

Drug company greed puts kids at risk, US speaker tells Vatican meeting

VATICAN CITY - The Catholic Church may be the only organization that can counter the corporate greed fueling the over-prescribing of harmful psychiatric drugs to children and young people, said Dr. Barry Duncan, a clinical psychologist and director of the Heart and Soul of Change Project.

Flawed methodologies in research and a drastic minimization of actual risks make the cited efficiency and safety of these drugs untrustworthy, he told a meeting of the Pontifical Council for Health Care Ministry.

And clinical trial evidence on psychiatric drugs is often skewed by conflicts of interests, particularly when trials are funded by the drug industry or when the studies are conducted by people who are paid consultants of the company under review, Duncan told the Nov. 18-19 meeting.

He said because of the church's broad networking capabilities and international influence, it "may be the only power on earth that can counter the forces of corporate greed that have no moral or ethical conscience."

He called on religious orders, Catholic schools, hospitals, medical associations, media and parishes to become informed and help children and families discover alternatives to psychiatric medications as well as help them have real input when discussing the risks and benefits of such medication.

Duncan spoke Nov.19 on "The Question of the Use of Psychiatric Pharmaceuticals in Pediatrics" during the conference, and he spoke about his findings in a separate meeting Nov. 18 with Cardinal Ennio Antonelli, president of the Pontifical Council for the Family.

Duncan told the conference that the United States leads the world in the number of psychiatric prescriptions to young people and that the trend to resort to

antipsychotics before or in lieu of social and behavioral therapy is on the rise in Europe.

Most disturbing, he said, is that poor children in the United States, particularly those in foster care or on Medicaid, are four times more likely to be prescribed antipsychotic drugs and six times more likely to be treated with a number of different psychotropic medications.

Poor children are also “vulnerable to dangerous drugs used as interventions of control rather than therapy,” he said.

Clinical evidence does not support the practice of prescribing pharmaceutical drugs as a first response to behavioral or psychiatric issues, he said, not only because of the drugs’ questionable long-term effectiveness, but also for the risk of serious health consequences, dependence and disability.

“The belief in the power of chemistry over church, community, social and psychological process – fueled by unprecedented promotion from the drug industry that targets all players in health care – forms the basis of pharmacology’s growing centrality in treatment, research, training and practice,” he said.

Children have no voice, and they rely on adult judgments and decisions for their well-being, he added.

Families, pastoral workers, pediatricians and health professionals “need access to accurate data – to the truth untainted by corporate influence,” Duncan said.