

2018

Policy Implications and Perceptions of African American Men who Used Ritalin as Children

Divine Ayivor
Walden University

Follow this and additional works at: <https://scholarworks.waldenu.edu/dissertations>

 Part of the [African American Studies Commons](#)

This Dissertation is brought to you for free and open access by the Walden Dissertations and Doctoral Studies Collection at ScholarWorks. It has been accepted for inclusion in Walden Dissertations and Doctoral Studies by an authorized administrator of ScholarWorks. For more information, please contact ScholarWorks@waldenu.edu.

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

Divine Ayivor

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee

Dr. Anne Hacker, Committee Chairperson,
Public Policy and Administration Faculty

Dr. Kevin Fandl, Committee Member,
Public Policy and Administration Faculty

Dr. Morris Bidjerano, University Reviewer,
Public Policy and Administration Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Policy Implications and Perceptions of African American Men Who Used Ritalin as

Children

by

Divine Ayivor

MA, Andrews University, 2004

BS, Atlantic Union College, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy & Administration-Law Specialization

Walden University

August 2018

Abstract

Even though there are high diagnosis rates of ADHD among young African American men, policy makers and parents have largely viewed the use of Ritalin as a psychotropic drug that raises public health concerns. African American parents may be reluctant to treat their children pharmacologically. Very few studies have fully explored the perceptions of African American men about the consequences of their Ritalin use as children. The purpose of this qualitative study was to explore the experiences of African American men who used Ritalin as children so that policy makers and parents of children with ADHD might better understand the social and public health implications of treatment options. The theoretical framework for this study included Anderson's cultural identity theory of drug abuse and Brady and O'Connor's community organizing theory. Data were collected through semistructured interviews with 9 African American men who were prescribed Ritalin as children. These data were then inductively coded and analyzed using Braun and Clarke's thematic analysis approach. Participants believed that Ritalin helped them with focus in their academic endeavors and did not lead them to drug abuse or addiction. By giving voice to the experiences of this population, educators and policy makers can better assist parents who might be reluctant to give their child Ritalin as their fears about Ritalin prescriptions leading to drug abuse and addiction later in life may be less founded than some believe. This presents a social change advantage for all communities, especially those in low income areas.

Policy Implications and Perceptions of African American Men Who Used Ritalin as

Children

by

Divine Ayivor

MA, Andrews University, 2004

BS, Atlantic Union College, 1988

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy & Administration-Law Specialization

Walden University

August 2018

Dedication

I would like to dedicate this work to my parents Paul Corptus Ayivor and Anthanasia Edem Nutusakor, my grandparents, Torgbui Baku Ayivor and Torgbui W.E. Nutsuakor, my grandmother Victoria Amegashie, my brother-in-law, Theophilus K. Seddoh. My sisters, Evelyn Seddoh, Esther Bedzrah, Valentine Fiadzoe. My family, Erin Alexia Poole, (Past, present, and future), all the children of Light House Education Center, 3 Angels Mission GED Program and all my past students at the Berrien County Jail and KPEP in St. Joseph and Benton Harbor in Michigan.

Acknowledgments

I thank God for making it possible for me to complete this dissertation.

I would like to express my deepest appreciation to my dissertation committee chairperson, Dr. Anne Hacker, and my committee members, Dr. Kevin Fandl and Dr. Morris Bidjerano.

I also wish to thank Dr. Tanya Settles, the Walden Writing Center Dissertation Editors, and the Center for Research Quality for their patient guidance through this process.

Finally, I thank my family, Ninette, Divine Jr., Delores, Jedidiah, and Jasmin for their encouragement and endurance. I also thank the members of the Summerville, St. Stephen, Ephesus and Calvary Seventh-Day Adventist churches for giving me peace of mind as I completed this study.

Table of Contents

List of Tables	vi
List of Figures	vii
Chapter 1: Introduction to the Study.....	1
Background.....	3
Problem Statement	4
Purpose of Study	7
Research Question	7
Theoretical Framework.....	8
Nature of the Study	9
Operational Definitions.....	11
Assumptions.....	11
Scope and Delimitations	13
Limitations	13
Significance.....	14
Social Change	17
Summary	18
Chapter 2: Literature Review	20
Introduction.....	20
Literature Search Strategy.....	24
Theoretical Framework.....	25
Application of the Cultural Identity Theory of Drug Abuse.....	26

Distinguishing Between Drug Abuse and Drug Use	27
Micro, Meso, and Macrolevels of Analysis	28
Group Identification.....	29
Identity Versus Behavioral Outcomes	30
Identity Change Motivational Concepts	30
Opportunity Concepts	31
Popular Culture	33
The Meaning of Drugs	33
A Cultural Perspective on Drug Policy.....	34
Community Organizing Theory	35
ADHD and Treatment.....	37
Attention Deficit Hyperactivity Disorder	37
Treatment	38
Section 504, ADHD, and Ritalin	40
Potential for Substance Abuse	42
Links to Psychiatric Disorders	45
Links to Crime	46
Parental Involvement	48
Summary and Conclusion.....	51
Chapter 3: Research Method.....	52
Introduction.....	52
Research Design and Rationale	53

Role of the Researcher	55
Methodology	56
Participant Selection Logic	56
Instrumentation	58
Procedures for Recruitment, Participation, and Data Collection	60
IRB Approval	61
Data Analysis Plan	61
Issues of Trustworthiness	67
Credibility	67
Transferability	69
Dependability	69
Confirmability	70
Ethical Procedures	70
Summary	71
Chapter 4: Results	72
Introduction	72
Research Question	72
Setting	73
Demographics	73
Data Collection	74
Data Analysis	76
Issues of Trustworthiness	79

Credibility	79
Transferability	82
Dependability	82
Confirmability	83
Results	84
Summary	85
Chapter 5: Discussion, Conclusions, and Recommendations	87
Introduction	87
Interpretation of the Findings	87
Focus	87
Dosage	91
Education	92
Personal Marginalization	92
Family Preservation	93
Grassroots Organizations	93
Limitations	95
What They Want Policy Makers to Know	96
Recommendations	96
Implications	98
Conclusions	98
References	100
Appendix A: Semistructured Interview Guide	117

Appendix B: Informed Consent	118
IRB Approval # 03-21-17-0117793	118
Appendix C: Coding and Saturation Matrix Sample	121
Appendix D: The breakdown of the resolutions/bills	122

List of Tables

Table 1. Thematic Analysis Stages	63
Table 2. Complete Coding Example	64
Table 3. Groups and Emergent Themes Example	65
Table 4. Preliminary Codes.....	66
Table 5. Frequency Table	78
Table 6. Data Triangulation	80

List of Figures

Figure 1. 12-month prevalence for children (8 to 15 years)24

Chapter 1: Introduction to the Study

Even though there are high diagnosis rates of ADHD among young African American men, policy makers and parents have largely viewed the use of Ritalin as a psychotropic drug that raises public health concerns. As a result, parents may be reluctant to treat their children pharmacologically, yet very few studies have fully explored the perceptions of African American men who used Ritalin as children. The purpose of this qualitative study was to explore the experiences of African American men who used Ritalin as children, to help parents with children with ADHD to better understand the social and public health implications of treatment options. The theoretical framework for this study was Anderson's cultural identity theory of drug abuse, which differentiates between drug use and drug abuse, and Brady and O'Connor's community organizing theory, which states that those most affected by a problem or phenomenon have stakes in and unique perspectives on how to address the problem or phenomenon. Data were collected through semistructured interviews with 9 African American men who have been prescribed Ritalin as children. These data were then inductively coded and analyzed using Braun and Clarke's thematic analysis approach. Key findings indicated that these African American men believed that Ritalin helped them with focus in their academic endeavors and did not lead them to drug use. The positive social change implications of this study is to help African American parents, whose children are diagnosed with ADHD, understand that when Ritalin is administered orally at the prescribed dosage, it helps the children focus and do better in their academic endeavors. Policy makers also

need to be informed that Ritalin if administered properly, is really an anti-hyperactive drug.

Ritalin, also known as methylphenidate, can drastically improve and enhance the educational capabilities of children with ADHD but can also lead to addiction, occasional psychosis, and anxiety (Schwarz & Cohen, 2013). The overprescribing of Ritalin to children is a public policy problem because the United States government spent \$25 billion on antipsychotics and antidepressants in 2007 (Whitaker, 2010). According to the National Health Interview Survey, one out of 13 school-aged children takes psychotropic medications as noted by the Center for Disease Control (CDC, 2015).

It is important to recognize that the drug manufacturers are marketing old drugs in new packaging (Breeding, 2014). Ritalin—which is based on methylphenidate—and Dexedrine, Adderall, and Desoxyn—which are amphetamines—are drugs that the Drug Enforcement Administration (DEA) designates as Schedule II drugs; other Schedule II drugs include cocaine, opium, morphine, and barbiturates (Breeding, 2014). Ritalin is the most popular drug among pediatricians for the treatment of ADHD. However, some adolescents and adults bought or illegally acquired and took Ritalin even when it was not prescribed to them, even if they did not have ADHD. Some adolescents and adults snort or inject Ritalin because it gives them a similar euphoric high as cocaine (McCabe et al., 2012).

Ritalin has been shown to be habit forming and to be sold and used illicitly for recreational purposes (Golub, Bennett, & Elliot, 2015). In addition, ethnic groups may metabolize drugs differently (Krieger, 2012; Ragan, Bard, & Singh, 2013). Consequently,

more information on the connections between ethnic groups and drug use is needed to undergird education policy. In addition, more information on the connections between ethnic groups and Ritalin is needed to inform considerations of further regulation of Ritalin with the aim of minimizing risks and illicit use while maximizing its benefits (Ragan et al., 2013). Research on the impact of the childhood use of Ritalin on the adult lives of African American men is necessary because African Americans and other ethnic groups differ in the way they metabolize medication (Krieger, 2012). The objective of this qualitative study was to explore how African American men believe prescription Ritalin has impacted their adult lives and the alternatives they believe might be important for policymakers to consider.

Background

Ritalin is a psychotropic drug, and its side effects include hallucinations, mania, hyperactivity, insomnia, inattention and impulsivity, dizziness, psychosis, nervousness, and tic syndrome (Krieger, 2012). Other side effects may include vomiting, agitation, tremors, hyperreflexia, and convulsions, which may be preceded by a coma. Other symptoms may include euphoria, confusion, delirium, sweating, flushing, headache, hyperpyrexia, tachycardia, palpitations, cardiac arrhythmias, hypertension, mydriasis, and dryness of mucous membranes (Ritalin SR Medication Guide, 2013). Ritalin, like cocaine, is a stimulant that may cause undesirable changes in the brain (Volkow et al., 2011). If Ritalin is abused by taking high doses via injection or snorting, it produces a high similar to cocaine (Volkow et al., 2011). Ritalin use can cause addiction, psychosis,

and anxiety, and it carries a United States Food & Drug Administration (FDA) black box warning for suicidality (Kant, 2013).

The illicit distribution and use of Ritalin have become a public policy issue because Ritalin is habit forming, may have serious side effects, and the authenticity of the drug acquired illicitly can be extremely suspect (Ragan et al., 2013). Many Ritalin users—students, in particular—sell their prescription medications to others (Boyd, McCabe, Cranford, & Young, 2012). Adolescents labeled as having ADHD often drop out of school by age 16 without a high school diploma and discover they are unemployable (Ragan et al., 2013). More information on the illicit use of Ritalin and how it has affected the lives of young African American men is needed to inform public policy, regulations, and educational programs.

Problem Statement

The problem I addressed in this study was the impact of Ritalin on African American men who were prescribed Ritalin as children. Ethnic groups metabolize medications differently (Krieger, 2012), and populations in low-income areas have higher use rates (Golub et al., 2015). This is a policy issue because of tax-payer dollars being spent, the risk of addiction, and potential graduation to other drugs and criminal behavior. There is also the lack of knowledge in the area of public policy regarding the relationship between Ritalin use by African American men and how the drug has impacted their adult lives. This problem warranted further study because African Americans and Caucasians may differ in how they metabolize medication (Krieger, 2012), and social conditions influence how individuals use and abuse prescriptions drugs such as Ritalin.

In the United States, the CDC (2014) noted that the ADHD diagnosis continued to increase steadily from 7.8% in 2003, to 9.5% in 2007 and to 11% in 2011. Ritalin is the drug most often used for the treatment of ADHD. Ritalin, also called methylphenidate (MPH or MPD), is prescribed in the pill or liquid form and can be used to treat other illnesses such as postural orthostatic, narcolepsy, and tachycardia syndromes. First prescribed in the 1950s, it soon became the drug of choice for the treatment of ADHD in the 1990s (Raines et al., 2012). Ten million adolescents and children took Ritalin in 2003, and African American boys were more likely to be placed on Ritalin because of perceptions by parents and school psychologists of hyperactive behaviors at home and at school (Raines et al, 2012).

The National Medical Association (NMA), made up of 20,000 African American doctors, is alarmed at the over-diagnosis of ADHD in the African American community and how many African American children are placed into special education programs and are on Ritalin prescriptions at school (Molina & Pelham Jr, 2014). While research has shown that African American children, because of environmental pressures, may experiment with illegal substance use by age 12, Ritalin exposure may exacerbate the situation (Molina & Pelham Jr, 2014).

Ritalin is structurally similar to cocaine and has identical neuropharmacological effects. Ritalin, when injected or snorted, increases the activity of the central nervous system and affects the dopamine and noradrenalin levels in the brain similarly to crack cocaine (Breeding, 2014). The neurotransmitter dopamine is responsible for emotional reactions such as the acknowledgment of pleasure (Breeding, 2014; Ferris et al., 2012).

Because of these similar effects, Ritalin may act as an early training for drug use in children, and an increased likelihood exists that these children may use cocaine after using Ritalin for 10 years or more (Molina & Pelham Jr, 2014).

Research has shown that Caucasian children who are taken off Ritalin when they reach age 18 typically turn to cocaine (Albert, 2012; Harvey, Sen, Deaciuc, Dwoskin, & Kantak, 2011) According to researchers, Caucasian adolescents may be drawn to cocaine because it gives them the same calm and focus they received from Ritalin (Albert, 2012).

African Americans and other ethnic groups differ in the way they metabolize medications (Krieger, 2012; Satel, 2000). In an early study, Satel (2000) noted that it is of paramount importance for practitioners to realize that medicine should not be colorblind and that race was a rough guide to the reality of biological differences. The connections between race and medication have implications for public policy administration as well. Policymakers should develop the policy concerning the prescription and use of medications such as Ritalin with the social and biological differences of race in mind. Golub et al. (2015) argued that a one-size-fits-all approach to policy does not allow for understanding the connections between racial and biological factors necessary for culturally-oriented policy. A culturally- and racially-oriented perspective on drug policy and use would discourage hard and fast regulations that do not allow for understanding drug use and its consequences relative to cultural settings and racial identities (Golub et al., 2015).

Purpose of Study

The purpose of this qualitative study was to explore African American men experiences using Ritalin as children and to explore what alternatives to Ritalin participants believe might be important for policymakers to consider. There is a need for policymakers to address the prescription of Ritalin to school-aged children, and limited research exists regarding African American use of stimulant medications for ADHD in general (Berger-Jenkins, McKay, Newcorn, Bannon, & Laraque, 2012), with the majority of researchers focusing on Caucasian populations or not specifying ethnic background (Charach, Yeung, Volpe, Goodale, & dosReis, 2014; Daigre et al, 2013; Ferris et al., 2012; Markel & Wiener, 2014). Because African Americans and other ethnic groups may differ in the way they metabolize medication, policies regarding the prescription of medication cannot be colorblind (Krieger, 2012). Using the cultural identity theory of drug abuse (Anderson, 1998; Bronfenbrenner, 1992), this study may provide information for policymakers to better understand the sociocultural dimensions of the prescription of Ritalin in order to develop culturally-oriented prescription drug policies. From 1999 to 2009, 24 states (see Appendix D) have passed legislation about Ritalin and other psychotropic drugs aiming at preventing school psychologists from coercing parents to put their children diagnosed with ADHD on medication (Frontline, 1998). This study may also inform prescription drug abuse intervention and programs, thereby potentially leading to positive social change.

Research Question

The research question that I explored in this study was:

What does it mean to be an African American man who was diagnosed with ADHD and prescribed Ritalin in early childhood, and what do they want policymakers to know?

Theoretical Framework

The cultural identity theory of drug abuse (Anderson, 1998) guided this study. Among all the leading etiological theories, the cultural identity theory of drug abuse is specifically concerned with drug abuse. There is a difference between drug use and drug abuse, although some authors use these words interchangeably (Anderson, 1998). The theory also links three levels of analysis: micro, meso, and macrolevels of drug abuse (Anderson, 1998). The micro-level refers to the individual, while the meso-level is the mid-range social group, and the macrolevel represents the broad sociocultural level.

This theory states that drug abuse comes out of identity change at these three levels. Anderson (1998) based the cultural identity theory of drug abuse on Bronfenbrenner's (1992) ecological systems theory. Bronfenbrenner sought to explain how individuals developed in relation to their social environments and how behavior was influenced by the interactions between individuals and their social, cultural, economic, and familial contexts, represented as micro, meso, and macrolevel influences.

Anderson (1998) modified Bronfenbrenner's ecological systems theory for understanding drug abuse in relation to individual and social or environmental factors. For Anderson, the micro-level includes personal marginalization, ego identity discomfort, and inability to define an identity. The mesolevel includes social marginalization and identification with drug subculture groups (Anderson, 1998). Lastly, the macrolevel

includes economic opportunity, educational opportunity, and the influence of popular culture (Anderson, 1998). An understanding of the relationship between the individual and his or her environment can help to inform policy and influence the creation of prevention and treatment strategies which can be tailored to schools, families, and communities (Anderson, 1998). These categories describe a motivation for drug-related identity change and structural opportunities for such change to occur.

Community organizing theory (Brady & O'Connor, 2014) also guided the study in relation to the research question. Community organizing theory, also known as the grassroots theory of change, helped me to frame the understanding of what the alternatives participants believe might be important for policymakers to consider. As a policy theory, community organizing theory represents a bottom-up approach, much like Lipsky's (1978) street-level policy approach. However, whereas Lipsky focused on street-level bureaucrats (e.g., caseworkers in social service organizations), community organizing theory holds that those most affected by a problem or phenomenon have stakes in, and unique perspectives on, how to address the problem or phenomenon (Brady & O'Connor, 2014). In addition, the theory holds that change initiatives should focus on altering institutions and policies, not individuals (Brady & O'Connor, 2014). Therefore, community organizing theory is appropriate for understanding what participants believe might be important for policymakers to consider.

Nature of the Study

I explored the experiences of African American men who were prescribed Ritalin as school children and how the drug has impacted them in their adult lives. I used a

qualitative approach that allowed me to explore the nuances of the abuse of prescription Ritalin as perceived by African American men. I collected descriptive, nonnumeric data because this was a qualitative study in which I endeavored to find meaning in the lived experiences of the participants. I used semistructured interviews with open-ended questions to collect data. Details of the interview protocol are explained in Chapter 3.

I sought participants using purposeful sampling and collected data using semistructured interviews ((Rubin & Rubin, 2012). The methods used in this study are conducive to this research because the population is made up of nine African American men ages 18 and over who were prescribed Ritalin as children. The sampling was initiated through acquaintances. I also passed out flyers in African American barber shops in North Carolina and South Carolina inviting qualified participants to meet me at the conference room at the local library. The objective of selecting the local library is safety, privacy, distraction-free and comfortable as suggested by (Jacob & Furgerson, 2012).

Descriptive phenomenology is used to develop themes from the participants' stories (Tracy, 2013). Giorgi (2009) stated that this type of phenomenology is employed when researchers seek to immerse themselves in the experiences of the participants and describe from their point of view the phenomenon under study. When using this design, the researcher does not interpret the experience but rather presents the lived experiences of the participants (Giorgi, 2009). Through probing and clarifying follow-up questions, participants were encouraged to elaborate upon their responses and further explained unclear statements (Qu & Dumay, 2011). I used Epoché or bracketing to manage

researcher bias, as suggested by (Finlay, 2013). For reliability and validity issues, I implemented coding and triangulation as noted by (Smith, 2015).

Operational Definitions

IDEA: Congress enacted the Individuals with Disability Education Act, formerly known as All Handicapped Children Act (Public Law 94-142) in 1975, which was amended in 1997 as the Individual with Disability Education Act (Zirkel, 2011). The act defines a disability as having a physical or mental impairment that substantially limits one or more major life activity (Zirkel, 2011).

Section 504: Section 504 of the Rehabilitation Act of 1973 requires that the needs of students with disabilities be met as adequately as the needs of those students without disabilities (Zirkel, 2011).

Assumptions

Assumptions in qualitative research are things the researcher believes are true without proof. I assumed that the participants answered the research interview questions truthfully as suggested by (Simon, 2011). The qualitative research study was descriptive, and my interest was in the process, understanding, and meanings gained as the participants described their lived experiences. I assumed that some children took Ritalin orally and others did not take their Ritalin prescription orally. I assumed that some of the children snort the drug or take it intravenously to get the euphoria that cocaine users get. I also assumed that participants would report their dissatisfaction with having taken Ritalin as a child; however, the results of this study did not support this assumption, as discussed in detail in Chapters 4 and 5.

Until I interviewed my participants, I held incorrect beliefs regarding Ritalin and its effectiveness when administered properly with the right dosage. I focused my attention on the subjective-objective ontological assumption for my study. Ontology, according to Guba & Lincoln (1994), refers to the nature and form of reality and what the knower can know about it.

I also explored the sensitive and personal topic of prescription drug use and potential abuse. Consequently, participants were reluctant to discuss their experiences concerning their use of Ritalin for fear of being cast in a negative light. However, special care was taken to assure the participants of the serious and scholarly nature of the study, as well as methods to ensure their anonymity and the confidentiality of their responses. After this was explained, participants were honest and forthright in expressing their thoughts about their experiences with Ritalin. I assumed that this kind of approach brought about abstract units of information that I used to establish a comprehensive set of themes.

Employing a descriptive phenomenological research design carries a specific set of assumptions. Phenomenologists believe that to understand the essence of an experience, researchers must enter the life world of the participants and set aside any preconceived thoughts, ideas, and opinions, and biases (Van Manen, 2014). Everyday human behavior is important to explore to better understand human nature and experience (Giorgi, 1990). Phenomenologists gather conscious experiences rather than traditional statistical data (Tracy, 2013). The goal of phenomenology is to explore phenomena rather than to provide explanations (Farina, 2014). These inherent assumptions enable

phenomenological researchers to learn information about human behavior, interactions, thoughts, perceptions, and experiences to better understand the human condition.

Scope and Delimitations

Scope in qualitative research identifies the boundaries of the study (Simon, 2011). Delimitation of the study proscribes the study as to geographic location, age, sex, population, and sample size involved in the study. The population of this study was African American men 18 years and over who were prescribed Ritalin as children. In this study, I focused on investigating the perceptions of African American men about the effects of Ritalin use and how the medication impacted their adult lives. The study did not include women or individuals of other races. Further, the study did not include individuals who were prescribed psychotropic drugs other than Ritalin for the treatment of ADHD.

Limitations

Limitations denote influences outside of the researcher's control that may influence the research methods or analysis of data (Tracy, 2013). One limitation of the current study was the use of purposeful sampling. I carefully chose the study participants to ensure that they were able to provide information relevant to the research. Although they may not be representative of the target population or transferable to other populations, their responses may give a general idea of what they experienced from taking the drug. (Jayasundara, Nedegaard, Sharma, & Flanagan, 2014).

Typically, phenomenological studies have 15+ participants. However, I was not able to recruit that many even with a change in protocol. Thus, the study is not as robust a

study as it might have been. It might be considered a pilot study that could give way to more qualitative research. Potential issues of validity in this qualitative research study were researcher bias, misinterpretation of collected data, generalizability, and participants choosing to drop out of the research study.

In qualitative studies, researcher bias can also pose a threat to data collection and interpretation (Smith & Noble, 2014). I set aside my personal bias and was open to new perspectives. Participant attrition may negatively affect the process of data collection, contributing to selection biases, small sample size, and the development of inaccurate research conclusions (Wolke et al., 2009).

Phenomenological research carries some limitations. It is essential to remember that the information gathered is often subjective and specific to the group under study (Willig, 2013). Consequently, the results of the exploration of a phenomenon are not always generalizable or transferable (Tracy, 2013). Sample sizes are typically small, and definitively proving or disproving a hypothesis does not occur (Lopez & Willis, 2004). Only nine African American men ages 18 years and older participated in this research study.

Significance

Findings from this study may inform policymakers, as well as medical practitioners, about the implications that social environments and cultural identities have in prescription drug use (Golub et al., 2015). Because of the very limited studies pertaining to African Americans with ADHD, further research in this area is necessary to inform culturally-aware policy regarding Ritalin prescription and use of Ritalin to school

age children (Golub et al., 2015). The results of this study may provide an understanding of how some African American young men were impacted by using Ritalin. Using cultural identity theory of drug abuse and community organizing theory could help explain the illicit use and abuse of Ritalin to inform culturally-aware policy revision.

School-aged African American boys are overmedicated with drugs used to treat ADHD, such as Ritalin (Fitzgerald, 2009), and there may be connections between prescribing prescription drugs, abuse of prescription drugs, and individuals transitioning to the use of illegal drugs, such as cocaine. In addition, because Section 504 of the Rehabilitation Act of 1973 requires that the needs of students with disabilities be met as adequately as the needs of those students without disabilities, exploring Ritalin use in African American men when they were children may provide insight into their experiences of being administered Ritalin in school settings that can inform policy regarding Ritalin use and prescription among school-age children. Fitzgerald (2009) argued that the convergence of overmedication and race can be seen as an issue of behavioral medication, or how prescriptions act to control undesired behavior. As such, the convergence of race and prescription represents a public policy issue necessitating research on potentially revising the policies and regulations on prescribing drugs such as Ritalin (Broman, Miller, & Jackson, 2015; Golub et al., 2015). In addition, African Americans and other ethnic groups differ in the way they metabolize medication (Broman et al., 2015).

Findings from this study may provide information for policymakers as well as medical practitioners about how cultural identities and social environments are connected

to prescription drug use. Residential turnover and economic disadvantage weaken communities that subsequently leads to social disorganization precipitating into a culture of drug abuse (White, Ready, & Katz, 2016). Information collected from interviewing African American men who were prescribed Ritalin as children and its direct impact on them may inform what policymakers know and how they would recommend changes to educational programs and regulations addressing the illicit distribution and use of Ritalin. The study results may also lead to the review of federal policies that provide entitlements to parents and school districts for placing children on such potentially addictive medication as Ritalin.

Potential financial gains have also led drug manufacturers, medical doctors, school districts, school psychologists, teachers, and some parents to place children on Ritalin, which likely contributes to these young men's dependence on synthetic drugs. Information collected from this study might also contribute to the literature in public policy to support the need for changes in policy and increased regulation of Ritalin. Research suggests that the misuse of prescription drugs represents doctors' inability to control patient drug use, necessitating public policy awareness and intervention (Golub et al., 2015). The results of the present study may lead to the review of the federal policies that provide entitlements to parents and school districts for placing children on medication as Ritalin. Federal policies provide entitlements to an extensive number of individuals. More than four million people receive disability checks because of mental illness, and 250 children and 850 adults are added to disability entitlements daily in the United States of America, because of mental illness (Baughman, 2011). ADHD drug

sales amounted to 1.2 billion dollars in 2010 (Baughman, 2011). The results of the present study may help the federal government revisit the purpose of its 1965 Elementary and Secondary Education Act (ESEA), which restructured education from academics to behavior modification (Baughman, 2011).

This study may also provide a source of information for studies or policies centered on African Americans in military service. Taking Ritalin precludes an individual from the army, and Ritalin is classified as a Class II controlled substance similar to morphine and other amphetamines (Albert, 2012) in compliance with the Controlled Substance Act of 1970 passed by the U.S. Congress. This may affect many African Americans for whom military service is a career path (Asch, Heaton, & Savych, 2013). For many African Americans, military service is a career path with benefits of education and training and represents steady employment with good pay that can provide upward mobility in life and retirement; however, there is a significant decline of African Americans enlistment in the U.S. Army (Asch et al., 2013). Enlistment reduced from 80 per 100,000 of the U.S. population in 2000, to 32 per 100,000 of the population in 2005 (Asch et al., 2013). Researchers attributed this precipitous decline to many factors; but, no researchers have yet examined the role of Ritalin.

Social Change

The influence of this study may bring about social change in the African American community by showing how prescriptions of Ritalin to children may influence over-prescription and illegal drug use in the African American community. According to Rep. Michael Speciale (North Carolina), legislators lack information about ADHD and

Ritalin, leading some policymakers to believe that ADHD is a spurious disorder and that the prescription and use of Ritalin are highly questionable (Speciale, 2016). Although Ritalin may be overprescribed, such attitudes are indicative of the need to steer a measured and informed course on policies regarding Ritalin prescription and use among school-age children. So far, 24 states have passed legislation on the use of psychotropic medication by children diagnosed with ADHD (See Appendix D). Information collected from this study might lead to social change by providing necessary data to better inform educational programs and policies concerning the distribution and use of Ritalin.

The Social Security Disability guidelines name ADHD as a disability for which the parents of children are awarded monthly checks of \$674.00 every month until the child turns 18 (GAO, 2011). Receiving this disability check is an incentive which very poor single parents in the African American community strive to attain (GAO, 2011). A parent with three children on Ritalin can be receiving more than \$2,000.00 every month for 18 years. In addition, many poor school districts are awarded federal dollars because of disabled children in special education classes, most of whom are African Americans on medication. The study may provide information that could inform and affect policies concerning financial provision.

Summary

In this section, I explained the reason why some children took Ritalin although it was not prescribed, nor did they have ADHD. Ritalin gives the abusers the same “high” one can receive from using cocaine. This qualitative research using a descriptive phenomenological approach gave me an understanding of the lived experiences of the

participants and the results will advise policymakers to understand that Ritalin is not an addictive drug if administered orally with the prescribed dosage. The study was designed to explore the question: What does it mean to be an African American man who has been diagnosed with ADHD and prescribed Ritalin in early childhood, and what do they want policymakers to know? This argument is based on the premise that African Americans and other ethnic groups differ in the way they metabolize medication. Subsequent chapters reviewed the current literature on this subject matter, peer review journals, and other relevant articles to give more clarification on the subject.

Chapter 2: Literature Review

Introduction

The problem I addressed in this study was the impact of Ritalin on adult African American men who were diagnosed with ADHD as children. Ethnic groups metabolize medications differently (Krieger, 2012), and populations in low-income areas have higher use rates (Golub et al., 2015). This is a policy issue because of tax-payer dollars being spent, the risk of addiction, and potential graduation to other drugs and criminal behavior. Also, there is the lack of knowledge in the area of public policy regarding the relationship between Ritalin use by African American men and how the drug has impacted their adult lives. This problem warrants further study in the area of public policy because African Americans and Caucasians may differ in how they metabolize medication (Krieger, 2012), and social conditions influence how individuals use and abuse prescriptions drugs such as Ritalin.

The purpose of this qualitative study was to explore African American men's experiences using Ritalin as children and to explore what alternatives participants believe might be important for policymakers to consider. ADHD is a mental illness affecting over 9% of the school-aged population in the United States, and Ritalin is the drug of choice for the treatment of this illness. There is no single activity to diagnose ADHD. ADHD is characterized by pervasive and impairing symptoms of inattention, hyperactivity, and impulsivity (Markel & Wiener, 2014).

When Ritalin is taken orally, there are significant side effects, including but not limited to: vomiting, agitation, tremors, hyperreflexia, convulsions (which may be

preceded by comma), euphoria, confusion, delirium, sweating, flushing, headache, hyperpyrexia, tachycardia, palpitations, cardiac arrhythmias, hypertension, mydriasis, and dryness of mucous membrane (Ritalin SR Medication Guide, 2013). When it is snorted or injected intravenously, the user experiences the same euphoric feelings that cocaine abusers experience, as Ritalin is pharmacologically identical to cocaine (Volkow et al., 2011).

Once they reach the age of maturity, children are taken off Ritalin and then reevaluated by the Department of Human Services(DHS), but children who are taken off Ritalin when they reach the age of 18 typically turn to cocaine, which generally occurs at age 19 (Albert, 2012). This may be because cocaine provides the same calm and focus they experienced with Ritalin (Lundberg, 2013). The foundational research of Izenwasser et al. (1999) established the reasoning that undesirable changes occur in the brain when Ritalin is administered over time; children are legally allowed to begin using Ritalin at the age of 6 years old—and in rare cases at the age of 3 years old—which allows the medication to enact these undesirable changes for more than a decade. It is estimated that up to 71–75 % of children who are diagnosed with ADHD will continue to have the illness when they become adults (CDC, 2014).

Ritalin does not cure ADHD and as the sufferers mature out of the Ritalin age category and are no longer prescribed the medication, they are often forced to find substitutes to sustain themselves (Albert, 2012). Because Ritalin is a potential transition drug to illegal drugs such as cocaine, reevaluation of the regulation and policies surrounding the prescription of Ritalin to children is needed (CDC, 2014).

The early research of Gatley et al. (1999) explained how the dopamine transporter process reveals striking similarities between cocaine and injected or snorted Ritalin. For this experiment, a positron emission tomography (PET) was used to establish the relationship between cocaine and methylphenidate in mice. Researchers injected one set of mice with cocaine, then another set with methylphenidate, and measured the locomotor activity with a photocell apparatus. It was discovered that rapid delivery of cocaine or methylphenidate by smoking or intravenous injection produced identical effects, thus equating the pharmacology of cocaine and methylphenidate (Gatley et al., 1999).

Harvey et al. (2011) later received a grant of \$2.25 million from the National Institute of Drug Abuse, to conduct a 5-year research study experimenting with rats in a Boston University laboratory. The purpose of the study was to find out whether or not ADHD medication, such as Ritalin, could promote future cocaine use. The researchers used spontaneous hypertensive rats (SHRs) that possessed traits similar to those found in people diagnosed with ADHD: they were easily distracted, forgetful, fidgeting, etc. As a control, Wistar-Kyoto rats (WKYs) were used and did not display characteristics meriting ADHD symptoms. As a result, the experiment showed that the SHRs treated with methylphenidate were vulnerable to cocaine addiction (Harvey et al., 2011).

However, research conducted by Mannuzza, Klein, and Moulton (2003) showed that children treated with Ritalin were not vulnerable to cocaine addiction. In this research, children ages 7–12 years who were not diagnosed with ADHD were treated with Ritalin for 12–18 weeks to gauge their vulnerability to cocaine use over time, This

same group of children received follow-ups until they were 16 (Mannuzza et al., 2003). When these children were matched with the control group, there was no significant difference in their prevalence to substance use or abuse (Mannuzza et al., 2003).

Biederman et al. (2006) conducted a decade long follow-up study, approved by Massachusetts General Hospital, on Caucasian youth aged 6–17 years. The subjects with ADHD ($n=140$) and subjects without ADHD ($n=120$) were evaluated by researchers using DSM-III diagnostic characterizations for the selection process of the subjects who were clinically referred (Biederman et al., 2006). The result of the research showed that youth with ADHD are at a higher risk of a wide array of advanced psychiatric disorders including drug and alcohol addiction.

In 1963, President John F. Kennedy was alarmed by the number of Americans suffering from mental illness, figuring at that time there was an estimated 800,000 Americans who were either mentally ill or mentally retarded (Kennedy, 1963). Today, over 20% of children between the ages 8–15 in the United States have this mental illness, amounting to roughly 1 in 5 children. The second largest diagnosis is ADHD (Whitaker, 2010; see Figure 1). Most of the research done in this field has been geared towards the Caucasian population with only three Ph.D. dissertations focusing on the African American population and ADHD.

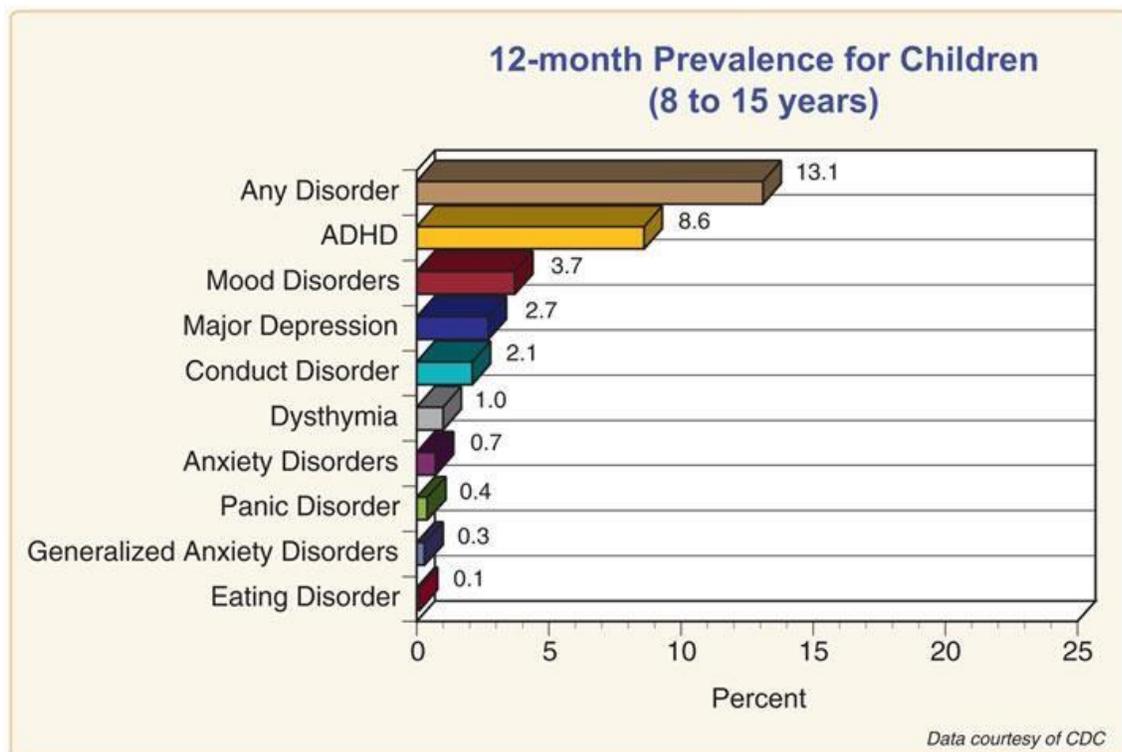


Figure 1. 12-month prevalence for children (8 to 15 years).

Literature Search Strategy

I obtained the literature compiled for this review through comprehensive online library search methods. Some keywords that I used in the search were: *ADHD, African American, drug-abuse, cocaine, methylphenidate abuse, and Ritalin abuse by school children, routes of administration, methylphenidate efficacy, and community organizing theory, cultural identity theory, Section 504, and pharmacological effects of methylphenidate*. Among the journal, databases searched, those that generated the most applicable results were CINAHL, eBooks, EBSCOhost, ERIC, exlibrisgroup, Medline, ProQuest, Psycnet, PsycInfo, SAGE, ScienceDirect, and Wiley Science. I accessed a multitude of other databases in the search process as well. Prior to generating the returns,

the peer-reviewed feature I selected ensured that all the literature generated would fit this designation.

I identified articles through searches conducted through Google Scholar with a preference for peer-reviewed journals, and through internet search engines such as Google and Science Direct with a filter applied for peer-reviewed journals. Additionally, once I identified key authors in this way, the corpus of their work was reviewed for other relevant research, and other works cited by those authors were similarly reviewed. I reviewed identified journals, especially in specifically themed issues, for other relevant work.

Theoretical Framework

I used Anderson's (1998) cultural identity theory of drug abuse, which is based on Bronfenbrenner's (1992) ecological systems theory, as the foundation for this research. The cultural identity theory of drug abuse helps explain individual and social influences regarding identity change motivations and drug abuse during late childhood and adolescence (Anderson, 1998). This theory states that drug abuse comes out of identity change at three levels: micro-, meso-, and macro-level. The cultural identity theory of drug abuse also explains substance abuse by understanding how individual and environmental phenomena influence the construction of drug-related identities and drug abuse.

Anderson (1998) proposed that drug abuse is an outcome of a drug-related identity change process. The micro-level includes personal marginalization, ego identity discomfort, and inability to define an identity. This level refers to the individual, while

the meso-level is the mid-range social group, and the macro-level is the broad sociocultural level. The meso-level includes social marginalization and identification with a drug subculture group. Lastly, the macro-level includes economic opportunity, educational opportunity, and influence of popular culture (Anderson, 1998).

Researchers have used Bronfenbrenner's (1992) ecological systems theory to understand and explain how individuals develop in relation to their social environments, and how individual behavior can be influenced by their social, cultural, economic, and familial contexts. Levels of influence include factors most closely associated with the individual (e.g., family, peers), to wider environments (e.g., school, neighborhoods), to larger ideological influences (e.g., values, politics; Bronfenbrenner, 1992). Although Anderson's (1998) cultural identity theory of drug abuse owes much to ecological systems theory, Anderson has modified ecological systems theory specifically for the study of drug abuse, making it more appropriate for this study than ecological systems theory.

Application of the Cultural Identity Theory of Drug Abuse

African Americans in particular have experienced marginalization and, historically speaking, have lacked opportunity when compared to other ethnic groups within the United States. Originally brought into the United States as slaves, African Americans spent the first 210 years in some form of servitude. Cultural identity theory is significant to this research because it allowed me to examine how drug abuse that begins with Ritalin use as a child impacted macro-level phenomena such as economic and social inequality and marginalization among adult African American men.

Fitzgerald (2009) argued that the over-prescription of Ritalin to school-aged African American boys necessitated research into the policies and regulations of such drugs because such over-prescription may represent a form of social control. Information from the study shed light and the connections between race and the abuse of prescription drugs, as well as for the need to further research on policy revision based on the differences in how African Americans metabolize prescription drugs such as Ritalin (Krieger, 2012).

Distinguishing Between Drug Abuse and Drug Use

Anderson (1998) argued for the necessity of researchers to distinguish between the terms drug use and drug abuse. Anderson (1998) observed that in research on drug abuse, researchers often used the terms drug use and drug abuse interchangeably and argued for the need to better analyze what constitutes use and abuse in drug-related research. According to the cultural identity theory of drug abuse, use and abuse are separate, albeit related, phenomena, and this distinction may have important implications for policy (Anderson, 1998). For example, the prescription drug Ritalin is legal and results in better health when prescribed by licensed professionals and administered orally, but it can be abused if used recreationally, and thus, becomes destructive to the individual and society. In revising prescription drug policy, it is important that researchers not use drug use and drug abuse interchangeably. In addition, Anderson's other three areas of the cultural identity theory to drug abuse are crucial to analyzing how people abuse or reach crisis points with drugs. These areas include: (a) micro-, meso-, and macro-levels of

analysis: (b) subcultural group identification: and (c) identity versus behavioral outcomes.

One of the major points in cultural identity theory is that many of the drug abuse etiology theories focus mainly on the micro-level or individual factors, thereby ignoring the larger socio-cultural environment, lack of education, and economic and social factors related to drug abuse. Cultural identity theory holds that drug abuse is mainly due to external factors, negative self-evaluation, social marginalization and the environment (Anderson, 1998). Learned behaviors are in part environmentally derived and individuals are more likely to mimic the behaviors around them (Bandura, 1977) or identify with subcultural groups (Anderson, 1998).

Micro, Meso, and Macrolevels of Analysis

Anderson (1998) argued that some theories of drug abuse, such as Kaplan's (1996) theory of self-derogation, relied too heavily on micro-level or individual factors and did not allow researchers to understand drug abuse in relation to larger social and systemic factors. In the cultural identity theory of drug abuse, Anderson argued for the need to understand drug abuse in relation to the interaction between micro-level factors (e.g., individual-level characteristics), meso-level factors (e.g. communities and social groups), and macro-level factors (e.g. economic inequity and social marginalization). Such an approach to drug abuse allows for a more integrated and holistic way to understand drug abuse and consequently, a multidimensional way to inform policy decisions regarding the prescription and use of controversial drugs such as Ritalin. For drugs such as Ritalin that may be overprescribed and may be used recreationally, better

understanding the meso-and macro-level factors of abuse in relation to micro-level are crucial.

Micro-level factors include personal marginalization, ego identity discomfort, and inability to define an identity, which may interact with meso-level factors including social marginalization and identification with drug subculture groups (Anderson, 1998). Additionally, macro-level factors include economic opportunity, educational opportunity, and the influence of popular culture (Anderson, 1998). An understanding of the relationship between the individual and his or her environment at both meso- and macro levels can help to inform policy, as well as prevention and treatment strategies. Exploring the influence African American men believe the childhood use of Ritalin has had on their adult lives may shed light on social and environmental components that may help to inform policy decisions for the prescription of Ritalin.

Group Identification

Anderson (1998) also noted that when researchers did look at social factors, such as how individuals' identification with certain groups influenced drug use and abuse, they focused almost exclusively on peer groups as an explanatory factor. According to the cultural identity theory of drug abuse, it is important to focus on drug subcultural groups (e.g., pill heads, gangs, etc.), and their role in how individuals identify with these groups and how that identification influences drug abuse patterns and activities. An individual's inability to define an identity during drug use may lead to the individual identifying with a particular subcultural group which may influence drug use patterns and activities. A focus on group identification may help to explain how certain subcultural groups, not just

peer groups, influenced African American men's childhood use of Ritalin and may also be an important issue for policy-makers to consider as well.

Identity Versus Behavioral Outcomes

For Anderson (1998), distinguishing between drug *use* and drug *abuse* may also involve focusing on drug-related identity changes as well as behavioral outcomes. Anderson noted that past etiological theories focused on predicting behavioral outcomes based on frequency and amount of drug use. However, an important consideration should also be the importance of how identity change may influence the initiation and persistence of drug use leading to abuse. Understanding drug-related identity changes in relation to the frequency and amount of Ritalin use in African American men when they were children may help to inform policy by providing information on how subcultural group identification may influence patterns of drug use that may lead to abuse.

Identity Change Motivational Concepts

Another underlying theme of cultural identity theory is that identity changes that can lead to drug abuse may include components of personal and social marginalization that occur during late childhood and early adolescence (Anderson, 1998). Personal marginalization refers to micro-level influences that can help to begin a drug related identity change process. Personal marginalization experiences include early experiences that often involve some degree of personal or family-related trauma, such as abuse, the death of significant person, or the separation or divorce of parents (Anderson, 1998). Other personal marginalization experiences that may not be as traumatic include overly strict or unstable domestic environments, the onset of early parenthood, trouble at school,

and encounters with police (Anderson, 1998). Social marginalization refers to individuals belonging to a group that is socioeconomically depressed, disenfranchised, or disadvantaged in relation to other cultural, social, or ethnic groups (Broman et al., 2015).

In addition, for Anderson (1998), marginalization also includes objective and subjective dimensions. Objective marginalization refers to the actual experiences of marginalization or the personal or group characteristics that are stigmatized. Subjective marginalization refers to how individuals affectively experience the realities of objective marginalization or how individuals feel about the realities of their objective marginalization. Broman et al. (2015) argued that subjective marginalization may actually be more germane to the initiation of a drug-related identity. Negative feelings of not belonging and social isolation can set in motion drug-related identity change processes and escalate the risk for drug abuse (Broman et al., 2015). Given the continuing economic and social challenges that African American men may face, policymakers should realize the influence of both personal and social marginalization on individuals developing a drug-related identity.

Opportunity Concepts

Opportunity concepts are factors that may also increase the chance or opportunity for individuals to develop a drug-related identity (Anderson, 1998). Individuals exist and interact within social environments, and these environments vary socially and economically, presenting different chances for individuals to develop drug related identities (Anderson, 1998). The first of these opportunity concepts are represented by drug subcultures. As a part of youth culture, drug subcultures represent

powerful contexts that allow for the acceptance of socialization of drug use and abuse (Anderson, 1998). Salient features of drug subcultures include drug-related language and merchandise, activities of a drug related lifestyle (e.g., patterns of use, how to locate, purchase, and use drugs), and the development of in-groups (e.g., those who use drugs) and out-groups (e.g., those who do not use drugs).

Economic and educational opportunities represent other opportunity concepts for individuals to develop drug-related identities (Anderson, 1998). Although research has shown that populations in low-income areas have higher overall drug abuse rates than those in middle and high-income areas (Golub et al., 2015), the cultural identity theory of drug abuse holds that populations in other economic incomes abuse drugs as well (Anderson, 1998). The cultural identity theory of drug abuse allows researchers to study drug abuse as it relates to the opportunities that various economic environments afford for drug abuse, which may involve the abuse of different kinds of drugs, different patterns of use, and different ways of acquiring drugs (Golub et al., 2015). Similarly, educational opportunity refers to an individual's likelihood of developing a drug-related identity based on factors associated with his or her educational environments and larger educational trajectories that may be influenced by social norms (Anderson, 1998). For example, youth from low-income populations may be directed toward vocational or technical education, which in turn may determine the schools they attend and the educational tracks they follow. In order to propose culturally aware drug-related policies, policymakers should consider how economic and educational opportunities are related to race and drug use (Fitzgerald, 2009).

Popular Culture

In addition to opportunity concepts, popular culture has considerable influence on the behavior of youth and adolescents, both positively and negatively (Anderson, 1998). Popular culture (e.g., entertainers, films, television, and social media) conveys messages, both directly and indirectly, that can inform public tastes and influence behavior, especially among children and adolescents (Anderson, 1998). Consequently, popular culture can sway youth and adolescents about what is acceptable or *in* (Anderson, 1998). Either directly or indirectly, popular culture can foster pro-drug attitudes and play an active role in facilitating the development of a drug-related cultural identity in individuals. Additionally, the appeal of popular culture icons and messages may cut across social, economic, and ethnic lines (Anderson, 1998).

The Meaning of Drugs

While taking drugs is an almost universal activity, social and cultural environments can inflect drugs and drug-taking with symbolic meaning (Anderson, 1998). Consequently, policymakers should be aware that drugs take on meanings for individuals and groups that are both generally and culturally-inflected. Anderson (1998) provided three general ways that drugs can offer meaning to individuals that represent micro-, meso-, and macro-level concepts.

The first of Anderson's (1998) concepts is that drugs can act as a kind of material symbolism for individuals and groups. Inner-city residents, especially, have been found to associate drug possession, use, and sales with money and status, thereby imbuing drugs with positive, albeit, illicit connotations (Anderson, 1998). The second is

that individuals may attach meaning to drugs that involve affective control, a micro-level concept. Individuals may use escape and self-medication for rationales for the illicit use of prescription drugs, as well as the abuse of illegal drugs (Anderson, 1998). The third way that drugs can offer meaning to individuals is through a sense of identity creation, a micro-level concept (Anderson, 1998). Euphoria achieved through drug use, for example, may do more than deliver a temporary state of personal pleasure. Euphoria may also help individuals to facilitate the construction of new identities and the negation of previous ones related to larger group identification (e.g., drug use with peers, drug subcultures, drug use lifestyles, and popular culture; Golub et al., 2015).

A Cultural Perspective on Drug Policy

Echoing and adding to Anderson's (1998) cultural identity theory of drug abuse, Golub et al. (2015) recently argued that a cultural perspective on drug policy was needed to theoretically underpin and revise policies based on war metaphors (i.e. the war on drugs), which users may view as a war on themselves. Golub et al. (2015) argued that conceptual and ideological shifts are necessary for how drug policies are conceived and developed. The researchers observed that the United States is undergoing a pharmacological revolution in which there are many more drugs, many more people using drugs, and more reasons for people using drugs than in any other time in history.

This pharmacological revolution, consequently, requires a socio-cultural comprehension of drug *use* and *abuse* in order to help inform policymakers' understanding of appropriate policy development.

A culturally-oriented perspective on drug use and drug policies would (a) facilitate development of culturally sensitive outreach programs for appropriate populations, (b) promote controlled drug use education to help individuals make good decisions about leading healthy lifestyles, and (c) discourage hard and fast regulations that do not allow for understanding drug use and its consequences relative to time and location. Furthermore, understanding the relationship between individuals and their environments and how this relationship relates to drug culture can inform prevention and treatment strategies, which can be tailored to target schools, families, and communities (Golub et al., 2015).

According to Golub et al. (2015), a cultural perspective on drug policy is important because drug use may stem from a combination of prevailing cultural subcultural attitudes and individual identity development. While at some level, drug use is an individual decision, individuals' prevailing cultures and subcultures and their relationships to these wider environments impart meaning to drug use activity for individuals. In short, drug use involves individual and social level factors, and individual factors should be understood in relation to social context. Because drug use involves the interactions among individual, institutional, and social factors, understanding how prescription drugs are prescribed and used are important considerations for policymakers (Golub et al., 2015).

Community Organizing Theory

Community organizing theory (Brady & O'Connor, 2014) served part of the conceptual framework for the study. As a policy theory, the theoretical foundations of

community organizing theory include a) social movement theory, b) Marxism, c) feminist theory, d) multicultural theories, e) critical theory, and f) empowerment theory (Brady & O'Connor, 2014). Community organizing theory, also known as grassroots theory of change, is built on the following underlying assumptions: a) power exists when people cooperate and work together, b) power bases can shift through actions and events, c) organizing efforts should reflect the interests of people directly affected by the problem or phenomenon, d) organizing requires engaging those affected by the problem to address it, and e) efforts should focus on changing institutions and policies rather than individuals (Stachowiak, 2013). Since I worked directly with the population affected by policies and regulations that have led to the over-prescription of Ritalin, community organizing theory illustrated and explained the need to incorporate the lived experiences into meaningful action, either through informing policymakers or organizing interventionist programs to prevent substance abuse from occurring. Synthesis of a cultural perspective on drug policy and community organizing theory enables me to meaningfully engage those in power with the hopes to enact change. This change may be informed by community members who are affected by the policy, in the case of this research study the policies that lead to over-prescription of Ritalin. Community organizing theory endeavors to synthesize multiple theoretical frameworks in order to provide a comprehensive and thorough account of lived experiences in action.

ADHD and Treatment

Attention Deficit Hyperactivity Disorder

Despite several name changes over the past 50 years, the current diagnosis of attention deficit hyperactivity disorder (ADHD) shares the core group of symptoms—impulsivity, inattention, and motor restlessness—with earlier terms such as minimal brain dysfunction, hyperactive child syndrome, and attention deficit disorder with or without hyperactivity (Goulardins et al., 2015). The disorder is extremely common, affecting approximately 4% of all children, although estimates vary widely, from 3-11% or more, yet despite its prevalence, the cause of ADHD remains unknown (Goulardins et al., 2015).

ADHD is characterized by pervasive and impairing symptoms of inattention, hyperactivity, and impulsivity (Markel & Wiener, 2014). The World Health Organization (WHO) uses a different name—hyperkinetic disorder (HD)—but lists similar operational criteria for the disorder. Regardless of the name used, ADHD or HD is one of the most thoroughly researched disorders in medicine (Markel & Wiener, 2014). It has been associated with a broad range of negative outcomes for affected subjects including but not limited to academic failure, social dysfunction with friends, delinquency and substance abuse (Charach et al., 2014). It also presents a serious financial burden to families and society, which characterizes it as a major public health problem (Markel & Wiener, 2014), necessitating the attention of policymakers.

ADHD can be viewed as a condition that stems from a combination of both cultural and environmental factors (Charach et al., 2014). Environmental and cultural

aspects play a role in the etiology of ADHD/HD since the estimates of heritability in the disorder are approximately 80% (Markel & Wiener, 2014). Children who have a genetic predisposition will express the disorder when put in the correct environment, typically one characterized by chaotic parenting (Goulardins et al., 2015). In addition, 30-70% of patients who manifest ADHD in childhood continue to experience the full syndrome or some significant residual symptoms as they mature into adulthood (CDC, 2015).

Treatment

In order to curb the prevalence of ADHD along with other attention disorders, the most popular treatment is to prescribe stimulants to provide balance and stability. Drugs such as methylphenidate (Ritalin, Concerta, Methylin, and Quillivant XR) and dextroamphetamine (Adderall and Vyvanse) are among the most popular brands prescribed within the United States. In 1961, 150,000 pharmacological preparations were available, of which 90% had not existed 10 years earlier (Ragan et al., 2013). This included the first emergence of methylphenidate as a treatment for depression. By the 1970s, the pharmacological treatment of mental disorders had been established as a formidable industry (Ragan et al., 2013). Within recent decades, there has been a backlash to the practice of prescribing children methylphenidate and dextroamphetamine in an effort to stem ADHD and its effects, citing claims that methylphenidate causes brain damage and mental retardation with prolonged use (Fitzgerald, 2009). Increasingly, studies linking childhood stimulant usage with adult illicit drug usage have appeared along with assertions that pharmaceutical companies are deliberately overprescribing potentially dangerous drugs to children. Pharmaceutical companies gain significantly

from socially controlling actions when children are prescribed highly addictive drugs that have no proven long-term benefits, such as Ritalin (Ragan et al., 2013). Of particular interest to researchers in the area of public policy, however, is who initiates the diagnostic process and how diagnoses may vary by ethnicity (Fitzgerald, 2009). Other major concerns for public policy involving treatment include inconsistencies in how conditions treated by Ritalin, such as ADHD, are measured and the abuse of Ritalin (CDC, 2014). While there are many reliable scales to measure and assess ADHD, these scales are often viewed differently by various clinicians and practitioners, including physicians and teachers (CDC, 2014). Policy agendas might focus on establishing standard ways of viewing scales used to assess conditions such as ADHD. In addition, while Ritalin may not be a transition drug if it is used correctly, research indicates that Ritalin is often abused and over-prescribed (CDC, 2014; Fitzgerald, 2009). Consequently, the connections between Ritalin as a transition drug, over-prescription, and abuse require further research. Investigating these connections may reveal that it is necessary to revisit and perhaps revise policies and regulations concerning the prescription of Ritalin.

Of particular concern to the public is the relationship between substance use disorder (SUD) and ADHD and its treatment. The most commonly used therapeutic agents for ADHD are stimulants, and these medications carry a risk of abuse, both by patients and by others through diversion. Another commonly expressed concern is that the use of stimulant medications by those with ADHD will increase the risk of SUD in this population. Although treatment with stimulant medications has been shown to be

effective for individuals with ADHD, concern about the use of these agents in this population persists.

Section 504, ADHD, and Ritalin

Section 504 of the Rehabilitation Act of 1973 requires that the needs of K-12 students with disabilities in public schools be met as adequately as the needs of those students without disabilities. It also requires schools to administer medications when it is deemed necessary for children to have access to educational services (Zirkel, 2011). However, because ADHD may be over-diagnosed and popular drugs for children with ADHD such as Ritalin may be over-prescribed (Ragan et al., 2013), regulations and policies toward Section 504 may need to be reviewed and revised. Although Section 504 is federal, administering prescription medications in public schools is largely guided by state policy (Ryan, Katsiyannis, Losinski, Reid, & Ellis, 2014). Consequently, it is important that state education agencies develop mandatory medication procedures to guarantee that schools administer psychotropic medications such as Ritalin safely and consistently. Ryan et al., (2014) reviewed state medical policies and guidelines regarding psychotropic medications (e.g. Ritalin and similar medications) in public schools. The researchers examined state policies and guidelines in relation to the American Association of Pediatrics' (2009) recommendations for the administration, documentation, storage, and training in administering psychotropic medications. The researchers found that there were several crucial gaps in many state policies. These gaps included a lack of (a) comprehensive policies addressing the use of psychotropic medications, (b) monitoring strategies for side effects in students, and (c) training of

unlicensed assistive personnel to administer psychotropic medications to students. Ryan et al. (2014) also found that only 15 states had policies for monitoring students for side effects of psychotropic medications, and only 11 states specially addressed psychotropic medications in their policies. Additionally, Ryan et al., (2014) found that a little more than half (31) of the states had any policy on the training of unlicensed personnel when administering medications. This includes staff members such as secretaries who commonly administer medications to students. Such gaps in the policies regarding psychotropic medications at the state and school levels are indicative of the need to rethink prescription drug policies in light of the potential over-prescription of Ritalin. ADHD may be over-diagnosed, and Ritalin may be over-prescribed. Complicating matters is the fact that state policies make for an inconsistent application of Section 504 in public schools, which may very well influence Ritalin use patterns and medication activities. Exploring Ritalin use during childhood in African American men may provide insight into their experiences of being administered Ritalin in school settings. It should also be noted that there is a financial incentive for agreeing with school psychologists to put children on prescription Ritalin. Research conducted by GAO (2011) confirmed that the Department of Human Services awarded parents a monthly check of \$674.00 for disabled children on prescription until the children reach 18 years of age. According to Section 504 of the IDEA regulations, ADHD is a disability. This incentivizes poor single parents within the African-American community to strive toward having their own children prescribed the medication. A parent with three children on Ritalin can receive over \$2000.00 every month for 18 years as a result of this program (GAO, 2011). It may

be possible that economically disadvantaged parents may be willing to take advantage of the monthly SSI checks awarded for placing children on prescription medications.

Although policies regarding the prescription of psychotropic medications such as Ritalin may need to be rethought, the field of psychopharmacology continues to grow, and it is crucial that researchers, educators, parents, and policymakers keep abreast of the latest advances in medications and the implications they may have for the children to whom they are prescribed (Ryan et al., 2014). It is also important for researchers, educators, parents, and policymakers to be aware that factors of dosage, medication duration, and medication age groups may differ from those studied and approved by the FDA.

Potential for Substance Abuse

Psychostimulants used for the treatment of ADHD have a clearly established potential for abuse, with animal and human studies consistently demonstrating that methylphenidate produces reinforcing effects that are similar to drugs with abuse potential, such as cocaine (Daigre et al., 2013). Moreover, it has been established that the risk of substance use disorder (SUD) among patients with ADHD is high (Lee, Humphreys, Flory, Liu, & Glass, 2011).

Numerous prospective studies have found that adolescents with ADHD, or those with a proxy measure of ADHD based on symptoms of inattention or hyperactivity, are more likely to use alcohol and other drugs during adolescence than their non-ADHD peers (Lee et al., 2011). In general, these adolescents are more prone to begin using drugs at an early age, their use tends to be more chronic, and they have a much shorter gap

between the onset of use and the development of a substance use disorder (Daigre et al., 2013). This has been proven by research focused on SUDs in patients with ADHD, where it has been revealed that SUDs tend to emerge at an earlier age and to follow a more aggressive course (Lee et al., 2011). Individuals with ADHD are also at risk of abusing legal substances, such as cigarettes and alcohol (Lee et al., 2011).

ADHD was shown to be associated with a higher lifetime occurrence of substance use disorders, greater psychiatric comorbidity, and greater disease severity, even after controlling for the relationship with conduct and bipolar disorders (Daigre et al., 2013). Cocaine abusers with comorbid ADHD frequently experience mood disorders, dependence upon other substances (particularly cannabis), and antisocial personality traits (Daigre et al., 2013). Patients with ADHD have been reported to have an increased risk of developing drug addiction, which is also more likely to become chronic in them as compared to the control group. With the frequent occurrence of a comorbid conduct disorder in childhood or a comorbid antisocial personality disorder in adulthood, the risk of developing SUDs is even greater, considering that conduct disorder is the main predictor of substance abuse (Daigre et al., 2013).

Empirical evidence, summarized in three meta-analyses (Lee et al., 2011) ; also supports a significant association of ADHD to SUDs, in particular nicotine, alcohol, marijuana, cocaine, and other unspecified substances, although some recent data does not indicate a significant association between cocaine users and behavioral impulsivity or motor response inhibition (Vonmoos et al., 2013), which are typical features of ADHD. Individuals with cocaine dependence may also present with neuropsychological deficits

that may be associated with ADHD, such as working memory impairment (Albein-Urios, Martinez-Gonzales, Lozano, Clark, & Verdejo-Garcia, 2012).

As recently reviewed, several factors, including academic and vocational failure, social impairment, dysfunctional parenting, impulsive anger, as well as comorbid conduct and mood disorders, have been considered to mediate the link between ADHD and SUDs (Cortese et al., 2013; Molina & Pelham Jr., 2014). Studies show that 20-30% of adults presenting with SUD have concomitant ADHD, and approximately 20-40% of adults with ADHD have histories of SUD (Cortese et al., 2013).

Due to its potential for abuse, childhood use of ADHD medication has been linked to, among other things, sensation seeking behavior (Ballon, Brunault, & Cortese, 2014). Given the association of sensation seeking to both ADHD and SUDs and the temporal pathway between ADHD and SUDs, sensation seeking might contribute to SUDs in adults with a history of childhood ADHD. The study explored the experiences of African American men prescribed Ritalin as children and how the drug impacted their lives as adults.

The overall severity of SUD has been found to be increased in individuals with ADHD. Cortese et al. (2013) found that individuals with ADHD reported more frequent and more severe cocaine use. From developmental and psychological viewpoints, there are several potential reasons for an increased risk of SUD among individuals with ADHD. Neuropsychological dysfunctions are prevalent, to a large degree, among both children and adults with ADHD. Executive function deficits go hand in hand with inattention, and deficits such as the inability to inhibit responses also impact on other

executive controls. Therefore, behavioral controls may not be optimal. Impulsive risk-taking behaviors among early adolescents may include drug and alcohol use.

Approximately 30% of individuals with ADHD have comorbid learning disorders, and these deficits make academic failure more likely, which, in turn, leads to a higher risk of SUD (Cortese et al., 2013). There is some evidence to suggest that demoralization due to underachievement and failure can lead to SUD. Finally, there are data suggesting some role for self-medication as a mechanism for the development of SUD. For example, there have been reports of the calming effects of marijuana or the focusing effects of cocaine among individuals with ADHD.

When adolescents transition into adulthood and are subsequently phased out of the Ritalin program, the desire to find an alternate means of chemical stability is present. Research asserts that 50-75% of children with ADHD continue to suffer from symptoms into adulthood (Ballon et al., 2014). Long-term use of medication during childhood may increase the future risk for substance abuse by over 50% (Cortese et al., 2013).

Links to Psychiatric Disorders

As many as 60% of children with ADHD will meet the criteria for the oppositional-defiant disorder, and up to 50% will eventually meet the criteria for conduct or mood disorder (van Emmerik-van et al., 2012). Depression, anxiety, and tics are also common (Vonmoos et al., 2013). The incidence of these co-existing disorders is more likely for children whose parents have a history of psychopathology or whose families are disorganized or dysfunctional. Children with Tourette's syndrome, lead poisoning, fetal alcohol syndrome, retardation, early trauma, and seizure disorders frequently have

ADHD (Albein-Urios et al., 2012). Learning disabilities also occur frequently (Vonmoos et al., 2013).

Populations of children with ADHD are at risk for social and educational functional difficulties such as academic failure, school suspension, disruptive behaviors, delinquency, peer rejection, substance abuse patterns, and higher rates of accidents (Ballon et al., 2014). Family, the school, and environmental factors, as well as certain child health conditions, may exacerbate the intensity, severity, and frequency of the presenting symptoms (Cortese et al., 2013). Adults that are diagnosed with ADHD as children receive fewer years of formal schooling, achieve lower overall occupational status, and are more likely to have a range of psychiatric problems such as anti-social personality disorder or substance abuse (Mall, King-Hill, & Holland, 2013). These are all public policy issues that must be considered by legislators.

Links to Crime

The relationship between childhood ADHD and offending in young adulthood is thought to be largely mediated by conduct disorders in adolescence and antisocial personality disorder in adulthood (Visser et al., 2014). Conduct disorder and ADHD are often found to coexist, and those with both conditions are at the highest risk of becoming drug users and offenders in young adulthood and persistent adult offenders (Visser et al., 2014). There is a strong association between a diagnosis of conduct disorder and age at the time of first conviction (Román-Ithier, González, Vélez-Pastrana, González-Tejera, & Albizu-García, 2016). The onset of conduct disorder and ADHD typically precede the

onset of substance use, and the relationship between ADHD and substance use also appears to be mediated by comorbid conduct disorder (Román-Ithier et al., 2016).

Fladhammer, Lyde, Meyers, Clark, and Landau (2016) made an interesting distinction between types of crimes such as predatory-overt (i.e., burglary, theft, robbery, assault with a weapon, prostitution) and drug-related (i.e., illegal drug possession, illegal drug distribution, disorderly conduct, carrying a weapon) antisocial behaviors with the latter being more prominent among hyperactive children at a 13-year follow-up (mean age being 20–21 years). The authors of this study concluded that the severity of childhood symptoms may be the main factor that influences drug-related offending in young adulthood (Fladhammer et al., 2016).

African Americans who receive sentences due to drug use-related offenses represent almost one-quarter of the incarcerated population (Bilderbeck, Farias, Brazil, Jakobowitz, & Wikholm, 2013). Although African Americans are 13.4% of the US population, they comprise the majority of the prisoners housed in federal and state correctional facilities (Bilderbeck et al., 2013). While African American men in the 25–29 and 30–34 age groups were the largest sentenced groups (19% and 17%, respectively), overall about one in every 33 African American men are sentenced prisoners, compared with 1 in every 205 Caucasian men (Montgomery, Carroll, & Petry, 2015). Moreover,

African Americans' average sentencing for all offenses (88 months) far exceeds that of Caucasians (48 months), as does the average sentencing for drug-use-related offenses, which is (110 months for African Americans and 68 months for Caucasians (Bureau of Justice Statistics, 2003). African Americans are also the largest racial or

ethnic group among parents in federal prison (44%), followed by Hispanics (30%) and Caucasians (22%); (Montgomery et al., 2015).

Parental Involvement

Culture may play a large role in determining how parents respond to the behavioral cues of their children, in their level of confidence in the medical system, and in their beliefs about the effectiveness or appropriateness of using medications to treat mental health and behavioral problems. Although there is evidence in the literature that these types of cultural differences exist for ADHD and stimulant use, there is an overall lack of awareness of previous studies that use empirical methods to explain how much of the racial or ethnic gap can be explained by culture (Raghavan et al., 2014).

In several cross-sectional comparative studies, significant differences in ADHD knowledge and perceptions existed between minority and nonminority parents, with minority parents reporting less familiarity and a greater reluctance around the diagnosis and treatment of ADHD, even after controlling for several sociodemographic factors (Raghavan et al., 2014). Further studies within minority groups demonstrated that African American parents report skepticism about ADHD diagnoses and concern about medications. Hispanic parents prefer treatments that are non-pharmacologic primarily because they report medication is addictive and dulls children's thinking abilities (Berger-Jenkins et al., 2011).

According to Zuckerman et al. (2013) studies show racial or ethnic differences in early intervention participation: African American children were less likely to participate in early intervention services, and one study suggests that part of this

difference may be related to race differences in provider referral patterns. African American infants were also less likely to receive a developmental evaluation from early intervention once referred, and that having a foreign-born, non-English speaking, or Asian parent was also associated with decreased likelihood of enrollment in early intervention therapy services (Zuckerman et al., 2013).

Hesitation to take medication based on publicity around Ritalin was significantly associated with several steps in the mental health utilization process, namely, less participation in appointments and less use of medication or psychotherapy. This confirms and extends findings of other studies in which medication concern was found to be more prevalent among minority parents when compared with nonminority parents (Berger-Jenkins et al., 2012). ADHD in families is associated with increased stress, fewer resources, limited coping methods and more negative perceptions; it also flourishes in chaotic family environments (Raghavan et al., 2014).

Wymbs, Wymbs, and Dawson (2015) postulated that a plausible explanation for the moderator effect of pervasive attributions in fathers of youth with ADHD is that a high proportion of fathers of children with ADHD have high levels of ADHD symptoms themselves. This was found to be typical in that two-thirds of the fathers were diagnosed or suspected they had ADHD. As fathers are likely to share some of the ADHD behavioral characteristics with their youth, such as being inattentive, disorganized, and having a low tolerance for frustration, they may be less tolerant of their adolescent's misbehavior (Wymbs et al., 2015), particularly if this is persistent across contexts and over time.

For example, drawing on Bowlby's theory that fathering involved a greater emphasis on mentoring and play than on nurturing interactions, Panter- Brick et al. (2014) argued that fathers' relationships with their children may be particularly important for supporting the development of child competence outside the family, such as adjustment to the demands of the classroom. During the preschool years, sensitive parenting during father-child play interactions is also likely to be particularly important in the development of children's attentional and self-organizing skills (Phillips, 2013). Furthermore, research suggests that fathers are more likely to be involved with sons who are at higher risk of developing ADHD than daughters (Keown, 2012).

In 2012, lawmakers designated October as National Medicine Abuse Awareness Month to raise public awareness of the policies on and the dangers of over the-counter and prescription drug abuse (Phillips, 2013). The purpose of National Medicine Abuse Awareness Month is to urge communities to develop educational programs and help raise awareness among parents and other community members about the safe use and disposal of prescription drugs (Phillips, 2013). Organizations, such as the Community Anti-Drug Coalitions of America (CADCA, 2015), encourage communities and parents to collaborate to host town meetings and work with schools and educators to raise awareness of the risks and dangers of prescription drugs. Information collected from the study might help inform local efforts to raise awareness of prescription drug abuse, as well as help increase awareness of the risks that drugs such as Ritalin may pose in youth transitioning to illegal drugs such as cocaine.

Summary and Conclusion

Over 2 million prescriptions are written every year for children diagnosed with ADHD, and in this manner, school districts obtain more funding for special education children. Numerous studies have examined children who are taken off Ritalin who reach the age of 18 and typically turn to cocaine, which generally occurs at age 19. This may happen because cocaine provides the same calm and focus they experienced with Ritalin. Through the study, I examined this gap in the literature and then explored what adult African American men believe the impact of their childhood use of Ritalin had on their adult lives and how these findings might inform policy on Ritalin.

Chapter 3: Research Method

Introduction

The purpose of this qualitative study was to explore the experiences and perceptions of African American men who were diagnosed with ADHD in childhood and prescribed Ritalin and what they want policymakers to know. There is a need for policymakers to address the over-prescription of Ritalin to school-aged children, and limited research exists regarding African American use of stimulant medications for ADHD in general (Berger-Jenkins et al., 2012; Bussing, Zima, Gary, & Garvan, 2003; Magyary, 2002), with the majority of researchers not specifying ethnic background or focusing on Caucasian populations (Barclay, 2008; Charach et al., 2014; Daigre et al, 2013; Ferris et al., 2012; Keown, 2011; Markel & Wiener, 2014; Neophytou & Webber, 2005; Thorell & Rydell, 2008; Vergara-Moragues, 2011; Volkow et al., 2011).

Because African Americans and other ethnic groups may differ in the way they metabolize medication, policies regarding the prescription of medication cannot be colorblind (Bailey, Blackmon; on, & Stevens, 2009; Satel, 2000). Using the cultural identity theory of drug abuse (Anderson, 1998), my study may provide information for policymakers to better understand the sociocultural dimensions of the over-prescription of Ritalin in order to develop culturally-oriented prescription drug policies. This study may also inform prescription drug abuse intervention and programs, thereby potentially leading to positive social change.

This chapter will begin with a restatement of the research question guiding this study and the phenomenon of study. I will proceed with a description of, and rationale

for, the chosen research tradition. This will be followed by a description of the role of the researcher in the study. The methodology for the study will then be presented, including a discussion of the study population and sample, the instrumentation, and procedures for data collection and analysis. The issues of trustworthiness will be discussed, including a description of the ethical procedures associated with the study. The chapter will conclude with a summary of the material presented herein, and a transition to the next chapter.

Research Design and Rationale

The research question guiding this study was:

What does it mean to be an African American man who was diagnosed with ADHD and prescribed Ritalin in early childhood, and what do they want policymakers to know?

A qualitative method was preferable for this study because I sought to obtain a comprehensive and in-depth understanding of the meaning of these experiences from the unique and varied perspectives of the participants which, according to Tracy (2013) is the most relevant avenue for this study. Qualitative research is described as the study of the empirical world from the viewpoint of the person under study (Merriam & Tisdell, 2015). Unlike quantitative research, qualitative research yields an understanding of the participants' perspectives on their experiences to appreciate the context and not control it (Hanson, Balmer, & Giardino, 2011). The phenomena of study are the experiences and perceptions of African American men who received a diagnosis of ADHD as children and were prescribed Ritalin to treat the condition and how the drug impacted their adult lives

Within the qualitative methodology, I chose to use the phenomenological design and determined it to be the most appropriate. The objective of this design is to understand the complexity of the phenomenon by exploring the lived experiences of those who have direct involvement with the topic of the study (Van Manen, 2014). Instead of generalizing models or theories, a phenomenological researcher seeks to answer what it is like to have a certain experience, accurately describing the phenomenon from the perspectives of those who have lived it (Van Manen, 2014). For this study, I conducted semistructured interviews to explore the lived experiences of the participants.

To explore the lived experiences of the participants, I employed a descriptive phenomenological approach. Descriptive phenomenology arises from the work of Husserl (1920) who believed it was important to understand the worldview of individuals to be able to explore motivation and actions. A central tenet of descriptive phenomenology is epoché, in which researchers explore data by putting to the side any preconceived ideas, thoughts, or biases to completely enter the lifeworld of the participants (Van Manen, 2014). Descriptive phenomenologists believe that individuals' experiences with a specific phenomenon will share some similarity; thus, exploring those lived experiences will enable a researcher to discover the similarities and differences to create an understanding of the phenomenon under study (Giorgi, 2009). Exploring experiences of individuals and identifying similarities and differences enable a researcher to find and describe the essence of a phenomenon (Moustakas, 1994). The goal of this inquiry is to enter the world of the participants and to learn about the phenomenon under study through their eyes. Thus, the best method to understand the experiences and perceptions of African

American men diagnosed with ADHD in childhood who were prescribed Ritalin led me to choose a descriptive phenomenological design.

Role of the Researcher

My role as the researcher in this qualitative research was to act as the primary instrument of data collection which can be attributed to Xu & Storr, (2012). In qualitative studies, a researcher is responsible for all facets of the study including the creation of the instrument, identification and recruitment of participants, and data collection (Owonikoko, 2013). In addition to these tasks, qualitative researchers are the filter through which analysis flows (Tracy, 2013).

I had no professional or personal relationships with any participants for the study; so, no conflict of interest or power differential existed to compromise the integrity of the study. I was a New York City Medallion Taxi Broker for 15 years and completed my undergraduate studies in Massachusetts. After completing my masters of divinity in Berrien Springs, Michigan, I was assigned to a church in South Carolina for four years and then relocated to New Bern, North Carolina. Any prospective participants who have a previous relationship with me were excluded from the study to reduce the risk of unethical inducement of participation in the study. I did not use any coercive means to recruit participants for the study which is suggested by Halpern (2011). No incentives were offered for participation, and all respondents were reminded that they were free to withdraw from participation in the study at any point throughout the research process.

During qualitative research, it is important to manage any biases associated with the research (Chenail, 2011). To manage the influence of researcher bias in the study I

exercised the approach of Finlay (2013) called epoché, or bracketing. Epoché requires a researcher to set aside personal preconceptions and approach the data from a more objective stance. Through the practice of epoché I was able to limit researcher bias and improve the credibility of the research findings. This method for reducing bias consisted of noting any personal predispositions or biases on paper, and the list was maintained for reference during the course of data collection and analysis. By constantly referring to this list, I was able to actively avoid allowing these preconceptions to influence the study results.

Methodology

Participant Selection Logic

The target population of this study was nine African American men, ages 18 years and over who were prescribed Ritalin as children (self-reporting) and what impact the medication has had on their lives as adults. I used purposeful sampling to select participants, with the sampling frame limited to African American men. As an African American, I have easy access to this population and was able to find potential participants by posting my flyers in barber shops. Suri (2011) identified purposeful sampling as an appropriate sampling method for qualitative research. Purposeful sampling involves the deliberate selection of participants who have relevant experience with the topic of study. Through purposeful sampling, I ensured that the individuals chosen for the sample were able to provide meaningful insights regarding the phenomenon of interest (Petty, Thomson, & Stew, 2012).

The sample consisted of nine African American men drawn from this sampling frame. Participants in this study were chosen based on established inclusion criteria, which specified that the participant must: (a) be an African American man, (b) be 18 years and over, (c) have been diagnosed by a qualified medical professional as having ADHD as a child (self-reporting), and (d) have self-reported to have been prescribed Ritalin as a child. I determined that prospective participants met this criterion during an initial screening phone call. Upon confirming that they met the inclusion criteria, a sample of nine participants was selected for the study.

In qualitative research, the sample size is determined by a concept known as saturation (Petty et al., 2012). Saturation refers to the point at which the inclusion of additional participants no longer produces new information and fails to expound upon the previously collected data in any meaningful way (Hanson et al., 2011). In selecting a sample size, the sample must be large enough to produce saturation, while also being small enough to accommodate the practical limitations and time considerations associated with in-depth data collection. While no specific formula exists for determining an appropriate sample size to achieve saturation, varying suggestions have been offered in the literature (Marshall, Cardon, Poddar, & Fontenot, 2013). Guest, Bunce, and Johnson (2006) argued that 12 participants are adequate to achieve saturation in qualitative interview-based studies. Other researchers have argued that a greater number of participants are needed to ensure saturation. Green and Thorogood (2009) maintained that for the bulk of qualitative studies, few insights are gained after completing interviews in excess of 20 participants. Mason (2010) found support for this assertion in his

investigation of qualitative doctoral studies, determining that 20 was the median number of participants used for saturation in phenomenological research. Based on these recommendations, a sample of nine participants was interviewed until saturation was achieved.

Participants were solicited by passing out flyers in African American barber shops in North and South Carolina. The flyer instructed interested participants to contact me for more information. Once contacted, I used a screening phone call to explain the study and determined prospective participants' qualification for the research. Those who qualified were asked to provide informed written consent (see Appendix B), to agree to be interviewed and were scheduled for an interview time and location.

Instrumentation

Semistructured interviews served as the method of data collection for the study as noted by (Qu & Dumay, 2011). Interviews are widely supported as the primary tool of data collection within the qualitative paradigm (Rubin & Rubin, 2012). Interviews allow for the collection of in-depth data about the phenomenon of study, expressed in the participants' own words as suggested by (Qu & Dumay, 2011). The use of semistructured interviews in this study allowed me to gather the information needed to fully describe the participant's experiences and perceptions as they reflect on how their lives were impacted by prescription Ritalin (Turner, 2010). The semistructured interview was a way for me to make use of an interview guide with specific questions but to deviate from these questions in the event that noteworthy statements are made that require further probing or clarification as needed.

The interview guide found in Appendix A was used to ensure uniformity of data collection procedures and assisted me with focusing the discussion (Turner, 2010). I developed the interview guide based upon a consideration of the research question guiding this study and a review of the literature including the American Drug and Alcohol Survey developed by the Rocky Mountain Behavioral Science Institute of Fort Collins, Colorado (2003). The aforementioned survey has been extensively used as an anonymous questionnaire to obtain substance abuse epidemiologic data. The interview consists of ten questions and prompts that explored the participants lived experiences.

To establish the content validity of the interview protocol, I used a panel of subject matter experts as suggested by (Taylor et al., 2013). The experts were asked to review the interview questions and provided commentary on the suitability of the questions for use in the study. I solicited their feedback on question clarity and relevance to the research question. Through the panel's suggested modifications, I was able to improve the content validity of the interview, thereby enhancing the validity of the collected data (Peipert et al., 2014).

I personally conducted all semistructured interviews and audio recorded and transcribed the interviews to enable textual analysis. All conversations were recorded on audio tapes, to allow for more complete and accurate data collection as noted by (Merriam & Tisdell, 2015). While completing the interviews, I used the open-ended questions contained within the interview guide to help focus the discussion and to avoid leading the participant toward a particular answer as suggested by Chenail (2011). Through probing and clarifying follow-up questions, I followed up and encouraged the

participants to elaborate upon their responses and further explain unclear statements.

Upon the completion of data collection, I analyzed the transcribed data through the use of Braun and Clarke's (2006) thematic analysis. The emergent themes served to answer the research question and explicate the phenomenon of study.

Procedures for Recruitment, Participation, and Data Collection

Participants were recruited with flyers hung in local African American barbershops. Participants contacted me via phone or email to indicate interest in participating in the research study. During the initial contact, I answered any questions and ensured the participant met the selection criteria. I selected and interviewed the first nine participants that met the requirements for the study. If initial recruitment efforts had resulted in the selection of too few participants, I would have engaged in a second round of searching through asking participants to hand out flyers to people they may know who fit the selection criteria.

I met individually with each participant to conduct the semistructured interview (Tracy, 2013). The location for the interview was the conference room in the public library, with the objective of selecting a location which is private, distraction-free, and comfortable (Jacob & Furgerson, 2012). At the beginning of the meeting, I explained the informed consent (see Appendix B), answered questions about the study, and received permission to record the interview. Once the participant had no further questions and had signed the informed consent, I gave him a copy of the form and began the interview. I reminded participants that the interview was strictly voluntary, and that they may discontinue their participation at any time. I again ask for consent to audio record the

interview as expressed verbally by the participant. The interview was expected to last approximately 60 minutes (Jacob & Furgerson, 2012). Following the conclusion of the interview, I thanked the participant for completing the interview and answered any questions the participant had about the study. Finally, the participants received my contact information for future inquiries regarding the research.

I audio recorded and transcribed all interviews to enable textual analysis of the data (Jacob & Furgerson, 2012). Upon the completion of the interview transcriptions, I emailed the participants a copy of their respective transcripts to verify that the transcripts accurately captured what they intended to express in the interviews (Mero-Jaffe, 2011). Participants with no email were invited to meet again and go over the transcript for accuracy. Once I had verified the accuracy of the transcripts, the analysis of data began.

IRB Approval

Prior to data collection, approval by the Walden IRB was sought. The Walden IRB approval number for this study is #03-21-17-0117793 and it expired on March 20, 2018.

Data Analysis Plan

I used Braun and Clarke's (2006) Thematic Analysis method to analyze this data. Thematic analysis is a data analysis methodology originally developed by Gerald Holton in the 1970s, however, it had not been recognized as a distinctive methodology until 2006 (Braun & Clarke, 2013). Braun and Clarke (2013) provide an approach to systematically identify, analyze, and report patterns. One of the strengths of this method is the detailed, explicit instructions on how to conduct the analysis, as well as, the fact

that the analysis method was not tied to any specific theoretical perspective (Braun & Clarke, 2014). One of Braun and Clarke's (2006) stated goals was to create an analysis method that could be employed regardless of the design. Thematic Analysis entails searching the data for patterns and repeated words, ideas, or concepts to construct themes which inform the research question that guides the study (Vaismoradi, Turunen, & Bondas, 2013). The analysis of data in this study was facilitated with NVivo 11, a qualitative data management program that enabled me to manage and organize the data (Leech & Onwuegbuzie, 2011). All data collected from the semistructured interviews were imported into the software program to begin managing and organizing the data to conduct the analysis.

Braun and Clarke (2006) describe Thematic Analysis as consisting of six distinct steps (Table 1). It is important to note that this analysis is an iterative process, with one stage blurring into another and repeated movement between stages (Braun & Clarke, 2006).

Table 1

Thematic Analysis Stages

Stage	Description
Stage 1 – Reading Transcripts	Transcripts were read and reread to enable a deep understanding of the data. Notes are taken on emerging patterns; and commonly used words, phrases, or ideas.
Stage 2 – Complete coding	Coding is complete across the data set. The entire transcript was coded to ensure that all data was considered. In addition, data units can be coded in several times, enabling the researcher to capture complexities inherent in the raw data.
Stage 3 – Initial themes	The codes are examined for commonalities. Like codes are gathered together in groups. Groups of codes are examined for commonalities and joined together until no further reduction is possible.
Stage 4 – Reviewing/examining themes	The emergent themes are analyzed to see connections and completeness. A map of the themes and relationships is created. The themes are compared back to the transcripts, codes, and groups to ensure they are an accurate representation of the lived experiences of the participants
Stage 5 – Defining and naming themes	Themes are assigned a descriptive name and a definition of what the themes are and are not is established.
Stage 6 – Writing	The analysis is finalized, and the results are written up in narrative form.

Note. Adapted from “Using Thematic Analysis in Psychology,” by V. Braun and V. Clarke, 2006, *Qualitative Research in Psychology*, 3(2), p. 77-101

I began by reading over the data several times to gain an appreciation of the overall content of the transcripts. I then began coding the data by denoting significant words, phrases, and concepts within the interview responses, and assigning short descriptive labels to these text fragments. Data fragments can receive more than one code (See Table 2). This flexibility increases the depth of analysis. Table 2 contains information from the following complete portion of data:

I felt different on the Ritalin because I was able to focus on my schoolwork, but I did not like to take it because it made me different from everyone else...like I couldn't be normal like the other kids.

Table 2

Complete Coding Example

Code Assigned	Data Fragment Used
Ritalin helped me focus	Able to focus on my school work
Felt different good	because I was able to focus on my schoolwork
Felt different bad	because it made me different from everyone else
Not normal	I couldn't be normal like the other kids
Reluctant to take Ritalin	I did not like to take it because it made me different from everyone else...like I couldn't be normal like the other kids
Ritalin use	I felt different on the Ritalin because I was able to focus on my schoolwork, but I did not like to take it because it made me different from everyone else...like I couldn't be normal like the other kids

Then, I proceeded through the rest of the dataset, cross-comparing emerging codes between interviews. After that, once all of the data is coded, conceptually similar codes were grouped together to construct emergent themes (see Table 3).

Table 3

Groups and Emergent Themes Example

Groups	Emergent Themes
I felt bad Sadness Angry Relieved Worried a lot	Emotional Responses to Using Ritalin
Never hungry Problems sleeping Could not sit still I felt no different	Physical Effects of Ritalin

These themes constituted categories to which various subsets of the codes relate. Themes were constructed based upon their direct relevance to the research question, and their ability to succinctly describe a persistent observation within the dataset. Then, I compared the identified themes to each other and to the data as a whole to discern how the themes relate to one another and to establish the thematic framework of the analysis. The themes were finalized, and a definition written, followed by reporting the results in narrative form.

Braun and Clarke (2014) also stated that it is possible to create a coding framework with preselected codes. These codes could be used in conjunction with any codes that might arise from the data during the analysis. In order to ensure that all aspects of the data are examined, I used a set of preliminary codes (see Table 4) and an analysis

matrix to track both the use of codes and to assess saturation of the themes (see Appendix C). Codes provide evidence of the alignment between the data, theories, and the research question. They provide parameters for the researcher. They also allow me to more easily recognize emerging codes. There may be overlap between codes and themes when addressing the research question, however, based on the analysis method chosen for this study, this is expected and allowed.

Table 4

Preliminary Codes

Cultural Identity Codes	Community Organizing Codes
Family disorganization	Suggested policy changes
Personal marginalization	Family preservation
Social marginalization	Education
Loss of identity	Job creation
Identification with a drug subculture	Medical interventions
Loss of control	Psychosocial interventions
Meaning of drug use	Grassroots organization
	Cultural changes
	Global changes
	Tactical changes

Data Triangulation was also employed as data was coded and critically analyzed (Hanson et al., 2011). I compared emergent themes from one interview to the dataset as a whole, thereby ensuring saturation and validity of the research findings. I searched for discrepant cases which appear to run counter to the emergent themes (Petty et al., 2012). These discrepancies were examined and presented in conjunction with the other themes to allow for the critical comparison of these findings. I listened to the participant while recording the interview and made notes about what code the participant might be talking

about. I then transcribed the interview doing my preliminary codes. I used data management software NVIVO 11. I transcribed interview 1 and coded it then interview 2, transcribed it and coded it. Then recoded interview 1 for any emerging or new codes. I then did interview 3, transcribed and coded it; next I recoded interview 2 for any emerging or new codes. This process continued until a point of saturation was reached.

Issues of Trustworthiness

The rigor of qualitative researcher is assessed in terms of trustworthiness. Lincoln and Guba (1984) established four-part criteria to determine the trustworthiness of a qualitative study. These criteria are: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. The methods by which these criteria will be met in this study are discussed in this section.

Credibility

Credibility is the degree to which the results of the study accurately describe the phenomenon of study (Lietz & Zayas, 2010). The primary method by which I aimed to contribute to the credibility of the study is through triangulation (Hanson et al., 2011). Triangulation refers to the comparison of data from multiple sources to produce better substantiated findings and to expose discrepancies to prevailing themes as noted by (Thomas & Magilvy, 2011). By comparing the interviews of the participants who all possess unique perceptions about and experiences with the phenomenon of study, I was able to ensure that the emergent themes contain widespread endorsement across the dataset.

Another method by which I enhanced the credibility of the study is through member checking and transcript review (Petty et al., 2012). Upon the completion of the interview transcriptions, I emailed the participants a copy of their respective transcripts to verify that the transcripts accurately captured what they intended to express in the interviews (Mero-Jaffe, 2011). By confirming the accuracy of the transcripts, I enhanced the credibility of the data from which the findings were drawn. Once the initial analysis was completed, I emailed the participants a summary of the results for their review and comments to ensure that the analysis was an accurate reflection of their lived experiences.

Saturation also served to improve the credibility of the study (Merriam & Tisdell, 2013). Saturation refers to the point at which the inclusion of more participants no longer produces new information and fails to expound upon the previously collected data in any meaningful way (Suri, 2011). All nine participants continued repeating the same things about Ritalin and how it helped them tremendously. By achieving saturation, I demonstrated that sufficient confirmatory support has been found for each theme, thereby increasing the legitimacy of the research findings. The use of the coding and saturation matrix (see Appendix C) also enables me to easily track saturation and identified areas where further questions may be necessary.

The final method by which credibility was enhanced is through reflexivity (Petty et al., 2012). Reflexivity refers to the researcher's conscious awareness of personal biases and an ongoing attempt to mitigate the influence of these biases on the research. To reduce the influence of researcher bias on the study, I practice bracketing or epoché along the lines of Tufford & Newman (2012). Epoché requires that I set aside personal

preconceptions and approach the data from a more objective stance. I approached this research believing that Ritalin was addictive, and the over prescription of the drug may have led to the drug addiction issues in the African American community.

Transferability

Transferability refers to the ability of the research findings to be extended or transferred to other settings or populations (Tracy, 2013). In qualitative research, the determination of transferability is the task of the reader. Transferability is accomplished when the reader determines that the insights expressed through the findings are sufficiently evocative and relatable and have a broader applicability than the participants described within the study (Tracy, 2010).

The primary strategy by which transferability was enhanced in the study was the provision of thick description (Petty et al., 2012). The thick description refers to richly detailed information that establishes the situational context for the reader. Through thick description, the reader is better able to relate to the material in a manner, which evokes a deep understanding of the participants' perspectives.

Dependability

Dependability is a measure of the stability of the research findings over time (Morrow, 2005). An audit trail is a detailed description of the methodological steps the researcher followed to carry out the study. Through the audit trail, another researcher will be able to follow the procedures used in this study to replicate the study and to assess the sensibility of the researcher's methodological decisions in conducting this study (Petty et al., 2012). Triangulation also contributed to dependability by ensuring that the research

findings had sufficient support across the participants (Merriam & Tisdell, 2015). If several different participants endorse emergent themes, then it is more likely that the findings are accurate and will be stable over time.

Confirmability

Confirmability means that the research findings accurately represent the participants' perspectives in describing the phenomenon of study, rather than those of the researcher (Hanson et al., 2011). Confirmability was also enhanced through reflexivity (Tufford & Newman, 2012). Member checking through the review of transcripts also contributed to the confirmability of the study by allowing participants to verify that the transcripts reflect what they actually intended to express (Mero-Jaffe, 2011). Finally, the establishment of an audit trail contributed to the confirmability of the study by allowing the reader to follow my methodological and analytic decisions to assess the objectivity of my actions (Thomas & Magilvy, 2011).

Ethical Procedures

Prior to beginning data collection, I obtained permission from the IRB to conduct the study. The IRB Approval number is #03-21-17-0117793 with expiration date set on March 20, 2018. To ensure ethical data collection, I obtained informed consent from each participant in compliance with Federal Regulations to protect the vulnerable. Informed consent procedures included a reminder that participation was strictly voluntary, an explanation of the requirements for participation in the study, a notification that no more than minimal risk was associated with participation in the study, an explanation of my intent to audio record the interview, and a confirmation of the

participant's right to confidentiality, as suggested by (Owonikoko, 2013). All study participants were assigned identification numbers to ensure confidentiality. Participants were made aware of their freedom to withdraw from the research study for any reason.

All data are stored securely to protect the confidentiality of all participants, in a secured password protected database system on my personal laptop computer. Physical materials, including hard copies of the interview data, were stored in a locked cabinet file in my home office. The data will be retained for a period of 5 years. After this period has passed, I will destroy all data through shredding and file deletion.

I did not conduct the study within my work environment. Further, I have no professional or personal relationship with any participant in the study. As such, no conflicts of interests or power differentials were anticipated to affect the conduct of the study. To reduce the risk of unethical inducement of participation in the study, I did not use any coercive means to recruit participants for the study.

Summary

Semistructured interviews with nine African American men served as the sole method of data collection in the study. Through Thematic Analysis of the participants' responses, I aimed to understand how African American adult males believe their lives were impacted by prescription Ritalin. In the next chapter of this paper, I present the results of the study and provide an interpretation of the research findings. Chapter 5 includes a discussion of the results.

Chapter 4: Results

Introduction

The purpose of this qualitative study was to explore and understand the impact of childhood Ritalin use on adult African American men. The research question this study aimed to answer was, “What does it mean to be an African American man who has been diagnosed with ADHD and prescribed Ritalin in early childhood, and what do they want policymakers to know?” Findings from this study may identify other areas needing further research and may provide information for policymakers to better understand the sociocultural dimensions of prescription Ritalin to develop culturally-oriented prescription drug policies. This study may also inform prescription drug abuse intervention and programs, thereby potentially leading to positive social change. I collected data by conducting in-depth semistructured interviews with nine participants to obtain an understanding of the impact of childhood Ritalin prescription on their lives as adult African American men. I used The Nvivo11 qualitative software for data analysis and assisted with organizing and managing of the data. This chapter covers the study’s setting, demographics of the participants, data collection process, data analysis methods, resulting themes, the trustworthiness of the study, and results of the study.

Research Question

The research question this study explored was:

What does it mean to be an African American man who has been diagnosed with ADHD and prescribed Ritalin in early childhood, and what do they want policymakers to know?

Setting

The first five participants and participant number nine were interviewed at the New Bern Public library conference room in New Bern, North Carolina. The idea of meeting me in the County library attached some degree of importance to the interview. The conference room in the library also added to the feeling of the participants that they were participating in an important research. This made them feel very comfortable and relaxed as the interview began. The sixth participant was interviewed at the Fayetteville Public Library conference room in Fayetteville, North Carolina. Participant #7 was interviewed in a church's conference room, in Benton Harbor, Michigan, on September 11, 2017. This interview was done on Labor Day, and the Public library was closed for the holiday. There was no one in the building but the participant and me. Participant #8 was interviewed at the Public library in Westminster, Maryland.

Demographics

Participants of this study were nine African Americans men age 18 years and older, who were prescribed Ritalin as children. I questioned the participants about their ages to ensure that participants met the selection criterion. The recruitment generally happened within a 200 mile diameter except for Participant #7 who was interviewed in Benton Harbor, Michigan. This was a very significant interview because Benton Harbor is one of the poorest and high crime cities in Michigan (Smith, 2012). It is an area of four miles square with a 95% African American population. His participation in the research was very important because of the economic depravity of his environment. I had the privilege of teaching GED classes to the inmates at the Berrien County jail over 15 years

prior; a jail full of African American men incarcerated mainly for drug use or drug possession. I was amazed at his responses to the interview questions crediting Ritalin for his present state. As noted earlier, Bronfenbrenner's (1992) ecological systems theory explained how individuals develop in relation to their social environments and how individual behavior can be influenced by their social, cultural, economic, and familial contexts. Levels of influence include factors most closely associated with the individual (e.g., family, peers), to wider environments (e.g., school, neighborhoods), to larger ideological influences (e.g., values, politics; Bronfenbrenner, 1992). I was very interested Participant # 7's participation and eager to hear what he had to say. He is in community college and looking forward to a meaningful career and a productive lifestyle. He had never used street drugs and never joined any gangs, although he was raised in a very challenging environment. His environment did not influence him negatively.

Data Collection

I collected information from nine African American men ages 18 years and older who were prescribed Ritalin as children. Participants were recruited by posting flyers in African American barbershops in North Carolina and South Carolina. However, after the sixth participant was interviewed, there was a stall in the recruitment process where I could not find any more participants using that strategy.

I contacted IRB for modification in my strategy to be allowed to post flyers in some local churches. When permission was granted, a pastor discussed my flyer with a colleague who knew of a young male relative of his who resided in Benton Harbor, Michigan. I drove 893 miles to Michigan to secure that interview. I received another

referral in Westminster, Maryland, and drove through there on my way back to North Carolina. The last participant's father was in a barbershop, saw my flyer, and made contact with his son to give me the interview, which was conducted at the New Bern Public library. Participants were recruited in an area within about a 200 mile diameter of New Bern, North Carolina, where I reside, except for the two in Michigan and Maryland. I read the informed consent form to all the participants individually verbatim, and it was signed by the participant. Permission was granted to audio record the interviews, and the semistructured interview questionnaire (Appendix. A), was presented to the participants.

Interview sessions for this study ranged among participants from 30–60 minutes each. Inclusion in the study was determined by asking the participants questions about their age and if they were prescribed Ritalin as children. It was hard to find participants because ADHD is perceived as an impairment which has to do with the mind. Some people diagnosed as having ADHD and prescribed Ritalin believe there is something wrong with them from childhood, and there is a degree of uneasiness for them to admit that they were mentally unstable and had to be on medication to function as normal people.

At the time of each interview, introductions were exchanged, and light conversation occurred to build rapport and to ensure that the participant was comfortable with both the setting and the time to complete the interview. Privacy issues were discussed, and the study purpose was reviewed with each participant. The consent was read verbatim with the participant, and all semistructured interview questions were answered. Participants were asked where to e-mail interview transcripts after the

interview was transcribed for their review. I gave them seven days to respond if they found any discrepancies in what was transcribed. I also told them that if I did not hear from them, it would mean they were satisfied with my transcriptions. I did not receive any responses from any of the participants. I recorded the interviews using both an electronic recorder and field notes, and participants were provided the reason for recording each interview and how recorded information would be stored.

After receiving a verbal agreement to record the interview, I set the recorder, and the interview began. The consent form was read verbatim to the participants and was signed before the semistructured interview questions were presented. The data collection process began on April 15, 2017, and ended on September 12, 2017. I used the interview guide in conducting the interviews (Appendix A), and each interview was digitally recorded. All participants were asked the same questions, and follow-up or clarifying questions were asked as needed based on each interview. Field notes were taken in pen and paper format. Recorded data were copied from the electronic recorder to my personal computer within 12 hours of each interview and securely stored and backed up. Each interview was transcribed verbatim within 48 hours of the data collection. After the last participant, the point of saturation was reached. I was getting no new information but just praises for how effective Ritalin is and how it had helped all the participants to focus on their education and improve their lives as adults.

Data Analysis

Recorded data were transcribed within 48 hours of data collection and stored on a secure computer device. The transcribed interview was emailed to the participants, and

they were given seven days to respond if they found any discrepancies. No one emailed me or called me back. I pre-coded the data to provide parameters that assisted in defining the amount and quality of data being collected for coding thereby placing emphasis on the specific data that answered the research question. The data were then uploaded into the NVivo11 software and coded based on each of the questions on the interview guide so that question number grouped all responses to each of the questions. The data were organized and stored for re-examination, theme, coding, analysis, interpretation, and representation utilizing NVivo11 qualitative software (Nvivo11). Hand coding was also utilized to help understand and order important themes. Data were collected and initially coded under 10 questions. Five or more of the same responses to each question were grouped to form codes. Each major thought was separated into coded units and given a node based on the frequency of occurrence of each thought as told by participants.

Table 5

Frequency Table

Codes	Frequency
Focus (Emergent Theme)	$f=38$
Dosage (Emergent Theme)	$f=25$
Education	$f=16$
Personal Marginalization	$f=10$
Loss of Identity	$f=9$
Loss of Control	$f=9$
Suggested Policy Change	$f=9$
Family Preservation	$f=9$
Grassroots Organization	$f=9$
Social Marginalization	$f=9$
Medical Interventions	$f=7$
Job Creation	$f=5$
Family Disorganization	$f=4$
Meaning of Drug Use	$f=2$
Psychosocial Interventions	$f=2$
Global Changes	0
Tactical Changes	0
ID with Drug Subculture	0
Dosage (Emergent Theme)	0

Issues of Trustworthiness

The rigor of qualitative researcher is assessed in terms of trustworthiness.

Lincoln and Guba (1984) established four-part criteria to determine the trustworthiness of a qualitative study. These criteria are: (a) credibility, (b) transferability, (c) dependability, and (d) confirmability. The methods by which these criteria will be met in this study are discussed in this section.

Credibility

Credibility is the degree to which the results of the study accurately describe the phenomenon of study (Lietz & Zayas, 2010). The primary method of which I contributed to the credibility of the study is through triangulation (Hanson et al., 2011). Triangulation refers to the comparison of data from multiple sources to produce better substantiated findings and to expose discrepancies to prevailing themes (Thomas & Magilvy, 2011). I used Data Triangulation by comparing the interviews of the participants, who all possess unique perceptions about their experiences with the phenomenon of study, and I was able to ensure that the emergent themes contain widespread endorsement across the dataset.

Table 6

Data Triangulation

Profile	Part 1	Part 2	Part 3	Part 4	Part 5	Part 6	Part 7	Part 8	Part 9
Start Age	8 yrs.	7 yrs.	7 yrs.	5 yrs.	6 yrs.	9 yrs.	6 yrs.	7 yrs.	11 yrs.
Parenting	Mum	Mum	Mum	Mum	Mum	Mum	Mum & dad	Mum & Dad	Mum & Dad
Economic Status	Middle Class	Middle Class	Poor	Poor	Middle Class	Middle Class	Middle Class	Upper Class	Welfare
Current Age	25	21	19	20	19	21	19	21	29
Education Level	Associate Degree	College	GED	HSD	HSD	College	College	HSD	HSD
Using Ritalin State	Yes NC	Yes NC	No NC	No NC	No NC	Yes NC	No MI	Yes MD	No NC
Occupation	Computer Tech	College	Unemployed	Walmart	Football Player	College	College	Pizza Delivery	Warden
Perception of Ritalin	Good	Good	Good	Good	Good	Good	Good	Good	Good

Data from all nine participants, from different economic backgrounds, three different states, arrived at the same conclusion regarding Ritalin. While it is true that Ritalin according to many researchers is pharmacologically identical to cocaine, and it is also a CDC labeled Schedule 11 drug which is highly addictive, if administered orally at the right dosage, it will help children with ADHD focus and do well academically. Data triangulation validates your data and research by cross verifying the same information. This triangulation of data strengthens your research paper because your data has increased credibility and validity (Cohen & Manion, 2000).

Another method by which I enhanced the credibility of the proposed study is through member checking and transcript review (Petty et al., 2012). Upon the completion of the interview transcriptions, I emailed the participants a copy of their respective transcripts to verify that the transcripts accurately capture what they intended to express in the interviews as suggested by (Mero-Jaffe, 2011). By confirming the accuracy of the transcripts, I enhanced the credibility of the data from which the findings were drawn. Once the initial analysis was completed, I emailed each participant a summary of the results for their review and comments to ensure that the analysis was an accurate reflection of their lived experiences. I allowed them seven days to respond back to me if the review differed from their lived experiences expressed to me, however, I received no response.

Saturation also served to improve the credibility of the study as note (Merriam & Tisdell, 2013). Saturation refers to the point at which the inclusion of more participants no longer produces new information and fails to expound upon the previously collected data in any meaningful way (Suri, 2011). All nine participants continued repeating the same things about Ritalin and how it helped them tremendously. By achieving saturation, I demonstrate that sufficient confirmatory support has been found for each theme, thereby increasing the legitimacy of the research findings. The use of the coding and saturation matrix (see Appendix D) also enabled me to easily track saturation and identified areas where further questions may be necessary.

The final method by which credibility was enhanced is through reflexivity (Petty et al., 2012). Reflexivity refers to the researcher's conscious awareness of personal biases

and an ongoing attempt to mitigate the influence of these biases on the research. Tufford and Newman (2012) note to reduce the influence of researcher bias on a research study, bracketing or epoché can be used. I practiced bracketing or epoché throughout the data collection during this study. Epoché required that I set aside personal preconceptions and approach the data from a more objective stance. I approached this interview believing that Ritalin was not helping the African American community, so it was very necessary that my follow up questions did not deflect the participants from telling their lived experiences and how the drug impacted their adult lives.

Transferability

In qualitative research, the determination of transferability is the task of the reader. Transferability refers to the ability of the research findings to be extended or transferred to other settings or populations (Tracy, 2013). Transferability is accomplished when the reader determines that the insights expressed through the findings are sufficiently evocative and relatable and have a broader applicability than the participants described within the study (Tracy, 2010). The primary strategy by which transferability was enhanced in the study was the provision of thick description (Petty et al., 2012). The thick description refers to richly detailed information that establishes the situational context for the reader. Through thick description, the reader is better able to relate to the material in a manner which evokes a deep understanding of the participants' perspectives.

Dependability

Dependability is a measure of the stability of the research findings over time (Morrow, 2005). To enhance the dependability of the study, I utilized two strategies: an

audit trail and triangulation (Hanson et al., 2011). An audit trail is a detailed description of the methodological steps the researcher followed to carry out the study. Through the audit trail, another researcher will be able to follow the procedures used in this study to replicate the study and to assess the sensibility of the researcher's methodological decisions in conducting this study (Petty et al., 2012). If emergent themes are endorsed by several different participants, then it is more likely that the findings are accurate and will be stable over time. Triangulation is not just about validation but about deepening and widening one's understanding. It can be used to produce innovation in conceptual framing. It can lead to multi-perspective meta-interpretations. Triangulation is an attempt to map out, or explain more fully, the richness and complexity of human behavior by studying it from more than one standpoint– (Cohen & Manion, 2000).

Confirmability

Confirmability means that the research findings accurately represent the participants' perspectives in describing the phenomenon of study, rather than those of the researcher (Hanson et al., 2011). Confirmability was also enhanced through reflexivity (Tufford & Newman, 2012). As previously described, I adopted a reflexive attitude throughout data collection and analysis. Through epoché, I continually strived to reduce the influence of researcher bias on the study, as suggested by (Finlay, 2013). Member checking and thorough review of transcripts, also contributed to the confirmability of the study by allowing participants to verify that the transcripts reflect what they actually intended to express (Mero-Jaffe, 2011). Finally, the establishment of an audit trail contributed to the confirmability of the study by allowing the reader to follow my

methodological and analytic decisions to assess the objectivity of my actions as suggested by (Thomas & Magilvy, 2011).

Results

The research question the study explored is: What does it mean to be an African American man who had been diagnosed with ADHD and prescribed Ritalin in early childhood, and what do they want policymakers to know?

The research findings accurately described what other researchers had expressed, that Ritalin helps with focus and has a calming effect on those who use the drug as a treatment for ADHD. Focus as an emergent theme, may explain why Ritalin, if administered properly with the right dosage, and route of administration provides calmness which alters hyperactivity positively and enhances focus to help with completing a task and accomplishing goals. While it is true that ethnic groups metabolize medication differently, the research findings did not show any differences in how Ritalin affects African Americans differently. The participants expressed a positive attitude about Ritalin and credited the drug with their ability to focus and complete any given task, which they could not do without the medication. It is very interesting to note that the participants revere Ritalin so much that anytime I called it a drug I was instantly corrected to call it medicine; Participant #5 wanted me to know that there was a difference between medication and drugs in the African American community. Participant #7 from Michigan stated that “drugs destroy our minds and bodies, but medication helps us focus and be better.” All participants’ route of administration of the drug and dosage was as prescribed by medical doctors. It was earlier noted that there was

hesitation to take medication based on publicity around Ritalin which was significantly associated with several steps in the mental health utilization process, namely, less participation in appointments and less use of medication or psychotherapy. This confirms and extends findings of other studies in which medication concern was found to be more prevalent among minority parents when compared with nonminority parents (Berger-Jenkins et al., 2012).

In several cross-sectional comparative studies, significant differences in ADHD knowledge and perceptions existed between minority and nonminority parents, with minority parents reporting less familiarity and a greater reluctance around the diagnosis and treatment of ADHD, even after controlling for several sociodemographic factors (Raghavan et al., 2014). Further studies within minority groups demonstrated that African American parents report skepticism about ADHD diagnoses and concern about medications; Hispanic parents prefer treatments that are non-pharmacologic primarily because they report medication is addictive and dulls children's thinking abilities (Berger-Jenkins et al., 2011). It is, therefore, the lack of knowledge and understanding of how Ritalin works that brings about the skepticism, and education targeting the minority community with the findings of this research may help bring social change to these minority communities.

Summary

African American children are the most diagnosed as having ADHD and to be prescribed Ritalin. The purpose of this qualitative study was to see how long-term Ritalin use impacted the lives of African American men who were diagnosed with ADHD and

prescribed Ritalin during childhood. As of 2013, an estimated 6.4 million children ages 4–17 had been diagnosed with attention deficit hyperactivity disorder (ADHD) and had been prescribed Ritalin—a 16% increase since 2007 and a 41% rise in the last 10 years. Ritalin, also known as Methylphenidate, can drastically improve and enhance the educational capabilities of children with ADHD, but it can also lead to addiction, occasional psychosis, and anxiety. Further research needs to be conducted with participants who snorted or smoked the drug or took it intravenously. The nine participants in this research study administered the drug orally according to the prescribed dosage and experienced no extreme negative side effects. Participant # 8 even stated that the drug had no negative effect on his health, and he feels pretty good. Although all the participants expressed the zombie-like feeling and loss of appetite, self-marginalization and social marginalization at the beginning when they first started taking the medication as children, those side effects wore off after a while; they saw the necessity of taking the drug to help them with focus and completing a task. Ritalin has a positive impact on the lives of adult African American men, and the side effects were very minimal on the onset and then diminished after a while. In the next chapter, I draw my conclusion of the research findings and offer recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this qualitative study was to explore what it means to be an African American man who has been diagnosed with ADHD and prescribed Ritalin in early childhood, and what they want policymakers to know. The phenomena studied were the impact of childhood Ritalin prescription on the lives of adult African American men. The data for this study were obtained by interviewing nine African American men 18 years old and over, who were prescribed Ritalin as children and how the drug impacted their adult lives. The key findings of this study included five major themes: (a) Focus, (b) Dosage (c) Personal Marginalization, (d) Education, (e) Family Preservation, and (f) Grassroots Organizations.

Interpretation of the Findings

Key findings of this study included five major themes: (a) Focus, (b) Dosage, (c) Personal Marginalization, (d) Education, (e) Family Preservation, and (f) Grassroots Organizations. The semistructured interview data collection instrument was used as an interview guide to answer the research question used in this study. Seven major themes were developed from the data analysis. These were: (a) focus, (b) dosage, (c) personal marginalization, (d) education, (e) family preservation, and (f) grassroots organization.

Focus

Focus was not included in the preliminary coding matrix; however, 100% of the participants used the word *focus* in their responses to the research question ($f=38$). The participants described Ritalin as responsible for their productive adult life. Five of the

nine participants are gainfully employed, and they credit the ability to work ($f=5$) to their being on Ritalin. They all admitted their shortcoming of not being able to focus on any task from start to completion and not being able to study at school. All the participants experienced loss of identity ($f=9$) due to ADHD, as they tried without success to be like the normal children at school. They were disruptive and could not sit still or concentrate on any given assignment. This disruptive behavior and lack of focus was not only a problem at school. Participant 1 expressed concern about his inability to carry out household chores without so many reminders because he starts something and wanders off to something very different. African American children who experience loss of control ($f=9$) as children caused the school psychologist to make recommendations to the parents to get them medically evaluated, and they were diagnosed as having ADHD. Participant 5 expressed his frustration as a child with ADHD, which prevented him from carrying out a simple command to take out the garbage by his mother and needing six to seven reminders to be able to do something that simple. He lamented the many beatings he had to endure at home and excessive visits to the principal's office at school, which led to his personal marginalization ($f=10$). However, he, like the other participants, experienced social marginalization when they started taking the drug. Side effects like the zombie-like feeling made it difficult for them to socialize and play with other kids. All of these side effects changed after taking Ritalin for a while. Taking the right dosage ($f=25$) of the medication and being able to focus ($f=38$) was very important to all the participants, as that led to their ability to go to school, work and be responsible adults. Participant #1, who is 29 years old and married with two children said, he is even on the

medication now and although it is not an addiction, it helps him remember important assignments, like remembering to pick up salt from Walmart for his wife on his way home from work. He said he would not have completed his associate degree had it not been for his mother agreeing with the school psychologist to put him on Ritalin at an early age. He gave credit to his mother (family preservation ($f=9$), for being strong and seeing the need to have him on medication at 7 years old.

ADHD is a disability for which the federal government awards some financial assistance to the parents, which according to the participants helped with family preservation ($f=9$). Participant 2, a college student who has been off of a prescription since age 18, still finds the medication somehow to take before any examination and quizzes at school. He said the medication keeps him awake and enables him to study hard at the last minute and retain what he has studied to pass his examinations. Up to 30% of the participants stopped taking Ritalin at age 18 because they wanted to see how they could cope without it. They did not want to be on medication for their entire adult lives. In addition, they are managing well without Ritalin because they have learned to focus and cope without it. Nevertheless, 70% of the participants are taking it to help them focus and achieve their educational endeavors ($f=16$).

Participant #6, who is a college student and a football player, credited Ritalin for his ability to play sports and make good grades at school. On the day of the interview, he forgot to take the medication, because he was rushing to make the appointment with me. He met me at the Barnes and Noble parking lot and asked me to get in his car so we could drive to the library together. As we were driving to the library for the interview, although

the sign on the library was very visible and we both looked in that direction and saw the library, he still drove past it and had to make a U-turn to get into the library parking lot. Then he remembered it was because he did not take the medication that morning. The participants admitted that being on Ritalin initially as a child was very challenging. They experienced a zombie-like feeling, experienced self-marginalization, social-marginalization, loss of appetite, and kept to themselves. As they continued taking the medication for a few years there was a dramatic change, and they felt they no longer experienced those challenges, discovered that their grades and behaviors were better, and they could eat well and play with their classmates.

As noted by Brady and O'Connor, 2010) organizing efforts should reflect the interests of people directly affected by the problem or phenomenon, and organizing requires engaging those affected by the problem to address it.

One participant admitted he smokes marijuana, but not as a result of being on Ritalin. He smokes it because he enjoys it. None of the participants have used crack or cocaine at all. None of them ever joined street gangs or any drug-related grassroots organizations ($f=9$). Two participants got off Ritalin at age 18 years and never used the drug again.

My most important finding from this research is that Ritalin helps African American men focus on their education, and acts as an antidote to hyperactivity. This is based on the fact that they took the prescription according to the prescribed dosage and route of administration, which was oral. Participant #8 stated that Ritalin has not hurt his health in any way; instead, it helped him become productive in society. Another

participant expressed gratitude to his parents for putting him on prescription Ritalin because he believed the drug kept him from being arrested and incarcerated like most of his friends who did not take the medication to prevent them from hyperactive and irrational behaviors.

Dosage

The purpose of this qualitative study was to investigate how long-term Ritalin use by African American men as children diagnosed with ADHD impacted their lives as adults. The dosage was the second most used phrase by the participants, and it seems to have the answer to the research problem of over-prescription and drug abuse in the African American community. A dose is the quantity of prescribed medication that an individual is to administer by a specified route of administration, which in the case of Ritalin is oral, at one time, or the total quantity administered during a specified period. Dosage implies a regimen, which if followed and carefully adhered to, prevents drug abuse because it is regulated and administered by the individual doses and is usually expressed as a quantity per unit of time.

All the participants discussed the issue of dosage and viewed it as very necessary from the onset of usage, both at home and at the school, to derive the full benefit of the medication. Participant #7 stated that because children are different and each has their own disposition of hyperactivity, small dosages should be started with and then increased as the child reacts to the medication. Participant # 9 believed that a strong dosage can lead to depression, and a little lower dosage can be ineffective. The correct dosage is therefore based on individuals and how their bodies react to the medication. Medical

professionals need to take their time in diagnosing each individual child properly to prescribe the correct dosage of the drug. Participant 6, who believes one day his young son will be on Ritalin, also suggested that no matter how the doctors prescribed the drug, he will monitor the dosage himself, having experienced how necessary the correct dosage is.

Education

Education was a third theme that arose from the data. All the participants credited Ritalin for helping them to complete high school and those in college are still using Ritalin as they prepare for examinations or quizzes ($f=16$). The participants claimed the medicine keeps them focused and alert in class, that even if they partied all night, they can still stay awake in class, focus on their assignments, and get good grades. Sometimes they sounded as if Ritalin was a wonder drug for education enhancement for children diagnosed with ADHD. They emphasized the importance of Ritalin in their educational pursuit as if they would never have achieved academically without Ritalin.

Personal Marginalization

Personal marginalization as suggested by (Anderson, 1998), is where a person feels there is something wrong with them, why they are put on medication and stays away from everybody and keeps to themselves, was the fourth theme. All 89% of participants ($f=10$) experienced personal marginalization when they were prescribed the medication as children. They said it was like coming to grips with the fact of your abnormalities and needing to take medication to function as a normal kid. Although Ritalin, which all the participants refused to call a drug but medicine, made them experience the zombie-like

feeling and loss of appetite initially, it was a combination of that negative self-awareness and the strange feeling that resulted in the participants keeping to themselves. Its effects were felt both at home and at school to the extent that some parents did not make the children take the medicine during vacations. However, according to the participants, after few years of taking Ritalin they started understanding and feeling the benefits, and in time they realized how difficult it was not to take it.

Family Preservation

When the participants were prescribed Ritalin initially and they started experiencing the zombie-like feeling and loss of appetite, many blamed their parents for the negative experiences that were the immediate side effects of the medicine. They did not like their parents, especially those who were taking the medication at home before going to school. However, as the participants continued with the medication and saw the benefits that were derived from it, they started taking it themselves. They appreciated their parents ($f=9$) for having the wisdom to put them on the medicine which helped them academically and kept them from constantly being supervised for their lack of focus and attention.

Grassroots Organizations

All the participants, ($f=9$), vehemently stated that Ritalin kept them away from gangs, drugs, and aggressive behaviors. They were naturally hyperactive and could not concentrate prior to the prescription. The zombie-like feeling and self-marginalization kept them away from friends, trouble, and aggressive behaviors to the extent that at school they stayed quiet and focused and, at home they kept to themselves. In a follow up

question, I asked the participants if taking Ritalin led to them using any hard drugs, and they said that could have happened had it not been for the medication. They were more focused on their education and were more aware of their surroundings not to be drawn into grassroots organizations like gangs or similar groups. Participant #3 admitted to using marijuana but insisted it was not because of Ritalin. He said he just enjoyed the smoking the drug.

The policymaker I interviewed believed that the diagnosis of ADHD was suspicious because all of a sudden there was this diagnosis and 6.4 million children were on prescription medication. This research has shown that the medication is helping African American men and making people who otherwise would have been menaces to society very productive and college-educated men. The participants repeated these themes over and over again to the point of saturation giving trustworthiness for the research.

The problem I addressed in this study was the impact Ritalin had on adult African American men who were diagnosed with ADHD as children. As noted earlier, ethnic groups metabolize medications differently (Krieger, 2012), and populations in low-income areas have higher use rates (Golub et al., 2015). Also, there is the lack of knowledge in the area of public policy regarding the relationship between Ritalin use by African American men and how the drug has impacted their adult lives. However, the findings disconfirm the premise of the research in that the participants, who all reside in low-income neighborhoods, did not experienced the drug as addictive and none of them ever used any street drugs. The medicine rather kept them calm and away from gangs and

drug abuse. Peer reviewed articles found similarities between Ritalin and cocaine, and research had shown that laboratory rats treated with Ritalin became addicted to cocaine. Whilst that may be true, this research study has shown that when Ritalin is administered orally with the correct dosage, the participants experienced no addiction. Community organizing theory holds that those most affected by a problem or phenomenon have stakes in and unique perspectives on how to address the problem or phenomenon (Brady & O'Connor, 2014). There is a need for further research to see what will result from those who use the drug intravenously, smoked it, or snuffed it in powder form.

Limitations

Only nine African American men ages 18 years and over participated in this research study. These nine participants were all interested and focused on their educational endeavors. Some of them are in college and others have completed high school and are looking forward to going to college to get a degree. All the participants used the drugs as prescribed. They took the medicine orally and according to the prescribed dosage. None of them abused the drug in taking more than was prescribed to them. Although the participant pool stretched from North Carolina, Maryland, and Michigan, none of the participants used any other varied forms of administering the drug. None of them crushed and smoked Ritalin and none of them injected the drug intravenously. They did not become drug addicts, using other hard street drugs or became members of gangs.

What They Want Policy Makers to Know

Many states have passed legislation to curtail the authority of public school psychologists (see Appendix D). There is a concern that they are wielding too much influence over children diagnosed with ADHD, are coercing parents to put the children on psychotropic medication, refusing to allow them in school, and recommending to Department of Human Services to take the children from their parents. The list of the states and the legislation passed from 1999-2006 are in Appendix D. The participants want legislators to know that Ritalin is good, and actually helps people diagnosed with ADHD to focus and obtain their education if the drug is taken orally and with the right dosage. As stated by Brady and O'Connor (2014), organizing requires engaging those affected by the problem to address it. Research should have been done to engage the users of the drug before policy makers enact policies to address the issue. Looking at all research done on Ritalin, it is possible, just like I assumed at the beginning, to believe that such an addictive drug will not be suitable for children to help them focus and pay attention in school, but that is an erroneous assumption.

Recommendations

Further research will be necessary to find out how poor African American communities become drug infested. This research had eliminated one factor which many, including myself, believed was one of the reasons for drug addiction and prescription drug abuse in the African American community. It may be some socio-cultural dynamic that is worthy of research in the future to ascertain. Research into those who administer the drug intravenously or those who crushed and smoked the drug is needed to find where

that leads. Although Section 504 of the Rehabilitation Act of 1973 requires that the needs of students with disabilities be met as adequately as the needs of those students without disabilities (Zirkel, 2011), administering prescription medications in public schools is largely guided by state policy (Ryan, Katsiyannis, Losinski, Reid, & Ellis, 2014). Consequently, it is important that state education agencies develop mandatory medication procedures to guarantee that schools administer psychotropic medications such as Ritalin safely and consistently. There needs to be a national effort to train educational agencies to safely administer these drugs properly to ensure that there is uniformity in drug administration in the public and private school systems.

Ryan et al. (2014) reviewed state medical policies and guidelines regarding psychotropic medications (e.g. Ritalin and similar medications) in public schools. The researchers examined state policies and guidelines in relation to the American Association of Pediatrics' (2009) recommendations for the administration, documentation, storage, and training in administering psychotropic medications. The researchers found that there were several crucial gaps in many state policies. These gaps included a lack of (a) comprehensive policies addressing the use of psychotropic medications, (b) monitoring strategies for side effects in students, and (c) training of unlicensed assistive personnel to administer psychotropic medications to students. Ryan et al. (2014) also found that only 15 states had policies for monitoring students for side effects of psychotropic medications and only 11 states specifically addressed psychotropic medications in their policies. Additionally, Ryan et al., (2014) found that a little more than half of the states (31) had any policy on the training of unlicensed

personnel when administering medications. This includes staff members such as secretaries who commonly administer medications to students. There is a need for a unified national training program for both public and private schools for those who administer psychotropic medication to students to prevent discrepancies in the process nationwide.

Implications

When properly administered according to the participants of this study, prescription Ritalin helped with focus and served as an antidote to hyperactivity disorder by calming the participants and keeping them from obstructive behaviors. Educators need to enact policies that would provide parents with education on the pros and cons of using Ritalin for behavioral problems. School psychologists, teachers, and the general public should be educated on how to administer the medication correctly and to make sure the children take the medication as prescribed. Policymakers need to put regulations in place for training of office staff and secretaries that administer this medication to the children and keep a tight control over the medication to keep it from diversion. Keeping it from diversion is essential because some participants who were no longer prescribed somehow found the medication to take to help them at school by keeping them awake in class and cramming for examinations.

Conclusions

Ritalin, although a psychotropic drug with a high degree of addiction rate, if administered properly with right dosage, helped the population of African American men who participated in this study with focus and calmness instead of lack of focus and

hyperactive behaviors. Hesitation to take medication based on publicity around Ritalin was significantly associated with several steps in the mental health utilization process, namely, less participation in appointments and less use of medication or psychotherapy. This confirms and extends findings of other studies in which medication concern was found to be more prevalent among minority parents when compared with nonminority parents. Parents of African American children need to be informed so as not to hesitate to put their children on Ritalin if they are diagnosed with ADHD. It will help, and not hurt them. The perspective of the participants about the use of Ritalin as children is therefore positive and defies the underlying premise of this dissertation. The drug helped them significantly with focus and in the pursuit of their educational goals.

Participants want policy makers to understand that all the research that equates Ritalin with cocaine had to do with injecting of the drug, smoking the drug, or snorting the drug. When Ritalin is absorbed quickly into the system, it acts like cocaine and delivers to the users the same euphoric feelings, but when the drug is administered orally and according to the prescribed dosage, it helps the users with focus and the ability to accomplish educational goals and be successful. Policy makers also need to be educated to know that Ritalin is not addictive if administered properly, and that Ritalin is really an anti-hyperactive drug.

References

- Albein-Urios, N., Martínez-González, J. M., Lozano, Ó. Clark, L., & Verdejo-García, A. (2012). Comparison of impulsivity and working memory in cocaine addiction and pathological gambling: implications for cocaine-induced neurotoxicity. *Drug and alcohol dependence, 126*(1), 1-6.
- Albert, P. R. (2012). Drug for kids: Good or bad? *Journal of Psychiatry & Neuroscience, 37*(5), 293-295. doi:10.1503/jpn.120140 American Psychiatric Association.
- (2000). *Diagnostic and statistical manual of mental disorders* (4th Ed.). Washington, D.C: American Psychiatric Association.
- Anderson, T. L. (1998). A cultural-identity theory of drug abuse. In J. T. Ulmer (Ed.), *Sociology of crime, law, and deviance* (Vol. 1, pp. 233-262). Greenwich, CT: JAI
- Asch, B. J., Heaton, P. & Savych, B. (2013). *Recruiting minorities: What explains recent trends in the army and navy?* (Document No. MG-861-OSD). Retrieved from RAND Corporation website:
http://www.rand.org/content/dam/rand/pubs/monographs/2009/RAND_MG861.pdf
- Bailey, R.K., Blackmon, H.L., & Stevens, F.L. (2009). Major depressive disorder in the African American population: meeting the challenges of stigma, misdiagnosis, and treatment disparities. *Journal of the National Medical Association, 101* (11), 1084-1089. Retrieved from waldanulibrary.org

- Ballon, N., Brunault, P., & Cortese, S. (2014). Sensation seeking and cocaine dependence in adults with reported childhood ADHD. *Journal of Attention Disorders*. Advance online publication. doi: 10.1177/1087054714543651
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavior change. *Psychological Review*, 84(2), 191-215. doi:10.1037/0033-295X.84.2.191
- Baughman, F. (2011). *CCHR: Watchdog information on psychiatry, psychiatric disorders, and psychiatric drugs*. Retrieved from www.cchrnt.org
- Berger-Jenkins, E., McKay, M., Newcorn, J., Bannon, W., & Laraque, D. (2011). Parent medication concerns predict underutilization of mental health services for minority children with ADHD. *Clinical Pediatrics*, 51(1), 65-76. doi: 10.1177/0009922811417286
- Biederman, J., Monuteaux, M. C., Mick, E., Spencer, T., Wilens, T. E., Silva, J. M., & Faraone, S. V. (2006). Young adult outcome of attention deficit hyperactivity disorder: A controlled 10-year follow-up study. *Psychological Medicine*, 36(2), 167-179. Retrieved from <http://journals.cambridge.org/action/displayJournal?jid=PSM>
- Bilderbeck, A.C., Fariars, M., Brazil, I.A., Jacobowitz, S. & Wikholm (2013). Participating in a 10-week course of yoga improve behavior. *Journal of Psychiatry*. Oct.47 (10):1438-45, doi: 10.1016/j.psychires 2013.06.014. Epub2013
- Boyd, C. J., McCabe, S. E., Cranford, J. A. & Young, A. (2007). Prescription drug abuse and diversion among adolescents in a southeast Michigan school district. *Jama Pediatrics*, 161(3), 276-281. Retrieved from www.archpedi.jamanetwork.com

- Brady, S. R., & O'Connor, M. K. (2014). Understanding How Community Organizing Leads to Social Change: The Beginning Development of Formal Practice Theory. *Journal of Community Practice*, 22(1-2), 210–228.
doi:10.1080/10705422.2014.901263
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Breeding, J. (2014). Help that harms and help that helps: working with young people on psychiatric drugs. *Ethical Human Psychology and Psychiatry*, 16(3), 183-193.
- Broman, C. L., Miller, P. K., & Jackson, E. (2015). Race-ethnicity and Prescription Drug Misuse: Does Self-esteem Matter? *Journal of Child and Adolescent Behaviour*, 03(05). doi:10.4172/2375-4494.1000239
- Bronfenbrenner, U. (1992). *Ecological systems theory*. Jessica Kingsley Publishers.
- Centers for Disease Control. (2014). Public Health Issues in the Treatment of Attention-Deficit/Hyperactivity Disorder.
<http://www.cdc.gov/ncbddd/adhd/workshops/treatment.html>
- Charach, A., Yeung, E., Volpe, T., Goodale, T. & dos Reis, S. (2014). Exploring stimulant treatment in ADHD: Narratives of young adolescents and their parents. *BMC Psychiatry*, 14(1), 110. doi: 10.1186/1471-244X-14-110
- Chenail, R. (2011). Interviewing the investigator: Strategies for addressing instrumentation and researcher bias concerns in qualitative research. *The Qualitative Report*, 16(1), 255-262. Retrieved from <http://www.nova.edu/ssss/QR>

- Cherland, E., & Fitzpatrick, R. (1999). Psychotic side effects of psychostimulant: A 5Year review. *Canadian Journal of Psychiatry, 44*(8), 811-813. Retrieved from <http://publications.cpa-apc.org/browse/sections/0>
- Cohen, L., & Manion, L. (2000). *Research methods in education*. Routledge. p. 254. (5th edition).
- Community Anti-Drug Coalitions of America. (2015). <http://www.cadca.org/>
- Cortese, S., Holtmann, M., Banaschewski, T., Buitelaar, J., Coghill, D., Danckaerts, M., & Sergeant, J. (2013). Practitioner review: current best practice in the management of adverse events during treatment with ADHD in children and adolescents. *Journal of Child Psychology and Psychiatry, 54*(3), 227-246.
- Daigre, C., Roncero, C., Grau-López, L., Martínez-Luna, N., Prat, G., Valero, S., Tejedor, R., Ramos-Quiroga, J.A., & Casas, M. (2013). Attention Deficit Hyperactivity Disorder in cocaine dependent adults: A psychiatric comorbidity analysis. *The American Journal on Addictions, 22*, 466-473. doi:10.1111/j.1521-0391.2013.12047
- Psychology, 61*(5), 589-606. doi:10.1002/jclp.20122
- Farina, Gabriella (2014) some reflections on the phenomenological method. *Dialogues in Philosophy, Mental and Neuro Sciences, 7*(2):50-62
- Ferris, M. J., Calpari, E. S., Mateo, Y., Melchior, J. R., Roberts, D. C. S., & Jones, S. S. (2012). Cocaine self-administration produces Pharmacodynamics tolerance: Differential effects on the potency of Dopamine Transporter blockers, releasers and methylphenidate.

- Neuropsychopharmacology*, 37(7), 1708-1716. doi:10.1038/npp.2012.17
- Finlay, L. (2013). Unfolding the phenomenological research process: Iterative stages of “seeing afresh.” *Journal of Humanistic Psychology*, 53(2), 172-201. doi: 10.1177/0022167812453877
- Fitzgerald, T. D. (2009). Controlling the black school-age male: Psychotropic medications and the circumvention of Public Law 94-142 and Section 504. *Urban Education*, 44(2), 225–247. doi: 10.1177/0042085907313440
- Fladhammer, A. B., Lyde, A. R., Meyers, A. B., Clark, J. K., & Landau, S. (2016). Health Concerns Regarding Children and Adolescents with Attention Deficit/Hyperactivity Disorder. In *Health Promotion for Children and Adolescents* (pp. 145-165). Springer US.
- Frontline (1998). *Interview Xavier Castellanos, M. D.* Retrieved from www.pbs.org/wgbh/pages/frontline/shows/medicating/interviews/castellanos.htm
- Gatley, S. J., Volkow, N. D., Gifford, A. N., Fowler, J. S., Dewey, S. L., Ding, Y., & Logan, J. (1999). Dopamine-transporter occupancy after intravenous doses of cocaine and methylphenidate in mice and humans. *Psychopharmacology*, 146(1), 93-100. doi: 10.1007/s002130051093
- GAO (2011). Foster Children. HHS Guidance Could Help States Improve Oversight of Psychotropic Prescription. United States Government Accountability Office. Testimony. Before the subcommittee on Federal Finance Management, Government Information, Federal Services, and International Security, Committee on Homeland Security and Government

Affairs, United States Senate

- Giorgi, A. (2009). *The descriptive phenomenological method in psychology: A modified Husserlian approach*. Pittsburg, PA: Duquesne University.
- Golub, A., Bennett, A. S., & Elliott, L. (2015). Beyond America's war on drugs: Developing public policy to navigate the prevailing pharmacological revolution. *AIMS Public Health*, 2(1), 142–160.
doi:10.3934/publichealth.2015.1.142
- Goulardins, J. B., Rigoli, D., Licari, M., Piek, J. P., Hasue, R. H., Oosterlaan, J., & Oliveira, J. A. (2015). Attention deficit hyperactivity disorder and developmental coordination disorder: Two separate disorders or do they share a common etiology. *Behavioural brain research*, 292, 484-492.
- Green, J., & Thorogood, N. (2009). *Qualitative methods for health research* (2nd Ed.). Thousand Oaks, CA: Sage.
- Guba, E. G., & Lincoln, Y. S. (1994). Competing paradigms in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 105-117). London: Sage. Retrieved from [Https://sled.org](https://sled.org)
- Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field Methods*, 18(1), 59-82. doi:10.1177/1525822X05279903
- Halpern, S. D. (2011). Financial incentives for research participation: Empirical questions, available answers and the burden of further proof. *American Journal of the Medical Sciences*, 342(4), 290-293. doi:10.1097/MAJ.0b013e3182297925

- Hanson, J.L., Balmer, D.F., & Giardino, A.P. (2011). Qualitative Research Methods for medical educators. *Academic Pediatric*. 2011, Sep-Oct, 11(5) 375-86.
doi:10.1016/j.acap.2011.05001.Epub 2011 Jul 23.
- Harvey, R.C., Sen, S., Deaciuc, A., Dwoskin, L.P., & Kantak, K.M. (2011). Methylphenidate treatment in adolescent rats with an attention deficit/hyperactivity disorder phenotype. Cocaine addiction vulnerability and dopamine transporter function. *Neuropsychopharmacology*, 36(4), 837-847.
Retrieved from <http://www.nature.com/npp/index.html>
- Husserl, E. (1920). *The crisis of European sciences and transcendental phenomenology: An introduction to phenomenological philosophy*. Northwestern University Press.
- Jacob, S. A., & Furgerson, S. P. (2012). Writing interview protocols and conducting interviews: Tips for students new to the field of qualitative research. *The Qualitative Report*, 17(6), 1-10. Retrieved from <http://www.nova.edu/ssss/QR/index.html>
- Jayasundara, D., Nedegaard, R., Sharma, B., & Flanagan, K. (2014). Intimate partner violence in Muslim communities. *Arts and Social Sciences Journal*, 1(3), 1-12.
Retrieved from <http://omicsonline.com/open-access/arts-and-social-sciencesjournal.php>
- Kant, G. (2013). *Radical increase in kids prescribed Ritalin*. Retrieved from www.wnd.com/2013/04/radical-increase-in-kids-prescribed-ritalin.

- Kaplan, H. B., Martin, S. S., & Robbins, C. (1982). Application of a general theory of deviant behavior: Self-derogation and adolescent drug use. *Journal of Health and Social Behavior*, 23(4), 274-294. Retrieved from <http://hsb.sagepub.com/>
- Kennedy, J. F. (1964). Mental illness and mental retardation. *Pastoral Psychology*, 15(4), 9-21. Doi: 10.1007/BF01769598
- Keown, L. (2012). Predictors of boys' ADHD symptoms from early to middle Childhood: The role of father-child and mother-child interactions. *Abnormal Child Psychology*, 40(4), 569-581.
doi: 10.1007/s10802-011-9586-3
- Krieger, N. (2012). Methods for the scientific study of discrimination and health: an ecosocial approach. *American journal of public health*, 102(5), 936-944.
- Lee, S.S., Humphreys, K.L., Flory, K., Liu, and Glass, K. (2011). Prospective association of childhood attention-deficit/hyperactivity disorder (ADHD) and substance use and abuse/dependence: a meta-analytical review. *Clinical Psychology Review*. 2011 Apr.31 (3), 328-41 doi:10-1016/j.cpr.2011 01.006
- Leech, N. L., & Onwuegbuzie, A. J. (2011). Beyond constant comparison qualitative data analysis: Using NVivo. *School Psychology Quarterly*, 26(1), 70-84. doi: 10.1037/a002271
- Lietz, C.A., & Zayas, L.E. (2010). Evaluating Qualitative Research for Social Work Practitioners. Home/Archives/ vol. 11 No.2 (2010)/ Articles
- Lincoln, Y. S., & Guba. E. G. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.

- Lopez, K. A., & Willis, D. G. (2004). Descriptive versus interpretive phenomenology: Their contributions to nursing knowledge. *Qualitative health research, 14*(5), 726-735.
- Magyary, D., & Brandt, P. (2002). A decision tree and clinical paths for the assessment and management of children with ADHD. *Issues in Mental Health Nursing, 23*, 553-566. doi: 10.1080/01612840290052721
- Mall, M., King-Hill, S., & Holland, P. (2013). Managing risk-taking behaviour in children and young people with ADHD. *British Journal of School Nursing, 8*(10).
- Mannuzza, S., Klein, R. G., & Moulton III, J. L. (2003). Does stimulant treatment place children at risk for adult substance abuse? A controlled prospective follow-up study. *Journal of Child and Adolescent Psychopharmacology, 13*(3), 273-282. doi: 10.1089/104454603322572606
- Markel, C. & Wiener, J. (2014). Attribution processes in parent–adolescent conflict in families of adolescents with and without ADHD. *Canadian Journal of Behavioural Science / Revue Canadienne des Sciences du Comportement, 46*(1), 40-48. Doi: 10.1037/a0029854
- Marshall, B., Cardon, P., Poddar, A., & Fontenot, R. (2013). Does sample size matter in qualitative research: a review of qualitative interviews in is research. *Journal of Computer Information Systems, 54*(1), 11-22. Retrieved from <http://www.iacis.org/jcis/jcis.php>

- Mason, M. (2010). Sample size and saturation in PhD studies using qualitative interviews. *Forum: Qualitative Social Research, 11*(3). Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/1428>
- McCabe, S. E., West, B. T., Teter, C. J., Cranford, J. A., Ross-Durow, P. L., & Boyd, C. J. (2012). Adolescent nonmedical users of prescription opioids: Brief screening and substance use disorders. *Addictive Behaviors, 37*(5), 651–656.
doi:10.1016/j.addbeh.2012.01.021
- Mero-Jaffe, I. (2011). ‘Is that what I said?’ Interview transcript approval by participant: An aspect of ethics in qualitative research. *International Journal of Qualitative Methods, 10*(3), 231-247. Retrieved from <http://ejournals.library.ualberta.ca/index.php/IJQM/>
- Merriam, S. B., & Tisdell, E. J. (2015). *Qualitative research: A guide to design and implementation*. John Wiley & Sons.
- Molina, B. S., & Pelham Jr, W. E. (2014). Attention-deficit/hyperactivity disorder and risk of substance use disorder: Developmental considerations, potential pathways, and opportunities for research. *Annual review of clinical psychology, 10*, 607.
- Montgomery, D.C., Jennings, C.L., & Kulahci, M. (2013). Introduction to Time Series Analysis and Forecasting, Retrieved from <https://books.goggle.com>
- Montgomery, L., Carroll, K. M., & Petry, N. M. (2015). Initial abstinence status and contingency management treatment outcomes: Does race matter? *Journal of consulting and clinical psychology, 83*(3), 473.

- Morrow, S. L. (2005). Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology, 52*(2), 250–260.
doi:10.1037/0022-0167.52.2.250
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Neophytou, K., & Webber, R (2005). Attention deficit hyperactivity disorder: The family and social context. *Australian Social Work, 58*(3), 313-325. doi:10.1111/j.1447-0748.2005.00223x
- Owonikoko, T. K. (2013). Upholding the principles of autonomy, beneficence, and Justice in phase I clinical trials. *The Oncologist, 18*(3), 242-244.
doi:10.1634/theoncologist.2013-0014
- Panter-Brick, C., Burgess, A., Eggerman, M., McAllister, F., Pruett, K., & Leckman, J. F. (2014). Practitioner review: engaging fathers—recommendations for a game change in parenting interventions based on a systematic review of the global evidence. *Journal of Child Psychology and Psychiatry, 55*(11), 1187-1212.
- Peipert, J. D., Beaumont, J. L., Bode, R., Cella, D., Garcia, S. F., & Hahn, E. A. (2014). Development and validation of the functional assessment of chronic illness therapy treatment satisfaction (FACIT TS) measures. *Quality of Life Research, 23*(3), 815-824, doi: 10.1007/s11136-013-0520-8
- Petty, N. J., Thomson, O. P., & Stew, G. (2012). Ready for a paradigm shift? Part 2: Introducing qualitative research methodologies and methods. *Manual Therapy, 17*(5), 378-384. doi:10.1016/j.math.2012.03.004

- Phillips, J. (2013). Prescription drug abuse: Problem, policies, and implications. *Nursing Outlook*, *61*(2), 78–84. doi:10.1016/j.outlook.2012.06.009
- Qu, S. Q., & Dumay, J. (2011). The qualitative research interview. *Qualitative Research in Accounting & Management*, *8*(3), 238-264. doi: 10.1108/11766091111162070
- Ragan, C.I., Bard, I., and Singh, I. (2013). What should we do about students use of cognitive enhancer? An analysis of current evidence. *Neuropharmacology* *64*, 588-595, doi: 10,1016j.neuropharm 2012.06.016
Retrieved from <https://books.google.com>
- Raines, T. C., Dever, B. V., Kamphaus, R. W., & Roach, A. T. (2012). Universal screening for behavioral and emotional risk: A promising method for reducing disproportionate placement in special education. *The Journal of Negro Education*, *81*(3), 283-296, 301-302. Retrieved from <http://www.journalnegroed.org/>
- Raghavan, R., Brown, D. S., Allaire, B. T., Garfield, L. D., Ross, R. E., & Snowden, L. R. (2014). Racial/ethnic differences in Medicaid expenditures on psychotropic medications among maltreated children. *Child abuse & neglect*, *38*(6), 10021010.
- Román-Ithier, J. C., González, R. A., Vélez-Pastrana, M. C., González-Tejera, G. M., & Albizu-García, C. E. (2016). Attention deficit hyperactivity disorder symptoms, type of offending and recidivism in a prison population: The role of substance dependence. *Criminal behaviour and mental health*.
- Rubin, H. J., & Rubin, I. S. (2012). *Qualitative interviewing: The art of hearing data*. Thousand Oaks: Sage.

- Ryan, J. B., Katsiyannis, A., Losinski, M., Reid, R., & Ellis, C. (2014). Review of State Medication Policies/Guidelines Regarding Psychotropic Medications in Public Schools. *Journal of Child and Family Studies*, 23(4), 704–715. doi: 10.1007/s10826-013-9805-3
- Satel, S. (2000). *PC, M.D.: How political correctness is corrupting medicine*. Basic Books: New York.
- Schwarz, A., & Cohen, S. (2013, March 31). More diagnoses of A.D.H.D. Causing concern. *The New York Times*. Retrieved from <http://www.nytimes.com/>
- Simon, M. (2011). *Dissertation and scholarly research: Recipes for success*. Seattle, WA: Dissertation Success, LLC.
- Smith, J. (2015). *Qualitative psychology: A practical guide to research methods*. 3rd edition. Thousand Oaks: Sage.
- Smith, J., & Noble, H. (2014). Bias in research. *Evidence-Based Nursing*, 17(4), 100-101. doi: 10.1136/eb-2014-101946
- Smith, L. (2012). Poorest city in Michigan hosts senior PGA championship. *Michiganradio.org/post/poorest-city-host-championship*.
- Stachowiak, S. (2013). Pathways for change: 10 theories to inform advocacy and policy change efforts. Evaluationinnovation.org.
- Suri, H. (2011). Purposeful sampling in qualitative research synthesis. *Qualitative Research Journal*, 11(2), 63-75. doi: 10.3316/QRJ1102063
- Taylor, D., Masse, L., Ho, A., Rekart, M. L., Tyndall, M., Henry, B., & Buxton, J. (2013). A brief tool to assess capacity to consent for medical care among

homeless individuals with problematic substance use: Study protocol. *Archives of Public Health*, 71(1), 1-4. Doi: 10.1186/0778-7367-71-11

- Thomas, E., & Magilvy, J. (2011). Qualitative rigor or research validity in qualitative Research. *Journal for Specialists in Pediatric Nursing*, 16(2), 151–155. doi:10.1111/j.1744-6155.2011.00283.x
- Torres-Reveron, A., & Dow-Edwards, D. L. (2005). Repeated administration of methylphenidate in young, adolescent, and mature rats affect the response to cocaine later in adulthood. *Psychopharmacology*, 181(1), 38-47.
doi: 10.1007/s00213-005-2221-7
- Tracy, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent Qualitative Research. *Qualitative Inquiry*, 16(10), 837-851.
doi:10.1177/1077800410383121 Tracy, S. J. (2013). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact*. Hoboken, NJ: Wiley-Blackwell.
- Turner, D. W. (2010). Qualitative interview design: A practical guide for novice investigators. *The Qualitative Report*, 15(3), 754-760. Retrieved from <http://www.nova.edu/ssss/QR>
- Tufford, L., & Newman, P. (2012). Bracketing in qualitative research. *Qualitative Social Work*, 11(1), 80-96. doi: 10.1177/1473325010368316
- U.S. Department of Education. (2000). *Archived: A 25 year history of the IDEA*. Retrieved from <https://www2.ed.gov/policy/speced/leg/idea/history.html>

- Vaismoradi, M., Turunen, H., & Bondas, T. (2013). Content analysis and thematic analysis: Implications for conducting a qualitative descriptive study. *Nursing and Health Science, 15*, 398-405. Doi: 10.1111/nhs.12048
- Van Emmerik-van Oortmessen, K., van de Glind, G., van den Brink, W., Smit, F., Crunelle, C.L., Swets, M., & Schoevers, R.A. (2011). Prevalence of attention-deficit hyperactivity disorder in substance use disorder patients: a meta-analysis and meta regression analysis. *Drug Alcohol Dependence, 2012 Apr 1, 122 (1-2) 11-9*. doi: 10.1016/j.drugalcdep.2011.12.007-Epub 2011 Dec 30
- Van Manen, M. (2014). *Phenomenology of practice: Meaning-giving methods in phenomenological research and writing*. Walnut Creek, CA: Left Coast Press.
- Vergara-Moragues, E., Gonzalez-Saiz, F., Rojas, O. L., Acedos, I. B., Calderon, F. F., Espinosa, P. B., Garcia, A. V., & Garcia, M. P. (2011). Diagnosing adult attention deficit/hyperactivity disorder in patients with cocaine dependence: Discriminant validity of Barkley executive dysfunction symptoms. *European Addiction Research, 17(6)*, 279-284. doi: 10.1159/000329725
- Visser, S. N., Danielson, M. L., Bitsko, R. H., Holbrook, J. R., Kogan, M. D., Ghandour, R. M., ... & Blumberg, S. J. (2014). Trends in the parent-report of health care provider-diagnosed and medicated attention-deficit/hyperactivity disorder: United States, 2003–2011. *Journal of the American Academy of Child & Adolescent Psychiatry, 53(1)*, 34-46.
- Volkow, N. D., Wang, G. J., Fowler, J. S., Gatley, J. L., Ding, Y. S., Dewey, S. L., Hitzemann, R., Gifford, A. H., & Pappas, N. R. (1999). Blockade of striatal

- dopamine transporters by intravenous methylphenidate is not sufficient to induce self-reports of “High.” *The Journal of Pharmacology and Experimental Therapeutics*, 288(1), 14-20. Retrieved from www.jpvet.aspetjournals.org
- Volkow, N. D., Wang, G., Fowler, J. S., Logan, J., Gerasimov, M., Maynard, L., & Franceschi, D. (2001). Therapeutic doses of oral methylphenidate significantly increase extracellular dopamine in the human brain. *Journal of Neuroscience*, 21(2), RC121. Retrieved from <http://www.jneurosci.org/>
- Volkow, N. D., Wang, G. J., Newcorn, J. H., Kollins, S. H., Wigal, T. L., Telang, F., Fowler, J. S., Goldstein, R. Z., Klein, N., Logan, J., Wong, C., & Swanson, J.M. (2011). Motivation deficit in ADHD is associated with dysfunction of the dopamine reward pathway. *Molecular Psychiatry*, 16(11), 1147–1154. doi:10.1038/mp.2010.97
- Vonmoos, M., Hulka, L.M., Preller, K.H., Jenni, D., Schulz, C., Baumgartner, M.R., & Quednow, B.B. (2013). Differences in self-reported and behavioral measures of impulsivity in recreational and dependent cocaine users. *Drug and Alcohol Dependence*, 133 (1):61-70 doi.org/10.1016/j.drugalcdep. 2013.05.032
- Whitaker, R. (2010). *Anatomy of an epidemic: Magic bullets, psychiatric drugs, and the astonishing rise of mental illness in America*. New York: Crown Publishing
- White, C., Ready, J., & Katz, C. M. (2016). Examining how prescription drugs are illegally obtained: Social and ecological predictors. *Journal of Drug Issues*, 46(1), 4-23. doi:<http://dx.doi.org/10.1177/0022042615608502>
- Willig, C. (2013). *Introducing Qualitative Research in Psychology (3rd ed.)*

. Boston: McGraw-Hill.

- Wolke, D., Waylen, A., Samara, M., Steer, C., Goodman, R., Ford, T., & Lamberts, K. (2009). Selective drop-out in longitudinal studies and non-biased prediction of behaviour disorders. *The British Journal of Psychiatry*, *195*, 249-256.
doi:10.1192/bjp.bp.108.05375
- Wymbs, B. T., Wymbs, F. A., & Dawson, A. E. (2015). Child ADHD and ODD behavior interacts with parent ADHD symptoms to worsen parenting and interparental communication. *Journal of abnormal child psychology*, *43*(1), 107-119.
- Xu, M. A., & Storr, G. B. (2012). Learning the concept of researcher as instrument in qualitative research. *The Qualitative Report*, *17*(42), 1-18. Retrieved from <http://www.nova.edu/ssss/QR>
- Zirkel, P. (2011). Does Section 504 require a Section 504 plan for each eligible non IDEA Student? *Journal of Law & Education*, *40*(3), 407-416. Retrieved from <http://www.law.sc.edu/jled/>
- Zuckerman, S.L., Lee, Y.M., Odom, M.J., Solomon, G.S., & Sills, A.K. (2013). Baseline neurocognitive scores in athletes with attention deficit-spectrum disorder and/or learning disability. *Journal of Neurosurgery: Pediatrics*. Published online June 21, 2013; doi: 10.3171/2013.5.PEDS 12524. Retrieved from: <https://thejns.org>

Appendix A: Semistructured Interview Guide

1. Why do you believe Ritalin is prescribed to children at school?
2. At what age were you prescribed Ritalin?
3. Please describe why you think you were prescribed Ritalin?
4. Please discuss your experiences with Ritalin.
5. What effect, if any, did Ritalin have on you?
 - a. In terms of your emotions?
 - b. In terms of your behavior?
 - c. In terms of your relationships with others?
6. How, if at all, did your use of Ritalin change over time?
7. Have you discontinued your use of Ritalin?
 - a. If you have discontinued your use of Ritalin, what factors influenced this decision?
 - b. If you have continued your use of Ritalin, what factors influenced this decision?
8. Do you think there is a more cost-effective alternative to prescribing Ritalin to children?
9. How did Ritalin help you?
10. What policy change will you recommend to policy makers with regards to prescription of Ritalin?
11. How would you effect change with regards to prescription of Ritalin?
12. Is there anything that we have not covered that you would like to add?

Appendix B: Informed Consent

IRB Approval # 03-21-17-0117793

You are invited to participate in a research study of prescription Ritalin use as African American male child and how the drug impacted your adult live. The researcher is inviting African American men ages 18 years and over to take part in this research study. This form is part of the dissertation process known as “informed consent” which allows you to understand this study before making a decision whether to take part.

This study is being conducted by a researcher, who is a doctoral student at Walden University. You will be required to respond to ten interview questions during which your responses will be audio recorded. It will take approximately 60 minutes to complete the interview. The purpose of this study is to explore what were the experiences and perceptions of African American men who were diagnosed with ADHD in childhood and prescribed Ritalin, and what they want policy makers to know. There is no compensation for participating in this study.

Privacy

Any information you provide is only available to the researcher and will be kept confidential except you disclose information of a criminal or illegal activity. The interview questions does not seek for disclosure of criminal or illegal activities in which you may have been involved but if you disclose any illegal information, criminal behavior and the like, the researcher is under required by law to report that to the appropriate authorities. The researcher will not use your personal name or information for

any other purpose outside of this research project. You will be assigned a number and your names will not show up in the report to identify you with the information you provided. Data will be kept securely on the researcher's laptop computer and backup flash drive using password protection for safety. All information will be kept for a period of 5 years as required by Walden University.

Voluntary Nature of the research study

The study is voluntary. Everyone's decision and feelings will be respected, and you are free to withdraw from the study at will without giving any reason at any time. You may decline to answer any question. It will take about a week to transcribe the responses which will be emailed to you to review for accuracy.

Risks and Benefits of Being in the Study

Participating in this kind of study may carry some degree of risk of minor discomfort depending on your childhood experiences. The researcher assures you that your identity will be protected and your name will not be linked to any information the final report publication. Your safety and wellbeing is taken into consideration in this research study. Benefits of your participation in this study is giving back to your community by sharing your personal experience with Ritalin and also sharing information with policy makers.

Contacts and Questions

You may ask any questions you have during the interview. You will be provided a copy of the consent form. You can also contact the Walden University if you have any questions about your rights as participants. It is irb@mail.waldenu.edu.

Statement of Consent I have read the above information and I feel I understand the research study well enough to make a decision about my participation. Below is my signature agreeing to the terms described above.

Appendix C: Coding and Saturation Matrix Sample

	Participant 1	Participant 2	Participant 3	Participant 4
Research Question: What does it mean to be African American men who have been diagnosed with ADHD and prescribed Ritalin in early childhood, and what do they want policy makers to know?				
Family Disorganization				
Personal Marginalization				
Social Marginalization				
Loss of Identity				
Loss of Control				
ID with Drug Subculture				
Meaning of Drug Use				
Suggested Policy Changes				
Family Preservation				
Education				
Job creation				
Medical Interventions				
Psychosocial Interventions				
Grassroots organization				
Global Changes				
Tactical Changes				

Appendix D: The breakdown of the resolutions/bills

1999:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
<u>Colorado</u> State Board of Education Resolution	Resolution promoting the use of academic solutions to resolve problems with behavior, attention and learning in the classroom.	10/99	PASSED	11/11/99
<u>National</u> Black Caucus Of State Legislators	Resolution strongly urges a national examination of the use of psychotropic drugs and their effects on children.	12/01/99	PASSED	12/03/99

2000:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
<u>Georgia</u> R 1079	The General Assembly of Georgia creates the Commission on Psychiatric Medication of School-Age Children, to investigate the usage and effects of psychiatric drugs on children and to provide recommendations for improved monitoring of the prescription rate of these drugs.	02/16/00	PASSED	05/01/00
<u>Texas</u> State Board of Education Resolution	Resolution urging local school personnel to use proven academic and/or management solutions to resolve behavior, attention and learning difficulties such as exams, tutoring, phonics, vision testing, etc., known to be effective and harmless.	11/01/00	PASSED	11/03/00
<u>Washington</u> HB 2912	An act relating to the use of psychiatric "medication" by children in state custody, and tracking the number of children being diagnosed and placed on psychiatric "medications."	01/21/00	PASSED	03/24/00

2001:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
<u>Connecticut</u> AB 5701	Prohibits school personnel from recommending the use of psychotropic drugs for any child. A parent or guardian refusing to	01/12/01	PASSED	06/28/01

<u>Hawaii</u> SC Resolution 92	administer, or consenting to administer, a psychotropic or stimulant cannot be grounds for a child to be taken into the custody of the Dept. of Child and Family Services.	03/14/01	PASSED	04/12/01
<u>Minnesota</u> HB 478	Requests the Department of Health and Department of Education jointly to research and examine non-“medication” alternatives for dealing with children who have learning and behavioral difficulties.	02/01/01	PASSED	05/01/01
<u>North Carolina</u> SB 542	Parents' refusal to give stimulant drugs to a child does not constitute educational neglect. States that a child does not have to take such drugs as a condition for re-admission to school after having been suspended. Also establishes a study and report system on the number of children in the state labeled with ADD/ADHD and taking such drugs, as well recording what pressures families have experienced when placing their child on these drugs.	03/19/01	PASSED	05/25/01
<u>Utah</u> HB 170	Calls for the establishment of a statewide database on the administration of psychotropic drugs to children who receive state services.	01/26/01	PASSED	03/15/01
	Amends the definition of “substantiated child abuse” to exclude failure to administer psychiatric drugs or course of treatment if the parent has not been told of the opportunity to obtain a physical exam; authorizes Division of Child and Family Services to report an individual who is <u>not</u> a licensed health care provider to the appropriate licensing authority for making medical recommendations regarding administration of psychiatric drugs to children.			

2002:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
<u>Illinois</u> SB 1718	Requires school board to adopt and implement policy prohibiting disciplinary action that is based totally or in part on the refusal of a student's parent or guardian to administer or consent to administer a psychotropic or stimulant drug.	01/10/02	PASSED	07/16/02
<u>Virginia</u> HB 90	Board of Education to develop and implement policies prohibiting school personnel from recommending the use of psychotropic drugs for any student. Student cannot be evaluated by a medical practitioner unless with the	01/31/02	PASSED	04/01/02

written consent of the student's parents.

<u>National</u> National Foundation of Women Legislators (NFWL) Resolution	National Foundation of Women Legislators (NFWL) urges federal government to pass regulations or laws in relation to schools receiving federal funds that protect children from being wrongly diagnosed and stigmatized as mentally disordered, and forced onto psychotropic drugs as a requisite for their education.	11/23/02	PASSED	11/23/02
<u>Texas</u> HB 320	Refusal to administer or consent to administration of psychotropic drugs or any other psychiatric or psychological treatment to a child does not by itself constitute neglect.	12/20/02	INTRODUCED 12/20/02	

2003:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
<u>Federal</u> HR 1170	As a condition of receiving funds under any program or activity administered by the Secretary of Education, each State shall develop and implement policies and procedures prohibiting school personnel from requiring a child to obtain a prescription for substances covered by section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services.	3/11/03	Passed the House 5/21/03. Received in the Senate and referred to Committee on Health, Education, Labor and Pensions 5/22/03	
<u>Federal</u> Amendment to HR 1350	Amendment added to federal bill H.R. 1350 reauthorization of the Individuals with Disabilities Education Act: "State educational agency develops and implements policies and procedures prohibiting school personnel from requiring a child to obtain a prescription for substances covered by section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services."	4/10/03	Passed the House 4/30/03. Received in the Senate and referred to Committee on Health, Education, Labor and Pensions 5/01/03	
<u>Alaska</u> SB 5	Prohibits school personnel from recommending or requiring a child take a psychotropic drug as a requisite for attending public school. Also prohibits filing a report to authorities of suspected child abuse or neglect based solely on the parent's/guardian's refusal to consent to the administration of a psychotropic drug or psychiatric, psychological, or behavioral treatment of child. And prohibits a court from making ruling of neglect or abuse against parent solely based on the same allegation.	01/10/03	Referred to Health Education and Social Services Committee and Finance Committee 1/21/03	

<u>California</u> AB 1424	Refusal of a parent or guardian to administer, or consent to administration of any medication or medical treatment for child does not constitute, in and of itself, a basis for child being removed from physical custody of parent or guardian.	2/21/03	Referred to Health committee 4/07/03	
<u>Colorado</u> HB 1172	Requires each school board to adopt a policy prohibiting school personnel from recommending or requiring the use of a psychotropic drug by any student.	1/15/03	PASSED	06/05/03
<u>Hawaii</u> HB 272	Prohibits the Department of Health personnel from requiring, suggesting, or implying that a student take psychiatric drugs as a requisite to attending school.	1/17/03	Passed First Reading 1/21/03	
<u>Hawaii</u> SB 981	Replicates House Bill 274 for the Senate, requiring the Dept. of Health, assisted by the Dept. of Ed., to report annually for 5 years on number of children in schools diagnosed with ADD or ADHD; number of those children who receive special education; how many of those are prescribed and using psychiatric drugs.	1/21/03	Passed First Reading 1/21/03	
<u>Hawaii</u> HB 275	Requires the Dept. of Health and the Dept. of Education to re-examine the legitimacy of the diagnoses of ADHD and ADD in their assessment of children under the category of attention problems and hyperactivity.	1/17/03	Passed First Reading 1/21/03	
<u>Hawaii</u> SB 982	Replicates House Bill 275 for the Senate: Requires the Dept. of Health and the Dept. of Education to re-examine the legitimacy of diagnoses of ADHD and ADD in their assessment of children under the category of attention problems and hyperactivity.	1/21/03	Passed First Reading 1/21/03	
<u>Indiana</u> HB 1974	Prohibits teachers from attempting to influence a parent or guardian to obtain psychotropic drugs for students, and forbids a student from being forced to take a psychotropic drug as a requisite for readmission after suspension for behavioral problems.	1/23/03	To House Committee on Education 1/23/03. Still in House Committee on Education. Rep. Reske added as coauthor 2/18/03	
<u>Kentucky</u> HJR 67	House Joint Resolution that says, because of the concern about psychotropic drug effects and the increase of prescriptions for such drugs to children, the Kentucky Department of Education is requested to provide education and training to school personnel regarding the use of psychotropic drugs; it urges the Cabinet for Families and Children to adopt policy to ensure that a parent's refusal to place a child on psychotropic drugs shall not in and of itself constitute grounds for abuse or neglect.	1/10/03	Posted in Health & Welfare Committee 2/18/03	

<u>Massachusetts</u> SB 674	Prior to practitioners prescribing psychotropic drugs to a minor, they must have the parent or guardian read, or be told verbally if incapable of understanding written information, full information on the psychotropic drug(s) being prescribed from the <i>Physician's Desk Reference Family Guide to Prescription Drugs</i> and obtain written attestation that the information, including drug side effects, is understood. Written attest to be kept on file as part of child's record.	1/01/2003	To Committee on Health Care 01/01/03
<u>Massachusetts</u> SB 811	A parent's or legal guardian's refusal to medicate their child with psychotropic drug(s) or refusing to have him/her receive mental health counseling shall not be considered neglect.	1/01/03	To Joint Committee on Human Services and Elderly Affairs and filed as Senate Docket 703 1/01/03
<u>Massachusetts</u> SB 2227	Power of the school committee (the governing board of a town's public school system to carry out the educational policies of the state), any teacher, counselor or other agent of school committee shall not include the right to require a student be placed on a psychotropic drug to attend or remain in school, or the right to recommend or suggest the use of a psychotropic drug for any child.	1/01/03	To Committee on Education, Arts and Humanities 1/01/03
<u>Michigan</u> HB 4024	Creates a psychotropic drug use advisory council to investigate, compile a report, and recommend policies pertaining to psychotropic drug use among children.	1/28/03	To Committee on Family and Children Services 1/28/03
<u>Michigan</u> HB 4025	Prohibits teachers from making a psychological or medical diagnosis of a behavioral condition or disorder in a child or recommending a child having to take a prescribed psychotropic drug.	1/28/03	Passed through the House 5/08/03 and referred to Senate Committee on Education 5/13/03
<u>New Hampshire</u> HB 551	Refusal of a parent or other guardian to administer or consent to the administration of any psychotropic drug to a child shall not, in and of itself, constitute grounds to take the child into custody, or for the court to order that such child be taken into custody.	1/09/03	To Children and Family Law Committee 1/09/03
<u>New York</u> AB 2955	Enacts a "parent and pupil rights act" whereby all instructional material used in connection with any "psychiatric or psychological research or experimentation program or project," in elementary or secondary school, shall be available for inspection by parents or guardians; also prohibits such programs or projects having the purpose of revealing political affiliations, religious beliefs and practices, sex behavior and attitudes, and other listed privileged information.	2/03/03	Referred to Education Committee 2/03/03

<u>New York</u> AB 3563	Act amends education law to prohibit all school personnel and school districts from suggesting or recommending use of psychotropic drugs for any child. Any personnel or school district found guilty of the above "may be charged with the crime of professional misconduct...which relates to the practice of medicine without a license." Refusal of a parent or guardian to administer or agree to the administration of a psychotropic drug to a child shall not, in and of itself, constitute grounds for an investigation or removal of the child by Child Protective Services.	2/06/03	To Education Committee 2/06/03
<u>North Carolina</u> HB 943	Prohibits school personnel from recommending or requiring use of psychotropic drugs or central nervous system stimulants for any child. Each local board of education shall adopt and implement rules and policies on these issues.	4/08/03	Through the House 4/30/03. Referred to Senate Committee on Health and Human Resources 5/01/03
<u>Oregon</u> SB 456	A kindergarten through grade 12 public school administrator, teacher, counselor or nurse may not recommend student seek a prescription for a medication that is prescribed with the intent of affecting or altering the thought processes, mood or behavior of the student.	2/17/03	Passed through Senate to House 5/23/03
<u>Texas</u> HB 1070	Parent's refusal to provide written consent for an employee of a school district to conduct a psychological exam, test, treatment or to permit a school employee to administer a psychotropic drug does not constitute neglect or abuse of a child. Any employee of a school district who uses or threatens to use a parent's refusal as the basis for making a report concerning abuse or neglect may be subject to a Class A misdemeanor charge and a parent may bring a civil court action against the school employee.	2/24/03	To Public Education Committee 2/24/03
<u>Texas</u> HB 1406	School district employee may not recommend student use a psychotropic drug or have a psychiatric evaluation, or use refusal by a parent to consent to administration of a psychotropic drug or psychiatric evaluation for a student as grounds for prohibiting the child from attending class or a school-related activity.	2/27/03	Through both the House and Senate and sent to the Governor 6/03/03
<u>Vermont</u> SB 30	No school shall require a child to take psychiatric drugs as a requisite for attending school; parent or guardian may agree or disagree to allow the child to take psychiatric drugs; prohibits the unlawful possession of methylphenidate (Ritalin), with up to one year in prison or fines of up to \$2,000.	1/23/03	To Senate Committee on Education 1/24/03

<u>West Virginia</u> SB 122	Requires public schools to comply with provisions of federal law governing release and elicitation of certain information concerning students and their families in connection with mental or health care services. No student may be required to submit to counseling, psychiatric or psychological treatment and experimental procedures, including surveys or tests, without the parents' informed consent. Parents have the right to exclude child from such tests/surveys based on religious, cultural, moral or political beliefs or affiliations.	1/10/03	To Senate Committee on Education 1/10/03
<u>West Virginia</u> HB 2111	Prohibits teachers and other school personnel from recommending that a pupil is in need of psychiatric treatment or evaluation or psychotropic, mood altering or other mind-altering drugs.	1/10/03	To House Committee on Education 1/10/03

2004:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
United States H.R. 1350	Prohibits State and local educational personnel from requiring a child to obtain a prescription for substances covered by the Controlled Substances Act as a condition of attending school, receiving an evaluation under IDEA, or receiving services.	03/20/03	PASSED	11/19/04
New Hampshire HB 551	A committee to study the prescription and use of psychotropic drugs in childcare centers, preschools, and public schools. Unless otherwise ordered by the court, the refusal of a parent or other person having control of a child to administer or consent to the administration of any psychotropic drug to such child shall not, in and of itself, constitute grounds for a child to be taken into custody.	01/07/04	PASSED	06/15/04
United States H.R. 1350	Prohibits State and local educational personnel from requiring a child to obtain a prescription for substances covered by the Controlled Substances Act as a condition of attending school, receiving an evaluation under IDEA, or receiving services.	03/20/03	PASSED	11/19/04

2005:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
--------------	--------------------	-------------------	---------------	---------------

Florida SB 1090	Creates safeguards for parents in Florida from being coerced to put their children on dangerous psychotropic drugs or from being psychologically evaluated.	March, 2005	PASSED	05/27/05
Minnesota SF 2277	Provides that a parent's refusal to consent to the administration of a psychotropic drug or a psychiatric examination of a student shall not be used as grounds, by itself, for prohibiting the child from attending class or participating in a school-related activity. Further, the school district must not recommend that a student use a psychotropic drug.	04/28/05	PASSED	05/05/05

2006:

<u>State</u>	<u>Description</u>	<u>Introduced</u>	<u>Active</u>	<u>Passed</u>
Utah HB 21	Moves legal guardians, appointed to children taken from their parents, out of the courts and into the hands of the department of Health and Human Services. This takes away the necessity of having a guardian in every single case and allows parents or a child to have their own attorney represent them without the interjection of the guardian.	12/16/05	PASSED	03/10/06
Arizona SB1324	Requires parental informed consent for mental health screening of school children.	01/24/06	PASSED	04/24/06
Georgia SB 430	Requires full parental informed consent for mental health screening in schools	01/13/06	Senate read and referred	
Alaska SB48	Schools cannot deny any student access to programs/services after a parent refuses to give their child psychiatric medication or psychiatric counseling	01/12/05	PASSED	05/08/06