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## Book Reviews

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# The 'dumbing down' of America's children with amphetamines

by Dana S. Scanlon

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### **The War Against Children**

by Peter R. Breggin, M.D. and

Ginger Ross Breggin

St. Martin's Press, New York, 1994

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There is a lovely story about a "lively" little boy who "ran and jumped and chased his sister," and "loved to be on the move." According to the tale, "If someone made him stand still, he would beat his heels together and blink his eyes impatiently. . . . Only music had the power to keep him calm and silent." It is a story, written for children, about the young Wolfgang Amadeus Mozart.<sup>1</sup>

In America today, as it is described by Dr. Peter Breggin in *The War Against Children*, Amadeus would be "diagnosed" as suffering from Attention Deficit Hyperactivity Disorder (ADHD), and drugged with a pharmacological product called Ritalin. Ritalin is a highly addictive form of amphetamine, which the Food and Drug Administration classifies on its Schedule II of drugs, which includes cocaine, morphine, opium, and barbituates.

With the active promotion of the National Institutes of Health (NIH), the pharmaceutical companies, a large number of teachers and principals, and the growing numbers of biopsychiatrists, 2-3% of all elementary school children in the United States already receive some form of pharmacological intervention for "hyperactivity." As many as 2.4 million children of school age have been "diagnosed" as having ADHD.<sup>2</sup> And some 85-90% of them are being drugged, with chemicals whose long-term effects on brain growth and development are little-known. What is known, is extremely alarming.

For example, Ritalin can suppress weight and height growth in children, a fact readily admitted by its advocates. But since Ritalin is dispensed to children during the years of maximum brain growth, what effect, Breggin asks, might this have on the brain itself? And while no consistent brain abnor-

malities have ever been found in "ADHD children," a 1986 study published in *Psychiatric Research* did find brain shrinkage in young adults labeled ADHD, who have been taking Ritalin for years. The authors of the study noted that "cortical atrophy may be a long-term adverse effect of this treatment."<sup>3</sup>

### **What is ADHD?**

The American Psychiatric Association's diagnostic manual lists "symptoms" of ADHD which vary a child doesn't exhibit to one degree or another, at one time or another. Fidgeting and squirming, interrupting others, and excessive running are just a few.

Dr. Breggin and his wife, co-author Ginger Ross Breggin, open Chapter 4 with this typical story:

"Zac is a small, blond-haired boy with blue eyes that shine with mischief and intelligence. At nine years old, his teachers and community have already decided his future for him. He fits all the profiles—restless, easily distracted, smart but doing just average in school, and too often into trouble. . . . Zac's school counselor and the teacher will have a chat about Zac and then invite his mother to a meeting to inform her that he has ADHD. His mother, who has already heard about the 'disorder,' will feel some relief even before she gets her son to the psychiatrist.

"No one seems equipped or willing to deal with Zac's real problems—an absent father, a distracted and overwhelmed mother, an impatient teacher with an overcrowded classroom, and Zac himself with a wondrous abundance of energy that doesn't fit into his world. So the psychiatrist prescribes Ritalin for Zac, and within an hour of taking the first dose, the boy is sitting much more quietly in class. His teacher is happy because her classroom is more peaceful. His principal is happy because the school can receive extra money for a special education class for Zac. His mother—who didn't know what to do about her son—now feels she is doing everything she can for him. And it *is* much more peaceful at home."

Never mind that mothers have been worrying about how to discipline their sons since the beginning of time. This particular problem of child-rearing—grown worse with the sky-

rocketing numbers of children raised without fathers, and often with mothers absent during the early years—has now been labelled a disease, with alleged physiological or biological roots, and the children, the vast majority of them boys, are being drugged into submission. Special attention is focussed on African-American boys, although they are by no means the exclusive target of this campaign. But the projects targeting African-Americans are particularly insidious, and go under the rubric of government-sponsored “violence initiatives.”

Dr. Breggin is probably, one would guess, one of the most hated men at the National Institute of Mental Health (NIMH) and among biopsychiatrists. The author of *Toxic Psychiatry* and *Talking Back to Prozac*, he is a psychiatrist, director of the Center for the Study of Psychiatry, and a man who believes that compassion and empathy, not drugs, are the best healers of the human mind. His earlier book *Toxic Psychiatry* described the transition of psychiatry in the 1960s toward biochemical and genetic theories and to interventions such as drugs, lobotomies, and electroshock. Today’s Ritalin craze is largely the result of that evolution.

Dr. Breggin and other like-minded experts have debunked the existence of ADHD as a genuine medical or psychiatric disorder. Even “most advocates of ADHD as a diagnosis,” Breggin reports, “also note that it tends to go away during summer vacation.” Breggin has coined the term “DADD”—dad attention deficit disorder—to describe the symptoms of most of the children who have been referred to him. He notes: “A whole bunch of seemingly impulsive, hostile children will calm down when a caring, relaxed, and firm adult male is around.”

According to another specialist, Gerald Golden, “attempts to define a biological basis for ADHD have been consistently unsuccessful. The neuroanatomy of the brain, as demonstrated by neuroimaging studies, is normal. No neuropathologic substance has been demonstrated.”

The experts agree, Dr Breggin reports, “that Ritalin affects all children in the same way—not just ‘hyperactive’ ones. Within an hour of taking a single dose, any child will tend to become more obedient, more narrow in his or her focus.”

Although promoting its use on a long-term basis, NIMH candidly states that “the long-term effects of stimulants remain in doubt.” Even Ritalin manufacturer CIBA-Geigy’s literature admits, “Long-term effects of Ritalin in children have not been well established.”

As noted above, Ritalin is a form of “speed,” a highly addictive form at that. “Before it was replaced by other stimulants in the 1980s, Ritalin was one of the most commonly used street drugs. In our home town of Bethesda [Maryland], youngsters nowadays sell their prescribed Ritalin to other classmates, who abuse it along with other stimulants,” Breggin reports. “Like any addictive stimulant, Ritalin can cause withdrawal symptoms, such as ‘crashing’ with depression, exhaustion, irritability, and suicidal feelings.” Ritalin can

also cause increased symptoms of the very sort it is supposed to suppress: inattention and aggression. When this occurs, the child is usually given a higher dose of Ritalin, or an even stronger agent such as the neuroleptics Mellaril or Haldol.

## The drug pushers

A host of organizations now exists promoting the drugging of “difficult” children. Children with Attention Deficit Disorders (CHADD) was founded in 1987, and acknowledges the financial backing of CIBA-Geigy. Their view is that these children are suffering from genetic and biological problems. Another group is the National Alliance for the Mentally Ill—Child and Adolescent Network (NAMICAN). They have joined together with the drug companies, biologically oriented professionals, and national mental health organizations to form a powerful lobby on behalf of their menticial efforts. CHADD’s National Professional Advisory Board includes NIMH biopsychiatric stalwarts Alan Zametkin and Judith Barkley. They publish a manual for educators, for example, that is intended to foster recognition and drug treatment of the ADHD syndrome.

Two of the most militant advocates of the ADHD hoax “cut their teeth” at the NIMH, now part of NIH. When child psychiatrist Dr. Paul Wender wrote *The Hyperactive Child* in 1973, he was on the NIMH payroll. Now, the chief of the child psychiatry branch is Dr. Judith Rapoport, who is conducting painful spinal taps and other intrusive tests on children for her NIMH study: “Neurobiology of Disruptive Behavior Disorders.”

## Afro-American youth targeted

One of the most explosive sections of the Breggin book deals with the so-called “violence initiative” of the National Institute of Mental Health. Spearheaded by Dr. Fred Goodwin, chief scientist at NIMH during the 1980s, efforts have been under way for over a decade to find a genetic or biological “cause” for crime, and thus reduce crime by the wholesale administration of drugs to the biologically “deficient” population. As Goodwin explained to the *Evening Sun* of Baltimore: “As we become sophisticated about understanding the biology of behavior, the more potential we get for altering behavior biologically.” Some years later, Goodwin became head of the Alcohol, Drug Abuse, and Mental Health Administration, which was disbanded in 1992. While it existed, Adamha oversaw three federal institutes: NIMH, NIDA (National Institute of Drug Abuse), and NIAAA (National Institute on Alcohol Abuse and Alcoholism). All three have now been placed within the National Institutes of Health.

As Breggin describes it: “Goodwin was first thrust into the hot lights of national media attention in early 1992, after he allegedly made remarks that compared inner-city youth to monkeys who live in a jungle, and who just want to kill each other, have sex, and reproduce.” The scandal that ensued resulted in Goodwin resigning as head of Adamha, only to be

appointed director of NIMH. Beyond the obvious racism of Goodwin's comparison, lies an ominous program of the federal government that is apparently still alive today. In other remarks made to the National Advisory Mental Health Council, Goodwin stressed that his inner-city psychiatric intervention was "one of the planning initiatives that is the top priority of the agency now for its planning for the future—and what we mean here is the 1994 budget. . . . What I am referring to [as] our number-one initiative is the violence initiative."

On May 5, 1992, Goodwin spoke to the annual convention of the American Psychiatric Association in a speech entitled "Conduct Disorder as a Precursor to Adult Violence and Substance Abuse." He explained that his main interest lay in the "violence-prone individual" and claimed—with not a shred of evidence to back it up—that "there is a genetic contribution to anti-social personality disorder." As Breggin summarizes his speech: "Goodwin went on to discuss the theoretical role of biochemical imbalances in crimes and violence. A number of studies, including several funded or conducted by the federal government, are trying to show a correlation between sluggish transmission in the serotonergic nerves of the brain and impulsive behavior." If this theory were true, drugs like Prozac would be the answer to America's crime problem.

An anonymous tipster provided Dr. Breggin with a 1992 manuscript from "Adama 1994 Planning Documents," entitled "Violent Behavior: Etiology and Early Intervention." The document says that "minority populations are disproportionately affected" and points to an "emerging scientific capacity to identify the individual determinants of behavior—at the biochemical, psychological, and social/environmental levels." The document continues: "Although the problem is societal in scope, our solution must reflect increasing scientific and clinical capacities to isolate and target the individual determinants of violence." The document then maintains that "the precursors of violent behavior are evident at an early age," with such behaviors as "physical aggression, deviant behavior, attention deficits, and hyperactivity."

### Schools as a vehicle

With your tax dollars, NIMH is funding a slew of studies to encourage the "diagnosis" and drugging of children through the schools. One of NIMH's most heavily funded researchers, William E. Pelham, Jr., at the University of Pittsburgh and the Western Psychiatric Institute and Clinic, has published, in *School Psychology Review*, an argument for public schools to systematically engage in this type of behavioral control through drugs. Dismissing psychological understanding as unscientific, Pelham writes that "it can be argued that the development of pharmacological interventions is on the cutting edge of research in the treatment of childhood disorders." He calls for "improving the ways that psychopharmacological approaches are implemented in the schools." He not only promotes use of the stimulant Ritalin,

but also of Prozac, a drug that affects the serotonergic system.

In a recent issue of *Clinical Psychiatry News*, a Salt Lake City psychiatrist, Elizabeth M. Tully, argues in favor of using Prozac on children. Her Western Institute of Neuropsychiatry has apparently succeeded in giving the state of Utah the distinction of being number one in the drugging of its children.

The Department of Justice has also gotten into the act with the "Program on Human Development and Criminal Behavior," which it jointly funds with the MacArthur Foundation. The director of the project is Felton Earls of Harvard and its co-director is Albert J. Reiss, Jr. of Yale. Both were key figures in developing a National Research Council blueprint for Dr. Goodwin's violence initiative. This project is being financed to the tune of \$12 million per year for eight years. All 11,000 subjects of the study are from the Chicago area. As this program was moving into gear, *Chicago Tribune* staff writer and resident science-quack Ronald Kotulak wrote a lengthy series,<sup>4</sup> given front-page play, extolling government research into genetic and biological theories of aggression, in an apparent effort to soften up the local population for the violence initiative in their community.

The controversies that have occasionally erupted, particularly over the issue of government funding for this kind of research, have not been sufficient to stop these efforts. A conference on "Genetic Factors in Crime," first scheduled to take place in 1992 at the University of Maryland's Institute for Philosophy and Public Policy, was called off when the heat was turned on and NIH canceled its grant. But the grant has since been renewed. A brochure advertises the conference to take place on Sept. 22-24, 1995, under the slightly modified theme of "Research on Genetics and Criminal Behavior: Scientific Issues, Social, and Political Implications." The brochure states that "it has been a hallmark of enlightenment to recognize that undesirable traits and behaviors often arise from biological or psychiatric problems, rather than moral defects, and to offer humane treatments rather than impose harsh punishments." How enlightened: The government will now drug you, instead of locking you up. The conference is "supported in part by a grant from the National Institutes of Health Center for Human Genome Research." A speaker is being provided by the Department of Justice.

This frightening picture of 1984-style mental control would not be complete without noting that, increasingly, the medical insurance companies are refusing to fund psychotherapy, while paying for "medical management" of psychological problems as a cost-cutting measure.

### Notes

1. *Amadeus Mozart*, by Ibi Lepsky (New York: Barron's Educational Series, 1992).
2. Marylou Tousignant, "Children's Cure or Adults' Crutch," *Washington Post*, April 11, 1995.
3. *Psychiatric Research*, 17:241-246.
4. *Chicago Tribune*, Dec. 12-15, 1993.