

GIVE YOUR KIDS RITALIN OR THE CPS POLICE WILL TAKE THEM AWAY

JULY 14, 2004

Note from Pastor Kevin: As I mentioned in our study last Sunday (July 11, 2004 on 1 Cor 12), there are increasing cases in the U.S. where parents are being told that they must put their children on Ritalin (a form of Methamphetamine – and very addicting) or they will be taken away. The following two articles are examples of this corruption.

It is certain that if my parents had been raising me in the 60s with the same drug pushing mentality that exists in America today, they would have been encouraged to put me on Ritalin. However, what I really needed was discipline and a Jesus centered home. Lacking these I was an unruly delinquent who was kicked out of the house the summer before my senior year of High School.

I am thankful to Jesus that over time He brought others into my life to allow me to see Jesus. I wonder if I could have even listened to the gospel message if I was being doped up on Ritalin or one of its equivalent mind numbing cousins. Will your children find Jesus while on Ritalin, or will they grow up to be adult Methamphetamine users like so many have.

We must realize that billions of dollars are wrapped up in the mind control drug industry in this country. It is not just our children that the drug pushers want to make their millions on. I have heard of many examples where adults will tell their doctors they are having difficulty sleeping, feel discouraged, etc. and are instantly given a diagnosis, and offered an assortment of mind drugs.

I plead with you Christians to resist this drug pushing. As reported on various news shows like 60 Minutes, many doctors get kickbacks for pushing drugs. They are also overloaded, making it easy to say, "Take a pill and go."

Those who seek more information about this issue are encouraged to read Psychology Debunked subtitled, Revealing the Overcoming Life, by Lisa and Ryan Bazler.

Heb 12:3-4 *For consider Him who endured such hostility from sinners against Himself, lest you become weary and discouraged in your souls. You have not yet resisted to bloodshed, striving against sin.*

2 Cor 4:8-10 *We are hard pressed on every side, yet not crushed; we are perplexed, but not in despair; persecuted, but not forsaken; struck down, but not destroyed -- always carrying*

about in the body the dying of the Lord Jesus, that the life of Jesus also may be manifested in our body.

Source of following article -

http://libertarian.typepad.com/independent/2004/06/ritalin_drug_of.html

June 16, 2004 – Current Affairs

RITALIN: DRUG OF CHOICE FOR **GOVERNMENT CONTROL**

Fellow blogger Swoop2k4 , recently brought an article to my attention that appeared on the ABC News website on June 7. Here are the opening paragraphs:

When Chad Taylor noticed his son was apparently experiencing serious side effects from Ritalin prescribed for attention deficit hyperactivity disorder, he decided to take the boy off the medication. Now, he says he may be accused of child abuse.

In February, 12-year-old Daniel began displaying some symptoms that his father suspected were related to the use of Ritalin.

"He was losing weight, wasn't sleeping, wasn't eating," Taylor told ABC News affiliate KOAT-TV in New Mexico. "[He] just wasn't Daniel."

So Taylor took Daniel off Ritalin, against his doctor's wishes. And though Taylor noticed Daniel was sleeping better and his appetite had returned, his teachers complained about the return of his disruptive behavior. Daniel seemed unable to sit still and was inattentive. His teachers ultimately learned that he was no longer taking Ritalin.

School officials reported Daniel's parents to New Mexico's Department of Children, Youth and Families. Then a detective and social worker made a home visit.

"The detective told me if I did not medicate my son, I would be arrested for child abuse and neglect," Taylor

said.

A week later, a similar story appeared in the Christian Science Monitor—this one involving a young boy named Michael Weathers. This time, the parent was actually reported to state child protective services for child abuse.

What's going on here? The balance of the CSM article tells more of the story. Here's an excerpt:

Though charges were dropped, the Weathers case has become a symbol of the simmering controversy surrounding attention deficit disorder/ADHD, treatment for it, and the subjective diagnostic tests some critics say has led to an overuse of stimulants in schools.

Though there is no official count of people claiming coercion, (Weathers says some 800 parents have logged complaints of similar coercion on her website www.ablechild.org), child abuse allegations appear to be infrequent, perhaps because states are moving to pass laws that to some degree limit what schools can say or do regarding ADHD and other behavioral disorders.

To date, according to activists who track the issue, seven states have laws prohibiting school personnel from recommending psychotropic drugs for children. Over the past few years, 46 bills in 28 states have either passed or are awaiting action.

Currently, one federal bill, the Child Safety Medication Act, prohibits schools from making medication a requirement of attendance and calls on the Government Accounting Office to track how often schools pressure parents to seek ADHD diagnoses. It passed the House in 2003 but is currently stalled in the Senate.

Yet even as courts and legislatures muddle through the question of offering protection to parents who choose not to medicate their children, controversy deepens over the use of stimulants like methylphenidate - the generic name for Ritalin - by children.

According to testimony given before Congress in 2000, ADHD diagnosis in children grew from 150,000 in 1970 to 6 million in 2000, representing 12 to 13 percent of US

schoolchildren.

From a libertarian perspective, there are two issues here: (1) Is ADHD a disease, and (2) Do government schools have the authority to impose mandatory medications on students

In a speech last February, Dr. Thomas Szasz made several remarks on the misuse of the drug Ritalin by school officials. For those unfamiliar with Dr. Szasz, although a psychiatrist himself, he has spent a lifetime opposing the defining of aberrant behaviors as "diseases," which then allows the state to take control of a person's life and liberty. Here is his evaluation of the Ritalin controversy:

Another lamentable development is the claim that millions of children suffer from a mental illness called "attention deficit hyperactivity disorder" (ADHD) and that Ritalin — administered to the child often against the will of the parent — is a treatment for it. Of course, it is always administered against the will of the child. What child wants to be stigmatized as crazy?

When school authorities tell a mother that her son is sick and needs to be on drugs, how is she to know that that's a lie? How is she to know that what experts call Attention Deficit Hyperactivity Disorder is not a disease?

Bedazzled by psychiatric jargon, she does not realize that diagnoses are not diseases.

She is not expert in the history of psychiatry. She does not know that psychiatrists have always used diagnostic terms to stigmatize and control people — for example:

—black slaves who ran away to freedom suffered from drapetomania;

—women who rebelled against being controlled by men suffered from hysteria;

—until only a few years ago, men and women who engaged in sexual acts with members of their own sex suffered from the dread disease of homosexuality.

Of course, none of those behaviors was a disease. ADHD

is not a disease.

Nor is Attention Deficit Hyperactivity Disorder a disease.

No behavior or misbehavior is a disease or can be a disease. There is no mental disease. Period.

Don't forget that, not long ago, psychiatry's two favorite mental illnesses were masturbatory insanity and homosexuality. They are no longer mental illnesses. Why not?

Because people stopped believing that "self-abuse" causes insanity and that homosexuality is a perversion that ought to be treated as a disease and also punished as a crime.

However, that did not end the horrors. On the contrary, it was the beginnings of worse horrors. No sooner do psychiatrists "declare" that a mental illness is not an illness than they "discover" — that is to say — invent a host of new mental illnesses.

When I went to medical school, sixty years ago, there were only a handful of mental illnesses. Now there are more than three hundred, with new ones "discovered" every year.

George Washington warned: "Government is not reason; it is not eloquence. It is power. Like fire, it is a dangerous servant and a fearful master." Psychiatry is a part of the government.

This is what parents who are told that their child suffers from Attention Deficit Hyperactivity Disorder must never forget. They must never forget that school personnel and child psychiatrists and psychologists are government agents. Their job is to control children, not to care for their health or well-being.

Caring for the health and well-being of children is the parents' job. Government, as Washington said, is not reason. It is unreason.

Labeling a child as mentally ill is stigmatization, not diagnosis. Giving a child a psychiatric drug is poisoning,

not treatment.

I have long maintained that the child psychiatrist is one of the most dangerous enemies not only of children, but also of adults who care for the two most precious and most vulnerable things in life -- children and liberty.

Adults have physical and political power over children. This is why sexual relations between adults and children are outlawed and the act is called "statutory rape." For the same reason, we ought to outlaw psychiatric relations between adults children and call child psychiatry by its correct name, "psychiatric rape."

Child psychiatry — like all of psychiatric slavery — cannot be reformed. It must be abolished.

How can parents protect their children from the therapeutic state, that is, from the alliance of government and psychiatry?

They can do so only by disabusing themselves of the idea that what ails an unhappy or misbehaving child is a mental illness, and that so-called psychiatric treatment can help him.

Does government have authority under our Constitution to coercively impose medication on any citizen? It seems to me that the clause, "promote the general Welfare" in the Preamble would extend such authority only to the extent that the welfare of others was at risk—e.g., communicable diseases. But since ADHD is not communicable, it would not allow such an incursion. This is true regardless of whether or not one agrees with Dr. Szasz in his view that aberrant behavior are not a disease.

Consequently, government schools have no Constitutional authority to require students be medicated by Ritalin. And, Child Protective Services would have no justification in supporting an illegal mandate. Unfortunately, when government agencies open an offensive like this, it is usually years before the Supreme Court renders a decision that might restore individual liberty.

There's a larger lesson to be learned here. Whether it is ADHD or any other issue pertaining to their children, parents should always keep Dr. Szasz's words in mind: "School personnel and child psychiatrists and psychologists are government agents. Their job is to control children,

not to care for their health or well-being." Exercise great caution in your communications with these people, and don't hesitate to seek outside legal counsel if you feel threatened.

Source of the following second article on this subject
<http://www.csmonitor.com/2004/0614/p12s01-legn.htm>

SOME PARENTS JUST SAY **'WHOA' TO SCHOOL-** **REQUIRED MEDICATIONS**

**AS PARENTS SEEK MORE LEGAL PROTECTION,
CONTROVERSY OVER DRUGS' IMPACT DEEPENS.**

By Kelly Hearn | Correspondent of The Christian Science Monitor
June 14, 2004

When Patricia Weathers's son Michael had problems in his first-grade class, a school psychologist told the New York mother he had attention deficit hyperactivity disorder, or ADHD, and needed to be medicated with stimulants. If not, he would be sent to a special education facility near his Millbrook, N.Y., school.

Confused and intimidated, Ms. Weathers says she consented to put Michael on Ritalin, a commonly used stimulant that doctors prescribe to decrease the symptoms of ADHD - restlessness, disorganization, hyperactivity. But Michael exhibited negative effects from the drug, such as social withdrawal. Instead of spotting the side effects, Weathers says, school officials again pressured her back to the psychiatrist's office, where Michael's diagnosis was changed to social anxiety disorder and an antidepressant prescribed. Finally, says Weathers, "I saw that the medicines were making Michael psychotic, so I stopped giving them to him." When she stopped the medicine, the school reported her to state child protective services for child abuse.

Though charges were dropped, the Weathers case has become a symbol of the simmering controversy surrounding attention deficit disorder/ADHD, treatment for it, and the subjective diagnostic tests some critics say has led to an overuse of stimulants in schools.

Though there is no official count of people claiming coercion, (Weathers

says some 800 parents have logged complaints of similar coercion on her website www.ablechild.org), child abuse allegations appear to be infrequent, perhaps because states are moving to pass laws that to some degree limit what schools can say or do regarding ADHD and other behavioral disorders.

To date, according to activists who track the issue, seven states have laws prohibiting school personnel from recommending psychotropic drugs for children. Over the past few years, 46 bills in 28 states have either passed or are awaiting action.

Currently, one federal bill, the Child Safety Medication Act, prohibits schools from making medication a requirement of attendance and calls on the Government Accounting Office to track how often schools pressure parents to seek ADHD diagnoses. It passed the House in 2003 but is currently stalled in the Senate.

Yet even as courts and legislatures muddle through the question of offering protection to parents who choose not to medicate their children, controversy deepens over the use of stimulants like methylphenidate - the generic name for Ritalin - by children.

According to testimony given before Congress in 2000, ADHD diagnosis in children grew from 150,000 in 1970 to 6 million in 2000, representing 12 to 13 percent of US schoolchildren.

On the one hand, a recent National Institute of Mental Health study, published in the April edition of the journal *Pediatrics*, confirmed long-held assumptions that consistent use of stimulants mildly suppresses children's growth - at an average rate of about an inch over the course of two years, in addition to weight loss in some children.

At the same time, another part of the same study gave the use of medication a boost when it comes to the treatment of ADHD. The study showed that strict behavioral regimes, used without drugs, were not as successful as treatments involving stimulants. They suppressed ADHD symptoms in 34 percent of the children tracked over a two-year period, while medication worked in 56 percent of cases.

Yet if the study was reassuring to some who work with children, it was alarming to others. "The study helps prove that the country is only hearing half the story about ADHD," says William Frankenger, a professor at the University of Wisconsin, Eau Claire, who has been studying ADHD for almost two decades. "If these medicines suppress growth, you have to ask what else they are doing that we can't measure."

Dr. Frankenberger says pharmaceutical companies pitch ADHD medications in part as a way to help children improve academic performance. While stimulants immediately increase focus (for children with or without ADHD) and often lead to short-term betterment of classroom performance, Frankenberger says his longitudinal research suggests that ADHD medications caused no boost in academic achievement over the long run.

In addition, the length of time a student uses the medication and the type of test given can cloud test results, says Marc Atkins, director of psychology training at the University of Illinois at Chicago. Dr. Atkins, who sometimes works as a paid consultant for Alza, the maker of a popular ADHD medication, calls the NIMH study "cause for some concern" and says it should prompt the medical community to reevaluate the ease with which stimulants are prescribed.

But Atkins - who agrees that schools should not be allowed to mandate medication - takes issue with laws that prevent school healthcare professionals from offering recommendations or a diagnosis to parents. "To cut schools off from giving parents good information is not what you want," he says.

Frankenberger says one of his research projects examined the origin of initial referrals to psychologists to explore the possible presence of ADHD in children. "In about 80 percent of the time, we found that it came from teachers," he says. But overreliance on teacher observations and recommendations to drive use of medication can be problematic, say some experts. It may make judgment calls all the more complicated for parents.

Teachers and school administrators interviewed for this story generally agreed that for some students diagnosed with ADHD, stimulants make a remarkable difference, calming internal storms and bringing normalcy to scattered young lives.

But several also noted worrisome trends in diagnosis, noting, for example, that teachers in crowded, cash-strapped classrooms are more likely to steer a disruptive child toward medication.

Several observed another complicating factor: white middle class or upper middle class boys form the majority of diagnosed cases while minorities - whether due to stigma or lack of access - often go untreated.