Submission to the Inquiry into the assessment and treatment of ADHD and support services in Tasmania

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Prepared by the Policy and Advocacy team

ADVANCED PHARMACY AUSTRALIA

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Introduction

Formerly known as the Society of Hospital Pharmacists of Australia, Advanced Pharmacy Australia (AdPha) is the progressive voice of Australian pharmacists and technicians, built on 80 years of hospital innovation that puts people and patients first. AdPha supports all practitioners across hospitals, transitions of care, aged care and general practice to realise their full potential. We are the peak body committed to forging stronger connections in health care by extending advanced pharmacy expertise from hospitals to everywhere medicines are used.

AdPha convenes a Paediatrics and Neonatology Specialty Practice Group, comprising of a network of 619 AdPha members who work in inpatient, outpatient, ambulatory or primary care settings where infants and children receive pharmacy services, including paediatric intensive care, neonatal intensive care and special care nurseries. Some members work in dedicated children's hospitals, some in maternity hospitals and some in general hospitals that treat paediatric patients.

AdPha also convenes a Mental Health Specialty Practice Group, comprising of a network of 686 AdPha members who work in mental health units and any inpatient, outpatient, ambulatory or primary care settings where patients of any age with mental health conditions, receive pharmacy services. These members see the day-to-day support services for children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD), providing specialist advice around ADHD treatment and best practice to wider members of the multidisciplinary team.

Hospital services care for complex patients with ADHD in the context of other comorbidities that require complex treatment regimens. Hospital pharmacists have an essential role in, treatment selection, evaluation of response to treatment, education, advice and counselling to carers, patients and educators on how to use their medicines appropriately in the context of psychosocial and environmental factors.

In the 2022-23 financial year in Australia, of all prevalent people treated with a Repatriation Schedule of Pharmaceutical Benefits (RPBS) or a Pharmaceutical Benefit Scheme (PBS) listed ADHD medicine, children aged 6-12 years old accounted for 32.7% of the treated population whilst adults aged over 18 years old accounted for 44.6% of the treated population. The average annual growth rate of prescriptions across all age groups and genders being treated with R/PBS medicines for ADHD from 2019-23 to 2022-23 is over 25%.[1]

Additionally, in the 2022-23 financial year, Tasmania had the highest rate of prescribing ADHD medicine treatment in school-aged children (6-12 years old) and one of the highest rates of treatment in >6-year-olds alongside Queensland.[1]

AdPha welcomes the opportunity to provide feedback to the Parliament of Tasmania, regarding the Inquiry into the assessment and treatment of ADHD and support services for adults and children with ADHD in Tasmania.

If you have any queries or would like to discuss our submission further, please contact Jerry Yik, Head of Policy and Advocacy at jyik@AdPha.au.

Recommendations

Recommendation 1: Enabling sufficient access to clinical pharmacists to support the safe and quality use of medications in various health settings for people with ADHD. Adopting the pharmacist-to-bed ratios as outlined in AdPha's, formerly known as, SHPA's Standards of Practice for Clinical Pharmacy Services and ensuring design of every ADHD service includes funding for expert pharmacy involvement.

Recommendation 2: Investment in the development of specialised training and education to upskill healthcare professionals supporting specialists in the treatment and management of people with ADHD, including general practitioners (GP), nurses and pharmacists.

Recommendation 3: Consider increasing access to assessment and treatment of ADHD services by easing prescriber eligibility for authorisation to prescribe Schedule 8 psychostimulants in the Tasmania *Poisons Act 1971*.

Recommendation 4: The Tasmanian Government, Department of Health should consider advocating to the Commonwealth Government and the Pharmaceutical Benefits Advisory Committee (PBAC), regarding the expansion of PBS criteria for medications indicated for the treatment and management of ADHD and associated comorbidities, to be inclusive of late diagnosis of ADHD in adults and reflective of current clinical guidelines.

Terms of Reference

a) adequacy of access to ADHD diagnosis;

AdPha is aware of the extended waiting times for children with a potential ADHD diagnosis to be seen by appropriately qualified specialist medical practitioners in Tasmania including child and adolescent psychiatrists and paediatricians. This issue is further compounded in rural and remote areas, where there is poor access to paediatricians with long wait times for initial assessments and ongoing management. For some, it can mean that children first see an ADHD specialist when first diagnosed, but then are unable to return to the care of specialists, being lost to follow up. Some children may not be diagnosed with ADHD until later in life due to lack of paediatric services in their locality. In some cases, paediatricians may be able to diagnose ADHD but then are unable to provide responsibility for ongoing management.

Additionally, adults, with a potential ADHD diagnosis, who were not previously diagnosed as a child face further complex barriers such as limited access to appropriately qualified specialist medical practitioners' and extended wait times, up to 12-18 months, to be assessed and receive an appropriate diagnosis in Tasmania. Further augmenting these complexities and resource intensive processes, patients are required to pay out-of-pocket fees for numerous consultations, as only a qualified medical specialist practising in Tasmania can diagnose ADHD and prescribe initial treatment with a Schedule 8 psychostimulant medicine after seeking authorisation from the Secretary.

Unfortunately, these complexities are heightened amongst Aboriginal and Torres Strait Islander people as they do not receive culturally safe and appropriate assessment and treatment for ADHD. People in rural and remote areas in Tasmania have limited access to qualified specialists who can diagnose and manage ADHD, leaving people with no alternative other than extended wait times and travelling extensive distances to receive an appropriate diagnosis and ongoing care.

b) adequacy of access to supports after an ADHD assessment;

The lack of access to paediatricians and other appropriately qualified specialist medical practitioners for an ADHD diagnosis has a rippling effect impacting ongoing management and care. Consequently, general practitioners (GPs) are required to take on care for these complex conditions, including prescribing of ADHD medication, after seeking authorisation from the Secretary of the Department of Health, without the appropriate skills, training, or support to do so.[2]

The scarcity of qualified specialist medical practitioners parallels the lack of allied health professionals involved in the holistic care and ongoing support of people diagnosed with ADHD. This can include occupational therapists, psychologists, specialist nurses as well as pharmacists.

If pharmacological treatments are recommended, assessment of existing and appropriate therapy is required, which may include establishing an accurate medical

history and potential for interactions with other medications. Pharmacists have a key role in determining appropriate treatment as well as assessing the capability of the person and their family in managing these controlled medications.

Pharmacists can also assist in non-pharmacological treatments such as sleep hygiene, diet, lifestyle and interventions which could include deprescribing of some medicines that may be unnecessary or causing adverse effects. Some health services employ specialist ADHD pharmacists who review medicines in public outpatient or private clinics, adjusting medicines where necessary and liaising with primary care services to ensure continuity of care. Integrating clinical pharmacists into an ADHD specialty clinic has demonstrably improved patients' adherence to ADHD treatment and bridged gaps in current support services. [3]

Ongoing support in the community for children with ADHD is also lacking, especially in school settings. There are barriers due to perceived personal misconceptions by teachers and guidance counsellors and their understanding around ADHD medications, not always based on professional and scientific sources.[4] This can lead to children not taking medicines as prescribed and having far reaching impacts on learning and education.

Education by pharmacists can help patients to better understand ADHD management, particularly in terms of medication side effects, the onset of action, the instructions on administration, monitoring frequency, and prescription requirements.[5] Parents may also not be aware of how to manage 'medication holidays' (a planned break in treatment sometimes recommended to allow assessment of current treatment regime) and may lack an understanding of how the medications and treatments work most effectively. Further, targeted education is required to help teachers and parents support children with ADHD and preventing interruptions to their prescribed medications.

As recommended by research undertaken by the Australian ADHD Professionals Association (AADPA), fostering ADHD health literacy is of utmost importance as it is an unmet need for people with ADHD and their families.[6] Improving ADHD-related education and training when discussing ADHD, by not solely focusing on the condition itself, but also providing guidance to effectively manage their condition, ensuring access to medications in a timely manner, the regulations and prescription requirements is imperative.

Therefore, pharmacists are ideal healthcare professionals to foster ADHD health literacy, educate and support patients, their families, carers and teachers as they continually advance their practice to meet the health needs of patients and the complexities of disease conditions.

AdPha believes hospital pharmacists are well placed to support shared decision making in ADHD treatment and ongoing monitoring. However, these pharmacists are not present in all services that care for people with ADHD and as a result are unable to provide advice on treatment decisions, quality use of medicines, medicines management as well as counselling patients and carers on optimal use of their ADHD medications. Many healthcare services are missing out on these essential clinical pharmacy services. To

achieve the recommendations, AdPha believes that adopting the pharmacist-to-bed ratios as outlined in AdPha's, formerly known as, SHPA's Standards of Practice for Clinical Pharmacy Services is essential.[7] This is of particular importance in areas where pharmacists make interventions around ADHD treatments in the practice settings of paediatrics and mental health.

Recommendation 1: Enabling sufficient access to clinical pharmacists to support the safe and quality use of medications in various health settings for people with ADHD. Adopting the pharmacist-to-bed ratios as outlined in AdPha's, formerly known as, SHPA's Standards of Practice for Clinical Pharmacy Services and ensuring design of every ADHD service includes funding for expert pharmacy involvement.

c) the availability, training and attitudes of treating practitioners, including workforce development options for increasing access to ADHD assessment and support services;

Targeted education is essential for healthcare professionals in ADHD support services as workforce shortages surge and professional scope of practices broadens. As ADHD diagnoses may occur later in life, GPs may end up taking over care rather than a specialist. Therefore, GP's may need to manage complex cases previously overseen by specialists, to provide ongoing, appropriate management. Robust education and training programs must be provided to not only qualified specialist medical practitioners, but also GP's as they undertake specialised roles. This upskilling will equip them with the necessary skills and confidence to deliver safe, tailored ADHD management, ensuring medication is not the sole focus of treatment.

Pharmacists are advancing their practice and expanding their scope of practice to meet the demands of evolving health complexities. Community pharmacists also require more education in ADHD management as ADHD is more likely to be managed in the community if there is an ADHD diagnosis alone, and without other comorbidities such as learning disorders and mental health diagnoses. Those with multiple comorbidities may be managed by specialists in a hospital setting. Therefore, hospital pharmacists especially working in paediatric and mental health settings will be familiar with treatments and management plans for people with ADHD. Other hospital pharmacists working in other clinical areas also need upskilling in ADHD management to ensure provision of holistic, tailored, person-centred care. Structured training modules could assist all healthcare professionals in understanding diagnosis, treatment, comorbidities and ongoing support for those with ADHD. Broadening specialisation of practice amongst hospital pharmacists through an AdPha Resident or Registrar Training Programs for ADHD could be introduced to upskill the existing pharmacy workforce to provide specialised, quality, patient care.

Recommendation 2: Investment in the development of specialised training and education to upskill healthcare professionals supporting specialists in the ongoing treatment and management of people with ADHD including general practitioners (GP),

nurses and pharmacists.

d) regulations regarding access to ADHD medications, including the Tasmanian Poisons Act 1971 and related regulations, and administration by the Pharmaceutical Services Branch (PSB), including options to improve access to ADHD medications;

The significant barriers to accessing ADHD medicines subsequently delays access to treatment and management for people with ADHD. This stems from the stringent controls around the prescription of Schedule 8 stimulant medications outlined in the *Poisons Act 1971* and Poisons Regulations 2018.

Under the Poisons Regulations 2018, Reg 24, a medical practitioner must not, without the authority of the Secretary, issue a prescription or supply to a patient, certain narcotic substances, including psychostimulant medications for the treatment of ADHD (namely, dexamphetamine, lisdexamfetamine, methylphenidate). Additional conditions are imposed, including if these medicines are to be dispensed more than once, the prescription must be retained at the place at which the medicine was originally dispensed, and any subsequent dispensing's should be from the same place as the original dispensing.[8] Restrictively, the medical practitioner must be physically present and practising medicine in Tasmania to prescribe these medications, limiting access to providers outside of Tasmania. Therefore, an interstate medical practitioner (e.g., practicing telehealth interstate) cannot seek authorisation under the Poisons Act 1971 to prescribe schedule 8 medicines.[9]

Whilst AdPha understands that these requirements serve to minimise the chance for medicine diversion and misuse, they also impede timely access to important medications for a condition that is long-term and requires ongoing treatment for improved quality of life. These regulations are starkly varied between jurisdictions thus breeds inequity across the nation which is further augmented in rural and remote healthcare settings. In these settings the low volume of locum clinicians or the use of interstate fly-in, fly-out type arrangements is a significant barrier. This poses a risk to the patients in these areas from accessing medications in a timely manner if their clinician cannot be authorised by the Secretary to prescribe psychostimulant medicines under the Tasmania Poisons Act 1971.[9] These hindrances have resulted in adults being forced to move interstate to receive timely care and access to ADHD medications as other jurisdictional regulations are not as restrictive and upholds person-centred care.

A qualified specialist medical practitioner in Tasmania, namely psychiatrists, paediatricians, sleep physicians and neurologists must apply for an authority to prescribe Schedule 8 psychostimulants from the Secretary of the Department of Health. GP's can apply for an authority only when the diagnosis and management has been completed by a suitably qualified specialist medical practitioner in Tasmania. The authority can be issued for up to a maximum of 36 months except for paediatricians making an application

for a child, authorisation will be issued until the child turns 18 years. Upon expiration of the authorisation, a review by a suitably qualified specialist medical practitioner is required to issue a new authority under the Act. For an adult with a diagnosis of ADHD being treated by a GP, this exacerbates the difficulties they face and delays treatment.[2] The current waiting lists for those specialists to provide the necessary care to meet legislative requirements is increasing, posing significant barriers for children, adults, carers and families.

AdPha believes specialised ADHD health services must be invested in to bridge current voids in this dynamic health landscape. Specifically, telehealth services must be leveraged and interstate trained prescribers who are not physically located in Tasmania should be given authorisation to prescribe psychostimulant medication to improve timely access and continuity of care for their patients. The strict regulations in Tasmania lead to a vicious cycle, as patients circulate across the health care system with no proper management as they do not receive access to quality, timely care impacting their quality of life and productivity. The *Poisons Act 1971* should allow interstate specialists to collaborate with local GP's and prescribe ADHD medication via telehealth services. Digital services, such as telehealth can be effectively utilised to provide patients with additional pathways to receive timely care. These services will be of particular importance to patients living in rural and remote areas who already have limited access to ADHD services.

The strict controls on prescriber authorisation by the Secretary must be reconsidered and eased. GPs should be upskilled and appropriately trained to diagnose and prescribe ADHD medication without requiring specialist intervention for initial assessment. The current complex pathways and processes for prescribing and applying for authorisation does not echo person-centred care.

Recommendation 3: Consider increasing access to assessment and treatment of ADHD services by easing prescriber eligibility for authorisation to prescribe Schedule 8 psychostimulants in the Tasmania Poisons Act 1971.

(e) the adequacy of, and interaction between the State Government and Commonwealth services to meet the needs of people with ADHD at all life stages;

The interaction between the Tasmanian State Government and Commonwealth services for ADHD treatment and support is limited by fragmentation and inadequate coordination. At a state level, ADHD treatment is largely regulated under the *Poisons Act 1971*, which tightly controls access to stimulant medications, particularly Schedule 8 substances like methylphenidate, lisdexamfetamine and dexamphetamine which have prescribing restrictions imposed. This results in restricted access to essential medications, management, and care which is heightened in rural and remote areas where qualified specialist medical practitioners and services are scarce. The process of obtaining authorisation to prescribe Schedule 8 psychostimulant medications is complex and

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resource intensive which requires intervention by specialists, which can cause significant delays in diagnosis and treatment.

The limited support services provided by the Tasmanian Government forces patients to rely on Commonwealth funded programs and the private sector for holistic, comprehensive care, but sometimes at their own expense.

At the Commonwealth level, initiatives like the Medicare Benefits Schedule (MBS) provide rebates for consultations with ADHD specialists, including paediatricians and psychiatrists.[10] However, these services are concentrated in urban centres, creating inequitable gaps in access to care for those living in rural and remote areas in Tasmania. Additionally, the National Disability Insurance Scheme (NDIS) can support individuals based on eligibility, but many people with ADHD do not meet the eligibility criteria for NDIS funding. This is further compounded by the lack in continuous support across life stages, particularly during the transition from childhood to adulthood, when support services can be most fragmented, but most needed.

Therefore, the lack of integration between state and Commonwealth services means that many individuals with ADHD experience disjointed care, where state health regulations limit access to medication, and Commonwealth programs do not always address the full range of care needs. Improving collaboration between these levels of government and creating streamlined, easy to navigate referral pathways, particularly between primary care providers and specialist services, could ensure more holistic and accessible care for individuals with ADHD throughout varying life stages.

(f) the social and economic cost of failing to provide adequate and appropriate ADHD services;

A systematic review looking at the long-term outcomes for people with ADHD and the effects of treatment and non-treatment found that, without treatment, people with ADHD had poorer long-term outcomes in educational and occupational outcomes compared with people without ADHD. The same study also found treatment for ADHD improved long-term health outcomes compared with untreated ADHD.[11]

An economic study looking at the social and economic cost to the Australian community found that the financial and non-financial costs of ADHD in Australia reached $12.76 billion during the 2018/2019 financial year.[12] Identifying areas where services are lacking and addressing them, can help reduce these costs to the individual, society, the economy, and government. Inadequate and untreated ADHD leads to increased healthcare utilisation, unemployment owing to reduced productivity, increased school dropout rates, and social costs related to increased mental health conditions as people resort to alcohol and substance abuse.

This does not include the burden on carers and teachers in caring for those with ADHD. For teachers, ongoing professional learning through seminars, webinars are preferred to build teacher capabilities related to educating students with ADHD.[13] Hospital

pharmacists, especially those working in medicines information could assist in providing further education and support to carers and teachers alike, similar to the role of speech pathologists and psychologists in school environments.

(g) any other related matters;

- Availability of alternative medication delivery forms, such as methylphenidate patches, are available in the USA, which are not available in Australia.[14] Providing an alternative formulation could improve adherence to ADHD medicines, ensure correct dosing, as well as improve outcomes for those with ADHD. As Australian guidelines are updated with novel treatments, these treatments must be made accessible to people with ADHD.
- As many ADHD medicines are commenced in hospital settings, usually in outpatient clinics, AdPha believes that hospital pharmacists can play a greater role in medication counselling, and ongoing management of ADHD medications. AdPha acknowledges that this could be more challenging outside of metropolitan area due to lack of hospital pharmacists let alone paediatric pharmacists. Hospital Initiated Medication Reviews (HIMR) could allow access to these specialised pharmacist services, including the hospital-initiated referral pathways of the federally funded Home Medicines Review program for patients with multiple comorbidities and meet the eligibility criteria for a Home Medicines Review referral.
- A nationwide paediatric service has recently announced that it is unable to recruit enough specialist paediatricians to keep up with the increased demand in ADHD services, further compounding access to ongoing management of their treatment.[15] Medication shortages can also be challenging, especially when access to a specialist for alternative treatment is not viable. Last year, the U.S Food and Drug Administration reported a shortage of the immediate release formulation of amphetamine mixed salts (Adderall) due to increased demand and shortage of the active ingredient.[16] In Australia, the medicine shortage reports database lists atomoxetine as currently being in shortage.[17] In addition, 40.3% of people with ADHD already have difficulties in finding the right medication and therapy with shortages heightening limitations to accessing treatment.[18] If access to treatment is not available, some parents may present to emergency departments to get the care and treatment they require for their children.
- Limited access to specialist care can create unnecessary barriers to timely and adequate treatment, as ADHD medicines have certain restrictions with respect to their prescribing as they are Schedule 8 Controlled Drugs, and additional regulatory requirements for PBS Authority required prescriptions. Responsibility for the ongoing care and management then falls with the person's GP. PBS listings for ADHD treatments and their associated prescribing requirements may need to be reconsidered to reflect the role of GPs in management of ongoing ADHD for those diagnosed later in life. Being Schedule 8 Controlled Drugs, there are also legal

hurdles to consider when GPs are prescribing specialist ADHD medications, such as the requirement for obtaining authorisation to prescribe and renewal process which creates administrative burden and is resource intensive. Only one prescriber can hold authorisation to prescribe ADHD medication for a single patient at a time for any given patient.

AdPha welcomes the expansion of methylphenidate's (Ritalin) PBS listing criteria to include access for adults with a retrospective diagnosis of ADHD and most recently, R/PBS listing of lisdexamfetamine extended use, to allow use in adults with ADHD persisting from childhood, even if diagnosed after 18 years of age. However, a retrospective diagnosis may be difficult to ascertain, hindering access to ADHD medication for some adults with ADHD.

Certain ADHD medicines such as atomoxetine have restrictive treatment and population criteria to be subsidised on the PBS. As outlined in the Therapeutic Guidelines and Australian Evidence-Based Clinical Practice Guideline For Attention Deficit Hyperactivity Disorder, Atomoxetine is recommended for use where a stimulant medicines cannot be used or tolerated either due to Tourette syndrome, severe anxiety disorder or risk of stimulant misuse.[19,20] Some medicines such as risperidone or melatonin, although not outlined as treatments for ADHD in clinical guidelines, are used in practice for the treatment of comorbidities, which are also not subsidised for these indications. This results in some hospitals bearing the cost of these treatments, with other hospitals unable to, widening the gap in inequity in treatment. This is more pronounced outside of metropolitan areas where smaller hospitals are unable to fund these treatments.

Some hospitals may not stock all ADHD medications, and this differs between larger hospitals and smaller regional hospitals, creating further inequities in accessing ADHD medications. Hospitals may stock certain ADHD medications listed on the PBS that align with formulary requirements. However, in many cases hospitals do not fund for ADHD medications, thus rely on patients own medications to be utilised during their inpatient stay to ensure they can access their medication in a timely manner.

In the community, these treatments would have to be funded privately by the patient. AdPha understands that some medicines, like melatonin, are being sourced by parents overseas as compounding formulations for children would otherwise be too expensive for ongoing supply if sourced in Australia. AdPha recommends broadening of the PBS criteria for medications indicated for the treatment and management of ADHD and associated comorbidities, to be inclusive of late diagnosis of ADHD in adults and reflective of current clinical guidelines.

Recommendation 4: The Tasmanian Government, Department of Health should consider advocating to the Commonwealth Government and the Pharmaceutical

Benefits Advisory Committee (PBAC), regarding the expansion of the PBS criteria for medications indicated for the treatment and management of ADHD and associated comorbidities, to be inclusive of late diagnosis of ADHD in adults and reflective of current clinical guidelines.

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