

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. 6

ALTERNATIVES TO THE USE OF PRESCRIPTION DRUGS AND OVER-THE-COUNTER MEDICATIONS BY CHILDREN AND YOUNG PEOPLE

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.

INTRODUCTION

This Issues Paper examines the alternatives to using prescription drugs and medication in the treatment of health problems faced by children and young people. The Committee is interested in the range of non-drug therapies and products that are used as 'complementary and alternative medicines' ('CAM'), as well as other strategies for specific health problems such as behaviour management, education of carers and environment modification.

Although this issue was one of the terms of reference of the Inquiry, the Committee did not receive many submissions addressing this matter. Of those that did, most emphasised the benefit and desirability of using, or at least canvassing the possibility of using, alternatives for the treatment of children and young people with health problems such as Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder ('ADD/ADHD').

The Committee would like to receive further information about this term of reference, to gain a thorough understanding of the use of alternatives by children and young people, and any concerns held by the community in this area.

Further submissions on this term of reference are sought

This Issues Paper contains information about some of the available alternatives to using prescription drugs and medication in the treatment of children and young people, and highlights some issues for consideration. The information is drawn from the few submissions that did address this term of reference, and additional research.

Issues examined in this paper

- An overview of the alternatives to using prescription drugs and medication for children and young people
- The use of alternatives by children and young people in New South Wales
- The regulation of complementary and alternative medicine in New South Wales
- The efficacy of alternatives for the treatment of the health problems of children and young people
- The interaction between alternatives and conventional medicine
- Self and parental, diagnosis and prescription of alternatives for children and young people
- Parent's, children's and young people's knowledge about alternatives

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

ALTERNATIVES TO PRESCRIPTION DRUGS AND MEDICATION FOR CHILDREN AND YOUNG PEOPLE

Broadly, people use alternatives for two reasons. Some people use alternatives because they believe that conventional treatments do not offer successful, or the best, intervention. Others use alternatives because they prefer to improve their well being through the use of 'natural' remedies.

Children and young people may make the decision to use alternatives for themselves, or parents may make this decision on behalf of their children. Self and parental diagnosis and prescription of alternatives is discussed later in this paper.

For most health problems there are often a number of conventional treatment options. Similarly, there may also be a number of alternatives to using drugs and medication to consider, for use either in conjunction with, or instead of, conventional treatment.

The Australian Paediatric Pharmacology Research Unit ('APPRU'), at the Royal Children's Hospital in Melbourne, define complementary and alternative medicines as follows:

CAM refers to a group of therapeutic and diagnostic disciplines that exist largely, but not exclusively, outside the institutions where conventional health care is taught and provided. These disciplines are sometimes labelled 'alternative' but this implies that they are used instead of conventional therapies which is not always the case. Some experts have adopted the term 'Complementary and Alternative Medicine' as an acceptable way to define the area of practice.¹

There are many forms of complementary and alternative medicines, including those listed below.

Acupuncture	Acupressure
Alexander Technique	Aromatherapy
Ayurveda	Chiropractic
Color therapy	Crystal therapy
Herbal therapy	Homeopathy
Hypnotherapy	Iridology
Kinesiology	Meditation
Moxibustion	Naturopathy
Osteopathy	Reflexology
Reiki	Therapeutic massage
Therapeutic touch	Traditional Chinese
Yoga	Medicine

The Committee is interested in learning more about the different types of complementary and alternative medicines. In particular, whether they

are available to children and young people, and whether they specifically cater for their needs. For example, do they have specific diagnostic and treatment methods for children and young people and how do they deal with the issue of consent set out in **Issues Paper No. 1**?

Do the various forms of CAM specifically address the needs of children and young people?

Other alternatives include strategies that do not fall neatly within the complementary and alternative medicines categorisation and are specifically identified or developed for the treatment of particular health problems or for assisting a particular child or their carers to cope, such as education of carers and modifying a child's physical environment.

The Committee would like to hear about other available alternatives to the using of prescription drugs and medication in children and young adults in general and in relation to specific health problems

USE OF ALTERNATIVES BY CHILDREN AND YOUNG PEOPLE

The Committee has been advised that complementary and alternative medicines are extensively used in Australia, and that it is estimated that the annual expenditure on complementary and alternative medicines now exceeds the budget for the Pharmaceutical Benefits Scheme.² Submissions to the Inquiry also indicated that there may be a prevalence of use of certain complementary and alternative medicines among specific communities. For example, the Committee was informed that many of communities from South-East Asia rely heavily on traditional practices and traditional medicine.³

In tune with the growth in complementary and alternative medicines, there has been a growth of university courses, and training courses offered by private colleges, in complementary and alternative medicines to both medical and non-medical students. There has also been a rise in the number of professional associations and peak bodies, including peak bodies for medical practitioners.⁴

In regard to use by children and young people, the Australian Paediatric Pharmacology Research Unit informed the Committee that:

Paediatricians are aware that CAM is being used in children, both in those with common childhood conditions (eg the use of Echinacea for the common cold) and in those with serious or chronic conditions (eg the use of a wide range of complementary therapies in children with cancer). It is the impression

of the investigators and their colleagues that the use of CAM in children has increased considerably in the last 5 years.⁵

The extent of the use of complementary and alternative medicines by children and young people is unknown. The Committee is aware however, that some research is currently being conducted that will assist in providing a clearer picture of usage.⁶

Alternatives for specific conditions raised in submissions

Tourette Syndrome

The Tourette Syndrome Association of Australia advised the Committee that there is a place for alternatives to (or in conjunction with) prescription drugs in the treatment of children with Tourette Syndrome ('TS'):

Alternatives to medicating children with TS would consist of better education of professionals, particularly teachers, to recognise and work with the symptoms of TS. Alternative therapies sometimes have the desired results of reducing stress which is known aggravator of TS symptoms. Classroom strategies which assist children with TS can also lead to a decrease in the amount and potency of medication required for some children.⁷

Drug withdrawal (in detention)

The Minister for Juvenile Justice advised the Committee that alternatives to prescription drugs and medication may be used in the context of clients who are experiencing drug withdrawal. If a client is experiencing drug withdrawal, non-medical options such as *support and counselling* are available and are employed as part of the client's medical treatment regime.⁸

Behavioural problems

The Committee received submissions advocating the use of alternatives including *diet management*, *behavioural modification* and *Tai Chi* for children with behavioural problems such as ADD/ADHD.⁹ Tai Chi is a Chinese martial art and system of callisthenics consisting of sequences of very slow controlled movements.

The Committee was informed by Dr Terry Sands, a consultant paediatrician at the Illawarra Sleep Disorders Service that non-medicinal alternatives are available for the treatment of children with ADD/ADHD who also suffer from sleep apnoea. He informed the Committee of research which indicates that ADD/ADHD is, in some cases, caused by sleep apnoea and that many children are being treated with stimulants for ADD/ADHD when they should be treated for sleep apnoea which involves the use of *non-medicinal treatment*, including the removal of tonsils and adenoids and the use of 'constant positive airway pressure'.¹⁰

Mental illness generally

The Paediatrics and Child Health Division of the Royal Australasian College of Physicians emphasised a whole of government approach to reducing the incidences of mental health problems in children and young people in New South Wales:

...although drugs are only prescribed when medically necessary, it is undoubtedly true that children and young people from high risk backgrounds have a higher incidence of mental health problems. Therefore the importance of family support, parenting support, optimal health and development services during early childhood, good quality child care, excellent and universal preschool and school educational opportunities and measures designed to improve overall standards of living, particularly for the needy in our community, cannot be over emphasised. Whole of government approach and effective linking across government departments and agencies are crucial.¹¹

Developments

The Committee is aware that new developments are being made in the use and understanding of alternative treatments for children and young people.

The Committee would like to hear about other new developments

For example, it was recently reported that researchers at the Royal Hospital for Women in Sydney are trialing the ancient art of meditation as a drug-free alternative for some sufferers of ADD/ADHD.¹² Researchers have conducted a focus group trialling *Sahaja Meditation* as a form of therapy for children suffering from ADHD. It was reported that after just six weeks, 16 children with ADHD all showed a marked improvement. A full-scale clinical trial on meditation and ADHD is to be conducted, but even without scientific proof, parents who took part in the clinic, are reportedly convinced of its merit. The Hospital hopes that the study will add to ongoing trials on the effects of meditation on migraine, asthma, hot flushes and ADHD. The researchers stated:

We see this as very much a scientific investigation of a different state, so this is a meditational state, where some of the level of consciousness has changed, the level of attention has changed, and there are probably corresponding changes to how the brain is functioning... I think meditation is going to become a very useful adjunctive management tool in a wide variety of chronic illnesses and that's where doctors are going to find it appealing, or health professionals are going to find it useful.¹³

REGULATION OF COMPLEMENTARY AND ALTERNATIVE MEDICINE

Products

In the latter half of the 1990's, the increasing use and acceptance of complementary and alternative medicines necessitated a review of the Commonwealth's existing regulation of therapeutic

products. As a result of a series of initiatives and reforms, the current system is designed to ensure a level of regulation commensurate with the low risk nature of most complementary medicines whilst providing protection to the consumer.¹⁴

The role of the Therapeutic Goods Administration ('TGA') in the regulation of medicines in Australia was explained in **Issues Paper No. 1**. Medicines regulated by the TGA also include 'complementary medicines'. Schedule 14 of the *Therapeutic Goods Regulations* lists the type of substances or products covered by the term 'complementary medicines', which includes vitamin, mineral, herbal, aromatherapy, and homeopathic products.

Therefore, any complementary product that is regarded as a 'therapeutic product' must entered on the Australian Register of Therapeutic Goods ('ARTG') before it can be supplied in Australia (with the exception of a few 'exempt goods').¹⁵ Complementary products may either be 'listed' or 'registered', depending on their ingredients and the claims made. The Listed category is for those products made with low risk ingredients that may be used only for minor, self-limiting conditions. Claims for Listed goods are limited by the restrictions of the *Therapeutic Advertising Code*, and sponsors must hold appropriate evidence to support claims they have made about their products. The Registrable non-prescription category is for those products containing higher risk substances or are for more serious claims than allowed under the Listed category. Registration applications undergo scientific evaluation for quality, safety and efficacy. Most complementary medicines are listed in the ARTG and some are registered.¹⁶

The Commonwealth Government administers the regulation of complementary health care products through the complementary medicines area of the TGA which incorporates:

- The Office of Complementary Medicines, which was set up to focus on the regulation of complementary health care products, to provide genuine government focus for their regulation and to increase the transparency of complementary medicine regulation;
- The Complementary Medicines Evaluation Committee which is an expert committee established in 1997. It evaluates and reviews new complementary medicines and new substances for complementary health care products; and
- The Complementary Healthcare Consultative Forum which was established under the chairmanship of Senator the Hon Grant Tampling. It's aim is to facilitate consultation between government a, the complementary healthcare industry and consumers.

The Committee also notes that there are ongoing reforms in this area.¹⁷

The **Australian Medical Association** ('AMA') has recently expressed its support for the new TGA regulatory reforms:

Complementary medicines should meet the same standards of safety and quality as orthodox medicines. Labelling and advertising of complementary medicines must be based on the appropriate level of evidence of efficacy. The AMA considers that there should be greater regulatory enforcement over the importation and use of raw herbs. The AMA believes it is essential that there is appropriate regulation of complementary therapists. Such regulation should ensure that non-medical complementary therapists cannot claim expertise in medical diagnosis and treatment.¹⁸

The Committee is interested to hear the views of other individuals and organisations about the regulatory framework for complementary products.

The practice

The Committee was advised that some forms of complementary and alternative medicine, such as osteopathy, are practiced in a well-regulated environment, but many are not. (Osteopathy is the treatment of disease through the manipulation of bones, especially the spine.)

The Committee would like to gain a greater understanding of how the practice of various forms of complementary and alternative medicine is regulated, if at all.

The regulation of practitioners of complementary and alternative medicines is a State and Territory responsibility but there appear to be moves towards a more consistent national approach.¹⁹

The Committee is interested in learning more about these developments

The Australian Paediatric Pharmacology Research Unit informed the Committee of its view that:

There is a good case for improving the regulatory framework within which CAM is practiced in the interests of public safety. This is particularly the case for the use of CAM in children given that they do not seek these forms of therapy themselves and rely on the quality of decisions made by others.²⁰

THE EFFICACY OF ALTERNATIVES FOR THE HEALTH PROBLEMS OF CHILDREN AND YOUNG PEOPLE

The Committee heard of some concerns about the use of alternatives in children and young people. For example, Dr Daryl Efron, a paediatrician with the Centre for Community Child Health at the Royal Children's Hospital in Melbourne, stated:

Many and varied therapeutic interventions have been proposed to help children and young people diagnosed with ADHD and learning difficulties. Most of these have not been properly testing in controlled trials. Many families try a variety of dietary restrictions, behavioural optometry, and an array of complementary and alternative therapies before seeing a paediatrician. The unproven potential benefits of these approaches needs to be weighed against the potential harms of cost (which is sometimes large), time and effort invested, and the emotional consequences of unrealistic expectations that are usually not fulfilled. Occasionally some forms of physical or manipulative therapies are reported as distressing to the child.²¹

The Committee assumes that many forms of alternative and complementary medicines and therapies are of great benefit to patients; adults and children alike. The Committee is concerned, however, that compared to conventional medicine and therapies there seems to be a lack of research and information about the effectiveness of alternative therapies, particularly in relation to children.

The Committee is interested in gaining a more thorough understanding of the benefits of alternatives for children and young people and any concerns about their effectiveness.

The Australian Medical Association considers it essential that scientific research is carried out in such a way as to permit complementary medicines and therapies to be assessed on an evidence basis. The AMA argues that this key principle of 'evidence based assessment' should be the basis of evaluating complementary medicines and therapies and their use by the medical profession. It should also be the basis of any collaborative relationships between medical practitioners and complementary therapists.²²

Possible recommendation

That additional funding is provided for the design and implementation of appropriate evaluative research in alternative and complementary medicines.²³

Reported adverse side effects of some complementary and alternative medicines

Dr Michael Rice, a paediatrician at the Royal Children's Hospital, Adelaide emphasised to the Committee that 'natural products' used in some forms of complementary and alternative medicines, such as herbal and vitamin products are chemicals in their own right and often may have significant side effects.²⁴

While the beneficial effects of many of these products alternative treatments and products is not disputed, the Committee is concerned that some

people may believe that because herbal and other complementary medicines are 'natural', they are therefore free from side effects. Like prescription drugs and medication, adverse reactions can occur, although similarly, some adverse reactions to complementary medication can be idiosyncratic and rare.

The Adverse Drug Reactions Advisory Committee ('ADRAC')²⁵ receives and analyses reports of adverse drug reactions to complementary medicines as well as to prescribed drugs and medication. It has published reports on adverse reactions to alternative products including Royal Jelly, Chaparral, Echinacea, Kombucha Tea, Milk Thistle and St Johns Wort.²⁶

ALTERNATIVES AND CONVENTIONAL MEDICINE

The Committee is interested in the interaction between alternatives and conventional medicine. There are several issues of relevance.

Acceptance of alternatives by the medical profession

There appears to be increasing acceptance of some forms of complementary and alternative medicines and other alternatives by the medical profession. The AMA recently stated that:

...evidence based aspects of Complementary Medicine are part of the repertoire of patient care and may have a role in mainstream medical practice...where there is evidence there is acceptance.²⁷

In its submission to the inquiry, the AMA advised of its approach to the use of alternative to prescription drugs and medication for children and young people, as follows:

Alternatives to the use of drugs and medications requires consideration of appropriate recurrent resources for therapies such as behaviour modification therapy to be developed, implemented, and ultimately effective. Although such 'alternatives' are often effective, they must be taken as part of a holistic approach to medical management which might still require some (though perhaps a reduced regime) medication (such as psycho-stimulants).²⁸

AMA research indicates that many general practitioners in Australia have accepted some alternatives, such as acupuncture, chiropractic, hypnosis and meditation as potentially beneficial. Over 80% of the general practitioners surveyed had referred patients for a complementary therapy at least a few times a year.²⁹

Medical practitioner's knowledge of alternatives

It is important that medical practitioners are informed about the potential benefits and any potentially adverse effects of complementary medicines and therapies, particularly in relation to

children and young people. Two possible recommendations in this vein are adapted from the AMA's policy statement:³⁰

Possible recommendation

That government and professional bodies develop information sources on complementary medicines and therapies for use by medical practitioners as exist for mainstream medicines and therapies.

Possible recommendation

Educational institutions and professional colleges should ensure that medical education provides basic information about complementary and alternative medicines in relevant areas such as pharmacology and evidence based therapies. Medical colleges should develop educational and practice standards relevant to CAM for use by medical practitioners and medical practices.

Alternatives practiced by medical practitioners

The acceptance of some alternatives by the medical practitioners extends beyond referrals to the practice of certain forms by some practitioners. In the AMA policy statement it was noted that almost half the general practitioners surveyed reported an interest in training in areas such as meditation, hypnosis and acupuncture and considerable numbers had undertaken training. Nearly 20% practised one complementary therapy in conjunction with mainstream medicine. Acupuncture appears the most popular, with at least 15% of Australian general practitioners practising this treatment.

The AMA has also expressed the view that the medical profession should set standards for medical practices and practitioners who wish to augment their medical practice with the use of complementary medicines and therapies.³¹

Advising patients of alternatives to prescription drugs and medication

A number of the young people who attended focus groups run by the Commission for Children and Young People ('the Commission') for the purpose of the inquiry were concerned that doctors did not always inform their patients of the available alternatives to prescription drugs and medication as a treatment option.³²

Some of the participants indicated that they wanted doctors to explain the available alternative and complementary non-drug treatments to them and to encourage them to play a part in deciding their preferred treatment.³³

"I'd prefer to know about them (alternatives to drugs). Then I can make the decision. If I don't know about the alternatives, how can I make a choice?"
Children's Focus Group

Possible recommendation

That NSW Health and other health education bodies should encourage medical practitioners to inform their young patients of the alternatives to prescription drugs and medications

Using complementary and alternative medicines in conjunction with conventional medicine

The Committee was made aware that some people, including children and young people, use alternative medicines and therapies in addition to conventional medicines for the same problem. For example, a social worker with the Drug and Alcohol Multicultural Education Centre informed the Committee that:

...a lot of communities from South-East Asia tend to rely heavily on traditional practices and traditional medicine and sometimes there can be a conflict between Western medicines that are prescribed and traditional medicines, and sometimes there is a lack of trust in Western medicines as well...There is a problem also with those that still use traditional and herbal medications we well as going along to the GP. It is like an additional safety or precaution to go along to the Western doctor and see what he or she has available and also take that and, as you can tell or as you could imagine, there might be some problems with the way those drugs actually interact.³⁴

The Committee is aware that some alternative products and therapies can be used successfully in conjunction with conventional medicine. It is concerned, however, about the use of both without the endorsement of either a medical practitioner or a practitioner of the relevant alternative.

The AMA states that general practitioners generally underestimate the extent to which their patients access complementary medicines and that many patients do not inform their medical practitioner of their use. The AMA advises general practitioners to specifically ask patients about their use of complementary medicine and take account of this in their management of conditions.³⁵

SELF OR PARENTAL DIAGNOSIS AND PRESCRIPTION OF ALTERNATIVES FOR CHILDREN AND YOUNG PEOPLE

It is apparent that many parents self-diagnose not only themselves, but their children, and decide to use alternatives to conventional medicine without the advice of a relevant complementary and alternative medicine practitioner or a medical practitioner. Children and young people with even less experience than their parents of health problems and treatment options also self-diagnose.

Many alternative products, such as vitamin and mineral supplements, Royal Jelly, echinacea and many others, are readily available from supermarkets, health food stores, pharmacies and

through the Internet. This makes self-diagnosis and treatment quite easy for parents and young people alike. **Issues Paper No. 1** has discussed issues concerning the ability of children to access medicinal products on the Internet.

The Committee heard that self and parental diagnosis and treatment appears to be common in the case of such things as colds prevention and treatment. It is also likely to also occur in relation to more serious or potentially serious health conditions.

The concerns outlined above, about the efficacy of using alternatives, are heightened when the advice of a complementary and alternative medicine practitioner or a medical practitioner is not obtained. The danger is that a parent or child may misdiagnose and that a child with a serious condition may go untreated with more appropriate complementary and alternative medicine methods or conventional medicine known to be effective.

CHILDREN AND YOUNG PEOPLE'S AND PARENTAL KNOWLEDGE ABOUT ALTERNATIVES

The focus groups held by the Commission for Children and Young People revealed that some children and young people do not know much about alternative treatments, while others had a clear idea about strategies for managing common problems like headaches and colds and flu without resorting to drugs.³⁶

"Depending what's wrong with you, you don't always have to take drugs to get better. Sometimes there are natural treatments that work just as well..." Children's Focus Group

Some participants expressed much concern about perceived overuse of medication and said that they would avoid drugs wherever possible.³⁷

The focus groups also indicated that many young people are unaware of the active ingredients in herbal or other alternative preparations. This concern is particularly salient when such preparations are taken in conjunction with conventional drugs and medication. In this context, the Commissioner for Children and Young People, Ms Gillian Calvert, has made the following recommendation.

Possible recommendation

That NSW Health and other health education bodies encourage practitioners and parents who provide herbal or other preparations to children and young people to inform them about the active ingredients and possible reactions and interactions if taken in conjunction with prescribed or other medication.³⁸

The AMA has recently expressed the view that it is important that patients have improved access to

information about complementary medicines and the difference in roles to medical practitioners and complementary therapists.³⁹

It is essential that parents and children and young people have improved access to well researched information about alternatives to the use of prescription drugs and medication so that they can question and raise relevant issues with any

alternative therapist they consult and to make well informed choices.

Possible recommendation

That NSW Health, in consultation with relevant organisations, develop education campaigns to assist children and young people and their parents to make informed decisions regarding complementary and alternative medicines.

- 1 Submission 93, Australian Paediatric Pharmacology Unit, Royal Children's Hospital, Melbourne.
- 2 Evidence from Dr Michael Rice, Paediatrician, Royal Children's Hospital, Adelaide, 10 September 2001, p 35.
- 3 Evidence from Dr Michael Rice, Paediatrician, Royal Children's Hospital, Adelaide, 10 September 2001, p 30.
- 4 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 5 Submission 93, Australian Paediatric Pharmacology Unit, Royal Children's Hospital, Melbourne.
- 6 For example, the Committee was advised that Dr Alissa Lim of the Royal Children's Hospital in Melbourne, is conducting surveys of complementary and alternative medicine use by children attending the tertiary children's hospital; and of the use of medication, including the use of medication as part of complementary and alternative medicines by children from English speaking families in Melbourne: Submission 93, Australian Paediatric Pharmacology Unit, Royal Children's Hospital, Melbourne.
- 7 Submission 24, Tourette Syndrome Association of Australia, p 2.
- 8 Submission 83, the Hon Carmel Tebbutt, MLC, Minister for Juvenile Justice, p 2.
- 9 Submission 86, Ms Sue Dengate, Food Intolerance Network of Australia; Submission 15 Ms Sue Border; Submission 88, Mr Michael Sichel; and Submission 44, Ms Jackie Cook, Instructor, Australian Academy of Tai Chi.
- 10 Evidence from Dr Terry Sands, consultant paediatrician, Illawarra Sleep Disorders Service, 3 July 2001, pp 29-37.
- 11 Submission 71, Dr Jill Sewell, President Royal Australasian College of Physicians.
www.abc.net.au/7.30/s499180.htm
- 12 www.abc.net.au/7.30/s499180.htm
- 13 This information is based on information on the Complementary Medicines section of the TGA website: www.health.gov.au/tga/cm/cm.hth.
- 14 This information is based on information on the Complementary Medicines section of the TGA website: www.health.gov.au/tga/cm/cm.hth.
- 15 This information is based on information on the Complementary Medicines section of the TGA website: www.health.gov.au/tga/cm/cm.hth.
- 16 Therapeutic Goods Administration, *Policy Reforms and Streamlining Measures*.
- 17 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 18 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 19 Submission 93, Australian Paediatric Pharmacology Unit, Royal Children's Hospital, Melbourne.
- 20 Submission 54, Dr Daryl Efron, Paediatrician, Centre for Community Child Health, Royal Children's Hospital, Melbourne.
- 21 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.

- 23 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 24 Evidence from Dr Michael Rice, Paediatrician, Royal Children's Hospital, Adelaide, 10 September 2001, p 35.
www.health.gov.au/tga/docs/html/adversedr.htm
- 25 An index of ADRAC reports can be viewed at:
www.health.gov.au/tga/docs/html/aadrbltn/index.htm.
See also: 'An adverse reaction to the herbal medication milk thistle (Sulbum marianum)', *MJA* 1999; 170: 218-219.
- 26 Submission 69.1, Australian Medical Association; and Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 27 Submission 69.1, Australian Medical Association, p 1.
- 28 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 29 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 30 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 31 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 32 Submission 50, NSW Commission for Children and Young People, para 12.1.
- 33 Submission 50, NSW Commission for Children and Young People, para 12.1.
- 34 Evidence from Ms Francine Seeto, Social Worker and Project Officer, Drug and Alcohol Multicultural Education Centre, 11 September 2001, pp 30- 31.
- 35 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.
- 36 Submission 50, NSW Commission for Children and Young People, para 12.1.
- 37 Submission 50, NSW Commission for Children and Young People, para 12.1.
- 38 Submission 50, NSW Commission for Children and Young People, para 12.2.
- 39 Australian Medical Association, *Complementary Medicine – Position Statement*, February 2002.