

## **NACCHO Quality Use of Medicine Scoping Project Stakeholder Survey**

The Lowitja Institute provides the following written response to the NACCHO Quality Use of Medicine Scoping Project.

- 1. Can you provide any examples of what is working well to support Aboriginal and Torres Strait Islander people with the safe and effective use of medicine? Please provide a brief description of each example, you may include multiple examples.**

The Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment program is one example of an initiative from government to improve access and the safe and effective use of medicines for Aboriginal and Torres Strait Islander peoples. Revisions made to this program in 2021 were welcomed by the community-controlled sector, however it has been noted that further revision are required, with a particular focus on access within the hospitals and prisons systems.


- 2. What do you identify as key concerns or issues for the safe and effective use of medicines for Aboriginal and Torres Strait Islander people, and what solutions might be considered to address the concern/issue?**

The lack of access to Medicare and with it, the Pharmaceutical Benefits Scheme (PBS) in prisons is a significant barrier to ensuring safe and effective use of medicines for Aboriginal and Torres Strait Islander peoples. Under the PBS, the government subsidises the costs of certain medicines for most medical conditions. This assists in the provision of reliable and affordable access to medication for Australians and is only available to those who have access to Medicare<sup>1</sup>. Prisoners, however, have never had access to Medicare and therefore are not able to access the benefits of the PBS. Without access to basic health rights such as Medicare and the PBS, prisons are unable to provide a range of services and medications, resulting in poor health outcomes, necessary illness, and preventable deaths<sup>2</sup>.

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<sup>1</sup> Department of Health and Aged Care, 2023, *About the PBS*, accessed: 30 August 2023, <https://www.pbs.gov.au/info/about-the-pbs>

<sup>2</sup> Linnane, D; McNamara, D; Toohey, L; 2022, 'Medicare in Prisons: The Case for Reform', *The University of Newcastle*



Aboriginal and Torres Strait Islander prisoners are disproportionately impacted by the exclusion of Medicare, when considering their over-representation within the prison system. In June 2022, Aboriginal and Torres Strait Islander people accounted for 32% of all prisoners.<sup>3</sup> The level of healthcare available in prisons is significantly lower than in the general population, even though people in prison, on average, experience much poorer mental and physical health outcomes, and often have more complex and long-term needs<sup>4</sup>. International human rights law states that basic rights should be extended to all people, regardless of their incarceration status<sup>5</sup>; the *United Nations Standard Minimum Rules for the Treatment of Prisoners*: Rule 24(1) states that “prisoners should enjoy the same standards of health care that are available in the community and should have access to necessary health-care services free of charge”<sup>6</sup>. The lack of Medicare and PBS access in prison goes against human rights law.

Prisoners lose their Medicare and PBS entitlements when they enter prison and need to reapply for a Medicare number upon release<sup>7</sup>. The transition from prison back into the community is a period of high-risk and need, particularly for those who experience mental and/or physical illness<sup>8</sup>. It is a transition that requires people to rapidly adapt to new circumstances and challenges and interact with a complex service environment<sup>9</sup>. The need to reapply for a Medicare number upon release is a major barrier in seeking healthcare<sup>10</sup>. The lack of Medicare and PBS in prisons also means the range of medicine available is limited, with certain treatments and medications unavailable to prisoners. This can exacerbate the cycle of ill-health experienced by prisoners as they may need to adjust to new medication or seek alternative treatments.

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<sup>3</sup> Australian Bureau of Statistics 2022, *Prisoners in Australia*, ABS, accessed 30 August 2023, <<https://www.abs.gov.au/statistics/people/crime-and-justice/prisoners-australia/latest-release>>.

<sup>4</sup> Linnane, D; McNamara, D; Toohey, L; 2022, ‘Medicare in Prisons: The Case for Reform’, *The University of Newcastle*

<sup>5</sup> Linnane, D; McNamara, D; Toohey, L; 2022, ‘Medicare in Prisons: The Case for Reform’, *The University of Newcastle*


<sup>6</sup> United Nations, 2015, *United Nations Standard Minimum Rules for the Treatment of Prisoners*, Centre for Human Rights and Rehabilitation, p.8

<sup>7</sup> Australian Medical Association, 2012, *Position Statement on Health and the Criminal Justice System*

<sup>8</sup> Browne, C. C., Korobanova, D., Chemjong, P., Harris, A. W. F., Glozier, N., Basson, J., Spencer, S. J., & Dean, K; 2022, ‘Continuity of mental health care during the transition from prison to the community following brief periods of imprisonment’, *Frontiers in psychiatry*, vol.13

<sup>9</sup> Young, J; Kinner, S; 2017, ‘Prisoners are excluded from the NDIS – here’s why it matters’, *The Conversation*, March 14, <https://theconversation.com/prisoners-are-excluded-from-the-ndis-heres-why-it-matters-73912>

<sup>10</sup> Australian Medical Association, 2012, *Position Statement on Health and the Criminal Justice System*



It is essential to ensure continuity of care for Aboriginal and Torres Strait Islander people transitioning out of prison, through the provision of culturally safe wrap around supports that factor in access, use and availability of medication upon release. Providing greater access to healthcare for all prisoners through the extension of Medicare and the PBS into prisons is overdue and the loss of Medicare and PBS entitlements in prison is inconsistent with best practice. For Aboriginal and Torres Strait Islander people in custody, expanding the healthcare and medications options available is also necessary to the provision of high quality and comprehensive care, and in achieving the targets listed in the National Agreement on Closing the Gap<sup>11</sup>.

### **3. Who: who do you believe is involved in supporting Aboriginal and Torres Strait Islander people using medicines safely and effectively.**

The Aboriginal Community Controlled Health Sector (ACCHS) has a long-standing reputation for providing the communities they serve with holistic, comprehensive, and culturally safe and appropriate health care<sup>12</sup>, and in doing so, consistently support the social, emotional, physical, and cultural wellbeing of Aboriginal and Torres Strait Islander peoples, families, and communities.

Mainstream services have consistently failed in their duty of care towards Aboriginal and Torres Strait Islander peoples. These failures can be seen in the ongoing impacts of racism within the Australian health system, the poor standard of care many Aboriginal and Torres Strait Islander people experience, preventable deaths, and deaths in custody<sup>13</sup>.

National Agreement on Closing the Gap Priority Reform 2 commits governments to building the community-controlled sector<sup>14</sup>. It recognises that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal and Torres


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<sup>11</sup> The Coalition of Aboriginal and Torres Strait Islander Peak Organisations & all Australian Governments, 2020, *National Agreement on Closing the Gap*, accessed 30 August 2023, <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap>

<sup>12</sup> NACCHO, n/d, 'Aboriginal Community Controlled Health Organisations (ACCHOs)', NACCHO, accessed 30 August 2023, <https://www.naccho.org.au/acchos/>

<sup>13</sup> Watego, C; Singh, D & Macoun, A; 2021, *Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System*, Discussion Paper, The Lowitja Institute, Melbourne.

<sup>14</sup> The Coalition of Aboriginal and Torres Strait Islander Peak Organisations & all Australian Governments, 2020, *National Agreement on Closing the Gap*, accessed 30 August 2023, <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap>



Strait Islander people, and are often preferred over mainstream services<sup>15</sup>. Aboriginal Community Controlled Health Organisations (ACCHOs) play a critical role in educating and promoting the use and storage of medicines and are essential in supporting people through their health care journeys.

#### **4. How: Briefly outline how each of the people/roles identified are involved in supporting safe and effective medicines use**

The Aboriginal Community Controlled Health sector play an important role in providing flexible and responsive services that are tailored to the specific needs of Aboriginal and Torres Strait Islander communities. These services are known to provide cost-effective, equitable and culturally safe holistic and person-centred primary health care to Aboriginal and Torres Strait Islander peoples<sup>16</sup>. Aboriginal Community Controlled Health Organisations (ACCHOs) not only play a vital role in addressing immediate healthcare needs, but frequently support their clients in tackling various social factors, such as racism, housing, income insecurity and employment<sup>17</sup>, factors which impact on the safe and effective use of medicines. Further to this, ACCHOs work to “improve participation in education, providing financial services and delivering programs for personal empowerment, family support and community capacity building to better position clients to manage their health and social needs”<sup>18</sup>. The holistic and comprehensive approach to health embraced by ACCHOs differs significantly from that of mainstream services but is essential in supporting the safe and effective use of medicines for Aboriginal and Torres Strait Islander peoples.

#### **5. What resources/training are you aware of that the person/role currently use to support safe and effective use of medicines by Aboriginal and/ Torres Strait Islander people**

Supporting cultural safety training across the health sector is critical to ensuring that Aboriginal and Torres Strait Islander people utilise health systems when necessary, and that they experience quality, equitable and safe healthcare. This is equally

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<sup>15</sup> Coalition of Peaks, 2023, *Priority Reform Two*, accessed 30 August 2023, <https://www.coalitionofpeaks.org.au/priority-reform-two>

<sup>16</sup> Australian Institute of Health and Welfare, n/d, *Healthy for Life – Aboriginal Community Controlled Health Services Report Card*, IHW 97, Canberra

<sup>17</sup> Pearson, O; Schwartzkopff, L; Dawson, A; et al. 2020, ‘Aboriginal community-controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia’, *BMC Public Health*, vol.20, no.1859, pp.1-13

<sup>18</sup> Pearson, O; Schwartzkopff, L; Dawson, A; et al. 2020, ‘Aboriginal community-controlled health organisations address health equity through action on the social determinants of health of Aboriginal and Torres Strait Islander peoples in Australia’, *BMC Public Health*, vol.20, no.1859, p.9

important in supporting the safe and effective use of medicines by Aboriginal and Torres Strait Islander peoples.

Cultural bias refers to “anything that institutions or practitioners do or do not do that delivers inequitable outcomes for Aboriginal and Torres Strait Islander peoples”.<sup>19</sup> The impacts of racism and cultural bias when seeking presenting for medical treatment continue to impact the quality of care experienced by many Aboriginal and Torres Strait Islander people, in many cases, leading to death from treatable illnesses<sup>20</sup>. Indigenous woman Naomi Williams, for example, died in 2016 from septicæmia associated with *Neisseria meningitidis* infection, a serious infection that is treatable with antibiotics that would have been readily available at Tumut hospital<sup>21</sup>. Pregnant, Ms Williams had presented to hospital 18 times in the six months prior but was repeatedly referred to mental health or drug and alcohol services<sup>22</sup>. Professor Yin Paradies, in the inquiry into her death, noted that there is evidence of stereotyping of Indigenous people as more likely to use drugs and alcohol, directly impacting clinical decision-making and reducing adherence to best practice<sup>23</sup>. The inquiry found that racial bias impacted Ms William's treatment<sup>24</sup>.

The Australian Health Practitioner Regulation Agency's (AHPRA) *Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025* acknowledges that cultural safety is a critical component of patient care and in ensuring patient safety for Aboriginal and Torres Strait Islander peoples in Australia's health system.<sup>25</sup> Culturally safe and respectful practice requires health practitioners to “acknowledge and address individual racism, their own biases, assumptions,

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<sup>19</sup> Kelly, J; Dent, P; Owen, K; Schwartzkopff, K; O'Donnell, K; 2020, 'Cultural bias Indigenous Kidney Care and Kidney Transplantation Report', A report for the NIKTT, Lowitja Institute & The University of Adelaide, p.19

<sup>20</sup> Watego, C; Singh, D & Macoun, A; 2021, *Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System*, Discussion Paper, The Lowitja Institute, Melbourne.


<sup>21</sup> Zhou, N; 2019, 'Indigenous patients suffer racial bias in hospitals, Naomi Williams inquest told', *The Guardian*, 14<sup>th</sup> March, accessed 31 August 2023, <https://www.theguardian.com/australia-news/2019/mar/14/indigenous-patients-suffer-racial-bias-in-hospitals-naomi-williams-inquest-told>

<sup>22</sup> Jackson, G; Davidson, H; 2018, 'Indigenous woman died from treatable sepsis after hospital sent her home, court told', *The Guardian*, 17<sup>th</sup> September, accessed 31 August 2023, [https://www.theguardian.com/australia-news/2018/sep/17/indigenous-woman-died-from-treatable-sepsis-after-hospital-sent-her-home-court-told?CMP=share\\_btn\\_tw](https://www.theguardian.com/australia-news/2018/sep/17/indigenous-woman-died-from-treatable-sepsis-after-hospital-sent-her-home-court-told?CMP=share_btn_tw)

<sup>23</sup> NSW Courts, 2016, *Inquest into the death of Naomi Williams*, (File No. 2016/2569), <https://coroners.nsw.gov.au/coroners-court/download.html/documents/findings/2019/Naomi%20Williams%20findings.pdf>

<sup>24</sup> NSW Courts, 2016, *Inquest into the death of Naomi Williams*, (File No. 2016/2569), <https://coroners.nsw.gov.au/coroners-court/download.html/documents/findings/2019/Naomi%20Williams%20findings.pdf>

<sup>25</sup> AHPRA, 2020, *The National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*



stereotypes and prejudices and provide care that is holistic, free of bias and racism”<sup>26</sup>, all of which impact on the safe and effective use and appropriate administration of medicines.

#### **6. Need: What would be beneficial in assisting them to improve the safe and effective use of medicines by Aboriginal and Torres Strait Islander people.**

In 2022, the National Aboriginal Community Controlled Health Organisation identified a large and persistent, \$4.4 billion gap in funding for Aboriginal and Torres Strait Islander health<sup>27</sup>. Given the burden of diseases experienced by Aboriginal and Torres Strait Islander peoples is more than twice the rate than the non-Indigenous population, and the barriers that Aboriginal and Torres Strait Islander peoples face in receiving quality, comprehensive and culturally safe health care, greater investment towards Aboriginal and Torres Strait Islander health, and in particular, the Aboriginal and Torres Strait Islander community-controlled health sector, is required.

#### **7. Do you have any further comments you would like to provide.**

Energy insecurity is another significant barrier to the safe and effective use and storage of medicines for many Aboriginal and Torres Strait Islander peoples across the country. Energy security can be defined as “an inability to meet basic households’ energy needs”<sup>28</sup> and is a common experience for many Indigenous households across the Northern Territory<sup>29</sup>.

More than 10,000 Indigenous households across the Northern Territory access electricity via pre-paid power card meters, which disconnect when the credit runs out. Nearly 91% of all households experienced a disconnection from electricity over 2018-2019,<sup>30</sup> and almost three quarters of households were disconnected more than ten times during this year<sup>31</sup>. Energy insecurity and the frequent loss of electricity supply has significant and wide-ranging impacts on the health and wellbeing of

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<sup>26</sup> AHPRA, 2020, *The National Scheme’s Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025*, p.9


<sup>27</sup> NACCHO & Equality Economics, 2022, *Measuring the Gap in Health Expenditure: Aboriginal and Torres Strait Islander Australians*

<sup>28</sup> Hernández, D; 2016, ‘Understanding ‘energy insecurity and why it matters to health’, *Social Science & Medicine*, vol.167, pp.1-10

<sup>29</sup> Quilty, S; Jupurrurla, N.F; Bailie, R.S; Gruen, R.L; 2022, ‘Climate, housing, energy and Indigenous health: a call to action’, *Medical Journal of Australia*, vol.217, no.1, pp.1-59

<sup>30</sup> Longden, T; Quilty, S; Riley, B; et al. 2022, ‘Energy insecurity during temperature extremes in remote Australia’, *Nature Energy*, vol.7, pp.43-54

<sup>31</sup> Lowitja Institute, 2022, *Transforming Power: Voices for Generational Change*, Close the Gap Campaign Report 2022, The Close the Gap Campaign Steering Committee



Aboriginal and Torres Strait Islander peoples<sup>32</sup>. As outlined in the Lowitja Institute's *Climate Change and Aboriginal and Torres Strait Islander Health discussion paper*<sup>33</sup>, energy poverty and frequent disconnection make it difficult to keep households cool during hot weather and impact the ability to safely store medicine that require refrigeration<sup>34</sup>. Almost all pharmaceuticals mandate storage below 30°C, and many medications are known to degrade in the heat, including some antibiotics, antidiabetic medication, antiepileptics and warfarin. These are medications that are all regularly prescribed in Indigenous communities.<sup>35</sup>

Supporting clean energy solutions and investing in housing and clean electricity infrastructure is a solution for communities that experience these unique energy challenges. To support the safe and effective use of medication for Aboriginal and Torres Strait Islander peoples across the country, governments must invest in providing cheaper and cleaner energy to communities.

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<sup>32</sup> HEAL Network & CRE-Stride, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne

<sup>33</sup> HEAL Network & CRE-Stride, 2021, *Climate Change and Aboriginal and Torres Strait Islander Health*, Discussion Paper, Lowitja Institute, Melbourne

<sup>34</sup> Original Power, n/d, *Energy Justice – Everyone's Business*, accessed 29 August 2023, [https://www.originalpower.org.au/energy\\_justice](https://www.originalpower.org.au/energy_justice)

<sup>35</sup> Quilty, S; Jupurrula, N.F; Bailie, R.S; Gruen, R.L; 2022, 'Climate, housing, energy and Indigenous health: a call to action', *The Medical Journal of Australia*, vol.217, no.1, pp.9-12