

CHILDREN WITH BEHAVIOURAL AND ATTENTIONAL DIFFICULTIES - CLINICS

Grievance

Mr P. PAPALIA (Peel) [9.11 am]: My grievance is to the Premier. I was very pleased to note that the government recently announced that it was going to be funding two multidisciplinary clinics for children with behavioural and attentional difficulties. My grievance today relates to the need for one of these clinics in the rapidly growing southern coastal strip encompassing the communities of Kwinana, Rockingham and Mandurah. It is my understanding that the clinics will provide a facility that houses a number of specialists, including psychiatrists, paediatricians, social workers, psychologists, speech therapists, occupational therapists and children's mental health nurses. It is a fantastic initiative and I would like to congratulate the government, and particularly the Minister for Health, for making the decision to go ahead with these clinics, because they represent a far more holistic approach to the treatment of children's general and mental health problems than is currently the case. They will be a cutting-edge initiative, leading the way in the nation and following world's best practice.

One other thing I would like to see, if at all possible, is that the clinics include nutritionists as well, because I believe that these sorts of problems are very likely associated with difficulties with diet. It seems to be one particular skill set that is not currently planned for the clinic. Getting to the bottom of problems of kids with behavioural and learning difficulties is a challenging, time-consuming and resource-intensive task. These clinics will represent a significant investment in resources and funding. It is appropriate that our children's health be dealt with in this fashion. There is no more worthy field for investment of our resources and energy than in trying to improve health outcomes for our children.

Long before entering this place I became aware of concerns within the community over our standing at that time and historically as the state in Australia with the highest prescription rate of amphetamines for children with behavioural and attentional difficulties. I understand there has been some progress in this field recently. Nevertheless, I have become aware of a recent report, the "Western Australian Stimulant Regulatory Scheme 2006 Annual Report", which is cause for a great deal of concern over prescription rates, particularly in my electorate and surrounding areas. The report shows that the metropolitan area average rate of prescription is 16.6 per thousand children aged between two and 17 years. Unfortunately, the Rockingham and Kwinana rate is 20.2 per thousand and the Peel district rate is 21.3 per thousand, which are far in excess of the state average, which I would suggest is probably in excess of the national average. A little further afield but still in an adjacent electorate, the Armadale rate is also very high at 20.5 per thousand. These rates apply to children between two and 17 years of age who are currently being prescribed these drugs for behavioural and attentional difficulties. They have the highest rates in the metropolitan area.

Having been immersed in the challenges of treating a child with a medical condition, I feel very deeply for the parents of children facing the challenges of behavioural and learning difficulties. I understand how helpless they feel and how desperate they are to do anything to achieve the best possible outcome for their children. Therefore, I applaud the government's initiative in taking this action and establishing multidisciplinary clinics and providing a far wider spectrum of options for parents than simply providing their children with amphetamines. Hopefully, it will ensure that the particular path of providing drugs for dealing with this issue will be the last option rather than the only option.

I only ask that the Premier bear in mind the excessive rates of amphetamine prescription in my electorate and the areas surrounding it when he and others in cabinet are determining where these clinics will be located. That is the thrust of my grievance today. I hope that the Premier will bear in mind the particularly high rates of prescription in the southern coastal strip and take that into account when he determines where these clinics will be located.

MR A.J. CARPENTER (Willagee - Premier) [9.16 am]: I thank the member for Peel for the grievance. This issue has been a matter of concern for many people in the community for a considerable time. During our period in government we have looked at this very closely and, as the member said, have taken a number of steps to try to address different manifestations of the issue as we have seen it in Western Australia and have tried, through the work of the member for Bassendean in particular, to highlight the issue nationally, I think with some degree of success.

As the member for Peel stated in his address, historically our state has had the highest attention deficit hyperactivity disorder amphetamine prescription rate in the country. However, in recent years there has been a massive decrease in the ADHD prescription rates for Western Australian children. Many members of Parliament would have had the experience of dealing personally with families who are affected by this very issue and who welcome the changes that have been brought about in our state. In the 2002 report entitled "Attentional Problems in Children", the Western Australian Department of Health estimated that between 17 551 and 18 583 children were being prescribed stimulant medication in Western Australia. By 2006 this number had fallen

dramatically - remember it was up to 18 and a half thousand - to 7 283. This massive decline is due primarily to tighter accountability measures introduced in 2003 for clinicians prescribing amphetamines for ADHD. Although these accountability measures ensure more consistent prescribing practices, there remains a concern that there are not enough options other than drugs for parents of children with behavioural and learning difficulties often labelled as ADHD. That is why the government has committed to establish these two new multidisciplinary clinics to which the member for Peel referred. Although medication may still be required for severe cases of ADHD, this new approach will ensure that stimulant medication is not the first line of treatment. That is the point that the member for Bassendean was driving so strongly; it should not be the first point of treatment. The aim is to reduce the prescription rates for young people suffering ADHD. If our recent history is any guide, reducing ADHD prescription rates will reduce amphetamine abuse rates, and we all know that the abuse and misuse of amphetamines is a major issue in our society broadly.

The 2002 results of the Australian secondary students alcohol and drug survey showed that 10.3 per cent of Western Australian 12 to 17-year-olds had abused amphetamines in the previous 12 months. Three years later, in 2005, the alcohol and drug survey reported that the rate had fallen dramatically to 6.5 per cent, which is still too high but is way down from over 10 per cent. The huge fall in amphetamine abuse rates coincided with the enormous decline in ADHD child prescription rates. Further evidence of this relationship is available from interstate comparisons of ADHD prescribing rates and amphetamine abuse rates. Historically, Victoria has had the lowest prescription rates, low amphetamine abuse rates and the lowest proportion of treatment services reporting amphetamines as the principal drug of concern. Conversely, historically, Western Australia has had the highest rates of these measures. In 2003 the Commonwealth Department of Health and Aged Care survey indicated that the national average of federal government subsidised amphetamine prescriptions was 12.5 per 1 000 population. Victoria reported the lowest rate, of 6.1, and WA was clearly the highest, with a rate of 44.1. In 2004 Western Australia had the highest level of amphetamine abuse of all states, with a rate of 4.5 per cent of the population aged 14 years old and over having abused amphetamines in the previous year. Victoria had one of the lowest, at 2.8 per cent. The proportion of people presenting for treatment for drug abuse, with amphetamine as the principal drug of concern, in 2005 also confirms this trend. The evidence shows that if amphetamine prescribing rates are decreased, abuse rates are decreased.

Member for Peel, these clinics will provide better treatment for WA children by reducing child ADHD prescription rates, which should also reduce abuse rates. The government has tackled this issue in two ways: firstly, in 2003 new accountability measures were introduced for prescribers, which has resulted in over 10 000 fewer children on amphetamines; secondly, as recommended by the Education and Health Standing Committee, the government is funding multidisciplinary clinics to treat the causes of children's learning and behaviour problems, often labelled ADHD. Contrast this approach with the Howard government's response to ADHD: in April this year John Howard voiced concerns at Australia's ADHD prescribing levels, telling the *Sydney Daily Telegraph* -

I am very worried about reports of the over-prescription of Ritalin.

The Prime Minister went on to identify the listing of the new drug, Strattera, on the pharmaceutical benefits scheme from 1 July 2007, at a cost of \$101 million over the next four years, as part of the solution. Last year in this Parliament concerns about the effects of Strattera were raised by the member for Bassendean. The member for Bassendean stated that he believed that the Therapeutic Goods Administration had not publicised the risks of Strattera enough, particularly after findings about its side effects arose. Secondly, the member said that he believed the Therapeutic Goods Administration lacked rigour in its approach to consumer safety. Thirdly, the member said that the US Food and Drug Administration is much more rigorous than the Therapeutic Goods Administration, as demonstrated by the greater number of black box warnings it issues.

I understand that the Minister for Health has raised these issues with his federal counterpart, and I congratulate the Minister for Health and the member for Bassendean for doing that. The Minister for Health, the member for Bassendean and the Australian Childhood Foundation all wrote to the federal Minister for Health and Ageing, Hon Tony Abbott, highlighting these concerns. The federal government must take a more comprehensive approach to tackling ADHD, and should join the Western Australian government in supporting multidisciplinary clinics.

I thank the member for Peel for his grievance. I note the statistics he quoted relating to his own electorate, and those statistics will be taken into consideration when the government moves forward in the implementation of these clinics. I thank the member for Peel.