ADD & ADHD
Epidemic of a Phantom Disease

There is no proof that "attention deficits" in children are anything but normal human variants, yet medical practitioners are labelling more and more children with this diagnosis and giving them dangerous stimulant drugs to control their behaviour.

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PSYCHOLOGICAL, SOCIAL, POLITICAL AND LEGAL IMPLICATIONS

Attention Deficit Disorder (ADD) is a completely unproven and highly questionable diagnosis, yet it is the basis for putting tens of thousands of Australian children on dangerous stimulant drugs. ADD and its popular sub-type Attention Deficit Hyperactivity Disorder (ADHD) were *invented* and not discovered, and efforts to popularise these diagnoses are based on politics and economics and have little to do with medicine.

In 21st-century Australia, when a child habitually "misbehaves" he or she is said to have a "disease". There are absolutely no organic or physiological findings to substantiate the existence of any "disease". "Symptoms" of this "disease" include such things as standing when told to sit, fidgeting, and not being happy about doing chores or homework. *Since when did these childhood behaviours, ranging from normal to non-compliant, become a disease?*

Anyone with a modicum of common sense can read the diagnostic criteria for ADD or ADHD and see the absurdity of this invented "disease". When the medical community and the pharmaceutical companies—the chief proponents of this disease model—admit that they don't know what "causes" this strange disease and cannot even prove it exists, the chuckles evoked from reading the diagnostic criteria change to gasps of disbelief. When we learn that tens of thousands of Australian children are being drugged with powerful and dangerous drugs based on this invented "disease", the gasps turn to cries of outrage.

There are vast implications in labelling children as "diseased" for behaviour considered undesirable and then drugging them into compliance. Do we want children growing up believing that the answer to their problems lies in taking drugs? Do we want children learning that they are not responsible for their own behaviours and can instead blame a mysterious "disease"? Do we want to allow organised psychiatry, which as recently as 25 years ago told us that homosexuality is a "disease", to label childhood misbehaviour as a "disease" in the absence of any proof? Do we want a society that pathologises non-compliance and values conformity over individuality, creativity and free expression?

The physical safety and emotional well-being of Australia's children are being threatened by the ADHD/ADD diagnosis and the accompanying proliferation of stimulant drug prescriptions. A comprehensive inquiry must go beyond the self-protective jargon of the medical/pharmaceutical community and ensure, at the very least, that parents and children are exposed to all sides of this

controversy and given an opportunity for meaningful informed consent before accepting this diagnosis and filling their prescriptions.

Key Points

• The number of children diagnosed throughout Australia as having "ADHD" (or "ADD") continues to skyrocket.
• A significant percentage of these children are placed on stimulant medications, which are highly dangerous drugs with significant short-term and long-term side effects.
• The availability of these stimulant medications represents a significant public health threat in Australia.
• The "ADHD" diagnosis demonstrably lacks reliability.
• The validity of the "ADHD" diagnosis is spurious.
• Parents and children are not given enough information to be able to give meaningful informed consent before commencing stimulant treatment for "ADHD".
• "ADHD" remains a popular and seductive concept, and in the absence of intervention the use of the diagnosis and stimulant drugs is likely to continue to escalate.

The Popularity of "ADHD"

The numbers of children diagnosed as having ADHD or ADD are staggering and continue to increase. The popularity of the diagnosis in Australia has resulted in more and more children receiving stimulant medications.

For years, clinicians have noted that stimulants have a paradoxical effect on children. There have been myriad theories advanced as to the physiological reasons for this, but none has won universal acceptance. In the past decades the pharmaceutical industry has told us that ADHD continues into adulthood and it has advocated the use of stimulant and stimulant-like drugs for adults as well. This suggests that while the stimulant effect seems "calming", it may relate more to a form of intense focusing on one thing (or no thing) as opposed to being aware of and involved in the various aspects of the environment.

According to the 30 June 2002 Sydney *Sun-Herald*: "It is estimated that at least 50,000 Australian children are now on these prescription drugs."[1] The increase has been nothing short of meteoric. "Between 1991 and 1998, prescriptions dispensed for dexamphetamine sulphate increased by 2400 per cent, while prescriptions for Ritalin increased by 620 per cent over the same period."[2] "Australian consumption of dexamphetamine rose 592% between 1991 and 1995, while consumption of methylphenidate rose 490% in the same time period."[3]

The New South Wales Commission for Children and Young People asked for community input and heard many worried voices: "A great many submissions to the inquiry expressed concern about the increasing use of psychotropic drugs in children with ADD/ADHD, especially the long-term effects."[4]

The 1 July 2002 Brisbane *Courier-Mail* noted that, per capita, "More children in Australia take psychotropic medication than do in the US".[5] With estimates of the prevalence of ADHD in the United States ranging as high as 15–18% of school-age children, this trend is frightening and constitutes a public health emergency in Australia.

The Dangers of Stimulant Medications

The most popular stimulant drugs used for "ADHD"—Ritalin (methylphenidate) and dexamphetamine—are pharmacologically similar to cocaine. Just like cocaine, these drugs have significant effects. They cause children to become more docile and more compliant. This is true of all children, as any remnant of the myth that only "ADHD" children react this way has long since been dispelled. "Indeed, stimulant medications have been shown to have similar types of effects in children with diagnosed ADHD and individuals regarded as normal controls (Peloquin and Klorman, 1986; Rapoport, Buchsbaum and Monte, 1980; Rapoport, Buchsbaum and Zahn, 1978).

These results emphasise that the diagnosis of ADHD cannot be determined by a positive response to medication."[6]

Drugged children become more docile and compliant and get into "less trouble", thus pleasing parents and teachers. But at what cost? Occasionally the child pays the ultimate cost:
"Stephanie Hall, of Canton, Ohio, believed ADHD was a disease. She took her Ritalin, religiously. Her parents, Mike and Janet Hall, believed it too. Stephanie Hall died in her sleep, 6 days before her 12th birthday, not from ADHD—because there is no such thing—but from Ritalin, because Ritalin is an amphetamine and because amphetamines have a long history of causing sudden cardiac deaths, even in the young."[7]
"Death caused from long-term use of methylphenidate (Ritalin): Death certificate of 14 y/o Matthew Smith, 21/03/01, Oakland County, Michigan."[8]

In one sense, it should not be surprising that the use of psychostimulants can be dangerous and even fatal. These drugs are among the most controlled and restricted because of their acknowledged danger. In Queensland, as in some other states in Australia, physicians must get approval for every prescription they write for stimulants, and if the treatment persists beyond two months they must provide an explanation. "Both dexamphetamine and methylphenidate are controlled drugs under Schedule 8 of the Health (Drugs and Poisons) Regulation 1996, and they are classified as specified condition drugs under section 78 of the same regulations, with additional supply and use restriction."[9]
Stimulant drugs may lead to depression and thereby might be contributory to suicide. "The [South Australia Parliamentary] Committee was disturbed to hear or read the examples of a number of children who had expressed suicidal thoughts."[10]"Suicide is a major complication of withdrawal from this stimulant and similar amphetamine-like drugs."[11]

Drugs in general, and stimulants in particular, pose a significant long-term risk with children because of their potential developmental effects. It is intuitively obvious that powerful drugs could affect the process of growth and development in a child, and this has been widely acknowledged in the mainstream press, even by the American Psychiatric Association (publisher of the *Diagnostic and Statistical Manual*, or *DSM*) itself:
"The term *developmental toxicology* refers to unique or especially severe side effects caused by interaction between a drug and the process of growth and development. Children and adolescents are growing and developing not only physically but also cognitively and emotionally. It is important that medications not interfere with learning in school or with the development of social relationships within the family or with peers."[12]
Inevitably we must face the fact that if stimulants affect growth and development, they very likely affect the developing brain:
"There is now a mountain of evidence that stimulants disrupt growth hormone production on a daily basis and that they also can reduce the child's overall growth, including height and weight… It is hard to imagine a more serious warning flag than growth inhibition, since it affects the overall growth of the body and all its organs, including the brain."[13]
"The drug commonly used to help Australian children with attention deficit hyperactivity disorder may cause long-term changes in the brain. University of Buffalo scientists have found that Ritalin produced changes in the brains of rats similar to those seen with stimulants such as amphetamines and cocaine. Study author Professor John Balzer said the findings belied the belief that Ritalin, known generically as methylphenidate, was short- acting."[14]
"By issuing psychotropics to children, we do in fact create an interaction between the chemical, the drug, and the developing organism, and in particular the developing brain, which is the target organ of a psychotropic."[15]
"Stimulants such as Ritalin and amphetamine have grossly harmful impacts on the brain—reducing overall blood flow, disturbing glucose metabolism, and possibly causing permanent shrinkage or

atrophy of the brain."[16]
The spectre of these negative effects on growth and development is even more ominous in light of the fact that children under the age of six are routinely prescribed stimulants, despite specific warnings that they are not safe for use in children that young. There have been reports of Australian children as young as 15 to 18 months being given prescriptions for psychostimulants, and at the 2003 Queensland State Youth Conference in Mackay one parent reported that her doctor suggested her nine-month-old had "ADHD" and needed to be medicated (fortunately she refused).
Almost more frightening than the potential long-term effects of psychostimulants is the relatively common "zombie-like" effect induced in children. Shockingly, two of the leading biopsychiatric advocates in the United States, L. Eugene Arnold and Peter S. Jensen, acknowledged the "zombie effect" in their chapter on ADHD in the *Comprehensive Textbook of Psychiatry*: "The amphetamine look, a pinched, somber expression, is harmless in itself but worrisome to parents… The behavioral equivalent, the 'zombie' constriction of affect and spontaneity, may respond to a reduction of dosage, but sometimes necessitates a change of drug."[17]
The zombie effect has been described by Dr Peter Breggin this way: "[This] drug-induced docile behavior is caused by chemically blunting or subduing the child's higher brain function. That part of the child's brain requiring creativity, freedom, play, energetic activity, consistent discipline and inspiring educational activities will be blunted."[18]
With the skyrocketing prevalence rates of this "disorder", there is a very real possibility that we are raising a generation of children whose creativity, thinking and spirit are being blunted by drugs without a verifiable medical justification.

The Public Health Issue
By classifying psychostimulants as Schedule 8 drugs, the Australian government obviously intended to restrict their availability. Yet the proliferation of prescriptions for "ADHD" has made these psychostimulants readily available for recreational use on school playgrounds across Australia.
The illicit use of ADHD drugs is a major problem in Queensland, as noted by the Crime and Misconduct Commission: "The abuse of ADHD prescription drugs is a potential problem for society, the public health system and law enforcement agencies."[19]
In New South Wales, "Concern was expressed, in several submissions to the inquiry, about school children selling, swapping or sharing their prescription drugs or medication with other children at school".[20]
The International Narcotics Control Board (INCB) of the United Nations has warned of the increasing recreational abuse of methylphenidate worldwide.[21] Recreational use of psychostimulants has also been associated with other forms of drug addiction and frequently serves as an easy "first step" into the world of self-medicating.
"Elizabeth Wurtzel, writing in the *New York Times* of April 1, 2000, says that Ritalin has been a gateway drug for many with whom she has interacted at Narcotics Anonymous meetings, where mothers have admitted stealing Ritalin prescribed for their kids, and discussed her own experience of chopping up Ritalin pills and snorting them through her 'nostrils almost continuously'."[22]
The United States Drug Enforcement Administration (DEA) has spoken about this problem, saying that "a number of recent studies, drug abuse cases, and trends among adolescents from various sources indicate that methylphenidate use may be a risk factor for substance abuse".[23]
Tellingly, as reported in the US press: "A recent study by researchers at the University of California at Berkeley—a study of 500 children over 26 years—found that Ritalin is basically a 'gateway' drug to other drugs, in particular cocaine. Lead researcher Nadine Lambert, as reported in the *Wall Street Journal*, concluded that Ritalin 'makes the brain more susceptible to the addictive power of cocaine and doubles the risk of abuse'."[24]
There is widespread acknowledgement, even among staunch advocates of the medical model of "ADHD", that there are other forms of "treatment" available, such as family counselling, respite care and parenting education. None of these modalities involves risking the physical well-being of

children. Particularly in light of a recent meta-analysis that demonstrated there is no educational/learning benefit for children being treated with psychostimulants,[25] it is completely senseless to risk not only the well-being of the medicated children but the health of the community of children at large by continuing to permit the indiscriminate distribution of these dangerous drugs.

Lack of Reliability of Diagnosis

The "reliability" of a diagnosis refers to the degree to which it is dependable; that is, the degree to which we can rely on the fact that the diagnosis will be the same regardless of who is doing the assessment or where the assessment is being done. For example, a broken arm is diagnosed through X-rays and there is a high likelihood that if you visited 100 orthopaedic physicians with the same X-ray, all 100 would make the same diagnosis. "Broken arm" is a highly reliable diagnosis. In contrast, "ADHD" is an almost completely *unreliable* diagnosis. "There are no objective diagnostic criteria for ADHD—no physical symptoms, no neurological signs, and no blood tests... No physical test can be done to verify that a child has 'ADHD'."[26]

The suggestion that 100 clinicians would likely come to no consensus on a child diagnosed by anyone as "ADHD" is borne out by the shocking differences in international prevalence rates. "[T]he prevalence of ADHD in the UK is generally estimated at 1% or less, whereas it is at least 10–12 times greater than that in Australia and the US."[27] Shockingly, this means that if you flew 12 "ADHD" children from Perth to London and had them assessed, the statistical likelihood is that only one would be a "confirmed" diagnosis. Factually, then, the "disorder" is either grossly overdiagnosed in the US, Australia and Canada, or grossly underdiagnosed in the UK (and most of the rest of the world). In either case, it is not a diagnosis that can be depended upon; it lacks reliability.

Even *within* countries, wide variations in prevalence rates preclude the reliability of the diagnosis. For example, an analysis of the use of stimulant drugs for ADHD in the US found that "Southern youngsters were about 71% more likely than kids in the Northeast or West to get the drugs, and Midwesterners were 51% more likely".[28]

A closer look at the diagnostic criteria and an understanding of the DSM process highlights some of the reasons for this unreliability. Laypeople assume there is some scientific or objective process in the identification of disorders. This is typically true in medicine, but it is often not true in psychiatry. The American Psychiatric Association publishes the "bible" of psychiatric diagnoses, the *Diagnostic and Statistical Manual*, which is currently in its fourth edition (*DSM-IV*). An observer at the 1987 APA DSM hearings made the following disturbing comment: "The low level of intellectual effort was shocking. Diagnoses were developed by majority vote on the level we would use to choose a restaurant. You feel like Italian, I feel like Chinese, so let's go to the cafeteria. Then it's typed into the computer." A prominent American psychiatrist, a former chief of the National Institute of Mental Health's Center for the Study of Schizophrenia, put it this way: "*DSM-IV* is the fabrication upon which psychiatry seeks acceptance by medicine in general. Insiders know it is more of a political than scientific document."

Dr Lawrence Diller, discussing the process by which the *DSM-IV* criteria were decided, offers this illustration of how shockingly political the process was. "The main study group had determined that only five of nine symptoms would be required to qualify for a diagnosis of 'ADHD: hyperactive/inattentive subtype' [that is, a 'combined' version of the disorder]. But then the supervisory *DSM-IV* task force astonishingly overruled this decision and increased the number of symptoms required to six! Presumably they were concerned that five criteria were too few and might result in too many children being diagnosed with this type of ADD, but the arbitrariness of their action has little to do with science."[31]

In Western society, which often deifies physicians, it can be truly shocking to people to realise that

this popular psychiatric diagnosis was invented by a group of folks sitting around the table, not by a group of scientists discovering something in a laboratory.

The result of the *DSM* process is a diagnostic category, ADD/ADHD, which is completely arbitrary and based solely on behaviours. The diagnostic criteria raise obvious questions about validity (discussed in the next section), but the description of the "symptoms" is also hopelessly subjective and therefore inherently unreliable. In order to be diagnosed as having ADHD, a child must have *either* six out of a list of nine symptoms of "inattention", *or* six out of a list of nine symptoms of "hyperactivity-impulsivity". The symptoms "must have persisted for at least 6 months to *a degree that is maladaptive and inconsistent with developmental level*" (italics added). However, there is no objective guideline for assessing the requisite degree of maladaptation; it is left to the discretion of the individual clinician. Even more outrageous, *every one* of the 18 "symptoms" of ADHD is qualified by the word "often". What constitutes "often" fidgeting, or "often" having difficulty organising tasks and activities? There are no objective guidelines. To one evaluator, a child who is fidgety every day might seem normal; but to another evaluator (perhaps a childless one), a child fidgeting a great deal on two occasions might constitute "often". The reliability problems don't end there.

"Even aside from 'often', the rest of the definition is riddled with ambiguous and vague terminology. Which mistakes are 'careless' ones? What constitutes being spoken to 'directly'? What constitutes 'difficulty' in organising things? Who decides what activities require 'sustained mental effort'? What is 'easily' distracted? When does a small movement qualify as a 'fidget' or a 'squirm'? Who determines when 'remaining seated is expected'? When is running or climbing or talking 'excessive'?"[33]
Some of the most mainstream US proponents of the medical model of ADHD, believing that it is a valid medical disorder, have acknowledged the lack of diagnostic reliability. In 1998, the National Institutes of Health held a Consensus Development Conference on Diagnosis and Treatment of ADHD and heard testimony from a number of "experts", virtually all of whom supported the medical model. At the end of the conference, panel chairman Dr David Kupfer acknowledged that "[t]here is no current validated diagnostic test",[34] and another panel member noted succinctly that "the diagnosis is a mess".[35]

Lack of Validity of Diagnosis
The "validity" of a diagnosis refers to the extent to which it describes something that is real and can be proved. "Despite millions of dollars spent on research over the past twenty years, much of it subsidised by hopeful drug companies, no one has yet been able to identify this 'disease' called ADHD."[36]
Incredibly, there are many highly respected professionals in various fields who publicly acknowledge that there is no proof of the existence of ADHD. Consider the following...
• Psychology professor Diane McGuinness, PhD: "Methodologically rigorous research indicates that ADHD and hyperactivity as 'syndromes' simply do not exist."[37]
• Neurologist Fred A. Baughman, MD: "We are not mis-diagnosing or over-diagnosing, mis-treating or over-treating ADHD. It has been a total, 100% fraud throughout its 35-year history."[38]
• Associate Professor Robert Reid, PhD, University of Nebraska: "[T]he causes of ADHD are simply not known."[39]
• The Australian National Association of Practising Psychiatrists (NAPP): "[ADHD] is not an inherited genetic disorder or organic disease" and "scientific evidence to support ADHD as a disorder is unproven".[40]
• Psychiatrist Denis Donovan, MD: "ADD is a bogus diagnosis. Parents and teachers are rushing like lemmings to identify a pathology... Our current pathologizing of behavior leads to massive swelling of the ranks of the diseased, the dysfunctional, the disordered and the disabled."[41]
• Physician William B. Carey, MD, of the Children's Hospital of Philadelphia: "What is now most

often described as ADHD in the United States appears to be a set of normal behavioral variations. This discrepancy leaves the validity of the construct in doubt."[42]
• Psychologist John Breeding, PhD: "The diagnosis of ADHD is, itself, fraudulent."[43]
• Tunku Varadarajan, *Wall Street Journal* deputy editorial features editor: "[I]t's just as much nonsense-on-stilts as ADHD as it was pure poppycock as ADD."[44]
• Author Beverly Eakman: "These drugs make children more manageable, not necessarily better. ADHD is a phenomenon, not a 'brain disease'. Because the diagnosis of ADHD is fraudulent, it doesn't matter whether a drug 'works'. Children are being forced to take a drug that is stronger than cocaine for a disease that is yet to be proven."[45]
• Psychologist Richard DeGrandpre, PhD, citing a study in *Pediatrics*, a US medical journal, showing that 80% of children reported as hyperactive at home or school showed exemplary behaviour and no signs of hyperactivity in the physician's office: "This finding is consistent with numerous studies showing, and dozens of newspaper articles reporting, considerable disagreement among parents, teachers, and clinicians about who qualifies for a diagnosis. This can only raise questions about the existence of ADD as a real medical phenomenon since it is these symptoms alone that are the basis of the diagnosis."[46]
• Psychiatrist Peter R. Breggin, MD: "It is important for the Education Committee to understand that the ADD/ADHD diagnosis was developed specifically for the purpose of justifying the use of drugs to subdue the behaviors of children in the classroom."[47]
• United States Senator Hillary Rodham Clinton: "Some of these young people have problems that are symptoms of nothing more than childhood or adolescence."[48]
• Psychiatrist Sidney Walker III, MD: "The medical community has elevated Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) to the status of diagnoses, and most people believe these are real diseases. They aren't, and doctors who label children ADD or ADHD don't have a clue what's really ailing them."[49]
• Educator and researcher Brenton Prosser, PhD: "The dominant definition of the condition argues that it is physiologically based and is best treated with amphetamines, while there remains no biological basis for these claims."[50]
• The 1998 Consensus Development Conference, held by the US National Institutes of Health, came to this conclusion: "[W]e do not have an independent, valid test for ADHD, and there are no data to indicate that ADHD is due to a brain malfunction."[51]

The question remains as to why practitioners and the public alike refer to "ADHD" as a demonstrable disorder, when there is ample evidence that it is not. This phenomenon was explained by Dr John Jureidini, head of the Department of Psychological Medicine at the Women's and Children's Hospital, Adelaide, South Australia, in response to a question by a parliamentary commission:
"There is monumental literature that takes as a given that ADHD is a neurobiological condition and starts from there to talk about different forms of treatment. Once you have many thousands of articles published about something, how can it possibly make sense for someone to stand up and say 'This is not an entity'? I want to emphasise that I quite clearly acknowledge that there are children who are very compromised because of difficulties with impulsiveness, attention and activity. I am not saying that these children are not suffering or are not worthy of attention. I am saying that, as a disorder, ADHD is a spurious entity."[52]

In distinguishing between literal and metaphorical diseases, American psychiatrist Thomas Szasz notes: "[T]he suggestion that, say, AIDS and ADHD...are radically different kinds of diseases—or, more precisely, that the latter is not a disease at all—is politically so incorrect that it is dismissed out of hand."[53]
Proponents of the biomedical model of ADHD are fond of saying that they believe we are on the brink of discovering an aetiology; discovering that "ADHD" actually exists. But they have been

saying the same thing for over 20 years. The fact remains that, in scientific terms, there is no validity to the construct of a "disease" called ADHD.

The Lack of Informed Consent

There is no more fundamental human right than the right to bodily integrity. A hallmark of most legal systems is that innocent people are protected from anything happening to their own body without their consent. According to an article in the *DePaul Journal of Health Care Law*: "[T]rue consent to what happens to one's self is the informed exercise of choice, and that entails an opportunity to evaluate knowledgeably the options available and the risks attendant upon each."54

The issue of consent to health care of young people was the subject of a major 1996 report issued by the Queensland Law Reform Commission.55 It has also been identified by representatives of various organisations as a major issue throughout Australia:

"The Commissioner for Children and Young People advised the committee that issues of confidentiality and consent to health care of young people were major concerns raised by representatives of more than thirty youth and health-related organisations at a National Youth Health Summit organised by the Australian Medical Association held in Canberra in July 2001."56

Consent without information is no consent at all, and parents who are told their child has "ADHD" are virtually never told of the lack of scientific reliability or validity to the diagnosis. Typically they are not told that there is no organic or physiological finding associated with the diagnosis, nor are they told that no one has been able even to demonstrate that "ADHD" exists. Parents are also often not told about the dangers of psychostimulants. Australian common law, international law (particularly the United Nations Convention on the Rights of the Child, to which Australia is a signatory) and a basic sense of human decency demand that any individual has a right to consent to an invasion of their personal/physical integrity.

Children are almost never given an opportunity to give consent to treatment with psychostimulants, nor are they privy to the debate that rages in the professional community about this diagnosis. This egregious violation of a basic human right would not be tolerated were it done directly, but in the guise of "helpful medical care" it becomes more elusive and difficult to combat.

Why Is ADHD Diagnosis So Popular?

The rise in the number of children diagnosed in Australia with ADHD over the past 25 years has been nothing short of astronomical. Given the acknowledged lack of a known aetiology or organic/biological marker for ADHD, the question remains as to why this diagnosis is so popular. There are four primary "constituencies" for whom the ADHD diagnosis has been an economic, practical and emotional godsend.

1) **The Drug Companies**. The market for stimulant medication specifically to treat ADHD exceeds US$600 million annually in the United States alone! With this sort of profit motive, it is not surprising that major pharmaceutical companies have been outspoken proponents of psychiatric diagnoses in general and ADHD in particular.

Novartis Pharmaceuticals—which held the original patent on methylphenidate (Ritalin), the most popular US drug for ADHD—has advertised extensively in both professional journals and popular media, with ads in the latter aimed specifically at convincing parents that their child might benefit from using stimulants. Novartis has also been a generous financial supporter of Children and Adults with Attention Deficit Disorder (CHADD), the national parent support group for ADHD.

Perhaps most troubling is the concern expressed by a University of Michigan neuroscientist and Professor Emeritus of Psychology: "I am convinced that the pharmaceutical industry spends enormous amounts of money to increase its sales and profits by influencing physicians and the public in ways that sometimes bend the truth and that are often not in the best interests of science or the public."57

2) **The Physicians**. The primary reason that physicians are seduced by the idea of ADHD as a biomedical entity is that they desire to be helpful to their patients. Their entire training and

perspective is steeped in the "medical model": a patient comes to see them with a symptom and they diagnose and treat it. If ADHD does not exist, and the behaviours are either part of the range of normal childhood experience or reflective of some dysfunctional environment, the medical practitioner is helpless. Plus, as we'll see in a moment, the stimulant drugs they can prescribe *do* produce the desired effect for parents and teachers, so physicians are positively reinforced by their patients (or at least their patients' parents) for being helpful.

At the same time, it would be naïve to overlook the profit motive in this part of the equation. American psychiatrist Peter Breggin noted: "Biological interest groups have been pressing for decades to capture the child market for drugs and for their professional services."[58]

Tunku Varadarajan of the *Wall Street Journal* wrote: "For psychiatrists to receive payments from health insurance companies, they must find a way to label a patient with a recognised condition—which is why they recognise more, and more, and more conditions. Wait for the next DSM, and there will be at least another 50 conditions added to the existing list."[59]

3) **The Parents.** The strongest force in popularising the ADHD diagnosis (and the use of stimulant drugs) has been parents. Without a "market", the ADHD phenomenon would have died in its tracks. Parent support groups, such as CHADD, vehemently deny any implication that ADHD is anything but a "real" disorder, and many parents cite the diagnosis and the prescription for stimulants as having been a miracle for their child and for their family. The seductiveness of the diagnosis for parents is readily seen by anyone who has worked clinically with families experiencing behaviour problems with a child.

In Western society there is an implication that if your child is misbehaving, then you are an inadequate parent. If your child is constantly misbehaving around other people or "getting into trouble" at school, there is an unspoken assumption that you are unable or unwilling to discipline properly. The idea of a disease afflicting these children and causing their misbehaviour is emotionally perfect for some parents, as they can go instantly from being under suspicion of inadequate parenting to being martyrs, struggling to cope with a sick child. Instead of going to family therapy and learning how they might understand *why* their child is really misbehaving or *what* they could do about it, they can go to support groups and receive positive strokes and sympathy for having been dealt such a cruel biological hand.

The seduction is complete with the introduction of stimulant medication. Studies are conclusive that stimulants cause *all* children—whether they have "behaviour problems" or otherwise—to become more compliant and docile. Obviously, parents who are troubled by their children's "misbehaviour" will be pleased as their kids become more obedient. No more social embarrassment, no more calls from the school. No wonder so many parents seek the ADHD diagnosis—and swear by it.

4) **The Schools.** It is a fact of modern society that many public schools are overcrowded and underfunded. Teachers often have to deal with 30, 35 and more students in their class as they try bravely to provide a decent education. When a particular student is a distraction or disruption, the teacher understandably wants the distraction to cease. When other parents are complaining to the school administration about the misbehaving child, the administration wants the misbehaviour controlled. If the misbehaving child can be "diagnosed" and drugged, the classroom and the school will run more smoothly. This dynamic has been so powerful that several US states have had to pass legislation prohibiting non-medical school personnel from diagnosing children and suggesting medication.

With all these powerful forces combined as not-so-strange bedfellows, it becomes very clear why ADHD has become an "epidemic" in Australia. It is a complete circle, too, because when the diagnosis is made and the child is drugged, everyone is happy. The drug company has another sale, the physician has another customer, the parent is vindicated and the school loses a behaviour problem. Everyone is happy except the child, and the child has no voice.

Recommendations
(Note: These are adapted from *Queensland Children At Risk: The Overdiagnosis of "ADHD" and the Overuse of Stimulant Medication*.60)
Clinicians, educators and researchers sometimes tend to equivocate and "sugar coat" in an effort to sound really "professional". When our children's physical health and emotional well-being are in danger, it is time to be very direct. It is time to "cut to the chase", look at the facts and tell the truth.
• We are giving powerful and dangerous drugs to children for a "disorder" that has never been shown to exist.
• We are allowing pre-schoolers to be drugged with stimulants, despite the fact that these are not recommended for use in children under six and despite the fact that no one knows the potential long-term damage.
• We are allowing such a proliferation of stimulants that these drugs are also being sold and shared by children like candy.
• We are exposing our children to these dangerous drugs despite evidence that they have no positive effect and only "work" by creating more obedient and docile children.
• We are failing to provide parents with the information they need to be able to give meaningful informed consent, and we are failing to give competent children any information so they may do the same—in violation of ethical medical practice, the common law and international law.
There is very little that everyone can agree upon in the controversial area of ADHD, but most would agree that further research needs to be done. At this point there are too many unknowns, and anyone who claims there is "proof" is not telling the truth.

It is bad science to attempt to treat something before we know what it is. Given the acknowledged dangers of stimulant drugs to children, families and society, it is common sense to stop using these drugs until we have identified what, if anything, ADHD really is. We need to:
1) Declare a moratorium on stimulant use until such time as researchers are able to identify a specific organic aetiology for ADHD, show that stimulants are effective in remediating the discovered pathology and show that stimulants are safe for growing children to use in the long term. At the very least, call for an immediate moratorium on the use of stimulant drugs in children under six.
2) Ensure that parents *and* children are fully informed of *both* sides of the ADHD debate, and require that they both sign meaningful informed consents before receiving any stimulant drugs.
3) Require a review by a child guidance professional prior to beginning any child on medication, and require reasonable trials with other suggested interventions prior to initiating the use of stimulant drugs.

Putting the clamps on the runaway ADHD train will not be popular with parents who in large numbers rely on stimulants to control their children and absolve themselves of guilt or responsibility at the same time. It will not be popular with teachers who rely on stimulants to subdue difficult children in the classroom. It will not be popular with children's physicians who may not know any other way of being helpful in these situations besides offering stimulant drugs for behaviour control. It will certainly not be popular with the drug companies, which will see any open and honest discussion as a potential threat to their billion-dollar golden goose.
This submission is a plea to all concerned individuals to take a hard and an honest look at a controversial issue. It is a plea to protect our children, who cannot protect themselves from these harmful and needless labels and drugs. Finally, it is a plea to celebrate the creativity, spontaneity and energy of childhood and to embrace the unique beauty of every child. ∞

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