

**PSYCHIATRY, THE PHARMACEUTICAL  
INDUSTRY AND THE FDA—  
A DESTRUCTIVE ALLIANCE  
ENDANGERING THE  
LIVES OF CHILDREN**

**FACTS ABOUT “ATTENTION DEFICIT HYPERACTIVITY  
DISORDER” AND STIMULANT USE AND MARKETING**

*A REPORT BY CITIZENS COMMISSION  
ON HUMAN RIGHTS, 2006*





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# EXECUTIVE SUMMARY

## INTRODUCTION

The alliance between members of the American Psychiatric Association, pharmaceutical companies and the Food and Drug Administration (FDA) is placing millions of children's lives at risk. The FDA is relying upon psychiatric theories about "mental disorders" and, in doing so, is not protecting the public health of American citizens. It is negligent in not banning the use of potentially life-threatening stimulants and other powerful drugs for conditions that cannot be medically or scientifically substantiated as physical abnormalities. Prescribing stimulants—which damage the body and put children at risk of hallucinations, psychosis, strokes, heart attacks and sudden death—is as negligent as prescribing dangerous chemotherapy to someone who has no physical evidence of cancer cells.

The FDA needs to invoke the same power it used in 1979 to eliminate the promotion of Minimal Brain Dysfunction (MBD)—the forerunner of "Attention Deficit Disorder" (ADD) and "Attention Deficit Hyperactivity Disorder" (ADHD)—as a diagnostic term in advertising. It must prohibit pharmaceutical advertising that ADD and ADHD are "diseases," "illnesses" or "neurobiological disorders" or to promote drug therapy for these directly to the public.

Under Title 21, Code of Federal Regulations (CFR), Section 202.1, prescription drug advertising cannot be false or misleading, cannot omit material facts, and must present a fair balance between effectiveness and risk information. Broadcast advertising must disclose the most significant risks that appear in the labeling. Currently, the FDA does not give prior approval for such advertising.

One form of advertising known as "help-seeking" ads discusses a "disease" or "condition" and advises the audience to "see your doctor" for possible treatments. Because no drug product is mentioned or implied, this type of ad is not considered to be a drug ad and the FDA does not regulate it.<sup>1</sup> It is fraudulent advertising that a "psychiatric disorder" is a disease, caused by a chemical imbalance or is a neurobiological condition. For example, a May 6, 2004, Shire Pharmaceuticals Group PR Newswire about Adderall XR, falsely purported that ADHD is a neurobiological disorder."

The evidence shows the contrary. The 1998 National Institutes of Health's "Consensus Conference on the Diagnosis and Treatment of ADHD" concluded that there is no "independent, valid test for ADHD; there are no data to indicate that ADHD is due to a brain malfunction" and "our knowledge about the cause or causes of ADHD remains speculative [theoretical]."<sup>2</sup> The Surgeon General's 1999 Report on Mental Health, the National Institutes of Health and the American Academy of Pediatrics Clinical Practice Guideline for ADHD, do not confirm or state that ADHD is a "neurobiological disorder." A 1995 U.S. Drug Enforcement Administration (DEA) report said, "[D]espite the frequent reference to ADHD as a neurobiological disorder, the cause of ADHD remains unknown."<sup>3</sup> Even the FDA's website has stated: "There is no biological test for ADHD."<sup>4</sup> To make claims to the opposite is fraudulent and violates parents' rights to full informed consent.



The federal regulations need to be amended to create provisions both to require approval of drug ads prior to their dissemination and to prohibit false claims about “mental disorders” that are largely based on the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual of Mental Disorders (DSM)*. The APA’s website fraudulently promotes mental disorders as “illness that affects or is manifested in a person’s brain.” It claims that medication “may correct imbalances in brain chemistry that are thought to be involved in some mental disorders.” Despite the investment of hundreds of millions of dollars by pharmaceutical companies to support this claim, they and the APA have been unable to prove this theory.

Agencies similar to the FDA in other countries have taken steps to stop such false advertising. In 2003, the Irish Medical Board (equivalent of the FDA in Ireland) banned the manufacturer of the antidepressant Paxil, GlaxoSmithKline, from claiming in advertising or patient information leaflets that Paxil corrects a chemical imbalance in the brain.<sup>5</sup>

Similarly, in 2002, the Netherlands Advertisement Code Commission (NACC) ordered the country’s Brain Foundation to stop advertising or promoting that ADHD is a neurobiological condition or brain dysfunction, ruling that this is misleading. Data presented to show that ADHD was a mental *disease* was not convincing and the NACC ordered the Brain Foundation to cease false claims to the contrary in its advertising.<sup>6</sup>

In light of the lethal risks associated with stimulants and other drugs offered to “treat” ADHD, parents should file civil and criminal complaints if their child has been damaged or killed by these drugs. Parents should include as defendants in their lawsuits the treating psychiatrist or doctor, the APA and colleges that misleadingly train medical students that ADD and ADHD are medical conditions.

## FACTS

1. On March 22 and 23, 2006, FDA advisory panels held hearings into the risk of stimulants prescribed for the treatment of so-called ADHD. In February 2006, another FDA advisory panel had held a hearing into the use of ADHD stimulants and urged the FDA to issue its strongest “black box” warning that the drugs could cause heart attacks, strokes and sudden death.<sup>7</sup> Dr. Steven Nissen, a cardiologist from the prestigious Cleveland Clinic and member of this Advisory Committee, called the widespread use of stimulants to treat ADHD a “potential public health crisis.” The FDA said it had received reports of about 25 deaths linked to the drugs and a larger number of cases involving serious consequences, such as heart attacks.<sup>8</sup>

2. In fact, between 1990 and 2000, 569 children were reported hospitalized—38 with life-threatening problems—because of health concerns related to stimulant side effects. In that time, 186 deaths related to methylphenidate (Ritalin) use were reported to the FDA’s MedWatch program (MedWatch is a voluntary reporting program of adverse drug reactions).<sup>9</sup>

3. On March 27, 2006, it was announced that the Therapeutic Goods Administration, Australian equivalent to the FDA, is reviewing adverse reaction reports of children as young as five suffering strokes, heart attacks, hallucinations and convulsions after taking prescribed stimulants. In reviewing nearly 400 adverse reactions to ADHD drugs, cases include the sudden death of a 7 year old and a 5 year old that suffered a stroke after taking Ritalin.<sup>10</sup>

4. Other dangerous side effects of ADHD drugs reported by the FDA include psychosis and hallucinations. Children under the age of 10 reported they saw or felt bugs, snakes and worms crawling on them.<sup>11</sup> From January 2000 to June 30, 2005, almost 1,000 reports of psychosis or mania were reported linked to stimulants. One stimulant, Adderall, already has a black box warning relating to sudden death and serious cardiovascular (heart) events caused by the drug.<sup>12</sup> The non-stimulant drug Strattera carries a black box warning about suicidal risk.

5. In October 2005, the FDA gave conditional approval of the drug Sparlon (modafinil) for treatment of ADHD. Yet, the drug is known to cause a potential fatal skin disease that produces widespread blistering and rashes, as well as mania and aggression. On March 23, 2006, the FDA's Pharmacologic Drugs Advisory Committee voted not to recommend FDA approval of Sparlon for ADHD but requested that the manufacturer collect additional data to support safety and effectiveness for use in children with ADHD. This is grossly inappropriate. The drug should not be tested on or even be considered for pediatric use. All ADHD stimulants are so dangerous that they warrant a ban for use in children and adolescents.<sup>13</sup>

6. Protecting their own interests, in March, 2006, psychiatrists urged the FDA not to issue black box warnings on all stimulants. In 2004, the FDA placed a black box warning on antidepressants because of the risk of suicide in persons under 18 years old taking them. Since then, there has been a 25% drop in adolescents being prescribed the potentially lethal drugs—more than 400,000 youngsters. This represents a threat to a multi-billion dollar drug empire. Stimulants for children are already a \$1.3 billion a year industry and a black box warning, while it could save children's lives, would lose the industry millions of dollars. Indeed, the FDA's Advisory Committee rejection of Sparlon triggered the manufacturer to lower its yearly sales estimate by \$100 million.<sup>14</sup>

7. In not issuing the strongest warning—short of banning the drugs—the FDA is allowing the prescription of deadly drugs for a condition—ADHD—that has no medical or scientific merit. Pediatric neurologist Fred Baughman, Jr., says that to claim that ADD or ADHD are actual diseases “like diabetes or cancer” and that Ritalin (or any stimulant) prescribed for them is “safe and effective” is “untrue and fraudulent.”<sup>15</sup>

8. When information about antidepressant dangers was finally released in 2003-2004, consumers learned a little known fact. The psychiatric theory that a “chemical imbalance” causes “depression” requiring the drugs to “balance it out” was false—nothing more than drug-industry fabricated marketing to convince people their problems were medically based and increase sales of drugs. Faced with media exposure of this, in 2005, Dr. Steven Sharfstein, President of the American Psychiatric Association admitted that no “clean cut lab test” exists to determine such a chemical imbalance.



9. Similarly, claims that ADHD or “learning disorders” are neurobiological or chemically based is fraud. There are no blood tests, x-rays or other physical tests that can be conducted to diagnose or physically determine the existence of them. In 1987, American psychiatrists voted on a series of symptoms, calling them ADHD and inserted them into the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* in order to bill insurance companies for their treatment.

10. Prescribing stimulants for ADHD is like administering chemotherapy when no cancer has been found. Chemotherapy breaks down cells not only in cancer but also in healthy blood, the mouth, intestines, nose, nails and hair and places these at serious risk of damage.<sup>16</sup> Ritalin or other stimulants do not correct or break down any deficiency or disease in the body. They “control” a child’s behavior while damaging his body—causing brain shrinkage, stunted growth, blood pressure and pulse changes, abdominal pain, weight loss and toxic psychosis.

11. John Breeding, Ph.D., author of *The Wildest Colts Make the Best Horses*, makes a similar analogy: “The fact that psychiatrists treat unproven illnesses may be their most distinguishing difference relative to colleagues in other branches of medicine. Imagine what it might be like if the practice of oncology [the branch of medicine that is concerned with the study and treatment of tumors] involved oncologists offering their assortment of chemotherapies based on their observations and opinions of a patient’s behavior and language.... Might it not happen that a much greater number of cancer patients would balk at [refuse] taking the chemicals if their doctor could show no physical evidence of disease?”<sup>17</sup> This is the threat that psychiatrists face if parents are fully informed of the fact that there is no evidence of disease in ADHD.

12. ADHD prescriptions have escalated in the U.S. because of FDA-approved direct-to-consumer marketing of psychiatric and other drugs in 1997. The prescriptions went from 15 million in 1997 to 20.6 million in 2001—a 37% increase.<sup>18</sup>

13. Psychologist Nancy Ostrove is the Director of Risk Communication in the FDA’s Office of Planning and, until 2002, was Deputy Director of the Division of Drug Marketing, Advertising, and Communications of the Center for Drug Evaluation and Research of the FDA. She was a lead developer of the FDA’s direct-to-consumer policies. Prior to taking this position she was a Regulatory Liaison for Eli Lilly & Co., manufacturer of Prozac and Strattera, and was responsible for developing, consulting on and supporting interactions between the company and the FDA.<sup>19</sup> She was a member of the panel of the FDA Public Hearing held into “Direct-to-Consumer Promotion” in 1995, which led to the approval in 1997 of drug marketing direct to the public.<sup>20</sup>

14. In 2005, more than 210 professors from U.S. medical schools endorsed a statement that “direct-to-consumer marketing of prescription drugs should be prohibited.” The endorsers included prominent medical school professors from Harvard, Johns Hopkins, University of Pennsylvania, Stanford, Yale, Duke, University of California at San Francisco, as well as two former editors-in-chief of the *New England Journal of Medicine*.<sup>21</sup> The FDA ignored these pleas.

15. The FDA's Mission Statement states: "The FDA is responsible for protecting the public health by...helping the public get the accurate, *science-based information* they need to use medicines and foods to improve their health." Clearly, influenced by psychiatric and pharmaceutical interests, this duty is being undermined.

## RECOMMENDATIONS

For the safety and security of children and others:

1. Stimulant use for children and adolescents should be prohibited;
2. Direct-to-consumer drug advertising should be stopped;
3. Regulations should prevent pharmaceutical companies, psychiatric associations and their advocacy groups from promoting mental "disorders" as neurobiological diseases or the result of any chemical or other physical cause;
4. Black box warnings should be required for all stimulants where these are prescribed for adults.



# A BRIEF HISTORY OF “ADHD”

Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) are not medical conditions. Contrary to psychiatric claims, a brain disease or chemical imbalance of the brain does not cause these “disorders” and, therefore, “medication” cannot resolve the apparent problem. The diagnoses are based on a subjective list of behaviors that were voted on by members of the American Psychiatric Association to be called a “mental disorder” to include in their insurance billing manual, the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

The symptoms include, “fails to give close attention to details or makes careless mistakes in schoolwork or other tasks; is messy or careless; has difficulty sustaining attention in tasks or play activities; doesn’t seem to listen; fails to “complete schoolwork, chores, or other duties;” fidgets, squirms in seat; leaves seat in classroom or in other situations in which remaining seated is expected; runs about or climbs excessively; has difficulty playing; is often “on the go;” talks excessively; butts into other people’s conversations.”<sup>22</sup>

Dr. Brian Kean, a special education lecturer from the Southern Cross University in New South Wales, Australia, says that this is simply displaying normal developmental behavior.<sup>23</sup>

Over 100 years ago, children who could not sit still were called “fidgety Phils” and thus began the concept that disruptive behavior was a “disorder.” In 1902, a set of behavior difficulties was described following research of 20 children who were “defiant, excessively emotional, passionate, lawless, [and] spiteful...”<sup>24</sup>

It wasn’t until 1937, when a Dr. Charles Bradley tried to determine what caused these delinquent behaviors in boys, that stimulants and amphetamines were prescribed to calm the boys’ disruptive tendencies. Trying to explain this in biological terms, the first generation of drugs to treat so-called hyperactivity was born.<sup>25</sup>

By the 1950s, brain damage was thought to be a potential cause of children’s unruly or “abnormal” behavior. This was termed Minimal Brain Dysfunction (MBD). However, by the 1960s it was clear that there was no evidence linking brain damage to MBD.<sup>26</sup> Still, the stimulant Ritalin was approved for its treatment. In 1963, a U.S. Public Health Service and National Society for Crippled Children and Adults sponsored a seminar on the “Child with Minimal Brain Dysfunction.” The seminar’s report expanded the term to apply to every conceivable behavioral characteristic and “effectively threw wide the doors for the indiscriminate drugging of hundreds of thousands of normal but perhaps mischievous children...” reported Richard Hughes and Robert Brewin in their compelling book, *The Tranquilizing of America*.<sup>27</sup>

Out of this seminar came a task force, headed by Sam D. Clements, a psychologist at the University of Arkansas Medical Center, who later became a paid consultant for Ciba Geigy (now called Novartis), the manufacturer of Ritalin, and wrote the company’s handbook on MBD. Clement’s task force in 1966 provided an all-inclusive definition of MBD to identify “children of near average, average, or above average intelligence with certain learning or behavioral disabilities ranging from mild to severe...” The task force provided 99 symptoms to “help” doctors and teachers to detect these otherwise normal children, including short attention span, slowness in reading, spelling and

arithmetic skills, rage reactions and tantrums and behavior that ranged from “socially bold and aggressive” to the other extreme, “very sensitive to others.”<sup>28</sup> MBD meant any form of behavior that psychiatrists found troublesome.

In 1968, the APA introduced a broader term to its diagnostic manual, claiming, without a shred of scientific evidence, that the behaviors were a “hyperkinetic [abnormally increased and sometimes uncontrollable activity] disorder of childhood.”

Ritalin was promoted to educators as “a cure, a solution for the children who disrupt your classrooms.”<sup>29</sup> Ritalin salesmen showed films on MBD throughout the nation at Parent Teacher Association meetings.<sup>30</sup> Consequently, as Hughes and Brewin wrote, “millions of children who, in an earlier, less chemically oriented age, would have been merely classified as rambunctious [unruly, uncontrollable] or mischievous were in the pill-popping society of the United States diagnosed as ‘sick’ and treated with a powerful psychoactive [mind-altering] drug.”<sup>31</sup>

In fact, on February 21, 1979, the FDA ordered MBD eliminated as a diagnostic term and cracked down on Ciba Geigy, forbidding it to promote either the disorder or drug therapy directly to the public.<sup>32</sup>

Peter Schrag, co-author of *The Myth of the Hyperactive Child*, revealed: “...most of the research dealing with ‘learning disordered’ or ‘behavior problem’ children has been drug research experiments designed primarily to find out more about the effects of the drugs and not about the institutionalized children who became the subjects of the experiments.... Since then, dozens of other experiments have been founded on the same dubious [questionable] premise: that if the drug worked, or seemed to work, the subject must be suffering from the ailment for which the drug was administered.”<sup>33</sup>

By 1970, 150,000 American children were prescribed Ritalin. Within five years, the number jumped to 250,000.<sup>34</sup> In 1980, the third edition of the APA’s *DSM* introduced Attention Deficit Disorder and then in the 1987 revision of *DSM* added Attention Deficit Hyperactivity Disorder.<sup>35</sup> Within a year, there were 500,000 American children suddenly diagnosed with ADHD and by 1994, more than 4 million. Today the figure is estimated at 6 million.

Thomas Moore, author of *Prescriptions for Disaster* said that the current use of drugs like stimulants is taking “appalling risks” with a generation of kids: “Such large-scale chemical control of human behavior has not been previously undertaken in our society outside of nursing homes and mental institutions.”<sup>36</sup>

Yet when asked about the substance of the ADHD diagnosis at a 1998 National Institutes of Health conference, panel member and pediatrician Mark Vonnegut, M.D., replied, “The diagnosis is a mess.” David J. Kupfer, panel chairman and a psychiatry professor, stated that “there is no current validated diagnostic test” for ADHD.<sup>37</sup> Few, if any parents, are aware of this when consenting to drug treatment for this.



Dr. Jeffrey A. Schaler, Professor of Law, Justice and Society at the American University, Washington, D.C., in a recent address stated: “Real disease is found in a cadaver at autopsy. Mental illness is not. Mental illness refers to something that a person does. Real disease refers to something that a person has.”

Dr. Fred Baughman, Jr., a pediatric neurologist, states, “The fact that psychiatrists do not perform physical examinations or neurological examinations by which disease of the brain and nervous system is determined, makes their claims of diagnosing and treating ‘biologically based brain diseases’ not only unbelievable but a fraud.... With no proof whatsoever they tell you your problem is ‘in your brain’ and, therefore, isn’t your fault. They dissuade troubled persons from looking at and addressing the causes of life’s real problems in the interest of pushing their pills.”

# MENTAL DISORDERS ARE NOT MEDICAL ILLNESSES

In a significant departure from medical diagnosis, all psychiatric diagnoses are a categorization of *symptoms* only, not the observation of actual physical disease. No x-ray, blood or other physical test could determine/diagnose any “mental disorder.” None of the diagnoses are supported by scientific evidence of biological abnormality of any kind. Psychologist Tana Dineen, author of *Manufacturing Victims*, said, “Unlike medical diagnoses that convey a probable cause, appropriate treatment and likely prognosis [probable course of a disease], the disorders listed in *DSM-IV* are terms arrived at through peer consensus.”<sup>38</sup> In other words, they are voted into existence.

- Dr. Thomas Szasz, internationally acclaimed author and Professor of Psychiatry Emeritus at SUNY Health Science Center in Syracuse, New York, says that the designation “disease” can *only* be justified when the cause can be related to a demonstrable anatomical lesion [abnormality], infection or some other physiological defect.<sup>39</sup>
- The APA admits in its *DSM* that there are “...no laboratory tests that have been established as diagnostic” for ADD/ADHD.<sup>40</sup>
- A report by the DEA stated, “despite the frequent reference to ADHD as a neurobiological disorder, the cause of ADHD remains unknown,” a statement echoed by the U.S. Surgeon General in his 1999 report on mental health.<sup>41</sup>
- According to a study in the January 1, 2000 edition of the *Journal of Learning Disabilities*, “There is no biological marker for ADHD.”<sup>42</sup>
- In 2003, Jonathan Leo, Professor of Anatomy at the Western University of Health Sciences and Professor David Cohen of the School of Social Work at Florida International University, reviewed 33 of the most recent brain-imaging studies of ADHD-diagnosed subjects. They confirmed that every study concerned medicated kids and, therefore, stimulant drugs most likely caused “very persistent changes in the brain.”<sup>43</sup> In other words, the drugs, not ADHD affect the brain.
- Claims that mental disorders are caused by a chemical imbalance in the brain are false. “[T]here are no tests available for assessing the chemical status of a living person’s brain,” writes Elliot Valenstein, Ph.D., author of *Blaming the Brain*.<sup>44</sup>
- Bruce Levine, Ph.D., psychologist and author of *Commonsense Rebellion*, says, “[N]o biochemical, neurological, or genetic markers have been found for attention deficit disorder...or any other so-called mental illness, disease, or disorder.”<sup>45</sup>
- In December 2005, *The New York Times* summed up research spanning 30 years, revealing that psychiatrists and researchers have never established brain imaging as a means for diagnosing “mental disorders” and that they could not determine a *single* biological or physical cause to *any* mental disorder.<sup>46</sup>

The claims are made simply to justify the prescription of dangerous drugs. Dr. Joseph Glenmullen, Harvard Medical School psychiatrist and author of *Prozac Backlash*, states: “Patients are often explicitly told they have such a disease [mental disorder], usually to justify treating them with medication.”<sup>47</sup>



# DRUG EFFECTS

The stimulants most prescribed for ADHD and other so-called learning disabilities include Ritalin, Adderall, Concerta, Metadate, Focalin, Strattera and Cylert.<sup>i</sup> As stimulants are amphetamine-like<sup>ii</sup> drugs, they are categorized by the U.S. Drug Enforcement Administration (DEA) as Schedule II narcotics in the same abuse class as morphine, opium and cocaine.<sup>48</sup>

- In June 2005, the FDA announced its intention to order labeling changes for ADHD stimulants to warn that they can cause “visual hallucinations, suicidal ideation [thoughts], psychotic behavior, as well as aggression or violent behavior.”
- In February 2006, an FDA Advisory Committee urged the FDA to issue its strongest “black box” warning for stimulants because of the risk of heart attacks, strokes and sudden death.<sup>49</sup>
- Other side effects of Ritalin include nervousness, insomnia, hypersensitivity, anorexia [eating problem], blood pressure and pulse changes, abdominal pain, weight loss and toxic psychosis. Suicide is a risk during withdrawal.<sup>50</sup>
- David B. Stein, a psychologist and the author of *Unraveling The ADD/ADHD Fiasco* determined: “Long-term detrimental side effects may appear after years of remaining on the drugs, or even years later after stopping the drugs.”<sup>51</sup>
- In 1986, Henry A. Nasrallah and colleagues performed brain scans on 24 young men who had been treated with stimulants for “hyperactivity” since childhood, and found “a significantly greater frequency of cerebral atrophy [shrinkage]” in them, suggesting that brain shrinkage could be “a long-term adverse effect of this treatment.”<sup>52</sup>
- In November 2001, researchers at the State University of New York at Buffalo found that methylphenidate (Ritalin) may affect brain function after a dose has worn off.<sup>53</sup>

## RITALIN AND ADDICTION/ILLCIT USE

- The DEA categorizes Ritalin as a Schedule II narcotic in the same abuse class as morphine, opium and cocaine.<sup>54</sup>
- Ritalin is chemically similar to cocaine.<sup>55</sup>
- The DEA warns that Ritalin could lead to addiction and that “psychotic episodes, violent behavior and bizarre mannerisms had been reported” with its use.<sup>56</sup>

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i. Cylert was taken off the market in 2005 after evidence that it caused life threatening liver failure and death. The United Kingdom banned Cylert in 1997 and Canada removed it from the market two years later. As reported in 2005 in the United States, the manufacturer intended to keep Cylert on pharmacy shelves until supplies were exhausted.

ii. Ritalin is amphetamine-like as it is similar in chemical structure to amphetamine. An amphetamine’s chemical structure can reduce appetite and fatigue and “speed” you up. A stimulant refers to any mind-altering chemical or substance that affects the central nervous system by speeding up the body’s functions, including the heart and breathing rates.

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- In 2000, the DEA also warned that “extensive scientific literature spanning over 30 years of research unequivocally [without doubt] indicates that both methylphenidate and amphetamine have high abuse liabilities,” including producing effects similar to cocaine in lab tests on both animals and humans: “...this data means that neither animals nor humans can tell the difference between cocaine, amphetamine, or methylphenidate when they are administered the same way at comparable doses. In short, they produce effects that are nearly identical.”<sup>57</sup>

- A study by Nadine Lambert, called “Stimulant Treatment as a Risk Factor for Nicotine Use and Substance Abuse,” and reported to the National Institutes of Health in 1998, studied Californian adolescents diagnosed with ADHD and found that, as adults, those treated with methylphenidate were three times more likely to use cocaine.<sup>58</sup>

- A survey by the Partnership for a Drug-Free America, released on April 21, 2005, found 10% of American teens now abuse the stimulants Ritalin and Adderall.<sup>59</sup>

- On July 7, 2005, the National Center on Addiction and Substance Abuse at Columbia University issued its report that 15 million Americans were getting high on prescription drugs, painkillers and psychiatric drugs such as Ritalin, Adderall and the tranquilizer Xanax, and were abusing these drugs more than cocaine, heroin and methamphetamine (amphetamine derivative, known as Crystal, Crystal-Meth, Crank, or Speed) combined.<sup>60</sup>

- In the U.S., teens that abuse prescription drugs are 12 times likelier to use heroin, 15 times likelier to use Ecstasy and 21 times likelier to use cocaine, compared to teens who do not abuse such drugs.<sup>61</sup> This is the generation who will shortly be entering the workforce.

- A study in the February 2006 edition of the journal, *Drug and Alcohol Dependence*, revealed that 7 million Americans are estimated to have abused stimulant drugs and that a substantial number of teenagers and young adults appear to show signs of addiction.<sup>62</sup>

## STIMULANTS DO NOT IMPROVE ACADEMIC PERFORMANCE

- Studies show children who take stimulants *do not* perform better academically. Children taking them fail just as many courses and drop out of school just as often as children who do not take them.<sup>63</sup> A review of 17 studies of stimulant drugs concluded “stimulant drugs have little, if any, impact on...long-term academic improvement....”<sup>64</sup>

- The National Institutes of Health ADHD Consensus Statement of 1998 also determined “consistent findings that...there is little improvement in academic achievement or social skills” from use of stimulants.<sup>65</sup>



- In September 2005, the Evidence-based Practice Center of Oregon Health & Science University published a report in which 2,287 studies—virtually every study ever conducted on ADHD drugs—were reviewed. This determined that no trials had shown the effectiveness of these drugs and that there was a lack of evidence that they could affect “academic performance, risky behaviors, social achievements, etc.”<sup>66</sup>

Dr. Sydney Walker, III, a neurologist and psychiatrist wrote in *A Dose of Sanity*, “In short, virtually every ‘safe’ or ‘harmless’ psychotropic drug introduced on the market was later found to have serious or even fatal side effects.”<sup>67</sup> However, they continue to be prescribed because they are lucrative.

Dr. Thomas Szasz sums up the psychiatric diagnosing and drugging of children this way: “Labeling a child as mentally ill is stigmatization, not diagnosis. Giving a child a psychiatric drug is poisoning, not treatment.”

# THE ALTERNATIVES

Common causes of the symptoms of ADHD are poor reading and math skills requiring tutoring, environmental toxins, allergies, nutritional deficiencies, and other easily detectable and treatable physical conditions.

- The Washington, D.C.-based Center for Science in the Public Interest (CSPI) cited 17 controlled studies in a 1999 report that found diet adversely affects children's behavior, sometimes dramatically.<sup>68</sup>

- Allergies can play a strong role. Solvents and cleaning agents, aerosol sprays, and industrial chemicals can affect behavior. Gary Oberg, M.D., President of the American Academy of Environmental Medicine, says that these as well as "chemicals in food and tap water, carbon monoxide, diesel fumes...can cause symptoms of brain dysfunction which may lead to an inaccurate diagnosis...."<sup>69</sup>

It is, therefore, important to find a medical doctor that will conduct a thorough physical examination to first determine what underlying physical condition may be causing any unwanted behavior or emotion, including, but not limited to testing for:

- Lead- or pesticide-poisoning
- Thyroid conditions
- Early-onset diabetes
- Heart disease
- Viral or bacterial infections
- Malnutrition
- Head injuries or tumors
- Allergies
- Vitamin and/or mineral deficiencies
- Mercury exposure

Dr. Walker warned that drugging a child because his behavior is unacceptable also sends the child the wrong message: "One of the greatest sins of doctors who label normal children hyperactive is that they are telling children, in effect, 'You're not responsible for your behavior.' In addition, they are telling parents that simple discipline won't work, because their children have brain disorders that prevent them from behaving. Excusing out-of-control behaviors in a normal, healthy child simply causes more such behaviors—and the range of behaviors that are being attributed to hyperactivity and attention deficits, and which can thus be excused by children as out of their control—borders on the ludicrous."<sup>70</sup>

Scores of children are also very intelligent and gifted, but faced with a non-stimulating curriculum, are bored. Consider the following:

## **BEHAVIORS ASSOCIATED WITH GIFTEDNESS**

- Poor attention, boredom, daydreaming in specific situations
- Low tolerance for persistence on tasks that seem irrelevant
- Judgment lags behind development of intellect
- Intensity may lead to power struggles with authorities



- High activity level; may need less sleep
- Questions rules, customs and traditions

#### **COMPARE TO BEHAVIOR ASSOCIATED WITH “ADHD”**

- Poorly sustained attention in almost all situations
- Diminished persistence on tasks that do not have immediate consequences
- Impulsivity, poor delay of gratification
- Impaired adherence to commands to regulate or inhibit behavior in social contexts
- More active, restless than normal children
- Difficulty adhering to rules and regulations

Renowned educator Dr. Samuel Blumenfeld says that psychology based teaching methods create “reading disability and dyslexia.” Children “know that something terrible is being done to them, but they don’t know how it is being done. And so they become angry and frustrated and their behavior reflects their hatred of school.”<sup>71</sup>

He says, “all of this could have been avoided had the child been taught to read with intensive, systematic phonics....” He advises parents to remove their children from schools that use psychological curricula and “put them in private schools or teach them at home. Parents still have the freedom to take matters into their own hands. If they don’t, then it is the children who will suffer.”

# CITIZENS COMMISSION ON HUMAN RIGHTS

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The Citizens Commission on Human Rights (CCHR®) was co-founded in 1969 by the Church of Scientology and Thomas Szasz, Professor Emeritus of Psychiatry, to investigate and expose psychiatric violations of human rights and to clean up the field of mental healing. Today, it has more than 250 chapters in over 30 countries. Its board of advisors includes more than 100 doctors, lawyers, educators, artists, business professionals and civil and human rights representatives.

CCHR has inspired and contributed to many hundreds of reforms by testifying before legislative hearings and conducting public hearings into psychiatric abuse, as well as by working with media, law enforcement and public officials the world over.

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