Chapter 6

ADHD in the United Kingdom: Conduct, Class, and Stigma

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If attention deficit/hyperactivity disorder (ADHD) in the United Kingdom were a word cloud that attempted to capture its status as a social object, it would be characterized most prominently by a bold assemblage of biological and developmental research and researchers, intertwined with national guidelines and epidemiological reports. The pharmaceutical industry, health economics-related terms, and media reports would appear in smaller, lesser font caught up within this bold assemblage in a minor way. Smallest of all, elements related to ADHD as a lived experience would be (if we imagine this to be a three-dimensional word cloud) sucked into the vortex of the assemblage, a tiny object in the depths of a black hole. These elements and this configuration make up ADHD in the United Kingdom in the early 21st century.

I start with this attempt at a 3-D image because the content of this chapter will be unsatisfyingly two-dimensional: it will provide statistics on the prevalence of ADHD in the United Kingdom and stimulant drug use, it will suggest some reasons why those statistics have stayed relatively low in comparison to other countries, and it will offer some scenes of what ADHD looks like "on the ground."

The 3-D image should serve as a reminder that the primary power and authority in UK ADHD resides within the bold assemblage, which produces and presents ADHD primarily in the form of genetic and brain biomarkers, complex cognitive endophenotypes, and lots of numbers. What is most interesting, perhaps, is that the authority of ADHD in this empiricist form has not translated into widespread, positive public uptake of the diagnosis or its treatments in the United Kingdom. This is not good news for families and children struggling with access to ADHD evaluations and support, ADHD stigma, and ADHD identity concerns. On the other hand, it does mean that the diagnosis and use of stimulant drug treatment are not (despite occasional media hype) at "epidemic" proportions in the United Kingdom. In my view, ADHD in the United Kingdom presents an object lesson in how powerfully national values can operate both at the level of public engagement with ADHD diagnosis and treatments, and less transparently, in the production of national guidelines and in the management of children in schools, families, and clinics.

This chapter also includes some personal observations and experiences. I have spent the past decade working on ADHD in and around scientists, clinicians, patients, and parents in the United Kingdom, and my research has, in both explicit and implicit ways, become part of the national discourse on ADHD. I do not develop a sustained critical analysis of my role or engagements; instead, I use my experiences to illuminate dynamics and actors that have informed the development of ADHD in the United Kingdom outside the formal processes of the National Health Service (NHS), the evidence-base, and public groups and discussions.

ADHD Prevalence in the United Kingdom

Prevalence estimates for ADHD in any country are difficult to interpret, because the methods for obtaining prevalence estimates vary across studies. In the case of ADHD estimates, data can be derived from parent reports, physician databases, population studies, and so forth. The data frequently do not