

Prescription for Addiction

The use of drugs such as Ritalin as a panacea for the problems of today's youth brings with it many dangerous side effects, not the least of which is conditioning for future drug abuse.

by Robert W. Lee

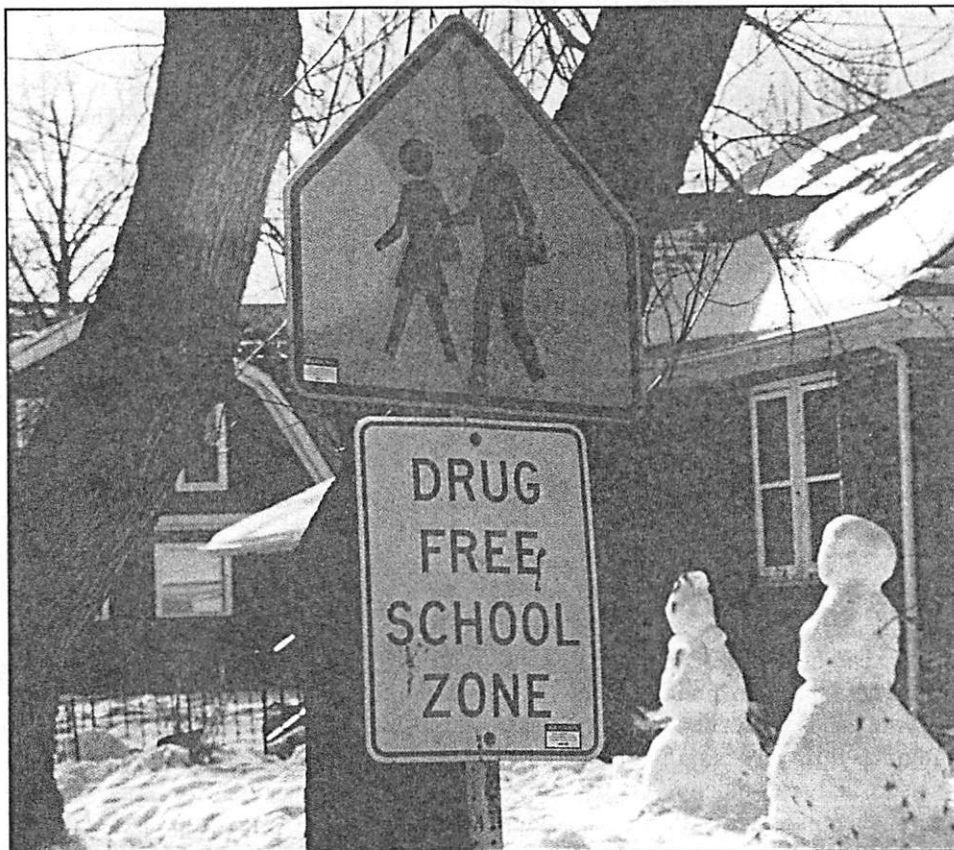
In a nationally televised speech on September 14, 1986, President Ronald Reagan called for a crusade against drug abuse. "In this crusade, let us not forget who we are," said Mr. Reagan. "Drug abuse is a repudiation of everything America is. The destructiveness and human wreckage mock our heritage." Joining her husband that day was First Lady Nancy Reagan, who pleaded with America's children to "just say no" to drugs. From that moment on the war against drugs became a high-profile project of the United States government. It still is.

A major component of the war on drugs is the effort to keep illegal narcotics out of the hands of children. Across the nation the DARE (Drug Abuse Resistance Education) program has for years asked children to pledge to "keep their body free from drugs." Meanwhile, signs proclaiming a "Drug Free School Zone" can be found near schools all over the nation. Our culture, however, sends a mixed message to our nation's children on the topic of drugs. While school-age children are taught to fear illegal drugs like cocaine, heroin, and marijuana, they are increasingly taught to rely on legal drugs to ameliorate their physical and psychological problems.

Learning to Medicate

During their early years, many if not most children are formally introduced to the drug culture by their pediatricians, where they first learn from a major authority figure outside the family that the solution to feeling "bad" is to take a drug that will make them feel "good."

The late Dr. Robert Mendelsohn, M.D., a distinguished pediatrician who served as chairman of the Illinois State Medical Licensure Board and taught at Northwestern University and the University of Illinois college of medicine, lamented this fact in his best-selling book *How to Raise a Healthy Child ... In Spite of Your Doctor*.



Mixed message: Schools around the country proudly display signs declaring "Drug Free School Zones" while inside students are increasingly medicated with the prescription psychotropic drug Ritalin.

Therein Dr. Mendelsohn complained that the "pediatrician's wanton prescribing of powerful drugs indoctrinates children from birth with the philosophy of a 'pill for every ill.'"

The pill of choice for the ills of today's children is Ritalin, a drug that is most emblematic of the mixed message our culture is sending to children about the use of drugs. Ritalin is the trademark name for methylphenidate hydrochloride, a white, crystalline powder that stimulates the central nervous system. Its effects are similar to amphetamines, and it is listed by the federal Drug Enforcement Agency as a Schedule II controlled substance. That classification (which also includes opium, codeine, morphine, and cocaine) covers narcotic, stimulant, and depressant drugs

that require (except in emergencies) written, non-refillable prescriptions.

Ritalin is legally prescribed to control what the psychiatric establishment currently labels Attention Deficit Hyperactivity Disorder (ADHD), the symptoms of which include short attention span, impulsive behavior, and difficulty focusing and sitting still. There is no precise or consistent diagnostic test for ADHD, and some authorities question whether it even exists. The decision whether or not to drug a child is largely based on the child's behavior as observed by parents, teachers, and physicians. According to the American Academy of Pediatrics, nearly four million schoolchildren have been diagnosed with ADHD, and at least two million are taking Ritalin (roughly double the number since 1990).

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It remains unclear why roughly three times as many boys as girls manifest symptoms of the supposed disorder. Between 1990 and 1999, Ritalin sales in the U.S. increased by nearly 500 percent. Ninety percent of the world's supply of the drug is consumed here.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSMV-IV), often referred to as the bible of psychiatry, includes some 18 behaviors that, in certain combinations, are supposed to indicate ADHD. Each is preceded with the vague, ambiguous qualifier "often," as in "often has difficulty sustaining attention in tasks or play activities," "often does not seem to listen when spoken to directly," "often fidgets with hands or feet or squirms in seat," "often has difficulty playing or engaging in leisure activities quietly," etc. By those criteria, there is a hardly a child alive who could not be deemed "disordered." Tom Sawyer and Pippi Longstocking would clearly have qualified for what has been called the "sit down and shut up" drug.

Despite the widespread (and increasing) use of Ritalin, the medical establishment still does not fully understand how it works, and its long-term effects on children are unknown. Though the authoritative *Physician's Desk Reference* states that "Ritalin should not be used in children under six years, since safety and efficacy in this age group have not been established," the *Washington Post* reported on February 23, 2000 that "Doctors are prescribing stimulants such as Ritalin and antidepressants such as Prozac for preschoolers at rates that appear to be rising rapidly." According to a study published in the *Journal of the American Medical Association*, researchers found (as summarized by the *Post*) that the "use of such drugs had doubled or even tripled from 1991 to 1995,"

despite the fact that "none of the most commonly used of these drugs has been approved for children under 6 and little research has been done on the medicines' effects on children so young."

Ritalin and Addiction

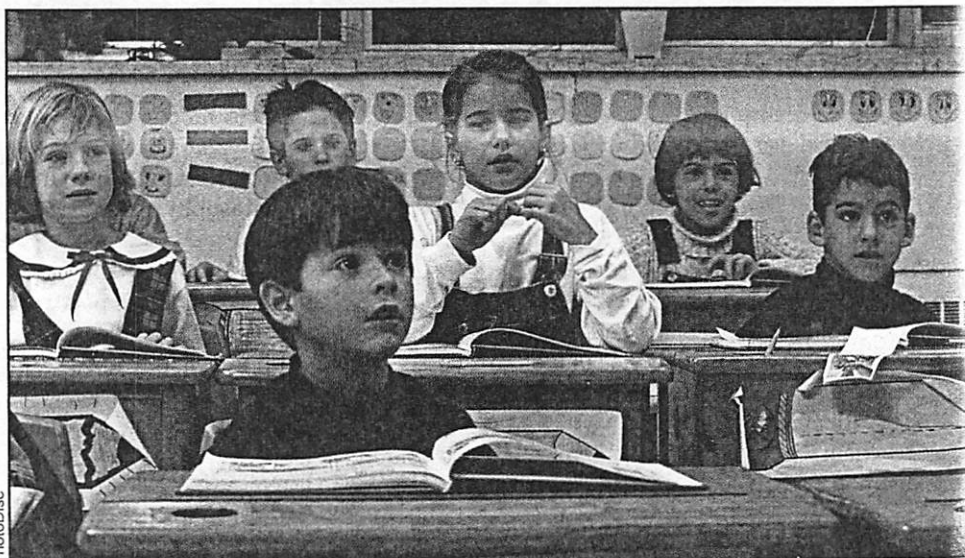
As Dr. Mendelsohn has pointed out, the very use of such drugs as Ritalin to solve the perceived problems of

childhood — in Ritalin's case, problems which used to be solved with good old fashioned discipline — sends a message to children that it is alright to use drugs to solve problems. "Doctors are *directly* responsible for hooking millions of people on prescription drugs," Mendelsohn says. "They are also *indirectly* responsible for the plight of millions more who turn to drugs because they were taught at an early age that drugs can cure anything — including psychological and emotional conditions — that ails them." But Ritalin itself may be addictive and its use in children may physiologically prime the pump, so to speak, for later drug abuse.

Ritalin, you will recall, is classified in the same restricted category as cocaine. The *New Scientist* for April 18, 1998 reported that "some researchers are warning that regularly giving children a cocaine-

like substance might prime them for drug abuse later in life." A 1995 study, published in the *Archives of General Psychiatry* found that the distribution of Ritalin in the human brain was "almost identical to that of cocaine," the only significant difference being that it took more than four times as long for Ritalin to leave the body. Other data cited by *New Scientist* indicated that children who take Ritalin are "three times more likely to develop a taste for cocaine," and that "children who take Ritalin are more likely to smoke as adults."

Medical authorities remain divided about Ritalin's addictive attributes. According to the *Brown University Child & Adolescent Behavior Letter* for March 1996, members of the Vienna, Austria-based International Narcotics Control Board believe that the "use of Ritalin ... carries the risk of adolescent addiction..." Information posted on the Yahoo! Internet health site states that "Methylphenidate may be habit-forming. Withdrawal symptoms may occur after you stop taking methylphenidate." The site warns: "Do not stop taking this medicine suddenly without asking your doctor. You may need to take smaller and smaller doses before completely stopping the medicine." But a March 29, 2000 National Institute on Drug Abuse release stated that "research funded by the National Institute of Mental Health has shown that people with ADHD do not get addicted to their



PhotoDisc

Future addicts? According to *New Scientist* magazine, "some researchers are warning that regularly giving children a cocaine-like substance might prime them for drug abuse later in life." Ritalin is classified by the Drug Enforcement Agency as a Schedule II controlled substance, the same classification given to cocaine.

stimulant medications at treatment dosages." So what are parents to believe? The cocaine-like attributes of Ritalin, including withdrawal symptoms, are well-documented, indicating that the drug may indeed be addictive.

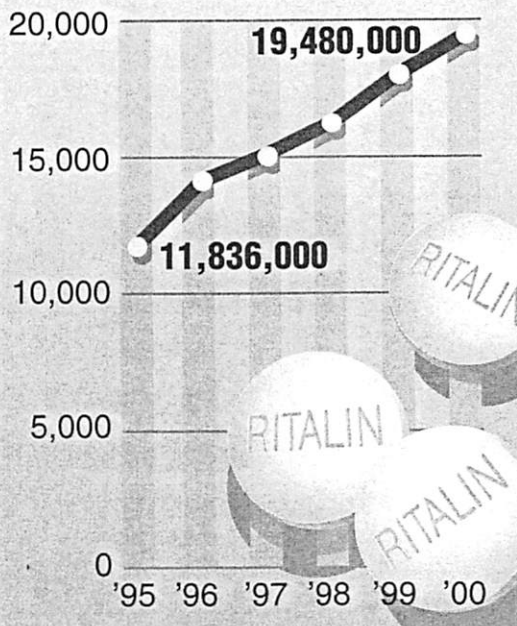
That Ritalin can encourage further drug abuse is evidenced by the fact that it is popular as a recreational drug of choice on the streets. For years, parents have been advised to seek blood tests for their children suspected of abusing it. Some youngsters on legally prescribed Ritalin reportedly hide, rather than take, their pills and sell them to others. In 1998, the teaching certificate of an elementary school teacher in Texas was challenged after he admitted that he had melted down and "shot up" prescription Ritalin stolen from his students.

In a March 29, 2000 release, the National Institute on Drug Abuse catalogued some of the ways in which the drug is being abused:

- "In Chicago, some stimulant users mix Ritalin (or West Coast) with heroin, or with both cocaine and heroin for a more potent effect."
 - "In Detroit and Minneapolis/St. Paul, middle and high school students crush and inhale the drug or take the pill orally."
 - "In Phoenix, some adults have been admitted to treatment programs for abusing the drug from their children's prescriptions."
 - "In Boston, according to reports by youth treatment providers, adolescents continue to abuse the drug, which is most easily available through diverted prescriptions. Drug abuse treatment staffs in Boston also report an increase in abuse among adults."
- On May 5, 2000, the Associated Press reported that Ritalin's "street names include 'Vitamin R' and 'R-Ball,' and federal drug enforcers list it among the top controlled prescription drugs reported stolen in the United States." Moreover, the Drug Enforcement Administration "lists Ritalin ... as one of the agency's 'drugs of concern.'" Indeed, the DEA "counted nearly 2,000 cases of methylphenidate theft from January 1990 to May 1995 — ranking the drug among the top 10 controlled pharmaceuticals most frequently reported stolen."

Using medication to treat children

Number of prescriptions dispensed in the U.S. for Ritalin or similar drugs for the treatment of attention deficit disorder or attention deficit hyperactivity disorder:



NOTE: 12-month totals ending in August of each year

SOURCE: IMS Health, Chicago Tribune

And, in a 1997 Indiana University survey of 44,232 students, "Nearly 7 percent of high school students surveyed reported using Ritalin recreationally at least once in the previous year, and 2.5 percent reported using it monthly or more often."

Data gleaned from emergency room admissions also confirms the plague of Ritalin abuse. A study by the federal Substance Abuse and Mental Health Services Administration found, as summarized by the Associated Press, that "in 1995 and 1996, patients ages 10 to 14 were just as likely to mention methylphenidate as cocaine in a drug-related emergency room episode." And nearly "75 percent said they had been using the drug for psychic effects or recreation." Such data prove Dr. Mendelsohn's point and underscore the hypocrisy of fighting a "war on drugs" while conditioning children to accept drug use for behavior modification by prescribing psychotropic drugs like Ritalin.

Medical Coercion

An increasing number of parents are becoming better informed, and therefore increasingly restive, about Ritalin's deleterious attributes. But some who have attempted to take their kids off the drug have met resistance from school and medical authorities, and from the courts as well. Government coercion, it seems, is supplanting mere persuasion and bureaucratic pressure to force or frighten parents into complying with pro-Ritalin medical directives. On August 8, 2000 *USA Today* reported: "Some public schools are accusing parents of child abuse when they balk at giving their kids drugs such as Ritalin, and as judges begin to agree, some parents are medicating their children for fear of having them hauled away." This despite the *Physician's Desk Reference* admonition that the "Long-term effects of Ritalin in children have not been well established."

Last July, a couple in Albany, New York, was reported to social services authorities after they opted to have their son stop taking Ritalin because they were convinced that the drug was interfering with his appetite and sleep. Their concerns were justified, since the *PDR* lists "loss of appetite" and "insomnia" among the adverse reactions

to which children who ingest Ritalin are especially prone. Others include "abdominal pain, weight loss during prolonged therapy ... and tachycardia [increased heart rate]." Children are also susceptible, the *PDR* asserts, to many other adverse reactions listed for adults who take Ritalin.

Despite all the problems with Ritalin, on August 3, 2000 the *New York Times* reported that the Food and Drug Administration has approved a 12-hour tablet form of the drug to treat ADHD. Called "Concerta," it can be taken in the morning to keep youngsters drugged all day, thereby avoiding the inconvenience of periodic trips to school nurses for medication (Ritalin requires two or three doses daily). "In tests of the drug," the *Times* noted, "the most common side effects were headaches. Less common were respiratory tract infection and stomachache." Perhaps the most serious side effect, that of conditioning for future illegal drug abuse, was not mentioned. ■