GENERAL ASSEMBLY OF VIRGINIA -- 2001 SESSION

ENROLLED

HOUSE JOINT RESOLUTION NO. 660

ENROLLED

HJ660ER

Establishing a joint subcommittee to study the effects of attention deficit disorder and attention deficit hyperactivity disorder on student performance and to investigate the improper prescription and illegal use and diversion of Ritalin and OxyContin.

Agreed to by the House of Delegates, February 22, 2001
Agreed to by the Senate, February 22, 2001

WHEREAS, Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD), the most commonly diagnosed behavioral disorder of childhood, is a neurobiological disability characterized by developmentally inappropriate levels of attention, concentration, activity, distractibility, and impulsivity, and in some cases, hyperactivity, that affects three to five percent of school-age children, or 1.35 to 2.25 million children, and approximately two to four percent of adults; and

WHEREAS, children with ADD/ADHD generally have functional impairment across multiple settings, including home, school, and peer relationships, and ADD/ADHD may have long-term adverse effects on the academic performance, vocational success, and social-emotional development of children; and

WHEREAS, diagnosis and treatment of the disorder have generated considerable controversy, and parents, clinicians, researchers, educators, and policymakers have diverse and conflicting opinions concerning this disability, including disagreement as to the use of psychostimulants such as Ritalin to treat the condition; and

WHEREAS, regular and special education teachers and other school personnel must be trained to identify children with ADD/ADHD, as certain characteristics are shared between children with ADD/ADHD and children who are gifted, making it very difficult for the untrained eye to distinguish between the exceptionalities; and

WHEREAS, teachers must use different instructional methodologies and provide certain adaptations in the classroom to meet the educational needs of children with ADD/ADHD, and providing for their unique educational needs becomes more difficult when these children have dual exceptionalities, such as other chronic or acute health problems, a learning disability, or giftedness; and

WHEREAS, although children with this disorder present significant challenges to public schools and the educational system, including the delivery of required health services, it is important that the educational, health, and social needs of these children be addressed, and the impact on public schools and the ability of the educational system to meet their needs be evaluated; and

WHEREAS, methylphenidate, commonly known as Ritalin, is prescribed in the treatment of narcolepsy, and most often for children diagnosed with attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD), a neurobiological disability characterized by developmentally inappropriate impulsiveness, inattention, and in some cases, hyperactivity, that affects three to five percent of school-aged children and approximately two to four percent of adults; and

WHEREAS, it is estimated that Ritalin has been prescribed for at least four million American children who have been diagnosed as having ADD/ADHD, of whom 80 percent are males; and

WHEREAS, Ritalin, when properly prescribed, enables children with ADD/ADHD to become more focused and increases their attention span, but Ritalin causes different results in adults, many of them harmful; and

WHEREAS, Ritalin, when taken as prescribed, has mild to moderate stimulant properties, but when snorted or injected produces cocaine-like stimulant effects; and

WHEREAS, according to the United States Drug Enforcement Administration, prescriptions for Ritalin have increased more than 600 percent over the past five years, and according to federal law-enforcement agencies involved in drug interdiction, 90 percent of the world's supply of Ritalin is prescribed in the United States; and

WHEREAS, a significant portion of these prescriptions are diverted for illicit nonmedical use, as Ritalin ranks among the top 10 most frequently reported stolen controlled pharmaceuticals; and

WHEREAS, due to the substantial increase in ADD/ADHD diagnoses over the past several years, the manufacturing quotas have not increased sufficiently to meet the increased demand, resulting in sporadic and regional shortages of Ritalin, which have been further exacerbated by the diversion of the drug to the illicit street drug trade; and

WHEREAS, the National Institute on Drug Abuse described Ritalin abuse over the last two decades as "sporadic but persistent," and there is concern that an upsurge in illicit street use of Ritalin reported on the West Coast and in the Midwest is spreading across the country, with reports of increasing use,

experimentation, and illegal distribution and possession among young children, teens, and college-aged students; and

WHEREAS, the adverse consequences of the abuse of Ritalin is of paramount concern as more and more college students are self-prescribing Ritalin to help them concentrate, stay awake, and focus, and many college students are using Ritalin as an inexpensive recreational drug; and

WHEREAS, OxyContin has been approved by the Federal Drug Administration for the treatment of moderate to severe pain caused by terminal cancer or musculoskeletal conditions; and

WHEREAS, OxyContin's chief advantage is its time-release formula that enables patients to maintain pain relief for up to 12 hours without having to take repeated doses; and

WHEREAS, like morphine and heroin, OxyContin is an opiate that eases suffering, and creates a euphoric effect similar to a heroin high; and

WHEREAS, meant for those suffering from chronic pain, OxyContin has also become a drug used for recreational purposes and is often obtained by fraudulent means or through illegal sale or theft; and

WHEREAS, federal investigators have identified five pockets of heavy OxyContin abuse in the United States: Southwest Virginia, rural Maine, Cincinnati, Baltimore, and Charleston, and do not understand why the drug is so popular in these areas; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That a joint subcommittee be established to study the effects of attention deficit disorder and attention deficit hyperactivity disorder on student performance and to investigate the improper prescription and illegal use and diversion of Ritalin and OxyContin. The joint subcommittee shall consist of 10 legislative members to be appointed as follows: 6 members of the House of Delegates, to be appointed by the Speaker of the House of Delegates in accordance with the principles of proportional representation contained in the Rules of the House of Delegates and 4 members of the Senate to be appointed by the Senate Committee on Privileges and Elections.

In conducting the study, the joint subcommittee shall (i) determine the number of students diagnosed as having ADD/ADHD in Virginia's public schools, and whether such children receive treatment; (ii) ascertain whether such students also have dual exceptionalities or chronic and acute health problems, and the demand created by these conditions for certain school services; (iii) determine the academic performance levels of such children; (iv) identify other educational, social, and health factors that may compromise their academic performance and educational outcomes; (v) identify school practices to manage, the methods used to treat, and the medications prescribed for and dispensed to ADD/ADHD students in the school setting for their disorder; (vi) evaluate the special education programs and related services provided or which may be provided to meet the needs of such students; (vii) assess the demand for and effectiveness of existing education programs and related services, including school health services, by ADD/ADHD students; (viii) evaluate the effect of ADD/ADHD on grade retention, absenteeism, school suspension and expulsion, and disciplinary action taken by public schools; (ix) and make appropriate recommendations that address identified problems and allow public schools to serve such children efficiently and effectively; (x) determine the health conditions for which Ritalin and OxyContin are lawfully prescribed in Virginia; (xi) ascertain the number of such prescriptions for the last five years to determine the rate of increase or decrease, and the cause of any increase in the number of such prescriptions; (xii) determine if Ritalin and OxyContin have been diverted to the street drug trade, and if so, assess the demand for Ritalin and OxyContin as street drugs in Virginia; (xiii) establish whether the use of Ritalin or OxyContin for non-medical purposes is a problem among school-aged children and college students in the Commonwealth; (xiv) consider and explore such other issues as the joint subcommittee may determine pertinent; and (xv) recommend ways to correct problems associated with the over-prescription and the illegal use, possession, and distribution of Ritalin and OxyContin, as appropriate.

The direct costs of this study shall not exceed $8,500. An estimated $1,000 of the direct costs is allocated for materials and resources. Such expenses shall be funded from the operational budget of the Clerk of the House.

The Division of Legislative Services shall provide staff support for the study. Technical assistance shall be provided by the Department of State Police, the Board of Medicine, the Board of Pharmacy, the Department of Health, the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Education, and the State Council of Higher Education. All agencies of the Commonwealth shall provide assistance as requested by the joint subcommittee for this study.

The joint subcommittee shall complete its work in time to submit its written findings and recommendations by November 30, 2001, to the Governor and the 2002 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

Implementation of this resolution is subject to subsequent approval and certification by the Joint Rules Committee. The Committee may withhold expenditures or delay the period for the conduct of the

study.