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Popping Pills: No Solution for Bad Schools

By Allen Frances, MD | October 25, 2012



If anything can finally shock us out of our pill-popping ways, a front-page story in the *New York Times*¹ should do the trick. Titled "Attention Disorder or Not, Pills to Help in School," the article reports that doctors are prescribing stimulant drugs to compensate for the bad schools their child patients have to attend. Rates of ADHD have tripled in the last 15 years—precisely because many kids are being diagnosed with fake ADHD to make them eligible for medications and/or extra school services.

What used to be a \$70 million per year market in stimulant drugs has rapidly ballooned to \$7 billion per year under the pressure of aggressive and misleading drug company marketing to doctors, parents, teachers, and patients. No doubt the docs mean well and want to help their patients, but nothing could be nuttier than medicalizing the deficiencies in our schools and subjecting kids to all sorts of unknown risks and to the terrible message that there is a pill for every problem.

The solution to bad schools is to work toward better schools—not to medicate the kids victimized by them. How absurd to avoid the shortcomings of our educational system by focusing on the difficulties individual children have in coping with them. Societal problems require societal solutions, not medical ones. Spend the money on reducing class sizes—not on doctors' visits or to enrich drug companies. Stimulant drugs definitely have an important role in treating true ADHD, but when and for how long still remains controversial; they definitely have no role whatever in treating educational and social problems camouflaged as fake ADHD.

The adventurous doctors quoted in the article are experimenting recklessly. There is no evidence to support the efficacy and long-term safety of stimulants when these are prescribed for performance enhancement under these questionable circumstances. New drugs get a fairly scrupulous review by the FDA but are approved only for specific indications when they are cleared for marketing. Once available, drugs can be prescribed "off-label" according to physician discretion. Sometimes, this makes sense—but far too often "off-label" prescribing leads to cowboy practice of the kind described in the article.

Pill-popping is becoming part of the American way of life. Twenty percent of adults are taking a psychotropic drug of one sort or another. Four percent of our kids are already on a stimulant; 4% are already on an antidepressant. The drug industry has successfully sold the misleading advertising pitch that all our problems are brain chemistry imbalances that need a pill solution. Many of our problems are societal—they call out for societal solutions, not pill popping.

Reference

1. Schwartz A. Attention disorder or not, pills to help in school. *New York Times*. October 9, 2012. <http://www.nytimes.com/2012/10/09/health/attention-disorder-or-not-children-prescribed-pills-to-help-in-school.html>. Accessed October 25, 2012.

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