

# Just Say “NO” to Drugs!

By Thomas P. Millar, M.D.

Attention Deficit (hyperactivity) disorder (ADHD) is one of the new checklist diagnoses. One checks behaviours on a list and, if one manages to accumulate enough checks, the diagnosis is complete. Though its promoters like to minimize the connection between the diagnosis of ADHD and the drug Ritalin, almost every child who receives the label ADHD also receives Ritalin.

Here in British Columbia, if one uses 1990 as a baseline, there has been an increase of Ritalin prescriptions of nearly 700%. While BC leads the ADHD pack in Canada, Ontario is hot on our heels. Still, we have a long way to go to catch up with the eastern USA where it is reported that 15% of American children are diagnosed ADHD.

If ADHD were an infectious disease, we'd have an epidemic on our hands. Not to worry. The disease is a myth. A myth is a belief people hold because it comforts them to do so. Where's the comfort in ADHD? None for the child but, for the parents, ADHD exonerates. It says to troubled mothers and fathers, "You didn't rear him badly. There is something awry in his brain."

Let me offer a more sensible and productive explanation for the 14 items on the ADHD checklist that appears in the diagnostic manual of the American Psychiatric Association, DSM III R.

The problem with the list is that many normal children are fidgety, have trouble staying in their seats, waiting their turn in games or conversation. Many small children blurt things out, interrupt, don't listen, fail to finish their chores and lose things. These are normal behaviours and do not require an explanation based on the child having something awry in his brain.

These are normal behaviours, things children gradually overcome. This is called growing up, and generating this growing up is what parenting is

## American Psychiatric Assn. Diagnostic Criteria for Attention Deficit Hyper- activity Disorder

A disturbance of at least six months during which at least eight of the following are present. Consider a criterion met only if the behaviour is considerably more frequent than that of most people of the same mental age.

- Often fidgets with hands or feet or squirms in seat (in adolescents may be limited to subjective feelings of restlessness)
- Has difficulty remaining seated when required to do so
- Is easily distracted by extraneous stimuli
- Has difficulty awaiting turn in games or group situations
- Often blurts out answers to questions before they have been completed
- Has difficulty following through on instructions from others (not due to oppositional behaviour or failure of comprehension), e.g. fails to finish chores
- Has difficulty sustaining attention in tasks or play activities
- Often shifts from one uncompleted activity to another
- Has difficulty playing quietly
- Often talks excessively
- Often interrupts or intrudes on others, e.g., butts into other children's games
- Often does not seem to listen to what is being said to him or her
- Often loses things necessary for task or activities at school or home (e.g., toys, pencils, books, assignments)
- Often engages in physically dangerous activities without considering possible consequences (not for the purposes of thrill seeking), e.g. runs into the street without looking

all about. The ten-year-old who can't wait his turn in games or interrupts all the time is behaving like a four-year-old. He is immature when it comes to coping with the normal unpleasures of life: tedium, boredom, anger. He is this way because he has not been trained properly. What this ten-year-old needs is to go through the training he missed first time around. The fact is there is nothing in these 14 behaviours which compels an organic explanation for them. They are amply explained in terms of delayed or failed adaptive growth. **Ritalin may calm the child, but it does nothing to increase his tolerance for life's unpleasures and, when the Ritalin runs out, the symptoms return.**

Here is what is really going on. Children's temperaments vary. Some are born intense and energetic. Such children are a challenge and many capable and caring parents get into difficulties rearing them. When their training measures prove insufficient, the result is an adaptively immature child with an intense and energetic temperament. There is nothing wrong with the brains of these children. They don't need Ritalin. What they need is adaptive retraining.

Calling these children ADHD and giving them Ritalin simply gets in the way of such retraining. The sooner we stop doing it, the better we shall all be.

*(Dr. Millar is the author of Canada's best-selling child-rearing book, The Omnipotent Child III. His most recent book, The Myth of Attention Deficit Disorder, deals with three main issues: the checklist diagnosis outlined in this article; the side effects and possible consequences of taking Ritalin; and ways to train "ADHD" children properly. The book is available for \$13.00 (postage & tax included) from Palmer Press, 1380 Maple Street, Vancouver, BC V6J 3R9. 604-732-9584. thomas\_millar@mindlink.bc.ca)*