

Health

Bush's Texas Two-Step: TeenScreen and TMAP

By Evelyn Pringle

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May 27, 2005—On April 29, 2002, George W. Bush established the New Freedom Commission (NFC) by executive order. While speaking in New Mexico on that date, he said mental health centers and hospitals, homeless shelters, the justice and school systems have contact with individuals suffering from mental disorders but that too many Americans fall through the cracks of the current system and so he created the commission to ensure “that the cracks are closed.”

On July 22, 2003, the NFC recommended redesigning the mental health systems in all 50 states. Its press release stated, "Achieving this goal will require greater engagement and education of first line health care providers—primary care practitioners—and a greater focus on mental health care in institutions such as schools, child welfare programs, and the criminal and juvenile justice systems. The goal is integrated care that can screen, identify, and respond to problems early."

Two of the so-called model programs that Bush wants to establish in all 50 states are TeenScreen and TMAP (Texas Medication Algorithm Project). The truth is, this whole New Freedom facade is nothing more than an elaborate profiteering scheme involving the Bush administration, local government officials, and the pharmaceutical industry to increase the market for the sale of expensive psychiatric drugs.

In a nutshell, this is how it works. First the TMAP was invented to open the door for the pharmaceutical industry to widen its market with potential customers in state institutions. And then TeenScreen was a follow-up invention to open the doors to the nation's public school system.

There's no doubt that TeenScreen's widespread testing in schools will recruit hundreds of thousands, if not millions, of new customers for the drugs it promotes. Now that its got Bush's permission, all TeenScreen has to do is refer the 52 million students to shrinks who will prescribe the most expensive drugs on the market, with much of the funding to cover the cost of the drugs coming from tax dollars funneled through Medicaid and other government funded programs.

It's actually an amazing scheme when you think about it.

TMAP

The original TMAP list of drugs for adults included Risperdal, Zyprexa, Seroqual, Geodone, Depakote, Paxil, Zoloft, Celexa, Wellbutron, Zyban, Remeron, Serzone, Effexor, Buspar, Adderall and Prozac.

The decision to adopt TMAP brought with it the mandate to use the recommended drugs on all patients in the state system. A doctor cannot choose a generic drug until at least two, often three, drugs on the list have failed. And even then the doctor must set down his or her rationale in writing, and assume liability for deviating from the TMAP list.

With the support of then-Gov. Bush and the Texas Legislature, the drug guidelines were adopted and all Texas prisons and mental hospitals were made available for TMAP pilot projects. The pharmaceutical

industry reaped a bonanza once those doors swung open but it wanted more. It wanted access to all the kids involved with state agencies.

So in 1997–98, with pharmaceutical industry funding, TMAP began working on the Texas Children's Medication Algorithm Project. (TCMAP). A panel was assembled to determine which drugs would be best for the treatment of children and adolescents.

The panel soon decided a survey was unnecessary and said the same drugs being used on adults could be used on children. There were no studies or clinical trials whatsoever to support this consensus.

How could the drug companies pull this off? Because the members of the panel were on the take. For instance, one member of the panel was Graham Emslie, MD, professor and chairman of the Division of Child and Adolescent Psychiatry, University of Texas Medical Center.

The [Integrity in Science Project](#) tracks drug company money to researchers and lists Emslie as: "Consultant to GlaxoSmithKline, Forest, and Pfizer. Receives research support from Eli Lilly, Organon, RepliGen, and Wyeth-Ayerst. Member of the speaker's bureau for McNeil. ('Experience in the use of SSRIs and other antidepressants in children and teens')"

The program that Bush pushed through in Texas that allows kids under the state's care to be drugged is still causing headaches for lawmakers today. According to an article by the Associated Press on February 9, "As lawmakers work to revamp Texas' foster care system, they also are reviewing the use of mind-altering drugs by foster children."

In October 2004, the Texas inspector general for the Health and Human Services Commission said his office interviewed staff at three state licensed wilderness camps, which provide care for some foster children, and found that the average child arrives on four or five psychotropic drugs.

In Texas, the costs of treating schizophrenia, bipolar conditions and depression have skyrocketed and surpassed the costs of drugs used to treat physical ailments, such as high blood pressure, respiratory problems and even chronic disorders like diabetes.

And taxpayers are footing the bill. In addition to covering nearly 40 percent of the drugs for Medicaid recipients, Texas also spends about another \$60 million a year on hundreds of thousands of prescription drugs for other state-funded programs at the Department of Mental Health and Mental Retardation and the Department of Criminal Justice, according to the Associated Press.

But more important than the money, some child advocates say that kids are being too heavily medicated once they get in the Texas foster care system. The children go into the system neurologically normal but leave neurologically damaged, Austin psychologist John Breeding said. He and other advocates are calling for strict rules on use of the drugs.

Breeding has authored several books on attention deficit disorders. He wants a ban on the use of any drug on kids if the FDA has not approved it for children, unless a doctor who is not a psychiatrist authorizes it. He also wants a doctor who is not a psychiatrist to review each case if a child is taking two or more prescriptions for non-FDA approved psychotropic drugs.

"Children are not just placed on one drug. Typically, they're placed on two or three or we've seen literally up to 17 different drugs for the same child in foster care," Breeding said. "These drugs are used as a chemical restraint."

In an April 2004 report, Texas Comptroller Carole Keeton Strayhorn said the state exercises little meaningful oversight of the psychotropic medications. She recommended the state create a foster care medical review team to develop best practices for the appropriate use of the medication. She also said that foster care caseworkers, foster parents and parents should be required to sign authorizations for psychotropic medications to be given to foster children.

Keeton also blasted the agency for giving children drugs to make them docile and so "doctors and drug companies can make a buck."

Drugging in Other States

Over the past several years, Texas-style drugging of kids has spread to other states.

A Los Angeles Times investigation found that thousands of children in California's state foster or group homes were being administered psychiatric drugs, mostly for the purpose of making the kids easier to manage. In LA County alone, dependency court judges approved requests to medicate 4,500 children per year in 2001.

The Miami Herald reported that one in three Florida children in state care were prescribed psychotropic drugs. The kid's files contained pre-signed, blank documents that provided "consent" for children to receive both medical treatment and psychotropic drugs. The files also showed that child protective service caseworkers routinely were allowed to provide consent for treatment and psychotropic drug use for children in their care, which violates Florida state law.

Many advocates believe youths aren't being given options such as counseling. Medications only help control symptoms, said Yvette McGee Brown, president of the Center for Child and Family Advocacy at Children's Hospital. Counseling helps children control their behaviors, feelings and thoughts. You can't put kids on a bunch of drugs, then take them off thinking they'll know how to cope, she said.

McGee is probably right because antidepressant prescriptions for children in the US increased over 500 percent from 1999 to 2003, and with tragic results. For example, Paxil was one of the wonder drugs recommended by the original TCMAP panel and was prescribed to children when the drug was new and relatively untested.

It has since been linked to numerous violent and deadly side effects in adolescents. Lawsuits have named Paxil as the culprit in cases of murder, suicide, debilitating disease and school shootings. In June of 2003, the FDA issued a warning that Paxil should not be prescribed to persons under 18 due to an alarming number of suicides by kids on this drug.

In Ohio, the Medication Algorithm Project is called OMAP, and just like in other states, it contains all of the most expensive psychotropic medications, and they are selling like hot cakes to children.

After concerns were raised in other states about the high number of children being medicated in foster care, residential treatment centers and juvenile prisons, a reporter for the Columbus Dispatch in Ohio investigated the matter. He discovered that, in July 2004, 31 percent of children ages 6 to 18 in foster and group homes, were on mental health medications. And 22 percent of the children in detention were on psychiatric drugs as of January 2005, with many on five or more. See the April 25, 2005 Columbus Dispatch.

The investigation found that nearly 40,000 Ohio children on Medicaid were taking drugs for anxiety, depression, delusions, hyperactivity and violent behavior as of July 2004, and that Ohio spent over \$65 million on mental health drugs for kids in 2004.

And as if that's not bad enough, it gets worse. The investigation revealed that doctors in Ohio prescribed sedatives and mood-altering medications for nearly 700 babies and toddlers who were on Medicaid last summer.

Dozens of advocates, child-welfare workers and psychiatrists interviewed by The Dispatch questioned the wisdom of prescribing potent medications for so many young, vulnerable children and warned that less than 25 percent of these drugs have been adequately tested on children.

"Research shows that 0 to 3 are the most critical years for the development of children and their success in the future," said Patricia Amos, a member of the Family Alliance to Stop Abuse and Neglect in New Jersey. "How do we know we're not messing that up by starting children on one medication, then adding on another and another, until their brains are hyperaroused, overstimulated and permanently altered?"

There are reports that people are also being overmedicated for profit in Pennsylvania as well. While Pennsylvania was implementing its PennMap program, Dr Stefan Kruszewski was a psychiatric consultant for the Department of Health and Human Services. While he was in charge of the mental health programs, Kruszewski said that some patients were on as many as five neuroleptic psychiatric drugs at the same time. This is known as polypharmacy and is extremely dangerous, he said.

Kruszewski also discovered corrupt financial relationships between Pennsylvania politicians and pharmaceutical representatives related to PennMap.

He discovered fraudulent medication billings to the government, and alleges that four children and one adult died while under the state's care, after all five were prescribed lethal combinations of anti-psychotic drugs under the PennMap model. After he made these charges, he was not only denied access to the autopsy records, he was fired.

Allan Jones was an Investigator in the Pennsylvania Office of Inspector General (OIG), Bureau of Special Investigations, when the PennMap scheme was being implemented. He too provided the OIG with evidence that state employees were experimenting on mental health patients and reporting the results to drug companies. He also reported that state employees were accepting financial rewards from drug companies. Jones ended up being fired as well and has since filed a whistleblower lawsuit.

Jones continues to aid investigators in their review of the policies related to state employees profiting from the pharmaceutical industry in several states around the country.

Drugging Kids Is Extremely Profitable

This major marketing scheme has turned out to be very profitable. In 2002, drug companies made \$12 billion in profits from antidepressants alone. Those numbers continue to grow, largely because of increasing use on children.

In 2004, the sale of Lilly's newest ADHD drug, Strattera, rose by 80 percent to \$667 million.

Johnson & Johnson's ADHD drug Concerta, an \$11.8 billion purchase from Alza in 2001, also did well and even Novartis' old stand-by Ritalin continues to make plenty of money.

But Adderall is the most popular ADHD drug and its sales in 2004 rose 28 percent, capturing one-fourth of the US market. Its parent company, Shire, says it has plans to bring out four new drugs for treating the disorder in 2005.

The numbers are beginning to come in on TeenScreen's success and rest assured they are doing a great job recruiting new customers for the pharmaceutical companies all over the country.

But it's not going so well in Florida. Anti-child-drugging advocate Ken Kramer has led the fight to prevent TeenScreen from getting into schools in several counties in Florida. In Pinellas County he urged parents to send e-mails to the school board and voice their objections to the program. The board received more than 700 e-mails.

Kramer won the battle in two large counties. According to the Jan 26, Tampa Tribune, Pinellas County School Board members refused to subject students to suicide screenings, quashing any hope of introducing a controversial mental health plan in two of Florida's largest school districts.

To protect its students from issues of privacy and wrongful labeling, the Pinellas County School Board voted 6–1 to bar TeenScreen's suicide questionnaire program, the PR Web reported on Jan 30.

Administrators in the Hillsborough County school district also considered the program, and determined the survey was too invasive.

In addition to his efforts in Florida, Kramer is also working with other individuals to get TeenScreen banned from schools in other parts of the country.

Evelyn Pringle is an investigative journalist focused on exposing government corruption.

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