

RITALIN (METHYLPHENIDATE) IN SCHOOLS

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Purpose of briefing

This briefing paper seeks to clarify some of the issues related to Ritalin prescribing and outline the key considerations for schools around the management and use of Ritalin.

Who is the briefing for?

The briefing will be of particular relevance to teachers and head teachers and other school staff including:

- Teachers/tutors and other staff whose work brings them into contact with pupils with medical needs
- Those with responsibility for drug education and drug policy in school
- Those with responsibility for pastoral care
- Learning support assistants
- Special educational needs co-ordinators
- Residential care workers

In addition this briefing will be of relevance to those providing support for pupils in school including:

- Local Education Authority advisors
- Educational psychologists
- School nurses
- Youth workers
- ConneXions personal advisors

The information in this briefing may also be of interest to:

- parents/carers
- researchers
- policy makers.

Terminology

Children and young people

For the purpose of this briefing 'Child' or 'Children' refers to those under 11 years of age. 'Young people' refers to those between 11 and 19.

Pupils

'Pupils' refers to those children and young people in schools.

Ritalin is the trade name of methylphenidate.

Abbreviations:

ADHD	Attention Deficit Hyperactivity Disorder
ADD	Attention Deficit Disorder
HKD	Hyperkinetic Disorder
DfES	Department for Education and Skills
DH	Department of Health
SENCo	Special Educational Needs Co-ordinator

Introduction

Ritalin has been the topic of much controversy and debate over recent years both within the media and amongst educational and health professionals. While some advocate Ritalin as being the miracle treatment for Attention Deficit Hyperactivity Disorder (ADHD) others claim that it is over-prescribed and used to control children's behaviour which could be managed in another way.

About Ritalin

Ritalin (methylphenidate) is the *stimulant* medication that is most commonly prescribed to treat children with ADHD. ADHD is one of group of disorders known as Hyperkinetic disorders (HKD) which includes Attention Deficit Disorder (ADD)¹. Alternatively, a similar drug, dexamphetamine (Dexadrine), is prescribed where methylphenidate has been ineffective. A new *non-stimulant* drug Atomoxetine (also known as Strattera) has also recently be licensed in the UK for treatment of ADHD, although this works differently from the stimulant drugs and requires less frequent dosage. Ritalin is also sometimes prescribed to treat narcolepsy. Ritalin is not currently licensed for children younger than six years of age and it is not normally recommended that it be continued into adolescence (NICE, 2000).

What is ADHD?

ADHD is a complex phenomenon involving many contributing factors. Therefore, assessment and diagnosis is usually made by a specialist child psychiatrist or pediatrician. The symptoms involve extreme persistent behaviour, such as, over-activity, restlessness, impulsiveness and inability to concentrate. This behaviour is apparent in more than one setting, for example, at home and at school. This has severe impact on a child's personal and educational development, relationships and family life. Signs of this extreme behaviour are usually present before age seven. Children diagnosed with ADHD often have other difficulties that may affect their school life, for example, language or reading difficulties, poor social skills or other associated mental health problems, such as anxiety. Most children with ADHD will experience improvements in their attention ability, as they get older, although they may still have behavioural problems if their condition has not been managed effectively.

Prevalence

It has been estimated that approximately 1% of school-age children (6-16 year olds) meet the diagnostic criteria for severe ADHD or HKD. In 2000 only about 34% of these were receiving Ritalin. In 2003- 2004 there were 329,000 prescriptions issued for methylphenidate, an increase of approximately 20% on the previous year. About five times more boys than girls are diagnosed with ADHD and boys are more likely to be overactive than girls.

Management of ADHD

Medication should be prescribed as part of a holistic treatment programme involving social, educational and psychological /behavioural interventions, as well as parental support. Dietary adjustments may also be effective, such as, removing certain foods and additives and supplementing fatty acids. Not all children with ADHD are given medication. It is usually only given in severe cases when other interventions are not sufficient or are ineffective (NICE, 2000).

¹ The ICD-10 Classification of Mental and Behavioural Disorders
World Health Organization, Geneva, 1992

How does Ritalin work?

Stimulant medication works by stimulating parts of the brain that are responsible for consciousness and control of attention and activity, thus increasing concentration ability and decreasing restlessness in children who are overactive, impulsive and easily distracted. Medication is not a permanent cure but it is said to enable the child to learn, develop new skills and relate better to others for a short period while the effects of the medication last.

Why do children need to take Ritalin at school?

Children who are prescribed stimulant medication often need to take their medication during the middle of the day, as the effects will usually wear off after 4-5 hours. This means that many children need to take this medication during school hours. If medication is not taken at school the pupils' behaviour may become more challenging and the pupil's ability to engage in lessons will be affected. There are some longer-acting forms of stimulant medication where only one tablet daily is needed, which can be prescribed, although this is not effective for all children.

Are there any side effects?

The main side effects of Ritalin are reduced appetite and staying awake late. This can be counteracted by giving the last dose after a daytime meal so that evening meals and sleep are not affected. This may mean giving the medication after a school lunch.

Other less common side effects include anxiety, nervousness, headache and drowsiness. Children who are prescribed Ritalin will usually have their weight monitored regularly and be given periods without medication to gauge improvements to their condition.

What are the issues for schools?

Management of medicines

Schools are not required to manage pupils' medicines. However, where schools do so medicines must be managed safely. This must be in accordance with their employer's health and safety policy. If unsure, schools should check with their employer.

DfES and DH advise that schools have sufficient numbers of suitably trained and contracted members of school support staff to manage pupils' medicines. School support staff that are not contracted to do this may volunteer to be trained. There is no legal duty on teachers to manage pupils' medication and they do so on a voluntary basis (National Service Framework for Children, Young People and Maternity Services – Standard 10: Medicines for Children and Young People' DfES/DH 2004).

School staff that administer medication (whether voluntarily or as part of their contract of employment) should receive appropriate training and support from health professionals (eg school nurse). Where it is agreed to manage medication, there should be robust systems in place to ensure that the medicine is managed safely. Medication must be in original packaging with the prescriber's instructions and expiry date. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

The Department for Education and Skills (DfES) and Department of Health (DH) have issued joint guidance for schools on managing medication in *'Supporting Pupils with Medical Needs: A good practice guide (1996)* and *Circular 14/96 Supporting Pupils with Medical Needs In School (1996)*.²

School-based interventions

It is up to the parent/carer's to inform the school if their child has a medical condition and requires some support during the school day. It is important that a school is well informed about a pupil's medical condition so that it may support the pupil effectively. Where support is needed this should be discussed between the school, parents/carers, children and health professionals, as appropriate. Schools need the advice from the school health team (for example, school nurse) or the child's GP or psychiatrist about the appropriate levels of support the school can provide.

Inclusion

Many schools have an inclusion policy that addresses the needs of all pupils, with particular attention to pupils with medical or other needs. The needs of a child or young person with ADHD may be complex. The school will therefore need to look at the wider needs of a pupil with ADHD in terms of approaches to behaviour management and support for their educational needs as well as managing their medication. An individual support plan and/or education plan can be helpful to address all these needs. This can be developed in consultation with the School Health Team, the Special Educational Needs Co-ordinator (SENCo), parents/carers and other specialist mental health professionals or educational psychologist. The DfES document *Promoting Mental Health within Early Years and School Settings (DfES, 2001)* offers useful teaching and learning strategies for supporting children with ADHD and other mental health conditions. The school environment is often integral to the child's treatment programme and teachers can play an important role in monitoring a pupil's condition and side effects.

Where a child has been prescribed Ritalin and also has significant difficulties in school, the following actions should be considered good practice:

- A written or verbal report should be obtained from the diagnosing doctor which gives details of the evidence on which the diagnosis was based, the likely effects (both positive and adverse) of the medication on the child, and any recommendations concerning interventions likely to assist in the achievement of the objectives of the medical treatment. This information might be communicated via the school health team (e.g. school nurse) or parents;
- All known relevant information should be shared at a meeting involving the child, parents and school staff, together with any other professionals who might have a part to play in formulating an action plan;
- An action plan should be devised which sets out, as appropriate, academic, social, emotional and behavioural targets, together with the actions that all those involved, including the child, will take in order to achieve them;
- Timescales should be set for the achievement of the targets, and details should be agreed concerning how progress will be monitored, assessed, reviewed and recorded;

² DfES/DoH guidance is currently under review. Updated guidance will be available in 2005.

- A process for feeding back information regarding progress to the diagnosing doctor should be agreed in order to avoid unnecessary continuation of medical treatment.

Privacy

Another important consideration for schools is the privacy of the pupil. All medical information should be treated in confidence. There tends to be a great deal of stigma attached to taking Ritalin, which could be damaging to the child or young person and lead to bullying or being judged by others. School staff who are responsible for the administration of the drug should respect the pupil's right to privacy and ensure that procedures are discreet and well managed. If it is generally known that a pupil is taking Ritalin then there is an increased potential that the medication can be misused.

Misuse of Ritalin

Any drug has the potential to be misused. When misused, Ritalin may be taken orally or crushed and sniffed. In rare cases it may be injected. Some adult stimulant users mix Ritalin with heroin, or with both cocaine and heroin for a more potent effect. There has been some media reporting of Ritalin being misused as a cheap alternative to 'speed' or cocaine or it being taken as an appetite suppressant by young women.

The actual extent of Ritalin misuse amongst young people of school age in the UK is not known, and most evidence of abuse is anecdotal. However, there have been some reported cases of children and young people being forced to give away their Ritalin, or of Ritalin being stolen or it being sold/given for illegitimate use by others. Incidents of misuse are reported to occur more frequently in schools for pupils with an Emotional and Behavioural Difficulties (EBD), where pupils are more likely to be prescribed Ritalin, rather than in mainstream schools.

It is therefore vital that any medication brought into the school appropriately managed and stored. Accurate records of the dispensing of medication should also be made, including where pupils are being supervised taking their medication.

A school medicine policy should include the circumstances when a pupil is allowed to carry their own medication. However, due to the potential for misuse it is advisable for Ritalin to be stored securely so that the safety of other pupils is not put at risk. Pupils may have access to their medication at home; therefore, schools may want to be more vigilant where it is known that a pupil is prescribed Ritalin.

It is also important to recognise that if a pupil is sharing their Ritalin with others or selling it this is a serious offence. Ritalin (which is similar to amphetamine) is a controlled drug under the Misuse of Drugs Act. Misuse of a controlled drug is unlawful. Schools should refer to the DfES document *Drugs: Guidance for schools, DfES (2004)* for advice on responding to incidents of Ritalin misuse.

Managing Ritalin in schools – a check list

This checklist is suggested as good practice and includes basic procedures for the safe storage and administration of Ritalin in schools and for the creation of an audit trail. This should be compared with a school's medicines policy, which may require additional procedures.

Authorisation

Where schools administer a pupil's medication this must be in accordance with the prescriber's instructions, and staff should receive appropriate training and support from a health professional. There should also be written consent from the child's parent/s to school staff administering medicine to a pupil or supervising a pupil taking their own medicine. The authorisation form should be accompanied by a pupil support plan that includes the following information:

- Whom the medication is for.
- What the medication is for.
- The dosage to be taken.
- How the medication is to be taken.
- When the medication is to be used.
- What adverse effects may occur.
- What to do if the adverse effects occur.
- How the medication is to be stored.

Receiving Ritalin for storage in school:

- A designated member of staff (eg teacher, learning assistant, office staff) should record the amount of medicine received, the name of the child for whom it is intended, the expiry date and the prescriber's instructions. Medicines should be in their original packaging and be clearly marked with the child's name.
- The designated member of staff and the child's parent or carer should both sign to confirm the medicine has been handed over to the school.
- Expired or unused medicine should be returned to the parent or carer, as a matter of routine, whether weekly, monthly or at the end of each half term. Both parent/carers and staff member should sign to say that this has been done.

Storage:

- Ritalin should be stored in a locked cabinet or drawer in a part of the school to which pupils do not have unsupervised access. Only named members of school staff should have access.
- The child's support plan (which should include the name of the child and information about the dose to be taken) should be stored with the medicine.

Administration of Ritalin:

- The member of staff should always check that the child's name and the dose of Ritalin prescribed match what is printed on the container and the support plan.
- The member of staff should supervise the self-administration of the medicine at a time and place agreed with pupil, parent and other staff member (eg class teacher or tutor). Staff should ensure the medicine has been taken. This can be done by spending a few minutes talking to the pupil, or offering a glass of water to be drunk after the medicine has been taken.

- If the child refuses to take their medicine they should not be required to do so but a note should be made in the record and their parent/s informed (see detailed procedure below)
- The member of staff should record the amount of medicine taken and the time at which it was taken.

[This checklist is based on advice given to schools in Tower Hamlets]

Managing Ritalin on school journeys and residential visits

As part of their policy on inclusion, schools will want to ensure that pupils who need Ritalin can take part in all activities, including school journeys and residential visits. Staff will need to consider how the procedures listed above can be adapted for the particular circumstances. Special care will be needed with respect to storage and recording when off-site, to ensure pupils' needs are met while ensuring the safety of others.

What procedures should school staff employ if a pupil refuses to take Ritalin?

If a pupil does not take their medication this may lead to an increase in challenging behaviour and may limit the child's learning opportunities. If a child refuses their medication, this should be recorded and the parents/carers should be informed as soon as possible. The head teacher (or other designated staff member with responsibility for drug issues in school) should also be informed. Parents/carers may need to refer back to the child's medical practitioner and other members of the multidisciplinary team.

No attempt should be made to force the child to take their medication if they refuse to do so. Schools may not impose conditions on a child's attendance at school that require him or her to take medication, as this could be construed as an unlawful exclusion. The DfES provides advice for schools on exclusion in 'Improving Behaviour and Attendance: Guidance on Exclusion from schools and pupil referral units'⁴.

The National Education Law line (funded by the Legal Services Commission) can advise schools and parents on issues relating to school exclusion.

Other relevant policies

As well as the school policy about medicines, staff may wish to consult other school policy documents when planning how to support pupils who have been prescribed Ritalin. These include the policies for: drugs; medicines; health and safety; inclusion; behaviour and discipline; learning.

Useful documents and further sources of information

DfEE/Department of Health (1996) Circular 14/96: Supporting Pupils with Medical Needs In School, www.teachernet.gov.uk/medical
Supporting Pupils with Medical Needs: A good practice guide, DfEE/Department of Health (1996) www.teachernet.gov.uk/medical

⁴ Ref DfES: 0354/2004

Promoting Children's Mental Health within Early Years and School Settings, DfES (2001)
DfES (2003) Improving Behaviour and Attendance: Guidance on Exclusion from schools and pupil referral units (DfES: 0087)
DfES: (2004) Improving Behaviour and Attendance: Guidance on Exclusion from schools and pupil referral units (DfES: 0354)
www.teachernet.gov.uk/wholeschool/behaviour/exclusion/guidance
DfES (2004) Drugs: Guidance for schools
DfES, DH (2004) National Service Framework for children, young people and maternity services – Medicines for Children and Young People
http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPolicyAndGuidanceArticle/fs/en?CONTENT_ID=4089102&chk=stlIBs

National Attention Deficit Disorder Information and Support Service (ADDISS)
www.addiss.co.uk

Royal College of Psychiatrists (2003) Mental Health and Growing Up: Stimulant medication for hyperkinetic disorder and attention deficit hyperactivity disorder, www.rcpsych.ac.uk
National Institute for Clinical Excellence (2000) Guidance on the use of methylphenidate (Ritalin, Equasym) for Attention Deficit Hyperactivity Disorder in childhood

National Institute for Clinical Excellence (2004) Use of Methylphenidate for ADHD in childhood – Questions and Answers, www.nice.org.uk

All About ADHD, Mental Health Foundation (2000) www.mentalhealth.org.uk

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