



## The Economics of Inattention

A Review of

*The ADHD Explosion: Myths, Medication, Money, and Today's Push for Performance*

by Stephen P. Hinshaw and Richard M. Scheffler

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Attention deficit disorder (ADD) was introduced in 1980 with the publication of the third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*; American Psychiatric Association, 1980). By then, Ritalin was 20 years old, and the theory that some children lacked the ability to adequately control themselves was not new. In the 1940s, physicians called this condition *brain-injured child syndrome* and later *minimal brain dysfunction* (MBD). By the late 1950s, the correct language was *hyperkinetic impulse disorder*, with the term *hyperactivity* becoming more and more popular by the early 1960s.

Yet, neither the discovery of this condition nor the availability of medication to treat it would produce an immediate substantial impact. Long after the problem had been identified, generations of afflicted individuals went overlooked, undiagnosed, and untreated.

Then came the 1990s and a tipping point. In 1991, attention-deficit/hyperactivity disorder (ADHD) was included in the Individuals with Disabilities Education Act, which provided students diagnosed with ADHD access to tutors and special testing arrangements such as extended time allowances on standardized testing. These allowances, coupled with increasingly competitive academic environments, have produced what Hinshaw and Scheffler, in *The ADHD Explosion: Myths, Medication, Money, and Today's Push for Performance*, describe as “a serious run on accommodations” (p. 96). This diagnosis that was once stigmatized became incentivized.

In 1997, the Food and Drug Administration gave pharmaceutical companies greater freedom to market directly to the public. Parents learned that ADHD medications could improve their children's ability to complete chores and homework. “The diagnosis became increasingly normalized, until it was viewed by many as just another part of the experience of childhood” (Koerth-Baker, 2013, para. 7). By 2011, the supply of ADHD medication could not keep up with the demand. It appeared that we had become Ritalin Nation.

In *The ADHD Explosion*, psychologist Stephen P. Hinshaw and health economist Richard M. Scheffler detail the evolution of ADHD from clinical issue to cultural phenomenon. They use

a wide lens to describe ADHD's impact on life in America while including a secondary focus on global issues. Their work is more macro than micro, and they are quick to establish what this book is not. It is

not a treatment manual, an encyclopedic guide to all aspects of attention and impulse-control problems, a text on mental health economics and policy, a sociological treatise on the evils of labels, or a work on the biochemistry of ADHD and the medications used to combat it. (p. xxxi)

Instead the authors' intent is to "provide a needed synthesis" (p. xxxi) of the many facets of this condition.

## The Explosion

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"Explosion" implies a rapid, forceful, disruptive and chaotic expansion. This seems an apt metaphor when describing the spread of ADHD in the United States and other industrialized nations. Visser et al. (2014), for example, reported that the parent-reported history of ADHD increased by 42 percent from 2003 to 2011. By 2011, approximately 2 million more U.S. children ages 4–17 had been diagnosed with ADHD, as opposed to in 2003. Further, more than two thirds of these children were taking medication for treatment. Hinshaw and Scheffler suggest that one in nine children, representing about 6.4 million youths in the United States, has been diagnosed with ADHD. Perhaps even more striking is their estimate that nearly one in five (19 percent) adolescent males in this country has received an ADHD diagnosis at some point in his life (p. xxvi). Thirty years ago, the "established view was that ADHD vanishes by puberty." The epidemic, however, has now spread well beyond puberty, with an estimated nine million American adults living with ADHD. Adults with the disorder presently compose "the fastest growing segment of the population in terms of medication treatment" (p. 84).

This rapid spread of ADHD has not been without controversy and chaos. Recently, for example, neurologist Richard Saul (2014) has written that the real epidemic we are facing is "an epidemic of ADHD misdiagnosis" (p. 257). Voicing similar concerns, psychiatrist Allen Frances (2014) described this situation as "a false epidemic of ADHD" (para. 3). Saul maintained that "the symptoms of ADHD are better explained by other conditions. In other words, ADHD, as we currently define it, does not exist" (p. xvi). The notion of a rush to diagnose ADHD is reminiscent of McGuinness's (1985) preexplosion-era observation that evaluators were reluctant to consider the possibility that hyperactivity could be rooted in other conditions. McGuinness warned that clinicians were too quick to assume that depression, anxiety, and low self-confidence seen in so many youths were "caused by hyperactivity" (McGuinness, 1985, p. 177). Like Saul and others, she advocated for more thorough evaluations that consider a wider range of diagnostic possibilities.

Although Hinshaw and Scheffler believe that ADHD is a useful diagnostic frame, they acknowledge that "far too many youth are being diagnosed with ADHD on the basis of extremely cursory evaluations" (p. 40). In a separate publication (Novotney, 2014), Hinshaw further stated that "the national standard is for very quick diagnoses, which will certainly lead to overdiagnoses, because you can mistake all kinds of things for ADHD" (p. 31). The call for more complete assessments runs through *The ADHD Explosion* and is clearly one of its most important contributions.

## The Costs

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ADHD places a significant burden on our health care system, the economy, and society. The financial costs of this condition can be seen in its direct (e.g., treatment costs) and indirect consequences (sometimes referred to as *hidden costs*), which together are now measured in the hundreds of billions of dollars. Hinshaw and Scheffler estimate that in 2013, Americans spent over \$20 billion for pediatric and psychiatric services for children diagnosed with ADHD. The indirect costs, however, are even more striking.

Among those living with ADHD, there are alarming rates of substance abuse (Breyer, Lee, Winters, August, & Realmuto, 2014), risky sexual behaviors (Flory, Molina, Pelham, Gnagy, & Smith, 2006), self-harm (Hinshaw et al., 2012), car accidents (Barkley & Cox, 2007), and social deficits (Chiang & Gau, 2014). Hinshaw and Scheffler also include unemployment, underemployment, and loss of productivity in the workplace among the hidden costs of this condition. The authors estimate the indirect costs for children and adolescents to be approximately \$100 billion a year over and above the costs of treatment. For adults, their estimate is \$200 billion annually. They add that if the criminal outcomes related to ADHD are included, these amounts would likely be significantly higher. Along with these considerations, we now need to factor in the costs of a growing problem with the abuse of prescription stimulants (Smith & Farah, 2011).

Treating ADHD is expensive. Not addressing it, argue the authors, is unconscionable. They contend that this is a disruptive force that metastasizes through our educational, health care, and criminal justice systems. From a psychological perspective, ADHD limits human potential. From an economic viewpoint, ADHD compromises human capital. The human and economic fallout of neglecting these issues may, ultimately, be beyond measure. *The ADHD Explosion* is a call to reexamine the complexity of this condition, reconsider the relationships among the variables, and, hopefully, synthesize the many dimensions of this issue.

Unfortunately, this book may struggle to reach the audience it might benefit. As the authors make clear, it was not produced specifically for parents, teachers, or clinicians. It was not written directly to those typically drawn to books on ADHD. Although it may not immediately affect how any of these groups go about their work, there is great long-term value in carefully studying the macro that surrounds the micro. *The ADHD Explosion* fills a much needed gap. It offers a systemic examination of a major health care and economic issue that is too often reduced to overly simplistic conclusions. Hinshaw and Scheffler provide an intelligent presentation of where we are and what we need to consider as we move forward.

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