

Hi there,

I would like to make a submission as to the enquiry of the distribution of the PBS within remote communities.

I have lived for the past 4 years on a remote Indigenous community and prior to that worked in pharmacy as a Dispensary Technician in the Qld, NSW and the NT for a total of around 10 years.

I was constantly amazed with the distribution and the misguided usage of PBS drugs.

An exact case was an infant who was prescribed Amoxicillin and the dose given by the nurse was DOUBLE the required dose. The child then presented with vomiting, a large rash and very ill. The infant was presented again to the clinic and the Clinic Nurse Manager diagnosed the rash as Rosacea, with no linkage made to the fact he was on a currently prescribed double dose of the antibiotic. I actually discovered the fact that the dosage was incorrect, and I am not a nurse but have had dispensing medicines and the importance of exact dosage ingrained into me, from some very rigid pharmacists. If there was a pharmacist present this would never happen. On observation there is a lot of S2 & S3+ drugs freely distributed within the community, just because, without the due course of consultation and monitoring of administration of the medications, especially pain killers & rubbing medicines.

There is little emphasis on preventative measures and medications, and poor education tools available as to the signs, cause and treatment of various health issues. Whilst the health organisations run programs and the clinics educate to the best of their ability, the lack of a pharmacy model denies Indigenous remote communities the equivalent access to this service as main stream society has.

As it stands it is commonly the scenario of present to the clinic when an infection is full blown, past prevention of infection and penicillin shots on community is like taking vitamin c in mainstream society.

It is commonly referred to by community members as needle, "just take him to get needle".

In some cases, I was explaining doses and correct usage of prescribed drugs within the community. I am very pleased to hear of this enquiry. It is my understanding that there is no provision within the current Section 100 legislation of having a qualified Dispensary Technician or Pharmacist on or within the remote Aboriginal Health sector.

Not only would having this position available eliminate misuse of prescribed medicines but would create further economic and educational participation within the Aboriginal Communities.

Collaboratively the Federal, Commonwealth and Northern Territory Governments have developed Indigenous Development Strategies through the NT Emergency Response to Closing the Gap of Indigenous disadvantage. The review of the PBS distribution will enable an effective provision of closing this disadvantage in relation to the health, education and economic sectors within the Growth Towns.

Regards

Heidi Williams