

## Antidepressants and Rampage Killings

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On 20 July 2012, clad in tactical combat gear and carrying a Smith and Wesson M&P 15 semiautomatic rifle, a Remington Model 870 pump action shotgun, and a Glock 22 semiautomatic pistol, twenty-seven-year-old James Eagan Holmes entered Theater 9 of the Century 16 Megaplex in Aurora, Colorado, during a midnight screening of *Batman Returns*. Holmes threw two tear gas grenades and then opened fire into the crowd, killing twelve persons and wounding seventy more. After his gun jammed, Holmes walked out of the theater and surrendered to police.<sup>i</sup>

During interrogation, when asked to spell his surname, Holmes haughtily replied “Like Sherlock.” Investigators later found that he had rigged up home-made bombs (which, fortunately, never detonated) inside his home to divert emergency responders during the attack.<sup>ii</sup>

During the trial, the victims’ surviving family members told tales of lives permanently shattered by the massacre – of holidays, weddings, and graduations that never will be celebrated as well as depression, night terrors, and survivors’ guilt.<sup>iii</sup>

Ashley Moser had just told her daughter Veronica to expect a baby brother or sister. Six-year-old Veronica was cut down by Holmes’s bullets, as was Ashley’s unborn baby. “I don’t know who I am anymore,” Ashley told the court. “I was a mom when I was 18, and that’s all I knew how to be. And now I’m not a mom.”<sup>iv</sup>

Amanda Medek told of the loss of her younger sister Micayla, who was twenty-three when she was murdered. “She never fell in love,” Amanda said of her. “She never got to have a family. She had big plans and she never got to do that.”<sup>v</sup>

Matthew McQuinn, twenty-seven years old (the exact same age as Holmes), died protecting his fiancée from a hail of bullets. “He was always smiling and his eyes just had mischief in them,” his mother, Jerri Jackson, recalled. In her last conversation with her son, he told her he was going to the midnight show and she

admonished him to be careful and he replied, “Oh, nothing’s going to happen. I love you, Mom.”<sup>vi</sup>

A jury found Holmes guilty of twelve counts of capital murder along with numerous other counts as well, and on 26 August 2015 a judge sentenced him to twelve life terms in prison, to be served consecutively, plus 3,318 years. He was not eligible for parole. He currently is being held in solitary confinement in a maximum-security prison in an undisclosed state, which is how he will spend the rest of his days.<sup>vii</sup>

Who is James Holmes, and what could have been the cause of his rage?

### **A Gifted Student**

James Holmes grew up in a stable churchgoing middle-class household. His father Bob was a statistician, his mother Arlene a nurse. She remembers her son as a boy who always did his homework and his chores. According to Arlene, the boy never showed any signs of violence, nor any interest in drinking or drugs.<sup>viii</sup>

A gifted student, James enrolled in the doctoral program in Neuroscience at the University of Colorado in the autumn of 2011. His fellow students remember him as introverted, a bit socially awkward, but this description could apply to a lot of graduate students.<sup>ix</sup>

James sailed academically through the first semester of his studies, but then he hit a bit of a rough patch. Over Christmas break he was diagnosed with glandular fever, and he returned to his studies, but his schoolwork suffered. He had always been a bit shy, and he had difficulties giving presentations in class.<sup>x</sup>

At this time, he also underwent the end of his first serious romantic relationship. James himself described the breakup as “cordial,” and in fact it was his ex-girlfriend who, no doubt with the best of intentions, urged him to seek help at the campus student wellness center. There on 21 March 2012, James had his first appointment with psychiatrist Lynn Fenton.<sup>xi</sup>

James confessed to Dr. Fenton that he had thoughts of killing people, three and four times a day. Fenton was not alarmed by these revelations, and perhaps there

is no good reason to believe she should have been. Such thoughts are not exactly unheard of, especially among young, introverted loners.<sup>xii</sup>

It was on this day that Dr. Fenton prescribed 50 mg of Zoloft to James for his “social anxiety.”<sup>xiii</sup> Zoloft is an SSRI antidepressant marketed by pharmaceutical giant Pfizer.

Subsequently, James’ fleeting thoughts or fantasies about killing people began coalescing into concrete plans. In an online chat with his ex-girlfriend, four days after starting Zoloft, James revealed to her his bizarre new theory that killing people would help him increase his “human capital.” At first, she assumed he was just kidding, but as the conversation continued she realized he really meant it.<sup>xiv</sup>

Two days later, Holmes went to see Dr. Fenton again. He didn’t mention his theory of “human capital” to her, but he did tell her that the obsessional thoughts had not stopped. Fenton doubled the dose of Zoloft from 50 to 100 mg.<sup>xv</sup>

James’ condition continued to deteriorate. During his fourth appointment with Dr. Fenton, he still did not tell her about his “human capital” delusion, although he did reveal that his homicidal ideation had increased.<sup>xvi</sup>

“Psychotic level thinking,” Dr. Fenton recorded in her notes for that session. “Guarded, paranoid, hostile thoughts he won’t elaborate on.” It was at this meeting that Fenton increased the dose of Zoloft again, to 150 mg.<sup>xvii</sup>

James continued to go downhill. His final class presentation was a disaster, and he failed his exams. He was offered the chance to take them again, but instead he dropped out. At his last appointment with Dr. Fenton, she was so alarmed at the decline in his condition she offered to keep seeing him gratis, but he refused.<sup>xviii</sup>

It was sometime after that – we don’t know exactly when – that James stopped taking Zoloft. We do know that his last prescription ran out on 26 June, less than one month before the massacre of 21 July.<sup>xix</sup>

## **Aftermath**

Holmes was arrested and confined to a psychiatric hospital facility, where he became disturbed and was prescribed tranquilizers. In December, he was given another SSRI antidepressant, for the first time since he discontinued the Zoloft in June, and he tried to kill himself.<sup>xx</sup>

Psychiatrist David Healy was retained as an expert witness for the defense and met with Holmes. Later he would tell an interviewer that had he been called to the witness stand, he would have told the jury “These killings would never have happened had it not been for the medication James Holmes had been prescribed.”<sup>xxi</sup>

But Dr. Healy was never asked to testify. The public defender did argue that Holmes was not guilty due to reasons of insanity, but the concept of involuntary intoxication played no role in the defense.<sup>xxii</sup>

The sad story of James Holmes was the subject of a *Panorama* documentary presented by the inimitable Shelley Jofre, titled “A Prescription for Murder?” which premiered on 26 July 2017. The program also revealed that antidepressants had been linked to twenty-eight reports of homicide submitted to the UK medicines regulator, as well as thirty-two reports of homicidal ideation.<sup>xxiii</sup>

The denunciations began before the program had even aired. “There still is a huge stigma around taking medication for mental health,” an essay in the *Daily Metro* lamented, the day before the episode was broadcast:

*When do we hear the stories of antidepressants going brilliantly? Where are the documentaries around people whose lives have been saved by antidepressants? Where are the shows around people who’ve found love because their medication helps them to socialize?*<sup>xxiv</sup>

*Newsweek* weighed in as well, also before the program aired, quoting Carmine Pariente of the Royal College of Psychiatrists:

*There is no good evidence that antidepressants increase the risk of violent behavior, and the extremely rare (and tragic) cases that are cited in support of this theory could be explained by chance: antidepressants are prescribed relatively widely, and so by chance some on antidepressants will commit a violent act.*

*Moreover, people on antidepressants may be suffering from some forms of mental disorder or distress that may, albeit very occasionally, increase the risk of reacting impulsively or violently.<sup>xxv</sup>*

The day after the program aired, the *Times* printed a letter from Wendy Burn, President of the Royal College of Psychiatrists, titled “Stop This Dangerous Scaremongering over Antidepressants,” in which she proclaimed “There is absolutely no evidence to suggest a causal relationship between these drugs and murder.”<sup>xxvi</sup> Author Peter Hitchens offered this rejoinder: “Has anyone actually established a link, one might justly ask, between ‘antidepressants’ and the benefits they are alleged to provide?”<sup>xxvii</sup>

The next day, a piece appeared in *Lancet* in which Dr. Pariente blamed rising suicide rates not on antidepressants but on the FDA black box warning:

*When the rates of SSRI prescriptions for children and adolescents decreased after US and European regulatory agencies issued warnings about a possible suicide risk with antidepressant use in paediatric patients, this decrease was associated with an increase in suicide rates.<sup>xxviii</sup>*

As evidence for this proposition, Dr. Pariente cited statistician Robert Gibbons’ 2007 paper in the *American Journal of Psychiatry* – a paper whose conclusions have since been completely debunked by author Robert Whitaker.<sup>xxix</sup>

### **“Your client is going to die”**

When I discussed the case with Dr. Healy, he made it clear that Pfizer knew a long time ago that some people can have bad reactions to its blockbuster drug:

*When healthy volunteers take the drug, it makes them restless, it makes them suicidal. They become suicidal on the drug. It’s not that all people do. You give it to twenty healthy volunteers, and maybe only one has a reaction. In the early eighties, Pfizer knew.*

*They didn’t publish the trial. They didn’t publish any of the healthy volunteer data. In the clinical trials done where people are depressed, you can see the same thing.*

*But in those cases, they can argue it away, that's it's caused by the illness. You can't argue that point with healthy volunteer studies.*

*So, quite aside from what the clinical trials show, and the fact that was well-known – that these drugs can make you quite restless, can make you suicidal – even if one could ignore this, forget all that – if you're trying to analyze the Holmes case, you have to look at all the facts on the record, and ask What happened? Why did this happen? There just isn't a mental illness there that would have led this to happen.*

*There is the fact that he did get put on a serotonin-reuptake-inhibiting antihistamine some years before this, and he had a very bad reaction to it. There is the fact that he got put on the drug and he tried to warn his doctor that he shouldn't be on this drug, and she just increased the dose. And there is the fact that both of the parents – not knowing that he had been on the drug – after the event, months later, both of them got put on SSRI's, both of them. And had very bad reactions.*

*There is the fact that three months after the event, when he had been in a drug-free state, and he had been – and I forget the details of how he was, but he was kind of agitated and some doctor figured that it might be a good idea if he would be put on an SSRI – and he attempted suicide.*

*So, there's a strong case that can be made that even if there were no clinical trial evidence, no healthy volunteer evidence, if you first look just at the case, and ask what caused this to happen, you can claim that the drug may have played a part – and if you then try to look at the healthy volunteer evidence, the clinical trial evidence that shows that the drug can make people this way – you know you're in the ballpark of Well, it's the likeliest way to explain what happened. It's not one hundred percent sure, but it's by far the likeliest explanation to make.*

I then asked Dr. Healy why he believed the involuntary intoxication defense was not used in the Holmes case. This was his reply:

*My hunch is a deal was made. The prosecutor said we won't execute this guy if you don't bring up this. It's going to look bad if you have this guy Healy come in and claim all the literature is ghostwritten, there's no access to data – it's going to*

*be one of those things that is going to shake public confidence in the regulation of drugs. Well, if you're going to argue this, well, we're going to fight and you might lose and your client is going to die.*

### **More Rampage Killings**

The Aurora Theater massacre was just one in a series of high-profile antidepressant-associated rampage killings. A sampling of such events follows. Only incidents in which two or more persons were killed in a public place, and in which antidepressants specifically were implicated, are included. No claim is made for the completeness of this list:

- 14 September 1989: Joseph Wesbecker, a forty-seven-year-old former pressman at Standard Gravure of Louisville, Kentucky, entered his erstwhile place of employment armed with a Polytech AK47S semi-automatic rifle, a Sig Sauer P226 9mm pistol, two MAC 11 9mm machine pistols, a Smith & Wesson .38 revolver, a bayonet, and over a thousand rounds of ammunition. Wesbecker opened fire, killing eight employees and wounding twelve more. He also shot up the water sprinklers, and a police officer responding to the scene would later recall the place ran with what looked like rivers of blood.<sup>xxx</sup> An autopsy revealed his blood contained therapeutic levels of two drugs – lithium, which is commonly prescribed for bipolar disorder, and a new SSRI antidepressant drug released by pharmaceutical giant Eli Lilly the year before, Prozac.<sup>xxxi</sup>
- 21 April 1999: Eric Harris, seventeen, and Dylan Klebold, eighteen, of Columbine, Colorado, shot and killed twelve of their fellow students and a teacher at Columbine High School before killing themselves in the school library. An additional sixteen victims were hospitalized for injuries. Witnesses recalled the pair were laughing as they carried out the massacre.<sup>xxxii</sup> Eric was taking the SSRI antidepressant Luvox at the time of his death and before that had been prescribed Zoloft.<sup>xxxiii</sup> Dylan had been taking Saint John's Wort,<sup>xxxiv</sup> a herbal preparation that is sold in Germany as an antidepressant and which is similar in its mode of action to antidepressants.<sup>xxxv</sup>
- 21 March 2005: Sixteen-year-old Jeffrey Weise of Red Lake, Minnesota, shot and killed his grandfather (a tribal police officer at the Red Lake Indian reservation) and his grandfather's companion before driving his grandfather's squad car to

Red Lake Senior High School. There he shot and killed an unarmed security guard before entering the school and killing a teacher and five students. Witnesses described him as smiling during the attack.<sup>xxxvi</sup> Jeffrey had been taking 60 mg of Prozac, three times the normal adult dose.<sup>xxxvii</sup>

- 7 November 2007: Pekka-Eric Auvinen, eighteen, a student at the Upper Jokela Secondary School in Finland, entered the school and opened fire, killing six students along with the school nurse and the head teacher before turning the gun on himself and ending his own life. He had begun taking antidepressants in April of the previous year, but apparently discontinued them some time in the autumn of 2007, shortly before the massacre took place.<sup>xxxviii</sup>
- 14 February 2008: Steven Kazmierczak, a twenty-seven-year-old former graduate student at Northern Illinois University, walked into a classroom on the NIU campus and opened fire, killing five and wounding at least sixteen more before turning the gun on himself and ending his own life. Kazmierczak's girlfriend told CNN that he had been taking Prozac, Ambien, and Xanax, and had discontinued the Prozac three weeks before the shooting.<sup>xxxix</sup>
- 23 September 2008: Maati Saari, a twenty-two-year-old culinary student at the Seinäjoki University of Applied Science in Finland, entered the school and opened fire, killing ten, as well as setting several fires, before using the gun to end his own life. Witnesses later described him as "calmly" dispatching his victims one by one.<sup>xl</sup> An investigation determined he had been taking an antidepressant as well as a benzodiazepine tranquilizer, alprazolam.<sup>xli</sup>
- 29 March 2009: Forty-five-year-old Robert Stewart entered Pinelake Health and Rehab, a 120-bed nursing home facility where his estranged wife worked, and opened fire, killing seven elderly patients and a nurse. He was shot and wounded by police and subsequently taken into custody.<sup>xlii</sup> Two days before the shooting Stewart had been prescribed the SSRI antidepressant Lexapro as well as Xanax. A blood test showed he also had twelve times the therapeutic level of Ambien, a sleep aid he had been taking to counter the agitation induced by the antidepressants. At the trial, Stewart's attorney claimed that Stewart had no memory of the incident.<sup>xliii</sup> Stewart was convicted on multiple counts and sentenced to 179 years in prison.<sup>xliv</sup>



- 16 September 2013: Aaron Alexis, a thirty-four-year-old naval veteran and civilian contractor entered the Washington Navy Yard and opened fire, killing twelve and wounding three more before being gunned down by police.<sup>xlv</sup> The previous month Alexis had been prescribed the antidepressant Trazadone for his insomnia.<sup>xlvi</sup>
- 24 March 2015: Twenty-eight-year-old First Officer Andreas Lubitz of Germanwings Flight 9525 waited until he was alone in the cockpit, then locked himself in and aimed the plane at the ground. All of the passengers and crew, including Lubitz, were killed –150 lives lost in all. Lubitz’s treating physicians and family members all refused to be interviewed by investigators. The toxicology report revealed that at the time of the crash Lubitz had the SSRI antidepressant citalopram in his system, as well as another antidepressant, mirtazapine, along with the sleep aid zopiclone. A few days before, Lubitz had also received prescriptions for the SSRI antidepressant escitalopram, the antipsychotic Dominal, and the sleep aid zolpidem. In an email to his psychiatrist, Lubitz stated he had been taking the tranquilizer lorazepam.<sup>xlvii</sup>

In the wake of the Germanwings crash, an article in the *New York Times* warned readers not about the dangers of antidepressants, but about the dangers of public discussions of the possible role of antidepressants in rampage killings. “The stigma is enormous,”<sup>xlviii</sup> lamented William Hurt Sledge, Professor of Psychiatry at Yale.

Ron Honberg, Director of Policy and Legal Affairs for the National Alliance on Mental Illness (an organization that receives massive funding from drugmakers),<sup>xlix</sup> concurred:

*These kinds of stories reinforce the anxiety, the doubts, the concerns that people have that ‘I have to keep my symptoms concealed at all costs,’ and that doesn’t benefit anyone.<sup>l</sup>*

### **Precursors to Suicidality and Violence**

Tales of antidepressant-associated rampage killings, however horrifying, are still just anecdotes. Are there any data – as opposed to anecdotes – that show antidepressants increase violence? There are.

A 2010 review by Thomas Moore and his colleagues at the Institute for Safe Medication Practices showed there were eight times as many violence case reports associated with antidepressants than there would be if these reports were distributed randomly.<sup>ii</sup>

In January of 2016, less than a year after the Germanwings crash took place, Peter Gøtzsche and his colleagues at the Nordic Cochrane Collaboration reviewed the clinical study reports for industry-sponsored RCT's of five antidepressants – Cymbalta, Prozac, Paxil, Zoloft, and Effexor. They found these drugs more than doubled the risk of akathisia and suicidality in children and adolescents and nearly tripled the risk of aggressive behavior.<sup>iii</sup> Akathisia is a state of uncontrollable agitation which psychiatrist Peter Breggin once likened to “being tortured from the inside out.”

Serious events included homicidal threat, homicidal ideation, assault, sexual molestation, and a threat to take a gun to school (all in patients taking Cymbalta), damage to property, punching household items, aggressive assault, verbal abuse, and aggressive threats (all in patients taking Paxil), and belligerence (Prozac).<sup>liii</sup>

The following October, Dr. Gøtzsche and his colleagues reviewed the incidence of harms related to suicidality and violence in thirteen studies in which antidepressants were given to healthy volunteers.<sup>liv</sup> The five categories of harms the researchers looked at were violence, suicidality, psychotic events, emotional disturbances, and “activation events” (a term encompassing aggression, agitation, akathisia, and similar types of events). Antidepressants nearly doubled the rate of harms related to suicidality and violence in healthy volunteers.

And, as Gøtzsche and his co-authors note, that figure is no doubt an underestimate, since for eleven of the thirteen trials only published journal articles were available – and a 2014 study published in *BMJ Open* reviewed published journal articles for trials of antidepressants and antipsychotics and compared them to the clinical research summaries and found the journal articles omitted a whopping forty percent of adverse events – including a solid majority of deaths and suicides.<sup>lv</sup>

We know these drugs blunt feelings of empathy, in some of the people who take them.<sup>lvi</sup> We know they can cause hostility and aggression, in some of the people

who take them. We know that in rare cases, they can cause a psychotic break in some of the people who take them. What happens when you get all these effects in the same individual? Sounds like a recipe for mass violence.

It seems premature, at best, to conclude antidepressants cannot be playing a role in rampage killings. Given the other well-documented harms of these drugs – including but not limited to sexual dysfunction and truly horrendous birth defects – along with the meager benefits they have been shown to provide – a little more critical scrutiny seems in order.

Meanwhile, who knows how many more rampage killings have occurred in which the link to antidepressants has not been reported by the media?

In July of 2019, the United States Secret Service National Threat Assessment Center released a report titled “Mass Attacks in Public Spaces – 2018.” Twenty-seven such events in which at least three persons were harmed took place that year, and twelve of the attackers had a known history of “mental health” diagnosis and/or treatment, and yet the report contained not a word about what drugs these perpetrators had been prescribed.<sup>lvii</sup>

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On 14 December 2012, Adam Peter Lanza, twenty, shot his mother four times in the head with a Savage Mark II .22 caliber bolt-action rifle, and then drove to nearby Sandy Hook Elementary School which he had attended as a child, carrying with him a Sig Sauer P226 semi-automatic 9mm pistol, a Glock 20 semi-automatic 10mm pistol, and a Bushmaster Model XM 15-E2S semi-automatic rifle. He entered the building at approximately 9:30 AM, appearing calm, and proceeded to massacre twenty children and six school employees before killing himself with a single shot to the head with the Glock.<sup>lviii</sup>

Able Child, a non-profit organization for parents, caregivers, and children’s rights, filed a Freedom of Information Act request for the release of Adam Lanza’s medical records. Patrick B. Kwanashie, Assistant Attorney General for the State of Connecticut, argued against the request at a hearing, claiming that the release of such information could “cause a lot of people to stop taking their medications.”<sup>lix</sup>

Who could argue with that?

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- <sup>vii</sup> Jofre, “Prescription.”
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- <sup>xi</sup> Ibid.
- <sup>xii</sup> Ibid.
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- <sup>xv</sup> Ibid.
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