

Do Drugs Substitute for Discipline?

By Anne Steinberg

There is a medical, educational and legal controversy raging over the issue of the drug Ritalin in dealing with 'problem' children, children described as 'hyperactive' or 'inattentive'. From Massachusetts to California, indignant parents have filed suits against school systems and doctors seeking redress against the quasi-mandatory use of this drug. Sweden has outlawed its use. From Canada come warnings of what the epidemic use of Ritalin may ultimately do to society.

The controversy has attracted relatively little attention in our media, even though it is estimated that over a million children in this country are routinely being required to take a drug that is listed in the Drug Enforcement Agency's "Drugs of Abuse" as a "Schedule Two" drug, along with cocaine and opium. The DEA describes these "Schedule Two" drugs as having a "high potential for abuse" and "may lead to severe psychological or physical dependence."

The 1988 edition of the authoritative *Physician's Desk Reference* states, "Sufficient data on safety and efficacy of long-term use of Ritalin in children are not yet available." The entry goes on to mention reports of stunted growth with long-term use on children. Ritalin's manufacturer, Ciba-Geigy, has included this same warning about the lack of data on long-term use on children in a product information release on the drug.

It can have side effects, including loss of appetite and loss of sleep. As well even more serious adverse reactions are listed in the *Physician's Desk Reference*. The *Physician's Desk Reference* warns, "Careful supervision is required during drug withdrawal." *The Diagnostic and Statistical Manual of Mental Disorders* (third edition, revised), published in

1987, the book known as the "bible" of psychiatry, discusses "complications" during withdrawal from Ritalin and drugs in its class. "Suicide," it states, "is the major complication."

In Canada, where cocaine is less readily available than in the U.S., Ritalin is used as one of the major street drugs, with addicts injecting it directly into their veins. In some areas in both Canada and the U.S., schools have been broken into by street drug addicts looking for Ritalin.

Many parents object to being pressured by school authorities to put their children on Ritalin. In conferences with parents called to discuss their "difficult" child, school authorities have tended to insist that unruly children be put on Ritalin, taking the attitude that this is not really a question for the parents to decide. A standard procedure is for school officials to gang up on a parent in a meeting with the teacher, the principal, the school counselor, a school nurse, or a psychologist. If the parent resists efforts to have the child placed on Ritalin, they threaten not to promote the child to the next grade.

Since the symptoms of Attention-Deficit Hyperactivity Disorder have to be observed for at least six months and often don't show up in a visit to the doctor, physicians are generally reduced to making diagnoses based on what teachers say. A child's being placed on Ritalin hinges on how a teacher chooses to interpret words such as 'often' and 'frequently'.

Often the symptoms for which Ritalin is prescribed may be due to external circumstances including bad nutrition, boredom, or antagonism that may be caused by lack of skills on the part of the teacher. The organization CHIL (Children with Hidden or Ignored Learning Disabilities) found that only two out of 102 children given Ritalin underwent the complete battery of tests that manufacturers recommend

before a child is put on the drug. While Ritalin definitely influences "social" behaviour in the classroom, no study has ever shown that it improves academic achievement (such as reading skills or any other area).

Another question concerns how much money is being made out of Ritalin. No exact figures are available from Ciba-Geigy, the drug's manufacturers, but in 1987 the Drug Enforcement Administration reported that a growing demand for the drug caused the agency to increase its proposed ceiling on Ritalin to twice the amount it had been two years earlier.

The Journal of the American Medical Association of October 21, 1988 acknowledged the possibility that Ritalin is being prescribed for children that don't need it. It said it was possible that the increased use of Ritalin reflects a "return to an antiquated simplistic approach that views all school and behaviour problems as one."

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Teen Suicide's Top 18 Ages 15-19; deaths per 100,000

Country	1991	1970
New Zealand	15.7	5.8
Finland	15	10.6
Canada	13.5	7
Norway	13.4	1.3
United States	11.1	5.9
Australia	10.5	5.5
Austria	10.2	13.4
Hungary	8.4	15
Czechoslovakia	7.7	18.3
Ireland	7.5	0.4
Bulgaria	7.2	5.9
Poland	7.1	7
Switzerland	6.7	8.6
Sweden	6.2	7.6
France	5.3	5.5
Denmark	4.4	2.4
U.K.	4.3	2.3
Japan	3.8	7.8

Source: World Health Organization