



IHPE Position Statement: Safe use of medicines - promoting health

KEY INFORMATION

1. Health promotion is an integral part of pharmacy education and practice.
2. Pharmacy teams are vital to improving the public's health and are a prominent social and health asset in all communities, although they are currently underutilised.
3. Community pharmacists have a long and excellent track record of delivering health promoting interventions with evidence of efficacy, which is strongest for smoking cessation, disease screening and preventive activities, provision of emergency hormonal contraceptive and vaccination services.
4. Community pharmacy, through the Healthy Living Pharmacy Framework, contributes to the NHS long term plan of prevention, with trained Health Champions being part of the framework to provide interventions that support health and wellbeing. However, the Health Champions perform this role in addition to patient-facing and other pharmacy management responsibilities, and this reduces their ability to focus more extensively.
5. 'Antimicrobial resistance (AMR) is a clear and present global threat of far-reaching proportions' WHO, 2022. Evidence is accumulating of significant annual increases in treatment resistant infections, particularly from low- and middle- income countries where antibiotics are widely available.
6. Overuse of medicines adversely impacts the environment through chemical effects, a large carbon footprint and pharmaceutical waste.
7. Worldwide there is an important issue with substandard and falsified medical products. This has public health and socioeconomic impacts. Low- and middle-income countries spend an estimated \$30.5 billion on substandard and falsified medicines, accounting for 10.5% of medicines in these countries.

8. In the UK, the regulation of medicines is defined by the Medicines Act 1968, and the Human Medicines Regulations 2012. Medicines are classified as:
- **POM**- prescription-only medicines- illegal to supply without a prescription,
 - **P**- pharmacy medicines– illegal to provide without a pharmacist present,
 - **GSL**- general sale medicines,
 - **OTC**– ‘over the counter medicines’ or non-prescription medicines, include P and GSL medicines, each with specific legal requirements.

STATEMENT

1. The Hippocratic Oath remains relevant to all those working in healthcare, including the statement:

“I will apply the regimens of treatment according to my ability and judgment for the benefit of my patients and protect them from harm and injustice.”
2. Pharmacists form an integral, accessible part of the NHS as ‘professionals who have full understanding of the principles of optimising therapy’. They have pivotal roles in UK and worldwide agendas to improve health, reduce health inequalities and mitigate the health and pharmaceutical impacts of climate change.
3. Pharmacists are legally empowered to refuse to sell or supply ANY medicines that are contrary to their clinical judgement.
4. Public health campaigns require ongoing resources to inform individuals and families about the causes, risks and prevention of AMR including:
 - a. conditions for which antibiotics are not appropriate
 - b. the importance of taking antibiotics as prescribed and completing the course
 - c. not saving antibiotics for later, or sharing with others
 - d. pharmacy ‘antibiotic amnesty’ campaigns to remove unused antibiotics from circulation.
5. Prioritising prevention and health promotion will reduce NHS costs and contribute to a more sustainable use of medicines.
6. Unlicensed medicines and supplements purchased on-line pose a serious risk to public health and should not be used. Concerns should be reported to the [Medicines and Healthcare Products Regulatory Agency \(MHRA\)](#) and/or [General Pharmaceutical Council \(GPhC\)](#).

7. Further work is needed to identify and develop appropriate strategies to understand and address the distribution and supply of substandard and falsified medical products throughout the world.
8. Medicine supply problems increase the pressures on prescribers, pharmacists, and patients, with a risk of patients accessing illegal supplies online or from friends and family. We support the call for changes to the law in the UK to enable community pharmacists to make minor changes to prescriptions for out-of-stock medicines, thereby removing the need to refer patients back to their GP.
9. Patients should be routinely asked about use of herbal preparations, “natural remedies,” and supplements, as many contain active ingredients, which have the potential to cause adverse-effects and to interact with prescribed medicines. These products should be documented on the patient’s medication record.
10. The provision of health information materials should take account of equality, diversity, and inclusion, with adaptations as required, such as font size, colour of background material, use of medical terminology, language, and the importance of ‘meeting people where they are.’
11. Medicines use is an important consideration for accident prevention. Issues include:
 - Capacity to drive
 - Balance and/or alertness linked to falls
 - Accidental overdose, especially by children or the elderly
11. Safe storage of medicines
 - a. Keep out of reach of children and pets
 - b. Storage conditions should be considered carefully, in accordance with manufacturers’ recommendations. Most medicines need to be kept below 25°C, a consideration for warming climates.
 - c. Additional storage requirements apply to [controlled drugs](#).
 - d. Check expiry dates and return all unused medicines to a pharmacy.
12. We support the recommendation by the Pharmacist’s Defence Association of a ‘two-pharmacist model’ for community pharmacy, with a “clinic” and “patient-facing” pharmacist working together.
13. Pharmacists could and should be encouraged to undertake far more work in relation to health promotion, although additional resources will be needed. The *gold standard* is the Health Promoting Pharmacy, with links to other health promoting settings.

RESOURCES

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