

Drug-Free Attention Deficit Support Inc.

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The Senate Select Committee into Mental Health
Parliament House Canberra

Dear Committee Members,

Tens of thousands of Australian children are currently diagnosed as having ADHD¹. Most children diagnosed ADHD are treated with amphetamines, usually Dexamphetamine as it is subsidised through the PBS.

Child psychiatrists or paediatricians can diagnose ADHD if they consider a child to be dysfunctionally inattentive and/or impulsive and hyperactive². Clinical practice varies widely across Australia with the probability of a child being diagnosed ADHD depending on where they live³.

The symptoms of ADHD are exclusively behavioural *“There are no laboratory tests, neurobiological assessments, or attentional assessments that have been established as diagnostic in the clinical assessment of Attention Deficit/Hyperactivity Disorder”*.⁴

Dysfunctional inattention, impulsivity and hyperactivity occur for a multitude of reasons. Poor diet, sight, hearing, parenting, teaching, physical, sexual or psychological abuse or trauma, even boredom can lead to a child failing to pay attention and/or acting in a impulsive or hyperactive manner⁵.

¹ Accurate information about Australia wide ADHD diagnosis numbers is not available. However, in 2000 an estimated 20,000 West Australians (mostly children) received psychostimulant medication (primarily for ADHD). Source *Attentional Problems in Children: Diagnosis and Management of Attention Deficit Hyperactivity Disorder and Associated Disorders* WA Department of Health (2002) Office of Mental Health, p.21.

² See appendix 1 for a copy of the DSM-IV* diagnostic criteria used in Australia for ADHD (**Diagnostic and Statistical Manual of Mental Disorders of Mental Disorders 4th Edition*, American Psychiatric Association, 1994 p.92.)

³ See appendix 2 (p.14.) for a analysis by Federal Electorate of Dexamphetamine prescription rates contained in *Medication for ADHD: an Analysis by Federal Electorate*, Current Issues Brief 2004-5, No. 8 2004-2005. Parliamentary Library, Canberra.

⁴ DSM-IV, p.88

⁵ WA 36th Parliament Education and Health Standing Committee Report No. 8 “ADHD in WA” report finding 12 p.39. *“Co-morbidities or coexisting conditions may be misdiagnosed as ADHD due to the similarity in behavioural symptoms”*.

In practice there is no objective, thorough but speedy method of determining the underlying cause of the behaviours characterised as ADHD. The accurate identification of a child's problems takes time and in many cases involves an imprecise process of trial and error elimination.

Medicare payments are structured to encourage quick diagnosis and treatment after brief consultations. This pressure for quick diagnosis and treatment results in ADHD being diagnosed as a catchall condition with the underlying cause ignored.

ADHD, which is really just a collection of symptoms, mistakenly becomes regarded as the cause. Despite the absence of any evidence other than the behaviour of their child, parents are frequently told their child has a biochemical imbalance in the brain.

Dexamphetamine is the only treatment option supported by the Commonwealth Government for ADHD. Dexamphetamine in low doses has an almost universal effect of temporarily sharpening focus and concentration.

The combined effect is that the pressure for quick diagnosis encourages the diagnosis of ADHD that is then treated with subsidised Dexamphetamine that in the short term often improves behaviour.

There is however, no credible evidence of sustained improvement in educational or social performance from the long-term use of Dexamphetamine or other psychostimulants prescribed for ADHD.

Potential side effects include, insomnia, loss of appetite, mood swings, extreme social isolation (zombie effect), motor and phonic tics and Tourette's syndrome. These side effects are frequently managed with other drugs. There are also growing concerns about the long-term use of amphetamines on developing brains.

In addition to the potential harm to the "patient" there is also a flourishing black market trade in diverted prescription Dexamphetamine⁶. **Effectively the Commonwealth Government through the PBS subsidises the illicit use of amphetamines.**

All too often children with undetected problems are diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and drugged with amphetamines. This unnecessary drugging of children frequently has disastrous consequences for the child and their family.

Brandon France's story is disturbing but typical of too many Australian children. Brandon had been first medicated for behavioural problems when he was 4. By early 2004 Brandon (then 12) was on Dexamphetamine for ADHD, Epilim for mood stabilisation and tranquilizers to calm him down. Brandon suffered mood swings, migraines, and insomnia and sleepwalked, had chronic stomachaches, and was unnaturally thin.

A residential intensive intervention program at WA's specialist child mental health unit at Bentley turned around Brandon and his family's life. Brandon was initially detoxified and his mother Katherine participated in effective parenting sessions.

⁶ WA 36th Parliament Education and Health Standing Committee Report No. 8 "ADHD in WA" report finding 24 p.66. *"There is a growing body of evidence to suggest that stimulant medication is sometimes diverted for illicit use."*

Brandon's (real problems) hearing and learning difficulties were identified. Brandon is now drug free, happy, well behaved (for a 13 year old boy), and with extra in class support he is performing well academically.

Current Commonwealth Government funding of Dexamphetamine via the PBS and quick consultations via Medicare contribute to the suffering of thousands of children like Brandon.

Commonwealth resources need to be committed to ensure the accurate identification of a child's real problems through extended multidisciplinary assessment of those identified with behavioural problems and attention deficiencies⁷.

Whilst supporting a multidisciplinary approach will require extra resources in the short term this will be partly compensated by a fall in Dexamphetamine prescription subsidies through the Pharmaceutical Benefits Scheme⁸.

In the long term the accurate detection of a child's real problems will make thousands of Australian children healthier, better educated and happier.

Yours sincerely

Martin Whitely MLA
Chairperson DFADS

P.S. DFADS would welcome the chance to present evidence to the Committee. Dr Lois Achimovich (Child and Adult Psychiatrist) and Kathryn Francis (Brandon's Mum) would provide valuable professional and personal insights into the consequences of the Medicare and PBS funding bias towards ADHD diagnosis-Dexamphetamine treatment.

⁷ WA 36th Parliament Education and Health Standing Committee Report No. 8 "ADHD in WA" report recommendation 7 p.60. "It is the prime recommendation of the Committee that the State Government urgently develops and adequately funds a primary model of multidisciplinary assessment and diagnosis for ADHD and other behavioural syndromes based on the existing tertiary services provided at the Bentley Health centre. These services must be available for children undergoing initial assessment and diagnosis and those already diagnosed"

⁸ The rates of Dexamphetamine for ADHD per head in Victoria are about an eighth of those in WA. It is DFADS opinion this is at least in part due to a more holistic approach to clinical practice in Victoria as opposed to WA's medical management (diagnose and prescribe) approach.