



# PSYCHOSTIMULANTS

*the facts about the effects*

Psychotropic Drug Series  
Published by Citizens Commission on Human Rights

# IMPORTANT INFORMATION FOR READERS

This report is an overview of the side effects of common psychostimulant drugs. It contains information that is important for you to know.

Courts have determined that informed consent for people who receive prescriptions for psychotropic (mood-altering) drugs must include the doctor providing “information about...possible side effects and benefits, ways to treat side effects, and risks of other conditions...” as well as, “information about alternative treatments.”<sup>1</sup> Yet very often, psychiatrists ignore these requirements.

**If you are taking these drugs, do not stop taking them based on what you read here. You could suffer serious withdrawal symptoms.**

You should seek the advice and help of a competent medical doctor or practitioner before trying to come off any psychiatric drug. This is very important.

Citizens Commission on Human Rights (CCHR) does not offer medical advice or referrals but provides the information in this publication as a public service in the interest of informed consent.

For further information about drugs and their side effects, consult the *Physicians' Desk Reference* at [pdrhealth.com](http://pdrhealth.com)

<sup>1</sup> *Faith J. Myers v. Alaska Psychiatric Institute*, Alaska Supreme Court, S-11021, Superior Court No. 3AN-03-00277 PR, Opinion No. 6021, 30 June 2006.

# PSYCHOSTIMULANTS

## the facts about the effects

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# INTRODUCTION

Newspaper articles often trumpet the “wonders” of modern-day drug research for the treatment of childhood learning and emotional “problems” and “disabilities.”

They sound reasonable. They sound convincing. The “medications” prescribed to treat them are supposedly “safe and effective.”

But are they?

Imagine being a parent who is told that your 7-year-old child is very ill and suffering—so ill that he needs medication to be able to learn, even to survive.

You’re told not to worry. Millions of other children are taking it. “Give your son or daughter a chance.”

Now imagine being told that unless you administer this drug to your child, he or she could be removed from your home because to deny the medication would constitute emotional and medical neglect. Under such “advice” you agree to the medication.

Now imagine hearing the news that your son or daughter just died. Suddenly, inexplicably. A coroner tells you that the experts you trusted, lied. The “medication” is the cause of your child’s death.

Imagine the pain. Imagine the betrayal.

This scenario is common where psychostimulants are prescribed to millions of children around the world.



**“Shaina looked into my eyes as her life ended and I could do nothing to save her,”** said the mother of 10-year-old girl who died of toxic levels of a prescribed stimulant for ADHD.

**“I will do whatever it takes to ensure that no other family will ever have to lose a child to psychiatry,”** said the father of 13-year-old boy who suffered cardiac arrest due to Ritalin.

There is a lot of information provided to parents about psychostimulants, but it is often skewed because of the financial conflicts of interest between psychiatrists recommending them and the pharmaceutical companies that manufacture them.

### Brand names (generic)

- |   |   |
|---|---|
| - Adderall<br>(amphetamine and dextroamphetamine) | - Dextrostat<br>(dextroamphetamine sulfate)   |
| - Benzedrine<br>(amphetamine)                     | - Equasym<br>(methylphenidate)                |
| - Concerta<br>(methylphenidate hydrochloride)     | - Focalin<br>(dexmethylphenidate)             |
| - Cylert (pemoline - removed from the market)     | - Metadate<br>(methylphenidate hydrochloride) |
| - Daytrana<br>(methylphenidate - skin patch)      | - Methylin<br>(methylphenidate hydrochloride) |
| - Desoxyn<br>(methamphetamine)                    | - Provigil (modafinil)                        |
| - Dexedrine<br>(amphetamine sulfate)              | - Ritalin<br>(methylphenidate)                |
|   | - Vyvanse<br>(lisdexamfetamine)               |

One piece of false information is that a psychiatric disorder such as “attention-deficit hyperactivity disorder” (ADHD) is a real medical disease. It is not.

Another problem is that the diagnoses of ADHD, conduct or learning disorders are so broad that nearly all children, and even adults, could fit the criteria.

With no lab tests to verify the presence or absence of any mental illness, psychiatrists define symptoms of ADHD as including the following behaviors:

- fails to give close attention to details or makes careless mistakes in schoolwork or other tasks;
- work is often messy or careless;
- has difficulty sustaining attention in tasks or play activities;
- fails to complete schoolwork, chores, or other duties;
- often fidgets with hands or feet or squirms in seat;
- often runs about or climbs excessively in situations in which it is inappropriate;
- is often “on the go”;
- often talks excessively;
- interrupts or intrudes on others (e.g., butts into conversations or games).

Meanwhile, the stimulant drugs they prescribe to children are so addictive they are referred to by experts as “Kiddie Cocaine” because of their many similarities to cocaine.<sup>2</sup>

This booklet provides facts about psychostimulants commonly prescribed for so-called ADHD, “behavioral” or study problems. It is aimed at giving parents and others facts from which they can make a more informed decision about their own or their children’s healthcare needs.

2. Dr. Mary Ann Block, *No More ADHD* (Block Books, Texas, 2001), pp 22, 24.



what are

# PSYCHOSTIMULANTS?

**Psychostimulants**, also called **stimulants**, mainly consist of amphetamines (Dexedrine) and methylphenidates (Ritalin, Concerta, Metadate and Methylin), which are very similar in chemical structure to amphetamines.

A stimulant refers to any mind-altering chemical or substance that affects the central nervous system by speeding up the body's functions, including the heart and breathing rates.

In children, however, stimulants appear to act as suppressants, but psychiatrists and doctors state they have no idea why.<sup>3</sup>

One thing parents must know, however, is that methylphenidate, the generic name for Ritalin, is classified by the US Drug Enforcement Administration as a Schedule II\* narcotic in the same abuse category as morphine, opium and cocaine. It is also classified by the International Convention on Psychotropic Substances in the same abuse category as amphetamine, PCP (hallucinogenic drugs such as angel dust) and methamphetamine.

Psychiatrists claim that psychostimulants can improve a child's academic performance by helping him to focus.

This is not true.

The US National Institutes of Health (NIH) ADHD Consensus Statement found that "there is little improvement in academic achievement or social skills" in children taking stimulants.<sup>4</sup>

\* **Schedule II:** A classification reserved for the most dangerous and addictive drugs that can be prescribed.

3. Raul R. Gainetdinov; William C. Wetzel; Edward D. Sara R. Levin Jones; Mohamed Jaber; Marc G. Caron. "Role of Serotonin in the Paradoxical Calming Effect of Psychostimulants on Hyperactivity," *Science*, 15 Jan. 1999; Brian Vastag, "Pay Attention Ritalin Acts Much Like Cocaine," *Journal of the American Medical Association*, 22/29 Aug. 2001, Vol. 286, No. 8, p. 905.
4. *National Institutes of Health Consensus Statement: "Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder (ADHD),"* Volume 16, Number 2, 16-18 Nov. 1998.

How do

# PSYCHOTROPIC DRUGS

## affect the body?

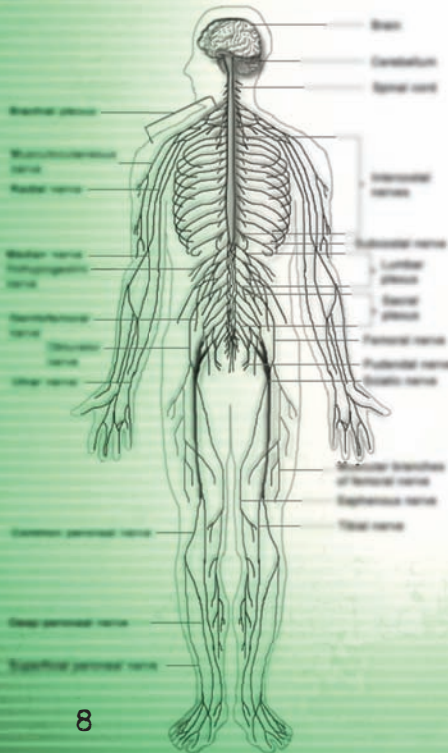
Your body consists of chemical compounds obtained from food, sunlight, the air you breathe and the water you drink.

There are millions of chemical reactions that are constantly occurring. Putting a foreign substance such as a psychotropic drug into your body disrupts the body's normal biochemistry.


Sometimes this disruption creates a false and temporary feeling of euphoria (being "high"), short-lived bursts of increased energy or an abnormal sense of heightened alertness. However, it is not natural to feel like this. The feeling does not last and addiction can result.

These drugs work by influencing the normal functions of the body: they speed them up, slow them down, dam them up or overwhelm them. This is why you get side effects with psychiatric drugs.

But do not think that these drugs heal anything. They are intended to cover up or "mask" your problems. Meanwhile, they tend to wear out your body. Like a car run on rocket fuel, you







may be able to get it to run a thousand miles an hour to the end of the block, but the tires, the engine and the internal parts fly apart in doing so.

Side effects can sometimes be more pronounced than a drug's intended effects. They are, in fact, the body's natural response to the invasion of a chemical that is confusing its normal functions.

**Drugs mask the problem; they don't solve the cause.**

**What about those who say psychotropic drugs really do make them feel better**—that for them, these are “lifesaving medications” whose benefits exceed their risks? Are psychotropics actually safe and effective for them?

“What ends up happening,” says Dr. Beth McDougall, a health center medical director, “is that someone feels good for a while and then very often they have to have their dose increased. And then they feel good for a while and then they might have to have it increased again, or maybe they'll switch agents. So it's that kind of a story, if you're not actually getting to the root of what's going on.”

## The side effects of psychostimulants

The following is a list of some of the side effects of psychostimulants.

- abdominal pain
- aggression
- angina (sudden chest pain)
- anorexia (eating disorder)
- blood pressure and pulse changes
- blurred vision
- depression
- dizziness
- drowsiness
- dry mouth
- fever
- hallucinations
- headaches
- heart palpitations
- hypersensitivity
- increased irritability
- insomnia
- involuntary tics and twitching called Tourette's syndrome
- liver problems
- loss of appetite
- mental/mood changes
- moodiness
- nausea
- nervousness
- psychosis
- restlessness
- seizures
- stomach pain
- stunted growth
- suicidal thoughts
- tachycardia (heart irregularity)
- toxic psychosis
- unusual weakness or tiredness
- violent behavior
- vomiting
- weight loss and "zombie" appearance.

**Suicide is a major complication of withdrawal from Ritalin and similar amphetamine-like drugs.**

Note: Celexa, Strattera and Wellbutrin are antidepressants prescribed to treat ADHD and are covered in the booklet *Antidepressants: the facts about the effects.*

## Psychostimulants are gateway drugs

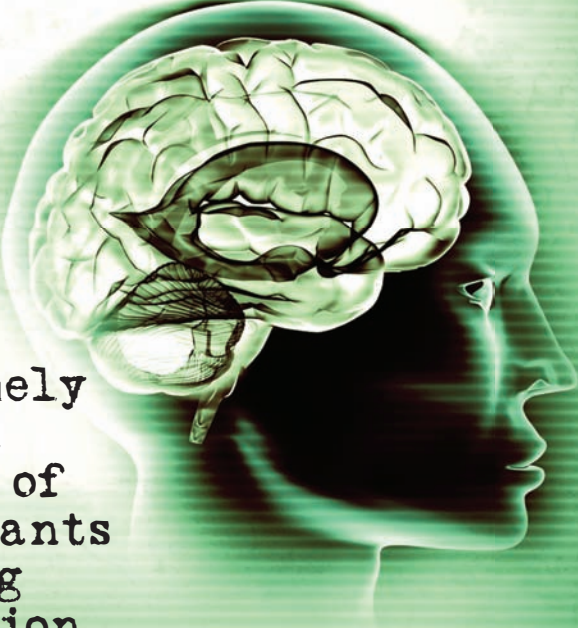
One extremely common effect of stimulants is drug addiction.

In fact, the US Food and Drug Administration (FDA) requires stimulants such as Ritalin and Adderall to carry a boxed warning that states the drug is “a federally controlled substance because it can be abused or lead to dependence. Keep RITALIN [ADDERALL] in a safe place to prevent misuse and abuse.”

These drugs are now widely abused as street drugs. About 10% (2.3 million) of American teens abuse Adderall and/or Ritalin.

Not only that, but stimulants are also well known as “gateway drugs” to street drugs such as cocaine.<sup>5</sup>

5. Sonya Muhammed, interview for CCHR documentary, 4 Dec. 2005.



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# Attention: Ritalin Acts Much Like Cocaine

people with ADHD, but in studies, about half of those without ADHD find it unpleasant, like drinking too much coffee.

tivation circuits during pleasurable experiences—eating, having sex, learning. To pick one of many pleasures, eating chocolate is an activating experience about 100 times

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Article

## Sudden Death and Use of Stimulant Medications in Youths

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Nahua Dean, Ph.D.  
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Loren Greenhill, M.D.  
Thomas Cooper, M.A.

**Objective:** This authors sought to determine whether a significant association exists between the use of stimulants and the occurrence of sudden cardiac death in children and adolescents.

**Method:** A matched case-control design was performed. Mortality data from 1980-1998 state vital statistics were used to identify 104 cases of sudden cardiac death occurring at ages 7 through 19 years across the United States along with a matched group of 104 living people who died due to noncardiac causes.

**Results:** In 60.5% of the sudden cardiac death cases, the deceased had been taking stimulants.

**Conclusion:** Stimulant medication use is associated with an increased risk of sudden cardiac death among children and adolescents, although whether an elevated death rate is due to the drug itself or other factors associated with stimulant use remains unclear.

doi:10.1177/08980101093400472

**R**eports of sudden death among children and adolescents receiving stimulant medications for treatment of attention deficit hyperactivity disorder (ADHD) have raised concerns about the safety of these agents. There have been reports of cardiac arrest after long-term use of methylphenidate within therapeutic ranges.<sup>1,2</sup> Acute myocardial infarction has been reported in one adolescent taking methylphenidate for an unknown period of time (2) and another adolescent 1 month after initiating a daily 20 mg prescription of methylphenidate with (3). Cardiac arrest occurred in another adolescent who was taking methylphenidate for ADHD and who had previously had a normal baseline electrocardiogram (4). The Food and Drug Administration (FDA), using the Adverse Events Reporting System, reported 17 sudden deaths in pediatric patients taking methylphenidate from January 1997 to February 2003 (5). While the FDA's reporting rate of sudden death in stimulant-treated children was the same as the base rate in the general population, spontaneous reports of sudden death were much greater than those incidence, and limited available information on be-

lieved results in placebo-controlled trials (3, 6). A 10-year analysis of Florida Medicaid claims data revealed that stimulant use among youths diagnosed with ADHD was associated with increases of 20% and 27% in risk of emergency department visits and physician office visits for cardiac symptoms, respectively (7). No cardiac sudden deaths occurred during the 10-year period, even in cases of cardiac arrest, even as the authors noted, the rarity of sudden death and cardiac mortality in this age group would have necessitated a sample size 10 times larger (ie, approximately 2,000,000 person-years, to detect a significant difference between the stimulant and placebo groups).

There continues to be controversy surrounding whether these data are associative between stimulant use for the treatment of ADHD and serious cardiovascular events, including sudden death, with accompanying adverse events (8). The FDA's Pediatric Advisory Committee in March of 2006 voted unanimously against a black box warning, which had been proposed by the American

FDA U.S. Food and Drug Administration

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### PRSS RELEASE

**EMA Medicines Agency makes recommendations for safe use of Ritalin and other methylphenidate-containing medicines in the EU**

The Medicines Agency (EMA) has concluded that methylphenidate-containing medicines (MPH) are safe for the treatment of children aged six years or older and adolescents with attention deficit hyperactivity disorder (ADHD). It has also recommended that key product information for medicines in the European Union (EU) that all patients, carers of prescribers have the same for safe and more appropriate use of these medicines.

MPH has been available in the EU since the 1950s under various trade names, including *Ritalin*, *Rispedia*, *Milfidin* and *Ridalin*. In the EU, it is used as part of a comprehensive programme that includes psychological, educational and social interventions, when other use has been effective in changing behaviour.

The Committee for Medicinal Products for Human Use (CHMP) has reviewed the literature of all methylphenidate-containing medicines, but has now recommendations on (1) medicines and on pre-treatment and ongoing monitoring of patients on MPH to minimise the safe use of these medicines.

Review of the available data, the Committee concluded that there was no need for an update to the use of methylphenidate-containing medicines, but that new recommendations on (1) medicines and on pre-treatment and ongoing monitoring of patients on MPH to minimise the safe use of these medicines.

Recommendation that they safety is not consistent across the EU, the CHMP concluded that the literature of all methylphenidate-containing medicines submitted in the Member States has the following information:

- Treatment of all patients should be continued to see if they have any problems with their heart or heart rate.
- The family history of cardiovascular problems should also be checked.
- Any patients with these problems should not be treated with methylphenidate.
- Symptoms, blood pressure and heart rate should be monitored regularly.
- Any problems that should be investigated promptly.
- Patients who take a lack of information on the long-term effects of methylphenidate. As patients who take medicine for more than a year, doctors should monitor treatment at least once a year to

Media Inquiries:  
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Details of all drug products (DIP) in Europe, including the list of adverse reactions, the product licence for the medicine, and the product licence for the medicine.

Patients about Adverse Events

If you think you or your child may have a problem with a medicine, you should contact your doctor or pharmacist. They will be able to advise you on what to do.

Medicines and the Environment

Medicines and the Environment

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Medicines and the Environment

# PSYCHIATRIC DISORDERS vs. MEDICAL DISEASES

There is no question children can experience problems and upsets in life.

They can be very active, lack focus or be inattentive but to represent these behaviors as being caused by a chemical imbalance in the brain or as neurobiological disease is misleading and dishonest.

The drugs prescribed for ADHD and learning disorders mask the real cause of the child's problem and, thereby, deny him or her real solutions and recovery.

**It is important to understand that there is a big difference between medical disease and psychiatric "disorders."**

In medicine, a condition is only labeled a disease after it has met strict standards: You have to isolate a predictable group of symptoms, be able to locate the cause of the symptoms or see how they function. This must all be proven and established by a physical test such as a blood test or X-ray.

In psychiatry, there are no lab tests to identify their disorders. Their drugs treat symptoms.

For example, a patient might have symptoms such as chills or a fever. In medicine, tests would be done to find out what physically observable disease is causing them, such as malaria or typhoid.

Psychiatrists, on the other hand, will not look for the root cause, and instead will prescribe a drug to mask the symptoms. Meanwhile, the root cause is not being treated and may worsen.

To appear more scientific, psychiatrists claim that their “disorders” come from a chemical imbalance in the brain. This claim has never been proven true, since there are no tests to assess the chemical status of a living person’s brain or how to determine what a correct chemical balance looks like.

Dr. Darshak Sanghavi, clinical fellow at Harvard Medical School, is among many medical experts publicly debunking the “chemical imbalance” theory. “Despite pseudoscientific terms like ‘chemical imbalance,’ nobody really knows what causes mental illness. There’s no blood test or brain scan for major depression. No geneticist can diagnose schizophrenia,” he said.<sup>6</sup>

The World Psychiatric Association and the US National Institute of Mental Health even admit that psychiatrists do not know the causes or cures for any mental disorder or what their “treatments” (usually drugs) specifically do to the patient.

Needless to say, allowing yourself or your children to be treated with psychiatric drugs is very risky, since there is very little science to back it up.

6. Dr. Darshak Sanghavi, “Health Care System Leaves Mentally Ill Children Behind,” *The Boston Globe*, 27 Apr. 2004.





# SOLUTIONS

## the right to be informed

There are many reasons why a child may be fidgety, inattentive or may daydream in school.

Some may have an underlying physical illness or allergy. Some may be in need of better nutrition. Many studies indicate that children experience significant improvement in behavior simply as a result of a change in diet.<sup>7</sup> Some are naturally very energetic.

Thousands of others may simply be smart.<sup>8</sup> Creative children also have trouble concentrating in school when they are bored.<sup>9</sup>

How would you behave if you were forced to sit still in boring classes for six hours a day, five days a week?





As one educator tells parents: “What teenager would not want to squirm, fidget, run around, not pay attention, or escape any way that they can? These are the kinds of things that normal, energetic children want to do when they are bored or frustrated....”<sup>10</sup>

Unfortunately, psychiatrists will often tell you that your child has emotional problems or a brain dysfunction that is incurable, and that he or she must take their drugs to “manage” it.

That is why all parents should first take their child to see a competent medical doctor (especially one who is familiar with nutritional needs), who should obtain and review a thorough medical history of the child and conduct a complete physical exam, ruling out all the possible problems that might cause the child’s symptoms.

Then, parents should check into any other problem the child might be having with school, home, or in life in general. If your child is behind in his or her grades, or can’t seem to concentrate, a competent tutor could help resolve the situation. The answer will most likely be found in one of these.

There are far too many workable alternatives to psychiatric drugging to list them all here. Psychiatry, on the other hand, insists there are no such options and fights to keep psychiatric drugging as the only alternative.

Patients and physicians must urge their government representatives to endorse and support the funding of non-drug workable alternatives to dangerous drugs.

7. “Controlling the diagnosis and treatment of hyperactive children in Europe,” Parliamentary Assembly Council of Europe Preliminary Draft Report, Mar. 2002, point 19.
8. Sydney Walker, III, M.D., *The Hyperactivity Hoax* (St. Martin’s Paperbacks, New York, 1998), p 6.
9. Ty C. Colbert, Ph.D., *Blaming Our Genes, Why Mental Illness Can’t Be Inherited*, Kevco Publishing, Tustin, California, 2001, pp 70 – 71.
10. Joel Turtel, *Public Schools, Public Menace: How Public Schools Lie to Parents and Betray Our Children*, (Library Books, New York), 2004-2005, p 156.

# CITIZENS COMMISSION ON HUMAN RIGHTS

## Restoring Human Rights and Dignity to Mental Health

Citizens Commission on Human Rights (CCHR) was established in 1969 by the Church of Scientology to investigate and expose psychiatric violations of human rights, and to clean up the field of mental healing.



Its cofounder is Dr. Thomas Szasz, Professor of Psychiatry Emeritus and internationally renowned author. Today, CCHR comprises a network of 250 chapters in 34 countries. Its board of advisors, called commissioners, includes doctors, lawyers, educators, artists, businessmen, and civil and human rights representatives.

CCHR has inspired and caused hundreds of reforms by testifying before legislative bodies and conducting public hearings into psychiatric abuse, as well as working with media, law enforcement and public officials the world over.



**“Given the nature and potentially  
devastating impact of psychotropic  
medications...we now similarly  
hold that the right to refuse to take  
psychotropic drugs is fundamental.”**

Alaska Supreme Court, 2006

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**Report any adverse psychiatric drug effects to the FDA's MedWatch program at**

**[www.accessdata.fda.gov/scripts/medwatch](http://www.accessdata.fda.gov/scripts/medwatch)**

**Or log on to [www.cchr.org](http://www.cchr.org)**

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