

Today's issue of PD

Pharmacy Daily today features two pages of news, plus a full page from **APP2026**.

Leadership change for Guild SA branch

THE Pharmacy Guild of Australia South Australia branch has announced the retirement of director Peter Schwarz, after leading the organisation for more than nine years.

Under Schwarz's leadership, the branch strengthened its voice in policy and advocacy, deepened engagement with members across the state, and reinforced the vital role community pharmacists play in patient care, public health and local communities.

Christine Cook has been appointed as the next branch director, effective 23 Feb 2026, bringing extensive senior leadership experience across Australia's health, education and training sectors, combined with strong commercial and retail management expertise.

Branch president Matthew Gillespie thanked Schwarz for "his dedication and leadership", which has left "a lasting impact on both the organisation and the profession".

"We are truly excited by the appointment of Christine Cook to the organisation," Gillespie continued, highlighting her "rare combination of deep health system knowledge and commercial acumen".

Calls to expand THN program

HARM Reduction Australia (HRA) is calling for an expansion of the take-home naloxone (THN) program, including rollout to every pharmacy in Australia and training in its use extended to pharmacists and all first responders.

In a policy briefing just released, the organisation has outlined five key recommendations around harm reduction:

- Expand the current \$19.6m investment in THN to ensure all pharmacies can provide it for free.
- Broaden the range of settings with THN access.
- Greater government investment in evidence-based harm reduction approaches.
- Naloxone use training for law enforcement officers and other first responders.
- Administration of naloxone incorporated into first aid courses.

HRA has also called for stigma-reducing education campaigns and public messaging that highlight the benefits of naloxone and how it aligns with Australia's national drug strategy.

"This is a treatment that saves lives," pharmacist and HRA board member Dr Chris Alderman told **Pharmacy Daily**.

"It's cheap, it's easy to use and

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Prac payments a "political choice"

EXPANDING the Prac Payment Scheme to include medical and allied health students would cost just \$290 million over four years, according to costings commissioned by parliamentary independents Dr Helen Haines and Senator David Pocock.

"These costings show that ending placement poverty is both achievable and affordable," Dr Haines said.

"Failing to act is a political choice, not a budget constraint.

"At a time of severe health workforce shortages - particularly in rural and regional areas - the Government can't afford to let unpaid placements become the barrier that stops students from completing their degrees," she added.

The pair have sponsored a petition to end placement poverty - sign it [HERE](#).

just requires some pretty simple training," he added.

"We're advocating that it should be as available as it possibly can be, available to all Australians, regardless of what their background is, and regardless of where they live.

"There shouldn't be a pharmacy in Australia that doesn't have naloxone available to issue on a take-home basis."

He also suggested that pharmacists and other pharmacy staff should be trained on how to use it, adding opioid overdoses occur with both prescribed opioids and non-prescribed opioids.

Dr Alderman pointed out that pharmacies should not be expected to lose money in the process of supplying it, and the funding model needs to bear that in mind.

"Pharmacies are businesses, and it's not up to a business to have a moral or financial responsibility to underpin good public health policy," he pointed out.

See the HRA website [HERE](#). KB



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Dispensary Corner

GIVEN that dementia is now the number one cause of death in Australia (PD 05 Feb), it is hardly surprising that more and more 'hacks' are emerging that claim to help prevent the condition.

The latest one, though, is grounded in two decades of scientific research.

A 20-year study of over 2,000 participants aged 65 and older suggests a particular brain training exercise focused on divided attention could protect against dementia.

Dubbed 'Double Decision', the computer task briefly shows a car and a road sign within a scene before they disappear from the screen.

Participants must then recall which car appeared and where the sign was located, with the task becoming progressively more difficult.

After 20 years, the researchers found that those who completed the Double Decision task with top-up sessions (four additional hour-long training sessions at the end of the year, and another four around three years later) had a 25% lower risk of dementia diagnosis, compared with the control group.

"The findings underscore the potential benefits of cognitive training involving speeded, dual attention, adaptive tasks for delaying the diagnosis of dementia," the researchers said.



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