Citizens Commission on Human Rights

Psychiatric Diagnosing and Drugging of Children in Norway

Memo
7 March 2006

This memo has been prepared for the:
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Kirke-, utdannings og forskningskomiteen,
copy to the UN Committee on the Rights of the Child.

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Content

1. Introduction to the Memo

The Citizens Commission on Human Rights (CCHR) is concerned that per indicators the life and livingness conditions of many children and young people in Norway have been developing less optimally than what could have been expected.

An increasing number of children and adolescents are being diagnosed or misdiagnosed with a psychiatric behavioral disorder “Attention-deficit/hyperactivity disorder” (ADHD) formerly known as “DAMP,” that have not been proven to be an actual medical disease.

ADHD is a highly controversial disorder, both in its diagnosis and its treatment. It is questioned whether it is an actual disorder at all. The symptoms exists and can evidently be caused by numerous different reasons such as too much white refined sugar, food additives or too little essential fatty acids (EFAs) and minerals, but not only foods also environmental toxins, mercury poisoning, lead poisoning, and allergies can affect behavior and academic performance and appear to be the symptoms of ADHD. In other children the symptoms may have been caused by education not adapted to that child's needs. Other researchers and professionals believe it is simply an extreme version of temperamental behaviour.

It is generally accepted that there is a need to address the problem of hyperactive, inattentive and impulsive children, but is there a need to treat them with drugs? Medical doctors recognize the need to treat diabetes with insulin, but is the behavioral symptoms or learning problems of children an amphetamine or methylphenidate deficiency? It for some may suffice to alter the child’s diet to have him or her suddenly behave within the “normal” range, for others it may suffice to alter the way the child is being educated and brought up.

Should children be labeled with a psychiatric diagnose that can not be medically proven to exist? It does stigmatize him or her. Many children are labeled even if they do not even fulfill the criteria of the diagnosis. It is difficult to diagnose ADHD, as there is no specific test or marker, and its identification usually relies on a checklist of typical behaviours. Many of the symptoms used in the diagnosing of the concerned children are common to ordinary life.

In Norway this has gone way too far off any justified medical cause, thousands are being diagnosed and an estimated 80% of these are being “treated” with psychostimulant drugs which have side-effects from behavioural abnormalities, visual hallucinations, suicidal ideation, psychotic behavior, to aggression or violent behavior, deaths and cardiovascular problems such as heart attacks and strokes.

Childrens' rights are being neglected or violated. CCHR is specifically concerned about the infringements of the Convention on the Rights of the Child's article 24, section 1 which state 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.”

It is further noted that the number of school children which are prescribed psychostimulants have increased significantly in an effort to control their behavior instead of using proper educational tools to help these children overcome their difficulties. Such tools which could have been used include tutoring, clearing of misunderstood words – which have left the children in a mystery and hung up – and teaching the children on a proper gradient.

And that while an increasing amount of reliable information have been published on the lack of improvement of educational and social skills – which is sought from drug treatments of children labeled with such diagnoses – this evidently haven't been made available to the specialists dealing with children.

Torsten Hjelmar
European Coordinator

2. Endangered Children

Norway has a tradition of caring for children and a history of strong educational initiatives and institutions for children and grown-ups, which however has changed.

As the most obvious evidence of a changed approach to children and adolescents in Norway stand the in recent years – and especially in 2003 – very large increase in the consumption of so-called psychostimulants: a type of psychiatric drugs mainly prescribed to children and adolescents as a last desperate resort in the handling of educational difficulties or for behavioral control reasons. Psychostimulant drugs have been claimed to be beneficial by psychiatrists and medical studies but are potential physically and mentally harmful and aren't improving a child academically despite usage often relate to education and school situations.

The **use of psychostimulants have nevertheless increased 10 fold in the last 10 years**[1].

Figure 1.

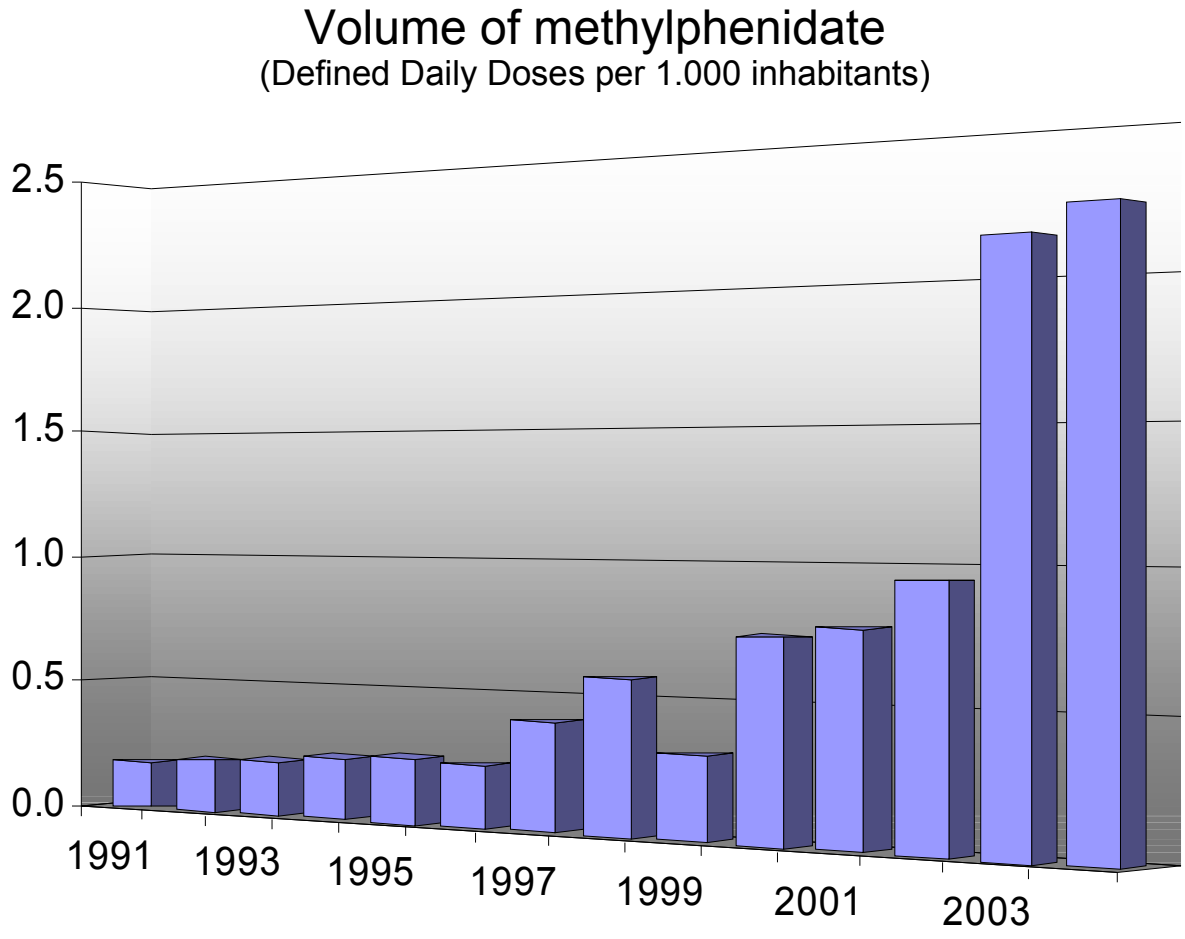


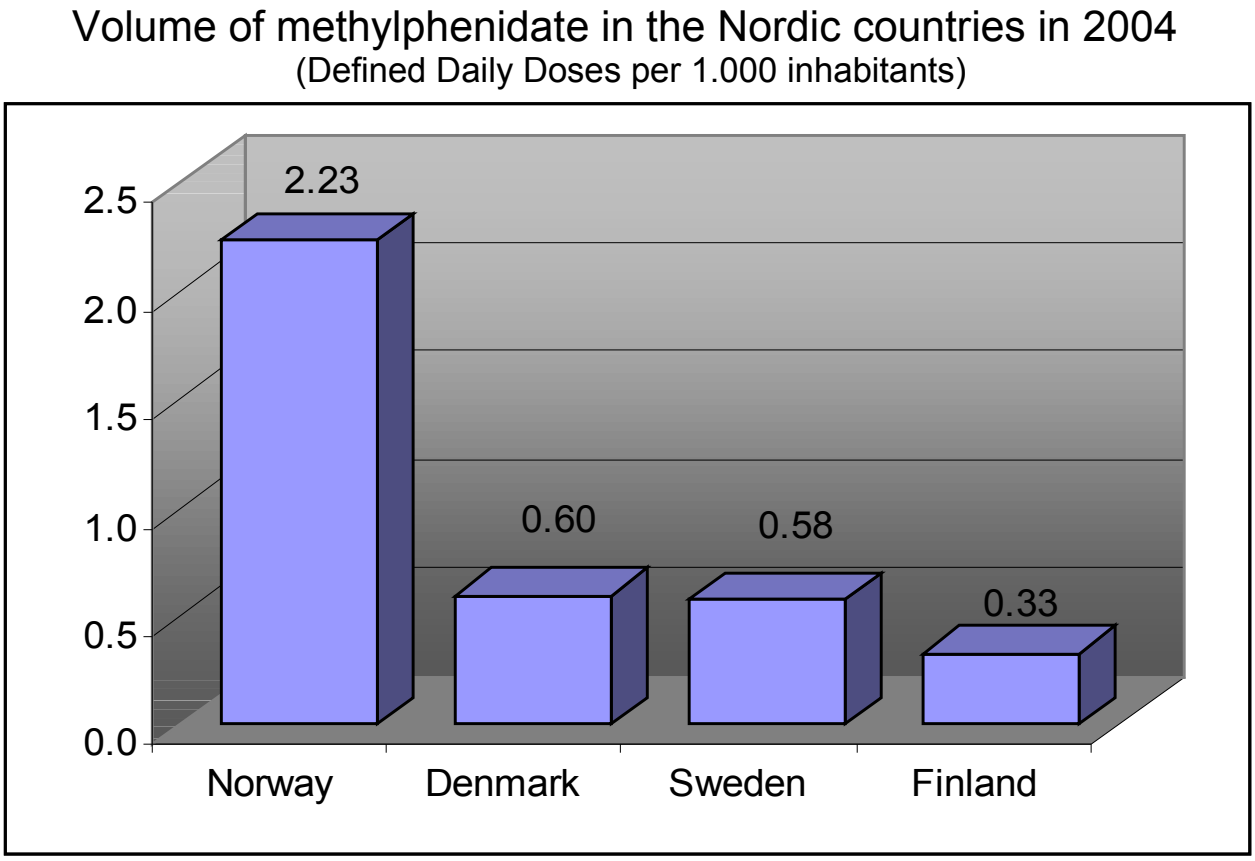
Table 1. Methylphenidate (Ritalin and Concerta) prescriptions in Norway (Defined Daily Doses per 1.000 inhabitants).

1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
0.178	0.202	0.210	0.237	0.252	0.236	0.407	0.578	0.312	0.745	0.780	0.950	2.130	2.230

1. Council of Europe Parliamentary Assembly Social, Health and Family Affairs Committee Report, Doc. 9456 of 7 May 2002, Controlling the diagnosis and treatment of hyperactive children in Europe, quoting the International Narcotic Control Board (INCB) for figures 1991-1999; INCB register on Psychotropic Substances in Schedules II class, UNITED NATIONS for figures 2000-04.

The increased usage of methylphenidate (Ritalin and Concerta) has put Norway in to one of the highest levels of consumption of psychostimulants in the world per capita (despite many other countries also have experienced a strong increase).[2] The recent development has resulted in Norway being in a much worse situation than other countries to which Norway easily can be compared such as the Nordic countries.

Figure 2.



The increasing usage of psychostimulants in Norway follows an increasing number of children and adolescents being diagnosed with behavioural disorders such as DAMP or ADHD. Per reports have the number of children being treated with psychostimulant drugs quadrupled between 1985 and 1990 and further increased 10 fold since 1996. New figures indicate that around 12.000 children and adolescents are being prescribed psychostimulants today.

Not only are more children being misdiagnosed with behavioural “disorders” but the rate being drugged with psychostimulants is around 80% of those diagnosed indicating that actual informed consent has not been obtained from neither the child or adolescent nor their parents. It will likely be found that doctors and even child psychiatrists diagnosing children with ADHD or other such so-called disorders and prescribing them psychostimulants are misleading parents or at best are uneducated in the behaviour of children, and themselves misinformed in regards to the drug effects and not informed of recent actual scientific studies and warnings issued.

The National Health Board in Denmark stresses that there are no evidence that the increased psychiatric diagnosing and drugging of children and adolescents in Denmark is caused by a change in the rate of mental disorders over time. Thus the increasing rate in that country is

2. Psychotropic Substances Statistics for 2004, Assessments of Annual Medical and Scientific Requirements for Substances in Schedules II, III and IV, UNITED NATIONS, New York, 2005. Pg. 31.

caused by other factors conclude the National Health Board.[3] It is indicated that the scene is not different in Norway.

The National Health Board in Denmark has reviewed which factors could be involved in the increasing referral to psychiatry, and diagnosing and drugging of children and adolescents. The Danish National Health Board point out that the increasing tendency to treat children psychiatrically is international and that in England and Sweden it was concluded that it is unlikely that the increase is caused by an equivalent rapid deterioration in the state of mental health of the children and adolescents.[4]

As in many other European countries the development with increasing number of children being diagnosed with learning or behavioural disorders appears to be fueled by child psychiatrists and international literature by psychiatrists who are backed by research and other funds from pharmaceutical companies. These are promoting the claimed behavioural disorders known as "Attention Deficit Hyperactivity Disorder" (ADHD) or other names covering the same or similar symptoms e.g. DAMP and "Hyperkinetic Disorder". Pål Zeiner, chief psychiatrist at the hospital in Buskerud who has been featured in the media is but an example of such a pharmaceutical company paid for "ADHD specialist" who strongly promote psychostimulant drug treatment.

It is a fact that while mainstream physical medicine treats diseases, psychiatry deals with "disorders." In the absence of a known cause or physiology, a group of symptoms and signs seen in many different patients is called a *disorder* or *syndrome*. Harvard university psychiatrist Joseph Glenmullen says that in psychiatry, "all of its diagnoses are merely syndromes [or disorders], clusters of symptoms presumed to be related, not diseases." Many of the symptoms used in the diagnosing of children are common to ordinary life.

The symptoms of ADHD the most commonly diagnosed behavioral disorder as listed in the American Psychiatric Association's diagnostic manual DSM-IV include, "fails to give close attention to details or makes careless mistakes in schoolwork or other tasks; is messy or careless; has difficulty sustaining attention in tasks or play activities; doesn't seem to listen, fails "to complete schoolwork, chores, or other duties," fidgets, squirms in seat; leaves seat in classroom or in other situations in which remaining seated is expected; runs about or climbs excessively; has difficulty playing, is often "on the go," talks excessively, butts into other people's conversations.

The Citizens Commission on Human Rights (CCHR) is concerned that Norwegian children increasingly – and more often than in other countries – are being diagnosed and treated with psychostimulants for a symptom described condition that isn't an evidenced medical disease despite the increasing evidence of the lack of therapeutic effect of drug treatment and to the detriment of children's development, livingness conditions and future.

3. Lacking evidence of positive effects from drugs

The Drug Effectiveness Review Project at the Oregon State Health & Science University issued their major study "Drug Class Review on Pharmacologic Treatments for ADHD – Final Report" in September 2005. This is the latest scientifically good quality systematic review of drug treatments for ADHD. The researchers identified 2.287 citations from literature searches and reviews of reference lists – virtually every study every done on ADHD, this included citations from dossiers submitted by six pharmaceutical manufacturers as well as earlier drug class reviews. All articles were included in to the review and analysis.

3. Børne- og ungdomspsykiatrisk virksomhed – den fremtidige tilrettelæggelse. Redegørelse. Sundhedsstyrelsen (the National Health Board), 2001 Pg. 137.
4. Udviklingen i den børne- og ungdomspsykiatriske virksomhed - i relation til anbefalingerne for udbygning i Sundhedsstyrelsens redegørelse: Børne- og Ungdomspsykiatrisk virksomhed - den fremtidige tilrettelæggelse, 2001. Memo on the current status from the National Health Board's follow-up Working Group, March 2004. Pg. 30.

The project of the Oregon Evidence-based Practice Center concluded that **"Good quality evidence on the use of drugs to affect outcomes relating to global academic performance, consequences of risky behaviors, social achievements, etc. is lacking."**[5]

They specified in regards to the elementary school age children (6-12 years) that **"Uncontrolled observational data assessing the effect of duration of treatment with methylphenidate [Ritalin, Concerta, etc.] found no differences in academic achievement as measured by teachers, the proportion repeating grades, in special education classes or being tutored."**

The Oregon Evidence-based Practice Center further concluded that for the same school age group – which make up the large majority of psychostimulant drug controlled children – were **"no trials of effectiveness found"**[6] and "the evidence for comparative efficacy and adverse events of drugs for treating ADHD is severely limited by small sample sizes, very short durations, and the lack of studies measuring functional or long-term outcomes."

Observers must be alarmed by this apparent omission and curbing of scientific research endangering millions of children worldwide and thousands in Norway. Childrens' rights to security, education, and optimum health is being neglected for an apparent short term financial interest by a few practitioners and pharmaceutical companies.

The four earlier scientifically good quality systematic reviews consistently found a lack of evidence of a difference between the drugs studied in efficacy or adverse events. These reviewers also commented on the lack of good quality studies assessing long-term outcomes, both of effectiveness and serious adverse events.[7]

This further has to be viewed in the light of the fact that there is increasing concern that in modern research, "false findings may be the majority or even the vast majority of published research claims."[8] John P. A. Ioannidis of the Department of Hygiene and Epidemiology, University of Ioannina School of Medicine, Greece reports that for most study designs and settings, **"it is more likely for a research claim to be false than true"** and that **"claimed research findings may often be simply accurate measures of the prevailing bias."**[9]

The strongly media covered but now infamous so-called knowledge study on Ritalin treatment of ADHD diagnosed adult patients which senior staff psychiatrist, Nils Olav Aanonsen at the Ward for Adult Rehabilitation at Ullevål University hospital published in 2004 is just one such example. 70% of the 1328 patients which participated in the study were not considered in the conclusion that Ritalin treatment should be recommended, because these patients had dropped out of the study due to complications and unwanted side effects.

The British paper *The Observer* in alignment with this not less alarmingly reported that **"hundreds of articles in medical journals claiming to be written by academics or doctors have been penned by ghostwriters in the pay of drug companies."**[10] The journals, bibles of the profession, have huge influence on which drugs doctors prescribe and the treatment hospitals provide. The paper citing professionals within the medical field stated that estimates

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5. Oregon Evidence-based Practice Center, Oregon Health & Science University, "Drug Class Review on Pharmacologic Treatments for ADHD – Final Report", September 2005. Pg. 13.
6. *Op cit.* Pg. 14.
7. Klassen A, Miller A, Raina P, Lee SK, Olsen L. Attention-deficit hyperactivity disorder in children and youth: A quantitative systematic review of the efficacy of different management strategies. *Canadian Journal of Psychiatry.* 1999;44(10):1007-1016; Schachter HM, Pham B, King J, Langford S, Moher D. How efficacious and safe is short-acting methylphenidate for the treatment of attention-deficit disorder in children and adolescents? A meta-analysis. *CMAJ Canadian Medical Association Journal.* 2001;165(11):1475-1488.; Jadad AR, Boyle M, Cunningham C, Kim M, Schachar R. Treatment of attention-deficit/hyperactivity disorder. *Evidence Report: Technology Assessment (Summary).* 1999(11):i-viii, 1-341.; King S, Griffin S, Hodges Z, et al. Methylphenidate, dexamfetamine and atomoxetine for the treatment of attention deficit hyperactivity disorder in children. http://www.nice.org.uk/pdf/ADHD_assessment_report.pdf
8. Colhoun HM, McKeigue PM, Davey Smith G (2003) Problems of reporting genetic associations with complex outcomes. Lancet 361: 865–872.; Ioannidis JP (2003) Genetic associations: False or true? Trends Mol Med 9: 135–138.; Ioannidis JPA (2005) Microarrays and molecular research: Noise discovery? Lancet 365: 454–455.
9. Ioannidis JPA, (August 2005) Why most published research findings are false. PLoS Medicine 2(8): e124.
10. Antony Barnett, public affairs editor, *Revealed: how drug firms 'hoodwink' medical journals*, 7 Dec. 2003, The Observer.

suggest that **"almost half of all articles published in journals are by ghostwriters.** While doctors who have put their names to the papers can be paid handsomely for 'lending' their reputations, the ghostwriters remain hidden. They, and the involvement of the pharmaceutical firms, are rarely revealed. These papers endorsing certain drugs are paraded in front of medical doctors as independent research to persuade them to prescribe the drugs." And that **"one field where ghostwriting is becoming an increasing problem is psychiatry."**

Another British paper *Independent* reported that the multi billion-pound global pharmaceutical industry is accused of **"manipulating the results of drug trials for financial gain and withholding information that could expose patients to the risk of harm."** The paper stated that the stranglehold that the industry exerts over research is causing increasing alarm in medical circles as **"evidence emerges of biased results, under-reporting and selective publication driven by a market worth billions of pounds."**[11]

"Journals have devolved into information laundering operations for the pharmaceutical industry", wrote Richard Horton, editor of one of the worldwide most respected medical journals the *Lancet*, in March 2004.[12] In the same year, Marcia Angell, former editor of the *New England Journal of Medicine*, lambasted the industry for becoming "primarily a marketing machine".[13] Jerry Kassirer, another former editor of the *New England Journal of Medicine*, argues that the industry has deflected the moral compasses of many physicians[14], and the editors of *PLoS Medicine* have declared that they will not become "part of the cycle of dependency…between journals and the pharmaceutical industry".[15]

Richard Smith, the Chief Executive of UnitedHealth Europe, who was an editor for the reknown and respected *British Medical Journal* (*BMJ*) for 25 years (for the last 13 of those years, he was the editor and chief executive of the *BMJ Publishing Group*, responsible for the profits of not only the *BMJ* but of the whole group, which published some 25 other journals) declared that "The Problem: Less to Do with Advertising, More to Do with Sponsored Trials." He specified that "Doctors may not be as uninfluenced by the advertisements as they would like to believe, but in every sphere, the public is used to discounting the claims of advertisers. The much bigger problem lies with the original studies, particularly the clinical trials, published by journals."[16]

The lack of actual professional expertise and providing information to patients, parents and consumers has been a problem in Norway as again highlighted in recent media e.g. TV 2-dokumentar "Stille med pille" and TV 2 Nettavisen "Svarte sjokkerte lesere" both of Monday the 27th of February 2006 where center chief, Gerd Strand from the Kompetansesenteret for ADHD avoided providing the information she should have given the Norwegian population.

The profession of psychiatry despite the prevailing belief of being a well developed scientific specialty of the modern medical profession appears to be largely un- and misinformed as well as marked by corrupted practitioners. This has unfortunately resulted in thousands and millions of children being misdiagnosed and prescribed potentially addictive and harmful psychotropic drugs for the control of symptoms that are not proven to be a medical disease.

Parents are *not* told or provided the information that studies show children who take psychostimulants or other prescribed psychotropic drugs do not perform better academically. In fact, children who take these drugs fail just as many courses, and drop out of school just as often, as children who did not take the drugs. And secondly that the drugs used are potentially addictive and can have serious mental and physical side-effects.

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11. Jeremy Laurance, Health Editor, *Pharmaceutical companies accused of manipulating drug trials for profit*, 23 April 2004, Independent.
12. Horton R (2004) *The dawn of McScience*. New York Rev Books 51(4): 7–9.
13. Angell M (2005) *The truth about drug companies: How they deceive us and what to do about it*. New York: Random House. Pg. 336.
14. Kassirer JP (2004) *On the take: How medicine's complicity with big business can endanger your health.* New York: Oxford University Press. Pg. 251.
15. Barbour V, Butcher J, Cohen B, Yamey G (2004) *Prescription for a healthy journal.* PLoS Med 1: e22. DOI: 10.1371/journal.pmed.0010022
16. Smith R (May 2005) Medical journals are an extension of the marketing arm of pharmaceutical companies. PLoS Medicine 2(5): e138.

4. Harmful effects of stimulants and other drugs recognized

The dangers of the stimulants prescribed for ADHD have been known for years, and they are therefore listed as controlled substances under Schedule II of the 1971 United Nations' Convention on Psychotropic Substances. This is because they constitute a substantial risk to public health, have little to moderate therapeutic usefulness but have a high potential for addictiveness.

The danger of these drugs was further highlighted with the announcement by the United States Food and Drug Administration (U.S. FDA) in June 2005 following years of observation of the highest psychostimulant drug consumption in the world (today around 6 million American children and adolescents). The U.S. FDA stated that they intend to make labeling changes for the methylphenidate products over concerns about psychiatric events associated with these drugs **"such as visual hallucinations, suicidal ideation, psychotic behavior, as well as aggression or violent behavior."** The pharmaceutical company producing Ritalin has now included these warnings in the patient information note in some countries (it is not clear if warnings has now also been included in the patient information provided in Norway).

The psychostimulant drugs however also can have a whole range of other physical side effects. An advisory committee to the U.S. FDA in following up on the June 2005 announcement urged on the 9th of February 2006 the most serious U.S. FDA warning, the "black box", be placed on all the psychostimulant drugs prescribed to treat the so-called psychiatric disorder ADHD in the USA. This is important to Norway considering the increasing tendency to diagnose children with ADHD and use of psychostimulants is largely emanating from the USA. The US has 50 years of experience and the largest number of children prescribed these drugs, thus a very large experience to draw from.

The recommendation of the U.S. FDA advisory committee followed evidence that these drugs are linked to **deaths and cardiovascular problems such as heart attacks and strokes**.

The U.S. FDA's database documents 25 deaths and 54 cases of serious cardiovascular problems in children and adults treated with ADHD drugs. These cases included heart attack, stroke (sudden loss of brain function), hypertension (high blood pressure), palpitations (rapid, strong heart beats) and arrhythmia (irregular heart beats).

Experts estimate that only 1% to 10% of serious drug reactions are reported to the U.S. FDA, so the deaths and serious adverse effects are undoubtedly much higher.

Peter Gross, chairman of the U.S. FDA advisory committee, stated the reason for the recommended warnings were, "**No. 1, because of the seriousness of the side effects – the sudden deaths. No. 2, there is a sense maybe the diagnosis of ADHD is being applied where it shouldn't be applied**."

Advisory committee member Dr. Steven Nissen, a cardiologist, explained the urgency, "**This is out-of-control use of drugs that have profound cardiovascular consequences. We have got a potential public health crisis. I think patients and families need to be made aware of these concerns. We can't just discuss future strategies, we need to discuss what needs to be done now about the risks and informing people about them**."

The psychostimulant drugs such as amphetamines and methylphenidate are however not the only drug type that psychiatrists use and pharmaceutical companies produce for the drug treatment of the symptoms labeled as the so-called behavioral disorder ADHD or DAMP.

One pharmaceutical company is now marketing a new type of drug in different European countries after having gained a good share of the ADHD market in the USA and is currently attempting to get it approved in Scandinavia too. The drug is the first of a new type called

SNRI-drugs[17] and is called atomoxetine – it is marketed as Strattera. The Swedish child psychiatrist Christopher Gillberg who invented the controversial DAMP diagnosis has been hired to produce a study to get atomoxetine approved for the market in Sweden and Scandinavia. His brain-child the DAMP diagnosis which was largely used in Scandinavia instead of the American ADHD diagnosis has now been abandoned as unscientific and especially questionable after the 100.000 pages of research data the diagnosis was based upon was shredded to avoid independent researchers to verify the conclusions of his research findings (causing both Gillberg and his colleagues to be convicted by the court of justice in the biggest scientific research scandal in the history of Sweden).

The European Medicine Agency (EMEA) already had its Committee for Medicinal Products for Human Use (CHMP) review atomoxetine based on information provided by the national medicine agencies. The CHMP concluded that a warning was appropriate for atomoxetine. The CHMP considered there was a signal of an **"increased risk of behavioural abnormalities with more aggression and hostility effects."** Therefore the CHMP concluded that a warning to reflect that hostility (predominantly aggression, oppositional behaviour and anger) and emotional lability (state that is apt or likely to change) were more frequently observed in clinical trials among children and adolescents treated with atomoxetine compared to those treated with placebo should be included in the Summaries of Product Characteristics and the relevant section of the Package Leaflets of atomoxetine containing medicinal products.

The Commission of the European Communities, representing 25 countries, issued a decision on the 25th of August 2005 to endorse the scientific findings and recommendation of the EMEA and issued the strongest political warning yet against a number of psychotropic drugs used for children including the ADHD drug atomoxetine. This has now been adopted by national medicines agencies across Europe.

The U.S. FDA further ordered on the 29th of September 2005 that "black box" warnings be placed on the ADHD drug atomoxetine packages, after clinical trials linked the drug to **suicidal thoughts and behavior**. The FDA indicated that the new warning stems from an ongoing review of all ADHD drugs and their possible association with suicide.[18]

The Parliamentary Assembly of the Council of Europe already expressed in a Recommendation of 2002 a concern "that increasing numbers of children in certain Council of Europe member states are being diagnosed as suffering from 'attention deficit/hyperactivity disorder' (ADHD), 'hyperkinetic disorder' or related behavioural conditions and treated by means of central nervous system stimulants, such as amphetamines or methylphenidate."[19] The Parliamentary Assembly stated that "this issue is of particular concern to the Council of Europe as a human rights organisation which aims, among other things, to protect the rights of children and to seek European responses to social and health problems including drug use." The Parliamentary Assembly underlined, in accordance with the United Nations Convention on the Rights of the Child, that "in all actions concerning children the best interests of the child must be a primary consideration." Moreover, **"children have the right to the highest standard of health and medical care attainable, and to protection from the illicit use of drugs."** The Parliamentary Assembly emphasized that "the precautionary principle should prevail where doubt exists in regard to the long-term effects of medicaments and ... believes that **stricter control should be exercised over the diagnosis and treatment of these disorders.**"[20]

The United Nations Committee on the Rights of the Child, the world's premier children's rights body, recently completed a review of the implementation of human rights standards for children and compliance to the Convention on the Rights of the Child in two other Nordic countries. In the Committee's final report on Finland of 20 October 2005 and Denmark of 23 November 2005

17. SNRI stands for 'Serotonin-Norepinephrine Reuptake Inhibitor'. SNRIs work on the brain chemical norepinephrine and serotonin neurotransmitters. The effect of this drug type is comparative to that of the psychostimulant drugs.
18. "Suicidal Thinking in Children and Adolescents Being Treated with Strattera (atomoxetine)," FDA Public Health Advisory, 29 September 2005.
19. Council of Europe Parliamentary Assembly Recommendation 1562 (2002) Controlling the diagnosis and treatment of hyperactive children in Europe
20. *Op Cit*. PACE Recommendation 1562 (2002)

the Committee issued a strong warning to the governments of those countries against falsely labeling youth with the psychiatric diagnosis of ADHD and administering powerful ADHD-drugs. This followed strong increases in the labeling and drugging of children with psychostimulants. The level of psychostimulant drugging reached in these countries was around 1/4 or less than that of Norway. The UN Committee expressed the concern in regards to these countries that **"Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) are being misdiagnosed and that psycho-stimulant drugs are therefore being over-prescribed, despite the growing evidence of the harmful effects of these drugs."**[21]

5. Handling the symptoms labeled as ADHD

In the addressing of the problem of hyperactive, inattentive and impulsive children it is important that such matter as their **physical condition and medical illnesses** are addressed as these **may be the cause of the symptoms psychiatrists use in diagnosing ADHD and other psychiatric disorders**. It is further important to observe the eating habits of children, since **the symptoms may simply be a food or allergy problem**.

There is now a growing amount of accepted findings and body of research showing a relationship between what a person eats and the way that person feels or acts. Evidence points to links not only between nutrition and day-to-day mood fluctuations, but also more severe mental illness and behavioural problems. **There is a long history of association between ADHD and dietary factors.** Most of the trials do appear to show benefit for some children, sometimes only in just a few children, but sometimes more. This may be a reflection of what many advocates of dietary therapy have been suggesting for years – that some children (and their parents) may find relief from ADHD through altering diets.[22]

Dr L.M.J. Pelsser of the Research Centre for Hyperactivity and ADHD, found that 62 per cent of children diagnosed with ADHD showed significant improvements in behavior as a result of a change of diet over a period of three weeks.[23]

Many parents, teachers and others have reported great improvements when dietary changes are introduced to children with ADHD. Two food groups that have been implicated through clinical research are essential fatty acids (EFAs) and minerals. Studies have found some EFAs to be significantly low in hyperactive children. A similar relationship has been found with levels of iron in children with symptoms of ADHD.[24]

Medical doctors have established that environmental toxins, mercury poisoning, and allergies can affect behavior and academic performance and appear to be symptoms of ADHD. An amendment to the Lead Poisoning Prevention Act, Illinois in USA, says that lead poisoning "causes learning disabilities, speech problems, shortened attention span, hyperactivity, and behavioral problems."

Further it should be looked in to how the **education** is carried out as **if properly done** it **could prevent the symptoms diagnosed as ADHD to arise for many**. Often children having trouble focusing on schoolwork need tutoring and educational basics. The child may have never been taught phonics and doesn't understand what he is studying in school. Phonics, additional tutoring or even other educational basics, may need to be provided as an academic solution to classroom problems.

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21. UN Committee on the Rights of the Child, "Consideration of reports submitted by states parties Under article 44 of the convention - Concluding observations: Finland", CRC/C/15/Add.272, 20 October 2005, pg. 7; UN Committee on the Rights of the Child, "Consideration of reports submitted by states parties Under article 44 of the convention - Concluding observations: Denmark", CRC/C/DNK/CO/3, 23 November 2005, pg. 8.
22. Sustain, "Changing Diets, Changing Minds: how food affects mental well being and behaviour", Winter 2005 http://www.sustainweb.org/mhealth_index.asp, Pg. 46.
23. Council of Europe Parliamentary Assembly Social, Health and Family Affairs Committee Report, Doc. 9456 of 7 May 2002, Controlling the diagnosis and treatment of hyperactive children in Europe.
24. The Mental Health Foundation, "Feeding Minds - the impact of food on mental health" January 2006, http://www.mentalhealth.org.uk/html/content/feedingminds_report.pdf, pg. 8.

6. Recommendations

It is time that the government of Norway stimulate and enforce both research be conducted and education of teachers and doctors in non-drug handling of behavioral "disorders" be done, and that doctors do obtain full informed consent to behavioural treatment of children.

CCHR remind the Norwegian government that the Council of Europe Parliamentary Assembly considered that "more research should be conducted into the impact of proper tutoring and educational solutions for children exhibiting ADHD symptoms, into the behavioural effects of such medical problems as allergies or toxic reactions, and into alternative forms of treatment such as diet."[25]

And that the Council of Europe Parliamentary Assembly subsequently recommended that: "the governments of the member states ... co-ordinate and step up research into the prevalence, causes, diagnosis and treatment (in particular alternative treatments, such as diet) of these disorders, and in particular into the long-term effects of the psychostimulants prescribed for treatment as well as into the possible social, educational and cultural factors involved."

And that the United Nations Committee on the Rights of the Child to the governments of Denmark and Finland – which have a similar but less serious situation as that of Norway – recommended "that further research be undertaken on the diagnosis and treatment of ADHD and ADD, including the possible negative effects of psycho-stimulants on the physical and psychological well-being of children, and that other forms of management and treatment be used as much as possible to address these behavioural disorders."

CCHR therefore recommends that:

1. Effective means to deal with the conditions labeled by psychiatrists as a disorder such as ADHD should be provided. The government should make data bases with such information available to all doctors especially paediatricians.

2. More research should be conducted into the impact of proper tutoring and educational solutions for children exhibiting ADHD symptoms, into the behavioral effects of such medical problems as allergies or toxic reactions, and into "alternative" forms of treatment such as diet.

3. Psychological and psychiatric examinations and treatment of school children should be largely restricted and eventually stopped if there can be found no evidence of these being actually beneficial to the child (both on short range and long range).

25. *Op Cit*. PACE Recommendation 1562 (2002)

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 140 chapters in over 31 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 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. Through psychiatrists' false diagnoses, stigmatizing labels, easy-seizure 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.

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