

Submission No. 82  
(Inq into Obesity)

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**Parliament of Australia  
House of Representatives  
Standing Committee on Health and Ageing**

***Inquiry into obesity in Australia***

***Submission by the  
Pharmaceutical Society of Australia***

***13 June 2008***



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The Pharmaceutical Society of Australia is the national professional organisation representing 18,000 pharmacists in all areas of professional practice. The PSA is the leading advocacy organisation for pharmacists, influencing attitudes, opinions and policies through representation, networking, consultation, continuing education, practice support, standards, guidelines and a range of publications and health promotion programs and resources.

The Society takes this opportunity to provide a submission to the *Inquiry into obesity in Australia*. We have focused on the second part of the Committee's Terms of Reference which relates to "what... [the Society and the pharmacy profession] ...can do to prevent and manage the obesity epidemic in children, youth and adults".

1. Pharmacists are one of the most accessible and trusted health professionals. In Australia we have an extensive network of community pharmacies to support equitable access for Australians to health information and professional advice, in most cases without the need to make an appointment. With close to 5,000 community pharmacies around Australia, each pharmacy serves on average a community of 4,000 people. It has been quoted that every person in Australia visits a pharmacy on average 14 times a year.
2. It is relevant to explain that pharmacy practice in Australia is firmly underpinned by, and aligned with, Australia's policy on Quality Use of Medicines (QUM).<sup>1</sup> The elements of the QUM policy are to:
  - Select management options wisely by: considering the place of medicines in treating illness and maintaining health; and recognising that non-drug therapies may be the best option for the management of many disorders;
  - Choose suitable medicines, if a medicine is considered necessary, so that the best available option is selected by taking into account: the individual; the clinical condition; risks and benefits; dosage and length of treatment; any co-existing conditions; other therapies; monitoring considerations; and costs for the individual, the community and the health system as a whole; and
  - Use medicines safely and effectively to achieve the best possible results by: monitoring outcomes; minimising misuse, over-use and under-use; and improving people's ability to solve problems related to medication, such as adverse effects or managing multiple medicines.

This means that pharmacists are involved not only in regards to medicines use but also in providing advice on non-drug management where appropriate, providing support and information for the young and old, and working across the whole spectrum of health from maintenance of good health to management of ill health. All of these aspects are relevant in the context of pharmacists assisting people who are overweight or obese.

3. Professional pharmacy practice revolves around consumer-focused care. Pharmacists recognise the importance of respecting the consumer's choice in the management of their own health. Pharmacists work in partnership with consumers to empower them and assist consumers when needed to maintain health. This focus and approach is important when dealing with obesity related issues with consumers.

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<sup>1</sup> Australian Government Department of Health and Ageing. The national strategy for quality use of medicines: Executive summary. Canberra: Commonwealth of Australia, 2002.

4. Pharmacists have a vital role in providing assistance to consumers to maintain their wellness and prevent illnesses, and to promote health and wellbeing for the community. Pharmacists are involved in population level interventions through consumer education and awareness campaigns as well as interventions requiring behavioural changes by individuals such as weight management.
5. Pharmacists can contribute to the prevention and management of obesity broadly in the following ways:
  - Participate in health education and health promotion activities, for example, provide healthy lifestyle information when consumers visit community pharmacies, or participate in public awareness campaigns promoted by the Society's Pharmacy Self Care<sup>2</sup> program.
  - Identify 'at-risk' consumers and provide information and advice tailored for the individual. This may range from providing advice on lifestyle changes (eg. diet or physical exercise) and other strategies relating to preventative health care, to referral of high-risk consumers (including those with co-morbidities) to a medical practitioner or other relevant health professional (eg. a dietitian). Community pharmacies are a primary care provider and a key referral point for people in the community.
  - Provide current, evidence based information on the various prescription and non-prescription weight management products which are available in Australia.
  - Where a person requires medication to manage excessive weight and obesity, pharmacists are aware that it is just one component of an overall management plan and would consider complementary strategies.
  - Develop weight management plans (to achieve a healthy weight) in partnership with consumers and other health professionals.
  - Assist people with the management of all of their medicines. This includes medicines required to treat acute conditions as well as those required for the management of chronic conditions which may or may not be the result of the person being overweight or obese.
6. It is our experience that the expertise of pharmacists and their accessibility to consumers are regularly overlooked by health policy makers. One of the reasons may be that there is a general perception that the role of pharmacists is tightly locked into the traditional community pharmacy model of dispensing prescriptions and supplying medicines.
7. The Society continues to support the existing remuneration model through pharmacies approved to supply pharmaceutical benefits on the basis that it provides a solid foundation for an effective and accessible network of community

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<sup>2</sup> The Pharmaceutical Society of Australia's Pharmacy Self Care (PSC) program is a membership based program for pharmacies providing education modules and health campaign tools for pharmacists and pharmacy assistants, and consumer health information resources. At present there are approximately 2,000 member pharmacies. The monthly publication, *inPHARMation* magazine, which contains education modules for pharmacists and pharmacy staff, has a readership of 8,000 pharmacists and over 14,000 pharmacy assistants. More information is available at: [www.psa.org.au/psc](http://www.psa.org.au/psc)

pharmacies. However, we wish to highlight to the Committee that other Government funded pharmacy service models exist with successful examples being Home Medicines Reviews<sup>3</sup> and Residential Medication Management Reviews.<sup>4</sup> We believe such examples can help inform what pharmacy service model might be appropriate for obesity related initiatives.

8. The Society also believes other enhanced professional services could be provided by pharmacists in an interdisciplinary care environment if appropriate remuneration was available. Examples include participation in case conferences and care planning for the management of obesity, and allied health services for people with obesity who are at risk of developing or exacerbating chronic conditions. The Society firmly believes the pharmacy profession can value-add considerably to the existing health care system by integrating pharmacists more widely in these areas as well as other interdisciplinary health care models around preventative health.
9. One of the core functions of the Society is the provision of continuing education, training and practice support to pharmacists. The Society has previously been involved in a major initiative on weight management where a range of resources for pharmacists including a medication supply protocol, professional education learning modules, journal articles and train-the-trainer kits were produced. Although this initiative was linked to the rescheduling of an anti-obesity agent, orlistat, from Prescription Only Medicine category to Pharmacist Only Medicine (Schedule 3) category, the topic of weight management continues to be featured regularly in the Society's professional journal *Australian Pharmacist* and other resources.
10. It is recognised that some new models of care may require additional training by pharmacists. The Society recognises its role in providing initial and ongoing education and other practice support tools.
11. Over the past two years or so, many community pharmacies have experienced great success with the implementation of comprehensive weight loss programs as part of their pharmacy business. Examples of programs include the Tony Ferguson Weightloss Program ([www.tonyferguson.com](http://www.tonyferguson.com)) and the Kate Morgan weight loss program ([www.katemorgan.com.au](http://www.katemorgan.com.au)).<sup>5</sup> The success of these programs can be attributed in part to the accessibility of community pharmacies to consumers as well as the public's regard for community pharmacies as a place where a comprehensive health service is delivered. We note that these successes have prompted other potential business interests to be expressed as the community pharmacy sector is seen as an excellent environment to host such programs.
12. While the previous point provides information about the business side of community pharmacy, the key message for Governments and potential funding bodies is that the community pharmacy sector offers a cost effective vehicle for the dissemination of key public health messages because it combines local

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<sup>3</sup> More information can be found at [www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp](http://www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/hmr.jsp)

<sup>4</sup> More information can be found at [www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/rmmr.jsp](http://www.medicareaustralia.gov.au/provider/pbs/fourth-agreement/rmmr.jsp)

<sup>5</sup> This statement is intended to provide examples to the Committee and does not constitute endorsement of the named programs by, nor any other association with, the Pharmaceutical Society of Australia.

accessibility, access to a health professional advice, availability of therapeutic products, and professional service. The distribution of obesity related information and identifying and enrolling target group consumers into weight management programs work well in the community pharmacy setting. The Society would strongly encourage Government to invest in cost effective delivery through community pharmacies on obesity related issues.

13. We further suggest that linkages to programs like the Pharmacy Self Care program would enhance the acceptability by consumers of such initiatives. Many consumers are familiar with and seek out those pharmacies who are members of the program. The Society through the Pharmacy Self Care program has worked with many Government departments and other stakeholders on various health campaigns covering topics such as generic medicines, pain management in palliative care, antibiotic resistance, pseudoephedrine diversion, and optimising the use of medicines.

In summary, as outlined above, pharmacists are well equipped to participate in the dissemination of important messages about obesity to the community and to follow-up with individual consumer-level interventions to complement the role of medical practitioners and other health professionals. The Society also has well established programs and resources which could be used to deliver obesity related initiatives and messages and we would be keen to work with Government to meet its objectives.

The Society would welcome the opportunity to present any additional information to assist the Committee with this Inquiry.