Government of South Australia
SA Health

Our Reference: CE-2023-12511

Clinical System Support and Improvement Division

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Senator Janet Rice
Chair
The Senate Standing Committee on Community Affairs
References Committee
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Dear Senator Rice

RE: Inquiry into the assessment and support services for people with ADHD

Thank you for your email of 3 August 2023 requesting information from SA Health in relation to the Inquiry into the assessment and support services for people with Attention Deficit – Hyperactivity disorder (ADHD).

Stimulant medicines, including dexamfetamine, methylphenidate, and lisdexamfetamine, are a first-line medicines used in management of the symptoms of ADHD. These medicines are listed in Schedule 8 of the national Poisons Standard, being prescription medicines that have a recognised therapeutic need but also a higher risk of misuse, abuse and dependence.

Scheduling of medicines in the Poisons Standard is the responsibility of the Commonwealth Government's Therapeutic Goods Administration (TGA) and the Standard is adopted automatically by reference in South Australia's Controlled Substances legislation.

Pursuant to section 18A of South Australia's *Controlled Substances Act 1984*, Schedule 8 medicines are subject to additional controls and restrictions on prescribing and supply. Prescribers must obtain an authority from the Minister for Health and Wellbeing before prescribing a Schedule 8 medicine for a person's regular use for a period exceeding two months, or to a person who is dependent on drugs. Exemptions include patients aged over 70 years of age and notified palliative care patients.

The Drugs of Dependence Unit, SA Health, grants Section 18A authorities on behalf of the Minister for Health and Wellbeing. In relation to Section 18A authorities for dexamphetamine, methylphenidate and lisdexamfetamine for ADHD, the Drugs of Dependence Unit has provided the following information:

- The Drugs of Dependence Unit uses the *Australian Evidence Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder (ADHD),* published by the Australian ADHD Professionals Association for guiding policy decisions on assessing authority applications for ADHD stimulant treatment.

- The Drugs of Dependence Unit requires diagnostic confirmation from an AHPRA registered paediatrician or psychiatrist before granting an authority for the initiation of stimulant treatment for ADHD.
- General Practitioner (GP) authority applications generally require specialist initiation of treatment and written support from the patient's psychiatrist or paediatrician to continue prescribing once the patient is stable .
- In some circumstances (eg. Regional or remote patients) an authority may be granted to GPs for initiation of Schedule 8 stimulants if the GP is comfortable to do so and they have appropriate specialist support.
- When determining if it is appropriate to grant a legal authority, the DDU considers the views of the applicant prescriber, any available specialist advice, the patient's history of access to monitored drugs in **Script**Check**SA** and the individual circumstances of each case (e.g. any history of dependence (including illicit), misuse and/or diversion of prescribed drugs).

Non-stimulant medicines, including atomoxetine, guanfacine or clonidine, may be used as monotherapy or add-on therapy. These medicines are not schedule 8 medicines, and are therefore not subject to the same additional prescribing and access controls.

Treating prescribers and patients have the following options to appeal an administrative decision made by the Drugs of Dependence Unit.

- Prescribers may request a Decision Review from the Drugs of Dependence Unit; and/or may apply for an independent review by the South Australian Civil and Administrative Tribunal (SACAT).
- Prescribers and patients may make a complaint to the Health and Community Services Complaints Commissioner.
- Patients can obtain a second opinion about their treatment from another general practitioner or specialist medical practitioner. Additionally, patients concerned about the health, conduct or performance of a prescriber should contact the Australian Health Practitioner Regulation Agency.

A nationally consistent approach is supported in principle, to streamline patient access to ADHD treatment and to support patients and prescribers when moving between jurisdictions. It is important any consideration to a national approach recognises there are differing requirements of each state and territory's legislation, and the potential resourcing implications of any changes. It is recommended that this is further consulted on with the relevant state and territory branches; and that clinical input and a patient focus underpin the consideration.

The Drugs of Dependence Unit advises there are currently 14,189 active prescribing authorities for Schedule 8 medicines for ADHD. However, this number does not directly correlate with patient numbers as there are a small number of instances where a patient will have two separate authorities (e.g. one authority each for long acting and short acting treatments).

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I trust this information is of assistance. If you have any further queries, please do not hesitate to contact , Manager, Policy and Legislation, Office of the Chief Pharmacist at or ; or Manager, Drugs of Dependence Unit at or

Yours sincerely

Naomi Burgess
Chief Pharmacist
Office of the Chief Pharmacist
Department for Health and Wellbeing

18 / 8 / 23

cc: , Manager, Drugs of Dependence Unit, Department for Health and Wellbeing
, Director Clinical Regulation, Health Protection and Licensing Services, DHW