



# Sweden

## The ADHD scene

Citizens Commission on Human Rights Europe  
Report for the  
Committee on the Rights of the Child

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## Introduction

The scene with a dramatic increase in the number of physically healthy children and adolescents being diagnosed with so-called behavioural disorders – mainly Attention Deficit/Hyperactivity Disorder (ADHD) but also increasingly conditions for which antidepressant drugs are being used to manage the child – has continued its alarming increase in Sweden over the last decade.

A consequence of the targeting of children who appears maybe less adapted to the school system or framework of the modern society of Sweden is that an increasing number of these children are being labelled with a mental disorder diagnosis and given amphetamine and amphetamine-like psychostimulant drugs<sup>1</sup> to manage or control their “symptoms” or in an attempt to focus their attention and so “normalize” them. In some regions and age groups the drug prescription level is now reaching 3 times the highest estimated prevalence level per the psychiatric literature and it is not breaking.

That amphetamines and other stimulants such as cocaine cause an influence on the mind and behaviour is generally understood, it appears awkward to have to point out that amphetamines influence the mind on both attentive and inattentive children. The child whether labelled with ADHD or not will be affected by the intake of the drug. That the child is affected by the drug is not a proof that the child is actually suffering from any disorder. The drug in neither case actually cures the symptoms nor the possible, existing underlying problem. In addition, the side effects may never be considered sufficiently important simply because the drugs “have an effect on the core symptoms” of what is called ADHD.

The seriously harmed children may never recover from the damage caused by the drug, and even subjecting children to any harm is a considerable ethical problem. Studies repeatedly confirm that the psychostimulant drugs in fact may not have the claimed beneficial effect reported in the studies relied on by health authorities. These reports were often done by childpsychiatrists with vested interests and financially tied with pharmaceutical companies.<sup>2</sup>

The labelling of children with psychiatric diagnoses and the subsequent drugging with psychostimulants are not a solution to every or even any child when that child isn't actually medically ill and may have problems that could effectively be addressed without drugs such as by therapy, educational basics or a reorganization of educational setting or diets, etc.

Childrens' rights are being neglected or violated. This is an infringement of the “Convention on the Rights of the Child” article 24, section 1 and other points which states that State Parties “recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.”

Torsten Hjelmar  
European Coordinator

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<sup>1</sup>Psychostimulant drugs is a category of psychiatric drugs of which four have been approved for the management of the symptoms which are grouped together and called ADHD. The traditional and most known being methylphenidate (sold under the names Ritalin® and Concerta® and now also other names and its generic name). The overall psychostimulant drug category include actual amphetamine and the newer so-called ADHD drugs: atomoxetine, marketed as Strattera® – which is not a psychostimulant in traditional sense – and lisdexamphetamine, an amphetamine sold as Elvanse® in Sweden (and Vyvanse® in other countries). The six drugs used in the management of ADHD are in Sweden and this report referred to as ADHD drugs or psychostimulants, these are: methylphenidate, Licenspreparat amfetamin, atomoxetine, Guanfacin, dexamphetamine and lisdexamphetamine.

<sup>2</sup> Methylphenidate for children and adolescents with attention deficit hyperactivity disorder (ADHD) (Review) Storebø OJ, et al, Cochrane Database of Systematic Reviews 2015, Issue 11. Art. No.: CD009885. DOI: 10.1002/14651858.CD009885.pub2.

"Study characteristics: We found 185 randomised controlled trials, involving 12,245 children or adolescents with a diagnosis of ADHD." "Most trials were small and of low quality. Treatment generally lasted an average of 75 days (range 1 to 425 days), making it impossible to assess the long-term effects of methylphenidate. Seventy-two of the 185 included trials (40%) were funded by industry.

"Conclusions: At the moment, the quality of the available evidence means that we cannot say for sure whether taking methylphenidate will improve the lives of children and adolescents with ADHD. Methylphenidate is associated with a number of non-serious adverse events such as problems with sleeping and decreased appetite. Although we did not find evidence that there is an increased risk of serious adverse events, we need trials with longer follow-up to better assess the risk of serious adverse events in people who take methylphenidate over a long period of time.

"Among those prescribed methylphenidate, 526 per 1000 (range 448 to 615) experienced non-serious adverse events."

## CRC Findings and Recommendations 2015

The general situation related to behavioural problems and especially ADHD is well known to the Committee on the Rights of the Child, and the Committee has been investigating and discussed the issue with a large number of countries including Sweden.

The CRC as a consequence in its previous review of the implementation of human rights for children in Sweden<sup>3</sup> noted with concern and recommended:

*43(a) The significant increase in the number of children diagnosed with so-called learning or behavioural disorders, in particular Attention Deficit/Hyperactivity Disorder (ADHD);*

*(b) The rise in the prescription of amphetamine and amphetamine-like psychostimulant drugs, mostly in the form of methylphenidate, without proper consideration as to their secondary effects, and the addiction resulting from taking such drugs.*

**44. The Committee urges the State party to establish a system of independent expert monitoring of the diagnosis of ADHD and other behavioural specificities, and of the use of drug treatments for the children diagnosed; and to:**

**(a) Undertake independent research into diagnosis methods used in the determination of child mental health problems;**

**(b) Ensure that appropriate and scientifically based psychological counselling and specialist support for children, their parents and teachers is given priority over the prescription of drugs in addressing ADHD and other behavioural specificities.**

The Citizens Commission on Human Rights notes that for the core parts of these important findings and recommendations *nothing effective has been done to implement the intend of these clear points with the aim of achieving an improvement in the areas they address.*

The lack of appropriate actions among others shows up in the prescription of stimulant drugs have continued with a practically linear increase over the last decade and nothing indicates that the measures laid out in CRC recommendation point 44 b) have been implemented.

In fact, it is noted that the National Board of Health and Welfare (Socialstyrelsen) experts acted contrary to the EU Summary of Product Characteristics (SPC) for psychostimulant drug – used in Sweden – which say that other methods should have been tested before drugs are prescribed.

It is further noted<sup>4</sup> that the Child Ombudsman quite surprisingly indirectly have supported – as has other agencies – a push to *increase* the prescriptions for girls (to bring them up to the same level of diagnosed boys and with that follows prescription of drugs).

## The Current ADHD Drug Scene and Trend

The number of children (defined as 0-17 years old) being given psychostimulant drugs and “ADHD drugs” as an overall total in an out-patient setting is monitored by the National Board of Health and Welfare (Socialstyrelsen). The Board publish the annual number of users of different medications and drugs<sup>5</sup>, and trends, and have an English conversion too.

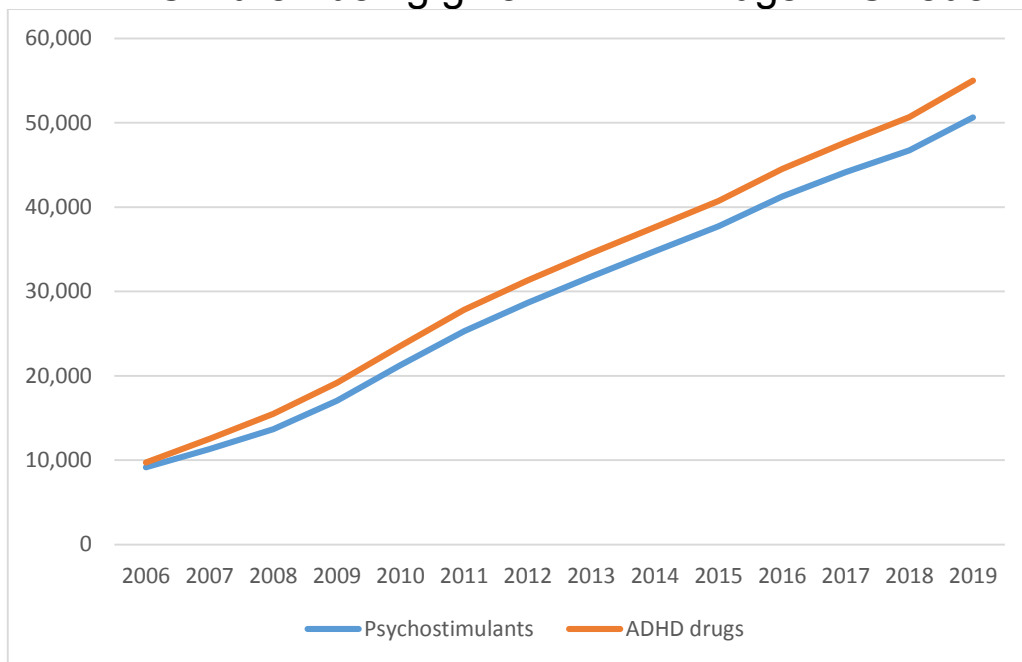
<sup>3</sup> CRC/C/SWE/CO/5 - Concluding observations on the fifth periodic report of Sweden - adopted, at its 1983rd meeting, held on 30 January 2015.

<sup>4</sup> Janne Larsson. Barnombudsmannen, psykiatrisk diagnoshysteri och mer narkotika till barnen, 16 juni 2016, <http://jannel.se/BO.ADHdjuni16.pdf>

<sup>5</sup> [https://sdb.socialstyrelsen.se/lf\\_lak/](https://sdb.socialstyrelsen.se/lf_lak/)

Fig. 1

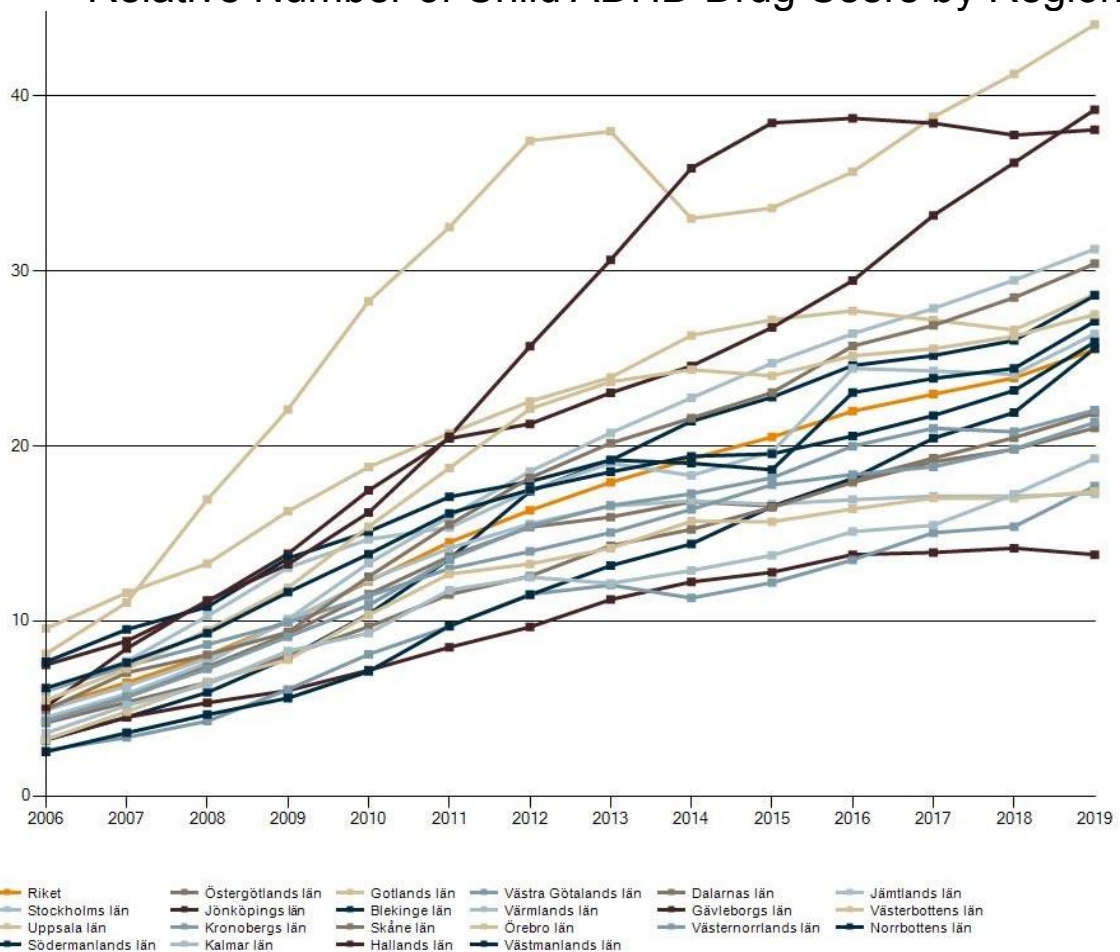
### Children being given ADHD Drugs in Sweden



Year	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Psychostimulants	9147	11321	13684	17067	21267	25281	28654	31773	34789	37746	41275	44155	46738	50653
ADHD drugs	9707	12518	15499	19169	23551	27816	31319	34546	37626	40723	44540	47678	50686	55003

Fig. 2

### Relative Number of Child ADHD Drug Users by Region



Every region has experienced an increasing use of ADHD drugs and the trends for the regions for the large majority are having the same tendency as the national increase. It is obvious that there are no local initiatives overriding the general deteriorating scene and the national government's actions have had no effect in curbing the existing trend.

In the same period (2011-2019) the Swedish Poisons Information Centre (Giftinformationscentralen<sup>6</sup> or GIC) recorded a total of 1330 children and adolescents (10-19 years-of age) having taken psychostimulant drugs with a self-harm or suicidal purpose. While this in itself is very alarming it is paradoxical that within the medical drug side effect or adverse event reporting system, of these more than thousand cases of children having self-harmed with these drugs only 4 (four) cases were reported to the side effect registry during 2011-2018. This despite that all such cases are supposed to be reported. Yet only 4 of the 1000+ case were reported, thus causing an under reporting of about 99,6% of self-harming or suicide attempts as a possible associated consequence of using these drugs.

### Children 10-19 Years-of-age self-harming with ADHD Drugs

	2011	2012	2013	2014	2015	2016	2017	2018	2019	TOTAL
Atomoxetin	19	11	22	10	16	20	17	18	13	146
Dexamfetamin					1			1	1	3
Guanfacin						3	4	8	18	33
Licenspreparat, amfetamin		1	1	1						3
Lisdexamfetamin				11	24	33	73	51	85	277
Metylfenidat	96	86	98	102	81	90	101	100	114	868
<b>Total</b>	<b>115</b>	<b>98</b>	<b>121</b>	<b>124</b>	<b>122</b>	<b>146</b>	<b>195</b>	<b>178</b>	<b>231</b>	<b>1330</b>

Another warning sign of the prevalence of the ADHD psychostimulant drugs existing widespread in society is the high number of 0-4 year-old children who accidentally are being poisoned (often seen as a "overdose" intake) with ADHD drugs.

A study looked at the situation of the 0-4-year-old-children, which rarely are being prescribed ADHD drugs. As one example, looking at the specific drug Elvanse, a total of 103 cases were reported to the Swedish Poisons Information Centre, GIC since 2016, but only 6 children were prescribed Elvanse during these years. The cases related to 0-4 years-old children are all data obtained through telephone calls made to the GIC. As for the reason how come such very young children could be overdosed with ADHD drugs less information can be identified. A research of all cases 0-4 years old were done for the year 2014, and it appears that the large majority of these cases concern a child who somehow consumed or were given a tablet(s) of an ADHD drug prescribed to a brother, sister or parent.

### Children 0-4 Years-of-age poisoned with ADHD Drugs

	2011	2012	2013	2014	2015	2016	2017	2018	2019	TOTAL
Atomoxetin	11	6	14	5	7	11	5	10	6	75
Dexamfetamin					1	3	1	3	8	16
Guanfacin						4	1	2	2	9
Licenspreparat, amfetamin	1	2	5	1	2		1		1	13
Lisdexamfetamin				2	16	16	23	17	47	121
Metylfenidat	41	46	46	44	59	53	52	40	42	423
<b>Totalt</b>	<b>53</b>	<b>54</b>	<b>65</b>	<b>52</b>	<b>85</b>	<b>87</b>	<b>83</b>	<b>72</b>	<b>106</b>	<b>657</b>

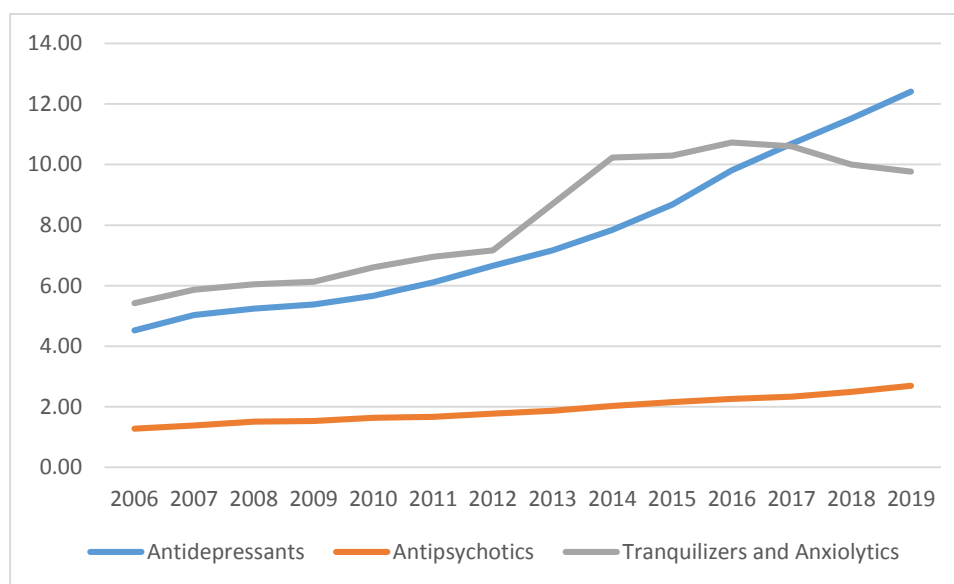
<sup>6</sup> A national clinical toxicology service. The GIC is a unit within the Swedish Medical Product Agency, a public authority under the Ministry of Health and Social Affairs. <http://giftinformation.se/>

## Other Behavioural Drug Treatments

The CRC in 2015 Recommended (44) that: “the State party to establish a system of independent expert monitoring of the diagnosis of ADHD and other behavioural specificities, and of the use of drug treatments for the children diagnosed.”

The Citizens Commission on Human Rights for this reason in addition to ADHD also want to draw the attention to the significant and even dramatic increasing use of antidepressants by children in Sweden. The National Board of Health and Welfare (Socialstyrelsen) monitor these drugs and published the annual usage figures as well.

Fig. 3 Relative Number of Child psychotropic Drug Users



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Antidepressants	4.52	5.03	5.24	5.38	5.67	6.11	6.66	7.17	7.84	8.68	9.81	10.7	11.5	12.4
Antipsychotics	1.28	1.38	1.51	1.53	1.64	1.67	1.77	1.87	2.03	2.16	2.26	2.34	2.49	2.69
Tranquilizers & Anxiolytics	5.42	5.87	6.05	6.13	6.61	6.95	7.17	8.7	10.2	10.3	10.7	10.6	10	9.77

The use of antidepressant drugs and/or antipsychotics may be concurrent with ADHD drugs or as the only drugs prescribed to the child. The usage of these behavioural controlling drugs are not only increasing but very differently prescribed from region to region. In the region of Gotland (a large island in the Baltic sea) are every sixth girl (16,5 %) of the girls in the age group 15-19 being prescribed a psychotropic drug, either antidepressant, psychostimulant (ADHD drug) and/or antipsychotic drug.

The CRC's 2015 Recommendation on ADHD and other behavioural specificities to Sweden caused some reflections with the States Medical Ethical Council in its “ADHD – Ethical Challenges” that aimed at identifying and analysing the reasons for the increasing use of ADHD diagnoses on children as psychologist Lars Lundström describe in a review article<sup>7</sup>. In view of the factual scene, he concluded: “There is reason to reflect on the deep-seated reasons why more and more people feel unsuccessful and inadequate in school and society to the extent that they gratefully accept psychiatric diagnoses as relief from painful feelings of guilt. What does it say about the world we live in?” And for children one could add this may be the parents or failed education systems feelings imposed on the child and when this leads to the use of drugs it is not only deeply troubling, but violate the rights of the child.

<sup>7</sup> <https://helagotland.se/opinion/ar-diagnosstamplig-eller-befrielse-12516704.aspx>

## Recommendation

- (a) Query and uncover what stands in the way for the Health authorities of Sweden to actually review its stand on the labelling of children with mental disorder diagnoses such as learning disorders and ADHD.
- (b) Establish a system of independent expert monitoring of the ADHD and related disorders diagnoses, and undertake a study on the root causes of their increase, also aimed at improving the accuracy of diagnoses.
- (c) Ensure that relevant health authorities determine the root causes of inattention in the classroom and improve the diagnosis of mental health problems among children; and as necessary undertake independent research on diagnosis methods used in the determination of child mental health problems.
- (c) Carry out research and data collection on non-drug approaches including restricted elimination diet for the foodinduced ADHD-type children both in regards to the diagnosis and treatment of ADHD and ADD.
- (d) Establish an information forum on ADHD and related conditions for children, parents, educators and doctors. It is to include information on the different types of causes of the ADHD symptoms and how to deal with each one of these.
- (e) Ensure that interventions appropriate to the cause of the ADHD labelled child such as diagnostic restricted elimination diet for the foodinduced ADHD children, and counselling for the mentally caused ADHD children; and that specialised support for children, their parents and teachers is given to priority over the prescription of drugs in addressing ADHD and other behavioural specificities.
- (f) Ensure that informed consent is applied in full by health professionals to any ADHD intervention and especially the use of psychotropic drugs to children. With informed consent is meant written informed consent including the purpose of the treatment, what is the expected result, and the possible sides effects. The child and/or parents are to sign they understand the informed consent and have no unanswered questions.
- (g) Investigate and analyse disaggregated data according to the type of substance and age with a view to monitoring the possible abuse of psycho-stimulant drugs by or to children and to take action to prevent and stop this if abuses are found.
- (h) Support research on non-drug approaches to the diagnosis and treatment of ADHD and ADD, and any forms of management and treatment to any subgroups of ADHD that does not require prolonged usage of psychostimulant drugs. This should include research into and establishment of: The effect and the impact of proper tutoring and educational solutions for children exhibiting ADHD symptoms, the behavioural effects of such medical problems as allergies or toxic reactions, and diet.
- (i) No psychiatric treatment should be initiated if these could be harmful or will not be found to be actually beneficial to the child (both on a short and long range term).



## Citizens Commission on Human Rights

The Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology and a lawyer specialized in human rights in the field of Mental health. Professor of psychiatry, Dr. Thomas Szasz acted as an advisor since its foundation. CCHR purpose is to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.

While CCHR doesn't provide medical or legal advice, it works closely with and supports medical doctors and medical practice. A key CCHR focus is psychiatry's fraudulent use of subjective "diagnoses" that lack any scientific or medical merit, but which are used to reap financial benefits in the billions, mostly from the taxpayers or insurance carriers. Based on these false diagnoses, psychiatrists justify and prescribe life-damaging treatments, including mind-altering drugs, which mask a person's underlying difficulties and prevent his or her recovery.

CCHR endorses the Convention on the Rights of the Child and specifically have been campaigning for the rights of the child throughout the world for more than a decade in which CCHR is active as an NGO.

Today, CCHR has more than 140 chapters in over 31 countries. Its board of advisers, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

Citizens Commission on Human Rights, European Office  
Fabriksparken 15  
2600 Glostrup  
Denmark

Email: [cchr.eu@gmail.com](mailto:cchr.eu@gmail.com)  
[t.hjelmar@cchreurope.eu](mailto:t.hjelmar@cchreurope.eu)