Public Health Association of Australia submission on scheduling policy framework and advertising of pharmacist-only medicines

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia. The PHAA works to ensure that the public’s health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people’s health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

PHAA welcomes the opportunity to provide input to the consultation on scheduling policy framework and advertising of pharmacist-only medicines. The reduction of social and health inequities should be an overarching goal of national policy and recognised as a key measure of our progress as a society. The Australian Government, in collaboration with the States/Territories, should outline a comprehensive national cross-government framework on reducing health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.
PHAA Response to the consultation paper

Conflicts of interest

The PHAA recognises that the scheduling process for medications in Australia will inevitably involve potential conflicts of interest. While this may be unavoidable in some circumstances, open and full declaration of conflicts of interest must be mandatory for the process to be transparent and fair. The importance of this principle is highlighted when, for example, market exclusivity models are a possibility. Public health must be the primary consideration in the scheduling process, and any circumstances under which commercial interests may undermine this should be fully declared.

Risk-benefit value tree

- **Business improvement measures 3: Greater emphasis on benefits as well as risks**

- **Ongoing improvements 2: Improved guidance on risk and benefit**

The PHAA strongly supports the principle of scheduling applications being considered on the grounds of public health rather than economic benefit or commercial interests. A risk-benefit tree may provide some assistance for the preparation of submissions. However, with the variation in application types and information of relevance, PHAA agrees that it would be suitable as guidance only rather than a requirement. The scheduling process should allow for the inclusion of all relevant information on both benefits and risks.

Interim decisions

- **Policy recommendation 3: Public consultation on interim decisions**

The scheduling of medications has broad implications for public health and hence for a range of stakeholders and interested parties other than the original applicant. For this reason, the PHAA supports the opening of comment on interim decisions to full public consultation. The removal of prescriptive time constraints on submissions is consistent with this. However, the timelines should balance the need for full consultation against the need to avoid unnecessary delays in finalising decisions.

Proactive consideration of candidate substances for rescheduling

- **Ongoing improvements 3: Proactive identification of substances for rescheduling**

The PHAA supports the principle of ongoing review of scheduling of medications, as the uses and health effects of medications change or become more apparent over time. The proactive identification of substances for rescheduling is important for enabling the scheduling process to be flexible enough to make appropriate changes when required. The PHAA supports the inclusion of a variety of stakeholders in this process to ensure broad community representation.

Parallel processes and other incentives (medicines)

- **Ongoing improvements 4: Down-scheduling – alignment with OTC product submission and incentives**

The PHAA does not support incentives such as market exclusivity models for the submission of rescheduling applications, and concurs with the view that commercial interests should not be a factor. It is difficult to see how public health benefits from a period of market exclusivity. However, the potential for a conflict of interest from the commercial and economic benefits of such as period are clear.
Advertising of Schedule 3 (pharmacist only) medicines

The PHAA believes a cautious approach should be used in the advertising of any medications, with requirements for appropriate information and warnings. The availability of a medication without prescription may be interpreted by some as that medication being harmless. The advertising of such medicines may exacerbate this effect.

People with poor health literacy, low levels of education and/or socio-economic disadvantage may be at increased risk of misinterpreting advertisements in this way. The availability of pharmacist only medications is essential for equity and equality of access to medications by removing the requirement for costly and unnecessary appointments with a medical practitioner to obtain a prescription. Appropriate advertising of these medications may also assist, but the requirements for full disclosure of relevant information and warnings should be absolute in order to minimise the risks associated with prescription-free access to medications.

Conclusion

PHAA supports the broad directions of the scheduling policy framework and advertising of pharmacist-only medicines. However, we are keen to ensure that public health remains the primary consideration in all scheduling decisions and processes, in line with this submission. We are particularly keen that the following points are highlighted:

- All potential conflicts of interest must be openly and fully declared
- Scheduling and review decision processes should involve a broad range of stakeholders
- Commercial interests should not be a consideration in scheduling decisions or processes.

The PHAA appreciates the opportunity to make this submission and the opportunity to comment on the proposed changes.

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.

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