Is Ritalin Raising Kids To Be Drug Addicts?

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Now that three to four million U.S. schoolchildren are using the controversial stimulant Ritalin, its illicit use is providing a powerful kick to college students, too. Dr. Eric Heiligenstein puts it this way: "The study rooms are as good as some of the local pharmacies" at the University of Wisconsin.

According to an informal investigation, Dr. Heiligenstein found that one in five college students on Ritalin are upping their doses or otherwise misusing their prescriptions. Some share pills with their friends.

Some even crush and snort Ritalin as a substitute for cocaine. Indeed, according to a 1995 Drug Enforcement Administration report, "methylphenidate [the key ingredient in Ritalin] is a central nervous system stimulant and shares many of the pharmacological effects of amphetamine, methamphetamine, and cocaine."

Production of Ritalin increased by nearly 700% between 1990 and 1997, and usage increases every year. The justification for the boom in Ritalin is Attention Deficit Hyperactivity Disorder (ADHD), first defined by the American Psychiatric Association in 1980.

The pediatric guidelines for diagnosing ADHD are all subjective; e.g., often has difficulty awaiting turn, occasionally may do things compulsively, easily distracted from tasks, fails to give close attention to details, makes careless mistakes. With such non- scientific behavioral criteria, it's no wonder we hear that extraordinary numbers of children are accused of having ADHD.

Not even the NCAA, the governing body for collegiate sports, bars its athletes from using Ritalin anymore. The NCAA now allows its use, even though Ritalin is prohibited by the U.S. and International Olympic Committees.

One reason for the explosion of Ritalin usage and the inability of the NCAA and other organizations to ban its use can be found in the 1990 Individuals with Disabilities Education Act (IDEA), passed during

the Bush Administration. IDEA mandates that "eligible children receive access to special education and/or related services."

The old excuse of "my dog ate my homework" has been replaced by "I got an ADHD diagnosis." Since this labeling brings more money into the schools, it's not surprising that schools often pressure parents to get an ADHD diagnosis and put their child on Ritalin.

It's also in the school's interest to deal with behavioral and discipline problems, especially of boys, with a drug. It's so easy to use Ritalin to make kids compliant: to get them to sit down, shut up, and do what they're told.

Advantages of an ADHD classification also inure to college students. Requests for extra time to complete the SATs, MCATs and LSATs, based on an ADHD claim, substantially increased during the 1990s.

At an Ivy League school, a student can merely present a doctor's letter and some pills to obtain extra time for routine assignments. Whittier Law School was sued by an ADHD student for providing only 20 extra minutes instead of a full extra hour for an exam that was only scheduled to be an hour long.

Many high school shootings have been linked to prescribed mind-altering drugs. Oregon high school killer Kip Kinkel had been given Ritalin and Prozac, Columbine killer Eric Harris had taken another psychotropic drug, Georgia high school student T.J. Solomon had been on Ritalin prior to his alleged shooting spree, and Oklahoma middle school student Seth Trickey was on two drugs described to have psychotic effects when he allegedly shot at four students.

According to a study reported in the Journal of the American Medical Association, about one percent of children aged 2 to 4 are using Ritalin or Ritalin-like drugs, and that percentage is increasing rapidly. Ritalin has not been approved by the FDA for use by children under age six.

Many believe that a diagnosis of ADHD is nearly impossible to make in preschoolers because behaviors that are considered signs of the disorder in older children are normal behaviors for toddlers.

Judy Garland's dependence on Ritalin was poignantly described in her daughter Lorna Luft's book, "Me and My Shadows."

John Silber, Chancellor of Boston University, says that the "principal attraction of Ritalin is that it is a comparatively cheap way to get symptomatic relief. ... It is in fact a classic example of a cheap fix: low-cost, simple and purely superficial."

Matthew Smith began taking Ritalin at age six. This March, at age 14, he was still on Ritalin when he suddenly collapsed while skateboarding and died that same evening.

Oakland County (MI) Medical Examiner Ljubisa Dragovic determined the cause of death to be Ritalin. Matthew's "long-term exposure to stimulants" was the only explanation he could find.

Pressure rained down on Dr. Dragovic to change his conclusion, but he held firm, saying: "I'm not telling people what to do with their children or patients. These are our findings. Take them or leave them."

A parent should agree to place a child on Ritalin only after an examination by the child's own physician (not the school's) and the parent is satisfied that there isn't some medical or behavioral problem that might better be treated in another way. Parents should be alert to the conflict of interest in allowing school employees to dictate treatment for their children.