Swedish Children Subjected to Heavy Psychostimulant Drugging

Can we allow children to be and grow as children?

Report by Kommittén för Mänskliga Rättigheter and
Citizens Commission on Human Rights Europe

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Summary of Findings

Over the last decade Sweden has experienced a dramatic increase in the number of physically healthy children and adolescents being diagnosed with so-called learning or behavioural disorders – mainly Attention Deficit/Hyperactivity Disorder (ADHD). Most of these children are being given amphetamine and amphetamine-like psychostimulant drugs often for years to manage or control their activity, behaviour or in-attention symptoms. Sweden has continually increased the use of the psycho-stimulant drugs in recent years especially methylphenidate (sold under the names Ritalin® and Concerta®).

In the years 2003-2013 the prescriptions of ADHD drugs for children aged 5-14 increased with 580%. The prescriptions (for all age groups) increased in that period with 1 360%, many of whom were children who grew up on these drugs.

This has resulted in an even steeper increase in the number of calls to the Swedish Poisons Information Centre about children and adults being poisoned by these drugs. The number of calls about poisonings from methylphenidate increased from 18 in 2003 to 823 in 2013 – an increase with 4 400%. The number of calls about children poisoned by ADHD drugs were 556 in 2013, 58% of the total number of reports (n=966).

In some regions of Sweden the prescriptions of ADHD drugs to boys 10-14 years has now increased to levels no one could have imagined some years ago. In the region of Gotland 7.9% of the boys get ADHD drugs; in the region of Gävleborg 7.5% of the boys get these drugs.

The health authorities have failed to protect the children from this undue drug use, and have failed to make information about actual solutions known to the health care professionals and the children themselves, as well as their parents. It is even so that the psychiatrists and doctors directly responsible for these extreme prescription levels are the ones writing national treatment recommendation or being part in groups formulating national guidelines for treatment. It appears that the top health officials relying on information from these psychiatrists and doctors with vested interests are endeavoring to explain away and condone these extreme levels of psychostimulant drug use.

The drugs are being given to children who are not physically sick and who's in-attention, behavioural or mental condition (according to international studies and research) may be caused by many different things: from improper food or imbalanced diet, poisonings, allergies, actual learning or educational problems, situations requiring tutoring or educational settings other than large school classes, too little sleep, family problems, a high IQ, being younger than other schoolmates and much more.

Psychostimulant drugs do not correct nor cure any actual dysfunction or illness, have no scientifically proven long term beneficial treatment effect and on the other hand are known to cause severe side effects in a large number of the children given these drugs. Studies indicate that the majority of children may suffer side effects from these drugs, and these may be considered severe, and even be fatal. The drugs used in Sweden are listed in Schedule II of the 1971 UN Convention on Psychotropic Substances because their liability to abuse “constitutes a substantial risk to public health and they have little to moderate therapeutic usefulness.”

Children are being labeled with a diagnosis that according to certain psychiatric claims is a lifelong disease for half of them, yet without them being actually sick. The children themselves and their parents are not receiving the information or help they should. Swedish Health care workers are – instead of finding the underlying reason for their problems, condition or symptoms – giving a large number of the children psychostimulant drugs either to make them "manageable" or with an intent to help them function.

This is being done despite international studies that show these drugs can aggravate their condition, causing new health concerns and have no proven educational or social skills improvement as a result of their use. The drugs only "work" when the person is affected by the drug in the body. It does not correct or cure any medical condition in the body, while the side effects can be long lasting, permanent or even fatal. The users may also get a tolerance problem from the drugs and their effects "wear out." As a very common side effect of the drugs is loss of appetite, actual workable non-medical help such as nutritional therapy – that will remove the symptoms for 2/3 of the ADHD affected children – is made very difficult and thus puts the children's health even further at risk.

Furthermore with the high amount of psychostimulant ADHD drugs being circulated in the Swedish society the methylphenidate drugs have now become common on the illicit drug market. It is noted that the original Ritalin® capsules contain immediate release methylphenidate that readily is absorbed when taken orally, snorted or injected, while Concerta® uses a mixed system with less than 1/4 of the psychoactive drug, methylphenidate, readily available with the rest tied up in a chemically "delayed" effect to give a longer release of the drug.

The national health authorities have not taken initiatives to try to limit the diversion of methylphenidate off on to the illicit drug market, despite warnings from the police. Instead methylphenidate drugs and amphetamine are increasingly prescribed to drug addicts "with ADHD". At the same time it is noted that the authorities have not taken actions to give children actual solutions instead of using these "ADHD drugs" as an intervention for their particular situation – which may be widely different from child to child. The abuse of psychostimulant drugs may have broad consequences. The now generally accepted use of these ADHD drugs for children, while they are at the same time being widely used by drug abusers, will exacerbate an already dangerous situation and can create a total acceptance of a drug culture that will harm the individual child and their development. The use of these psychostimulant ADHD drugs by drug abusers, has not been recognized by the health authorities as a social problem, but instead recommended by several psychiatrists who are advising government agencies. Neither has the general use of the drug for a short term "control" of children with attention or behavioural problems received any serious attention by the national health authorities.

Childrens' rights are being neglected or violated. This is an infringement of the Convention on the Rights of the Child article 24, section 1, 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."

Peter Anstrin
KMR Sweden

Torsten Hjelmar
European Coordinator

Swedish Children at Risk Due to Excessive Psychostimulant Drug Use

There is no doubt that children who suffer from real diseases or mental distress must get the assistance and intervention that is necessary. It's an obvious and given right as stated in the Convention of the Rights of the Child. Yet, children with attention, activity, learning or some sort of behavioural problems, who are simply younger than their schoolmates, very creative or intelligent are being labeled with the "catch all" diagnosis ADHD. The question for these children that should be addressed – that of providing the needed help to those children who have trouble with studying or who aren't functioning well in a school setting – has been ignored. Instead it has grown into a big business where children who aren't actually sick are being falsely labeled with the diagnosis ADHD and are being prescribed drugs for years.

One of the reasons the widespread drugging of children has become possible is the creation of the broad diagnosis "ADHD". ADHD is in reality not one disease, but covers a large number of conditions which may have similar or even totally different symptoms. The symptoms have been lumped together and called "Attention Deficit/Hyperactivity Disorder" according to the most obvious features. Dr. Allen Frances – chairman of the task force that created the last version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) in which ADHD is defined – stated in March 2010 in regards to the ongoing discussion on psychiatric disorders: "I learned from painful experience how small changes in the definition of mental disorders can create huge, unintended consequences. Our panel tried hard to be conservative and careful but inadvertently contributed to three false 'epidemics' – attention deficit disorder, autism and childhood bipolar disorder. Clearly, our net was cast too wide and captured many 'patients' who might have been far better off never entering the mental health system."[1] He has continued to repeat this ever since.

Misdiagnosing children can have long-lasting effects, says assistant professor of economics Todd Elder, author of a Michigan State study. In fifth and eighth grade, the youngest kids in a class were more than twice as likely to use Ritalin, the type of psychostimulants that most commonly is prescribed for ADHD, compared with the oldest students, his study says.[2] The reason is that the person examining a child will have to estimate if the child is mature for his or her age. It is an extremely subjective evaluation subject to errors.

A number of reports and governmental warnings have been issued on the misdiagnosing of children with such labels and on the effects of the types of drugs used to treat ADHD. Warnings have been issued by most of the national medicines agencies of the European Union member states, the European Medicines Agency, the Commission of the European Union, the U.S. Food and Drug Administration, the International Narcotics Control Board and the United Nations Committee on the Rights of the Child amongst others. The warnings include that children using these drugs may suffer mental side-effects ranging from behavioural abnormalities, visual

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1 Allen Frances, OPINION - It's not too late to save 'normal,' Los Angeles Times, 1 March 2010. http://www.latimes.com/news/opinion/la-oe-frances1-2010mar01,0,1656826.story?track=rss

2 Michigan State University, Nearly 1 million children potentially misdiagnosed with ADHD, 17 August 2010, http://msutoday.msu.edu/news/2010/nearly-1-million-children-potentially-misdiagnosed-with-adhd/

hallucinations, suicidal ideas, psychotic behaviour, to aggression or violent behaviour; and may suffer heart attacks, strokes, and liver damage and from this actually die suddenly and unexpectedly.[3]

The United States Food and Drug Administration (U.S. FDA) specifically noted that "signs of psychosis or mania, particularly hallucinations, can occur in patients with no identifiable risk factors, at usual doses of any of the drugs used to treat ADHD" and the U.S. FDA further stated that a "substantial portion of the psychosis-related cases were reported to occur in children 10 years or less," an age group which the U.S. FDA says doesn't typically suffer from psychosis.[4]

Information about attention and activity problems offered to parents and the community at large is often provided by child psychiatrists and in particular by organized ADHD information groups mainly consisting of parents and relatives of children with ADHD problems. These usually use information provided by pharmaceutical companies and American studies done by psychiatrists with vested interests and from a selected few national child psychiatrists.

This is also the case with the ADHD information group in Sweden, called Riksförbundet Attention. The group has been a leading force in the media, on the internet and with local community actions. To be able to get this much attention, the group has relied upon psychiatric experts and payments of campaigns. In 2004 and 2005 alone the group received 1 million Swedish kronor for "information activities" from the pharmaceutical company Eli Lilly, which was pushing their ADHD drug Strattera on the market.[5] The group subsequently carried out various marketing actions including one which were designed by Eli Lilly.

In another of the many information actions over the years Attention engaged in the publication and distribution of a DVD about ADHD produced together with the pharmaceutical company Janssen (the producer of the ADHD drug Concerta® containing the psychoactive substance methylphenidate). This DVD, which centres on the education of children with ADHD, was distributed to all children receiving an ADHD diagnosis in Stockholm.

While not solely promoting drugs as an intervention it is noted that the Swedish ADHD information group Attention has strongly argued against public discussion that may result in children and parents choosing other interventions than drugs and with this the actual solutions that will cure the child of the "ADHD symptoms".[6]

It should be noted that the Chairman of Riksförbundet Attention, Anki Sandberg, is also coordinating the support actions for psychiatric treatment. She is the leader of a permanent group, called NSPH (Nationell samverkan för psykisk hälsa), in the Swedish Ministry of Health and Social Affairs,[7] and also being part of the group formulating the new national guidelines for treatment of "ADHD", in the Swedish National Board of Health and Welfare.[8]

Many of the studies on ADHD and treatment with psychostimulants most referred to, as well as health authority guidelines, are authored by or use studies from child psychiatrists who are or who have been on the payroll of pharmaceutical companies

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3 Parliamentary Assembly of the Council of Europe Motion for a recommendation, Doc. 11070rev of 11 October 2006, Children's right to safely overcoming hyperactivity and attention problems. Presented by Mrs Woldseth and others.
4 Jennifer Corbett Dooren, The Wall Street Journal, FDA Urges Stronger Warnings on ADHD Drugs, 15 March 2006
5 Contract Eli Lilly-Attention, 2004-2005, http://jannel.se/lilly-attention/lilly.attention.pdf
6 Attention, Stoppa skrämselpropagandan om ADHD, press release,12 juli 2006.
7 NSPH, Presentation av kansli, 29 May 2014, http://www.nsph.se/index.php/om-nsph/kansli
8 The National Board of Health and Welfare, Reference groups ADHD, 2012-2013.

producing the drugs that are used to control ADHD labeled children. Drug promotion and marketing including the sponsoring of ADHD groups, parents information materials, internet sites and psychiatric studies, conferences and meetings has made psychostimulant drugs an “easy to use solution” and acceptable to many parents. With the increasing awareness that these drugs actually can cause harm and aren't cures other non-drug based approaches that actually help or cure the children have been sought in the last years, but it appears to be very rarely supported and spread in Sweden.

a. Children being poisoned by ADHD drugs met with inaction from health authorities

It is now clear that a significant number of children in Sweden are being poisoned with methylphenidate and other ADHD drugs. The number of calls to the Swedish Poisons Information Centre (Giftinformationscentralen, GIC) has increased dramatically in the last years, parallel with the heavy increase in the prescription of these drugs.

In 2013 GIC reported that 93 calls about children aged 0-4 being poisoned by ADHD drugs had come in to the centre[9] (the number of individual cases is according to the Swedish Medical Products Agency, MPA, “somewhat lower”). When this situation came to the attention of media and the representative for the Swedish Medical Products Agency (MPA), Bror Jonzon, was asked about it, he said: “Every case is of course one too much.”[10]

The data from the GIC also showed that 158 Swedish children and adolescents 10-19 years old had made “suicide attempts or overdosed with other self-destructive purposes” during 2013.[11]

What makes this even more serious is the fact that none of the 158 cases of suicide attempts or overdose with other self-destructive purpose had been reported to the Medical Products Agency (MPA) as a formal adverse event report. Thus these cases are not made part of the adverse event registry and are not being further investigated by the relevant health authorities.

As for the 93 cases of poisoning amongst children aged 0-4 only one individual case was reported in a formal adverse events report to the MPA.

As European regulation says that also poisoning from medical drugs should be reported as an adverse event[12] (and around half of the cases reported to the GIC are, according to the MPA, from health care professionals), this non-reporting is indeed a serious situation.

The steep rise in the number of calls to the GIC about poisoning by methylphenidate drugs can be monitored by the number of calls which have increased from 18 in 2003 to 823 in 2013 – an increase by 4 400%.[13]

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9 The Medical Products Agency, Uppföljning av ADHD-läkemedel, Årsrapport från Läkemedelsverket 2013, March 2014, page 8-11, http://www.lakemedelsverket.se/upload/nyheter/2014/Arsrapport_2013_uppfoljning_ADHD.pdf

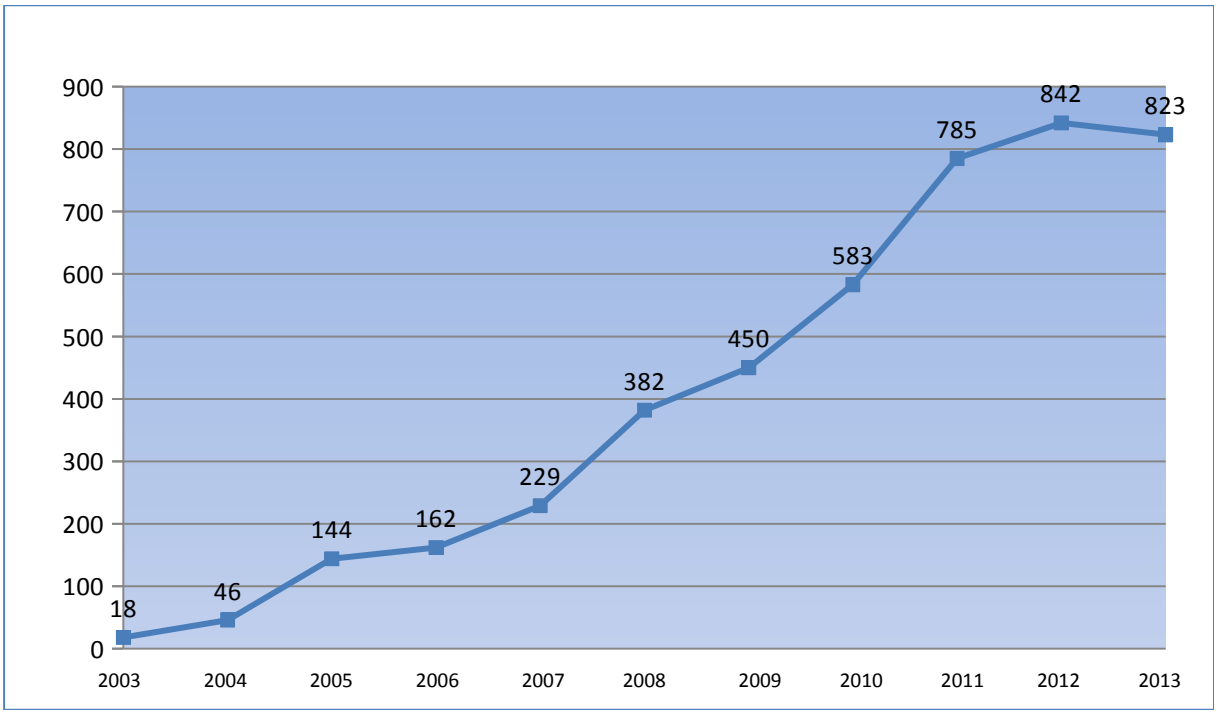
10 Aftonbladet, Lavinartad ökning av adhd-läkemedel (Heavy increase in ADHD drugs), 19 March 2014, http://www.aftonbladet.se/nyheter/article18566708.ab

11 The Medical Products Agency, Uppföljning av ADHD-läkemedel, Årsrapport från Läkemedelsverket 2013, March 2014, page 10, http://www.lakemedelsverket.se/upload/nyheter/2014/Arsrapport_2013_uppfoljning_ADHD.pdf

12 The Medical Products Agency, Rapportera biverkningar, (Report adverse events), 28 June 2013, http://www.lakemedelsverket.se/rapportera

13 GIC, Released additional data, 24 March 2014, http://jannel.se/ADHD.preparatGIC.pdf

Figure 1. Number of calls to the Swedish Poisons Information Centre about poisoning by methylphenidate drugs for the years 2003-2013



The data from GIC also showed that the number of calls about children poisoned with ADHD drugs was 556 in 2013 (including adults, the number of reports were 966). In the last three years the number of calls has come to a completely new high level, with 895 in 2011, 948 in 2012 and 966 in 2013. In total there were 2809 calls about poisoning with ADHD drugs the last three years.

This serious situation has so far been met with inaction by the relevant health authorities, and neither the Medical Products Agency nor the National Board of Health and Welfare have taken any visible actions to come to the protection of the children being poisoned by ADHD drugs.

b. Disapproval of methylphenidate drug for adults – Yet, no actions taken to protect children from these drugs

The most common methylphenidate drug prescribed for children in Sweden is Concerta, sold by the pharmaceutical company Janssen. In 2013 the prescriptions for children (0-18) amounted to 7 242 431 Defined daily doses (DDD)[14] according to data from the Swedish eHealth Agency.[15] This means that 66% of the prescriptions for methylphenidate for children were for Concerta. As 34 612 children (0-19) last year were prescribed methylphenidate in Sweden (according to the National Prescription Registry[16]), it can be estimated that 22 800 children got Concerta.

[14] **Defined daily doses (DDDs)** are a WHO statistical measure of drug consumption. DDDs are used to standardise the comparative usage of various drugs between themselves or between different healthcare environments. The problem is that different medication can be of different strengths and different potencies. Simply comparing 1g of one, with 1mg of another can be confusing, particularly if different countries use different doses. DDDs aims to solve this by relating all drug use to a standardised unit which is analogous to one day's worth.

[15] e-Hälsomyndigheten, (eHealth Agency), released statistics, 22 January 2014, http://jannel.se/Centralstimulantia.2013.pdf

[16] National Board of Health and Welfare, National Prescription Registry, http://www.socialstyrelsen.se/statistik/statistikdatabas/lakemedel

However the medical authorities of Sweden (the Medical Products Agency and the National Board of Health and Welfare) have failed to inform doctors, patients and parents, about some new critical facts regarding the effects and adverse effects of methylphenidate, and especially of Concerta.

Health professionals should know and inform the children as well as their parents that Concerta in 2010 was *disapproved* for adults in the European investigation of the Health authorities following Janssen's application to get the drug approved for adults in Europe[17] (and that the company after receiving this message withdrew its application, stating: "The Company no longer seeks an extension of the indication to include adults with ADHD.").[18] It was found that the combined studies showed that the drug did not have any statistically significant positive effect after five weeks.

The investigation and reanalysis of the studies presented by Janssen also showed that the drug caused a number of serious adverse effects. Medicines and Health care products Regulatory Agency (MHRA), the UK medical authority leading the European investigation, wrote that the following harmful effects now were to be seen as "Important Identified Risks": "… anxiety/anxiety disorders, depression, aggression, agitation restlessness, suicide related events, psychosis, mania/delusions, decreased appetite, clinically important decreased weight, cardiac arrhythmias, tics/worsening of tics or Tourette's syndrome …"[19]

At this point it is important to show the difference between the misleading marketing data published broadly by the pharmaceutical companies and the independent analysis of effect and adverse event data, done by a regulatory agency. At the same time as the large European investigation about Concerta was done, led by MHRA, Janssen sponsored a group of psychiatrists, with the purpose that these psychiatrists should present a "consensus document" about the treatment of ADHD in adults that could be used in marketing. And in September 2013 they presented their conclusions.[20]

A comparison of the data that emerged in the European study of Concerta, and what was stated in the Consensus document clearly show the vested interests, see table 1 below.

Janssen's experts concluded that Concerta (methylphenidate) is the "first choice medication treatment" for adults with ADHD "based on an extensive and still growing body of data on efficacy and safety". Janssen knew at the time of publication that neither efficacy nor safety was considered to exist for Concerta for adults. Despite that, the company allowed the above false marketing messages to be disseminated to doctors and authorities.

The disapproval (and subsequent withdrawal of the application) for Concerta, and the results of the European investigation have not been communicated to doctors nor their patients in Sweden. Both the Medical Products Agency and the National Board of Health and Welfare have failed in their responsibility to communicate this new and

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17 MHRA, Preliminary Variation Assessment Report, July 2010, (on page 3 it is made clear that the application "should be refused"), http://jannel.se/PVAR.Concerta140710.pdf

18 Response Document from Janssen (Johnson & Johnson), January 2011, (see data for the alarming adverse events found in the studies on page 84), http://jannel.se/Concerta.Janssen.Response.11.01.2011.pdf

19 MHRA, Preliminary Variation Assessment Report, July 2010, (see page 74), http://jannel.se/PVAR.Concerta140710.pdf

20 Kooij et al, "European consensus statement on diagnosis and treatment of adult ADHD: The European Network Adult ADHD", BMC Psychiatry, September 3, 2010, http://www.biomedcentral.com/1471-244X/10/67

critical information to the public. Hence the sales of Concerta have continued to increase unabated in Sweden, after the disapproval message to the pharmaceutical company Janssen.

Table 1.

Psychiatric Consensus document	The European Health Authority study
"stimulants are by far the best studied and most effective treatment for ADHD." "Stimulants are effective in about 70% of [adult] patients with ADHD in controlled trials."	"B/R [Benefit/Risk] of Concerta in the proposed indication is negative". Overall, the conclusion of Janssen's submitted studies were that the company could not demonstrate a beneficial effect even short-term (after seven or thirteen weeks).
"Stimulants … improves ... anger outbursts, mood swings."	"A causal relationship with Concerta was established for aggression, tics and depression."
"Side effects are usually mild and transitory ..."	"The lack of demonstrated efficacy coupled with the safety issues, especially cardiovascular safety (potential long-term effects of increase in BP [blood pressure]) abuse potential and psychiatric/ aggression AEs [Adverse Events] render the BR [Benefit/Risk] negative for the proposed indication."
"Importantly, both clinical studies and clinical experience support the view that methylphenidate does not lead to stimulant or drug addiction. On the contrary, it has been shown to have a neutral or reducing impact on substance abuse and the risk of relapse."	"It is assessed there is a significant abuse and diversion risk with Concerta." "... the misuse/ abuse potential of methylphenidate is considered a major safety concern: in combination with the concerns regarding the reliability of the diagnosis, adults may try to get diagnosed for ADHD to retrieve methylphenidate in a legalised manner."

What makes this even worse is the fact that the Swedish Medical Products Agency (MPA) promotes the same message as in the above "consensus document" to *all* doctors having prescription rights in Sweden. This is done in the new medical drug catalog: Läkemedelsboken 2014. The chapter about treatment of ADHD is written by psychiatrist Susanne Bejerot (who is part of the group that produced the consensus document) and psychiatrist Henrik Pelling (part of the International Advisory Board for the pharmaceutical company Shire's amphetamine Elvanse, and who have earlier financial conflicts of interest in relation to the manufacturers of ADHD drugs).

While the information in the independent European investigation of Concerta mainly concerns adults there is no reason to believe that the harmful events uncovered do not also affect children in the same way. On the contrary it is clear that children are subjected to a number of adverse events (like retarded growth) not affecting adults.

c. The abuse of methylphenidate and strong INCB concern

The International Narcotics Control Board (INCB), a United Nations agency, has repeatedly over the last two decades expressed a concern about the increasing use of psychostimulants for the purposes of medical treatment, primarily in the United

States but also in European countries. The INCB noted early that "the very widespread prescription of Ritalin and the growing abuse and black market" in the United States very likely "will soon take hold in other countries".[21]

And the "widespread prescription" of these drugs in recent years in Sweden has now created a "growing abuse and black market", as noted in several reports. The Swedish Narcotics Officers Association (SNPF) wrote in 2011 in its magazine ("Svenska Narkotikapolisföreningens Tidskrift") that "many, particularly young persons, live with the false idea that narcotic drugs manufactured as medicines by the pharmaceutical industry and sold in pharmacies …are less dangerous than illegal drugs".[22] It is further noted that "ADHD diagnoses have increased tremendously amongst both children and adults in recent years. Medications with amphetamine-like drugs have, as an effect of this, increased and also started to be sold on the illegal market".[23]

A director for a regional office of Child and Adolescent Psychiatry (BUP) in the south of Sweden recently warned about the abuse of legally prescribed psychostimulants in a letter to the National Board of Health and Welfare.[24] He said: "We see an increase in abuse and dependency problems parallel with our increased prescription of stimulants." He describes that some persons "loose" their pills, that some "wants a recipe long before the earlier one has ended", and that "some patients often demand dose increase." In the letter he is worried that "adolescents getting this drug also risk pressure from persons in abuse circles, who can offer money and/or 'companionship' to get hold of these pills". The director is looking forward to new guidelines from the National Board of Health and Welfare to handle this.

Examples of the increased diversion and abuse of drugs have been published in different media, mainly in the regions where the prescription rates are high. In the region of Gotland the police reports that ADHD medication is sold on the black market and that the abuse of the legally prescribed drugs is increasing. A worried police officer, Fredrik Persson, says: "Concerta is for sale in the streets … and the adolescents also talk much about how you can mix Concerta with alcohol." [25] The director of the regional Pharmaceutical Committee, Franz Rücker, also publicly expressed criticism of the high prescription rates in the region, and has discussed this with the psychiatry department for several years. He says that Concerta in combination with alcohol is a common base for addicts."[26]

The scene of diversion and abuse of "ADHD drugs" is similar in the region of Gävleborg, where young persons are mixing different types of narcotic drugs (including Ritalin, Concerta) prescribed by psychiatrists, with tragic consequences in the form of deaths from overdoses.[27]

The National Board of Health and Welfare has in its 2012 report about the prescription of methylphenidate found it "alarming that a considerable part of the

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21 INCB, Annual Report 1995, 28 February 1996, http://www.pbs.org/wgbh/pages/frontline/shows/medicating/backlash/un.html

22 Svenska Narkotikapolisföreningens Tidning, Nbr X 2011, (page 7) http://www.snpf.org/Tidningar/2011/SNPF_Tema-11.pdf

23 ditto

24 Letter from the Child and Adolescent Psychiatry (BUP), Region of Kronoberg, 27 May 2013.

25 Swedish Radio (SR), ADHD-medicin går att sälja som knark, (ADHD medication can be sold as narcotics), 9 August 2011, http://sverigesradio.se/sida/gruppsida.aspx?programid=94&grupp=16739&artikel=4636836

26 Hela Gotland, ADHD-medicin: "Säljs till missbrukare", (ADHD medication: "Sold to addicts"), 20 March 2013, http://www.helagotland.se/nyheter/artikel.aspx?articleid=8410824

27 Hela Hälsingland, Förgiftningar bakom flera dödsfall, (Poisoning behind instances of death), 20 March 2014, http://helahalsingland.se/soderhamn/soderhamnc/1.6974425-forgiftningar-bakom-flera-dodsfall

adult population being treated with methylphenidate also, at the same time, used several other narcotic drugs, like opiates and benzodiazepines".[28]

This however have not led to any further cooperation between health authorities and the police. No visible actions to further investigate the abuse scene amongst young persons and adults can be seen. No visible actions to handle the diversion and abuse of stimulant drugs have been taken by government agencies.

Thus the health authorities have not confronted and actually dealt with the real problem i.e. that psychostimulant drugs can cause addiction (as also noted in the European investigation of Concerta, "a significant abuse and diversion risk"), have severe side effects and are actual drugs in the understanding of the man on the street. There have been no visible efforts to reduce and actually phase out the use of these drugs as a means of intervention for children with attention or what is considered behavioural problems.

d. Psychostimulant drug use

Twenty years ago the use of drugs to control children's behaviour and to keep them quiet in school was quite uncommon in Sweden – for most even unthinkable. This slowly changed in the end 1990s. In the last decade it increasingly became more common to use psychostimulant drugs to control children and the practice has now reached levels that no one could imagine some years ago.

The Swedish prescription database holds near-complete information on all prescription drugs dispensed to the entire outpatient population (from 2006).[29] The data used in this report thus demonstrates a clear and representative picture of the patterns and differences of ADHD drug used. ADHD drugs have been defined according to the World Health Organization's Anatomic Therapeutic Chemical (ATC) classification system and with medical technical terms comprised drugs in the category of centrally acting sympathomimetics (N06BA) used to treat ADHD – in this report generally referred to as psychostimulant drugs.

In Sweden mainly methylphenidate (sold as Ritalin® , Concerta® and Medikinet®) and atomoxetin (Strattera®) are given to children as a "treatment" for ADHD.

Every type of amphetamine and methylphenidate drugs were withdrawn from the market in Sweden in 1968,[30] after a short period of legal prescription of these psychostimulants to drug addicts. The experiment got out of control, legally prescribed drugs were diverted to the illegal market and the abuse increased.[31] After some tragic deaths the project was shut down, and shortly afterwards the stimulant drugs were removed from the market. After that point these drugs could only be prescribed after a license application was approved. And so the prescription of methylphenidate and amphetamine was very low in Sweden up to 2002 when Concerta was approved for children with the diagnosis of ADHD.

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28 National Board of Health and Welfare, Förskrivning av centralstimulantia vid ADHD, (Prescription of stimulants for ADHD), 2012, http://www.socialstyrelsen.se/publikationer2012/2012-10-30

29 The National Board of Health and Welfare, Statistikdatabasen, http://www.socialstyrelsen.se/statistik/statistikdatabas/lakemedel

30 The National Board of Health and Welfare, Kungörelse om visa narkotiska läkemedel, (Proclamation about certain narcotic drugs), 3 May 1968

31 Svenska Narkotikapolisföreningens Tidning, Nbr X 2011, (page 46) http://www.snpf.org/Tidningar/2011/SNPF_Tema-11.pdf

In the year 2000 around 2000 Swedish children were prescribed psychostimulants, through the license procedure, according to the National Board of Health and Welfare. Concerta was approved for children in 2002, Ritalin in 2005, and the "non-stimulant" ADHD drug Strattera in 2006, and that year (the first year with exact data in the Swedish prescription database), 10 217 Swedish children (0-19) were prescribed psychostimulants (N06BA). This was 4,73 child-patients/1 000 child-inhabitants. In 2013 this had increased to 37 814 children, 17.37 child-patients/1 000 child-inhabitants.[32]

This means that the number of Swedish children prescribed psychostimulants increased from 2000 to 37 814 from the year 2000 to 2013 – an increase of 1800%.

Figure 2. Number of Swedish children (0-19 years) prescribed psychostimulants 2006-2013

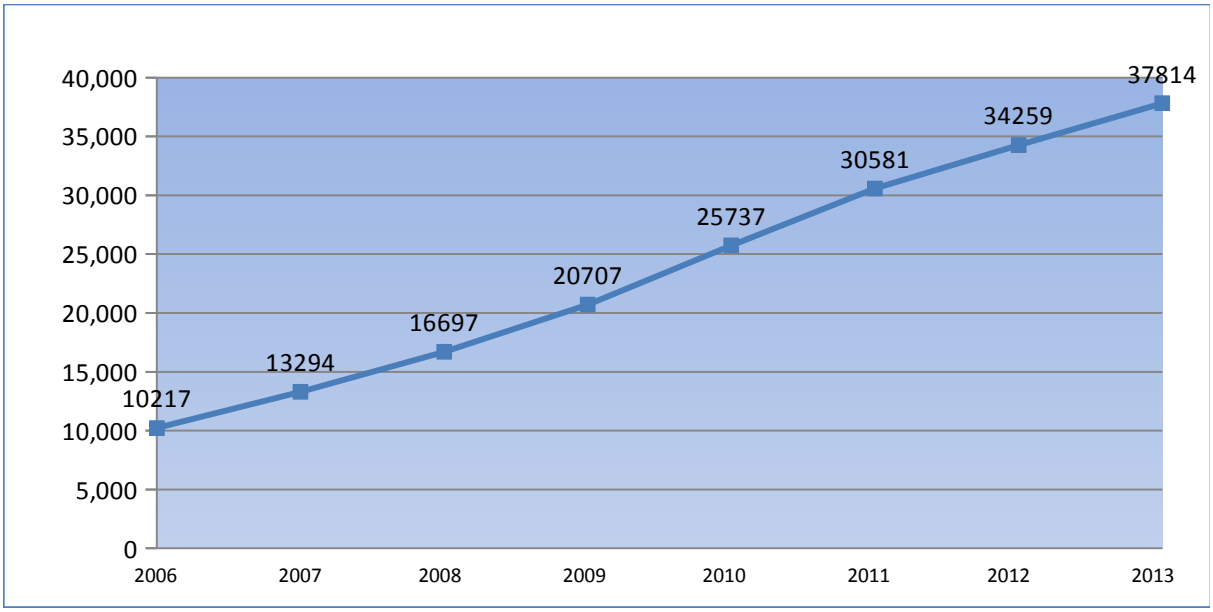
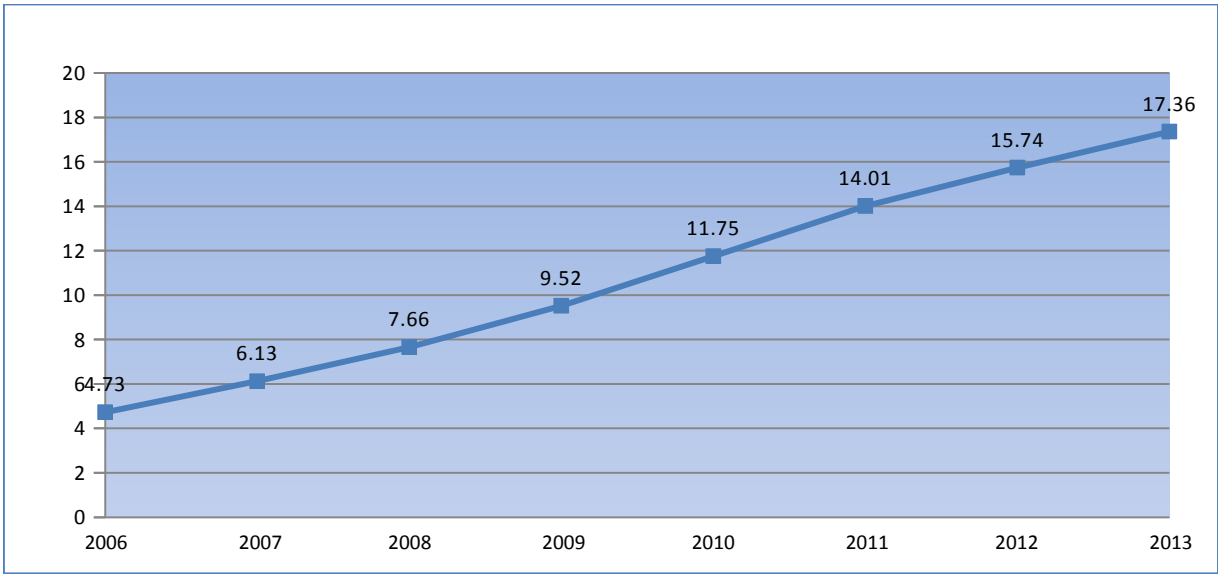


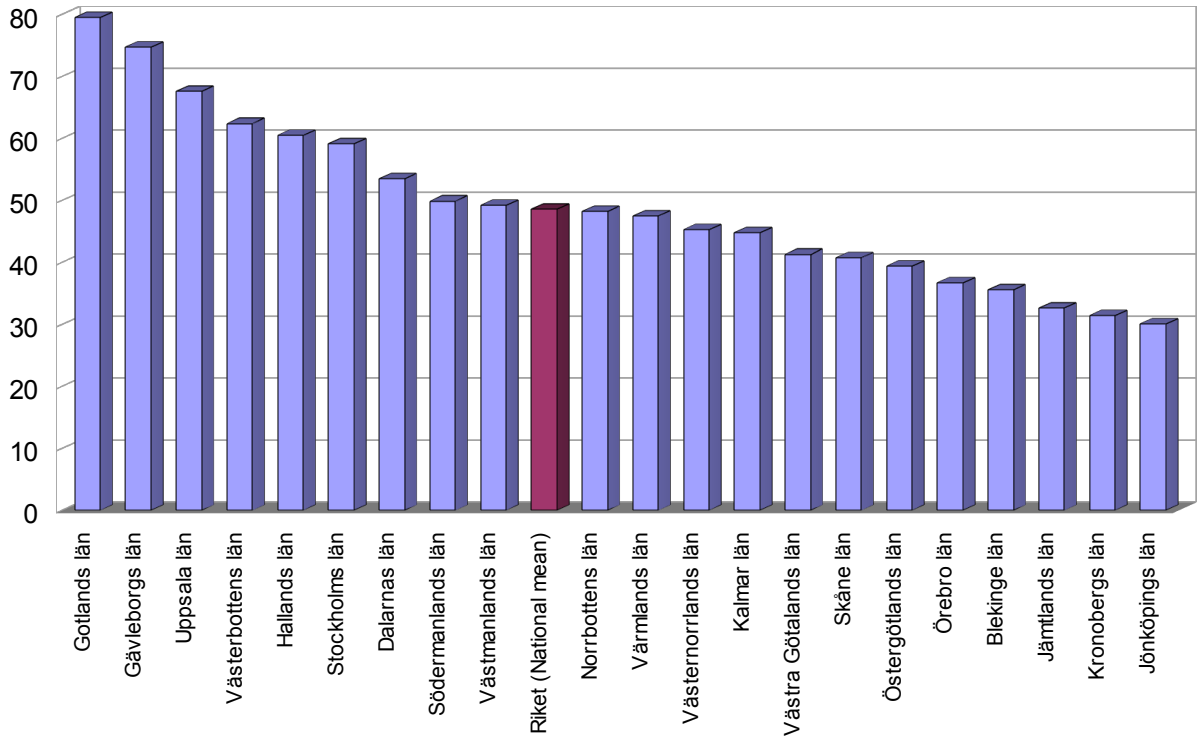
Figure 3. Swedish children (0-19 years) prescribed psychostimulants 2006-2013 (number of child-patients per 1 000 child-inhabitants)



[32] The National Board of Health and Welfare, Statistikdatabasen, http://www.socialstyrelsen.se/statistik/statistikdatabas/lakemedel

In some regions of Sweden the prescriptions of ADHD drugs to boys 10-14 years old have now increased to levels no one could have imagined some years ago. In the region of Gotland 7.9% of the boys were prescribed ADHD drugs in 2013; in the region of Gävleborg 7.5% of the boys in that age group.

Figure 4. Swedish boys (10-14 years) prescribed psychostimulants 2013 in the different regions of Sweden (Child-patients per 1 000 child-inhabitants)



This figure also serves as an illustration of the arbitrary prescription practices for the condition called ADHD. As noted above, 7.9% of the boys (10-14 years) in the region of Gotland got ADHD drugs in 2013 – almost one in twelve boys. This was 64% more than the national mean (4.9%) for this age group of boys, and 164% more than the prescription rates (3.0%) for the boys in the region with the lowest prescriptions (Jönköping).

Peter Salmi, a spokesperson for the National Board of Health and Welfare, in this regard noted in the media about the high prescriptions in the region of Gotland, saying with reference to psychiatric textbooks that "the existence of ADHD is only 3-5 percent of the population. And in addition everybody should not be treated. It should be sufficient for most of them with psychological and pedagogic measures."[33]

It's also to be noted that representatives for psychiatry in the region of Gotland – responsible for the high prescription rates – in the end of 2012 admitted that ADHD drugs were prescribed to make up for the lack of pedagogic resources in schools.[34] The director for the regional psychiatry division and five of her co-workers then wrote that "education adjusted for special needs would help many of these children who

[33] Hela Gotland, Socialstyrelsen utreder gotländsk adhd (The National Board of Health and Welfare investigating ADHD in Gotland), 10 October 2013, http://www.helagotland.se/nyheter/artikel.aspx?articleid=9172332

[34] Gotlands Allehanda, ADHD-patienterna vill ha läkemedel, (ADHD patients want drugs), 27 November 2012.

currently are treated with medication, but as the school does not have enough with personnel to make these adjustments it becomes a medical problem".

An even stronger confession comes from the director of another regional office of Child and Adolescent Psychiatry (BUP). The director, Philip Eskridge from the region of Västmanland, had the following to say in an interview with the national Swedish Television (SVT): "When we visit schools we sometimes scratch our heads in bafflement afterwards, and say that it is fully understandable that the children have problems with concentration, also adults would have that in such an environment, and if one does not see it that way one can choose to name this as an neuro-psychiatric disorder instead of a disorder from the work environment, which it actually can be."[35]

He ended off saying: "It is not the function of BUP [Child and Adolescent Psychiatry] to medicate against a bad work environment, bad school environment."

The labeling of children with psychiatric diagnoses and subsequent drugging with psychostimulants is not a solution when the child isn't actually medically ill and may have problems that could be addressed without drugs such as with educational basics or food restriction therapy.

Recommendations

1. The Swedish government ensures that the appropriate authorities obtain and provide to children in need of it, parents, educators and doctors, the full information on the possible causes and approaches to inattention and other such symptoms labeled as ADHD. Including the many non-drug methods and actual cures, which do not have the same liabilities as drug treatment.

2. The Swedish government establishes a system of expert monitoring of the excessive use of psychostimulant drugs to children, and takes action to understand the root causes and improve the accuracy of diagnoses while improving access to behavioural and psychological interventions.

3. The Swedish government establishes a monitoring mechanism to monitor and audit the practice of informed consent by health professionals in relation to the use of psychotropic drugs on children.

4. The Swedish government undertakes the collection and analysis of data disaggregated according to the type of substance-and age with a view to monitoring the possible abuse of psychostimulant drugs by children and take action to prevent and stop this.

5. The Swedish government supports research on non-drug approaches to the diagnosis and treatment of ADHD and ADD, and any other forms of management and treatment that does not require prolonged usage of psychostimulant drugs. This should include research into and establishment of: The effect and the impact of

[35] SVT, Verksamhetschef slår larm efter ADHD-explosion, (Warnings from responsible director after ADHD explosion), 18 February 2014, http://www.svt.se/nyheter/regionalt/tvarsnytt/verksamhetschef-slar-larm-efter-adhd-explosion-inte-bups-jobb-att-medicinera-mot-en-dalig-skola

proper tutoring and educational solutions for children exhibiting ADHD symptoms, the behavioural effects of such medical problems as allergies or toxic reactions, and "alternative" forms of treatment such as diet.

6. No psychological and psychiatric examinations and treatment of school children due to educational, attention or behavioural problems should be carried out unless other forms of non-drug approaches have not had an effect.

7. 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 co-founded by professor of psychiatry, Dr. Thomas Szasz to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing. Kommittén för Mänskliga Rättigheter is the Swedish branch of CCHR.

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
Store Kongensgade 55
1264 Copenhagen K
Denmark
Email: cchr.eu@gmail.com

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