

Modern America is a society largely run on pharmaceutical drugs. In the past month, a vast number of Americans used a prescription drug. These medications serve to mend a wide variety of problems, from depression and anxiety to pain and distractibility. Any ailment imaginable can now be “fixed” by trading in a slip of paper from a quick trip to the doctor for pills housed in a fluorescent orange bottle. Whereas the individuals taking these pills used to be comprised almost solely of adults, children and teens are now major consumers in the pharmaceutical industry. Patients are being diagnosed with mental and behavioral disorders more frequently and at younger ages, and they most commonly look to psychiatrists for treatment in the form of prescription pills. In turn, treating these disorders through medication is much more socially acceptable, and in some cases even set a societal norm. Pharmaceuticals are often seen as a first, or only option for the treatment of psychological issues and have become widely overprescribed, resulting in harmful side effects.

It is undeniable that the over-prescription of pharmaceutical drugs is linked to changes in the psychiatry industry, especially for young people. The industry has changed both on large, corporate levels and on the individual levels of the psychiatrists themselves. Pharmaceutical companies, such as Pfizer, GlaxoSmithKline, and Johnson & Johnson, make profits from the sales of brand name and generic medications, mostly in the United States. Of the \$643 billion that were spent globally on prescription medications in 2006, \$289 billion was spent in the United States.¹ In order to keep boosting their revenues and reach more customers, pharmaceutical companies rely on marketing. Companies advertise their specific drugs on television, the internet, magazines, and virtually all other forms of mass media. In effect, these drugs become familiar household names, even though the consumers are not exactly informed as to what the drugs treat, how they work or what their side effects are (unless one can manage to understand the jumble of words in the last five seconds of a TV ad). Therefore, when someone informs his or her doctor of poor performance in school, an instant prescription of Adderall, a psychostimulant classified as a Schedule II drug according to the United States Drug Enforcement Association, will not be scary or alarming. Doctors are quick to hand out pharmaceutical medications, sometimes even before a diagnosis is established, because it is faster and cheaper than other forms of therapy or treatment. This practice results in tendencies to over-prescribe. Pills allow both the doctor and the patient to see immediate results, which is something that modern Americans value. Widespread prescription of medication separates the doctor from both the patient’s problems and treatment of those problems; the psychiatrist/patient relationship has become less personal.

The over-prescription of pharmaceutical drugs manifests in the treatment of young people who are diagnosed with Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD). Not only are ADD/ADHD medications over-prescribed, but also the conditions themselves are over-diagnosed. Between 2003 and 2007, the ADHD diagnosis rate increased by an average of 5.5% per year.² It is not because kids of the younger generation have lower brain functions than those of the past, but because the large advances in media have made American society more stimulated than ever. Attention spans are shrinking because screens and devices constantly bombard us with more and more information. As Sir Ken Robinson,

¹ Herper, Matthew and Kang, Peter (2006-03-22). "The World's Ten Best-Selling Drugs". Forbes. Retrieved 2007-05-31

² Center for Disease Control and Prevention, *ADHD, Data and Statistics*, <http://www.cdc.gov/ncbddd/adhd/data.html> (Nov. 10, 2010).

education expert, puts it, “Our children [are] besieged with information ... and we’re penalizing them now for getting distracted. From what? Boring stuff at school, for the most part.”³ Almost any child or teen that “can’t focus”, is disruptive, or has trouble in school is eventually diagnosed with ADD or ADHD. Many times this path to diagnosis starts when a schoolteacher, who isn’t even qualified to make a diagnosis, will suggest to parents that their son or daughter has one of these disorders. From there, the child will visit a doctor about the supposed problem, who is usually not even a psychiatrist but a family doctor or pediatrician who doesn’t specialize in ADD/ADHD.

Pharmaceutical drugs are prescribed after a few minutes of consultation, rather than after the ideal behavioral observation of the child or teen lasting several hours. Because of this, more than two thirds of young people diagnosed with ADD or ADHD take medications like Adderall, Ritalin, Concerta, Vyvanse, and Strattera.⁴ Very few of these cases of ADD/ADHD would need medication regardless of what the child’s family life, school, and other environmental factors were like. This trend has caused America to account for 88% of the global consumption of pharmaceutical drugs treating ADHD, even though America only accounts for 4% of the world’s population.⁵ Each individual who takes these drugs can be subject to common side effects such as loss of appetite leading to weight loss, anxiety, OCD-like behavior, irritability, difficulty sleeping, and nausea. In addition to these medical side effects that the pharmaceutical companies list, those taking ADHD medication often complain about feeling subdued or robotic. Lastly, stimulant drugs, the kind most commonly used to treat ADD/ADHD, have high potential for abuse and addiction, especially when given to individuals who do not have a severe case of either disorder. The combination of all of the effects of the prescriptions for ADD and ADHD detract from their alleged beneficial qualities and do not act in the patient’s best nature.

I have personal experience with the over-prescription of ADD medication. I have a non-severe case of Attention Deficit Disorder that was diagnosed in the end of my sophomore year of high school. My psychiatrist prescribed 54mg of Concerta for me, to be taken every day. It did increase my productivity; I brought my grades from D’s to B’s in the last two weeks before finals. My parents, initially skeptical about medicating me, were pleased with the progress in my schoolwork that the drug had sparked and I continued taking Concerta for the next year. It helped me get through tedious papers and standardized tests during my junior year, but in the process it stifled a lot of my personality and creativity. When I was on my medication, I was completely zoned out. My mind was completely one-track; I could think about whatever task I was working on at the moment and nothing else. Though the medication was doing its job of getting rid of “distractions”, I was unable to synthesize information and think with a broader mindset about the current task that I was performing. In my art classes, I finished my projects much faster but I had a lot of trouble actually coming up with ideas. Social situations were impacted as well. I became very irritable and shut off from my peers, family, and friends. In addition to these mental factors, the medication took a physical toll on my body. The drugs suppressed my appetite so I never

³ RSA, *Sir Ken Robinson – Changing Paradigms*,
<http://www.thersa.org/events/video/archive/sir-ken-robinson> (Feb. 4, 2010).

⁴ Center for Disease Control and Prevention, *ADHD, Data and Statistics*,
<http://www.cdc.gov/ncbddd/adhd/data.html> (Nov. 10, 2010).

⁵ Huffington Post, *Does America Really Have a Problem With Adderall Abuse?*,
http://www.huffingtonpost.com/larry-diller/america-adderall-abuse_b_1103886.html? (Nov. 22, 2011).

wanted food. I lost almost 20 pounds and my friends and family kept telling me I had gotten too thin. I had to stop drinking a lot of caffeine because when it was coupled with the stimulant drug, I could feel my heart pounding too hard and I felt panicky.

For a long time I did not realize that these negative effects were linked to taking Concerta. My mother thought it was due to the stress of my junior year and I thought maybe I had just become a boring, angry person on my own. However, in the spring of 2011, I made a connection between these problems and my medication. As a part of my school's visual arts conservatory, I was attending our annual "Art-In" where we would sleep over at school on a Friday and make art all night. It was a really fun time, and as it got later my day's dosage of Concerta wore off and I was a lot more lively, goofy, and creative. In my art program, I have some friends that I have known for years and see regularly outside of school, but a lot of my other friends I only see in our 3:15-5:15 meetings during the week while my medication is in action. My close friends noticed nothing unusual about my personality or behavior, but at least 6 other people from the art program came up to me and asked if I was drunk or high. It was really shocking and upsetting to me that there was such a drastic difference in the way that I acted that people thought I was inebriated, when in contrast I was actually off of my prescribed drugs... I was sober! Immediately, I decided I could not continue to dull myself down so much. I gradually took Concerta less frequently and gained back my weight and my personality. I pushed myself to excel without drugs, and that motivation allowed me to achieve a 4.25 GPA that quarter on my own.

Before I left to attend The Oxbow School, I went to my psychiatrist to tell him that I was not going to take Concerta anymore, even though I had not been taking it for the past 5 months. He clearly favored the hypothetical wellbeing of my schoolwork over my personal wellbeing; when I explained to him the effects of Concerta that I didn't like, he gave me a new prescription of Ritalin to take if I ever found myself "backed into a corner with my work" instead of accepting my resignation from the drug. I never filled the new prescription for Ritalin because that logic seems completely backwards. It does not make sense to give a prescription for a new medication to a patient who complains of the side effects of her former medication and has been successful without medication. It was much more difficult for me to deal with taking a medication that I didn't need than with dealing with the ADD itself. The tendency to over-prescribe that I have dealt with first-hand is not helpful to American youth.

Although prescription medications can definitely be beneficial to those who truly need them, they are not helping those who are given the prescriptions extraneously. They are affecting youth culture by making young people generally sedated leading to a lack of interest in what is going on around them. Prescription pills have become the status quo to fix behavioral issues in many schools across the United States rather than safer, more individualized therapeutic approaches. Pharmaceutical over-prescription is a serious issue in modern America that needs to be amended. Teachers and doctors should work with young people to find alternative ways to deal with behavioral issues rather than overusing pharmaceutical drugs.