

## STIMULANT REGULATORY SCHEME

### *Grievance*

**DR A.D. BUTI (Armadale)** [9.22 am]: I grieve to the Minister for Health. As the minister would be very well aware, the Stimulant Assessment Panel was established under section 11(1) of the Health Legislation Administration Act 1984, which allows the Minister for Health to establish such committees and panels as they see fit in order to ensure that the purpose of the act or any other act to which it applies is carried out. The Stimulant Assessment Panel is appointed for the purpose of administering relevant areas of the Medicines and Poisons Act 2014 and the Medicines and Poisons Regulations 2016. The Stimulant Assessment Panel is responsible for providing advice to the CEO of the Department of Health on regulatory matters relating to the prescription of stimulant medicines.

Further, as part of the regulatory scheme, the Medicines and Poisons Regulation Branch of the Department of Health has, for some years, published annually on the stimulant regulatory scheme. Stimulant prescription rates for Western Australian children and adults have rapidly increased and there is compelling evidence of significant misdiagnosis of attention deficit hyperactivity disorder in Western Australian schoolchildren. As a result of that increase, I am concerned that the Medicines and Poisons Regulation Branch of the Department of Health has ceased the production of the Western Australian stimulant regulatory scheme annual reports.

As the minister would be very well aware, the Western Australian stimulant regulatory scheme was established in August 2003 under the Gallop government against a background of very high and rapidly rising prescription rates. It held prescribers accountable for the first time and, arguably, was the catalyst for an incredible 50 per cent fall in prescription rates for children between 2002 and 2010. That coincided with a 51 per cent fall in self-reported teenage amphetamine abuse rates over a similar time frame. These reductions were significant. Unfortunately, that good work seems to now be going in the wrong direction because since 2011 prescription rates have increased exponentially. The available data indicates that per capita child prescription rates are similar to the previous peak rates in 2002. Arguably, this rebound is a result of complacency and the mistaken belief that the problem was fixed. It seems that WA's prior history of regulatory capture, in which frequent prescribers—self-declared ADHD experts—were in charge of keeping themselves accountable, is repeating itself. In other words, the prescribers were in charge of regulating themselves and, as we know, self-regulation often has many flaws.

Very clear evidence of frequent misdiagnosis in Western Australia was published in the January edition of the *Medical Journal of Australia*. It published a summary of research that found that in Western Australian primary schools, children in years 1 to 5 who were born in June or before were twice as likely to be medicated for ADHD as their older classmates, who were born in the later part of the year and therefore start school at least half a year later. In other words, if students enter school in the younger cohort, there is double the chance that they will be medicated for ADHD compared with children who were born in the second half of the year.

Considering this evidence of diagnostic errors in Western Australia, I am concerned that we appear to be eliminating accountability measures such as the publication of the annual reports of the stimulant regulatory scheme. As I understand it, the Medicines and Poisons Regulation Branch of the Department of Health decided to cease the publication of those annual reports. In conclusion, I have difficulty understanding the justification for that decision. I believe that the annual reports need to be continued and that the 2016 annual report should be published as soon as possible.

**MR R.H. COOK (Kwinana — Minister for Health)** [9.28 am]: I want to thank the member for Armadale for bringing this issue to the chamber's attention. It is an important issue. As we know, stimulants play an important role in the medical community and the community generally. We also know that we have to be very careful about how they are administered and the level to which they proliferate in our community. That is why it is very important that stimulant medicines are regulated under the Medicines and Poisons Act to make sure that, as a community, we are constantly vigilant and aware of their use and ensure that it does not become too prolific.

The legislation requires the Department of Health to issue authorisations and approvals to prescribe, and to collect information on the dispensing of stimulants from community pharmacies. The gathering of this data is an important role that we play. The data is held by the Department of Health's monitoring of drugs of dependence system database. I understand that the medicines are prescribed through community pharmacies with the incidence of that prescription recorded, and, ultimately, consolidated in a central database. The Department of Health's Medicines and Poisons Regulation Branch conducts an analysis of the monitoring of drugs of dependence system database and produces an annual report related to the stimulants. As the member noted, this report has been published since 2004, with the gathering of data beginning in 2003. In recent years, the report has been published on the Department of Health's website in September. It is a widely anticipated report and one that health consumer groups and other health stakeholders keep a lookout for. In 2015, the report was 93 pages in length with 31 figures, 38 tables and four appendices, and it is starting to gather a wider group of data. Although the report is widely anticipated and read by people with a specific interest in this area, it is becoming increasingly cumbersome and

somewhat difficult to read and being accessed by a shrinking group. We have put the production of that report under review. One reason is that the controlling legislation has recently changed and it is important to take advantage of that opportunity. As I said, the report has also become longer and more complex over time, so we have had the content and format comprehensively reviewed before its introduction this year. The review included a consultation process over August and September this year. We interviewed a range of stakeholders and asked them whether they consider the report to be of value, what specific data elements they found to be most valuable, what publication method and format is most accessible and how the report should be disseminated, which, to date, has been primarily through the Department of Health's website. I want to assure the member that we will continue to publish this report. It is an important part of the overall monitoring of the stimulant scheme. We will continue to make sure that that information is available to both health stakeholders and the wider public. As I said, we are in the process of interviewing a range of stakeholders to make sure that we get this report correct, and we are reviewing stakeholder feedback on the content and format of the annual report. I give the house an assurance that we will certainly continue to publish this report and we anticipate that it will be published in December this year, albeit a few months later than usual but in a new format consistent with that consultation process that has taken place.

I will just emphasise this government's commitment to making sure that we monitor very carefully and take very seriously the issue of stimulants in our community. Mr Martin Whitely, who was the member for Roleystone and Bassendean, was very vigilant on these issues and provided an important contribution to the public debate around stimulants in our society, particularly the prescription of stimulants to children diagnosed with attention deficit hyperactivity disorder. From that perspective, we will continue to make sure that we monitor very carefully the use of stimulants in our community and the prescription rates to children in particular. This report is an important part of understanding that pattern of prescription and monitoring the database to make sure that we are properly informed on these issues.

I would like to conclude by thanking the member for Armadale for bringing this to our attention. I can provide him with every assurance that this report will continue to be published on an annual basis, albeit a few months late this year, but in the new format.