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Center for the Study of
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[redacted]
By RICK KARLIN , Staff writer
[redacted]

Ritalin use splits parents, school

Berne – District marks parents as alleged child abusers for wanting to take their 7-year-old son off the medication

Like thousands of children, 7-year-old Kyle Carroll takes Ritalin for a diagnosis of attention deficit/hyperactivity disorder, or ADHD.

[redacted]

"It's beyond the point of whether he should be on it. Now it's the point of them telling us what we're going to do," said Michael Carroll. "They're telling me how to raise my child."

[redacted]

According to a recent report from the American Academy of Pediatrics, as many as 3.8 million school children, mostly boys, have ADHD. The disorder is characterized by a short attention span, jumpiness and impulsive behavior. But many cases are misdiagnosed.

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ASSEMBLY EDUCATION
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SUBMITTED BY: LYNN CHAPMAN

the study found. Additionally, at least a million children take Ritalin and the use of the drug has risen many times more during the past few years.

Along with that increase, schools are using some heavy-handed tactics on parents who may balk at the medication.

"The schools are now using child protective services to enforce their own desires and their own policies," said David Lansner, a New York City lawyer who has seen cases similar to the Carrolls'. "The parents' authority is being undermined when people have to do what some public official wants," Lansner added.

"This thing is so scary," remarked Patricia Weathers, of Millbrook, a suburb of Poughkeepsie. Officials at the Millbrook school district called police and child protective services when she took her seven-year-old son, Michael Mozer, off medications earlier this year. She said a drug cocktail including Ritalin, the anti-depressant Paxil and Dexedrine, a stimulant like Ritalin, caused her boy to hallucinate. "My son was a guinea pig," said Weathers, who now sends the child to a private school.

"This is relatively new but it's happening," said Peter Breggin, a Bethesda, Md., psychiatrist, of the school districts' legal tactics. Breggin is an author who opposes the use of Ritalin.

Child protective workers with the Albany County Department of Social Services didn't return phone calls seeking comment on the subject. And county spokeswoman Monica Mahaffey said social workers and others would not publicly discuss such matters.

"We're just absolutely not going to comment because of confidentiality," she said.

Likewise with officials at the Berne-Knox-Westerlo school district.

"We feel we are unable to give our side of the story due to confidentiality," said district superintendent Steven Schrade.

"It's a point of view that they have, and we have our point of view. We feel our side is based on facts," said Schrade, who added, "There's more to it than I can tell you."

Schrade noted that schools do not prescribe medication such as Ritalin. Any drug prescription has to come from a physician, although school nurses can administer the drug and school officials can recommend it.

Kyle Carroll started taking Ritalin last year, after [illegible] his school work.

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"It's hard for him to focus," said Jill Carroll.

Teachers drew up an Individualized Education Plan, a standard course of action for children with special needs, and they started giving him speech therapy and extra reading help. He also went to summer school.

But last fall, when Kyle started second grade, the Ritalin and extra help didn't seem to do much good. The Carrolls grew concerned when Kyle was only sleeping about five hours a night and eating just one meal a day at lunchtime. So they told school officials they wanted to take Kyle off Ritalin for two weeks to see if that helped.

That's when they got a call from a visitor from Child Protective Services.

The visit led to a family court appearance, which continued to late this month. The hearing will give the Carrolls a chance to clear their name to some extent. It cleared their case in the state register of alleged abusers without a record, but could be opened in the future if there were another allegation of abuse.

Jill Carroll is particularly concerned because she's attending Hudson Valley Community College with hopes of becoming a child care worker. Being in the state register could keep her from working in that field.

Moreover, the Carrolls still don't know all the details of the charges against them. The "intake report" on their case states that "Fa (father) is refusing to give the ch (child) the Ritalin."

But several lines on the report are blacked out with a marking pen. It's roughly analogous to a criminal facing charges but not being told what they are. (Complaints to Child Protective Services are also anonymous, so suspects don't know who has leveled the charges. In this case, however, the Carrolls say they were told that a school guidance counselor made the complaint).

Michael Carroll noted this wasn't his first brush with Child Protective Services. Last year, he said, a social worker checked on an anonymous rumor that he had gotten drunk and struck family members, but the allegations turned out to be groundless. No charges were filed, and the Carrolls were not "indicated," or written up in the state register like they were for the Ritalin episode.

Since meeting with the services' workers this year, the Carrolls have taken their boy to another pediatrician for a second opinion. The doctor recommended staying with the Ritalin, and the Carrolls have reluctantly agreed.

"He's in school. He's on the Ritalin. He dislikes school very much," Michael Carroll said.

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During a recent interview, Kyle had little to say. He slouched in his seat silently and, when asked if he liked school, slowly shook his head no. "This is him on Ritalin," Jill Carroll said.

Educators and researchers say Ritalin can indeed improve a child's concentration but it takes a concerted effort, with constant reinforcement at school and at home. "The schools have to do a lot of behavioral things with the kids," said William E. Pelham, a psychology professor at the State University at Buffalo who has researched ADHD and Ritalin.

In addition to medication, children with ADHD need close supervision with well-set daily goals and feedback such as a point system to reward good behavior.

For now, the Carrolls are willing to give Ritalin another try. But they still object to being targeted as potential child abusers for taking their boy off the drug.

"The parents made a decision that should have been theirs to make," said Elie Ward, executive director of Statewide Youth Advocacy, an Albany group that works on behalf of children.

"This is a classic, perfect example of the overreach of Child Protective Services," added Richard Wexler, Washington director for the National Coalition for Child Protection Reform and a former Times Union reporter. "The parents aren't being neglectful, they are being cautious."

Return to CSPP Index | Peter R. Breggin

Center for the Study of Psychiatry and Psychology
4628 Chestnut Street, Bethesda, Maryland 20814
If you have comments or suggestions, write us snail mail, or e-mail us at *breggin@tmn.com*

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America's Kids Riddled With Ritalin

A commonly prescribed drug for hyperactivity disorder could be killing our kids.

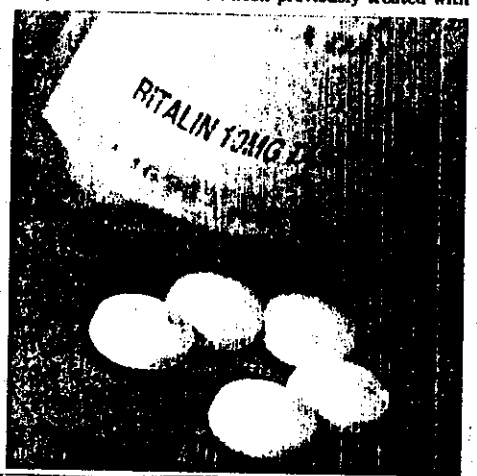
By Dr. Samuel L. Blumenfeld

On March 21, 2000, 14-year-old Matthew Smith dropped dead of a heart attack while skateboarding. The ninth-grader had been on the drug Ritalin, commonly prescribed to hyperactive children, since the first grade. Lawrence Smith, father of the youngster, has testified that he and his wife were forced by Michigan Social Services to put their child on Ritalin or else be charged for neglecting their son's educational and emotional needs.

"His last report card was his best," says Lawrence Smith. "But it wasn't worth it for us. Putting him on Ritalin was the worst decision I've ever made." And that's because no long-range study had been made of the effects of Ritalin on children who take it over a number of years.

It has also been known since 1986 that methylphenidate, the generic term for Ritalin, causes shrinkage of the brain. A study that appeared in *Psychiatry Research* (Vol. 17, 1986) states: "The data in this study are suggestive of mild cerebral atrophy in young male adults who had a diagnosis of HK/MBD during childhood and had received stimulant drug treatment for a period of time."

Another study published in *Archives of General Psychiatry* (July 1996) found that "Subjects with ADHD [attention deficit hyperactivity disorder] had a 4.7 percent smaller total cerebral volume." Fifty-three of the 57 subjects with ADHD had been previously treated with psycho-stimulants. Apparently, these drugs constrict the flow of blood.



Dr. Samuel L. Blumenfeld is the author of eight books on education, including: Is Public Education Necessary? NEA: Trojan Horse in American Education, The Whole Language/OBE Fraud *and* Homeschooling: A Parent's Guide to Teaching Children. *His books are available on Amazon.com. Back issues of his incisive newsletter,* The Blumenfeld Education Letter, *can be ordered on line.*

Despite these alarming findings, nearly 6 million children take Ritalin or one of a number of other stimulants in order to attend school. According to the *Boston Globe* (May 14, 2002): "New Englanders buy more of the stimulant Ritalin and its generic equivalents *per capita* than residents of any other part of the country."

Believe it or not, New Hampshire is the nation's leading consumer of methylphenidate, the generic name for Ritalin. Next in consumption are Vermont, Massachusetts, Rhode Island and Maine.

Why such high consumption in New England? The region has more doctors *per capita*, and therefore more children are likely to be prescribed medication for so-called attention disorders. Also, New England has a high concentration of liberals who love the public schools and are more inclined to be cooperative when educators recommend drugging their children. In addition, more and more adults are taking Ritalin and its competitor, Adderall.

Parents Magazine and *Good Housekeeping* of September 2002 had two-page ads for Adderall XR, suggesting that life for a child could be so much better if he were on the drug. The ad reads:

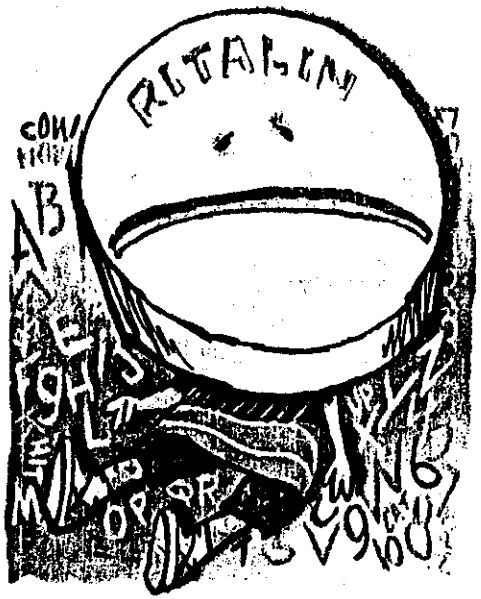
"Finding the right medication may help you see a big difference in how your child feels about himself or herself and what he or she is able to accomplish all day, every day! Ask your doctor if a change to patient-friendly Adderall XR could be right for your child."

In other words, "Parents, please switch from Ritalin to Adderall." The ad then has these cautionary words about side effects:

"Adderall XR is for patients with a confirmed diagnosis of ADHD. The most common side effects are decreased appetite, loss of sleep (insomnia), abdominal pain, and emotional liability [instability]—Amphetamines have a high potential for abuse. Caution is advised in patients with a history of high blood pressure or mental illness—there is a potential for worsening of motor and phonic tics and Tourette's syndrome."

When parents are advised to put their child on Ritalin, no examination is made to see if that child might be allergic to its side effects. Of course, some children seem to benefit from the drug. Otherwise, there wouldn't be 6 million children on it and other similar drugs. But the power of methylphenidate is closer to cocaine than aspirin.

Recently, I received a call from a father being pressured by a school to put his son on Ritalin. What did I think of the idea, he asked. I told him of the sudden death of some children, the violent and murderous behavior of others, and the fact that Ritalin shrinks the brain. He wanted me to tell all of this to his wife who was inclined to go along with the school. So he put her



on the phone. She listened politely. But when I told her of the shrinkage of the brain, she wanted to know if it produced any behavioral change. I said I didn't know, but I thought that more brain was better than less brain.

The Detroit News reported on Dec. 12, 2002 that there was indeed nothing to worry about. The article's headline said it all: "Ritalin is safe—and it works." An excited reporter wrote:

> For more than a generation, we've been "drugging" our unruly children to calm them down. And in doing so, we have risked damaging their young brains and setting them up for long-term drug addiction—or so we have been warned.
>
> But now, that mantra is being turned inside-out. The first long-term results of what some have called a huge drug experiment on our children shows what almost no one expected.
>
> Not only do the stimulant drugs used to treat "attention-deficit hyperactive disorder—or ADHD as it is known—not damage the brain, they appear to enhance brain growth, helping afflicted children catch up in brain size to their more "normal" peers.
>
> That blockbuster finding, printed recently in *The Journal of the American Medical Association*, is finally easing the fears of parents afraid of these drugs and is sending experts on a mission to get the word out.

Apparently the article in *The Journal of the American Medical Association* is based on a 10-year study by the National Institute of Mental Health. The study revealed that children with ADHD indeed have smaller brains to begin with, but those treated with psychostimulants such as Ritalin experience brain growth.

What is one to believe? The National Institute of Mental Health is a federal bureaucracy used by Congress to justify expenditures of billions of dollars to solve such problems as the genetic cause of dyslexia.

What about those studies cited earlier in this article showing that these drugs reduce brain size? Apparently they were performed by experts not on the payrolls of the drug companies and not geared to gaining federal funding. Which means that parents must still be wary of drugs that can kill young children. ♥

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Dr. Breggin Testifies Before US Congress

Peter R. Breggin M.D. Testimony September 29, 2000
Before the Subcommittee on Oversight and Investigations
Committee on Education and the Workforce
U.S. House of Representatives

I appear today as Director of the International Center for the Study of Psychiatry and Psychology (ICSPP), and also on my own behalf as a practicing psychiatrist and a parent.

Parents throughout the country are being pressured and coerced by schools to give psychiatric drugs to their children. Teachers, school psychologists, and administrators commonly make dire threats about their inability to teach children without medicating them. They sometimes suggest that only medication can stave off a bleak future of delinquency and occupational failure. They even call child protective services to investigate parents for child neglect and they sometimes testify against parents in court. Often the schools recommend particular physicians who favor the use of stimulant drugs to control behavior. These stimulant drugs include methylphenidate (Ritalin, Concerta, and Metadate) or forms of amphetamine (Dexedrine and Adderall).

My purpose today is to provide to this committee, parents, teachers, counselors and other concerned adults a scientific basis for rejecting the use of stimulants for the treatment of attention deficit hyperactivity disorder or for the control of behavior in the classroom or home.

I. Escalating Rates of Stimulant Prescription

Stimulant drugs, including methylphenidate and amphetamine, were first approved for the control of behavior in children during the mid-1950s. Since then, there have been periodic attempts to promote their usage, and periodic public reactions against the practice. In fact, the first Congressional hearings critical of stimulant medication were held in the early 1970s when an estimated 100,000-200,000 children were receiving these drugs.

Since the early 1990s, North America has turned to psychoactive drugs in unprecedented numbers for the control of children. In November 1999, the U.S. Drug Enforcement Administration (DEA) warned about a record six-fold increase in Ritalin production between 1990 and 1995. In 1995, the International Narcotics Control Board (INCB), a agency of the World Health Organization, deplored that "10 to 12 percent of all boys between the ages 6 and 14 in the United States have been diagnosed as having ADD and are being treated with methylphenidate [Ritalin]." In March 1997, the board declared, "The therapeutic use of methylphenidate is now under scrutiny by the American medical community; the INCB welcomes this." The United States uses approximately 90% of the world's Ritalin.

The number of children on these drugs has continued to escalate. A recent study in Virginia indicated that up to 20% of white boys in the fifth grade were receiving stimulant drugs during the day from school officials. Another study from North Carolina showed that 10% of children were receiving stimulant drugs at home or in school. The rates for boys were not disclosed but probably exceeded 15%. With 53 million children enrolled in school, probably more than 5 million are taking stimulant drugs.

A recent report in the Journal of the American Medical Association by Zito and her colleagues has demonstrated a three-fold increase in the prescription of stimulants to 2–4 year old toddlers.

II. Legal Actions

Most recently, four major civil suits have been brought against Novartis, the manufacturer of Ritalin, for

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fraud in the over-promotion of ADHD and Ritalin. The suits also charge Novartis with conspiring with the American Psychiatric Association and with CHADD, a parents' group that receives money from the pharmaceutical industry and lobbies on their behalf. Two of the suits are national class action suits, one is a California class action and one is a California business fraud action. The attorneys involved, including Richard Scruggs, Donald Hildre, and C. Andrew Waters have experience and resources generated in suits involving tobacco and asbestos. That they have joined forces to take on Novartis, the American Psychiatric Association, and CHADD indicates a growing wave of dissatisfaction with drugging millions of children.

The suits and the contents of the complaints are based on information first published in my book, Talking Back to Ritalin (1998), and I am a medical expert in these cases.

III. The Dangers of Stimulant Medication

Stimulant medications are far more dangerous than most practitioners and published experts seem to realize. I summarized many of these effects in my scientific presentation on the mechanism of action and adverse effects of stimulant drugs to the November 1998 NIH Consensus Development Conference on the Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder, and then published more detailed analyses in several scientific sources (see bibliography).

Table I summarizes many of the most salient adverse effects of all the commonly used stimulant drugs. It is important to note that the Drug Enforcement Administration, and all other drug enforcement agencies worldwide, classify methylphenidate (Ritalin) and amphetamine (Dexedrine and Adderall) in the same Schedule II category as methamphetamine, cocaine, and the most potent opiates and barbiturates. Schedule II includes only those drugs with the very highest potential for addiction and abuse.

Animals and humans cross-addict to methylphenidate, amphetamine and cocaine. These drugs affect the same three neurotransmitter systems and the same parts of the brain. It should have been no surprise when Nadine Lambert presented data at the Consensus Development Conference (attached) indicating that prescribed stimulant use in childhood predisposes the individual to cocaine abuse in young adulthood.

Furthermore, their addiction and abuse potential is based on the capacity of these drugs to drastically and permanently change brain chemistry. Studies of amphetamine show that short-term clinical doses produce brain cell death. Similar studies of methylphenidate show long-lasting and sometimes permanent changes in the biochemistry of the brain.

All stimulants impair growth not only by suppressing appetite but also by disrupting growth hormone production. This poses a threat to every organ of the body, including the brain, during the child's growth. The disruption of neurotransmitter systems adds to this threat.

These drugs also endanger the cardiovascular system and commonly produce many adverse mental effects, including depression.

Too often stimulants become gateway drugs to illicit drugs. As noted, the use of prescription stimulants predisposes children to cocaine and nicotine abuse in young adulthood.

Stimulants even more often become gateway drugs to additional psychiatric medications. Stimulant-induced over-stimulation, for example, is often treated with addictive or dangerous sedatives, while stimulant-induced depression is often treated with dangerous, unapproved antidepressants. As the child's emotional control breaks down due to medication effects, mood stabilizers may be added. Eventually, these children end up on four or five psychiatric drugs at once and a diagnosis of bipolar disorder by the age of eight or ten.

In my private practice, children can usually be taken off all psychiatric drugs with great improvement in their psychological life and behavior, provided that the parents or other interested adults are willing to learn new approaches to disciplining and caring for the children. Consultations with the school, a change of teachers or schools, and home schooling can also help to meet the needs of children without resort to medication.

IV. The Educational Effect of Diagnosing Children with ADHD

It is important for the Education Committee to understand that the ADD/ADHD diagnosis was developed specifically for the purpose of justifying the use of drugs to subdue the behaviors of children in the classroom. The content of the diagnosis in the 1994 Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association shows that it is specifically aimed at suppressing unwanted behaviors in the classroom. The diagnosis is divided into three types: hyperactivity, impulsivity, and inattention.

Under hyperactivity, the first two (and most powerful) criteria are "often fidgets with hands or feet or squirms in seat" and "often leaves seat in classroom or in other situations in which remaining seated is expected." Clearly, these two "symptoms" are nothing more nor less than the behaviors most likely to cause disruptions in a large, structured classroom.

Under impulsivity, the first criteria is "often blurts out answers before questions have been completed" and under inattention, the first criteria is "often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities." Once again, the diagnosis itself, formulated over several decades, leaves no question concerning its purpose: to redefine disruptive classroom behavior into a disease. The ultimate aim is to justify the use of medication to suppress or control the behaviors.

Advocates of ADHD and stimulant drugs have claimed that ADHD is associated with changes in the brain. In fact, both the NIH Consensus Development Conference (1998) and the American Academy of Pediatrics (2000) report on ADHD have confirmed that there is no known biological basis for ADHD. Any brain abnormalities in these children are almost certainly caused by prior exposure to psychiatric medication.

V. How the medications work

Hundreds of animal studies and human clinical trials leave no doubt about how the medication works. First, the drugs suppress all spontaneous behavior. In healthy chimpanzees and other animals, this can be measured with precision as a reduction in all spontaneous or self-generated activities. In animals and in humans, this is manifested in a reduction in the following behaviors: (1) exploration and curiosity; (2) socializing, and (3) playing.

Second, the drugs increase obsessive-compulsive behaviors, including very limited, overly focused activities. Table II provides a list of adverse stimulant effects which are commonly mistaken as improvement by clinicians, teachers, and parents.

VI. What is Really Happening

Children become diagnosed with ADHD when they are in conflict with the expectations or demands of parents and/or teachers. The ADHD diagnosis is simply a list of the behaviors that most commonly cause conflict or disturbance in classrooms, especially those that require a high degree of conformity.

By diagnosing the child with ADHD, blame for the conflict is placed on the child. Instead of examining the context of the child's life—why the child is restless or disobedient in the classroom or home—the problem is attributed to the child's faulty brain. Both the classroom and the family are exempt from criticism or from the need to improve, and instead the child is made the source of the problem.

The medicating of the child then becomes a coercive response to conflict in which the weakest member of the conflict, the child, is drugged into a more compliant or submissive state. The production of drug-induced obsessive-compulsive disorder in the child especially fits the needs for compliance in regard to otherwise boring or distressing schoolwork.

VII. Conclusions and Observations

Many observers have concluded that our schools and our families are failing to meet the needs of our children in a variety of ways. Focusing on schools, many teachers feel stressed by classroom conditions and ill-prepared to deal with emotional problems in the children. The classroom themselves are often too large, there are too few teaching assistants and volunteers to help out, and the instructional materials are often outdated and boring in comparison to the modern technologies that appeal to children.

By diagnosing and drugging our children, we shift blame for the problem from our social institutions and ourselves as adults to the relatively powerless children in our care. We harm our children by failing to identify and to meet their real educational needs for better prepared teachers, more teacher- and child-friendly classrooms, more inspiring curriculum, and more engaging classroom technologies.

At the same time, when we diagnosis and drug our children, we avoid facing critical issues about educational reform. In effect, we drug the children who are signaling the need for reform, and force all children into conformity with our bureaucratic systems.

Finally, when we diagnose and drug our children, we disempower ourselves as adults. While we may gain momentary relief from guilt by imagining that the fault lies in the brains of our children, ultimately we undermine our ability to make the necessary adult interventions that our children need. We literally become bystanders in the lives of our children.

It is time to reclaim our children from this false and suppressive medical approach. I applaud those parents who have the courage to refuse to give stimulants to their children and who, instead, attempt to identify and to meet their genuine needs in the school, home, and community.

Appendices:

- Table I: Harmful Effects Caused by Ritalin, Dexedrine, Adderall and Similar Stimulants
- Table II: Harmful Stimulant Effects Commonly Misidentified as 'Therapeutic' or 'Beneficial' for Children Diagnosed with ADHD.
- Description of ICSPP

Scientific Sources

This report draws on hundreds of published scientific studies. I have provided the committee with two sources for the specific citations: My scientific presentation to the NIH Consensus Development Conference and my peer-reviewed scientific paper that expands on it. My book, *Talking Backing to Ritalin* (1998), also elaborates on many of these issues and provides many scientific citations. A more recent book, *Reclaiming Our Children: A Healing Solution to a Nation in Crisis* (2000), further describes the harm done by drugs and proposes solutions for teachers, parents, and other adults who want to retake responsibility for our children.

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Home - Books - Biography - Resume - Contact Dr. Breggin

Peter R. Breggin, MD
101 East State Street, PMB 112
Ithaca, New York 14850
By Appointment Only
Phone 607 272 5328
Fax 607 272 5329

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Lawmakers hear stories of Ritalin overuse

Reported problems include children selling it, educators stealing it from schools

By Anjetta McQueen
Associated Press

Last Updated: May 16, 2000

Washington - Children are selling Ritalin to their friends in the schoolyard. Principals and teachers are stealing it from the school nurse's office. Educators tell parents to give the mild stimulant to their children so they behave in class.

Lawmakers examining the use of Ritalin heard these and other stories Tuesday and also were asked to provide more money for researching into the drug's use - and its abuse.

Sometimes, the pill is a lifesaver that allows a child to overcome a serious behavior disorder. But concern also is being raised over whether the medicine is over-prescribed.

Many of the lawmakers on the House Education and Workforce Committee, which is reviewing major laws governing schools, said Tuesday that the drug's growing use was a cause for concern.

"It's being overused, and we're making a huge mistake," said Rep. Lynn Woolsley (D-Calif.), a member of the panel.

Chairman Bill Goodling (R-Pa.) said special education budgets were being stretched by increasing numbers of children who might be falsely diagnosed with the type of behavior disorders treated by Ritalin.

"Let's find out where it's legitimate (to use) and where it's not legitimate," Goodling said. "Let's not continue to hook little children on such a tremendous drug."

Recent studies document Ritalin's rise in use and abuse: The United States makes and uses 85% of the world's supply; one in five college students take it recreationally; and more toddlers are getting prescriptions for it - despite opposition by the drug's manufacturers.

In March, the drug was linked to the death of a 14-year-old Michigan boy.

Lawrence Diller, a San Francisco pediatrician who has prescribed the drug for 22 years, told lawmakers he began to question his actions after seeing a growing number of parents of preschoolers and teenagers seeking the drug.

"I wondered if Tom Sawyer or Pippi Longstocking would also leave with a Ritalin prescription," Diller said of the fictional children known for their mischief-making.

He urged more attention to reducing class sizes and helping parents stressed by work and child-raising, instead of so quickly turning to the drug for help.

Appeared in the Milwaukee Journal Sentinel on May 17, 2000.

DEA REPORT
ADD/ADHD Statement of Drug Enforcement Administration

At the conclusion of the Conference on Stimulant Use in the Treatment of ADHD (*ADD/ADHD, AD(H)D, ADD-ADHD, Attention Deficit Hyperactive Disorder, Attention Deficit Hyperactivity Disorder, Attention Deficits, Attention Deficit Disorders, Hyperactivity*) San Antonio, Dec. 10-12, 1996"

"Today, we have concluded a national conference of experts from the fields of research, medicine, public health and law enforcement brought together by the U.S. Drug Enforcement Administration (DEA) to examine issues concerning the prescribing of stimulants to school-age children for the treatment of Attention Deficit Hyperactive Disorder (Attention Deficit Hyperactivity Disorder, ADHD (ADD/ADHD, attention deficit hyperactive disorder, attention deficit hyperactivity disorder). The principal drug used for this purpose is methylphenidate, commonly known as "Ritalin."

The DEA has become alarmed by the tremendous increase in the prescribing of these drugs in recent years. Since 1990, prescriptions for methylphenidate have increased by 500 percent, while prescriptions for amphetamine, for the same purpose, have increased 600 percent. Now we see a situation in which from seven to ten percent of the nation's boys are on these drugs at some point as well as a rising percentage of girls. When so many children are involved in the daily use of such a powerful psychoactive drugs, it is important for all of us to understand what is going on and why. The DEA has a responsibility to the nation to control such abusable legal drugs and to insure that their use is confined to legitimate medical need. Certain things have become clear from our deliberations of the last several days, and the public, parents and decision-makers need to hear them.

First, let me say that medical experts agree that these drugs do help the small percentage of children who need them. But there is also strong evidence that the drugs have been greatly over-prescribed in some parts of the country as a panacea for behavior problems. These drugs have been over-promoted, over-marketed and over-sold, resulting in profits of some $450 million annually. This constitutes a potential health threat to many children and has also created a new source of drug abuse and illicit traffic. The data shows that there has been a 1,000 percent increase in drug abuse injury reports involving methylphenidate for children in the 10 to 14 age group. This now equals or exceeds reports for the same age group involving cocaine. The reported numbers are still small but experts feel that this is only the "tip of the iceberg."

I do want to emphasize that medical authorities do believe that ADHD (ADD/ADHD, Attention Deficit Hyperactive Disorder, Attention Deficit Hyperactivity Disorder) is a distinct health problem affecting some children who can be helped by these drugs when prescribed after careful diagnosis. In those cases, parents should work closely with their children, the family physician and school authorities to insure proper administration and control of the drug. But on the other hand, when we see that in some localities as many as 15 to 20 percent of the children have been put on Ritalin or a similar stimulant, there is good reason to conclude that this is "quick-fix," bogus medical practice which is nevertheless producing large profits. This far exceeds any professional estimates of actual need.

Parents need to understand that we are talking about very potent, addictive and abusable substances, a potency that can

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help in the right situation but can destroy in the wrong situation. Above all, parents need to educate themselves and protect their children by adopting an attitude of proper parental caution. Regrettably, much of the literature and promotion of the drug in recent years has ignored or understated the potency and abuse potential of methylphenidate and Ritalin. This appears to have misled many physicians into prescribing the drug as a quick-fix for learning and behavior problems.

A potential health threat to many children

I want to emphasize that matters of this kind are vital but cannot be simplified. There is a legitimate place for these drugs, but we have become the only country in the world where children are prescribed such a vast quantity of stimulants that share virtually the same properties as cocaine. We must find a better balance. We must turn down the flow which is rapidly becoming a flood.

In conclusion, I want to call upon the drug industry, the parent support groups, the researchers and medical authorities to get a better, more accurate message out to the public. I want to call upon law enforcement authorities to root out this new illicit traffic before it spreads. And I want to urge parents to educate themselves, protect their children and teach them a healthy respect for both the good and evil which drugs can do.

We are the only country in the world where children are prescribed such a vast quantity of stimulants.

END QUOTE

Above is a statement by:
Mr. Gene R. Haislip, Deputy Assistant Administrator
Office of Diversion Control
Drug Enforcement Administration
United States Department of Justice
Washington, DC
(reproduced verbatim in its entirety)

Submitted by:
Jim Box
San Antonio, Texas

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