



A Mixed Message to Children: Say “No” to Drugs, but “Yes” to Ritalin?

by Samuel Walker

Summary

Every school day, millions of American children are given a powerful drug called “Ritalin” to combat a disorder known as “attention deficit/hyperactivity disorder” (ADHD). But ADHD is coming under increasing scientific attack for its vagueness and vulnerability to abuse as a tool for control. Meanwhile, experts and evidence indicate that Ritalin is not the way to help children learn better.

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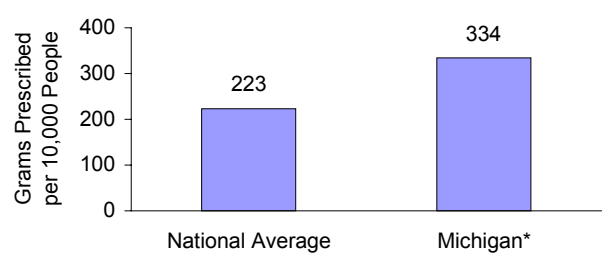
In 1971, George Lucas produced his first feature film, an anti-utopian masterpiece entitled “THX-1138.” One particularly arresting feature of “THX” (which was the “name” of the film’s main character) was that in the society envisioned by Lucas, “drug evasion” was a crime.

The placid mood of this society—essential to its functioning—is drug induced. Refuse to take your daily dosage, and you will be visited by robot policemen who give new meaning to the term “Drug Enforcement Agency.”

I remember being particularly struck by a line of dopey-eyed children in white smocks, being led through a hallway by a chrome-faced policeman, in whom they appeared to place implicit trust. All had tiny intravenous pumps strapped to their arms.

Warnings about the dangers of using science to shoehorn mankind into some form of behavioral orthodoxy are not new. They appear also in Aldous Huxley’s “Brave New World,” George Orwell’s “1984,” and Ira Levin’s “This Perfect Day.” What’s new is that the future is here—and the warnings appear to have gone unheeded.

Ritalin Use in Michigan Far Exceeds the National Average



*Michigan has the third highest rate of Ritalin use in the country, behind Delaware and Virginia.

Source: Drug Enforcement Association report, cited in The Detroit News, March 8, 1998

Between 4 and 6 million American children line up to receive doses of a powerful drug called Ritalin every school day morning. These youngsters, mostly boys, have been diagnosed with “attention-deficit/hyperactivity disorder” (ADHD), a multiple-choice checklist of symptoms that is coming under increasing scientific attack for its vagueness and vulnerability to abuse as a tool for control.

The drug does not enable learning. Dr. Rosemary Tannock, of the Hospital for Sick Children in Toronto, reported last year that Ritalin has no effect whatsoever on children’s short-term memory or the “phonological processing” required for reading. This year, both the “Archives of General Psychiatry” and the National Institutes of Health have conducted studies that cast extreme doubt upon the idea that Ritalin is effective for anything except making children

Ritalin use has exploded in U.S. schools in recent decades. In 1975, 150,000 children were taking the drug. Today, the number has skyrocketed to 6 million, or about one child out of every eight.

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stay in their chairs and keep quiet. Numerous other studies confirm that Ritalin is remarkably effective in achieving what old Mrs. McGillicutty in the one-room schoolhouse of a less credulous age could accomplish with a look.

“The effect is, the child moves less and is less aware of competing stimuli,” says Dr. Steven Ingersoll, president of Smart Schools, Inc. in Brighton, Mich., which runs four charter schools. He says 22 percent of the students were on Ritalin when one charter began in 1996. That same year, 4th-grade students scored last in their district on the state achievement test. Three years later, less than 1 percent of the kids are on Ritalin, and 100 percent of the now 7th graders scored in the top category on state tests for reading and math.

Ingersoll believes television has played an important role in ADHD-type behavior, but that “drugging is not what the child needs.” Ritalin is a powerful stimulant, which “shares many of the pharmacological effects of amphetamine, methamphetamine, and cocaine,” according to the U.S. Drug Enforcement Agency. As one would expect, Ritalin is being stolen from nurses’ stations at schools, and sold on the street for its effects.

Most disturbing of all are recent reports from New York and elsewhere in which parents who question whether their child should be placed on Ritalin are turned in to the authorities.

In recent testimony before Congress, Dr. Peter Breggin, author of “Talking Back to Ritalin: What Doctors Aren’t Telling You About Stimulants for Children,” put the matter bluntly: “Parents . . . 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 even call child protective services to investigate parents for child neglect”

This is no movie. All over Michigan, Ingersoll says, parents face opposition for refusing to give Ritalin to their children. But few are willing to come forward for fear of reprisal. As of 1998, Michigan was No. 3 in the nation in Ritalin use.

In fact, Ritalin use is at an all-time high. The financial windfall from Ritalin sales surpasses that of Valium, Viagra, or Prozac. The company that manufactures the drug, Novartis, a multi-national pharmaceutical firm, is facing a class-action lawsuit that claims the company “colluded to create, develop and promote the diagnosis of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) in a highly successful effort to increase the market for its product Ritalin.” The company denies the charge.

If this sounds to you less like the progress of a disease and cure, and more like a sinister marketing plan aimed at children, you’re not alone. For more information, just do a web search on “Ritalin.” And get ready to be outraged.

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(Samuel Walker is a communications specialist for the Mackinac Center for Public Policy, a Midland-based public policy education and research organization. More information is available at www.mackinac.org. Permission to reprint in whole or in part is hereby granted, provided the author and his affiliation are cited.)

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