Marketing Medicines for Self-Medication, Is it a Good or Bad Idea

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ABSTRACT
Over-the-counter (OTC) medicines, also known as nonprescription medicines, refer to medications that can be purchased without a prescription and are safe and effective when used according to the directions on the label, and as directed by a healthcare professional (Food and Drug Admini, 2018). Self-medication is becoming increasingly popular around the world. According to studies, the global prevalence of self-medication ranges from 11.2 to 93.7%, depending on the target population and country (Balbuena et al., 2009; 2 Kasulka and Gupta, 2015; 3 Arrais et al., 2016; 4 Håkonsen et al., 2016; 5 Prado et al., 2016; 6 Gama and Secoli, 2017; 7 Helal and Abou-ElWafa, 2017; 8 Abdi et al., 2018; 9 Kassie et al., 2018; 10 Lei et al., 2018; 11 Tesfamariam et al., 2019). This means a large proportion of the world's population uses drugs without first consulting a doctor or healthcare professional.

Countries differ with regards to where nonprescription medicines to be sold. In many countries, they are restricted to pharmacies, even though in some of these countries a pharmacist is not always present. In others, some medicines are restricted to pharmacies while others may be sold outside of pharmacy. In still others, such as the United States, all non-prescription medicine sold in any outlet. The reasoning is that if it is safe enough to be used in self-medication, the labeling is adequate to assure safe and effective use in culture where the pharmacist has a long tradition of a monopoly on medicines, such as in majority of the countries of the European Union (EU), all medicines are restricted to sale in a pharmacy.

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This is now being challenged in some countries, and we may soon see a change. Although the argument for keeping all medicine in a pharmacy for possible supervision of the sale by a pharmacist makes some theoretical sense, in practice it has not been shown that sale outside of a pharmacy is detrimental to public health.

Should non-prescription medicines be allowed to be marketed with the same trade name (Generic name) as their prescription medicine counter parts, while a number of countries feel this could cause safety problems, those that do allow it have found that there is little, if any confusion among either pharmacist or the public and that, on the contrary, the use of a known name allows both the pharmacist and the public to take advantage of the newly switched product more quickly. Another fear in some countries is that among similar names will cause an increase in request for the prescription medication.

In countries where prescription medications are fully or partially reimbursed, this could increase the social security costs. But two recent examples suggest that this is not the case, neither the H2 antagonists nor zovirax when switched, produced. Increase in prescriptions, whereas non-prescription use of zovirax cream for cold sores increased fivefold this is not surprising when one considered that the drug was a major advance in the treatment of this nuisance ailment. Zovirax in an oral form genital herpes has been considered in the United States for OTC status but has not yet been approved.

**INTRODUCTION:**

There is a worldwide trend for people to take greater charge of their own health. The World Health Organization stated that this was a desirable trend in the Alma-Ata Declaration in 1978. This endorsed the goal of health for all by the Year 2000, with Primary Healthcare being the key to attaining it. It is stated inter-alia that “The people have the right and duty to participate, individually and collectively in the planning and implementation of their Health Care”. 13 Subsequently, W.H.O’s guidelines for developing National Drug Policies in its chapter on self-medication stated that it is desirable to encourage self-medication and every attempt should be made to ensure appropriate use and guard against any unacceptable risk it may entail. 14

Independent studies of self-medication habits and practices in 14 countries have demonstrated that consumers generally do use non-prescription medicines responsibly and safely 15 Primary Health Care has a somewhat different meaning in different culture/economic context. In developing countries, it can refer to centers in rural areas which may be staffed by non-medical health intervention and also a General Practitioner (GP). In any event, responsible self-medication forms an important part of Primary Health Care, as the individual is the first person to recognize minor health problems and with sufficient education and information can successfully treat these problems without reference to the medical system.

Self-medication is now recognized as an important part of the total Health Care system responsible self-medication may be defined as the rational use of medicines designed, labeled and authorized for self-care. Self-medication itself is as old as humanity since primitive times, people have care for their own health using what was in nature around them to help cure for alleviate their ailments. Use of plant-derived medicines specially continues to this day. It is much stronger in some countries than others but everywhere some plant-medicines are still used and many active ingredients of others are still to be discovered. It is largely since 1945, however, that the self-medication field as a separate industry has really come into its own, although proprietary associations have existed for over 100 years in North America.

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Initially most countries required only that non-prescription medicines be safe, leaving efficacy to be determined by the marketplace. The assumption was that if a medicine did no harm, the consumer could judge whether it was effective. Over the last 30 years, governments have added efficacy as a required characteristic as well and how most countries in the world require acceptable quality, safety and efficacy for all medicines to be on the market legally. But what constitutes safety with self-medication safety in is always relative, nothing, even water is 100% safe taken in excess, so judgment must be made to determine whether a medicinal product is safe enough to be used without professional supervision.

As the science of Pharma co-vigilance develops, we are able to determine more accurately and more quickly whether medicines cause significant problems in use, this allows us to determine that many medicines originally on prescription have a sufficiently good safety profile in use to allow them to be available without prescription for certain self-recognizable indications. People in the world take some medicines by self-medication and in many countries the differentiation between prescription medicines and non-prescription medicines is not clear or is even non-existent. Even where there is a legal distinction between medicines that are restricted to prescription and those that may be purchased without prescription in most countries outside of North America, Europe, and Australia, many medicines that are supposed to be restricted to prescription can be purchased without a prescription this mean that self-medication takes on a broader meaning for authorities in these countries. The responsible self-medication industry insists on distinguishing between products that are designed, tested, labeled, evaluated and approved for self-medication and those medicines that should be used under medical supervision but are sometimes purchased without a prescription, this can be called “Self-Prescription“ or “Under the counter medicine“ and should not be confused with true OTC medicine.

The last 50 years have seen the rapid and dramatic development of government sponsored Health Care. Each country has developed ways of supplying Health Care to its people. Some supply most Health Care free through government health services or social security systems. While many supply at least some Health Care either free or with some contribution from the public. State-supported Health Care has been running into more and more budget problems in the last 20 years for a number of reasons, expectation have increased, the population are ageing requiring more care, medical technology has developed important new diagnostic and treatment tools which frequently are very expensive and new medicines that are more effective and safer, while prolonging life, are also expensive to develop. Along with government awareness of the impossibility of continuing to pay for all medical care has been an increasing desire on the part of the public for more self-reliance in Healthcare. In many countries immediately after World War II, particularly in Europe, governments policies tended to encourage people to be dependent on the state for all Health Care. Governments are now trying to drive their citizens away from total reliance on the state for Health Care and are encouraging people to take care of themselves when it is appropriate.

CONCLUSION:

The World Health Organization has recognized self-medication as a separate domain from prescription medicine by according the status of Non-governmental organization in official relations with W.H.O to the World Federation of Proprietary Medicine Manufacturer (WFPMM), as representing the World-wide self-medication industry. In this function, (WFPMM) participates in all relevant experts’ committee meetings and contributes to W.H.O projects within its area of expertise. Self-medication can be different in developing countries, where people generally have less money to spend on health and the governments are less able to give full health coverage, reliable self-medication products are particularly important in improving quality of life. Needless to say, inappropriate self-medication such as the use of
antibiotics where the specific illness has not been properly diagnosed should be discouraged and educational efforts should be made so that e.g. Parents can distinguish between a cold and potential pneumonia requiring immediate treatment by a health practitioner. Self-medication increase self-reliance in health and improve the quality of life for consumers while helping government control Health Care costs.

Along with distribution, one must consider advertising and promotion of non-prescription medicines. In most countries of the world such advertising to the public of medicines that are legally available without prescription is permitted. In most countries, advertising is also controlled through strict laws; self-regulation by the industry, or more often, a combination of the two. In fact, the self-medication industry has its own guidelines for national codes of advertising practice which through (WFPM) World Federation of Proprietary Medicine Manufactures, it recommends to its member association and companies. All companies now have their own strict review and appraisal of advertising. The combination of company self-discipline industry self-regulation and government law controls the advertising of non-prescription medicine. Advertising is a law involvement medium. Several independent research studies have demonstrated that advertising to the public is not effective or suitable means for communicating detail information on the use of medicine. Many OTC advertisements are in the form of 30 seconds television commercials in which only a very limited amount of information can be effectively communicated. This information includes the name of the product, which it can be used for and a specific indication to always read the label or to follow the directions.

The consumer who is tempted to determine whether he or she should buy the product as a result of advertising or other recommendations should be able to handle the package and determine from the label whether the product is suitable for the specific use in mind. Once the product is purchased and before use the label and the leaflet should give more specific instructions on dosage and how to take the product. Interestingly, until the European directive on medicine label other than the content and the expiration date. Now they also required having the instructions for use of the product and any necessary warning. Most medicines including OTC medicines have leaflets in most European countries and eventually, all medicines will have them in European Union countries because the additional required information is so extensive that it would be difficult to print on an ordinary size label. The requirements are uniform now throughout the (EU) for what information should be on the label and in the leaflet.

REFERENCES:


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