

1 A JOINT MEMORIAL

2 REQUESTING THE LEGISLATIVE HEALTH AND HUMAN SERVICES
3 COMMITTEE OR AN APPROPRIATE SUBCOMMITTEE OF THAT COMMITTEE TO
4 RECOMMEND ANY CHANGES TO STATE LAW THAT MAY BE INDICATED FOR
5 THE FOSTERING OF INCREASED OPPORTUNITIES FOR ATHLETIC,
6 CREATIVE, SOCIAL AND INTELLECTUAL ACTIVITIES FOR CHILDREN IN
7 THEIR SCHOOLS, HOMES AND COMMUNITIES AND FOR INVESTIGATING
8 AND ADDRESSING THE DELETERIOUS EFFECTS OF OVERMEDICATION ON
9 CHILDREN IN THE STATE.

10
11 WHEREAS, there are an estimated nineteen million seven
12 hundred eighty-six thousand six hundred forty-nine children
13 worldwide who are taking psychiatric drugs; and

14 WHEREAS, in the United States, there are an estimated
15 eight million four hundred thousand children on psychiatric
16 drugs, which include two million five hundred thousand on
17 stimulants, two million on antidepressants, two million five
18 hundred thousand on antipsychotics and one million four
19 hundred thousand on mood stabilizers; and

20 WHEREAS, in the face of enormous societal pressure to
21 prescribe psychiatric drugs for children, parents have the
22 right to be fully informed about the consequences of their
23 children taking psychiatric drugs in order that they may
24 decide what is right for their children; and

25 WHEREAS, the American psychological association

1 reports:

2 [m]any Americans visit their primary-care physicians
3 and . . . walk away with a prescription for an
4 antidepressant or other drugs without being aware of
5 other evidence-based treatments – such as cognitive
6 behavioral therapy – that might work better for them
7 without the risk of side effects;

8 and

9 WHEREAS, a study published in the *Archives of General*
10 *Psychiatry* reports that, since 1993, the rate of
11 antipsychotic psychiatric drugs prescribed to children has
12 increased by a factor of nearly eight, with much of the
13 prescribing being for "off-label" uses that the federal
14 government has not specifically approved; and

15 WHEREAS, Dr. Bruce Perry, a senior fellow at the child
16 trauma academy whose work is well known in New Mexico, has
17 raised concern about off-label use of antipsychotic
18 psychiatric drugs for children, stating that the "actual
19 evidence base that would support" these uses is "scant to
20 non-existent"; and

21 WHEREAS, the federal food and drug administration has
22 directed manufacturers of psychiatric antidepressant drugs to
23 revise the labeling for their products to include a boxed
24 warning and expanded warning statements that alert health
25 care providers to an increased risk of suicidal thinking and

1 behavior in children and adolescents being treated with these
2 agents; and

3 WHEREAS, thirty-one regulatory agencies in eight
4 countries have issued warnings relating to drugs used for
5 treating attention deficit hyperactivity disorder, linking
6 these drugs to suicidal ideation and behavior, violence,
7 aggression, agitation, anxiety, depression, heart attacks,
8 strokes, sudden death, drug addiction and abuse,
9 hallucinations, convulsions, hostility, weight changes,
10 disturbed sleep and seizures; and

11 WHEREAS, Sydney Walker, a medical doctor, observes that
12 creative or intelligent children become bored and will not
13 focus – they fidget, wiggle, scratch, stretch and start
14 looking for ways to get into trouble – and thousands of them
15 are put on psychiatric drugs simply because they are smart
16 and bored; and

17 WHEREAS, the president of the United States' commission
18 on excellence in special education has found that forty
19 percent of American children who are in special education
20 programs and have been labeled as having learning disorders
21 have simply never been taught to read; and

22 WHEREAS, pediatric neurologist Dr. Fred A. Baughman,
23 Jr., states that parents, teachers and children are "horribly
24 betrayed" when a child's behavior is labeled as a "disease";
25 and

1 WHEREAS, the federal centers for disease control and
2 prevention found that individuals with regular access to
3 health care were two and seven-tenths times as likely to have
4 used prescription drugs in the past month than those without
5 regular access to health care; and

6 WHEREAS, with the expected increase in access to health
7 coverage through private health insurance, medicaid and
8 school-based health clinics, children may have a greater
9 likelihood of receiving health care; and

10 WHEREAS, while it is advantageous for children to have
11 access to all of the health care they need, with greater
12 exposure to health care comes the risk that they will receive
13 medication to correct behavior that is not actually illness
14 but is merely a reflection of normal childhood energy levels,
15 curiosity and reactions to boredom;

16 NOW, THEREFORE, BE IT RESOLVED BY THE LEGISLATURE OF THE
17 STATE OF NEW MEXICO that the legislative health and human
18 services committee or an appropriate subcommittee of that
19 committee be requested to consider the effects of
20 overmedication on children's health in the state; and

21 BE IT FURTHER RESOLVED that the legislative health and
22 human services committee or an appropriate subcommittee of
23 that committee hear testimony from experts in education and
24 in health on increasing children's opportunities to be active
25 and maintain sound mental and physical health without

1 medication through increased opportunities for athletic,
2 creative, social and intellectual activities in their
3 schools, homes and communities; and

4 BE IT FURTHER RESOLVED that the legislative health and
5 human services committee or an appropriate subcommittee of
6 that committee consider recommendations for changes to state
7 law that may be indicated for the fostering of increased
8 opportunities for athletic, creative, social and intellectual
9 activities for children in their schools, homes and
10 communities and for investigating and addressing the
11 deleterious effects of overmedication on children in the
12 state; and

13 BE IT FURTHER RESOLVED that copies of this memorial be
14 transmitted to the governor, the director of the interagency
15 behavioral health purchasing collaborative and the chair and
16 vice chair of the legislative health and human services
17 committee.

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