



# CrossRoads INSTITUTE™

DEDICATED TO THE ART AND SCIENCE OF HUMAN POTENTIAL

## **Drugging Our Kids**

by William Norman Grigg

Despite the dangers posed by drugs such as Ritalin, some schools are threatening parents with child abuse charges if they refuse to drug their children.

Shaina Dunkle was a bright, energetic 10-year-old girl when she died in a pediatrician's office in Bradford, Pennsylvania, in February 2001. A little more than a half-hour earlier, she had collapsed in the school library. Shaina had a history of asthma and problems with her kidneys and urinary tract, but these problems weren't responsible for her tragic and unexpected death. A postmortem ruled that the child died from the toxic effects of Desipramine, a psychoactive drug she had been compelled to take after a school psychiatrist suggested she suffered from Attention Deficit Hyperactivity Disorder (ADHD).

Shaina's problems began while attending first grade in 1997. Like many other normal and healthy youngsters, she had problems sitting still, concentrating on classroom instructions, and listening to her teachers. In an interview with the investigative radio program Scams & Scandals, Shaina's mother Vicky recalled that the youngster "was placed outside the classroom [and] not allowed to study with the other children." On one occasion, Shaina's teacher, rebuking the child for having a messy desk, emptied its contents on the classroom floor and had her replace them as her classmates erupted in laughter. Old enough to feel the sting of ostracism, Shaina started to have "nightmares [and was] beginning to be afraid of going to school," Vicky related to her radio audience.

Lost angel: Shaina Dunkle, adopted by her parents Steve and Vicky at birth, was a "sweet, caring, and giving" child who enjoyed dancing and sports. Like many healthy, active children, Shaina had difficulty adapting to a classroom environment. School administrators defined those difficulties as symptoms of a spurious medical condition called Attention Deficit Hyperactivity Disorder (ADHD), and compelled Shaina's parents to put her on a regimen of dangerous psychoactive

drugs, including Desipramine. Shaina died in February 2001, at 10 years of age, from coronary arrest precipitated by "Desipramine toxicity."

Knowing that their daughter had challenges with learning that could only be addressed on a one-to-one basis, Vicky and her husband Steve took Shaina out of class and home-schooled her for the rest of her first grade year. "I could see a definite difference in her behavior, and she was making very good progress in her studies," Vicky told THE NEW AMERICAN. As the summer of 1998 waned and children prepared to return to school, Shaina — feeling the pull of her peer group — wanted to go back. "She saw the other girls her age getting their school clothes and backpacks, and she wanted to be with them," Vicky recalled. After consulting with school officials, Vicky and Steve relented. But within the first two weeks of classes, Shaina's problems resumed.

"Shaina was behind the other children," Vicky recounted. "We wanted to have her undergo a learning support evaluation." Immediately after that evaluation — in January 1999, halfway through the school year — Shaina was placed in a learning support program. But this didn't satisfy school officials. "In March [1999]," Vicky recalled, "we got a letter from the school psychologist telling us that Shaina was still struggling, and that she displayed all of the 'characteristics' of a child suffering from Attention Deficit Hyperactivity Disorder. This seemed odd to us, because Shaina wasn't a disciplinary problem for anybody. She was an obedient child, sweet, caring, and giving. She did have a short attention span, and could be distracted fairly easily, but these are hardly abnormal traits in a child her age. And she did have challenges to overcome in her schoolwork. But the psychologist and other school officials focused on ADHD as the problem, and began pressuring us — not forcing us, but pressuring us — to have her examined and 'medicated.'"

Although they balked at the suggestion, Vicky continued, "we were beginning to believe that something must be wrong. After all, we thought, these people are the experts. They're with these children eight hours a day. If this is what they say needs to be done, maybe we should do it." In April 1999, the Dunkles visited a physician. Forty-five minutes later they emerged with a diagnosis of ADHD and a prescription for Wellbutrin.

Almost immediately the side effects became visible: Shaina began to lose weight and her disposition changed. Vicky took Shaina off the drug and took her back to the physician, who prescribed another drug

called Effexor, which led to recurring bouts of insomnia. After the third visit, the second grader was put on a third drug, Desipramine, "which we were told had fewer side effects and was less likely to be abused than Ritalin," Vicky observed.

At first, "Shaina seemed to respond well to the Desipramine," Vicky continued. "Her attention span got longer, her handwriting got neater. But then we got calls from the school telling us that she was relapsing. This happened several times, and each time we took her back for treatment — which meant a larger dose of Desipramine." Neither Shaina nor her parents were warned that Desipramine (which the FDA has not approved) should not be used by people suffering from kidney ailments, as Shaina did.

After starting with a daily dosage of 10 milligrams, Shaina's daily intake steadily increased to 200 milligrams by February 2001 — and her physical and behavioral problems escalated as well. Shortly before she died, "Shaina acted out in class, throwing a pencil at one student and threatening another with scissors," Vicky told THE NEW AMERICAN. "This sent up vivid red flags for her teachers, and for us, too, because Shaina was never an aggressive or violent child."

In mid-February 2001, Shaina's physician — who insisted that Desipramine wasn't causing the side effects — ramped up the daily dose to 250 milligrams. One week later, Shaina was dead.

"That morning, I gave her breakfast, French-braided her hair, and then administered her 250 milligrams of that drug," Vicky recalled to THE NEW AMERICAN. "She left at a quarter to eight, saying, 'I'll see you at three, Mommy.'" Three hours later Vicky got a call from the school nurse saying that Shaina had fallen and injured her cheek during what appeared to be a mild seizure. Vicky and Steve rushed to the school, collected their child, and drove her to the doctor's office.

Shaina appeared normal during the half-hour drive. As Vicky signed in with the receptionist, Shaina collapsed into a seizure. A physician rushed in to examine the child; after a moment he instructed a nurse to "call a code 99." "I've worked in hospitals, and I knew that 'code 99' referred to cardiac arrest," Vicky explained. "Shaina looked into my eyes as her life ended, and I could do nothing to save her," recalled Vicky. "It's been two and a half years, and I relive those last few minutes every day."

The coroner's report certified that Shaina was killed by Desipramine

toxicity. As her dosage increased — in response to complaints from school officials that her behavior wasn't improving — Shaina was unable to metabolize the drug. The accumulated toxins in her bloodstream precipitated a heart attack.

Vicky and Steve adopted Shaina at birth. Vicky was present in the delivery room when Shaina took her first breath and present in the pediatrician's office when she took her last. "I believe God sent her to us to take care of," commented Vicky, "and I've asked God too many times to count why He took her from us." Every single night, Vicky and Steve visit a nearby cemetery to pray over Shaina's grave.

Just Say No?

Boyhood a sickness? The DSMV-IV, sometimes called the bible of psychiatry, claims that a child who "fidgets," "squirms," or "has difficulty playing or engaging in leisure activities quietly" may suffer from ADHD. As any parent of young boys can attest, this would define practically any normal, healthy young male as suffering from mental illness.

Steve and Vicky plausibly contend that the school officials who insisted on drugging Shaina were directly responsible for her tragic and unnecessary death. "Children go to school to be educated, not medicated," stated Vicky Dunkle. "Parents should not be pressured to drug their children."

Over the past decade, the federal government has spent millions of dollars on drug prevention programs targeting school-age youth. At the insistence of the federal Office of National Drug Control Policy, counter-narcotics messages have been insinuated into youth-oriented television programs. With the help of federal subsidies, Drug Abuse Resistance Education (DARE) programs have been set up in nearly every school system across the country. But at the same time, school officials nationwide routinely insist that children said to suffer from ADHD be placed on various psychoactive drugs, particularly Ritalin — listed by the FDA as a Class II controlled substance along with opium, codeine, morphine, and cocaine.

Much of the counter-narcotics propaganda generated by the Office of National Drug Control Policy focuses on the stereotypical schoolyard drug pusher, usually portrayed as a grimy adult or a bullying older youth. Anti-drug messages extol open communication between parents and children, and urge children to stand up boldly to pushers.

All of this is well and good, of course. But, asks Scams & Scandals host/investigator Tai Aguirre, what if "the drug pusher happens to be your school social worker or psychologist, and they're telling you your child either takes their drugs or they won't be allowed in school — or, even worse, that [they're] going to charge you, the parent, with neglect? What do you do then? Do you 'just say no'? Can you say no?"

Drug Him — or Lose Him

Speaking at a congressional hearing in August 2002, Neil Bush — brother of President George W. Bush — described his own seven-year ordeal when his son Pierce was diagnosed with ADHD at age 10. "There is a systematic problem in this country, where schools are often forcing parents to turn to Ritalin," concluded Bush. "It's obvious to me we have a crisis in this country."

Many parents have discovered that refusing to drug their children may be met with child abuse or neglect charges and the loss of their parental rights. This highlights a critical difference between street-corner drug pushers and their counterparts on the government's payroll. A private pusher can't force children to take drugs by telling them that they will otherwise be torn from their families.

In July 2000, Michael and Jill Carroll of Albany, New York, were reported to social services authorities after they took their son Kyle off Ritalin. As is the case with many other youngsters on Ritalin, Kyle displayed a loss of appetite and difficulty sleeping.

When Mr. and Mrs. Carroll decided that it would be in Kyle's best interest to stop using the drug, an official from the local school district filed a complaint with Albany County's Department of Social Services. A family court judge ruled that the parents must continue to drug their son to avoid child abuse charges. In a story on the case, Albany's NBC affiliate WNYT-TV reported that "Social Service workers will visit the family throughout the next year" to assure that the parents comply.

This highlights another distinction between government dope-pushers and their private-sector equivalents: Private pushers are content to sell their product; they don't thrust their way into their customers' homes and force them to consume it.

The Carrolls are hardly the first or only parents forced to dope their children under the threat of losing them. In 2000, Patricia Weathers of

Millbrook, New York, was "hot-lined" by local school officials — threatened with the seizure of her son by Child Protective Services — after she took him off a drug regimen that included Ritalin, Dextrostat, and Paxil.

"Mom, it makes me feelbad," complained nine-year-old Michael Mozer about the "cocktail" of drugs he was forced to take, including a variant of Ritalin called Dextrostat. Once a bright, active, friendly boy, Michael became sullen and withdrawn as the mind-altering drugs took their toll; he eventually began to have hallucinations in which "there's a person inside my head telling me to do bad things." After his mother defied the so-called experts and took Michael off drugs, she was "hot-lined" to Child Protective Services and accused of medical neglect.

"When Michael was in kindergarten and first grade, his teachers told me he had behavior problems — he was easily distracted, had problems focusing, and wouldn't sit down," Patricia told THE NEW AMERICAN. "I was told that if I didn't 'medicate' him — that is, drug him — he wouldn't learn. I was assured that the drugs were mild. I wasn't told that they are as dangerous as cocaine, or that there were health risks and side effects. They kept calling me down to the office, wearing me down. Eventually the principal told me point-blank: 'Counseling is too slow. Think of medicating this child or I will do everything in my power to transfer him into a special education program.' So we started him on Ritalin just before the end of his first grade year."

According to Patricia, Michael was "diagnosed" with ADHD on the basis of the Acters Profile for Boys, a widely used checklist for behavior disorders. "It basically lists stereotypical boy behaviors — untidiness, disorganization, inattentiveness — as symptoms of ADHD," she contended. School officials just "checked off the list, gave it to the pediatrician, and he put Michael on Ritalin." Significantly, Patricia observed, "I only put him on the drugs when he was going to school. He never had it on weekends, or on summer vacation. And I would never have done this if it weren't for the coercion from the school."

### From Healthy to Haunted

By third grade, Michael's behavior had deteriorated dramatically. "He was eating his clothing, slobbering, and did not want to go out for recess," related Patricia. Michael was put on Dextrostat, which apparently exacerbated his problems. Rather than reconsidering the wisdom of drugging the child, school officials insisted that Michael

suffered from "some other disorder" — variously described as either bi-polar disorder or "social anxiety." Paxil, an anti-anxiety drug — was added to the regimen.

By this time — late 1999 — "Michael was telling me, 'Mom, it makes me feel bad,'" Patricia told THE NEW AMERICAN. "He was having major incidents of violent behavior, hallucinating, and even hearing voices. I finally took him off the drugs in October 1999, and started doing my own research." After learning of the drugs' side effects and health risks, Patricia confronted school officials in early January. "I made it very clear that we were finished with the drug route," she recalled. "The principal slammed my information down on my desk and said, 'We have nothing left to offer Michael.'"

Shortly thereafter, as Patricia prepared to fly to Texas with her son to seek specialized medical treatment, she was informed that school officials had "hot-lined" her to Child Protective Services (CPS), claiming that she was guilty of medical neglect. "[Michael's] behavior at school is bizarre: He hears voices and appears delusional, he chews on his clothes and paper, he talks to himself and rambles when he talks," stated the child abuse complaint filed against Patricia Weathers by the local school district. A month-long investigation cleared Patricia of child abuse and "medical neglect" after evaluations by independent psychiatrists proved that Michael's symptoms reflected state-ordered drug use, rather than parental mistreatment.

"I trusted the judgment of 'experts' rather than my own common sense," commented Patricia to THE NEW AMERICAN. "Millions of other parents make the same mistake. If I had known about the risks and effects of those drugs, there is no way I would have allowed them to drug my son." While Patricia Weathers and her son survived both the forced drugging and the attempted child grab, six months after Michael was taken off the drugs he was found to have a heart murmur — a recognizable, if rare, side effect of drugs like Ritalin.

Michael has been home-schooled for three years, and may enroll in private school this fall. "It's wonderful," Patricia enthused. "It was difficult at first, but he's growing and thriving now — and he loves to learn. He was socially isolated while he was on the drugs, and now he's anxious to socialize and play sports."

Fourteen-year-old Matthew Smith of Auburn Hills, Michigan, was not so fortunate. He died on March 21, 2000, after seven years of state-imposed Ritalin use. Matthew's death certificate candidly states:

"Death caused from long term use of methylphenidate [Ritalin]." Dr. Ljuba Dragovic, a pathologist who presided over Matthew's autopsy, noted that the youngster's heart displayed tell-tale small vessel damage from prolonged Ritalin use. (At the time of death Matthew's heart had swollen to 402 grams — larger than that of a full-grown man, which typically weighs 350 grams.)

"We were told Matt had ADHD when he was six years old," Matt's father Larry told THE NEW AMERICAN. "We were told that the condition was a legitimate medical disorder, that he needed the Ritalin in order to deal with this objective medical condition. But we just didn't have a good feeling about putting our boy on drugs." As Matt's parents dragged their feet, the pressure to drug their child increased. A letter from the school social worker to Matthew's parents complained: "We would have hoped you would have started Matthew on a trial of medication by now." At one counseling session, Larry Smith recounted to THE NEW AMERICAN, "the social worker told us we could be charged with medical or emotional neglect if we refused to take Matthew to the doctor and get him on Ritalin. My wife and I were intimidated and scared. We believed that there was a very real possibility of losing our children if we did not comply with the school's threats."

The Smiths took Matthew to see a physician in Birmingham, Michigan. On the basis of what Larry calls "a five-minute pencil twirling trick," Matthew was diagnosed as having ADHD. As the physician scribbled out a prescription for Ritalin, he "asked us to remind the school that he was not a pharmacy," recalled Larry Smith. "I can only conclude from his comment that we were not the first parents sent to him by this school."

Essentially, the school system used the implied threat of kidnapping the Smiths' children to force them to drug their oldest, which resulted in his death.

### A Growing Scourge

Students--or future junkies? Ritalin is listed--along with cocaine--as a "Class II substance" for its narcotic properties. In many cities, including Detroit, Minneapolis-St. Paul, and Chicago, Ritalin is used as an inhalant drug, or combined with other narcotics such as cocaine and heroin. Military recruiters disqualify applicants with a history of Ritalin use. Yet millions of children in our public school system are pressured into taking Ritalin and similar dangerous drugs."

Forced drugging of schoolchildren has become so common that the mainstream press — which can usually be counted on to carry water for the government school system — has taken note. USA Today for August 8, 2000, reported that "some public schools are accusing parents of child abuse when they balk at giving their kids drugs such as Ritalin, and as judges begin to agree, some parents are medicating their children for fear of having them hauled away."

Advocates for the forced medication of schoolchildren diagnosed with ADHD and similar dubious maladies are unapologetic about the use of such totalitarian methods. "It's becoming increasingly clear that this is a powerful treatment that can be life-saving for some children," insists Peter Jensen, a board member of Children and Adults with Attention Deficit Disorder (CHADD), which advocates the use of Ritalin and similar drugs. "This is going to be happening more and more," he promises.

Dr. Jensen, whose high-profile advocacy earned him the sobriquet "Mr. ADHD," does believe, however, that there are a few parents whose judgement can be trusted when they refuse to drug their children. Speaking at a gathering of psychologists in December 2001, Dr. Jensen emphasized that "medication is not the only effective nor ... the best treatment option for every child," reported the Monitor on Psychology. "When his own child was diagnosed with ADHD, Jensen told the audience, he and his wife opted not to use medication."

© Copyright 2003 American Opinion Publishing Incorporated