

"A.D.D.--A DUBIOUS DIAGNOSIS?" (C) 1995 Learning Matters Inc.

VO: LAZY...BORED...DISTRACTED. THAT'S WHAT WE USED TO SAY ABOUT CHILDREN WHO WEREN'T PAYING ATTENTION. TODAY THAT SAME BEHAVIOR IS LIKELY TO BE CALLED A.D.D., ATTENTION DEFICIT DISORDER.

Nat. Sound: (Phil Donahue) Well, you may have the latest thing: It's called Attention Deficit Disorder!

VO: TALK SHOWS TALK ABOUT IT. NEWSPAPERS AND MAGAZINES COVER IT. HUNDREDS OF BOOKS HAVE BEEN WRITTEN ABOUT IT....

VO: (kids taking pills) ....AND TODAY AT LEAST TWO MILLION CHILDREN HAVE BEEN DIAGNOSED WITH IT.

VO: (over pills): MOST OF THEM ARE GIVEN THIS PRESCRIPTION DRUG, RITALIN, OR ITS GENERIC EQUIVALENT, METHYLPHENIDATE, TO HELP THEM PAY ATTENTION.

HAISLIP: (ID SUPER) The profile of this drug, the pharmacology of this drug, is essentially identical to the amphetamines, which is essentially the same as that of cocaine.

PARKER: It works (pause). That's the reason it's being used. It works. Parents find that it helps their children. Plain and simple, it works.

VO: BUT AS THE NUMBERS INCREASE, DOUBTS ARE GROWING.

PEGGY GRANT: Everyone is A.D.D. suddenly. They're using it as an excuse. An unruly child is an unruly child. How do you tell really know who really has A.D.D. and who's really just spoiled?

SU: THE NUMBER OF CHILDREN BEING GIVEN MEDICATION FOR A.D.D. SEEMS TO BE DOUBLING EVERY TWO YEARS. IS IT POSSIBLE THAT SOME OF THESE CHILDREN ARE BEING INCORRECTLY DIAGNOSED....AND IMPROPERLY MEDICATED? SOME SAY THIS NEW EPIDEMIC IS SIMPLY THE RESULT OF HEIGHTENED AWARENESS AND

BETTER DIAGNOSIS. BUT THERE MAY BE ANOTHER EXPLANATION.

TITLE: "A.D.D.--A DUBIOUS DIAGNOSIS?"

Credits: Toyota, Casey, Pew, Ford

VO: THE AMERICAN PSYCHIATRIC ASSOCIATION RECOGNIZES A.D.D. AS A MENTAL DISORDER. THE EXACT CAUSE IS UNKNOWN. THERE'S NO MEDICAL TEST FOR IT. THE DIAGNOSIS RESTS ON OBSERVATIONS OF CHILDREN'S BEHAVIOR.

VO: A.D.D. IS ALMOST EXCLUSIVELY FOUND IN BOYS. MOST ARE WHITE AND MIDDLE CLASS.

VO: IN MANY WAYS, DARREN FLEISCHER IS A TYPICAL A.D.D. CHILD. HE HAS ALL THE USUAL SYMPTOMS OF ATTENTION DEFICIT DISORDER---NON-STOP ACTIVITY, IMPULSIVENESS, AND A WANDERING ATTENTION SPAN. AND TYPICAL OF A.D.D. , THOSE BEHAVIORS WEREN'T REALLY A PROBLEM (pause) UNTIL HE STARTED SCHOOL.

JOEL FLEISCHER: We looked at it more as a discipline problem at first. We were not aware at the time of A.D.D. or even what A.D.D. meant. And uh, we wound up several years down the road after getting these calls continually ... I mean, the year ... school year would start, and invariably we'd get a call from teachers, you know, that Darren's very bright, he's very alert. However, he cannot stick to tasks. He's disruptive in the classroom, we're having these types of problems.

ETTA FLEISCHER: You always think it's your fault, you know. As a parent ... you see children walking quietly along and then you have a child who's constantly moving. Darren really never stops talking. He's constantly talking. That's part of the A.D.D. as well, it's the constant movement, he's a very hyperactive child. And ... sometimes you really think, well maybe ... he's not listening to you because you didn't do something right, you didn't discipline him well, you weren't disciplining him enough. Uh ... it's ... it's a very ... hard ... thing to go through. It's hard to explain. You have ... I guess you have to live through it.

PARKER: Parents have been blamed for years for the problem of inattention, distractibility, impulsively, and difficulties with the behavior, in kids with

Attention Deficit Disorder. We know it's not their fault.

VO (office pix): PSYCHOLOGIST HARVEY PARKER IS THE CO-FOUNDER OF CHADD, CHILDREN AND ADULTS WITH ATTENTION DEFICIT DISORDER, THE NATION'S LARGEST A.D.D. SUPPORT GROUP.

VO (Fleischer family): LIKE MANY PARENTS, THE FLEISCHERS USE CHADD AS A SOURCE OF INFORMATION ABOUT A.D.D.

MERROW(over CHADD pix): CHADD? How important has CHADD been to you?

JOEL FLEISCHER: We don't go as often as we probably should. They have some very, very interesting sessions. Uh, they talk about uh, various aspects of kids growing up.

VO: (sign from HQ) CHADD TELLS PARENTS THAT A.D.D. IS A NEUROBIOLOGICAL DISORDER THAT STEMS FROM A CHEMICAL IMBALANCE IN THE BRAIN. RITALIN, A PSYCHO-STIMULANT, PRESUMABLY CORRECTS THAT IMBALANCE BY ACTIVATING NEUROTRANSMITTERS-- THE CHEMICALS THAT CARRY MESSAGES IN THE BRAIN.

VO: (over Ritalin) RITALIN, THE BRAND NAME FOR METHYLPHENIDATE, IS MANUFACTURED BY CIBA-GEIGY, THE WORLD'S FOURTH LARGEST PHARMACEUTICAL COMPANY. RITALIN AND GENERIC METHYLPHENIDATE ACCOUNT FOR 70% OF ALL A.D.D. PRESCRIPTIONS.

VO (over pills in the drawer) OTHER MEDICATIONS FOR A.D.D. INCLUDE DEXADRINE, CYLERT, AND SOME ANTI-DEPRESSANTS.

PARKER: Medicine for children with ADD works about 75% of the time.

MERROW: Works in what way?

PARKER: Well it reduces symptoms tremendously.

MERROW: What does that mean?

PARKER: Kids, well they behave better, number one. But also kids who can't finish their work in school finish their work in school. Kids who forget to bring their homework back to school do their homework at home and then return it to school. Kids who could never organize well, and their desk would look a mess, if

properly medicated, they tend to be able to do better with their organizational skills.

ETTA FLEISCHER: I finally talked to the psychologist and he ... talked ... and I have to say talked me into Ritalin because it really did take a couple of months to talk me into Ritalin and he showed me examples where children who had A.D.D., they would start ... writing, before they took the Ritalin, they would start writing ... the handwriting was so ... so terrible you couldn't even read it. And about half an hour after Ritalin took ... took effect, the handwriting was a nice as it could be. And I saw that with Darren. When I first gave him Ritalin, he started taking it, he was all over the place. All of a sudden he started to calm down and he would be able to sit and do many tasks without ever having a problem. And I saw it work. And I think at that point I realized Ritalin did help him.

DARREN FLEISCHER: Without the pill I like just, if I'm writing I could just scribble all over and say nothing but like if I'm reading a book I could just read over it and not remember one thing.

MERROW: But with the pill?

DARREN FLEISCHER: With the pill I could just read a book and understand.

JOEL FLEISCHER: I can tell you unequivocally that it has made a difference academically. He was on the honor roll a year or so which never happened, uh, before. We see a difference. It does make a difference.

VO (over school exterior): DARREN GOES TO NOVA MIDDLE SCHOOL IN FORT LAUDERDALE, FLORIDA--WHERE STEVE FRIEDMAN HAS BEEN PRINCIPAL SINCE 1990.

Nat. Sound: kids taking pills

FRIEDMAN: When I first came to the school we had two or three students that we gave medication to during the day. And now we probably have over 60 students that we give medication to during the day.

Nat. Sound: kids taking pills

FRIEDMAN: And it's interesting to watch, you come up here at lunch time and watch the line waiting to receive their pills, it's amazing to me.

STEVEN: Let's say I'm reading like some dumb book that I had to read for language arts or whatever, I'll like I can't focus on it, that's why when I take my pills, I take Ritalin, and that helps me focus, focus on that and that's more better with me.

LORING: I can tell the difference when I take my Ritalin. Somedays I'll go to school I won't take it, I won't be able to concentrate on my work, someone will have a conversation behind me and I'll start paying attention to the conversation and not to my work, sit there and start playing with my pen or thumping my foot, but when I do take it it's like I can block everything out and I can concentrate.

VO: BUT RITALIN HAS OTHER EFFECTS.

DERRICK: Sometimes when I sit still for a long time my head just goes like that and I feel dizzy. So I feel dizzy, I feel weird in my stomach, it has lots of side effects for me.

BILLY: Can't sleep. I barely get like 5 hours of sleep a night.

STEVEN: It always makes me like, anger, and stuff and I just want to be alone.

LORING: It makes me lose my appetite, I don't even want to think of eating.

DERRICK: And everything they say is true. I think they should research that pill and make it better.

VO: (kids taking pills) IN 1988, HALF A MILLION CHILDREN WERE TAKING STIMULANT DRUGS TO HELP THEM CONCENTRATE. BY A CONSERVATIVE ESTIMATE, AT LEAST FOUR TIMES AS MANY ARE BEING MEDICATED TODAY.

VO: RITALIN AND METHYLPHENIDATE ARE CONTROLLED SUBSTANCES, WITH STRICT LIMITS ON HOW MUCH CAN BE PRODUCED AND DISTRIBUTED IN ANY GIVEN YEAR. AT THE FEDERAL DRUG ENFORCEMENT ADMINISTRATION, GENE HAISLIP OVERSEES ANNUAL PRODUCTION QUOTAS FOR METHYLPHENIDATE AND RITALIN.

HAI SLIP: I think there's a window of legitimate use that's required here, but the data suggests that there's a problem here with over prescribing, that this has become a popular fad and that people are really going overboard, especially when you look at the rest of the world and you realize that the United States is using five times as much as the entire rest of the planet.

DR. JOYCE MOSCARITOLA: (ID super, Ciba-Geigy MD) I believe that like anything else whenever you have a diagnosis and education...that you will see an increase. I think we've seen that with diagnosis of breast cancer, diagnosis of other diseases. Once the level of awareness increases you will see an increase in diagnosis.

VO: BUT QUESTIONS ARE BEING RAISED ABOUT THE INCREASE IN DIAGNOSIS. MANY BOYS WHO ARE DIAGNOSED A.D.D. SAY THEY CAN CONCENTRATE WHEN THEY'RE INTERESTED IN WHAT THEY'RE DOING.

LORING: Fixing cars.

MERROW: You can concentrate on that?

LORING: Yea, it's like I have to really enjoy it to like concentrate on it if it doesn't really appeal to me it's like oh yeah, uh hum whatever, I don't really pay attention.

ROBBIE: I like to take things apart and when I get older I want to get into camera and special effects and that kind of stuff and that's what I like and I can concentrate on that but if it's like math it's like yea, sure whatever.

DR. BREGGIN: It's such a sad situation, I mean the kids intuitively know that it's not good to be taking drugs. And the idea that it's a drug that works in school but not at home, it works during school days but you don't have to give it on vacations, I mean it's so obvious that we're just drugging our kids to push 'em into situations that they can't stand.

VO (over Breggin typing): PSYCHIATRIST PETER BREGGIN, THE AUTHOR OF "TOXIC PSYCHIATRY" AND "THE WAR AGAINST CHILDREN," IS AN M.D. WHO CAN PRESCRIBE RITALIN, BUT CHOOSES NOT TO.

DR. BREGGIN: There's no doubt that there are kids who are bored, who are frustrated, who are anxious. There's no doubt that some kids don't fit into our

schools and some aren't doing well in their families, but there's no evidence whatsoever that it's a disease or a medical disorder, it's a child in conflict, it has to be dealt with in a conflict situation.

PARKER: I would say out of most of the mental disorders, or practically almost all the mental disorders that we have listed and that we can identify, A.D.D. can be identified in the most objective manner. We have a lot of different rating scales that can be utilized to measure Attention Deficit Disorder symptoms. We have a lot of different clinical interview techniques that we utilize to identify individuals who show characteristics of A.D.D. as well as family characteristics. We have a lot of data about developmental histories of these children and what a typical child with ADD is like in growing up and through-out the course of their development. We have well established methods of direct observation to identify these children in the classroom. Very objective data.

DR. BREGGIN: If you look at the diagnosis that's been promoted by the American Psychiatric Association, becomes clear why any doctor might feel reasonable about giving medication to a child, a child who one, often fidgets with hands or feet or squirms in seat, I mean I personally get that a lot, I'm a very high-energy person, very hard for me to sit still here, fact you didn't want me to sit in a chair that would wiggle back and forth because you know that nervous adults will wiggle back and forth in their chairs, and that's number one under hyperactivity, number two is often leaves seat in classroom or in other situations in which remaining seated is expected. And then the third one, often runs about or climbs excessively. And if he's an adolescent he may just feel like doing it without doing it. These are the three criteria that are considered the most powerful, and what do they represent? They represent a kid who'd rather be doing something else.

DR. RUTH NASS: It's a medical problem that affects a different part of life than most medical problems, but it's a medical problem just the same.

VO (over Dr. Nass in office, dictating): DR. RUTH NASS IS A PEDIATRIC NEUROLOGIST AT NEW YORK UNIVERSITY MEDICAL CENTER. NASS SAYS THAT 10% OF ALL CHILDREN MAY HAVE A.D.D.

MERROW: What percent of the patients that you diagnose ADD eventually do you put on medication?

DR. NASS: I guess I'd say, 75-80%.

MERROW: Do you feel comfortable prescribing Ritalin or some other medication?

DR. NASS: Yes, I'm comfortable prescribing it. I don't consider myself a pill pusher because I give children who come into the office with Attention Deficit Disorder a medication. And very often I say to parents, "If your child had an ear infection, you would take an antibiotic for the ear infection, and if your child has Attention Deficit Disorder, and we have a medication for that, you should have the same attitude about it," in essence.

VO: DR. SIMON EPSTEIN IS A CHILD PSYCHIATRIST IN STAMFORD, CONNECTICUT. EVERY YEAR HE DIAGNOSES ABOUT 150 CHILDREN WITH A.D.D.

MERROW: What percentage of the kids that you diagnose ADD do you put on medication?

DR. EPSTEIN: 85% of the kids that I see. The medications are in fact the most effective treatment. They are what works, they are what removes the symptoms, they are what takes a non-functioning or limited functioning child or adult and turns their whole life around.

DR. NASS: I mean, I keep many children on medication 365 days a year because they're learning on Saturday and Sunday as well as Monday thru Friday.

DR. EPSTEIN: The medication, by changing around the symptoms puts the child in a whole different position of being able to perform. So that's why I think it's important. Socially, academically, family--medication helps them be more of the norm of the positive kind of kid rather than drifting and feeling stupid.

DR. NASS: If a medicine is going to equal the field, why shouldn't the field be equal?

MERROW: How hard is it to get a diagnosis of A.D.D.?

DR. BREGGIN: Well, you can always find a doctor who will give your child a pill. The environment has been so created that if you just come in and talk about your child without the doctor seeing them you can find a doctor somewhere to give the pill. . I was just working with a pediatrician in the midwest doesn't ever give Ritalin to the kids who come to see her, and parents routinely will simply leave and go somewhere else and find another doctor to give them the pill.

DR. NASS: I can't remember anyone who has ever come "shopping" with me and said, "I really want the medication and no one will give it to me." Most of the time people will come to me and say, "Well, five people have told me that my child has A.D.D., and I don't want the medication, can you say he doesn't need it."

DR. EPSTEIN: They can't force me to put a child on medication if I don't think it's clinically indicated..pause ..then they'll just go elsewhere.

MERROW: What do you mean?

DR. EPSTEIN: Well, they'll go on to the next doctor. If that's what they want, they will go until they find somebody who can prescribe it.

DR. HEIN: I think most doctors are simply trying to help people and they don't directly benefit from giving a patient a medicine, that's not how it works, but there is a lot of pressure in our society for quick fixes and simple solutions.

VO: DR. KAREN HEIN IS A PEDIATRICIAN AND EXECUTIVE OFFICER OF THE INSTITUTE OF MEDICINE AT THE NATIONAL ACADEMY OF SCIENCES.

DR. HEIN: When a kid is acting out and having problems in school that's a big misery for the kid and for the family it means it affects their ability to have friends, to be invited over to kids houses after school, to have something to do on weekends, so the idea of a pill, a magic bullet, that will help not just in school but might help friends and a social life and a future, is a very, very attractive proposition. The sad thing is that the pill isn't going to cure all of these ills.

SU: WE ARE GIVING PILLS TO INCREASING NUMBERS OF CHILDREN. THE QUESTION IS, "WHY?" THE ANSWERS VARY, DEPENDING ON WHETHER YOU ASK PARENTS, TEACHERS, OR THE KIDS WHO ARE GIVEN THE PILLS. SOME PARENTS SAY THAT SCHOOLS ACTUALLY ENCOURAGE MEDICATION BECAUSE IT'S A CHEAP ALTERNATIVE TO SPECIAL PROGRAMS AND SMALLER CLASSES.

MARCIA SCHERBEL: (ID super) All the mothers got together and we sort of did a survey and we said, you know, it seems as if when we counted it all up, that 80% of us had had the teacher recommend considering Ritalin.

MERROW: 80%?

MARCIA SCHERBEL: Yea, yea, yea. Just virtually every little boy at some point had that recommendation.

DAVID SCHERBEL: (ID super) They're trying to cut their budgets, and they're trying to keep big populations in the classes, and they can't have kids who are not under control, as the kids themselves put it, and the teachers are more than happy to have kids on Ritalin, if it in fact will control their activities in the classrooms.

PEGGY GRANT: (ID super): You have to conform to society to a certain extent and you have to be able to have an education, get educated. And if you're not gonna conform to the system as we know it, then you're gonna be out of step and out of sync. And I don't want him to be.

DR. BREGGIN: Parents are put under enormous pressure to drug their kids now, even in the best private schools, in a place like Bethesda, Maryland, I'm seeing parents all the time or hearing from parents, where the schools are saying, "you've gotta drug your kid, we can't control your kid in school, doctors are constantly pushing Ritalin".

VO: WHEN YOU ASK EDUCATORS, YOU HEAR A VERY DIFFERENT EXPLANATION FOR THE INCREASE IN A.D.D.

HELEN BLACKBURN: (ID super, Educational Psychologist, Greenwich, CT) Parents want a school-based reason why a child isn't doing well. And to say that a child is not bright, that they maybe are-- it's an old-fashioned term, a "slow learner," or that there are family issues that are causing the problems in school, parents don't seem to want-- they don't want to accept that. They want a diagnosis and a label that then makes the school responsible for solving the problem.

WOMAN TEACHER: (ID super) I think there are probably some children that have been either misdiagnosed or ... you know, labeled as being A.D.D. by maybe a private psychologist that ... they really are not truly A.D.D. You know, then the parents can use it as an excuse.

MERROW Excuse for what?

WOMAN Well, misbehavior. You know ... rather than ... than the child taking responsibility and the parent taking responsibility for things that are happening, you know, they can say well ... my child's A.D.D.

FRANK PIRANEO (ID super, Educational Psychologist, Greenwich, CT):  
Because of all the media publicity there's so much more likelihood now that , at least the seed is planted that perhaps it might be A.D.D. And I might get a call saying, "You know my child is having a problem with this, that, or the other thing, concentrating, sitting still, has a difficult time with, with reading, finishing books, do you think it might be A.D.D.?" Well, that never would have happened eight years ago, it would never have come up.

VO: WHAT ABOUT THE CHILDREN WHO TAKE RITALIN? HOW DO THEY EXPLAIN THIS NEW EPIDEMIC? THESE EIGHTH GRADERS KNOW RITALIN FIRST HAND. MATT SCHERBEL TOOK IT FOR A YEAR. SCOTT DAVIES HAS BEEN ON RITALIN FOR SIX MONTHS, DAVID BRANTLEY FOR TWO YEARS, AND ANDREW WILLIAMSON FOR SEVEN YEARS. THEY SAY ALL THE ADULTS IN THEIR LIVES-- DOCTORS, PARENTS, AND TEACHERS-- ENCOURAGE MEDICATION.

ANDREW: Like if they're going to give me my Ritalin, I'm going out for dinner or something, I'll tell them not to give it to me or something, just let me eat, I can be fine, and then my mom like brings it up when we're out at dinner, oh you need your Ritalin you're so active and I'm like no I want to eat. It's just messed up. I hate, I hate taking Ritalin.

DAVID: My dad he's a doctor and he, he tries to make it seem like there's no side effects and I ask him and he's like there's nothing, nothing major, and then I read the box and it's like may cause drowsiness, depression, loss of appetite.

ANDREW: My teachers always bring it up. Like if I'm acting like hyperactive for a week or something.

MATT: They wouldn't let you in class unless you had a note from the doctor.

ANDREW: That's right, that's what they did, one of my teachers like I forgot to take my Ritalin sometimes, but now every time I go to class I have to have a note signed by the lady in the health room saying that I took my Ritalin cause she won't let me in class, I was just too hyper.

VO (b-roll of Matt outside): UNLIKE MANY OF HIS FRIENDS, MATT SCHERBEL NO LONGER TAKES RITALIN.

MATT: When you're not on Ritalin, you take in so much more information, such a wide array and variety, that it, life's so much greater and more interesting than

when you're taking it. And when you're on it focuses everything down to such a fine point that nothing's fun anymore, it you're not the same person that you were.

MERROW: Do you like yourself when you're on Ritalin....

DAVID: No.

MERROW: Why do you say that so quickly?

DAVID: Because it's not the real, you're not you.

MATT: Bingo.

ANDREW: It's a fake person that the medicine's creating

DAVID: It should be illegal. It's like a drug.

SCOTT: I know it is a drug.

MERROW: The fake you?

ANDREW: Right. I mean I'm not really controlled and stuff and a lot of people know that, but when I'm on Ritalin it's totally not me.

MERROW R/Q: Do you ever talk to kids about how they feel when they're on Ritalin or some other medication?

PARKER: Kids feel good about themselves. There was a child I spoke to last night at a meeting was at and we asked this child, he volunteered during the course of this meeting that he takes Ritalin, he's about a nine year old little boy named Shane, and I asked Shane how he felt about taking medication, and he says he feels good about it, and I asked why and he said he said he feels good because "now I can get all my work done, now I don't have to worry about being mischievous in school". He feels good about himself.

ANDREW: When people bring it up, uh, you need more Ritalin, A.D.D., it just makes you feel stupid. Because they, they've been putting this on you for years, my parents have been putting it on me since first grade. It just makes me feel bad, saying oh, you have A.D.D., you need more medicine. My mom makes it a big deal of it and stuff and I don't think it's a big deal but she tells like all of her friends of he's A.D.D. expect bad behavior and stuff and they just think you're stupid.

MERROW: They think you're..

ANDREW: You're just like, they think you're stupid because the medicine, the Ritalin, is making you smart and make you pay attention, and it's not you. Because they don't, they don't let you try it yourself, they let the Ritalin do the work for you.

PARKER: In my years as a clinical psychologist, in talking to lots and lots of children in my practice, I haven't seen that many kids who resent taking the medication, or who feel the medication disables them in some way.

MERROW: Do you ever worry though that you're sort of creating split personalities here, you've got the real me and the me on the pill?

PARKER: Well I don't hear that many children say that.

DR. BREGGIN: CHADD likes to claim that the poor children are being stigmatized by not doing well in school. Oh, I'd much rather have the stigma of not doing well in school than having crossed wires in my head or a genetic neurobiological disorder. There is nothing worse that you can do to a human being in America today than give them a mental illness kind of label and tell them they need drugs and these children are 3,4,5,6,7,8,9 years old being treated in this manner. I then see them coming to me as adults saying I'd like to be a doctor but how can I when I have crossed wires in my head.

MERROW: But you do get better grades?

ANDREW: No, I haven't been doing good in school since 5th grade.

I'm just, I'm just. It's not the Ritalin, it's just I'm not organized.

MATT: Ritalin can't help you with everything; if mean if you're not an organized person Ritalin's not going to organize you. They think it's a miracle drug. It's not.

SU: PARENTS BLAME TEACHERS, TEACHER BLAME PARENTS, KIDS BLAME JUST ABOUT EVERYONE. BUT NONE OF THOSE EXPLANATIONS FULLY ACCOUNTS FOR THE GROWTH OF A.D.D. AND THE USE OF MEDICATION. THE REST OF THE STORY BEGINS WITH CHADD, THE NATION'S LARGEST A.D.D. SUPPORT GROUP.

VO: THOUSANDS OF PARENTS TURN TO CHADD FOR INFORMATION ABOUT A.D.D. CHADD'S 650 LOCAL CHAPTERS HOLD REGIONAL CONFERENCES AND MONTHLY MEETINGS, OFTEN IN SCHOOLS, WHERE FREE MEDICAL ADVICE IS GIVEN. CHADD RECOMMENDS A TREATMENT PLAN THAT INCLUDES BEHAVIOR MODIFICATION, COUNSELING, AND MEDICATION.

PEGGY GRANT: It's been very helpful. I've been going to meetings on and off for about five or six years

JOEL FLEISCHER: If anything it's made me realize that there are some very frustrated people out there with the system.

BONNIE O'BRIEN: I guess the nicest thing too, is to find you're not alone in this. There are like I said, other people. And also to find out there are other people who have a lot worse problems with an A.D.D. child than we do.

VO (over meeting): CHADD IS AN EFFECTIVE COMMUNICATOR, AND PARENTS OF CHILDREN WITH A.D.D. OFTEN ECHO CHADD'S LANGUAGE.

DOCTOR AT CHADD MEETING: I tell--I coach--parents that having a child with ADHD is like having a child with asthma, have a child with diabetes.

PARENT: It's the same as taking aspirin. If you have diabetes it's the same as taking insulin.

KEVIN O'BRIEN: In our hearts and minds it was like the diabetic who needs insulin and it just works for him.

PEGGY GRANT: It's like wearing glasses, having a hearing aid.

PARKER: It's like when I was a kid. And I learned I had to wear eyeglasses because I couldn't read very well and I couldn't see very well. I felt awkward at first, when I first got that prescription in fourth grade, but did I attribute, did I think I was dumb because I had to wear glasses? No, I thought I was awkward at first but I began to read better, and see better, and learn better and I attribute that success to me it improved my self-esteem.

MERROW: Taking Ritalin is like wearing glasses?

PARKER: It helps you focus, I helps you focus better, focus attention better.

MERROW: So you trust CHADD, and you trust the information you get?

KEVIN O'BRIEN: It's a good source.

BONNIE O'BRIEN : I think both. Yeah, both.

MERROW: You've relied on CHADD?

PEGGY GRANT: Yes.

MERROW: And you tend to trust CHADD?

PEGGY GRANT: Yes.

MERROW: Would it surprise to learn that a significant portion of CHADD's money comes from the the people who make Ritalin?

PEGGY GRANT: Yea, that would surprise me.

JOEL FLEISCHER: That's interesting. I wasn't aware of that. It does put a spin on it if in fact psychologists, it may be the easy solution, if that's the case, say hey you kid needs ritalin and this is the situation. Then that would put a different spin on it.

MERROW: What do you mean a different spin?

Well if in fact you have drug companies that are endorsing CHADD or giving large amounts of money and in fact you have psychologists that are involved with CHADD, if it's a reciprocal relationship no that would disturb me.

ETTA FLEISCHER: Conflict of interest ...

JOEL FLEISCHER Yea, I mean if it's a reciprocal relationship. Now that, that would disturb me.

MERROW: You just said conflict of interest.

ETTA FLEISCHER: It would be a conflict of interest.

JOEL FLEISCHER: Yeah.

ETTA FLEISCHER: It really would be. Because at that point who is working for whom is the question.

VO: THE FINANCIAL RELATIONSHIP BETWEEN CHADD AND CIBA-GEIGY, THE COMPANY THAT MAKES RITALIN, BEGAN IN 1988.

VO (GRAPHIC): SINCE THEN, CHADD HAS RECEIVED CLOSE TO ONE MILLION DOLLARS IN GRANTS AND ITS MEMBERSHIP HAS GROWN FROM 800 TO OVER 35,000. CHADD HAS USED CIBA-GEIGY'S MONEY TO BUILD ITS MEMBERSHIP AND TO PROMOTE AWARENESS OF A.D.D.

Nat. Sound: PSA

VO: CHADD CLAIMS THAT THIS PUBLIC SERVICE ANNOUNCEMENT HAS BEEN SEEN BY NEARLY 19 MILLION PEOPLE . CHADD'S NAME IS ON IT, BUT CIBA-GEIGY PAID FOR IT.

DR. HEIN: I think if they don't use their name then I would question why not? Why shouldn't their name appear, whether it's advertising for their product in a medical journal or helping a parent group or helping young people, or helping a continuing medical education course? If they are supporting it, the public ought

to know.

VO (over tax returns): PHARMACEUTICAL COMPANIES OFTEN CONTRIBUTE TO PATIENT SUPPORT GROUPS. NOT-FOR-PROFIT ORGANIZATIONS LIKE CHADD ARE REQUIRED BY LAW TO TELL THE I.R.S. WHO'S GIVING THEM MONEY, BUT THEY DON'T HAVE TO TELL THE GENERAL PUBLIC. THERE'S NO MENTION OF CIBA-GEIGY IN CHADD'S INTRODUCTORY BROCHURE, EDUCATORS MANUAL, FACT SHEETS, OR ANNUAL REPORTS. THESE WIDELY DISTRIBUTED MATERIALS DESCRIBE CHADD AS A GRASS-ROOTS, PARENT BASED, ORGANIZATION.

VO: (CHADD programs) THE FEW THOUSAND PEOPLE WHO ATTEND CHADD'S ANNUAL CONFERENCES MIGHT SEE CIBA-GEIGY'S NAME, IN SMALL PRINT, IN THE PROGRAMS. NONE OF THE PARENTS WE TALKED TO KNEW ABOUT THE CONNECTION.

HAISLIP: Well, I think they should tell the public when they become advocates, you know, suggesting that people see their doctor about the possibility of prescribing this drug, when they've become advocates of this kind, I think they should make a full disclosure to the public that they are in fact receiving contributions from one of the manufacturers and explain that because I don't think people have known this, I think they've kept it a secret, at least I never knew it, I never heard it from them, nor did I hear it from the contributor.

MERROW: Do you have something that says, "Well, we've given this money" I mean a public document. We have looked at a lot of your documents, and I haven't seen anything that says, "Well, we've given \$818,000 to CHADD over the last several years"

FORTE: (ID super: Ciba-Geigy Spokesman): Well, we've given a fair amount of public support to any number of patient support groups over the years. We don't go and take out advertisements out of the newspapers for that, that's not the reason why we do that. We're doing it because we feel that we have a responsibility to support those areas where there may be patients taking our products.

PARKER: CHADD is absolutely an independent organization. We have one mission and one mission only and that is to provide information and support to

individuals affected by A.D.D. We don't have any responsibility to any pharmaceutical company or anybody else.

MERROW (reverse question): You don't that as a conflict of interest, taking money from the drug company?

PARKER: We see it as a responsibility of the drug company to give us that money?

MERROW: You go them or they come to you?

PARKER: We go to them. They never come to us.

MERROW: And what do you say to them?

PARKER: We want money for a project. They've given us money for our awards to chapter coordinators. They've given us money to run our conferences. They've given us money to produce our fact sheets into Spanish so we can reach out to multi-cultural audiences.

FORTE: We're getting a big information out there and that's the bottom line here. Is that the campaigns that CHADD is entering for getting information out there about the disorder are on a nationwide basis so when they do a public service announcement, when they translate all their materials into a second language, when they enter any kind of a campaign of information they do it on a nationwide level as anyone can probably appreciate that takes some resources. So CHADD is essentially a conduit for providing this information directly to the patient population and they do a pretty good job of it.

MERROW: But they're funding a man who says Ritalin works. Aren't they buying you?

PARKER: I don't feel bought.

DR. BREGGIN: Money influences people. When people are being supported by some kind of institution, they tend to believe in it, they tend to be aligned with it because if they don't they lose the support that they need for their programs.

MERROW: Harvey Parker says it works the other way. He believes in it and therefore he accepts the money.

DR. BREGGIN Yes, I'm sure that's what he says, but in fact, it's not the way the world works.

PARKER: I don't feel bought. I feel they owe us that as a matter of fact. I feel they owe it to the parents who are spending their money on medication. They

owe it to these families to give them something back.

HAISLIP: That's one of the strangest things I've ever heard. You mean he really thinks there's nothing wrong in taking this money and keeping it a secret like they have? Well, I think it's an outlandish statement to make really, and I must say it surprises me.

MERROW: Do you think parents know that the information is coming from the pharmaceutical company not from CHADD? CHADD is the "conduit," as you said.

FORTE: Well, I hope they do. We're very aware that Ritalin when properly used and prescribed can play a very beneficial role in the total treatment for children with A.D.D. And it's been long felt our ethical responsibility to help provide that level of information that otherwise wouldn't be out there. I think from the parents point of view, if they're getting the information they need that's what they're most appreciative of.

DR. HEIN: If they are a parent group that are supported by a pharmaceutical company and the parents aren't aware, then to me that's not an effective partnership. I don't think there's anything wrong with partnerships as long as the partners know who they are, in the same way as doctors and families ought to be working together and know who you're dealing with. If there's pharmaceutical support for an activity then that partnership ought to be just out in the open.

DR. BREGGIN: The drug companies wouldn't do it if they didn't think they were buying increased profits. Drug companies wouldn't give away \$800,000 unless it was going to increase their profits, unless they knew it was going to increase sales.

PARKER: I invite you to be skeptical. It's important to be skeptical, but please do so without prejudging us. Read our literature see what it says. Come to our meetings see what we say.

ANONYMOUS MAN: I asked a couple of questions at the first meeting that were , ah, voiced my skepticism about the drug, and the thing that I found surprising was that the questions were answered quickly and moved right off of.

MERROW: I don't think I know what you mean?

ANONYMOUS MAN: I mean, there wasn't a lot of interest in my questions regarding the negative side of the drug.

VO (over couple in shadow): THIS HUSBAND AND WIFE HAVE ATTENDED CHADD MEETINGS. THEY ASKED TO HAVE THEIR IDENTITY CONCEALED TO PROTECT THEIR CHILD'S PRIVACY.

ANONYMOUS WOMAN: We would have round tables, and people would share different bits of information and of course the biggest issue was medication. Everyone wanted an answer to their problem and uhm, people were saying we've tried everything, nothing seemed to work, we did finally take the step to go to medication and we found results. In fact, I remember one parent, now this was not a spokesperson for the organization, but this person said to me in her opinion "cut to the chase, get to home base, every attention deficit child needs to be on Ritalin," and that was scary.

ANONYMOUS MAN: You have people walking in to a meeting who feel they've done something wrong in raising their children, you have people running a meeting telling them they didn't do something wrong and we have a solution for you. You're at the end of your rope; if you're really not on your toes you're going to grab for the magic elixir.

PARKER: Don't pre-judge us and say just because you're doing a) that means b). Take a look at what we're really doing. What really we are doing and why our membership increases, is we provide the best information available in the world on Attention Deficit Disorder.

VO: BUT DOES CHADD ALWAYS PROVIDE "THE BEST INFORMATION AVAILABLE"? THIS CHADD FACT SHEET STATES THAT "EMOTIONAL DIFFICULTIES, INCLUDING SUBSTANCE ABUSE ARE MORE LIKELY TO OCCUR WHEN A CHILD WITH A.D.D. IS NOT TREATED."

HAI SLIP: I don't know how they would have reached such a conclusion, but I'm not aware that they submitted any studies for us to examine on that point, and I'm not even aware of the existence of such studies.

MERROW: "Emotional difficulties including substance abuse are more likely to occur in a child when with A.D.D. is not treated."

DR. JOYCE MOSCARITOLA (ID super, Ciba-Geigy doctor): I don't...I don't know that I could support that statement. I don't...I...again I don't understand where these statements are coming from.

VO: CHADD'S LITERATURE ALSO SAYS THAT A "CHEMICAL IMBALANCE" IN THE BRAIN IS THE MOST LIKELY CAUSE OF A.D.D. WHAT CHADD'S LITERATURE DOES NOT SAY IS THAT SCIENTISTS HAVE YET TO FIND CONCLUSIVE EVIDENCE OF THIS IN THE BRAINS OF CHILDREN DIAGNOSED WITH A.D.D.

PARKER: There have been a number of theories throughout the last two dozen or so years, trying to find specific sites where there are neurotransmitter chemical deficiencies, but we haven't really been able to locate those.

VO: (over document, highlighted): CHADD'S LITERATURE ALSO SAYS THAT PSYCHO-STIMULANT MEDICATIONS ARE NOT ADDICTIVE.

HAISLIP: Well, I think that's very misleading. It's certainly a drug that can cause a high degree of dependence, like all the very potent stimulants.

VO: THE D.E.A. PUTS RITALIN IN THE SAME CLASS OF POTENT DRUGS AS MORPHINE AND LIMITS ITS PRODUCTION AND DISTRIBUTION.

MERROW: Are you seeking to increase production of Ritalin? To decontrol production.

PARKER: Yes.

MERROW: Why is that?

PARKER: A couple of years ago-- I think it was about a year and a half ago-- the Ritalin supply ran out in this country. Methylphenidate quotas were used up. And parents were desperate. Those parents whose kids were on medication were desperate to get a larger supply. But with the quotas that were in existence they couldn't do that.

VO: (Petition) CHADD HAS HIRED A WASHINGTON D.C. LAW FIRM TO HANDLE ITS REQUEST TO THE D.E.A..

VO: THE PETITION IS CO-SIGNED BY THE AMERICAN ACADEMY OF NEUROLOGY, BUT CHADD IS PAYING THE LAWYERS.

VO (D.E.A. exterior): CHADD DID NOT TELL THE D.E.A. ABOUT ITS FINANCIAL RELATIONSHIP WITH CIBA-GEIGY.

HAISLIP: Now there's nothing requiring them to report to the D.E.A., so they have not violated any reporting requirement. But as to the question of whether they've misled people, well I think a lack of disclosure of something of this significance, given their position on these issues, I think that is misleading to people very definitely.

VO: GENE HAISLIP BELIEVES THAT CIBA-GEIGY STANDS TO PROFIT IF PRODUCTION CONTROLS ON RITALIN ARE RELAXED.

HAISLIP: Well, we have to look at this market the way it's trending. I mean it's increased 500 percent since 1990, and we're talking about potentially millions of children. A prescription I suppose would cost something in the neighborhood of perhaps \$30 a month. So \$30 times hundreds of thousands, maybe millions, I'd say that would be a very substantial revenue.

MERROW: What are the profits associated with Ritalin? Ritalin sales have gone way up.

FORTE: With any of our pharmaceutical products we generally don't provide the actual sales figures, we consider that proprietary information, most pharmaceutical companies do. To acknowledge one of your comments though, we have seen Ritalin sales increase.

SU: CHADD MAY OR MAY NOT BE SUCCESSFUL IN LOBBYING THE D.E.A. TO RELAX PRODUCTION CONTROLS ON METHYLPHENIDATE AND RITALIN, BUT CHADD DID SUCCESSFULLY LOBBY THE US CONGRESS AND THE DEPARTMENT OF EDUCATION SEVERAL YEARS AGO TO HAVE A.D.D. FORMALLY RECOGNIZED AS A DISABILITY. CHADD HAS WORKED CLOSELY WITH THE DEPARTMENT OF EDUCATION EVER SINCE.

VO: THIS RECENTLY RELEASED VIDEO ON A.D.D. WAS PRODUCED AND DISTRIBUTED AS PART OF A \$750,000 GRANT FROM THE US DEPARTMENT OF EDUCATION TO PROMOTE AWARENESS OF A.D.D. CHADD PLAYED A CENTRAL ROLE IN ITS DEVELOPMENT AND PRODUCTION.

Nat. Sound: (BONNIE FELL from video. super 'education department video): I didn't quite understand that this was just like any other medical disability, I had a

hard time understanding that, and it took me a long time to realize it wasn't something I could fix and that it was something that we needed to get medical treatment for.

VO: THE VIDEO IDENTIFIES BONNIE FELL AS A PARENT. VIEWERS ARE NOT TOLD THAT SHE WAS CHADD'S NATIONAL PRESIDENT AND STILL SERVES ON CHADD'S BOARD OF DIRECTORS. IN THE DEPARTMENT'S VIDEO, FELL ENDORSES RITALIN.

Nat. Sound: (FELL from video. super 'education department video') : I showed him the work that he does normally versus the work that he does without his Ritalin and there's a lot more doodling and crossing out and you can't read it back and you know it's really amazing when you see something that tangible, that makes things better for them, it just relieves all my fears.

MERROW: What is your reaction to what you saw in that film?

DR. BREGGIN: Well it's shameless that the US government is pushing drugs for Ciba. It's even interesting that they mention the drug by its trade name, which is like selling the drug for the manufacturer, Ciba-Geigy, the official name is methylphenidate.

VO: VIEWERS ARE NOT TOLD THAT FOUR OF THE FIVE MOTHERS WHO PLAY PROMINENT ROLES IN THE VIDEO ARE BOARD MEMBERS OF CHADD'S CHICAGO CHAPTER.

Nat. Sound: (MCLARRON from video. super 'education department video'):  
"The minute the medication kicks in it's like night and day and until you see it you cannot understand it, but it's so remarkable how all of a sudden they're much more calm, they're not snapping back with their personality, they can sit down and do their work. They can achieve."

Nat Sound: JOANNE EVANS, CHADD'S PRESIDENT, AT THE DEPARTMENT OF EDUCATION PRESS CONFERENCE.

VO: (individuals at press conference) AT THE PRESS CONFERENCE ANNOUNCING THE RELEASE OF THE VIDEO, CHADD'S CURRENT NATIONAL PRESIDENT, JOANNE EVANS, PRESENTED AN AWARD TO DR. THOMAS HEHIR, DIRECTOR OF SPECIAL EDUCATION PROGRAMS, AT THE DEPARTMENT OF EDUCATION.

Nat Sound: (CHADD President) The mission of CHADD is to help children with A.D.D. achieve success. When an institution like the Department of Education joins us in this mission, as it has so clearly with these two videos, we know we will achieve our goal.

MERROW: Are you aware that most of the people in the film are not just members of CHADD, but in the CHADD leadership including the former national president? They're all board members of CHADD in Chicago, are you aware of that? They're not identified in the film.

HEHIR: (ID super: Director of Special Education Programs, USDE) I, I'm not aware of that.

MERROW: Do you know of the financial connection between CHADD and Ciba-Geigy, the company that makes Ritalin?

HEHIR: I do not.

MERROW: In the last six years, CHADD has received \$818,000 in grants from CIBA-GEIGY.

HEHIR: I did not know that.

MERROW: Does that strike you as a potential conflict of interest?

HEHIR: That strikes me as a potential conflict of interest, yes it does.

MERROW: Now, that's not disclosed either, even though the film talks about Ritalin as a, one way and it's the first way presented--

HEHIR: Right.

MERROW: --of taking care of, treating Attention Deficit Disorder, that's not disclosed either, does that trouble you?

HEHIR: It concerns me.

MERROW: Are you going to look into this when you go back to your office?

HEHIR: I will certainly look into some of the things you brought up.

MERROW: Should they have told you that all those people in that film are CHADD leadership? Should they have told you that CHADD gets twenty percent of its money from the people who make Ritalin?

HEHIR: I should have known that.

MERROW: They should have told you?

HEHIR: Yes.

VO: ONLY 20 SECONDS OF THE 30-MINUTE VIDEO ARE DEVOTED TO RITALIN'S SIDE EFFECTS.

Nat. Sound: (Doctor from film--super "education department video"): Most children adapt to it pretty readily and really don't have a problem with it. We warn them about the side effects. The growth problems with Ritalin haven't been to great. The loss of appetite is not a major problem. The one concern is that a few kids will develop facial tics and they won't go away once you've stopped the medication.

DARREN FLEISCHER: First there's sleeping. It doesn't make me tired it makes me stay up all night, uhm, also my friend, like I know a whole bunch of kids who take Ritalin too, and I think it makes you stunt your growth.

ETTA FLEISCHER: I have to say this honestly, I feel ... very guilty sometimes in giving him Ritalin because he doesn't eat and it's very hard for him to sleep sometimes.

MERROW: Have you ever ask your mom and dad "please don't let me take it".

DARREN FLEISCHER: yea, everyday.

MERROW: And what happens.

DARREN FLEISCHER: I just find out I have to take it. I have to take it to do good in school.

MERROW: He asks you.

ETTA FLEISCHER: He says to me I do not want to take it. He does not want ... he understands during the school period. Okay. He understands to give it to him during the school week because it affects him differently at school. But at home, during the weekend, he absolutely does not want to take it and he will say to me, Mommy, please don't ... make me take it. And ... I don't.

MERROW: What do we know about the efficacy and safety long term results of using Ritalin?

DR. MOSCARITOLA: There's forty years of experience. I mean we have certainly seen studies. There are studies looking at the long term going forward. There are certainly information looking at children who have received the drug...medication...as you know younger school age so that there is information long term.

VO: (print material) BUT THAT'S NOT WHAT CIBA-GEIGY, TOLD THE FOOD AND DRUG ADMINISTRATION. CIBA-GIEGY WROTE FOR THE

FDA. (quote) "SUFFICIENT DATA ON THE SAFETY AND EFFICACY OF LONG-TERM USE OF RITALIN IN CHILDREN ARE NOT YET AVAILABLE." (endquote).

MERROW: There are some people who say there may be long term side effects, like stunting your growth.

DAVID: Is that true?

ANDREW: Yeah, I've heard that if you go on it and you skip for a summer or something, it might mess up your growth if you're on it too long.

MERROW: You jumped when I said that. Do you worry now?

DAVID: Yea, I'm going to try to get my parents, I don't think I'm going to take it any more.

MERROW: (reverse question): May I read to you what some kids have told us about being on Ritalin? (begins reading) "You're tired but you can't....."

cross fade to kids

MATT: You're tired but you can't sleep. I don't know why but I've noticed it. Tired with hyperness.

DAVID: Yea, it's like your mind is hyper when your off.

MATT: Yea and you can't sleep either because your mind is still awake.

ANDREW: And it makes your body all..

MATT: It's like running at the speed of light, but you're just like your body's just like let's lie down here and your mind's like no way, wait up, look at this, wake up.

DR. MOSCARITOLA: If a child is having...symptoms like that I think that certainly...the parent should speak to the pediatrician. Perhaps it requires a...a dose adjustment or perhaps changing the time the medication is given.

MERROW: I don't mean to be unkind, but a kid comes and says "Don't make me take it, I hate it I hate taking Ritalin, and your reaction as a doctor is, "well, we'll change the dose or give it to you at a different time."

DR. MOSCARITOLA: But the reason he doesn't like it is because he can't sleep. If he's deriving a benefit,

MERROW: He can't eat either.

DR. MOSCARITOLA: or the same thing as far as the appetite because it is a common side effect. So, I would first try decreasing the dose and then if he still is miserable and he's unhappy, then that's a different case. I think every child

needs to be treated individually, and I don't think one should have an across the board treatment and say it works or it doesn't work. It's not all black and white.

VO: (over headline) BUT TODAY THE STORY GOES BEYOND MEDICAL SIDE EFFECTS. NEW REPORTS ARE COMING OUT ABOUT THE MISUSE AND ABUSE OF RITALIN BY CHILDREN IN THEIR TEENS.

RECOVERING ADDICT: You just come up to someone and you're like, that you're friends with and you're like, can I have a couple of pills, and they give you a couple of pills, and then you crush em up, and snort 'em, and then you're like, high.

VO: THESE RECOVERING ADDICTS ALL ABUSED RITALIN. ONE IS EIGHTEEN. TWO ARE FIFTEEN.

RECOVERING ADDICT: It's like a speed, it's the same thing, except if someone has it and they're parents are paying for it it's a free high for everyone else.

MERROW: Do lots of kids do it?

RECOVERING ADDICT: Yea. It's one of the big things to do now, cause it's free a lot of the time, because I mean if a friend has a couple of extra pills, he'll just give em to you, or they can sell em to you.

RECOVERING ADDICT: I also used to sell it. Uhm sometimes you could sell it for ten dollars a pill to people who weren't aware how easy it is to get Ritalin.

Merrow: Were there a lot of kids who would like to buy it?

RECOVERING ADDICT: Yea. They used to like uhm, mixing it with marijuana; they said that added a nice buzz to it.

VO: TWO OF THESE TEENAGERS SAY THEY WERE ALREADY ABUSING RITALIN WHEN THEY WERE DIAGNOSED A.D.D. THEY SAY THEIR DOCTORS PRESCRIBED MORE RITALIN.

RECOVERING ADDICT: The doctors, they just basically prescribe like Ritalin just like that. I mean they don't look, they don't check if they've had a drug history or drug abuse, they don't check emotional problems. They just pop them some Ritalin and say this will help make you concentrate.

HAISLIP: We've now begun to see deaths from this drug. We had a recent death in Roanoke in Virginia, where this child died from snorting the drug just like cocaine. He wasn't on a prescription. But there's so much of it available now, that we're beginning to see this kind of increasing abuse and illicit traffic in the drug.

VO: (over studies) PARENTS GIVE THEIR CHILDREN RITALIN IN HOPES THEY WILL CONCENTRATE IN SCHOOL AND DO BETTER, BUT MOST SCIENTIFIC STUDIES CONCLUDE THAT, WHILE IT MAY IMPROVE CLASSROOM BEHAVIOR, RITALIN DOES NOT HAVE LONG TERM, POSITIVE EFFECTS ON EITHER LEARNING OR ACADEMIC ACHIEVEMENT.

ANONYMOUS MAN: I haven't been able to find any long term studies. I've done some research myself, to show the great successes they've had with children. The drug company, I think if they had a product that was producing astronauts and doctors and things like that they'd be citing them. I haven't seen anything like that.

FORTE: I can't name for you an astronaut or anyone else for that matter whose of particular renown at the present, but I got to admit there are probably a lot of people out there who are a lot more successful in life today than they might otherwise have been if they hadn't gotten it properly diagnosed and treated properly.

MERROW: You as a doctor, any kind of warning flag? I mean it's always boys...it's always in the United States with the Methylphenidate...none of those things make your antennae quiver and make you wonder?

DR. MOSCARITOLA: No, it doesn't.

HAISLIP: If there are children who are getting this drug who don't really need it, and all of the figures suggest that this is being overly prescribed, they are the losers, them and they're parents.

MERROW: So no sleepless nights for you?

FORTE: Certainly not in that regard. For me a lot of satisfaction in working for a company that was able to develop and provide as product that makes a big difference in people's lives.

JOEL FLEISCHER: Do we have nagging doubts? Yeah. Every day I have

doubts. I think there are people who go on television and say "yeah, they solved this problem with diet and the kid's off the Ritalin, never needed it." I don't know, I don't know. So there are always these nagging doubts.

VO: OTHERS SHARE THOSE DOUBTS. JUST BEFORE OUR BROADCAST, THE DEA SAID IT PLANS TO REJECT CHADD'S PETITION. THE DEA WROTE, IT IS (QUOTE) "UNCLEAR" (ENDQUOTE) WHY CHADD WOULD WANT TO LESSEN CONTROLS ON METHYLPHENIDATE WHEN (QUOTE) "EVERY INDICATOR AVAILABLE...URGES GREATER CAUTION AND MORE RESTRICTIVE USE". (ENDQUOTE)

VO (over Tom Hehir, Ciba-Geigy, and Harvey Parker) TWO DAYS AFTER OUR BROADCAST, THE DEPARTMENT OF EDUCATION RELEASED THIS MEMO SAYING IT WILL "NO LONGER DISTRIBUTE" THAT ADD VIDEO.

VO: CIBA-GIEGY HAS NO DOUBTS. IT SAYS IT WILL CONTINUE FUNDING CHADD.

VO: AFTER WE BEGAN ASKING QUESTIONS, CHADD DECIDED TO TELL ITS MEMBERS ABOUT ITS LONGSTANDING FINANCIAL LINKS WITH CIBA-GEIGY. CHADD SAYS IT WILL CONTINUE TO ACCEPT CIBA-GEIGY'S MONEY.

CLOSING SU: MAYBE THEY DON'T HAVE ANY DOUBTS ABOUT THE COURSE WE'RE ON, BUT PERHAPS WE SHOULD. AT THE RATE WE'RE GOING, BY THE YEAR 2000 WE'LL BE DIAGNOSING AND MEDICATING FIFTEEN PER CENT OF OUR CHILDREN, EIGHT MILLION KIDS.

CREDIT ROLL.....