



# Inquiry into the assessment and support services for people with ADHD

## Senate Community Affairs References Committee

### WA Health – Additional Questions

#### **1. The policy and scientific basis for including ADHD medications in the regulatory framework and the basis on which the rules were developed**

The Stimulant Regulatory Scheme (the Scheme) was established in Western Australia (WA) in 2003. The Scheme was established for the regulation of stimulant medicine, including authorisation of practitioners to prescribe stimulants in WA.

The Scheme, including the detailed provisions, were developed with expert advice at a time when there were major safety concerns in WA about over-prescribing of dexamphetamine. At that time, it was believed by experts and the wider community, that children exposed to dexamphetamine were at risk of subsequently abusing non-prescription amphetamine as they grew to be teenagers and young adults. This safety concern clearly influenced the regulatory approach including the recommendations regarding urine testing for those over age 13, which was discussed at the recent Senate Committee hearing in WA. The *WA Medicines and Poisons Regulations* and the associated WA Department of Health *Schedule 8 Medicines Prescribing Code* (the Code) were established based on the available evidence base at the time.

Although the Scheme allows for the use of stimulant medications for several medical conditions, most of the stimulant medicine prescribed in WA is for the treatment of ADHD/ADD in both adults and children. The WA Department of Health releases an annual report (Report) for stimulant use. The 2020 Report provided details of prescription rates in WA for that year. The Report confirmed an ongoing expected increase in the rate of stimulant prescribing for children, but identified a significantly greater increase in prescribing for adults with ADHD when compared with other jurisdictions (12.4%).

The Code has remained essentially unchanged however the current review of the Regulations relating to the *Medicines and Poisons Act 2014* will lead, consequentially, to a review of the Code. This work will be directly informed by the Australian Evidence-Based Clinical Guideline for ADHD (July 2022), as endorsed by the National Health and Medical Research Council (NHMRC), and will include a formal evidence assessment.

## **2. The process for review or consumer feedback**

The Regulations of the *Medicines and Poisons Act 2014* are currently under review. The WA Department of Health has completed an initial round of public consultation.

As previously advised, the next phase of the work will include further consultation with all relevant stakeholders including medical specialists, general practitioners, and of note, consumer groups and ADHD WA.

This review is timely with the release of the NHMRC endorsed, Australian Evidence-Based Clinical Guideline for ADHD (July 2022). The evidence approach outlined in the Guidelines will significantly influence the approach to this work.

The details of the consumer consultation are yet to be finalised.

## **3. Whether you would support a consistent approach between jurisdictions**

Given that the care of patients with ADHD requires access to services provided by both the Commonwealth and State Governments, harmonisation of the regulatory framework for the provision of appropriate, safe care for patients with ADHD/ADD would be valuable. ADHD is a chronic condition with important transitions for children to youth and adult care. Chronic health conditions and the best approach for the care of patients with these conditions is already a national priority. ADHD services warrant inclusion in these national discussions. The WA Department of Health would, therefore, support the development of a national discussion on this important matter.

As the evidence-base is now becoming better defined, it can reasonably be expected that the regulatory systems across the jurisdictions will increasingly align. Ultimately, each jurisdiction will need to accommodate current Medicines and Poisons Legislation. It will necessarily take time to achieve the outcome suggested by this question.

## **4. The number of prescriptions issued annually for ADHD medications**

In 2022, the Real Time Prescription Monitoring System managed by the WA Department of Health identified that there were 67,047 patients who received at least one prescription for dexamfetamine, lisdexamfetamine or methylphenidate from a WA pharmacy. In total, 608,835 prescriptions were dispensed to these patients.