Australian Pharmacy
Perspectives on Demand and Readiness for Increased Non-Prescription Availability of Medicines

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Background

- Reclassification of medicines from prescription to non-prescription increases consumers’ timely treatment access and promotes self-management of minor ailments

- Australia has been identified as having fewer recent reclassifications and more barriers to reclassification when compared to the UK and New Zealand

- What are the perspectives of the pharmacy profession on the situation?


Aim and Objectives

- The aim of this research was to gauge the perspectives of Australian pharmacists and pharmacy support staff regarding medicines reclassification.

- Our objectives were to identify:
  - perspectives on the current state of medicines reclassification;
  - the prescription medicines consumers request over the counter from pharmacies;
  - which medicines pharmacists and support staff think should and should not be considered for reclassification.
Research Design and Methodology

- The study involved a mixed methods approach with survey designed to gather quantitative and qualitative data, informed by pilot interviews.
- Launch of national surveys, conducted June-August 2015 and again August-December 2016 (PHM/04/15/HREC)
  - Opinions on reclassification and perceived barriers using Likert scale responses, 1 = strongly disagree and 5 = strongly agree
  - Opinions on readiness for further down scheduling of medicines using 10-point scale, 1 = not at all ready and 10 = completely ready
- Descriptive, statistical and thematic analyses were conducted.
- Coding to Anatomical Therapeutic Chemical (ATC) codes.
Results - Demographics

- 302 valid survey responses
- All Australian states and territories were represented
- Length of practice varied; 58.6% had practised for 20 years or less

Demographics:
- 55 in 2015
- 247 in 2016
- 42.1% male (n=127)
- 57.9% female (n=175)
- 95% pharmacists (n=287)
- Non-pharmacist support staff (n=15)
  included managers, dispensary technicians and assistants

Pharmacists practising in community, hospital, consultant and academia
Results – Opinions on Current State

- “Australia is aligned with down scheduling in countries with similar health systems (e.g. U.K. and New Zealand)”, results tended to neutral:

\[ n=297 \]
Results – Opinions on Current State

- “The current rate of down scheduling unnecessarily limits access to medicines”, results somewhat polarised:

n=294
Results – Opinions on Current State

- “The current rate of down scheduling provides appropriate access to medicines”, results were mixed:

\[ n=293 \]
Results – Readiness for Change

- “How ready you consider Australian pharmacy is for further down scheduling of medicines”, trending toward readiness:

n=229
Results – Frequency of Consumer Request

- How often pharmacy staff are asked for non-prescription access to prescription medicines, 70.6% (n=211) answered *at least weekly*:

n=299
Results – Most Commonly Requested

- Antibiotics: 24%
- Analgesics: 19%
- Contraceptives: 11%
- Corticosteroids: 12%
- Antiemetics: 7%
- Proton pump inhibitors: 5%
- Lipid lowering agents: 4%
- Antihypertensives: 3%
- Erectile dysfunction drugs: 3%
- Anxiolytics and hypnotics: 2%
- Other: 10%

n=281
785 medicines
Results – Target Medicines for Switch

n=272
604 responses
545 medicines
Results – Medicines NOT for Switch

n=263
849 responses
829 medicines
Results – Motivation for Switching

Motivation for Switching

**Improved access**
- Timely treatment e.g. antibiotics
- Continuing therapy
- Reduced barriers

**Save financial costs**
- Cost saving to consumers and government
- Reduced fees to doctors
- Fewer subsidised medicines

**Align with other countries**
Results – Barriers to Change

- Majority (n=270, 89.4%) agreed or strongly agreed that opposition from other health professional bodies is major barrier:

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Mean</th>
</tr>
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<tbody>
<tr>
<td>Opposition from other health professional bodies</td>
<td>4.51</td>
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<tr>
<td>Lack of patient medical history</td>
<td>3.86</td>
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<td>Risk averseness of the medicines scheduling committee</td>
<td>3.82</td>
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<td>Complexity of reclassification application processes (i.e. red tape)</td>
<td>3.81</td>
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<tr>
<td>Concern over medicine misuse or abuse</td>
<td>3.71</td>
</tr>
<tr>
<td>Concern over inappropriate requests</td>
<td>3.70</td>
</tr>
<tr>
<td>Political conservatism</td>
<td>3.56</td>
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<tr>
<td>Lack of time for consultation</td>
<td>3.50</td>
</tr>
<tr>
<td>Concern over medicine safety</td>
<td>3.48</td>
</tr>
<tr>
<td>Lack of advocacy from peak pharmacy organisations</td>
<td>3.43</td>
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<tr>
<td>Inadequately trained support staff</td>
<td>3.34</td>
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<tr>
<td>Pharmacists are risk averse</td>
<td>3.27</td>
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<td>Lack of training resources for pharmacists</td>
<td>3.13</td>
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<tr>
<td>Lack of pharmacist confidence in own ability</td>
<td>2.95</td>
</tr>
<tr>
<td>Lack of financial viability</td>
<td>2.91</td>
</tr>
<tr>
<td>Current supply mechanisms are adequate</td>
<td>2.87</td>
</tr>
<tr>
<td>Concern over medicine efficacy</td>
<td>2.76</td>
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Discussion

- Pharmacists’ desire for reclassification of oral contraceptives and statins may highlight lack of awareness of Continued Dispensing provisions
- Medicines proposed by the pharmacy profession for reclassification align with those available as non-prescription overseas
  - e.g. trimethoprim for urinary tract infection
- Barriers to reclassification identified in this study, including risk averseness of committees, support previous findings
  - In contrast, the primary perceived barrier reported in this study was opposition from the medical profession

Conclusion

- Australian pharmacies are regularly asked for non-prescription supply of numerous Prescription Only medicines
- The most frequently requested prescription medicines often aligned with those considered potential targets for reclassification, e.g. antibiotics, contraceptives
- Concerns about addiction and misuse equated to reduced desire to see certain medicines potentially reclassified, e.g. analgesics
- Respondents believe that the profession is ready for further down scheduling
- Opposition from other health professional bodies was identified as the major barrier to reclassification
- There was not clear opinion on whether Australia’s current rate of down scheduling enables or limits medicines access
Recommendations

- Increase awareness of existing *Continued Dispensing* provisions
- Consider expanding medicines available under *Continued Dispensing*
  - chronic medications, e.g. antihypertensives
- Consider other S4 provision pathways, similar to UK or NZ
  - e.g. accredited provision of oseltamivir, trimethoprim for UTI
- Pharmacist prescribing
  - periodic medicines, e.g. erectile dysfunction drugs, triptans
- Identify and campaign for further potential S3 candidates
  - e.g. more potent or larger quantities of topical corticosteroids
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THANK YOU