

Supply of Psychiatric Rhetoric Equals Demand for ADHD Drugs

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by [Citizens Commission on Human Rights United Kingdom](#)

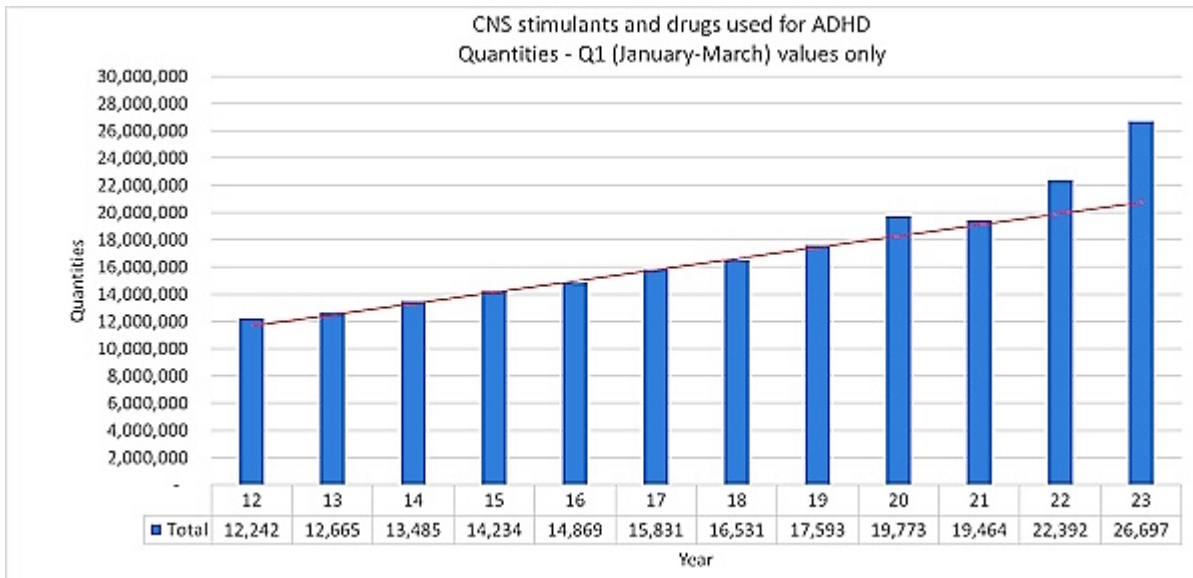
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It is time to revisit the England-wide NHS prescription [data](#) regarding one particular category of psychiatric drug prescribing. In a previous [post](#) specifically on ADHD drugs, a shocking 15% year-on-year rise in ADHD drug prescriptions for 2022 was noted. Within the first two quarters of 2023, the previous increase has already been exceeded by over 2.5%. It now stands at an almost 18% increase for the same period, compared to 2022.

Jan-July (Q1-Q2)	Hypnotics And Anxiolytics	Drugs used in psychoses and related disorders	Anti depressant Drugs	CNS Stimulants and drugs used for ADHD
2019	-2.1%	1.0%	4.7%	6.6%
2020	-0.4%	5.0%	6.6%	5.4%
2021	-1.7%	-0.8%	3.9%	6.0%
2022	-0.8%	-0.2%	3.6%	15.2%
2023	-1.1%	0.3%	3.4%	17.7%

And this is the year-on-year increase. Looking at current levels compared to a long-term trend, it is even more staggering. For almost 9 years, since 2012, prescriptions of drugs used for ADHD remained fairly close to the long-term trend (within a 5% window). In 2022, that trend was broken with a 10% divergence, but in 2023 it disconnects from it completely. A 25% divergence from a steady long-term trend must signal a radical change in the userbase. What is

happening?



In economics, there is the law of supply and demand. As the price increases, supply rises while demand declines. Conversely, as the price drops, supply constricts while demand grows. CCHR UK has been scrutinising the demand side of the equation, while the media has been keen to underline the supply side. Journalists tend to write about drug supply shortages as if they are occurring within a status quo of demand. An 18% year-on-year increase, and a 25% divergence from a long-term trend, is anything but a status quo.

In recent media articles, there was an obvious omission. The media failed to mention that demand has – somehow and without too much explanation – exploded. What brought about such a demand?

It should be recognised there are no physical or biological tests that can be carried out to support the existence of ADHD. None. There are no tests. Pontificating psychiatric authors have however taken regular human behaviour and redefined it as a so-called mental ‘disorder’ which has been accepted without inspection.

This isn’t a new concept. Sets of emotional and behavioural characteristics were redefined as far back as 1987 when ADHD

was literally voted into existence. This however is not science. It's consensus. It's psychobabble. Considering the law of supply and demand, there has been a tremendous increase in the supply of psychiatric rhetoric, opinions and assumptions that have brought about a greatly-increased demand for ADHD drugs.

Furthermore, the prescribed drugs can have serious consequences, that include some of the following side-effects:

- abdominal pain
- aggression
- depression
- dizziness
- drowsiness
- hallucinations
- headaches
- insomnia
- loss of appetite
- moodiness
- nervousness
- psychosis
- restlessness
- seizures
- stunted growth
- suicidal thoughts
- violent behaviour
- weight loss and 'zombie' appearance

While there are many discerning people who question the unscientific psychiatric modus operandi, there are many who accept psychiatric labels like ADHD without inspection. Not so long ago, psychiatrists brazenly used the 'chemical imbalance' theory to push ADHD. That theory has been debunked but the statistics represent that more people must be accepting the label for the prescribing rates to continue to rise.

At the end of the day, being fully informed is the key policy.

If people reply on the psychiatric narrative, they won't be fully informed. Don't be fooled by psychiatric rhetoric.

Further reading: [Attention Deficit Hyperactivity Disorder – ADHD](#)

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