

The Drugging of Our Children, Part 1

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Since the 60s, parents have told their children, "Just say 'no' to drugs." TV commercials, parenting magazines and "wellness " visits to pediatricians send a completely different message.

In the past two decades, our society has accepted (and even embraced) the idea that drugs are OK. We've forgotten that drugs are chemicals with potential harmful side-effects. The question to ask is, "Why have we accepted the drugging of our children without any question or caution?"

There are several possible reasons: Advertising has worked; parents lack critical thinking skills; and/or our Western culture of convenience does not have the time for their children to be sick.

What many parents don't realize is that all drugs have side-effects, and that many produce cumulative, long-term damage to the body. Drugs don't cure; at best, they manage conditions. Perhaps even more disconcerting, not all drugs have been thoroughly tested for long usage.

Like the tobacco industries, pharmaceutical companies control the information and image of their products. They make sure the message we see is that drugs are all right for our children. So, how do we fight for our children?

Approach parents' perceptions of drugs from a different place. As a health-care professional, provide the truth. Understand that parents are trying to make the right health-care choices for their kids, so educate them about alternatives.

How do we begin this educational campaign? Start with, "The truth will set them free." Start by providing extensive information in your office - information necessary for parents to make informed choices.

Most parents do not know that in the year 2000, the FDA approved 25 new medicines; 52 potential new medicines are currently set for clinical trials; or that approximately 217 medicines and vaccines are currently in development for children!¹

A survey from the Pharmaceutical Research and Manufacturers of America showed that pediatric medications are an active area of pharmaceutical research, despite the many practical, legal and ethical difficulties of testing medicines on children. Drug companies hope to bolster their revenues by marketing drugs to children, including those for diabetes; Crohn's disease; Duchene's muscular dystrophy; ear infections; pneumonia; cerebral palsy; psychiatric disorders; and autism.

Parents also are unaware that the drugs they freely give to their children may be poorly labeled, jeopardizing their children. An FDA consumer article warned that while some drugs do come with information, asthma medications and other medications lack labeling for appropriate treatment of children.²

Other types of drugs that often lack pediatric labeling include those for depression; epilepsy; severe pain; gastrointestinal problems; allergic reactions; and high blood pressure. The FDA identified the 10 drugs prescribed most often to children, despite a lack of or poor labeling, and found that over 5 million prescriptions were given. It has been estimated that more than half of the drugs approved annually for likely use in children are not adequately tested or labeled for treating youngsters.

When parents receive a prescription from their pediatrician, they generally assume the drug has been tested and proven effective and safe. However, the majority of such drugs have never been tested on patients in their child's age group.

Drugs commonly given to children are the analgesics - members of the painkiller family. These over-the-counter medications are prescribed for relief of pain and reduction of fever and inflammation. Typical childhood disorders for which parents would give their children these drugs include colds; headaches; sleep disorders; teething; and childhood "hurts" needing quick relief.

What Parents Don't Know About Acetaminophen, Aspirin and Ibuprofen

Acetaminophen: An overdose can result in death. Contraindications for its administration to a child include hepatitis or mononucleosis.

Aspirin (acetylsalicylic acid): Side-effects include: stomach upset; heartburn; nausea; vomiting; and increased risk of bleeding. Contraindications: Do not give aspirin to a child or teenager unless the physician recommends it. Aspirin has been associated with the development of Reye's syndrome, a potentially life-threatening disease.

Ibuprofen: Side-effects are upset stomach and heartburn. Do not give ibuprofen to a child under the age of three years without speaking to a physician, and do not take it yourself during the late stages of pregnancy.

In this series, it is my intent to provide professionals with information for their adult patients. Health-care providers must serve as "resource-tellers," since many parents are not provided with accurate, objective information about their children and chemicals.

Part 2 of this series will examine antibiotics and asthma drugs; part 3 will discuss the drug Ritalin.

References

1. 217 Drugs and vaccines in testing for children. Pharmaceutical Research and Manufacturers of America, May 12, 2000.
2. Pediatric drug studies: protecting pint-sized patients, *FDA Consumer* May-June 1999.

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JUNE 2003