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Department of Health

Therapeutic Goods Administration

TGA consumer survey 2018

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TGA Health Safety
Regulation

A decorative graphic consisting of several overlapping, wavy bands in shades of blue and green, flowing from the left side of the page towards the right, positioned below the TGA logo.

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Executive summary

The Therapeutic Goods Administration (TGA) conducted a survey of Australian adults in June and July 2018. The survey employed a dual sampling methodology comprising a quota driven population based sample and an Opt-in methodology where the sample was sourced through known TGA contacts, networks and consumer stakeholders. A total of 1,729 responses to the survey were recorded during the survey period. The sample includes a mix of the Australian population and includes participation across age, gender, all states and territories and metropolitan and regional locations.

Awareness of the TGA

In the overall sample, awareness of the TGA is observed at 68%, although amongst the population (Panel) sample only one in two participants had heard of the TGA prior to the survey. Awareness in this group is higher amongst older groups, males and those who reside in capital city locations.

Role of the TGA

Those who are aware of the TGA show some general awareness of the focus for TGA regulation. Amongst a list of potential regulatory focus areas, 21% of responses highlighted all of the correct regulatory focus areas. However, amongst this group most also inaccurately selected areas that the TGA does not have a focus upon in its role. Overall, just 7% of participants who are aware of the TGA provided an accurate response here, highlighting a potential opportunity for further education and understanding in the community. Those in the Opt-in sample generally showed a more accurate understanding of the TGA regulatory focus.

Balancing safety and access and Trust in the TGA

Forty five percent (45%) of the overall sample Agree that *The TGA gets the balance right between safety for consumers and access to products*, while 30% disagree. Agreement is considerably higher in the population (Panel) sample, where 63% agree and only 8% disagree. In the Opt-in sample, a total of 50% disagree and only 28% agree. A similar pattern is observed in relation to trust, with 59% of the overall sample agreeing that they *trust the TGA to perform its role ethically and with integrity* and one in five disagreeing. The Panel sample shows a higher level of agreement here, with 75% agreement compared to only 46% in the Opt-in sample. Outcomes in the population sample are generally higher amongst older participants and males.

Contact with the TGA

Around one in four of those who indicate awareness of the TGA have been in contact in the last two years. Taking into account those who are not aware of the TGA, around 15% had been in contact during this period. Contact is more likely in the Opt-in sample. Most contact is made via email, phone and website contacts, with few responses highlighting contact via other channels. Across the three major communication channels, 80% of responses are received in ten days or less, with phone enquiries perceived as the most responsive contact method, providing a response in two days or less in two in three cases.

Information service use

In total, 31% of consumers use of one or more TGA information services. The TGA website is the most commonly highlighted use. Service use is higher in the Opt-in sample (57%) compared to the population (Panel) sample, where only 14% of participants highlight having used one or more of the services identified. While used less overall, RSS feed and Twitter services show high levels of frequent use, with more than 4 in 10 users of these services highlighting they use the service *Often* or *All the time*.

Communications – satisfaction

Satisfaction with communication is observed at 48% Nett satisfaction and 25% Nett dissatisfaction. Satisfaction across the sample components varies markedly, with 80% of those who have been in contact with the TGA in the population (Panel) sample expressing satisfaction and only 2% expressing dissatisfaction. In contrast, only one in four of the Opt-in sample express satisfaction and 41% are dissatisfied.

TGA website

Reported use of resources on the TGA website identifies Fact sheets and Search functions as the most commonly utilised tools. Generally where these are used they are perceived as at least somewhat useful. Satisfaction with a range of characteristics of the website is generally high amongst the population (Panel) sample, with more than 70% Nett satisfaction across measures focussing on language used, length of content, Ease of navigation and look and feel and overall satisfaction with the website at 84%. In contrast, those in the Opt-in sample show much lower levels of satisfaction between 39% and 50% and an overall level of Nett satisfaction with the site at 44%.

Feedback and consultation

Responses relating to feedback and consultation mechanisms reflect a general lack of direct engagement with TGA, with Neither and Not applicable responses accounting for large proportions across all measures here. Amongst those who either agree or disagree with the statements, the strongest outcome relates to the ability to provide feedback.

Other measures here all reflect opportunities for development and engagement, including listening to feedback, timely consultation, and providing opportunities to input into key decisions. Generally, those in the Opt-in sample view these areas negatively, with disagreement levels higher than agreement levels across each of these measures. In contrast, population (Panel) participants were generally more positive, with minimal disagreement observed. In particular, younger people in this sample provided particularly positive feedback in this area.

Attitudes toward medicines and complementary medicines were tracked in the survey via agreement with a series of statements.

Medicines

Across eight statements relating to medicines Nett agreement outweighs Nett disagreement in all cases. The strongest levels of agreement is observed in relation to confidence that *The medicines I buy are genuine* (71% Nett agreement) and *Medicines are manufactured to a high standard* (70%). Trust in *medicines available in pharmacies* (Nett agreement 69%) is higher than for supermarket medicines (45%). Confidence that the *government monitors medicines to identify safety issues* (64% Nett agreement), agreement that *prescription medicines are appropriately regulated* (61%) and belief that the *risks of medicines are balanced against their positive impact* (62%) show similar levels of agreement at just over six in ten participants. The response to the statement *Prescription medicines are safe* shows the lowest level of agreement (54%). For a number of these measures there is a substantial level of disagreement on the statements identified, notably in relation to *trust the medicines available in supermarkets* (20% Nett disagreement), *Prescription medicines are safe* (18%), *Prescription medicines are appropriately regulated* (16%) and that *the risks of medicines are balanced against their positive impact* (16%).

Consistent with other areas in the survey, those in the population (Panel) sample are generally more positive across the range of measures here, with nett agreement across the range of measures well above those in the Opt-in sample. Interestingly, across the samples there is marked discrepancy within age categories, with older participants in the population sample showing higher levels of agreement across all measures except trust in supermarket medicines (where the youngest participants show the highest level of agreement). For the Opt-in sample the pattern is generally reversed, with the youngest participants showing the highest level of agreement across most measures. Males and those in capital city locations in this sample also express generally more positive views. Across the entire sample, those who have experienced side effects in response to a medicine or medical device are markedly less likely to agree across all statements presented.

Complementary medicines

Agreement across the range of statements relating to complementary medicines is generally lower than outcomes for medicines. Across the five measures tracked, Nett agreement is generally consistently low. One third of participants agree that *Complementary medicines are safe* (34% Nett agree; 22% Nett disagree), *I trust complementary medicines* (33% Nett agree; 31% Nett disagree), *I trust the government monitors complementary medicines to identify safety issues* (33% Nett agree; 33% Nett disagree) and that *I am confident that complementary medicines are manufactured to a high standard* (32% Nett agree; 29% Nett disagree). The final measure here, *Complementary medicines are appropriately regulated*, shows very high disagreement and low agreement (Nett agreement 26%; Nett disagreement 38%). While agreement is higher than disagreement across most measures, the outcomes here highlight a general lack of faith in the safety and quality of complementary medicines. An ongoing focus on addressing and responding to consumer concerns in this area is recommended.

Across the sample sources in the survey those in the population (Panel) sample show higher levels of agreement; however overall agreement levels in both groups are generally low across the range of measures and are accompanied by substantial levels of disagreement. Across both samples, younger people tend to more commonly agree with the statements. Females in the Opt-in sample also show a higher tendency to agree across the range of statements. Consistent with the outcomes for questions focussed on medicines, those who have experienced a side effect less commonly agree with the statements relating to complementary medicines.

Receiving information

Around 85% of respondents to a question about interest in receiving information highlight an interest in one or more information source. The most commonly identified areas of interest are product recalls, safety information, reporting of problems or side effects and general information about the TGA.

Methodology

This report provides a summary of findings from the 2018 Therapeutic Goods Administration Consumer survey.

The 2018 consumer survey was conducted amongst Australians aged 18 and over in June and July 2018. The survey employed a sampling methodology that included a structured Panel based sample as well as rolling (Opt-in) network based sampling. The survey was run in conjunction with the TGA stakeholder survey, which sampled industry, health professionals, media and peak body stakeholders.

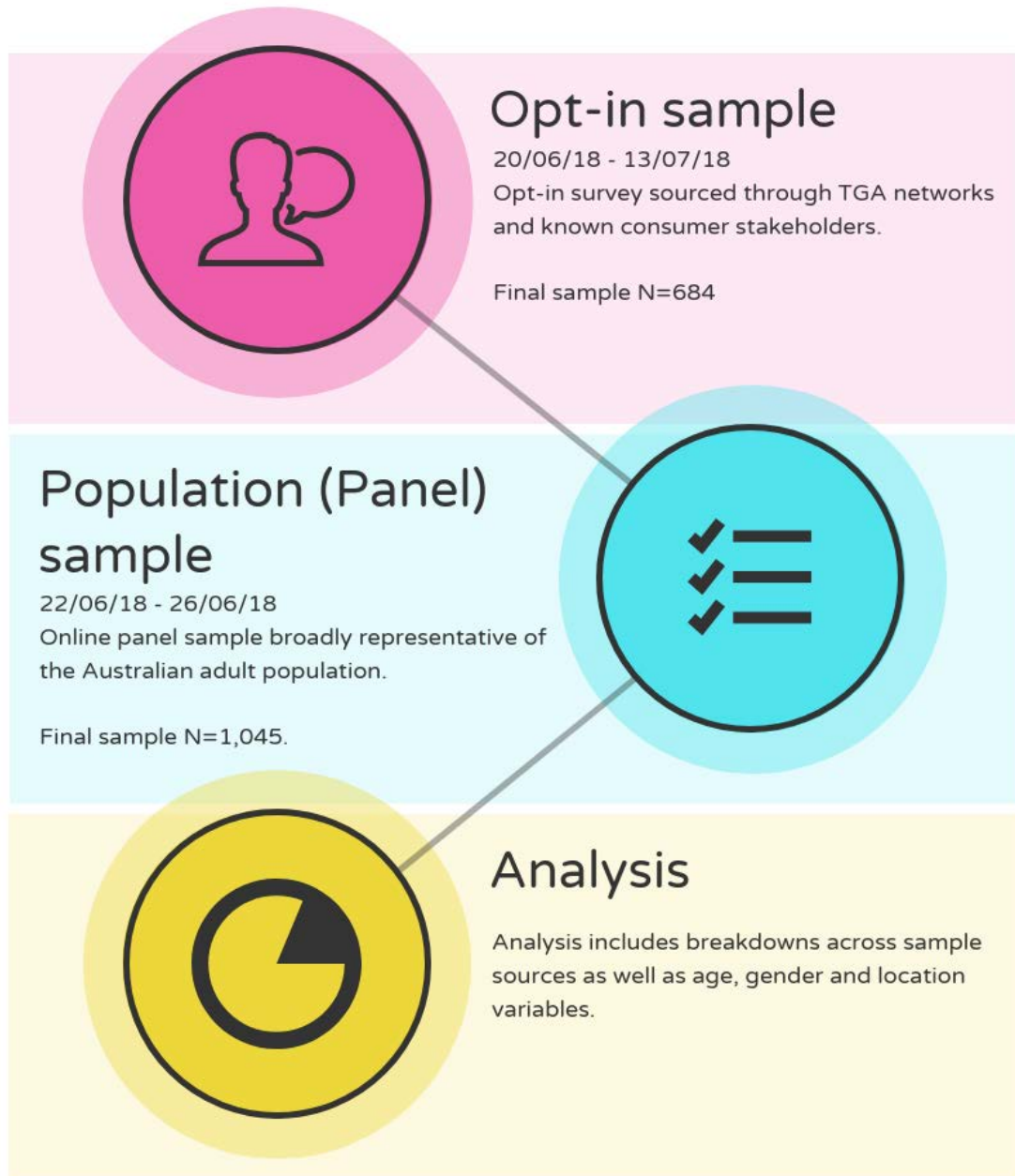
The Panel sample, accessed through the Qualtrics consumer panel, was designed to be broadly representative of the Australian population across, age, gender and geographic location and targeted a minimum sample size of N=1,000 Australians aged 18 and over. The Opt-in sample was sourced via distribution of links to the survey amongst known stakeholders, their networks and members of the community who have previously engaged with the TGA.

The employment of two distinct sampling methodologies is likely to have resulted in groups with very different levels of knowledge, experience and attitudes towards the TGA. The Opt-in sample, sourced through known networks, organisations and people with existing connections to the TGA, is expected to include individuals with more direct experience and understanding of the TGA, its role and focus. In contrast, the population based sample is likely to reflect the population more broadly, with more varied understanding and levels of experience of the TGA.

The survey was conducted using an online survey methodology. A survey of approximately 6-8 minutes in length was developed by the TGA in conjunction with the Market Research Unit in the Department of Health.

Overall, the survey received 1,729 responses across the two sampling frameworks. A total of 1,045 responses were received via the population based (Panel) sample, with the remaining 684 responses received through the rolling Opt-in sampling methodology (Figure 1).

Analysis in this report includes overall reporting of key results as well as breakdowns across a number of key characteristics. As is evident in the reporting, key differences between the two sampling frameworks necessitated reporting that provides separate breakdowns across key characteristics within each of the broad samples (Population/Panel and Opt-in).

Figure 1: TGA Consumer survey 2018 - Sampling Methodology

Demographics

Age

Amongst the overall sample there is representation across a range of age groups (Table 1; Figure 2). The age distribution of the sample varies markedly across sample types (Table 2). The Panel based sample set quotas across age to achieve a broadly representative spread across 18-34, 35-54 and 55+ groupings. In comparison, the Opt-in sample is heavily skewed toward those 55+ age categories, with just over half of this sub-sample in this grouping. This high level of representation was offset by low representation amongst younger groupings, with those aged 18-34 making up around 10% of the Opt-in sample (Panel sample: 34%).

Table 1: Age - complete sample

Please provide the following details about yourself. Your age:

Age	N	%
18-24	94	5.4
25-34	326	18.9
35-44	289	16.7
45-54	331	19.2
55-64	331	19.2
65-74	276	16.0
75 or older	80	4.6
Total	1727	100
18-34	420	24.3
35-54	620	35.9
55+	687	39.8

Figure 2: Age by sample source (%)

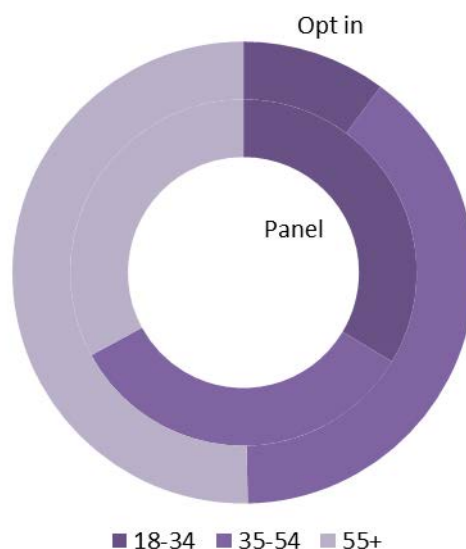


Table 2: Age by sample source (%)**Your age: (%)**

Age	Panel	Opt in
18-34	33.6	10.1
35-54	33.5	39.6
55+	32.9	50.3

Gender

The overall sample includes more females than males (Table 3). This distribution reflects a much higher representation of females in the Opt-in sample (Female: 66%; Male: 33%) in comparison to the quota based Panel sample, where quotas ensured males and females are evenly distributed (Figure 3 and Table 4).

Table 3: Gender - complete sample**Your gender:**

Gender	N	%
Female	968	56.0
Male	749	43.3
Indeterminate/Intersex/Unspecified	3	0.2
Prefer not to say	9	0.5
Total	1729	100

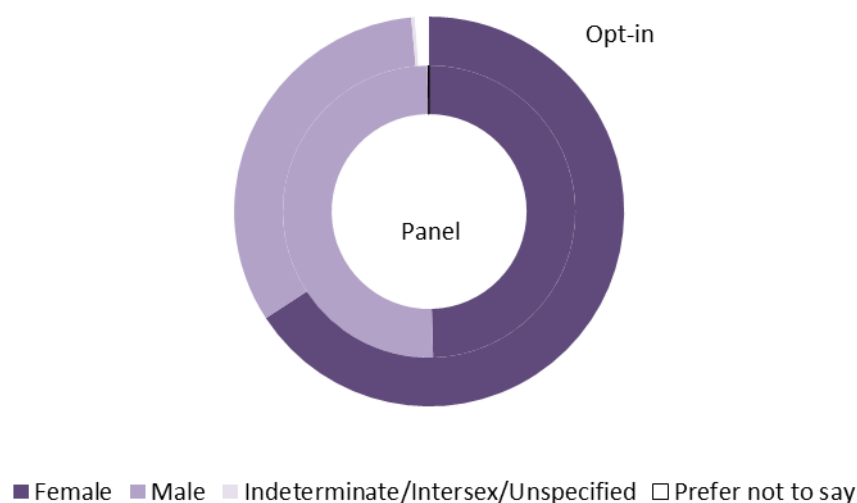
Figure 3: Gender by sample source (%)

Table 4: Gender by sample source (%)**Your gender: (%)**

Gender	Panel	Opt-in
Female	49.6	65.8
Male	50.2	32.7
Indeterminate/Intersex/Unspecified	0.1	0.3
Prefer not to say	0.1	1.2

Location

Participation in the survey is evident across all states and territories and is generally reflective of national population distributions (Table 5). There are minimal differences in terms of location of participants between the Panel and Opt-in samples.

Table 5: State/Territory**State/territory where you live:**

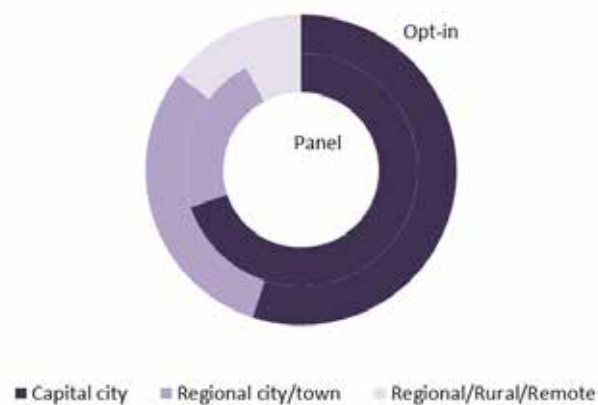
Location	N	%
NSW	535	31.0
VIC	458	26.5
QLD	346	20.0
WA	171	9.9
SA	131	7.6
TAS	42	2.4
NT	5	0.3
ACT	40	2.3
Total	1728	100

Just over one third (36%) of the sample live in locations outside capital cities (Table 6). This includes representation across Regional cities and towns (26%), Rural areas (10%) and a small number of people residing in Remote areas (0.3%). The Opt-in sample includes a higher proportion of people identifying in Regional cities and towns (Opt-in: 31%; Panel: 22%) and Rural areas (Opt-in: 14%; Panel 8%; Figure 4 and Table 7).

Table 6: Regional location – complete sample

Area you live in:

Region	N	%
Capital city	1106	64.0
Regional city/town	441	25.5
Regional/Rural area	176	10.2
Remote area	5	0.3
Total	1728	100
Capital city	1106	64.0
Ex-capital city	622	36.0

Figure 4: Location by sample source (%)**Table 7: Regional location by sample source (%)**

Area where you live (%)

Region	Panel	Opt in
Capital city	69.9	55.1
Regional city/town	22.3	30.5
Regional/Rural/Remote	7.8	14.5

Role and employment

When asked to highlight their role in the community, just fewer than four in five participants identified against the Consumer grouping (Table 8). Almost three in ten nominated as patients, with around one in ten highlighting roles as carers, consumer representatives/advocates or as having a role in all of the listed categories. The Opt-in sample includes a higher proportion of people who identify in the consumer representative (Opt-in: 19%; Panel: 2%) and patient (Opt-in: 39%; Panel: 21%) categories when compared to the more randomly identified Panel sample. Most respondents (N=1,065) to this question select a single response category.

Table 8: Role in the community

Which categories describe your role in the community:

Category	N	%
Consumer	1380	79.9
Carer	173	10.0
Consumer rep/advocate	153	8.9
Patient	491	28.4
All of the above	152	8.8
Selections	2349	
Total	1726	
Number of selections		
1	1065	
2	397	
3	110	
4	154	
Total	1726	

A range of employment categories are represented by participants in the consumer survey (Table 9). Retirees represented the single largest industry category selected, followed by unemployed, retail, government and public administration and education based roles.

Table 9: Employment category

Which of the following categories best describes the industry you primarily work in (regardless of your actual position)?

Category	N	%
Retired	390	25.5
Unemployed	202	13.2
Retail	110	7.2
Government and Public Administration	97	6.3
K-12 or Tertiary Education	82	5.4
Finance and Insurance	64	4.2
IT, Data Processing & Software	62	4.1
Construction	52	3.4
Arts, Entertainment, and Recreation	46	3.0
Hotel and Food Services	37	2.4
Scientific or Technical Services	37	2.4
Wholesale	27	1.8
Agriculture, Forestry, Fishing and Hunting	25	1.6
Legal Services	23	1.5
Mining	17	1.1
Real Estate, Rental and Leasing	14	0.9
Computer and Electronics Manufacturing	12	0.8
Telecommunications	12	0.8
Utilities	10	0.7
Publishing	8	0.5
Military	2	0.1
Other Industry	136	8.9
Other Information Industry	29	1.9
Other Manufacturing	36	2.4
Total	1530	100

Medicines use

Across the overall sample of consumer participants 62% highlight that they take regular medicines (Table 10). This level varies across samples, with a higher proportion of people in the Opt-in (69%) sample highlighting regular medicines use in comparison to the Panel based sample (58%). Just over one in ten participants highlight use of medical devices, with use of devices slightly higher amongst those in the Opt-in sample (Figure 5 and Table 11).

Complementary medicines use is reported by just over half of the sample and is similar across sample sources. Those in the Opt-in sample show a higher propensity to have experienced side effects with a medicine or medical device (Opt-in: 54%; Panel: 24%).

Table 10: Use of medicines, complementary medicines and medical devices

Please select the categories that apply to you:

Category	N	%
I take regular medications	1006	62.1
I use medical devices	178	11.0
I use complementary medicines	836	51.6
I have experienced side effects with a medicine or medical device	556	34.3
None of the above	206	12.7
Prefer not to answer	22	1.4

Base: All respondents

Figure 5: Use of medicines by sample source (%)

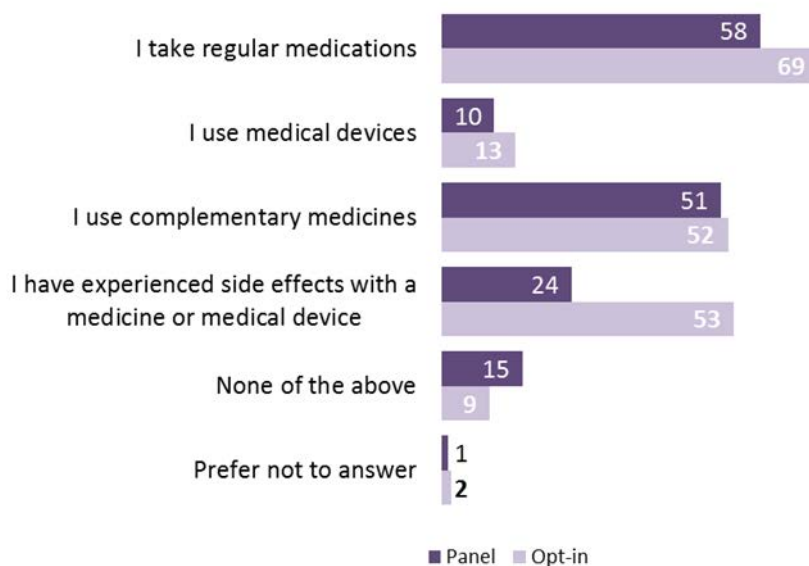


Table 11: Use of medicines, complementary medicines and medical devices by sample source (%)

Please select the categories that apply to you:

Category	Panel	Opt-in
I take regular medications	58.4	69.0
I use medical devices	9.7	13.4
I use complementary medicines	51.2	52.4
I have experienced side effects with a medicine or medical device	23.8	53.5
None of the above	14.8	8.9
Prefer not to answer	1.1	1.7

Across the overall sample, regular use of medicines increases with age (Figure 6 and Table 12). Use of complementary medicines is fairly consistent across ages, although a slight decline in use is apparent amongst the oldest grouping. Experience of side effects shows a general increase across age groups (except amongst the oldest age category).

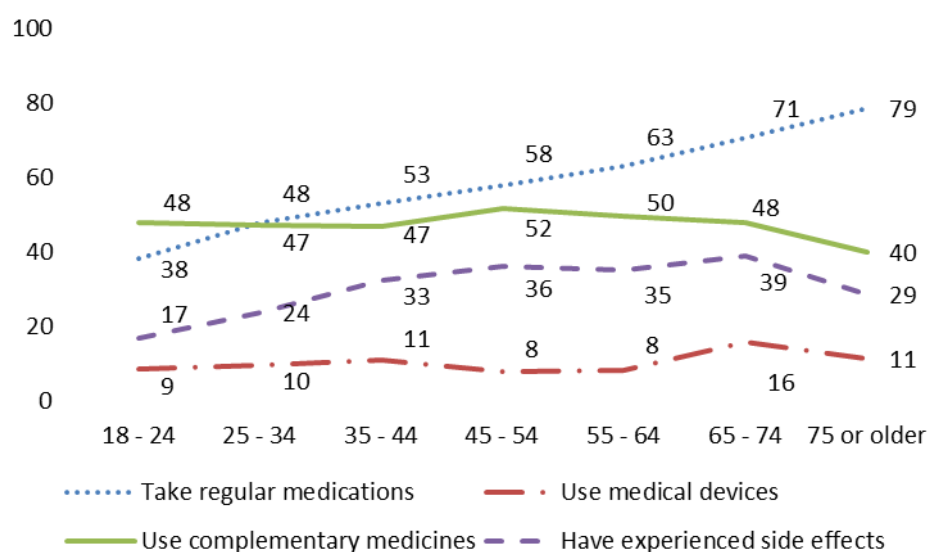
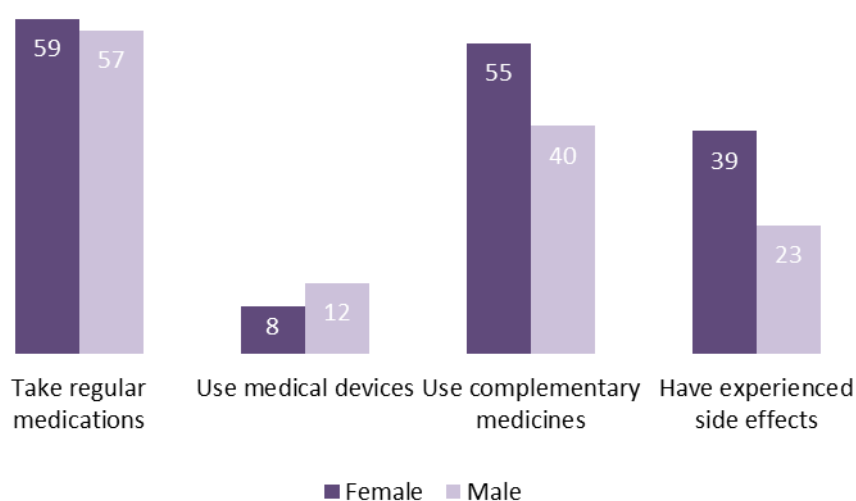
Figure 6: Use of medicines, complementary medicines and medical devices by age (%)

Table 12: Use of medicines, complementary medicines and medical devices by age (%)

Please select the categories that apply to you:

Age	Take regular medications	Use medical devices	Use complementary medicines	Have experienced side effects
18-24	38.3	8.5	47.9	17.0
25-34	47.9	9.8	47.2	23.9
35-44	53.3	11.1	47.1	32.5
45-54	58.0	7.9	51.7	36.3
55-64	63.1	8.2	49.8	35.0
65-74	70.7	15.9	47.8	39.1
75 or older	78.8	11.3	40.0	28.8

Female participants in the survey are more likely to have experienced side effects (Females 39%; Males 23%) and to use complementary medicines (Females 55%; Males 40%; Figure 7 and Table 13). Use of regular medications and medical devices is similar across male and female groups in the survey.

Figure 7: Use of medicines, complementary medicines and medical devices by gender (%)**Table 13: Use of medicines, complementary medicines and medical devices by gender (%)**

Please select the categories that apply to you:

Gender	Take regular medications	Use medical devices	Use complementary medicines	Have experienced side effects
Female	59.0	8.4	54.6	39.2
Male	56.9	12.4	40.1	22.6

Awareness of the TGA

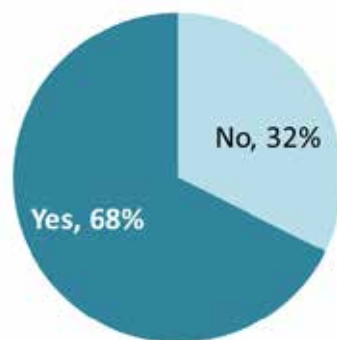
Overall, two in three consumer participants highlight that they were aware of the TGA prior to the survey (Table 14 and Figure 8). This level varies markedly across the two sample sources, with 94% of those in the Opt-in sample highlighting awareness contrasting with much lower awareness amongst the Panel based sample (51%). This large difference reflects the nature of the two samples, with the Panel based sample representing a more randomised cross section of the Australian adult community than that reflected in the self-selecting Opt-in sample.

Table 14: Heard of the TGA

Have you heard of the Therapeutic Goods Administration (TGA) prior to participating in this survey?

Response	N	%
No	559	32.4
Yes	1167	67.6
Total	1726	100

Figure 8: Heard of the TGA (%)

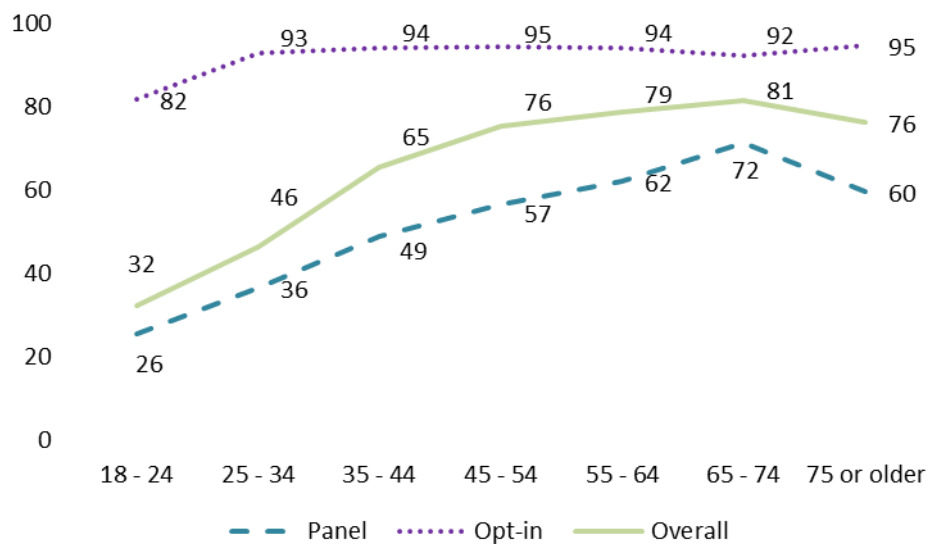


Awareness is strongly associated with age. Those in the older age groupings are far more likely to highlight awareness than younger groupings. This measure is strongly influenced by the sample source, with those in the Panel based sample strongly driving the overall pattern of lower recognition amongst younger groupings (Figure 9 and Table 16). In comparison amongst the Opt-in sample, awareness was observed at more than 80% amongst all age groupings.

Table 15: Heard of the TGA by age

Have you heard of the Therapeutic Goods Administration (TGA) prior to participating in this survey?

Age	Yes	No	N
18-24	32.3	67.7	93
25-34	46.3	53.7	326
35-44	65.4	34.6	289
45-54	75.5	24.5	331
55-64	78.8	21.2	330
65-74	81.5	18.5	275
75 or older	76.3	23.8	80

Figure 9: Heard of the TGA by sample source – Yes (%)**Table 16: Heard of the TGA – Age and Sample source – Yes (%)**

Have you heard of the Therapeutic Goods Administration (TGA) prior to participating in this survey? (Yes %)

Age	Panel	Opt-in	Overall
18-24	26	82	32
25-34	36	93	46
35-44	49	94	65
45-54	57	95	76
55-64	62	94	79
65-74	72	92	81
75 or older	60	95	76

Awareness of the TGA amongst the overall sample is similar across genders (Table 17). This pattern is not consistent across sample sources, with a marked difference evident for the population (Panel) based sample (Male awareness: 56%; Female: 45%; Figure 10 and Table 18).

Table 17: Heard of the TGA by Gender (%)

Have you heard of the Therapeutic Goods Administration (TGA) prior to participating in this survey?

Gender	Yes	No	N
Female	67.4	32.6	966
Male	67.8	32.2	748

Figure 10: Heard of the TGA – Gender and sample source (%)

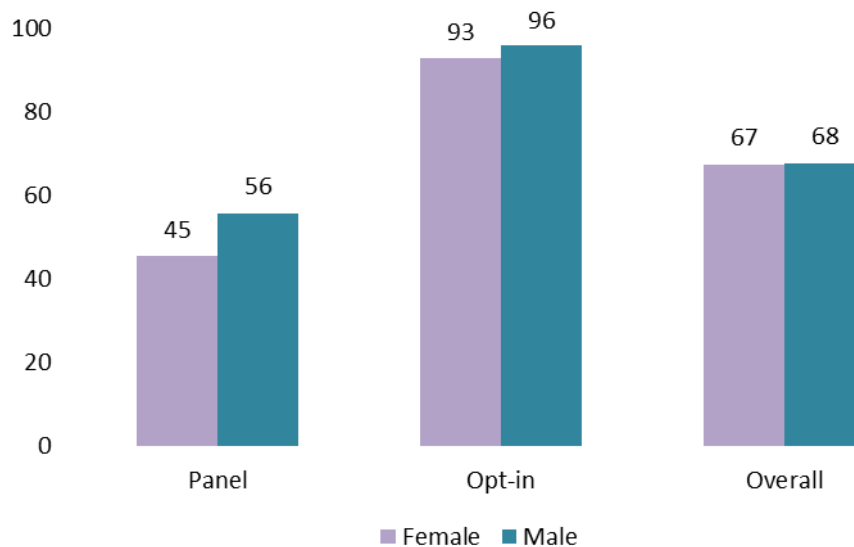


Table 18: Heard of the TGA – Gender and sample source – Yes (%)

Have you heard of the Therapeutic Goods Administration (TGA) prior to participating in this survey? (Yes %)

Gender	Panel	Opt-in	Overall
Female	45	93	67
Male	56	96	68

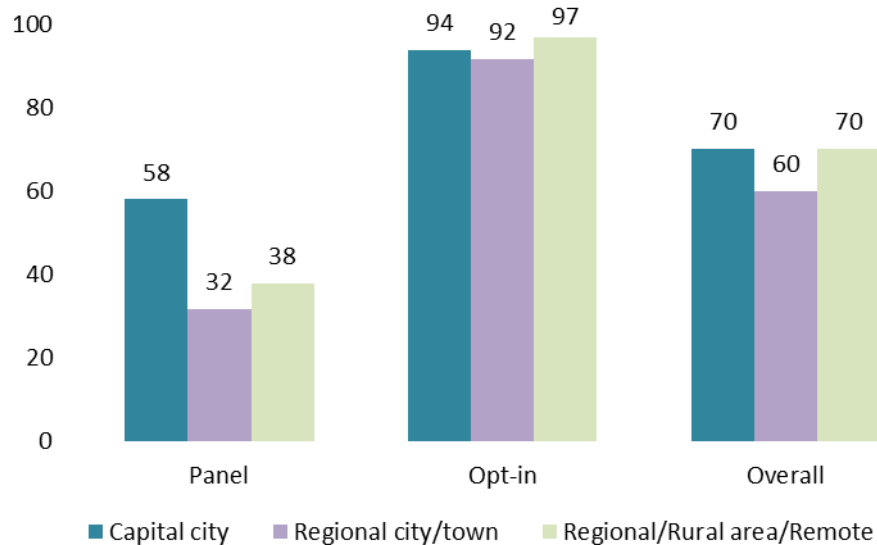
Overall awareness of the TGA across the combined sample is highest in Capital city and Regional/Rural/Remote areas (Table 19). However, amongst the two sample sources there are marked differences, with universally high awareness above 90% across all location variables in the Opt-in sample. This reflects the nature of this sample, with self-selected participation strongly predicated on pre-existing knowledge of the organisation.

In contrast, the more representative population (Panel) sample shows highest recognition within Capital cities (58%) when compared to both regional city/town (32%) and Regional/Rural/Remote locations (38%; Figure 11 and Table 20).

Table 19: Heard of the TGA by Location

Have you heard of the Therapeutic Goods Administration (TGA) prior to participating in this survey?

Location	Yes	No	N
Capital city	70.2	29.8	1105
Regional city/town	60.0	40.0	440
Regional/Rural area/Remote	70.2	29.8	181

Figure 11: Heard of the TGA – Location and sample source (%)**Table 20: Heard of the TGA – Location and Sample source (%)**Have you heard of the Therapeutic Goods Administration (TGA) prior to participating in this survey?
(Yes %)

Location	Panel	Opt-in	Overall
Capital city	58	94	70
Regional city/town	32	92	60
Regional/Rural area/Remote	38	97	70

Scope of TGA regulation

Survey participants were asked to identify areas that the TGA regulates. Overall, those areas that the TGA regulates were selected more commonly than incorrect selections (Table 21). Most commonly identified correct areas are *Any medicines available in a pharmacy* (1,153 selections), *Medicines prescribed by a doctor* (1,106 selections) and *Medicines available in supermarkets* (916 selections).

Amongst the incorrect selections, *Medical procedures* (397 selections), *Allied health professionals* (313 selections) and *Health professionals* (311 selections) were most commonly misattributed.

Table 21: Scope of TGA regulation

What do you think the TGA regulates?

Response	N	%
Correct		
Medicines prescribed by a doctor	1106	64.0
Advertising of medicines and medical devices	795	46.0
Medicines available in supermarkets	916	53.0
Any medicines available in a pharmacy	1153	66.8
Medical devices, such as bandages and pacemakers	812	47.0
Vaccines	848	49.1
Incorrect		
Cosmetics	226	13.1
Foods	209	12.1
Health professionals (e.g. Doctors, Nurses)	311	18.0
Veterinary medicines	274	15.9
Allied health professionals (e.g. Physiotherapists)	313	18.1
Medical procedures (e.g. scans, tests, surgery)	397	23.0
Total Responses	1727	

The overall accuracy of individual responses highlights that 6.9% provided a correct response to this question (i.e. all correct selections and no incorrect selections). A total of 358 (20.7%) responses selected all of the correct areas that the TGA regulates, however of these, only 120 (6.9%) did not also select one or more inaccurate areas. Similarly, 822 (47.6%) responses did not select any incorrect responses, yet most failed to select all of the correct responses (Table 22).

Table 22: Scope of TGA regulation – correct and incorrect selections

Selections	N	%
Correct selections (/6)		
No correct selections	170	9.8
1	358	20.7
2	170	9.8
3	171	9.9
4	229	13.3
5	271	15.7
All correct selections	358	20.7
Incorrect selections (/6)		
No incorrect selections	822	47.6
1	482	27.9
2	212	12.3
3	105	6.1
4	51	3.0
5	25	1.4
All incorrect selections	30	1.7
Overall accuracy		
Accurate responses	120	6.9
Inaccurate responses	1607	93.1

Across the two samples (Panel vs Opt-in) there are considerable variations in terms of understanding of the focus of TGA regulations. Opt-in respondents show a higher level of understanding of the focus of TGA regulation, with 14.4% of this group providing accurate responses. More than half (51.9%) of this group made no incorrect selections (of areas TGA does not regulate) and more than 1 in 3 (36.8%) selected all correct responses (of areas TGA does regulate). A minimal 2.1% of Panel based responses provided accurate responses, with only 10.2% selecting all of the correct responses and 44.8% making no incorrect responses.

Balance and trust

Amongst those with awareness of the TGA, 45% agree or strongly agree that the TGA gets the balance right between safety for consumers and access to products (Table 23). Just under one third of the overall sample disagrees with this statement.

Sixty percent of the sample agree or strongly agree that they *Trust the TGA to perform its role ethically and with integrity*. Just over one in five disagree with this statement.

Table 23: Balance and trust (%)

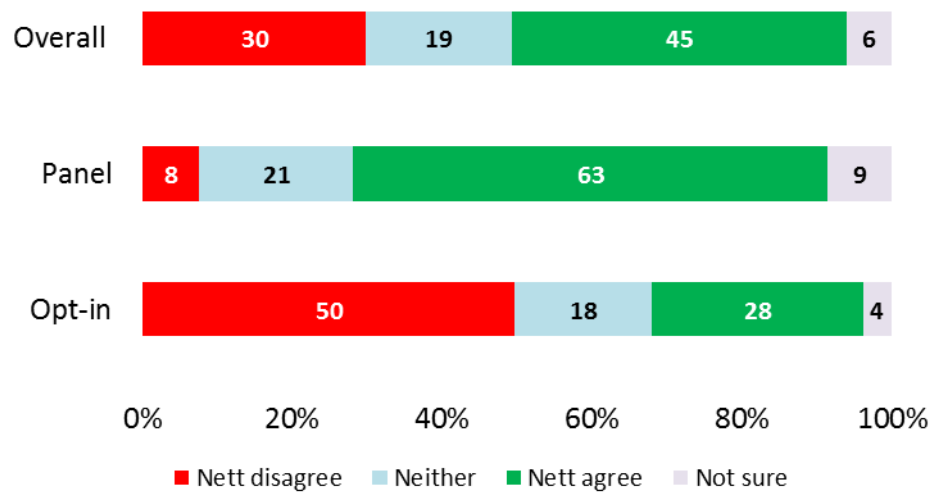
Please indicate your level of agreement with the following statements:

Statement	Nett disagree	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Nett agree	Not sure	N
The TGA gets the balance right between safety for consumers and access to products		10.8	19.1	19.4	35.5	9.2		6.1	1123
I trust the TGA to perform its role ethically and with integrity		9.3	11.9	15.9	39.2	20.3		3.3	1123

Base: Aware of TGA

Across these two statements there are large differences across the sample sources. Those from the Opt-in sample, representing a group with higher awareness and in many cases likely to have had direct contact with the TGA, are far more likely to disagree and less likely to agree across both statements when compared to those in the Panel based sample (Figures 12 and 13 and Tables 24 and 25). One in two participants in this sample disagree with the balance focussed statement, well above the 28% who agree. For the population (Panel) sample, a minimal 8% disagree and almost two in three agree or strongly agree. Trust in the TGA shows a similar pattern, with 46% nett agreement and 35% nett disagreement in the Opt-in sample and 75% agreement and 5% disagreement amongst the population (Panel) sample.

Overall, these outcomes highlight opportunities for addressing perceptions of trust and balance for consumers, particularly those who have already had some contact or are aware of the TGA and its activities. Further breakdowns of these responses across demographic groups within the distinct samples in the survey are provided below.

Figure 12: Balance between safety and access to products by sample source (%)**Table 24: Balance between safety and access to products by sample source (%)**

The TGA gets the balance right between safety for consumers and access to products

Statement	Nett disagree	Neither	Nett agree	Not sure
Opt-in	49.7	18.4	28.1	3.9
Panel	7.6	20.6	63.3	8.5
Overall	29.8	19.4	44.7	6.1

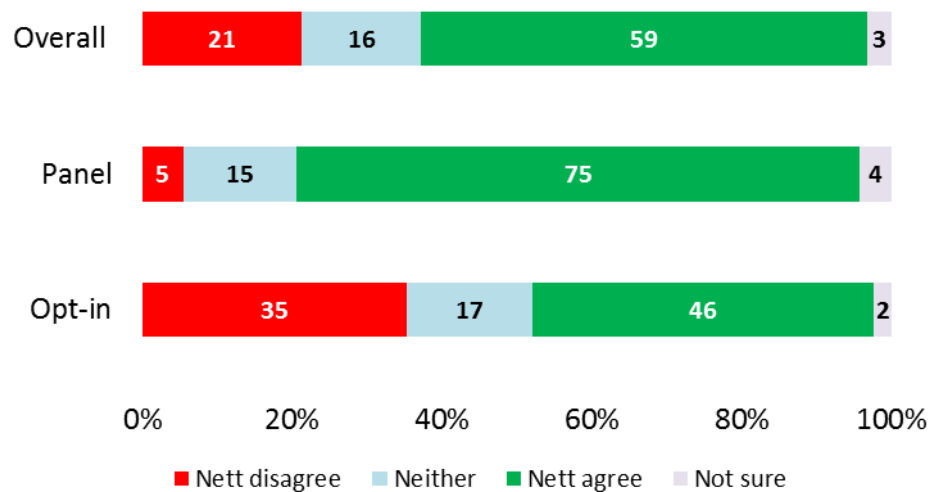
Figure 13: Trust the TGA (ethics and integrity) by sample source (%)

Table 25: Trust the TGA (Ethics and integrity) by sample source (%)**I trust the TGA to perform its role ethically and with integrity**

Statement	Nett disagree	Neither	Nett agree	Not sure
Opt-in	35.4	16.7	45.6	2.4
Panel	5.5	15.1	75.0	4.3
Overall	21.3	15.9	59.5	3.3

Balance and trust - Population (Panel) sample

Levels of agreement on measures of ethics, integrity and balance within the Panel (population) based sample highlight stronger agreement amongst older groups aged 55 years or older and males (See Figures 14 and 15 and Tables 26 and 27). Panel based respondents in Capital city locations (Nett agreement 77%) also appear more likely to agree that they trust the TGA when compared to both those in regional cities and towns (69%) and those in Regional/Rural areas (61%; Figure 16 and Table 28). There are no notable differences across states within this sample.

Figure 14: Balance and trust by age – Population (Panel) sample - Nett agree (%)**Table 26: Balance and trust by age – Population (Panel) sample - Nett agree (%)**

Please indicate your level of agreement with the following statements: (Nett agree %)

Age	Gets the balance right	Trust the TGA
18-34	63.9	67.2
35-54	59.2	72.8
55+	66.4	81.0
Total	63.3	75.0

Figure 15: Balance and trust by gender – Population (Panel) sample - Nett agree (%)**Table 27: Balance and trust by gender – Population (Panel) sample - Nett agree (%)**

Please indicate your level of agreement with the following statements: (Nett agree %)

Statement	Gets the balance right	Trust the TGA
Female	59.1	68.5
Male	66.9	80.5
Total	63.3	75.0

Figure 16: Balance and trust by location – Population (Panel) sample - Nett agree (%)**Table 28: Balance and trust by location – Population (Panel) sample - Nett agree (%)**

Please indicate your level of agreement with the following statements: (Nett agree %)

Location	Gets the balance right	Trust the TGA
Capital city	63.7	77.1
Regional city/town	62.2	68.9
Regional/Rural area	61.3	61.3
Total	63.3	75.0

Balance and trust - Opt-in sample

Despite overall lower levels of agreement and high disagreement when compared to the Panel based sample there are similar patterns evident in relation to both gender and regional location in the Opt-in sample. Males appear generally more likely to express agreement with both statements (Figure 17 and Table 30). Similarly, those in capital city locations show stronger levels of agreement in comparison to other locations (Figure 19 and Table 31). There are minimal differences across age groups within the Opt-in sample (Figure 17 and Table 29).

Figure 17: Balance and trust by age – Opt-in sample - Nett agree (%)



Table 29: Balance and trust by age – Opt-in sample - Nett agree (%)

Please indicate your level of agreement with the following statements: (Nett agree %)

Age	Gets the balance right	Trust the TGA
18-34	32.1	49.1
35-54	28.0	46.4
55+	27.3	44.0
Total	28.2	45.8

Figure 18: Balance and trust by gender – Opt-in sample - Nett agree (%)



Table 30: Balance and trust by gender – Opt-in sample - Nett agree (%)

Please indicate your level of agreement with the following statements: (Nett agree %)

Gender	Gets the balance right	Trust the TGA
Female	26.7	43.2
Male	31.8	51.5
Total	28.1	45.6

Figure 19: Balance and trust by location – Opt-in sample - Nett agree (%)**Table 31: Balance and trust by location – Opt-in sample - Nett agree (%)**

Please indicate your level of agreement with the following statements: (Nett agree %)

Age	Gets the balance right	Trust the TGA
Capital city	33.8	50.5
Regional city/town	20.6	40.0
Regional/Rural area	22.1	39.5
Total	28.1	45.6

Contact with the TGA

Among those who indicate awareness of the TGA, 23% highlight that they have contacted the TGA in the last 2 years (Table 32). Taking into account those who are not aware of the TGA, overall contact levels in the sample are observed at 15% of the entire participating sample (Figure 20 and Table 33; where not aware of the TGA is coded as not in contact in the last 2 years).

As would be expected given the nature of the sampling, contact levels are higher amongst those in the Opt-in sample (23% of the total Opt-in sample) when compared to those in the Panel based sample (10%).

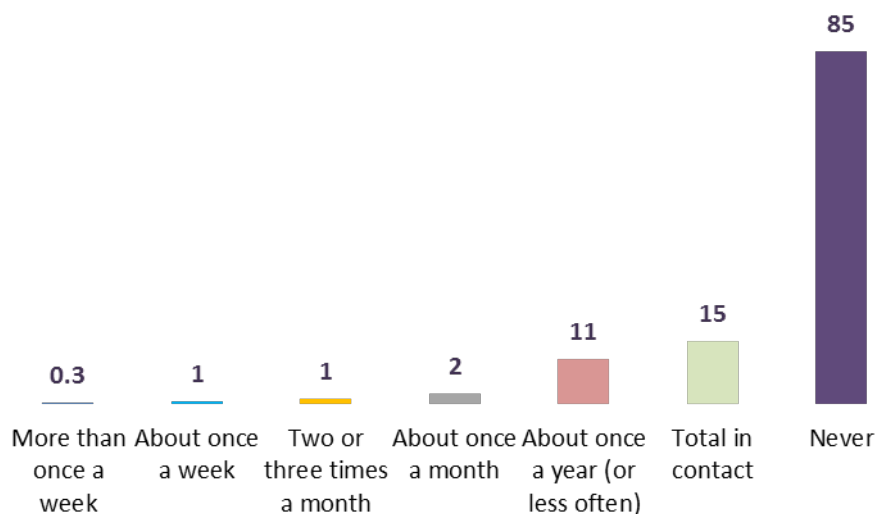
Table 32: Contact with the TGA (Aware of TGA)

How often have you contacted the TGA in the last 2 years?

Frequency	N	%
More than once a week	5	0.4
About once a week	11	1.0
Two or three times a month	20	1.8
About once a month	40	3.6
About once a year (or less often)	184	16.4
Total in contact	260	23.2
Never	863	76.8
Total	1123	100

Base: Aware of the TGA

Figure 20: Contact with the TGA (%)



Base: Entire sample, Never heard of TGA coded as Never in contact

Table 33: Contact with the TGA (Aware and Not aware of TGA - %)

How often have you contacted the TGA in the last 2 years?

Frequency	%
More than once a week	0.3
About once a week	0.6
Two or three times a month	1.2
About once a month	2.3
About once a year (or less often)	10.7
Total in contact	15.1
Never	84.9

Base: Entire sample, Never heard of TGA coded as Never in contact

Overall contact is generally similar across age groups in the survey. However this finding is not consistent across sample sources, with younger participants in the population (Panel) based sample reporting a higher tendency to have had both any contact and more frequent contact with the TGA (Figure 21 and Table 34).

Sixteen percent (16%) of 18-34 year olds in the population (Panel) sample report some contact, compared to 11% of 35-54 year olds and 2% of 55 or older participants (Overall contact 10%).

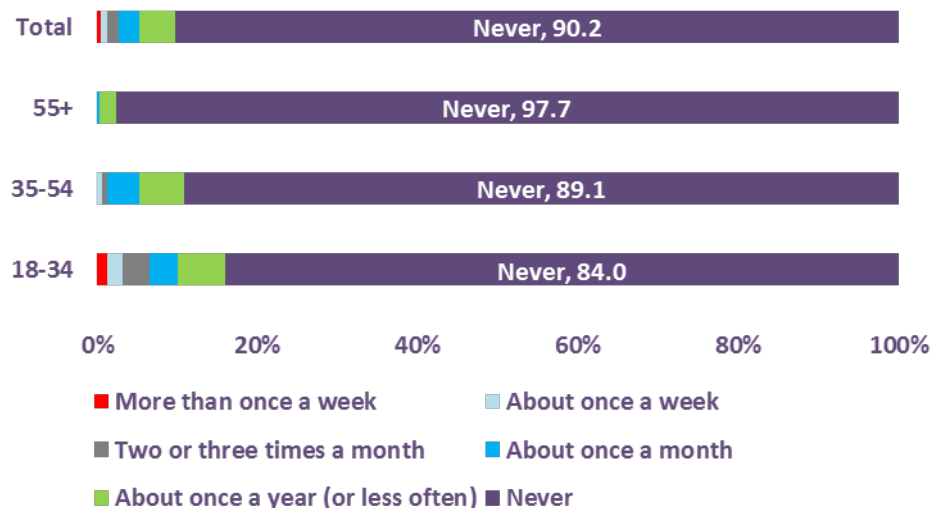
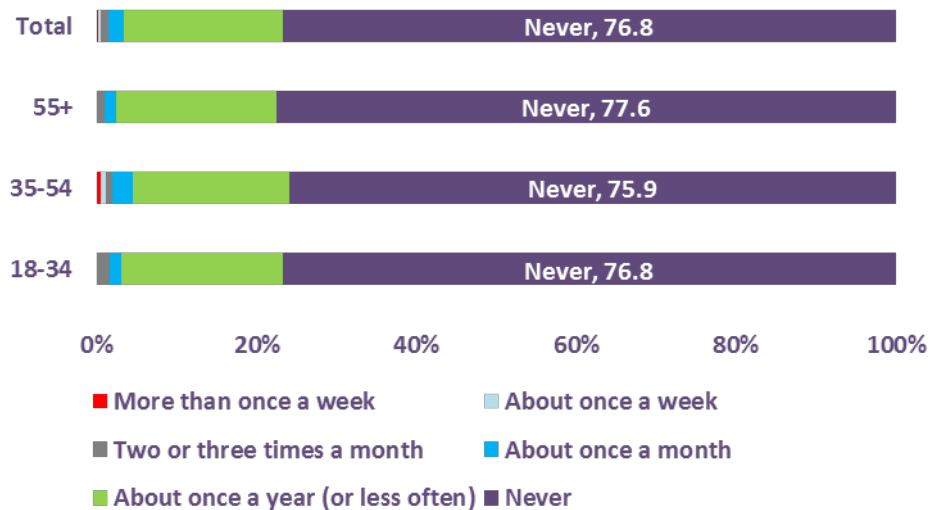
Figure 21: Contact with the TGA – Population (Panel) sample (%)**Base:** All respondents (Never heard of TGA coded as Never in contact)

Table 34: Contact with the TGA by age – Population (Panel) sample (%)

How often have you contacted the TGA in the last 2 years?

Age	Frequency						Never	N
	More than once a week	About once a week	Two or three times a month	About once a month	About once a year (or less often)	Total in contact		
18-34	1.1	2.0	3.4	3.4	6.0	16.0	84.0	351
35-54	0.0	0.6	0.6	4.0	5.7	10.9	89.1	350
55+	0.0	0.0	0.0	0.3	2.0	2.3	97.7	344
Total	0.4	0.9	1.3	2.6	4.6	9.8	90.2	1045

The overall level of contact across age groupings in the Opt-in sample is consistent across age groups, with between 22% and 24% reporting contact in the last 2 years (Figure 22 and Table 35). Most of these participants have been in contact about once a year or less often.

Figure 22: Contact with the TGA – Opt-in sample (%)

Base: All respondents (Never heard of TGA coded as Never in contact)

Table 35: Contact with the TGA – Opt-in sample (%)

How often have you contacted the TGA in the last 2 years?

Age	Frequency						Never	N
	More than once a week	About once a week	Two or three times a month	About once a month	About once a year (or less often)	Total in contact		
18-34	0.0	0.0	1.4	1.4	20.3	23.2	76.8	69
35-54	0.4	0.7	0.7	2.6	19.6	24.1	75.9	270
55+	0.0	0.0	0.9	1.5	20.1	22.4	77.6	343
Total	0.1	0.3	0.9	1.9	19.9	23.2	76.8	682

Method of contact

Email is the most commonly reported method of contact, followed by phone and website based contact (Table 36). Overall patterns are similar across both Panel and Opt-in samples. The most notable difference here is a higher tendency for those in the Panel based sample to make contact via email (64% of those in contact in the last 2 years; Opt-in sample 49%) and a lower tendency to make contact via the website (Panel: 21%; Opt-in: 51%).

Table 36: Method of contact with the TGA

How do you contact the TGA?

Contact method	N	%
Telephone	100	38.5
Email	143	55.0
Letter	28	10.8
Website	102	39.2
Other, please specify	6	2.3
Total selections	379	

Base: In contact with TGA in last 2 years

Response times

Response times across each contact method highlight that 80% or more responses are received in 10 days or less across the three major contact channels (Phone: 90%; Email: 80%; Website: 81%; Table 37). Phone and website enquiries also show relatively high levels of response times of less than one day (Phone: 46%; Website: 28%). Email responses are generally slower, with around half of these enquiries receiving a response in 2 days or less (47%).

Table 37: Response times (%)

Generally, how long does it take the TGA to respond (excluding automated responses) to your:

Contact method	Response time						N
	Immediately	Less than 1 day	1-2 days	3-10 days	11-20 days	More than 20 days	
Phone enquiry	26.0	20.0	20.0	24.0	4.0	6.0	100
Email	3.5	11.3	32.6	33.3	9.2	9.9	141
Letter	21.4	0.0	14.3	39.3	17.9	7.1	28
Enquiry via the website	16.8	10.9	26.7	26.7	7.9	10.9	101
Other enquiry method	16.7	0.0	0.0	33.3	0.0	50.0	6

Base: Contact methods identified

Access and use of information services

In total, 31% of the sample have accessed or used one or more TGA service (Table 38). Most commonly the service accessed was TGA website (25% of the total sample). Less than 5% of participants have accessed email subscription services (4.6%), RSS feed (3.1%), Twitter (2.4%) or roadshows, information sessions webinars or conference booths (2.1%).

Table 38: Access and use of information services

Have you accessed or used any of the following TGA services:

Service	N	%
TGA website (www.tga.gov.au)	434	25.1
TGA Email subscription information services	80	4.6
TGA RSS feed	54	3.1
TGA Twitter	42	2.4
TGA roadshows information, information sessions, webinars or conference booths	37	2.1
Other, please specify	11	0.6
None of the above	1188	68.8

Base: All respondents; Not aware of TGA coded as None of the above

Most of those who have accessed a service have accessed a single service with small numbers accessing 2, 3 or 4 services.

Use and access of services is generally lower within the population (Panel) sample. Within this sample 86% have not accessed or used any service. Despite overall low contact levels, around 10% of the general public have accessed the TGA website at some point. In contrast, the Opt-in sample shows high levels of service access, with 57% of this sample having accessed one or more service, most commonly the website (48%).

Despite large overall differences in the propensity to use services, aged based breakdowns for any service use highlight a similar pattern of responses across both the Opt-in and population (Panel) based samples (Figures 23 and 24 and Tables 39 and 41). The youngest cohort across both samples is generally more likely to have used one or more TGA services, with older groups considerably less likely to have used a service.

Figure 23: Access and use information services by – Opt-in sample (%)

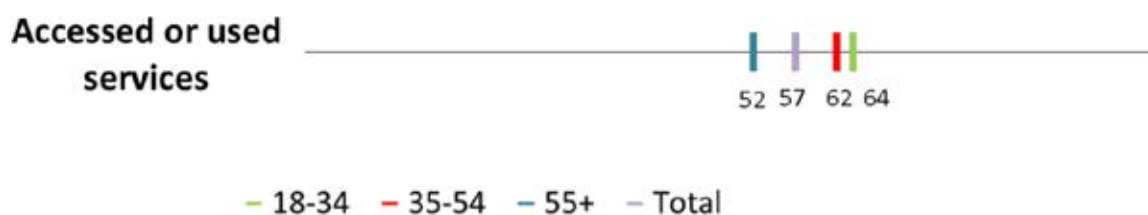


Table 39: Access and use of information services by age – Opt-in sample (%)

Age	Accessed or used services (%)
18-34	63.8
35-54	61.9
55+	52.2

Table 40: Access and use of information services by gender – Opt-in sample (%)

Gender	Accessed or used services (%)
Female	59.6
Male	51.8

Females in the Opt-in sample appear more likely to have used one or more service (Females 60%; Males 52%; Table 40). However for the population (Panel) sample, the overall reported access or use of services is slightly higher amongst males (16%) compared to females (12%; Table 42).

Figure 24: Access and use of information services by age – Population (Panel) sample (%)**Table 41: Access and use of information services by age –Population (Panel) sample (%)**

Age	Accessed or used services (%)
18-34	20.5
35-54	17.4
55+	4.9

Table 42: Access and use of information services by gender – Population (Panel) sample (%)

Gender	Accessed or used services (%)
Female	12.2
Male	16.4

Frequency of service use

Patterns of use of individual services highlight that RSS and Twitter feeds, whilst representing the smallest overall user bases in the sample, are most regularly used. Reflecting the notification based nature of these formats, more than 40% of those who access the RSS or Twitter feeds use the service *Often* or *All the time*. In contrast, 16% of website users use the site *Often* or *All the time*, with the remainder highlighting that they use the site rarely or sometimes (Table 43).

Patterns of use amongst those who use these services are generally similar across demographics and survey samples.

Table 43: Frequency of service use (%)

How often do you use:

Service	Frequency				N
	Rarely	Sometimes	Often	All the time	
TGA website	39.0	44.8	12.2	3.9	433
TGA email subscription services	21.3	42.5	20.0	16.3	80
TGA RSS feed	16.7	38.9	33.3	11.1	54
TGA twitter	14.3	45.2	28.6	11.9	42

Base: Accessed or used individual services

Communication – satisfaction

Just under half of those who have communicated with the TGA in the last 2 years highlight they are *Satisfied* or *Very satisfied* with the communication experience (Table 44). One in four (25%) are *nett dissatisfied*. There is marked variation across samples in the survey, with the population (Panel) sample showing high levels of *Nett satisfaction* (80%) and the Opt-in sample showing very low levels of *Nett satisfaction* (26%) and high levels of *Nett dissatisfaction* (41%; Figure 25).

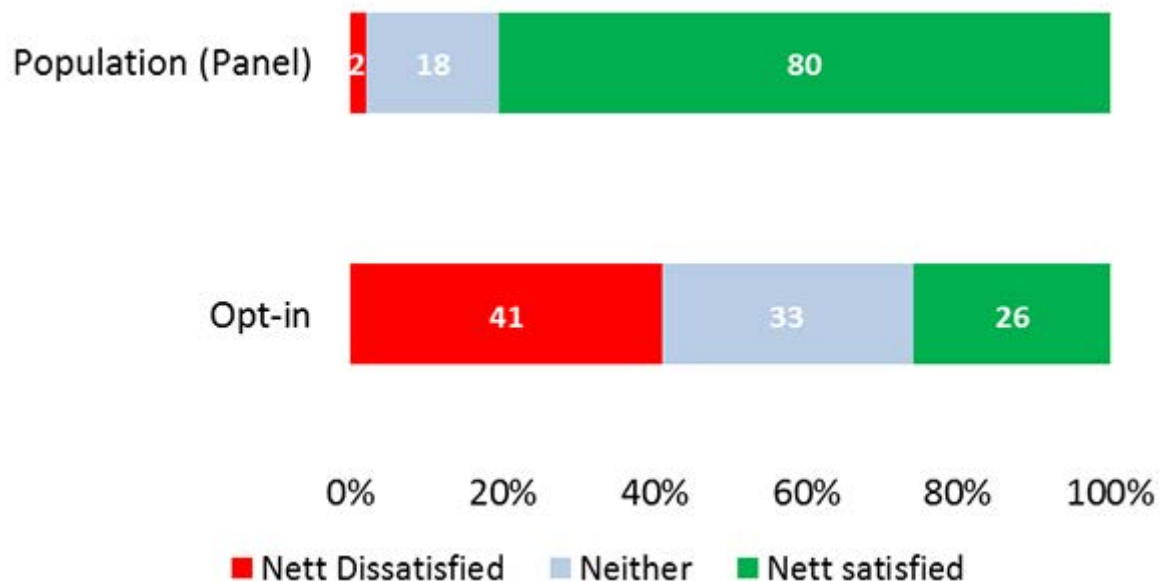
Table 44: Satisfaction with communications experience (%)

Overall, how satisfied are you with the experience of communicating with the TGA?

Sample	Nett Dissatisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied	Nett Satisfied	N
Overall sample	25.4	11.7	13.7	27.0	37.1	10.5	47.7	256
Opt-in sample	40.9	19.5	21.4	33.1	21.4	4.5	26.0	154
Population (Panel sample)	2.0	0.0	2.0	17.6	60.8	19.6	80.4	102

Base: Contacted the TGA –last 2 years

Figure 25: Satisfaction with communication experience by sample source (%)



A range of open ended comments were received in relation to the experience of communicating with the TGA. Amongst those who are satisfied with the experience, key themes to emerge include:

- Accuracy of information.
- Respectfulness of communications.
- Speed of response times.
- Easy access to information on the website.
- Friendliness and approachability of staff.

Among those who express dissatisfaction with the communication experience, common themes include:

- A focus on specific issues and concerns around the communication or handling of these concerns (commonly focussed on pelvic mesh implants).
- The ineffectiveness of complaints processes.
- Concerns about processes to identify and communicate regarding adverse events.
- A lack of follow up in communications.
- Frustrations with the website and finding information on the site.
- Drug assessment processes, outcomes and affordability.
- A lack of transparency in communications and decisions.
- Ensuring that responses answer the questions or queries asked.

Website

Website - Resource use

Downloadable fact sheets and the Search function are the most commonly identified resources or tools used on the TGA website (Table 45 and Figure 26). Interactive tools and videos are less commonly used. As highlighted previously, those in the Opt-in sample are almost five times as likely to have accessed the site compared to those in the population (Panel) based sample. This (Opt-in sample) group of website users shows higher propensity to use the search function (59%; Panel: 38%), possibly indicating a more focussed, specific set of reasons for visiting the site when compared to the population based sample. More than half of both the population based sample (54%) and Opt-in samples (54%) indicated access to more general information sources such as downloadable facts sheets. The population based sample also appears to access videos (31%; Opt-in: 6%) and interactive tools (38%; Opt-in: 19%) more commonly when they visit the site.

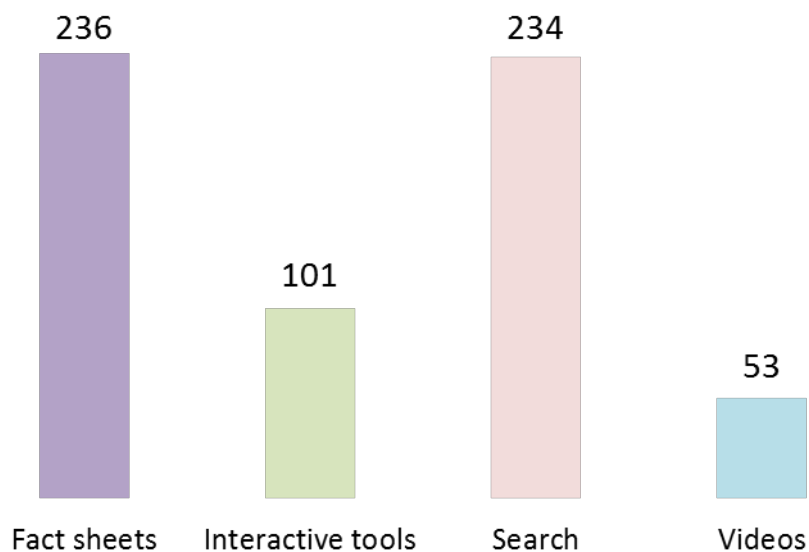
Table 45: Website – tools used

Which of the following tools on the TGA website have you used?

Function	N	%
Interactive tools such as decision trees	101	23.3
Downloadable fact sheets	236	54.5
Videos	53	12.2
Search function	234	54.0
Total selections	624	
Total responding	433	

Base: Accessed or used the TGA website

Figure 26: Website – tools used (N)



Website resources – Usefulness

Ratings of usefulness of resources and tools on the website highlight that more than nine in ten users of each resource type found them either *Somewhat* or *Very useful* (Table 46). Videos are particularly positively viewed by those who have used them, with 96% reporting they are either somewhat (56%) or very (40%) useful.

Table 46: Website – usefulness of tools (%)

How useful did you find:

Function	Not at all useful	Somewhat useful	Very useful	N
Interactive tools and decision trees	6.0	66.0	28.0	100
Fact sheets	5.6	54.7	39.7	232
Videos	3.8	55.8	40.4	52
Search function	8.3	65.1	26.6	229

Base: Used tools on the website

Rating the website – Satisfaction

Satisfaction ratings across a range of measures amongst users of the TGA website show Nett satisfaction with the features of the site of between 48% and 56% (Table 47). The highest satisfaction rating (56%) and lowest level of dissatisfaction (9%) is observed in relation to the language used. Just over half of users of the site also highlight satisfaction with the length of content (52% Nett satisfied; 9% Nett dissatisfied). Ease of navigation (48% Nett satisfied; 18% Nett dissatisfied) and look and feel of the site (49% Nett satisfied; 14% Nett dissatisfied) were rated least favourably and represent key areas of opportunity for focussed improvement to the site. Fifty four percent (54%) of users express overall satisfaction with the site, with 12% expressing some level of dissatisfaction.

Table 47: Website – Satisfaction (%)

Please indicate how satisfied you are with the following on the TGA's website:

Feature	Nett Dissatisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very Satisfied	Nett Satisfied	N
Language used	9.3	3.1	6.2	34.5	46.4	9.8	56.2	420
Length of content	9.3	3.3	6.0	38.3	45.2	7.1	52.4	420
Ease of navigation	17.9	5.7	12.1	34.5	40.7	6.9	47.6	420
Look and feel	14.0	4.0	10.0	37.1	42.9	6.0	48.8	420
Overall satisfaction	12.4	3.8	8.6	33.8	47.1	6.7	53.8	420

Base: Accessed or used the TGA website

Across the range of satisfaction measures there is a large discrepancy between satisfaction amongst the general (Panel) population sample and the Opt-in sample (Figure 27 and Table 48). Participants from the general population show strong levels of satisfaction across the range of measures, most notably 84% Nett Overall satisfaction and 73%-75% Nett satisfaction across all other measures. In contrast, Nett satisfaction amongst the Opt-in sample is at 50% or below across all measures, with particularly low satisfaction observed for Ease of navigation (39%) and Look and feel (40%) of the site. This may, in part, reflect the different focus of uses for the site across the sample groups, with the population sourced group likely to be using the site for more general informational and facts compared to the more specific, focussed and detailed needs of those with a specifically focussed interest or issue requiring resolution.

Figure 27: Website – Satisfaction by sample source – Nett satisfaction (%)

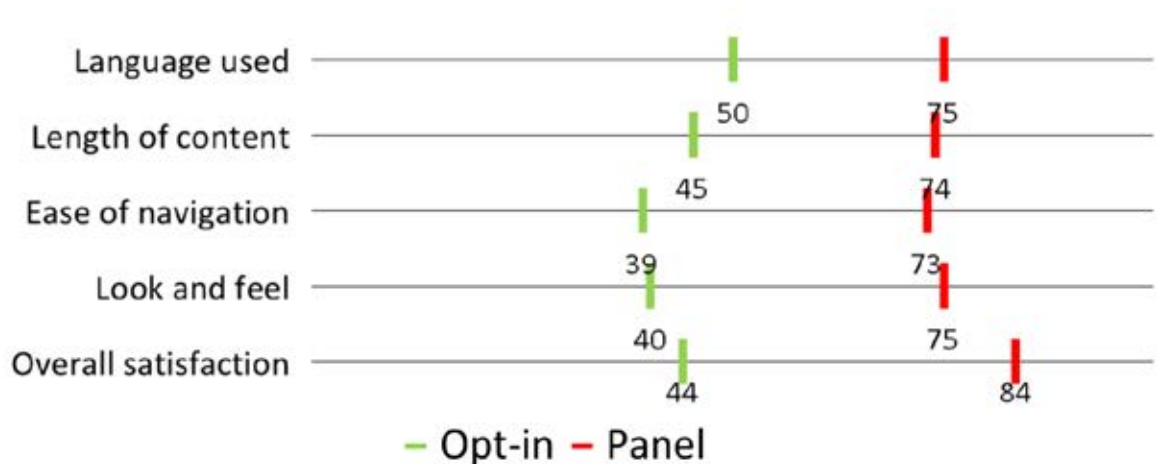


Table 48: Website satisfaction by sample source - Nett satisfaction (%)

Please indicate how satisfied you are with the following on the TGA's website: (Nett satisfaction %)

Sample	Language used	Length of content	Ease of navigation	Look and feel	Overall satisfaction
Opt-in	50.0	45.3	39.2	40.2	44.0
Panel	75.0	74.0	73.1	75.0	83.7

Feedback and consultation

Agreement on a range of statements relating to feedback and consultation shows a pattern of high neutral (Neither) or NA/Don't know responses (Table 49). On three of the four measures presented these responses combine to account for more than half of the responses (Listens to feedback 60%; Consultation is timely 65%; Provides opportunities to input 55%), with the final measure showing a level of just under half (Able to provide feedback 49%). These patterns are likely to reflect a general lack of experience or engagement with such processes.

Amongst those who either agreed or disagreed with the statements, the strongest outcome is observed in relation to the ability to provide feedback, with 42% agreement and less than 10% disagreement. For other measures the observed levels of nett agreement are relatively low, with substantial numbers of responses highlighting disagreement. Providing opportunities for input (26% Nett agreement; 19% Nett disagreement), Listening to feedback (24% Nett agreement; 16% Nett disagreement) and Timeliness of consultations (21% Nett agreement; 14% Nett disagreement) all represent opportunities to improve perceptions of stakeholders. As highlighted in further detail below, engagement and work with existing community stakeholders or those who have a strong interest in the work of the TGA represents a key opportunity here.

Table 49: TGA Feedback and Consultation (%)

Please select your level of agreement with the following statements:

Statement	Nett disagree	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Nett agree	NA/Not Sure	N
I am able to provide feedback to the TGA	8.9	2.5	6.4	27.8	30.8	11.0	41.8	21.5	1082
The TGA listens to feedback	16.2	5.9	10.3	36.2	17.2	6.3	23.5	24.1	1082
TGA consultation is timely	13.5	4.3	9.2	36.3	14.4	6.7	21.1	29.1	1082
The TGA provides opportunities to input into key decisions that impact me	18.9	7.1	11.7	30.1	17.9	8.4	26.3	24.7	1082

Base: Aware of TGA

Consistent with a range of other areas in the survey, participants in the population based Panel sample are generally more likely to view the statements positively, showing higher levels of agreement and lower levels of disagreement (Table 50). The exception is in relation to providing feedback, where slightly higher numbers in the Opt-in sample agree with the statement.

Despite generally higher overall agreement compared to the Opt-in sample, the observed levels amongst the general population sample show low overall agreement between 30% and 41%; however, levels of disagreement are low (under 10%) for all statements. Notably, this (Panel) group is more likely to highlight a Not applicable/Don't know response, reflecting the limited

direct experience in the broader population with TGA feedback, consultation and feedback processes (Table 50).

Results in the Opt-in sample show very low levels of agreement and high levels of disagreement across three of the four measures – Listens to feedback; Consultation is timely; Provides opportunities to input into key decisions (Table 50). Of particular note for this group is that on two measures – Listens to feedback and Provides opportunities to input – the level of Nett disagreement is greater than the level of agreement. These areas represent key opportunities for engagement with community members with an identified interest in TGA focus areas.

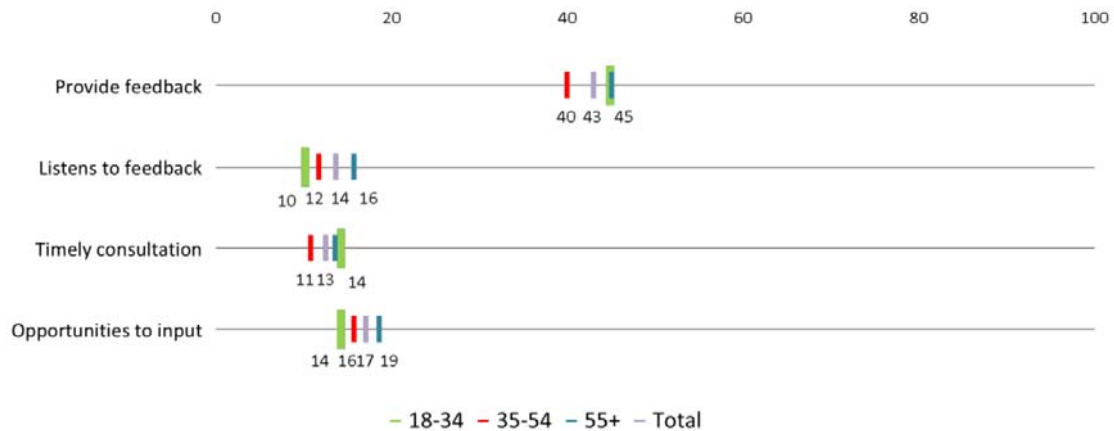
There are no observable differences across gender in either sample sets.

Table 50: TGA Feedback and Consultation by sample (%)

Please select your level of agreement with the following statements:

Statement	Sample	Nett disagree	Neither	Nett agree	NA/Not Sure	N
I am able to provide feedback to the TGA	Opt-in	10.8	29.1	42.9	17.2	553
	Panel	6.8	26.5	40.6	26.1	529
The TGA listens to feedback	Opt-in	26.4	38.7	13.6	21.3	553
	Panel	5.5	33.6	33.8	27.0	529
TGA consultation is timely	Opt-in	20.4	41.0	12.5	26.0	553
	Panel	6.2	31.4	30.1	32.3	529
The TGA provides opportunities to input into key decisions that impact me	Opt-in	29.8	32.2	17.0	21.0	553
	Panel	7.4	28.0	36.1	28.5	529

Patterns of responses across age groups within the two sample frameworks are shown below (Figures 28 and 29 and Tables 51 and 52). Within the Opt-in sample, Nett agreement levels show minimal variation across age groupings. In contrast, there is a strong pattern in the Population (Panel) sample, with younger participants more likely to agree with the range of statements presented and older participants far less likely to agree.

Figure 28: Feedback and consultation – Opt-in sample by age - Nett agree (%)**Table 51: Feedback and Consultation – Opt-in sample by age – Nett Agree (%)**

Please select your level of agreement with the following statements: (% Nett agree)

Age	Provide feedback	Listens to feedback	Timely consultation	Opportunities to input
18-34	44.9	10.2	14.3	14.3
35-54	39.9	11.7	10.8	15.7
55+	45.0	15.7	13.6	18.6
Total	42.9	13.6	12.5	17.0

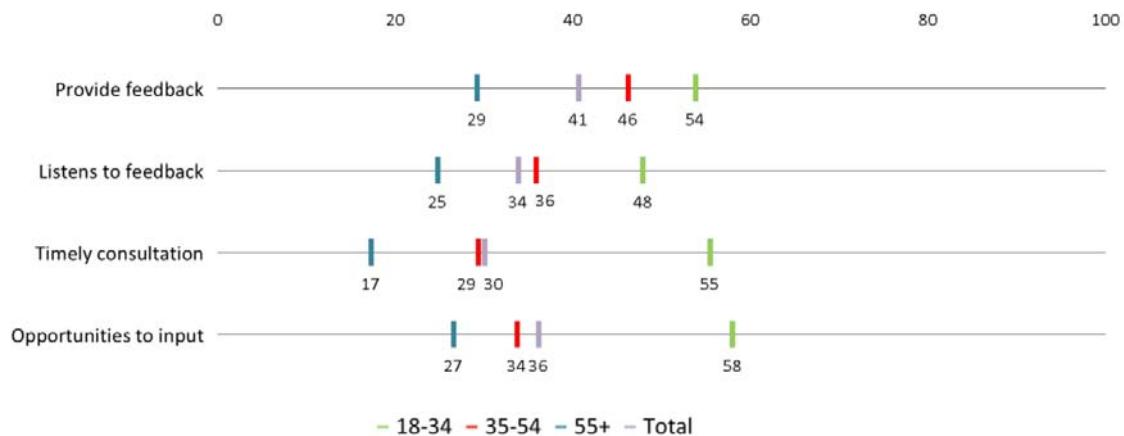
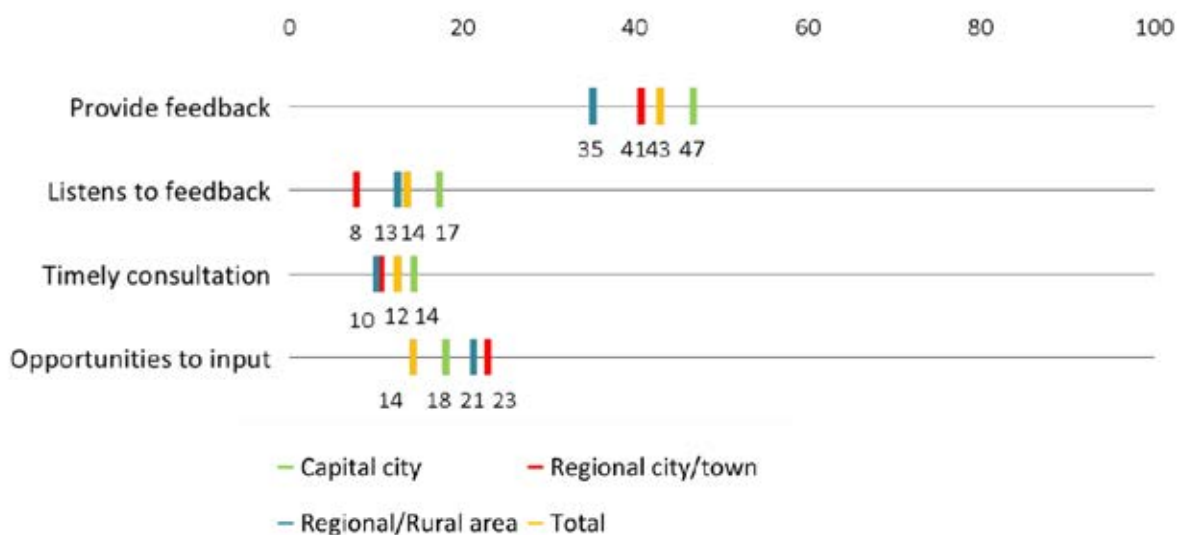
Figure 29: Feedback and consultation – Population (Panel) sample by age - Nett agree (%)

Table 52: Feedback and Consultation – Population (Panel) sample by age – Nett Agree (%)

Please select your level of agreement with the following statements: (% Nett agree)

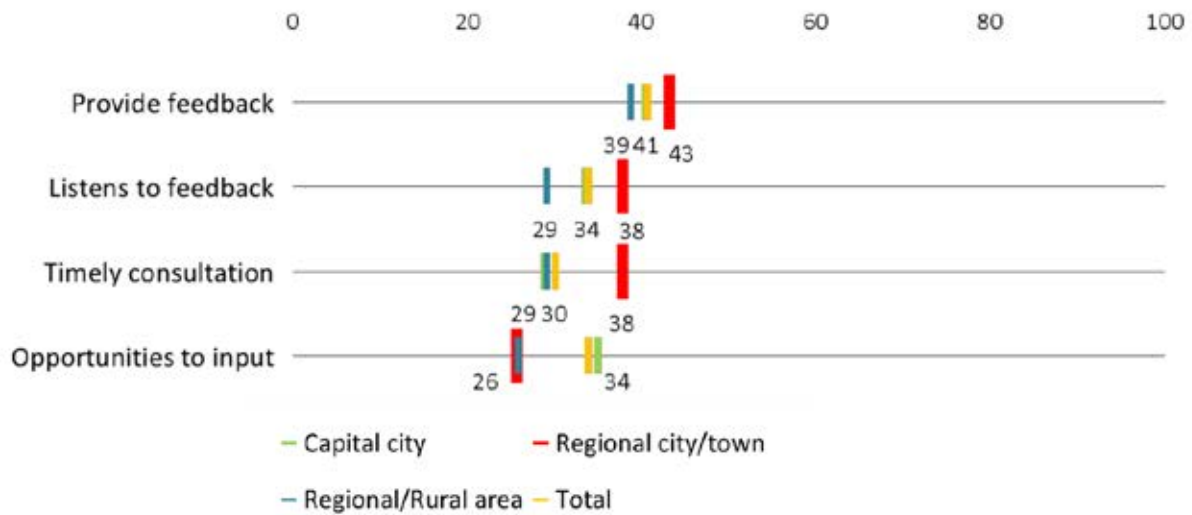
Age	Provide feedback	Listens to feedback	Timely consultation	Opportunities to input
18-34	53.8	47.9	55.5	58.0
35-54	46.2	35.9	29.3	33.7
55+	29.2	24.8	17.3	26.5
Total	40.6	33.8	30.1	36.1

Capital city based community members in the Opt-in sample appear slightly more likely to agree on three of the four statements presented (Figure 30 and Table 53). This pattern is not consistent across samples, with Regional city/town participants showing a slightly stronger tendency to agree across the same three measures in the Panel based sample (Figure 31 and Table 54).

Figure 30: Feedback and consultation – Opt-in sample by location - Nett agree (%)**Table 53: Feedback and Consultation by location – Opt-in sample – Nett Agree (%)**

Please select your level of agreement with the following statements:

Region	Provide feedback	Listens to feedback	Timely consultation	Opportunities to input
Capital city	46.7	17.3	14.3	18.0
Regional city/town	40.6	7.6	10.6	22.9
Regional/Rural area	35.0	12.5	10.0	21.3
Total	42.9	13.6	12.5	14.3

Figure 31: Feedback and consultation – Population (Panel) sample by location - Nett agree (%)**Table 54: Feedback and Consultation by location – Population (Panel) sample – Nett Agree (%)**

Please select your level of agreement with the following statements:

Region	Provide feedback	Listens to feedback	Timely consultation	Opportunities to input
Capital city	40.3	33.5	28.8	34.9
Regional city/town	43.2	37.8	37.8	25.7
Regional/Rural area	38.7	29.0	29.0	25.8
Total	40.6	33.8	30.1	33.8

Attitudes and beliefs - Medicines and complementary medicines

The survey asked participants to highlight their level of agreement across a range of statements relating to Medicines and Complementary medicines. Overall there is a comparatively high level of trust in medicines when compared to complementary medicines.

Medicines

Overall levels of agreement are strongest in relation to confidence that medicines are genuine (71% Nett agreement; 8% Nett disagreement) and are a result of high manufacturing standards (70% Nett agreement; 7% Nett disagreement). Low levels of disagreement are also observed for both of these measures (Table 55). Trust in medicines available in pharmacies (69% Nett agreement; Nett disagreement 12%) is also strong, although more than one in ten participants expressed disagreement with this statement.

Participants generally tend to agree that medicines are appropriately regulated (61%), the risks of medicines are balanced against their positive impact (62%) and are confident that the government monitors to identify safety issues (64%). However across all of these measures around 15% of participants disagree with the sentiments expressed. Lower levels of agreement and substantial levels of disagreement are recorded in relation to the safety of prescription medicines (54% Nett agree; 18% Nett disagree).

Statements focussing on Medicines available in Pharmacies and those available in supermarkets highlight a stronger level of trust in Pharmacy sold medicines. Sixty nine percent (69%) of participants highlight that they trust medicines available in pharmacies (12% Nett disagree), compared to 45% of people who agree that they trust medicines available in supermarkets, where high levels of disagreement are also recorded (20%).

Table 55: Medicines – attitudes and beliefs (%)

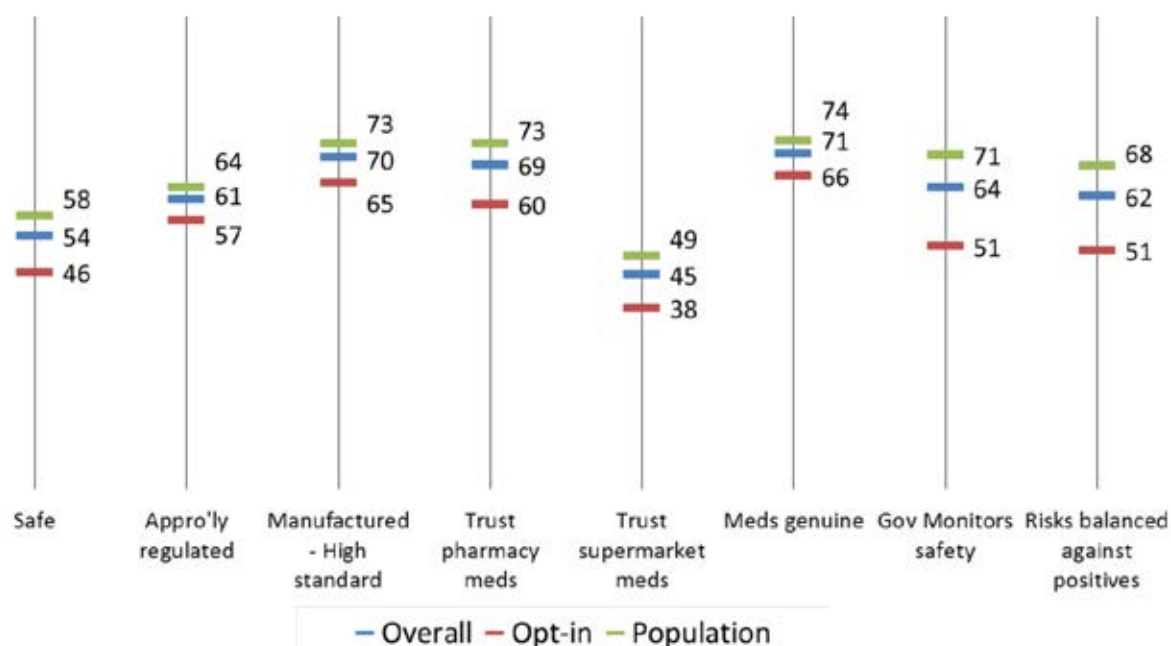
Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia. Please select your level of agreement with each statement.

Statement	Nett disagree	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Nett agree	N
Prescription medicines are safe	18.2	5.6	12.6	28.3	42.7	10.9	53.5	1629
Prescription medicines are appropriately regulated	15.9	4.4	11.5	22.8	48.6	12.8	61.3	1629
Medicines are manufactured to a high standard	6.8	2.1	4.7	23.0	54.0	16.3	70.2	1629
I trust the medicines available in pharmacies	12.4	4.1	8.3	19.0	52.7	15.8	68.6	1629

Statement	Nett disagree	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Nett agree	N
I trust the medicines available in supermarkets	20.3	5.2	15.0	34.4	38.0	7.4	45.4	1629
I am confident that the medicines I buy are genuine	8.3	2.5	5.9	20.6	56.4	14.7	71.0	1629
I am confident that the government monitors medicines to identify safety issues	14.9	5.3	9.6	21.4	47.8	16.0	63.8	1629
I believe that the risks of medicines are balanced against their positive impact	15.6	5.5	10.1	22.5	48.4	13.5	61.9	1629

Base: All respondents

Outcomes across the two sample frames in the survey show a consistent pattern of higher levels of Nett agreement amongst those in the population based (Panel) sample when compared to those who voluntarily opted-in to the survey (Figure 32 and Table 56). The differences include large discrepancies of 10% Nett agreement or more across measures focussing on Safety (58% Population (Panel) sample; 46% Opt-in), Trust in pharmacy based medications (73% Population (Panel) sample; 60% Opt-in), Trust in supermarket medications (49% Population (Panel) sample; 38% Opt-in), Government monitoring of the safety of medicines (71% Population (Panel) sample; 51% Opt-in) and the Balance between risks and benefits of medicines (68% Population (Panel) sample; 51% Opt-in). Overall, these patterns reflect a substantially more positive view amongst the broad Australian community when compared to the more targeted groups who accessed the survey through networks and existing connections to the TGA and its business.

Figure 32: Medicines – attitudes and beliefs – by sample source - Nett agree (%)**Table 56: Medicines – attitudes and beliefs by sample (%)**

Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia. (Nett agreement %)

Statement	Overall	Opt-in	Population
Safe	53.5	45.9	57.8
Appropriately regulated	61.3	56.8	63.8
Manufactured - High standard	70.2	64.9	73.2
Trust pharmacy meds	68.6	60.3	73.2
Trust supermarket meds	45.4	38.4	49.3
Meds genuine	71.0	66.3	73.7
Gov Monitors safety	63.8	51.4	70.7
Risks balanced against positives	61.9	50.5	68.3

In addition to the overall differences across the sample sources in the survey, within the sample groupings some key identifiable differences are observable. One notable difference is in relation to age breakdowns within the two samples. In the Opt-in sample there is a strong pattern showing generally higher levels of nett agreement amongst younger participants, particularly those in the 18-34 age group (Figure 33 and Table 57). In contrast, within the population (Panel) based sample this pattern is reversed, with those in the oldest grouping consistently showing the highest level of Nett agreement and those in the youngest grouping consistently showing the lowest levels of Nett agreement (Figure 34 and Table 58).

The aged based pattern of higher Nett agreement amongst younger participants in the Opt-in sample is evident across seven of the eight measures, with the measure focussing on appropriate regulation of medicines being the single exception where those in the oldest grouping showed the highest level of Nett agreement. Of particular note here are four statements where the level of Nett agreement amongst the youngest group is substantially higher than the overall average within the Opt-in sample. These are:

- I trust medications available in supermarkets – 18-34 year olds 59% Nett agreement; Overall 38% Nett agreement.
- I am confident that the medicines I buy are genuine – 18-34 year olds 80% Nett agreement; Overall 66% Nett agreement.
- I am confident that the government monitors medicines to identify safety issues – 18-34 year olds 69% Nett agreement; Overall 51% Nett agreement.
- I believe that the risks of medicines are balanced against their positive impact – 18-34 year olds 61% Nett agreement; Overall 50% Nett agreement.

Figure 33: Medicines – attitudes and beliefs – Opt-in sample by age - Nett agree (%)

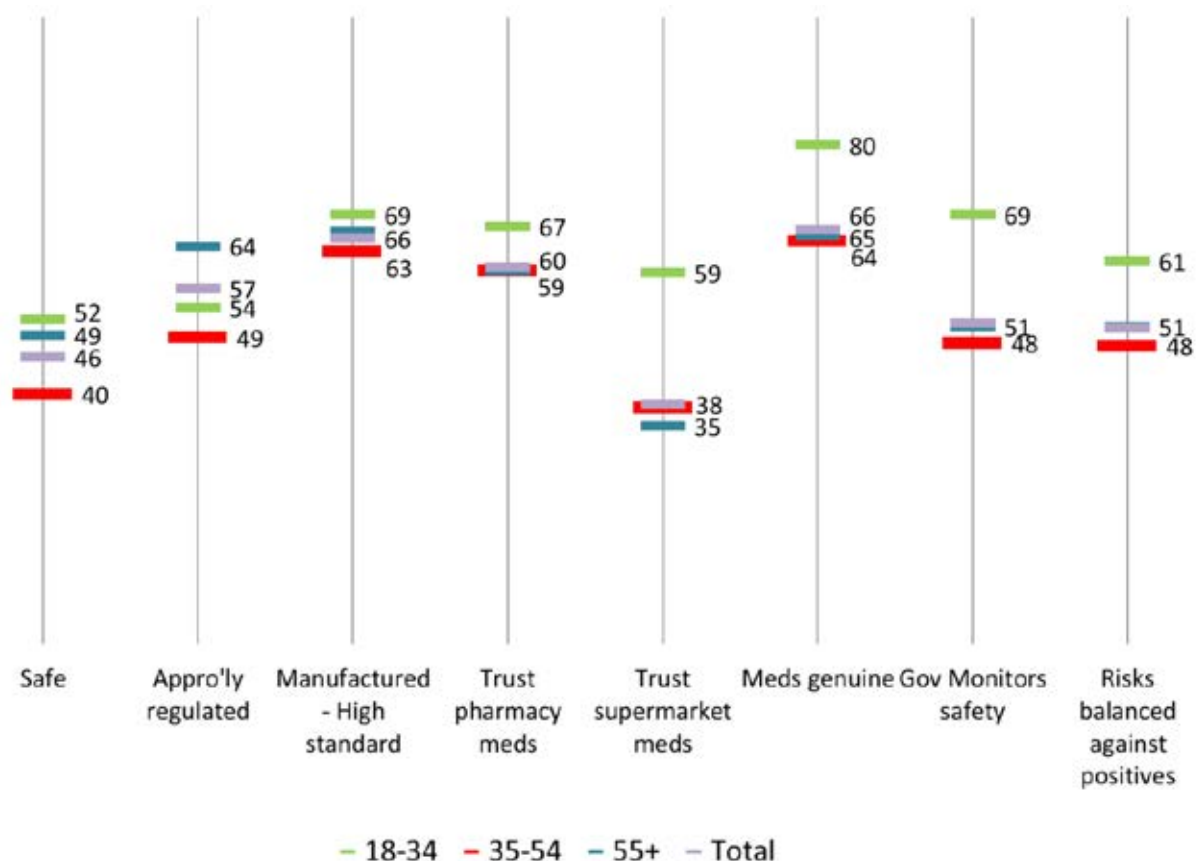


Table 57: Medicines – attitudes and beliefs – Opt-in sample by age - Nett agree (%)

Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia. (Nett agreement %)

Age	Safe	Appropriately regulated	Manufactured - High standard	Trust pharmacy meds	Trust supermarket meds	Meds genuine	Gov Monitors safety	Risks balanced against positives
18-34	51.9	53.7	68.5	66.7	59.3	79.6	68.5	61.1
35-54	39.9	48.9	62.7	59.7	37.8	64.4	48.1	47.6
55+	49.3	63.5	65.9	59.5	34.8	65.2	50.7	50.7
Total	45.8	56.8	64.8	60.2	38.3	66.2	51.3	50.4

The pattern of higher Nett agreement amongst older participants in the Population (Panel) sample is consistent across seven of the eight measures and shows a strong overall association of increasing agreement with older age groupings (Figure 34 and Table 58). The single exception here is in relation to trust in supermarket medications where younger participants appear more likely to express agreement (18-34 years 55% Nett agreement; Overall 49%).

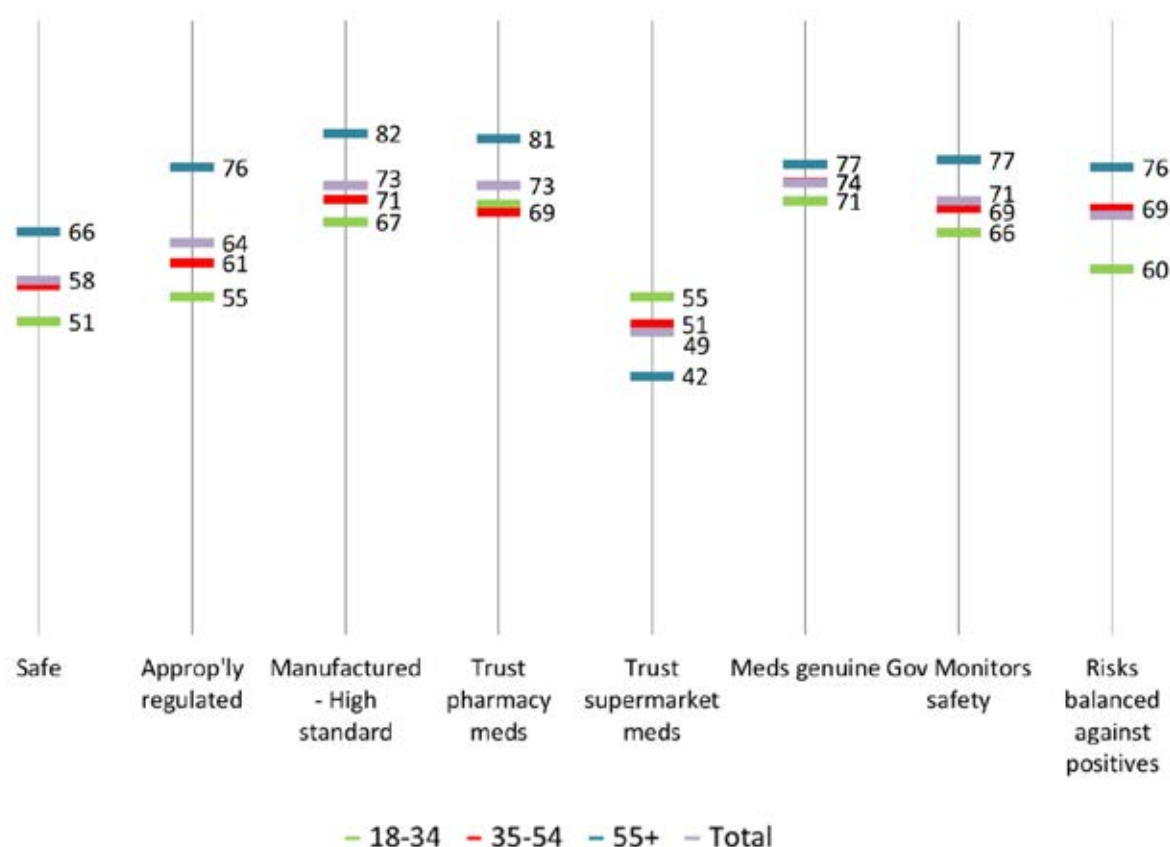
Figure 34: Medicines – attitudes and beliefs – Population (Panel) sample by age - Nett agree (%)

Table 58: Medicines – attitudes and beliefs – Population (Panel) sample by age - Nett agree (%)

Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia.

Age	Safe	Appropriately regulated	Manufactured - High standard	Trust pharmacy meds	Trust supermarket meds	Meds genuine	Gov Monitors safety	Risks balanced against positives
18-34	51.0	55.0	67.2	70.1	55.0	70.7	65.5	59.5
35-54	56.9	60.6	70.9	68.9	50.6	73.7	69.4	69.4
55+	65.7	76.2	81.7	80.8	42.2	76.7	77.3	76.2
Total	57.8	63.8	73.2	73.2	49.3	73.7	70.7	68.3

Gender differences across both the Opt-in and Panel samples show males are more likely to agree across the range of statements presented in relation to Medicines (Figures 35 and 36 and Tables 59 and 60). While the general direction of the pattern is consistent across both sample groups, within the Opt-in sample the difference between males and females is substantially greater than the small differences (mostly under 5%) observed between males and females in the population based (Panel) sample. This difference is also notable in that females outweighed males in the Opt-in sample by a factor of two to one, with the result that the lower outcomes amongst this sub-group are a strong driver of the overall outcomes observed across the entire sample.

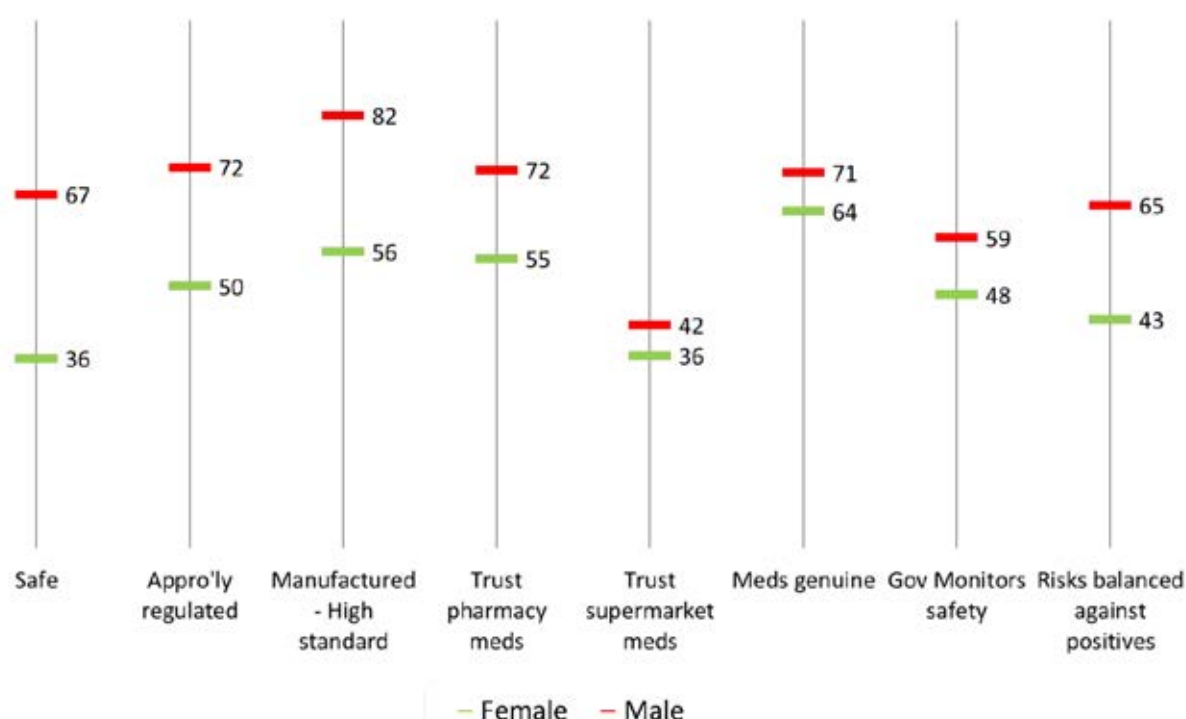
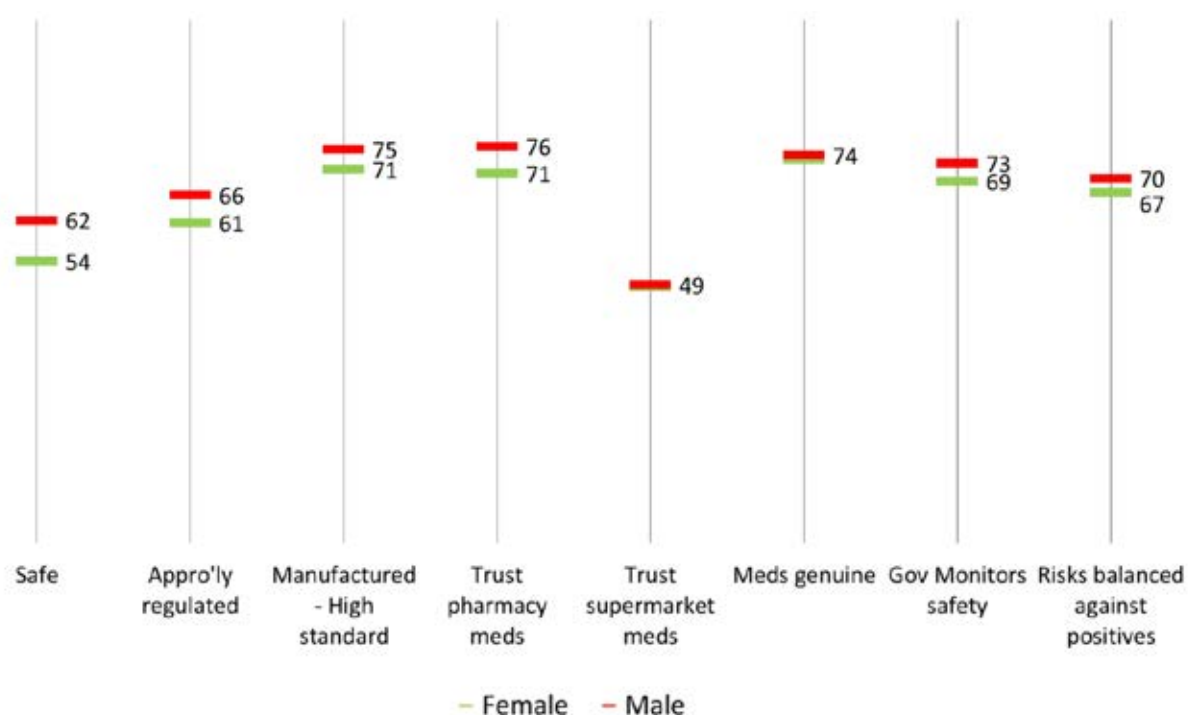
Figure 35: Medicines – attitudes and beliefs – Opt-in sample by gender - Nett agree (%)

Table 59: Medicines – attitudes and beliefs – Opt-in sample by gender - Nett agree (%)

Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia.

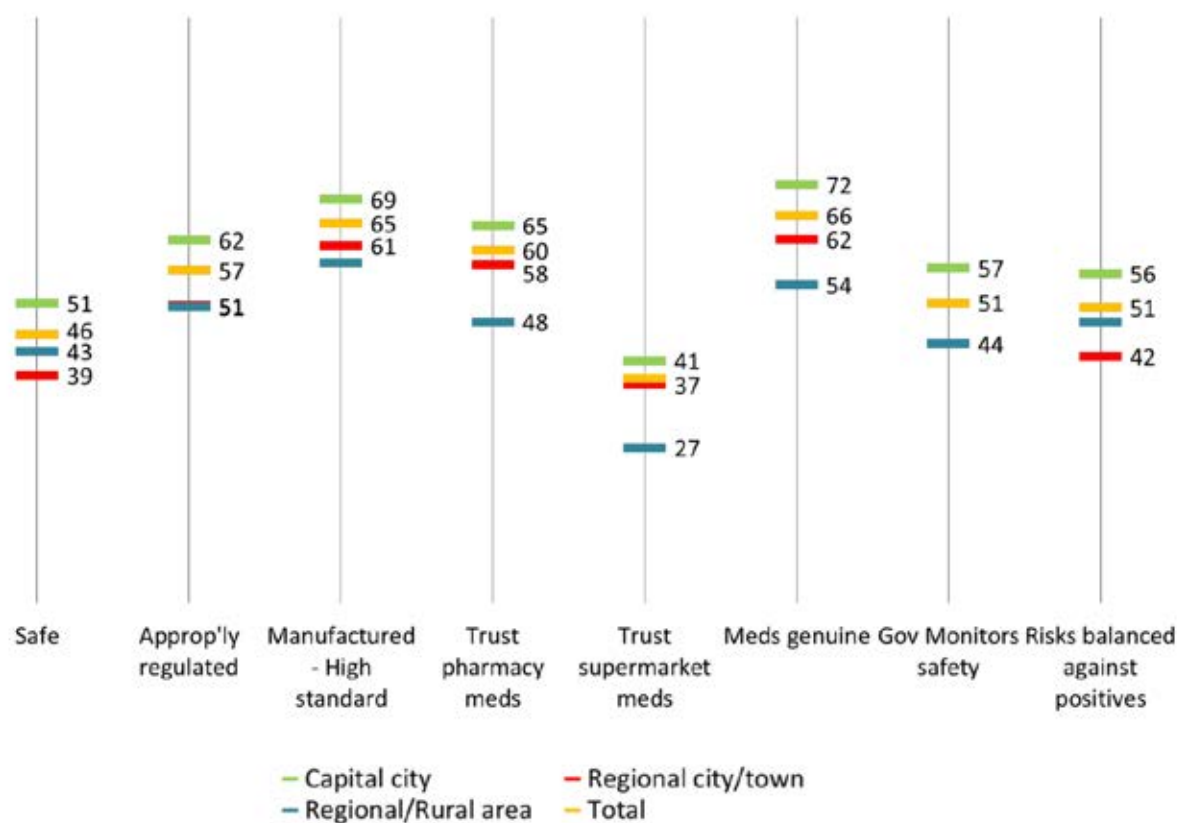
Gender	Safe	Appropriately regulated	Manufactured - High standard	Trust pharmacy meds	Trust supermarket meds	Meds genuine	Gov Monitors safety	Risks balanced against positives
Female	36.0	49.6	56.2	54.9	36.5	63.8	48.0	43.3
Male	67.0	72.2	82.0	71.6	42.3	71.1	58.8	64.9

Figure 36: Medicines – attitudes and beliefs – Population (Panel) sample by gender - Nett agree (%)**Table 60: Medicines – attitudes and beliefs – Population (Panel) sample by gender - Nett agree (%)**

Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia.

Gender	Safe	Appropriately regulated	Manufactured - High standard	Trust pharmacy meds	Trust supermarket meds	Meds genuine	Gov Monitors safety	Risks balanced against positives
Female	53.9	61.2	71.4	70.7	49.0	73.4	69.1	67.0
Male	61.7	66.5	75.2	75.8	49.3	74.1	72.6	69.7

Those in capital city locations tend to show slightly higher levels of Nett agreement across a range of measures in comparison to other regional areas (Figures 37 and 38 and Tables 61 and 62). This observation is true across both the Opt-in and Panel based samples, with capital city based respondents showing the highest level of agreement across almost all measures from both sample groups.

Figure 37: Medicines – attitudes and beliefs – Opt-in sample by location - Nett agree (%)**Table 61: Medicines – attitudes and beliefs – Opt-in sample by location - Nett agree (%)**

Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia.

Region	Safe	Appropriately regulated	Manufactured - High standard	Trust pharmacy meds	Trust supermarket meds	Meds genuine	Gov Monitors safety	Risks balanced against positives
Capital city	51.3	62.0	69.0	64.6	41.5	71.5	57.3	56.3
Regional city/town	38.9	50.8	61.1	57.8	37.3	62.2	44.3	42.2
Regional/Rural area	43.0	50.6	58.2	48.1	26.6	54.4	44.3	48.1
Total	45.9	56.8	64.9	60.3	38.4	66.3	51.4	50.5

Figure 38: Medicines – attitudes and beliefs – Population (Panel) sample by location - Nett agree (%)

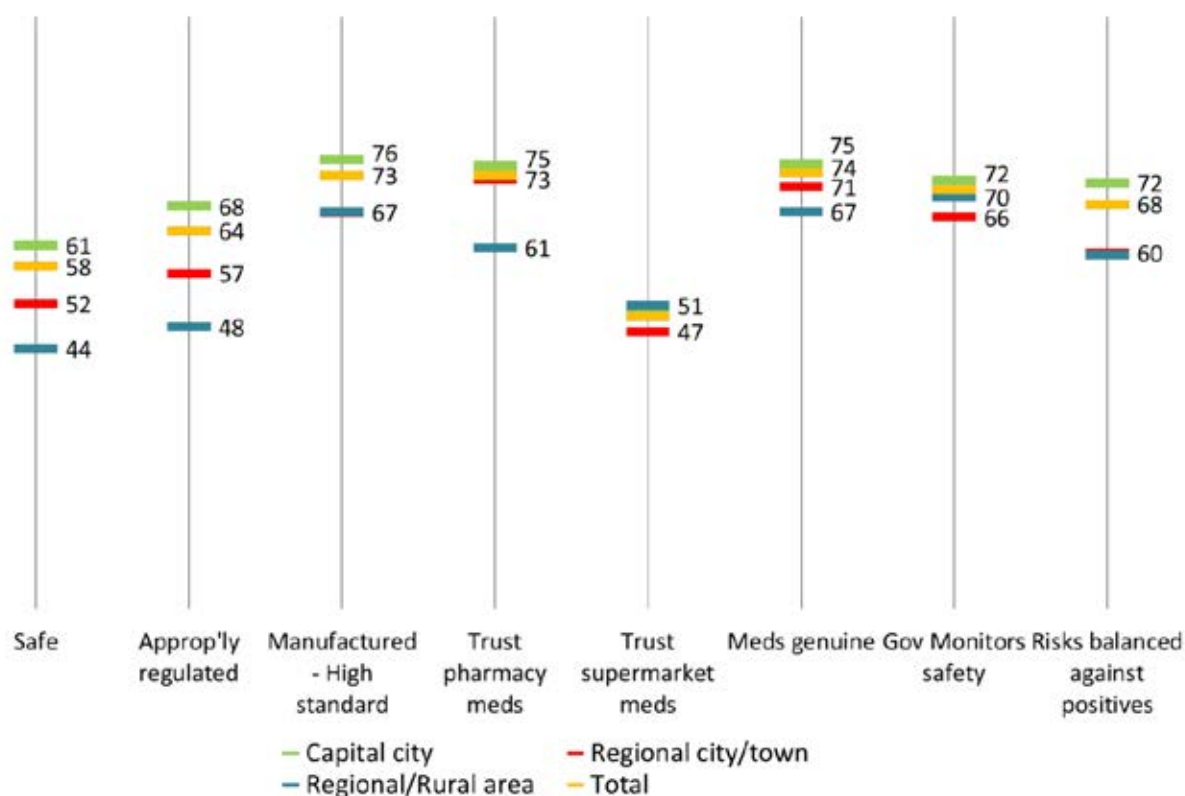
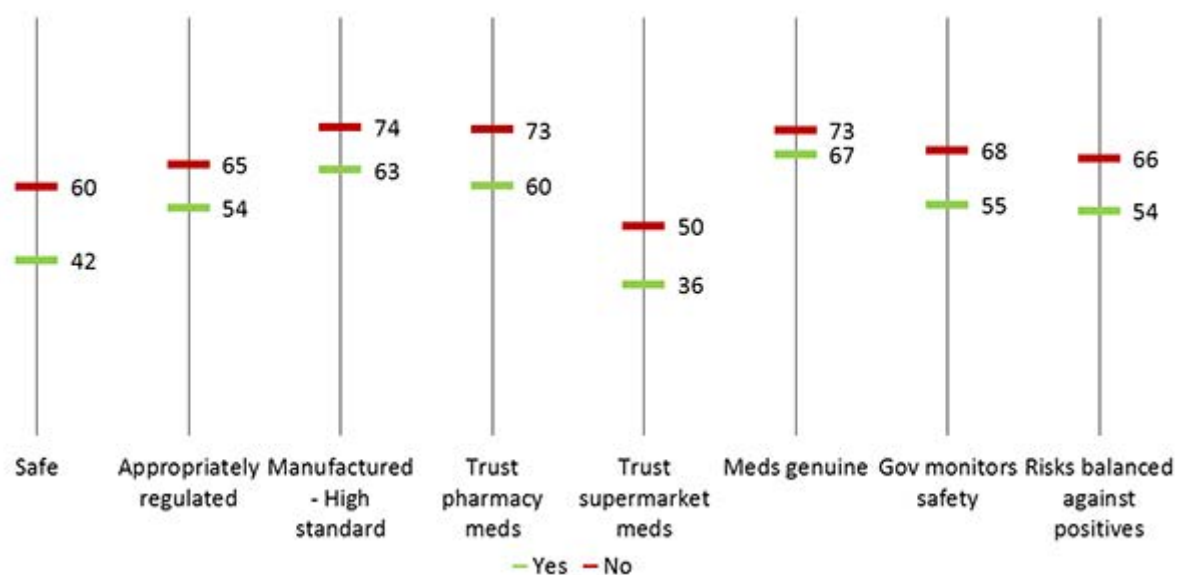


Table 62: Medicines – attitudes and beliefs – population (Panel) sample by location - Nett agree (%)

Shown below are some statements about medicines (including prescription and non-prescription) that are available in Australia.

Region	Safe	Appropriately regulated	Manufactured - High standard	Trust pharmacy meds	Trust supermarket meds	Meds genuine	Gov Monitors safety	Risks balanced against positives
Capital city	61.4	67.9	75.9	74.8	49.9	75.2	72.3	71.9
Regional city/town	51.5	56.7	67.0	72.5	46.8	71.2	66.1	60.1
Regional/Rural area	43.9	47.6	67.1	61.0	51.2	67.1	69.5	59.8
Total	57.8	63.8	73.2	73.2	49.3	73.7	70.7	68.3

In addition to the demographic differences outlined, the propensity to agree and disagree with statements related to medicines is also strongly moderated by experience of side effects related to a medicine or medical device. Those who report that they have experienced side effects are generally less likely to agree across the range of statements presented (Figure 39 and Table 63) and more likely to disagree. Differences of 10% or more in the level of nett agreement are observed on seven of the eight statements presented, with the only statement recording a difference of less than 10% focussing on confidence in the genuine nature of medicines.

Figure 39: Medicines – attitudes and beliefs by experience with side effects - Nett agree (%)**Table 63: Medicines – attitudes and beliefs by experience with side effects - Nett agree (%)**

Shown below are some statements about medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Medicines statement	Experienced side effects	
	Yes	No
Safe	41.9	59.6
Appropriately regulated	54.5	64.9
Manufactured - High standard	63.5	73.7
Trust pharmacy meds	59.7	73.2
Trust supermarket meds	36.2	50.1
Meds genuine	67.3	73.0
Gov monitors safety	55.2	68.2
Risks balanced against positives	53.8	66.2

Complementary medicines

Attitudes toward complementary medicines in the survey were tracked in relation to agreement across five broad statements. Overall, the responses here show that there are considerable concerns relating to complementary medicines held by survey participants. These concerns are reflected in high levels of disagreement and relatively low levels of agreement across the statements presented (Table 64). Further, large numbers of participants express a neutral (Neither agree nor disagree) opinion, reflecting a potentially high level of uncertainty in relation to these medicines.

The highest level of disagreement occurs in relation to the statement that *Complementary medicines are appropriately regulated* (Nett disagreement 38%). This statement also attracts the lowest level of agreement (26%). One third of responses agree and a further third disagree that *I trust the government monitors complementary medicines to identify safety issues*. One third of participants Agree or Strongly agree that *Complementary medicines are safe* and more than one in five disagree that this is the case. This pattern is also similar to that identified for the remaining statements focussing on the standard of manufacturing and trust in complementary medicines.

Overall, the findings here highlight significant opportunities to communicate the role of the TGA in regulating and monitoring the safety and quality of complementary medicines as well as the procedures and checks in place to ensure quality standards are established and maintained.

Table 64: Complementary medicines – attitudes and beliefs (%)

Shown below are some statements about complementary medicines (such as vitamins, minerals, herbal or aromatherapy products) that are available in Australia. Please indicate your level of agreement with each statement. (%)

Statement	Nett disagree	Strongly disagree	Disagree	Neither	Agree	Strongly agree	Nett agree	N
Complementary medicines are safe		6.3	15.4	44.3	27.4	6.6		1623
Complementary medicines are appropriately regulated		13.3	24.5	36.3	21.6	4.3		1623
I am confident that complementary medicines are manufactured to a high standard		11.3	17.6	39.1	25.0	7.1		1623
I trust complementary medicines		12.4	18.2	36.7	25.4	7.3		1623
I trust that the government monitors complementary medicines to identify safety issues		12.3	20.6	33.7	25.9	7.5		1623

Base: All respondents

Across the sample sources in the survey it is clear that the attitudes toward complementary medicines are more positive (reflected in higher level of agreement) in the population based (Panel) sample when compared to the Opt-in sample (Figure 40 and Table 65). Notably, across the two measures focussing on the role of regulation and government, levels of Nett agreement are more than double in the population sample compared to the Opt-in sample (Appropriately regulated: Population 32% Nett agreement, Opt-in: 15%; Government monitors safety: Population 42% Nett agreement, Opt-in 18%).

Figure 40: Complementary medicines – attitudes and beliefs – by sample source - Nett agree (%)

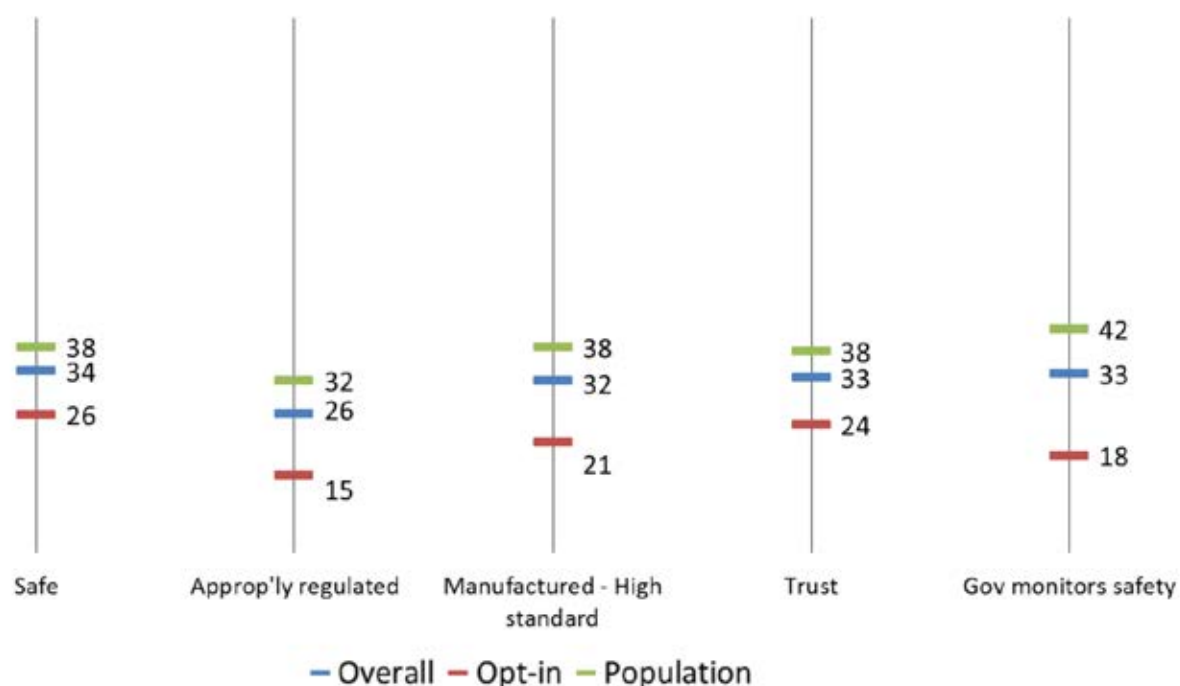


Table 65: Complementary medicines – attitudes and beliefs by sample source - Nett agree (%)

Shown below are some statements about complementary medicines (such as vitamins, minerals, herbal or aromatherapy products) that are available in Australia. Please indicate your level of agreement with each statement. (Nett agree %)

Statement	Overall	Opt-in	Population
Safe	33.9	25.8	38.5
Appropriately regulated	25.9	14.5	32.2
Manufactured - High standard	32.0	20.6	38.4
Trust	32.7	23.9	37.6
Gov monitors safety	33.4	18.2	41.8

Base: All respondents

The results in the Opt-in sample reflect a substantial lack of trust and confidence in safety, regulation and monitoring around complementary medicines in this group (Table 66). For all measures, the overall level of Nett disagreement is well in excess of the level of Nett agreement observed. Concerns are particularly high in relation to perceptions around appropriate regulation of complementary medicines (60% Nett disagreement; 15% Nett agreement), the role of government in monitoring the safety of complementary medicines (54% Nett disagreement; 18% Nett agreement) and manufacturing standards (48% Nett disagreement and 21% Nett agreement).

Table 66: Complementary medicines – attitudes and beliefs – Opt-in sample (%)

Shown below are some statements about complementary medicines (such as vitamins, minerals, herbal or aromatherapy products) that are available in Australia. Please indicate your level of agreement with each statement. (%)

Statement	Nett disagree	Neither	Nett agree
Safe	39.3	34.9	25.8
Appropriately regulated	60.2	25.3	14.5
Manufactured to high standard	47.8	31.7	20.6
I trust complementary medicines	47.4	28.7	23.9
Government monitors safety	53.8	28.0	18.2

Base: All respondents

While substantial levels of disagreement across measures is observed in the population based sample it is notable that in all cases the proportion of those who disagree is outweighed by those who agree with the statements (Table 67). Despite this, substantial numbers of the sample disagree across the range of measure presented. Levels of neutral (Neither) response are also considerably higher amongst this sample when compared to the Opt-in sample.

Table 67: Complementary medicines – attitudes and beliefs – Population (Panel) sample (%)

Shown below are some statements about complementary medicines (such as vitamins, minerals, herbal or aromatherapy products) that are available in Australia. Please indicate your level of agreement with each statement. (%)

Statement	Nett disagree	Neither	Nett agree
Safe		49.5	
Appropriately regulated		42.4	
Manufactured to high standard		43.3	
I trust complementary medicines		41.1	
Government monitors safety		36.8	

Across the range of measures relating to complementary medicines, 18-34 year olds consistently show the highest level of Nett agreement and those in the 55 plus group show the lowest levels of Nett agreement. This overall pattern across age groupings in the survey is similar across both sample sources (Figures 41 and 42 and Tables 68 and 69).

Figure 41: Complementary medicines – attitudes and beliefs – Opt-in sample by age - Nett agree (%)

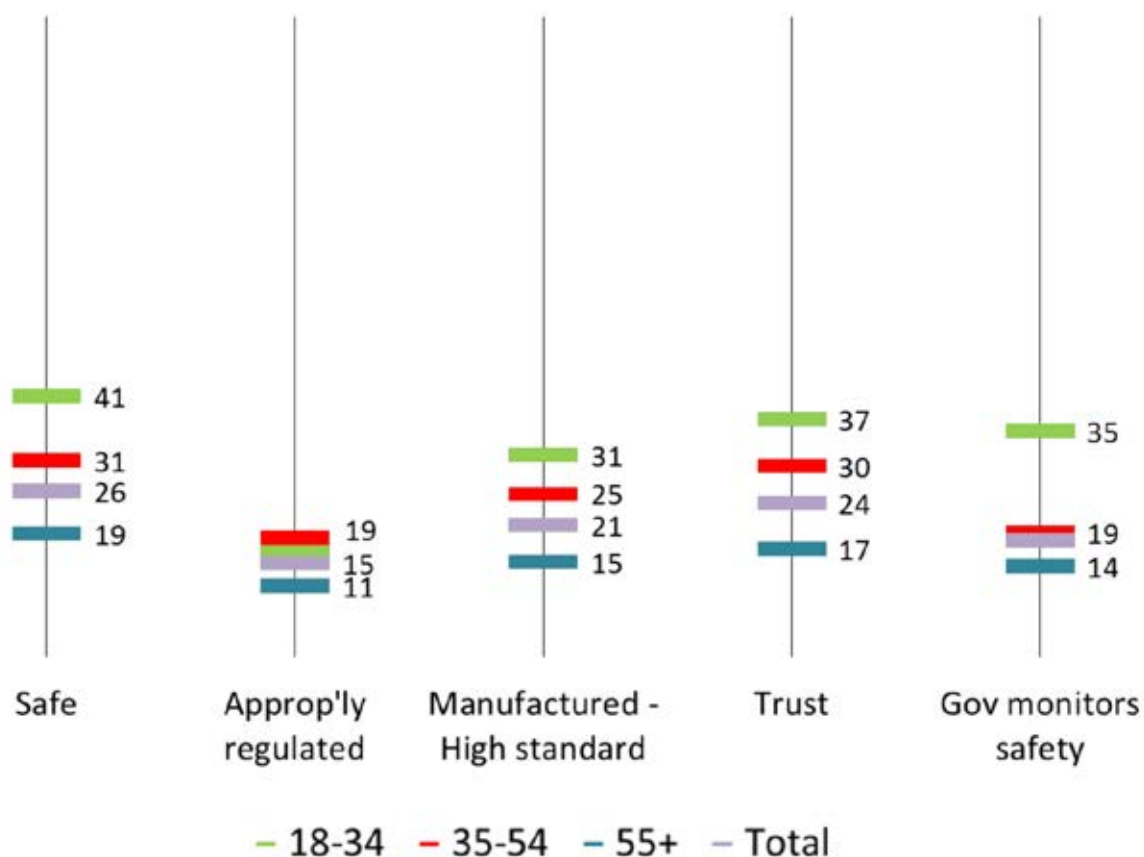


Table 68: Complementary medicines – attitudes and beliefs – Opt-in sample by age - Nett agree (%)

Shown below are some statements about complementary medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Age	Safe	Appropriately regulated	Manufactured - High standard	Trust	Gov monitors safety
18-34	40.7	16.7	31.5	37.0	35.2
35-54	30.6	18.5	25.4	29.7	19.4
55+	19.2	11.0	14.8	16.8	14.1
Total	25.8	14.6	20.6	23.9	18.2

Figure 42: Complementary medicines – attitudes and beliefs – Population (Panel) sample by age - Nett agree (%)

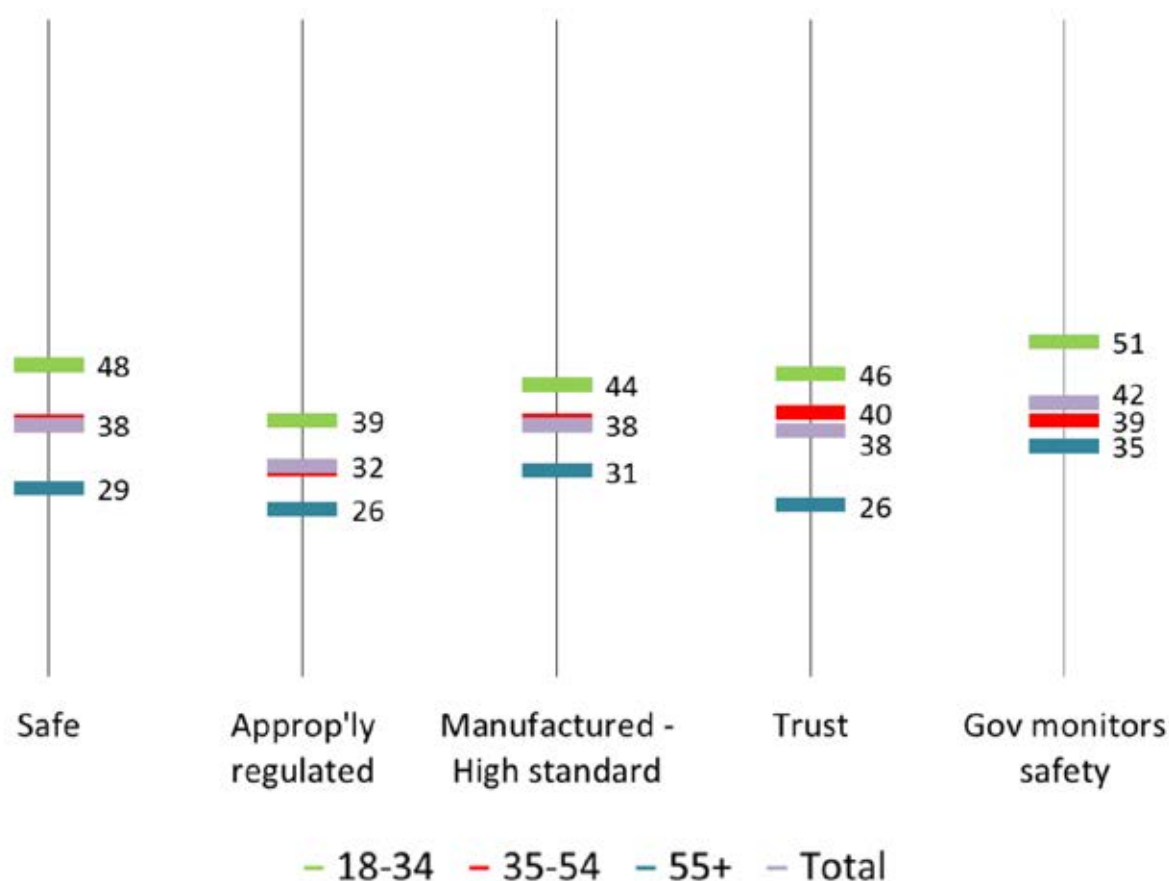


Table 69: Complementary medicines – attitudes and beliefs – Population (Panel) sample by age - Nett agree (%)

Shown below are some statements about complementary medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Age	Safe	Appropriately regulated	Manufactured - High standard	Trust	Gov monitors safety
18-34	47.6	39.0	44.4	46.2	51.0
35-54	38.9	31.7	39.1	40.3	39.1
55+	28.8	25.6	31.4	26.2	35.2
Total	38.5	32.2	38.4	37.6	41.8

Within the Opt-in sample females consistently show higher levels of Nett agreement on statements relating to complementary medicines (Figure 43 and Table 70). Most notably, females within this sample appear substantially more likely to agree that complementary medicines are safe (Females 31%; Males 18%) and that they trust complementary medicines (Females 28%; Males 14%).

Figure 43: Complementary medicines – attitudes and beliefs – Opt-in sample by gender - Nett agree (%)



Table 70: Complementary medicines – attitudes and beliefs – Opt-in sample by gender - Nett agree (%)

Shown below are some statements about complementary medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Gender	Safe	Appropriately regulated	Manufactured - High standard	Trust	Gov monitors safety
Female	30.6	16.0	23.4	27.9	20.5
Male	17.6	11.9	15.5	17.1	14.0

In contrast to the Opt-in sample, there are minimal differences between males and females in agreement on the range of statements relating to complementary medicines (Figure 44 and Table 71). Only one measure showed a difference of 5%, with males appearing slightly more like to agree that complementary medicines are manufactured to a high standard (Male 41%; Female 36%).

Figure 44: Complementary medicines – attitudes and beliefs – Population (Panel) sample by gender - Nett agree (%)

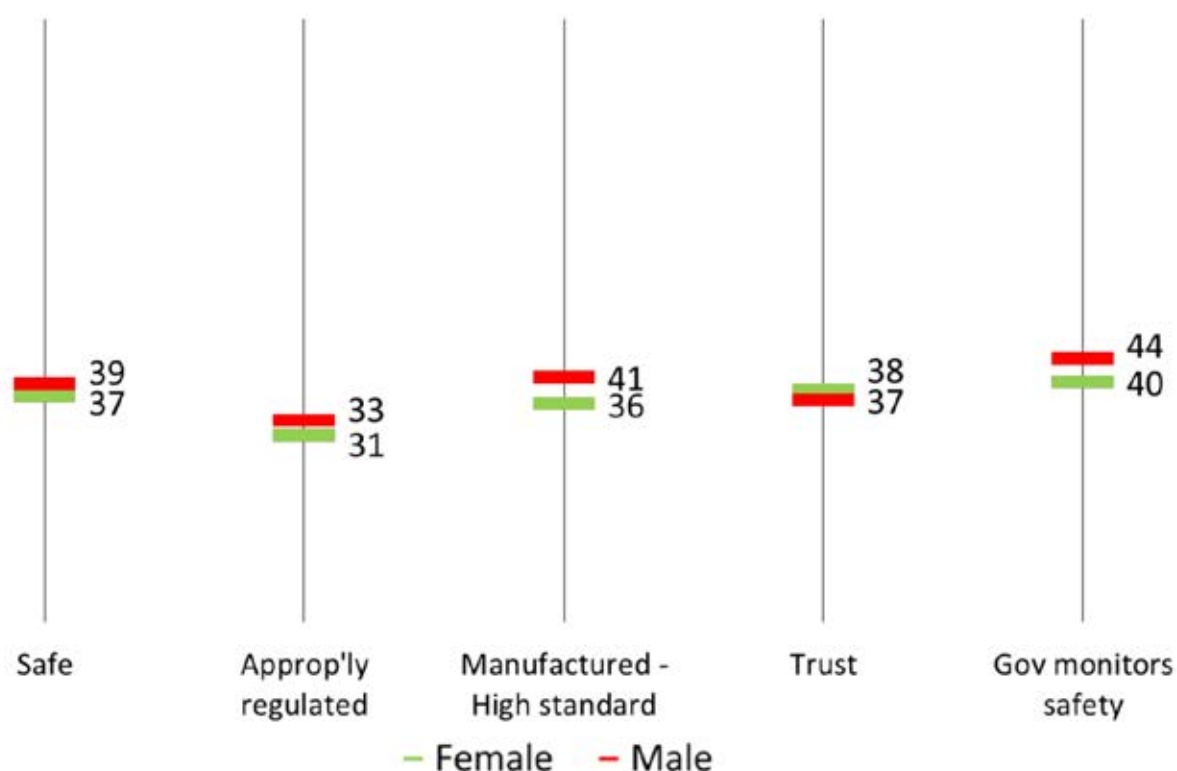


Table 71: Complementary medicines – attitudes and beliefs – Population (Panel) sample by gender - Nett agree (%)

Shown below are some statements about complementary medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Gender	Safe	Appropriately regulated	Manufactured - High standard	Trust	Gov monitors safety
Female	37.5	30.9	36.1	38.4	39.8
Male	39.4	33.3	40.6	36.8	43.6

There are no notable differences in relation to attitudes toward complementary medicines across metro and regional locations. Whilst the levels of agreement are generally high in the Panel based sample, the pattern of findings across these locations are generally consistent across both Opt-in and Panel based samples (Figures 45 and 46 and Tables 72 and 73).

Figure 45: Complementary medicines – attitudes and beliefs – Opt-in sample by location - Nett agree (%)

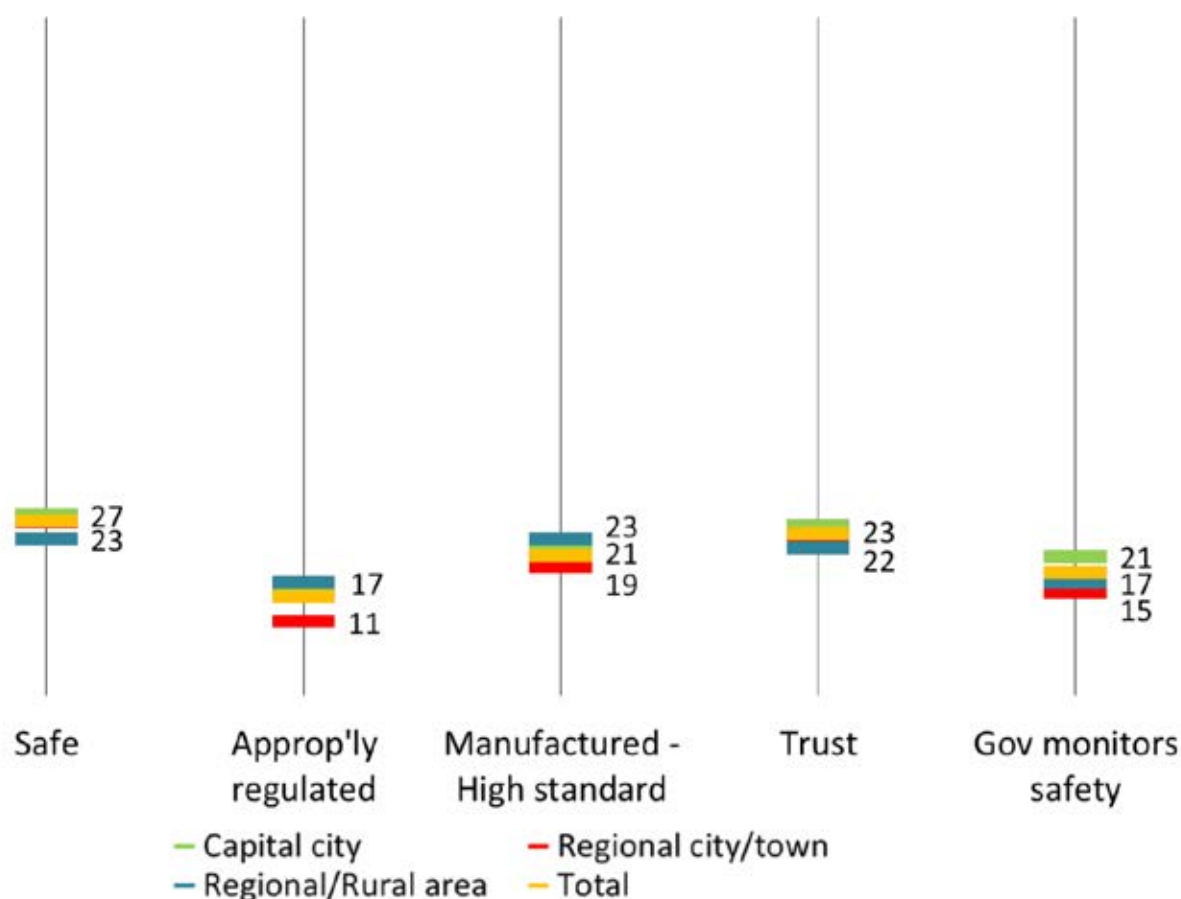


Table 72: Complementary medicines – attitudes and beliefs – Opt-in sample by location - Nett agree (%)

Shown below are some statements about complementary medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Region	Safe	Appropriately regulated	Manufactured - High standard	Trust	Gov monitors safety
Capital city	26.6	16.3	21.2	25.0	20.5
Regional city/town	25.5	10.9	19.0	22.8	15.2
Regional/Rural area	23.1	16.7	23.1	21.8	16.7
Total	25.8	14.5	20.6	23.9	18.2

Figure 46: Complementary medicines – attitudes and beliefs – Population (Panel) sample by location - Nett agree (%)

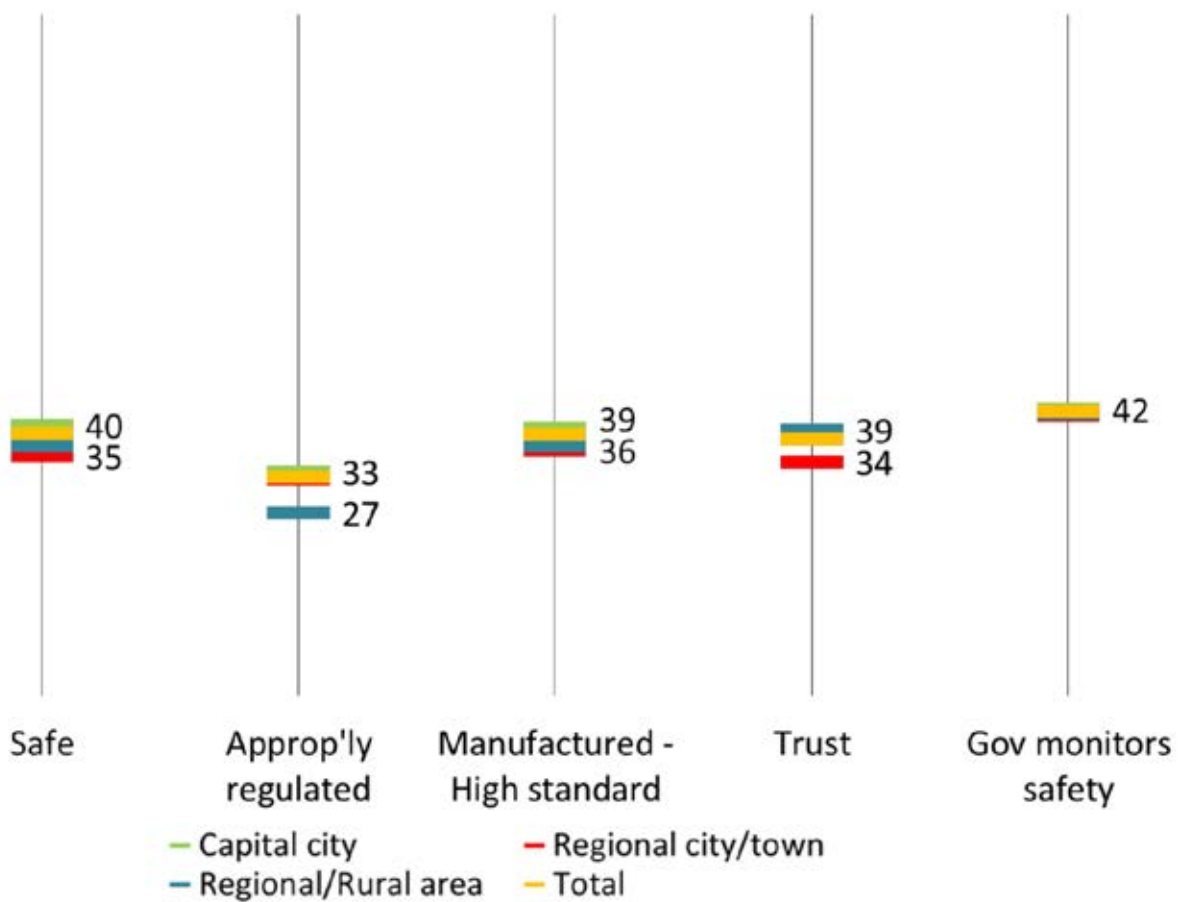


Table 73: Complementary medicines – attitudes and beliefs – Population (Panel) sample by location (Nett agree %)

Shown below are some statements about complementary medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Region	Safe	Appropriately regulated	Manufactured - High standard	Trust	Gov monitors safety
Capital city	39.7	32.9	39.3	38.5	42.1
Regional city/town	35.2	31.8	36.1	34.3	41.2
Regional/Rural area	36.6	26.8	36.6	39.0	41.5
Total	38.5	32.2	38.4	37.6	41.8

Consistent with patterns identified in relation to medicines, experience of side effects is associated with lower levels of agreement and higher disagreement across the statements relating to complementary medicines (Figure 47 and Table 74). The largest differences here occur in relation to government monitoring safety (Not experienced side effects: 37% Nett agreement; Experienced side effects: 27%) and perceptions of appropriate regulation (Not experienced side effects: 29% Nett agreement; Experienced side effects 19%).

Figure 47: Complementary medicines – attitudes and beliefs by experience with side effects - Nett agree (%)

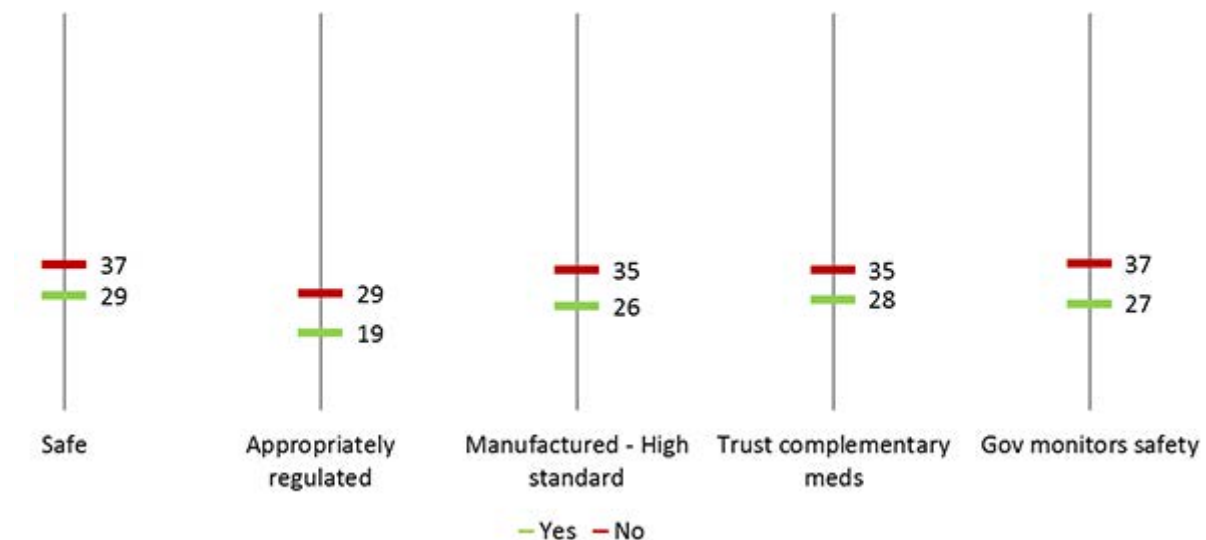


Table 74: Complementary medicines – attitudes and beliefs by experience with side effects (Nett agree %)

Shown below are some statements about complementary medicines that are available in Australia. Please indicate your level of agreement with each statement. (Nett agreement %)

Complementary medicines statement	Experienced side effects	
	Yes	No
Safe	28.8	36.6
Appropriately regulated	19.4	29.2
Manufactured - High standard	26.1	35.1
Trust complementary meds	27.9	35.2
Gov monitors safety	26.8	36.8

Medicines versus complementary medicines

Where statements across the Medicines and Complementary medicines question sets are comparable there is a strong pattern of more positive perceptions (higher agreement levels) in relation to Medicines (Table 75). Levels of agreement across perceptions of safety, appropriate regulation, manufacturing standards and government monitoring are substantially higher for medicines in comparison to complementary medicines across all groups in the survey. These results are consistent across samples, age groups, gender and regional status variables and highlight a key opportunity to communicate the role of the TGA and the regulatory frameworks supporting the safety and quality of complementary medicines.

Table 75: Medicines vs Complementary medicines – attitudes and beliefs (Nett agree %)

Medicines - Nett agree	Focus	Complementary medicines - Nett agree
53.5	Safe	33.9
61.3	Appropriately regulated	25.9
70.2	Manufactured to a high standard	32.0
63.8	The government monitors to identify safety issues	33.4

Receiving information – interest

Interest in receiving a range of information sources was identified in the survey amongst those in contact either Never or Once a year. Around 85% of this group highlighted interest in one or more information area. The most commonly identified areas of interest are Product recalls and Safety information about medicines and medical devices (Figure 48 and Table 76). Information about reporting problems or side effects and general information about the TGA are also in strong demand. The range of other information areas also garnered interest. Most responses to this question highlighted interest in a range of information areas (Average 2.7 selections).

Figure 48: Interest in receiving information from the TGA (N)

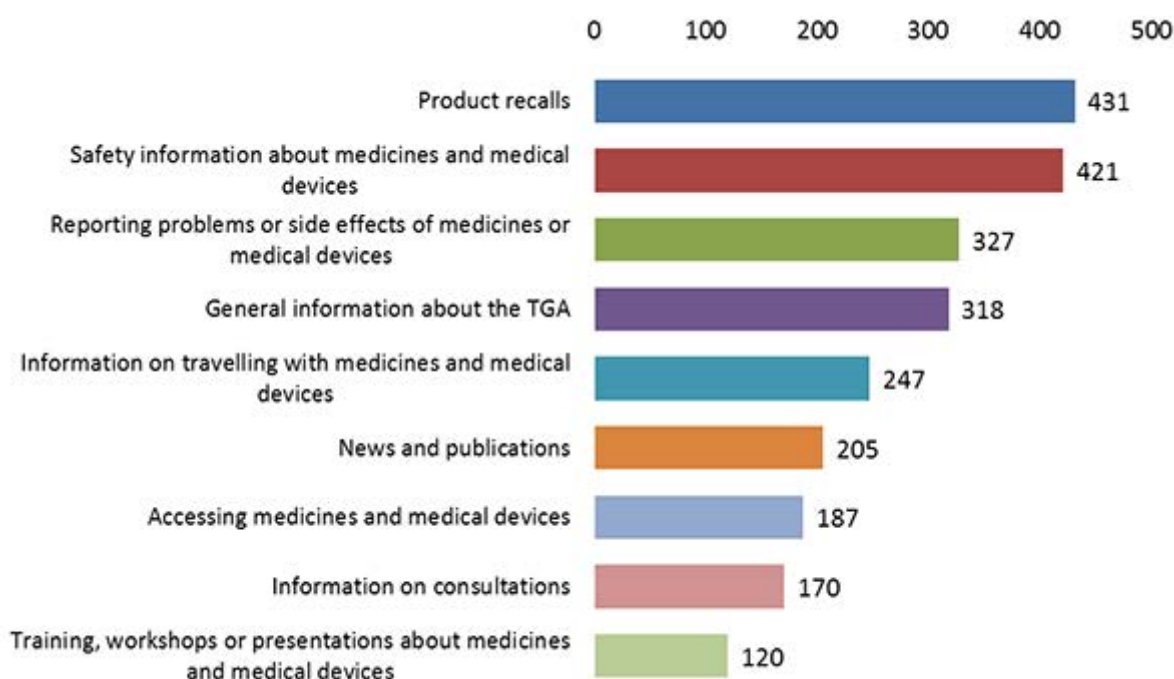


Table 76: Interest in information resources (Nett agree %)

Are you interested in information on any of the following?

Information resource	N
Product recalls	431
Safety information about medicines and medical devices	421
Reporting problems or side effects of medicines or medical devices	327
General information about the TGA	318
Information on travelling with medicines and medical devices	247
News and publications	205
Accessing medicines and medical devices	187
Information on consultations	170
Training, workshops or presentations about medicines and medical devices	120
Total selections	2426
Total responses	891

Base: In contact with TGA Never or About once a year

Version history

Version	Description of change	Author	Effective date
V1.0	Original publication	Therapeutic Goods Administration	December 2018

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Reference/Publication #