

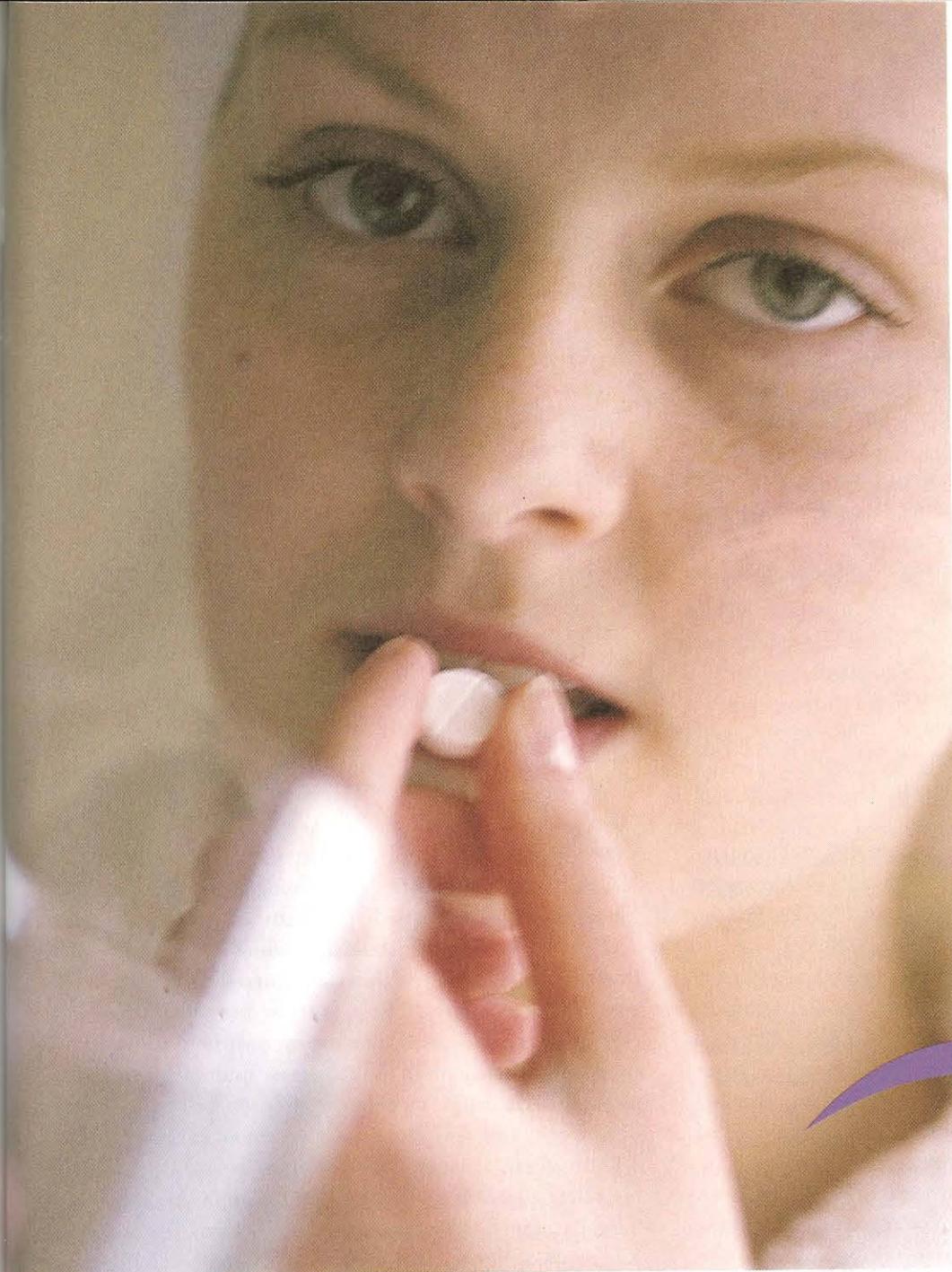
When 13-year-old Luisa (family names and location changed to protect identity) of Atlantic City, New Jersey, began complaining of stomachaches, her mother, Eva, did what a good mom does—drove her to the pediatrician. After an exam, the doctor agreed with Luisa that her stomach pain was likely caused by anxiety. He prescribed a psychiatric medicine, Zoloft, commonly given to adults to ease depression. When her parents asked about side effects, the doctor reassured them the drug was mild. “If she needed something strong, I would have sent her to a psychiatrist,” he said.

The Other

BY ALAN REDER

Dramatic increases in the number of children diagnosed and treated for psychiatric disorders should raise a host of questions, particularly about the economic and political forces behind the trend.

youth
drug
problem



What makes this more than just a story about influence-peddling to boost profits is the potential harm psychiatric drugs can do.

Over the next few weeks, Luisa—previously a happy, social girl who got along well with her mother, according to Oscar, her father—became combative with Eva. She often got violent, threatening her mother physically. Four weeks after she started with the medication, Luisa hanged herself in her home. Her parents later learned that Zoloft and other so-called selective serotonin reuptake inhibitors (SSRIs) were well known within the research community to cause suicidal thinking and behavior in young people.

Tragedies like these occur with startling frequency in this country. So does a much larger and growing caseload of nonfatal but still wrenching incidents involving children and psychiatric drugs. What's more, say a legion of accusers, the chances of something similar happening to your child have grown as well

because an alliance of economic and political forces has prioritized the sale of dangerous but lucrative medications over the safety and long-term health of our nation's young people.

HARDBALL IN THE STATEHOUSE

The players in this story seem straight out of some dark Hollywood thriller. Start first with a pharmaceutical industry that, the critics charge, shovels money at state and federal officials and the psychiatric profession to buy their help in pushing high-priced drugs for minors. The most frequently prescribed drugs can cause horrific side effects—and in cases like Luisa's, death.

The vast ideological territory spanned by the accusers suggests just how serious the charges are. Scathing articles have appeared in *Mother Jones* and *Counterpunch* on the left, and the

The other youth drug problem

British Medical Journal in the professional press. Outraged conservatives include the Eagle Forum's Phyllis Schlafly, The Rutherford Institute, and Republican Congressman Ron Paul, also a physician. The thunder on the right seems especially noteworthy. How often do you hear about conservatives blasting corporations that funnel endless contributions to the Republican Party? This isn't central casting, by any stretch.

The nexus of corporate and political forces that the critics point to is most transparently seen in the Texas Medication Algorithm Project (TMAP) and its spawn in other states. TMAP, a state-developed set of medical practice guidelines that prioritizes specific drugs for treating certain psychiatric illnesses, was developed in the mid-1990s during the administration of then-Texas governor George W. Bush. Numerous major drug companies provided funding for the project. The recommended drugs happened to be the newest, most expensive drugs available, even though the evidence that they were safer and more effective than older, much cheaper versions was shaky at best, according to many experts. The drugs, of course, were manufactured by corporations that underwrote TMAP's development. (Texas is also developing a juvenile version of TMAP called the Children's Medication Algorithm Project or CMAP.)

Once TMAP was in place, the pharmaceutical industry began promoting—and quietly financing, according to whistleblower Allen Jones—the adoption of TMAP-like protocols in other states. Jones worked for Pennsylvania's Office of the Inspector General from 2002 to 2004 and was charged with tracking down potential fraud in the Department of Public Welfare (DPW). In the course of an investigation, he discovered drug company money flowing into an off-the-books account controlled by the state's chief pharmacist and director of state mental health services. After poking around some more, he learned the money was being used to further the implementation of Pennsylvania's version of TMAP, to be called PennMAP.

President Bush has pushed TMAP as a model for all 50 states.

He then uncovered other drug company funds wending their way into the hands of officials with power over the purchase of psychiatric medications. When he took his findings to his supervisors, he was told to "quit swimming against the stream in the pharmaceutical case," he says. He was removed from his role as lead investigator and then taken off the case entirely, but he continued to gather evidence on his own, after-hours. In early 2004, he took his information to the *New York Times* and the *British Medical Journal*, which got him suspended and ultimately fired. Today, he's employed by a firm that provides litigation support for law firms that take on the pharmaceutical industry.

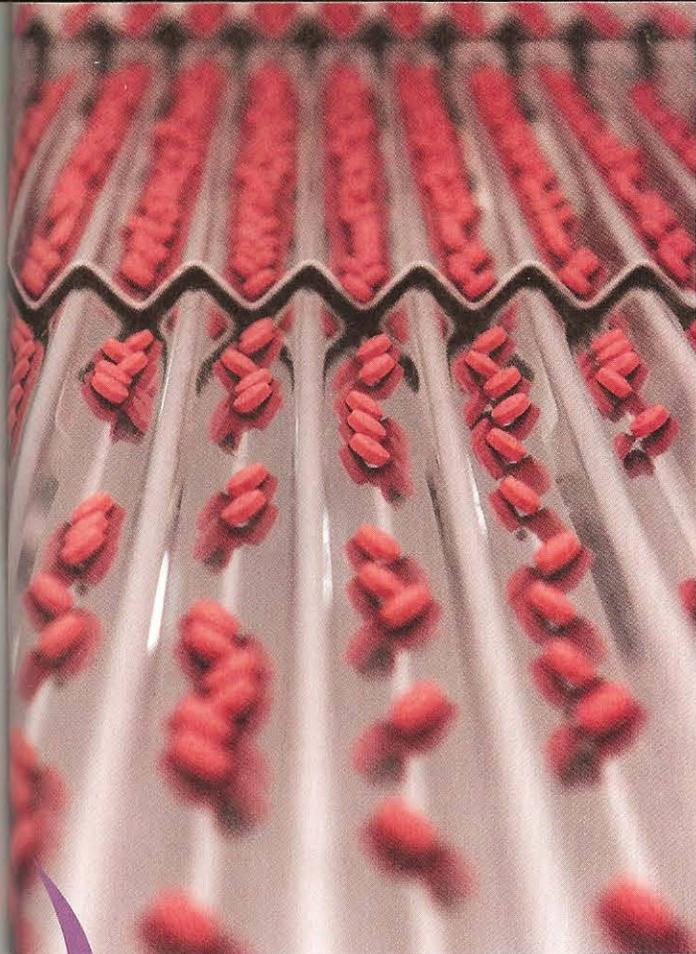
In that firm, Jones works with psychiatrist Stefan Kruszewski, another former Pennsylvania state employee who apparently was railroaded for exposing the romance between the drug industry and the state. Between September 2001 and July 2003, the Harvard-trained doctor worked for Pennsylvania's DPW, the same department where Jones' inquiry started. Kruszewski was responsible for examining the quality of care in state-managed psychiatric facilities and out-of-state facilities housing Pennsylvania children. He also investigated deaths in psychiatric cases.

During Kruszewski's short time with the department, five deaths (including four children) occurred under suspicious circumstances, he says. The state refused to provide him with coroner's reports or autopsies, but even without those, he noticed a disturbing pattern to all the cases: multiple prescriptions of psychiatric drugs without the children being monitored. "The worst case I saw," he says about one nonfatal case involving a Pennsylvania youth in Oklahoma, "was 11 psychiatric medicines at one time. That included five antipsychotic agents." This patient didn't even have a psychiatric disorder, says Kruszewski. She was mentally disabled and had a history of impulsive behavior. In her six months at the facility, she suffered a common side effect of antipsychotics: Her weight ballooned from 106 pounds to 194 pounds.

((TAKING ACTION))

If you'd like to be more involved in or more informed on the issues discussed in this article, check out these useful resources:

- **Stop TeenScreen online petition (www.petitiononline.com/TScreen/petition.html)**—Petition designed to be delivered to school board members and state and federal legislators. Created by mother of Chelsea Rhoades (see page 68).
- **Alliance for Human Research Protection (www.ahrp.org)**—Superb information source on the issues discussed in the article.
- **PsychSearch.net (www.psychsearch.net)**—A project of activist/researcher and Scientologist Ken Kramer that provides information and access to public records regarding psychiatric abuses. The Church of Scientology opposes the practice of psychiatry.
- **www.teenscreen-locations.com**—Anti-TeenScreen site that helps parents find out if TeenScreen is used in their child's school.
- **www.teenscreen.org**—Read TeenScreen's side of the story.



Pharmaceutical connections dot the resumes of TeenScreen executives and advisory board members.

Kruszewski reported his concerns about overmedication and neglect to his superiors. They weren't pleased. Kruszewski was fired the next day without notice. Both Jones and Kruszewski have filed suits against those who fired them, alleging collusion between corrupt officials and pharmaceutical companies. (DPW officials did not respond to an invitation to refute Jones and Kruszewski's charges.) Meanwhile, TMAP-type protocols have been adopted in about a dozen states, and President Bush, whose campaigns have been fueled by hefty pharmaceutical industry contributions, has pushed TMAP as a model for all 50 states via his New Freedom Commission on Mental Health.

MORE INDUSTRY TENTACLES

Kruszewski has also pointed a finger at the unholy alliance between the pharmaceutical industry and the psychiatric profession. In a letter to *Psychiatric News*, an American Psychiatric Association (APA) publication, he stated: "APA cannot continue to bankroll its operations and research efforts with monies from pharmaceutical companies and expect the public to respect either its advertising hyperbole or research results."

Tellingly, APA President Steven Sharfstein, MD, didn't deny the charge in his response, published in the same issue (Oct. 21, 2005). "As a profession, we must do much more to earn back our moral authority," he wrote. "We must evaluate all arrangements that psychiatrists have with industry and provide guidance and standards."

All arrangements? It would be easier to cure cancer. Big Pharma underwrites a significant portion of the APA's daily operations, especially through advertising in APA publications, and even tries to control the way the profession thinks. According to a 2002 *Washington Post* story about APA's 2002 annual conference, "In several dozen symposiums during the weeklong meeting, companies paid the APA about \$50,000 per session to control which scientists and papers were presented and to help shape the presentations."

Drug industry moolah also helps fund the college and university programs turning out our psychiatrists. Advocates of the gifts argue that the institutions control their own educational content. But when Canada's McMaster University attempted to regulate the influence that drug company contributors might have on the medical school's curriculum, about half of the contributors threatened to withdraw their support.

The direct link between the industry and the inappropriate drugging of young people is, according to some, best seen in a bitterly controversial Columbia University-associated—and APA-endorsed—program called TeenScreen. A mental health-screening program for young people, TeenScreen relies on a mental health-screening questionnaire developed by Columbia child psychiatry professor David Shaffer. The 14-item questionnaire is designed to be completed in about 10 minutes. Screening sites include various places that young folks frequent—primarily schools. Its defenders praise TeenScreen as a godsend to families to help prevent suicide and identify youths needing help. But to its critics, the program is a tool used to herd misdiagnosed teens into the clutches of Big Pharma.

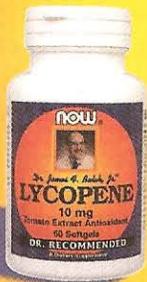
Disputes about the program's real purpose begin, naturally, with TeenScreen's ties to the industry. Pharmaceutical connections dot the resumes of TeenScreen executives and advisory board members, including Shaffer himself. Until recently TeenScreen used "passive consent" forms to get parents' permission for their children to be screened. In other words, kids were given a parental consent form to bring home, but unless they returned a signed form saying "no," they were tested. In May 2006, under a barrage of criticism, TeenScreen switched largely to active, or explicit, consent.

The screening instrument itself also enrages the program's accusers because it yields 84 percent false positives—that is, out of every 100 kids referred to professionals as a suicide risk, 84 are in fact normal. What's more, some of those kids may end up being prescribed antidepressives like Zoloft, which then creates suicide risk where there was none.

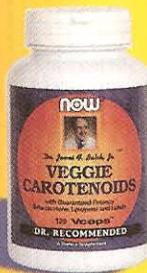
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The other youth drug problem



A SAFER ROUTE

Holistic psychiatrists like Hyla Cass, MD, believe that mental illness can be treated with nutrition, exercise, and supplements. If you're interested in finding alternative, non-drug approaches to mental health problems, visit www.alternativemedicine.com or Cass also recommends www.alternativementalhealth.com.

The best-known legal case against TeenScreen involves Chelsea Rhoades of Mishawaka, Indiana. Chelsea, then 15, was TeenScreened without her parents' knowledge or consent. She was diagnosed with obsessive compulsive disorder and social anxiety disorder "based on her responses that she liked to clean and didn't like to party very much," according to a press release from the Rutherford Institute, which represents Chelsea's parents in suing TeenScreen for encroachment on parental rights.

Despite the clamor over its methods and intent, TeenScreen is thriving, with 460 screening sites in 42 states as of late 2005. It is touted as a model program by Bush's New Freedom Commission, which calls for the mental health screening of every American child, preschoolers included. (TeenScreen did not respond to repeated interview requests.)

A CURE WORSE THAN THE DISEASE?

What makes this more than just a story about influence-peddling to boost profits, of course, is the harm psychiatric drugs can do to the intended users, in this case, our nation's children. Consider the so-called atypical antipsychotics, a group of newer, pricey drugs created to suppress serious psychiatric symptoms like hallucinations and delusions.

"Atypical" refers to the industry's claim that these medications have nearly eliminated the risk of Parkinsonian and "tardive" side effects. The drugs the atypicals were designed to replace were notorious for causing brain damage after prolonged use. That damage could lead to movement disorders like the tremors, flat emotional expression, and shuffling gait seen in patients with Parkinson's disease. It could also bring on tardive dyskinesia, or abnormal movements of the mouth and tongue; tardive dementia, or permanent harm to memory, judgment, and the ability to plan; and even tardive psychosis, meaning that the psychotic symptoms themselves become irreversible.

But Stefan Kruszewski, psychiatrist Grace Jackson (author of *Rethinking Psychiatric Drugs*, Author House, 2005), and many other experts snort at the term "atypical," which they say is more marketing hype than research-based. The risk for Parkinsonism and tardive effects remains significant, if somewhat reduced over older drugs, Jackson says. Plus, the atypicals increase risk for a host of disturbing metabolic side effects, like significant weight gain and predisposition to early heart attacks and type-2 diabetes.

continued on page 90

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The other youth drug problem

continued from page 68

The financial implications of the atypical marketing blitz are stunning. Kruszewski points out that a common scenario is for three atypicals to be prescribed together. That regimen might cost \$600 per month, says Kruszewski, yet it "makes no sense to me pharmacologically. It's very bad medicine." A comparable medical result might be achieved with a low dose of Haldol, an older antipsychotic, for about 3 cents a day—less than a dollar a month.

As for the SSRIs like Zoloft, Prozac, Paxil, et. al., it is only since October 2004 that the FDA has required that all packaging for these medications carry a "black box warning" about increased suicide risk in young people. But Jackson notes that the danger has been understood since at least 1985, when Prozac maker Eli Lilly was warned by its German employees that "they were seeing patients become agitated and sometimes suicidal"

The atypicals increase risk for a host of disturbing metabolic side effects.

on the drug. Even with the black box label, physicians frequently prescribe SSRIs to youth today.

In the end, no one can see into the hearts of pharmaceutical executives or the creators of TMAP or TeenScreen to know if their intentions are as callous as their critics maintain. It is clear, however, that cases like those of Luisa or Chelsea Rhoades are not isolated. And it would be hard to argue with Jones' observation that "the industry agenda is not the agenda of the average couple in America who is trying to raise children in an already difficult world." **AM**

Contributing Editor Alan Reder wrote "Love Thy Neighbor, Heal Thyself" in the February issue.