atdc
Alcohol, Tobacco and other Drugs Council Tasmania

4/9/24

The Secretary,
Government Administration Committee B, House of Assembly,
Parliament House,
HOBART, TAS, 7000

Dear Secretary,

RE. INQUIRY INTO THE ASSESSMENT AND TREATMENT OF ADHD AND SUPPORT SERVICES

The Alcohol, Tobacco and other Drugs Council (Tasmania) (ATDC) is the peak body for alcohol and other drugs (AOD) in Tasmania. Our role is to represent community-managed alcohol, tobacco and other drug (AOD) services across the state to government and the Tasmanians who access these services.

With regard to the Inquiry, the ATDC is aware of several matters relevant to and concerning our member services and the clients they treat:

(i) it is very common for our services to treat people with diagnosed yet untreated Attention Deficit Hyperactivity Disorder (ADHD) and likely undiagnosed ADHD.

(ii) the prevalence of people with cooccurring substance use disorders (SUDs) and ADHD is between 20% to 30%[i] and represents a significant portion of people seeking treatment for SUD

(iii) many clients report that they self-medicate: their substance use is related to their ADHD[ii]

(iv) community-managed ATOD services are often unable to support clients to see psychiatrists, even if such an appointment is indicated clinically, and clients therefore often remain undiagnosed and untreated, lacking the capacity to follow up on an assessment themselves

(v) with diagnosis relying heavily on reports and information from childhood, including from educators and family, many clients who use drugs are unable to provide such information, despite the likelihood of having ADHD or other cognitive impairments

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(vi) members report the level of client complexity including cooccurring conditions (e.g, conduct disorders, anxiety, depression, personality disorders) complicates ADHD treatment, making it even more difficult for these individuals in their treatment journey

(vii) many people in AOD treatment are unable to access medication for their ADHD due to their drug use, even though extended-release stimulant medication for ADHD has low likelihood of misuse and is often effective

(viii) the Pharmaceutical Services Branch (PSB) rightly takes a careful approach to prescribing stimulant medication, however, many people who use drugs are denied access to stimulant medication despite its potential to support their goals to reduce or cease ATOD use, and the process by which they can challenge the PBS decision is opaque at best, and invisible to many

The ATDC is also aware of the enormous expense and wait times experienced by people who wish to access psychiatric services, including services for children and young people. This is of considerable concern given the evidence that early and effective treatment of ADHD reduces the risk of developing a SUD to similar levels as that experienced by neurotypical individuals[iii]. Undiagnosed and untreated ADHD is likely contributing to the number of individuals experiencing AOD dependence. Consequently, any action to improve early detection, diagnosis and ongoing managed treatment of ADHD in children and young people will likely reduce the number of individuals experiencing dependence in the future.

It is important to note that people who use drugs and experience dependence, their families, friends and carers experience significant stigma in their daily lives and are often confronted with stigma and prejudice when accessing primary healthcare. Addressing stigma in these settings and more broadly will also support individuals to pursue ADHD or other cognitive impairment assessments.

People who use drugs and/or experience dependence should be afforded access to assessment, adequate treatment and ongoing support for ADHD. Please contact the ATDC if you wish to discuss anything in this letter or seek further information.

Warm regards,

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[i] van Emmerik-van Oortmerssen, K., van de Glind, G., van den Brink, W., Smit, F., Crunelle, C. L., Swets, M., & Schoevers, R. A. (2012). Prevalence of attention-deficit hyperactivity disorder in substance use disorder patients: a meta-analysis and meta-regression analysis. Drug and alcohol dependence, 122(1-2), 11-19.

[ii] Wilens, T. E. and S. Fusillo (2007). "When ADHD and substance use disorders intersect: Relationship and treatment implications." Current Psychiatry Reports 9(5): 408-414.

[iii] Wilens, T. E., Faraone, S. V., Biederman, J., & Gunawardene, S. (2003). Does stimulant therapy of attention-deficit/hyperactivity disorder beget later substance abuse? A meta-analytic review of the literature. *Pediatrics, 111*(1), 179-185. https://doi.org/10.1542/peds.111.1.179