidepressants when he aimed his shotgun at classmates in Conyers, Georgia, wounding six;

and 17-year-old Eric Harris on Luvox when he and partner, Dylan Klebold, killed 12 classmates and a teacher in the bloodiest school massacre yet, Columbine.

DR. PETER BREGGIN, PSYCHIATRIST: One of the things that in the past we've known about depression is that it very, very rarely leads to violence. It's only been since the advent of these new SSRI drugs that we have murderers, sometimes even mass murderers taking antidepressant drugs.

KENNEDY: This man sees another explanation for the students' violence.

DR. ERIC HOLLANDER, MT. SINAI SCHOOL OF MEDICINE: They may not be getting adequate diagnostic evaluation. They may not be in intense enough treatment. They may not be on the right dose for the right length of time.

KENNEDY: Dr. Eric Hollander is a consultant for various drug companies, including the maker of Paxil.

HOLLANDER: There is no evidence that being on an antidepressant medicine would increase the likelihood of homicide or suicide.

BRUCE WISEMAN, CITIZENS COMMISSION ON HUMAN RIGHTS: As the number of drugs increased, so, too, have the number of school shootings.

KENNEDY: Bruce Wiseman runs a group that has monitored long-term effects of antidepressants on kids for years.

WISEMAN: The drugs have got documented side effects of mania, of psychoses in some cases, of violence, of suicidal tendencies, and you have studies documenting the fact that these kids were not violent, took the drugs, and became so.

KENNEDY: Indeed, Fox News recently obtained confidential documents belonging to the maker of Paxil, the drug Cory Baadsgaard had been taking when he snapped. The document suggests a patient taking Paxil is eight times more likely to attempt or commit suicide than patients taking placebo.

And data publicly available from the drug companies show a small percentage of

patients on all antidepressants experience mania, a state of mind sometimes associated with violent outbursts.

WISEMAN: When you take the figures of -- one drug manufacturer talked about manic behavior of 4 percent. Well, if there are, as some reports say, two-million kids on these drugs, that's 80,000 time bombs waiting to explode.

KENNEDY (on camera): Waiting to explode. That's exactly what Cory Baadsgaard's father said happened to Cory on antidepressants. He says the solution is simple: Stop drugging our children.

JAY BAADSGAARD: Just stop medicating the kids, and they -- I don't think we'll have these problems. Or as many as we do now.

KENNEDY (voice-over): And Cory agrees. He's out of jail and off the drugs, and he says he's doing just fine.

In Washington state, Douglas Kennedy, Fox News.

(END VIDEOTAPE)

New York Post, 8 May 1999

“Antidepressants—As Dangerous as Guns?”

NEW YORK POST, SATURDAY, MAY 8, 1999

POSTOPINION

Antidepressants — As Dangerous as Guns?

IN the aftermath of the Littleton massacre, President Clinton has already proposed new laws to restrict the marketing of guns to children, and on Monday he will host a conference to examine the entertainment industry's marketing of violence to children. But no one is planning a conference or introducing laws to deal with a third problem — the marketing of mood-altering prescription drugs to children.

Despite disturbing evidence of drug-induced manic reactions, the number of antidepressant prescriptions for children continues to soar, reaching 1,664,000 in 1998. And buried in the Littleton coverage was the announcement this week that traces of Luvox, a sibling of Prozac, were found in Eric Harris' bloodstream. The presence of Luvox, the coroner said, "does not change the cause and manner of death." Yes, but did it change the cause and manner of Eric's life?

Luvox was approved by the FDA in 1997 for the treatment of obsessive-compulsive disorders (OCD) in children, but not for treatment of depression. Indeed, no antidepressant — Prozac, Zoloft, Paxil or Luvox — has been approved for pediatric use. Solvay, Luvox's manufacturer, declares it "safe and effective." Yet the Physicians' Desk Reference re-

ports that during controlled clinical trials manic reactions developed in 4 percent of children on Luvox. Another clinical trial found that Prozac caused mania in 6 percent of the children studied.

Mania is defined as "a form of psychosis characterized by exalted feelings, delusions of grandeur... and overproduction of ideas." There were plenty of delusional statements on Harris' Web site. "My belief," he wrote, "is that if I say something, it goes. I am the law. If you don't like it, you die." This should have troubled any doctor who was following Harris after he was put on Luvox. Or was Harris one of the tens of thousands of children cavalierly put on antidepressants without either a proper psychiatric evaluation or ongoing monitoring of side effects? Kip Kinke, the Oregon school shooter, had been on Prozac. These antidepressants clearly did not exorcise the teens' demons. The question we should be urgently asking is: Did they embolden them?

At a congressional hearing on media violence this week, we were reminded that 95 percent of children are never involved in a violent crime. Most children whose parents own guns do not steal them; most children who watch "Natural Born Killers" do not go on shooting rampages; and most children on antidepressants do not kill their schoolmates. But while there is saturation coverage about the dangers of guns and media violence, there is no debate about the dangers of antidepressants to our most vulnerable children's growing brains.



ARIANNA HUFFINGTON

We are in desperate need of more data released to the public about the medical histories of children charged with acts of violence. For starters, in the same way that kids are examined for the presence of illegal drugs and alcohol in their bloodstream, they should be routinely examined for mood-altering legal drugs.

The response from drug manufacturers echoes that of gun manufacturers: "Prozac and Luvox don't kill people, people

kill people." And like gun manufacturers, they are facing growing legal challenges. Littleton was followed by other shootings and bomb threats across the country. Were any of the adolescents involved on antidepressants, and was that information made available to the authorities? Did, for example, the probation officer who wrote a glowing report on Harris after his arrest for breaking into a van know whether he had been diagnosed with OCD before he was put on Luvox? And wouldn't it have been useful for him then and for us now to know what he was obsessive and compulsive about?

Following the news about Harris being on Luvox, Rep. Dennis Kucinich (D-Ohio), who sits on the Government Oversight Committee, sent a letter to the FDA calling for "comprehensive clinical trials by the pharmaceutical companies" to establish "the behavioral effects of antidepressants on our youth."

How much Luvox and Prozac have to be found in the bloodstreams of our child-killers before the FDA takes action — and the rest of us take notice?

Arianna Huffington's Web site is at <http://ariannaonline.com>. You can e-mail her at arianna@ariannaonline.com.

Duluth News Tribune, 26 March 2005

“Web Postings Show Many Sides to Weise”

Duluth News Tribune

March 26, 2005 Saturday

Web postings show many sides to Weise

David Hanners; St. Paul Pioneer Press

Among the thousands of words in scores of writings Jeff Weise shared with the anonymous audience of the Internet, one from November is different.

It is stripped bare of the teen iconoclasm and Gothic melancholia he usually displayed and lacks the don't-cry-for-me bluster that marks much of the cyberspace writings attributed to Weise. In it, the 16-year-old still sounds like he has a lot of little boy left in him as he implores someone to think about his feelings for once.

"Would you please try to be a little bit more considerate?" he wrote on a message board in reply to someone who had ridiculed him for attempting suicide. "I had went through a lot of things in my life that had driven me to a darker path than most choose to take." Weise explained that he cut the flesh on his wrists with a box cutter, "painting the floor of my bedroom with blood I shouldn't have spilt."

"After sitting there for what seemed like hours... I had the revelation that this was not the path," he wrote. "I am trying to turn my life around, I'm trying really hard, the attitudes of people like you are what set me back."

Any attempt the 16-year-old high school sophomore might have been

making to turn his life around came to an abrupt, violent end Monday. After killing his grandfather and the elder's companion, he headed to Red Lake High School and shot and killed five students, a teacher and a security guard, wounded seven more people and then turned one of his three guns on himself.

A schoolmate said Weise told other teenagers they were about to die.

Chongia'la Morris, 14, was one of the students in the classroom Weise entered. The assailant had shot his way into the room, apparently pursuing teacher Neva Rogers, who was among those who died.

"He looked at the class and he said, 'Does anybody believe in God because now would be a good time to tell me,' " Morris said.

Weise left no notes telling what he was about to do or why he was doing it; the only sure answers died with him. Federal authorities investigating the tragedy are trying to piece together a motive.

According to Sky Grant, an acquaintance of Weise's, the

two boys and others watched a movie about a Columbine-style school massacre with his friends. Grant said Weise brought the movie "Elephant" and they talked about the characters, or how people got shot.

"It all seemed normal," Grant said of that night watching the movie.

In the days after the shootings, people grasping to understand the tragedy offered their own explanations. He was a lost youth awash in a remote American Indian reservation where despondency and violence are epidemic. He was taking large doses of the antidepressant Prozac, which has been connected to violence in other youths, some said. He frequented a neo-Nazi Web site and admired Hitler. Others made the case that the shooting seemed to mimic certain violent video games.

Jeff Weise was all those things, and much more complex. As his November writing may have revealed, he was a troubled youth pleading for help and understanding, but few who knew him personally seemed to hear it, or care.

For someone who freely

expressed his thoughts, frustrations, anger, political beliefs and dreams in the virtual world of the Internet, those closest to him in the real world seemed to know little about him.

"He was not a monster. My cousin was not a monster," said a daughter of Shauna Lussier, one of Weise's aunts. The woman would not give her name.

After the shooting, classmates described Weise in the terms that now seem common for kids who shoot up schools: loner, outcast, devourer of violent video games and movies, an unsupervised addiction to the Internet, taking antidepressants, dressed in black from head to toe, often spoke of guns, had trouble at school.

But that was just one Jeff Weise. Three years' worth of postings to a variety of Web sites reveal a different persona, one that was articulate, creative, thoughtful -- and fatalistic -- for his age.

In dozens of his posts on a variety of forums, though, some things are noticeably absent from his writings: joy, happiness, optimism. There was never any discussion of what he wanted to do when he grew up; his writings were nihilistic cyber-chats that denied the certainty of there being a tomorrow.

On one Web site in January, Weise -- who described himself as an atheist -- got involved in a discussion on the wages of sin.

"We wish there to be a Heaven or Hell because we like the idea of getting a dog biscuit for being a good little puppy, and the thought of the masters solid back hand striking us makes us fear damnation," he wrote. "We have no evidence to either of these places'

existence, our only 'proof' to their existence is the blind faith we put in them." But a week later, he showed a sad, angry side. In an online journal he titled, "Thoughts of a Dreamer," he wrote: "I'm living every mans nightmare and that single fact alone is kicking my ass, I really must be f---ing worthless."

"I'm nothin' but your average Native American stoner. I'm mellow half the time, mostly natural, but mostly drug induced as well. I'm not a junkie, or an alcoholic, MJ is my gal of choice. Enough about that, though, I don't know why you're readin' this anyway." -- Weise, in an autobiography he wrote for his online journal.

Jeff Weise was born Aug. 8, 1988, in Minneapolis. That's where his mother, Joanne Elizabeth Weise, lived, but his father, Daryl A. Lussier, lived on the Red Lake reservation in northwestern Minnesota. His parents, both members of the Red Lake Band of Chippewa, never married.

Until the age of 3, he spent most of his time living with his father on the reservation. Then he began living with his mother in the Twin Cities.

Both parents had their demons, it appears. Later in life, Weise wrote online that his mother would get drunk and beat him when he was younger.

"My mom used to abuse me a lot when I was little," he wrote on one page. "She would hit me with anything she could get her hands on, she used to drink excessively too. She would tell me I was a mistake, and she

would say so many things that its hard to deal with them or think of them without crying."

His mother had her brushes with the law. Records show that in June 1993, when the boy was 4, she was booked into the Ramsey County jail on a charge of driving while intoxicated in Battle Creek Park. Five months later, she was booked into jail on a charge of misdemeanor assault.

Weise and his mother moved to Shakopee, Minn., by the time the boy entered third grade, and he attended Pearson Elementary School there, said Doug Schlieff, the school's principal. That was in the fall of 1996.

During this time, Joanne Weise was living with Timothy Troy DesJarlait, and the couple had two children -- a daughter born in 1996 and a son born in 1997.

On July 21, 1997, Weise's 31-year-old father committed suicide by shooting himself in the chest; some members of the band have said he was involved in an armed standoff with police when he did it. Jeff started fourth grade in Shakopee in September of that year, but the family moved to Chaska, Minn., that month.

The father's suicide was thought to be a factor in the family's move from the district, and before long, back to the Red Lake reservation, Schlieff said.

Joanne Weise and DesJarlait were married on the Red Lake reservation on June 27, 1998. But less than a year later, tragedy and parental upheaval

would again touch Jeff Weise's life.

On March 5, 1999, his mother was a passenger in a car driven by Elizabeth May Jourdain. They were in Shakopee and it was about noon when Jourdain ran a red light and slammed into a tractor-trailer making a left turn.

Jourdain was killed and Joanne Weise suffered a serious injury that left her brain-damaged. After recuperating from her injuries, she had to be placed in an assisted-living home where, Jeff would later write, she "had to re-learn how to tie her shoes."

By the time his mother and stepfather separated in 2000, Jeff Weise had returned to the Red Lake reservation, where he lived with his grandmother, Shelda Lussier. When the couple filed for divorce in Hennepin County in May 2004, the dissolution agreement discussed the custody arrangement for the other two children, but not for Jeff.

"I happen to be 'not so popular,' Gothic (in the sense that I wear nothing but black, spike my hair in 'devil' horns, and listen to music like Cradle of Filth and KoRn), and happen to be an emotionally disturbed person, if you could call me that. So it's really no problem slapping a label on someone because they fit the stereotype." -- Jeff Weise, in a May 13, 2004 posting to a discussion topic titled "School Scare" on abovetopsecret.com.

There is little indication that Weise was happy with his life on the reservation. In fact, classmates and others who knew him said he wasn't, and Weise said as much.

Kim DesJarlait, a former step-aunt, said she had wanted Weise to stay with her family in Shakopee. She

said she can't figure out what happened to him once he moved to the reservation.

"That's why I just don't understand what happened when he headed to Red Lake," she said. "It had to be that he didn't want to be there. He did not feel like he fit in." The Red Lake reservation, about 220 miles northwest of St. Paul, has long been a place of high unemployment, poverty, substance abuse and violence. In the past five years, the U.S. attorney's office in Minneapolis has filed charges in 19 homicides on the reservation.

Longstanding animosities between some families and some groups on the reservation have contributed to violent episodes over the years, lawyers who have handled federal cases there said.

Weise was big for his age -- over 6 feet and weighing more than 200 pounds -- and classmates reportedly teased him about his size and the way he dressed. He had difficulty in school and flunked eighth grade. Those who knew him said he became sullen, quiet and distant.

Weise had been depressed since at least eighth grade, said Sky Grant's mother, Gayle Downwind, who taught Weise that year. She remembers him as a smart boy who would rather sketch in his notebooks than work on schoolwork.

If he was quiet in the real world, he was a prolific correspondent in cyberspace. During his junior high years, he began to frequent discussion groups on the Internet. It was there that a different Jeff Weise emerged,

one that was often at odds with the real-world version.

While he expressed pride in his American Indian heritage, he also dabbled in neo-Nazism, a culture that considers Indians far removed from the Aryan "master race."

And while he showed little initiative or interest in school, he was writing creative, imaginative -- albeit ghoulish -- short stories on Web sites. Most involved zombies, and he told some that he was quite a fan of movie director George A. Romero, whose "Night of the Living Dead" films are considered horror cult classics.

In the days following the school shooting, much was made about Weise's writings at a neo-Nazi Web site, nazi.org, and whether anything there could have incited him to violence.

In his first post to the site, on March 19, 2004, he introduced himself, using his real name, but he also used the online name Todesengel, German for "angel of death." (He would later change his online name to "NativeNazi.") Someone wrote a reply, asking Weise what brought him to the forum.

"I stumbled across the site in my study of the Third Reich as well as Nazism, amongst other things," Weise responded. "I guess I've always carried a natural admiration for Hitler and his ideals, and his courage to take on larger nations." On April 19, 2004, he wrote that he was being blamed for a threat made to Red Lake High School involving some supposed violence that was

supposed to happen the next day, Hitler's birthday. It is also the day the three youths involved in the Columbine school shootings chose.

Classmates have said they recall Weise discussing plans to carry out some violent act at the school, but they didn't take him seriously and didn't report it to school officials or other adults.

"Latest News: On anti-depressants. Seeing a therapist... That's about it. I got a brand new pair of cuts on my wrists that are gonna turn into beautiful scars some day." -- An excerpt from Weise's profile at yahoo.com, last updated June 4, 2004.

To his fellow posters on yahoo.com, Weise was known as "verlassen420." Verlassen is a German word meaning "abandonment" and "loneliness," and whatever forces were driving his life, they were driving it downward last fall.

Last summer, he was prescribed Prozac for severe depression.

On Friday, as Tammy Lussier prepared to bury Weise, the nephew whom she lived with, and her father, who was among those killed, she found herself looking back over the last year, she said, when Weise began taking Prozac, the antidepressant, after a suicide attempt that Lussier described as a "cry for help."

"They kept upping the dose for him, and by the end, he was taking three of the 20 milligram pills a day," she said. "I can't help but think it was too much, that it must have set him off."

Lee Cook, another relative of Weise, said his medication had increased a few weeks before the

deadly shooting on Monday.

"I do wonder," Cook said, "whether on top of everything else he had going on in his life, on top of all the other problems, whether the drugs could have been the final straw."

The effects of antidepressants on young people remain a topic of fierce debate among scientists and doctors. Last year, a federal panel of drug experts said antidepressants could cause children and teenagers to become suicidal. The Food and Drug Administration has since required the manufacturers of antidepressants to warn of that danger on the labels for the medications.

The suicide risk is particularly acute when therapy starts or a dosage is changed, the drug agency has warned. Although some studies link the drugs to an increased suicide risk, the research does not suggest such a connection to violence like Weise's rampage through Red Lake High School.

"What I can say is that his physician, I'm sure, made the appropriate recommendations based on whatever the dosages were," said Morry Smulevitz, a spokesman for Eli Lilly, which makes Prozac.

The recommended dosage range, Smulevitz said, runs from 20 milligrams to 80 milligrams a day, so Weise's 60 milligram dose fell in that bracket.

Lussier, who lived with him in her mother's house on the Red Lake Indian reservation, said she could not understand what else, aside from drugs, had changed to explain the sudden

violence. Since his suicide attempt and 72-hour hospitalization a year ago, Weise had seemed to be improving, she said, and he was receiving mental health counseling and a doctor's care at the medical center on the reservation.

In a private message on a Web page devoted to the horror movies of Romero, Weise spoke of the loneliness he felt: "I have friends, but I'm basically a loner inside a group of loners. Most of my friends don't know the real me, I've never shared my past with anyone, and I've never talked about it with anyone," he wrote. "I'm excluded from anything and everything they do, I'm never invited, I don't even know why they consider me a friend or I them." Because of the depression and his inability to deal with the teasing of his classmates, he spent two long periods this academic year out of school. He received home tutoring. At the time of Monday's shootings, he'd spent five weeks at home, reportedly living with his grandmother.

In November, on another online forum, he started a discussion thread with the title "The White Owl" and retold a tale. "A few months ago, when I was on my way back from the Thief River mental health clinic after a suicide attempt, I saw something that I thought was severely out of place," he wrote. "It was an Owl, sitting in plain sight on the brush near the road, I saw him/her clearly, and to boot it was white. A White Owl in the middle of the day sitting next to the road."

Sky Grant said Weise's stay at a hospital in Thief River Falls was prompted by a friend's call to police, concerned that Weise was "talking suicidal" in computer messages.

In the owl tale, Weise went on to relate that when he told the story to his grandmother, she told him about a friend of hers who once saw a white owl on her way to a casino, then died of a heart attack that day while gambling.

"Now when I heard this, I must've looked like a carton of milk I was so white from fear," Weise wrote, asking if people thought it was an omen. "I want to know: am I screwed? What does the Omen mean. And, should I be worried?" When one person replied, "Well, you did try to commit suicide, as I read it. Sounds like you're pretty

much screwed," Weise shot back with his plea that the person "try to be a little bit more considerate."

"It was my decision to seek medical treatment," he wrote. "I am now on anti-depressants, and just because you've probably never been through anything like I have doesn't give you the write (his misspelling) to say what you have." The downward spiral continued and by January, some of his postings were as despondent as they were cryptic.

"The instrument of my resurrection was supposed to be freedom," he wrote in his online journal, "Thoughts of a Dreamer," early in the evening of Jan. 4. "But there isn't an open sky or endless field to be found where I reside, nor is

there light or salvation to be discovered.

"Right about now I feel as low as I ever have. I don't think it's a big secret why, really. My biggest disappointment and downfall came from what was supposed to be the one thing to lift me from the grave I'm continually digging for myself," he wrote, without ever explaining what that "one thing" was.

"Nah, never," he wrote. "Only the worthy are saved, y'know."

Pioneer Press reporters Todd Nelson, Rick Linsk, Beth Silver and Mara H. Gottfried and the Associated Press and New York Times contributed to this report.

CITIZENS COMMISSION ON HUMAN RIGHTS

The Citizens Commission on Human Rights (CCHR[®]) was co-founded in 1969 by the Church of Scientology and Dr. Thomas Szasz, Professor of Psychiatry Emeritus, to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. Today, it has more than 130 chapters in 34 countries. Its board of advisors includes doctors, lawyers, educators, artists, business professionals and civil and human rights representatives.

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