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## COMMENTARY

Why Are We Drugging Our Children?

**By Julian Weissglass**

Why are we drugging so many of our children, and what can we do about it? A study published in the June 2006 issue of *Archives of General Psychiatry* found that the use of antipsychotic drugs to treat children and adolescents increased by more than five times from 1993 to 2002. ("**Anti-psychotic Drugs,**" June 14, 2006.) Six years ago, the federal Drug Enforcement Administration reported to Congress that prior to 1991, sales of methylphenidate, the compound in Ritalin and other brand-name drugs often prescribed for young people labeled with "attention deficit hyperactivity disorder," or ADHD, remained stable. But by 1999, sales had increased by nearly 500 percent, with sales of amphetamine (also used to treat ADHD) increasing by 2,000 percent in nine years.

Are educators, parents, and citizens aware of or concerned about this tremendous increase in prescribing psychiatric drugs for young people? If the drugs were being prescribed in this quantity for a physical disease, medical and political leaders would be alarmed. They would want to know why. How can we explain the growing use of these psychoactive drugs? Why is it happening here and not in other industrialized countries? (In 1999, the United Nations reported that the United States produces and consumes about 85 percent of the world's methylphenidate.)

The situation is not simple. Has there been an increase in the set of behaviors that are labeled as ADHD? If so, what are the reasons? Some possible causes might include the following:

- Changes in children's diets (more sugar, fat, and chemical additives, for example).
- Environmental pollution or maternal ingestion of legal or illegal drugs that may be affecting youngsters' nervous systems.
- Increased pressure on children from schools and families to conform to unrealistic expectations and to perform well on standardized tests.
- A decrease in opportunities in school for creativity, for children to think for themselves, to play, and to exercise.
- Fewer opportunities, away from school, for children to be in the natural world.

- Increasing student alienation from school.
- An increase in the amount of time young people spend in front of electronic devices.

On the other hand, perhaps young people's behavior has not changed very much. In that case, the increase in prescriptions might be explained by any or all of the following:

- Greater public awareness of the possibility of suppressing unwanted behavior with drugs.
- Economic or other societal pressures that result in adults' having less patience with and attention for the energy and emotions that are normal in young people.
- Marketing campaigns by pharmaceutical companies aimed at increasing profits.
- A desire for easy solutions to complex social and psychological situations that make us uncomfortable.

Educators, parents, and medical professionals should engage in broad discussion of this phenomenon and its possible causes, which may involve other influences not listed here. It would be helpful to have accurate data on the sale of psychiatric drugs, the prescription rates for children, and the risk of negative health effects (including suicide), but this information is not easily accessible.

Whatever its explanation, the phenomenon raises a question of the rights and freedom of young people. Though I am not a lawyer, I doubt that children have the right to refuse to take the drugs. Yet there are known and unknown risks to taking psychiatric medications. Recently, a U.S. Food and Drug Administration panel charged with creating protocols for testing drugs prescribed for young people labeled with ADHD recommended requiring a label on Ritalin and similar drugs saying there is a danger that they could cause heart attacks. ("**Cardiac Cases Raise Concerns Over Drugs for ADHD**," Feb. 22, 2006.)

I am reminded of the children's book *The Big Box*, by the Nobel Prize-winning author Toni Morrison and her son. She writes about three youngsters who are confined to an attractive and well-supplied room (the box) by adults who cannot handle the youngsters' freedom. Each says a variant of the following:

*"If owls can scream  
And rabbits hop  
And beavers chew trees when they need 'em,*

*Why can't I be a kid like me  
Who doesn't have to handle his freedom?  
I know you are smart and I know that you think  
You're doing what is best for me.  
But if freedom is handled just your way,  
Then it's not my freedom or free."*

My belief is that much of the increase in prescriptions of psychiatric drugs is because children's behavior and emotions are difficult for adults to handle. This is impossible to prove, but if even one child is prescribed drugs because of adults' discomfort with his or her behavior, it is a grave injustice. Children have the right to be themselves as they grow up, to be loved and supported, and to have their emotions attended to by caring adults. If they are acting in ways that are inconvenient or difficult for adults to handle, then it would be wise to give the adults emotional support, so that they can constructively handle the young people's behavior, rather than resort to drugging them.

When such large numbers of children have to be drugged to cope in school, we should consider changing schools, so that they are better places for young people. We could well begin by asking what kind of school will assist young people to have full, meaningful lives, rather than measuring the success of schools by students' performance on standardized tests.

I am not saying that parents and educators are purposely acting in ways harmful to young people. Parents and educators are good people who need better support systems and the information that will enable them to think of better solutions than drugs. Neither am I saying that young people don't act in disruptive and irrational ways. They do. But much of such behavior, I believe, is caused by institutional rigidities or painful emotions from hurtful experiences that have not been healed.

Although educators are not therapists, there is much that they do that affects the emotional health of their students. Repressing children's natural physiological processes of releasing emotions is harmful. I have written about this in *Ripples of Hope*, but perhaps the best insight comes from the 13th-century Persian poet Jalaluddin Rumi:

*The cloud weeps, and then the garden sprouts.  
The baby cries, and the mother's milk flows.  
The nurse of creation has said, let them cry a lot.  
This rain-weeping and sun-burning twine together to make us grow.  
Keep your intelligence white-hot and your grief glistening, so your life will stay fresh.  
Cry easily like a little child.*

Rumi knew about the relationship between crying and intelligence almost eight centuries ago. Yet, in the very institutions assigned the responsibility of developing children's intelligence, crying and other forms of emotional release are often repressed or ridiculed. This should change.

When children are hurt, they cry; when they are scared, they tremble or laugh (if it is only a little scary or embarrassing); when they are frustrated, they may have a tantrum. No one teaches a child to cry, shake, laugh, or have a tantrum. It is a natural response to distressing experiences. If children were allowed to release their emotions as much as they needed to, they would recover from the distress. They would have more attention for learning. In our society, however, the natural recovery processes are rarely allowed to take place, and so the damage accumulates.

Every 4-year-old I've ever met is eager to start school, because 4-year-olds want to explore, play, and learn. Ten years later, though, large numbers of them are alienated from school. A 2003 report from the National Research Council said that "40 to 60 percent of high school students are chronically disengaged; they are inattentive, exert little effort, do not complete tasks, and claim to be bored." The figure did not, the report added, include those who have already dropped out. Perhaps if society designed schools to meet young people's needs, rather than coercing students to meet the needs of the school, they would be more engaged.

What can educators do to reverse the trends toward increasing prescription-drug use and growing alienation from school? Here are some suggestions:

- Support parents to resist resorting to drugs for their children. Help them learn to play with their children and attend to their emotions.
- Work in professional and political organizations to change national, state, and district policies that are leading to schools' becoming less enjoyable places for young people.
- Decrease the emphasis on testing and test scores as a measure of educational quality.
- Be sure that the curriculum includes choices (such as art, music, technology) for students to pursue their creative interests.
- Include plenty of time for informal and spontaneous activities and conversations (recess) and opportunities for enjoyable (no pressure to win) sports.
- Increase opportunities for young people to be in the natural world.

- Support teachers to create classrooms where children have the freedom to be themselves.
- Provide emotional support to young people, teachers, and parents so that they can realize their full energy and creativity.
- Educate parents and yourself about the dangers of drugs, keeping in mind that marketing campaigns may avoid disclosing the negative effects of using them.
- Respect young people completely as full human beings with intelligence, knowledge, and emotions. Most importantly, understand that part of being human is having emotions and releasing them when you are hurt.

Providing complete respect for young people will require a drastic reordering of our policies and priorities. Let us begin.

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