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# AB 251

An education policy relating to the  
use of psychotropic drugs by pupils

ASSEMBLY EDUCATION

DATE: 4/7/03 ROOM: 3143 EXHIBIT G

SUBMITTED BY: ASSEMBLYWOMAN ANGLE

**H. R. 1170**

To protect children and their parents from being coerced into administering psychotropic medication in order to attend school, and for other purposes.

**IN THE HOUSE OF REPRESENTATIVES March 11, 2003**

**SECTION 1. SHORT TITLE.**

This Act may be cited as the 'Child Medication Safety Act of 2003'.

**SEC. 2. PROHIBITION ON REQUIRING THE USE OF PSYCHOTROPIC MEDICATION.**

**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 a controlled substance in schedule II under section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) as a condition of attending school or receiving services.**

**SEC. 3. DEFINITIONS.**

In this Act:

- (1) CHILD- The term 'child' means any person within the age limits for which the State provides free public education.
- (2) STATE- The term 'State' means each of the 50 States, the District of Columbia, and the Commonwealth of Puerto Rico.

# AB 251 The Bill

1. A school district employee or agent shall not suggest to a pupil or his parent or guardian that he should take a psychotropic drug  
Require a pupil to take a psychotropic drug as a condition for attending class
2. They may suggest evaluation for placement in special ed
3. The definition of a psychotropic drug as a schedule II controlled substance.

# Other States

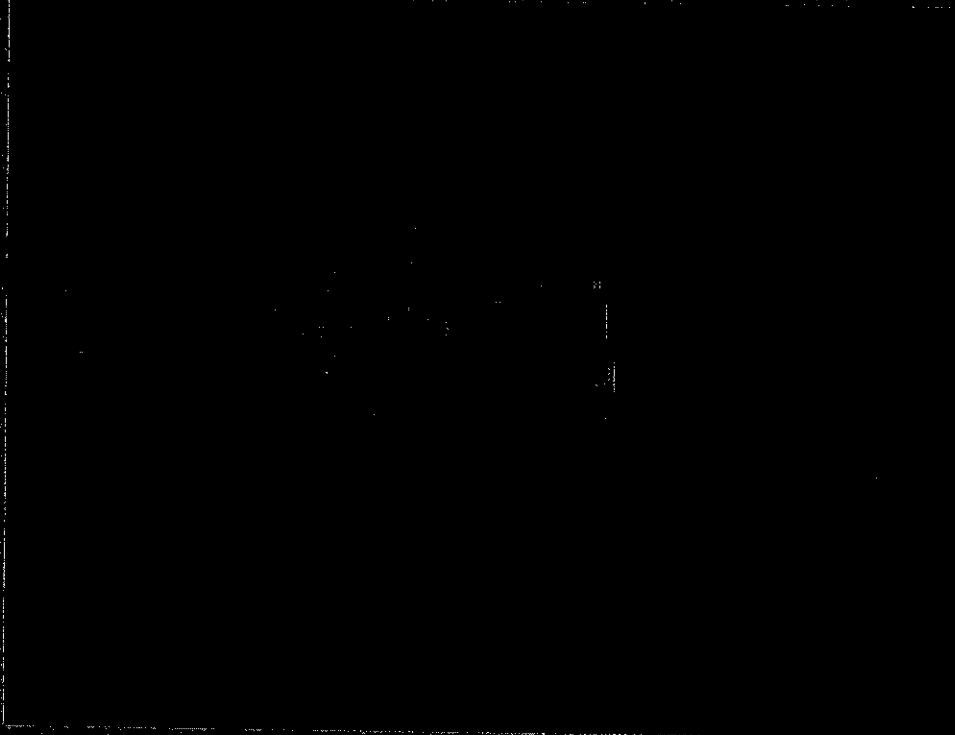
- Colorado 1999 State Board resolution passed
- Georgia 2000 House resolution passed
- Washington 2000 House Bill 2912 passed
- Connecticut 2001 Assembly Bill 5701 passed
- Hawaii 2001 Senate Concurrent Resolution 92
- Minnesota 2001 House Bill 478 passed
- North Carolina 2001 Senate Bill 542 passed
- Texas 2001 State Board of Education passed
- Utah 2001 House Bill 170
- National Black Caucus of State Legislators 1999 Resolution passed

# Michigan Testimony

On March 21, 2000, Matthew Smith, 14, died from a heart attack while skateboarding. The coroner determined his death was caused by the long-term use of the stimulant forcibly prescribed to him through the school.

“It all started for Matthew in the first grade, when the school social worker kept calling us in for meetings, complaining that Matthew was ‘fidgeting’ and ‘easily distracted,’ said Lawrence Smith. “She told my wife and I that if we wouldn’t consider drugging our son, after the school had diagnosed him with Attention Deficit Hyperactivity Disorder (ADHD), that we could be charged for neglecting his educational and emotional needs.” After also being told that the stimulant was safe and effective, the Smiths acceded to the pressure.

On March 25th 2003, Mr. Smith testified before the Michigan State Legislature in support of House Bill 4025, which would prohibit school personnel from making a psychological diagnosis of a child and would also prohibit school personnel from recommending psychotropic drugs for any child.



## 11-Year-Old Stephanie Hall

Stephanie's School teacher suggested that she be tested for ADD.  
Stephanie's Death was caused from the Ritalin used to treat ADHD.

## 10-Year-Old Shaina Louise Dunning

Shaina was diagnosed with ADHD by her school physician/s

Shaina's Death was caused from the Desipramine used to treat ADHD



# Michigan Testimony

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# THE CONTROVERSY

More than 6 million American children have been diagnosed with a disorder, ADHD, for which was voted to be a “mental disorder” at a committee meeting of the American Psychiatric Association.

- “... We do not have an independent, valid test for ADHD and there are not data to indicate that ADHD is due to a brain malfunction.”
- “There has never been any criterion that psychiatric diagnoses require a demonstrated biological etiology [cause], said Dr. Harold Pincus, vice chairman of the DSM-IV task force. In fact, virtually no mental disorder, except those that are substance induced or due to a general medical condition, has one.”

# DSM-IV Diagnostic Criteria for ADHD

1. 6 or more of the following symptoms
  - Often fails to give close attention to details or makes careless mistakes
  - Often has difficulty sustaining attention in tasks
  - Often does not follow through on instructions and fails to finish work
  - Often has difficulty organizing tasks and activities
  - Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort
  - Often loses things necessary for tasks
  - Often easily distracted by extraneous stimuli
  - Often forgetful in daily activities
2. 6 or more of the following
  - Often fidgets with hands or feet or squirms in seat
  - Often leaves seat
  - Often runs about or is restless
  - Often has difficulty engaging in leisure activities quietly
  - Often "on the go" and acts as if "driven by a motor"
  - Often talks excessively impulsively
  - Often blurts out answers before questions have been completed
  - Often has difficulty awaiting turn
  - Often interrupts or intrudes on others

# The Treatment

- The stimulant most prescribed for ADHD is a schedule II stimulant methylphenidate
- High doses of methylphenidate often produce agitation, tremors, euphoria, tachycardia, palpitations, hypertension, psychotic episodes, violent behavior, and bizarre mannerisms. “Reports of sudden deaths of children and adolescents treated with psychotropic medications have raised concerns regarding the appropriateness of this therapy.”
- The DSM III listed the major complication of methylphenidate withdrawal was suicide.

# The Statistics

Highest use rate:

- White
- Males – 6.2% in 1996
- Children 6-18
- Residing in the South
- Children with insurance
- 1/3 if children who used and antidepressant also used another class of psychotropic

- Medications for preschool children rose threefold between 1991 and 1995
- 30% of all children have Binocular vision that prevents them from focusing which causes ADHD like symptoms and can lead to misdiagnosis

“My name is Rusty Humphries and I have the most listened to radio talk show in the state of Nevada.

My show covered the topic of psychotropic drugs. We had over 12 hours of discussion. The OVERWHELMING response was not only should the schools stay out of the ‘drug recommendation’ business but also it should be encouraged to decrease the usage of such harmful drugs.

Ritalin IS a gateway drug... Kids in school are buying and selling Ritalin. One of the the new ‘highs’ is to chop Ritalin up like cocaine and snort it up the nose. Kids believe that since ‘everybody’ has a prescription, it must be safe.”

# The News

- “The military typically does not enlist people who’ve been under psychiatric care or taken medication for a host of conditions, including attention deficit disorder.”
- “I value the teachers in Connecticut and I think they do a wonderful job, but medical diagnoses should not be in the hands of teachers.”
- “Stimulants used to treat ADHD are classified by the DEA as Schedule II drugs, the most highly addictive drugs that are still legal. According to the DEA, drugs to treat ADHD rank among today’s most stolen prescriptions and most abused legal drugs. Most abusers DEA officials say, are kids. Most dealers are kids who are prescribed the drugs to treat ADHD.”
- “Apparently the first parent-teacher conferences provoke a slew of new prescriptions for the drug.”

HR 1170 would require a law like AB 251 to receive educational funding.

Two Nevada School Districts Carson and Washoe have similar policies in place. This should be a statewide standard policy.

Two states – Connecticut and Illinois – have similar statutes Classroom teachers can observe and record behavior. They can consult with special ed teachers and school psychologist.

But teachers are not qualified to diagnose the psychological state of their pupils.

Only a qualified physician should make the determination that psychotropic drugs will help a child.

AB 251 is the best policy for psychotropic drugs in schools



## **Father whose son died due to coerced psychiatric drugging in school, testifies in support of Michigan House Bill 4025**

**“My son’s death should urge lawmakers to support informed consent and the right to refuse the coerced psychiatric drugging of children in our public schools.”**

On March 21, 2000, Matthew Smith, 14, died from a heart attack while skateboarding. The coroner determined his death was caused by the long-term use of the stimulant forcibly prescribed to him through the school.

“It all started for Matthew in the first grade, when the school social worker kept calling us in for meetings, complaining that Matthew was ‘fidgeting’ and ‘easily distracted,’ said Lawrence Smith. “She told my wife and I that if we wouldn’t consider drugging our son, after the school had diagnosed him with Attention Deficit Hyperactivity Disorder (ADHD), that we could be charged for neglecting his educational and emotional needs.” After also being told that the stimulant was safe and effective, the Smiths acceded to the pressure.

On March 25th 2003, Mr. Smith testified before the Michigan State Legislature in support of House Bill 4025, which would prohibit school personnel from making a psychological diagnosis of a child and would also prohibit school personnel from recommending psychotropic drugs for any child.

Smith states, “The violation of parents’ rights occurs when they are not informed about the unscientific nature of so-called disorders such as ADHD or the risks of the drugs prescribed to treat their children. Not one more family should have to undergo the tragedy that mine has suffered, due to schools coercing parents to drug their child.”

"If we hadn't been pressured by the school system, Matthew would still be alive today," says Mr. Smith. "I cannot go back and change things for us at this point. However, I can speak out against the injustice to my family and families across the nation who are being coerced into drugging their children, in the hopes that legislators will enact safeguards for parents rights."

Reports of parents being threatened with medical neglect or child expulsion, have prompted several states to enact state laws prohibiting school personnel from recommending drugs and reinforcing a parents right to refuse drug treatment. Connecticut, Illinois, Minnesota and Virginia have passed such laws over the past two years. Since 2003, 15 more states have introduced similar laws, including Hawaii, Texas, Alaska, Arizona, Colorado, Indiana, Kentucky, Mississippi, New Hampshire, New York, Michigan, Vermont and West Virginia.

A federal bill, “The Child Medication and Safety Act,” has also been introduced in Congress.

**Child Medication Safety Act of 2003 (Introduced in House)**

HR 1170 IH

108th CONGRESS  
1st Session  
**H. R. 1170**

To protect children and their parents from being coerced into administering psychotropic medication in order to attend school, and for other purposes.

**IN THE HOUSE OF REPRESENTATIVES**

**March 11, 2003**

Mr. BURNS (for himself, Mr. HASTERT, Mr. BOEHNER, Mr. CASTLE, Mr. BALLENGER, Mr. SAM JOHNSON of Texas, Mr. ISAKSON, Mr. TIBERI, Mr. WILSON of South Carolina, Mr. COLE, Mr. KLINE, Mrs. MUSGRAVE, Ms. WATSON, Mr. BURTON of Indiana, and Mr. TANCREDO) introduced the following bill; which was referred to the Committee on Education and the Workforce

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**A BILL**

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*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

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**Angle, Sharron Assemblywoman**

**From:** Fred Baughman [fredbaughmanmd@cox.net]  
**Sent:** Saturday, April 05, 2003 11:22 AM  
**To:** Sharron Angle AssembNV  
**Subject:** Dear Sharron, please submit for me. Good luck, Fred B.

Written Testimony submitted for the April 7, 2003, Hearing of the Assembly of the State of Nevada Regarding AB-251:

JUDICIAL- PSYCHIATRIC RAPE OF U.S. CHILDREN & FAMILIES

By Fred A. Baughman, Jr., MD  
 Neurologist, Child Neurologist  
 Fellow, American Academy of Neurology  
 1303 Hidden Mountain Drive  
 El Cajon, CA 92019  
 <adhdfrac.com'  
[fredbaughmanmd@cox.com](mailto:fredbaughmanmd@cox.com)

The ordeal of Vincent Booth and his mother, Diane, began as it begins in every case, in every school district in the US--with teachers diagnosing ADHD, presently, the number one "disease" in the country. Teachers from the Sunnyvale School District decided, not only that 6-year-old son, Vincent, had ADHD, but that he needed Ritalin, as well. Not only did teachers, never having been to medical school, make the diagnosis, they presumed it was their right, duty, and competence, as well, to designate the medication he needed-in this case, an addictive, dangerous, sometimes lethal (200 deaths reported to FDA-Medwatch, 1990-2000) medication-Ritalin. When Diane, the natural, legal, mother rejected their diagnosis and treatment, they called in Child Protective Services, pronounced her "negligent;" by order of the juvenile court made Vincent a ward of the State of California (case # JD 1110), institutionalized, diagnosed, and drugged him. Vincent was six years old, and, up to that point, healthy and normal.

Vincent was held at the Eastfield Ming Quong, a locked, children's holding facility at one time used to force social services on California's Chinese immigrant children. Placed on Ritalin, Vincent developed tics--involuntary movements--a complication of Ritalin, never witnessed previously. He also had bruises and bumps--signs of physical abuse. Diane complained, but to no avail. Next, she took matters into her own hands. In desperation, and at her son's request, she fled to Canada with him on July 5, 2000, and applied for refugee status. Two months later the FBI apprehended them in British Columbia and tore Vincent from her side while he screamed for help that his mother wasn't allowed to give him. For the past 2 ½ years Vincent has been a child of the State of California, held at the Eastfield Ming Quong, getting treatment for the multiple "diseases" psychiatry says he has with the multiple drugs, psychiatry says he needs.

Throughout the 2 ½ years no member of Diane's family was allowed to have contact with Vincent, and Diane remained a fugitive until she tired of life on the run and turned herself in to authorities in Okanagan, Washington, in January, 2003.

Diane has since been extradited to Santa Clara County where she has been unable to make bail and remains incarcerated at the (Diane Booth, BOOKING# 03007942, PFN# DPN183, P.O. Box 60910) Elmwood Correctional Center for Women, MILPITAS, CA 95036. While the FBI has seen fit to drop all charges against her, Santa Clara County, not wishing to be charged themselves, still presses felony, child endangerment and child stealing charges against her, that could result in up to 8 years in prison--all of it, mind you, for loving and her only child, her normal son, Vincent.

Diane began to correspond with me through my web site <adhdfrac.com> about two years ago when she was still in Canada, seeking refugee status there. Based on her description of events (a scenario repeated in every school, in every state, every single day) and medical records, there is no doubt that Vincent was a medically, neurologically normal child at the time psychiatric diagnosing and labeling began, and until the always-injurious, psychiatric drugging began. Vincent's psychiatric incarceration, ordered by his new "parent," Judge Leonard P. Edwards (parens patriae), assured it would always be thus.

In the summer of 2002, his diagnoses--all psychiatric, all bogus, not actual diseases, were Post Traumatic Stress Disorder (DSM-IV 309.81), Oppositional Defiant Disorder (313.81) with Generalized Anxiety Disorder (300.82) and ADHD; episodic enuresis (314.01). As is usual in psychiatry, not only did Vincent have multiple "diseases," but he was administered multiple psychiatric medications as well--each known to brain damaging, none known to target a proven brain abnormality/disease.. They were Buspar, Zoloft and Respidal, an antipsychotic--an especially potent brain poison. As of June, 2002 Vincent was said to display "tics (probably a persisting side effect of Ritalin, but Respidal commonly causes involuntary movements, as well, known as tardive dyskinesias) severe anxiety, fearfulness, impulsivity, hyper-vigilance, poor adult-child relationships, tantrums and aggression toward staff and peers." I wonder how well my adult-child relationships would develop living such a life? More worrisome by far, a case manager wrote: "Vincent is socially immature and often functions in a regressed, primitive, unsociable manner, sometimes at a 2 or 3 year level. What if Vincent had been normal and free, living

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in the protective, loving care of his natural mother, Diane. What if he had been allowed to be the normal child he was, not imprisoned and drugged--a psychiatric patient-in-perpetuity?

On December 10, 2002, before Diane's desperate return to the US, I wrote to Judge Edwards:

" Having said to parents or authorities with jurisdiction over a child (parens patriae) that ADHD is a disease; one requiring medication, without which the child's health and life are at risk, abrogates the informed consent rights of this child and his mother, and, in fact, the informed consent rights of the judge/court adjudicating this case. For it's part, the judge/court had a duty to ascertain not just the prevailing practice in the community, but the state of the science concerning so-called ADHD, before enforcing dangerous, addictive, medications and separating physically normal children from their natural parents. What was done to this child in 1999, and is still being done, in Santa Clara County, in the State of California in the name of psychiatric "treatment" has been nothing but psychologically and physically damaging. ...All treatments for diagnoses not those of real, verifiable, diseases, should be ...withdrawn. At the same time...Vincent should be returned to his mother... who has shown no inability to care for him and make responsible health care decisions...All physicians and professionals who have misrepresented the true nature of ADHD and any other psychiatric "diseases" to this parent and child (Diane and Vincent Booth) and to yourself, having had parens patriae responsibility for Vincent, should be reported to the Medical Board of California for having ...abrogated their rights to informed consent; this being tantamount, in the instance of physicians to medical malpractice; and in the instance of educational personnel and other non-physicians (psychologists) to the practice of medicine without a license."

I ended my letter thus:

"Do not hesitate to contact me if I can be of any further help to you in this or related matters."

But, Judge Edwards did not reply. Therefore, I wrote to him a second time, February 6, 2003, making both of my letters to him the substance of a State of California, "Suspected Child Abuse Report" in which I was charging not that Diane Booth was guilty of abusing her son, Vincent, but that Santa Clara County and the State of California and all their agents and agencies were. I wrote:

" From 1970 to the present, the US Congress has sequentially held hearings and passed laws that have legitimized calling psychological/psychiatric/mental symptoms-diseases-when they are not, resulting in the needless medicalization of the lives of 8-10 million US children-Vincent Booth just one of them. In all of these hearings, our Congressmen heard testimony from members of the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the NIH, NIMH, and NIDA and chose to believe their every incredible, anti-scientific, claim that psychiatric/psychological/mental conditions were medical/physical/organic abnormalities--actual diseases. Never once in all of these 32 years did they look beyond the incredible claim for physical proof, as surely they would do, were it their own child, in the privacy of their own physician's office..... Vincent, his mother and her family...are just one of the six or so million ADHD patients in the US who have been lead by mainstream psychiatry, pediatrics and medicine, to believe that ADHD is an actual disease, a life-long disease, one for which they absolutely must be treated with one psycho stimulant or another. Like all the rest, Vincent, his mother and family are victims-still of what is the greatest health care fraud of modern history. I truly hope that some court will see and acknowledge the terrible wrongs and injuries done here and summarily free Vincent and his mother and reconcile them. The damage done can never be undone but at least this will be a start."

Nor have I heard from Judge Edwards this time. Nor has my "SUSPECTED CHILD ABUSE REPORT" been acknowledged. Neither has my declaration on behalf of Diane Booth (BOOKING# 03007942, PFN# DPN183, P.O. Box 60910, Elmwood Correctional Center for Women, MILPITAS, CA) submitted to the court, been accepted by the court.

Every American should know about the Diane Booth case, because, believe it or not, it is happening all over the country, in every school district, every day. In most instances, the coercion works; the insistence that the Ritalin is necessary, that your child can't function without it--this "chemical balancer" for his "chemical imbalance." I hear from parents hounded at work, hounded at home, evenings, threatened by the CPS-turned-Gestapo leaving no doubt of *your* negligence, no doubt juvenile court is the next stop. And yes, Diane was a single parent, but a good parent, and she was at her best loving and protecting her son, standing on her common sense. However psychiatry needed her son, not to help him, but, regardless of him, to make him a profit-point; to make him a life-long profit-point, and that is exactly what they will do to Vincent and to any child anywhere, in any US public school, and you-Mother and Father in the USA, you had better wake up to the fact that today it is Diane Booth, tomorrow, it can be you, your child, grandchild, niece, nephew, for they find psychiatric "diseases" in each and every child, normal or not.

Lest you think I am some ranting fool, consider this from the Bazelon Center for Mental Health in Washington, DC [Practice Trends," Clinical Psychiatric News, May 2000, page 49.] Speaking of Vincent Booth, and millions like him across the country, they say: :

"Gaining access to mental health care for children (with bogus "chemical imbalances" ) is so difficult that parents often end up giving up custody to ensure care...Approximately 2.1-4.1 million children, aged 9-17 years have a serious mental or emotional disorder. Last year, 23% of parents of children with behavioral disorders *were told that they needed to relinquish custody to obtain intensive mental health services for their children*; 20% actually gave up custody."

Imagine, "20% actually gave up custody." And this referred to the nineties, and to children and adolescents 9-17. Today they drug children one year of age, and up! Today our own, tax-supported, National Institutes of Health and National Institute of Mental Health press on with PATS-the Preschool ADHD Treatment Study, which drugs normal children 3-5 years of age. This should send chills down your spines if it doesn't.

In addition ADHD, Ritalin and psychiatric drugging otherwise, are unusually common issues in divorce. Dare any child manifest

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unhappiness or insecurity as his world is falling apart! Dare any parent of divorce, challenge the court's psychiatric experts and the tidy work they and the DSM make of the untold human misery by medicalizing it. If they do, if they express doubt about ADHD or any other psychiatric contrivance or the one or several drugs that invariable follow, parents will lose their share of decision-making and all rights to see their child.

Protect yourself today--stand up for Diane Booth; contribute to the Diane Booth Defense Fund because, as things stand, Diane has no money for a criminal defense attorney and will be defending herself at trial. If she loses, she and Vincent will remain in jail, life-long victims of PSYCHIATRIC-JUDICIAL RAPE. If she wins, we get her out of jail, reunite her with her Vincent, prove that ADHD and psychiatry are a fraud, and protect you, your children, grandchildren, nieces, nephews and all the normal children in the US from JUDICIAL-PSYCHIATRIC RAPE .

**Testimony to Texas House Education Committee  
Hearing on HB 1406  
April 7, 2003**

**John Breeding, PhD, Director  
Texans For Safe Education  
206 N. Cowal Dr.  
Spicewood, Texas 78669  
(512) 326-8326**

Thank you, Chairman Williams, and all of you for this opportunity to testify on a bill addressing one of the most vital issues in the lives of United States children, families and education today. I want to briefly tell you exactly why I make such a bold assertion, and to tell you why I so strongly support passage of Assembly Bill 251, sponsored by Assemblywoman Sharron Angle, and prohibiting an employee or agent of a school district from taking certain actions relating to the use of psychotropic drugs by pupils.

I am a father of two teenagers, a counseling psychologist, and director of a citizens group called Texans For Safe Education. We formed out of our deep concern with the ever-increasing role of psychiatry in the schools, especially psychiatric drugs. We are strongly in support of AB 251. The intent of this bill is similar to those being pursued in about 20 other states at this time, including my own state of Texas where I will, in fact, testify on an analogous bill tomorrow. In addition to this testimony, I am also giving you a list of 10 reasons to be concerned about psychiatry in the schools, and a short statement from one of the many parents around the country who have been affected by the school's pressure to give psychotropic drugs to children.

In 1970, the revelation that about 175,000 school-age children in the United States were on stimulant drugs was enough to cause the United States Congress to convene an investigation. I estimate that 8,000,000 children between the ages of 5 and 19 are on psychiatric drugs in this country today. That means about 1,000,000 here in Texas, about 15% of our children. I have been confronting these facts for many years now, and I still shake my head and shudder when I repeat this information.

The fact is we responsible adults are failing our children. We call it medicine, but the plain truth is that we are using extremely potent and dangerous psychotropic drugs in an effort to make our children submit to a system that fails to meet their real needs, educational and otherwise. These drugs are potent. As only one example, we have been calling Ritalin "kiddy cocaine" for a long time. Two years ago, the Journal of the American Medical Association reported a study validating what we already knew. They reported that Ritalin is actually even more potent than cocaine in its effect on brain neurotransmitters. These drugs are also dangerous. They affect virtually every organ system of the body. Did you know that we have had about 200 Ritalin deaths, mostly due to cardiovascular failure, reported to the FDA in the last decade? Since these voluntary reporting numbers represent only a fraction of the actual incidence, this one drug probably results in thousands of heart-related deaths.

Equally amazing as the fact that we are drugging millions of our precious children is that we do it without evidence of real disease. As difficult as this may be for you to believe, the plain truth is that there is no scientific validation of any of the supposed childhood psychiatric illnesses (the most popular of which is so-called ADHD) which are said to justify giving our children these powerful, addictive, toxic and harmful drugs. The implications of this indisputable fact are as tragic as they are astounding.

We call it medicine, but the plain truth is that we drug our children in order to avoid our responsibility. We lack the courage and integrity to face and confront our failures. We lack the will to do what it takes to organize our lives and our society in a way that encourages children to grow and learn and develop character in a drug-free state of mind. Our society is at a low point in terms of adult responsibility for children. This hearing today is a significant step in reclaiming a positive responsibility for our children.

I know these words are harsh, but I also know they are true. If you are like me, however, you probably ask yourself, "How can this be?" Surely our doctors and our educators who so freely encourage the practice of drugging our children cannot be so wrong, cannot be wreaking so much damage to our nation's youth. Sadly, I am here to tell you they are. I want to discuss two primary reasons.

The first reason why millions of our children are being poisoned with psychiatric drugs, and deprived of their innate right to learn and to develop their characters in a drug-free state, is money. I hate to confront this, but it is the same reason we accept feeding our children non-nutritious fast food and daily hours of commercials and violent television. Our decisions about children are being determined by the dictates of corporate profit. Our children have become product potentials, and the awful truth is that they have been a massively profitable market, billions of dollars and massive growth in numbers for the pharmaceutical industry in the last decade alone.

The second reason is that we care for our children according to our understanding. Simply put, if we see children as inherently lazy or hating school and learning, we have to work to make them want to learn, perhaps with rewards and punishments. In contrast, if we see them as inherently in love with learning (which is the truth, by the way!), then when we see hatred of learning, we assume that either our own perspective is flawed, or that there is a reason why a child's natural love of learning is obstructed, and we make an effort to understand and help uncover that child's true nature. The truth is that it is easy to support children's learning, and very difficult to kill the joy of learning in a child. That our schools accomplish this murder with so many children says nothing about the nature of our children or the existence of imagined diseases like ADHD; it says only that we have gone severely awry in our methods.

So what kind of understanding would lead a nation of adults to put millions of their precious young children on toxic, brain-damaging substances in order to control their behavior? The assumptions of biological psychiatry are actually quite simple. As applied to schoolchildren, they are these:



1) Failures in school adjustment are the result of “mental illnesses,” such as the ubiquitous ADHD. (Note that they are not the result of failures to teach reading properly, or failures to nourish our children well, or failures to protect them from hours of deranging TV and video each day, or emotional distress caused by such an enormous busyness that their needs are not well-met.)

2) “Mental illness” (ADHD) is biologically or genetically based.  
(As already mentioned, this assumption is without any scientific validation.)

3) Therefore, biological treatments (drugs) are necessary and recommended.

So it is quite simple. The American public has been sold a bill of goods that these false beliefs are true. School personnel have been trained to embrace these false beliefs, as well as the amazing notion that these “biologically based mental illnesses” can be diagnosed by a behavioral checklist of so-called symptoms like “talking excessively” and “fidgeting in seat.” That these powerful drugs have the well-known short-term stimulant or amphetamine effect with some students of a narrowing of attention and increase in rote productivity is an especially seductive benefit to beleaguered teachers.

The unfortunate reality we are confronting here is that school personnel have become such true believers in the false tenets of biopsychiatry that they see children as defective, and pressure parents to have psychiatric evaluations done on their children and to give them psychotropic drugs. School personnel need to know that this is illegal, and parents need to know that this is not the concern of their children’s schools.

Assemblywoman Angle’s bill is an important and necessary response to help begin turning the tide on the tragic results of such a flawed and dangerous way of seeing and treating young people. The bill is straightforward, accomplishing three important tasks. First, it takes school personnel out of the business of psychiatry and drugs, implicitly demanding that they focus upon their natural area of expertise, which is in the academic area. Second, the bill affirms that it is illegal to require drug use as a condition of attending school. Finally, it insists upon following existing federal special education law, as defined in the Child Find provisions of the Individuals with Disabilities Education Act (IDEA). In so doing, it puts these educators back on course to do what they signed up to do, which is to educate our children. It will also protect an unknown number of these children from the damaging effects of psychotropic drugs.

Please support Assembly Bill 251.

I am happy to respond to any questions. Thank you.

## **Ten Reasons To Be Concerned About Psychiatry In The Schools**

- 1) An estimated 8,000,000 United States school children are on psychiatric drugs. This represents approximately 15% of our children. There has been at least a 700% increase in the number of United States school children on psychiatric drugs in the last decade. (See John Breeding's July 2000 article in *Mothering* magazine.)
- 2) 90% of the world's methylphenidate production is consumed in the United States, mostly by our children. (Drug Enforcement Administration report)
- 3) Psychiatric drugs such as Ritalin, Prozac and many others are dangerous and harmful to our children. Virtually every organ system is harmed, including cardiovascular, endocrine, respiratory, and central nervous system. (See Physicians Desk Reference)
- 4) These drugs can and do cause death. Food and Drug Administration (FDA) adverse reaction report data include 160 Ritalin-related deaths between 1990 and 1997, mostly cardiovascular-related. These voluntary FDA reports represent only a fraction of the actual incidence.
- 5) There are absolutely no positive long-term effects of these drugs on learning, academic performance, or social behavior. (See Swanson, J.S, McBurnett, K. et al., "Stimulant medication and the treatment of children with Attention Deficit Disorder: A Review of Reviews." *Exceptional Children*, 1993, Vol 60, pp. 154-161.)
- 6) The psychiatric diagnoses for which these drugs are prescribed, including ADHD, have not been scientifically validated as real diseases. ( See November 1998 NIH Consensus Conference on ADHD)
- 7) These drugs have been consistently linked to dramatic episodes of violence in the schools. Research clearly shows that aggressive and injurious behavior toward self or others can be an effect of the drugs while taking them or during withdrawal. Jason Hoffman of Granite Hills, California, who wounded five in a school shooting in March of 2001 is a recent example in a long line of such incidents. (See Ann Tracy's book, *Prozac: Panacea or Pandora*)
- 8) Parents and educators are often given false information about psychiatric diagnoses and psychiatric drugs.
- 9) Parents have been pressured by school personnel to have their children evaluated for placement on psychiatric drugs. School personnel need reminders that this is illegal, and parents need to know that this is not the concern of their children's schools.
- 10) Resource spent on unproven biopsychiatric methods of dealing with children diverts and distracts resolve and attention to finding ways to meet the very real educational needs of our children. We have proven educational methods for successfully helping children with learning challenges.

**Statement from Vicky Dunkle,  
Vice-President, Parents for Label and Drug Free Education  
March 27, 2003**

My name is Vicky Dunkle and I am from the state of Pennsylvania. My husband Steve and I lost our precious daughter Shaina to a psychiatric drug called desipramine. Shaina was 10 years old and had been on desipramine for about 1 1/2 years for ADHD. We were pressured within the school system to seek treatment because our daughter couldn't stay focused and couldn't concentrate the way they thought she should. You see we gave in because Shaina was being treated differently and being isolated in the hall to do her work. We did not want our daughter being treated differently and we wanted her to fit into society the way others did so we gave in and consented to drug our child. This was the deadliest decision we could have ever made. You see parents are not being warned properly about the side effects from these drugs, informed consents are being violated, and that other alternatives are not be discussed. My words to others is follow your heart and don't let anyone influence you into doing something you do not want to do. A parent knows their child best. We should have followed our hearts instead of the advice of professionals that thought they knew our daughter better than we did because she would be alive now. We live with the regret we believed and so many do this today. We went from a world of happiness and sunshine to a world of emptiness and darkness and it's a parents worst nightmare. Shaina Louise Dunkle, 10 years old, died from desipramine toxicity, a drug prescribed for Attention Deficit Hyperactivity Disorder on February 26th, 2001. She had one grand mal seizure and died in our arms as we watched helpless and could do nothing but watch as her life ended. We now are speaking out in hopes to help others make an educated decision when dealing with psychotropic drugs.

Please see the website, [www.ablechild.org](http://www.ablechild.org), for more of Ms. Dunkle's story, and other stories and related information. .

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MEMORANDUM

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DATE: March 24, 2003  
TO: Assemblywoman Sharron E. Angle  
FROM: Carol M. Stonefield, Senior Research Analyst  
Research Division  
SUBJECT: **Assembly Bill 251: Psychotropic Drugs in Schools**

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This memorandum is written in response to your request for background information on Assembly Bill 251, a measure to prohibit school personnel from suggesting or requiring that pupils take psychotropic drugs as a condition of attendance. You had asked for policies in Nevada school districts that are similar to the proposal contained in AB 251, research on psychotropic drugs, and points to be made in a committee presentation.

**NEVADA SCHOOL DISTRICT POLICIES SIMILAR TO  
THE PROVISIONS OF ASSEMBLY BILL 251**

In April 2000, the Legislative Committee on Education considered school district policies concerning the administration of medications to children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). At that time, staff of the Research Division of the Legislative Counsel Bureau surveyed the school districts pertaining to their policies on administration of medications. The districts were also asked if district personnel were aware of instances in which teachers had informed parents that their child must be medicated.

First, 15 of the 17 districts at that time had a policy on administering medications to pupils by school district personnel. The two districts that did not at that time, Lincoln County and Esmeralda County, have been polled recently to determine if they have since adopted such policies. Neither has done so.

Second, only Carson City School District and Washoe County School District have policies or protocols specifically establishing guidelines for the discussion of medicating a student. In Carson City School District, Administrative Regulation No. 511.2 allows only a

school psychologist to suggest to parents that their child might benefit from a medical examination. Teachers and other personnel are prohibited from suggesting that medications might be indicated. A copy of the Carson City School District policy is enclosed with this memorandum. In Washoe County School District, the protocol sets out a procedure when a teacher observes a student who exhibits attention/behavior problems. A copy of this protocol is also enclosed.

Third, none of the districts at that time reported any occurrences of teachers suggesting that pupils be medicated as a condition of attendance.

### STATE STATUTES SIMILAR TO A.B. 251

A search of Westlaw's online database found two state statutes that limit the actions of school personnel with regard to discussing psychotropic drugs with parents of school children. Copies of both statutes are enclosed with this memorandum.

*Connecticut General Statutes Annotated* § 10-212b requires each local and regional board of education to adopt policies that prohibit school personnel from recommending the use of psychotropic drugs for any child. The statute is not to be construed so as to prohibit school medical staff from recommending that a child be evaluated by an appropriate medical practitioner.

Similarly, *Illinois Compiled Statutes Annotated* 5/10-20.35 prohibits any disciplinary action against a student that is based totally on the refusal of the parents or guardians to administer or consent to psychotropic drugs. Medical staff, members of an individualized education program team, or a professional worker as defined by *Illinois Compiled Statutes* are not prohibited from recommending that a student be evaluated by an appropriate medical examiner.

### RESEARCH ON PSYCHOTROPIC DRUGS

Attention deficit disorder (ADD) and ADHD are disorders in which a person shows a certain pattern of behavior over time. In ADD, the pattern includes inattention and impulsivity. In ADHD, the person also displays hyperactivity. Attention deficit disorder is thought to affect 5 percent to 10 percent of school-age children, most of whom are male.

The drug methylphenidate (known by the brand name of Ritalin) is the most common drug recommended for children diagnosed with ADD or ADHD. The drug is a stimulant and has the effect of enabling children to focus on specific tasks.

According to Jillene Magill-Lewis, in an article from 2000 titled *Psychotropics and Kids: Use of Drugs in Treating ADHD Sets Off New Debate About Finding the Right Therapy for Children*, the cause of ADHD is not known. Even so, Magill-Lewis reported that National

Institutes of Health (NIH) has gathered evidence that there may be genetic or environmental risk factors for developing ADHD. Some researchers have linked a streptococcal infection to ADHD. Magill-Lewis estimated that in 2000, the market for ADHD products was \$670 million.

Opponents argue that there is not enough information about the drugs' effects on children's development or on the long-term side effects. Some noted side effects have been headache, involuntary muscle movements, loss of appetite, mood changes as the medicine wears off, sleep disorders, and weight management problems. Magill-Lewis quoted Brad Habermehl, O.D., an optometrist, that about 30 percent of all children have a binocular vision problem that prevents them from focusing, which causes ADHD-like symptoms in children and can lead to a misdiagnosis. Magill-Lewis also wrote that some children benefit from behavior modification solutions.

Proponents argue that some children need medication to combat mental illnesses. In 1998, the NIH released a "Consensus Statement" following a consensus development conference. This conference concluded that studies have established the efficacy of stimulants and psychosocial treatments for alleviating the symptoms of ADHD. Although it stated that stimulants are more effective than psychosocial therapies in treating these symptoms, long-term studies with both drugs and therapies were needed.

According to Mark Olfson in an article from the *Journal of the American Academy of Child and Adolescent Psychiatry*, during the 1980s and early 1990s the use of psychotropic drugs among school age children increased dramatically in the United States. Both stimulants to treat ADHD and anti-depressants are becoming more common. The proportion of children receiving multiple psychotropic medications is increasing.

Like the NIH, Mr. Olfson also recommended research to determine the appropriateness and the effectiveness of children receiving psychotropic drugs.

### AMERICAN ACADEMY OF PEDIATRICS

In October 2001, the American Academy of Pediatrics issued its clinical practice guidelines for the treatment of school-aged child with ADHD (<http://www.aap.org/policy/s0120.html>). Recommendation 2 suggests that the treating clinician, the parents, and the child, in collaboration with school personnel, should specify desired changes and outcomes in the child's behavior. Recommendation 3 proposes that the clinician should recommend medication and/or behavior therapy as appropriate.

The Academy noted that school-aged children with ADHD showed a marked reduction in core ADHD symptoms over a 14-month period when they were treated with medication alone or a combination of medication and behavior management. It was noted that the long-term effects of stimulants remains unclear.

**RESOLUTIONS AND LAWS PASSED WHICH MONITOR OR RESTRICT  
FORCED LABELLING AND DRUGGING OF CHILDREN**

**COLORADO**

**Stat Board of Education Resolution  
PASSED -1999**

**Promotes the use of academic solutions to resolve problems with behavior,  
attention and learning.**

**GEORGIA:**

**H.R. 1079: "Commission on Psychiatric Medication of School-Age  
Children"  
PASSED - 2000**

**This house resolution was passed and signed by the Governor in  
May 2000. It created a Commission on Psychiatric Medication of School-  
Age Children whose purpose was to study this issue and make  
recommendations to the legislature for improving oversight on the  
drugging of children as well as to possibly propose legislation for the next  
session on the subject.**

**WASHINGTON:**

**House Bill 2912: "Tracking of Psychotropic Drugging Of Children Outside  
The Home"  
PASSED - 2000**

**This bill puts in tracks in the number of children being diagnosed  
with psychiatric labels and drugged outside of the home such as those in  
foster care. [Tab 3]**

**CONNECTICUT**

**Assembly Bill 5701  
PASSED - 2001**

**Prohibits school personnel from recommending the use of psychotropic  
drugs for any child and, strengthened from the original bill in that, refusal  
to give such drugs to a child is not grounds to remove the child from the  
home.**

**\*HAWAII**

**Senate Concurrent Resolution 92  
PASSED - 2001**

**requests the Department of Education determine whether children with ADD or ADHD have been overdrugged and to research, examine and recommend non-drug alternatives.**

**NOTE: This resolution has some great language including: *Whereas, rather than mistreating our children by over-drugging them, and spending enormous amounts in doing so, it is more appropriate to reallocate these resources for alternative methods to address the problem such as constructing playgrounds and parks ...***

**MINNESOTA**

**House Bill 478  
PASSED - 2001**

**An act that protects parents from the accusation of educational neglect if they refuse to drug their children. It was incorporated into H.F. 82, the General Education Revenue bill, by adding new language that pupil re-admission plans after suspension must not obligate a parent to drug their child, parent's refusal to drug the child is not educational neglect, that neglect does not include refusal to drug a child and a report on the number of children 3-18 diagnosed with ADD/ADHD currently taking drugs and those not diagnosed taking drugs.**

**NORTH CAROLINA**

**Senate Bill 542  
PASSED - 2001**

**An act to review the need for establishing a statewide database on the administration of psychotropic drugs to children who receive state services.**



**TEXAS**

**State Board of Education Resolution  
PASSED - 2001**

**Resolution calls for all school personnel to be aware of the effects of psychotropic drug use and to make known and recommend safe and effective programs for school problems such as medical examinations, allergy testing, vision examinations, tutoring, phonics and nutrition.**

**UTAH**

**House Bill 170  
PASSED - 2001**

**Modifies the Human Services Code to amend the definition of substantiated child abuse to**

**NATIONAL BLACK CAUCUS OF STATE LEGISLATORS**

**PASSED - 1999**

**Resolution passed by the Youth Committee of the National Black Caucus of State Legislators strongly urges a national examination of the use of psychotropic drugs and their effects on children in this nation and that Ritalin is a class II drug and they resist the effort to have it downgraded to a lesser category.**

# THE INDIANAPOLIS

# STAR

TUESDAY, SEPTEMBER 28, 1999

## Thousands of troops let go for psychiatric troubles

■ Discharge of more than 3,100 recruits last year leaves the Pentagon searching for explanations.

By Dave Montz  
KNIGHT RIDER/NEWSPAPERS

At a time when the military is desperate to fill its thinning ranks, the services are dismissing thousands of young troops each year because of pre-existing psy-

chiatric conditions, statistics show.

The military last year officially discharged more than 3,100 recruits with psychiatric histories, either in boot camp or within the first six months of enlistment.

Military leaders suspect the

number actually is much higher because recruits with mental health problems often are discharged under a variety of other categories used to track unsuccessful trainees.

Defense Department commanders say they are concerned by the losses and searching for explanations.

"If this is a consistent pattern throughout the services, then

we've got a problem of American society or a problem with the way we are recruiting," said Col. David Johnson, command surgeon for the U.S. Military Entrance Processing Command near Chicago.

In the past two years, about 5 percent of all Navy recruits have been discharged because of pre-existing psychiatric problems

See PSYCHIATRIC Page 2

# PSYCHIATRIC

Continued from Page 1

ranging from depression to personality disorders.

The other services' numbers are much smaller. But that disparity might reflect record-keeping differences or screening methods less rigorous than the Navy's, some think.

Johnson's organization is responsible for screening about 200,000 new recruits who enter all branches of the military.

Documented cases of discharges range from recruits with attention deficit disorder to those with lengthy histories of psychiatric treatment.

The number of young military personnel with psychiatric problems is troubling for several reasons.

The most serious is the potentially volatile mix of unstable people and deadly weapons.

But without better data than they have, commanders and military analysts say they can only speculate as to the causes.

Two theories are most prevalent. One suggests a military that increasingly finds recruits on the fringes of society. The other points to a rise in the medication and treatment of attention deficit and other behavioral disorders.

Patrick Cody, a spokesman for the National Mental Health Association in Alexandria, Va., said there has been a noticeable increase in recent years in teen-agers diagnosed with psychological problems.

Three years ago, the federal government doubled its estimate for the number of children with mental and emotional disorders, from 900 in 20 to one in 10.

That could explain the increase in psychiatric discharges, according to Tiffany Field, a psychologist and director of the Touch Research Institutes at Nova Southeastern

University in Fort Lauderdale, Fla.

Field suggests the armed forces might also be a victim of its own success because parents traditionally have viewed military services as a way to straighten out troubled teens. The difference is that unruly young people are more likely to be on some kind of medication, Field said.

From 1990 to 1995, for instance, there was a fourfold increase in the diagnosis of attention deficit hyperactivity disorder. Field noted. Still, the military's focus on psychiatric discharges, she added, is wise in light of recent events in the civilian world.

## Comparing the 4 services

At the Great Lakes, Ill., Naval Training Center, about 1,800 of 32,000 recruits had been discharged because of psychiatric histories as of June 30 this fiscal year. That's 5.5 percent of all recruits who entered Navy boot camp.

According to Defense Department statistics, the Navy's numbers are by far the highest among the four services.

In fiscal year 1998, the last for which numbers were available, the Marines, Air Force and Army combined discharged 1,228 recruits for pre-existing psychiatric problems. Last year, the Navy dismissed 1,909, or about 4 percent of all its recruits, from basic training for having pre-existing psychiatric conditions.

Statistics for the four services are imprecise because each defines pre-existing psychiatric conditions differently. It's possible the Army, Air Force and Marines are discharging an equally high number of recruits with histories of psychiatric treatment, Johnson said.

But those numbers wouldn't be reflected in official statistics because many of the cases could be grouped under different discharge codes.

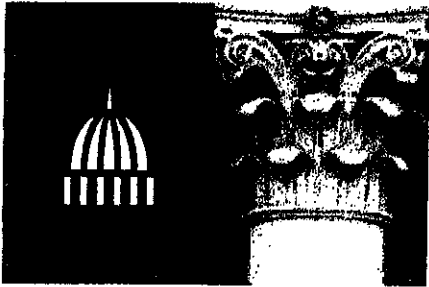
The military typically does not

enlist people who've been under psychiatric care or taken medication for a host of conditions, including attention deficit disorder. In some cases, however, recruits hide such problems. In other cases, military recruiters, strapped to meet quotas, overlook medical histories.

Some believe the increases are a result, in part, of society's dwindling interest in the military. Last year, the Navy missed its yearly recruiting goal by nearly 7,000 sailors. This year, the Army is expected to also miss its goal by about 6,300, despite pumping considerable resources into its recruiting efforts.

The military discharges thousands of troops each year because of pre-existing medical conditions ranging from bad feet to asthma.

The bulk of those discharged with pre-existing medical conditions are released in basic training, where such problems often surface under the rigors of boot camp.



National Conference of State Legislatures

# LEGISBRIEF

BRIEFING PAPERS ON THE IMPORTANT ISSUES OF THE DAY

OCTOBER 2000

VOL. 8, No. 40

## Psychotropic Medication and Children

By Tracy Delaney

*The number of American children receiving medication for behavioral and emotional disorders has increased dramatically.*

During the past decade the number of American children receiving medication for behavioral and emotional disorders has increased dramatically, adding fuel to the fire in the emerging controversy over the administration of such medications to children. Although most prescriptions for so-called psychotropic drugs are for stimulants designed to remedy the increasingly common diagnosis of attention deficit hyperactivity disorder (ADHD), there is also a growing trend for children to receive medications for depression and other behavioral and mental health conditions.

A startling report in the *Journal of the American Medical Association* indicates that the rate of prescribing psychotropic medications for preschool children rose threefold between 1991 and 1995. Among possible reasons for the increase, according to the report, are: 1) the larger pool of eligible youngsters because of expanded diagnosis criteria for ADHD since the 1980s; 2) more girls are being treated for ADHD; 3) greater acceptance of biological treatments for behavioral disorders; and 4) the larger role of school health personnel in identifying medical needs.

Opponents of the use of psychotropics express concern that there is not enough information about the drugs' effect on children's development or on their long-term side effects. They are also concerned that psychotropic medications are being overused on children.

On the other side of the argument are groups, such as the National Mental Health Association, that argue that children sometimes need medication to combat mental illnesses. According to the association, however, children should not be medicated unless a qualified clinician decides that such a course is in their best interest and medication is used in conjunction with other types of treatment, such as therapy, social skills training, emotional and educational support, and parent and teacher mental health training programs.

### State Action

Heightened awareness of the issue at the national level has prompted action by some state legislatures. Last year, for example, Colorado began looking into the issue in the wake of the painful Columbine High School tragedy. Lawmakers there explored the possible relationship between prescription drugs and school violence after hearing that one of the Columbine shooters was taking a psychotropic medication. In response, the Colorado Board of Education approved a resolution aimed at promoting classroom management solutions for behavioral problems rather than relying on prescription medications. The resolution does not have the power to eliminate the use of certain medications in schools. It says "...psychiatric prescription drugs have been utilized for what are essentially problems of discipline...". The resolution further stipulates "that the state board of education encourages greater communication and education among educators and medical profes-

*Heightened awareness of the issue at the national level has prompted action by some state legislatures.*

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sionals about the effects of psychotropic drugs on student achievement and our ability to provide a safe and civil learning environment.”

This year, 11 states introduced legislation related to children and psychotropic drugs. Six (Georgia, Hawaii, Maryland, Oklahoma, Tennessee and Washington) enacted laws. Most of the laws are broad-based, addressing various aspects of mental health for children, but two specifically relate to psychotropic medication use.

In Georgia, a resolution creates the Commission on Psychiatric Medication of School-Age Children and directs it to investigate the use of psychiatric medications and their effects on school-age children. It provides recommendations for improved oversight of the prescribed use of narcotics among Georgia’s youth.

In Washington state, the law requires a study of children on psychotropic medication who are receiving state services. The intent of the study is to determine: the number of children who were prescribed medication during out-of-home care; the medical diagnosis of all children on prescribed medications; the number, types and frequency of medications prescribed to children; the number of children receiving multiple medications; the number of children prescribed Ritalin (most commonly used to treat ADHD); and the total number of children in out-of-home care exceeding 90 days during FY 1999 and the number of those children receiving medication. The report is due to the Legislature on Dec. 15.

### Federal Action

The federal government is also looking into this issue. A fact sheet on treating children with psychiatric problems was released by the National Institute of Mental Health for a March 2000, White House conference on mental health. The fact sheet includes detailed information about psychotropic medications that are often prescribed for children. The institute intends to invest more than \$5 million in research on the use of medication to treat attention deficit disorder in preschool children. The Clinton administration also announced its intention to step up efforts to reduce the use of psychotropic medications by preschoolers.

### Selected References

- National Institute of Mental Health. *Treatment of Young Children with Mental Conditions*. Washington, D.C., March 2000.  
<http://www.nimh.nih.gov/publicat/whmedchild.cfm>
- Zito, Julie M., et al., *Trends in the Prescribing of Psychotropic Medications to Preschoolers*. *Journal of the American Medical Association* 283, no. 8 (February 23, 2000).  
<http://jama.ama-assn.org/issues/v283n8/full/joc91250.html>

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*This year, two states enacted legislation to study the effect of psychotropic drugs on children.*

*The federal government is also looking into this issue.*