Psst, Kid, Want Drugs? I'm a Psychiatrist

by Jon Rappoport October 11, 2018 Source

Look at it this way. The kid doesn't have to pay for drugs out of his pocket. He gets them in a shrink's office. Insurance covers it.

His parents may be able to work a Social Security disability claim and receive \$\$ and other free medical treatments.

The kid's school cashes in. They're now teaching a disabled child. Government aid.

No wonder *Health Day News* (4/24/14) <u>reports that 1 in 13</u> <u>American children are now on at least one psychiatric medication.</u>

In 2012, the Archives of General Psychiatry reported a <u>7-fold</u> increase in psychiatrists prescribing (powerful and toxic) antipsychotic meds to children, based on an analysis of office visits. (see also this.)

Then we have this (12/13/2009, truth-out.com, by Evelyn Pringle): from 1996-2006, US child prescriptions for psychiatric drugs up 50%; in 2006, more money was spent (\$8.9 billion) on treatment for child mental disorders in the US than for any other medical condition in kids.

The legal drug traffickers (pharmaceutical companies) are banking on the obvious: rope in a child, get him on psychiatric meds, and you may well have a customer for life.

Mass shootings reportedly involving children? A Pharma bonanza. "We have to catch the mental disorder early and treat (drug) it, to avoid more such tragedies." Obama announces a program to build community mental health centers (pushers) across America.

Never mind that the SSRI antidepressants (Prozac, Paxil, Zoloft, et al) can and do produce violent behavior. Suicide, homicide. See work of <u>Peter Breggin</u>, <u>SSRI Stories</u>, and <u>David Healy</u>.

In 2012, I reported this:

It's the latest thing. Psychiatrists are now giving children in poor neighborhoods Adderall, a dangerous stimulant, by making false diagnoses of ADHD, or no diagnoses at all. Their aim? To "promote social justice," to improve academic performance in school.

The rationale is, the drugged kids will now be able to compete with children from wealthier families who attend better schools.

<u>Leading the way is Dr. Michael Anderson</u>, a pediatrician in the Atlanta area. Incredibly, Anderson told the New York Times his diagnoses of ADHD are "made up," "an excuse" to hand out the drugs.

"We've decided as a society that it's too expensive to modify the kid's environment. So we have to modify the kid," Anderson said.

A researcher at Washington University in St. Louis, Dr. Ramesh Raghavan, goes even further with this chilling comment: "We are effectively forcing local community psychiatrists to use the only tool at their disposal [to "level the playing field"

in low-income neighborhoods], which is psychotropic medicine."

So pressure is being brought to bear on psychiatrists to launch a heinous behavior modification program, using drugs, against children in inner cities.

It's important to realize that all psychotropic stimulants, like Adderal and Ritalin, can cause aggressive behavior, violent behavior.

What we're seeing here is a direct parallel to the old CIA program, exposed by the late journalist, Gary Webb, who detailed the importing of crack cocaine (another kind of stimulant) into South Central Los Angeles, which went a long way toward destroying that community.

Deploying the ADHD drugs creates symptoms which may then be treated with compounds like Risperdal, a powerful antipsychotic, which can cause motor brain damage.

All this, in service of "social justice" for the poor.

And what about the claim that ADHD drugs can enhance school performance?

The following pronouncement makes a number of things clear: The 1994 Textbook of Psychiatry, published by the American Psychiatric Press, contains this review (Popper and Steingard): "Stimulants [given for ADHD] do not produce lasting improvements in aggressivity, conduct disorder, criminality, education achievement, job functioning, marital relationships, or long-term adjustment."

So the whole basis for this "social justice" program in low-income communities—that the ADHD drugs will improve school performance of kids and "level the playing field," so they can compete academically with children from wealthier families—this whole program is based on a lie to begin with.

Meddling with the brains of children via these chemicals

constitutes criminal assault, and it's time it was recognized for what it is.

In 1986, The International Journal of the Addictions published a most important literature review by Richard Scarnati. It was called "An Outline of Hazardous Side Effects of Ritalin (Methylphenidate)" [v.21(7), pp. 837-841]. Adderall and other ADHD medications are all in the same basic class; they are stimulants, amphetamine-type substances.

Scarnati listed a large number of adverse affects of Ritalin and cited published journal articles which reported each of these symptoms.

For every one of the following (selected and quoted verbatim) Ritalin effects, there is at least one confirming source in the medical literature:

- Paranoid delusions
- Paranoid psychosis
- Hypomanic and manic symptoms, amphetamine-like psychosis
- Activation of psychotic symptoms
- Toxic psychosis
- Visual hallucinations
- Auditory hallucinations
- Can surpass LSD in producing bizarre experiences
- Effects pathological thought processes
- Extreme withdrawal
- Terrified affect
- Started screaming
- Aggressiveness
- Insomnia
- Since Ritalin is considered an amphetamine-type drug, expect amphetamine-like effects
- Psychic dependence
- High-abuse potential DEA Schedule II Drug
- Decreased REM sleep
- When used with antidepressants one may see dangerous reactions including hypertension, seizures and hypothermia

- Convulsions
- Brain damage may be seen with amphetamine abuse.

In what sense are the ADHD drugs "social justice?" The reality is, they are chemical warfare. Licensed predators are preying on the poor.

You know the old saw, "Children are our future." Yes, well, this means a future populated by millions of adults who grew up with government-approved brain-addling drugs and, chances are, they're still taking them.

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