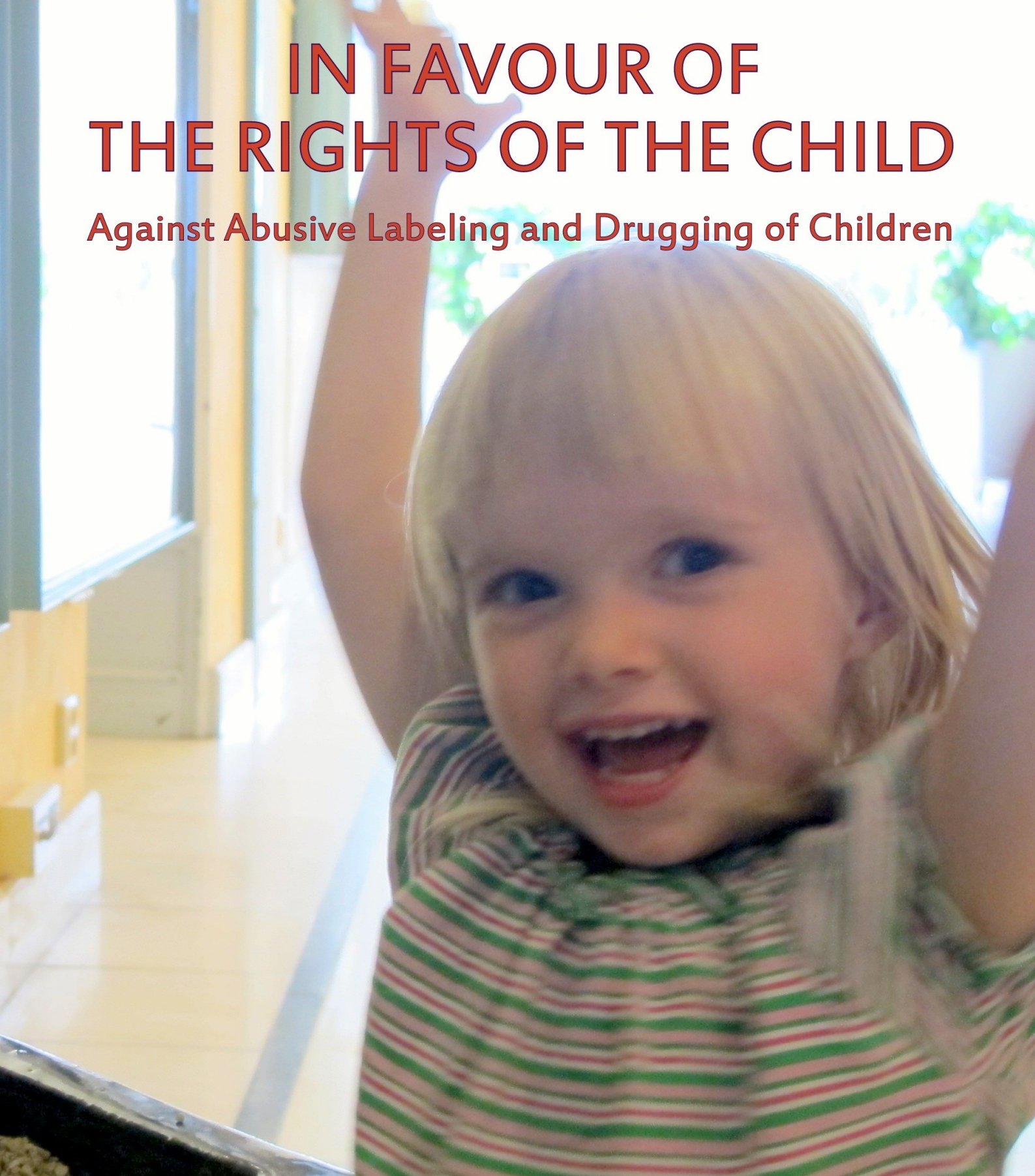


IN FAVOUR OF THE RIGHTS OF THE CHILD

Against Abusive Labeling and Drugging of Children



Switzerland

Report by Citizens Commission on Human Rights Switzerland

May 2014



INTRODUCTION

Millions of children around the world today receive prescribed psychostimulant drugs, which are known to among others have an addiction potential.

Research reveals considerable contradictions and diverging opinions about the validity of the psychiatric diagnoses used to label a child's behavioral or learning "troubles". Many of the criteria used to define the "symptoms" are not based on scientific facts and on the other hand if the ADHD or other psychiatric diagnosis is accepted often will prevent establishing the presence of a real disease that may express itself in various ways including lack of attention or irritation.

It isn't established that these difficulties should be treated with stimulant drugs of the central nervous system. This in reality do apply to the most common of these type of diagnoses the "Attention Deficit/Hyperactivity disorder" (ADHD) and "Attention Deficit Disorder" (ADD).

Neither the child nor its parents are adequately informed about this so-called psychiatric condition nor the full information of the treatments offered for the treatment of it and especially the risks induced by the prescription of psychostimulant "ADHD drugs". Likewise, parents and children aren't informed about alternative (non-drug) treatments aimed at solving the school difficulties or the behavioral troubles such as nutritional, creative and educational solutions and are thus deprived of their right to an actual "informed consent" and the growing as a normal and natural child.

This addiction potential which a considerable amount of children experience when given psychostimulant drugs over a longer period of time or other psychotropic drugs are a concern.

Moreover, the formal informed consent if obtained is not based on an actual fully informed understanding since common and especially more severe side effects, such as growth retardation, heart malformations, suicidal ideation, etc. are not properly presented to the child nor his or her parents.

This is a concern since the diagnosing of children in Switzerland have exploded in the last decade and the use of psychostimulant drugs especially methylphenidate have equally increased. From 1999 to 2012 the total use of psychostimulant drugs has increased 8,5 times and its estimated that today some 29.000 persons use the drug in Switzerland, the majority being children.

PROPER INFORMATION AND INFORMED CONSENT

CCHR in Switzerland note that despite an increasing discussion in Switzerland and internationally it appears that informed consent procedures and the general information available to the individual doctor or used by the doctor is inadequate. Some of the more notable facts that seems to not be used even in a more lay language are among others:

In 1987, members of the American Psychiatric Association literally voted the then proposed diagnosis ADHD in to existence. The diagnosis ADHD isn't the result of a scientific research process, but a consensus of psychiatrists who "authorized" it with a show of hands. With this they made this specific set of symptoms in to a definable and specific disease, and the criteria to establish it being a number of entirely subjective interpretations of the childs behaviour obtained mainly by asking parents and teachers about their impression of the child.

A German magazine (Spiegel 6, 2012) revealed that Professor Leon Eisenberg, who is considered to be the father of ADHD, in 2009 just before his death, stated that "ADHD is a typical example of a made-up disease."

The controversial diagnosis ADHD has been the subject of many discussions and doctors from around the world confirm that ADHD and ADD never were scientifically proven to exist as a single definable disease nor that there is a single workable treatment that can cure this condition.

One of the first major international development conferences, organized by the United States National Institutes of Health in 1998, concluded that:

*"Finally, after years of clinical research and experience with ADHD, our knowledge about the cause or causes of ADHD remains largely speculative. Consequently, we have no documented strategies for the prevention of ADHD."*¹

Dr. Joe Kosterich, former Federal Chairman of the Australian Medical Association stated:

*"The diagnosis of ADD is entirely subjective.... There is no test. It is just down to interpretation. Maybe a child blurts out in class or doesn't sit still. The lines between an ADD sufferer and a healthy exuberant kid can be very blurred."*²

Dr. Mary Ann Block, who has helped thousands of children labeled with ADHD and who has authored several text books on the subject noted with concern:

*"If there is no valid test for ADHD, no data proving ADHD is a brain dysfunction, no long-term studies of the drugs effects, and if the drugs do not improve academic performance or social skills and the drugs can cause compulsive and mood disorders and can lead to illicit drug use, why in the world are millions of children, teenagers and adults in this country being labelled with ADHD and prescribed these drugs?"*³

The internationally acclaimed professor of psychiatry (emeritus), Dr. Thomas Szasz noted:

*"Labeling a child as mentally ill is stigmatization, not diagnosis. Giving a child a psychiatric drug is poisoning, not treatment....No behavior or misbehavior is a disease or can be a disease. There is no mental disease. Period...."*⁴

And he continued: *"So it doesn't matter how a child behaves. There's nothing to examine. If he is sick, there must be some objective science to it, which can be diagnosed by physicians and objective tests. That's why as soon as you go to a doctor, they take a lot of blood and take x-rays. They don't want to hear how you behave."*

Dr. Joseph Glenmuller, Clinical Instructor in Psychiatry at Harvard Medical School stated:

"In medicine, precise criteria have to be met in order for a physical condition to be called a disease ... in psychiatry, we currently don't have any proof of physiological cause for any psychiatric trouble."

The Swiss retired pediatrician and homeopath Dr. Françoise Berthoud, who has many years of experience dealing with ADHD, in her book "Hyperactivity and Attention Deficit, Understanding Rather Than Drugging" stated some important observations and raised several questions:

"Why are all these children labeled with 'ADHD?' It's estimated that there are twenty million around the world, with the majority of them in the United States. It is an enormous figure. This represents a lot of suffering and of course also a very large financial stake. These children are neither nasty, nor unpleasant, nor 'badly brought up.' They are suffering and express their suffering through their behavior, which disturbs the families, teachers and the society in general.

"Who are these millions of children? Are their behavioral troubles really attributable to a sole and unique cause? Which is the psychological profile of these children? Is the medical treatment the best solution? Are Ritalin and similar drugs as risk free as the main part of the doctors are saying?"

1 Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder, National Institutes of Health Consensus Development Conference Statement, November 16-18, 1998, <http://consensus.nih.gov/1998/1998AttentionDeficitHyperactivityDisorder110.html.htm>.

2 Dr. Joe Kosterich cited in Dr. D. L. Edmunds, Ed.D., They Say My Child Has 'ADHD': Debunking the Bio-Psychiatric Paradigm, <http://books.google.com/books?id=LeTdAgAAQBAJ&pg=PA12&lpg=PA12&dq=Dr.+Joe+Kosterich+%22The+diagnosis+of+ADD+is+entirely+subjective%22&source=bl&ots=bAXfjJLdO4&sig=yV7w3yaTNJnNSdeCZFLYldkKJz4&hl=en&sa=X&ei=M2JyU8arFMuAogTmhYHICw&ved=0CDYQ6AEwAw#v=onepage&q=Dr.%20Joe%20Kosterich%20%22The%20diagnosis%20of%20ADD%20is%20entirely%20subjective%22&f=false>

3 Dr. Mary Ann Block, No More ADHD, (Block Books, Hurst, Texas, 2001), p. 32.

4 Remarks at the 35th Anniversary and Human Rights Award Dinner of Citizens Commission on Human Rights International, at Beverly Hilton Hotel, Beverly Hills, California. February 28, 2004. <http://www.szasz.com/cchr.html>

What is the role of the increasing permissiveness in the educational system since May '68? Could the multiplication of the vaccines (almost all of them containing some mercury), of TVs, cellular phones, ultrasounds during the pregnancy, play a role in the behaviour of the child now? What are the consequences of birth overmedicalization? What role could the fact that the phosphate's rate in industrial food has increased with 300% within a few years play? Are today's children sensitive to such physical factors that are liable to interfere with their behavior?"

In this work, the author contributes to the discussion by giving some answers to these questions.

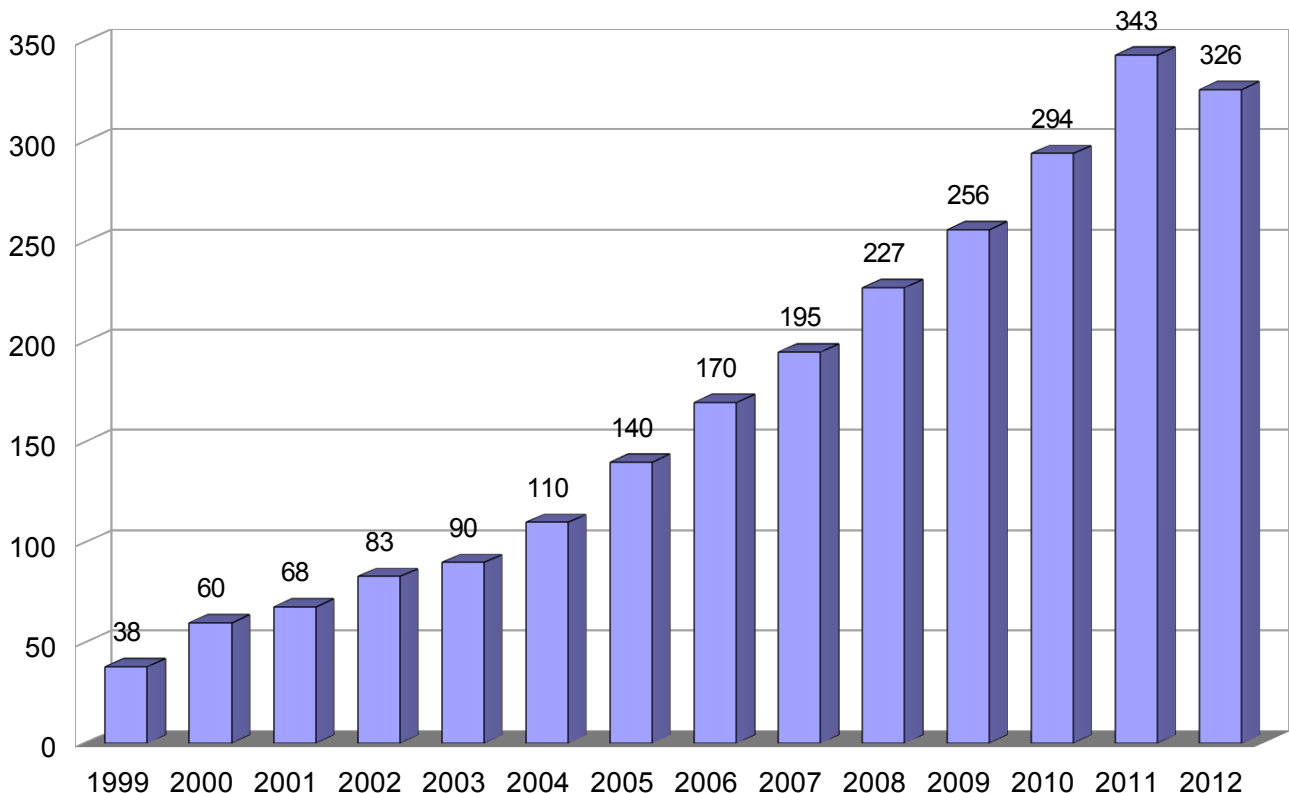
SWITZERLAND

Prescription of methylphenidate and risks to the children

In Switzerland, we are confronted for more than 10 years to a strong increase of prescription of methylphenidate, the psychoactive substance of Ritalin®, Focalin® and Concerta®.

The quantity of methylphenidate delivered to the retail markets, calculated in kg, according to the figures given by Swissmedic, went from 38 kg in 1999 to 326 kg in 2012.

Figure 1. Methylphenidate in Switzerland 1999-2012: Quantity in kg delivered to retail outlets



Source: Swissmedic. Note: A change in reporting procedures was implemented in 2011.

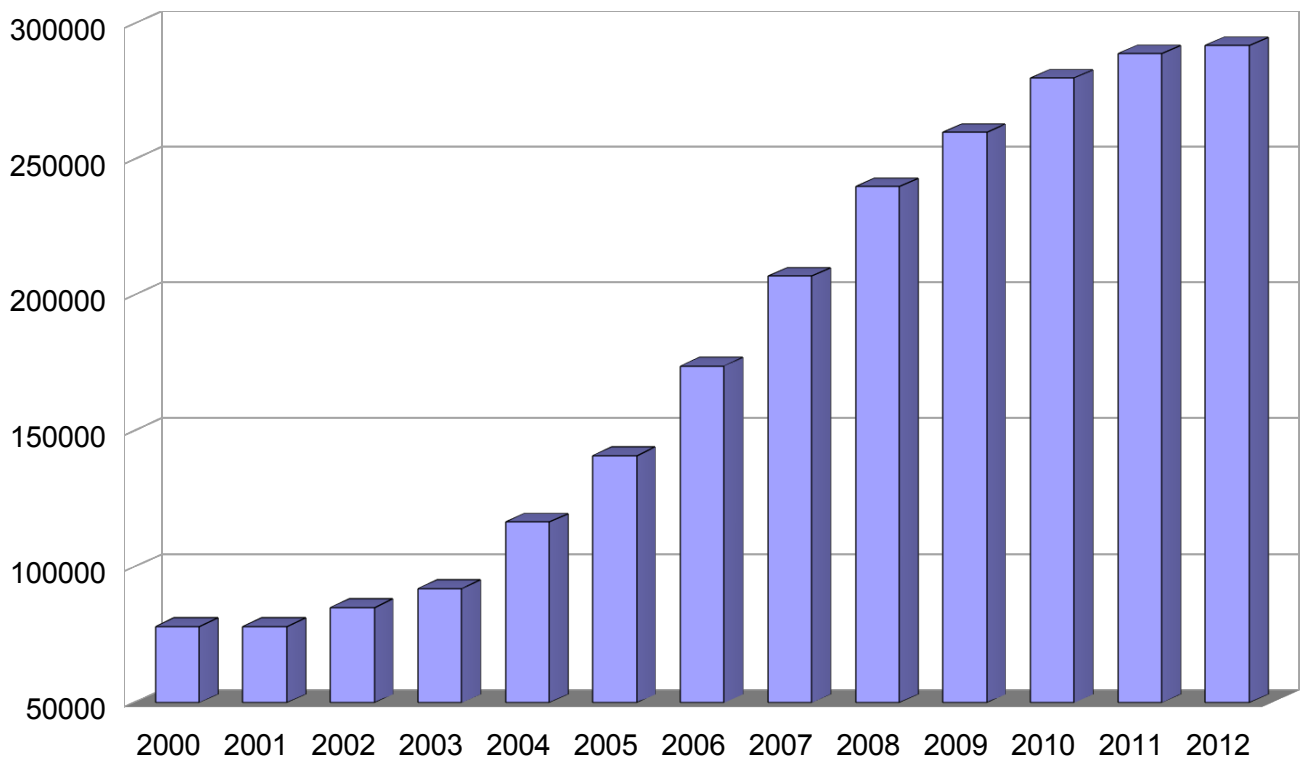
No official data base or statistics exist in Switzerland concerning the exact number of persons being prescribed psychostimulant drugs. The rate of use, trends and distribution by canton, sex and age group is therefore derived at by extrapolations of sample areas and information.

In 2009, some 5100 persons insured by the health insurance company Helsana were receiving Ritalin and another methylphenidate based drug. Extrapolated to the whole of Switzerland using

this source, this would indicate that 29.000 persons were using this type of drugs.⁵ The main part of the users are between 7 and 18 years old. The boys are three and a half times more often getting the drug than the girls.

According to a report from the Swiss Federal Office of Public Health, this drug is more prescribed to boys than to girls, which would fit with the above information.

Figure 2. Number of methylphenidate (Ritalin) boxes sold in drugstores⁶



The Federal medical drug authority, Swissmedic, in 2012 – as have many other European drug agencies – issued extensive instructions on the examinations to be done during diagnostic procedures and prior to as well as during the use of psychostimulant drugs.⁷ The instructions also cover dosage use, contraindications and warnings. The Swiss authorities being aware of studies showing heart attacks and sudden death of children using these drugs now require regular cardiovascular examinations being made in case of risk factors. The drug information published by Swissmedic also state that clinical signs show that psychiatric troubles (including addiction and suicidal behaviour) as well as loss of weight and appetite occur more frequently during the administration of methylphenidate based drugs which is requiring a tight supervision of the drug usage.

Swissmedic also demand measurements be taken of weight and height to document these in a growth curve and thus to hopefully discover the drug side effects influencing this before its too late.

If the treatment is stopped, a tight supervision is needed due to possible withdrawal manifestations and to detect depressions or effects of chronic hyperactivity. A follow-up on a long term could thus be necessary with certain patients.

With a child starting a treatment with methylphenidate, one has to be careful of the appearance or the reinforcement of aggressive behaviors. A tight supervision has to be made. The aggressiveness

⁵ Article in the paper '20 Minutes' of 24 August 2011

⁶ Source: pharmaSuisse [the Swiss Pharmacy Association]

⁷ Swissmedic, 25.06.2012: "Mandatory information on medical preparations containing dex-/methylphenidate with indication for adults"

is often “tied with ADHD” the agency note, thus doctors or parents are to look out for unexpected appearance or reinforcement of aggressiveness during the treatment with methylphenidate.

Swissmedic also state that methylphenidate drugs shouldn't be used for children younger than six years of age due to no studies having been done for this age group.

Concurrent with the growing public concern and media about the increasing use of methylphenidate drugs to children have several members of the parliament at both the national and the cantonal level during the last decade raised a concern.

One of these a motion filed by the Commission of Social Security and Public Health of the National Council on the prescription of Ritalin aims at ensuring the drug would only be used when appropriate and economical. The motion of 2013 which is still in the parliamentary process make the Federal Council responsible, in the scope of the realization of the Law on Narcotics, to ensure that Ritalin would be prescribed exclusively when its use is effective and appropriate and economical. Its further noted that its administration must comply with the needs of a global therapy or treatment.⁸ The motion has already resulted in this formula now being applied in the approval process of new medications and has become a health-jargon = efficiency, appropriate, economical.

Media has also reported on children being threatened to be expelled from the school if the parents wouldn't accept to put them on psychostimulant drugs, which indicate an occasional or hidden shortcoming of providing appropriate educational help to children.⁹ This is a result of psychiatric/pharma marketing that has been run in the media over the last decade claiming educational and/or behavioural problems is a medical problem, and the fast and easy solution is drugs.

INTERNATIONAL WARNINGS

While the Swiss health authorities promote precaution in the use of these drugs following a number of warnings published by official drugs control bodies of other countries concerning the methylphenidate based psychostimulant drugs, not all of these have resulted in actions taken in Switzerland. Some of the more important warnings issued are:

2005

JUNE: The United States Food and Drugs Administration (US FDA) announced its intention to make labeling changes for Concerta and other methylphenidate (Ritalin and others) products to include, “psychiatric events such as **visual hallucinations, suicidal ideation [ideas], psychotic behaviour, as well as aggression or violent behaviour.**”

SEPTEMBER: The US FDA directed the pharmaceutical company Eli Lilly & Co. to revise the labeling of its ADHD drug Strattera to include a boxed warning about the increased risk of suicidal thinking in children and adolescents taking it.

2006

MAY: Health Canada issued new warnings of rare heart risks caused by all drugs prescribed for “ADHD”, including the **risk of sudden death**. The public advisory cautions that the stimulants can increase heart rate and blood pressure and that this can result in “cardiac arrests, strokes or sudden deaths”.

OCTOBER: The Australian Therapeutic Goods Administration ordered manufacturers of the “ADHD” drugs Ritalin, Strattera and dexamphetamine to add stronger warnings to their information because of complaints that **Ritalin caused headaches, nausea, anorexia, somnolence and depression; Strattera caused aggression; and dexamphetamine caused agitation, tachycardia (rapid heartbeat), hypertonia (abnormally tight muscles), hyperkinesia (muscle spasm) and insomnia.**

⁸ 15 February 2013 – Motion Nr. 13.3013 – Prescription of Ritalin, http://www.parlament.ch/f/suche/pages/geschaefte.aspx?gesch_id=20133013

⁹ “Overwhelmed teachers demand pills for their students” - Le Matin Bleu - 26.03.2009.

NOVEMBER: The UK Medicines and Healthcare Products Regulatory Agency updated its product information for methylphenidate to “**advise about serious cardiovascular adverse effects**”.

2007

JULY: United States – study of the psychostimulant Ritalin (methylphenidate) used by children found the side effect: growth retardation.

Summary: A study published in the Journal of the American Academy of Child and Adolescent Psychiatry established that, after three years on Ritalin, the children had a growth smaller than about 2.5 cm and a weight lower than about 2 kg in comparison to the children who didn't take it.¹⁰

JULY: United States – another study on Ritalin (methylphenidate) found that children using this drug also suffered from other side effects: **delinquency, addiction, and drugs abuses**.

Summary: A study published in the Medical Observer did show that children that take Ritalin during a long period showed more risks to fall in delinquency and abuse of substance. The US Multimodal treatment study of Children revealed that the more days of prescribed medication, the more serious delinquency became.¹¹

2009

JANUARY: The French Agency of Health Security of Health Products (AFSAPPS) published recommendations re the use of the psychostimulant Ritalin (methylphenidate) by children due to side effects: heart problems, **heart attacks**, mania, **psychosis**.

Summary: AFSAPPS published updated recommendations for the supervision of patients prescribed methylphenidate, asking that these children be followed during the treatment in order to discover the occurrences of **heart problems or psychiatric states and to verify their size and weight**.¹²

FEBRUARY: The Australian Therapeutic Goods Administration (TGA) reported that a special warning (of the highest level) was published about methylphenidate based psychostimulant drugs used for the treatment of ADHD (Concerta and Ritalin) in children. This was due to side effects related to addiction: **abnormal behavior**, emotional changes, mania, **psychosis**.

Summary: The TGA warned that a chronic abuse of methylphenidate can lead to a marked tolerance and a psychological dependency, with various degrees of abnormal behaviors, even full psychotic crises.¹³

JUNE: United States – Study of psychostimulants found side Effects: **death / sudden death**

Summary: the American Psychiatry Journal published a study establishing a significant link between the use of psychostimulant drugs and an unexplained sudden death and concluded that this study tended to demonstrate that a relation exist between the use of psychostimulant drugs and unexplained sudden deaths amongst children and adolescents.¹⁴

JUNE: The US FDA published data on an ongoing safety review that established the sudden death of 564 children of good health who were using the commonly used psychostimulant drugs: Focalin (dexamethylphenidate), Concerta (methylphenidate), Ritalin (methylphenidate), and Adderall (amphetamine and dextroamphetamine).

Summary: The US FDA communicated to the public that there could be a relationship between the use of psychostimulant drugs and the sudden death of children with good health.¹⁵

10 Daniel J. DeNoon, “ADHD Drug Does Stunt Growth, After 3 Years on Ritalin, Kids Are Shorter, Lighter Than Peers”, WebMD, July 20, 2007.

11 Kate Sikora, “Crime risk with Ritalin”, the Daily Telegraph, July 26, 2007.

12 The European Medicines Agency (EMA), “Point of information” French Agency of Health Security of the Health Products (AFSAPPS), January, 23, 2009.

13 “Boxed Warning, Contraindications and strengthened Precautions for Methylphenidate”, Janssen-Cilag Pharma, February 2009.

14 Madelyn S. Gould, Ph.D., M.P.H., and al, “Sudden Death and Use of Stimulant Medications in Youths”, The American Journal of Psychiatry, Vol. AiA, pp 1-10, June 15, 2009.

15 “Stimulant Medications used in children with Attention-Deficit/Hyperactivity Disorder - Communication about an Ongoing Safety Review”, Food and Drug Administration, June 15, 2009.

CONCLUSION

The symptoms used to describe what is called “ADHD”, a claimed unique disease, are very unspecific and whether a child would fulfill such a condition is very vague, as the subjective aspect of the criteria is dominant. Furthermore, these symptoms are not unique, they can be caused by a large number of factors, which one has to look for if one wishes to apply scientific precision.

Covering such a broad spectrum of ordinary behaviour and with the subjective interpretation whether a child is mature for his age should make us careful when facing a unique therapeutic answer: drugs – especially if such a treatment solution has dangerous, even deadly side effects. This especially in the face of an only limited short range drug effect that does not actually cure the condition. Our vigilance and suspicion should be reinforced in front of the frenzied marketing made to promote ADHD and the psychiatric drug solution.

Only the obligation to properly and completely inform the child and his or her parents on the side effects of the drugs and the therapeutic alternatives will provide a real position of power of choice. And only then will the informed consent be respected and the parents will not be submitted anymore to any blackmail.

If the children are our future, then the biggest precautions have to be taken so that this future isn't put in danger.

RECOMMENDATIONS

As it is true that the situation isn't always easy for the parents and their child, when faced with false or incomplete information and a possible threat of neglect one should ensure efficient methods are established in order to help the child in a sane manner and without risks.

The prescription of psychostimulant drugs that do have dangerous side effects for the treatment of an unproven and false diagnosis is not only medical neglect, but an abuse. Yet, the harm that can be caused to the child can have serious and long lasting consequences so must be of the highest concern to the society. To give psychotropic drugs to a human being whose neurological system isn't mature yet is a risk one shouldn't neglect especially considering the now published reports of earlier unknown dangers and the by authorities published warnings of a serious nature.

Simple workable non-harmful approaches to attention and educational problems do exist. Parents should look at some of these points before they consider such drastic measure as drugging their child with psychostimulant drugs. Here are a short overview of possible solutions:

- ⤴ **School and social environment:** It is probably that there may be a difficulty for the child here. Take the time to investigate on site and observe by oneself the conditions in the class. Question the person or the teacher who made a report on ones child.
- ⤴ **At home:** Are there any problems in the family, competitions between brothers and sisters, marital arguments? Does the child see a lot of violence on TV or video games?
- ⤴ **Diet and nutrition:** An inappropriate diet and lack of exercise can have emotional and behavioral consequences. Too much sugar for instance can make a child hyperactive, but so can a host of other food ingredients. An overload of heavy metals or deficiencies of vitamins can lead to a number of symptoms. It is thus important to see to a sane nutrition. Evidences are accumulating that imply artificial food colors and pesticides, amongst others, as factors causing symptoms that are used to identify what is called ADHD.
- ⤴ **Medicine and chiropractic:** There is a possibility that the child may have a non-diagnosed physical problem, which influences his or her behavior, such as allergies, parasites or even a bad eyesight or hearing, to name only a few. A complete medical checkup could reveal certain hidden causes, which should be taken into consideration.

The alternatives described above are only a sample of what exists and very far from being exhaustive.

Therefore, due to the above, we recommend the following measures:

1. The relevant Swiss Federal authority obtain and provide 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 relevant Swiss Federal authority 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 and full actual medical and educational solutions to attention and study problems.
3. The relevant Swiss Federal authority 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 and ensures the highest level of informed consent becomes the standard.
4. The relevant Swiss Federal authority 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 relevant Swiss Federal authority 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 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. That the authorities stop and eventually outlaw the practice that a teacher, a psychologist or parental councilor or any other persons having a contact with parents, threaten or factually expel a child from school if the child is not being given psychostimulant drugs.
8. 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 cofounded 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. Today, it has more than 200 chapters in over 34 countries. Its board of advisers, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

While it 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's work aligns with the UN Universal Declaration of Human Rights, in particular the following precepts, which psychiatrists violate on a daily basis:

- ⤴ Article 3: "Everyone has the right to life, liberty and security of person."
- ⤴ Article 5: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment."
- ⤴ Article 7: "All are equal before the law and are entitled without any discrimination to equal protection of the law."

CCHR endorses the Convention on the Rights of the Child and specifically has been campaigning for the rights of the child throughout the world for more than a decade in which CCHR is active as an NGO. Through psychiatrists' false diagnoses, stigmatizing labels, easyseizure commitment laws, brutal, depersonalizing "treatments," thousands of individuals are harmed and denied their inherent human rights.

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

CITIZENS COMMISSION ON HUMAN RIGHTS SWITZERLAND

A chapter of the international mental health watchdog group,

The Citizens Commission on Human Rights

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