COMMITTEE ON CHILDREN AND YOUNG PEOPLE

INQUIRY INTO THE USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS IN CHILDREN AND YOUNG PEOPLE

ISSUES PAPER No. 3

CHILDREN AND YOUNG PEOPLE AND THE MISUSE AND ABUSE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS

Submissions and Further Information

The Committee on Children and Young People invites written comment from interested organisations, groups and individuals regarding any of the matters raised in this Issues Paper. Ideally, comments should be forwarded to the Committee on Children and Young People, Parliament House, Macquarie Street, SYDNEY NSW 2000 by Monday 29 July 2002, although the Committee will continue to accept and consider comments after that date. Submissions may also be forwarded by fax on (02) 9230 2928, or email: children@parliament.nsw.gov.au. Further information on the Inquiry or on how to make a submission can be obtained from Mr Ian Faulks, Manager of the Committee, on (02) 9230 2161. Further information about the Committee on Children and Young People can be viewed on the Committee's web site at: www.parliament.nsw.gov.au/gi/commits/children.

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INTRODUCTION

This Issues Paper explores the misuse and abuse of prescription drugs and medication by, and in relation to, children and young people. As is apparent from the list of issues below, there are many ways in which misuse or abuse can occur.

Issues examined this paper

- The recreational abuse of prescription drugs and medication by children and young people
- Abuse of laxatives and 'diet aids' by children and young people
- Abuse of nicotine replacement therapy by children and young people
- Accidental and intentional poisoning using prescription drugs and medication
- Selling, swapping and sharing prescription drugs and medication at school
- Purposive sedation of children
- The use of medication to 'mask' illnesses
- The use of prescription drugs and medication by children and young people in the context of sport
- The 'over-prescription' of antibiotics for children and young people
- Awareness of the dangers of abusing or misusing prescription drugs and medication
- The consumption of caffeinated 'energy drinks' by children and young people

See **Issues Paper No. 1**, for information about the Inquiry and the Committee for Children and Young People. That paper also contains background and contextual information about the subject matter of the Inquiry.

RECREATIONAL ABUSE OF PRESCRIPTION DRUGS AND MEDICATION BY CHILDREN AND YOUNG PEOPLE

The Committee is extremely concerned about the recreational abuse of prescription drugs and medication by children and young people. The Committee has been advised that drugs that are abused in this way include analgesics, tranquillisers and sedatives. The harms associated with pharmaceutical drug abuse can include short term mild side effects, longer term dependency, and overdose. The dangers are increased when prescription drugs and medication are abused in combination with illegal drugs.

Submissions to the Inquiry noted that some school students were using stimulant prescription drugs and medication during exam times and other times of stress or just for fun.[1] In this regard, the Commission for Children and Young People has suggested:

Possible recommendation

That NSW Health distribute information on preparations commonly used by children and young people during stressful events, such as exams, for use by GPs, schools and other key points of contact for children, young people and their parents.[2]

There does not appear to be a great deal of available information or statistics about the recreational abuse of prescription drugs and medication by children and young people in New South Wales. Although, the National Drug Strategy 1998 Household Survey reported that in the 12 months leading up to the survey, 9% of young people aged between 14-19 years had used analgesics, tranquillisers or sedatives for non-medical purposes. This was compared to 6% of Australians overall.[3]

There is some indication that the recreational abuse of prescription drugs and medication is on the rise. A recent article in the *Australian Family Physician* reports a study which shows small increases in the abuse of certain forms of medication: abuse of analgesics by adolescents had increased by 3.5%, and the abuse of sleeping pills increased by 2.6%, in the period between 1995 and 1998.[4]

The Committee wishes to gain a more comprehensive understanding of this issue and seeks further information

The Committee is particularly concerned that while children and young people are somewhat aware of the dangers of abusing illicit drugs, they seem comparatively unaware of the dangers of abusing prescription drugs and medication. This issue examined toward the end of this paper.

ABUSE OF LAXATIVES AND 'DIET AIDS'

Submissions to the inquiry drew the Committee's attention to the abuse of laxatives, diuretics and diet pills by children and young people with anorexia nervosa or bulimia nervosa. The NSW Commissioner for Children and Young People, Ms Gillian Calvert (**'Commissioner Calvert'**), reported to the Committee that among the most commonly recognised drugs in the focus groups it conducted with young people for the purpose of the Inquiry, were 'diet aids' and laxatives.[5]

The ready availability of this over-the-counter medication facilitates these serious eating disorders.

The comments of the young people who attended to focus groups also indicated that the use of diet aids and laxatives by young women as a means of losing weight was common.[6]

> *"Laxatives are big at school as a weight control tool."*
> *"Yeah, those things that expand in your stomach …so you don't feel hungry – that's really common at our school..."*
> **Children's focus groups**

In 1999, the Australian Institute of Health and Welfare (**'AIHW'**) estimated that eating disorders were among the leading causes of disease burden in girls and young women aged 15-24, following depression, bipolar disorder and alcohol dependence and harmful use.[7]

The Committee is aware that in recent years the New South Wales Government has raised the profile of the serious concern about these illnesses in our community. A number of initiatives conducted in the past, as well as ongoing initiatives reflect the Government's concern about this issue. For example, the NSW Department of Education and Training is undertaking work around the issue of body image, both for girls and the boys. The Mental Health Implementation Group, as part of the New South Wales Government's Action Plan for Health, has ongoing projects dealing with eating disorders.[8] NSW Health also publishes information about anorexia nervosa and bulimia nervosa on its web site and refers people to agencies for further help.[9]

ABUSE OF NICOTINE REPLACEMENT THERAPY

Nicotine Replacement Therapy (**'NRT'**) assists a person to give up smoking by providing dosages of the nicotine that they crave. It is available over the counter at pharmacies, in the form of chewing gum and patches. Prescribed medication such as bupropion ('Zyban') is also available.

NSW Health informed the Committee that there is no evidence that NRT is harmful for children and adolescents and that clinicians should consider the use of NRT for young people when there is evidence of tobacco dependence and intention to quit.[10] The Committee concurs that NRT should be available to young people in such circumstances.

The Committee is concerned however, about evidence it received of incidences of the abuse of nicotine NRT by young people in New South Wales. The Committee was advised that some young people are using patches and gum as a way of continuing their nicotine level when they don't have access to cigarettes, rather than as an aid to giving up smoking.[11]

> How common is this practice and what is the nature of the risks it poses?

The Pharmacy Guild of Australia warned that there are dangers of using NRT otherwise than in accordance with instructions, including vivid dreams and headaches.[12] The Guild made the following suggestion to the Committee:

> **Possible recommendation**
> That the sale of Nictine Replacement Therapy products be accompanied by counselling from a pharmacist so that the smoking cessation program is adhered to and is not abused.

The Guild has advised the Committee that it is currently working on a project to produce a set of guidelines and procedures to be followed by pharmacists and pharmacy staff in promoting smoking cessation, particularly with relation to the sale and effective sustained use of NRT products.[13] The Committee considers that issues of specific concern to children and young people should be addressed by such a guide.

ACCIDENTAL AND INTENTIONAL POISONING USING PRESCRIPTION DRUGS AND MEDICATION

Suicide and attempted suicide using prescription drugs and medication

The Committee notes that there does not appear to be many recorded incidences where a child or young person has committed suicide with the use of prescription drugs or medication in New South Wales in recent years.[14] Nonetheless, the Committee would like to explore the potential for prescription drugs to be used in this way. The Committee is interested in gaining further information about the concerns in this area. In particular, the Committee seeks any information or statistics about the use of prescription drugs or medication by those who have attempted suicide.

The use of prescription drugs as a treatment strategy for depression in children and young people is examined in **Issues Paper No 5**.

Accidental poisoning

Accidental *self-poisoning* by children and young people is a grave concern. The Committee was advised that 71% of poisoning admissions to Australian hospitals for children 0-4 years are caused by pharmaceuticals.[15] The major types of ingested poisons among children, include paracetamol (discussed below), vapouriser solution/essential oils, and cough and cold medications which are readily available over the counter from a pharmacist.[16]

The Pharmacy Guild of Australia provided the Committee with a list of factors that contribute to childhood poisoning: [17]

- toxicity of various substances;
- dose taken;
- availability, visibility, accessibility - flavoured products are more accessible to children, absence of child resistant package; [18]
- regularity of use of the substance in the household;
- Children's understanding of the dangers of medical prescription drugs and medication;
- behaviour of the child;
- Behaviour care giver - unaware of the toxicity of the substance, lack of supervision; and
- involvement of older children.

The Committee also learnt of incidences where parents had accidentally or deliberately given their children overdoses of prescription drugs such as anti-depressants and anti-histamines.[19]

Paracetamol

Submissions to the inquiry, and recent media reports, have highlighted the particular danger of paracetamol for children and young people. As paracetamol is available in a large range of doses, 'the potential for accidental overdose due to confusion over concerntration and frequency of doseing is high.'[20]

As well as *accidental* overdosing or poisoning, the Committee is also aware of reports of paracetamol poisoning where the drug was administered by medical professionals with therapeutic intent. For example, it was reported in February this year that a 13 year old died in New South Wales of acute liver failure caused by a massive overdose of paracetamol administered in a hospital. The child was repeatedly given the drug to relieve pain from a routine operation on his hip.[21]

The Pharmacy Guild of Australia advised the Committee that in conjunction with the Pharmaceutical Society it is developing a program to implement a public awareness campaign about poisoning, the harmful affects of paracetamol.[22] The Guild cautioned however, that raising awareness could actually have a detrimental affect:

> One of the difficulties is that to give the public knowledge of the toxicity of paracetamol could be counter-productive…paracetamol is one of the most toxic and terrible deaths to die from an overdose. If it became widely known that one of the ways that you can do yourself in quite effectively is taking 100 Panadol or 100 paracetamol's we could have a worse situation than we have been trying to control by only supplying smaller quantities and restricted to pharmacies as we do now.[23]

SELLING, SWAPPING AND SHARING PRESCRIPTION DRUGS AND MEDICATION AT SCHOOL

Concern was expressed, in several submissions to the inquiry, about school children selling, swapping or sharing their prescription drugs or medication with other children at school.[24]

The Committee received information that indicates that these practices are indeed occurring in the school yard. The Commissioner for Children and Young People informed the Committee that in the focus groups run by the Commission for the purpose of the inquiry, most young people talked about school being a place where selling and sharing of prescription drugs and medication does occur.[25] The Committee is also concerned about the likelihood that this is occurring outside the school context as well.

The reports of students swapping, selling or sharing prescription drugs and medication at school identify substances such as Ventolin, Ritalin and Panadol.

> *"Some people deal Panadol at school." "Stuff like Ritalin – everyone takes it! There's so many people selling it. "*
> **Children's focus group**

It is unclear how widespread the practice is. The Committee is interested in gaining a picture of its prevalence among school students

Swapping, sharing and selling prescription drugs and medication raises several concerns as noted below.

- Children who take prescription drugs or medication brought or swapped in this way do so without doctor or parental recommendation and guidance.

- It is likely that prescription drugs and medication changes hands without the recipient being informed of the possible dangers and side effects.[26] Disturbingly, the Commissioner for Children and Young People provided information that even though some children are aware of harmful side effects, they choose not to pass the information on.[27]

- Some children seem to think that it is OK to take their friends prescribed medication, particularly if they think they have the same medical condition as their friend.

> *"Sometimes I share my dexamphetamine with a friend. She has the same condition, so the medication will do the same thing"*
> **Children's focus groups**

- Children who sell, share or swap their prescription drugs or medication miss out on the

drugs or medication that their medical practitioner has that they should be take.

Submissions to the inquiry suggested that the practice stems in part from lack of education about the possible danger of prescription drugs and medications in the school curriculum. The lack of awareness about the dangers of improper use of prescription drugs and medication among children and young people, as possible strategies to improve awareness, is examined later in this Issues Paper.

The Commission for Children and Young People has suggested that intervention strategies be introduced in schools to cope with the exchange of prescription drugs and medication in that environment:

Possible recommendation

That the Government, Catholic and Independent schools sectors develop appropriate prevention and intervention strategies for use in schools where there is evidence of dealing and sharing of prescription drugs and over-the-counter medications.[28]

Possible strategies, to assist students to self medicate and regarding the safe storage and distribution of prescription drugs and medication in schools and child care centres, were outlined in **Issues Paper No. 2**. These strategies may also assist in preventing the practice of selling, swapping and sharing drugs and medication at school.

PURPOSIVE SEDATION OF CHILDREN

The terms of reference of the Inquiry included, as an issue for the Committee to explore, the purposive doping or sedation of children. The terms of reference are set out in **Issues Paper No. 1**. The inclusion of this issue arose from media reports of alleged incidences of purposive sedation and community concerns about the practice, at the time that the inquiry was being initiated.

'Purposive sedation' refers to circumstances where a parent (or other primary carer) uses pharmaceuticals to sedate a noisy or restless child as a 'parenting solution'. This may occur when a parents' stress level or inexperience is such that she or he is unable to cope with their child's 'normal' childhood behaviour. It is important to note that 'purposive sedation' does not refer to the use of sedatives as a *prescribed* part of treatment for challenging behaviour, or any other health problem. Several submissions to the Inquiry pointed out the veracity of using of sedatives in this context.[29]

Few submissions to the Inquiry addressed this term of reference. However, those that did revealed the following issues and concerns about the purposive sedation of children:

(a) The use of sedating medication in the absence of a clinical need could adversely affect a child;

(b) Regular use of sedating medication could adversely influence the developmental progress of a child;

(c) Purposive sedation may mask or distort symptoms of a health problem a child has at the time, thus potentially placing the child at risk;

(d) Purposive sedation could also place parents at risk because their stress levels, inexperience or and inability to cope is not addressed; and

(e) Many submissions to the Inquiry expressed concern about the 'drug culture mentality' ie the mentality that drugs can (and should be) used solve all problems. Purposive sedation may arise out of, and feed into, this mentality.[30]

The Centre for Community Child Health at the Royal Children's Hospital in Melbourne informed the Committee of its view that children should only be intentionally given sedating medication *in exceptional circumstances*. The circumstances envisaged by the Centre are as follows:[31]

- Sedatives used to facilitate the performance of an investigative or medical procedure; and

- Where a child with a severe developmental disability and severely disturbed sleep cycles with extremely noisy or challenging behaviour into the late evening or early morning - for the benefit of both the child and the family.

The Committee is also mindful of the advice of a paediatrician at the Royal Children's Hospital in Adelaide, that sedation of children may be justifiable in other limited circumstances:

> One of the effects of the child who just will not settle is that parents get irritable, cranky and fatigued and then they snap and shake or hit the kid. Before we condemn sedation out of hand we must recognise that its judicious use on occasions will put that frantically irritable child to sleep and also let mum and dad go to sleep.[32]

The Committee would like to gain a better understanding of the nature and extent of this practice. For example: how common is it?; are there incidences of purposive sedation occurring in institutionalised care?; what are its dangers?; and in what circumstances is it justified?

The Committee is interested in receiving further information and views about the purposive sedation of children

USE OF MEDICATION TO 'MASK' ILLNESSES

The Committee heard from a worker in the child care area of incidences of parents medicating their

children before bringing them to a child care centre, in order to 'mask' their illness.[33] Information received by the Committee suggested that this was done to ensure that the child was admitted to the centre, as most centres will not admit children into care that are ill. The Committee is concerned that this practice places children at risk, as a serious illness could emerge during the day. The pressure that parents are under to be at work everyday and on time seems to be the reason for this practice.

The Committee is interested in receiving further information about the use of prescription drugs or medication to 'mask' illnesses.

USE OF PRESCRIPTION DRUGS AND MEDICATION BY CHILDREN AND YOUNG PEOPLE IN THE CONTEXT OF SPORT

The terms of reference for the inquiry included the examination of the use of prescription drugs and medications in sport activities involving children and young people. The Committee has received relatively few submissions addressing this term of reference.

The Committee remains interested in gaining a thorough understanding of the various implications of the use of prescription drugs and medication by children and young people in the sporting context.

Further information about the issues raised in this section is welcomed

The Committee it is interested not only in the *deliberate* misuse of prescription drugs and medication to enhance sporting performance, but also the *incidental effects* of a medication regime on sporting performance, both beneficial and detrimental. It is not the Committee's view that such 'incidental effects' constitute either misuse or abuse, but nonetheless this issue is briefly examined in this paper.

Incidental effect of medication regimes on sporting abilities

The Committee was informed that some prescription drugs and medication that a child or young person may be required to take may have a beneficial or detrimental effect on sporting abilities. For example, Dr Daryl Efron, consultant paediatrician with the Centre for Community Child Health at the Royal Children's Hospital in Melbourne advised the Committee that:

> …there is some research suggesting that children with ADHD perform better, particularly at team sports, when taking their stimulant medication than when off medication. This is thought to result from improved sustained attention to the task.[34]

On the other hand, some medication can negatively effects a child's sporting performance. In this regard, the Tourette Syndrome Association of Australia advised the Committee that the effects of some medication used to treat the symptoms of Tourette Syndrome can include sedation and hypotension, and could effect negatively effect sporting performance.[35]

There seems to be a lack of knowledge about the effects of various prescription drugs and medication on sporting ability. As a consequence, children and young people and their parents may not have access to information about which prescription drugs and medication impacts on their sporting ability and how.

It is also noted that some drugs taken by children and young people for medicinal purposes may in fact be banned substances (eg stimulants used in the treatment of Attention Deficit Hyperactivity Disorder (**'ADHD'**)) for competitive sport. This is a major concern for young people in competitive sports as noted by one participant in the Commission's focus groups.[36]

> *"I've learnt what's okay in sport. I have to watch what my doctor gives me cos I do track racing – I've got to ring the race organiser and say if I'm on a drug and they'll let me know if I can race. They have a book to check the drug."*
> **Children's focus groups**

Deliberately enhancing sporting performance

The Committee is concerned that the strong sporting tradition in Australia may create pressure for parents, schools, sporting communities and children and young people, to enhance sporting performance through the use of prescription drugs, medications and dietary supplements. The Committee notes in this regard that a number of young people in the focus groups conducted by the NSW Commission for Children and Young People raised concern about the pressure to perform and how some parents exacerbate this pressure.[37]

The use of prescription drugs and medication and other substances to enhance sporting ability concerns mainly young people involved in competitive sports, through school or sporting clubs. It is noted also that some of Australia's top athletes are under the age of 18.

The Committee has learnt that substances that can enhance sporting performance include asthma medication, dietary supplements such as creatine, steroids and pain killers (to assist recovery from injury).

Some of these are banned or prohibited substances in competitive sport. Most national sporting organisations adopt the Olympic Movement Anti-Doping Code as the basis for their doping policy. The *Australian Sports Drug Agency* (**'ASDA'**) is a Commonwealth statutory authority delivering a comprehensive anti-doping program, which includes

drug testing, education, policy advice and advocacy.[38]

Asthma Medication

The Committee was informed of the use of asthma medication such as Ventolin by young athletes because of its steroid contents.[39]

> *"Ventolin is really widespread among people who don't have asthma. People know it has steroids in it and it is used a lot in sports by people who want to breathe more and run faster"*
> **Children's focus group**

The Pharmacy Guild of Australia advised the Committee that the pharmacy profession implemented an 'asthma card' in 1996 to monitor purchases of over the counter inhaled bronchodilator medication. The card was trialed in New South Wales and the ACT and has been successful in helping pharmacists identify people who are possibly overusing or abusing the medications.[40]

Dietary supplements

Creatine supplements are among the most commonly used nutritional aids by young people as a means of enhancing their sporting performance.[41]

> *"Things like creatine – that's pretty common with footy guys"*
> **Children's focus group**

The Committee is concerned about the apparently widespread use of creatine and the lack of data on the effect it has on children and young people. The Committee is also aware of studies in the United States of America that have shown that the use of dietary supplements may lead to the use of banned anabolic steroids.[42]

Steroids

Anabolic-androgenic steroids are synthetic derivatives of the male hormone, testosterone. Steroids can be administered either orally or by injection. All steroids have anabolic and androgenic effects. Anabolic effects include: stimulation of protein synthesis (particularly in skeletal muscles); healing wounds; promotion of bone growth and calcium deposition; stopping nitrogen loss through urine. Androgenic effects are those involved in the development and maintenance of the primary and secondary male sex characteristics.[43]

Scope of the problem

The Committee was alarmed to learn of the apparent frequency of inappropriate use of drugs and medications by children and young people who want to increase their sporting performance.[44] However, there appears to be little documentation concerning the nature and extend of the use of drug in school sport and other organised sports. In this regard, the Commission for Children and Young People has made the following recommendation:

Possible recommendation

The NSW Department of Sport and Recreation undertake or sponsor a survey of the use of nutritional and other performance enhancing substances by children and young people involved in sporting activities to determine the level and potential effects of use.[45]

If such a survey were undertaken, it could also encompass the incidental effects of a child or young person's medication regime on sporting abilities.

The Pharmacy Guild of Australia suggested that educational material be developed about the dangers of the misuse of prescription drugs and medication to enhance sporting performance.

Possible recommendation

That educational material be developed on the dangers of the non-medical use of substances which enhance performance in sport and its distribution to the public, in particular to doctors, pharmacists, sporting organisations and schools.[46]

THE 'OVER-PRESCRIPTION' OF ANTIBIOTICS FOR CHILDREN AND YOUNG PEOPLE

Antibiotics are a wide group of medications used in the treatment of infections caused by bacteria. They are available by prescription only and the Committee has been advised that they are the most frequently prescribed medication by general practitioners in Australia.[47]

Over the past few years, some concern has developed about the number of antibiotics that are prescribed for and used by the population, particularly in regard to use for conditions not caused by bacteria.[48]

> *"I'm always on anti-biotics for something"*
> **Children's focus group**

Research published in 1997 showed that compared with similar developed countries, such as the United Kingdom and Germany, Australia has a high rate of anti-biotic use.[49] Over-prescription of antibiotics is considered the major contributing factor in the development of new bacteria which have become resistant to many current antibiotics. These new strains are said to increase the risk to communities from conditions which may not be more difficult to cure, or, in some cases, no longer treatable.[50]

Dr Efron informed the Committee of his view that antibiotics are being over-prescribed in children, particularly by general practitioners and for children with viral upper respiratory tract infections. He suggested that this practice is becoming a serious

problem in Australia, as elsewhere in the world, providing the following example:[51]

> In Australia, in paediatrics, there is a germ called the pneumococcus, strep pneumonia, which causes pneumonia, septicaemia and meningitis and it has traditionally been sensitive to penicillin, but we are starting to see resistance to penicillin, particularly in the Northern Territory and Aboriginal communities but also quite a lot in New South Wales recently. We have been fortunate and relatively spared in Victoria. The potential implications of this are enormous, that we might be forced to use other antibiotics, such as Vancomycin, and once we start using Vancomycin widespread, particularly in hospitals, we might be generating VRE, Vancomycin resistant enterococcus, which is one of the new scourgers at public hospitals for adults in Australia in recent times. We are not seeing that yet in paediatrics, but we are very worried that that will come and we believe that one of the main reasons for this antibiotic resistance developing is over-prescription of antibiotics, mainly in a general practice setting, for children with viral upper respiratory tract infections.[52]

The Committee was also interested to learn that a survey conducted for the Commonwealth Department of Health and Aged Care in 1995 found that 16% of mothers surveyed admitted to 'shopping around' until they find a GP willing to prescribe a medication, usually antibiotics, even though their own GP has recommended against a prescription.[53]

The Committee is interested in learning more about this issue and how it particularly relates to children and young people.

AWARENESS OF THE DANGERS OF ABUSING OR MISUSING PRESCRIPTION DRUGS AND MEDICATION

The Committee is concerned that current awareness among children and young people *and* adults, of the dangers of abusing or misusing prescription drugs and medication as described in this paper, is insufficient.

"If you can buy it in the supermarket …they're not going to kill you." "With prescription drugs you won't die" **Children's focus groups**

The feedback received from the focus groups run by the Commission for Children and Young People confirmed that some children and young people are not aware of the dangers (although others were quite well informed).

Some specific strategies to combat the abuse or misuse of different types of prescription drugs and medication were suggested in the preceding pages. As well as comments on these strategies, the Committee would like to hear comments on the need to raise the general awareness among children, young people and adults of the dangers of abusing prescription drugs and medication and the following suggested recommendation:

Possible recommendation

That all Government agencies ensure that policies relating to drugs and young people include consideration pf the use and potential misuse of prescription drugs and over-the-counter medications.

School curriculum

Commissioner Calvert submitted that because schools focus on prohibited drugs such as marijuana and tobacco, students may not be aware of how harmful prescription drugs and medication can be.[54]

"Yeah, you don't talk about the problems with Panadol, or Nurofen or that stuff – cause no-one thinks there are any problems with them. Also, I mean, sleeping tablets – you can take too many of them and die." **Children's focus groups**

The Committee notes that the Department of Education has strategies to inform public school students of the perils of taking illicit drugs, alcohol and tobacco. For example, all students from kindergarten to year 10 undertake preventative drug education as part of the Personal Development, Health and Physical Education syllabus. Senior students in years 11 and 12 in government school receive drug education in the *Crossroads* personal development and health education course.[55] The Department advised the Committee that education about medication and that medication and prescription drugs falls within that framework:

> What we know is that you need to actually be talking about the drug use ahead of when students are likely to be exposed to it…There will be emphasis in secondary on alcohol use particularly, on tobacco use, increasingly on cannabis use as well, because we know there's a high experimentation with cannabis. Issues about tother specific over the counter drugs or prescribed medication would fit into that context, nut certainly will not be part of the main focus, but if teachers are well tuned into their students needs and they know this is an issue, they will be picking that up and incorporating that somewhere in the program as well.[56]

The Commission for Children and Young People has suggested the following strategies to raise awareness of the issues and concerns surrounding this practice in schools.[57]

"Drug education in schools should include prescription and OTC drugs, because they can help the student." **Children's focus group**

Possible recommendation

That NSW Health and the Department of Education and Training ensure that the design of learning and resource materials and curricula concerning drugs includes content on legally available drugs and medications as well as illicit substances, and that children and young people are involved in the design and content of these materials.

Possible recommendation

That the Board of Studies broaden the drug education curriculum to cover prescription drugs and medication and their use and misuse. This should include clear information about the dangers of sharing prescription drugs and medication, and of using these medications as the same time as illicit drugs

THE CONSUMPTION OF CAFFEINATED 'ENERGY DRINKS' BY CHILDREN AND YOUNG PEOPLE

The consumption of 'energy drinks' containing caffeine by children and young people was raised in some submissions to the inquiry.[58] The Committee also notes that concern over the use of energy drinks, food and pills by children and young people has also attracted considerable media attention over the past year.[59] While not falling within the rubric of 'prescription drugs and medication', the Committee flags this an issue for further consideration.

Energy drinks such as '*Red Bull*' and '*V*' contain additives such as caffeine, B vitamins, amino acids, and herbal extracts like guarana, mate, gingko. Unlike sports drinks (eg '*Gatorade'* and '*Powerade'*), they generally do not contain sodium, potassium and other electrolytes to replenish lost body fluids.

> *"Some of the new energy drinks around are almost forms of addiction. One friend in particular consumes about 7 bottles of red-eye daily…"*
> **Children focus groups**

It is the addition of caffeine and guarana (a caffeine based plant extract) that is the main cause for alarm. It is argued that these products may have an adverse impact on children and young people, particularly those with pre-existing health conditions, and while consumed during sporting activities. However, there is no reliable evidence of the potential long-term effects of these products on the development of children and young people.

The Committee notes that in recent years there has been a growth in the market availability of energy foods and drinks. Commissioner Calvert reported on the usage of energy drinks and guarana pills by students during exam times:[60]

> The kids reported the common use of caffeine and guarana pills, in particular, to get them through exam periods or tough times… Kids often think that guarana is a natural preparation, therefore it is not going to harm them. This was a scenario we found all the way through: If it was a natural preparation, if it was available over-the-counter or if a doctor had prescribed it, by definition it must therefore be safe. The anxiety is because we are not doing clinical trials we are not getting the information and we do not know whether it is safe or not.

Possible recommendation

That NSW Health produce information on preparations that are commonly used by kids during stressful events and distribute it through general practitioners, school contact points etc.[61]

The Committee would like to hear the views of interested individuals and organisations about this issue and to receive further information about the regulation of the sale and marketing of these products.

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1 Submission 50, NSW Commission for Children and Young People, para 9.4 and 10.2.
2 Submission 50, NSW Commission for Children and Young People, para 10.3(ii).
3 Commonwealth Department of Health and Aged Care, *National Drug Strategic Framework 1998-1999 to 2002-2002 – Building Partnerships*, p 4.
4 Kang M, 'Substance abuse in teenagers – trends and consequences', *Australian Family Physician*, Vol 31, No 1, January 2002. Note that the report relies on data from the National Drug Household Survey and the Australian School Students Alcohol and Drugs Survey – see **Issues Paper No. 1** for background information on these surveys.
5 Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001, p 8.
6 Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001, p 8.
7 Australian Institute of Health and Welfare, *The Burden of Disease and Injury in Australia*, 1999.
8 Raphael B and Hasleton K, 'Mental Health Reform in NSW; and the NSW Government's Action Plan for Health,' *HealthCover*, October-November 2001, p 16.
9 www.health.nsw.gov.au/public-health/a-z/anorexia.html
10 Submission 79, the Hon Craig Knowles MP, Minister for Health.
11 Evidence from Mr Dennis Leahy, Pharmacy Guild of Australia, pp 57-59.
12 Evidence from Mr Dennis Leahy, Pharmacy Guild of Australia, pp 57-59.
13 Submission 74, Pharmacy Guild of Australia, p 5.
14 The NSW Child Death Review Team reported that in the 1999-2000 financial year 19 young people died as a result of suicide in NSW and in the 2000-2001 financial year 11 young people died as a result of suicide: NSW Child Death Review Team, *Report 1999-2000* (2000), p 49, and NSW Child Death Review Team, *Report 2000-2001* (2001), p 64. The reports cites 'multiple drug toxicity' as the method used in only one of these suicides, although the meaning of this term is not clarified. The Child Death Review Team operates within the auspices of the NSW Commission for Children and Young People.
15 Submission 74, Pharmacy Guild of Australia, p 2.
16 Submission 74, Pharmacy Guild of Australia, p 2.
17 Submission 74, Pharmacy Guild of Australia, p 2.
18 Evidence from Dr Lyn Weeks, CEO, National Prescribing Service, 3 July 2001, p 6.
19 See for example: 'This mother gave her son 12 tablets', *The Daily Telegraph*, 15/01/01, p 7 and a report on *Health Dimensions*, ABC Television, 10/03/02, 6:50 PM.

[20] Miles F, et al, 'Accidental paracetamol overdosing and fulminant hepatic failure in children', *Medical Journal of Australia* (1999) 171, p 472.

[21] 'Doctor urges alert on Panadol use', *The Sydney Morning Herald*, 19/2/02, p 5.

[22] Evidence from Ms Khin Win May, Pharmacy Guild of Australia, 18 June 2001, p 55.

[23] Evidence from Mr Denis Leary, Pharmacy Guild of Australia, 18 June 2001, p 55.

[24] Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001, p 2; Submission 27, Network of Community Activities; Submission 31, Youth and Family Help Line; Submission 34, Mr Michael Woods; and Submission 50, NSW Commission for Children and Young People.

[25] Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001.

[26] Submission 50, NSW Commission for Children and Young People.

[27] Submission 50, NSW Commission for Children and Young People, para 9.4.

[28] Submission 50, NSW Commission for Children and Young People, para 6.8(i).

[29] For example, Submission 24, Tourettes Syndrome Association of Australia, p 2.

[30] Submission 9, Mr Stan Stanfield; Submission 30, Ms Helen Dickenson; Submission 54, Dr Daryl Efron, Paediatrician, Centre for Community Child Health, Royal Children's Hospital, Melbourne.

[31] Submission 54, Dr Daryl Efron, Paediatrician, Centre for Community Child Health, Royal Children's Hospital, Melbourne, para 4.

[32] Evidence from Dr Michael Rice, Paediatrician, Royal Children's Hospital Adelaide, 10 September 2001, p 36.

[33] Evidence from Ms Tessa Parsons, Manager of Children's Services, Shellharbour City Council, 11 September 2001, p 27.

[34] Submission 54, Dr Daryl Efron, Paediatrician, Centre for Community Child Health, Royal Children's Hospital, Melbourne, p 5.

[35] Evidence from Ms Elizabeth Burns, President, Tourette Syndrome Association of Australia, 3 July 2001, p 41.

[36] Submission 50, NSW Commission for Children and Young People, para 10.1

[37] Submission 50, NSW Commission for Children and Young People, para 10.1

[38] For more information about ASDA see the organisation's web site at: www.asda.org.au

[39] Submission 50, Commission for Children and Young People, para 10.1.

[40] Evidence from the Pharmacy Guild of Australia, 18 June 2001, p 52.

[41] Submission 50, Commission for Children and Young People, para 10.1

[42] Submission 50, NSW Commission for Children and Young People, p.22.

[43] This information is taken from the *Steroids Factsheet*, NSW Health, available from: which can be viewed at: www.health.nsw.gov.au/publ…/publications/steroidsnapshot.htm.

[44] Submission 50, NSW Commission for Children and Young People, para 10.1

[45] Submission 50, NSW Commission for Children and Young People, para 10.3(i).

[46] Submission 74, Pharmacy Guild of Australia, p 4.

[47] Evidence from Associate Professor Helena Britt, Family Medicine Research Centre, GP statistics and Classification Unit, University of Sydney, 18 June 2001, p 2.

[48] There have been several journal articles and media reports on this issue over the years. See for example, McManus P, et al, 'Antibiotic use in the Australian community, 1990-1995, *Medical Journal of Australia* 1997; 167: 124-127; 'Antibiotic Use or Misuse?', *Medical Journal of Australia* 1997; 167: 116-117; 'Antibiotics could soon be useless', *The Australian*, 31/05/01; 'Antibiotics breed superbugs: survey', *The Sydney Morning Herald*, 5/01/02.

[49] McManus P, et al, 'Antibiotic use in the Australian community, 1990-1995, *Medical Journal of Australia* 1997; 167: 124-127.

[50] Australian Bureau of Statistics, *National Health Survey, Use of Medications, Australia*, 1999. The declining effectiveness of antibiotics has also been linked with their use in the production of some foods.

[51] Evidence from Dr Daryl Efron, Paediatrician, Centre for Community Child Health, Royal Children's Hospital, Melbourne and consultant paediatrician, Paediatrics and Child Health Division of the Royal Australian College of Physicians, 11 September 2001, p 44.

[52] Evidence from Dr Daryl Efron, Paediatrician, Centre for Community Child Health, Royal Children's Hospital, Melbourne and consultant paediatrician, Paediatrics and Child Health Division of the Royal Australian College of Physicians, 11 September 2001, p 44.

[53] Submission 58, National Prescribing Service Ltd. The report referred to is: Australian Health Innovations Pty Ltd, *Educational Strategies for the Quality Use of Paediatric Medications Vol 4*, December 1995.

[54] Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001.

[55] Submission 78, the Hon John Aquilina, MP, Minister for Education and Training.

[56] Evidence from Ms Helen Kerr-Roubicek, Manager, Student Welfare, Department of Education and Training, 11 September 2001, p 8.

[57] Submission 50, NSW Commission for Children and Young People, para 6.8 and 9.5.

[58] For example, Submission 7, NSW Parents Council; and evidence from the Commissioner for Children and Young People, Ms Gillian Calvert, 10 September 2001, p 3.

[59] For example: 'Teenager robbed store in 'Red Bull delirium', *The Sydney Morning Herald*, 10 October 2001, p 7; 'Warning laws for 'instant energy' drinks', *The Daily Telegraph*, 1 August 2001, p 11; 'Kids who play with caffeine', *The Sunday Telegraph*, 3 June 2001, p 13; and 'Energy Drinks Risk – Caffeine warning on labels', *The Daily Telegraph*, 16 January 2001, p 7.

[60] Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001, pp 3 and 8.

[61] Evidence from Ms Gillian Calvert, NSW Commissioner for Children and Young People, 10 September 2001, pp 3 and 8.