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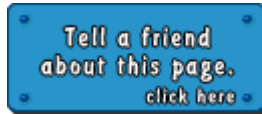


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July 17, 2006 at 13:09:32

TeenScreen Mental Illness Screening In Schools - How Could This Happen?



by [Evelyn Pringle](#)

<http://www.opednews.com>

The TeenScreen survey is being used to screen students for mental illness in the nation's public school system reportedly to prevent suicide. However, critics adamantly disagree with its stated purpose and say its a marketing scheme invented by the pharmaceutical industry to recruit prescription drug customers.

The goal is to promote the patently false idea that we have a nation of children with undiagnosed mental disorders crying out for treatment, according to Republican Texas Congressman and physician, Ron Paul, in "Forcing Kids Into a Mental Health Ghetto."

Implementing such a blatant marketing scheme in schools would be impossible without a lot of help from key politicians and policy makers. But when it comes to gaining influence over government officials, Big Pharma knows when and where to be generous. According to the Center for Responsive Politics, in his 2 bids for the presidency, George W Bush, has been the number one recipient of campaign donations from the industry.

In addition, the consumer advocacy group, Public Citizen, has determined that since 1997, the top 25 drug companies gave Republicans 80% of their \$48.6 million in campaign contributions.

An analysis of confidential 2002 budget documents from the industry's giant trade group, Pharma,

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obtained by the New York Times, shows the trade group spent close \$60 million on advocacy and related activities at the federal level, which turned out to be \$45 million more than Pharma disclosed in federal filings, the Times said.

In 2001-2002, the analysis showed that Pharma lavished \$3.4 million on Republicans, and gave only \$161,300 to Democrats.

In return for the millions owed, lawmakers have been doling out tax dollars left and right to fund screening programs like TeenScreen. On September 21, 2005, the Substance Abuse and Mental Health Services Administration (SAMHSA) announced grants of over \$9.7 million in funding for the implementation of the TeenScreen Program.

"The Columbia University TeenScreen Program," SAMHSA's press release said, "provides early identification of mental health problems, such as depression, that can lead to suicide."

TeenScreen claims its voice computer version of the Diagnostic Interview Schedule for Children (DISC), can show signs of 30 disorders, according to an article by Reuters on October 13, 2003.

To get the Teenscreen up and running in schools nationwide, Big Pharma has funneled millions of dollars to front groups like the National Alliance of Mental Illness (NAMI), who in turn dispatch members of their groups to help promote and implement TeenScreen in their communities.

And its no secret that NAMI gets its funding drug makers, the group's corporate sponsors are listed as: Abbott Laboratories, AstraZeneca, Bristol-Myers Squibb, Eli Lilly, Forest Laboratories, GlaxoSmithKline Janssen Pharmaceutica, Magellan Health Services, McNeil Consumer Healthcare, Novartis Pharmaceuticals, Organon, PacifiCare Behavioral Health, Pfizer Foundation, Pfizer, PhRMA, WellPoint Health Networks, Wyeth Pharmaceuticals.

According to the well-known author and certified expert on psychiatric drugs, psychiatrist Dr Peter Breggin, these front groups use national conventions to bring together advocates who promote drug treatment. "They also put out newsletters," he notes, "and other information that praise medications."

And just as Dr Breggin predicted, on January 19, 2005, NAMI put out a newsletter on TeenScreen and treatment for mental illnesses, with a headline that said: "Mental Health Screening Will Save Lives."

"Research shows," it read, "that early identification and intervention leads to improved outcomes and

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may lessen long-term disability."

"Sometimes," Dr Breggin says, "they actively suppress viewpoints that are critical of drugs, for example, by discouraging the media from airing opposing viewpoints."

As for this tactic, at one NAMI national convention, TeenScreen official, Leslie McGuire, recruited members to "suppress viewpoints" by passing around a list to get signatures from people who would respond if there was a community uprising against TeenScreen, by writing letters to the editor in local newspapers and attending school board meetings.

Ms McGuire also recruited NAMI members to basically walk students through the entire marketing scheme from start to finish. She told members to first find ways to convince parents to sign a consent form for the screening, then check out the family's health insurance, and then go so far as to deliver a child to a shrink's doorstep.

"Sometimes," she told members, "we have to call the insurance company for them and find out, ya' know, who can they go to, how do you get an appointment, sometimes you have to pick them up and bring them to the appointment."

"It's sorta' a continuum there," she said, "the goal is to get them to that first appointment."

Although NAMI is the most recognizable front group, TeenScreen gets the same type of support from other groups, such as the, "Depression and Bipolar Support Alliance," which reports financial backing from drug companies equal to 53% of all revenue. According to its 2001 annual report, companies that donated between \$150,000 and \$499,999, to this group include Abbot, Bristol-Meyers-Squibb, Eli Lilly, Pfizer, Glaxo-Kline, and Janssen, and the other major drug makers donated a lesser amount.

TeenScreen also has a slew of officials from front groups sitting on its advisor board which, just as intended, makes it difficult to explain the funneling process of money to TeenScreen because it requires an understanding of the complicated network of officials intertwined between the front groups and the drug companies.

For instance, TeenScreen advisory board member, Jeanne Robertson, is the Vice President of the group known as the National Alliance for Research on Schizophrenia and Depression (NARSAD), which receives its funding from the major drug companies.

Another TeenScreen board member, Robert Nau, is Vice Chairman of the American Foundation for

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Suicide Prevention (AFSP), with board members that include Cathryn Clary from Pfizer, Harold Shlevin from Sovay Pharmaceuticals, David Norton from Johnson and Johnson, and Alan Lipschitz from GlaxoSmithKline.

Along with a board stacked with drug company representatives, the AFSP receives most of its operational funding from drug companies.

Columbia University psychiatrist, Dr David Shaffer, inventor of the TeenScreen survey, is a past president of AFSP, and is currently a member of its board of directors, and a member of the Scientific Advisory Council and Research Grants Committee.

Dr Shafer has financial ties to Big Pharma branching out in all directions. He has served as an expert witness on behalf of drug companies in several lawsuits, and has earned money as a consultant and public speaker from about every psychiatric drug maker.

According to a December 11, 2003, New York Times article, Shaffer at the request of Pfizer, the maker of Nardil, Sinequan, Zoloft (depression) and Navane (schizophrenia) attempted to block the British findings, sending a letter to the British drug agency saying that there was insufficient data to restrict the use of the drugs in adolescents.

A year later, on December 5, 2004, the New York Post, speaking about TeenScreen and Dr Shafer, said in an article titled: Pill Pusher in His Suicide Screening Program. "A Columbia University psychiatrist who has advised drug companies and calls himself a "big proponent" of antidepressants wants to expand his suicide-screening program to thousands of kids in public and parochial high schools," the Post wrote.

Several Columbia University departments have been involved in drug pushing schemes with Big Pharma over the years. In 1999, the New York Post revealed that Columbia University's Office of Clinical Trials was receiving about \$10 million a year for testing new drugs, with much of it granted to the Columbia Psychiatric Institute to conduct the trials.

At the same time, the Post said, the director of the institute, Dr Jack Gorman, was being paid \$140,000 a year by drug makers to travel around the country and promote their drugs and also received nearly \$12,000 from a drug company to lead a study on panic disorders.

For the past several years, records researcher and investigator, Ken Kramer, has spent much of his time following the money trails leading to and from

TeenScreen, and the behind the scenes involvement of government officials and policymakers, on the federal, state and local levels, in promoting and implementing the TeenScreen program.

For instance, Michael Hogan, Director of the Ohio Department of Mental Health, served as Chairman of the Bush appointed New Freedom Commission (NFC), from which the recommendation to screen all Americans for mental illness originated to begin with.

Mr Hogan serves as a hub for the network of federal and state officials and policy makers involved in promoting TeenScreen. He is a member of TeenScreen's advisory council, and a past president of another Big Pharma-backed front group, known as the National Association of State Mental Health Program Directors.

Being chairman of the NFC and recommending mental health screening for all Americans made Mr Hogan a hero among drug makers. On November 11, 2004, Lilly, announced the winners of the year's "Helping Move Lives Forward Reintegration Awards," and a Lifetime Achievement Award was presented to Mr Hogan.

Lilly commended Mr Hogan "for his stewardship and advocacy in the implementation of the New Freedom Commission Report's recommendations," and for his "lifelong commitment to enhancing services for people with mental illnesses."

"The Reintegration Awards program," Lilly noted, "underscores the powerful and collaborative roles of consumer involvement, treatment team support and access to effective medication in helping people move their lives forward."

In granting the award, it was noted that Mr Hogan had given over 75 presentations at conferences since he became chairman of the NFC. However, a fact not mentioned was that every event where he gave a presentation was sponsored by a drug company and each group that organized the event received money from Big Pharma to pay the key note speaker, according to records researcher, Sue Weibert, who has been investigating the TeenScreen program for going on 2 years.

Mr Hogan and TeenScreen's Executive Director, Laurie Flynn, have been at this drug pushing business a long time. Back in 1999, while Ms Flynn was the director of NAMI, before being promoted to TeenScreen, she and Mr Hogan took part in the creation of a guide for the treatment of Schizophrenia.

In this process, "experts" decide which specific drugs

will be on a list for doctors to use as a first line of treatment for Schizophrenia. Because all the major companies want their newest and most expensive drugs on the list, this project was funded by unrestricted educational grants from Eli Lilly, Janssen Pharmaceutica, Novartis Pharmaceuticals, Ortho-McNeil, Pfizer, and Zeneca Pharmaceuticals.

With Mr Hogan behind the program in Ohio, according to Ms Weibert, TeenScreen has 68 sites in Ohio, more than double the number of any other state. The Ohio budget proposal for the years 2006 and 2007, included a total of \$140,000 for TeenScreen.

Ms Weibert also discovered that while Mr Hogan was chairing the NFC, he had Ms Flynn give a presentation on TeenScreen to a NFC committee in Arlington, Virginia and subsequently, when the NFC issued its final report, TeenScreen ended up being the recommended program for schools in all 50 states.

Mr Hogan is also a darling with other front groups. According to the 2003 Annual Report of the National Mental Health Association (NMHA), he was a key-note speaker at the group's 2003 Annual Convention.

TeenScreen lists NMHA as a supporter. NMAH claims that it wants to raise awareness that mental illnesses are common and treatable and to ensure that those most at-risk receive treatment. It seeks to increase the number of Americans who receive treatment and to improve the manner in which mental illnesses are detected and treated.

The message on the bottom of the NMAH website, says their campaign is underwritten by unrestricted educational grants from Eli Lilly, Abbott Laboratories, Bristol-Myers Squibb, Forest Pharmaceuticals, Organon, Pfizer, and Wyeth-Ayerst Pharmaceuticals.

Lilly has been funneling money to the NMHA to promote mental illness screening for over a decade. In 1993, Lilly paid for a campaign intended to reach 93% of all American adults. According to the Wall Street Journal on April 15, 1993, Lilly paid between \$3 and \$4 million for a 3-week promotional blitz. The goal was to encourage the public to seek professional help for depression.

Lilly also gave the NMHA \$500,000 to conduct a nine-month public education program to identify potential candidates for treatment of depression, the Journal said.

In the group's 2003 Annual Report, recognition was noted for financial support to NMHA of amounts of more than \$700,000, to Bristol-Myers Squibb, Eli

Lilly, and Pfizer.

For the range of \$300,000-699,999, recognition was given to GlaxoSmithKline and Janssen, and drug companies that gave between \$100,000-299,999, included AstraZeneca, Forest Pharmaceuticals, McNeil, and Wyeth. The other major drug companies gave lesser amounts.

Big Pharma also uses front groups like NAMI and NMHA, to carry out advertising campaigns. For instance, on June 2, 2003, the Washington Post reported the arrival of a new quarterly magazine "replete with direct-to-consumer ads for psychiatric drugs" is set to debut."

The American edition, the Post said, was unveiled at the annual conference of the NMHA, and had an initial printing of 50,000 copies which were to be mailed to 5,700 psychiatrists and distributed through the NMHA and NAMI.

Another supporter of TeenScreen is the American Psychiatric Association, to which most psychiatrists belong. A large portion of its revenue comes from Big Pharma advertising in its journals and unrestricted educational grants. At the group's annual conventions, drug companies sponsor exhibitions, and pay \$1000 to \$2000 for speakers chosen from lists of psychiatrists who endorse their drugs.

For years, honorable medical professionals have been complaining about the APA's devotion to drug pushing and Big Pharma. For instance, on December 4, 1998, after being a member of the group for 35 years, now deceased, Dr Loren Mosher, a psychiatrist who graduated from Stanford University and Harvard, sent a letter of resignation saying: "At this point in history, psychiatry has been almost completely bought out by the drug companies."

"The APA could not continue," he wrote, "without the pharmaceutical company support of meetings, symposia, workshops, journal advertising, grand rounds luncheons, unrestricted educational grants etc. etc. "

"American psychiatry," he said, "has become drug dependent (that is, devoted to pill pushing) at all levels - private practitioners, public system psychiatrists, university faculty and organizationally."

Dr Mosher concluded his letter of resignation by saying: "The major reason for this action is my belief that I am actually resigning from the American Psychopharmacological Association."

Mr Hogan represents a TeenScreen promoter from one state, but through his investigation, Mr Kramer

found that the TeenScreen people have managed to gain influence with the same kind of decision makers who control or direct funding in many other states.

For instance, many Federal and State government officials got involved in the plan to get TeenScreen set up in Florida schools. On March 23, 2004, Governor Jeb Bush held a press conference and issued a press release, claiming suicide was a leading cause of death among youth in Florida.

Charles Curie, Administrator of the National Substance Abuse and Mental Health Services agency traveled to Florida from Washington to join Jeb Bush at the press conference to announce the SAMHSA's support of an initiative to conduct TeenScreen pilot programs in Florida to screen for mental illnesses such as depression and panic disorders that place them at higher risk for suicide attempts, the press release noted.

At the press conference, Jim McDonough, Director of the Florida Office of Drug Control, told reporters, "Suicide is in fact a widespread threat that claims the lives of thousands of Floridians each year."

The Center for Mental Health Services is the federal agency within SAMHSA, charged with the task of implement the recommendations of the NFC.

In June of 2004, Mr Kramer discovered that SAMHSA, had given the Florida Mental Health Institute (FMHI), a one year \$98,641 contract to implement a public information campaign, while simultaneously implementing TeenScreen in school districts in the Tampa area.

Mr Kramer tracked down a copy of the contract that said part of the campaign was to evaluate "the adherence to treatment recommendations of youth identified during the screenings" and "issues such as parental acceptance of treatment recommendations."

In other words, he says, they wanted to find out whether parents would allow their kids to take the drugs prescribed.

According to Mr Kramer, at that time that the FMHI was awarded the federal contract, David Shern, who he refers to as the "dean" of FMHI, already had a contract with TeenScreen head quarters in New York, and had accepted \$180,000 to sell the idea of the program to school districts throughout the state of Florida.

In fact, as it turns out, Mr Shern was working on behalf of TeenScreen New York office, while pushing TeenScreen for SAMHSA, and was also working for Eli Lilly on a Schizophrenia study, all at the same time.

Mr Shern and FMHI received funding from drug companies to study antipsychotic drugs totaling \$381,664 from one company and \$130,416 from another.

According to Mr Kramer, in promoting TeenScreen, FMHI worked together with the "social marketing" firm, Roberts Communications, to do a media blitz in the Tampa Bay area. The goal, he says, was to "foster an environment in Florida, beginning in Tampa Bay, which supports large-scale mental health screening programs for teens."

Among the "target audiences," listed, Mr Kramers says, "were elected officials, school district administrators, community leaders and mental health professionals."

The planned blitz included such goals as: (1) Get the Tampa Tribune to do an editorial series and offer an overview of the "need" for TeenScreen in Tampa Bay; (2) Do a TeenScreen Florida web page; (3) Hold a press conference; (4) Do an "editorial briefing" with the St. Petersburg Times; (5) Come up with a Press Kit; (6) Get Laurie Flynn, the director of TeenScreen and David Shern of the FMHI on the "Kathy Fountain" show, a lunchtime talk show; and (7) Get fundraising done.

The FMHI's plan was to increase the rate of participation in screening. To that end, FMHI agreed to implement TeenScreen in schools, collect information from parents and children, and to employ "Social Marketing" techniques to gather information and determine the most often raised objections by parents to the program.

From this data, Mr Kramer explains, a systematic message and dissemination strategy was to be developed to help sell the program in schools all across the US. He says the bait used to get kids to participate in the screening included gifts like Blockbuster Video cards or \$5 in cash or fast food coupons.

On March 22, 2004, unhappy about paying \$180,000 and not getting enough bang for the buck, Ms Flynn contacted Mr McDonough. Through formal records requests, Mr Kramer obtained an email to Mr McDonough from Ms Flynn that complained about FMHI's inability to get a program going in Florida after 18 months. She criticized Justin Doan, an employee of FMHI, saying he was "young, full of himself, not politically savvy, had never screened a kid and when he goes into meetings with local school officials he gets into deep water."

Mr Flynn specifically told Mr McDonough that she

needed "a horse to ride in on" and needed to get some kids screened. Notably, the email contained not a peep about concerns over children committing suicide because of an inability to be screened.

Advocacy groups say kids who screen positive with TeenScreen get drug treatment only. During an interview in 2003, Dr Safer was asked, "what are your thoughts about non-pharmacological approaches to suicide prevention?"

He basically said therapy does not work and recommends drugs. "... psychotherapy is not terribly effective," he said. "So if there really is evidence that certain or all antidepressants can cut this cycle of depression, plus stress, plus this rapid response," he continued, "then that seems to be where the big hope is."

According to the May 20, 2006, National Journal article, more recently, Dr Shafer made the statement that: "The easy availability of alcohol -- not biology - - probably is the main driver of youth suicide."

Which critics say, begs the question of what can either TeenScreen or an SSRI do to change the "availability of alcohol" in society in order to prevent suicide. Does Dr Shafer maintain that there is a drug that will convince a child not to drink alcohol?

A new study published this month in the journal, Pediatrics, contains an equally ridiculous theory, with claims that teenagers who are depressed are more likely to engage in risky sexual behavior and may use sex as a way to cope with depression.

This band of pushers is now using this study as justification to screen and drug kids. According to Dr Jocelyn Lehrer of the University of California the study's lead author, quoted by Reuters Health on July 10, 2006, the findings provide "only further reason to increase our efforts to promote mental health, and to prevent, identify and treat depressive symptoms and disorders among adolescents,"

And for an alarmist kick-off of this new theory, she told Reuters that half of the new cases of sexually transmitted infections occur in adolescents, and that depressed kids also face a disproportionate risk of contracting HIV.

As with alcohol, does Dr Lehrer contend that there is a pill that can stop kids from having sex? Would it not be more likely that children having inappropriate sex might be depressed because they feel guilty and ashamed over behaviors that compromise their moral and value system?

Instead of drugging a child, medical experts say, the

goal should be to find out what might be leading the child to have promiscuous sex and then deal with the underlying problem.

While trying to milk tax dollars from Congress, in March 2004, Ms Flynn asked a Congressional committee to set up TeenScreen in schools by redirecting monies appropriated for alcohol and drug abuse treatment programs.

To fully realize the irony of this request, activists say, parents need to understand that in addition to the new generation of SSRI antidepressants and atypical antipsychotics, with kids who "flunk" TeenScreen, other drugs prescribed include the highly addictive stimulant drugs like Ritalin, Adderall, and Dexedrine, or "speed" in simple addict terms.

Then on top of that, when the stimulant drugs make kids jittery or keep them awake, they are fed "downers" like Xanax, Valium, and sleeping pills, from another class of highly addictive drugs.

So this means Ms Flynn wants Congress to take tax dollars, set aside to help kids with alcohol and drug problems, and use the money to set up a marketing scheme that will jump-start millions of children down the road to the life-long torture of drug addiction and convert them into life-long customers of Big Pharma.

The fact is, a nation of junkies is already being created because so many of these drugs are readily available in the family medicine cabinet. According to the report, "Under the Counter: The Diversion and Abuse of Controlled Prescription Drugs in the US," released in July 2005, by the National Center on Addiction and Substance Abuse, the number of Americans who abuse prescription drugs has nearly doubled from 7.8 million in 1992, to 15.1 million in 2003, and abuse of the drugs among teens has more than tripled.

The 3-year study examined the abuse of prescription opioids such as OxyContin, and Vicodin, central nervous system depressants like Valium and Xanax, and stimulants like Ritalin, Dexedrine and Adderall, and found that from 1992 to 2003, the number of 12 to 17-year-olds who abused prescription drugs jumped 212%, and with adults 18 and older there was an 81% increase.

The study said that the 15.1 million Americans abusing prescription drugs exceeds the combined total of persons abusing cocaine (5.9 million), hallucinogens (4.0 million), inhalants (2.1 million) and heroin (.3 million).

In 2002, the study found abuse of prescription drugs was implicated in at least 23% of drug-related

hospital emergency room admissions, and 29.9% of drug related emergency room deaths.

A group of activists against TeenScreen have posted a petition online for people to sign who object to the screening, which they plan to send to federal, state and local lawmakers. Mr Kramer says the petition can also be used to educate people about TeenScreen because it conveys the facts about mental health screening and can be printed off and presented to school board members or legislators. Persons interested in signing the petition can click on the following link:

<http://www.petitiononline.com/tscreen/petition.html>

All Critics seem to agree on one issue; that mental health screening should first be conducted all the lawmakers and policy makers involved in backing TeenScreen to determine how they could allow such a blatant drug pushing scheme to be set up in the nation's school system, without experiencing any guilt or shame.

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