Ritalin Turns Fifty

Confessions of a Teenage Junkie

Benjamin Shepard

If there is one enduring memory from my childhood, it is a small porcelain bowl containing three little white pills. The pills were as ubiquitous as morning orange juice and cereal, "Ben, don't forget your Ritalin," my mother would remind me as I rushed to meet my carpool on time.

"Don't forget your Ritalin." On any given day, some five million children and adolescents in the United States are given a psychostimulant of one form or another. Theory is that these drugs help young people handle their emotions, feelings, and reactions.

This situation is like no other in the world. More American children and adolescents receive diagnoses of attention deficit disorder (ADD) than in any other country, and these diagnoses are often followed by prescriptions for medications such as Ritalin. The US and Canada together account for some 95 percent of the global market for Ritalin for the treatment of ADD. The number of kids prescribed these medications has only accelerated in recent years.

Ritalin first came on the market in 1955. Some fifty years later, 29 million prescriptions have been written for it to treat ADD, or "hyperactivity," as the condition was generously described back in my day. Of these, 23 million prescriptions have been for children who have little choice but to take these medications, regardless of how doped up the drugs make them feel.

Ritalin (methylphenidate) has the same effect on the brain and behavior as other forms of amphetamine, and may cause side effects including irritability, psychosis, hallucinations, mania, and aggression. Conversely, other users of the drug find themselves feeling worn down, even lethargic or depressed.

In addition, Ritalin may promote suicidal thoughts and can lead to addiction; some research suggests a link to cancer. Thus, it is not surprising that Ritalin may actually cause the same problems it is purportedly intended to address: poor attention, impulsivity, and even increased hyperactivity. Most disturbing, the drug has been linked to changes in brain functioning that remain long after therapeutic effects have dissipated.

I was diagnosed with dyslexia as a "hyperactive" child in the spring of 1976. I squirmed, bounced out of my seat, and had a difficult time with my schoolwork. I spent the next three years–second through fourth grade–in schools for children with learning and speech disabilities. Medications were a core part of my treatment.

I was prescribed Ritalin and Dexedrine to help me settle down and get to work (toward getting into a more competitive prep school). Even at that age, the social push to succeed and compete was vexing. School is, after all, a socialization process, churning ever forward and Ritalin and Dexedrine function quite nicely within this milieu.

By fifth grade, in 1980, I was mainstreamed. My medication dosages increased, and so did the side effects. My doctors prescribed Ritalin and Dexedrine, both "uppers," in an effort to help me calm down. In practice, they made me crazy.

Voices sometimes echoed through my head like bells chiming in a cathedral. I could hear multiple voices and conversations chattering away in my head. Even now, almost 25 years later, I still vividly remember the intensity

of that chorus-line of overlapping monotone voices. On the flip side, the voices were so busy inside my head that even talking with other school kids, something that had never been a problem before, became difficult.

Oddly, this never merited a peep of concern from any of the cavalcade of doctors, psychiatrists, family therapists, and social workers I met during those years. It was all supposed to be very common. "The voices are getting worse," I explained to the doctor who prescribed the pills. He was not all that interested in listening.

The synergistic doctor/patient partnership–in which patients and doctors consult with each other–was not really in place in 1980, prior to the era of AIDS activism. Even now, I doubt this democratic process applies to ten-year-old children and their doctors. The pills just kept coming, and I continued to feel sped up and muddled down at the same time.

In 1982, when I was in seventh grade, the film *Quadrophenia*, based on the album by The Who, was showing at a local repertory theater. It told the story of British youth pulled in so many different directions that they felt not just schizophrenic–with their personalities split in two–but quadraphenic.

The protagonist Jimmy was a Mod, a member of a British youth subculture known for fighting with a rival youth group known as the Rockers, and terrorizing everyone else during British sea weekends on Brighton Beach in the early 1960s. Mods wore Zoot Suits; Rockers wore leather. I immediately gravitated toward the Mods.

Jimmy and the other stylish Mods ate handfuls of pills–Reds, French Blues, mostly amphetamines–and zapped around town on their scooters. For all I know, they were eating Dexedrine itself. It was the first time I had ever seen an image of the pills, which had become such a fixture of my life, featured in popular culture. Yet instead of fulfilling their makers' tedious aim of socialization, these pills fueled the high-octane culture of sex, fashion, and eventually riots between the Mods and the Rockers.

Like everything else, the pills were a commodity. They functioned liked currency. When Jimmy had pills, he also had girls and friends. Maybe it could work the same for me.

By eighth grade in 1983, I took the lesson of the Mods to heart, imitating their fashion and their enthusiastic use of stimulants. I had access to any junkie's dream–an endless supply of prescribed speed, with a doctor happy to provide bottle after bottle. Instead of following prescribed dosages, I began to use the pills as speed, and basically stopped sleeping for the next four years. If I was running late completing a school paper, I would pop a couple more pills and stay up all night and into the next day without a blink.

Once I began using the pills as speed, the strange isolated internal feeling faded. I started giving them to girls and to my friends, and my problems with social issues receded. If pills were a currency, eighth grade biology lab was a currency exchange. On some days we'd try Valium and Ritalin, on others it would be Xanax. I could eat Xanax like popcorn and it didn't do a thing.

I stopped taking the pills out of pure boredom when I entered college in the fall of 1988. By then, it was some ten years since I first started. Certainly, no one had put a gun to my head to force me to take the meds. Most days, I was up until the middle of the night; then, I took a few more pills to wake up, and a couple more throughout the day to restimulate myself. I was never quite sharp.

Actual class time was pretty fuzzy. Whether this was from the lack of sleep, any of the pills, inhalants, joints, or other compulsions, such as high school football, I do not know. But within a couple of years with regular sleep, my interest in and ability to actually take in class materials increased.

Looking Back

I'm glad I stopped taking the pills. Other people I know from those days are still on some form of pharmacological treatment for dyslexia, but now combined with antidepressants. In this respect, Ritalin is like a drug manufacturer's dream. Find a caring and concerned mother like mine, have a doctor tell her there's an answer to her child's problems, and the kid starts a medication which may be the beginning of a lifetime of pharmacological solutions to life's difficulties.

As a proponent of harm reduction, I am opposed to the harms associated with drug use, not drug use per se (of either over- or under-the-counter medications). What is difficult to swallow is the idea of trading good parenting and creativity for Ritalin. There are other schools of thought that call for stimulating and supporting the interests

and imagination of children, rather than controlling their behavior. The U.S. is the only country in the Western world that routinely treats normal childhood high energy with medication.

In the years since I last took Ritalin, the number of prescriptions for the drug has increased exponentially. While I was diagnosed with dyslexia, the "hyperactivity" I experienced is now referred to as a distinct disorder: attention deficit hyperactivity disorder (ADHD, or simply ADD). According to the National Institute of Mental Health, ADHD is the most frequently diagnosed childhood disorder, affecting three to five percent of all grade-school age children. Other sources suggest the number is closer to ten percent. And in some regions of the country, fully 50 percent of children are diagnosed with the condition. The question is never asked, however, why it is that so many young people cannot adjust to what is considered normative behavior.

As hysteria about speed and crystal methamphetamine reach a fever pitch, few are talking about the legalized amphetamines children are prescribed every day. While the War on Drugs continues to enjoy generous support from Congress, the *Journal of the American Medical Association* has documented an inordinate increase in the number of two- to four-year-olds taking Ritalin and other mood-altering drugs. It is not a stretch of imagination to understand that legal mood-altering medications often lead to misuse, while becoming gateways into illegal drug use. Although Ritalin is packaged with a warning against use by children younger than age six, doctors across the country continue to prescribe it–and one rarely sees the vice squad invading their offices.

Backlash

I'm certainly not the first writer to suggest that the governmental, corporate, and medical support for the over-prescription of mood-altering medications resembles the official attitude toward soma, the drug that controlled people's thoughts in Aldous Huxley's *Brave New World*. "Why don't you take soma when you have these dreadful ideas of yours? You'd forget all about them. And instead of feeling miserable, you'd be jolly. So jolly…," one character advises another in the novel. But highs and lows are part of life.

If we miss them, we miss the moments of exquisite brilliance as well. The current impulse to medicate away the high energy of youth with Ritalin, the pain of grief with Prozac, and everything in between limits these possibilities.

Within this context, it is not surprising that a backlash is afoot. Consider the notion of "Indigo Children." As Wendy H. Chapman explains: "Indigo Children are the current generation being born today and most of those who are eight years old or younger. They are different. They have very unique characteristics that set them apart from previous generations of children…These are the children who are often rebellious to authority, nonconformist, extremely emotionally and sometimes physically sensitive or fragile, highly talented or academically gifted and often metaphysically gifted as well, usually intuitive, very often labeled ADD, either very empathic and compassionate or very cold and callous, and are wise beyond their years."

Instead of addressing these issues, kids are being given prescriptions for more medications to keep the complaints down. Whether or not we're dealing with a new breed of youth, there has to be another way of working with those the school system designates as "problem" children besides feeding them drugs.

In a recent review of Stephen Rose's *The 21st-Century Brain*, Jacob Stevens offers a materialist framework for the use of Ritalin: "The drug does make the majority of children calmer in class, but without addressing the causes of disruptive behaviour. The trend, as Rose argues, is towards the privatization and chemical suppression of a range of societal issues: 'trying to adjust the mind rather than adjust society.'"

He concludes: "In this context, Rose's political and scientific opposition to the current social experiment with Ritalin–sedating a psychological underclass that strongly overlaps with the socially and economically marginalized–should be supported" (*New Left Review*, May-June 2005).

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