

# Department of Health

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File: SEC23/1347

Senator Janet Rice  
Chair  
Senate Inquiry into the assessment and support services for people with ADHD  
[Community.Affairs.Sen@aph.gov.au](mailto:Community.Affairs.Sen@aph.gov.au)

Attention: Senator Janet Rice

Dear Senator

**Subject: Senate Inquiry into the assessment and support services for people with ADHD**

Thank you for your email of 3 August 2023 and the opportunity to provide a response to the Inquiry regarding the regulatory framework of the Tasmanian *Poisons Act 1971* and how it specifically relates to substances prescribed as part of a treatment regimen for people with ADHD.

Please find attached a document, which provides a detailed response to the Inquiry's specific questions.

I appreciate the opportunity to provide this information and trust that it will assist the inquiry's work.

I would also like to extend my thanks to the Senate standing committee for their continued commitment and work in this area.

I look forward to the findings of the Senate inquiry into ADHD assessment and management.

Yours sincerely

Kathrine Morgan-Wicks  
Secretary

28 August 2023

Enc: Senate Inquiry into assessment and support – ADHD Tasmanian response

## Senate Inquiry into assessment and support services for people with ADHD – Tasmanian Response

### Policy and scientific basis for including ADHD medications in the regulatory framework

Tasmania adopts the Poisons Standard by reference through the *Poisons Act 1971*.

Section 59E (s59E) of the Act details the legal framework for authorising doctors to prescribe S8 medicines including strong opioids, psychostimulants and S8 benzodiazepines.

In order to protect patient and public health certain higher risk Schedule 8 medicines, including some medicines that are used to treat ADHD (dexamfetamine, lisdexamfetamine and methylphenidate), require authorisation prior to a prescription being issued.

Applications are assessed by a delegate of the Secretary.

Advice from medical specialists in the relevant field of medicine may be sought in complex cases (e.g. paediatricians, psychiatrists, and general practitioners).

The advice provided by these medical specialists is based on their clinical expertise with the prescribing of these medicines, the information available at the time of deliberation, and current evidence-based treatment guidelines. This advice may include recommendations to the delegate for conditions to be included on a doctor's authority to prescribe e.g., staged supply conditions, which are intended to reduce the risk of preventable harm to the patient and/or the community.

Medical practitioners seeking authorisation may also be asked to provide relevant information to support their applications. This may include detailed treatment plans documenting the diagnosis and risk-benefit assessment from relevant medical specialists (e.g. paediatricians or psychiatrists) involved in the care of the patient.

All of these measures represent relevant medical specialist recommendations and evidence informed *Universal Precautions*, which are aimed at protecting the public from the known potentially harmful side-effects of these medicines.

### Basis on which the rules were developed

Tasmania applies a relevant medical specialist advisory and evidence informed approach to the assessment of Section 59E (s59E) applications consistent with *Quality Use of Medicines* principles and current clinical guidelines.

It is estimated from 2007-2016 that 90% of poisoning deaths in Tasmania were attributable to prescription medicines.

The largest contributor to medication-related deaths in Tasmania has been prescription opioid analgesics. It is noted that coroners are now expressing concern with the rising number of amphetamine-type stimulant poisoning deaths.

The Department's policies and approaches to authorising doctors to prescribe these medicines have been informed by several important circumstances. These include:

- multiple recommendations from the Tasmanian Coroner

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- a review specifically investigating how the Department administers s59E conducted by the Tasmanian Health Ombudsman
- scientific literature which documents both the short and long-term adverse effects, and therapeutic benefits of such medicines.

The regulation of Schedule 8 psychostimulants in Tasmania seeks to minimise the potential harms associated with the misuse of these types of medications, which include:

- stimulant use disorder (addiction) – for which there is no evidence-based medical treatment
- increased trauma presentations to emergency departments from increased risk-taking activities and violence (including family violence)
- increased acute and persistent psychiatric reactions including anxiety, insomnia, paranoia and psychosis
- increased illicit diversion of prescribed drugs.

A safe balance between access to clinically indicated high-risk medicines and controls on this access is necessary to mitigate their potential harms, whilst ensuring patients have appropriate and timely access to prescribed medications.

### The process for review or consumer feedback

In Tasmania a formal review process exists for authorities issued under s59E of the Act.

This process was implemented following a review by the Tasmanian Ombudsman's Office.

A medical practitioner, a patient, or their carer may make application to request a review of the decision. Information on the review process and application form are available on the Department's website.

Where a delegate has put conditions on an authority or has refused to issue an authority, a medical practitioner, a patient, or their carer, may make application to request a review of the decision. Grounds for review may be clinical in nature or relate to other facts relevant to the application.

The review will be considered by an alternate delegate to the one that made the original decision, and depending on the reasons for the review, the delegate may take medical advice from an alternate consultant medical officer or from a newly constituted panel of medical specialists.

The delegate undertaking the review may request additional information, for example specialist reports or test results, to support the submission and to enable a decision to be made.

In the circumstances of a carer lodging an application to review, consent must be obtained from the patient prior to submission of the application. It is also recommended that a patient or carer discuss the matter with their medical practitioner before lodging a review application.

### Whether you would support a consistent approach between jurisdictions

Tasmania supports a consistent, evidence informed approach to the regulation of Schedule 8 ADHD medications.

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It is noted that all Australian States and Territories are experiencing increase in harms from the injudicious use of Schedule 8 psychostimulants. Whilst access to specialist medical specialists who are able to accurately diagnose ADHD and document an appropriate treatment plan is a significant health system issue in Australia.

Applying the lessons learnt in Tasmania in addressing opioid related harms will support minimising any increase in harms associated with increased use of ADHD medications.

Tasmania's current policy settings provide robust risk mitigation for the increases in supply of these medications and any associated preventable drug related harms.

### The number of prescriptions issued annually for ADHD medications

Data from Tasmania's Real Time Prescription Monitoring database shows that during the reporting period of 1 July 2022 to 30 June 2023, the following dispensing of methylphenidate, lisdexamfetamine or dexamfetamine occurred:

- 9,898 Tasmanians were dispensed one or more of the above stimulants on one or more occasions
- 72,974 dispensing events occurred in Tasmania for the above stimulants.

There are approximately 6,240 Tasmanian children (between the ages of 5 and 18) that are currently being prescribed Schedule 8 stimulants, which represents approximately 7.8% of this age cohort.