

New Draft ADHD Guidelines Could Cause Public Health Crisis with Increase of Children Prescribed Mind-Altering Drugs.

Please do not ignore this letter. The new draft ADHD Guidelines are currently under review and to ensure that they do NOT become THE Guidelines, we need to act now. We have until November 2008 to stop this and ensure that our children will not be drugged.

In response to government, professional and public concerns about the number of children labelled with “Attention Deficit Hyperactivity Disorder” (ADHD) and prescribed stimulants and amphetamines, the Royal Australian College of Physicians was funded \$135,000 by the Federal Government to develop new Guidelines on ADHD. If implemented, their recently released recommendations could cost an estimated \$373 million, increasing the problem so greatly that by 2015, 335,000 Australian children could be prescribed stimulants that cause **hallucinations, psychosis, cardiac irregularities, stroke and sudden death**. These guidelines will affect every child in Australia.

- The RACP ADHD Committee and many of the studies cited in the report are rife with pharmaceutical company ties, a conflict of interest that should be investigated. One U.S. psychiatrist, Dr. Joseph Biederman, whose studies are cited more than 70 times, is currently under U.S. Congressional investigation for his undisclosed financial ties to the pharmaceutical industry that paid him US \$1.6 million to research and promote psychiatric drugs, especially to children. **(Please see Conflict of Interest: Appendix 1)**

- Australia has the third highest rate of Ritalin (a drug pharmacologically similar to cocaine) consumption in the world- next to Canada & the United States. The ADHD Guidelines could cause a public health crisis as mind-altering drugs are recommended as the *first line of treatment*.

- The Guidelines claim that 6.8% of our children have ADHD of which only 3-5% are currently identified and even less takes “medication”. The Guidelines would add *teachers, GPs and juvenile justice workers* as referral agents, potentially increasing the number of children taking stimulants to more than 278,000 within a few years.

- If all 6.8% of “ADHD” labelled children were drugged, the costs to the Pharmaceutical Benefits Scheme (PBS) alone could increase nearly five-fold, from \$9.6 million a year to nearly **\$58 million**.^[i] The Guideline’s recommendations call for even more drugs to be funded by the PBS.

- The Guidelines also recommend use of antidepressants, including Strattera (sold as a non-stimulant ADHD drug) already slated to cost PBS an estimated **\$101 million** over 3 years. The stimulant Concerta, was approved in 2006 at a cost of **\$10 million** to the PBS for the first year and a predicted **\$30 million** in its fourth year.^[ii]

- The Guidelines recommend that about 22 special “ADHD” clinics be established to meet the workload of what promises to be a *created epidemic* of “ADHD” children and which could cost taxpayers an estimated **\$25 million**.^[iii]

- Teachers would be co-opted into using subjective behavioural checklists based on the American Psychiatric Association’s (APA) *Diagnostic and Statistical Manual for Mental Disorders* (DSM), with schools paid additional funds for any child labelled with ADHD or a behavioural “disorder.” That could cost a potential \$300 million.^[iv] **Teachers are already facing increasing school violence,^[v] yet the Guidelines would place them at further risk, making them feeder lines to psychiatrists and others that would prescribe drugs known to cause aggression, agitation, psychotic behaviour, violence and suicide. (Please See Appendix 2)** The APA (American Psychiatric Association) is currently under U.S. Senate Finance Committee investigation because of its financial ties to the pharmaceutical industry. Studies show that more than half the psychiatrists that developed the DSM were drug-company funded, helping to boost sales of psychiatric drugs to more than \$30 billion worldwide.

- The Guidelines seek to make GPs “the gatekeepers to referral” by the promoting to them additional Medicare rebates. They are expected to rely upon the “Diagnosis and Management Guidelines for Common Mental Disorders in Primary Care” (criteria based on the DSM) which was produced with a grant from the pharmaceutical company that manufactures tranquilizers, antipsychotics and antidepressants.^[vi]

- **Violating Informed Consent:** The Guidelines claim that complementary and alternative treatments—that have worked for tens of thousands of children—may be of little or no benefit and parents should be told that the efficacy of elimination and restriction diets is uncertain. Yet the FDA-acclaimed Center for Science in the Public Interest has reviewed 23 controlled studies on the effect of food dyes and diet on the behaviour of children and said that it is “misleading” to discount dietary changes.^[vii]

We are asking that you challenge the veracity of the ADHD Guidelines, investigate whether any pharmaceutical conflicts of interests influenced the Committee members and ensure that those with financial ties to the industry publicly disclose this information. There should be no one with any conflicts of interest on the Committee.

In particular we ask you to take action and reject the Guidelines recommendations to:

- 1) Establish and fund “ADHD” clinics that would target more children for stimulants (that are chemically similar to cocaine),
- 2) Increase the number of “ADHD” drugs on the PBS, and
- 3) Use teachers to conduct subjective DSM-based questionnaires on students which essentially turn schools into mental health clinics. (Rather let the teachers teach.)

Additionally, no further stimulant or amphetamine drugs should be approved for “ADHD” and the TGA should publicly release all adverse reactions reported for existing drugs approved for its treatment by placing them on their website.

Finally, we ask that you accept the recommendation of the Center for Science in the Public Interest to protect the informed consent of rights of parents: "Government... should acknowledge the potential for diet to affect behaviour and should advise parents to consider modifying their child's diet as a *first means of treatment*."

Please do not hesitate to contact me if you require any additional information.

Yours sincerely,

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[i] 2007: the Federal Government spent \$12,232,375 on the PBS for ADHD drugs; 79% of these were children (46,586 kids out of 59,243 people total on the ADHD drugs) representing \$9,633,437 or an average of \$206.78 per child. Take the figure to 6.8% or 278,800 and it could cost \$57,652,562. [Extrapolated this to 2015 and a conservative estimate is it will cost \$69.3 million, not taking in inflation].

[ii] "Final Public Summary report, Methylphenidate Hydrochloride, extended release tablets, 18 mgs, 36 mg and 54 mg Concerta®, PBAC Meeting, Nov. 2006.

[iii] Based on \$1.1 million for a clinic in WA (that will provide alternatives to drugs, unlike the planned Guideline clinics) and based on the per capita estimates of 2 clinics in SA, 5 in Vic, 1 in ACT, 1 in NT, 1 in Tas, 4 in Qld, 6 in NSW; 22 clinics at a cost of \$1.12 million per equals \$24.64 million per year.

[iv] Currently in the Northern Territory schools can receive depending on the severity of child, between \$220 and \$440 a week to pay for wages for staff to help a child with "ADHD." An average \$220 could add \$8.8 million per week (\$17.6 million for \$440) just to existing number of kids or \$61.3 million for 6.8% and \$122.6 million at \$440 per child. Multiply these by 37 weeks of school to get total for the year.)

[v] "Damage Control," Australian Education Union, <http://www.aefederal.org.au/Publications/AE?Spr03pp16-19.html>, 10 Sept. 2003.

[vi] Dr. David Healy, *The Anti-Depressant Era*, (Harvard University Press, 1999), p. 47.

[vii] Michael F. Jacobson, Ph.D., David Schardt, M.S., "Diet, ADHD & Behaviour," Center for Science in Public Interest, Sept. 1999.