ATTENTION DEFICIT DISORDER AND ATTENTION DEFICIT HYPERACTIVE DISORDER

Grievance

MR BOARD (Murdoch) [9.11 am]: My grievance is to the Minister for Health. This morning I raise the issue of ADD - attention deficit disorder - and ADHD - attention deficit hyperactive disorder. I raise this issue in the spirit of cooperation with the Government. This is an issue that is under great debate in the Western Australian community at the moment and, unfortunately, it is becoming quite divisive. There is a divergence of opinion among not only medical professions - not so much the psychiatrist and psychologist but other doctors within the medical profession - but also the teaching profession and the community. This has divided parents over the treatment of young people who seem to have attention deficit disorder. So much divergence of opinion has arisen around diagnosis in Western Australia that although it has been predicted that perhaps one per cent of school children may have ADD or ADHD as prescribed, nearly five per cent of young people are now receiving treatment at school for this disorder. Members may have seen this highlighted recently in the media when Alston ran a cartoon in which he linked, unfairly, the treatment of young people with ADD and ADHD to long-term drug dependency. As a result of that cartoon, a large number of letters have been written in support of the issues raised by *The West Australian* and in defence of parents whose children are receiving treatment via various diagnoses, whether by school psychologists, psychiatrists or other medical professionals. I raise the issue today because it is becoming divisive. More clarity is needed on this issue for the Western Australian community to defend parents who feel they are doing the right thing in trying to help their young children but who, at the same time, are confused about whether the diagnosis is correct. These parents want to know whether they are putting their young children at risk of long-term drug dependency and whether, by using the various drug treatments available, particularly Ritalin, they are helping their young children during their formative school years.

I first became aware of the growing issue when Mrs Sandy Moran, a long-term campaigner in this area, raised the issue with me some years before I was the Minister for Youth. She has been successful in this State in raising the issues of ADD and ADHD. The jury is still out, as far as the community and the medical profession are concerned, on the number of young people who may suffer from these disorders. Part of the debate is that some people in the community feel that others are taking the easy way out in terms of disciplining their children and applying the normal controls and attention that young people need, particularly in their primary or early secondary school years. These people feel that parents whose children have been diagnosed with ADD or ADHD are escaping from having to provide what might be the normal parental support or requirements. On the other hand, people are genuinely suffering from a disorder that is abnormal in the sense that they are the extreme case. Today the Opposition is calling on the minister to use the resources in the Department of Health and the Department of Education to clarify this issue in a more determined way, particularly for parents.

There will continue to be great debate on this issue within the medical profession. According to the Internet, a large debate is going on in the United States at the moment, particularly in Boston, Massachusetts, in which some 20 per cent of young people at school are receiving drugs for ADD or ADHD. This is an extraordinary level of diagnosis in that State, if the Internet information is correct.

This is a real issue for the community and one that we need to get on top of. We may not be able to resolve the debate in terms of the medical profession, but we ought to work constructively to assist the community to resolve the issue of what is the expected treatment and what can be supported at the school level. We must work to remove the divisive nature of the argument, in which parents are against parents. Debates have been occurring in various schools, even at the parents and citizens association level, about the application of drugs or whether teachers are able to deliver drugs to students on behalf of parents. That, too, is something that has been quite divisive. It singles out parents who feel they have done the right thing. They have taken their children to a psychiatrist to be diagnosed and a prescription has been given to them. Parents feel they are doing the right thing, only to be singled out as parents who are uncaring and leading their young children to long-term drug addiction.

In support of this matter, I will read from a handout that is currently within the Department of Education that I find particularly difficult. This handout was given to me by a parent whose child is currently diagnosed with ADD. It indicates the problems associated with the drug treatment and states -

> 1) the medication has a short time course of action and usually needs to be administered at least three times per day. Increase in doses does not increase the length of coverage but may result in overdose effects that actually impair cognitive functioning. This has been partially overcome by the compound Pemoline.

It goes on to say -

4) the side effects include short term anorexia and insomnia, and long term growth impairment, tics, hallucinations, loss of spontaneity and cognitive perseveration. While there have been reports of cardiovascular effects, high blood pressure and heart problems as a result of Ritalin, Baren says there is no scientific verification of this as long as dosages are monitored appropriately.

The handout indicates that there needs to be long-term stimulant treatment if young people are to be maintained in their social behaviour. This information is being given to parents within the Department of Education. I do not criticise it for that, but at present it is turning parent against parent. I wrote to the Minister for Health recently and he was good enough, through his department, to indicate that the Department of Health is in the process of bringing down a firm statement and a position on this issue. I implore him to do that with some sense of urgency because this issue is now becoming quite divisive in the Western Australian community.

MR KUCERA (Yokine - Minister for Health) [9.19 am]: The issue with ADHD is one that the Government does not need urging on. It is a problem because of the divisiveness it is causing in the community and it is one that has been around for quite some time. Last year, largely with the support of the member for Roleystone, we undertook to move down the path of examining and establishing a firm policy and set of criteria in this State that would somehow allow us to work our way through the maze of what is to be believed and to take some of the emotion out of this argument. I also need to caution the member for Murdoch that this is an extremely divisive issue, with which we should not be playing politics. It needs to be addressed very calmly and unemotionally.

Mrs Edwardes: Who is playing politics?

Mr KUCERA: I am just cautioning against that; I am not suggesting the member for Murdoch is doing so. People in this House seem to want to play politics with any issues relating to children.

In the past decade, the number of children and young people in Western Australia diagnosed with attention deficit hyperactive disorder, or ADHD - originally known as ADD - has increased significantly. This is raising a number of concerns, including the capacity of the current system to respond effectively to the escalating number of children requiring assessment and treatment; the adequacy of assessments; and the possibility that some young people are being misdiagnosed. There is a marked division between the views of parents, medical practitioners, health authorities and the community, which, as the member for Murdoch rightly pointed out, has led to divisiveness in the community.

A particular issue is the effectiveness and safety of treatment, and the appropriate use of stimulant medication. A secondary, underlying issue is that the use of these drugs, which may be entirely appropriate in certain instances, takes these medications into the schools. That is no doubt why the handout referred to by the member for Murdoch has been used. I am not aware of that handout, and I would appreciate a copy if one is available. I am told anecdotally that some of those handouts are not official. This is such an emotional issue at the moment that different issue groups and pressure groups distribute their own handouts around the schools.

Western Australia has a significantly higher prescribing rate for stimulant medication than does any other State, which is of concern to the Government. The views are polarised within the community and between professionals. The use of the stimulant medication Ritalin and similar drugs as a treatment continues to be one of the most controversial children's health issues in this State. The Government and other service providers need to work in different ways to provide a more effective response to the spiralling problem of the use of these drugs, as well as the treatment and assessment of children presenting with ADHD. There is a need to curb the very broad variance in practice, which exists from both a professional and an anecdotal perspective. There is an absolute need to ensure that minimum standards are adhered to. In particular, prescribing stimulant medicine to children should be done within safe guidelines and be effectively monitored.

The Government does not require urging on this issue, and I would be very pleased to see the member for Murdoch and the Opposition work constructively with the Government. The Department of Health is finalising a policy on ADHD, which will include a number of key principles, including ensuring that children and young people diagnosed with ADHD are identified as early as possible; ensuring that children, young people and their families have access to comprehensive assessment and treatment services; building the capacity of services to respond to this disorder; and ensuring that consumers are informed about the range of treatments and the services available.

Where possible, people must have access to treatment services of their choice. There is a broad variance in that treatment regime. I think back to my own experience as a parent. When my young son was in year 1, the first thing the teacher did when he got to school in the morning was to make him run around the oval for four or five minutes just to get the energy out of him. I do not think he has changed a great deal. He gets it from his mother, not from me! Views exist in the community that the problem is all about parental control and parental treatment, but equally strong evidence is now being presented by physicians that a medical condition exists. Because of the

polarisation between those two views, there is a need for the problem to be dealt with without the division and emotion that has found its way into other issues about prescription drugs and the treatment of children. I applaud the efforts of the member for Murdoch, if it leads to a continued bipartisan approach to this problem.

Mr Board: I can guarantee it, minister.

Mr KUCERA: I am very pleased to hear that. This is one of those issues in which we need to put politics aside.

The most important factor in this whole issue is that the Government needs to ensure that anything that is done for these children is evidence-based. A level of evidence needs to be built up, medically, practically, pragmatically, and anecdotally, to make sure that we know exactly what we are dealing with. Continued research and evaluation must be encouraged to guide and drive this process. An inter-sectoral response is required; it cannot remain the responsibility of the parents and the Department of Education, or perhaps the Department of Health, working in isolation. The health and education industries and the people who support these children must be encouraged to work collaboratively to progress our understanding of ADHD and to improve service delivery. Some leadership needs to be shown here, along with a joint approach to a very vexing problem in our community.