

Press Release

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17 July 2009 Western Australia leads world on ADHD policy

Western Australia is the world's only Attention Deficit Hyperactivity Disorder (ADHD) hot spot to have experienced a significant, sustained downturn in child medication rates. From 1989 to 2003 WA had a massive increase in the prescription of dexamphetamine and to a lesser extent Ritalin to children as a treatment for ADHD. By 2002 WA stimulant prescription rates were amongst the highest in the world, exceeding the US national average. In 1989, 880 West Australians were prescribed stimulant medication. By the year 2000 this had increased to 20,648 with an estimated 18,000 being children.

Numbers continued to grow until Labor State Backbencher Martin Whitely's advocacy lead to the introduction of tighter ADHD stimulant (amphetamine) prescribing controls in 2003. Since then child prescribing rates in WA have fallen by an estimated 65%, with 6188 children on stimulants in 2007. Simultaneously amphetamine abuse rates by West Australian teenagers fell approximately 40%. Elsewhere child prescribing rates have continued to grow with Sydney now replacing Perth as Australia's ADHD child drugging capital.

Whitely also drove a WA parliamentary inquiry into ADHD in 2004, which added to an intense local debate around the validity of the diagnosis and the safety of the drugs. The prime recommendation of the inquiry was to establish multidisciplinary clinics that ensure drugs are not the first line treatment for children with concentration and behavioural problems.

A needs analysis determined that four clinics with over 50 full time staff would be needed to fill unmet need. Funding for two of the four clinics was announced by the then Premier Hon Alan Carpenter in late 2007. The change of government in September 2008 and mental health budget cuts saw plans for the proposed clinics in danger of being shelved. However, after lobbying by Whitely the Barnett Government Mental Health Minister, the Hon Graham Jacobs, intervened to make sure the first two clinics were funded.

Whilst praising the Gallop/Carpenter Labor and Barnett Liberal Governments' bipartisan intervention, Whitely is highly critical of the Howard and Rudd Governments' response to date. He accuses both of "*delegating their response to concerns about ADHD misdiagnosis and over-prescription to 'ADHD experts' which have financial ties to the pharmaceutical companies that manufacture ADHD drugs.*"

Whitely acknowledges that if WA Labor had remained in government his strategy was to pressure the Rudd Labor Government to divert some funds from the PBS subsidisation of ADHD drugs to funding the extra two clinics required. He argues that the Barnett Government should press the Rudd Government to fund the two additional clinics and resist the temptation to try and service all unmet need from the two clinics.

Whitely believes that, if necessary, access to the clinics should be restricted by post code, to ensure that assessment times are adequate. "*I would rather see half the job done properly, than quick, sloppy assessments.*" "*Without a cautious, diagnose slowly - drug as a last resort philosophy, and adequate time for a full assessment, the pressure for a quick diagnosis could exacerbate the very problems that the clinics were set up to address.*"

End note: Whitely is writing a book on the politics and marketing of ADHD titled "Speed Up and Sit Still" which he anticipates will be published in early 2010. Excerpts from the book are available at www.adhdspeedupsitstill.com

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