EXPANDING ACCESS TO NON-PRESCRIPTION DRUGS

The need for an international perspective

STEPHEN MANN

This issue of SelfCare includes a second tranche of edited transcripts from presentations to the March FDA meeting on ‘Utilizing Innovative Technologies and Other Conditions of Safe Use To Expand Access to Non-prescription Drugs’. The subject of the meeting and the content of some of the presentations may stimulate different thoughts in a European audience from those in their US counterparts.

Regardless of geography, those concerned with promoting greater access to medicines for self-care face broadly the same issues. It is widely recognised that future switches to non-prescription status are likely to include medicines to treat long term conditions or to reduce risk of serious disease. In contrast to OTC medicines for short term symptomatic conditions, this new generation of switches will demand that consumers assimilate and act correctly on a greater volume of more complex information.

In Europe, the involvement of a pharmacist in the sale of most non-prescription medicines has been seen as an enabler to deal with this additional complexity. However the history of recent switches has brought into question the practicality of the pharmacist policing complex paradigms many of which involve a consumer questionnaire. The commercial failure of some recent switches in the UK, and therefore the failure to achieve the hoped for impact on public health, demands a new approach. Increasingly, companies and regulators in Europe are looking for ways to simplify the interaction between the pharmacist and the consumer when a non-prescription medicine is purchased, without compromising safety.

In the US, as the meeting in March illustrates, innovation to deal with complexity starts from a different place but essentially deals with a similar set of problems. Potentially each side of the Atlantic can learn lessons from the other. In Europe we may gain a lot if new technology platforms aimed directly at consumers can achieve the communication of complex information in an easy to manage way. Conversely, regulators in the US may find the recent experience of European pharmacists informative in planning any extension of the role of pharmacists there.

It is hardly science fiction to imagine that even the ubiquitous smart phones and tablets of the present day could be used to facilitate the selection of the right medicines by the right people. Technological advances do not recognise national borders, and consumer healthcare companies have long aspired to global brands and franchises. In the future, the experiences of consumers when they seek to purchase a newly switched medicine in the US, Europe and elsewhere, may have much more in common than they do now. A more universal approach may enable the development of truly global access to more medicines for the benefit of all.

Correspondence to: editor@selfcarejournal.com