

**International Narcotics Control Board
Vienna International Centre
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The use of central stimulants for medical purposes in Sweden

Part II

A report of recent actions taken by psychiatrists and government agencies to further the use of amphetamine and amphetamine-type drugs as treatment for the conditions ADHD and DAMP

This is the second report on this subject. The first report was sent to the Board 29.12.2001.

As stated before the medical use of amphetamine and amphetamine-type drugs in Sweden has for many years been very low. The background to the Swedish restrictions against such use is well known.

In my earlier report I gave a summary of actions taken by psychiatrists and government agencies in Sweden to further the use of amphetamine for medical purposes. The report also took up how the actions taken by the agencies had resulted in aggressive sales promotion for these internationally controlled substances. Information was given about the plans for increasing the use of psychostimulants among children and adults (including drug addicts and criminals).

Professor Hamid Ghodse, President of the International Narcotics Control Board, warned in the recently held speech in Cardiff (June) for the over-prescription of psychotropic drugs for children. Prof. Ghodse said according to media reports, that many of the children receiving drugs were just naughty, not ill. He talked about the

“liberal use of a drug with the specific intention of modifying a child's behaviour such that he or she becomes more compliant and less troublesome. We are medicalising something that is often not a medical condition.” Professor Ghodse also said that weak government regulations or unethical or illegal drug promotion encouraged excessive availability of these drugs.

The International Narcotics Control Board has also earlier in a number of reports warned about the increased use of psychostimulants. In the report for 2000 it was stated (p. 4): “The therapeutic indications and use of those substances [amphetamine and amphetamine-type drugs] had previously fallen to modest levels *in recognition of their limited efficacy and safety*. Subsequently, they were placed under strict national and international controls.” (Emphasis added)

The information below should also be compared to the recommendations issued by the Council of Europe on 29 May 2002, *Recommendation 1562, Controlling the diagnosis and treatment of hyperactive children in Europe*. In paragraph 1 of that recommendation the Council is expressing its concern over the increasing number of children in Europe being diagnosed as suffering from ADHD and similar conditions and being treated with central stimulants. It is emphasized that amphetamine and methylphenidate [example Ritalin] are “controlled drugs listed in Schedule II of the 1971 United Nations Convention on Psychotropic Substances because they have been judged by the World Health Organisation to be liable to abuse, to constitute a substantial risk to public health, and *to have little to moderate therapeutic usefulness*.” (Emphasis added)

Leading psychiatrists and government agencies in Sweden have, as detailed in my earlier report, worked in the direction of heavily increasing the use of these types of drugs for both children and adults. Some of the most important actions *recently* taken are described below.

Support to groups advocating heavily increased use of central stimulants for medical purposes

In my earlier paper I referred to reports from INCB, reports in which the Board stated its concern about the (financial) support to various advocacy groups fostering the sales of controlled substances. I took up the report from 1996: “The INCB is also concerned that the use [of methylphenidate] is being actively promoted by an influential parent association, which has received significant financial contributions from the preparation’s leading United States manufacturer.” The INCB report for year 2000 requests the Governments “*to strictly implement the provisions of article 10 of the 1971 Convention, which prohibits the advertisement of psychotropic substances to the general public*”.

I described that also Sweden now has “an influential parent association”. The name of the association in Sweden is Attention, a group actively promoting the use of controlled substances. I mentioned that the difference between Sweden and the US was that the group in Sweden had not got any substantial financial support from medical manufacturers. Instead it had been financially built up by support from government agencies and by support from influential psychiatrists. I mentioned how this advocacy group started with a grant of 50 000 SEK from the Foundation for Scientific Work within Child Neuropsychiatry, Chairman Professor Christopher Gillberg. The group got 550 000 SEK from the National Agency for Education (2000-2001). It got 100 000 from the National Board of Health and Welfare in a so called “establishment grant”, for year 2001. The purpose with such a grant was according to the decision (21/12-00) “to make it easier for a small organization to build up an activity embracing the whole country and to recruit members”.

The support to this advocacy group from the National Board of Health and Welfare was supposed to be 200 000 for the year 2002 and 300 000 for year 2003. But the State support (the “establishment grant”) turned out so well that the group by the National Board of Health and Welfare was found qualified for full State support. Thus the

group got 1 386 000 SEK for the year 2002! During the spring this year this advocacy group also got one million (1 000 000) SEK from the Social Ministry of the Swedish government, approved by the Minister of Health and Social Affairs. It also got 350 000 from the National Agency for Education for the year 2002. In summary, the group was supported with 2 736 000 for this year from these three government agencies.

It is very clear that these agencies are aware of what kind of “knowledge” they, with their grants, are giving support to. The supported views are visible in the applications and on the Web Site of the association. In a newsletter ¹ from the association this spring *other views* on the problem with unconcentrated, impulsive children are categorised as “resistance”. It is said that “there is such a great resistance” in the public and amongst professionals “against taking in knowledge about problems or disablement stemming from deficiencies in brain function”. Persons not sharing the views are said to “refuse to take in” the “convincing research results which show the relation between brain dysfunction and neuropsychiatric deficiencies” [for example that the child’s impulsivity or inability to concentrate is caused by defects in the brain of the individual child]. About these deficiencies one says that there exists “clear evidence that they are caused by biological deficiencies in the function of the brain.”

It is impossible for a visitor of the Web Site not to get the message about the recommended treatment for the above-defined condition. One can read *quite some material* about narcotic drugs (amphetamine and methylphenidate), *get tips on how to get hold of the substances and how to use them*. Here are *some* excerpts from the Site containing tips for youth and children:

“Ritalin can increase tics, but often only temporarily. So it is worth testing.”

“Concerta [methylphenidate, longer effect] is to be released in Sweden latest January 2003.”

“Concerta is unfortunately only available in the US. My ... doctor has extended quite some effort to get it to Europe. It is more a question of that the market from the viewpoint of the manufacturing company is too small... They do not know how far

behind Europe is in the treatment of children. Probably the demand will increase heavily within the years to come. Everything takes its time. In Europe we think slow. Sometimes it can be good, but sometimes it is devastating.”

“Ask your son’s doctor to prescribe Ritalin SR [slow release] instead of pills [usual].”

“... takes two pills Ritalin in the afternoon 15.00. It keeps him even and good we think.”

“Is there anyone with experience from treatment with amphetamine.”

“Amphetamine is on license, to treat adhd/damp with medicine is still touchy. many have a prejudice against it, we make them into addicts???? all this stems from ignorance.”

“Dexamphetamine (Metamina in Sweden) is in some way more concentrated or more effective than amphetamine. And in the same way Concerta should be better than Ritalin.”

“Concerta is a development of Ritalin. Ask if your son’s doctor can try to get hold of it.”

In the preparations for the annual meeting in April this year, one has in the group obviously discussed the problem with the prohibition against marketing of controlled substances to the public. In the earlier mentioned newsletter one is describing a “solution” – how one can affect this marketing without violating the rules: “It can be complicated to find the right thing when one is to medicate with central stimulants. It is also a substance subscribed by license so one can not find it in FASS [the Swedish register for medical products] and *pharmaceutical companies are not allowed to write about substances available on license because it is then seen as marketing. From this we have chosen* to at the annual meeting here in Uppsala let Henrik Pelling [from Uppsala Akademiska Sjukhus, Chief Psychiatrist at the clinic which had the highest prescription of central stimulants to children in the whole country the year 2000] give a lecture about ‘Treatment with central stimulants’. Then one can ask questions to Pelling and to others who medicate with central stimulants and to those who medicate their children.” (Emphasis added)

In summary: Very clear evidence exists that the financial support from the named Swedish government agencies has resulted in “an influential parent association”. An association which, as in the US, is “sold” on the idea that amphetamine and amphetamine-type drugs are the solution to their problems; an association which as above and in contacts with authorities, media and schools, is promoting the use of Schedule II stimulants – reaching the general public with a message which the pharmaceutical companies themselves are prohibited from spreading.

Leading neuropsychiatrists promoting heavily increased use of amphetamine and amphetamine-type drugs to children and adults

Some years ago it was said that doctors “with a medical purpose give very few children with a type of MBD” central stimulants (Swedish Minister of Education, 1994). It was also said: “When it is occurring it concerns children in deep despair with a clear diagnosis and very severe disorders, where other treatment options are not existing” (statement from the Social Ministry, January 1997). In different statements from psychiatrists and other persons wanting to expand or defend the use of central stimulants one could find the expressions “very few children”, “severe disorders”, “low doses”, “when other treatments have been tried”.

This should be compared to the recent statements done by leading neuropsychiatrists at the above-mentioned annual meeting for the advocacy group Attention. In the report ² from the meeting the association described that psychiatrist Henrik Pelling in his speech about treatment with central stimulants had said that *a ridiculous conflict between medication and adjustment in school and on work had been created*. He had said ***In actual fact one of course often should do both*** [adjustments and use of central stimulants]. He had for the public on the meeting *described different studies showing how effective central stimulants had proven to be*. He wanted more children to get amphetamine. Another psychiatrist on the meeting was Kjell Modigh, who is a Board Member in Attention and also co-author of the publication about ADHD recently

issued by the National Board of Health and Welfare (more about that publication later). Modigh talked about increasing the possibilities for children with neuropsychiatric disorders and said that what was required was support for parents, an adjusted school “*and in most cases medicine*”.

The message is *now* that children diagnosed with ADHD or DAMP “*in most cases*” should be treated with central stimulants; and “*In actual fact one of course often should do both*”. It should be borne in mind that the leading Swedish authority in this field Björn Kadesjö has declared that around 10 percentage of all children 6 and 7 years old in Sweden are suffering from ADHD or DAMP ³. It should also be borne in mind that the most prominent neuropsychiatrist in Sweden, Christopher Gillberg, has declared that 10 percentage of all children in Sweden (3-18 years old), 120 000 children, are suffering from neuropsychiatric disorders, mainly ADHD and DAMP: “Around 10 percentage of all children has *considerable* neuropsychiatric problems.” ⁴ (Emphasis added)

This gives a clear view of the number of *children* expected to be “needing” central stimulants!

As regards the plans for giving central stimulants to adults I have given quite some data in my earlier report. It is interesting to note that the National Board of Health and Welfare now has released its report about ADHD (and DAMP) ⁵, put together by Björn Kadesjö. As expected the authors of the publication are recommending *heavily* increased prescription of amphetamine and amphetamine-type drugs to adults. It is very interesting to note *whom*, according to the report, is to benefit from the drugs. Under the heading *Who should be offered central stimulants?* (p. 216) it is written: “Somewhat paradoxical it seems as if patients with moderate problems benefit most by the medication – not those with the most severe disorder”. Under the same heading it is said: “From the *patient perspective* need can exist to test medication even in cases with relatively moderate difficulties. If it is shown that the stress tolerance, and

thereby life quality, is improving without noticeable side-effects it can be regarded as reasonable from the perspective of the user to get a chance to this treatment.”

The author of (contributor to) this chapter is in the publication noted to be psychiatrist Lars-Olof Janols. Mr. Janols is working at Uppsala Akademiska Sjukhus, at the same clinic as the earlier mentioned psychiatrist Henrik Pelling. *He is also working at the Medical Products Agency (MPA) as an expert on treatment with central stimulants.* In that capacity he is responsible for establishing the criteria for license prescription of central stimulants and for the follow-up of the treatment.

The conclusions above about who is to get treated with central stimulants fit well with the data I gave in my earlier report. I then gave the judgement by psychiatrist Sten Levander (who is also a contributor to the publication from the National Board):

“There is no reason to wait with the decision about treatment with central stimulants when the diagnosis is established [he is recommending a 45 minutes “testing package”] and no counter indications are at hand. Treatment with central stimulants *should not be reserved for the serious cases*, as it is likely that moderate symptoms/problems mean the greatest possibility of improvement through treatment with medicine.”⁶ (Emphasis added)

An analysis of the material, on which the chapter about medication in the report from the National Board of Health and Welfare is based, reveals some very interesting facts. The complete paper on the subject of medication is written by psychiatrist Lars-Olof Janols. It is called *Pharmacological treatment of ADHD and comorbid conditions of children, youth and adults.*⁷ In the official report from the National Board it said (p. 214): “Experiences from Norway after one year of treatment with central stimulants of 39 adults have recently been published. The doses have there been kept relatively low and were increased marginally during the treatment period. The effect was equally good after 6 weeks and 12 months treatment, and around 70 percentage reported very good effect regarding at least 2 of 7 ADHD related part symptoms.” It is referred to a report from Norway, *from the year 2000.* But the complete paper from psychiatrist Janols reveals something else! About the treatment of adults with ADHD in Norway,

one can read: “*The licenses for CS-treatment are time limited and regular reports are required. With these as basis one knows that only in around 30 % of the cases the treatment with CS is continuing more than 1 year* [reference is given to a report from Norway, *from February 2001* (sic!)]. ***Insufficient treatment effects, side-effects, insufficient support actions ahead and inability by the persons to take part in the treatment and in the regular controls are viewed as the cause for the falling off of 70 % [of the persons].***” (Emphasis added)

Thus 70 % of the patients were ending the treatment due to bad results, due to side effects, due to insufficient support actions, due to inability to take part in the treatment and in the required regular controls! *The National Board gave not a word of this information in the official publication – it was omitted completely!* The readers of that publication got the information that “70 percentage reported very good effect regarding at least 2 of 7 ADHD related part symptoms”. They did not get to know about the *later* information, from 2001, that the “falling off” was 70 %! And this “falling off” was not in any way due to the fact that the patients had been “cured” and no longer needed their “medicine”. On the contrary, they fell off due to the circumstances given above. In the later information (2001) from Norway one can in addition to the lacking therapeutic successes also read that many of the involved doctors find it “demotivating” that “many of the patients (20-30 %?) are unusually conflict oriented and complain to proxies etc. (yes even to the police) about the doctors...”

Thus all evidence of the lack of therapeutic success *is carefully omitted* from the official report done by the National Board of Health and Welfare. The *earlier* positive information is included in the report; the *later* very negative information is completely excluded. (The responsibility for these manipulations of the information must fall on the person responsible for the editing of the text, Björn Kadesjö; the extent of involvement by other persons in this is not known to the writer.) *It would have been impossible to recommend increased treatment with central stimulants in Sweden if the above vital information had been included in the chapter about adults and ADHD!*

It is further so that this information from Norway *confirms* the official position taken by the National Board of Health and Welfare [with other officials making the judgements] just some years ago, 1996, regarding suggestions to lessen the restricted use of central stimulants for adults. The National Board then wrote: “The National Board of Health and Welfare is in very strong doubt about widening the indications for treatment with central stimulants, even with the strict rules suggested. The reason for our position is as follows: Many of the around 8000 drug addicts in the country will set great hopes on ‘legal’ prescription. During the 90-ties the National Board of Health and Welfare has only for 4-5 patients supported prescription of central stimulants on license, in statements to the Medical Products Agency. Every matter is requiring lots of resources, often followed by appeal and sometimes even threatening calls from the persons whose applications have been disapproved. It will be possible even for amphetamine addicts to claim that they have a diagnosis requiring treatment and to demand analysis to get license prescription. The boundaries will be hard to tell. Sweden will be considered a more drug liberal country. Increased legal prescription of central stimulants will obstruct the fight against narcotics.”⁸

We have earlier seen that the leading neuropsychiatrists in Sweden have declared that around 10 % of the children in Sweden are suffering from so called neuropsychiatric disorders. We have seen that the recent estimations say these children “*often*” or “*in most cases*” need amphetamine or amphetamine-type drugs. We have also seen the estimations that adults with “*moderate problems benefit most by the medication*” (not the “few severe cases”).

It can then be interesting to ask to which extent these “disorders” are *seen* as chronic – to which extent are the problems continuing in adult age. The answer can be found in a newly done statement by Professor Christopher Gillberg. Professor Gillberg has led a project called “Adults with neuropsychiatric functional disorders that have started in childhood”. The project has got 13 000 000 SEK (first 2 years of the project) from the Social Ministry of the Swedish government. In a supplementary application for the

second year of the project the following research result was described: *“The general view up to now has been that child neuropsychiatric conditions are getting milder, maybe even vanish wholly or partly in adult age. The experiences from amongst others the Adult Project at [named clinic] have shown that this is not the case.”*⁹

From this we can also get a clear view of the number of *adults* (with “moderate problems”) expected to be “needing” central stimulants!

In summary: The above described statements and actions by leading Swedish neuropsychiatrists show that we *today* are far from the situation with “very few children” and “severe disorders”. It is clear that the actions taken by these psychiatrists and government agencies will lead to and *are* leading to a dramatic increase in the use of amphetamine and amphetamine-type drugs in Sweden. It is also clear that the government agencies are not taking notice of the warnings from INCB and from the Council of Europe. Instead *all* current official statements and actions in this area are furthering the message of the small and influential group of neuropsychiatrists.

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