

Decades of Evidence That SSRI Antidepressants Can Cause Mass Shootings

Analysis by [A Midwestern Doctor](#)

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STORY AT-A-GLANCE

- › SSRI antidepressants have a variety of horrendous side effects. These include sometimes causing the individual to become agitated, feeling they can't be in their skin, turning psychotic, and occasionally becoming violently psychotic
- › During these psychoses, individuals can have out of body experiences where they commit lethal violence either to themselves or others
- › As lawsuits later showed, this violent behavior (and the frequent suicides that followed it) were observed throughout the SSRI clinical trials, but were covered up by the SSRI manufacturers and then the drug regulators (e.g., the FDA)
- › Once the SSRIs entered the market, there has been a wave of SSRI suicides and unspeakable acts of violence
- › Sadly, the idea that SSRIs could cause any of this has always been viewed as a "conspiracy theory" or "mistaking correlation with causation" because very few are aware of the extensive evidence linking SSRIs to violent and psychotic behavior – despite it now being on the warning label of those drugs

Most holistic doctors consider Selective Serotonin Reuptake Inhibitors (SSRI) antidepressants to be one of most harmful mass-prescribed drugs on the market (it typically makes their top 5). However unlike the other drugs, which are just unsafe and ineffective, SSRIs also have a fairly unique problem – they can kill people who are not even taking the drugs.

Note: Other common contenders for that list are [Statins](#), [NSAIDs](#) (e.g., ibuprofen), and [acid reflux medications](#) (proton pump inhibitors like prilosec). The harms and irrationality of those drugs are discussed [here](#), [here](#) and [here](#).

Since SSRIs first entered the market, many have noticed the unusual correlation between their consumption and completely out of character violently psychotic behavior, such as extremely disturbing homicides or suicides being committed by the individual.

As the years have gone by, more and more evidence has accumulated (e.g., through lawsuits against the drug companies) that SSRIs cause psychotic violence, and in parallel, as the usage of these drugs has spiked, more and more grisly killings have occurred.

As you might imagine, there are many taboo areas in medicine (e.g., [suggesting that vaccines can cause neurological damage to children](#)). However, out of all of them, I've found by far the most hostility is directed towards anyone who insinuates mass shootings may be linked to SSRIs (e.g., I got in quite a bit of professional trouble for doing this in the past).

One of the first articles I wrote on Substack ([on 5-27-22](#)) was about this topic. It went viral and since then I've noticed there has gradually been more and more people who have been willing to speak out on it.

I attribute this to the current political climate (the Trump presidency and the vaccine mandates has made conservatives much more willing to question both big media and big Pharma) being one where this message wanted to be heard and other conservative commentators seeing a large audience for it existed.

Two months later ([on 7-25-22](#)), Tucker Carlson aired what I believe to be the first segment I've seen in the mainstream media discussing this taboo topic:

Note: I edited out the political commentary from this segment. The full version of it can be viewed [here](#).

Since that time, other prominent conservatives have spoken out on this issue (e.g., [Rep. Marjorie Taylor Greene](#)). Conversely, the horror of the "far-right hysteria against SSRIs" has become a talking point of the left (e.g., see this [Huffington Post piece](#) and this [Slate piece](#)) – something I suspect is due to the high rates of psychiatric medication usage in the modern left and big Pharma buying out the Democratic party during Obama's presidency.

Fortunately, those attacks did not work, and the violent risks of SSRI's have gradually become more acceptable to talk about (e.g., RFK Jr. has mentioned them during his presidential campaign and not backed down when challenged on the point).

In turn, each time a mass shooting happens, the same script is repeated (we need to ban all guns and have more mental health care [i.e. psyche meds] for everyone). Fortunately, this script is losing its appeal and SSRIs are more and more frequently being mentioned each time a mass shooting happens.

↻ Matt Walsh reposted



Candace Owens  @RealCandaceO · Oct 26

...

Another mass shooting that Big Pharma is going to get away with.

Never a discussion about the "anti-psychotic" medications that these shooters all have in common.

So we'll do the usual, political song & dance while the American drug cartel billionaires count their billions.

 1.2K

 5K

 21K

 958K

 

Recently Matt Walsh also did a segment on this topic, which like Tucker's segment was seen by millions of people.

Note: *The full version of this episode can be viewed [here](#).*

Having watched this dynamic play out for decades, it's hard for me to put into words how monumental of a change this newfound awareness of the dangers of SSRIs is.

The only comparable example I can think of are many people now being open to considering the dangers of childhood vaccination – something which has taken a century to bring into the public awareness (e.g., my friends who gave everything they had to speak out in the 1980s and 1990s on vaccine safety were almost completely alone and cannot believe just how much the public’s receptivity to this message has changed in the last few years).

Correlation or Causation?

Mass Shootings and Psychiatric Medications
 † designates they also committed suicide
 www.midwesterndoctor.com

1989 Prozac Killed 8, wounded 12	† 1998 Prozac Killed 4, wounded 25	1999 Zoloft Luvox Co-Killed 4, wounded 25	† 2001 Paxil Effexor Took 24 hostage; no memory of it.	2005 Prozac Killed 9, wounded 5	† 2007 Unk. SSRI Killed 9, wounded 1
2007 Unk. Psyche Meds Killed 32, wounded 17	† 2007 Trazodone Wounded 4	† 2008 Prozac Killed 5, wounded 21	† 2006 Fanapt Killed 26	† 2012 Zoloft Killed 12, wounded 70	2013 Trazodone Killed 12, wounded 3

Since Prozac entered the market, there have been many horrific suicides, murders, and massacres. Many have reported sudden homicidal thoughts and hallucinations or out-of-body events that detach them from reality. Lawsuits showed the manufacturers knew all of this from their trials. The media used to report on a shooter’s medication usage. Now it doesn’t, and there are likely many more of these shootings.

One of the most common arguments used to dismiss the link between SSRIs and psychotic violence is that people who are mentally ill are more likely to be on psyche meds, so the "correlation" between psyche meds and psychotic violence is simply a product of pre-existing mental illness and would have happened independently of the psyche med.

However, while claiming "correlation is not causation" makes it possible to refute this link while sounding intelligent in the process, there are a few major problems with this argument.

First, there is a lot of evidence tying SSRI usage to these events, **including clinical trial data that was hidden from the public**. Since that evidence was not covered in Tucker or Walsh's presentation, it will be the focus of this article.

Second, there is a black-box warning on the SSRIs for them increasing the risk of suicide, something which can only be possible if some degree of causation does in fact exist.

Third, these psychotic events are completely out of character for the individuals who commit them, and in many cases they report a very similar (and disconcerting) narrative of what they experienced prior to and during the shooting.

***Note:** Big Pharma, working hand in hand with the FDA fought tooth and nail for decades to prevent a warning from ever being added to the SSRIs. I believe this is in part due to how much money is made off of these drugs (presently their sales **make approximately 40 billion dollars a year**).*

The SSRI Era

Selective serotonin reuptake inhibitors (SSRIs) have a similar primary mechanism of action to cocaine. SSRIs block the reuptake of Serotonin, SNRIs, also commonly prescribed block the reuptake of Serotonin and Norepinephrine (henceforth "SSRI refers to both SSRI and SNRI), and **Cocaine blocks the reuptake of Serotonin, Norepinephrine, and Dopamine**.

SSRIs (and SNRIs) were originally used as anti-depressants, then gradually had their use marketed into other areas and along the way have amassed a massive body count.

Once the first SSRI entered the market in 1988, Prozac quickly distinguished itself as a particularly dangerous medication and after nine years, the FDA had received 39,000 adverse event reports for Prozac, a number far greater than for any other drug.

This included hundreds of suicides, **atrocious violent crimes**, hostility and aggression, psychosis, confusion, distorted thinking, convulsions, amnesia, brain-zaps, a feeling that

your brain longer works right, and sexual dysfunction (long-term or permanent sexual dysfunction is one of the most commonly reported side effects from anti-depressants, which is ironic given that the medication is supposed to make you less, not more depressed).

***Note:** I and many colleagues also believe the widespread adoption of psychotropic drugs has significantly distorted the cognition of the demographics of the country that frequently utilize them (which to some extent stratifies by political orientation), which in turn has created a wide range of detrimental shifts in our society.*

SSRI homicides are common, and a [website exists](#) that has compiled **thousands upon thousands** of documented occurrences. As far as I know (there are most likely a few exceptions), in all cases where a mass school shooting has happened, and it was possible to know the medical history of the shooter, the shooter was taking a psychiatric medication that was known for causing these behavioral changes.

After each mass shooting, memes illustrating this topic typically circulate online (often citing many of the same individuals in the picture in the previous section).

However, as mentioned above, the idea that "SSRIs cause mass shootings" is treated with widespread ridicule and animosity in a manner not that different from how anyone who claimed the "COVID vaccines were NOT safe and effective" was treated in 2020.

For instance, the argument to debunk both was always "correlation is not causation" (e.g., the young healthy lady who had a fatal heart attack immediately after a vaccine **might** have had that happen anyways), and when data to support this contention is presented, it is always ignored by the other side.

Since there are many serious issues with psychiatric medications, to avoid being too long, this article will exclusively focus on their tendency to cause horrific violent crimes, something which was known long before they entered the market by both the drug companies and the FDA.

Note: A significant portion of this article came from the book [Deadly Psychiatry and Organized Denial](#) by Peter C. Gøtzsche (which builds upon the critical work Peter Breggin did to expose this issue). For those of you interested in learning more about this topic, I would strongly advise reading that book, as I can only scratch the surface of the issues with these medications within this brief article.

Lastly, for anyone who reads this article is presently taking an SSRI or SNRI, **it is critically important to NOT suddenly stop taking them.** These addictive drugs produce very strong (and longlasting) withdrawal symptoms that many of my readers have shared. More importantly, there are many cases of catastrophic events (e.g., a suicide or mass murder) that followed the abrupt discontinuation of an SSRI.

If this is something you choose to do, you need to gradually taper down the dosage (sometimes to the point you use sandpaper to slowly shrink a pill) with a professional who has experience in this area.

However, since doctors who help can you safely withdraw from an SSRI are difficult to find, we put together a guide on the (incredibly unfair) withdrawal process which can be viewed in the second half [of this article](#).

Note: Many of the stories I will share in this article are similar to those I have received from numerous readers (e.g., see the comments on [the first article](#), [second article](#), [third article](#), and [fourth article](#) along with numerous comments on Twitter) – which I believe highlights how common SSRI injuries are. Many of these stories are very difficult to read through, but I nonetheless believe need to be heard.

Akathisia

One of my relatives grew up in a big city during a particularly bad crime wave. One of his most notable memories from the time was looking up and seeing a man who was screaming "the ants are trying to get me" frantically tying bedsheets together (so he could flee down the fire escape) as armed men were rushing to his location yelling "get that ***** *****."

My relative ran out of the area to avoid getting shot, but from the brief look he had at the fleeing man, was almost certain that man was high on cocaine, and experiencing **coke (or crack) bugs**, one form of Akathisia and a well-documented effect of those drugs.

Akathisia, an extreme form of restlessness is defined as a psycho-motor disorder where it is extremely difficult to stay still. What this definition omits to mention is that akathisia is incredibly unpleasant to the degree that many individuals who experience it frequently commit suicide or homicide (or both). One of the earliest reports from patients with drug-induced akathisia was:

"They reported increased feelings of strangeness, verbalized by statements such as 'I don't feel myself' or 'I'm afraid of some of the unusual impulses I have.'"

Akathisia is much more common than most people realize. To share a personal anecdote – I occasionally discuss this topic with medical students and a few have confided they previously experienced akathisia after using a psychiatric medication and it was so excruciating that one told me they seriously contemplated suicide at the time.

Akathisia (and psychosis) are known side effects of cocaine, methamphetamine, SSRIs, antipsychotics, and ADHD stimulant medications.

However, while the common triggers have been identified, the actual mechanism for akathisia is still poorly understood and theorized to result from alterations in the center of the brain involved in movement. These behavioral changes are so unusual and disturbing there are often simply described as the individual appearing to be possessed.

Note: Numerous patients I've talked to (with or without akathisia) who had bad reactions to SSRIs have shared that they felt as though some type of dark force was trying to take over their body.

From my own exploration of this topic, I have noticed that some individuals with cocaine intoxication (I have not yet examined a patient on the other drugs experiencing akathisia) have a characteristic (often porous) perturbation in their bio-electric field,

which while very complex to describe, does resemble "frantic ants running all over the body," and in theory could explain part of the akathisia experience.

As this idea is contained within a medical model most healthcare practitioners do not ascribe to, it has been difficult for me to evaluate the validity of this hypothesis. I have met a few other colleagues who made the identical observation, so this is a periodic topic of discussion amongst us as we believe there is significant value in developing a model that can explain this puzzling condition.

To further illustrate how perplexing the behaviors observed are on SSRIs consider this correspondence from a clinical investigator to Pfizer:

Dear Roger

I have had a general practitioner here in Cape Town reporting that he now had two patients treated on Zoloft 50 mg mane with the following complaints :

During treatment the patients reported to him that they became unemotional and that their range of emotions were narrowed. They were unable to feel/express joy or sadness and reported to him that they felt all their emotions were blunted. They also had a feeling of depersonalization in that they stood outside their bodies and observe the feelings but was unable to express them. ← This is very bad

I have searched the literature here but cannot find any description of the above.

More importantly, consider Pfizer's response:

Frans

What you are describing does indeed occur on all SSRIs. No one is exactly sure why. My impression is that this is much more common on other SSRIs than on Zoloft, especially paroxetine. Pushing the serotonin system can result in reciprocal switching off of the dopamine system - in the striatum this results in tremor and occ. dystonia and in the frontal lobes it results in symptoms similar to the negative symptoms of schizophrenia. I have written something on this phenomena in the supplement to J Psychopharmacol that was mailed to you recently. But this requires further work.

Roger

A week ago, I heard the most compelling illustrations of this phenomenon I've come across after a 20-year-old with every characteristic of a mass shooter, **snuck into an amusement park in Northern Colorado** during the night.

"The suspect had been heavily armed with a semi-automatic rifle and semi-automatic handgun and multiple, loaded magazines for both weapons," it added. "He was wearing body armor and what appeared to be a ballistic helmet. Additionally, multiple improvised explosive devices (IEDs) were discovered with the suspect and in a vehicle associated with the suspect.

The sheriff's office said that while an investigation into the incident was ongoing, "given the amount of weaponry, ammunition, and explosive devices found, the suspect could have implemented an attack of devastating proportions upon our community."

However, rather than conduct the shooting, he committed before the park opened and left a remarkable message:

*"In the bathroom where Barajas Medina was discovered, written on the wall were the messages **"I am not a killer"** and **"I just want to get into the caves,"** a police spokesperson confirmed to Newsweek."*

Note: Like many other mass shooters, these actions were completely out of character for Barajas. **His brother** (who he lived with) "was at a loss for what was going on in his brother's mind," "didn't know of any connections his brother had to the park" and stated "I didn't think he was a dangerous person."

This narrative suggests that the psychosis Barajas was under partially wore off during the night, at which he recognized something evil was compelling him to do the shooting and he chose to end his life to prevent it. This is similar to a few other stories I've heard of SSRI violence.

For instance, Cory Baadsgaard developed increasing (and sometimes demonic) hallucinations after starting an SSRI, went to school with a loaded rifle and then partially

realized what he was doing after he'd taken everyone hostage, surrendered, partially regained consciousness in the principle's office, but had no memories of what had happened until he woke up in a cell at Juvenile Hall (where he spent 14 months).

Note: *The next (three minute) video featured provides an even more powerful illustration of this phenomenon.*

Akathisia Homicides

This section will list some of the evidence substantiating the link between psychiatric medications and horrific homicides. When you review this type of information, it is very easy to intellectually disassociate from what's contained within it. For that reason, I would like to request you first watch this two-minute video of one father who has to live with knowing he killed his child he still loves from the bottom of his heart.

He was ultimately not criminally convicted, however, **most individuals in these circumstances typically are.**

Note: *I need to emphasize that this individual's story is not unique, he just has been unusually dedicated in bringing public awareness to what happened. It also illustrates how evil these drugs are, as like the individuals mentioned above, they become forced to do something that violates every core principle they stand for.*

Much like the vaccine industry, the psychiatric industry will always try to absolve their dangerous medications of responsibility and will aggressively **gaslight** their victims. Despite these criticisms, there are three facts can be consistently found throughout the literature on akathisia homicides which Gøtzsche argues irrefutably implicate psychiatric medications as the cause of violent homicides:

- *"These violent events occur in people of all ages, who by all objective and subjective measures were completely normal before the act and where no precipitating factors besides the psychiatric medication could be identified.*
- *The events were preceded by clear symptoms of akathisia.*

- *The violent offenders returned to their normal personality when they came off the antidepressant."*

Numerous cases where this has happened are summarized within [this article](#) from the Palm Beach Post. In most of those cases, a common trend of these spontaneous acts of violence emerges: the act of violence was immediately preceded by a significant change in the psychiatric medications used by the individual.

In one case, shortly before committing one of these murders, one of the perpetrators also journaled that, while taking Prozac, that he felt as if he was observing himself "from above."

Individuals with a mutation in the gene that metabolizes psychiatric drugs are much more vulnerable to developing excessive levels of these drugs and triggering severe symptoms such as akathisia and psychosis.

There is a good case to be made that individuals with this gene are responsible for many of the horrific acts of iatrogenic (medically induced) violence that occur, however to my knowledge, this is never considered when psychiatric medications are prescribed.

Gøtzsche summarized a [peer-reviewed forensic investigation](#) of 10 cases where this happened (all but one of these involved an SSRI or an SNRI):

"Male, 18 years, Prozac, sister was comatose after a car crash, violent akathisia for 14 days, killed his father four days after he ran out of pills.

Male, 35 years, Paxil, distressed by "on and off" relationship with mother of his child, stabbed former partner 30+ times to death after 11 weeks of akathisia.

Male, 46 years, Paxil, anxiety about not making enough money to support the family, killed his son in a manic-shift akathisia and delirium after 42 days.

Male, 16 years, Zoloft and Prozac, depressed, struggled at school, and the girlfriend left him, attempted suicide on both drugs, killed therapist in hospital after 11 weeks.

Male, 50 years, Effexor, distress over divorce, shot a stranger four days after stopping drug.

Female, 35 years, nortriptyline, distress due to husband's drinking, killed teenage daughter in toxic delirium after three days.

Male, 24 years, Lexapro, anxiety and illicit substance use, several suicide attempts and assaults, nearly killed partner, 12 years in jail for attempted murder.

Female, 26 years, several SSRIs, difficulties with in-laws, two attempts to kill her two children.

Female, 52 years, Paxil and Celexa, harassment at work, suicide attempt and tried to kill her two children.

Female, 25 years, Celexa and Effexor, marital distress, several suicide attempts on both drugs, jumped in front of a train with her child while on citalopram."

There are many other sad cases of akathisia homicides. One detailed by Gøtzsche is representative of how the pharmaceutically injured patients [can be gaslighted by psychiatry](#).

When reviewing the story, keep in mind that the FDA insert explicitly lists the following as side effects of Effexor (an SNRI): intentional injury, malaise, suicide attempt, depersonalization, abnormal thinking, akathisia, apathy, ataxia, CNS stimulation, emotional lability, hostility, manic reaction, psychosis, suicidal ideation, abnormal behavior, adjustment disorder (which became a psychiatric diagnosis for her, although it was a side effect), akinesia, increased energy, homicidal ideation, and impulse control difficulties.

"A 26-year-old woman tried to kill her two children on two occasions. She was prescribed Paxil for stress but experienced an episode of rage and attempted suicide by inhalation of carbon monoxide, and then stopped taking the drug.

Despite this, she was prescribed Paxil again and reassured about its safety two years later.

*This time she experienced intense restlessness, surges of rage and anger, panic attacks, impulsive spending sprees, and constant suicidal ideation. She reasoned that her low self-esteem, insomnia, and suicidal behavior were due to difficulties with her in-laws. She overdosed and was **admitted to the hospital where her Paxil was increased.** She tried to kill herself again and was diagnosed with an "adjustment disorder."*

She was switched to Effexor, which was increased over three months until the dose was eight times higher than the initial dose. Each dose increase occasioned a week spent in bed with exhaustion, as she was unable to get up (akinesia). Her mental state deteriorated and violent outbursts and suicidal ideation became frequent and severe.

Unable to stay in one place, she drove several hundred miles with her children and tried to kill them and herself by car exhaust. A few days later she tried to kill her children and herself again."

Evidence for SSRI Suicides

Violent psychotic reactions from SSRIs can manifest as both suicides and homicides. There is extensive documentation to support the occurrence of SSRI suicides, and while the psychiatric profession still uses an endless litany of excuses to deny this happens, many antidepressants now have a black box warning from the FDA for the occurrence of suicide.

The side effects were definitively known to result from SSRIs as far back as their early clinical trials (which were of course hidden from everyone) and a mountain of evidence proving this regularly occurs has accumulated since these drugs entered the market (which led to the FDA having to find numerous unscrupulous ways to conceal that danger such as silencing employees who saw it, ignoring rampant clinical trial fraud by

the manufacturers, publishing a fraudulent meta-analysis to erase it, and [stonewalling Congress](#) during hearings on the drugs).

There are a large number of studies showing the link between SSRIs and suicide (especially those kept secret by the pharmaceutical industry). These will not be discussed as they are not the main focus of this article, but to provide some context on the issue, I will briefly discuss a microscopic and macroscopic study examining this picture. First to quote this peer-reviewed study's [abstract](#):

"Six depressed patients free of recent serious suicidal ideation developed intense, violent suicidal preoccupation after 2-7 weeks of fluoxetine treatment. This state persisted for as little as 3 days to as long as 3 months after discontinuation of fluoxetine. None of these patients had ever experienced a similar state during treatment with any other psychotropic drug."

Second, the CDC has a system for reporting violent deaths that have occurred, and one subset of those deaths are suicides (which may be associated with a homicide or a concurrent suicide). 3616 of these deaths were evaluated for the presence of an antidepressant, and 35.3% tested positive for one at the time of their death.

A large number of individual mood-altering substances [were tested for](#), and the only one that had a higher positive test rate than the antidepressants was alcohol (38.2%), although only 26.9% of those tested had enough alcohol present to be considered legally drunk. In the general population, between 11-13.2% of adults use antidepressants, which suggests there is a note-worthy correlation here.

Evidence for Akathisia Homicides

Most of the placebo-controlled data which is available showing the instances of homicidal behavior after taking an SSRI is available because of court orders from lawsuits where someone sued an SSRI manufacturer for their actions while on the SSRI. Consider for example this report from one clinical trial:

Pt. began to verbalize feelings of killing other people, and then himself. Pt. looked much more anxious and depressed than a baseline; even though this was not reflected in Hamilton.

[Pt. began to verbalize feelings of killing other people and then himself. Pt. looked much more anxious and depressed than baseline; even though this is not reflected in Hamilton (the scale used to quantify anxiety in research)]

When you consider these figures, it is important to remember that while a 0.1% death rate for a drug is tragic (but typically deemed acceptable within medicine), it is incomparable in consequence to a 0.1% homicide rate for a drug.

As millions of children are given SSRIs, even numbers that small mean homicides will regularly occur. I can't even guess how low a risk would constitute an acceptable threshold, but for the sake of conveying other points in this section, I will assume it to be 0.1%. In reality, any elevated risk in this regard should be viewed as unacceptable without any exceptions. I am emphasizing this point because I have never seen it considered by proponents of psychotropic drugs.

[An excellent paper](#) reviews private pharmaceutical research made public through litigation. The paper discusses internal company documents that compared 9219 research subjects (many of whom had pre-existing psychiatric diagnoses) that received Paxil, to 6455 research subjects (also with pre-existing psychiatric conditions) that received a placebo, 0.65% of the patients in clinical trials became hostile on Paxil compared with 0.31% on placebo.

The highest risk for hostility on Paxil was for those who also had Obsessive Compulsive Disorder. (0.34% is more than the 0.1% threshold)

The authors of this paper hypothesized that the violent actions following the usage of SSRIs may be explained by their tendency to trigger akathisia, emotional blunting, and manic or psychotic reactions. I will quote a few select passages from that paper:

"In healthy volunteer studies, hostile events occurred in three of 271 (1.1%) volunteers taking Paxil, compared with zero in 138 taking placebo." (1.1% is

more than 0.1%).

In data from sertraline pediatric trials submitted by Pfizer, aggression was the most common cause for discontinuation [removal from the trial] from the two Zoloft placebo-controlled trials in depressed children.

In these trials, eight of 189 patients randomized to Zoloft were discontinued for aggression, agitation, or hyperkinesia (another term for akathisia frequently used to conceal it), compared with discontinuations for these reasons in the 184 patients on placebo ...

When discontinuations for any manifestation of treatment induced activation (suicidal ideation or attempts, aggression, agitation, hyperkinesia, or aggravated depression) were considered, there were 15 discontinuations on Zoloft compared with two on placebo, which meant this was 7.3 times more likely to happen when on sertraline." (8.9% is more than 0.1%, 7.3 times more likely likewise is also unacceptable).

In pediatric trials of Effexor, two percent of children dropped out because of hostility, more than double the rate of dropout on placebo.

After a program on Paxil in 2002, the producers of the BBC television programme Panorama received 1,374 e-mails from viewers, mostly patients. Researchers then analyzed the full set of these responses. Many respondents linked emotional storms and thoughts and acts of violence or self-harm to Paxil, both to starting drug treatment and to dosage change.

These were not simple anecdotal reports, in that the analysis clearly pointed to a linkage with dosage. Second, they were self-reports of violence from patients with no apparent background of violent behavior. Third, the analysis was consistent with an analysis of reports of thoughts and acts of violence or self-harm on paroxetine that doctors had sent to the MHRA (England's FDA) about other patients between 1991 and 2002.

In both patient and medical reports, severe mood changes were commonly associated with changes of drug dosage during the first week of treatment, with later dosage increase, or with dosage decrease or drug withdrawal. The accounts reported in both the medical and the patient series had much in common, including time frame and a linkage to dosage."

Gøtzsche likewise **has located less biased sources of data** on the violent risks of SSRIs:

"As the published trial literature related to suicidality and aggression on antidepressants is unreliable, we looked at 64,381 pages of clinical study reports (70 trials) we got from the European Medicines Agency. We showed for the first time that SSRIs in comparison with placebo increase aggression in children and adolescents, odds ratio 2.79 (95% CI 1.62 to 4.81) (2).

This is an important finding considering the many school shootings where the killers were on SSRIs.

In a systematic review of placebo-controlled trials in adult healthy volunteers, we showed that antidepressants double the occurrence of events that the FDA has defined as possible precursors to suicide and violence, odds ratio 1.85 (95% CI 1.11 to 3.08)(3). The number needed to treat to harm one healthy adult person was only 16 (95% CI 8 to 100).

Based on the clinical study reports, we showed that adverse effects that increase the risk of suicide and violence were 4-5 times more common with duloxetine than with placebo in trials in middle-aged women with stress urinary incontinence. There were also more women on duloxetine who experienced a core or potential psychotic event, relative risk RR 2.25 (95% CI 1.06 to 4.81).

The number needed to harm was only seven. It would have been quite impossible to demonstrate how dangerous duloxetine is, if we had only had access to published research. In accordance with our findings, the FDA has previously announced that women who were treated with duloxetine for

incontinence in the open-label extension phase of the clinical studies had 2.6 times more suicide attempts than other women of the same age."

Gøtzsche has also reviewed some of the key legal cases regarding SSRIs:

"Akathisia homicides have been defended as instances of involuntary intoxication both with and without genetic evidence, and some people have succeeded in receiving damages from the manufacturers for failure to warn ... the filings in a case on Paxil against SmithKline Beecham [now named GSK] included an unpublished company study of incidents of serious aggression in 80 patients, of which 25 resulted in homicide.

In one case, a man aged 74 strangled his wife, and another was 66 when he became delusional on Prozac and killed his wife who was found with 200 stab wounds.

In 2001, for the first time, a jury found a pharmaceutical firm liable for deaths caused by an antidepressant. Donald Schell, aged 60, had been taking Paxil for just 48 hours when he shot and killed his wife, his daughter, his granddaughter and himself.

Central to the case were SmithKline Beecham internal documents showing the company was aware that a small number of people could become agitated or violent from Paxil. Despite this knowledge, paroxetine packaging deliberately did not include a warning about suicide, violence or aggression.

The internal documents, stamped "confidential," list the results of tests involving more than 2,000 healthy volunteers taking either Paxil or placebo. Some volunteers experienced anxiety, nightmares, hallucinations and other side effects – definitely caused by the drug – within two days of taking it.

Two volunteers attempted suicide after 11 and 18 days, respectively ... Ten years after the verdict, GSK still denies that Paxil can cause people to commit homicide and suicide and that there are withdrawal problems."

Note: After publishing the original article, I received [this comment](#) from a reader and their permission to share it:



Joyce Benvenuti May 27, 2022

In the early 90's(can't remember the exact year) I personally knew and was involved with the family of the 66 year old man you mentioned that stabbed his wife over 200 times then killed himself. We were all members of a small community church and we used to go to their house for Bible study. His children sued Eli Lilly (not for the money , they became quite wealthy) but to have Prozac labeled with all these warnings .The saddest thing was that if they knew there was any chance this could happen when he stopped the drug ,they would have hired round the clock in home care to be sure he was doing ok. They had the means to do whatever it would have taken to be safe during that time but they just didn't have the knowledge . It was the saddest time that will always be with me.

I'm sickened by the drugs and drug companies , it's so far out of control now.

Typically, American courts are more likely to rule in favor of the pharmaceutical company, and Donald Shell (mentioned above) was a lucky exception. For example consider the three following cases:

"Christopher Pittman became manic and shot his two grandparents to death two days after his dose of Zoloft had been doubled. Despite being only 12 years old when he did this, he was sentenced to 30 years of prison.

David Crespi was on Prozac and three other drugs, which he had taken for a couple of weeks, when he killed his two twin daughters with a knife. He pleaded guilty to avoid the death penalty and got a life sentence with no chance of parole, although he became his old self after coming off the drugs.

Kurt Danysh was 18 years old when he was inappropriately prescribed Prozac by a general practitioner. He became restless and violent and shot his father, the person he loved the most, 17 days later in a totally out-of-character mood. Kurt had no history of violence prior to Prozac, but in 1996, he was convicted of murdering his father and sentenced to 22.5 to 60 years in prison.

During this case, Eli Lilly lied in court, and claimed that Prozac would not cause aggressive behaviour resulting in his conviction. Later in 2004 when it was

exposed Lilly had concealed data from 1988 showing Prozac caused violence, the FDA recognized that SSRIs can cause violent behaviour, particularly in children and adolescents.

Despite these events and dozens of cases of homicide linked to Prozac that had subsequently been reported to the FDA, the judge has dismissed all appeals, and it took 24 years of legal work and petitioning for Kurt to finally be released from prison."

Next, I would briefly like to share the work of an activist who was intimately involved in those court cases.



Kim Witczak Writes (UN)Acceptable Collateral Damage 12 min ago

I was intimately involved helping get blackbox suicide warnings on the drugs in 2004 and 2006 after the death of my husband. He was given Zoloft for insomnia and hung himself 5 weeks after given the drug. He was not depressed or have history of depression. The only medication on was Zoloft. We also had a lawsuit to get documents out from under seal. The FDA, Pfizer and other drug companies have long known about risk.

Did you know Pfizer helped create a Zoloft Prosecutor Manual in 1993 to be used in cases where someone claimed a Zoloft defense?

I had a wrongful death, failure to warn lawsuit against Pfizer. Through the lawsuit we were able to get documents out from under confidentiality seal showing Pfizer and FDA long knew about the risk of suicide. One document was particularly difficult for me to see in black and white. It was an email exchange between foreign regulators and Pfizer's Chief Medical Officer about patients complaining of "standing outside their bodies looking in." ← **This is a big deal.**

In the early days soon after filing my lawsuit, Pfizer sent out investigators to snoop around my life. They talked to my next-door neighbors about Woody and even bypassed the legal process and improperly sent my grief counselor a "subpoena" for her case notes on me. Thankfully, I learned that Pfizer did this and we were able to stop them.

Note: Pfizer's manual that was used to criminally convict victims of its SSRI (so the market could be shielded from public scrutiny) can be viewed [here](#). Having reviewed it, I can state with certainty Pfizer included statements known to Pfizer to be false at the time this was written.

If you have time after you finish reading this article, I would highly recommend reading [Pfizer's prosecutor manual](#) so you can see just what vintage early 1990s [gaslighting](#) looked like (it is quite a bit more sophisticated now). Additionally, the judgement from Witczak's lawsuit against Pfizer can be viewed [here](#), while many more appalling stories from whistleblowers within Pfizer can be viewed [here](#) and [here](#).

Gøtzsche also notes the Canadian court system is more open to acknowledging pharmaceutical induced homicide. For example:

"In 2011 a Canadian judge ruled that Prozac induced a 16-year old boy to commit murder; he knifed a friend to death. In another case David Carmichael, who killed his 11-year old son while on antidepressants, was ruled "not criminally responsible on account of a mental disorder," and today, Carmichael writes and speaks on the dangers of antidepressants."

Mass Shooting and Psychiatric Medications

In the 1990s, school shootings transitioned from being very rare to a frequent facet of American life. As this timeline overlaps with the entrance of SSRIs to the US market (and the populace suddenly being flooded with psyche drugs), many articles have evaluated the link between mass shootings and psychiatric medications. I will quote a one of the more [comprehensive summaries](#) (written in 2013) which attempted to analyze all known mass shootings:

- *Eric Harris age 17 (first on Zoloft then Luvox) and Dylan Klebold aged 18 (Columbine school shooting in Littleton, Colorado), killed 12 students and one teacher and wounded 23 others, before killing themselves. Klebold's medical records have never been made available to the public.*
- *Jeff Weise, age 16, had been prescribed 60 mg/day of Prozac (three times the average starting dose for adults!) when he shot his grandfather, his grandfather's girlfriend and many fellow students at Red Lake, Minnesota. He then shot himself. Ten dead, 12 wounded.*

- *Cory Baadsgaard, age 16, Wahluke (Washington state) High School, was on Paxil (which caused him to have hallucinations) when he took a rifle to his high school and held 23 classmates hostage. He has no memory of the event.*
- *Christopher Pittman, age 12, murdered both his grandparents while taking Zoloft.*
- *Kip Kinkel, age 15, (on Prozac and Ritalin) shot his parents while they slept then went to school and opened fire, killing two classmates and injuring 22 shortly after beginning Prozac treatment.*
- *Luke Woodham, age 16 (Prozac) killed his mother and then killed two students, wounding six others.*
- *A boy in Pocatello, ID (Zoloft) in 1998 had a Zoloft-induced seizure that caused an armed standoff at his school.*
- *Michael Carneal (Ritalin), age 14, opened fire on students at a high school prayer meeting in West Paducah, Kentucky. Three teenagers were killed, five others were wounded.*
- *Andrew Golden, age 11, (Ritalin) and Mitchell Johnson, aged 14, (Ritalin) shot 15 people, killing four students, one teacher, and wounding ten others.*
- *TJ Solomon, age 15, (Ritalin) high school student in Conyers, Georgia opened fire on and wounded six of his classmates.*
- *James Wilson, age 19, (various psychiatric drugs) from Breenwood, South Carolina, took a .22 caliber revolver into an elementary school killing two young girls and wounding seven other children and two teachers.*
- *Elizabeth Bush, age 13, (Paxil) was responsible for a school shooting in Pennsylvania*
- *Jason Hoffman (Effexor and Celexa) – school shooting in El Cajon, California*

- *Neal Furrow (Prozac) in LA Jewish school shooting reported having been court-ordered to be on Prozac along with several other medications.*
- *Hammad Memon, age 15, shot and killed a fellow middle school student. He had been diagnosed with ADHD and depression and was taking Zoloft and "other drugs for his conditions."*
- *Matti Saari, a 22-year-old culinary student, shot and killed nine students and a teacher, and wounded another student, before killing himself. Saari was taking an SSRI and a benzodiazapine.*
- *Steven Kazmierczak, age 27, shot and killed five people and wounded 21 others 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 amounts of Xanax in his system.*
- *Finnish gunman Pekka-Eric Auvinen, age 18, had been taking antidepressants before he killed eight people and wounded a dozen more at Jokela High School – then he committed suicide.*
- *Asa Coon from Cleveland, age 14, shot and wounded four before taking his own life. Court records show Coon was on Trazodone.*
- *Jon Romano, age 16, on medication for depression, fired a shotgun at a teacher in his New York high school.*

The article also discussed a few recent school shootings where the information to determine if a psychiatric medication was used was not available (since is mentioned before, the industry has gotten much better at concealing this):

- *What drugs was Jared Lee Loughner on, age 21 ... killed six people and injuring 14 others in Tuscon, Az? [I was unable to locate any information on this case]*
- *What drugs was James Eagan Holmes on, age 24 ... killed 12 people and injuring 59 others in Aurora Colorado? [Holmes was on Zoloft, [which likely](#)*

triggered violent behaviors in him in the weeks preceding the mass shooting, all of which his psychiatrist ignored.]

- *What drugs was Adam Peter Lanza on, age 20, Killed 26 and wounded 2 in Newtown Ct.?* [Lanza was **later confirmed** to have been prescribed Celexa in the past and was on a questionable antipsychotic, fanapt, known for inducing violent behavior at the time of the shooting].

Since the time that article was published, there have been many more large school shootings. In the five which immediately followed:

- Christopher Harper-Mercer (2015) who killed 10 was likely on psychiatric medication but there is no definitive proof.
- Nikolas Cruz (2017) who killed 17 was likely on psychiatric medication but there is no definitive proof.
- Dimitrios Pagourtzis (2018) who killed 10 was probably not on a psychiatric medication. His attorney said he was not (which may have been a deceitful legal maneuver, but most likely was the truth), while the president of the NRA said he was (and I was not able to determine his basis for this assertion).
- For Salvador Ramos (2022) who recently killed 22, there have been many posts stating he was on antidepressants, but while there is some circumstantial evidence suggesting this, there is presently no reliable information to confirm or deny it. For a more detailed summary of my thoughts on this matter, please see **this comment**.
- With the recent school shooter Audrey Hale, **most of the focus** has been on the shooter presumably taking testosterone, as this can trigger aggression.

While like many things, this potentially explains what happened, in **the reports I found** where testosterone led to homicidal behavior, it required a pre-existing psychiatric illness (which would typically be treated with a violence inducing psychiatric medication) to also be present.

Since a clear link has already been established to psychiatric medications causing this behavior (and based on the shooter's background it is likely some were prescribed), I would suggest that until more information becomes known, the standard psychiatric medication violence it is a more probable explanation for the recent tragic events.

Note: *Since Audrey Hale's shooting, additional mass shootings have also occurred (e.g., those mentioned by Walsh like the recent one in Maine) where it was **known the individual had psychiatric issues**, despite repeated warnings those issues were not addressed, and based their history was almost certainly on psyche meds (but the public has not been permitted to know if they were).*

Conclusion

While the tendency to provoke violence toward others **is a major issue with SSRIs** and other related medications, it is rarely considered a side effect of these drugs. One reason for this is that **the other severe adverse effects from these medications** are much more common (for example, **SSRIs are one of most common causes of bipolar disorder**) and as a result, these awful effects occupy a disproportionate focus when discussing their toxicity.

I however focused on this issue, because like the sudden deaths caused by the COVID-19 vaccines, it is so unmistakable and concerning it cuts through any the ambiguity over what the drug or vaccine is doing.

Sadly, In addition to SSRIs extremely damaging, it is very questionable if for most people (excluding **those with a metabolic type that responds to SSRIs**) these drugs have any benefit beyond statistical artifacts created by biased corporate research. This is incredibly tragic since:

- It results in many people taking a pill that ruins their life but simultaneously had nothing of benefit to offer them in the first place.

Note: Did you know what Prozac was first discovered, Eli Lilly **originally planned to sell it as a obesity pill** but pivoted to it treating depression because Lilly recognized that since "depression" is so subjective, it would be easy to create "proof" Prozac worked even if nothing happened?

- It results in effective treatments for depression (of which there are many) becoming largely forgotten since there is no money in adopting those approaches.

Note: We attempted to summarize those treatments in **the second half of this article**.

- The SSRIs being muscled through the approval process had a corrosive influence on the drug regulators and left us with a profound degree of corruption the public has repeatedly had to suffer through.

Note: Many of the regulators who signed off on the SSRIs either had already worked for the SSRI industry or soon after pushing the SSRIs through, left their regulatory agency (e.g., the FDA) and were hired by the drug industry.

This is not to different to how many of the officials (e.g., **two sequential FDA commissioners**) who muscled the COVID-19 vaccines through the approval process then left the agency and were rewarded with lucrative executive positions with the mRNA vaccine manufacturers.

In short, I believe what happened with the SSRIs provides a pivotal lesson for the modern vaccine safety movement. In both cases, we've seen incredibly dangerous (but profitable) pharmaceuticals be pushed upon the entire world but rather than our regulators do their jobs and protect the public, they've sided with the industry they are supposed to regulate (which in part is due to **how much of the FDA's funding comes from Big Pharma**).

However, while the COVID-19 vaccines are almost complete immune from lawsuits, the SSRIs were not, and as a result, extensive litigation spearheaded by families of those directly harmed by SSRI violence were able to get the secret files which showed how abhorrent the industry's conduct actually was.

One of the most remarkable things about the SSRI saga, is that as bad as the SSRI story is, the government was actually much less corrupt then and many were willing to try to do something about what was happening – something which has been almost non-existent throughout COVID-19. In turn, Kim made a particularly poignant comment on our sad state of affairs:



Kim Witczak Mar 29  Author

Thank you! Share away. I have a post coming on the similarities of situation with covid vaccine and antidepressants and what's different. I truly believe if we lived in the era of today with media and social media censorship we would never have gotten the blackbox warnings. It was brutal and we were working with fda and congress almost weekly out in DC.

I will never forget my trip to meet the families after Parkland Florida. I went down to Florida to let the grieving families know about link with psych drugs.

If we don't start "walking down a different street" nothing will change.

As we conclude, I recognize that this is an immensely challenging subject and I appreciate you for being able to maintain a level head while reading it. Thank you for the time and focus you have given to this topic and for sharing it with others who can benefit from it.

Lastly, I know this is already been stated, **but do not attempt to stop taking an SSRI without the assistance of a physician who understands how to taper them.** Very bad things can happen if you do not follow that advice.

In the next part of this series, I discuss the less severe but far more frequent harms of the SSRIs (some of which affect over half of the users).

This will be followed **by examining how the drugs this dangerous could have gotten onto the market** and the egregious corruption within the FDA that kept anything from being done about it as the injuries and deaths piled up.

Finally, this series will cover **how the pharmaceutical industry created the "depression" industry** and convinced the entire world to spend billions on their unsafe and frequently

ineffective treatments for it while simultaneously [dismissing the actual causes of depression and its \(non- monetizable\) treatments](#).

Lastly, if you have a way to get the data in this series to courageous journalists who are raising awareness on this issue, that would be greatly appreciated. I believe once this data becomes public knowledge, it will be much harder to maintain the current status disastrous quo with the SSRIs.

A Note From Dr. Mercola About the Author

A Midwestern Doctor (AMD) is a board-certified physician in the Midwest and a longtime reader of Mercola.com. I appreciate his exceptional insight on a wide range of topics and I'm grateful to share them. I also respect his desire to remain anonymous as he is still on the front lines treating patients. To find more of AMD's work, be sure to check out [The Forgotten Side of Medicine](#) on Substack.