



Australian Government
Department of Health and Ageing



The Pharmacy
Guild of Australia

Consumer perceptions on supply of and access to Pharmacy Medicines

Researchers: *Healthcare Management Advisors*



EXECUTIVE SUMMARY

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AS PART OF THE FOURTH COMMUNITY PHARMACY AGREEMENT

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The Pharmacy Guild of Australia manages the Fourth Community Pharmacy Agreement Research & Development which supports research and development in the area of pharmacy practice. The funded projects are undertaken by independent researchers and therefore, the views, hypotheses and subsequent findings of the research are not necessarily those of the Pharmacy Guild.

Background and Rationale

As part of the National Competition Policy review in 1999, a review was commissioned entitled *Review of Drugs, Poisons and Controlled Substances Legislation* also known as the Galbally Review¹. The Galbally Review reported that the costs of maintaining over-the-counter (OTC) schedules for consumers may relate to limitations on accessibility and cost of medicines, and that the benefit for consumers is the availability of advice on the selection and safe and effective use of these medicines. The Galbally Review also reported that while there may be considerable savings to government and industry if Schedule 2 (S2) and Schedule 3 (S3) were combined into a single schedule, insufficient data were available at the time of the review to consider the costs and benefits of one versus two schedules. Subsequent reports considered the costs and benefits of retaining separate S2 and S3 schedules^{2,3}, but the National Coordinating Committee on Therapeutic Goods (NCCTG) felt that additional data were still required to allow it to assess the benefit or otherwise of retaining separate S2 and S3 schedules.

The current project was commissioned by the Pharmacy Guild of Australia to collect some of the data required by the NCCTG. The aims of the current project were to identify how many consumers are using or seeking to use S2 medicines currently in Australia, whether there are any factors affecting consumer access to S2 medicines, how many consumers require advice when purchasing an S2 medicine, and the extent and benefits of any advice provided by pharmacy to S2 purchasers. Results are presented against each of the specific project objectives.

Materials and Methodology

Overall project design. The project was undertaken by Healthcare Management Advisors (HMA) and involved two primary data collection methods: a general population survey conducted via Computer Assisted Telephone Interview (CATI); and face-to-face surveys in pharmacies with consumers, pharmacists and pharmacy assistants. Data collection for both methods occurred across three time periods (February/March, June/July and October/November 2009) to take account of any seasonal variation in S2 purchase behaviour. Each pharmacy visit was four hours in length, with pharmacy staff directed to invite all customers who purchased an S2 medicine during this time to participate in the project.

Survey and materials development. The CATI survey was designed as a general population survey of 15 questions seeking participant's 12-month recall regarding purchase experience of non-prescription medicines for conditions for which S2 medicines are available, or reasons for non-purchase if applicable.

In-pharmacy surveys included a consumer survey for purchasers of S2 medicines, a pharmacist survey and a pharmacy assistant survey. The in-pharmacy consumer survey contained 15 questions regarding product purchase experience and future S2 medicine supply options. The pharmacist survey contained six questions regarding supply of and consumer access to S2 medicines in pharmacy, and the pharmacy assistant survey contained three questions which mirrored questions to pharmacists regarding supply of S2 medicines to consumers.

Stratification and sampling. Stratified random sampling for CATI surveys and pharmacy visits was based on state/territory and metropolitan/non-metropolitan proportionate representation in the 2002 Australian population ≥ 18 years (CATI survey) and distribution of all known pharmacies in Australia (in-pharmacy surveys). The overall CATI sample was also stratified by age and gender.

Response coding. For all responses in the CATI survey where a product name and/or usage were recorded, the product was categorised into one of the following groups based on product listing in MIMS⁴: S2; S2 or unscheduled; S2 or S3; S2 or S3 or unscheduled; unscheduled; S3; unknown product; other (i.e. S3/S4, S4 or S8). Products could only fall into one category based on which schedule or schedules the product was listed under in MIMS. For example, where a product was only available as an S2, it was categorised as S2. Where a product was available as an S2 or S3 depending on pack size for example, it was listed as S2/S3.

Results

Study Participants

A total of 4,500 CATI respondents, 150 pharmacies and 734 in-pharmacy consumers who had purchased an S2 product participated in the project. Stratification of CATI participants by geographic location, age and gender, and participating pharmacies also by geographic location, ensured that these sample populations were representative of the Australian population based on these variables.

Project Objective 1: Population Currently Using or Seeking to Use S2 Medicines

A total of 21.1% of the participating CATI population reported purchasing a known S2 medicine in the last 12 months, with an additional 35.7% reporting purchase of a possible S2 medicine where the product is available as

an S2 depending on pack size, product formulation and/or state or territory of purchase. Based on the assumptions that number of purchasers of S2 medicines equates to the number of users of S2 medicines, and that no-one recorded as a non-purchaser was using S2 medicines, the proportion of the population using S2 medicines in the last 12 months is between 21.1% and 56.8% based on the CATI survey population.

A total of 13.4% of the CATI population reported having a condition for which S2 medicines are available but not making a product purchase from the pharmacy for this condition. Where these non-purchasers cited internal factors as reasons for non-purchase, they were not regarded as seeking to use S2 medicines. Excluding this group, 1.3% of the CATI population were non-purchasers with an 'S2 condition' who **were** seeking to purchase a medicine for that condition. Based on the assumption that all purchasers of S2 or possible S2 medicines were seeking to purchase an S2 medicine, and that only 1.3% of the population were seeking but did not purchase, the proportion of the population seeking to use S2 medicines in the last 12 months is between 22.4% and 58.1%.

No significant association was found between S2 purchasing behaviour and state/territory of purchase (Chi-squared=53.24, $p=0.11$) or metropolitan/non-metropolitan location (Chi-squared=11.82, $p=0.07$), but statistically significant associations were found between S2 purchasing or non-purchase behaviour and respondent age (Chi-squared= 221.14, $p<0.0001$), gender (Chi-squared=137.59, $p<0.0001$) and annual household income (Chi-squared=158.21, $p<0.0001$). Females, those aged 25-44 years, and those with annual household income >\$80,000 are most likely to have made a purchase of an S2 medicine.

Project Objective 2: Factors Affecting Supply of and Access to S2 Medicines

Results from both the CATI and in-pharmacy surveys were used to consider factors affecting supply of and access to S2 medicines for the following groups: non-purchasers with S2 condition from CATI; purchasers of S2 medicines from CATI; and purchasers of S2 medicines from in-pharmacy surveys.

Those not making a product purchase from the pharmacy despite having a condition for which S2 medicines are available most commonly cited 'internal' reasons for non-purchase rather than external factors affecting access. A total of 78.8% of non-purchasers prefer not to use medicines or treatments where possible.

Where potential external factors affecting access were asked of both non-purchasers and purchasers, a statistically significant association was found between S2 purchase decision and whether the respondent minded talking to pharmacy staff about their condition (Chi-square=333.9, $p<0.0001$), but not with consumer belief that non-prescription medicines cost too much (Chi-square=4.1, $p=0.25$) or in reported difficulty getting to a pharmacy (Chi-square=4.7, $p=0.19$). Males and those aged 18-24 years are most likely to mind talking to pharmacy staff about their condition. Those in lowest income households were most likely to say that non-prescription medicines cost too much though, and were also least likely to be purchasers of S2 medicines. Consumers living in non-metropolitan locations and those aged over 75 years were most likely to find getting to a pharmacy difficult, despite this not being significantly associated with eventual purchase or non-purchase of S2 medicine in the population.

A total of 79.6% of purchasers of S2 medicines surveyed in pharmacy could think of no factors making it difficult to access S2 medicines, and over 25% believed that having an easily accessible pharmacy in a convenient location made access to S2 medicines easy.

Project Objective 3: Perceived Customer Benefit and Need for Pharmacy Advice about S2 Medicines

A total of 28.6% of purchasers of S2 medicines surveyed in pharmacy reported coming to the pharmacy to seek advice, with 69.6% coming with a product in mind and not to seek advice. These figures were almost reversed in CATI responses, where 66.5% of purchasers of S2 medicines recalled coming to the pharmacy seeking advice, and 32.6% with a product in mind only. A similar percentage of total purchasers of S2 medicines in both CATI and in-pharmacy surveys reported receiving advice (66.5% of purchasers of S2 in CATI and 61.9% of purchasers of S2 in pharmacy), with 84.2% of those actually seeking advice reporting receipt of advice in CATI and 91.4% in pharmacy. For purchasers of S2 medicines surveyed in pharmacy immediately following product purchase, almost half (49.7%) of those not seeking advice nonetheless received advice from the pharmacy regarding their product purchase or condition. Purchasers unfamiliar with the product and those aged <45 years were most likely to receive pharmacy advice. The key reason given by purchasers for non-receipt of advice was familiarity with the product (81.8% of those not receiving advice).

Types of pharmacy advice most commonly recalled by purchasers of S2 medicines (>50% in CATI) related to symptoms, best choice of product and correct use of product. A total of 87.9% of purchasers of S2 medicines receiving advice reported remembering this advice when they started using the product, and over half believed that without advice they may have used or purchased a sub-optimal product. A clear majority of purchasers of S2 medicines are quite or very satisfied with the level of advice provided by pharmacy staff (86.7% in CATI and 93.7% in pharmacy).

Over half the purchasers of S2 medicines believe that S2 medicines should **not** be more widely available at places like supermarkets without availability of advice, but one third of purchasers of S2 medicines **did** agree with this proposition (the remainder were undecided). In response to a separate question, a clear majority of purchasers of S2 medicines (79.5% in CATI and 82.1% in pharmacy) believe that advice should always be available for these products in the future.

Limitations

Several limitations should be taken into account when reviewing the results of the project. These include the fact that purchasers of S2 medicines are at best an approximation of S2 users as they do not account for actual S2 usage behaviour and do not accurately reflect the true proportion of purchasers of *possible* S2 medicines (where medicine is variously available as an S2, S3 or unscheduled product depending on pack size, formulation and/or state or territory location) who are *actual* S2 purchasers. In addition, the definition of those seeking to use S2 medicines but not making an S2 purchase was based on the absence of 'internal' reasons for non-purchase only, and as such may have excluded those who sought to use an S2 medicine but purchased a non-S2 product or did not purchase based on pharmacy advice.

Bias may have been introduced into results via sample selection process or location of pharmacy interviews. The survey population excluded non-English speakers and for CATI participants only, those not residing in a house with a fixed telephone. In addition, consumers choosing to participate may have done so based on their interest in health or use of medicines and therefore may not entirely represent the Australian population. Data were not available on non-participant characteristics. Conducting surveys with purchasers of S2 medicines in the pharmacy may have influenced consumer responses to questions regarding pharmacy advice, as these surveys were at times only possible within earshot of pharmacy staff. This should be noted not only for consideration of in-pharmacy results per se, but also when using these results for comparison with the CATI survey population.

Conclusions

Project Objective 1: Population Currently Using or Seeking to Use S2 Medicines. Known or possible purchasers of S2 medicines comprise 21.1% or as high as 56.8% of the population, with males, those in the youngest (18-24 years) and older age groups, and those from lower income households least likely to make an S2 purchase. Geographic location either by state or metropolitan/other location does not affect the proportion of the population purchasing an S2 medicine.

Overall, most people who want an S2 medicine are able to purchase it. Only 1.3% of the population could be regarded as non-purchasers an S2 medicine even though they may have initially sought to purchase. Even amongst this group, the main reason given for non-purchase was that they already had the product at home.

Project Objective 2: Factors Affecting Supply of and Access to S2 Medicines. The most commonly given reasons for non-purchase, despite having a condition for which an S2 medicine was available, were those which could not be considered as factors affecting access as they related to the consumer not wanting to use medicines or treatments, or not believing medicines were required. Perceived high cost of S2 medicines, whilst reported by almost half the population, did not affect extent of S2 purchase although may affect purchase decision for those in low income households. Although a small proportion of consumers primarily aged over 75 years or in non-metropolitan locations found access to a pharmacy difficult, this also did not affect extent of S2 purchase. Males and those aged 18-24 years do not always want to speak to pharmacy staff about their condition, and this was associated with them being less likely to purchase an S2 medicine despite having a condition for which an S2 medicine is available.

Project Objective 3: Perceived Customer Benefit and Need for Pharmacy Advice about S2 Medicines. Although only 28.6% of purchasers of S2 medicines are seeking advice at each occasion of S2 purchase, 66.5% recall seeking pharmacy advice associated with their purchase over the previous year. A total of 66.5% of consumers also recall receiving pharmacy advice when purchasing an S2 medicine, with advice provided to almost all who are seeking it and most commonly provided to younger rather than older customers. Jurisdictional differences in storage requirements for S2 medicines were not found to affect the extent of advice provided by pharmacies.

Purchasers of S2 medicines are generally very satisfied with the level of pharmacy advice provided and approximately 80% want advice to always be available for these products in the future even if it is not sought at every purchase. Although 55.1% of purchasers of S2 medicines believe that these medicines should **not** be more widely available at places like supermarkets without availability of advice, 33.5% **did** agree with this proposition, with the remaining 11.4% being undecided.

¹ Galbally R. National Competition Review of Drugs, Poisons and Controlled Substances Legislation. Final Report Part B, January 2001. A Council of Australian Governments Review. www.tga.gov.au/docs/pdf/rdpfinb.pdf

² A Cost-Benefit Analysis of Pharmacist Only (S3) and Pharmacy Medicines (S2) and Risk-Based Evaluation of the Standards. Final Report, June 2005.

http://beta.guild.org.au/uploadedfiles/Research_and_Development_Grants_Program/Projects/2001-502_fr.pdf

³ National Coordinating Committee on Therapeutic Goods (NCCTG). A report to the Australian Health Ministers' Conference on the results of the research into 'A Cost-Benefit Analysis and Risk Assessment of Pharmacist Only (S3) and Pharmacy Medicines (S2) and Risk-Based Evaluation of the Standards'. August 2005.

www.tga.gov.au/meds/s2s3report.pdf Accessed 10 Sept 2008

⁴ MIMS Annual Issue No. 5 2008.