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Self-care and the future role of pharmacists

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Self-care

A historical perspective

- § Prior to the development of the medical profession self-care was predominant.
- § The development of the medical profession and knowledge (19th century) as well as the development of antibiotics and other medicines (early – mid 20th century) had a dramatic impact on how ailments were addressed.

Self-care



By mid 20th century professional services became predominant.

- § Health systems were designed around the provision of treatment to diseases (biomedical model)
- § Self-medication was more and more regarded as an unnecessary or even unhealthy practice

Economic prosperity allowed healthcare systems to expand and include more services to more people

Self-care



Recognition of the importance of encouraging individual responsibility with regard to maintaining and improving health.

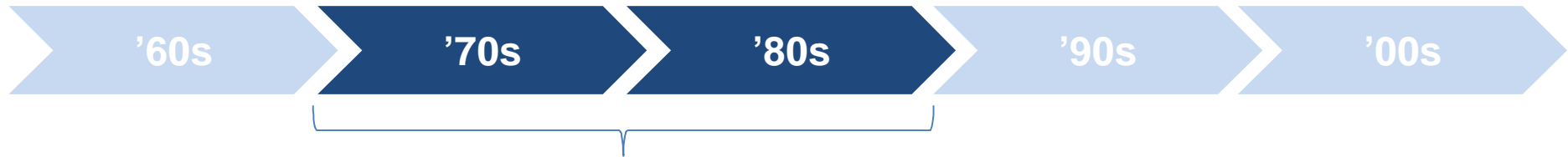
“ (...) people have the right and duty to participate individually and collectively in the planning and implementation of their healthcare”

Declaration of Alma-Ata. World Health Organisation (WHO) 1978

“ Every person has the right to health education that will assist him/her in making informed choices about personal health and about the available health services”

Declaration of the Rights of the Patient, World Medical Association (WMA) 1981

Self-care



The first systematic reclassifications of products to non-prescription status take place during this period

Examples

- § Ibuprofen → Anti-inflammatory analgesic
- § Loperamide → Anti-diarrheal
- § Hydrocortisone → Anti-inflammatory
- § Clotrimazole → Anti-fungal
- § Nicotine Replacement Therapy

Self-care

'60s

'70s

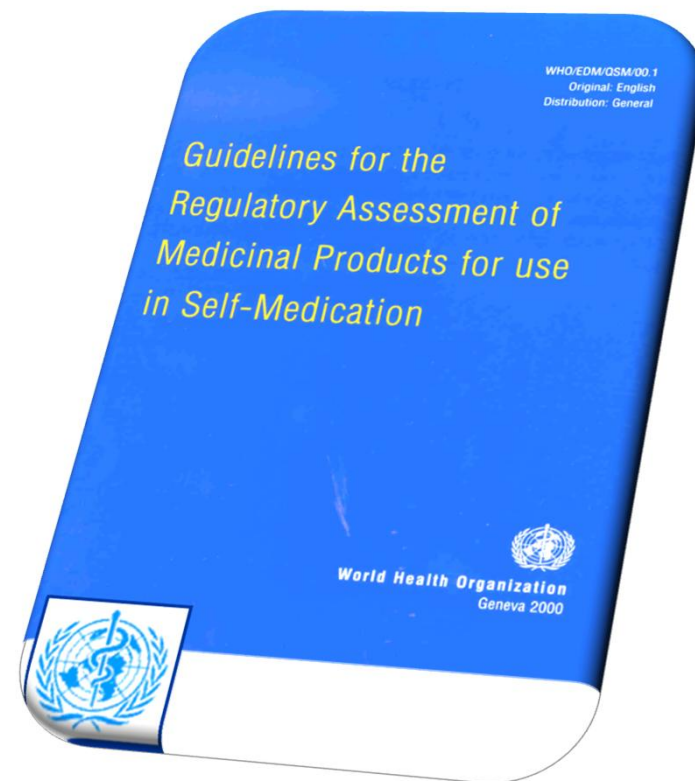
'80s

'90s

'00s

World Health Organisation

"It has become widely accepted that self-medication has an important place in the healthcare system. Recognition of the responsibility of individuals for their own health and awareness that professional care for minor ailments is often unnecessary have contributed to this view."



Self-care

'60s

'70s

'80s

'90s

'00s

Establishment of a new European legal framework through the Classification Directive 92/26/EC

§'Normal status' assigned to non-prescription medicines

§Criteria defined for the prescription status.

à The Directive set standards also in many countries outside the EU

30. 4. 92

Official Journal of the European Communities

No L 113/5

COUNCIL DIRECTIVE 92/26/EEC

of 31 March 1992

concerning the classification for the supply of medicinal products for human use

THE COUNCIL OF THE EUROPEAN COMMUNITIES,

Having regard to the Treaty establishing the European Economic Community and in particular Article 100a thereof,

Having regard to the proposal from the Commission ⁽¹⁾,

In cooperation with the European Parliament ⁽²⁾,

Having regard to the opinion of the Economic and Social Committee ⁽³⁾,

Whereas measures aimed at progressively establishing the internal market over a period expiring on 31 December 1992 need to be taken; whereas the internal market is to comprise an area without internal frontiers in which the free movement of goods, persons, services and capital is ensured;

Whereas the conditions for the supply of medicinal products for human use to the public vary appreciably from one Member State to another; whereas medicinal products sold without prescriptions in certain Member States can be obtained only on medical prescription in other Member States;

Whereas Directive 91/28/EEC ⁽⁴⁾ specifies what medicinal products may be advertised to the public; whereas, in view of the development of means of communication, the conditions governing the supply of medicinal products to the public should be harmonized.

products will be the subject of a Community marketing authorization; whereas, in this context, the classification for the supply of medicinal products covered by a Community marketing authorization needs to be established; whereas it is therefore important to set the criteria on the basis of which Community decisions will be taken;

Whereas it is therefore appropriate, as an initial step, to harmonize the basic principles applicable to the classification for the supply of medicinal products in the Community or in the Member State concerned, while taking as a starting point the principles already established on this subject by the Council of Europe as well as the work of harmonization completed within the framework of the United Nations, concerning narcotic and psychotropic substances;

Whereas this Directive is without prejudice to the national social security arrangements for reimbursement or payment for medicinal products on prescription,

HAS ADOPTED THIS DIRECTIVE:

Article 1

1. This Directive concerns the classification for the supply of medicinal products for human use in the Community into:

- medicinal products subject to medical prescription,
- medicinal products not subject to medical prescription.

2. For the purposes of this Directive, the definition of 'medicinal product' in Article 1 of Council Directive 65/65/EEC of 26 January 1965 on the approximation of legislation, laid down by law, relating to medicinal products

Self-care



Examples of reclassifications in the '90s

- § Aciclovir → Cold sores
- § Naproxen → Analgesic
- § Loratadine , cetirizine → Non-sedating antihistamines
- § Beclomethasone → Hayfever
- § Cimetidine → Stomach acid reflux
- § Ranitidine → Stomach acid reflux
- § Famotidine → Stomach acid reflux

Self-care

'60s

'70s

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'90s

'00s

Medical professionals acknowledge value and role of self-care

1997

What is self-care?

An information brochure/guide to conditions suitable for self-medication prepared by the umbrella organisations of medical doctors in Europe (CPME, UEMS, UEMO) and AESGP with the support of the European Union



Self-care

'60s

'70s

'80s

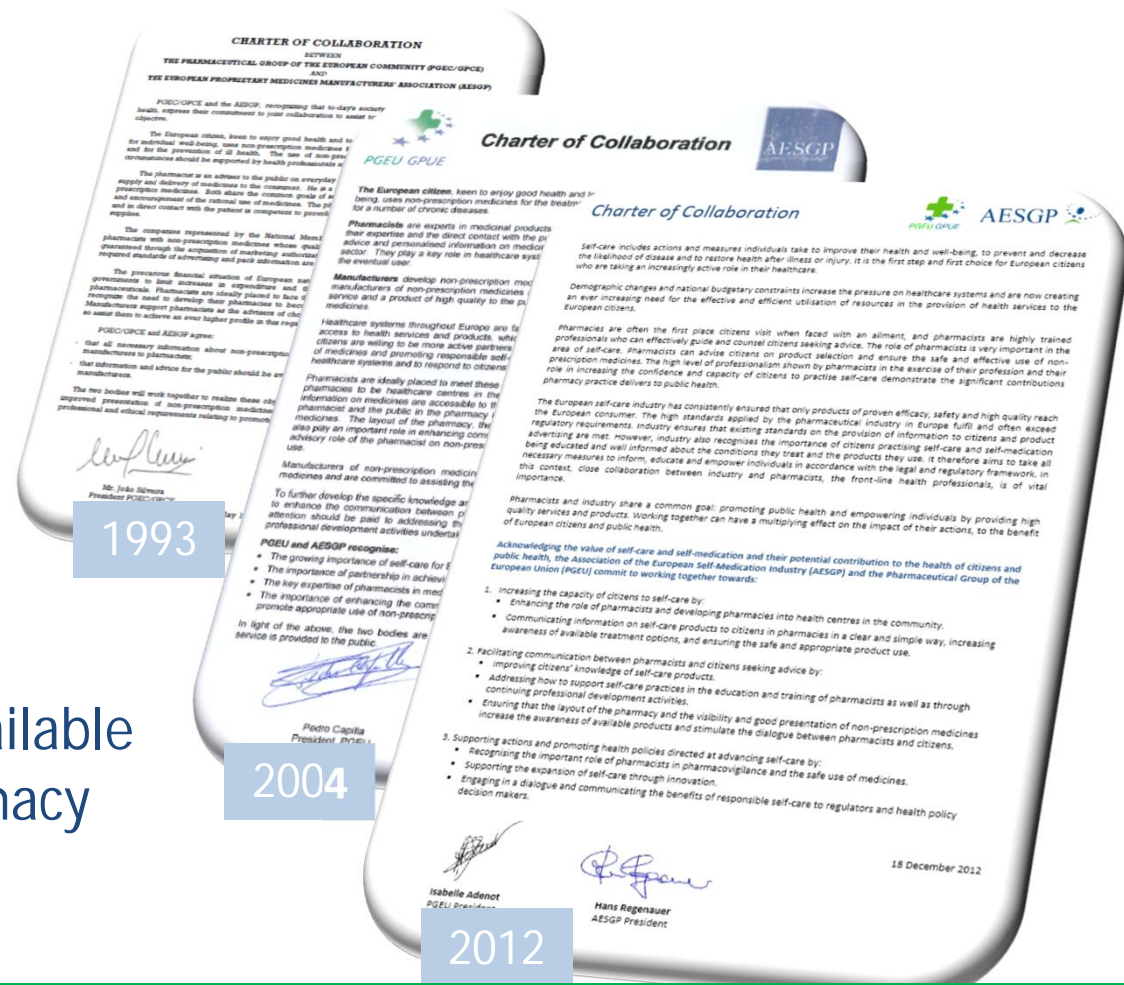
'90s

'00s

Pharmacists acknowledge value and role of self-care.

European community pharmacists (PGEU) and AESGP sign 'Charter of collaboration' to promote responsible self-care.

Common objective: Increase customers' awareness of available products by adequate pharmacy layout/visibility/good presentation.



Self-care

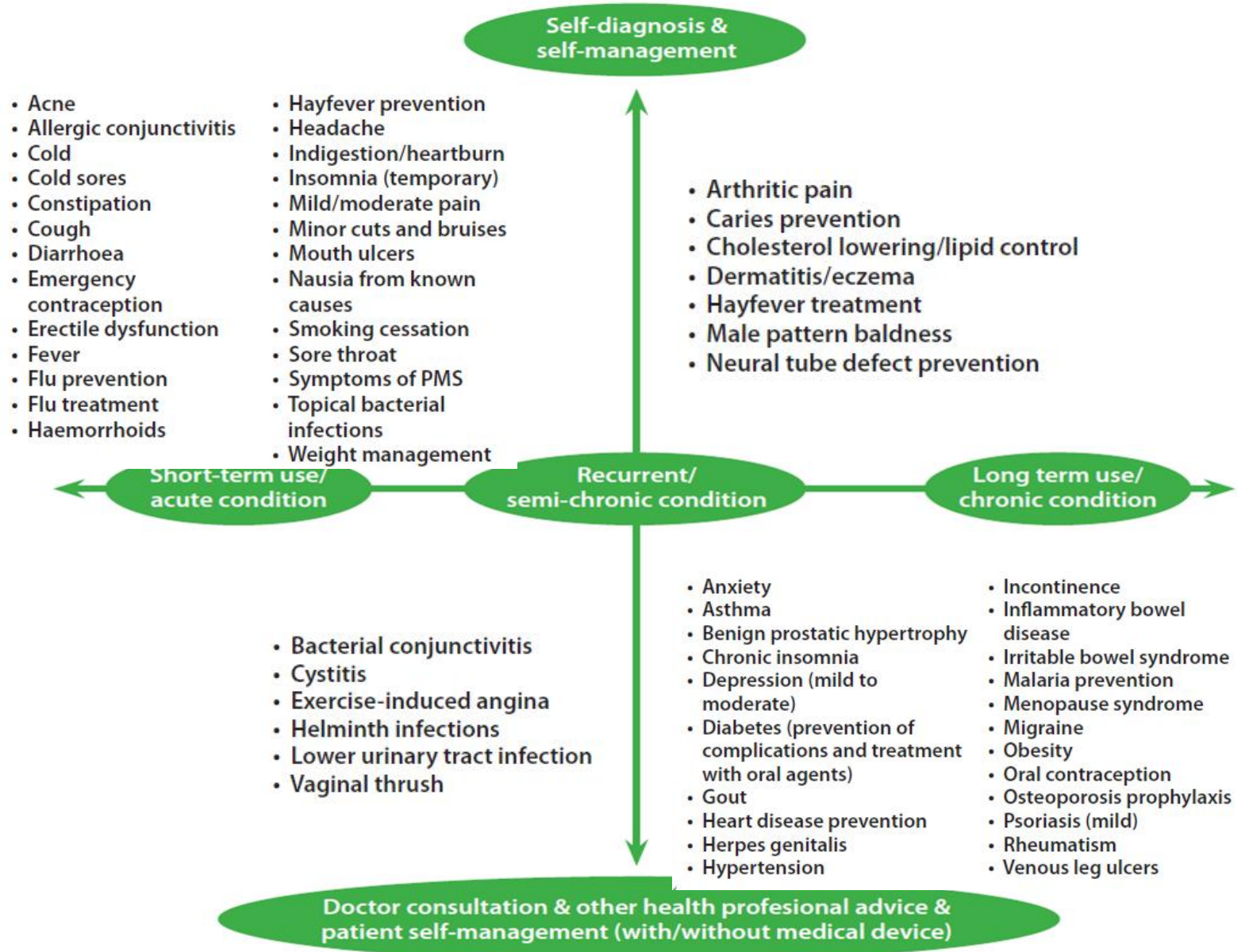


Empowered citizens, demand for better care and need for efficient healthcare systems drive innovation in the provision of care.

2002

AESGP report on the “Development of an information policy for non-prescription medicines ” with the support of the European Union identifies the importance of collaborative care and introduces new possible indications for self-care.





European Commission

“Non-prescription medicines play an important role since they offer economic as well as social benefits.”

Self-medication empowers patients to treat or prevent short term or chronic illnesses which they consider not requiring the consultation of a physician, or which may be treated by the people after an initial medical diagnosis.

Consequently, access and availability of these medicinal products require particular attention.”

Source: Communication from the European Commission of 10 December 2008

“Safe, Innovative and Accessible Medicines: a Renewed Vision for the Pharmaceutical Sector”

Promoting good governance for non-prescription medicines

Report endorsed by:

EU Member States



Report is available at:
<http://ec.europa.eu/DocsRoom/documents/7623/attachments/1/translations/en/renditions/pdf>

European organisations/associations representing:

§ Consumers
§ Patients



§ Health professionals



§ Payers
§ Providers



§ Industry



Making Medicines Affordable

Promoting good governance for non-prescription medicines

Recommendations

- § Self-care oriented training for health professionals, meaningful continuing education
- § Supporting citizens' self-care knowledge and skills
- § Ensuring availability of reliable information for patients
- § Setting up multistakeholder platforms in member states

Pilot project on promotion and implementation of self-care in Europe (PiSCE)

Objectives

- § Guideline(s) for promotion of self-care
- § Guidelines for development and production of communication tools
- § Recommendations for future self-care policy

Results

Final conference on 17 March 2017

PiSCE Recommendations



- § Establish framework to exchange best practices on self-care
- § Improve education at school and university on self-care
- § Embed self-care in healthcare initiatives and integrate new technologies to support people's self-care

Conference with the Heads of EU Medicines Agencies (HMA) during the Maltese EU Council Presidency on 20/21 February 2017

Defining the priorities for the future development of self-care



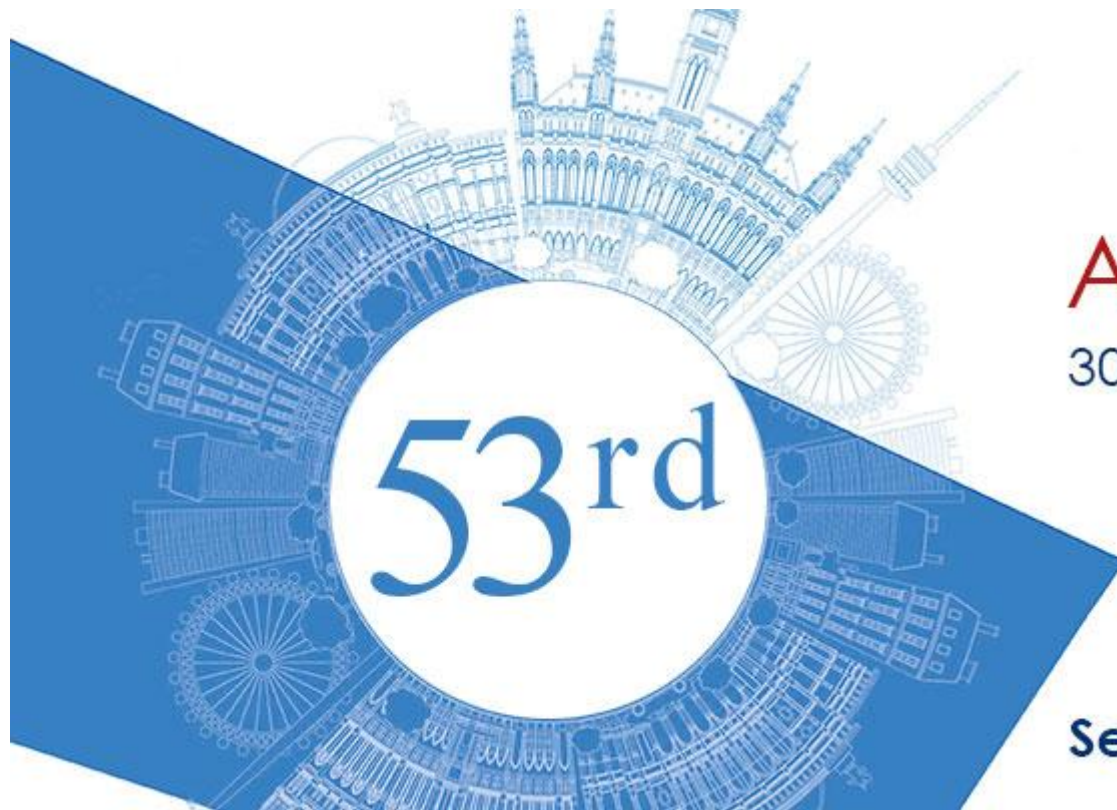
➔ Moving more medicines to non-prescription status is part of the 2020 HMA strategy

Future role of community pharmacists

§ Combination of skills needed

§ Citizens in the focus

§ Recognised health professional with growing responsibilities



53rd AESGP 
Annual Meeting
30 May – 1 June 2017, Vienna

Self-care in a changing world