



Securing Rights for Children

Efforts by organizations like Citizens Commission on Human Rights are vital if we are to succeed in returning our schools to places of learning. This can only be done by eliminating unworkable psychiatric or psychological curriculums and questionnaires, and by allowing our children, with the use of good academic instruction, to accomplish their grades and goals by using their inherent potential. My thanks to CCHR. Without your concern and help, the Colorado Resolution [against psychotropic drug use in classrooms] may never have been accomplished.”

Mrs. Patti Johnson
Member, Colorado State Board of Education
February 2000

Advocacy means to speak up, to plead the case of another, or to fight for a cause. It is derived from the Latin word *advocare*, which means “coming to the aid of someone.” In responding to the many abuses within the mental health system, many courageous individuals have spoken out, advocated for and achieved significant reforms.

The “Actions to Take” section on page 51 of this guide comprises some of the actions these individuals have taken to help eliminate harmful mental health screening and psychotropic drugs in schools.

Those actions were stemmed from a fatal day on April 20, 1999, when two teenagers, Eric Harris and Dylan Klebold, shot and killed 12 fellow students and a teacher at Columbine High School in Littleton, Colorado. Harris was taking an antidepressant known to cause violent and suicidal behavior. Both teens had undergone psychological therapy, including “conflict resolution” classes.

Parents, doctors and members of the Citizens Commission on Human Rights worked with a member of the Colorado State Board of Education to expose the violence-inducing effects of psychotropic drugs. As a result, a precedent-setting education board resolution



was passed that called on teachers to use academic rather than drug solutions for behavior, attention and learning difficulties in the classroom.¹

Like a pebble dropped in a pool, this action made ripples that reached across the nation and to countries around the world.

- Fourteen US state laws were passed that prevented school personnel from forcing children to take psychiatric drugs as a requisite for attending school.
- Other laws prohibited government Child Protective Services agencies from removing a child from the custody of his or her parents or criminally charging them because they refused to give their child psychiatric drugs.²
- More parents took up the cause and communicated their concerns to the media and US Congress. In 2004, the Federal Prohibition on Mandatory Medication amendment was passed prohibiting students being required to take a psychotropic drug that is a controlled substance, to be educated.³ [See: “Regulation of the Use of Psychotropic Substances in Children and Teenagers” in Appendix.]
- Further action led to the United Nations Committee on the Rights of the Child expressing concerns that Attention Deficit Hyperactivity Disorder (ADHD) and Attention Deficit Disorder (ADD) “are being misdiagnosed and therefore psychostimulant drugs are being overprescribed, despite growing evidence of the harmful effects of these drugs.” It recommended: “other forms of management and treatment are used as much as possible to address these behavioral disorders.”⁴
- Working again with parents, doctors, whistleblowers and many others, CCHR demanded stronger warnings for psychiatric drugs. In 2004, the Food and Drug Administration ordered a prominent “black box” be added to antidepressant packaging warning that the drugs could cause suicide in those people younger than 18 and later extending this to age 24.⁵ The UK, Japan, Australia and Europe’s Medicines Agency representing 25 countries, also issued suicide warnings.
- In 2006, the FDA ordered additional information to the packaging for psychostimulants to warn that they could cause psychosis, hallucinations, aggression, and sudden death from heart attacks and strokes.⁶ Other drug regulatory agencies around the world ordered similar warnings. [See: “Chronology of International Drug Regulatory Agency Warnings about Psychotropic Drugs” in Appendix.]
- In 2007, a law in Piemonte, Italy, prohibited mental health screening being conducted in schools. In 2008, Italy’s federal Education Minister ordered school personnel to stop conducting ADHD and other psychiatric and psychological screening on students. Schools are not to be used to train teachers and parents on how to identify ADHD



symptoms, which would lead to the child being prescribed psychotropic drugs. Several regional laws also prohibit mental health screening or children being forced onto psychiatric drugs. Several regions have made this law.⁷ [See: “Regulation of the Use of Psychotropic Substances in Children and Teenagers,” and Fact Sheet 2 “Expelling Mental Health Screening from Schools”—available in the Appendix.]

- In 2009, Mexico passed a similar law, “Reform of the General Education Act.”⁸
- Today, tens of thousands of lawsuits have been successfully filed and settled against psychiatric drug manufacturers and psychiatrists over the adverse reactions of these drugs. [See: “Chronology of Sample Lawsuits about Psychotropic Drugs” in the Appendix.]

Strong Voices Champion Children’s Rights

Such significant reforms are fought and won by dedicated individuals who work shoulder to shoulder with CCHR to change societal conditions for the better. They recognize that when you gain knowledge of an abusive situation, responsibility to do something about it follows.

- “CCHR’s support gave me the courage to speak out against the labeling and drugging of innocent children in the public school systems. It has risen to the defense of parents and children alike because this is a humane and just cause. CCHR helped move this vitally important topic to a national level. The overwhelming crisis in our education systems has been exposed.”

S.M., mother of son misdiagnosed with ADHD

- “CCHR is a sane prescription for what ails our children, our schools and our communities. I hope that every parent and teacher will continue to have access to CCHR’s outstanding up-to-date factual data. I also hope that every parent and teacher takes CCHR’s superb advice to heart. Do not allow harmful psychiatric diagnoses, treatments and drugs to ruin another child’s life, another child’s future.”

J.H., mother and founder of a parent’s and children’s advocacy group

- “After dealing with the death of my daughter due to psychiatric drugs and the professionals’ uncaring response to this, I thought I had nowhere to turn. CCHR gave me the courage to take a stand and fight to help prevent other children from being harmed or killed at the hands of psychiatrists.”

V.D., mother and children’s rights advocate

- “My son was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and was prescribed Ritalin and another medication to help him sleep. After reading



CCHR's publication on child drugging I saw a doctor who helped me withdraw my son safely from the drugs. We are now using alternative methods. Thank you so much for your life-changing publication. My son is now receiving principal awards for increased work output and attitude.”

J.E., mother

- “When I took Michael off psychiatric drugs, Child Protective Services threatened me with a criminal charge of ‘medical neglect.’ It was eventually discovered that Michael’s only problems were food allergies and anemia and that he’d never been taught educational basics. Once these were addressed and corrected, Michael improved. Thank you CCHR for wholeheartedly supporting my family.”

P.W., mother, president of national parent and children’s advocacy group

- “I want to warmly thank CCHR for its help, which came just in time. My son and I would certainly not have been capable of solving the problems that arose in our life had it not been for your specialist knowledge about psychiatric drugs and psychiatry, as well as your advice which helped us fight our problem. We are glad that the Commission stands so helpful and on our side.”

S.M., mother

1. “Resolution: Promoting the Use of Academic Solutions to Resolve Problems with Behavior, Attention, and Learning,” Colorado State Board of Education, 11 Nov. 1999.
2. State of Arizona, House of Representatives, Forty-sixth Legislature, Second Special Session, 2003, House Bill 2024; Substitute House Bill No. 5701, Public Act No. 01-124, An Act Concerning Recommendations For And Refusals Of The Use Of Psychotropic Drugs By Children And Utilization Review Determinations Related To Mental And Nervous Conditions, 28 June 2001; New Hampshire HB 551, Final Session 2004, Effective 15 June 2004.
3. “Prohibition on Mandatory Medication” amendment to the US Individuals with Disabilities in Education Act, 2004.
4. “Concluding Observations,” UN Committee on the Rights of the Child, Consideration of Reports submitted by States Parties Under Article 44 of the Convention [on the rights of the child], 30 Sept. 2005.
5. “Suicidality in Children and Adolescents Being Treated With Antidepressant Medications,” FDA Public Health Advisory, 15 Oct. 2004; “FDA Proposes New Warnings About Suicidal Thinking, Behavior in Young Adults Who Take Antidepressant Medications,” *FDA News*, 2 May 2007.
6. “Glaxo, Shire strengthen drug warnings, Firms say ADHD treatments may cause heart attacks,” *Bloomberg News*, 22 Aug. 2006.
7. Consiglio Regionale Del Piemonte, Regional Law, “Regulations about the use of psychotropic substances on children and teenagers,” 6 Nov. 2007.
8. Diario Oficial de la Federacion, 17/04/2009: DECRETO por el que se adicionan las fracciones XIII, XIV y XV al artículo 75 y una fracción III al artículo 76 de la Ley General de Educación.