

# TAKE ACTION!

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

The drafting of new guidelines is in response to federal government concerns about the number of children labelled with "Attention Deficit Hyperactivity Disorder" (ADHD) and prescribed Schedule 8 stimulants and amphetamines (likely to cause abuse or dependency), the Royal Australasian College of Physicians has written Draft Guidelines on ADHD that will only increase the problem and by 2015, could see more than 335,000 Australian children prescribed potentially addictive drugs.

### Areas of major concern in the current draft

Now is the time to really take action to protect our children. The Guidelines have been temporarily halted because of a US Congressional Investigation into psychiatrist Joseph Biederman from Harvard University, who received \$1.6 million in consulting fees from drug companies, but reportedly failed to disclose all of this income to the University. His studies were cited more than 50 times in the draft Australian Guidelines. The Guidelines are currently with the National Health and Medical Research Council (NHMRC) who have said that if the investigation into Joseph Biederman is not complete by mid 2010 they will do a re-write of the Guidelines. All of the pharmaceutical company connections in the Guidelines and additional US investigations into other psychiatrists, whose studies were used to draft the Australian Guidelines, show they need to be entirely scrapped immediately.

- **The Guidelines violate the informed consent rights of parents** and can only increase the number of children prescribed stimulants that can cause hallucinations, psychosis, cardiac irregularities, stroke and sudden death. The Guidelines also undermine workable non-drug alternatives to these drugs stating that elimination and restrictive diets, alternative treatments, chiropractic, and other non harmful treatments that may assist behavioural problems are not supported or there is no evidence to recommend their use. <sup>1</sup> At the same time they only rule out ADHD drugs for pre-schoolers as a first line treatment and many children and adolescents could still be given drugs as a first line treatment. <sup>2</sup>
- **The RACP ADHD Committee and many of the studies cited are rife with current or previous pharmaceutical company ties**, a conflict of interest that would prompt federal investigation were it in the United States, but apparently not here. At least 9 of the Australian Committee who were responsible for drafting the Guidelines have/have had ties to drug companies. [See Appendix 1] Pharmaceutical company funded psychiatrists, psychologists and physicians should have been excluded from the Committee, and "ADHD support groups" used as referral points for teachers, parents and others within the Guidelines should have to disclose all pharmaceutical company connections and funding in the Guidelines themselves. The majority of the studies on the drugs used in the Guidelines have been sponsored by the very drug companies who make the drugs that are given to children. <sup>3</sup>
- **Australia and New Zealand have the third highest rate of ADHD Stimulant consumption in the world—next to Canada and the United States.**<sup>4</sup> University of Victoria researcher and author Alan Cassels says America has created a "medical epidemic" with the number of children prescribed stimulants.<sup>5</sup> The ADHD Guidelines could cause the same crisis here.

- **The Guidelines claim that 6.8% of children have ADHD, of which 3-5% are currently identified and even less takes "medication."** Currently, there are an estimated 40,174 children 15 years of age and under (46,586 under the age of 18) taking stimulants, amphetamines and Strattera for ADHD.<sup>6</sup> **If the Guideline recommendations are implemented— adding teachers, GPs and juvenile justice workers as referrals to psychiatrists—then the full quota of children and teens (278,800) labelled as ADHD could be reached.** The number of children prescribed powerful stimulants could increase nearly 700% and, based on child and adolescent population growth, could reach 335,500 kids by 2015.<sup>7</sup>
- **Between 1985 and 2000, there was a 34-fold increase in two stimulants alone prescribed to children and adolescents; and a 12-fold increase in antidepressants and antipsychotics.** If all 6.8% of "ADHD" identified and labelled children were drugged, the costs to the Pharmaceutical Benefits Scheme (PBS) alone could increase five-fold, topping nearly **\$58 million** or **\$70 million** by 2015.<sup>8</sup>
- **This doesn't include the estimated 13,000 (some as young as 6) children taking one antidepressant, Aropax.<sup>9</sup>** The Guidelines also say antidepressants could be used<sup>10</sup> including Strattera (sold as a non-stimulant ADHD drug) approved for PBS subsidy in July 2007 and predicted to be prescribed to 18,000 people within the first year and at a cost of **\$101.2 million** over 3 years to the PBS and RPBS. Concerta, a stimulant similar to Ritalin 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.<sup>11</sup>
- **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). Teachers are already facing increasing school violence,<sup>12</sup> 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, violence** and **suicide**. Instead of directing funds to increasing the numbers of or pay of teachers, they'll be given the added workload of screening for behavioural problems that will lead to more paediatric drug prescriptions. The two new ADHD drugs Strattera and Concerta were approved, despite studies showing they can cause **extreme irritability, aggression, mania or hypomania (Strattera) visual hallucinations, suicidal ideation, psychotic behaviour, aggression or violent behaviour (Concerta)**. [See Appendix 2]
- **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. They say that there are uncertainties surrounding the efficacy of elimination and restriction diets—a method that has been successfully used for decades to help children with behavioural problems. One alternative method after another is negated as having insufficient scientific studies to substantiate their use in favour of mind-altering drugs.<sup>13</sup> The FDA-acclaimed Center for Science in the Public Interest reviewed 23 controlled studies on the effect of food dyes and diet on the behaviour of children. It found that while "many mental health organizations and medical experts deny that diet can provoke adverse behaviours," this is "misleading." Its report "Diet, ADHD & Behaviour" recommends, "Government, private agencies, and health practitioners... 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."<sup>14</sup> This is not the first option the Guidelines recommend.

- **The Guidelines fail to mention the lack of scientific evidence to substantiate the existence of ADHD.** The Guidelines recommend the Diagnostic and Statistical Manual of Mental Disorders (DSM) as the minimum criteria used to diagnose ADHD and they fail to mention that the DSM itself states, “there are no laboratory tests, neurological assessments or attention assessments that have been established as diagnostic in the clinical assessment of ADHD.”<sup>15</sup> The Guidelines also misleadingly refers to ADHD as a “neurobiological disorder” when there is no scientific evidence to prove this. The report in its second draft still omits a key 2005 study where researchers at the Evidence-based Practice Center of Oregon Health & Science University reviewed 2,287 studies of 16 ADHD drugs— representing virtually every study ever conducted on these drugs—and determined that no trials had shown the effectiveness of these drugs and that there was a lack of evidence that they could affect “academic performance, risky behaviours, social achievements, etc.”<sup>16</sup>
- **Conflicts of Interest:** The Guidelines rely upon the American Psychiatric Association’s (APA) Diagnostic and Statistical Manual of Mental Disorders—a document criticized for its lack of validity and reliability. Pharmaceutical companies fund the psychiatrists that vote to determine which “mental disorders” are included in the DSM, driving up drug sales prescribed to treat them. A 2006 study in the journal *Psychotherapy and Psychosomatics* found that 56% of all the DSM Committee members had undisclosed financial ties to drug makers. For so-called mood disorders (depression and bipolar) and schizophrenia/psychotic disorders, 100% of the DSM panel members had financial involvements with drug companies.<sup>17</sup> The drugs prescribed for these conditions make over \$30 billion a year in worldwide sales. On Saturday, July 12 2008, *The New York Times* exposed how Congress is investigating the APA for its financial ties to the pharmaceutical industry. The U.S. Senate Finance Committee has asked the APA to hand over all its financial records.<sup>18</sup>

## **TAKE ACTION: WHAT YOU CAN DO**

Make your objections known. Write to your Member of Parliament and Senator to protest the recommendations. Schools are not mental health clinics; they are places of learning. The cost of these new guidelines is not just financial, it is potentially at the cost of children’s lives.

1. **Write to the Federal Health Minister:** The Hon. Ms Nicola Roxon, 204 Nicholson Street, Footscray, Victoria 3011. **Copy the Shadow Minister for Health:** The Hon. Peter Dutton, PO Box 2012 Strathpine Centre, Queensland, 4500. **Also write to your local federal and state member of parliament.** Federal Parliamentarians contact details are at [www.aph.gov.au](http://www.aph.gov.au)
2. **Distribute this information and ask others to help protect our children by asking them to also write to their Health Ministers and Member of Parliament.**

To view the Draft Guidelines in full log onto [www.racp.edu.au](http://www.racp.edu.au)

**For further information on this summary:** Contact the Citizens Committee on Human Rights National Office on: 02 99649844 or email: [national@cchr.org.au](mailto:national@cchr.org.au)

## CONFLICTS OF INTEREST

The ADHD guidelines were developed by a committee with conflicts of interest—financial ties to drug companies that manufacture psychiatric drugs the report recommends be used as the first line of treatment in some cases. Although each Committee member was required to disclose his or her pharmaceutical company connections, this information was not made public in early 2007 when the forms were done by the Committee. It took a Freedom of Information Request done by CCHR in July 2008, requesting the disclosure forms from the first meeting of the committee, and release by CCHR to the public when obtained in January 2009 for many of them to be known before the second draft was published at the end of 2009. Pharmaceutical company funded psychiatrists, psychologists and physicians should have been excluded from the Committee, and “ADHD support groups” should have disclosed all pharmaceutical company connections. The Australian Draft ADHD Guidelines Committee included the following people:

- **Dr. Daryl Efron** was Chair of the Committee until his conflicts were exposed in 2007. He has been on the advisory boards of Novartis that makes Ritalin and Eli Lilly that manufactures Straterra—both drugs prescribed to treat ADHD. While standing down as Chair, he remained a Committee member.
- **Dr. Patrick Concannon** has been sponsored by Eli Lilly to attend a conference<sup>19</sup> and served on advisory committees for Novartis and Janssen-Cilag that makes the ADHD drug Concerta.<sup>20</sup>
- **Professor David Hay** is a Professor of Psychology at Curtin University of Technology in WA and Janssen-Cilag the makers of the ADHD drug Concerta, funded his presentation at an educational seminar.<sup>21</sup>
- **Ms. Michelle Pearce** from WA who is on the Education Group of the Committee, helped write a booklet, “Teenagers with ADHD” for Novartis.<sup>22</sup>
- **Professor Loretta Giorcelli** from NSW, who is the only other member of the Education Group of the Committee appealed against the release of the disclosure documents when CCHR placed a Freedom of Information Request to obtain the details of vested interests of the Committee. When they were released she disclosed at the first meeting that she had received expenses plus accommodation to attend a meeting as an educational advisor paid for by Janssen Cilag who make the ADHD drug Concerta.<sup>23</sup>
- **Psychiatrist, Dr Julian Troller** from NSW has received personal payments for consultancy and review work for Novartis, Eli Lilly and Pfizer.<sup>24</sup>
- **Psychiatrist Dr Mark Kneebone** also from NSW declared that he had attended psychiatric meetings that had been sponsored by Wyeth.<sup>25</sup>
- **Professor Michael Sawyer** from SA was sponsored by Eli Lilly to attend an annual conference of the American Academy of Child and Adolescent Psychiatry.<sup>26</sup>
- **Geraldine Moore**, Consumer Advocate from Victoria wrote a book on ADHD and the catering at the launch of this book was funded by Eli Lilly who make the ADHD drug Straterra.<sup>27</sup>

- **Joy Toll the only other Consumer Advocate on the Committee and founder and current secretary of ADDults with ADHD NSW**, approached Eli Lilly to sponsor the cost of printing her organisations information pamphlet and since 2003 she has attended consultation meetings with Eli Lilly who provide her with taxi vouchers and food. <sup>28</sup>
- **Professor Philip Hazel, Clinical Director of the Centre for Mental Health Studies in the Hunter NSW** attended the first meeting for the drafting of the ADHD Guidelines and according to his disclosure documents which CCHR obtained under the Freedom of Information Act he has been on advisory boards of Eli Lilly who make the ADHD drug Strattera, Novartis who make Ritalin, Shire, Jansen and Pfizer. <sup>29</sup>
- **Michelle Toner from Learning and Attentional Deficit Society** in WA also attended the first meeting and disclosed that her organisation had received limited and unrestricted grants from Eli Lilly, Janssen-Cilag and Novartis. <sup>30</sup>
- **Jude Foster the director of the Wraparound Kids Program** attended the first meeting and she also appealed against release of her documents. When they were released her document dated 1/03/07 stated she was a member of the Advisory Board for Novartis and Janssen Cilag- both drug companies who make ADHD drugs. <sup>31</sup>

The Committee sought comments from others, including from **Dr Evian Gordon**, who works for the Brain Dynamics Centre and in 2002, he/they received a grant of \$600,000 from Eli Lilly and Pfizer for an integrative approach for the detection of the effects of methylphenidate (Ritalin). Dr Gordon did a study (together with AWF Harris and LM Williams) and they/Brain Dynamics Centre received a Clinical Research grant from Janssen-Cilag for \$62,000 to study the effects of an antipsychotic Risperidal, also prescribed to children. <sup>32</sup> **Dr Paul Hutchins**, Senior Paediatric Consultant and former Chairman of the NSW Health stimulants sub-committee, has served on advisory panels for Eli Lilly, Janssen-Cilag and Novartis was also asked for feedback. <sup>33</sup>

- There are more than 50 studies by **Dr. Joseph Biederman**, a psychiatrist currently under U.S. Congressional investigation for violating federal and university research rules. On June 8, 2008, The New York Times exposed how Biederman earned US\$1.6 million in consulting fees from drug makers between 2000 and 2007 but did not report much of this income to Harvard university officials. <sup>34</sup> Many of his studies are financed by drug companies that make more than US\$38 billion a year in worldwide antipsychotics, antidepressant and stimulant drug sales.
- Psychiatrist **Dr Timothy Wilens**, (cited 26 times in the Australian ADHD Guidelines), psychiatrist **Dr Thomas Spencer** (cited 30 times) **Augustus John Rush** (cited once) and Karen Wagner (cited once) are also under investigation in the US for reportedly failing to declare all of their income from drug companies
- **Dr. Christopher Gillberg** of the Department of Child and Adolescent Psychiatry, University of Gotheburg, Sweden, is referenced several times, yet in 2005 he was convicted for failing to disclose research he claimed proved the existence of an invented disorder "DAMP" (Deficits in Attention, Motor control and Perception). <sup>35</sup> Three co-workers destroyed the material rather than make it public.

- **Russell Barkley, Ph.D.**, a renowned proponent of “ADHD” and stimulant treatment, has some 37 studies referenced. In 2007, almost a quarter (24%) of his income was from drug companies.<sup>36</sup> He is a key advisor to the U.S. Children and Adults with Attention Deficit Hyperactivity Disorder (**CHADD**) that U.S. media in 2006 exposed for its conflicts of interest with the pharmaceutical industry and the fact that it does not publish critical information about ADHD drugs, including an FDA warning in 2005 that the ADHD drug, Strattera, caused suicide. Eli Lilly, the maker of Strattera is one of CHADD’s biggest donors.<sup>37</sup>
- **Dr. Laurence Greenhill**: About 7 of the referenced studies are co-authored by **Dr. Greenhill**, who is a paid speaker for the pharmaceutical companies that manufacture ADHD drugs.<sup>38</sup> In the late 1990s, Greenhill, then a high ranking official at the New York State Psychiatric Institute, was exposed for lining his pockets with hefty drug-company speaking fees, consulting deals, board memberships, and subsidized international trips, state records show. Dr. Greenhill picked up extra spending money as a consultant to Alza Corp., Bristol-Myers Squibb, Richwood and GlaxoSmithKline and served on speakers’ bureaus for Eli Lilly, Janssen Pharmaceutica and Novartis Pharmaceuticals. He is also a consultant for Eli Lilly, McNeil Pharmaceutical, Novartis Pharmaceuticals, and Solvay.<sup>39</sup>

## DRUG RISKS

**STRATTERA:** A study of Strattera published in the September 2004 Pediatrics, the journal of the American Academy of Pediatrics, revealed that 33% of the patients reviewed exhibited **extreme irritability, aggression, mania or hypomania** while taking the drug.<sup>40</sup> In 2006, the British Medicine Regulatory Agency reported Strattera could induce seizures and a potentially dangerous lengthening of time between heartbeats. **They also warned of possible heart problems when Strattera was combined with antidepressants like Prozac and Paxil (Aropax).**<sup>41</sup> In March 2006, the Australian TGA added a black box warning to Strattera to warn of suicidal thoughts and behaviours and the need to monitor for suicidal behaviour in any child/adult on the drug. In 2004, the FDA required revised labelling to warn that severe liver damage may progress to liver failure resulting in death or the need for a liver transplant in a small percentage of patients.<sup>42</sup>

**STIMULANT DRUGS:** Can cause **stunted growth, hallucinations, psychosis, suicidal ideation, "bipolar disorder," heart attacks, stroke and sudden death.** The TGA reported 400 adverse reactions to dexamphetamine and Ritalin, including the sudden death of a 7 year old and a 5 year old that suffered a stroke after taking Ritalin.<sup>43</sup> In 2005, the FDA announced labelling changes to **Concerta** and other stimulant packaging to warn of **"visual hallucinations, suicidal ideation [ideas], psychotic behaviour, as well as aggression or violent behaviour."**<sup>44</sup> **Yet as a result of the ADHD Guidelines 3 to 5 year olds will be the subjects of stimulant drug experiments, despite even drug companies not recommending use for those under the age of 6.**<sup>45</sup>

**RITALIN AND SUBSTANCE ABUSE:** The Guidelines claim that Ritalin/stimulant usage does not predispose children to later cocaine or illicit drug abuse. It is selective in choosing its studies. A 2002 U.S. Government Reform Committee investigation into "ADHD—Are we Over-Medicating Our Children," saw chairman, Congressman Dan Burton reprimanding the head of the National Institute of Mental Health, Dr. Richard Nakamura for doing the same thing. Dr. Nakamura failed to mention that there had been studies showing an increase likelihood of abuse in children taking stimulants. Congressman Burton cited a Journal of the American Medical Association study that said that Ritalin was a more potent transport inhibitor than cocaine: "The big difference appears to be the time it takes for the drug to reach the brain. Inhaled or injected cocaine hits the brain in seconds, while pills of Ritalin normally consumed take about an hour to reach the brain. Like cocaine, chronic use of Ritalin produces psychomotor stimulant toxicity, including aggression, agitation, disruption of food intake, weight loss, stereotypic movements and death."<sup>16</sup> Dr. Nakamura testified that the stimulant properties of Ritalin and cocaine "derive from similar chemical properties." If a person ground up Ritalin into powder form and snorted it, "they would get a high from ground up methylphenidate" and in this form, "that would increase the addiction potential of the methylphenidate [Ritalin]."<sup>16</sup>

A study published in the February 2000 Journal of the American Academy of Child determined: "It is well known that psychostimulants have abuse potential." The increased availability of stimulant medications may pose risks for society.<sup>46</sup> In the August 2001 Journal of the American Medical Association, Nora Volkow, M.D., psychiatrist, researcher and imaging expert determined that Ritalin acts much like cocaine. Injected as a liquid, it sends a jolt that "addicts like very much," she said. "They say it's like cocaine."

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- <sup>1</sup> Australian Draft Guidelines on Attention Deficit Disorder (ADHD) June 2009, Royal Australasian College of Physicians, page vii, ix, xxvi, 18 & 62.
- <sup>2</sup> Australian Draft Guidelines on Attention Deficit Disorder (ADHD) June 2009, Royal Australasian College of Physicians, page 85, 80, 86.
- <sup>3</sup> Australian Draft Guidelines on Attention Deficit Disorder (ADHD) June 2009, Royal Australasian College of Physicians, page 82.
- <sup>4</sup> "Australia third in use of 'kiddy speed,'" The Daily Telegraph, 16 Nov. 2002; "NZ third-equal in drug consumption stakes," AAP, November 2002, citing study in the Medical Journal of Australia; 'Kiddy speed' use worries agency," Dominion Post, NZ, 18 Nov. 2002.
- <sup>5</sup> Alan Cassels, "Spreading disease by word of mouth," Star.com, 4 Mar. 2008.
- <sup>6</sup> Based on PBS records and Medicare; the Royal Australasian College of Physicians estimated in 2006 that ADHD affected 3-5% of children but only 1-2% take medication, which is 80% successful. The statistics in this Executive Summary are based on numbers of children reported to be taking ADHD drugs and the 2008 RACP report stating that 6.8% of Australian children are likely to have ADHD. Ref. "Good News in ADHD: Important changes to the management of Attention Deficit Disorder," RACP, 20 Dec. 2006.
- <sup>7</sup> The ABS estimates that the population of Australian children under the age 18 in 2015 will be 4,933,800.
- <sup>8</sup> 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].
- <sup>9</sup> Michael Bradley, "Common Anti-depressant may increase child suicide", Sydney Morning Herald, 11 June 2003.
- <sup>10</sup> Australian Draft Guidelines on Attention Deficit Disorder (ADHD) June 2009, Royal Australasian College of Physicians, page 103
- <sup>11</sup> "Final Public Summary report, Methylphenidate Hydrochloride, extended release tablets, 18 mgs, 36 mg and 54 mg Concerta®, PBAC Meeting, Nov. 2006.
- <sup>12</sup> "Damage Control," Australian Education Union, <http://www.aeufederal.org.au/Publications/AE?Spr03pp16-19.html>, 10 Sept. 2003.
- <sup>13</sup> Australian Draft Guidelines on Attention Deficit Disorder (ADHD) June 2009, Royal Australasian College of Physicians, page vii, ix, xxvi, 18, 62, 152, 160, 161, 164, 165
- <sup>14</sup> Michael F. Jacobson, Ph.D., David Schardt, M.S., "Diet, ADHD & Behaviour," Center for Science in Public Interest, Sept. 1999.
- <sup>15</sup> Diagnostical and Statistical Manual of Mental Disorders Fourth Edition DSM-IV-TR page 88.
- <sup>16</sup> "Drug Class Review on Pharmacologic Treatments for ADHD," Final Report, Evidence-based Practice Center of Oregon Health & Science University, Sept. 2005; M. Alexander Otto, "Are ADHD Drugs Safe? Report Finds Little Proof," The News Tribune, 26 Sept. 2005.
- <sup>17</sup> Lisa Cosgrove, Sheldon Krinsky, et al, "Financial Ties between DSM-IV Panel Members and the Pharmaceutical Industry," Psychotherapy and Psychosomatics, May 2006, 75:154-160.
- <sup>18</sup> Gardiner Harris, Benedict Carey, "Psychiatric Group Faces Scrutiny Over Drug Industry Ties," New York Times, 12 July 2008.
- <sup>19</sup> "Draft ADHD Guidelines on Attention Deficit Hyperactivity Disorder, List of Appendices," The Royal Australasian College of Physicians, June 2009, p.4.
- <sup>20</sup> Clinical Excellence Commission Report: "Attention Deficit Hyperactivity Disorder in Children and adolescents in New South Wales- 2007. Final Report of the Special Review, December 2007," page 64.
- <sup>21</sup> Draft ADHD Guidelines on Attention Deficit Hyperactivity Disorder, List of Appendices, The Royal Australasian College of Physicians," June 2009, p.8.
- <sup>22</sup> "Teenagers with ADHD" <http://www.adhdsupport.com.au/pdf/adolescent.pdf> accessed 18th July 2008, See page 2 and "Draft ADHD Guidelines on Attention Deficit Hyperactivity Disorder, List of Appendices, The Royal Australasian College of Physicians," June 2009, p.9.
- <sup>23</sup> Freedom of Information Request done by Citizens Committee on Human Rights to the Australian Department of Health and Ageing. Documents released to CCHR on 12 December 2008.
- <sup>24</sup> Draft ADHD Guidelines on Attention Deficit Hyperactivity Disorder, List of Appendices," The Royal Australasian College of Physicians," June 2009, p.6.

- <sup>25</sup> Draft ADHD Guidelines on Attention Deficit Hyperactivity Disorder, List of Appendices, The Royal Australasian College of Physicians," June 2009, p.6.
- <sup>26</sup> Draft ADHD Guidelines on Attention Deficit Hyperactivity Disorder, List of Appendices, The Royal Australasian College of Physicians," June 2009, p.6 & 7.
- <sup>27</sup> Freedom of Information Request done by Citizens Committee on Human Rights to the Australian Department of Health and Ageing. Documents released to CCHR on 15 September 2008.
- <sup>28</sup> Draft ADHD Guidelines on Attention Deficit Hyperactivity Disorder, List of Appendices, The Royal Australasian College of Physicians," June 2009, p.9 & 10.
- <sup>29</sup> Freedom of Information Request done by Citizens Committee on Human Rights to the Australian Department of Health and Ageing. Documents released to CCHR on 15 September 2008.
- <sup>30</sup> Freedom of Information Request done by Citizens Committee on Human Rights to the Australian Department of Health and Ageing. Documents released to CCHR on 15 September 2008.
- <sup>31</sup> Freedom of Information Request done by Citizens Committee on Human Rights to the Australian Department of Health and Ageing. Documents released to CCHR on 8 January 2009
- <sup>32</sup> <http://www.brain-dynamics.net/people/details.jsp?lastname=Gordon&memberID=100> See 10<sup>th</sup> entry in link
- <sup>33</sup> [http://www.cec.health.nsw.gov.au/pdf/specialreports/adhd\\_080211.pdf](http://www.cec.health.nsw.gov.au/pdf/specialreports/adhd_080211.pdf) See page 64.
- <sup>34</sup> Gardiner Harris, Benedict Carey, "Researchers Fail to Reveal Full Drug Pay," New York Times, 8 June 2008.
- <sup>35</sup> "The Gillberg Affair," [www.informath.org/apprise/16400.html](http://www.informath.org/apprise/16400.html)
- <sup>36</sup> Russell A. Barkle, Ph.D., Official Site, <http://www.russellbarkley.org/about-dr-barkley.html>
- <sup>37</sup> Thomas Ginsberg, "Donations tie drug firms and non-profits; Many patient groups reveal few, if any, details on relationships with pharmaceutical donors," The Philadelphia Enquirer, 28 May 2006.
- <sup>38</sup> "Study warns of Side Effects for PreSchoolers," American Associated Press, 20 Oct. 2006.
- <sup>39</sup> Greg, Birnbaum, Doug Montaro, "Analyze This," "Shrinks for Sale?" New York Post, 28 Feb 1999.
- <sup>40</sup> Kelly O'Meara, *Psyched Out, How Psychiatry Sells Mental Illness and Pushes Pills that Kill*, AuthorHouse, 2006, citing Theodore A. Henderson, M.D., Ph.D., Matrix ADHD Clinic, Neurobehavioural Research, Keith Hotman, M.D., "Aggression, Mania, and Hypomania Induction Associated with Atomoxetine," *Pediatrics* Vol. 114, No. 3, Sept. 2004.
- <sup>41</sup> M. Alexnader Otto, "British report find new risks of ADHD drug," The News Tribune, 21 Feb. 2006.
- <sup>42</sup> "Attention Drug to Get New Warning," Los Angeles Times, 18 Dec. 2004.
- <sup>43</sup> Clara Pirani, "Children on ADHD drugs hit by heart attacks and stroke," Weekend Australian, 27 Mar. 2006.
- <sup>44</sup> FDA "Statement on Concerta and Methylphenidate for the June 30 Pediatric Advisory Committee," 28 June 2005.
- <sup>45</sup> Australian Draft Guidelines on Attention Deficit Disorder (ADHD) June 2009, Royal Australasian College of Physicians, page 85.
- <sup>46</sup> National Institutes of Health Consensus Development Conference Statement: Diagnosis and Treatment of Attention-Deficit/Hyperactivity Disorder ADHD" *Journal of the American Academy of Child and Adolescent Psychiatry*, February 1, 2000 p. 5.