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by: Phyllis Schlafly

Is Ritalin Raising Kids To Be Drug Addicts?

June 21, 2000

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 difficult awaiting turn, occasionally may do things compulsively, easily distracted from tasks, fail 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The old excuse of "my dog ate my homework" has been replaced by "I got an ADHD diagnosis."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.

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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

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A Parent's Nightmare: Losing a Child to Drug-Induced Psychosis

As awareness of the potential dangers of mind-altering drugs increases, state boards of education and state legislatures are making efforts to curb their use. Recent studies show that Ritalin and other psychotropic drugs can cause permanent changes in children's developing brains. Ritalin has been compared to cocaine for its addictive properties by the federal Drug Enforcement Agency (DEA), and the Brookhaven National Laboratory found it to be "more potent than cocaine on the dopamine system," an area of the brain many doctors believe is most affected by these drugs.

The Boards of Education of Texas and Colorado have adopted resolutions warning parents about the potential negative effects of these drugs, and the Connecticut legislature passed a law in 2001 "prohibiting any school personnel from recommending the use of psychotropic drugs for any child." A similar bill passed in Minnesota, and legislation is pending in Colorado, Michigan and Virginia. In Florida, lawmakers have attempted to curb the widespread use of psychotropic drugs on children in that state's foster care system. Last month, Rep. Sandra Murman (R-Tampa) introduced a bill to require all Florida school boards to forbid educators to recommend "psychotropic drugs."

Despite concerns, parents complain that some school districts bar children diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) from attending school unless they are taking Ritalin or other psychotropic drugs. In a high-profile case in 2000, the parents of a seven-year-old Albany, NY boy were ordered by a Family Court Judge to give their son Ritalin, even though it was causing sleeplessness and other personality changes. (See *Education Reporter*, Oct. 2000.)

In a particularly bizarre case, Joy and Kenny Johnston of Page, West Virginia endured a harrowing 7 « years of drug-induced psychosis with their son, Paul, who was given a long list of powerful mind-altering drugs to control behavior that teachers and school-recommended Medicaid-reimbursed physicians diagnosed as ADHD. (See list.)

The Medicaid Connection

The medicalization of the schools began with the federal Omnibus Budget Reconciliation Act of 1989, which opened the door for schools to become Medicaid providers. Chapter 18, Article 2 of the West Virginia education code reads: "The state board [of education] shall become a Medicaid provider and seek out Medicaid eligible students for the purpose of providing Medicaid and related

services to students eligible under the Medicaid program . . ."

In many states, schools create partnerships with healthcare providers in their communities, and Medicaid pays the bills. It has become, according to many state legislators and observers, a "cash cow" that victimizes children, parents and taxpayers. Diagnosing ADD

The Johnstons' nightmare began in the fall of 1993. Just weeks after their normal, exuberant five-year-old son started kindergarten at the local public school, his teacher complained that he was having trouble staying on task and remaining in his seat, and that he needed repeated "time-outs" for excessive talking. She explained to Mrs. Johnston that Paul's unacceptable behavior was due to a brain disorder, that the brains of "these children" are "wired in such a way" that they are unable to calm down or remain focused. She claimed that "nearly 30%" of children - mostly boys - have ADD or ADHD, and that medication was available to control it. She referred the Johnstons to a physician who she said treated children like Paul.

Paul's parents could not understand how something could be "wrong" with a child who behaved normally at home. They knew nothing about ADD or ADHD and balked at the suggestion of medication. They decided to try working with their son and provide additional discipline.

A few weeks later, the principal threatened to suspend Paul. In a meeting with the Johnstons, he and Paul's teacher presented a laundry list of the boy's undesirable behaviors. They insisted he be taken to a doctor and that "something be done" or he would be suspended from school and the Johnstons could face charges of "medical neglect."

When the principal continued to threaten suspension, the Johnstons reluctantly made an appointment with the school-recommended physician. Mrs. Johnston described the initial office visit in her diary of the family's long nightmare, which was published earlier this year by AmErica House in Baltimore under the title *Altered States: Experimental Drugs, Expendable Children*.

"When we arrived at Dr. Habash's office, there was a video playing about children with ADD, explaining what teachers look for and how it is more evident in the school setting than at home," Joy Johnston wrote. During the examination, Dr. Habash commented that Paul was very fidgety and that he could see what his teacher was talking about. "A hyperactive child cannot sit still long enough to learn," he said, "and is very disruptive to the rest of the class."

The doctor prescribed 5 mg. of Ritalin twice daily. "I was unsure about this," Mrs. Johnston wrote, "but the doctor seemed to know exactly what the teacher was complaining about and that Ritalin would help. So I agreed to give it a try. I did not know if the school would make good on the threats of child neglect or not, but I did not want to find out."

The Drugging Begins

Soon after starting the Ritalin, Paul lost his appetite and grew moody and withdrawn. He continued to have trouble at school and gradually became more aggressive. Dr. Habash "seemed unconcerned about it," noted Mrs. Johnston, and increased Paul's dosage of Ritalin from 10 to 15 mgs. per day.

The school recommended that Paul repeat kindergarten and his teacher referred the Johnstons to a new physician who she claimed "was considered the best in ADD." Dr. Frangoul prescribed five mgs. of Dexedrine along with the Ritalin. He said Paul "would get much better control over his hyperactivity" with the additional medication.

The school said Paul had a reading disability and recommended "homebound instruction" until his new medication could take effect. A teacher instructed him at home for the remainder of the school year, at which time he was promoted to first grade. During that summer, Paul's doctor took him off Ritalin and put him on a drug called Cylert along with the Dexedrine. When that didn't "work," he tried the then-experimental drug Adderall and stopped the Dexedrine.

Paul was classified as learning disabled and transferred to a school in another town with "a better Special Education class" and a teacher who "was used to dealing with ADHD children and knew how to handle them." An Individualized Education Program (IEP) was created for him for first grade.

Bad to Worse

By the beginning of 4th grade, Paul was very thin and more hyperactive than ever. He complained of headaches and pain in his back and joints. "It did me no good to ask questions about Paul's medication," Mrs. Johnston wrote in her diary, "they never got answered. I was treated like an over-emotional parent who would not accept that her son had a problem."

The Johnstons took Paul to a physician in another town, who ordered a series of tests. "[This] doctor could not answer any of my questions about why Paul was so sick," Mrs. Johnston wrote. "He sent all of Paul's lab work to doctors out of state with the hope that they could help. To him, this was a child in need of help, but knowing what to do was another thing. But at least he did not view my son as being crazy."

Another new clinic doctor prescribed 100 mgs. of the drug Tofranil for Paul. His school work suffered, and he began fighting with other children. The Johnstons became pariahs in their neighborhood. Paul's two sisters, one older and another much younger, were traumatized by their brother's behavior. After one violent episode that resulted in a call to police, child protective services threatened to remove the girls from the home.

On several occasions, the Johnstons took Paul to local hospitals in an effort to get help. Typically, Paul's clinic doctors would not be available for consultation and he was sent home without treatment. The child pilfered knives and other household "weapons" with which he planned to kill himself. His parents took turns keeping night vigils at his bedside to prevent him from harming himself or his sisters. By now, he was having hallucinations, seeing strange lights and hearing voices.

Yet another clinic doctor arranged for Paul to be admitted to the children's psychiatric ward at a hospital in the town of Huntington. Dr. Raissi told Mrs. Johnston that she hoped this would take care of Paul's problems, but was not sure. During a 10-day hospital stay, Paul was diagnosed with Major Effective Disorder with psychotic features, and Oppositional Defiant Disorder. He was taken off Tofranil and put on Nortriptyline and Risperdal. He was discharged and referred to a psychiatrist named Dr. Shah.

Dr. Shah "never answered any of my questions," Mrs. Johnston wrote in her diary, "and he never said much of anything, except to threaten to put Paul back in the hospital if he 'acted out' again."

During Paul's first year of junior high in the fall of 1998, yet another new doctor took over his case. Dr. Faheem took Paul off Risperdal and put him on Zyprexa, which he said was better for controlling mood swings and hallucinations.

"All Dr. Faheem wanted me to do was admit that there were several people in my family who had some form of mental illness," Mrs. Johnston recalled. "One day I gave in and just made up a list for this man. It seemed to please him, and he became more willing to help Paul."

Paul was soon in trouble again in school and, although Mrs. Johnston found that not all that happened was her son's fault, she thought better of making waves because her husband Kenny was now working for the school district. "It is well known that you don't offend the school board," she wrote. "If you do, you won't work and your child will pay for it."

At the start of 2000, a school psychiatrist diagnosed Paul as "bipolar," explaining that children with this disorder are often misdiagnosed with ADHD. She promised relief with the drugs Lithobid and Paxil, but Paul's mood swings and problems at school continued.

Since Paul had been labeled mentally ill, his teachers seemed to write him off as unable to learn.

One teacher even hit him several times in the head with a tennis ball while he slept during class, raising an egg-sized lump. Mrs. Johnston demanded an IEP meeting and brought along her tape recorder. During the session, at least one educator, who did not realize the meeting was being taped, disparaged and mimicked her son.

Following the IEP session, school administrators tried to influence Paul's father not to make waves by giving him more work at the school. "They told him that everything that goes on within the school stays within the school, which caused trouble between Kenny and me," Joy Johnston wrote. "They were trying to divide us against Paul, and there was nothing I could do."

The family began receiving threatening phone calls. An unidentified voice observed "how good my oldest daughter was doing in school," Joy stated, "and said it would be awful if something happened to stop this . . . Sometimes," the voice continued, "a child who has problems like Paul's is removed from the home because his parents cannot take care of him and the family abuses him."

Commitment to Barboursville

During the summer of 2000, Paul was given more prescription changes, and violent outbursts and hospitalizations followed. The Johnstons found themselves considering long-term state care. "All of my time and energy has been spent seeking help for my son," Joy despaired. "I have neglected my husband, my daughters and myself because my son has so many problems we cannot solve."

The Johnstons were referred to the Barboursville School, a state mental facility for children. A spokesman told them that children are normally committed for three to six months and that the school has "a wonderful program for teens, which teaches them self-control and personal care." Paul's clinic doctor and the school counselor agreed that Barboursville might provide the care the boy needed, and the Johnstons scheduled a hearing before a state "mental hygiene commissioner" to commit their son.

After the hearing, Mrs. Johnston discovered that the court papers called for a commitment of two years. "I felt my heart sink," she wrote in her diary. "Paul was only supposed to stay for three months; six if necessary . . . I felt scared and confused, but maybe someone at the school could explain." His caseworker reiterated that the average stay for most children was three to six months depending on how they responded to treatment.

The Johnstons soon realized that Barboursville was not what they expected. After their first few visits, Paul began exhibiting fear and excessive hunger. Later, they found marks on his body, including a burn, as though he were being abused. When questioned, the child was evasive.

Breakthrough at Last

Friends of Joy Johnston put her in touch with longtime Eagle Forum member Ellen Beamon of Virginia. Joy's friends had heard about the harm psychiatric drugs could do to children and thought Mrs. Beamon might be able to help. At Ellen's suggestion, Mrs. Johnston began researching Ritalin and ADHD using her friend's laptop computer. The information she found filled her with shock and dismay. She began to realize that her now 13-year-old son was not mentally ill at all; that he had been diagnosed at the age of five with an unprovable disease, and that the medications he had been taking were the probable cause of his problems.

Mrs. Johnston's research led her to Dr. Peter Breggin of Maryland, head of the Center for the Study of Psychiatry and Psychology and author of *Talking Back to Ritalin*. She wrote Dr. Breggin about her son's condition. Within a week, he contacted her to discuss Paul's case. He advised her to get the boy released from the mental institution as soon as possible, that they needed to wean Paul off the "very dangerous medications" he was taking, none of which "were FDA approved for children under the age of 18." Dr. Breggin felt sure that Paul was not mentally ill, but suffering from drug-induced psychoses.

Battle for Release

The Barboursville School would not release Paul. Dr. Clark, who was in charge of his case, said

there had been no improvement in his condition and that he was not stable enough to be released. The judge who committed Paul agreed that the commitment order would stand unless his doctor released him. The Barboursville staff began monitoring the Johnstons' visits.

Ellen Beamon sent faxes to her contacts describing Paul's situation and how his parents could not arrange his release from Barboursville despite evidence of maltreatment.

Joy Johnston was near despair. She had lost her firstborn son to death, now she felt she had lost her second son to "the system." With renewed determination, she began phoning attorneys from a list Ellen Beamon had provided. A week later, she called the last one, Richard Beckner of nearby Oak Hill. No other attorney was willing to take on the system, but Beckner was a young father who understood what psychotropic drugs could do to children. When the Johnstons described the drug dosages Paul was taking, he shook his head in disbelief.

Beckner explained that it would not be easy, but that he would do everything in his power to overturn the court order. Alerted by Ellen Beamon, the Rutherford Institute also got involved and agreed to pay part of the financial cost.

When the Johnstons visited their son, he apologized for his appearance. Most of his clothes had been stolen, he said, and he was not allowed to wash those that remained or even to take a bath. He said the staff told him he would never get out of the hospital and that his parents didn't want him. When the Johnstons protested this treatment, they were escorted off the institution's premises by security guards.

Richard Beckner succeeded in arranging another hearing. Dr. Clark testified that the Johnstons had refused to let her help their son and that Paul was "a danger" to himself and others and should not be released. She stated that Paul "may never be stable" and that he could be institutionalized "for the rest of his life." The Johnstons contradicted Dr. Clark's testimony and submitted information supplied by Dr. Breggin about the side effects of the drugs their son was taking. After a lengthy hearing, the judge ordered the two sides to "come to an agreement."

In the end, Dr. Clark and the Barboursville School director were alone in pushing for Paul to remain institutionalized and the court ordered his immediate release.

The Aftermath

The Johnstons took Paul at once to Dr. Breggin, who examined him and provided a schedule for easing him off the drugs. The visit occurred just before Christmas 2000 and Paul became drug-free in Jan. 2001. But the boy suffers from severe headaches and has developed a disease known as Tardive Kyskinesia (involuntary movements in his hands and legs). The muscle cramps remain, and he has been diagnosed with Tourette Syndrome (a neurological disorder characterized by involuntary, rapid or sudden body movements and rapid or sudden speech variations, such as stuttering). He also suffers from rheumatoid arthritis.

Given the family's ordeal at the hands of the public school system, Mrs. Johnston decided to homeschool her son. She was told that Paul performed at third-grade level and that he would probably not be able to do any better. But he has since completed 8th grade and will begin 9th grade in the fall. Paul's older sister, Vickie, is expected to test out of high school next year, and his younger sister, Destiny, will attend private school in the fall. "I feel she will achieve more in that setting," Mrs. Johnston explains, "and the fear of a 'Ritalin Roundup' is not a factor."

Lawsuits are pending against the physicians who treated Paul, and Mrs. Johnston plans to remain vocal about the misdiagnoses of children, in the hope of "stopping the madness for those children who remain lost in the system." "I learned about forced psychiatric drugging the hard way," she admits. "Parents aren't told about the adverse reactions Ritalin and other drugs cause."

"It is very difficult for people to understand about drug-induced psychosis," she continues. "So many

of our children are suffering from it, and few in the field of psychiatry will even talk about it. The internet literally saved Paul's life. Parents should remember that research can do wonders because knowledge is power."



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