

ADHD and ADHD-medication in the Netherlands

Children deserve better; a call for a healthy approach to the ADHD epidemic



Foundation Nederlands Comité voor de Rechten van de Mens
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Summary

Like in most other Western countries the number of ADHD and ADD-diagnosed children in the Netherlands and therewith the number of children who get psychostimulants prescribed, increased significantly during the last decade. In the Netherlands this number is now (date of this report) approximately 5% of the population between 0 and 21 years of age.¹

These children and their parents often do not receive adequate assistance or information about the underlying problem or the cause of ADHD symptoms. Instead, more and more medication is used to keep symptoms under control. The most commonly prescribed drugs are based on the psychostimulant methylphenidate. An increasing number of children are at risk by the lack of a proper treatment of the symptoms.

The question if ADHD is an actually existing disease is frequently being asked. Independent experts explain how a set of behavioral properties were collected in the psychiatric handbook DSM under the heading of the term attention deficit hyperactivity disorder, which afterwards became the name for a disorder, and even for a disease located in the brain.

Dr. Allen Frances, leader of the Task Force of the psychiatric manual DSM-IV, spoke of a "(...) huge, unintended false" epidemic" of ADD, as a result of an incorrect diagnosis description which in turn caused the "capture [of] many patients who might have been far better off never entering the mental health system." A recent study by Michigan State University shows that 1 million children may have been wrongly diagnosed, simply because they were young, the youngest in the class. This study has been repeated in The Netherlands on a smaller scale, with the same result.

A clear discussion about ADHD is complicated by several circumstances. ADHD-like behavior may be caused by social, medical and educational circumstances. The influence of misleading marketing campaigns of pharmaceutical companies and their influence on the creation of theories regarding the cause of mental disorders is not sufficiently known and made known, leading to ignoring possible underlying psycho-social causes of ADHD symptoms, or in the field of diet, education, undetected medical problems, lack of body exercise etc.

Side effects of medication are an important aspect in this matter. The psycho-stimulants most commonly prescribed for ADHD, methylphenidate-containing products like Ritalin and Concerta, are psychotropic drugs and for these drugs a list of side effects is known. Harmlessness in the long term has not been demonstrated. Increasing use of Ritalin as a "study drug" and street drug (kiddies cocaine) is alarming.

In the absence of adequate knowledge, even among some leading professionals, society allows that a non-negligible part of the Dutch youth (approx. 4.5% between 4 and 18 years) is a victim of inadequate treatment and is exposed to psychostimulants, while solutions without medication are available. This situation is in conflict with the UN CRC, Article 24, Section 1, stating: "(...) The child is entitled to the best possible health and health care facilities. The government ensures that no child is denied access to these facilities."

Since 2009 members of Dutch parliament worried about strongly increasing numbers of ADHD-labeled children and prescribed psychostimulant-medication. During 2011 the Dutch Ministry of health, formulated the intention to "de-medicate" Dutch youth and to "remove labels". Nevertheless the use of medication for ADHD kept on rising during the following years. Dutch government is now in a state of transition to hand over responsibility of youth health to municipalities (local community level). In principle this could lead to more careful help and decreased use of ADHD-medication. However, this is a complex operation, with many uncertainties involved.

We recommend to sharply monitor the use of medication for ADHD-symptoms during this transition in the coming years.

¹ Gezondheidsraad, Health Council of the Netherlands, ADHD: medicatie en maatschappij, report 3 july 2013

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Introduction

With this writing we intend to inform about the background of the ADHD diagnosis and the use of psycho-stimulant medication in the Netherlands, its side effects, the influence of the pharmaceutical industry, the neglected alternative approaches without medication, reports of the UN and the EU on psychostimulants for children and the lack of evidence of positive impact on school performance. It also includes a call to respect children's privacy and to focus on improving the conditions in which children grow up like in the field of education and social situation, diet, and to have more confidence in the natural resilience of children.

Since 2009 members of Dutch parliament worried about strongly increasing numbers of ADHD-labeled children and prescribed psychostimulant-medication, followed by a change of intention of the Ministry of health (2011, the intention to "de-medicate" Dutch youth and to "remove labels").² Nevertheless the prescription of medication for ADHD is still rising.

Because ADHD got an epidemic proportion and medication with psychostimulants is the most popular treatment, policy makers should intervene wisely.

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² E.g. Statement of the secretary of state, Mrs Veldhuijzen van Zanten, nov. 2011 <http://www.artsennet.nl/nieuws/Nieuws-uit-de-media/Artikel/105408/Kabinet-wil-medicalisering-jeugd-halt-toeroepen.htm>

ADHD diagnosis and use of psychostimulants.

Western countries are confronted with symptoms and diseases related to, among other things, lifestyle, diet and decreased physical activity.³ A constantly increasing number of children are diagnosed with ADHD. They often do not get the treatment needed, but they are prescribed amphetamine-like medication with the objective of keeping their problems controllable without the route to a good solution being offered. In The Netherlands prescribed methylphenidate-containing drugs are Ritalin, Concerta, Equasym and Medikinet.

Where the medical community treats diseases, in psychiatry the term disorder is used when groups of symptoms are identified. Symptoms of ADHD, now probably the best known disorder, as indicated in the psychiatric manual DSM are:

- Doesn't pay attention to details
- Makes careless mistakes
- Has trouble staying focused; is easily distracted
- Appears not to listen when spoken to
- Has difficulty remembering things and following instructions
- Has trouble staying organized, planning ahead, and finishing projects
- Gets bored with a task before it's completed
- Frequently loses or misplaces homework, books, toys, or other items

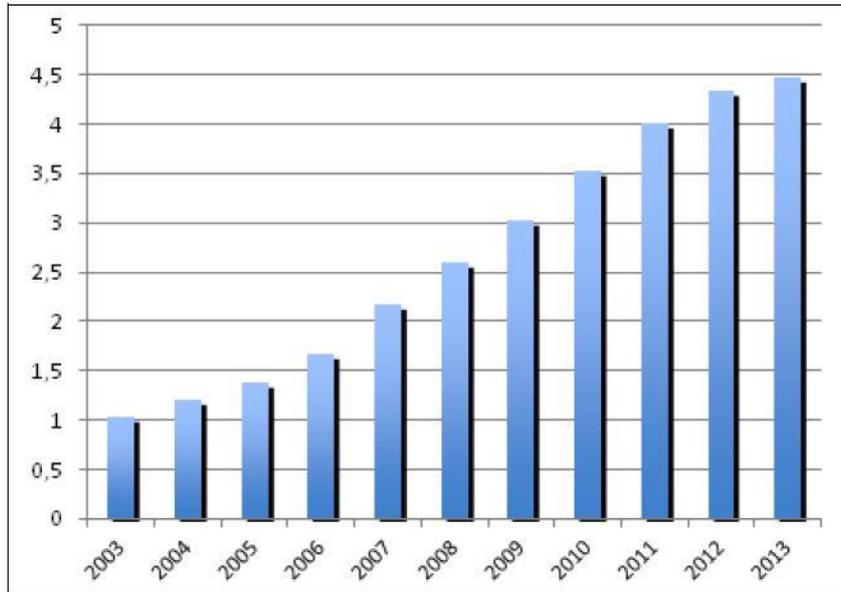
- Constantly fidgets and squirms
- Often leaves his or her seat in situations where sitting quietly is expected
- Moves around constantly, often runs or climbs inappropriately
- Talks excessively
- Has difficulty playing quietly or relaxing
- Is always "on the go," as if driven by a motor
- May have a quick temper or a "short fuse"

Many of these symptoms are consistent with normal childhood behavior and the probability that a child may get an ADHD label is therefore high.

There are other circumstances that facilitates "labeling" of children. An important point here is that there is money associated with the ADHD label, such as in the Netherlands the Pupil Specific Funding ("Rucksack") and the regulations of healthcare insurance. In the Netherlands, currently between 3% to 5% of the children is said to suffer from ADHD, of whom approx. 130,000 are medicated (i.e. approximately 4.5% of the age group between 4 and 18 years of age), most of them medicated by psychostimulants.⁴

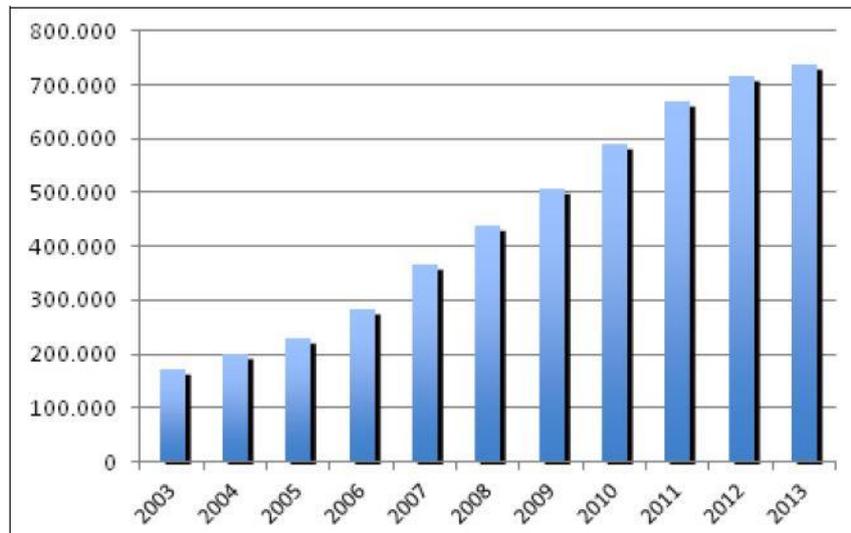
³ CRC/C/NOR/4 of 11 May 2009, B. Health and health services (art. 24) - Special challenges concerning health and well-being, Pnt 285.

⁴ http://www.gezondheidsraad.nl/sites/default/files/ADHD_medicatie_en_maatschappij_201419.pdf



Graph 1. The percentage of young people from 4 - 18 years old who got methylphenidate prescribed.

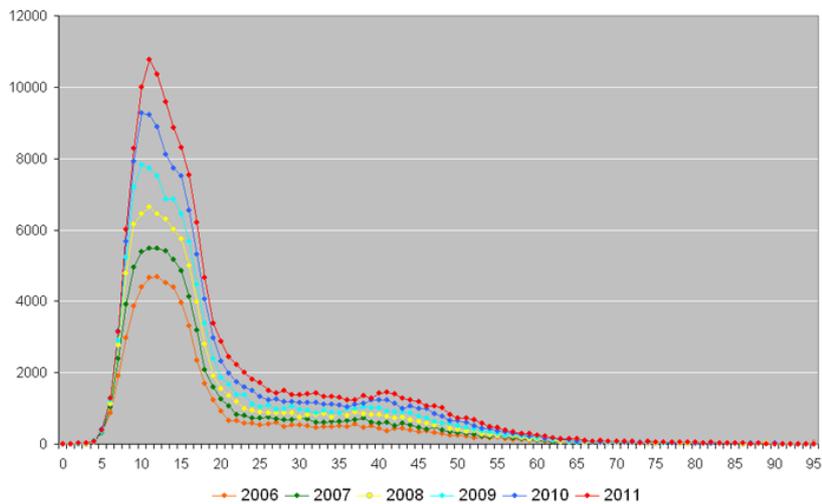
Source: Stichting Farmaceutische Kengetallen⁵



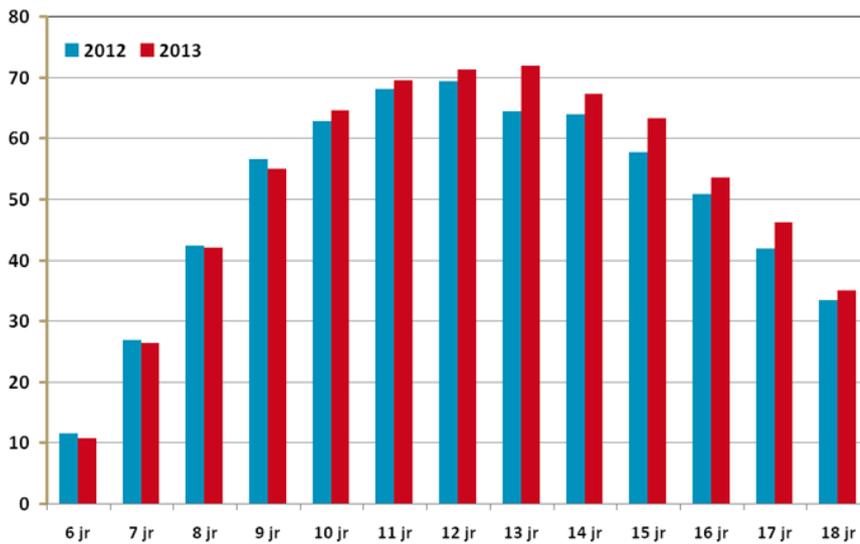
Graph 2. The number of prescriptions of methylphenidate for children and adolescents aged 4-18 years.

Source: Stichting Farmaceutische Kengetallen.

⁵ Stichting Farmaceutische Kengetallen receives prescription data from (approx.. 95% of) all Dutch pharmacies. A small percentage of clients get prescriptions from more than one pharmacy, so the real number of prescriptions might be a bit lower. Ref. http://www.gezondheidsraad.nl/sites/default/files/ADHD_medicatie_en_maatschappij_201419.pdf



Graph 3. ADHD medication per lifetime group.⁶ (age along the horizontal axis, source: Stichting Farmaceutische Kengetallen.)



Graph 4. Number of young users of methylphenidate per 1000 persons in their lifetime-group (per year of age) for 2012 and 2013.⁷ For children between 6 and 10 years there is a 5% decrease in prescriptions for the first time in many years. Though the total consumption for children <19 years of age showed an increase of approx. 4.5% from 2012 to 2013. Source: Stichting Farmaceutische Kengetallen.

One of the major causes of diagnosing and drugging of children for ADHD, is that in the psychiatric manual DSM a number of phenomena are put together that may not cohere. Mental disorders for the manual are defined by a consensus seeking procedure within a group of psychiatrists; the psychiatric disorders are voted into reality.⁸ Such a process might be considered to be somehow similar to procedures of finding consensus among experts in other

⁶ <http://www.sfk.nl/nieuws-publicaties/PW/2011/meer-dan-1-miljoen-adhd-voorschriften>

⁷ <http://www.sfk.nl/nieuws-publicaties/PW/2014/adhd-afnemende-groei>

⁸ Dr. Tana Dineen, Ph.D., *Manufacturing Victims*, Third Edition, (Robert Davies Multimedia Publishing, Montreal, 2001), p. 86.

sciences. However, in the field of mental health the problem arises afterwards when the outcome of such a procedure is given the value attributed to it by the mental health care system.

Dr. Allen Frances, chair of the Task Force of the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) stated March 2010:

"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 careful and conservative, 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."⁹

There is no doubt that children in psychological distress and treatment should receive the help needed. In the case of an ADHD diagnosis, prescribing medication, however, has become big business, children are often prescribed medication for years.

As an illustration of what may go wrong with the ADHD diagnosis, we refer to a study by Michigan State University¹⁰, showing that in the U.S. approximately one million children may be wrongly diagnosed with ADHD, simply because they were the youngest in the classroom. The youngest of the group in this study, were 60% more likely to be diagnosed with ADHD than older children. This is caused by a deficient diagnostic procedure, while the doctor should take the difference in age of the child into account. The diagnose is often based on questionnaires, filled in by parents or teachers.

This test has been repeated at a smaller scale in an area in the north of the Netherlands, with approximately the same result: of the young pupils in the class 5.5% used methylphenidate, this is more than 2 x as much as the older pupils.¹¹

The discussion on this topic is suffering from an unhealthy imbalance, with on one side a large number of experts and health care providers who speak the language of current treatment guidelines and on the other side a number of critical experts, individual practitioners and therapists, critical investigative reporters and concerned citizens who look at the explosive growth in the use of psychostimulants with dismay. The lack of cohesion among members of this second category works in favor of the medical approach to ADHD, with negative consequences for young patients.

Psychologist Dr Laura Batstra reached the Dutch national media in 2010 after quitting her job at youth clinic Accare. Earlier she had stated:

"Medication is in the center where I now work in all cases the first advice in the treatment of ADHD. Only if this works insufficiently, parent training is offered. My problem with drugs - apart from the rather important fact that we do not know if this means long term harm - is that nobody learns from the suppression of symptoms."¹²

Dr. Batstra is now working at the University of Groningen and is researching a step-wise therapeutic approach to minimize psychiatric intervention and medication.

The Trimbos Institute (a Dutch national institute for mental health, addiction problems etc.) states in its multidisciplinary guideline for ADHD in children and adolescents: "As part of the treatment of ADHD various drugs have been studied. However, to date no medicine has been indicated as being curative."¹³

⁹ 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>

¹⁰ Summary: http://www.usatoday.com/news/health/2010-08-17-1Aadhd17_ST_N.htm

¹¹ Krabbe, Batstra, Conradi, Pijl; *Jong gedrag vaak verward met ADHD, (Young behaviour often mixed up with ADHD)*, June 2013

¹² <http://jeugdenoverlast.blogspot.com/2010/04/adhd-is-geen-ziekte-trouw.html>

¹³ Section 4.2 <http://www.trimbos.nl/~media/Files/Gratis%20downloads/AF0635%20Richtlijn%20ADHD%20totaal.ashx>

In 2009, during the reapproval of the marketing authorization of Methylphenidate, the European Medicines Agency (EMA) stated that methylphenidate should only be used if other non-drug therapies have failed.¹⁴

That report identified all side effects and risks, including aggression, violent behavior, psychosis, mania, irritability, and suicidality. The report recommends that children younger than 6 years and adults over 18 years should not be given Ritalin and such psychostimulants. This statement was included in drug-information sheets, which was a small step in the right direction.

There is a long series of causes of ADHD phenomena which are considered too little in the standard treatment: divorcing parents or other problems at home, being bullied, undiscovered alcohol and drug use, problems with study and/or study material at school, undiscovered physical problems, low-nutrient diet, other particular sensitivities associated with food such as certain artificial food colors or remains of pesticides, allergy, too little sleep and exercise, and so on.

The reason why the above mentioned causes remain underexposed and why medication as the primary solution is promoted instead of appropriate therapies, may be found in the theories about causes of mental disorders in the relevant sciences and with the marketing techniques of the pharmaceutical companies.

Opinion leaders among psychiatrists receive direct or indirect funding from the pharmaceutical industry, making them vulnerable for influence.¹⁵

¹⁴ European Medicines Agency,

http://www.ema.europa.eu/docs/nl_NL/document_library/Referrals_document/Methylphenidate_31/WC500011138.pdf pag 60.

¹⁵ E.g. Dr. J. Buitelaar, high profile promoter of ADHD in the Netherlands, was payed advisor of eleven pharmaceutical companies, among which producers of ADHD-drugs en received funding for research from from 3 pharmaceutical companies. Seen at <http://www.joopbouma.nl/kritiek-op-richtlijn-adhd-pillen-op-langere-termijn-niet-effectief/>

Side effects ¹⁶

The active component of Ritalin, the most commonly used ADHD medication in The Netherlands, is methylphenidate. It is an amphetamine-like drug, a psycho-stimulant. It is on the list of psychotropic substances of the International Narcotic Control Board¹⁷ and the Dutch Opium wet (Opium Act), list I.

Over the years, internationally numerous warnings about wrong diagnosis of children and on the effects of ADHD medications are issued by national authorities dealing with drug monitoring, by the European Medicines Agency, the European Commission, the Food and Drug Administration of the U.S., the International Narcotics Control Board and by the UN Committee on the Rights of the Child of the UN.¹⁸

The warnings include side effects like disturbed behavior, visual hallucinations, disturbances of growth and sexual development, suicidal thoughts, psychotic behavior, aggression and dangerous behavior, severe heart disease, liver damage and even death.

The consequences for public health are reported by the Parliamentary Assembly of the Council of Europe as early as 2002:



The subject of ADHD was often in Dutch national media during the recent years.

"Following a trend set in the USA, increasing numbers of children in certain Council of Europe member States are being diagnosed as suffering from Attention deficit / hyperactivity disorder (ADHD), and similar behavioral conditions and treated by means of central nervous system stimulants such as amphetamines and methylphenidate, listed in Schedule II of the 1971 United Nations Convention on Psychotropic Substances because their liability to abuse, constitutes a substantial risk to public health and they have little to moderate therapeutic Usefulness"

And about the long-term effects:

"there is controversy surrounding ADHD, not only as to whether it may validly be described as an abnormality or disease, but above all as

to whether it is justified to treat such cases with central nervous system stimulants ... whose long-term effects are uncertain and which cannot effect a cure".¹⁹

¹⁶ Lists of side effects for ADHD medication can be found at the internet. As well as dramatic testimonies of parents. Dutch center for side effects: <http://www.lareb.nl/bijwerkingen/zoekresultaten.asp>

¹⁷ <http://www.incb.org/incb/en/psychotropic-substances/index.html>

¹⁸ Parliamentary Assembly of the Council of Europe Motion for a recommendation, Doc. 11070 rev of 11 October 2006, Children's right to safely overcoming hyperactivity and attention problems. Presented by Mrs Woldseth and others.

¹⁹ Parliamentary Assembly of the Council of Europe Doc. 9456 of 7 May 2002, Report of the Parliamentary Assembly Social, Health and Family Affairs Committee, Controlling the diagnosis and treatment of hyperactive children in Europe. Rapporteur: Mr Ovidiu Brînzan, Romania, Socialist Group.

The European Medicines Agency (EMA) Committee for Medicinal Products for Human Use (CHMP) concluded in January 2009 that methylphenidate-containing drugs that are used in the Member States should provide the following information (the list is somewhat compressed by the editor of this text):

- The user must first be medically checked for cardiovascular problems.
- During use, blood pressure and heart must be monitored at regular intervals.
- Little is known about long-term effects. Therefore, annual a stop of use of methylphenidate should be included, to see if continuation is worthwhile.
- Methylphenidate may cause psychiatric disorders or worsening of disorders such as depression, suicidal thoughts, hostility, psychosis and mania. Therefore, this requires constant monitoring.
- Height and weight of the users of methylphenidate should be monitored.

In 2009 a publication on a continuation of an extensive federal investigation in the U.S. on ADHD led to discussions: the Multimodal Treatment Study of Children with ADHD on the effectiveness or long term drug treatment of children with hyperactivity or ADHD (known as the MTA Study). As a result of new information there were allegations that some members of the original research team had played down evidence which suggested that medication after 24 months had no effect. The study also pointed at problems in growth with prolonged use.²⁰ Two years earlier, in 2007, follow-up data were reported showing that children taking medication were one inch shorter and six pounds lighter than children who took no medication. The original report, when the decrease of effectiveness with longer use was not known, was made widely known.

For the administration and monitoring of side effects national institutions are serving like the Dutch LAREB.²¹ The reader should be aware of the following remark: experts in the U.S. estimate that only 1 to 10% of the adverse reactions are reported to the FDA. It is well possible that the actual number of serious adverse events is estimated too low and there is no reason to assume that this phenomenon does not occur in the Netherlands.

²⁰ According to Shankar Vedantam, Washington Post Staff Writer in *The Washington Post*, *Debate about Drugs For ADHD Reignites - Long-Term Benefit For Children at Issue*, 27 March 2009. Also online: <http://www.washingtonpost.com/wp-dyn/content/article/2009/03/26/AR2009032604018.html?nav=emailpage>

²¹ Dutch center Lareb <http://www.lareb.nl/Bijwerkingen>.

The influence of the pharmaceutical industry

The growing trend of children being diagnosed as suffering from psychiatric learning- or behavioral disorder is contributed to by child psychiatrists and international literature, published by psychiatrists who are supported by research budgets and other funding's from pharmaceutical companies.

Besides the fact that the influence of the psychiatric manual DSM is far too large (i.e. far beyond the scientific range it was initially meant for), there is a questionable side connected with its realization. A publication from 2012 states that 69% of the experts contributing to DSM-5, and thus making psychological symptoms into disorder, do have some relationship with pharmaceutical companies.²² This fact, together with the procedure followed to bring a disorder into reality (a vote among psychiatrists) should make healthcare providers and health insurers suspicious.

Information on ADHD symptoms is spread by child psychiatrists and ADHD groups such as parents' information groups. Most of these groups in Europe are directly sponsored by pharmaceutical companies.

The Dutch dr. J. Buitelaar was an international opinion leader in the field of ADHD who contributed to the Dutch ADHD treatment guideline from 2005, which is still in use today (date of this report). Dr. Buitelaar was paid advisor of eleven pharmaceutical companies, including manufacturers of ADHD drugs and received money for scientific research from pharmaceutical companies.²³

During a decade, Dr. J. Biederman (US) was an internationally influential promoter of medical treatment for children with behavioral problems and was a member of a DSM- committee on ADHD-related topics. In 2008, Biederman was discredited during a US Parliamentary investigation by failing to be open to Harvard University about approximately \$ 1.5 million, received from drug manufacturers.²⁴ The investigation also revealed a PowerPoint presentation where Biederman promised positive results for test of the antipsychotic drug Risperdal for children. The scientific consequences for Biederman, were minimal; Biederman kept on playing a role in the international ADHD scene. He was chosen as one of the 5 best speakers at the World federation for ADHD in 2013.²⁵

Not only in the U.S., but also in Europe, Netherlands, distinguished psychiatrists influenced the way of thinking about psychiatric drugs and are in some way involved in promoting and marketing it.²⁶

Unfortunately, a large proportion of patients associations became part of the marketing machinery of the pharmaceutical industry. Although the Dutch parents association Balans under pressure from critics say to have broken financial ties with the pharmaceutical, Mrs. A. Paternotte, chief editor of Balans Publicaties, suggested in a TV



This photograph of an information poster at an international conference illustrates how the medication approach for ADHD dominates. Vienna, 2009.

22 <http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001190>

23 <http://www.joopbouma.nl/kritiek-op-richtlijn-adhd-pillen-op-langere-termijn-niet-effectief/>

24 Gardiner Harris, Benedict Carey, "Researchers Fail to Reveal Full Drug Pay," *New York Times*, 8 June 2008.

25 adhd-federation.org, ADHD congress 2013 evaluation.

26 E.g.: http://topics.nytimes.com/topics/reference/timestopics/people/b/joseph_biederman/index.html

news program to reconsider within Balans, accepting Pharma money.²⁷ Investigation of Health Action International revealed that in 6 out of 15 investigated patient's organizations a large part of the budget comes from pharmaceutical firms.²⁸

With patient's association Impulse, the annual "Lotgenotendag" ("fellow-sufferer"-day) was sponsored by the pharmacy.²⁹ The pharmaceutical industry intensively is marketing through the Internet. The drug company Janssen Cilag Concerta hired a pr- firm to promote Internet lectures to be used at school by children.³⁰

Another example comes from manufacturer Eurocept BV, producer of Medikinet, had a website where people could determine their "ADHD profile". Even if the minimum possible ADHD-like symptoms are filled in, medication therapy is suggested.³¹ June 2009 Lilly removed a children's "quiz" about ADHD from the Web after Parliamentary questions were asked.³²



Illustration: Example of an Internet website of a pharmaceutical company. No matter how few complaints are entered (here: 4 hours per week showing ADHD symptoms), treatment with methylphenidate therapy is proposed. (Seen November 2010.)

27 Zembla "De ADHD hype":

http://zembla.vara.nl/Afleveringen.1973.0.html?&tx_ttnews%5Btt_news%5D=31588&tx_ttnews%5BbackPid%5D=1972&cHash=a9e2e1bc6935d7715fe99840aff247c9

28 <http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2010/09/20/kamervragen-van-gerven-over-sponsoring-patientenorganisaties.html>

29 Seen Nov. 2010 at <http://www.impulsdigitaal.nl/Vereniging/Sponsors/tabid/286/Default.aspx>

30 http://www.trouw.nl:80/incoming/article3032313.ece/_'_Fabrikant_maakt_sluikeclame_voor_ADHD-medicijn_Concerta_'_.html

31 Seen Nov. 2010 at <http://www.mijnadhdprofiel.nl/profiel.php>

32 <http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2009/06/19/antwoorden-op-kamervragen-van-gerven-over-het-aan-de-pil-helpen-van-adhd-kinderen-door-multinational-eli-lilly.html>

Alternative approach without medication is a neglected subject.

There is too little (governmental) support for investigation into the causes of increasing number of ADHD-diagnoses and alternative, non-medicinal therapies. ADHD diagnosis and medication as a therapy may be an easy solution for the practitioner and for a school teacher. Alternative therapies get lack of attention, because of problematic research budgets, as well as the limited dissemination of knowledge about the existence of such alternative therapies and treatments, addressing the actual cause of the behavior problem.

This occurs in many countries. Psychologist Elliot Valenstein notes that people:

“(..) are forced to depend on information that is really promotional material or at the very least, is information that is filtered and shaped by various interests groups. What physicians and the public are reading about drugs and what causes mental disorders is by no means a neutral reflection of all the information that is available.”³³

After years of influencing theories regarding the functioning of the psyche and information controlled by pharmaceutical companies has caused that even medical professionals have come to believe in statements like "there is no treatment for ADHD", easily leading to many years of medication.³⁴

A Dutch example of the scarcity of research budget was the problem to find funding for investigation of the effect of an exclusion diet for ADHD-diagnosed children. The researcher stated that 70% of children diagnosed with ADHD improved significantly by modifying the diet.³⁵

Other nutritionists suggest links between junk food and fast food and its effects on the nervous system and behavior.³⁶ Medical conditions can lead to ADHD-like behavior, such as toxins, mercury and lead poisoning. An amendment to the Lead Poisoning Prevention Act, Illinois, USA, says that lead poisoning can cause: "(..) learning disabilities, speech problems, difficulties with concentration and behavioral problems." And ADHD symptoms may simply result from a learning disability. Children who cannot quickly enough understand presented material at school and make it their own, may have problems to concentrate, may become "dreamy" at school and/or feel the strong urge to leave the classroom; they can be helped by better education.

In 2013 a grant for an investigation to explore the possibilities to treat without classifying diagnosis was rejected by a Dutch governmental agency.³⁷ The research would have included children with concentration problems; the approach would have been less stigmatizing and less debilitating.³⁸

The rejection of the grant illustrates the way the system maintains itself.

33 Elliot S. Valenstein, Ph.D., *Blaming the Brain*, The Free Press, New York, 1998, p. 220.

34 McNeil Pediatrics, a Division of McNeil-PPC, Inc. 2000-2007 Ft. Washington PA, USA.
<http://www.concerta.net/concerta/pages/about-treatment.jsp> (accessed 5 January 2008); Eli Lilly and Company,
http://strattera.com/1_9_faqs/1_9_faqs.jsp#ques1 (accessed 5 January 2008)

35 The diet therapy of drs. Pelsser got attention in the media in 2009 because of funding problems for her research, being a relatively small amount of money compared with drug research. See publication of February 2011 in *The Lancet*,
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)62227-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62227-1/fulltext) 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*. Also see <http://www.adhdenvoeding.nl/>

36 Example: Dr Rudy Proesmans, in the book: "Optimally healthy without medication: keep illness on a distance by taking the right food," p.53

37 <https://www.zorginstituutnederland.nl/binaries/content/documents/zinl-www/documenten/publicaties/magazines/1401-magazine-januari-2014/Magazine+-+januari+2014.pdf>

38 E.g. publication L. BATSTRA, E. NIEWEG, S. PIJL, D. VAN TOL, M.HADDERS-ALGRA, *Childhood ADHD: A Stepped Diagnosis Approach*, (*Journal of Psychiatric Practice* 2014;20:169–177)

INCB, UN and EU about psychostimulants for children

The International Narcotics Control Board (INCB), a branch of the UN, repeatedly warned the last two decades against increase of the use of psychostimulants, particularly methylphenidate.

In 2012 the INCB noted: "(..) the global manufacture of methylphenidate - a substance used for the treatment of attention-deficit hyperactivity disorder (ADHD) - continued to increase and reached a new record, of over 63 tons, in 2012."³⁹

Another INCB report from 2012 mentioned:

Other countries in Europe and Oceania that show very high rates of per capita consumption of methylphenidate: namely: Australia, Belgium, Denmark, the Netherlands, New Zealand, Norway, Spain and Sweden.⁴⁰

In this same report: "The Board has also stressed on numerous occasions the importance of education and training for health professionals on the rational use of psychoactive drugs, to prevent the abuse of prescription drugs.

The Board noted that the significant increase in the use of stimulants for ADHD treatment in many countries could be attributed to possible overdiagnosis and overprescription."

The Parliamentary Assembly of the Council of Europe in 2002 expressed concerns about the increasing number of children diagnosed with ADHD. In the recommendation was noted: "this issue is of particular concern to the Council of Europe as a human rights organization which aims, among other things, to protect the rights of children and to seek European responses to social and health problems including drug use."⁴¹ The Parliamentary Assembly found, together 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".

And: "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 stressed 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."⁴²

39 International Narcotics Control Board, report for 2012, http://www.unodc.org/documents/lpo-brazil/Topics_drugs/INCB/2014/press_kit_2013_E.pdf

40 http://incb.org/documents/Publications/AnnualReports/AR2012/abuse_prescription_drugs.pdf

41 Council of Europe Parliamentary Assembly Recommendation 1562 (2002) Controlling the diagnosis and treatment of hyperactive children in Europe.

42 Op Cit. PACE Recommendation 1562 (2002)

No evidence of drugs positively affecting school performance

The Oregon Evidence-based Practice Center at Oregon Health & Science University produced with "Drug Class Review on Pharmacologic Treatments for ADHD - Final Report" the result of a major study into drug therapy. The report notes 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."⁴³

For 6 to 12 year old children is reported: "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 also concluded about the same age group:

"No trials of effectiveness found," 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. "

Four previous studies were consistent in the comments of the researchers about the lack of quality studies of effectiveness and long-term effects and side effects of medication.⁴⁴

⁴³ Oregon Evidence-based Practice Center, Oregon Health & Science University, "Drug Class Review on Pharmacologic Treatments for ADHD – Final Report", September 2005. Pg. 13.

⁴⁴ 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*

Social consequences resulting from abuse of DSM and promotion of psychostimulants

The use of psychostimulants such as Ritalin, as a stimulant is popular among young people. This amphetamine-like ADHD medication is increasingly used as a "study drug"⁴⁵ and as a street drug.⁴⁶ Another consequence of an excessively wide interpretation of the description of ADHD symptoms in the DSM is to give children large scale screening for psychosocial problems. Teachers, forced to work with large classes are more likely to grab the ADHD label if a child is busy or dreamy.

Dr. Jan Derksen, professor of psychology, Nijmegen, The Netherlands:

"Teachers seem to be fixated on non-optimum behavior of children. They want to have something done with it. Often there is a personal budget ("rucksack") attached to it, bringing money in. The labeling is thus rewarded. This is a dramatic development."

The result of this development is that there is a greater influx in special education.

Responsible authorities should be concerned by the stories of parents who report that they, if they do not cooperate in medical treatment for their child through school for ADHD, are forced to choose to remove their child from school or be threatened by the youth office, to have their child removed out of their custody. A broadcast of Dutch TV news program Zembla "The ADHD-hype" presented examples of this.⁴⁷ Another concern is that children are tested at school for (among other subjects) psychosocial problems. The tests are based on the DSM manual and will lead to an increased number of ADHD diagnoses and thus to the harmful consequences of drug use.

Dr. G. Breeuwsma, developmental psychologist at the University of Groningen, says:

"Many school-related problems result from the tendency to force children in the mold of the school. We should handle more relaxed, then perhaps we would succeed in keeping pupils with more success in education."

He also advised:

"We would certainly not be pleased ourselves if we were under constant attention all day. We would experience this as a huge infringement on our freedom. But with children we find that normal. (..). We'd better have some more confidence in the spontaneous development power of children."⁴⁸

The above is a concern. In addition, these screening data are stored in the Electronic Child Dossier and can be viewed by other agencies, including police. It may have consequences for later applications for jobs and probably for later health insurance.

45 2014: an estimated 5% of Dutch students use Ritalin during school exams <http://www.nd.nl/artikelen/2014/mei/23/leen-op-twintig-jongeren-gebruikt-ritalin-bij-toets>

46 See <http://www.ivo.nl/?id=765&parent=479¤t=479>

47 VARA, 18 sept. 2010, http://zembla.vara.nl/Nieuws-detail.2624.0.html?tx_ttnews%5Btt_news%5D=31588&cHash=35290645c9d07a9ca48551ab8aebea7d

48 Rijksuniversiteit Groningen; http://www.rug.nl/corporate/nieuws/opinie/2009/opinie09_20

Recent developments in The Netherlands towards reduced labeling and towards the intended de-medication of youth.

Since 2009 several Dutch members of Parliament asked the Minister of VWS (Volksgezondheid, Welzijn en Sport – public health, wellbeing and sports) asked critical questions about increased psychiatric labeling of children, ADHD and ADHD-medication.

Initially, until approximately the year 2011, the position of the Ministry of Health was to leave responsibility with the expert groups (i.e. psychiatrists and medical specialists)⁴⁹.

March 2011 the Parliamentary health commission organized a hearing to be informed about the ADHD subject, where national experts were present, some of which with known ties to pharmaceutical industries, as well as independent experts. One of the subjects, arising during the hearing, was the Dutch ADHD treatment guideline of 2005, constructed under influence of Dr. Biederman (see chapter on the influence of the pharmaceutical industry) and other experts whose scientific neutrality could be considered to be challenged because of pharmaceutical interest. During this hearing it was admitted that the guideline should be updated. The ADHD treatment guideline from 2005 is currently being reviewed.

Since 2012 there was a change in governmental policy. The ministry of health started propagating “de-medicalization of youth”. A second change was the intention to transfer responsibility of youth health to local community (city) level.⁵⁰ After initial resistance of the national health system⁵¹, involved parties are now (date of this report) co-operating with this transition. Independent Dutch experts are optimistic about this development. The slightly decreasing number of children between 6 and 10 years of age on medication might be an indication about a (slowly) changing opinion on the subject of ADHD. (Graph 4)

However, this transition is a large operation with uncertain factors being involved. The final prove will be data showing a decrease of the number of children whose behavior is defined as ADHD or other disorder and a decreasing number of ADHD prescriptions.

49 Ministry of health, answers from the minister, 17 February 2011, report number CZ-U-3052568

50 Policy letter Nov. 8, 2011, change of youth health system „Geen kind buiten spel” <http://www.rijksoverheid.nl/documenten-en-publicaties/kamerstukken/2011/11/09/beleidsbrief-stelselwijziging-jeugd-geen-kind-buiten-spel.html>. This letter explicitly refers to the INTERNATIONAL CONVENTION ON THE RIGHTS OF THE CHILD.

51 Jun 2014 seen at <http://www.artsennet.nl/blogs/Gastblogs/Laura-Batstra/Blogbericht-Laura-Batstra/141914/Wie-zijn-de-helden.htm>

Recommendations

1. Though 2013 showed (for the first time) a slight decrease of young children on Ritalin, the average of 4.5% for children < 18 years old on methylphenidate is an all time high. The intended change of policy to transfer youth health care to local community level has a promise of more precise and smaller-scale care.

However, during the scheduled transition of health care to local level, data about labeling and the amount of prescribed ADHD-medication should be carefully monitored.

2. Initiatives should be stimulated, ensuring that parents, teachers, physicians and children get a complete overview of possible causes of phenomena that are grouped under the heading of ADHD.

3. Responsible authorities in the Netherlands and the EU should ensure that for children in which symptoms of ADHD are identified, a careful and gradual approach is followed, to assure that no unnecessary treatment takes place. Parents and teachers should have access to a full spectrum of therapeutic, educational and social measures and treatments.

4. Drug free therapies should be encouraged, including research into the relationship between psycho-social and educational causes of ADHD-like symptoms, physical causes and the impact of food and diet.

5. As long as drug-free treatment of ADHD-like symptoms has results, no psychological or psychiatric examination of the child may take place.

6. Psychiatric treatment should only take place if proven harmless for the child, both on short and (very) long term.