Transcript

Station:	SKY NEWS LIVE	Date:	01/04/2020
Program:	THE KENNY REPORT	Time:	05:19 PM
Compere:	CHRIS KENNY	Summary ID:	X00082615673
Item:	INTERVIEW WITH CHRIS FREEMAN.		
	INTERVIEWEES: CHRIS FREEMAN		

CHRIS KENNY: I want to go now to Professor Chris Freeman, who's the President of the Pharmaceutical Society of Australia, joining us via Skype. Thanks for joining us. Chris I appreciate it. First up can you hang with these drugs chloroquine and hydroxichloroquine in Australia. Because I understand there's a bit of a rush; people were trying to get hold of them because of the coronavirus pandemic and there are limits put on them now, so that the people who are already prescribed them for other conditions can still get hold of them.

CHRIS FREEMAN: Yes, Chris. So we've seen in recent weeks a real rush in pharmacies for the drug, hydroxychloroquine and we don't have ready access to the drug chloroquine here in Australia. So, hydroxichloroquine is the main one that we have and we've seen many pharmacies now have that in short supply and that people who are using it for those other conditions are now finding it difficult to get it for those conditions. Which means that those conditions can flare and that causes issues for them as well.

- CHRIS KENNY: Does this mean that doctors in Australia have been prescribing it for people, who were either having symptoms of coronavirus or fear getting- a fear that they're vulnerable to growing a virus?
- CHRIS FREEMAN: Yes. So we've had reports where doctors were prescribing it for themselves and their family members. We've had non-traditional prescribers, like dentists, prescribing it for themselves their colleagues and their family members, in the fear around this COVID-19. And the challenge with that is that people will take it as a preventative potentially and or sit on their kitchen shelf or their cupboard. And so when we- if we do find out that this is really effective, it won't be able to save a life, because it's actually sitting on someone's shelf.
- CHRIS KENNY: Yeah, well this is the important point though, isn't it? We need to get on top of this because I understand it's readily available, can be produced quite quickly and quite cheaply. So, if doctors are going to use it for coronavirus it needs to be done in an ordered way. As you say, not doing prescriptions for themselves and not as a preventative, but used at the appropriate time to deal with symptoms? Do you have any clarity on what the Australian authorities are doing on this? We've got this emergency authorisation that came through on the weekend in the US, yet still it's not supposed to be prescribed for coronavirus in Australia; is that the case?

CHRIS FREEMAN: Well we don't want to throw the evidence based medicine out the window in this time of crisis. We still need to make sure that the reports that have been coming in are true and that it is effective. And so, the limits have been applied so that they can be used in areas like ICU, under the context of a clinical trial. So that while we are using it to treat those cases that have gotten to that point, we are studying and at the same time. So one, that we can give it to people who really need it, but also to gather the evidence to say whether it works or it doesn't work.

CHRIS KENNY: And what's the current assessment of how effective it's been in Australia?

- CHRIS FREEMAN: What we've seen from the reports, particularly I suppose, internationally there is an indication that it might be effective. But what we don't want to do is provide people with false hope and so that's why it's important to conduct these well conducted and well-designed studies. So that at the end of the day, we can be confident when we give it to people, that they're going to get a drug that's going to be effective for them. And ethically, that's a really important thing to do. We don't want to be giving people false hope, if that medicine actually is proved not to be effective, as some other potential treatments have already been proven not to be effective as well.
- CHRIS KENNY: Absolutely. Now let me go to broader issues for pharmacists around the country; are they under strain? You're getting people still raiding shelves for certain products and what about keeping up with demand for prescriptions?

AGENCY REPORT This data is provided for internal purposes. It may be auto generated. Whilst every effort is made to ensure accuracy for the benefit of clients no legal responsibility is taken for errors or omissions. (*) - Indicates unknown spelling or phonetic spelling.

Metro TV demographics are supplied by OzTAM, Non-Metro TV demographics by Nielsen and Radio demographics by GfK.

- CHRIS FREEMAN: Yeah. So like doctors and nurses, pharmacists are on the frontline of this pandemic and I'm incredibly proud of my profession and my colleagues. And on behalf of the community, I want to thank pharmacists for everything that they're doing at the moment. We still have some local areas where medicines are in short supply. But the government decision, in the middle of last month, where we have limited supply of medicines to one-month supply, which is what is normally the case prior to coronavirus, has slowed down that rush on pharmacies and it is starting to recover in terms of getting those medicines back into pharmacy. But there are pockets where those medicines are still in short supply.
- CHRIS KENNY: People of course have been concerned about how far a lockdown will go, how much access they'll have to the important services. Now, presumably, pharmacists will be committed to remaining open throughout this crisis and making sure that people can get access to the drugs they need?
- CHRIS FREEMAN: Yeah pharmacists have really stepped up above and beyond the call of duty and we saw this in the bushfires recently and we've seen it again with the coronavirus pandemic; that pharmacists are innovating. They're making sure that the community is able to get the access to those critical medicines that they need, when they need them. Whether that's operating out of a reduced capacity pharmacy, whether it's engaging in those home delivery services. Pharmacists are really stepping up to make sure people can get those medicines that they need.

- CHRIS KENNY: And just finally, the flu vaccine is out. I know I got my shot the other day, but people, especially if they're elderly, should be contacting their pharmacy if not their GP to try and get that as quickly as possible?
- CHRIS FREEMAN: Yes. Our advice, Chris, is that everyone now should be looking to get their flu vaccine done immediately, whether that's with their pharmacy or their general practitioner. What we don't want to see is a convergence of people who have been struck down with COVID-19 and then another group who've been severely impacted with influenza. That's going to create a huge strain on our health system that is already under pressure. So it's critically important that you see your pharmacist, see your GP to get your influenza vaccine. Of course, across some states the pharmacies can actually deliver the flu vaccine, under the national immunisation program, whereas others they can't do that. And we're calling for that program to be expanded for pharmacists to be able to access that for their patients across the country completely.

CHRIS KENNY: Yeah. Good move. Thanks for joining us Chris.

CHRIS FREEMAN: Thank you.

CHRIS KENNY: Professor Chris Freeman there who heads up the Pharmaceutical Society of Australia.

AGENCY REPORT This data is provided for internal purposes. It may be auto generated. Whilst every effort is made to ensure accuracy for the benefit of clients no legal responsibility is taken for errors or omissions. (*) - Indicates unknown spelling or phonetic spelling.

Metro TV demographics are supplied by OzTAM, Non-Metro TV demographics by Nielsen and Radio demographics by GfK.

* * END * *

TRANSCRIPT PRODUCED BY ISENTIA

www.isentia.com

AGENCY REPORT This data is provided for internal purposes. It may be auto generated. Whilst every effort is made to ensure accuracy for the benefit of clients no legal responsibility is taken for errors or omissions. (*) - Indicates unknown spelling or phonetic spelling.

Metro TV demographics are supplied by OzTAM, Non-Metro TV demographics by Nielsen and Radio demographics by GfK.