



**Children at Risk by Misdiagnosis and
Drugging in Belgium**

Abridged Report from the Citizens Commission on Human Rights

April 2010

Introduction

The Citizens Commission on Human Rights (CCHR) is alarmed at the lack of effective actions taken to deal with the increasing behavioural and educational related problems of children and adolescents and the result of programs initiated in Belgium and many European welfare countries that contrary to the expected effect is resulting in a worsened scene. Children and adolescents are not getting the help they should have and the health care workers instead of finding the reason for the apparent problem have given the children amphetamine-like drugs to make them “manageable” and fit in to the normal school or even special education.

The scene of an exploding misdiagnosing of children and adolescents with a psychiatric behavioural disorder called “Attention Deficit/Hyperactivity Disorder” (ADHD) or related diagnoses has become an international social, cultural, health and human rights concern. In Belgium the scene has gone very bad, in one province 12 to 13% of the boys between 8 and 11 years of age are being given psychostimulant drugs (amphetamine-like) to manage the behavior of these noisy and unruly children or to try to change in-attention. Reports exist that in some school classes up to half of the children have been put on psychostimulant drugs.

ADHD is a highly controversial disorder, both in its diagnosis and its treatment. It is questioned whether it is an actual disorder at all, it has not been proven to be an actual medical disease. The symptoms used in the diagnosis do exist, either on a very short term basis or over a longer time span. The significance and cause is however less evident, they can observably be the result of numerous different causes 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 labeled as ADHD. In other children the symptoms may have been caused by education not adapted to that child's needs. Some researchers and professionals believe these are simply an extreme version of temperamental behaviour.

CCHR secondly note that children and adolescents so labeled increasingly are being treated with psychostimulants especially methylphenidate (Ritalin, Rilatine, Concerta and others) which are drugs listed as controlled substances under Schedule II of the 1971 United Nations' Convention on Psychotropic Substances. These are drugs that according to the UN's INCB constitute a substantial risk to public health, have little to moderate therapeutic usefulness (no effect on long range according to scientific studies) and a high potential for addictiveness.

In Belgium the observation and labeling of misbehaviour or in-attention with the psychiatric diagnosis ADHD can be done by others than pediatric specialists. Even social workers and teachers could cause such labels, though they usually are given by school psychologists or General Practitioners, who however often fail to establish the actual cause of the child's misbehavior or discomfort. Due to a general lack of education in the professional field on behavioral problems and their cause pure educational problems, malnutrition and other factors aren't considered properly. Children as a result of pharmaceutical and psychiatric marketing subsequently are prescribed psychostimulant drugs to control the observed symptoms. Many of these children could be helped if proper medical examinations would be done and their actual medical conditions such as allergies or even malnutrition would be addressed, while others could be helped with educational means. This could be done through educational tools such as tutoring, clearing of misunderstood words which have left the children in a mystery and hung up, and teaching the children on a proper gradient.

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.”

Inappropriate Help and Children Put at Risk

Misdiagnosis and Drugging with Psychostimulants Widespread

It is noted that many countries directly have been addressing the various health challenges that directly follow from “well-being and lifestyle” illnesses.¹ It is however apparent that the extent to which this is being done is insufficient to the needs in Belgium. It is problematic that a whole key area: the prevention and influence that these factors could have on the education and behavior of children and adolescents, has been omitted as a specific target area.

b. Influencing Factors

Dr. Rudy Proesmans, Belgian orthomolecular doctor, in alignment with a number of other researchers around the world wrote in his book *Optimally healthy without medication: Keep illness on a distance by using the right foods* that he considered: “It’s no coincidence that more and more children and adolescents who feed themselves on a daily basis with junk food and sugars as in sweets, cookies, crisps, low-quality burgers, pizza’s, coke and other sugared drinks, behave aggressively and that the amount of children and adolescents who get diagnosed with ADHD, increases exponentially.”

Dr Rudy Proesmans, has not only a theoretical viewpoint on this. He handles patients with the symptoms used to label persons as ADHD whom he successfully treats (in adjunct to other methods) by dietary and food supplement approach, resulting in remarkable physical cures and improved attention and school results.²

He further noted in his book, that “Parallel to the increasing popularity of so-called ‘fatfree’ diets, we also saw an increase of the amount of depressions, an increase in the amount of people with bowel problems, and as well in the West, an epidemic of mental health disorders, antisocial behaviour, aggression, developmental disorders and behavioural trouble like ADHD.”

Yet, the main Belgian government advisor on ADHD and its treatment, the centre 'ZitStil' (Sit Quite), claim that: “ADHD cannot be cured. One continues to remain vulnerable.”

The centre on its website states that: “The purpose of the treatment is to lessen the symptoms and to prevent or limit the creation of additional problems.” And that “Only three methods of treatment are considered ‘evidence-based’: Psycho-education, Pharmacotherapy, and Behavioural therapy.”

ZitStil specify that “Medication is and remains for now the most efficient way to suppress the symptoms of ADHD. Seventy to eighty percent of the people with ADHD have been helped a lot with the use of medication. However, medication alone is not enough. They are only a part of a much broader panorama of care.”

It is noted that ‘ZitStil’ which is very active in educating parents on ADHD and its treatment is being subsidized, given project funds and gifts from: Janssen-Cilag, Eli Lilly and Novartis³ – the three main international producers of psychotropic drugs used in the treatment of ADHD. Further it is noted that the information lines used by these pharmaceutical companies in regards to the promotion of their ADHD drug can be found on the very same website of ‘ZitStil’.

An active influence on public opinion is being carried out by leading psychiatrists, aiming at promoting the use of psychostimulant drugs.

1. CRC/C/NOR/4 of 11 May 2009, B. Health and health services (art. 24) - Special challenges concerning health and well-being, point 285.

2. Dr Rudy Proesmans, in Book “Optimally healthy without medication: keep illness on a distance by taking the right foods,” p.53

3. Source: <http://www.zitstil.be/zitstil/werking>

Dr. Walter Vandereycken, a psychiatrist from KU Leuven, noted that: "At least 90% of the psychiatrists have ties to the pharmaceutical industry one way or the other."⁴ He considers this as a serious problem and has written a book *Psychiatrists for sale?* One of his aims is to break the industry's undue influence on the decisions of doctors on the treatment they choose.

It has been found in Belgium as in other countries that as a result of strong pharmaceutical marketing, including sponsored studies and direct payment of doctors, combined with a general lack of broad information of non-drug approaches to hyperactivity and "attention" issues, has lead to doctors occasionally prescribing Rilatine without having established a proper diagnosis. The reason is claimed to be that it "sometimes takes a long time before a decent diagnosis can be made." The rationale according to Rita Bollaert from ZitStil, is that "if it works, it was ADHD, if it doesn't work, it is something else."⁵ This drug solution has become so widespread that parents are sometimes being pressured to accept it for their child.

Bert Anciaux, Flemish Minister of Culture, Youth and Sport noted with increasing worry in 2009: "That more and more youth at a younger and younger age are having to deal with ADHD medications and antipsychotic drugs, it is extremely worrying. It is of enormous irritation to me that the specialists do NOT consider the increase as anything that one should be concerned about. There is something very wrong in our society. The reaction to it is wrong too."⁶

One of the key points, referred to by specialists, is that the health system favors medical drug treatments, and the state reimburse expenses for Rilatine, while psychotherapy or other non-drug approaches are hardly reimbursed, if at all. Further it is not easy to find a therapist who works with non-drug approaches, and further as they are not accredited they are not referred to by the system.

But it goes further than this, psychiatrists and doctors are increasingly under pressure from parents who want to "improve the school performance of their children"⁷ and sometimes give in to prescribing Rilatine to satisfy the demand.

The Flemish speaking *Flanders health website* that address both parents and other interested parties promote that General Practitioners can do the diagnosis, and that "ADHD cannot yet be established based on data one can measure (such as through a brain scan or blood test). Thus in order to determine if a child has ADHD, one simply looks at the child's behaviour. One then compares that to the ADHD characteristics as laid out in the America Psychiatric Association's diagnostic manual DSM-IV (Diagnostic Statistical Manual of mental disorders, 4th revised edition)."⁸

ZitStil note that there are diagnostic problems. ZitStil conclude that as ADHD is first and foremost a diagnosis of behaviour, this in Belgium may therefore result in non-specialists like a social worker, making a diagnose, basing it on visible characteristics in behaviour such as poor concentration or poor self-control.⁹

c. Psychostimulant Use High and Depending of Area of Living

Belgium has a very high and strongly increasing usage of psychostimulant drugs. The usage of the drug is not evenly distributed in the country, certain regions have experienced an extreme increase. In the province West Flanders in the Flemish speaking part of Belgium 12 to 13% of the boys between 8 and 11 years of age are being given drugs to manage the symptoms of ADHD.¹⁰ There are reports that in some school classes half of the children are on Rilatine.¹¹

4. Source: Het belang van Limburg, article of 17/4/2009

5. Fernand Haesbrouck, in the book "De fraude met serotonine en dopamine", pg. 72

6. Source: <http://www.bertanciaux.be/bertanciaux/blog/bertsweblog/2009/2>

7. Senator Mrs Erika Thijs, (Christian Democrats, CD&V), 23/5/02, <http://www.senate.be/www/?Mival=/publications/viewPubDoc&TID=33616007&LANG=fr>

8. Source: http://www.gezondheid.be/index.cfm?fuseaction=art&art_id=292 (promoted as "Flanders health website")

9. Source: <http://www.zitstil.be/adhd-add/diagnostiek>

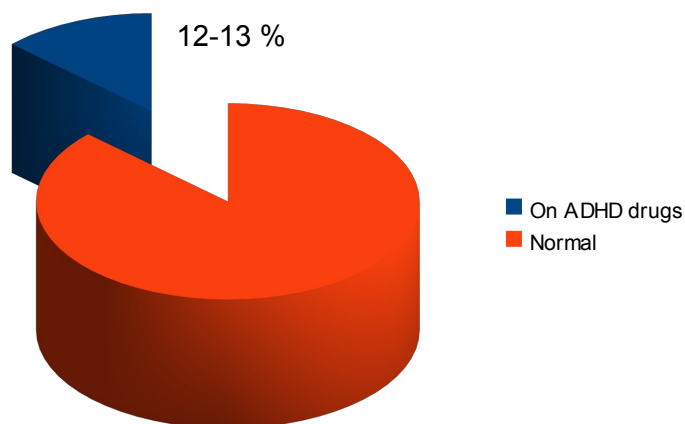
10. Veerle Beel, "Viermaal meer kinderen slikken Rilatine" in De Standaard, 10 March 2010

<http://www.standaard.be/artikel/detail.aspx?artikelid=8N2N9F3D&word=adhd>

11. Bron: The Planet Times, number 2, 2009, artikel De Medische Megablunder

Figure 1.

Ratio of 8-11 years old boys in West Flanders on ADHD drugs

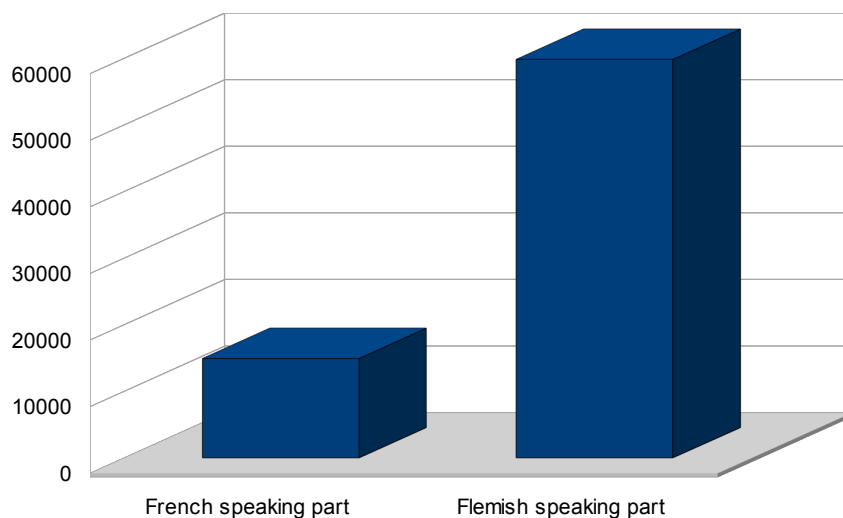


Professor Marina Danckaert, pediatric psychiatrist and specialized in ADHD, stated in regards to West Flanders that “Even if we know that the prevalence of ADHD in boys is higher than in girls, this remains a large number. I even would call this 'American conditions' – the limits have changed a lot there.”¹²

The actual figure of the amount of children and adolescents who are being given psychostimulants do vary according to different sources and qualifying parameters. One source state the number of Flemish children (in the Flanders part of Belgium) under 18 years of age being prescribed an ADHD drug at least once, have grown by 74% between 2004 and 2007, reaching a total of 59.884 in 2007.¹³

Figure 2.

Comparative ratio of Children on ADHD drugs



12. Ditto.

13. Bron: www.bndestem.nl, 25/2/09

One of the problems in obtaining fully reliable figures on methylphenidate is that figures from 2004 and on aren't readily available in Belgium, reportedly due to restriction of use of data from pharmaceutical companies as order by the Federal Minister of Public Health, Laurette Onkelinx¹⁴. The Federal Minister of Public Health from 2004 has not provided complete data, also not to the Parliament.

The UN's International Narcotic Control Board however has obtained information on the total quantity of methylphenidate used in Belgium that seems reliable, and this can be found below.

It can be established with certainty that there are large regional differences: in Flanders (the Flemish speaking part of Belgium) the consumption is almost four times higher than in the French speaking part of Belgium. West Flanders has the highest prescription rate.

In the beginning of the 1990s, about 200.000 Rilatine pills were used.¹⁵

In 1998, Belgium pharmacies distributed 1 million daily dosages of these drugs, by the year 2008 this had risen to 7 million daily dosages: an increase of 700 %, per a study from a committee of professors from Leuven, who had studied the increased use of psychotropic drugs.

The use of Rilatine had increased from 1.7 million to 4.2 million daily dosages between 2005 and 2008.

The Medical Institute for Statistics (IMS) report that in 2008 more than 14.8 million Rilatine pills were sold in Belgium.

Novartis, the pharmaceutical company that produce Rilatine saw a total turnover for Rilatine increase from 2,1 million Euro in 2004 to 7,3 million Euro's in 2008.¹⁶

In addition to psychostimulants, some children as of 2005 are being prescribed another type of drug to manage or suppress the symptoms labelled as ADHD. This drug, an antidepressant from the so-called SNRI group sold under the name Strattera, was given to about 1.000 children in 2008.¹⁷

The Federal Minister of Public Health, Laurette Onkelinx (shortly before the Federal government fell in April 2010) was calling doctors and health insurers in for a round table discussion about what could be done to deal with the increasing consumption of psychotropic drugs in general, and specifically ADHD drugs.

d. The Continual Rise of the Drugging Situation

This situation of widespread diagnosing of children with ADHD symptoms solely based on subjective observations has continued in Belgium. This is due in part to the lack of an actual understanding or recognition of what causes the symptom of ADHD, a condition that one can't establish by physical tests and which does not have any medical markers.

14. Fernand Haesbrouck in the book "The fraud with serotonin and dopamine", p. 44.

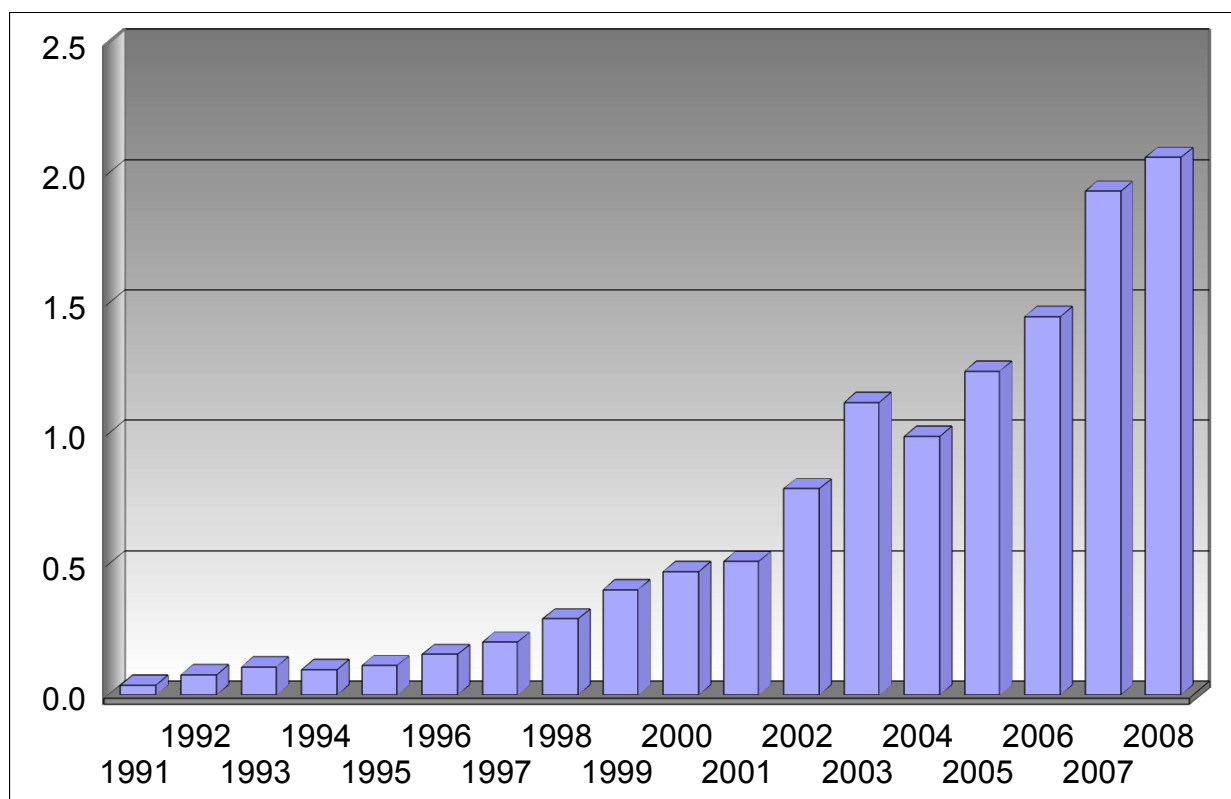
15. DWM, De Knack, 20/1/09, Source: <http://knack.nnews.be/belga/algemeen/rilatine-boomt-dankzij-studenten/site78-section5-article83407.html>

16. De Morgen, 20/1/09, <http://www.demorgen.be/dm/nl/993/Gezondheid/article/detail/626840/2009/01/20/Rilatine-boomt-dankzij-studenten.dhtml>

17. Bron: Het Belang van Limburg, 11/10/08

Figure 3.

Quantity of methylphenidate used¹⁸ (DDD¹⁹ per 1.000 inhabitants)



e. Drug Abuse and Other Harmful Effects of Psychostimulants

The dangers of the psychostimulants prescribed for ADHD have been known and acknowledged 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.

Like in many other countries the prescription drug methylphenidate (Rilatine) has been diverted off to the illegal drug market, where school pupils use the drug to get high.²⁰

The methylphenidate drug however also has other and more serious side effects than addiction such as: cardiovascular risks (hypertension, heart rate increases and arrhythmias), cerebrovascular risks (migraine, cerebrovascular accident, stroke, cerebral infarction, cerebral vasculitis and cerebral ischaemia), a risk of psychiatric disorders, as well as a potentially harmful effect on growth and sexual maturation.

18. Source: Council of Europe Parliamentary Assembly's Social, Health and Family Affairs Committee Report, Doc. 9456 of 7 May 2002, Controlling the diagnosis and treatment of hyperactive children in Europe; INCB register on Psychotropic Substances in Schedules II class, UNITED NATIONS for figures 2000-08.

19. **DDDs or Defined daily doses** are a World Health Organisation (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. In regards to methylphenidate (Ritalin, Rilatine and Concerta, etc.) the DDD has been set to 30 mg per 70 kg of body weight by the WHO.

20 Source: <http://www.demorgen.be/dm/nl/993/Gezondheid/article/detail/626840/2009/01/20/Rilatine-boomt-dankzij-studenten.dhtml>

Recommendations

1. The Federal state party ensures that the appropriate 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, clustered together as ADHD, including the many non-drug methods and actual cures, which do not have the same liabilities as drug treatment.
2. The Federal state party ensures that children diagnosed with ADHD, as well as their parents and teachers, have access to a wide range of therapeutic, educational and social measures and treatments.
3. The Federal state party supports any 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 behavioral effects of such medical problems as allergies or toxic reactions, and “alternative” forms of treatment such as diet.
4. No psychological and psychiatric examinations and treatment of school children due to educational, attention or behavioral problems should be carried out unless other forms of non-drug approaches has had no effect.
5. 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 140 chapters in over 31 countries. Its board of advisers, called Commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.