

**Submission to the Australian Senate Community Affairs  
Legislation Committee**

**Subject: National Health Amendment (Pharmaceutical  
Benefits) Bill 2010**

**Topic: Pluses and Minuses of the Proposed New Amendment**

Introductory statement

Firstly I congratulate the Minister for Health MP Nicola Roxon on the proposed National Health Amendment (Pharmaceutical Benefits Scheme) Bill 2010 and the Senate Select Committee for Community Affairs for the decisive decisions they have negotiated out of the researched data.

Whilst the provisions of this act will enable Australians to have vastly superior access to all pharmaceutical health interventions, providing security for the Pharmaceutical Industry and at the same time, ensuring government funding is spent wisely and effectively, I feel there is still room for caution in the alarming rate that Pharmaceuticals are used to secure better health for all Australians when often lifestyle changes are either most effective or more productive in ensuring better health outcomes over the longer term in most cases and less expensive to governments and to ordinary Australians alike.

I am concerned at the over representation of the pharmaceutical industry on the witness list to the Senate Select Committee that deliberated over this Amendment to the National Health Amendment (Pharmaceutical Benefits Scheme) Bill.

And the under representation of consumer health representation and ordinary or alternative health professionals who put into practice this health system to meet the needs of ordinary Australians every day.

It is for this reason I wish to add to and reiterate my original submission and position.

Firstly quality authoritative information about the positive effects of  
lifestyle changes on health is required

The following scenario is not about the importance of access to quality medicines because I (now – after a period of significant chronic ill health myself) take that as a given, but about preventative and curative care to avoid the need for use of these costly medicines over the life span. This saves in three separate ways. It saves the Federal Government from spending on its health budget; it saves the individual Australian from spending on health costs; and it saves

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human lives.

If you take it as also a given that to improve health status lifestyles need to change then the challenge to create an impetus to change harmful lifestyles cannot be under-estimated. People need authoritative information asserting the beneficial effects of lifestyle changes and where income levels are low they may need additional supports to put lifestyle changes into practice. These lifestyle changes could include, alternative health therapies, including quality supplements; gymnasium and swimming and sports complex memberships; authoritative nutritional advice that is health affirming and support systems that promote these changes and assist people to put them into place, including encouragement as well as advisory systems.

Thus secondly additional coverage from the Department of Health to enable low income workers the same quality opportunities for improved health as higher income earners is required

Flexibility in the workforce would assist in this, where urgent lifestyle changes are needed and people need to get the work/lifestyle balance right (even in low wage industries) and need to be able to incorporate exercise regimes and alternative health appointments into their life styles.

Currently, those on professional incomes in permanent full time work will achieve this more readily than those low waged in casual or part time jobs. Notably this would include all people directly involved in the manufacture and production of pharmaceuticals especially those at professional or executive levels. This is because people at this level can afford to make lifestyle changes dropping back to 4 days a week without incurring alarming drops in income to unsustainable levels.

Recognising what lies behind deterioration in health – the non-critical crises that generate high levels of stress that lead to physical illness

It is a given, that crises in life can crop up at any given time and stress crises often coincide with physical ill health. I congratulate the Rudd Labor Government and consequently the Gillard Labor Government in recognising this and Minister Roxon for implementing thought provoking changes to the ways Australia approaches health that will be

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effective well into the longer term for the future of all Australians.

Cancer drugs

Rather than put forward the same documentation on information about the adverse effects of all drugs on human health and the threats they impose on the human body which may already be under crisis threats from terminal cancer for instance - and the alternative therapeutic effects of implementing thoughtful lifestyle approaches to supplement and in the early stages replace traditional medical approaches with surprisingly good outcomes (known only by word of mouth - verified by the alternative health practice at the Seventh Day Adventist's Highwood Health at Narbethong in Victoria where a combination of traditional and alternative health is used. The same organisation has health services in other states namely Queensland and NSW)

Weight loss and sensible diet combined with exercise regimes and spirituality can weigh lay various forms of serious health problems. Cancer drugs are known to weaken immune systems and cause damage to human health when used as the sole mechanism for survival at late term stages of this horrendous disease.

Heart Drugs

Heart disease is a second major killer of Australian women in addition to Australian men. It is here that lifestyle changes affect health outcomes the most. The 'statin' drugs are renowned for their adverse effects but once on them, your GP will assert you need to be on them for the rest of your life, which if you change your lifestyle is not necessarily the case.

Without doing the appropriate research not many Australians know that various nutritional inputs are equally satisfactory to taking statins - for example uncooked nuts, oats, reduction in caffeine, alcohol - adequate hydration, life giving oils, fresh fruit and veg and plenty of fibre.

Yet where people's lifestyles have deteriorated to a level where they are not looking after themselves properly, vastly superior inputs are needed than mere informational campaigns or that drugs provide either.

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Re-educating the medical profession to re-educate us and providing them  
with "heart packages" to distribute at the right moment

Some of this information needs to come through the doctor who first informs the patient that they are in line for major heart surgery or heart attacks if current habits persist. Thus medical practitioners need re-educating and information needs to be provided in an attractive and supportive manner.

Just telling someone to go out and eat better and exercise a bit will not be sufficient to change ingrained bad habits developed over a lifetime.

There needs to be available a "heart package" for those with this problem whereby they are sent for nutritional advice - to an alternative health expert, gymnasium memberships with massages used as rewards systems - e.g. for losing weight, improving strength etc. An Australia wide shut down at 10am for light exercise and again at 3pm would be beneficial followed by non coffee/tea alternatives for boosting energy at break times would be propitious - a la Scandinavian style

Psychiatric Drugs

Psychiatric drugs make up a substantial percentage of the governments health expenditure. An authoritative source, Dr Andrew Firestone, has reassured me that had psychiatry stuck to the original drug, and monitored its effects on patients more judiciously, (largactil) no further boutique anti-psychotic drugs would be necessary. Perhaps a similar statement could be made about antidepressant drugs - where one drug would suit most purposes? The way the pharmaceutical industry make profits out of manufacturing a plethora of new drugs every few years - is a scandal.

Currently once placed on a psychiatric drug there appears to be no authoritative way of withdrawing from these dangerous and addictive drugs. Trialling withdrawal can lead to a whole rash of unpleasant symptoms including hyperventilation and psychotic symptoms which were not present when assistance was first sought (maybe 3, 5, 10 or 20 years previously). The adverse effects of these drugs is that they cause the very symptoms they are touted to cure, without alleviating

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anything in the persons environment which may be the root cause of problems – such as dysfunctional family background; difficulties in socialisation or obtaining acceptance and solid social interaction with peers etc. The person may be thwart with anxiety about parental marriage difficulties which no amount of artificially imposed medication regimes on the wrong party will correct. There is no warning of these issues when young people first seek help. They are advised of adverse side effects but are not given a choice in taking or not taking psychiatric drugs.

This promotes a culture of drug taking in the community in lieu of seeking more practical resolutions to health problems. After 10 years or more the health problem becomes chronic instead of transient.

How to achieve a Cost Savings?

Regarding the Amendment to the National Health Bill (Pharmaceutical Benefits Scheme) might I suggest an area of cost savings that might be significant in the future.

As each psychiatric patient comes up for assessment, usually several drug regimes are implemented before the right level of prescribing is found. This happened in my own case only recently. I asserted that I was depressed, and the psychiatrist prescribed an antidepressant. It was not effective, so after a week or so, he wrote a new prescription for a higher dose. It took several more weeks and yet another script to discover that it was not antidepressants I needed, but a drug that wound people down and helped them to relax and sleep - the opposite to antidepressants that wind people up.

As a result within a short period of time, I had three prescriptions filled for \$5 each which were each worth round the \$100+ value - costing the government a minimum of \$300. Almost two thirds of these medicines were subsequently discarded (rendered useless) and I subsequently after many weeks returned them to a local chemist for appropriate disposal. Result: a significant unnecessary waste of both government funding and useable drugs costing the community heaps in the long term.

Providing weekly doses in addition to monthly doses and a more efficient recycling system for unused medicines

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Psychiatric medications should be made available in weekly amounts to allow for initial assessments and adjustments to take place without costing the government the earth.

In addition, disposal of unused medicines should be encouraged sooner and recycling of old medications needs to further research and exploration for suitable wastage reduction.

Conclusion

The benefits of having improved access to a broad range of pharmaceutical drugs in the Australian communities cannot be underplayed. It promotes a sense of safety and security health wise particularly amongst low income earners.

However it would not be wise to see drugs as a panacea for all ills. In many situations of ill health, that cost the community and government dearly, implementation of lifestyle and nutritional changes are what is most beneficial to people's regaining their original healthy state.

Once ill health has set in, making these lifestyle changes may require additional quality investments of information and better health resources from government in order to achieve improved health outcomes. These as suggested earlier could range from nutritional supplements and dietary promotional advice to subsidized gymnasium and other alternative health therapies.

Allowing the pharmaceutical chiefs to dominate the Australian Government's National Health Bill Amendment (Pharmaceutical Benefits) discussions at the expense of representations pushing less dangerous more common sense approaches is a recipe for disaster for all Australians because the bottom line for the pharmaceutical chiefs is their executive salaries over and above the health of the rest of us.

Lois Roberts

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June 28<sup>th</sup> 2010