ATTENTION DEFICIT DISORDER AND ATTENTION DEFICIT HYPERACTIVITY DISORDER IN WESTERN AUSTRALIA

Motion

MR M.F. BOARD (Murdoch) [7.23 pm]: I seek leave to move my motion in an amended form.

Leave granted.

Mr M.F. BOARD: I move -

> That in accordance with Standing Order 287(2), the following matters be referred to the Education and Health Standing Committee for its investigation -
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> (a) the extent of the incidence, diagnosis and use of stimulant medication for the treatment of attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) in Western Australia, taking into account all previous reports and inquiries;
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> (b) an analysis of those figures compared to other States of Australia and other countries;
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> (c) the analysis of emerging medical opinion and varying medical and behavioural approaches for the treatment of ADD and ADHD;
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> (d) the divergence of public opinion and the need for a more defined state policy;
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> (e) the relationship, if any, between those diagnosed with and/or medicated for, ADD or ADHD and drug addiction; and
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> (f) the relationship, if any, between ADD or ADHD and the educational, economic and social wellbeing of individuals, and
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> that the committee report to the Assembly by 30 June 2004.

This is an important motion which the Minister for Health and the Government have agreed to accept this evening. We want to put a number of things on the public record. I have moved this motion in conjunction with the member for Roleystone, who has amended the motion in a way that is acceptable to the Opposition and that enhances what we are endeavouring to do. The members for Southern River and Dawesville also want to play a part in this debate before private members' business concludes at eight o'clock.

I will first comment on the use of standing committees. The Education and Health Standing Committee was set up by this Parliament following the last election. The idea for appointing standing committees arose from a review of the use of parliamentary committees and particularly of the large number of select committees that were appointed by the Parliament between 1993 and 2001. A large number of select committees were formed because a number of issues came before the Parliament on which the Government and Opposition felt that they could move forward in a bipartisan way. We decided that rather than appoint a select committee every time that happened, whether to consider legislation or community concerns, we should take off our political hats and appoint standing committees. Hence, the Education and Health Standing Committee has worked constructively in a bipartisan way to enhance health and education issues.

In this instance we are asking the Parliament to refer an issue to that committee. It will be the first issue to be referred to that committee for investigation by a motion of the Parliament. I cannot think of a more appropriate or important issue to consider in a bipartisan way through a standing committee of the Parliament than this. The Parliament has the resources and research capacity to call for submissions from both the public and private sectors and to consider issues from around the country and, indeed, the world.

The incidence of attention deficit disorder and attention deficit hyperactivity disorder in Western Australia is significant; it is something like 400 per cent higher than the national average. It is a massive and major issue. We are not trying to deal with issues that the minister has dealt with in bringing forward issues relating to the prescription of dexamphetamines, Ritalin and other drugs that may be used to treat these disorders. This motion is not about trying to usurp the authority of psychiatrists, psychologists and other health professionals in Western Australia. Indeed, we will need to look at how the issues have come about and are developing in this State. We want to develop a state policy and initiative that will give certainty to the Western Australian community. Other members and I are aware that there is much confusion in the Western Australian community, particularly among parents who are concerned about whether they are doing the right or wrong thing by their children. Parents realise that there may be inherited problems with a child; it may affect all their children or only one out of five. Parents realise that an affected child needs medical attention and, more often than not, when they seek psychiatric help, their child is diagnosed as having attention deficit disorder. This is a real issue that affects many parents. It cuts across socioeconomic boundaries, cultures and backgrounds. People are confused about

the issue; they do not know whether the prescription of drugs to settle down children is in the interests of those children. People may be singled out by groups as not being good parents because they are administering drugs to their children. The jury is out to some degree about the extent of long-term addiction or non-addiction and whether the prescription of drugs to deal with ADD and ADHD may have long-term effects on young people. I remember a conversation with George O'Neil when he was dealing with heroin addicts at his Victoria Park clinic. He was studying the long-term effects of addiction. He maintained that 90 per cent of his heroin-addicted clients had non-diagnosed ADD or ADHD. He took an opposite point of view. He believed that if his clients' ADD or ADHD had been diagnosed earlier, they would not have become long-term drug addicts.

There is concern among some medical practitioners and parents that young people on medication for ADD or ADHD may be developing long-term dependency. This is a very difficult issue that needs to be resolved. The proposed committee inquiry will not attempt to take over or gazump issues that are best left with the medical fraternity. We are attempting to establish a policy that works for the community so that it understands where the diagnosis of such conditions sits. It is an attempt to make the community understand issues that affect young people. Teachers must be comfortable with it. The policy must be run by the Department of Health in conjunction with medical authorities.

There are various emerging medical and behavioural approaches to the treatment of ADD and ADHD. I will not steal the thunder of the member for Roleystone, but there are alternatives to prescription drugs. I am sure the member will speak about those.

There are difficulties in the field of education for young people, particularly those in primary school, who have been diagnosed with ADD or ADHD. A stigma is often attached and teachers have to deal with the various issues that arise in schools. Other issues were dealt with in December when the minister brought down his policy statement on new policy targets, diagnoses and treatment of these disorders. He brought down a much stronger regulatory regime and new policy direction on diagnosis and dispensing drugs for people with these disorders.

I do not want to delay the other members who want to speak. I thank and put on record my gratitude to the Minister for Health. I would not say that this is a rare occasion; however, in the past two years we have not been able to get many motions passed. I thank the minister for accepting this motion to refer the issue to the Education and Health Standing Committee. This is a proactive and bipartisan referral. It will assist in the development of policy and an understanding of the community's attitude to this problem of diagnosis.

It is fair and appropriate that Western Australia lead the way in this regard. This issue has been prominent in Western Australia. We seem to be very proactive in diagnosing this disorder. There must be reasons and rationale for that, which I am sure the committee will consider. With that, I leave it to other members to contribute. Hopefully we will get a successful vote before the end of private members' business.

MR M.P. WHITELY (Roleystone) [7.35 pm]: I put on the record my great enthusiasm for this approach. In my maiden speech I talked at length about my concerns about attention deficit disorder. Every member has his pet issue, and this is obviously mine. This is possibly the most important issue we face in Western Australia. It is tremendous that we can work in a spirit of bipartisanship and put the interests of Western Australian children ahead of any other narrow sectional interest. I congratulate the member for Murdoch for drafting the original motion and being so receptive to the amendments I suggested. It is a very balanced motion. I have a particular view that is well and truly known. I believe that far too many children in Western Australia are medicated for attention deficit hyperactivity disorder. The terms of reference contained in the motion do not express any view. Both opinions are canvassed. Paragraphs (a) and (b) are objective measures requiring the committee to investigate the extent of the incidence of ADHD and to undertake a comparative analysis of the incidence and medication of ADHD in Western Australia, other States of Australia and other countries. It is well known that the rates of prescription in Western Australia are much higher than the national average, and they have grown exponentially over the past decade. It is well known that in many ways Western Australia is a leader in this area because of the number of kids in this State who receive medication for this disorder. As a result of the policy changes introduced last year by the Minister for Health, Western Australia is now also a leader in public policy. I welcome those changes and this opportunity to further refine our approach to this issue.

Paragraphs (c), (d) and (e) of the motion deal with the controversy of ADHD. Paragraph (d) refers to the divergence of public opinion. There is a wide range of views about ADHD and the nature of it. There are those who believe it is underdiagnosed and undermedicated. Those people cite a National Health and Medical Research Council report that indicates that the incidence of ADHD is as high as 11.2 per cent of Australian children. There are also those like me who believe that far too many children are medicated for ADHD. I do not necessarily believe that too many children are diagnosed with ADHD, because ultimately it is a condition that is characterised by displays of inattentiveness, impulsiveness and/or hyperactivity. The best estimate we have of the percentage of children in Western Australia medicated for attention deficit hyperactivity disorder is about 4.3

per cent in 2000. Given the rate of growth, it is probably more realistic to believe that five to six per cent of Western Australian children are currently medicated for ADHD. Boys are three times more likely to be medicated than are girls. Working on those statistics, an enormous proportion of boys, probably as many as one in 10 or one in 11 boys, in this State are medicated for ADHD. Given that ADHD is a syndrome defined by behaviours, it is not untrue to say that they are medicated for their behaviour. Obviously, the issue of children, behaviour and psychostimulant medication is controversial.

I clearly put on the record my belief, which is that this sort of inquiry will have to tackle some very tough issues. There is a huge divergence of opinion in the medical profession. Medicine and psychology are not exact sciences. People have their value systems and beliefs, and there are varying degrees of competence in the medical profession. Frankly, I believe that the members of the committee will need a degree of courage, a degree of diligence and a commitment to push through and challenge the people who come before them to offer evidence. Some passionate people on both sides of the debate will present evidence to the committee. I wish the committee well with its work. This issue transcends politics. It has nothing to do with the Liberal, Labor, National Party divide. This is about the welfare of our children and what is appropriate for dealing with them. I wish all power to the members of the committee.

I am conscious of the fact that other members want to speak on this matter, so I will leave some time for them to speak at the end. However, I will talk briefly about what ADHD is. ADHD and ADD are related conditions. ADHD is attention deficit hyperactivity disorder; ADD is attention deficit disorder. The difference is the hyperactivity component. I will talk about ADHD in a generic fashion. As I said, ADHD is a disorder or syndrome defined by its symptoms. Those symptoms are inattentiveness, impulsiveness and, in the case of ADHD rather than ADD, hyperactivity. To put it simply, if a child is so impulsive, inattentive or hyperactive that it interferes with his effective functioning, he is considered to have ADHD. Until today the most common treatment for it has been the use of psychostimulant medication, either dexamphetamine or methylphenidate, which is more commonly known by its brand name Ritalin.

The reasons for my interest in this issue are on the public record. I was a teacher, and I was concerned about the effect of medication on a number of children in my class. I have been campaigning on the issue since 1996. I first became aware of and interested in the issue in late 1995, and began to campaign on it. I was a critic of the previous Government - I do not say that in an attempt to score political points. I wrote an article titled "Action Deficit Disorder", which was published on the "thinking allowed" page of the *Fremantle Herald* in 1998. It highlighted the findings in a report that was commissioned by four former Court Government ministers: Kevin Prince, the current Leader of the Opposition, the member for Kingsley and Kevin Minson. It highlighted some concerns about sloppy diagnostic practices and the inappropriate use of possible over-medication. A good draft report was released in July 1996, if my memory is correct, which said some strong things about tackling the issue of en bloc authorisation; that is, the heaviest prescribers of attention deficit hyperactivity disorder medication were the least accountable because they were presumed to be competent so they were given en bloc authorisation. It was noticeable that after the period of public consultation, the draft report was somewhat watered down. In the end, the then minister, Hon Kevin Prince, was asked a question in the Parliament by the member for Fremantle. The minister responded by saying -

> It -

That is, attention deficit disorder -

> is a matter that should be addressed on a nationwide basis and it should not be taken up by one State to the exclusion of all others, because it clearly affects the totality of Australian people.

I was critical of Minister Prince at the time. I thought he avoided the issue. Having been involved in the politics of this issue, I can understand the response. Unless a person has a degree of obsession with this issue, it is easy to get swamped by its magnitude. Committee members will have to become almost obsessive about this issue. They will have to chase down these details and the rationale behind some of the arguments. They will have to keep people very accountable. As I said, I was critical of the then minister, but, to the credit of the previous Government, it commissioned the report. That report was a genesis; it was something that I could hang my hat on and use to generate my interest and my argument. In fact, I chased down that issue as a teacher, as an ordinary member of the Labor Party when it was in opposition and as a government backbencher since my election. That was the tool I used, and I give credit to the four ministers who commissioned that report for giving me that tool.

There have been a number of subsequent reports. The latest report, which was put out after many drafts, is titled "Attentional Problems in Children". It is a fantastic report that has some great work in it. It was the subject of many drafts and went through a similar type of process. The initial draft was quite strong and highlighted concerns about en bloc authorisation and made some strong recommendations about the removal of en bloc

authorisation. Then, through that political process, it was gradually watered down. In the end, after a good deal of work by me and the minister's staff, an excellent report was released. The report concentrated on two aspects. It talked about offering support for families and enhancing the care options available to families with children diagnosed with ADHD. However, it also talked about accountability measures; in fact, it led to the removal of en bloc authorisation. All doctors who now prescribe ADHD medication for children are equally accountable. The idea that one doctor who was an expert in ADHD - typically a paediatrician - and who prescribed the medication often was somehow more competent and therefore could be less accountable has been removed through the removal of en bloc authorisation. That is a great step, because it delivers a degree of accountability across the board. It means that we can now have a degree of confidence in doctors and it protects them, because they have jumped through the appropriate hoops and have been treated equally.

I must confess that I was a little disappointed with the response of some, but not all, doctors. I have received some great support from doctors and I put on the record the support I have enjoyed from Dr Joe Kosterich, who has been involved in this issue for a number of years. However, I was very disappointed with the response of the President of the Australian Medical Association, Bernard Pearn-Rowe, when the report was released. Sometimes I think the AMA struggles with its schizophrenic nature. It does not know whether it is a trade union or a professional association. Frankly, when he spoke about children's health and the use of medication to adjust the behaviour of children, he should have acted like the head of a professional association and should not have tried to protect the interests of all his members. I am a great believer in trade unions and I understand that the AMA has that industrial function, but I must confess that I was disappointed with its response. Having said that, it was a great report and it is a great start to dealing with this issue. This committee can still deliver more.

I was also pleased that the minister has released a pamphlet entitled "Dexamphetamine in teenagers", which highlighted some of the concerns. One of the concerns is with the black market trade - a topic that I have not concentrated on that much - particularly in dexamphetamines. The pamphlet refers to how the drug is being traded and how kids who are not diagnosed or prescribed the pills are taking them. It talks about how that may be a pathway to other drug-taking behaviour.

I am conscious of the time and that the members for Southern River, Dawesville and Ballajura and the Minister for Health would like to speak briefly on this issue. I will briefly paraphrase some of the contents of an article that appeared in the *NewScientist* of 24 August 2002. The member for Vasse provided me with the article and a number of other useful articles on the same topic. The article is entitled "Childhood is not what it used to be" and raises concerns about the rise in the use of Ritalin, or methylphenidate. I will read out some of the more pertinent paragraphs in the article. It states -

> Clearly there are worries with this pill and its long-term effects on the brain. What Ritalin has never been, however, is a high-tech product of the new biomedical sciences. The suggestion that it is overlooks its true history and the real lessons it holds.

It goes on to say -

> Far from being a precise clinical tool, it interferes messily with the brain's chemistry. It is the product of old-fashioned suck-it-and-see science. To this day, nobody knows exactly how it works.

The article then goes on to explain some of the reasons for the increase in demand for Ritalin and states -

> Demand for Ritalin took off in the early 1990s, a time of much breathless talk about neuroscience. Scientists were starting to expose the genetic and biochemical roots of human personality, supposedly turning the mind into a machine ripe for fixing. Yet real examples of high-tech mind engineering were scarce, so when commentators needed evidence of the revolution they held up Ritalin, endowing it with a more sophisticated image than it deserved.

I suggest that it was an example of science getting ahead of itself. The article then refers to some of the marketing aspects and states -

> The rebranding of hyperactive behaviour as ADHD (attention deficit hyperactivity disorder) in the 1980s helped create that shift, as did a huge marketing effort by Ritalin's manufacturer. But neither could have succeeded if doctors and patients weren't themselves becoming more open to viewing problem behaviour as an abnormality serious enough to be fixed through drugs.

The member for Southern River, who is clearly anxious to speak, is tapping me on the back. I am about to get tackled, and I will sit down in a moment. I have an enormous wealth of documents to which members can have access. All power to the committee.

MR A.D. MARSHALL (Dawesville) [7.53 pm]: I support this motion because ADHD must be better understood and our way of dealing with it finetuned. Sometime in 1994-95 I introduced this problem to the Legislative Assembly. At the time it was an estimates debate and I was incensed that the education gurus would

not recognise that attention deficit hyperactivity disorder actually existed. The education system was not allocating money to deal with the problem. After a lot of debate, I got funding to the tune of $100 000, which was a needle in a haystack but at least it recognised that there was a problem. I subsequently made many speeches to improve the public awareness of the problem. I went to meetings in Mandurah. I saw family split-ups because of the emotional aspect of this problem with which families must deal. My daughter Dixie Marshall, who works for Channel Nine, made a documentary that was aired nationally to increase awareness. Finally, everybody is starting to recognise that there is a problem that needs to be addressed.

Reports have identified that Western Australia has the highest incidence of the use of dexamphetamines, and the medical profession has been criticised for this. However, I believe that diagnosis of this problem in this State is much better than in other States, which should follow suit. I have attended many meetings on this issue and I am completely in agreement that this committee should be given all the powers to investigate this matter. It has been reported that Ritalin and dexamphetamines have been sold in schools, but this problem has now been solved. A child needs to take only one tablet a day, which can be taken under supervision.

The estimate used to be that some 70 to 80 per cent of people in jail supposedly suffer from ADHD. We must examine this problem, and I support the motion to refer this matter to a committee.

MR P.W. ANDREWS (Southern River) [7.56 pm]: I place on record my enthusiasm for this project on which the Education and Health Standing Committee is about to embark. I assure the House that I have an open mind on this issue. I have listened to the member for Roleystone and I congratulate him for bringing this matter to the attention of the House. I also thank my friend the member for Murdoch who has raised this issue with the committee informally on a number of occasions. It is a very important issue. As the member for Roleystone said, one reason for the committee's investigation of the matter is the high rate of prescription for medication for this disorder in Western Australia. The committee must clearly identify the extent of the disorder and the currently available research on the subject. I place on record that I enter this investigation with a completely open mind on the subject.

MR J.B. D'ORAZIO (Ballajura) [7.57 pm]: I place on record my personal knowledge as a pharmacist for 20 years. At least 20 per cent of the prescriptions I dispense for dexamphetamine are used inappropriately. This area must be examined in an organised way because there will be resistance to it. As someone who has been in the game a long time, I can say that one of the worst issues that the committee will confront is the fact that these tablets are being sold improperly for at least $6 each. That is a real problem that must be investigated, in addition to the other problems that members have talked about. I wish the committee all the best and ask it to please examine that element of the industry that is being used inappropriately.

Question put and passed.

Appointment of Co-opted Member

MR R.C. KUCERA (Yokine - Minister for Health) [7.58 pm]: I realise that the question has been put but I want to lend my support to the committee. I move -

> That in accordance with Standing Order 249(4), the member for Roleystone be co-opted to participate in the Education and Health Standing Committee's investigation into attention deficit disorder and attention deficit hyperactivity disorder in Western Australia.

I have spoken to the member for Murdoch. I put on record my appreciation of his involvement in this matter and, indeed, my appreciation of the involvement of the members for Dawesville and Roleystone. This is a vexed question. I suspect that if the member for Murdoch's voice was heard a little louder in his party, we might not be debating other matters in the House as vigorously as we are. I commend the motion to the House.

MR M.F. BOARD (Murdoch) [7.59 pm]: I support the motion. The member for Roleystone has a passionate and knowledgeable background in this area. Through his community interest, his work in the House and his amendment to the previous motion, he has shown that he will play a very valuable role in the work of the committee. I support the motion.

Question put and passed.