Drug pushers petition Washington to narcotize children with Ritalin

by Dana S. Scanlon

One of the strongest challenges yet presented to the Clinton administration in its stand against drugs, is a petition submitted to the Department of Health and Human Services to downgrade the classification of methylphenidate (MPH), popularly known by the brand name Ritalin, as a dangerous narcotic requiring tight restrictions and controls on its production and distribution by prescription. Acceptance of this petition would flood American streets with a powerful drug which is more addictive than cocaine, and is already being abused by hundreds of thousands, if not millions, of youngsters.

The petition was submitted by Children and Adults with Attention Deficit Disorder (CHADD), a so-called "parents advocacy" group which, unbeknownst to many of its members, is heavily funded by the lead manufacturer of MPH, Ciba-Geigy.

The U.S. Drug Enforcement Administration (DEA) has taken the unusual step of issuing a public warning of the dangers posed by the coalition of pharmaceutical interests (Ciba-Geigy is the fourth largest drug company in the world), educators, and so-called "support" groups which has been formed to push Ritalin on children. In an Oct. 12 report, entitled "Summary of Preliminary Findings on Petition to Reschedule Methylphenidate" (see *Documentation*), reportedly the public summary of a broader report to Secretary of Health and Human Services Donna Shalala, the DEA gives a point-by-point refutation of the arguments put forward in the petition to reschedule MPH.

What is Ritalin?

Methylphenidate is a highly addictive stimulant, which the Food and Drug Administration (FDA, a branch of the Department of Health and Human Services) classifies on Schedule II of the Controlled Substances Act, which includes cocaine, morphine, opium, and barbiturates. Classification as a Schedule II product allows the DEA and FDA to set quotas limiting its annual production to what is considered medically necessary, and also requires more stringent prescription procedures, such as not allowing automatic refills.

As dangerous as this pharmaceutical product is, it is currently medically administered to over 2.5 million Americans, including more than 1 in every 30 children between the ages of 5 and 18. In some classrooms, as many as 50% of the boys are on Ritalin, according to news accounts. These children have been labeled "ADHD kids," which means they are diagnosed as having Attention Deficit Hyperactivity Disorder. This is entirely a behavioral condition, consisting of all manner of childhood problems, ranging from inability to concentrate, excessive running and fidgeting, frequent interruption, and various disciplinary difficulties. There is no medically or biologically known cause of these behaviors, contrary to the persistent claims of CHADD and other Ritalin-pushers.

These figures on medically administered MPH use do *not* include the untold numbers of American adolescents who are getting their hands on someone's prescribed drug, snorting it or consuming large numbers of pills, in order to get high. There have been a number of deaths caused by snorting Ritalin, and it frequently turns up in emergency rooms as the pill of choice for adolescents attempting to commit suicide.

Although MPH is a stimulant, it is prescribed to children who are called "hyperactive" because it supposedly helps them to "concentrate." But most of the children treated suffer from one or more of the following side effects: insomnia, loss of appetite, nervous tics, growth suppression, and dizziness—even with very low doses *taken as prescribed*. Adverse effects such as irritability and sadness have been reported in up to 22% of children receiving the medication, according to one report. MPH is also used to treat narcolepsy, a condition characterized by the frequent and uncontrollable need to sleep. (It was also the 1960s drug of choice for college students seeking to stay up all night in order to cram for exams.)

The American Psychiatric Association officially created the ADD, or ADHD, "disorder" in 1980. Prior to that, the types of behaviors now associated with ADHD were given other labels by the APA, ranging from "restless syndrome" to "hyperkinetic reaction of childhood." Ritalin first began to be used in the "treatment" of these children in the early 1960s.

Dr. Thomas Armstrong, a former special education teacher, summed up the creation of ADD in the preface to his book *The Myth of the A.D.D. Child:* "ADD isn't an educational 'virus' that's been lurking in the brains of our children for centuries waiting for a chance to spring into action. Instead, ADD is a construct that was essentially invented in the cognitive psychology laboratories of our nation's (and Canada's) universities, and then given life by the American Psychiatric Association, the U.S. Department of Education, and the chemical laboratories of the world's pharmaceutical corporations."

The petitioners

The petitioners seeking to downgrade MPH's classification to Schedule III include CHADD and the American Academy of Neurology. CHADD, which now has over 28,000 members and 600 chapters nationwide, received $748,000 in funding, a significant portion of its budget, from Ciba-Geigy during 1991-94. CHADD is unabashed in its promotion of Ritalin, Ciba-Geigy's brand name for MPH, even though there are other manufacturers of MPH. It also produces brochures and videotapes that gloss over Ritalin's side effects. One of those videotapes was produced jointly with the U.S. Department of Education.

In an October 1995 background paper, the DEA states that Ciba-Geigy and CHADD together contributed to a 1993 panic among parents (who have come to depend on Ritalin to keep their children manageable) over a nonexistent shortage of Ritalin. When a delay in the external review process revising the 1993 production quota of the drug took place, Ciba-Geigy "issued a press release and over 400,000 letters to health care professionals accusing the DEA of creating an impending shortage of their product," according to the DEA. This "caused an environment of panic for parents. . . . Groups such as CHADD were also notified of Ciba-Geigy's allegations. CHADD, in turn, urged parents to write their congressional representatives and to the DEA to voice complaints. . . . In addition, many parents rushed to their physicians to get multiple prescriptions. . . . In short, Ciba-Geigy was contributing to a situation which promoted the increased sale of product through panic buying." The DEA notes that the company ended 1993 with inventory on hand, so the stampede for Ritalin was clearly entirely a marketing ploy.

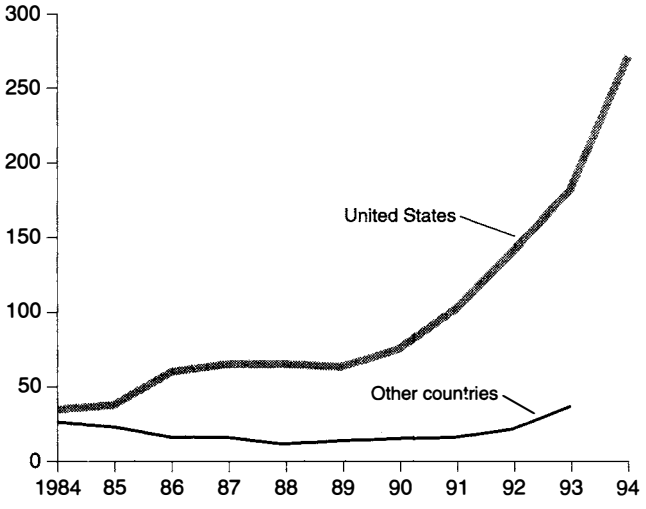
The DEA further notes that the U.N. International Narcotics Control Board has "expressed concern about non-governmental organizations and parental associations in the United States that are actively lobbying for the medical use of MPH for children with ADHD," in particular because of the funding of these groups by the very pharmaceutical companies that stand to make a killing.

Unfortunately, the DEA report also comes with the advisory that "statements made herein are preliminary findings," and that the "DEA has not made a final decision concerning the petition." Although it is hard to imagine the petition being granted after a reading of this document, it does leave the door open for "political" factors to intervene in the Department of Health and Human Services, where the final decision will be made.

The child abusers

Why would any parent allow their child to be drugged in this way, and why has this network emerged that is promoting the destruction of children's minds? The writings of a chief propagandist for House Speaker Newt Gingrich (R-Ga.) and his Conservative Revolution ideology, former London *Times* editor-in-chief Lord William Rees-Mogg, give us a partial answer to that question: The title of Rees-Mogg's commentary in the Jan. 5, 1995 *Times* was, "It's the Elite Who Matter—In Future Britain Must Concentrate on Educating the Top 5%, on Whose Success We Shall All Depend."

FIGURE 1
U.S. and world Ritalin use
(millions of daily 25 mg doses)



Source: International Narcotics Control Board.

What about the other 95% of children? The rest are supposed to be taught merely the few "skills" needed for basic low-wage employment in the Third Wave, post-industrial economy Gingrich and his mentor Alvin Toffler are promoting. The rest can spend useless days being entertained by rock music, video games, and interactive computers. They don't *need* creative minds facing a challenging curriculum. They're supposed to be dumb and happy. They are the audience for cable television's *Short Attention Span Theater*.

Moreover, as the family structure collapses with skyrocketing divorce rates, absent fathers, and working mothers, the pressures are enormous on parents to keep their children simply manageable. Tired teachers facing mumbo-jumbo curriculum and unruly classrooms often drop "hints" to parents about Ritalin. The half-hour video which the Department of Education produced in conjunction with CHADD, which was distributed to educators across the nation, devoted only 20 seconds to mentioning possible side effects of Ritalin.

Some youngsters who resist taking "the pill" are not allowed in the classroom unless they have a note from the school nurse stating that they have taken their dose. And, according to several cases reported to this writer, if a parent decides to take his or her child off Ritalin once it has been prescribed, they are likely to receive a visit from child protective services, investigating them for child abuse.

The National Institute for Mental Health, a government organization, has also contributed to the creation of this nightmare, according to Dr. Peter Breggin, author of *The War*

Against Children (see review in *EIR*, Sept. 22, 1995, p. 65). Dr. Breggin is one of the rare professionals who takes the view that there is *no* medically sound reason for prescribing this dangerous drug to children. He points to the increasing tendency in the psychiatric profession to find a biological or genetic explanation for everything, including crime, leading to more and more aggressive forms of pharmacological intervention. And he notes the presence on CHADD's National Professional Advisory Board of a number of NIMH officials who take this "biopsychiatric" approach.

Clearly, it is difficult to imagine any medical justification for administering a drug like Ritalin to a child. Failure to challenge its alleged medical usefulness highlights the shortcoming of not only the DEA report, but virtually every "exposé" on Ritalin "abuse" that has recently appeared in the media. Despite this, the DEA report proves conclusively that administering Ritalin is the equivalent to accepting the notion that while "abuse" of cocaine is bad, in small, prescribed amounts it can help your child to do better in school.

When it comes to raising children, there are no quick fixes: not in drugs, not in behavior modification, nor in the "a spanking a day keeps the devil away" approach. As Dr. Armstrong puts it, there is "very little in the entire ADD repertoire of teaching/parenting methods that is exciting, involving, relevant to a child's personal world, or *worthy of much attention*."

There is no substitute in a child's emotional, intellectual, and moral development to the loving guidance of parents, waging a head-on battle against the prevalent "popular culture," and its influence inside *and* outside the home.

Documentation

DEA findings on Ritalin/MPH

The following are excerpts from the DEA's Oct. 12 report entitled "Summary of Preliminary Findings on Petition to Reschedule Methylphenidate":

- The petitioners maintained that there is no indication of significant diversion of MPH into illegal trafficking.

DEA found that MPH ranks in the top ten most frequently reported controlled pharmaceutical drugs stolen from licensed handlers. . . .

- The petitioners maintained that MPH does not exhibit a substantial capacity of creating hazards to the health of the user or the safety of the community.

DEA's review of both the scientific and medical literature [shows] that MPH shares the same abuse liability and hazards as other Schedule II substances. . . . In clinical studies humans will choose to take MPH, which produces rewarding and euphoric effects including increasing feelings of "high," drug-liking, and other psychomotor stimulant effects similar to d-amphetamine. . . . In a study of the incidence of cocaine use and abuse, researchers found that adults that were diagnosed as ADHD and exposed to MPH as children reported higher levels of drug dependence compared to non-medicated ADHD or control subjects. . . . MPH's patterns of abuse are similar to that of other Schedule II stimulants. Like amphetamine and cocaine, abuse of MPH can lead to marked tolerance and psychic dependence. Typical of other CNS stimulants, high doses of MPH often produce agitation, tremors, euphoria, tachycardia, palpitations and hypertension. Psychotic episodes, paranoid delusions, hallucinations and bizarre behavior characteristic of amphetamine-like psychomotor toxicity have all been associated with MPH abuse. Severe medical consequences, including death, have been reported.

- The petitioners maintain that there is clearly less actual abuse of MPH in comparison to abuse of other Schedule I and II substances.

. . . Despite Schedule II control and the unprecedented availability of other widely abused stimulants like cocaine and methamphetamine, law enforcement encounters with MPH indicate that it is highly sought after by the drug abusing population. Large quantities of MPH have been obtained illegally by "doctor shoppers," organized theft rings, ADHD and narcolepsy scams, forged and altered prescriptions. . . .

- The petitioners argue that MPH does not produce severe dependence as required by a Schedule II substance. The available scientific and medical literature show that MPH produces the same type of dependence profile as other Schedule II stimulants. . . . Contrary to the petitioners' contention that polysubstance abusers are the only population for which documented evidence suggests occasional abuse of MPH, DEA's review indicates that broad spectrum of individuals have, and continue, to abuse MPH. . . .

- The petitioners contend that children prescribed MPH for ADD do not generally abuse MPH.

DEA's review indicates that a significant number of children and adolescents are diverting and abusing medication intended for the treatment of ADD. The 1994 high school survey estimated that 16.6% of all high school seniors that abused stimulants, abused Ritalin. . . . It includes more seniors than are prescribed this medication legitimately.

- The petitioners argue that there was no sound legal or policy justification for the placement of MPH in Schedule II.

MPH was transferred to Schedule II of the Controlled Substances Act in 1971. . . . It was found that MPH's pharmacological effects are essentially the same as those of amphetamine and methamphetamine. . . . Reports of abuse from Sweden and actual abuse of this substance in the U.S. played a role in this decision.

- The petitioners maintained that the primary effect of Schedule II control of MPH is to impose inappropriate restrictions on the legitimate MPH market causing burdensome

Black lawmakers call for probe of DOJ misconduct

On Dec. 18, the National Black Caucus of State Legislators (NBCSL), the nation's largest organization of African-American elected officials, representing 574 legislators in 44 states, made public the resolutions adopted at their 19th Annual Legislative Conference, in Birmingham, Alabama on Nov. 28-Dec. 2.

Resolution 20 was first adopted on Nov. 30 by the NBCSL Task Force on Ethics, chaired by Sen. McKinley Washington (S.C.), and was ratified by the full conference on Dec. 2. It endorses the independent hearings facilitated by the Schiller Institute to investigate political targetting of groups and individuals by a nest of corrupt permanent bureaucrats inside the Criminal Division of the Justice Department. It was drafted following a presentation by former Sen. Theo Walker Mitchell (S.C.), a leader of the NBCSL since its founding, and a key participant in the independent hearings.

Resolution 20

A Call for Congressional Hearings to Investigate Misconduct by the U.S. Department of Justice

Whereas, a series of extraordinary independent public hearings, facilitated by the Schiller Institute, to investigate allegations of gross misconduct by the U.S. Department of Justice, occurred just outside Washington, D.C. on Aug. 31 and Sept. 1; and

Whereas, many distinguished members and former members of the NBCSL, including Sens. Robert Ford and Maggie Wallace Glover of South Carolina; Reps. William Clark and John Hilliard of Alabama; Reps. Toby Fitch and Howard Hunter of North Carolina; Rep. Ulysses Jones, Jr. of Tennessee; Rep. Percy Watson of Mississippi; former Sens. Theo Mitchell and Herbert Fielding of South Carolina; former Reps. Frank McBride and Judge Tee Ferguson of South Carolina; and Judge Ira Murphy of Tennessee, among others, participated in said hearings; and

Whereas, the hearings focussed on cases where there was evidence of political targetting of groups and individuals by corrupt officials inside federal governmental law enforcement agencies, working in tandem with a concert of private organizations; and

Whereas, the evidence presented was organized into three panels: 1) the campaign of harassment and selective and vindictive prosecution conducted against African American public and elected officials called "Operation Frühmenschen (primitive man)" by the FBI; 2) the conduct of the Department of Justice's Office of Special Investigations (including the cases of John Demjanjuk and former U.N. Secretary General and President of Austria Kurt Waldheim); and 3) the case of Lyndon LaRouche, described as the largest-scale single case, involving the same corrupt Department of Justice apparatus that operated in the OSI and "Operation Frühmenschen" cases; and

Whereas, in case after case, the panel heard decisive evidence of rampant Department of Justice corruption, prosecutorial misconduct, withholding of exculpatory evidence, and conscious perjury and fraud upon the court, politically motivated and designed to deprive American citizens of effective representation in violation of the Voting Rights Act; and

Whereas, the evidence was presented, not by the good word of the witnesses alone, but documented by the government's own documents, records, and memoranda, first suppressed and later obtained under the Freedom of Information Act, and other legal actions,

Be it resolved by the 19th Annual Legislative Conference of the National Black Caucus of State Legislators (NBCSL), assembled in Birmingham, Alabama, Nov. 28-Dec. 2, 1995, that this body, the 19th Annual Legislative Conference of the National Black Caucus of State Legislators, join this independent panel of distinguished individuals, in demanding that both Houses of the United States Congress exercise their oversight responsibility and conduct investigative hearings to examine these allegations of gross misconduct by the Department of Justice in the three areas of testimony heard by this panel, and urge our colleagues in the Congressional Black Caucus to do the same.

prescription requirements. . . .

Schedule II substances have the highest level of control allowed for substances that have legitimate medical use. . . . In 1986, quotas for MPH were the subject of an administrative hearing . . . [and] DEA initiated a number of changes to ensure that production quotas could meet medical needs. . . . In truth, DEA has provided unprecedented increases in MPH quota in recent years. The aggregate production quota for MPH has increased almost sixfold since 1990. . . .

Data indicate that far fewer children would be diagnosed as having ADHD if the diagnostic criteria established for ADHD were applied. Data show that once diagnosed with ADHD, 80 to 90% of these children are placed on stimulant therapy as the sole treatment approach. Very few children are actually provided with other medical services. Contrary to FDA-approved usage, children under the age of six are receiving MPH for ADHD and many children are staying on the medication through adolescence and young adulthood despite the lack of studies that examine the long-term effects of this type of treatment. . . .