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RE: HB 381

The pharmaceutical lobby has bought the silence of legislators for far too long.

Please review the article below, authored by Citizens Commission on Human Rights (CCHR), and use it while you deliberate against gun control proposals which incorrectly mass shootings and mental health.

LOS ANGELES, Feb. 21, 2018 /PRNewswire/ -- The [Citizens Commission on Human Rights \(CCHR\)](#), a mental health watchdog that has investigated school and other mass shootings since the Columbine High School shooting in 1999, warns about pouring hundreds of millions of dollars into more mental health services in response to the Marjory Stoneman Douglas High School shooting on Valentine's Day. While the nation is reeling from this senseless tragedy, CCHR cautions against acting on mental health experts' advice to increase mental health funding or to enact stronger involuntary commitment laws as violence prevention measures. The group says an investigation into the shooting must include what psychotropic drugs the alleged shooter, Nikolas Cruz, has been prescribed and the fact that he had apparently undergone "behavioral health" treatment which did nothing to prevent the murderous outcome. A 2016 Florida Department of Children and Family Services (DCFS) report indicated that he was regularly taking "medication" for Attention Deficit Hyperactivity Disorder (ADHD).[1]



Group Warns Against Increasing Mental Health Funding in Response to Parkland Florida Shooting

CCHR International's investigation into school violence reveals that at least [36 school shootings and/or school-related acts of violence](#) have been committed by those taking or *withdrawing from* psychiatric drugs resulting in 172 wounded and 80 killed (in other school shootings, information about their drug use was never made public — neither confirming or refuting if they were under the influence of prescribed drugs or undergone other behavioral therapy.)[2] At least [27 international drug regulatory agency warnings](#) have been issued on psychiatric drugs being linked to mania, violence, hostility, aggression, psychosis and homicidal ideation (thoughts or fantasies of homicide that can be planned).

CCHR says that training teachers and others in detecting and predicting violent behavior won't curtail the problem because there's no definitive science on how to do this, even according to psychiatrists and psychologists. "There is no instrument that is specifically useful or validated for identifying potential school shooters or mass murderers," according to Stephen D. Hart, a psychologist at Simon Fraser University in Vancouver.[3] An American Psychiatric Association's (APA) task force report admitted that "Psychiatric expertise in the prediction of 'dangerousness' is not established..."[4]

Cruz, 19, charged over the Parkland, Florida, shooting, is a prime example of the failure of the mental health system, CCHR suggests. Cruz had been diagnosed at various times with "developmental disorder," "depression," "autism" and "ADHD," according to a Florida DCFS report. It was also reported that he had OCD or "Obsessive-Compulsive Disorder." While individuals can be mentally disturbed, none of these labels can be reliably diagnosed, as psychiatrists say there's no test to confirm them. None of the labels or treatment reportedly given to him worked to prevent what occurred on Feb. 14, 2018, when Cruz allegedly shot and killed 17 people and injured 15 more.[5]

Expecting better mental health treatment to solve America's problems with gun violence is a forlorn hope. "It's promising something that we can't deliver," Marcia Valenstein, a mental health services researcher at the University of Michigan, told *BuzzFeed News*. [6]

For years, Cruz had been a client of a mental health behavioral center, until the fall of 2017.[7] For years, as media have reported, there were incidents of his self-harm, cutting his arms, trouble controlling his temper, aggression, assaulting students, verbal abuse, banging his head, and yet in 2016, a counselor or therapist "deemed Nikolas to be no threat to anyone or himself at this present time," according to the police report.[8] Teachers disciplined him and referred him to counseling and police responded to at least 36 emergency 911 calls to his home over a six-year period.[9] CCHR says that researchers and police have put an unwitting and unearned trust in behavioral-psychiatric experts — a trust that has failed not only them but also Cruz, children and teachers who died at Marjory Stoneman Douglas High School, their families and a nation now mourning.

CCHR says that although there can be numerous reasons for mass murder, violent crime and suicide, the prevalence of psychotropic drug use in the pediatric and adolescent population is a potential catalyst for violence in a percentage taking them.

David Kirschner, Ph.D., a New York psychologist explained: "As a forensic psychologist, I have tested/evaluated 30 teenage and young adult murderers, and almost all of them had been in some kind of 'treatment,' usually short term and psychoactive drug-oriented, before they killed. After each episode of school killings or other mass shootings, such as the Aurora, Colorado, Batman movie murders and Tucson, Arizona, killing of six and wounding of Rep. Gabrielle Giffords and 12 others, there is a renewed public outcry for early identification and treatment of youths at risk for violence. Sadly, however, most of the young people who kill had been in 'treatment,' prior to the violence, albeit with less than successful results." [10]

- A review of scientific literature published in *Ethical Human Psychology and Psychiatry* regarding the "astonishing rate" of mental illness over the past 50 years revealed that it's not "mental illness" causing the problem, but, rather, the psychiatric drugs prescribed to treat it.[11] Since the introduction of antipsychotics in 1955 and the newer Selective Serotonin Reuptake Inhibitors (SSRI) antidepressants in 1987, both have been documented to be linked to violent effects.
- A statistical analysis of more than three decades of data shows that in 2011 the United States entered a new period in which mass shootings were occurring more frequently.[12] The annual number of mass-shooting incidents tripled from an average of five per year between 2000 and 2009 to approximately 15 per year since, according to a 2013 U.S. Justice report.[13]
- In the 1970s, 150,000 American children were taking stimulants for "ADHD." By 2014, this had reached 4.3 million — a 2,766 percent increase.[14]
- The proportion of U.S. children and teens (aged 0-19 years) taking antidepressants between 2005 and 2012 increased from 1.3 percent to 1.6 percent, despite the Food and Drug Administration "Black Box" warning in 2004 that antidepressants may induce suicidal behavior.[15]

- Between 2002 and 2009, pediatric prescriptions for atypical (newer) antipsychotics increased by 65 percent, from 2.9 million to about 4.8 million. A staggering 90 percent of those prescriptions are off-label, according to a 2012 study published in *JAMA Psychiatry*, with ADHD and disruptive behavior accounting for about 38 percent of all antipsychotic use in children and teens.[16]
- Almost 20,000 prescriptions for the antipsychotic risperidone, quetiapine and other antipsychotic drugs were written in 2014 for children two and younger, a 50 percent jump from 13,000 just one year before, according to the prescription data company IMS Health. Prescriptions for the antidepressant fluoxetine rose 23 percent in one year for that age group, to about 83,000.[17]
- Researchers took the Food and Drug Administration (FDA) Adverse Event Reporting System data and identified 31 drugs disproportionately associated with violence. These drugs, accounting for 79 percent of all the violence cases reported, included 25 psychotropic drugs.[18] Their findings, published in *Public Library of Science ONE*, included 11 antidepressants, six sedative/hypnotics and three drugs for treatment of ADHD. The specific cases of violence included: homicide, physical assaults, physical abuse, homicidal ideation, and cases described as violence-related symptoms.[19]

### Drug Withdrawal Effects Create Violence

Withdrawal from psychotropic drugs has also been linked to violent or aggressive behavior. Post-withdrawal symptoms from antidepressants "may last several months to years." Symptoms include disturbed mood, persistent insomnia, emotional lability, irritability, depression, impaired concentration and memory, and poor stress tolerance, according to a study published in *Psychotherapy and Psychosomatics* in 2012.[20]

British psychiatrist Joanna Moncrieff and others reported in *The Journal of Psychoactive Drugs*: "It is now accepted that all major classes of psychiatric medication produce distinctive withdrawal effects which mostly reflect their pharmacological activity." Further, "Just like the various substances that are used recreationally, each type of psychiatric medication induces a distinctive altered mental and physical state..." the researchers reported.[21] Withdrawal from psychiatric drugs, including antidepressants and antipsychotics, is associated with distinctive withdrawal or discontinuation syndromes, which are suppressed and are significant, "because they may be — and probably often are — mistaken for signs of relapse."

Dr. Kirschner adds more to this argument: "Most of the young murderers I have personally examined had ... been in 'treatment' and were using prescribed stimulant/amphetamine type drugs before and during the killing events. These medications did not prevent but instead contributed to the violence..."[22]

CCHR says that pouring more funds into a mental health system that keeps failing and continues to use "treatments" that may induce violent and suicidal behavior in a percentage of those taking them, is a recipe for future disaster. The survivors of the Parkland shooting, the families of those killed and the community at large deserve answers and accountability. CCHR is calling on families with knowledge of a loved one who has experienced treatment abuse and for whistleblowers who have concerns about any behavioral facility to contact CCHR by calling 1-800-869-2247 or by [reporting the abuse here](#).

*CCHR is a mental health industry watchdog organization that works for patient protections and encourages the public to take action against mental health coercion and abuse. In the course of its 48 years, it has helped get more than 180 laws enacted across the world. As a nonprofit, CCHR relies on memberships and donations to carry out its mission and actions. [Click here](#) to support the cause.*

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