

2002 SESSION

ENROLLED

HOUSE JOINT RESOLUTION NO. 122

Requesting the State Department of Health to collect data to determine the prevalence of methylphenidate and amphetamine prescriptions in the Commonwealth.

Agreed to by the House of Delegates, March 6, 2002

Agreed to by the Senate, March 5, 2002

WHEREAS, the United States Surgeon General's National Action Agenda, released in early 2001, estimated that fewer than one in five children receive the treatment needed for mental illness, including Attention Deficit Hyperactivity Disorder (ADHD); and

WHEREAS, the National Institute of Mental Health (NIMH) estimates that ADHD affects three to five percent of all school-age children; and

WHEREAS, in March 2001, the American Academy of Pediatricians issued guidelines providing recommendations for the assessment and diagnosis of school-aged children with ADHD; and

WHEREAS, NIMH is sponsoring the Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder with 18 nationally recognized authorities at six major university centers, and although the research is not yet complete, available data show that the most effective treatment for ADHD involves a combination of medication and psychosocial-behavioral treatment; and

WHEREAS, a brand name for methylphenidate hydrochloride, Ritalin, is only one of many medications used to treat ADHD; and

WHEREAS, methylphenidate, also marketed as Concerta, Metadate, Methylin, and other generic equivalents and amphetamines and other amphetamine-like agents, including Adderall and Dexedrine, may treat ADHD, as well as Cylert and certain antidepressant medications; and

WHEREAS, Ritalin use varies throughout the United States, with children in parts of the Northeast and Midwest being three times as likely to use the medication as children in the Southwest, and experts have attributed these variations in prescribing frequency to differing attitudes toward medications, insurance coverage, physician preferences, and other factors; and

WHEREAS, Virginia ranked in the highest quartile in the nation for Ritalin prescriptions in 1999 with higher concentrations being reported in Tidewater, Richmond, and Northern Virginia; and

WHEREAS, while limited, basic data on prescriptions filled at Virginia pharmacies during 2000 and 2001 are available through private research firms such as IMS Health; and

WHEREAS, according to a 2001 study conducted by the Center for Pediatric Research in Norfolk, 8 to 10 percent of elementary school students in the Portsmouth and Virginia Beach school divisions are receiving Ritalin at school, a rate two to three times higher than national estimates, and black girls are the least likely to be diagnosed and treated while white boys are the most likely to be diagnosed and treated; and

WHEREAS, while most pharmaceuticals dispensed in public schools target mental health disorders, with half of these medications prescribed for ADHD; and

WHEREAS, in response to inquiries by the House Joint Resolution No. 660 (2001) Joint Subcommittee to Investigate the Improper Prescription and Illegal Use and Diversion of Ritalin and OxyContin and to Study the Effects of Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder on Student Performance, the Department of Education surveyed Virginia school divisions in September 2001 to determine the number of students receiving medication at school for ADHD; and

WHEREAS, responses from 129 school divisions, representing 94.5 percent of Virginia's public school population and a 95.5 percent survey response rate, indicated that 16,521 students, or 1.52 percent of the student population, received ADHD medication at school during the 2000-2001 school year, and that, of these students, 55 percent receive Ritalin; and 45 percent are receiving another ADHD medication, such as Adderall, Catapres, Cylert, Dexedrine, Norpramine, Pamelor, Tofranil, or Wellbutrin; and

WHEREAS, although these data are helpful in estimating methylphenidate use in Virginia public schools, they are not clearly indicative of all children in the Commonwealth who may be taking Ritalin or other medications given to treat ADHD; and

WHEREAS, some experts contend that ADHD is over-diagnosed and over-treated in parts of Virginia and perhaps in as many as 36 other states; and

WHEREAS, also evidencing possible premature diagnoses is the fact that more than half of the students in the Center for Pediatric Research study were diagnosed by the first grade, and that 28 percent of the Portsmouth and Virginia Beach elementary school students receive two or more psychotropic drugs; and

WHEREAS, a review of epidemiological studies conducted across the country indicates that estimates

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regarding the prevalence of ADHD vary greatly due to diagnostic criteria, issues related to community versus school-based sampling, and methods of data collection such as choice of informant and gender; and

WHEREAS, in a four-year epidemiological study published in January 2002, Duke University researchers found that 7.3 percent of children in its sample were receiving stimulant treatment, although only 3.4 percent met the full diagnostic criteria for ADHD, and 75 percent of the children meeting the diagnostic criteria for ADHD were not receiving medication therapy, indicating possible over-treatment or under-treatment of the disorder; and

WHEREAS, further examination of the prescription of methylphenidate and other psychotropic medications is necessary to supplement the work of the House Joint Resolution No. 660 (2001) joint subcommittee and to more accurately determine the prevalence of such prescriptions among Virginia's children; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the State Department of Health be requested to collect data to determine the prevalence of methylphenidate and amphetamine prescriptions in the Commonwealth.

In collecting the data, the Department shall confer with the Department of Mental Health, Mental Retardation and Substance Abuse Services, the Department of Education, the Board of Pharmacy, the Board of Medicine, and the Virginia Chapter of the American Academy of Pediatricians. The Department shall review existing health and prescription databases, obtain information accessible pursuant to the Virginia Freedom of Information Act (§ 2.2-3700 et seq.) and federal laws and regulations, and may contract for services with appropriate private research organizations for services to facilitate the collection of necessary data.

All agencies of the Commonwealth shall provide assistance to the Department, upon request.

The State Department of Health shall submit a copy of its findings regarding data collected on the prevalence of methylphenidate and amphetamine prescriptions in the Commonwealth, pursuant to this resolution, with the Division of Legislative Services, no later than November 30, 2003.