SB
48

SENATE COMMITTEE REPORT

DATE: 4/13/06

No CS

FURTHER:

DATE TURNED
IN TO OFFICE:______________

Judiciary Committee considered SENATE BILL NO. 48

SB 48 PSYCH. EVALUATION/TREATMENT FOR STUDENTS

"An Act relating to recommending or refusing psychotropic drugs or certain types of evaluations or treatments for children."

and recommends:

[ ] be **replaced** with ______ CS ______________________ (________)

[ ] adopt **previous** ______ CS ______________________ (________)

[ ] attached amendment(s)

[ ] adopt Letter of intent by ______________________ Committee

[ ] further referral to ______________________ Committee

CS Senate Bill:
[ ] Same Title
[ ] New Title

SCS House Bill:
[ ] Same Title
[ ] Technical Title Change
[ ] New Title w/ SCR #_____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

[ ] **APPROPRIATION - no fiscal note**

SIGNATURES AND RECOMMENDATIONS:	DO PASS	DO NOT PASS	NO REC	AMEND
[signature]	X			
Gretchen G. Guess	X			
Gene Therriault	X			
[signature]	X			
[signature]				
CHAIR: Ralph Seekins	✓			

Alaska State Legislature

Interim: (May - Dec.)
716 W. 4th Ave
Anchorage, AK 99501
Phone: (907) 269-0144
Fax: (907) 269-0148

Session: (Jan. - May)
State Capitol, Suite 7
Juneau, AK 99801-1182
Phone: (907) 465-3822
Fax: (907) 465-3756
Toll free: (800) 770-3822

Senator_Bettye_Davis@legis.state.ak.us
http://www.akdemocrats.org

Senator Bettye Davis

Senate Bill SB 48

"An Act relating to recommending or refusing psychotropic drugs as a treatment for children and to the evaluation and treatment of children with behavioral or psychological problems."

Sponsor Statement

The use of psychiatric drugs in our nation's schools has more than doubled in the first half of the last decade and continues to escalate. There are documented incidences of highly negative consequences in which psychiatric prescription drugs have been utilized for what are essentially problems of discipline, which may be related to a variety of causation. There is also parental concern regarding the issue of diagnosis and medication and their impact on student achievement.

In it's simplest terms this bill basically states that a public school may not deny any student access to programs or services simply because the parent of the student has refused to place the student on psychotropic medications, get a psychiatric evaluation or seek psychiatric or psychological treatment for a child.

It also spells out what communications are allowed, who can do evaluations and the protections a parent or guardian has against being reported to OCS simply because they disagree with psychotropic medications.

Provisions to allow behavioral, psychological or psychiatric screening by those qualified to do so, with parental consent are preserved.

Communication between school employees on behavioral and learning issues concerning the child are preserved.

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: CSSB 48(HES)
(S) Publish Date: 4/13/06

Revision Date/Time (Note if correction):

Title	"An Act relating to recommending or refusing psychotropic drugs . . .	Dept. Affected:	Education & Early Development
		RDU	Teaching & Learning Support
		Component	Student and School Achievement
Sponsor	Davis		
Requester	HESS	Component No.	2796

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	*	*	*	*	*	*
CAPITAL EXPENDITURES						
CHANGE IN REVENUES ( )						

FUND SOURCE (Thousands of Dollars)

FUND SOURCE	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
1002 Federal Receipts						
1003 GF Match						
1004 GF	*	*	*	*	*	*
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	*	*	*	*	*	*

Estimate of any current year (FY2006) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

POSITIONS	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

HB 48 describes specific actions and communications in which school personnel may or may not engage related to psychiatric and behavioral evaluations and treatments. School personnel are prohibited from recommending or requiring that a child take or continue to take a psychotropic drug as a condition for attending school; conducting a psychiatric or behavioral evaluation of a child; recommending a specific physician, psychologist or other health specialist to a parent or guardian; recommending that the parent take a specific course of medical or psychiatric action; and reporting suspected child abuse or neglect based solely on whether a parent or guardian refuses to consent to a course of medical, psychiatric, psychological, or behavioral treatment or evaluation.

Costs for school districts to implement provisions of this bill are indeterminate.

Prepared by: Barbara Thompson, Director — Phone 465-8727
Division: Teaching & Learning Support — Date/Time 3/31/06 12:30 p.m.

Approved by: Karen Rehfeld, Deputy Commissioner — Date 03/31/2006
Agency: Education & Early Development

(Revised 9/7/2005 OMB)

FISCAL NOTE

STATE OF ALASKA
2006 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSSB 48(HES)
(S) Publish Date: 4/13/06

Revision Date/Time (Note if correction):

Dept. Affected: Health & Social Services

Title: REFUSING PSYCHOTROPIC DRUGS AND TREATMENTS FOR CHILDREN

RDU: Children's Services

Component: Front Line Social Workers

Sponsor: DAVIS

Requester: SENATE (HES)

Component No. 2305

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2006) cost:

Mark this box (X) if funding for this bill is included in the Governor's FY 2007 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

SB 48 proposes to accomplish three major things: 1) prohibit public schools from recommending mental health services and/or psychotropic medication for students; 2) prohibit public schools from reporting suspected abuse or neglect if the only concern is that a parent or guardian refuses to consent to proper mental health treatment for a child; and, 3) prohibit the DHSS from taking custody based solely on a parent or guardian's refusal to consent to proper mental health treatment for a child. There would be no fiscal impact to the department.

Prepared by: Tammy Sandoval, Deputy Commissioner — Phone 465-3191
Division: Office of Children's Services — Date/Time 03/31/2006
Approved by: Karleen Jackson, Commissioner — Date 03/31/2006
Agency: Department of Health and Social Services

(Revised 9/7/2005 OMB)

SB 48

Similar Legislation

Available Bills

Category	Bill #	Summary	Status
Children	AK SB 0048	PSYCH. EVALUATION/TREATMENT FOR STUDENTS	introduced
Children	FL HB 0209	Contains the following provisions: 1) A recipient of state funds shall not require a student to be prescribed or administered any psychotropic medication as a condition of such student receiving educational or school-based services; 2) A psychotropic medication shall not be administered to a student on school premises except by a licensed health care professional and in compliance with HIPPA; and 3) A school or school district personnel shall not initiate, or make a referral for, diagnosis or treatment of a student for any disorder listed in the Diagnostic and Statistical Manual of Mental Disorders or in ICD-10.	passed house committee
Children	FL SB 1090	Minors/Psychotropic Medication	passed senate committee
Children	FL SB 1766	School Students/Psychotropic Med	introduced
Children	GA SR 0128	Mental Health Screening; urge GA Congressional Delegation to oppose	introduced
Children	NH HB 0240	relative to psychotropic drugs and child protection.	passed house committee
Children	NM SJM 0052	STUDY PRESCRIPTION DRUGS FOR CHILD BEHAVIOR	enacted
Children	NY AB 1132	Directs the commissioner of education to establish rules and regulations prohibiting school personnel from recommending psychotropic drugs for children.	introduced
Children	NY AB 5043	Restricts recommendations for psychotropic drugs.	introduced
Children	NY SB 2900	Directs the commissioner of education to establish rules and regulations prohibiting school personnel from recommending psychotropic drugs for children.	introduced
Children	PA HB 0591	An Act amending the act of March 10 1949 (P.L.30 No.14) known as the Public School Code of 1949 prohibiting school officials or employees from recommending that a child use psychotropic or sympathomimetic drugs.	introduced
Children	TN HB 0580	Students - Prohibits school personnel from recommending psychotropic drugs such as Ritalin to treat elementary and secondary school students for behavioral concerns. - Amends TCA Title 49 Chapter 6 Part 50.	hearing held
Children	UT HB 0042	Prohibits school personnel from making certain medical recommendations for a minor, including the use of psychotropic drugs; prohibits consideration of a petition for removal of a minor and removal of a minor from parental custody based on a parent's refusal to consent to the administration of psychotropic drugs.	passed house & senate
Children	VT HB 0074	PSYCHOTROPIC DRUGS AND SPECIAL NEEDS SERVICES FOR CHILDREN	introduced
Children, Medications Access, Mental Health	NY AB 5885	Authorizes and directs the department of health to conduct a study on drugs prescribed for school-age children with ADD.	introduced

1999 -2003

Bills and Resolutions

U.S. BILLS & RESOLUTIONS INTRODUCED OR PASSED AGAINST COERCIVE PSYCHIATRIC LABELING & DRUGGING OF CHILDREN

In 1999, the Colorado State Board of Education passed a precedent-setting Resolution that asked school personnel to use academic rather than drug solutions to resolve problems with behavior, attention and learning. Since then, state legislatures, school boards and national organizations have responded to the need to protect children from arbitrary and forced psychiatric labeling and drugging, and to monitor the prescription rate of stimulants and other psychiatric drugs for children.

In 2001, two precedent-setting laws were passed in Connecticut and Minnesota that prevent school personnel from coercing or recommending that parents drug their children, especially as a requisite for remaining in class. Laws have also been necessary to protect parents against criminal charges being threatened or laid if they refuse to put their child on a mind-altering psychiatric drug.

1999: The Colorado State Board of Education resolution stated, "*There are documented incidents of highly negative consequences in which psychiatric prescription drugs have been utilized for what are essentially problems of discipline which may be related to lack of academic success; and be it resolved that the State Board of Education encourage school personnel to use proven academic and/or classroom management solutions to resolve behavior, attention, and learning difficulties....*"

2000: The Texas State Board of Education Resolution recommended, "*that programs such as tutoring, vision testing, phonics, nutritional guidance, medical examinations, allergy testing, standard disciplinary procedures, and other remedies known to be effective and harmless, be recommended to parents as their options....*"

2001: Four laws were passed in the states of Connecticut, Minnesota, North Carolina and Utah, and the Hawaii legislature passed a Resolution. The Connecticut law prohibited school personnel from recommending the use of psychotropic drugs for any child.

2002: Illinois and Virginia passed laws with similar protections provided in Connecticut's law. Illinois' law required school boards to adopt and implement policy prohibiting disciplinary action being taken against parents or guardians for refusing to administer, or consenting to administer, a psychotropic or stimulant drug. The law in Virginia directed the Board of Education to develop and implement policies prohibiting school personnel from recommending the use of psychotropic drugs for any student. The National Foundation of Women Legislators (NFWL) passed a resolution calling on the federal government to pass regulations or laws in relation to schools receiving federal funds that protect children from being wrongly diagnosed and stigmatized as mentally disordered and forced onto psychotropic drugs as a requirement of their education. The American Legislative Exchange Council (ALEC) also proposed two pieces of model legislation, one against schools coercing parents to drug their children (or recommending drugs) and the other against invasive psychological testing and questionnaires.

2003: A federal bill was introduced—HR 1170—which states that as a condition of receiving federal funds under any program or activity administered by the U.S. Secretary of Education, each state shall develop and implement policies and procedures prohibiting school personnel from requiring a child to obtain a prescription for substances covered by

section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services. *[Covers those psychotropic drugs which are generally subject to special provisions because of their potential for abuse and dependence. They are grouped into five "Schedules" based on their abuse potential. Schedule I means those drugs that have a high abuse potential and no accepted medical use in the United States such as heroin, LSD, and mescaline; Schedule II means those drugs with a medical use that have the highest potential for abuse or drug dependence such as Ritalin, Concerta (methylphenidate), Dexedrine, morphine and cocaine; Schedules III-V includes those drugs that have an accepted medical use and lower degrees of potential for abuse and dependence such as vicodin, valium and over-the-counter cough medicines with codeine.]* HR 1170 was passed by the House, by an overwhelming margin of 425 votes to one, on May 21, 2003. It is now with the Senate Committee on Health, Education, Labor and Pensions.

An amendment was also added to House of Representatives Bill 1350, the "Improving Education Results for Children with Disabilities Act of 2003," that amends and reauthorizes the Individuals with Disabilities in Education Act. The amendment reads, "PROHIBITION ON PSYCHOTROPIC MEDICATION," and essentially uses similar wording to that in HR 1170, but covering special education. HR 1350 passed the House on April 30 and was received in the Senate and referred to the Committee on Health, Education, Labor, and Pensions May 1, 2003.

On a state level, fifteen states introduced 24 bills and/or resolutions in 2003. These were Alaska, California, Colorado, Hawaii, Indiana, Kentucky, Massachusetts, Michigan, New Hampshire, New York, North Carolina, Oregon, Texas, Vermont and West Virginia. Colorado enacted a law on June 5, 2003, requiring school boards to adopt a policy prohibiting school personnel from recommending or requiring the use of a psychotropic drug for any student.

1999:

State	Description	Introduced	Active	Passed
Colorado State Board of Education Resolution	Resolution promoting the use of academic solutions to resolve problems with behavior, attention and learning in the classroom.	10/99	PASSED	11/11/99
National Black Caucus Of State Legislators	Resolution strongly urges a national examination of the use of psychotropic drugs and their effects on children.	12/01/99	PASSED	12/03/99

2000:

State	Description	Introduced	Active	Passed
Georgia R 1079	The General Assembly of Georgia creates the Commission on Psychiatric Medication of School-Age Children, to investigate the usage and effects of psychiatric drugs on children and to provide recommendations for improved monitoring of	02/16/00	PASSED	05/01/00

	the prescription rate of these drugs.			
Texas State Board of Education Resolution	Resolution urging local school personnel to use proven academic and/or management solutions to resolve behavior, attention and learning difficulties such as exams, tutoring, phonics, vision testing, etc., known to be effective and harmless.	11/01/00	PASSED	11/03/00
Washington HB 2912	An act relating to the use of psychiatric "medication" by children in state custody, and tracking the number of children being diagnosed and placed on psychiatric "medications."	01/21/00	PASSED	03/24/00

2001:

State	Description	Introduced	Active	Passed
Connecticut AB 5701	Prohibits school personnel from recommending the use of psychotropic drugs for any child. A parent or guardian refusing to administer, or consenting to administer, a psychotropic or stimulant cannot be grounds for a child to be taken into the custody of the Dept. of Child and Family Services.	01/12/01	PASSED	06/28/01
Hawaii SC Resolution 92	Requests the Department of Health and Department of Education jointly to research and examine non-"medication" alternatives for dealing with children who have learning and behavioral difficulties.	03/14/01	PASSED	04/12/01
Minnesota HB 478	Parents' refusal to give stimulant drugs to a child does not constitute educational neglect. States that a child does not have to take such drugs as a condition for re-admission to school after having been suspended. Also establishes a study and report system on the number of children in the	02/01/01	PASSED	05/01/01

	state labeled with ADD/ADHD and taking such drugs, as well recording what pressures families have experienced when placing their child on these drugs.			
North Carolina SB 542	Calls for the establishment of a statewide database on the administration of psychotropic drugs to children who receive state services.	03/19/01	PASSED	05/25/01
Utah HB 170	Amends the definition of "substantiated child abuse" to exclude failure to administer psychiatric drugs or course of treatment if the parent has not been told of the opportunity to obtain a physical exam; authorizes Division of Child and Family Services to report an individual who is not a licensed health care provider to the appropriate licensing authority for making medical recommendations regarding administration of psychiatric drugs to children.	01/26/01	PASSED	03/15/01

2002:

State	Description	Introduced	Active	Passed
Illinois SB 1718	Requires school board to adopt and implement policy prohibiting disciplinary action that is based totally or in part on the refusal of a student's parent or guardian to administer or consent to administer a psychotropic or stimulant drug.	01/10/02	PASSED	07/16/02
Virginia HB 90	Board of Education to develop and implement policies prohibiting school personnel from recommending the use of psychotropic drugs for any student. Student cannot be evaluated by a medical practitioner	01/31/02	PASSED	04/01/02

	unless with the written consent of the student's parents.			
National National Foundation of Women Legislators (NFWL) Resolution	National Foundation of Women Legislators (NFWL) urges federal government to pass regulations or laws in relation to schools receiving federal funds that protect children from being wrongly diagnosed and stigmatized as mentally disordered, and forced onto psychotropic drugs as a requisite for their education.	11/23/02	PASSED	11/23/02
Texas HB 320	Refusal to administer or consent to administration of psychotropic drugs or any other psychiatric or psychological treatment to a child does not by itself constitute neglect.	12/20/02	INTRODUCED 12/20/02	

2003:

State	Description	Introduced	Active	Passed
Federal HR 1170	As a condition of receiving funds under any program or activity administered by the Secretary of Education, each State shall develop and implement policies and procedures prohibiting school personnel from requiring a child to obtain a prescription for substances covered by section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services.	3/11/03	Passed the House 5/21/03. Received in the Senate and referred to Committee on Health, Education, Labor and Pensions 5/22/03	
Federal Amendment to HR 1350	Amendment added to federal bill H.R. 1350 reauthorization of the Individuals with Disabilities Education Act: "State educational agency develops and implements policies and procedures prohibiting school personnel from requiring a child to	4/10/03	Passed the House 4/30/03. Received in the Senate and referred to Committee on Health,	

	obtain a prescription for substances covered by section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services."		Education, Labor and Pensions 5/01/03	
Alaska SB 5	Prohibits school personnel from recommending or requiring a child take a psychotropic drug as a requisite for attending public school. Also prohibits filing a report to authorities of suspected child abuse or neglect based solely on the parent's/guardian's refusal to consent to the administration of a psychotropic drug or psychiatric, psychological, or behavioral treatment of child. And prohibits a court from making ruling of neglect or abuse against parent solely based on the same allegation.	01/10/03	Referred to Health Education and Social Services Committee and Finance Committee 1/21/03	
California AB 1424	Refusal of a parent or guardian to administer, or consent to administration of any medication or medical treatment for child does not constitute, in and of itself, a basis for child being removed from physical custody of parent or guardian.	2/21/03	Referred to Health committee 4/07/03	
Colorado HB 1172	Requires each school board to adopt a policy prohibiting school personnel from recommending or requiring the use of a psychotropic drug by any student.	1/15/03	PASSED	06/05/03
Hawaii HB 272	Prohibits the Department of Health personnel from requiring, suggesting, or implying that a student take psychiatric drugs as a requisite to attending school.	1/17/03	Passed First Reading 1/21/03	
	Replicates House Bill 274 for the Senate, requiring the Dept. of			

Hawaii SB 981	Health, assisted by the Dept. of Ed., to report annually for 5 years on number of children in schools diagnosed with ADD or ADHD; number of those children who receive special education; how many of those are prescribed and using psychiatric drugs.	1/21/03	Passed First Reading 1/21/03	
Hawaii HB 275	Requires the Dept. of Health and the Dept. of Education to re-examine the legitimacy of the diagnoses of ADHD and ADD in their assessment of children under the category of attention problems and hyperactivity.	1/17/03	Passed First Reading 1/21/03	
Hawaii SB 982	Replicates House Bill 275 for the Senate: Requires the Dept. of Health and the Dept. of Education to re-examine the legitimacy of diagnoses of ADHD and ADD in their assessment of children under the category of attention problems and hyperactivity.	1/21/03	Passed First Reading 1/21/03	
Indiana HB 1974	Prohibits teachers from attempting to influence a parent or guardian to obtain psychotropic drugs for students, and forbids a student from being forced to take a psychotropic drug as a requisite for readmission after suspension for behavioral problems.	1/23/03	To House Committee on Education 1/23/03. Still in House Committee on Education. Rep. Reske added as coauthor 2/18/03	
Kentucky HJR 67	House Joint Resolution that says, because of the concern about psychotropic drug effects and the increase of prescriptions for such drugs to children, the Kentucky Department of Education is requested to provide education and training to school personnel regarding the use of psychotropic drugs; it urges the Cabinet for Families and Children to adopt policy to ensure that a parent's refusal to place a child	1/10/03	Posted in Health & Welfare Committee 2/18/03	

	on psychotropic drugs shall not in and of itself constitute grounds for abuse or neglect.			
Massachusetts SB 6[illegible]	Prior to practitioners prescribing psychotropic drugs to a minor, they must have the parent or guardian read, or be told verbally if incapable of understanding written information, fullinformation on the psychotropic drug(s) being prescribed from the *Physician's Desk Reference Family Guide to Prescription Drugs* and obtain written attestation that the information, including drug side effects, is understood. Written attest to be kept on file as part of child's record.	1/01/2003	To Committee on Health Care [illegible]01/01/03	
Massachusetts SB 811	A parent's or legal guardian's refusal to medicate their child with psychotropic drug(s) or refusing to have him/her receive mental health counseling shall not be considered neglect.	1/01/03	To Joint Committee on Human Services and Elderly Affairs and filed as Senate Docket 703 1/01/03	
Massachusetts SB 2227	Power of the school committee (the governing board of a town's public school system to carry out the educational policies of the state), any teacher, counselor or other agent of school committee shall not include the right to require a student be placed on a psychotropic drug to attend or remain in school, or the right to recommend or suggest the use of a psychotropic drug for any child.	1/01/03	To Committee on Education, Arts and Humanities 1/01/03	
Michigan HB 4024	Creates a psychotropic drug use advisory council to investigate, compile a report, and recommend policies pertaining to psychotropic drug use among children.	1/28/03	To Committee on Family and Children Services 1/28/03	
	Prohibits teachers from making a psychological		Passed through	

Michigan HB 4025	or medical diagnosis of a behavioral condition or disorder in a child or recommending a child having to take a prescribed psychotropic drug.	1/28/03	the House 5/08/03 and referred to Senate Committee on Education 5/13/03	
New Hampshire HB 551	Refusal of a parent or other guardian to administer or consent to the administration of any psychotropic drug to a child shall not, in and of itself, constitute grounds to take the child into custody, or for the court to order that such child be taken into custody.	1/09/03	To Children and Family Law Committee 1/09/03	
New York AB 2955	Enacts a "parent and pupil rights act" whereby all instructional material used in connection with any "psychiatric or psychological research or experimentation program or project," in elementary or secondary school, shall be available for inspection by parents or guardians; also prohibits such programs or projects having the purpose of revealing political affiliations, religious beliefs and practices, sex behavior and attitudes, and other listed privileged information.	2/03/03	Referred to Education Committee 2/~3/03	
New York AB 3563	Act amends education law to prohibit all school personnel and school districts from suggesting or recommending use of psychotropic drugs for any child. Any personnel or school district found guilty of the above "may be charged with the crime of professional misconduct...which relates to the practice of medicine without a license." Refusal of a parent or guardian to administer or agree to the administration of a psychotropic drug to a child shall not, in and of itself, constitute grounds for an investigation or	2/06/03	To Education Committee 2/06/03	

	removal of the child by Child Protective Services.			
North Carolina HB 943	Prohibits school personnel from recommending or requiring use of psychotropic drugs or central nervous system stimulants for any child. Each local board of education shall adopt and implement rules and policies on these issues.	4/08/03	Through the House 4/30/03. Referred to Senate Committee on Health and Human Resources 5/01/03	
Oregon SB 456	A kindergarten through grade 12 public school administrator, teacher, counselor or nurse may not recommend student seek a prescription for a medication that is prescribed with the intent of affecting or altering the thought processes, mood or behavior of the student.	2/17/03	Passed through Senate to House 5/23/03	
Texas HB 1070	Parent's refusal to provide written consent for an employee of a school district to conduct a psychological exam, test, treatment or to permit a school employee to administer a psychotropic drug does not constitute neglect or abuse of a child. Any employee of a school district who uses or threatens to use a parent's refusal as the basis for making a report concerning abuse or neglect may be subject to a Class A misdemeanor charge and a parent may bring a civil court action against the school employee.	2/24/03	To Public Education Committee 2/24/03	
Texas HB 1406	School district employee may not recommend student use a psychotropic drug or have a psychiatric evaluation, or use refusal by a parent to consent to administration of a psychotropic drug or psychiatric evaluation for a student as grounds	2/27/03	Through both the House and Senate and sent to the Governor 6/03/03	

	for prohibiting the child from attending class or a school-related activity.			
Vermont SB 30	No school shall require a child to take psychiatric drugs as a requisite for attending school; parent or guardian may agree or disagree to allow the child to take psychiatric drugs; prohibits the unlawful possession of methylphenidate (Ritalin), with up to one year in prison or fines of up to $2,000.	1/23/03	To Senate Committee on Education 1/24/03	
West Virginia SB 122	Requires public schools to comply with provisions of federal law governing release and elicitation of certain information concerning students and their families in connection with mental or health care services. No student may be required to submit to counseling, psychiatric or psychological treatment and experimental procedures, including surveys or tests, without the parents' informed consent. Parents have the right to exclude child from such tests/surveys based on religious, cultural, moral or political beliefs or affiliations.	1/10/03	To Senate Committee on Education 1/10/03	
West Virginia HB 2111	Prohibits teachers and other school personnel from recommending that a pupil is in need of psychiatric treatment or evaluation or psychotropic, mood altering or other mind-altering drugs.	1/10/03	To House Committee on Education 1/10/03	
Arizona HB 2024	A child whose parent, guardian or custodian refuses to put the child on a psychiatric medication or questions the use of a psychiatric medication shall not be considered to be an abused, neglected or dependent child for that reason alone.		PASSED	12/18/03

2004:

State	Description	Introduced	Active	Passed
United States H.R. 1350	Prohibits State and local educational personnel from requiring a child to obtain a prescription for substances covered by the Controlled Substances Act as a condition of attending school, receiving an evaluation under IDEA, or receiving services.	20/3/03	PASSED	19/11/04
New Hampshire HB 551	A committee to study the prescription and use of psychotropic drugs in childcare centers, preschools, and public schools. Unless otherwise ordered by the court, the refusal of a parent or other person having control of a child to administer or consent to the administration of any psychotropic drug to such child shall not, in and of itself, constitute grounds for a child to be taken into custody.	7/01/04	PASSED	15/06/04
United States H.R. 1350	Prohibits State and local educational personnel from requiring a child to obtain a prescription for substances covered by the Controlled Substances Act as a condition of attending school, receiving an evaluation under IDEA, or receiving services.	20/3/03	PASSED	19/11/04

2005:

State	Description	Introduced	Active	Passed
Florida SB 1090	Creates safeguards for parents in Florida from being coerced to put their children on dangerous psychotropic drugs or from being psychologically evaluated.	March, 2005	PASSED	May 27, 2005
Minnesota SF 2277	Provides that a parent's refusal to consent to the administration of a psychotropic drug or a psychiatric examination of a student shall not be used as grounds, by itself, for prohiniting the child from attending class or participating in a school-related activity. Further, the school district must not recommend that a student use a psychotropic drug.	28/04/05	PASSED	5/5/05

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SB 48

Background Information

Methylphenidate: Pros and Cons

What is methylphenidate?

Methylphenidate, usually known by the trade names Ritalin, Concerta, Metadate and others is one medicine used to treat the symptoms of Attention Deficit Hyperactivity Disorder (ADHD). Some children with ADHD do well using behavior training methods, and may not need a medicine. For other children, this medicine can improve attention, focus, goal-directed behavior, and organizational skills. As with any medicine, there are pros and cons to its use.

How does it work?

Methylphenidate is a stimulant medicine. Since children with ADHD are already over-stimulated, it is hard to understand how a stimulant drug will help to calm them down. Researchers think that the area of the brain that controls when to pay attention to certain activities and when to ignore other ones is immature and works poorly in people with ADHD. The medicine stimulates those areas of the brain so that the child can better pay attention and focus on his activities.

What are the pros?

The medicine works quickly so you'll know if it will help or not. The dosage may have to be adjusted by your health care provider. It is fairly inexpensive and has been used for many years. If your child is having problems with attention, focus, and being overactive in school, stimulant medicine may provide some relief. Benefits of this medicine often include:

- less trouble finishing classwork and homework
- less fidgeting or squirming
- better control of emotions
- less impatience and impulsiveness
- better relationship with family and friends
- increased self-esteem.

What are the cons?

Many parents do not like the idea of medicating their child for any length of time. As with any medicine, it can have side effects. Some children will have few or no side effects. Other children may have to stop using it because of the side effects.

Some common side effects include:

- decrease in appetite
- headaches

- difficulty falling asleep
- irritability
- stomachaches.

Some children may become more active in the evening after the medicine has worn off. This can be an ordeal for families who are tired and stressed out at the end of the day. Some children will have problems sleeping.

Rarely, this medicine causes high blood pressure, weight loss, growth delays, or aggressive behavior. One to two percent of children on this medicine have facial twitches called tics. If your child already had tics, the medicine may make them worse. The tics get better if the medicine is stopped. A few children don't like the way the medicine makes them feel. Most, however, like being better able to concentrate on schoolwork and control their activity level.

About 25% of children with ADHD do not respond to methylphenidate, although some of these children will benefit from other ADHD medicines.

Should my child take methylphenidate?

There are several treatment approaches for ADHD other than medicine, such as:

- changes to the child's education program
- cognitive-behavioral therapy
- parent education
- social skills training.

Discuss the decision to medicate your child with your child's health care providers, school counselors, and teachers. Decide with your doctor if your child's symptoms are causing enough problems that a trial of this medicine is needed.

The medicine is not a cure. There is no cure for ADHD, though medicine can help manage some of the symptoms. If you decide to try medicine, plan a 1 to 4 week trial period. Your child is usually given a small dose at first, so it may be necessary to increase the dose. Be sure to have several people that interact with your child complete rating scales that relate to ADHD behavior after your child has been on the medication for a few weeks. Even if you do decide to try medicine, be sure to get an educational evaluation and use behavioral training methods to help your child as well.

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Vernon Coleman

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Ritalin: Child Abuse On Prescription?

Family doctors are these days frequently under pressure (usually from teachers and social workers who know nothing about drug therapy and probably understand nothing about the way the international drug industry operates) to prescribe the drug called Ritalin for children who are accused of behaving badly behaved, reported as not doing well at school and 'diagnosed' as suffering from something called Attention Deficit Hyperactivity Disorder (known as ADHD).

For several decades now Ritalin, and other amphetamine type drugs, have been prescribed for children diagnosed as suffering from various types of brain dysfunction and hyperactivity. (Other psychostimulants which have, at one time or another, been regarded as competitors to Ritalin have included Dexedrine).

In my view the first problem is that Attention Deficit Hyperactivity Disorder (and other variations on the hyperactivity theme) is a rather vague diagnosis which is often leapt upon by teachers, social workers and parents to excuse and explain any unacceptable or uncontrollable behaviour.

Parents of children whose behaviour is in any way regarded as different or unusual are often encouraged to believe that their child is suffering from a disease for two simple reasons. First, it is more socially acceptable to give a child a pseudoscientific label than to have to admit that he or she may simply be badly behaved.

Second, when a child has been given a label it is possible to offer a treatment. Commonly it will be one, such as a drug, which offers someone a profit.
ADHD, which is also known as Attention Deficit Disorder (or ADD), hyperkinetic child syndrome, minimal brain damage, minimal brain dysfunction in children, minimal cerebral dysfunction and psycho-organic syndrome in children, is a remarkably non specific disorder. The symptoms which characterise the disorder may include: a chronic history of a short attention span, distractibility, emotional lability, impulsivity, moderate to severe hyperactivity, minor neurological signs and abnormal EEG. Learning may or may not be impaired.

Read that rather nonsensical list of symptoms carefully and you'll find that just about any child alive could probably be described as suffering from ADHD.

What child isn't impulsive occasionally? What child doesn't cry and laugh (that's what emotional lability means)? What child cannot be distracted?

One big worry I have is that Ritalin could be recommended for any child who seemed bored and

restless or who exhibited unusual signs of intelligence or skill. Read the biographies of geniuses and you may wonder what we are doing to our current generation of most talented individuals.

'Is Ritalin a drug in search of a disease?' wrote one author, and it isn't difficult to see why.

First Used In The 1960s

Ritalin has been recommended as a treatment for functional behaviour problems since the 1960s. When CIBA first suggested this in 1961 they were turned down by the FDA but in 1963 approval was given for this use of the drug.

By 1966 the 'experts' had come up with a definition of the sort of child for whom Ritalin could useful be prescribed. Children suffering from Minimal Brain Dysfunction (MBD), the first syndrome for which Ritalin was recommended, were defined as 'children of near average, average or above average general intelligence with certain learning or behavioural disabilities ranging from mild to severe, which are associated with deviations of function of the central nervous system. These deviations may manifest themselves by various combinations of impairment in perception, conceptualization, language, memory and control of attention, impulse or motor function'.

Other symptoms which children might exhibit and which could be ascribed to MBD included: being sweet and even tempered, being cooperative and friendly, being gullible and easily led, being a light sleeper, being a heavy sleeper and so on and on.
Given that sort of list to work with it is difficult to think of a child who wouldn't benefit from Ritalin - though the official estimate seemed to be that only around 1 in 20 children were real MBD sufferers.

A Convenient Diagnosis

The bottom line is that it has become easy for social workers and teachers to define any children who misbehaves or doesn't learn 'properly' as suffering from MBD or ADHD. Its a convenient diagnosis which excuses parents, teachers and social workers from responsibility or any sense of guilt. How can the parents or the teacher be accused of failing when the child is ill?

The head of the task force which identified and labelled MBD allegedly subsequently joined the company making Ritalin and produced their handbook for doctors on the condition. Commercially Ritalin and MBD became a huge success. By 1975 around a million children in the U.S. were diagnosed as suffering from MBD. Half of these were being given drugs and half of those on drugs were on Ritalin.

For the sake of completeness I should point out that Ritalin has not always been used exclusively in the treatment of badly behaved children.

When Dr Andrew Malleson wrote his book 'Need Your Doctor Be So Useless' in 1973 he reported that the CIBA Pharmaceutical Company had suggested 'to doctors the use of their habit forming drug Ritalin for 'environmental depression' caused by 'NOISE: a new social problem'.

Does Ritalin Work?

The next question which has to be asked is: 'Does Ritalin work?'

Well, I'm afraid that I can't answer that question. And I honestly don't think anyone else can either.

Novartis, the drug company which is now responsible for Ritalin in the UK, admits that 'data on...efficacy of long term use of Ritalin are not complete'.
With one in twenty children said to be suffering from MBD (or ADHD or ADD or whatever else anyone wants to call it), with Ritalin having been on the market and used for this condition for over three decades, and with some experts saying that a million children a year are given Ritalin in the U.S. alone you might find this a trifle disappointing.

Just how long does it take to find out whether or not a drug works? Am I being horribly cynical in suggesting that it might be against the drug company's interests to find out whether or not Ritalin really works? After all, if long term studies found that Ritalin didn't work a very profitable drug would, presumably, lose some of its appeal.
Some research has been done. One five year study of hyperactive children who were given Ritalin at Montreal Children's Hospital found that the children did not differ in the long term from hyperactive children who were not given the drug. At least one investigator has reported that drugs like Ritalin may produce a deterioration in learning new skills at school and parents have reported that the symptoms of MBD have miraculously disappeared during school holidays.

The picture is confused by the fact that there may be a short term improvement in behaviour among children given Ritalin. But is this a real improvement? Or is the child simply drugged? Amphetamine type drugs reduce the variety of behaviour exhibited by children. A child taking Ritalin might have more focused behaviour. But although that might mean less disruption in the classroom does it really help the child? And should we give a child a powerful and potentially hazardous drug because they it keeps him quiet?

There is evidence suggesting that children who are genuinely hyperactive may have been poisoned by food additives or by lead breathed in from air polluted by petrol fumes. If this is so then is giving another potentially toxic drug really the answer to this problem?

Potentially Toxic

The next problem is that I believe that Ritalin can reasonably be described as potentially toxic. Ritalin has been described as 'very safe' but for the record here is a list of some of the possible side effects which may be associated with Ritalin: nervousness, insomnia, decreased appetite, headache, drowsiness, dizziness, dyskinesia, blurring of vision, convulsions, muscle cramps, tics, Tourette's syndrome, toxic psychosis (some with visual and tactile hallucinations), transient depressed mood, abdominal pain, nausea, vomiting, dry mouth, tachycardia, palpitations, arrhythmias, changes in blood pressure and heart rate, angina pectoris, rash, pruritus, urticaria, fever, arthralgia, alopecia, thrombocytopenia purpura, exfoliative dermatitis, erythema multiforme, leucopenia, anaemia and minor retardation of growth during prolonged therapy in children.

Doctors who prescribe Ritalin, and who have the time and the inclination to read the warnings issued with the drug, will discover that Ritalin should not be given to patients suffering from marked anxiety, agitation or tension since it may aggravate these symptoms.

Ritalin is contraindicated in patients with tics, tics in siblings or a family history or diagnosis of Tourette's syndrome. It is also contraindicated in patients with severe angina pectoris, cardiac arrhythmias, glaucoma, thyrotoxicosis, or known sensitivity to methylphenidate and it should be used cautiously in patients with hypertension (blood pressure should be monitored at appropriate intervals).
Ritalin should not be used in children under six years of age, should not be used as treatment for severe depression of either exogenous or endogenous origin and may exacerbate symptoms of behavioural disturbance and thought disorder if given to psychotic children.

The company selling it claims that although available clinical evidence indicates that treatment with Ritalin during childhood does not increase the likelihood of addiction chronic abuse of Ritalin can lead to marked tolerance and psychic dependence with varying degrees of abnormal behaviour.

Ritalin, it is warned, should be employed with caution in emotionally unstable patients, such as those with a history of drug dependence or alcoholism, because such patients may increase the dosage on their own initiative.

Ritalin should also be used with caution in patients with epilepsy since there may be an increase in seizure frequency.

And height and weight should be carefully monitored in children as prolonged therapy may result in growth retardation. (A child might lose several inches in possible height - though if treatment is stopped there is a generally a growth spurt). It is perhaps worth mentioning here my view that if a drug is powerful enough to retard growth it does not seem entirely unreasonable to suspect that the chances are high that it may be having other powerful effects upon and within the body.

Doctors are also warned that careful supervision is required during drug withdrawal, since depression as well as renewed overactivity can be unmasked. Long term follow up may be needed for some patients.

There have also been reports that children have committed suicide after drug withdrawal. And one study has shown that children who are treated with stimulants alone had higher arrest records and were more likely to be institutionalised.
Long term use of Ritalin has been said to cause irritability and hyperactivity (these are, you may remember, the problems for which the drug is often prescribed). In a study published in Psychiatric Research and entitled *Cortical Atrophy in Young Adults With A History of Hyperactivity* brain atrophy was reported in more than half of 24 adults treated with psychostimulants (though I don't think anyone can say for sure whether or not the psychostimulants caused the brain atrophy the possible link should make prescribers, teachers and parents who are fans of Ritalin stop and think for a moment).

In Johannesburg a study of 14 children is said to have produced a response in only 2 children. One child showed some deterioration and another showed marked deterioration.

The final insult is, surely, the fact that the company selling Ritalin tells doctors that 'Data on safety and efficacy of long term use of Ritalin are not complete.' For this reason they recommend that patients requiring long term therapy should be monitored carefully with periodic complete and differential blood counts, and platelet counts.
I regard this as an insult because Ritalin is not a new drug.

I have not, at the time of writing this, been able to find out exactly when it was first introduced but I have been able to trace it back to 1961.

Now, maybe I'm being rather demanding but it does seem to me that when a drug has been on the market for well over a quarter of a century it isn't entirely unreasonable for the drug company involved to have completed studying the data on whether or not it works and is safe.

Cancer In Mice

When early safety tests were done on mice researchers found that the drug caused an increased in hepatocellular adenomas and, in male mice only, an increase in hepatoblastomas (described as 'a relatively rare rodent malignant tumour type').

'The significance of these results to humans is unknown' say Novartis, the company selling Ritalin.

Here, once again, is yet more proof of the total worthlessness of animal experiments and the ruthless and cynical attitude shown by drug companies and those government departments which allegedly exist to protect the public from unsafe drugs.
I have frequently argued that when drug companies perform pre clinical tests on animals they do so knowing that if the tests show that a drug doesn't cause any problems when given to animals they can use the results to help convince the authorities that the drug is safe.

On the other hand when a drug does cause a problem when given to animals the results can be ignored on the grounds that 'the significance of these results to humans is unknown'.

The question here is a very simple one: if the experiments on mice which showed that Ritalin causes cancer were of value why is the drug still available on prescription for children? And if the experiments can safely be ignored (on the grounds that animals are so different to human beings that the results are irrelevant) why the hell were the tests done in the first place?

Ignorance And Misplaced Trust

My own feeling is that the people who told you that Ritalin is 'very safe' are either unable to read or too lazy to do any research into the safety of a product which they are recommending with such enthusiasm.

Years of experience mean that I am not in the slightest bit surprised to find such crass stupidity exhibited by social workers. I am, however, more surprised to find school teachers showing such a potent mixture of ignorance and misplaced trust. Some observers claim that Ritalin can be considered for a children when tests and clinical examinations have shown the existence of a clear neurological disorder - with abnormal brain wave patterns.

Psychiatrist, psychologist, health visitor, teachers, GP and parents should, it is said, all be considered before considering treatment.

Even the company selling Ritalin says that 'Ritalin treatment is not indicated in all children with this syndrome and the decision to use the drug must be based on the physician's evaluation of the child's history and the duration and severity of symptoms'.
However, despite this, when a team of researchers from the United Nationals International Narcotics Control Board examined the records of nearly 400 paediatricians who had prescribed Ritalin they found that half the children who had been diagnosed as suffering from MBD (or ADD or whatever) had not been given psychological or educational testing before being given the drug. The United Nations concluded that frustrated parents, teachers and doctors were too quick to stick a label of ADD onto children with behavioural problems (or, to be more accurate, to children whose behaviour was annoying the parents, teachers and doctors).

Less Than Enthusiastic

I am less than enthusiastic about this drug. In my view, the world would be a healthier place if all supplies of this wretched drug were wrapped in concrete and buried in the rubble of the headquarters of the company making the damned stuff.

You might have guessed by now that I wouldn't prescribe Ritalin for anyone - for anything.

But other doctors clearly don't agree with me. Some observers have described Ritalin as a drug

that can unlock a child's potential. And although estimates about the number of children taking Ritalin vary in the U.S. alone it has been claimed that up to 12 % of all American boys aged between 6 and 14 are being prescribed Ritalin to treat various behavioural disorders. In 1990 the world wide production of the drug was less than three tonnes. By 1994 production of the drug had virtually trebled. It is now not unknown for schools to arrange for children to be treated with Ritalin without obtaining parental permission.

It is worth remembering that although doctors, parents and teachers have for over thirty years now been enthusiastically recommending the use of Ritalin (and similar drugs) in the treatment of MBD there are still a number of unanswered questions.
We still do not know whether the drug works and nor do we know whether it causes any permanent long term damage. We do not know whether the listed potential side effects do more damage than any possible good the drug might do. And, perhaps most astonishing of all, despite the fact that millions of children have been diagnosed as suffering from ADHD, ADD or MBD, and treated with powerful drugs, we do not even know whether any of these conditions - or hyperactivity - really exist.

Back in 1970 the Committee on Government Operations of the U.S. House of Representatives studied the use of behaviour modification drugs on children. At that time around 200,000 to 300,000 children a year in the U.S. were being given these drugs and the point was then made that hyperactivity is considered a disease because it makes it difficult for schools to be run 'like maximum security prisons, for the comfort and the convenience of the teachers and administrators who work in them...'.
Since then the only thing that has changed is that the popularity of Ritalin has continued to rise and rise and rise inexorably.

Prescribing Ritalin is, in my view, authorised child abuse on a massive, global scale.
But it is clear that the prescribing of powerful mind altering drugs for small children is big business.

In the US the use of antidepressants and stimulants among toddlers aged between two and four tripled between 1991 and 1995. The period between birth and four years of age is a time of great change in the human body. Most importantly it is a time when the brain is maturing. Heaven knows what effect these drugs have on those tiny developing brains.

Ritalin is now widely prescribed for toddlers. So are many other antidepressants, stimulants and other powerful drugs. Remember: typical symptoms of this alleged disease include 'restlessness' and 'inattentiveness'.

I am delighted that my protests and complaints about these absurd and obscene prescribing habits have drawn a number of vicious complaints from doctors.
In my view every doctor who prescribes such drugs for children with alleged ADHD should be defrocked, given a good thrashing with genetically engineered stinging nettles and forced to emigrate to the USA.

SB 48

Articles

Fairbanks Daily News-Miner

FYI

Councilman backs bill affecting psychotropic drugs in schools
By CHRIS ESHLEMAN
Staff Writer

Monday, April 10, 2006 - A Fairbanks City Council member is asking the council to support a bill in Juneau that seeks to bar employees in public schools in Alaska from recommending the use of psychotropic drugs by students.

While he thinks it is rare that schools would require children to take drugs like Ritalin or Adderall as a prerequisite of attending, Councilman Lloyd Hilling said he is concerned that school employees in Alaska can recommend parents put their children on the drugs without enough understanding of the possible and proven side effects psychotropics can have.

"Let's let scientific research prove these psychotropic drugs," Hilling said. "Meanwhile, let's not be pushing them."

Hilling has put forward a resolution to the council that, if approved, would support a bill introduced last year in the Alaska Legislature. The bill, sponsored by state Sen. Bettye Davis, D-Anchorage, would, in part, prohibit school employees from recommending that a child take a psychotropic drug as a condition for attending a public school.

The bill has not moved from the Senate since it was introduced over a year ago, but a Senate committee plans to hold a public hearing on it Wednesday.

In a sponsor statement on her bill, Davis said it is important that only physicians suggest the use of psychiatric medication. Davis said the use of the drugs in schools has increased rapidly in recent years, and points to parents' concern regarding the issue of diagnosis.

"There are documented incidences of highly negative consequences in which psychiatric prescription drugs have been utilized for what are essentially problems of discipline," Davis' statement reads.

Hilling said the roles of schools in the prescription of psychiatric drugs has been a concern of his for years. A teacher at the University of Alaska Fairbanks and former teacher's aide, Hilling said he supports Davis' bill in part because it would help require parents around the state to go to doctors for advice without being biased through conversations with school employees.

Chris Eshleman can be reached at 459-7582 or ceshleman@newsminer.com .

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March 23, 2006

Panel Advises Disclosure of Drugs' Psychotic Effects

By GARDINER H ARRIS

GAITHERSBU RG, Md., March 22 — Stimulants like Ritalin lead a small number of children to suffer hallucinations that usually fe: ure insects, snakes or worms, according to federal drug officials, and a panel of experts said on Wednesday th t physicians and parents needed to be warned of the risk.

The panel members said they hoped the warning would prevent physicians from prescribing a second drug to treat the hallucinations caused by the stimulants, which one expert estimated affect 2 to 5 of every 100 children taking them. Instead, they said, the right thing to do in such cases was to stop prescribing the stimulants.

On Feb. 9, a different advisory committee voted 8 to 7 to recommend that the Food and Drug Administration place its most serious warning label, a so-called black box, on the labels of stimulants to warn that they could have dangerous effects on the heart, particularly in adults. That recommen lation grew out of reports that 25 people, mostly children, had died suddenly while taking the drugs.

e :italin was first approved in the 1950's, stimulants to treat attention deficit disorder and hyperactivity have becon e among t most widely prescribed medicines in the world. In the United States alone, about 2.5 million :dr r and 1.5 million adults take them; as many as 10 percent of boys ages 10 to 12 do

In add ion to Ritalin, two other stimulants, Adderall and C oncerta, are popular.

The drugs have been studied in hundreds of trials over five decades and have proven to be extremely effective. But they have always been controversial, with some experts saying they are overprescribed. It is a measure of the difficulty of uncovering the physiological effects of medicines that experts are only now grappling with some of the drugs' serious, though rare, physical and mental effects.

Dr. Thomas B. Newman, an epidemiologist at the University of California, San Francisco, who is a member of the pediatric advisory committee, estimated that out of 100 patients treated fo a year with stimulants, 2 to 5 will suffer serious psychotic episodes like hallucinations.

"It's a small number, but it's real," said Dr. Robert M. Nelson, an intensive-care physician at Children's Hospital of Philadelphia and chairman of the committee.

Dr. Kate Gelperin, an F.D.A. drug-safety specialist, told the committee that the agency had discovered a surprising number of cases in which young children given stimulants suffered hallucinations. Most said that they saw or felt insects, snakes or worms, Dr. Gelperin said.

Gelperin described the case of a 12-year-old girl who said that insects were crawling under her skin. Another child was found by his parents crawling on the ground and complaining that he was surrounded by cockroaches. In both cases, the hallucinations disappeared after drug therapy was stopped. The boy's doctor persuaded his parents to give i stimulants again, and his hallucinations reappeared.

F.D.A. officials made clear to the advisory panel that they considered the reports of hallucinations a problem that deserved a label warning.

"We were struck by the hallucinations," said Dr. Rosemary Johann-Liang, deputy director of the division of drug-risk [illegible]luation at the F.D.A. "We felt it was a drug effect."

[illegible]e agency does not have to follow the conclusions of its advisory panels, but it usually does. Dr. Robert Temple, [illegible]ector of the Office of Medical Policy at the agency, said after the meeting that the agency would "turn quite quickly to implementing the recommendations we've gotten."

Dr. Temple added, "The area of uncertainty is what to do about the black-box warning on cardiovascular risks in adults."

After the advisory committee meeting in February, agency officials said they had no intention in the near future of placing such warnings on stimulant labels about their potential heart risks.

Wednesday's panel, made up mostly of experts in pediatric medicine and psychiatry, discussed only the potential risks of the drugs among children, while February's group focused mostly on the risks to adults. The pediatric panel agreed with the earlier group that children who have heart problems should probably not be given stimulants. But most children who die suddenly from heart ailments never knew they were at risk, and most children put on stimulant therapy are not given thorough heart evaluations.

"You can't screen 2.5 million children" with intensive heart evaluation tests, Dr. Nelson said.

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More Kids Are Getting Anti-Psychotic Drugs

By LINDSEY TANNER
AP Medical Writer

March 16, 2006, 8:07 PM EST

CHICAGO -- Soaring numbers of American children are being prescribed anti-psychotic drugs -- in many cases, for attention deficit disorder or other behavioral problems for which these medications have not been proven to work, a study found.

The annual number of children prescribed anti-psychotic drugs jumped fivefold between 1995 and 2002, to an estimated 2.5 million, the study said. That is an increase from 8.6 out of every 1,000 children in the mid-1990s to nearly 40 out of 1,000.

But more than half of the prescriptions were for attention deficit and other non-psychotic conditions, the researchers said.

The findings are worrisome "because it looks like these medications are being used for large numbers of children in a setting where we don't know if they work," said lead author Dr. William Cooper, a pediatrician at Vanderbilt Children's Hospital.

The increasing use of anti-psychotics since the mid-1990s corresponds with the introduction of costly and heavily marketed medications such as Zyprexa and Risperdal. The packaging information for both says their safety and effectiveness in children have not been established.

Anti-psychotics are intended for use against schizophrenia and other psychotic illnesses.

However, attention deficit disorder is sometimes accompanied by temper outbursts and other disruptive behavior. As a result, some doctors prescribe anti-psychotics to these children to calm them down -- a strategy some doctors and parents say works.

The drugs, which typically cost several dollars per pill, are considered safer than older anti-psychotics -- at least in adults -- but they still can have serious side effects, including weight gain, elevated cholesterol and diabetes.

Anecdotal evidence suggests similar side effects occur in children, but large-scale studies of youngsters are needed, Cooper said.

The researchers analyzed data on youngsters age 13 on average who were involved in annual national health surveys. The surveys involved prescriptions given during 119,752 doctor visits. The researchers used that data to come up with national estimates.

Cooper said some of the increases might reflect repeat prescriptions given to the same child, but he said that is unlikely and noted that his findings echo results from smaller studies.

The study appears in the March-April edition of the journal Ambulatory Pediatrics.

Heavy marketing by drug companies probably contributed to the increase in the use of anti-psychotic drugs among children, said Dr. Daniel Safer, a psychiatrist affiliated with Johns Hopkins University, who called the potential side effects a concern.

Safer said a few of his child patients with behavior problems are on the drugs after they were prescribed by other doctors. Safer said he has let these children continue on the drugs, but at low doses, and he also does periodic tests for high cholesterol or warning signs of diabetes.

Dr. David Fassler, a University of Vermont psychiatry professor, said more research is needed before anti-psychotics should be considered standard treatment for attention deficit disorders in children.

"Given the frequency with which these medications are being used, there's no question that we need additional studies on both safety and efficacy in pediatric populations," Fassler said.

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Uncle Sam wants you – well, not everyone in prime recruiting age group

By Pauline Jelinek
ASSOCIATED PRESS

9:33 a.m. March 12, 2006

WASHINGTON – Uncle Sam wants YOU, that famous Army recruiting poster says. But does he really?

Not if you're a Ritalin-taking, overweight, Generation Y couch potato – or some combination of the above.

As for that fashionable "body art" that the military still calls a tattoo, having one is grounds for rejection, too.

With U.S. casualties rising in wars overseas and more opportunities in the civilian work force from an improved U.S. economy, many young people are shunning a career in the armed forces. But recruiting is still a two-way street – and the military, too, doesn't want most people in this prime recruiting age group of 17 to 24.

Of some 32 million Americans now in this group, the Army deems the vast majority too obese, too uneducated, too flawed in some way, according to its estimates for the current budget year.

"As you look at overall population and you start factoring out people, many are not eligible in the first place to apply," said Doug Smith, spokesman for the Army Recruiting Command.

Some experts are skeptical.

Previous Defense Department studies have found that 75 percent of young people are ineligible for military service, noted Charles Moskos of Northwestern University. While the professor emeritus who specializes in military sociology says it is "a baloney number," he acknowledges he has no figures to counter it.

"Recruiters are looking for reasons other than themselves," said David R. Segal, director of the Center for Research on Military Organization at the University of Maryland. "So they blame the pool."

The military's figures are estimates, based partly on census numbers. They are part of an elaborate analysis the military does as it struggles each year to compete with colleges and companies for the nation's best and brightest, plan for future needs and maintain diversity.

The Census Bureau estimates that the overall pool of people who would be in the military's prime target age has shrunk as American society ages. There were 1 million fewer 18- to 24-year olds in 2004 than in 2000, the agency says.

The pool shrinks to 13.6 million when only high school graduates and those who score in the upper half on a military service aptitude test are considered. The 30 percent who are high school dropouts are not the top choice of today's professional, all-volunteer and increasingly high-tech military force.

Other factors include:

- the rising rate of obesity; some 30 percent of U.S. adults are now considered obese.

- a decline in physical fitness; one-third of teenagers are now believed to be incapable of passing a treadmill test.

a near-epidemic rise in the use of Ritalin and other stimulants to treat attention deficit hyperactivity disorder. Potential recruits are ineligible for military service if they have taken such a drug in the previous year.

Doctors prescribe these drugs to about 2 million children and 1 million adults a month, according to a federal survey. Many more are believed to be using such stimulants recreationally and to stay awake longer to boost academic and physical performance.

Other potential recruits are rejected because they have criminal histories and too many dependents. Subtract 4.4 million from the pool for these people and for the overweight.

Others can be rejected for medical problems, from blindness to asthma. The Army estimate has subtracted 2.6 million for this group.

That leaves 4.3 million fully qualified potential recruits and an estimated 2.3 million more who might qualify if given waivers on some of their problems.

The bottom line: a total 6.6 million potential recruits from all men and women in the 32 million-person age group.

In the budget year that ended last September, 15 percent of recruits required a waiver in order to be accepted for active duty services – or about 11,000 people of some 73,000 recruited.

Most waivers were for medical problems. Some were for misdemeanors such as public drunkenness, resisting arrest or misdemeanor assault – prompting criticism that the Army is lowering its standards.

This year the Army is trying to recruit 80,000 people; all the services are recruiting about 180,000.

And about the tattoos: They are not supposed to be on your neck, refer to gang membership, be offensive, or in any way conflict with military standards on integrity, respect and team work. The military is increasingly giving waivers for some types of tattoos, officials said.

- On the Net:

Defense Department career and aptitude exploration site: **www.asvabprogram.com**

Find this article at:
http://www.signonsandiego.com/news/military/20060312-093?-unclesamwantsyou.html

☐ Check the box to include the list of links referenced in the article.

SB 48

Resolution

Introduced by: Council Member Hilling
Date: April 10, 2006

RESOLUTION NO. 4208

A RESOLUTION IN SUPPORT OF SENATE BILL 48, WHICH WOULD PROHIBIT SCHOOL PERSONNEL FROM RECOMMENDING OR REQUIRING PRECRIPTIONS OF PSYCHOTROPIC DRUGS FOR SCHOOL CHILDREN

WHEREAS, the family of psychotropic drugs, such as the Amphetamine-type Ritalin and Adderall, are often prescribed for school age children in Alaska; and

WHEREAS, school personnel often require or recommend to parents that these drugs be prescribed to ameliorate their children's behavior; and

WHEREAS, such drugs pose significant risk for a multitude of proven negative side effects, including negative transformations of personality and even death; and

WHEREAS, Alaska Senate Bill No. 48, "An Act relating to recommending or refusing psychotropic drugs or certain types of evaluations or treatments for children," is currently being debated in the Alaska State Legislature; and

WHEREAS, the SB 48 would amend the Alaska Statutes by adding 14.30.171, which reads in part "school personnel may not recommend..." [or require that a parent or guardian obtain a prescription for] "...a child to take or continue to take a psychotropic drug..." (a full copy of the Bill is attached);

NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Fairbanks supports adoption of SB 48 and encourages the public to review the Bill and provide input to the legislature.

Passed and Approved this 10th day of April, 2006.

STEVE M. THOMPSON, MAYOR

ATTEST:

APPROVED AS TO FORM

Carol L. Colp CMC, City Clerk

Herbert P. Kuss, City Attorney

Testimony on Alaska Senate Bill 48 before the Senate Judiciary Committee

April 22, 2006

Presented by Richard Warner, President, Seattle Chapter, Citizens Commission on Human Rights, Seattle, Washington, 1-877-448-8517.

I. Background

Legislation similar to SB 48 has been passed by a number of states, including Connecticut, Minnesota, Illinois, Virginia, Colorado, Arizona, New Hampshire, and Florida.

Such legislation is meant to address the problem of the intrusion of psychiatry into the lives of families by means of the powers granted to schools and state agencies.

There is no question that children face enormous difficulties growing up in today's society and there are dozens of root causes that we can point to which influence their development and behavior. They include such things as unwanted births, divorce, broken homes, hours spent in front of television sets, constant exposure from a very young age to sexual images, poor nutrition, poor overall health, poverty, drug abuse, exposure to environmental toxins, and a lack of adult guidance in their lives. You can probably add you own factors to this list.

The psychiatrist, however, walks in and says, "You know what the problem is. You've got a defective child - kid's got a bad brain."

The problem, of course, is that 1) the psychiatric diagnostic system has no science behind it and is often ridiculed by psychiatrists and psychologists themselves; and 2) there's no credible evidence there is anything wrong with the brains of children who get psychiatrically labeled. They don't even have a way to measure the brain chemistry of living person.

So you get millions of kids being put on psychiatric drugs with no medical or scientific justification for it. And the numbers increase dramatically every year.

And what do these drugs do? The FDA has recently issued an unprecedented series of warnings about psychiatric drugs. The FDA has found that antidepressants can at least double the risk of a child becoming suicidal and that ADHD drugs like Ritalin can increase the risk of cardiovascular problems and cause psychiatric events such as suicidal ideation, hallucinations, aggression, and violent, psychotic behavior. And that just touches the surface of what we are discovering about these drugs.

To make matters worse, they are very ineffective.

For example, in April 18, 2004 the *Washington Post* reported,

Of 15 trials conducted among depressed children, 10 failed to show antidepressants were better than dummy pills. Two were inconclusive, and three showed positive results. The negative results have

mostly been withheld from public scrutiny by the pharmaceutical companies that paid for the trials, which say that the data are proprietary.

The Post also reported that an FDA internal analysis of two of the three studies that showed positive results found, "'The evidence for efficacy based on the pre-specified endpoint is not convincing.'"

A more complete examination of these issues can be found in the testimony we presented to the Health, Education and Social Services Committee.

SB 48

The previous version of this bill recognized the obvious. That given the lack of a medical basis for labeling children as having brain diseases or chemical imbalances, and given the enormous risks of the drugs and their complete lack of effectiveness, no one, particularly the state, has any business forcing or coercing parents to psychiatrically evaluate or drug their children.

The previous version of this bill essentially stopped school personnel and the courts from going after parents who don't want their kids psychiatrically tested and drugged.

The current version has introduced a loophole that seriously weakens the bill. It allows school personnel and the courts to go after parents who do not consent to the drugging of their child by accusing them of "mental injury" or "neglect." Mental injury is defined in statute to be

> an injury to the emotional well-being, or intellectual or psychological capacity of a child, as evidenced by an observable and substantial impairment in the child's ability to function;

Neglect is defined as,

> the failure by a person responsible for the child's welfare to provide necessary food, care, clothing, shelter, or medical attention for a child;

And who is going to be deciding if there is mental injury or neglect? The people who think kids have bad brains - the very people from whom we are trying, by means of this legislation, to protect parents.

This legislation is a step in the right direction but it has been seriously weakened. The previous version was much better. The text on page 2, lines 28 and 29, insure that neglect and abuse will be reported. If there is concern that children might not get necessary medical treatment, we would then offer the following additional amendments (see attachment #1):

Page 2, lines 4 and 5: strike from "except" through "47.17.290,"

Page 4, after line 8, "public funds," reintroduce the language of the original bill, beginning on line 9 and ending on line 27

Page 4, line 28 on, in bold.

Attachment #1

Bill Text

BILL ID: SB 48

00 CS FOR SENATE BILL NO. 48(HES)
01 "An Act relating to recommending or refusing psychotropic drugs or certain types of
02 evaluations or treatments for children."
03 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:
04 * **Section 1.** AS 14.30 is amended by adding new sections to read:
05 **Article 2A. Psychiatric and Behavioral Evaluations and Treatments.**
06 **Sec. 14.30.171. Prohibited actions.** Except as provided in AS 14.30.172 -
07 14.30.176, school personnel may not, unless otherwise authorized by law,
08 (1) recommend to a parent or guardian that a child take or continue to
09 take a psychotropic drug as a condition for attending a public school;
10 (2) require that a child take or continue to take a psychotropic drug as a
11 condition for attending a public school;
12 (3) conduct a psychiatric or behavioral health evaluation of a child;
13 (4) recommend a specific licensed physician, psychologist, or other
14 health specialist to a parent or guardian for a child;

PAGE 2

01 (5) recommend that a parent or guardian seek or use for a child
02 (A) a psychotropic medication; or
03 (B) a psychiatric or psychological treatment; or
04 (6) ~~except when refusal of consent causes a child to suffer mental~~
05 ~~injury or neglect, as defined in AS 47.17.290,~~ make a report of suspected child abuse
06 or neglect to authorities, including the Department of Health and Social Services,
07 based solely on the fact that a parent or guardian refuses to give signed consent for
08 (A) the administration of a psychotropic drug to a child;
09 (B) a psychiatric, psychological, or behavioral treatment of a
10 child; or
11 (C) a psychiatric or behavioral health evaluation of a child.
12 **Sec. 14.30.172. Communication not prohibited.** (a) Nothing in AS 14.30.171
13 may be construed to prohibit school personnel from
14 (1) consulting or sharing classroom-based observations with parents or
15 guardians regarding a student's academic and functional performance, behavior in the
16 classroom or school, or regarding the need for evaluation for special education or
17 related services as long as school personnel do not
18 (A) make an assertion or recommendation that violates
19 AS 14.30.171; or
20 (B) denigrate, criticize, punish, or attempt to denigrate,
21 criticize, or punish, a parent, guardian, or child for a decision made by the
22 parent or guardian pertaining to whether the child takes, does not take, or
23 discontinues taking a psychotropic medication; or
24 (2) exercising their authority relating to the placement within the
school or readmission of a child who may be or has been suspended or expelled for a

26 violation of a school disciplinary and safety program adopted under AS 14.33.110 -
27 14.33.140.
28 (b) Nothing in AS 14.30.171 may be construed to prevent teachers or other
29 school personnel from complying with the requirements of AS 47.17.020.
30 **Sec. 14.30.174. Compliance with federal education law.** (a) Notwithstanding
31 AS 14.30.171(3) and (5), a behavioral or mental health professional working within a

01 public school system may for the sole purpose of complying with federal education
02 law,
03 (1) rec-mmend, but not require, a psychiatric or behavioral health
04 evaluation of a child;
05 (2) recommend, but not require, psychiatric, psychological, or
06 behavioral treatment for a child; and
07 (3) conduct a psychiatric or behavioral health evaluation of a child
08 with the consent of the child's parent or guardian.
09 (b) In this section,
10 (1) "behavioral health professional" means a person who has a master's
11 degree in psychology, social work, counseling, or a related field with specialization
or
12 experience in working with children experiencing behavioral, physical, and emotional
13 disabilities, and is working within the scope of the person's training and
experience;
14 "behavioral health professional" does not include a person employed as a teacher;
15 (2) "federal education law" means 20 U.S.C. 1400 - 1487 (Individuals
16 with Disabilities Education Act), 20 U.S.C. 7101 - 7143 (Safe and Drug-Free Schools
17 and Communities Act of 1994), 29 U.S.C. 794 (nondiscrimination under federal grants
18 and programs), and 42 U.S.C. 12101 - 12213 (equal opportunity for individuals with
19 disabilities);
20 (3) "mental health professional" has the meaning given in
21 AS 47.30.915.
22 **Sec. 14.30.176. List of community resources.** Notwithstanding
23 AS 14.30.171(4), a school district may make available to an interested parent or
24 guardian a list of community resources, including mental health services if the list
25 conspicuously states the following: "This list is provided as a resource to you. The
26 school neither recommends nor requires that you use this list or any of the services
27 provided by individuals or entities on the list. It is for you to decide what
services, if
28 any, to use and from whom you wish to obtain them."
29 **Sec. 14.30.177. Violations.** (a) A violation of AS 14.30.171 - 14.30.176
30 constitutes substantial noncompliance with a school law of the state for purposes of
31 dismissal of a teacher under AS 14.20.170 or nonretention of a teacher under

01 AS 14.20 175.
02 (b) Each school board shall adopt a bylaw under AS 14.14.100 that provides
03 that violation of AS 14.30.171 - 14.30.176 is grounds for disciplinary action against
a
04 person employed by the school district.
05 **Sec. 14.30.179. Definition.** In AS 14.30.171 - 14.30.179, "public school"
06 means a school operated by publicly elected or appointed school officials in which
the
07 program and activities are under the control of those officials and that is supported
by
08 public funds.
09 **Sec. 2.** AS 47.10.019 is amended to read:

10 Sec. 47.10.019. **Limitations on determinations.** (a) Notwithstanding other
11 provisions of this chapter, the court may not find a minor to be a child in need of aid
12 under this chapter solely on the basis that the child's family is poor, lacks adequate
13 housing, or exhibits a lifestyle that is different from the generally accepted lifestyle
14 standard of the community where the family lives. However, this **subsection**
15 [SECTION] may not be construed to prevent a court from finding that a child is in
16 need of aid if the child has been subjected to conduct or conditions described in
17 AS 47.10.011 - 47.10.015.
18 * **Sec. 3.** AS 47.10.019 is amended by adding a new subsection to read:
19 (b) Notwithstanding other provisions of this chapter, a court may not find a
20 minor to be a child in need of aid and the department may not initiate an investigation
21 or take custody of a child, including emergency custody, solely based on an allegation
22 or finding that the child's parent or other person having the care and custody of the
23 child has refused to consent to
24 (1) the administration of a psychotropic drug to the child;
25 (2) a psychiatric, psychological, or behavioral treatment for the child;
26 or
27 (3) a psychiatric or behavioral health evaluation of the child.
28 **(c) If however, the court finds that**
29 **(1)there is medical evidence in the form of blood tests, tissue samples, or**
30 **other biological tests demonstrating the existence an organic abnormality in the**
31 **brain of the child; and**

1 **(2) there is substantial proof that this organic brain abnormality is**
2 **causing serious harm to the child, and other possible contributing causes (including**
3 **medical, psychological, environmental, and nutritional causes)have been ruled out;**
4 **and**
5 **(3) the psychotropic drug to be administered for this brain**
6 **abnormality is not one that has been found by the Food and Drug Administration to**
7 **increase suicidality, increase the risk of cardiovascular problems, or increase the**
8 **risk of brain damage in human subjects; and**
9 **(4 the proposed treatment has been found in a majority of studies to be**
10 **effective in children and;**
11 **(5) other recognized, less invasive forms of treatment have been tried**
12 **then, the court may consider the parent's refusal of consent to the**
13 **administration of a psychotropic drug to the child in deciding whether to find a child**
14 **to be in need of aid and the department may initiate an investigation.**

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Anchorage Daily News

Senators question Outside PR deal

ANWR: Without hearing or competitive bidding process, $3 million was budgeted.

By MATT VOLZ
The Associated Press

(Published: March 31, 2006)

JUNEAU -- More state lawmakers are asking how an Oregon public relations firm landed a $3 million deal to push for the opening of the Arctic National Wildlife Refuge to oil drilling.

The appropriation to Pac/West Communications was put into the state supplemental budget on the House floor Monday without a committee hearing and without going through a competitive bidding process. Another $750,000 was appropriated to Arctic Power, which has been the state's ANWR lobbyist since 1992.

The money isn't going to either group yet.

The Senate on Thursday voted down the House's changes to the supplemental budget. Some senators voted against other changes in the bill, such as the insertion of additional rural energy assistance money, but others cited the ANWR appropriation as the reason for their no vote.

Sen. Gretchen Guess, D-Anchorage, said she could see no proof that Pac/West has the experience necessary for a targeted national campaign to sway opinion on opening ANWR.

She questioned why a request for proposals was not issued or a list of criteria not drawn up "to get the best national firm with the best chance for opening ANWR."

Senate Majority Leader Gary Stevens, R-Kodiak, said the Republican caucus needed more information about Pac/West. Asked if he had other problems with the House's changes to the supplemental budget, he said no.

"That's the big issue we're concerned about right now," Stevens said. "I think it's good to just take the time and make sure it's the right organization to give money to."

But there may be division within the Senate Republican leadership. Senate President Ben Stevens, R-Anchorage, said he supports the appropriation and Pac/West and there is no need to issue a request for proposals for the project.

"Look, it's a strategy to try and convince votes and to help change public opinion," he said. "It's obviously a strategic maneuver at the national level, so why would we put it out to an RFP and tell the opposition what we want to do?"

Ben Stevens' father, U.S. Sen. Ted Stevens, R-Alaska, the week before had told the Legislature the annual fight in Congress had a greater sense of urgency this year. If it fails again, the ANWR lobby may lose the support of the oil companies that would drill there, he said.

That's why Pac/West was chosen, said House Speaker John Harris, R-Valdez. The public relations firm has shown it cares about Alaska issues and that it's been effective, he said.

"When Sen. Stevens was here, he said we have to do this immediately," Harris said. "There are only two groups out there that I'm aware of that could do that, that have shown their presence and interest in doing that. One is Arctic Power, which we've been using for some period of time. The other is Pac/West."

Pac/West has been involved in Alaska politics, particularly ballot initiatives, in recent years. The company is working with the NorthWest Cruise Ship Association to defeat a ballot initiative this year for a $50-per-passenger cruise ship tax. And in 2004, the company campaigned against an Alaska ballot initiative to ban bear baiting in the state.

it weren't for the immediate need, Harris said, the contract probably would have gone to bid. But sole-source contracts such as this can be and often are done if they are in the interest of the state, Harris said.

There are an estimated 10 billion barrels of oil beneath the tundra east of Prudhoe Bay. Opening ANWR to drilling is strongly supported in Alaska, with as much as 80 percent of the state's treasury dependent on oil taxes and royalties.

Pac/West plans to use the $3 million to wage public-relations campaigns within the districts of certain congressmen who have voted against ANWR in the past. The company would first identify congressional districts to target, then structure a campaign around the idea that ANWR would ease the nation's dependence on foreign sources of energy.

In an interview with The Associated Press this week, Pac/West president Paul Phillips said his company began speaking more than a year ago with Alaska's congressional delegation and the governor's Washington, D.C., office about an ANWR campaign.

"We've been in the mix for over a year, but has it been public? No, because the timing hasn't been right," Phillips said.

The Senate voted 2-18 Thursday against the House's changes to the supplemental budget. Ben Stevens appointed a conference committee with Republican Sens. Gary Wilken of Fairbanks and Lyda Green of Wasilla, along with Democratic Sen. Lyman Hoffman of Bethel.

Once the House appoints a conference committee, the two sides will meet to work out a final supplemental ending bill.

The bill is Senate Bill 232.

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My remarks are prepared to ease transcription and take 5 minutes. I'll mostly avoid material that caused this bill to pass correctNESS.

TESTIMONY FOR SB 48

I'm testifying in support of SB 48 passage. The aspect of the bill most relevant to your committee is that it just enforces occupational competence for the public good. – the essence of occupatic licensing. Government always gets a bad name when it isn't consistent in its regulation of businesses and professions. Occupational licensing is the government device to ensure a minimum level of competence in people practicing a craft on the public. The public understands the legitimacy of such regulation and the state bureaucracy to implement it. The conceptual flag for this is the public conviction that it's bad for people to practice medicine without a license. This bill makes a plain attempt to channel parents to people trained to give professional level service and advice. It should be obvious that teacher and school administrator training is not designed to make such people competent to practice medicine, psychology, psychiatry or spiritual counseling.

I wish to focus my testimony on why what is seemingly common sense needs specific law to enforce it. What we are facing is dramatization of the greatest collective failure humanity has – an incompetent ability to understand human behavior. This manifests in the almost universal fear of human irrationality – minimally psychological disorders like what's called "Attention Deficit", and at its extreme form: madness. People who are afraid naturally grasp at anything to settle confusions and threats caused by what they fear. So naturally, faced with inexplicable behavior of children, parents and others grasp advice from nearly any source they conceive to have repute. Thus heavy pharmaceutical marketing and advertisements pushing the apparently scientific idea that man is a chemically motivated, stimulus-response animal exerts tremendous influence. A vacuum of understanding is filled with the alluring concept that "Johnny's mental problems" are caused just by chemical imbalances that are treatable with drugs. This directly tempts one of humanity's most dangerous weaknesses -- lust for shortcuts. This lust has been preyed on since the days of snake oil salesmen and granny love potions – the progen s of modern pharmaceutical companies.

So out of fear, inadequate understandings and lust for shortcuts, we have the source of child over-medication. The abuse of legal drugs in the over-medication of children should concern you almost more than any other form of substance abuse. Why? Because once a child or youth becomes convinced -- through adult and social encouragement -- that drugs are the simplest answer to becoming normal or happier, he's primed to explore illegal drugs using the same justification. Legality pronouncements hardly impress those already rebelling against ~~compulsively~~ redctically enforced authority.

That's why I am enraged that government has been snookered into permitting – and, even worse, indirectly subsidizing -- the promotion of what is rationalizing substance abuse. And this is while sanctimoniously waging a war against it. Indeed, just two days ago The Washington Post published an article on "Experts Defining Mental Disorders Are Linked To Drug Firms". The LIO here can fax you a copy.

We're talking about the virtual basis of logical thinking – identification of causes and their effects. I don't ask you to blindly agree with me. Don't just depend on the scientifically weak psychology experts, who've replaced the tractability treatment fads of beatings, electro convulsive therapy and lobotomies with a fresh fad of psychotropic drugs. I ask you to use your own minds about what's at stake

Passing SB 48 creates a decent posterity greater than you know. Give yourself the honor of doing so.

Stuart Thompson
PO Box 870702
Wasilla, AK 99687
1-877-950-7980

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Experts Defining Mental Disorders Are Linked to Drug Firms

Advertisement

By Shankar Vedantam
Washington Post Staff Writer
Thursday, April 20, 2006; A07

Every psychiatric expert involved in writing the standard diagnostic criteria for disorders such as depression and schizophrenia has had financial ties to drug companies that sell medications for those illnesses, a new analysis has found.

Of the 170 experts in all who contributed to the manual that defines disorders from personality problems to drug addiction, more than half had such ties, including 100 percent of the experts who served on work groups on mood disorders and psychotic disorders. The analysis did not reveal the extent of their relationships with industry or whether those ties preceded or followed their work on the manual.

"I don't think the public is aware of how egregious the financial ties are in the field of psychiatry," said Lisa Cosgrove, a clinical psychologist at the University of Massachusetts in Boston, who is publishing her analysis today in the peer-reviewed journal Psychotherapy and Psychosomatics.

The analysis comes at a time of growing debate over the rising use of medication as the primary or sole treatment for many psychiatric disorders, a trend driven in part by definitions of mental disorders in the psychiatric manual.

Cosgrove said she began her research after discovering that five of six panel members studying whether certain premenstrual problems are a psychiatric disorder had ties to Eli Lilly & Co., which was seeking to market its drug Prozac to treat those symptoms. The process of defining such disorders is far from scientific, Cosgrove added: "You would be dismayed at how political the process can be."

The American Psychiatric Association, which publishes the guidelines in its bible of disorders, the Diagnostic and Statistical Manual (DSM), said it is planning to require disclosure of the financial ties of experts who write the next edition of the manual -- due around 2011. The manual carries vast influence over the practice of psychiatry in the United States and around the world.

Darrel Regier, director of the association's division of research, said that concerns over disclosure are a relatively recent phenomenon, which may be why the last edition, published in 1994, did not note them. Regier and John Kane, an expert on schizophrenia who worked on the last edition, agreed with the need for transparency but said financial ties with industry should not undermine public confidence in the conclusions of its experts. Kane has been a consultant to drug companies including Abbott Laboratories, Eli Lilly, Janssen and Pfizer Inc.

"It shouldn't be assumed there is a true conflict of interest," said Kane, who said his panel's conclusions were driven only by science. "To me, a conflict of interest implies that someone's judgment is going to be influenced by this relationship, and that is not necessarily the case. . . ."

The DSM defines disorders in terms of constellations of symptoms. While neuroscience and genetics are revealing biological aspects to many disorders, there has been unease that psychiatry is ignoring social, psychological and cultural factors in its pursuit of biological explanations and treatments.

"As a profession, we have allowed the biopsychosocial model to become the bio-bio-bio model," Steven Sharfstein, president of the American Psychiatric Association, said in an essay last year to his colleagues. He later added, "If we are seen as mere pill pushers and employees of the pharmaceutical industry, our credibility as a profession is compromised."

He stressed that the association has strict guidelines to police the role of the pharmaceutical industry but said the profession as a whole needs to do a better job monitoring ethical conflicts.

Sharfstein added yesterday that the presence of experts with ties to companies on the manual's expert panels is understandable, given that many of the top experts in the field are involved in drug research.

"I am not surprised that the key people who participate have these kinds of relationships," he said. "They are the major researchers in the field, and are very much on the cutting edge, and will have some kind of relationship -- but there should be full disclosure."

At least one psychiatrist who worked on the current manual criticized the analysis. Nancy Andreasen of the University of Iowa, who headed the schizophrenia team, called the new analysis "very flawed" because it did not distinguish researchers who had ties to industry while serving on the panel from those who formed such ties afterward.

Two out of five researchers on her team had had substantial ties to industry, she said. Andreasen said she would have to check her tax statements to know whether she received money from companies at the time she worked on the panel, but said, "What I do know is

that I do almost nothing with drug companies. . . . My area of research is neuroimaging, not psychopharmacology."

The analysis could not determine the extent or timing of the financial ties because it relied on disclosures in journal publications and other venues that do not mention many details, said Sheldon Krimsky, a science policy specialist at Tufts University who also was an author of the new study. Whether the researchers received money before, during or after their service on the panel did not remove the ethical concern, he said.

Krimsky, the author of the book "Science in the Private Interest," added that although more transparency is welcome, the psychiatric association should staff its panels with disinterested experts.

"When someone is establishing a clinical guideline for the bible of psychiatric diagnosis, I would argue they should have no affiliation with the drug companies in those areas where the companies could benefit from those decisions," he said.

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