

Today's issue of PD

Pharmacy Daily today features three pages of news, including our **Beauty & Wellness** feature.

Indigenous reform

A **NEW** Indigenous-led project to reduce racism and discrimination in healthcare is set to roll out in primary care settings across Australia.

The initiative will be led by University of Newcastle and HMRI researcher Dr Elissa Elvidge, who was awarded an \$838,000 partnership grant by the National Health and Medical Research Council.

Elvidge will work with Aboriginal and Torres Strait Islander leaders, communities, health services, policymakers and clinicians to test the Cultural Safety Scale tool, which measures how well health services meet the cultural needs of Indigenous patients.

The results will then be translated into meaningful improvements in healthcare policy, accreditation and patient care across Australia.

"A lack of culturally safe care for Aboriginal and Torres Strait Islander people results in poorer healthcare experiences, psychological distress, inequitable access, reduced quality of care, delayed presentation for care, avoidance of health services and disparities in health outcomes," Dr Elvidge said.

Health leaders challenge Australia's climate action

CLIMATE change is posing a growing threat to public health, with new research highlighting increased heatwave exposure and climate-related distress among Australians, as Pacific health leaders urge the Federal Government to strengthen its climate action ahead of COP31.

According to the 2026 *MJA-Lancet Countdown Oceania* report, heatwave exposure among infants and older adults has increased by more than 60% over the past decade compared with the turn of the century.

The findings follow a recent push by 56 health organisations, including Advanced Pharmacy Australia (AdPha), for stronger climate action to protect public health, including phasing out fossil fuels and strengthening healthcare system resilience (**PD** 15 Oct).

Coinciding with the release of the *MJA-Lancet* report, the *Voices of the Vanua* policy brief from the Climate and Health Alliance (CAHA) and Alliance for Future Generations



- Fiji set out four priorities for Australia, including the cessation of new coal, oil and gas developments and an acceleration of the fossil fuel phase-out.

Other recommendations included delivering sustained, flexible and accountable climate finance; giving Pacific communities genuine decision-making power, and making ocean protection a core priority in international climate negotiations.

"The Lancet findings show that climate change is already harming Australians," Michelle Isles, CAHA CEO, said.

"Australia cannot position itself as a champion of Pacific priorities at COP31 while continuing to approve the very fossil fuel developments driving the health crisis our neighbours are facing." *JM*

Peptide death prompts calls for inquiry

MEMBER for Kooyong Dr Monique Ryan has renewed her call for a telehealth inquiry from parliament after a coroner found that martial artist Richard Norton's death was triggered by unapproved peptides prescribed to him by a doctor.

Coroner David Ryan earlier this week found that Norton, 75, suffered a fatal cardiac arrest

after injecting CJC-1295 and ipamorelin, neither of which has TGA approval, and were sourced from a compounding pharmacy.

Norton's death is believed to be the first in Australia linked to unapproved peptide use.

The coroner recommended that the TGA consider tougher restrictions on these products, which Dr Ryan backed.

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PBS meds review

THE Pharmaceutical Benefits Advisory Committee (PBAC) recommended changes during its recent intracycle meeting that would broaden PBS-subsidised access for 14 low-cost antidepressants, including sertraline and citalopram.

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1. Australian Centre for Disease Control. Australian immunisation handbook. Vaccination for international travellers. Available at <https://immunisationhandbook.health.gov.au/contents/vaccination-for-special-risk-groups/vaccination-for-international-travellers>. Accessed July 2026. 2. CDC. Travelers' health. Before you travel. Available at <https://wwwnc.cdc.gov/travel/page/before-travel>. Accessed October 2026. 3. Australian Centre for Disease Control. Australian immunisation handbook. Available at <https://immunisationhandbook.health.gov.au>. Accessed July 2026. sanofi-aventis australia pty ltd trading as Sanofi. All rights reserved. ABN 31 008 558 807. Sydney, Australia. www.sanofi.com.au. MAT-AU-2601898. Date of preparation: October 2026.

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Editor's Choice: Eimele unveils reformulated Rainbow supplement

SUPPLEMENTARY brand Eimele has reformulated its Essential Rainbow powder (RRP \$89.90), to help Australians incorporate more fruit and vegetables in their diet each week.

According to the brand, the daily supplement powder is focused on offering 77 nutrients across what it described as "seven colour blends" drawing on macronutrients, omega-3 fatty acids, 23 vitamins and minerals, plant extracts, plant-based proteins and plenty more.

These ingredients span a broad range of vegetables, fruits and berries, from beetroot, pomegranate, goji and spinach to sweet potato, blueberries and blackcurrants.



"The colour of a plant food reflects some of the naturally occurring pigments and other compounds it contains," explained dietitian, nutritionist and Essential Rainbow

spokesperson, Julie-Ann Yap.

"Eating a range of colours is a simple way to encourage greater variety in the plant foods and plant compounds in the diet." Available now in pharmacies.

'Tis the season for gifts



PRICELINE has unleashed a range of at-home beauty gifts just in time for the festive season from brands including 1000 Hour, Real Techniques and Shea Moisture.

Beauty lovers will enjoy the Real Techniques Miracle Sponge Trio Gift Set (RRP \$32.99), including three different products for a smooth, seamless finish.

Meanwhile, SheaMoisture has released its Strengthen and Repair Kit (RRP \$46.99), with a Jamaican Black Caster Oil Strengthen and Restore shampoo and conditioner, and a satin hair wrap and scalp massage brush.

To help define, shape, fill and set brows in place, 1000 Hour has launched its styling kit (RRP \$34.99), featuring four products: a micro brow pencil, brow styling wax, microblading pen and dual-ended brow brush, available in medium or dark brown.

All limited-edition sets are available now in Priceline stores across the nation.

Revlon-ready for Xmas

REVLON has released its annual 12 Days of Beauty limited-edition advent calendar (RRP \$150), beautifully packaged and ready for gifting this festive season.

The line-up includes Super Lustrous Lip Stick in Rum Raisin, PhotoReady Lifting Brow Gel, ColorStay Limitless Matte, Revlon PhotoReady Instant Plump Serum, Needless To Say, Revlon ColorStay Face + Body Glow Lotion Glow Through It, and more.



The Ordinary launches beginner-friendly retinol



AFFORDABLE skincare brand The Ordinary has released the

new Retinol 0.3% Emulsion (RRP \$16.99), ideal for consumers who are looking for an easy way to start using the ingredient while avoiding skin irritation and purging.

Launching on 11 Nov, the beginner-friendly product is a lightweight cream emulsion designed to gradually introduce retinoid use.

Formulated for those with dry skin, the retinol aims to help smooth the appearance of fine lines and wrinkles, refine the appearance of uneven skin texture and reduce the appearance of dark spots.

Retinol 0.3% Emulsion features encapsulated retinol technology, which helps to support improved stability and controlled delivery onto skin.

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Beauty & Wellness
by Pharmacy Daily



Dispensary Corner

IF YOU'VE ever pondered the secret to longevity, a Welsh man preparing to mark his 107th birthday has an answer for you: fish and chips.

"[There's] no secret recipe, except that I always worked all my life," Owen Filer, who lives in Cwmbran, told reporters at an event to mark the milestone.

"There is no secret, you just live properly, and I've always done it.

"I've never overeaten... I lived on fish and chips.

"Fish and chips, a full meal, a scoop full of chips and a fish, and it was cod and hake, it was genuine," he said, before lamenting that it is too expensive now and "it's crazy".

Darren Foote, a fellow veteran who helped to organise the birthday celebration ahead of the big day, said: "He doesn't understand why they make a fuss of him, he doesn't get it at all.

"He's just a really nice, down-to-earth guy.

"He still gets up in the morning, he puts a clean shirt on, puts his tie on, cleans his shoes, and he gets up with purpose," Foote explained.

"I think we can all take a leaf out of his book on that one, for sure," he added.



Separating 'safety work' from the safety of work

HOW much of the work you do in the name of safety actually makes your work safer?

In a thought-provoking session at Medicines Management 2026 last week, safety research academic Dr Drew Rae (**pictured**), an Associate Professor at Griffith University, challenged the audience to distinguish between actions that make care look safer, and actions that actually reduce the likelihood of patient harm.

Safety, he said, is influenced primarily by four factors.

First is the work environment - physical design, layout, equipment and inherent hazards.

The second is the people involved - staffing levels, skills, experience, supervision and support.

Third is the tools being used - equipment, technology, medicines, packaging, systems and devices.

The last thing is how work is performed - which Dr Rae said matters, but often less than organisations assume.

"The reason it matters less than most organisations think is that once it gets to that point, they've actually got very little control," he said.

"Organisations have a huge amount of control over the environment, they have a huge amount of control over staffing, a huge amount of control over the tools that are there - but very little control over the actual day-to-day performance of the work once they've satisfied those other things," he explained.

Yet it is this last point that many safety procedures often focus on.

He challenged the assumption that more safety processes automatically create safer care - documentation, risk assessments,



audits and compliance processes frequently become administrative exercises rather than meaningful safety tools.

Dr Rae suggested a key reason pharmacists do these things is that they want to show themselves - both as individuals and as teams - that they care about safety.

Taking the example of double checking medication, he noted that "there are certain contexts in which double checking works, and other contexts in which the evidence shows very much the opposite".

"So why do we do it?

"Because if we dispense the wrong medication, we're going to feel a lot better if at least we know we did our best and we checked - and we're going to feel a lot worse if there was no check done at all."

He also highlighted a need to create a culture where "we don't just investigate problems, we investigate solutions.

"Because too often, we find the problem, we investigate the problem, but we never actually test whether that solution is going to fix it, and whether that solution is the most appropriate one."

Dr Rae encouraged pharmacists to be constructively critical, and instead of asking, 'Are we complying?', ask, 'How does this make patients safer?'

His core message was that real safety improvements come from changing environments, staffing and tools - not simply adding more compliance activities. *KB*

Gabapentinoid ED visits rise with PBS listing

GABAPENTINOID-RELATED ED presentations in Victoria over the past 15 years have risen in line with increased dispensing following subsidisation through the Pharmaceutical Benefits Scheme (PBS), according to new research published in the *MJA*.

As prescribing increased more than eight-fold within six years of pregabalin and gabapentin being included on the PBS in 2013, fatal overdoses have increased.

However, less was known about non-fatal poisonings, due to inadequacies in hospital coding systems.

Using hospital admissions free-text data, the team from Monash University identified just over 1,200 poisoning cases since 2009-2010, with half (50%) classified as intentional and

almost two-thirds (64%) involving co-ingestants, such as opioids and benzodiazepines.

Poisonings were concentrated in younger and middle-aged groups, despite higher dispensing rates in older adults.

Women were more likely than men to experience overdose (56% vs 44%), and it was more likely to be intentional in women (55% of total cases involving women) than in men (42%).

"Our findings highlight the growing burden that gabapentinoids are placing on EDs, emphasising the need to manage co-prescribing risks while strengthening support and risk assessment for those vulnerable to non-medical use," the team concluded.

Read the research **HERE**.