

Ritalin®

Panic in the USA

TOBY MILLER

How has it come to pass that in *fin-de-siècle* America, where every child from preschool onward can recite the ‘anti-drug’ catechism by heart, millions of middle- and upper-middle class children are being legally drugged with a substance so similar to cocaine that, as one journalist accurately summarized the science, ‘it takes a chemist to tell the difference’?

Mary Eberstadt¹

Ritalin® is a popular pharmaceutical that keeps young people quiet and focused, but attracts intense opprobrium. Beginning with an account of the dimensions of Ritalin®’s use in the United States and controversies surrounding it, I outline how this might be understood in moral-panic terms, examining the role of the psy-function and conflicts of interest, coverage in popular culture and the response of government. Now, in many cases, progressives have criticised moral panics, recuperating moral-panic folk devils as semiotic guerrillas struggling against authority. In this instance, however, the scene is too complex and multifaceted for that heroisation. There are no good guys; there is lots of panic, from all political-economic quarters (some of it justified), and none of it straightforward.

— USE AND ATTENDANT CONTROVERSY

In 2004, attention deficit hyperactivity disorder (ADHD) medication sales in the United States added up to over US\$2.7 billion, thanks to more than thirty-three million prescriptions. Sales rose to US\$3 billion in 2006, with the most popular being Ritalin®. Ritalin® induces moral apoplexy because it works similarly to cocaine, though more slowly. A link has been

established between its medical applications and recreational drug use, starting in Sweden in the 1960s, where it was subsequently removed from distribution. The US Drug Enforcement Administration (DEA) designates it as a Schedule II substance, a categorisation that stigmatises drugs as liable to lead to abuse.² In 1995, the DEA declined to lower regulatory controls because of the drug's capacity to suppress appetite, induce wakefulness and make people happy.³

Peter Breggin, one of the most visible contemporary critics of pharmacological psychiatry, stigmatises Ritalin® as an 'iatrogenic drug epidemic' that generates mindless obedience, suppresses emotions and ideas, and diminishes self-esteem.⁴ Other critics suggest that the psychologisation and therapisation of teaching have produced a rush to Ritalin®. Schools in the United States have supposedly become mental health institutions, threatening parents with removal of their children from classes if the children attend without medication. Political conservatives attribute this trend to egalitarian educational philosophies, which they allege can make teachers responsible for students' performance against a presumed *tabula rasa* of equal innate ability. They contend that this tendency, along with pharmacology's displacement of old-style physical sanctions as a means of disciplining children, has encouraged educators to put their charges on Ritalin®. Alternatively, it has been suggested that 'high-stakes' testing—with funds allocated to school districts based upon improved student test scores—compels educationalists to recommend Ritalin® to heighten performance. Indeed, property values, jobs and salaries can depend upon grades. Meanwhile, critics accuse the United States government of exacerbating the trend by creating incentives to define pupils as disabled through special-education programs that support low-income parents and schools once children are diagnosed with ADHD. This becomes a concern of progressives, too, as they note the medicalisation of education and the advent of 'teachers as sickness brokers for ADHD' via a formal role allotted by psychiatry, something duly exploited by pharmacorps' assiduous use of web sites to promote products in ways that masquerade as disinterested informational clearing houses. The Ohio State Board of Pharmacy has expressed worries that these programs heighten stimulant prescriptions, while both CBS's *Eye on America* and the DEA disparagingly refer to Ritalin® as 'the fourth R in schools'. In 1999, the Colorado Board of Education resolved to discourage teachers from recommending Ritalin®. In 2000, the drug's manufacturer, Novartis, along with the 20,000-strong parents' rights group Children and Adults with Attention Deficit Disorders (CHADD) and the American Psychiatric Association faced ultimately unsuccessful class-action lawsuits in Florida, New Jersey, California and Texas that charged them with conspiring to drive up demand for Ritalin® and suppressing warnings about its risks to the nervous and cardiovascular systems.⁵

True believers argue that concerns about the drug are driven by illegitimate anxieties about the number and rate of diagnoses, pointing to its high therapeutic safety index, a figure

derived from dividing a toxic dose by a therapeutic one. But Ritalin® may produce anorexia; ‘intermittent drug holidays’ are recommended to ensure normal growth; and there are concerns over its role in the etiology of tics and Tourette’s Syndrome. Long-term use (beyond fourteen months) has barely been studied, as the pharmaceutical industry is mostly interested in measuring short-term effects of medications. In the period between 1990 and 2004, of the 2353 drugs that the Food and Drug Administration approved and required pharmacopoeia to study via post-sales research, just six per cent were scheduled for further investigation by the industry.⁶

— MORAL PANICS

The mixture is there, from all sides of science, politics and commerce, for a moral panic. Moral panics are usually short-lived spasms that index ideological contradictions about economic inequality. Exaggerating a social problem, they symbolise it in certain groups, predict its future, then conclude or change. Part of society is used to represent (and sometimes distort) a wider problem—youth violence is a suitable case for panic about citizenship, systemic class inequality is not; adolescent behaviour and cultural style are questionable, capitalist degeneracy is not; rap is a problem, the situation of urban youth is not. Particular kinds of individuals are labelled as dangerous to social well-being because of their ‘deviance’ from agreed-upon norms of the general good. Once identified, their life practices are then interpreted from membership of a group and vice versa. Often generated by the state or the media, then picked up by interest groups and social movements (or vice versa) the impact of moral panics is generally disproportionate to the ‘problems’ they bring into being. The dual role of experts and media critics in the constitution of moral panics sees the former testify to their existence and the latter sensationalise and diurnalise them—making the risks attributed to a particular panic seem like a new, terrifying part of everyday life. The cumulative impact of this alliance between specialist and popular knowledge is a heightened sense of risk about and among the citizenry in general. When US television ratings are measured—each February, May, July and November—news programs allocate massive space to supposed risks to viewers. The idea is to turn anxiety and sensation into spectatorship and money. The epithet once used to deride local television journalism in the United States—‘if it bleeds, it leads’—today applies to network news, where the correlation between national crime statistics and crime coverage shows no rational linkage. The drive to create ‘human-interest’ stories from blood has become a key means of generating belief in a risk society through moral panics about personal safety. Even when crime rates plunge, media discourse about crime rises: as the number of murders declines, press attention to them does the opposite. Similarly, school drug use may diminish, but audiences believe it increases.

The Ritalin® controversy in the United States occurs at a meeting point of neoliberalism, Social Darwinism and religiosity; the perfect storm for generating a moral panic. The distinction between therapy and enhancement becomes difficult to sustain, with ADHD's classroom *impairment* and Ritalin®'s classroom *improvement* mutually defining one another, in ways described by staff of the President's Council on Bioethics as 'subjective' and 'fuzzy'. Such topics became a matter of legal redress when some medical students who failed their National Board of Medical Examiners tests claimed this was due to ADHD, and sued the board for additional exam time—unsuccessfully, because the courts found that their completion of medical school indicated they could perform above average intellectually. Many litigants have used the Americans With Disabilities Act against dismissal for poor work performance caused by ADHD, but have lost virtually every court case. The National Collegiate Athletic Association, on the other hand, allows athletes with proof of ADHD to take stimulants. Put another way, when medicalised, these drugs are legitimate; when used as pathways to transcendence they are not.⁷

— THE PSY-FUNCTION AND CONFLICTS OF INTEREST

Part of this panic derived from a crisis within the psy-function. Pediatricians and family practitioners write most prescriptions for Ritalin® in the United States, thus removing it from the exclusive clutches of psychiatrists (the traditional gatekeepers of mind-altering drugs) who in turn argue that this leads to over-prescription. Of adolescents treated for depression in Oregon in 1998, sixty per cent were prescribed drugs not by psychiatrists, but pediatricians. In North Carolina in 1999, the figure was seventy-two per cent. In addition, psychologists seek the right to prescribe medication and psychiatrists seek to discredit them. It's significant that the American Medical Association and the American Psychiatric Association ban members from participating in US torture, but the American Psychological Association does not. For much of the 1990s, the military granted psychologists the right to prescribe medication and they hope to have this renewed by participating in interrogations. This is happening in a context where health maintenance organisations (HMOs) have undermined previously hegemonic powerbrokers through a discourse of bureaucratic-managerial commodification. There has been a rapid decline of insurance-company support for family therapy since the advent of wholesale managed care versus fee-for-service in the mid-1990s. HMOs want to erase symptoms and reduce long-term, face-to-face and in-patient treatment. They will only fund four to six therapeutic appointments before the use of pharmacology, paying psychiatrists much more for follow-up visits to evaluate the impact of drugs than to meet a child's family. Lance Clawson, a fellow at the American Academy of Child and Adolescent Psychiatry, suggested on C-SPAN in 2003 that the refusal of HMOs to fund sufficient meetings with physicians encouraged the early prescription of Ritalin®. The drug

has had its own makeover as a cost-cutting policy technology, a substitution effect for what had become an annual hospital cost to insurance firms of US\$30 billion for children.⁸

Other conflict-of-interest concerns have also caused controversy. In reaction to organic bottom-up patient groups that have been successful in goading and criticising medical capital, big pharma has established and sponsored pseudo-civil-society arms of their publicity campaigns.⁹ CHADD is one of many front organisations masquerading as organic consumer groups that lobby on behalf of their key substructural base—in this case the pharmaceutical sector—by claiming to deliver ‘science-based, evidence-based information’.¹⁰ In the words of the *British Medical Journal*, the reality is that entities ‘[o]stensibly engaged in raising public awareness about underdiagnosed and undertreated problems’ are part of corporate marketing and surveillance campaigns, creating comprehensive media platforms of experts, victims and advocates. The United Nations International Narcotics Board has issued a warning about CHADD’s responsibility for the rate of Ritalin® consumption.¹¹

— POPULAR CULTURE

Ritalin® has also attracted major media attention, contradictorily tied to neoliberal marketing struggles over youth that parallel Ritalin®’s chronology. By the late 1960s and early 1970s, popular magazines were locked in a contest with colour television for audiences. They reacted by addressing young people both as readers (through stories on popular culture) and as problems (through generational stereotyping). This practice continued as the cultural industries promoted the existence of catchy-sounding generational cohorts to advertisers (‘the Greatest Generation’, ‘Baby Boomers’, ‘Generation X’, ‘Generation Y’ and ‘Generation Rx’) with supposedly universal tendencies and failings. When the Partnership for a Drug-Free America® (free of recreational drugs, not corporate ones) released a report on teens in 2005, the bourgeois media leapt at the neologism ‘Generation Rx’ as part of an emergent moral panic over prescription abuse—without noting this was just the second occasion such substances had been included in a national survey.¹²

Pop-psychology books have also picked up on anxieties from the anti-psychiatry movement about both the disorder and its drug, represented by such denunciations of Ritalin® as *The Myth of the Hyperactive Child, and Other Means of Child Control* by Peter Schrag; Diane Divoky and Gerald Coles’ *The Learning Mystique* (1987); and Scientology founder and science-fiction writer L. Ron Hubbard’s repeated attacks.¹³ The genre drew new strength in the 1990s in the wake of Prozac’s popularisation and associated debates about anti-depressants, via Breggin’s *Toxic Psychiatry* (first published in 1991) and *Talking Back to Ritalin* (1998), Lawrence Diller’s *Running on Ritalin* (1998), Thomas Armstrong’s *The Myth of the ADD Child* (1995) and Richard De Grandpre’s *Ritalin Nation* (1999). The debate has trickled into popular literature as well, through Robin Cook’s 1994 novel, *Acceptable Risk*.

Not surprisingly, from the 1970s horror stories about Ritalin® began appearing in the bourgeois US press, as part of its drive to identify appealing topics unrelated to old definitions of news. In the late 1980s, there were articles critical of ADHD and Ritalin® in the *New York Times*, the *Wall Street Journal*, the *Washington Post*, and the *Los Angeles Times*, and a segment on ABC's *Nightline*.¹⁴ *Good Housekeeping* magazine queried 'the rush to Ritalin®', dubbing it 'kiddie cocaine' and suggesting that 'at the slightest sign of trouble—a child keeps running back and forth to the water fountain, has an unruly week pushing other kids on the playground, or plays drums on his desk with pencils—parents are circled by the school's teachers, psychologists, and even principals, all pushing Ritalin'.¹⁵ Between 2000 and 2003, Ritalin® made guest appearances on *Dateline NBC*, CNN's *Larry King Live* (featuring George Bush Minor's dyslexic brother and ADHD-diagnosed nephew explaining why Ritalin® must be abjured), *48 Hours* and *Eye on America* from CBS, and Cleveland's WKYC-TV. These programs screened investigative reports and idiot punditry on Ivy-League Ritalin® abuse and drug dealing, emergency-room visits, and school complicity. PBS and A&E ran documentaries, with 'journalist' Bill Kurtis intoning that Ritalin® was challenging 'the very essence of childhood itself'. The *New York Post* headlined CHADD as a 'Ritalin pusher' and the *New York Times* noted the panic.¹⁶ Activist Jim Hightower referred to 'babies on drugs' and other critics dubbed it the 'chemical cosh' or 'a cane-for-the-brain'.¹⁷ The 'war on drugs' slogan was accused of transmogrifying into 'not medicating your child is unethical'.¹⁸ And *Newsweek* went from an unfortunately worded endorsement of Ritalin as 'one of the raving successes in psychiatry' to warning that it 'may be causing some hidden havoc ... in an impatient culture'.¹⁹

— GOVERNMENT

The first congressional report on behaviour-modification drugs and children was inspired by Ritalin® as far back as 1970, while hearings were prompted in 2000 by a story in the *Washington Post* entitled 'Omaha Pupils Given "Behavior" Drugs', which raised the spectre of mind control and merged with popular concerns about diet to suggest a more 'natural' treatment. The House of Representatives Subcommittee on Early Childhood, Youth and Families of the Committee on Education and the Workforce queried whether 'youthful rambunctiousness' or 'serious stressors like divorce or neglect' saw Ritalin® erroneously prescribed. Congressman Bill Goodling said it 'may be the biggest drug problem we have in the country, and it drives me up the wall to see little children get hooked so early'.²⁰

A scientific study in 2000 stated that in the previous decade, the prescription of stimulants as treatment of ADHD in US children aged five to fourteen had increased dramatically, with use by those aged from two to four growing threefold between 1991 and 1995. These findings were confirmed by subsequent research.²¹ The National Institute of Mental Health reacted strongly, rejecting prescription to large numbers of preschoolers (which the DEA had

never approved) and funding a large research project to evaluate that group. Sceptics argued that their findings would eventually legitimate the practice. In one New York case, a local school district had informed the Child Protective Services Unit that parents had refused to put their child on the drug. The CPSU then accused the parents of child abuse—a charge that was not sustained in court, and which led to eleven states insisting teachers not mention Ritalin® or ADHD to families. Then the House’s Government Reform Committee heard testimony from Lisa Marie Presley on behalf of the Church of Scientology that children were being ‘drugged’ and ADHD was an invention that obscured the real problems of allergies, lead, hearing and eyesight. It was, in the words of the church’s Citizens Commission on Human Rights, ‘[p]sychiatry’s cash cow diagnosis’, and had helped to kill Kurt Cobain.²²

In 2003, the House Education and the Workforce Committee introduced a Child Medication Safety Act to protect parents from schools requiring them to have their children medicated. It was sponsored by several leading Republicans, including then-speaker, Dennis Hastert. *USA Today* proposed a national debate on the growing gender gap in educational attainment, under the headline ‘Girls get extra help while boys get Ritalin’, blaming the decline in male scholastic performance on the dominance of female teachers, the absence of ‘advocates’ and the easy availability of Ritalin®, as opposed to holistic, pedagogical answers to their difficulties. This was part of a clever reversal of arguments for gender equity, a standard move by the right to reassert patriarchy by deconstructive sleight of hand and a return to longstanding anxieties about the impact of female role models on young men.²³

— CONCLUSION

David Healy, a former secretary of the Royal College of Psychiatry, suggests that Ritalin® and its kind ‘lie midway between magic bullets and snake oil’, and the noted pharmacological researcher Julie Zito asks, ‘[h]ow do you even know who the kid is anymore?’ when multiple prescriptions expose children to ‘a potpourri of target symptoms and side effects’.²⁴ At the same time, the science in support of therapeutic rather than pharmacological interventions is gathering strength—with the American Psychological Association and the American Academy of Child and Adolescent Psychiatry favouring behaviour modification as first steps since 2006, and clinicians blaming ‘permissive or uncertain child-rearing’ for ADHD. Meanwhile, the latest jag for big pharma is paying doctors to talk up the likelihood of bipolar disorder among children—a bold untapped market/diagnosis—even as the Child Medication Safety Act of 2003 is designed to ‘protect children and their parents from being coerced into administering a controlled substance’.²⁵

Concerns about mental health, educational success, drug use and corporate commodification have joined left and right in a bipartisan panic culture, orchestrated around a little pill’s impact on turning little people into big citizens. Unless the nature of corporate–state

relations is fundamentally questioned as part of the debate about ADHD and its treatment, this panic will prove unproductive. But there are no ultimately sympathetic folk devils in need of recuperation in this story. The devils are objects, not people. Instead, this moral panic features unpleasant conflicts of interest, involving everyone from corporations to civil society and the professions.

TOBY MILLER is Professor of Media and Cultural Studies at the University of California, Riverside. The author and editor of over twenty volumes, he has published essays in well over one hundred journals and books. His current research covers the success of Hollywood overseas, the links between culture and citizenship, and anti-Americanism. <tobym@ucr.edu>

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