

Ritalin abuse: the Achilles' heel in America's war on drugs

by Dana S. Scanlon

In recent testimony on Capitol Hill, Gen. Barry McCaffrey, the director of the White House Office of Drug Abuse Policy, stated that the number-one challenge facing his agency is "trying to protect American children from drug abuse. We have an ongoing emergency . . . in which drug use among young people in America has more than doubled in the last seven years." McCaffrey, in June 6 testimony to the House International Relations Committee on the war on drugs in the Western Hemisphere, cited the 2 million chronic abusers of cocaine and more than 600,000 heroin addicts in America as evidence of the emergency. What McCaffrey did *not* include in his grim statistics, is the epidemic of drug abuse constituted by the millions of daily doses of *medically administered* stimulants such as Ritalin.

Per capita consumption of methylphenidate, the central nervous system stimulant widely known under the brand name Ritalin, has skyrocketed in America since 1990 (see **Figure 1**). Research cited by the Drug Enforcement Administration (Davidson, E.S., Lambert, N., Hartsough, C., and Schenk, S., "Higher Incidence of Cocaine Use and Abuse in Adult Subjects Exposed to Methylphenidate (Ritalin) as Children for the Treatment of ADHD") demonstrates conclusively that adolescents "treated" with Ritalin for their behavior disorders are more likely to become cocaine users later on in life, than those not treated with Ritalin.

There can be no effective strategy to curb illegal drug consumption in America, and to defend America's children from the drug plague as General McCaffrey suggests, that does not include a systematic effort to bring to an end our nation's addiction to treating the behavior problems of its children with this extremely dangerous drug.

Methylphenidate is a form of amphetamine ("speed") that is a Schedule II controlled substance. It is classified along with morphine and barbiturates as a drug that is subjected to tight controls on its production and distribution by prescription. It is addictive and can have serious side effects. Nonetheless, it is being administered to millions of American children, including about 10-12% of all school-age boys, who are labelled hyperactive, or said to be suffering from Attention Deficit Disorder (ADD/ADHD).

In addition to the *officially sanctioned* use of the drug, reports abound of adolescents and teenagers inhaling or "snorting" the drug to get high. A rock and roll band called Foo Fighters even has a hit song which includes the lyrics:

"Ritalin is easy/Ritalin is good."

Ritalin use is out of control. But there are numerous incentives in place, many financed by the federal government, that are working toward ensuring that consumption of Ritalin will continue to rise.

Pressure in the schools

All across the country, outraged parents are reporting that they are being pressured by their children's teachers and school officials to put their offspring, particularly boys, on Ritalin. The pressure might begin with a suggestion by a teacher that Johnny seems to display all of the characteristics of a child with ADD: inability to sit still for long, difficulty concentrating, and so on. Despite all the repeated claims, there is not one iota of scientific data which "proves" that ADD is genetic, that it stems from neurochemical imbalances, or that it is a physical "sickness."

The teacher or guidance counselor might recommend a local clinic or physician who is known as an "ADD expert." Being an "expert" almost certainly means that the doctor is known to be willing to provide the ADD diagnosis required to get the Ritalin prescription.

Should the parents resist these "suggestions," the pressure escalates. In many instances, parents are told that their child will not be able to attend school if he or she does not take Ritalin.

There is no legal basis for any school to make this demand.

In one test case, fought out in the courts years ago, parents sued a school district in New Hampshire after it suspended a nine-year-old boy who refused to take Ritalin. After years of litigation, the U.S. District Court for New Hampshire ordered the Derry Cooperative School District to pay for the student's tuition to a private school, because the district failed in its obligation to make "reasonable accommodations" to handle the boy's difficulties. To help deal with children who have difficulty concentrating, such accommodations would necessarily include things such as smaller class sizes, and other efforts to block out distractions. Parents, however, are still under obligation to curb the kind of disruptive behavior that could lead to expulsion.

It recently came to light that in one school district in Indiana, a state which ranks fifth in per capita Ritalin consumption, Ritalin and "behavior" drugs are administered to 19% of all boys in grades 3 through 5.

A report just compiled by school nurses in the Evansville-Vanderburgh school area of Indiana, shows that Ritalin use is out of control. According to the June 18 *Evansville Courier*, the report was compiled at the request of Superintendent Philip Schoffstall, who said it raised questions, and he will ask for further study. He said that it is not the schools' or teachers' role to recommend or suggest that a child needs medications, "although I know that happens."

According to the nurses' report, 15 years ago, in the 1980-81 school year, the school nurses administered a total of 4,250 medication doses to children. In the school year that just ended, that figure had soared to 316,903 doses. Ritalin and other behavior drugs accounted for most of the increase.

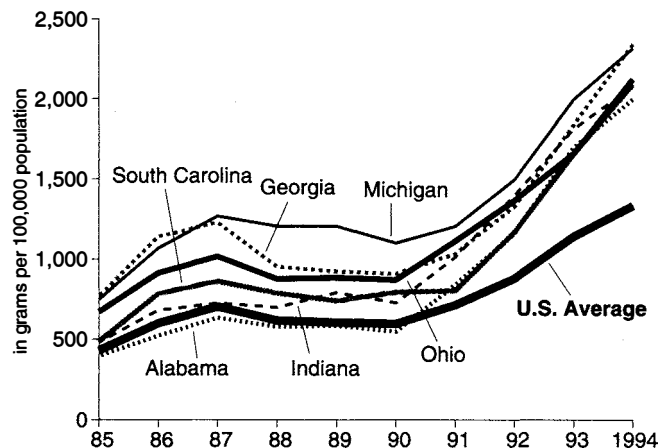
Some teachers and school officials may be deliberately trying to hike the numbers of "ADD" children diagnosed in their school, not only to keep classes quiet with Ritalin, but in order to receive additional federal dollars for special education needs. Public school education should be the core of a strong national system of education. But America's way of paying for public school education promotes a desperate scramble for federal funds, seemingly by any means. The system of local or county property taxes, which is the basis for school funding, creates tremendous disparities from one location to another, within a state and among states. Federal money in the form of assistance for special education and Medicaid funds for school-based "mental health clinics" and the like, can appear to be the great equalizer.

In 1991, a letter from the U.S. Department of Education to state school superintendents outlined three ways in which children labeled as suffering from ADD could qualify for special education services in public schools under existing laws. This position on the part of the Department of Education was taken despite massive opposition by civil rights and educational groups, which just the year before had succeeded in stopping Congress from certifying ADD as a "handicap." Congress had been lobbied to do so by the national organization Children and Adults with Attention Deficit Disorder (CHADD), which purports to be a "grassroots" organization, but which acts more like a mouthpiece for the manufacturer of Ritalin, Ciba-Geigy, which provides a considerable amount of CHADD's funding. The civil rights groups feared that the ADD-as-a-handicap label could be used to stigmatize minority children.

Federal 'crazy checks'

In February 1990, the same year that Ritalin consumption took off, the U.S. Supreme Court ruled in *Sullivan v. Zebley* that the Social Security Administration (SSA) must make it easier for children to qualify for disability benefits under the Supplemental Security Income (SSI) program. Specifically, the court ruled that the SSA must make its disability criteria for children less restrictive by adding to its disability determination process a new basis for awarding benefits to children who previously would have been denied. For those children who do not qualify for benefits on the basis of medical stan-

Ritalin consumption for the top six states and the U.S. average



Source: U.S. Drug Enforcement Administration.

dards alone, the court required the SSA to add an individualized functional assessment (IFA) of how each child's impairment limits his or her ability "to act and behave in age-appropriate ways." Then, in December 1990, SSA issued regulations expanding its standards for assessing mental impairments in children, for example, by adding ADD to its list of impairments that could qualify a child for SSI. Thus was born what has come to be known in some impoverished sections of America, as "crazy checks."

From 1989 to 1993, the number of children receiving SSI disability benefits more than doubled, growing from almost 300,000 to more than 770,000. By the end of 1995, it had more than tripled to nearly 1 million. Of those 968,780 children, over 20%, or just under 200,000, fall into the category of "other mental disorders," which includes Attention Deficit Disorder.

These children, who may indeed be suffering, must be distinguished from the 340,000 children who have mental retardation, or the many others who suffer from severe physical handicaps.

The original idea behind the SSI program was to compensate adults who had a disability which would prevent them from holding a job. For extremely poor families, it also made sense to extend assistance to help care for a child with a severe handicap. For instance, a family might use their SSI monthly check to help pay for a van that could accommodate a paralyzed child's wheelchair, or to install indoor plumbing, which is still rare in many areas of the South. Currently, the average monthly SSI check for children is \$427, slightly higher in the Northeast and California (\$499) where the cost of living is the highest, and lower in portions of the South (\$420 in Mississippi, \$422 in Alabama) and places such as Montana (\$406).

In 1993, of the children whose parents receive SSI checks,

13.6% were diagnosed as suffering from ADD/ADHD, according to a study by the General Accounting Office. Since only families in poverty receive these checks, the majority of these are already on welfare, and therefore receive medical benefits that cover prescription medication. The SSI check comes with no strings attached (i.e., nothing specifies that it actually must be spent to improve the child's condition). But, *the child cannot get better if the flow of money is to continue.*

It costs no more to raise a child who has trouble sitting in his chair, than a child who can work on a project for an hour at a time. But, in part because welfare and Aid to Families with Dependent Children (AFDC) income can be so low in some states, especially in the South, and in part because of the overall collapse of morality in the country, the SSI program has spawned a mini-industry of parents *forcing* their children to act up and be disruptive in school in order to get their "crazy checks." One Democratic lawmaker from Mississippi estimates that 90% of the children on Ritalin in his district receive the SSI money.

Asked about his incessantly disruptive behavior, one nine-year-old boy told his teacher in Wisconsin, "If I get better, my mother will beat me, because we need the crazy money," according to a 1994 article in *Newsweek*.

Federal money would be better spent ensuring that families on welfare and AFDC receive enough funds to live with a modicum of dignity, than on a system that promotes such abuse, not only of taxpayers' dollars, but of the children themselves. The government must get out of the drug-pushing business.

Interview: Phil Gambino

Ritalin prescriptions funded by government

Mr. Gambino is the press secretary for the Social Security Administration. The following interview was conducted by Dana S. Scanlon on May 22.

EIR: I'm looking into the matter of Supplemental Security Income for children with disabilities, specifically those children diagnosed as having ADD.

Gambino: Children with certain types of disability have the potential to qualify for what are called Supplemental Security Income benefits, which is a cash benefit that usually goes along with Medicaid in most states. They have to live in low-income households, because it is a needs-based program. We take into account whether or not the child qualifies, the financial status of the parents. In fact, a child with a very, very

serious disability wouldn't qualify for that program, if the income resources of the parents are over and above what would be considered low income. If they are low income, the agency has to make an individualized and functional assessment of the child and their ability to function. ADD in and of itself doesn't necessarily qualify a child for the program, although children with ADD can qualify.

EIR: So, what then determines whether they are or aren't in the program?

Gambino: It is based on a functional assessment, both with medical sources of the child, the child's medical physician or other providers, as well as non-medical providers. If the child goes to school, we seek input from the school records, or others who have seen the child in the community and how they function. They look at the functioning of a child in what they call different domains, both intellectually and socially, and in interaction with other children.

Basically, the criterion is: Does a child function as other children of the same age function, and if not, how much, or how marked or severe is the de-functioning? That is the current criterion. Keep in mind that there are welfare reform proposals both in the Congress as well as in the administration, that would tighten the medical criteria for children that have hyperactive disorders, attention deficit disorder, and so on. It would basically remove all references to "maladaptive" behavior, and some of these other issues which have raised concerns. Concerns, I should say, have been raised oftentimes from school or educational professionals who believe that the program may be detrimental to children because it may mean labelling or encouraging individuals to label children, and therefore not help them grow and function properly.

EIR: Do you know what the average amount of the SSI payments usually is?

Gambino: There is a maximum federal payment. We're talking about a child who lives in a household where basically the entire household is on welfare, we're talking about very limited income, which is \$470 a month, as the maximum. But then, depending on the makeup of the household, the income of the household, how many other children are in the household, it can go anywhere from \$1 to the \$470. The average per child right now is about \$410. A greater majority get the \$470, either because they are living in households with one parent who may very likely be on welfare, AFDC [Aid to Families with Dependent Children]. Or, sometimes, you may have both parents in the household . . . but there are other children in the household, so you can have higher income and still qualify for the child.

EIR: But assuming the mother is already on welfare, isn't the cost of medication, whether it's Ritalin or one of the other prescribed drugs, already covered by the Medicaid benefit component?

Gambino: Yes. The SSI payment itself is really a cash assis-

tance program that is supposed to take care of basic needs like food, shelter, and clothing. The Medicaid goes along with it. But you're right, in many households, already the child is on AFDC, and has access to Medicaid. The difference is that the SSI payment is going to be higher than the AFDC payment, because, I don't know what the AFDC payment is per child in the household, but it certainly is not \$400 and some.

EIR: So, what is the purpose of this cash assistance? Are there additional costs involved in raising a child who has trouble concentrating?

Gambino: This is one of the issues that's being raised at this point in time. Because, when the program started as defined, back in 1975, they added children as well as adults. And the legislative history is very unclear. The legislative history says nothing about the way the money needs to be spent, for any type of therapy, or the particular needs of the child, nor does the child, in order to qualify, have to have some type of need that requires cash for their disability. It is purely as it was set up as an adult, to take care of the basic needs of food, shelter, and clothing. So, people have raised that question.

I think the question you're asking is probably a very valid question. What is the purpose of the cash benefit of SSI versus AFDC, if we're talking about a situation where the needs are not, in a dollar sense, higher for a child with a certain type of disability who just happens to live in poverty? And that is one of the reasons I would suggest to you that they are looking very closely at tightening the SSI program for children. People are asking that very same question.

EIR: Are you aware, or is your office aware of reports, of abuse of this system?

Gambino: There have been reports: The General Accounting Office of the Congress, the Office of the Inspector General, which is the investigative arm of Social Security, and the Social Security Administration, three different bodies, have done studies, where they have taken these allegations, which come through school professionals, sometimes even from medical sources, or neighbors, or anonymous callers, who say that such-and-such is acting crazy, or they're doing something to get a child entitled who is not eligible. They call it "coaching." Every time all three agencies have looked at this issue, they have not found widespread evidence; there may be isolated circumstances, and usually that child has been denied benefits.

What it really is, we believe, and IG [the Inspector General] has come to the conclusion, it is people questioning the severity level, questioning whether we should even be paying, not whether or not the child meets the severity level, because the severity level is not too loose.

Keep in mind, there used to be a very, very strict definition for a child to collect, to be defined as a disability. But since the *Zebly* Supreme Court decision, which came down in February 1990—keep in mind that the Social Security Administration fought this case all the way up to the Supreme

Court, and lost, and we insisted that the criterion that existed prior to that Supreme Court decision was the appropriate criterion—in those cases, you had a medical listing, specific medical impairment which would qualify the children: mental retardation, some of the other very serious physical and mental disabilities. The Supreme Court said: Your criteria are too strict, you have to go back, change your criteria, make it more of an individualized assessment, you have to look at a child's functioning.

In the regular disability program of Social Security, we look at an adult's ability to work. We have always grappled with this since the SSI program was created in 1975, which was the first time we had to do disability in children. How do you verify a 2-, 3-, 4-year-old's, or a child's ability to work? Our best effort was made and the finding was "severe medical impairment," putting them into a listing of criteria, and basing eligibility on that. The Supreme Court said—actually the courts all the way up to the Supreme Court, and the Supreme Court upheld it—no you don't have a similar criterion that goes along the same line as inability to work. You need to set up a new criterion for that, you need to look at a child's ability to function.

That then resulted in the criterion which is very much loosened, the medical criterion, because now the child is not functioning similar to other children. It has to be more than just moderate, it has to be called "marked or severe," then that child qualifies. So, it did open up the program to the point where we now have close to a million children. Prior to the *Zebly* decision, we had 200,000 children eligible, so it was a 500% increase. The criterion is much less stringent than it was prior to 1990.

A lot of the complaints and this belief about fraud and abuse—you're hearing it because so many more children are eligible for the program, and of course many [disabilities] are not that severe. And that is why Congress, and now the administration, have supported efforts in the Congress, in the welfare reform bill, to tighten those criteria.

EIR: It would appear that two things of significance happened in 1990. On the one hand, there is the February 1990 Supreme Court decision, but also in 1990, the Congress refused to certify ADD as a handicapping condition under the new disabilities legislation that they were enacting, specifically because there was a concern expressed by educational and civil rights groups in particular, that this could lead to labelling and stigmatizing of minority children. So the two contradicted each other.

Gambino: I worked in the Social Security Administration press office back at the time when the agency was fighting this all the way up to the Supreme Court. We took a great deal of heat and pressure from the Congress, which was not supportive of this agency. People have the question, where was the Congress during *Zebly*? And Congress at that time was very critical of the agency. The authorizing committees were telling the agency, that we should not take it to the

Supreme Court, that we were being mean-spirited, that the criteria were too strict. People talk about the pendulum going one way or the other, but now we're looking at Congress saying: Hey, the criteria are too lenient.

EIR: Is the impetus from Congress now essentially coming from the Conservative Revolution grouping, the freshmen Republicans, or is it across the board?

Gambino: It began that way, when it began a year or two ago. I would say, now, I think there is almost a consensus, for the most part, except for maybe some members who don't want to see any changes. But I would say the vast majority want to make these changes. This has not been the "holder-up" of the welfare reform legislation, which is more an issue of pregnant teenage mothers, and a few other issues, than the SSI part of the program. I think there is consensus up there to tighten the criteria.

And the administration fairly early on, in fairness to the administration, had opposed some of the more stringent welfare reform bills regarding SSI, because some of the early ones were very restrictive; they would have gone back to the original criteria, which many people said were much too strict, as opposed to just tightening the criteria. And the administration now has come together with the Congress on what they believe is a fair legislative proposal, which would reduce the number of children on SSI by a couple of hundred thousand, as opposed to half a million.

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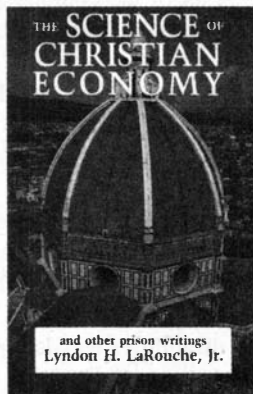
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New discharged for refusing UN uniform

by Leo F. Scanlon

The U.S. Army has upheld the Jan. 24 court-martial verdict against Army Specialist Michael New, the soldier who reported for duty but refused to wear a UN uniform into a battle zone in the Balkans. Maj. Gen. Montgomery Meigs, the officer who convened the court-martial, issued a Bad Conduct Discharge to New in June, formally separating the medical specialist from his service. The decision represents a top-down decision to bury the issues raised by New and his defense team, in order to avoid a public discussion of the illegalities which the U.S. military is committing, in the effort to stretch U.S. law to fit the terms dictated by the United Nations.

That procrustean effort is doomed to fail, even though the Army won its conviction in this case, largely by keeping the relevant evidence out of the trial. The trick was borrowed from the playbook of corrupt professional prosecutors, who have perfected the art of manufacturing criminal charges in order to crush political opponents. In this case, the Army did not manufacture the charge, but did succeed in securing an *in limine* ruling which found that the extraordinary order to wear the uniform, badges, and insignia of the United Nations, was lawful, thus making it impossible for New to present a defense of his actions.

In August 1995, New, a decorated veteran with service in Kuwait, was ordered to Macedonia as part of a deployment of U.S. forces which had been active in that area, under UN jurisdiction, for some time. New did not question the deployment (which was crucial for preventing the expansion of the field of operations of "Greater Serbian" aggression in the Balkans), but questioned the additional orders that required him to don UN insignia, and carry a UN identification card—the latter, an apparently unprecedented requirement, and one which opens up serious questions of international law for a combatant who is exposed to hostile forces and potential capture.

The *in limine* ruling was supplemented by the trial judge's decision to not allow the court-martial panel to hear factual evidence about the illegitimate legal authorities which governed the UN deployment in Macedonia. The Army ruled that these practices were matters of state policy which could not be considered in the court-martial. New was only allowed to argue that he had "misunderstood" the