

SA's toddlers - a Ritalin generation?

Wanting South Africa to avoid the epidemic of psychotropic drug abuse of children, as seen in the US, the Citizens Commission on Human Rights International (CCHR) has launched a campaign to inform South African parents and teachers about prescribed psychotropic drug risks in children.



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South Africa reports as having one of the highest rates in the world of prescribed stimulants for children labelled with so-called Attention Deficit Hyperactivity Disorder (ADHD), a rate higher than in the US.

While The New York Times recently reported the prescription of dangerous antidepressants and antipsychotics to children aged two and younger in the US, South Africa also shows antidepressants are being prescribed to children aged two and younger and powerful antipsychotics, such as Risperdal are approved to treat disruptive behavior in children older than 5, with mental retardation.

As part of the campaign, fliers are downloadable to be distributed to parents to become better informed and to refuse to sign consent forms for children to be screened for psychological or mental 'disorders' through schools. Parents can also download, print and sign a form to protect their child from invasive school questionnaires that could lead to a referral to a psychiatrist for psychotropic drugs. South Africa adopted an 'Integrated School Health Policy' in 2010, which included a mental health programme. The CCHR says it possibly opened the door to more children potentially being drugged.

Stimulants sales are a \$9.9 billion (R150 billion) a year industry in the US and are among the leading drugs of abuse by teenagers. South African students snort and swallow Ritalin to get high. The drug is referred to as "smarties," "rit" or "kiddie cocaine." The US Drug Enforcement Administration says methylphenidate (Ritalin) is "closely related to cocaine."

Psychostimulants can cause hallucinations, liver problems, seizures, stunted growth, psychotic or manic symptoms and suicidal thoughts. Unlike diabetes, heart problems or medical conditions, there's no scientific test to prove that ADHD exists, as agreed by many doctors. The United Nations Committee on the Rights of the Child has warned governments about the excessive diagnosis of ADHD and the need for alternatives to stimulants prescribed to treat it.

Conflict of interest

Another parallel between South Africa and the US is the conflict of interest-the financial ties between psychiatrists and pharmaceutical companies that help fuel the increases in psychiatric drug prescriptions. Ten psychiatrists wrote the South African Society of Psychiatrists Treatment Guidelines for Psychiatric Disorders (one of which passed away prior to reporting any conflicts of interest). Six had financial ties to drug companies that manufacture psychiatric drugs.

The Guidelines cite the US psychiatrist Prof Joseph Biederman from Harvard University whose failure to disclose to the university the \$1.6 million (R24.1 million) he made in consulting fees from drug makers was uncovered by a US Senate investigation. According to The New York Times, his research helped cause a 40-fold increase (1994 to 2003) in the diagnosis of childhood 'bipolar disorder' in the US and the rapid rise in dangerous antipsychotics to treat it.

The Anti-Drug Alliance of South Africa says many doctors are receiving kickbacks including paid holidays abroad for prescribing certain drugs in the treatment of ADHD.

Suicide risks increase

The South African guidelines, especially relating to ADHD, should be rejected, CCHR says.

- The use of Ritalin and other drugs to treat ADHD was reported in January 2014 as soaring among primary school children in Nelson Mandela Bay, Eastern Cape province. A local pharmacist reported an increase of nearly 50% in Ritalin prescriptions over the previous year.
- Antidepressant use in the South Africa has increased by 39% over the past four years. In 2005, the South Africa Medicines Control Council issued a 'Drug Alert: Warning' that selective serotonin reuptake inhibitors (SSRI) antidepressant packaging include a warning of increased suicidality in children and adolescents.
- Despite this, a study published in 2013, shows that in South Africa the average number of antidepressant prescriptions claimed per patient increased with age and infants and adolescents aged 16 to 18 are prescribed the drugs. A co-author of a December 2015 study reported about 60 to 70% of people who take antidepressants "experience side effects and some of the side effects are severe suicidal thoughts."

CCHR agrees that parents and children may need help. However, parents are not being given all the facts, especially that there is no medical test to confirm that any mental disorder is a physical 'disease'. South African parents have the right to know about safe alternatives for their child and to ask their doctor about non-drug treatments.

For more information, see the [CCHRI PDF here](#).