



AD/HD is Real, Treatment is Effective, and Untreated AD/HD has Serious Consequences

1. AD/HD is Real

AD/HD in children and adults is real. Empirical research in neuroscience and the behavioral sciences is advancing our understanding of the etiology of this disorder.

(Mental Health: A Report of the Surgeon General, 1999; National Institutes of Health (NIH)

National Institute of Mental Health Multimodal Treatment Study of Children with AD/HD, 1999; Centers for Disease Control and Prevention (CDC) Attention Deficit Disorder and Learning Disability: United States, 1997-98; Hunt, R.D. (1997). Nosology, neurobiology, and clinical patterns of AD/HD in adults. *Psychiatry Annals*, 27, 572-581).

2. There Are Effective Treatments for AD/HD

Treatment of AD/HD is effective. Psychotherapy, behavioral interventions, psychopharmacology and other interventions have been demonstrated as efficacious for AD/HD. (Mental Health: A Report of the Surgeon General, December 1999; Diagnosis and Treatment of Attention Deficit Hyperactivity Disorder in School-Age Children, June 1997 Citation: *Journal of the American Medical Association* 279(14): 1100-1107, 1998).

3. Untreated, AD/HD can lead to devastating consequences for children & adults

Adolescent outcomes of children with AD/HD show that they are more likely to drop out of school, to rarely complete college, to have fewer friends and to participate in antisocial activities more than children without AD/HD (Barkley, Fischer, Edelbrock, & Smallish, 1990).

Rates of cigarette, alcohol and marijuana use appear more often in those with both AD/HD and conduct disorders, and were two to five times more frequent than in adolescents with AD/HD alone or for those without it.

Later in life, adults with AD/HD have employment difficulties, suffer from depression and personality disorders, have multiple auto accidents, and have high rates of sexually transmitted diseases and teen pregnancies compared to individuals without AD/HD (Fischer, Barkley, Smallish, & Fletcher, 2002). Overwhelming evidence suggests that AD/HD is a real disorder with serious consequences.

4. Parental Consent is essential in any evaluation, referral or screening for problems

Parents are key to the effective treatment of AD/HD and so must be involved in every stage of the evaluation, diagnosis and treatment for AD/HD.

5. Only parents with their physician should make a decision about giving a child medication.

The decision to use medication to treat any illness is a serious one and AD/HD is no exception. This decision rests in hands of trained medical professionals and requires the consent of parents.

6. Utah is not “overmedicating” its children

In fact, a 2003 study by the Utah Department of Health found that Utah is among states with the lowest rate of medication utilization by its children (Cox ER, Motheral BR, Henderson RR, Mager D. Geographic Variation in the Prevalence of Stimulant Medication Use Among Children 5 to 14 Years Old: Results from a Commercially Insured US Sample. *Pediatrics*. Feb 2003; 3 (2): 237-243.)

7. Utah children cannot be denied access to public schools for not taking medication

Federal Law (The Individuals with Disabilities Education Act–IDEA) and the Utah State Board of Education Rule prohibits any school from requiring a child to take medication as a condition for attending classes or participating in school activities.

8. Communication between teachers and parents must remain open and protected

Utah’s children are best served when teachers and parents work together. This means communication between teachers and parents must be open and protected. However, teachers and other non medically licensed school personnel should not make a medical diagnosis or evaluation – only trained, licensed medical professionals should – and always with consent of the parent.