Attachment 1

ASMI Policy Proposals for Self-Care

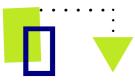




Self Care in Australia

A roadmap toward greater personal responsibility in managing national health

January 2009. Prepared by the Australian Self-Medication Industry.





What is Self Care?

Self Care describes the activities undertaken by individuals and the wider community in order to improve health, prevent disease and manage illness.

It encompasses a broad spectrum of activities and decisions that people make for themselves so that they maintain a good level of physical and mental health.

This can include physical exercise and sound nutrition in order to maintain good health and prevent disease, as well as using self-medication to treat and prevent illness, and managing one's health after discharge from tertiary healthcare.

Self Care may be used alone, for instance to treat a mild headache, or may be used in collaboration with a healthcare professional.

In that sense, Self Care may encompass a partnership between the individual and a healthcare professional such as a doctor, pharmacist, naturopath or physiotherapist.

Self Care entails a fundamental shift from cure to prevention.

Treatments may involve Western mainstream medicine, complementary and alternative remedies, or, as is increasingly the case, some combination of these.

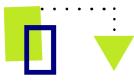
The World Health Organization (WHO) provides the following definition of Self Care:

Self Care refers to activities individuals, families and communities undertake with the intention of enhancing health, preventing disease, limiting illness and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf either separately or in participative collaboration with professionals. Seeking professional advice in Self Care is part of the continuum of trying to maintain good health and prevent disease.

The notion of Self Care has also gained wider acceptance in health systems in several countries and is recognised in a number of recent official Australian health publications¹.

January 2009

¹Towards a National Primary Health Care Strategy: A Discussion Paper from the Australian Government, Commonwealth of Australia 2008.





Why the interest in Self Care?

The emergence of Self Care coincides with a growing interest in personal health and wellbeing, increased access to a wide range of health information, and government funded public health promotions that have targeted smoking, obesity and consumption of alcohol.

It also comes at a time when Australia faces a growing rate of chronic conditions such as cardiovascular disease and diabetes, often associated with excessive weight and obesity. In the 15 years to 2004-05, the prevalence of diabetes more than doubled and chronic diseases in Australia caused 9 out of every 10 deaths².

The idea of individuals taking greater responsibility for their health also fits with a growing trend of consumer empowerment, aided by increased availability of information, remedies and medicines that can improve and prolong quality of life.

Government health budgets simply cannot be sustained at current levels without significant increases in taxation to fund mounting health bills. The second Intergenerational Report predicts that expenditure on health by the Australian Government will, with no change in approach, almost double from 3.8% of GDP in 2006-07 to 7.3% in 2046-47³.

All this means that there needs to be fundamental change to entrench a powerful preventative health culture in the community, including the role of Self Care for those who are able to take greater responsibility for personal health.

Benefits of Self Care

There is growing evidence to support the notion that promoting Self Care leads to a number of benefits for individuals, the community and government through:

- ···▶ improved general health and quality of life;
- ···▶ prevention of disease;
- ••• improved management and control of existing conditions;
- ... increased productive life of the individual;
- ··· increased patient satisfaction;
- ••• more appropriate use of GP and hospital services; and
- ··· reduced resource burden on government health and welfare services.

²Nicola Roxon MP, The Case for Change, Speech to the National Press Club, Canberra 13 August 2008. ³Intergenerational Report 2007, Commonwealth of Australia, April 2007





Already, many Australians engage in some form of Self Care; sustaining a physically active, health conscious regime to maintain or restore good health; or using non-prescription medicines, nutritional supplements or treatments to address minor ailments and chronic conditions.

Even though they may be willing to embrace Self Care, most consumers will still want the support and expertise of a general practitioner (GP), pharmacist, naturopath or other healthcare practitioner.

This idea of collaboration between the individual and healthcare professional is pivotal to providing an environment conducive to Self Care. On the one hand it involves equipping consumers with the choices, skills and tools necessary to make their own healthcare decisions. On the other, it means giving industry and healthcare providers the tools, training and support necessary to assist all Australians appropriately.

Self Care internationally

Perhaps the most profound manifestation of Self Care has occurred in the United Kingdom, where it is a central part of the country's health system. It is incorporated at every stage of healthcare including the prevention of illness, symptom relief and chronic illness. Self Care is strongly supported by the UK government.

In 2004, the UK Department Health issued the report, Self Care – A Real Choice, outlining a plan for the future and committing to increase the availability of medicines over-the-counter.

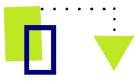
In Germany, the Social Security Code contains a specific clause that sets out an obligation to "lead a health-conscious lifestyle, take precautionary health measures in good time, and actively participate in treatment and rehabilitation in order to prevent the onset of illness and disability and to overcome its consequences".

In many countries, the impact of ageing population, chronic preventable diseases and ballooning health budgets means that individuals are being urged to take greater responsibility for personal health.

The major stakeholders in Self Care

Fundamental to the success of Self Care is the formation of strong partnerships between stakeholders. Self Care does not mean consumers are left on their own; nor does it translate into "no care".

It requires informed consumers, the expertise of pharmacists, GPs and other practitioners, provision by industry of evidence based-products and remedies, the creation by government of a favourable policy and regulatory environment, and innovative approaches from private health insurers.





Consumers

Consumers need encouragement to take more responsibility for their health and wellbeing but they also need the knowledge, skills and tools to undertake this. The community is generally better educated and informed about health alternatives than ever before, but lack of information and knowledge can be a barrier to Self Care.

Better knowledge and understanding, as well as improved health information, remain key factors in efforts to increase Self Care. Health literacy is a critical element, not only in enabling people to make the correct health decisions, but in reducing inequalities in health outcomes, particularly in remote and indigenous communities.

For many consumers, the GP is the first point of call, yet not all ailments need the attention of a GP. Recent research has outlined the significant impact that minor ailments impose on GP workload. The study, by health consultants IMS, found that 15% of all GP consultations in Australia involve the treatment of minor ailments, and 7% involve the treatment of minor ailments alone⁴.

When projected nationally, the study indicates a total of 25 million GP consultations annually, or approximately 96,000 consultations per day involve the treatment of a minor ailment. Also, approximately 59% of minor ailments resulted in a prescription, suggesting almost 15 million prescriptions being provided for minor ailments.

It raises the need to examine alternatives to costly GP consultations for minor ailments and other conditions that can be more appropriately managed once diagnosed.

Government

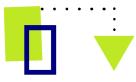
The responsibility of government is to create a policy environment in which Self Care forms an integral part of a national health policy and to work with all stakeholders to develop strategies to give effect to these policies. This should include emphasis on, and investment in, health promotion and disease prevention to reduce future expenditure on curative healthcare for preventable diseases.

Regulatory authorities need to encourage an environment that supports evidence-based non-prescription, complementary and alternative medicines.

There is a strong case for wider access to prescription medicines with an extended, safe record of use by switching these to non-prescription status, particularly those targeting the treatment and prevention of preventable conditions identified in the National Health Priority areas.

Improved partnership between government and other stakeholders, including industry, has the capacity to generate positive outcomes through sharing of resources, personnel and data.

⁴Minor ailment workload in general practice, IMS Australia and New Zealand, November 2008





Healthcare professionals

The move towards greater Self Care will necessitate a cultural change in the relationships between healthcare professionals and patients and between the different healthcare professions - GPs and pharmacists in particular - towards sharing clinical management of patients.

GPs will remain the first option for many with more serious ailments but many minor ailments are suited to responsible Self Care, consultation with a pharmacist, natural healthcare provider or treatment by a nurse practitioner.

If professionals are to play an active role in Self Care, more work needs to be done to define these roles. Skills training is critical because Self Care involves a cultural shift from professionals being the principal providers of care (and patients as passive recipients) towards more emphasis on shared care, preventive care, healthy lifestyle and patient involvement in their own care of minor, acute and long-term conditions.

Self Care opens up the choice of a range of health professionals including GPs, pharmacists, naturopaths, nurses, psychologists, physiotherapists, dieticians and others.

Industry

The four arms of the National Medicines Policy and any new policies underpinning Self Care will dictate industry's role and responsibilities in the shift towards increased Self Care.

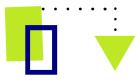
Industry will be required to continue to provide timely access to medicines that are safe, efficacious and of a high quality at affordable prices. The expansion of Self Care will increase the demand for a broader range of solutions - demand that should be met through product innovation and wider access to safe, effective treatments.

Industry will need to work with healthcare professionals, relevant professional bodies and patient groups to ensure consistency of message and information.

As patients become more involved in the management of their conditions, there will be a need for new and different types of consumer information. Responsible advertising and communication will be central to the goal of raising disease awareness and encouraging self-management.

Training for health professionals will become a significantly bigger issue for industry. Productspecific treatment guidelines will need to be proactively developed in cooperation with the professional bodies for use by pharmacists and other healthcare professionals.

Industry will also be required to demonstrate that consumers have the necessary information and access to advice to ensure that products can be used appropriately without close medical supervision.





Private health insurers

The private health insurance industry has a key role to play in helping to develop a system architecture that contains the right mix of incentives to alter behaviour in favour of Self Care. Already there are a range of payments and rewards available for people who avoid certain risk-taking behaviour and make positive lifestyle changes.

More evidence is emerging that simple and cheaper prevention strategies can be at least as costefficient as more expensive interventions, for example the use of Calcium and Vitamin D in the prevention of fractures in osteoporosis.

As healthcare costs escalate, there will be an increased focus on innovative ways of encouraging individuals and families to adopt healthy alternatives in order to prevent longer term, costly and often traumatic medical interventions.

In the final analysis, the success of Self Care rests on the creation of strong partnerships amongst all the key stakeholders.

Self Care – a pathway to improved national health

As Australia's national health bill continues to rise under the weight of technological advances and an ageing population, there is a mounting search by policy makers for solutions that are affordable, practical and will have lasting impact. One thing is clear; the current approach is not sustainable.

Self Care has the potential to form part of a broad sweep of measures that can address Australia's health issues. It has the capacity to ease the burden of healthcare on GPs, hospitals and government resources, at the same time providing better health, enhanced wellbeing and greater satisfaction for all Australians.

About ASMI

The Australian Self-Medication Industry (ASMI) is the peak industry body for the Australian Self Care industry representing consumer healthcare products including over-the-counter medicines and complementary medicines.

ASMI's mission is to promote better health through responsible Self Care.

This means ensuring that safe and effective Self Care products are readily available to all Australians at a reasonable cost.

ASMI works to encourage responsible use by consumers and an increasing role for cost-effective self-medication products as part of the broad national health strategy.

www.asmi.com.au

January 2009



Self-Care in Australia The foundation for a healthy nation

What is Self-Care?

Self-care is a personal choice in health maintenance; it is the extent to which an individual, family or community engages in any activity with the intention of improving health, preventing disease, managing conditions, and restoring health.

Encompassing a broad spectrum of behaviour, self-care includes all health decisions consumers make for themselves and their families to maintain a good level of physical and mental health. These include maintaining physical fitness and good health to preventing disease or managing conditions, using selfmedication to treat and prevent illness, and managing one's health after discharge from tertiary health care.

Self-care may be used alone (treating a mild headache), or may be used in collaboration with professional care (treating hypertension, see Figure 1). The Australian Self-Medication Industry (ASMI) believes that fundamental to the success of self-care is the formation of strong partnerships between governments, industry, consumers, health care providers and other interested stakeholders.

The Rise of Self-Care

The consumer is a rising power in Australia. Demanding greater information, choice, and responsibility, Australians are ready to take control of and manage their health. Increased media coverage, greater access to resources and increased education have all sparked a shift in attitude for many Australians. As a result, Australians are spending over \$900 millionⁱ a year on herbal medicines, vitamins and supplements, while 500,000 people in NSW alone (1.6 million Australia wide) have joined one of the state's 450 health clubs.ⁱⁱ

However, the message is not reaching all Australians, and more can still be done to raise the profile of self-care in the community. The prevalence of certain high health risk factors is on the rise in Australia. 44% of all Australians are inactive, while 62% of Australian males were classified as overweight in the 2004-05 National Health Survey, rising from 58% in 2001 and 52% in 1995. The proportion of females overweight or obese rose from 42% in 2001 to 45% in 2004-05. Over 77% of adults have at least one or more long term medical condition.ⁱⁱⁱ

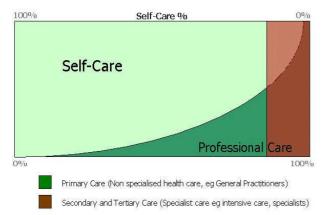
These risk factors contribute to a myriad of resulting conditions; some of those identified by the National Health Priority List have been highlighted alongside their self-care solution in Appendix 1.

Did you know?

- Total spending on health was \$87.3 billion in 2004/2005
- Up \$8.2 billion from the previous year
- Government picked up 68.2% or about \$59.4 billion of that cost ^{iv}

There is growing evidence to support the notion that promoting self-care leads to a number of benefits for the community and government through:

- prevention of disease and increased productive life of the individual;
- management and control of existing conditions;
- improved general health and quality of life; and
- reduced resource burden on government health and welfare services.





Self-Care in the Australian Context

Currently Australia does not have a comprehensive health policy in place. That is, a policy that examines health beyond simply the realm of health care (treating illness) but also all the factors contributing to the overall health of the nation:

- Family Income/Wealth
- Education
- Social support
- Working conditions
- Environment
- Biology/genetics
- Health services
- Childhood development
- · Personal health activities and life skills

A comprehensive health policy recognises the effects of these health determinants on

health outcomes and allocates resources appropriately. The Ottawa Charter on health promotion (WHO, 1986) suggested that health policy should encompass all the legislative, fiscal, taxation, and organisational measures required in coordinating action that produce good health.

While there are several health promotion initiatives in operation, a more directed and organised approach is required. Official recognition of self-care as a fundamental means of nurturing the health of all Australians is essential.

Australia's Indigenous Population

The Australian Commonwealth Government has identified Aboriginal and Torres Strait Islander populations as ones of major health concern.

Indigenous peoples are generally more likely to develop conditions contained in the Health Priority Areas than nonindigenous populations, they are for example, 2.7 times more likely to develop cardiovascular disease and 8.3 times more likely to develop endocrine diseases such as diabetes. ^v

The prevalence of certain risk factors such as smoking and obesity is also higher in indigenous populations, areas an integrated approach to self-care can significantly address. ASMI believes selfcare can play a vital role in the effective delivery of important government strategies such as the *Health for Life Programme* to these populations.

Australians Living Dangerously

The report, *Living Dangerously* – *Australians with multiple risk factors for cardiovascular disease (AIHW, Feb* 2005) says that;

- 9/10 Australians have at least 1 risk factor of cardiovascular disease, most have at least 2
- Poor activity and diet are the most prevalent
- People of most disadvantaged socioeconomic groups are more likely to have 3 or more risk factors.

Conclusion: "There is great scope for the improvement of the health of Australians" ^{vi}

There is a great deal of research from many parts of the world suggesting that self-care can play a vital part in building a sustainable, patient-orientated health care system. Such a system would involve:

- greater State and Federal cooperation in promoting self-care initiatives and making sure they are taken up;
- nationwide awareness campaigns inclusive of all Australians; and
- support and information provided to health care collaborators such as doctors, pharmacists and nurses to assist them in dispensing appropriate self-care advice.

Supporting Self-Care

Providing an environment conducive to self-care is everyone's responsibility. It involves equipping consumers with the choices, skills and tools necessary to make their own health care decisions appropriately, confidently and effectively. In addition, industry and health providers require the tools, training and support necessary to assist all Australians appropriately.

Self-care needs to be presented to the population from many angles and must be inclusive of all demographics. Effective methods of promoting self-care include:

- Responsible, effective and accessible information and advice available in a variety of languages
- Training the individual and community from an early age in the importance of self-care through:
 - o Physical Education
 - o First Aid
 - Safe use of medicines
 - o Personal hygiene
 - o Treating minor ailments
 - Preventing illness
- Training of practitioners in providing self-care support
- Encouraging a change of mindset within health care professionals to one supportive of self-care through education
- Condition management skills for chronic sufferers with the assistance of the relevant condition associations and groups
- Individual care plans, and professionals to assist in their implementation and maintenance
- Educating consumers on the roles of health care professionals and dispelling myths and misconceptions
- Collaboration with cultural and religious groups and associations
- Lifestyle advice through training, campaigns, and media
- Encouragement of a collaborative health care environment
- Facilitating the switch of appropriate prescription-only medicines to overthe-counter
- Ensuring self-care products, such as OTC and complementary medicines provide adequate consumer information
- ASMI believes firmly that a consumer healthcare product is more than "just the pill" but rather encompasses all the packaging and information that ensures the therapeutic good can be safely and effectively used
- Provisions for a subsidised annual 'check-up' with a general practitioner to identify Australians at risk and place them on a preventative self-care plan
- Empowering pharmacists and nurses with additional responsibility. (For

example, allowing pharmacists or nurses limited prescribing and issuing of medical certificates valid for 1 - 3days)

 Incentives through private health insurance to encourage engagement of nutritionists, naturopaths and other complementary healthcare professionals to help develop strategies for longer term holistic health maintenance.

Self-Care Fact Cards

The Pharmaceutical Society of Australia produced a series of 81 self-care fact cards educating the consumer on common conditions and what measures can be taken to manage them;

- 97% of consumers were satisfied with the cards
- "I find the Fact Cards informative and helpful, and handy to keep for reference".
- "I prefer to go to a chemist than to a doctor. The Fact Cards provide reassuring information and you can go to the doctor if the information on the Cards suggests this option". ^{viii}

Health Care "Collaboration"

A cornerstone of effective self-care practice is ensuring the individual feels involved and in control in the management of his or her own health. Doctors, complementary health care professionals, pharmacists and nurses, *Health Care Collaborators*, should be encouraged to communicate with those seeking health care and with each other in providing the health service. Australians should be actively engaged and consulted about their options, and only with their informed approval should treatment decisions be made collectively.

An Integrated Health Approach

Recognising that every Australian's situation is unique and acknowledging that

everyone holds a high degree of responsibility for their own health, an integrated health approach involving selfcare focuses on a consumer's overall health status in their own context. This involves the doctor working with the patient to maintain health and prevent ill health by factoring in the individual's social and environmental context. Integrated health is an acknowledgement that not one therapeutic practice can hold a complete monopoly on the diagnosis and treatment of all conditions, but rather that partnerships need to be formed to ensure all Australians receive an optimal standard of care.

A GP may, for example, prescribe a cholesterol-lowering medication for a patient and in addition, under an integrated health approach, would identify the underlying factors contributing to the person's condition. These factors might include poor food choices, obesity, stress, or inactivity. An integrated approach could see the doctor recommend consultation with complementary practitioners, advice on complementary and OTC medicines or suggest lifestyle changes and other selfcare measures.

This sort of cooperation is already taking place. The Prince of Wales Foundation is a body operating in the United Kingdom with the primary directive to forge partnerships between conventional and complementary bodies to encourage an integrated approach to health. More information about integrated health and the Foundation's activities can be found at their website. (http://www.fihealth.org.uk)

Combination Therapy

Complementary and prescription medicines can be used in an integrated manner to treat common ailments.

A Medical Journal of Australia Article, *Lipid Modifying Drugs* (21 March 2005) reports that the use of a statin in combination with fish oil is a relatively safe and effective option in treating high concentrations of triglycerides and/or LDL-C cholesterol. ^{ix}

Switch and the Consumer

"Switch" refers to the transfer of prescription medicines proven to be safe and effective to over-the-counter status, improving accessibility to the consumer. In the United States, there are over 700 OTC products on the market using ingredients or dosages only available by prescription less than thirty years ago. ^x Uptake of these switched products can be very successful. Eleven "switched" brands in the United States generated US\$2.36 billion in annual sales and accounted for 55-60% of market growth. ^{xi}

As pharmaceutical products come off patent, and generic preparations enter the market, OTC switching of products is likely to occur as "branded" companies move to contain revenue loss. As a result of falling prices in generic prescription categories, pharmacy will probably begin to place greater attention on switched OTC preparations.

The idea that pharmaceuticals are only "switched" when proven safe after decades of distribution under prescription status is changing. ASMI believes that dose should be one of the primary factors when considering a switch. There are many applications such as statins in which a lower dose preparation is appropriate for OTC distribution while higher dosage preparations more appropriately remain prescription-only products.

In ensuring that safe and effective selfcare products are available to Australians at reasonable cost, ASMI is committed to ensuring OTC and complementary products are used safely and effectively as they begin to play an increasing role in Australia's overall health care strategy.

Benefits to Australians

The goal of an integrated self-care approach to health is ultimately to improve the lives of all Australians under a more sustainable and effective health system. Direct benefits to consumers include:

- Improved overall sense of health and 'well-being' and longer productive life expectancy
- Prevention of ill health
- Greater control over health decisions and as a result, greater confidence in the health system
- Lower private health insurance premiums due to reduced claims
- An improved health service as governments are able to divert funds saved from a reduction in demand on health care services to R&D, health support activity or reduced taxes
- Improved condition management, from minor ailments to chronic conditions
- Reduced time off work or out of role due to medical consultations

Statins – A Case for Switch An estimated 14.8 million people worldwide use statins, a class of cholesterol-lowering drug aimed at reducing the risk of CHD accredited with saving over 17,000 lives annually. ^{xii}

In the past year the UK has allowed OTC status for a low dose statin, while the FDA and TGA are investigating the potential switch of certain substances in this class.

Coupled with strong consumer education and support, a switch of the substance to OTC status would provide a raft of benefits to Australians including ease of access and improved health outcomes.

Benefits to Health Care Services

Self-care can benefit the health care services in a number of ways. By 'sharing the burden', it allows all stakeholders to improve the effectiveness and efficiency of the services they provide. The direct benefits to health care providers would include:

- Reduced demand on overstretched government resources
- Fewer Medicare claims through a reduction in unnecessary GP visits
- Fewer admissions to hospital and out patient clinics
- Fewer accident and emergency visits

Savings in all these areas could allow Australia to invest more in the research and development of new medical technologies and techniques benefiting all Australians while supporting local industry.

Australian Success Story The DHA report, *Returns on investment in public health* found that in regards to smoking prevention, publicly funded programs; ^{xiii}

- Have saved government \$344 million
- Or \$2 for every \$1 spent
- Male smokers down from 45% to 27% and females from 30% to 23%
- Where to now?
- Osteoporosis
- Cardiovascular disease
- Diabetes

Types of Self-Care and Opportunity for Support

Caring for Minor Conditions

Minor ailments and injuries place a heavy burden on Australia's health care system. Many visits to the doctor are for minor conditions that could in many cases be treated just as effectively through selfcare. Self-medication in consultation with



Figure 2: Self-Care and Self-Care Support

other health care professionals such as pharmacists would be appropriate in many cases. In any two-week period, 14% of Australians ^{xiv} will have one or more days off work due to illness, coming at a cost to the individual, employers and the government. Under a self-care paradigm, consumers would be more confident in treating and preventing many minor ailments themselves.

Australian consumers are ready for selfcare. Research conducted by ASMI has shown that 90% of Australians would like to know as much as possible about any illness or condition they may have in order to improve their own self-care. 86% are confident in treating minor ailments themselves while 84% of individuals do what they can to self-care before visiting a doctor.

In treating minor ailments, 78% of Australians took self-care measures to manage their most recent condition.

Consumers are also responsible in purchasing OTC medicines. 94% of consumers describe themselves as very cautious and careful regarding the medications they take. 77% state they always read the label the first time they purchase an OTC product, primarily looking for dosage, any potential side effects, and ingredient information. ^{xv} 86% of GP consultations in Australia result in a prescription being written; ^{xvi} it is thought that many of these could be treated with an over-the-counter or complementary medicine. Diverting some of the cost of medication to the consumer could result in significant savings in PBS expenditure (currently at \$6,001.2m) ^{xvii}. The consumer would in turn save from reduced visits to the doctor and the associated costs involved such as transport and time off work.

- An NDMAC study found that by switching non-sedating antihistamines alone to OTC status, the Canadian government would save \$CD11.6m and the consumer, \$CD4.4m on doctor visits. ^{xviii}
- Research conducted by the North-Western University (US) in 2004 found that over-the-counter medications used in treating common Upper Respiratory Infections (URI) potentially save the US economy \$US4.75 billion per annum in demand on health resources and lost productivity. ^{xix}

Caring for Chronic Conditions

In the last National Health Survey, 87% of the Australian population was reported as having a long-term medical condition. ^{xx} Chronic and long-term conditions pose a major obstacle to better Australian health:

- Chronic conditions are estimated to form 80% of the total burden of disease, mental illness and injury. ^{xxi}
- 70% of GP consultations involved the treatment of a chronic condition of which the most common problem was non-gestational hypertension (9.2 per 100 encounters).
- 30.5 potentially preventable hospitalisations per 1000 population.
 ^{xxiii} Chronic conditions account for the majority of bed days.
- As the Australian population ages, the prevalence of long term conditions will increase, further straining already stretched resources.

Self-care measures, such as life-style adjustments and self-medication, can both prevent and control chronic conditions. By identifying risk factors early, an individual can self-care by taking preventative actions and avoiding or delay the onset of a chronic condition. For people suffering from chronic conditions, self-care can be used to control the symptoms and manage complications.

Australians are interested in the prevention and management of illness, and are willing to look beyond the realm of conventional medicine for alternatives. In recent consumer research, 74% of Australians reported the use of at least one complementary medicine in the previous 12 months. ^{xxiv} A South Australian study found that Australians spent \$2.3bn on alternative therapies in 2000, representing a 62% increase since 1993.^{xxv}

Information and ongoing support is required to provide the consumer with an understanding of their condition and the confidence to manage any symptoms or complications, and to slow down deterioration. Not only will this maintain a greater quality of life for the individual, but also it would reduce pressure on high cost services such as hospitals and aged care facilities by optimising the consumer's independent or productive lifetime.



Figure 3: Long term and chronic conditions, self-care/professional care breakdown.

Post Treatment Care

When a patient is discharged from hospital, self-care plays a primary role in ensuring rehabilitation. To prevent readmission or further deterioration, it is vital to ensure that patients understand their conditions and know where and whom to ask all the questions they may not have thought of when originally discharged.

For example, an elderly man required to recover for long periods in bed following treatment should be provided with simple exercises to maintain mobility in the upper body. He should also be provided with advice on medication to take to reduce the risk of thrombosis. This would help ensure the patient is able to resume his regular life post recovery and prevent further deterioration to a more dependent status.

Health care providers can supply important self-care advice and guidance through a rehabilitation program to ensure that normal function can be restored while maintaining a favourable quality of life.

Individual Measures to Ensure Adequate Self-Care

Individual Responsibilities

As self-care is an individual choice (see Figure 4), and since not everyone is in possession of the same skills or abilities, it is important to ensure that people have adequate access to the appropriate health care facilities and advice. Measures Australians can take for self-care include:

- Taking an interest in their own health and that of their family
- Following a healthy lifestyle
- Seeking out relevant health information when necessary
- Caring for minor illness
- Self-managing long term conditions with appropriate and relevant health care intervention and monitoring

• Collaborating with health care professionals such as doctors, and pharmacists with regards to the health of themselves and their family.

Required Skills and Knowledge

Self-care requires the individual to take greater control over his or her own health. Pre-requisite personal attributes to the effective and safe practice of self-care include:

- Adequate literacy and cognitive ability
- Existing knowledge
- Confidence
- A sense of efficacy
- Values and ethics
- Personal and community responsibility
- A desire to self-care.

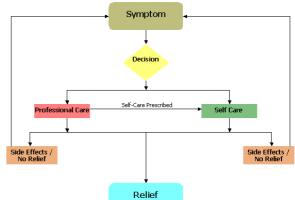


Figure 4: Consumer decision process

While governments and other bodies can play a vital role in providing the individual with the required skill set to self-care, it must be remembered that self-care is the consumer's choice.

Challenges

While the aim of self-care is to promote overall well-being and health in Australia, as with any health measure there are risks involved, including:

 Ensuring the individual meets the minimum requirements to be able to properly self-care

- Availability of resources to support the individual in making correct self-care decisions
- Equal opportunity of access to selfcare
- Appropriateness of self-care measures chosen by the individual
- Ensuring open and effective collaboration between health care professionals and consumers

Governments and health care professionals can play a key role in ensuring Australians are equipped with the knowledge and skills required to safely and effectively self-care.

Supporting Self-Care

Current Initiatives

While not officially part of the Australian Government's health care strategy, there are a number of self-care related initiatives in place by both federal and state governments in addition to other relevant bodies. These include:

- The Active Australia program is the current federal umbrella health promotion strategy. It includes website and school curriculum requirements (www.healthyactive.gov.au).
- QUIT smoking campaigns and other condition/lifestyle specific campaigns (www.quit.org.au).
- Initiatives by GP groups to become more active in lifestyle intervention and promoting disease prevention.
- Pharmacy initiatives to promote selfcare, such as self-care fact cards (www.psa.org.au).

The Role of Government

Government can play a vital role in ensuring a national environment conducive to consumers adopting selfcare.

 Break through the 'silos' of individually funded and controlled health programs currently in operation to create a more collaborative approach, as well as achieving greater efficiency and cost savings.

- Provide consistent and persistent public campaigns through mainstream media. The QUIT campaign is an excellent example.
- Provision in school curricula of material and activities to instil solid self-care values from an early age: physical education, medication safety, and general knowledge about the Australian health care system.
- Ensure that education continues in adulthood via public awareness campaigns and community health services.
- Establishment and maintenance of condition management groups and education resources for persons with chronic illnesses.
- Provision of tools and training to health care collaborators so that adequate self-care advice and support can be provided to the individual.

'The Government recognises that effective preventive action has the potential to make a great contribution to improving health outcomes and quality of life, minimising unnecessary demand for health care services, and ensuring these services are directed at those who really need them.'

The Hon Christopher Pyne MP, Parliamentary Secretary to the Minister for Health & Ageing speaking at the 2005 ASMI Conference.

- Provide incentives for industry in the self-care field, including implementing data protection periods to foster innovation in complementary and OTC medicines.
- Develop the health IT infrastructure and applications (such as the electronic health record) to enhance further the ability of doctors and pharmacists to provide self-care support.

 Encourage community participation in the formation of self-care strategies to ensure adoption.

Advocacy Groups

Advocacy groups play a vital role in Australian health. Generally representing a particular condition or range of related conditions, they form a powerful interface between the health user, the health system and its decision makers.

In addition to serving as a source of credible education for consumers, most groups strive to raise public and government awareness with regards to their condition and make the case for directing additional resources or education to assist people with a certain condition or to prevent the wider population from developing a condition.

Some important Australian advocacy groups include:

- Arthritis Australia
- Asthma Foundations of Australia
- Australian Injury Prevention
 Network
- beyondblue
- Cancer Council Australia
- Diabetes Australia
- Mental Health Council of Australia
- National Asthma Council Australia
- National Stroke Foundation
- Osteoporosis Australia
- The Heart Foundation

Self-Care Internationally

Several nations have already begun the move towards a broad approach to health and have built provisions for self-care and health promotion into their health policy.

 In 1994 the Canadian government officially endorsed the population health approach. This approach examines the health of populations or communities in achieving health outcomes. By directing investment at root causes and promoting self-care, it aims to improve the health status of a population and reduce the need for heavy spending at the health care end of the spectrum.

Following a breakthrough in 2000 in the NHS document The NHS Plan, self-care has received growing exposure and support in the UK. In late 2004 the Department of Health published the breakthrough communication entitled Self Care - A *Real Choice*, providing an introduction to the developing policy of self care support while providing a possible plan for the future. Committing to increasing the range of medicines available overthe-counter, the government has formulated a number of strategies aimed at improving Britain's health outcomes (see Image 1).

Health Wise Consumers

In a project beginning in 1996, Healthwise, a US based non-profit organisation, implemented the Healthwise Communities Project.

Distributed to 154,000 families and supported by a telephone advice service, the Healthwise Handbook contained 180 common ailments and information on how to self-care for them and when to consult a health professional. Support was provided to health professionals on working with a better-informed consumer.

A report into the success of the project found that the handbook saved an estimated US\$34.5m in fewer hospital visits during the 30month campaign. This represented a saving of US\$11 for every US\$1 spent on the project.

Buoyed by the success of the project every family in British Columbia, Canada, has been provided with a handbook.^{xxvi}



Image 1: NHS Direct, users can obtain self-care advice online or by phone by specifying their symptoms (www.nhsdirect.com).

Forging Solid Partnerships

ASMI believes that the success of selfcare rests on the creation of strong partnerships amongst all the involved stakeholders. They include:

- Government
- Consumers
- Industry
- Educational Institutions
- Health
- Professionals/Collaborators
- Health Insurers
- Media.

Successful and meaningful cooperation and consultation between these groups is essential in ensuring that the common goal of improved and sustainable health outcomes for all Australians is achieved.

Self-Care: for All Australians

As Australia's health bill continues to swell under the challenges of technological advances matched by rising consumer expectations, demand for greater choice, and an ageing population, Australia must examine its health situation and provide health solutions that will benefit the whole community. In order to build a more sustainable and effective health system for Australia, a comprehensive health policy is essential. By embracing the self-care model, Australians will be personally empowered to improve their own health outcomes and ensure Australia retains its place as a global leader in consumer health.

For more information about Self-Care visit us at http://www.asmi.com.au/Self-Care.htm.

ASMI Research

At ASMI's 2005 annual conference, the Parliamentary Secretary for Health, Christopher Pyne, announced that the Australian Federal Government will provide \$65,000 in funding to partner with ASMI in a research project to evaluate the evidence for selected complementary and OTC medicines. He told conference delegates:

"The Australian Government recognises that self-medication is an integral part of an Australian self-care system. In order to adequately respond to the needs of consumers, the Government depends greatly on the support of your industry to facilitate and encourage responsible and informed self-medication."

About ASMI

The Australian Self-Medication Industry is the peak industry body for the Australian self-care industry representing consumer healthcare products including over-thecounter medicines and complementary medicines. ASMI's mission is to promote better health through responsible selfcare. This means ensuring that safe and effective self-care products are readily available to all Australians at a reasonable cost. ASMI works to encourage responsible use by consumers and an increasing role for cost-effective selfmedication products as part of the broad national health strategy. www.asmi.com.au

Appendix 1: National Health Priority Areas

Arthritis and Musculoskeletal conditions

Background:

- 2004-05 Health Survey estimates 15% of Australians suffer from arthritis
- 2004-05 ABS 40% of Australians living with Arthritis treat their condition with vitamins, minerals or herbal treatments. 37% used pharmaceutical medications.
- Estimated that 50% of Australian women aged 65 and over may have osteoporosis and not know it.
- The Australian Institute of Health and Welfare estimates that almost 75,000 years of healthy life are lost to arthritis annually.

Cost to government: \$4.6 billion (9.2% of total allocated health expenditure) vii

The Role of Self-Care

Diet Exercise Health Professional advice Support & educational groups Aspirin Borage Oil (Borago officinalis) / gammalinolenic acid Calcium / Vitamin D Chondroitin **Devils Claw** (Harpgophytumuprocumbens) Diclofenac Evening Primrose Oil / gamma linolenic acid Fish Oil Glucosamine Ibuprofen Naproxen Nettle (Urtica dioica) Paracetamol Willow bark (Salix spp)

Asthma

Background:

- Effects 2 million Australians (10%), 1 in 4 primary school children
- 2004-05 ABS 3.1% of suffers had one or more days out of work or study.
- Major cause of school absences, child emergency and hospital admission
- 60,000 Australians admitted annually
- Cost to employers for asthma-related absences in excess of \$110 million

COST: \$0.7 billion (1.7% of total allocated health expenditure) ^{vii}

The Role of Self-Care

Exercise Health Professional advice Support & educational groups Inhalers (Preventers and relievers) Nicotine Replacement Therapies (For smokers) Non-sedating antihistamines

Cardiovascular Health

Background:

- Cardiovascular disease causes more deaths than any other disease, accounting for 50,797 deaths (40% of all deaths) in Australia in 1998.
- Coronary artery disease (mainly heart attacks) is the leading singular cardiovascular cause of death, accounting for 27,825 deaths (22% of all deaths) in Australia in 1998.
- Stroke is the major cause of serious long-term disability in adults.
- Most costly condition for the Australian health system. It was responsible for 12% (\$3.9 billion) of total recurrent health expenditure in 1993-94.

COST: \$5.5 billion (10.9% of total allocated health expenditure) ^{vii}

The Role of Self-Care

Diet Exercise Health Professional advice Support & educational groups Aspirin Calcium Co-Enzyme Q10 Folic Acid Garlic Ginkgo Biloba Globe Artichoke Leaf (Cynara scolymus) Nicotine Replacement Therapies (For smokers Omega-3 / Fish oils Orlistat / Obesity medications Psyllium / Ispaghula Vitamins B, C & E - Multivitamins

Cancer

Background:

- Cancer currently accounts for 30.2% of male deaths and 25.2% of female deaths each year.
- Each year about 345,000 people are diagnosed with cancer. Approximately 270,000 of these are non-melanocytic skin cancers (the less threatening form of skin cancer).
- The most commonly detected cancers are prostate cancer in males, breast cancer in females.
- In 2006 there were 39,200 deaths in Australia from cancer, and the most common cancers causing death were lung cancer in males and breast cancer in females.
- At the prevailing cancer incidence rates, it may be expected that one in three men and one in four women could be directly affected by cancer by the age of 75.

COST: \$2.9 billion (5.8% of total allocated health expenditure) $^{\rm vii}$

The Role of Self-Care

Exercise Health Professional advice Support & educational groups Nicotine Replacement Therapies (For smokers Saw Palmetto

Diabetes

Background:

- An estimated 940,000 Australians aged 25 years and over have diabetes; around half of these people are currently undiagnosed.
- The number of adults with diabetes has trebled since 1981
- Diabetes occurs in disproportionately high numbers in populations including
 - o Older Australians
 - o Aboriginal and Torres Strait Islanders
 - o European born men and women
 - Asian born women

COST: \$0.8 billion (1.4% of total allocated health expenditure) ^{vii}

The Role of Self-Care

Diet Exercise

Exercise Health Professional advice Support & educational groups Hydroxyethylrutosides (Chronic venous insufficiency) Orlistat / Obesity medications Vine Leaf (*vitis viniferae*) (Chronic venous insufficiency)

Injury Prevention

Background:

- Injuries result in an estimated 8,000 or 6% of deaths each year in Australia
- Approximately 400,000 hospital admissions annually are due to injuries
- Injuries are the main cause of death for people under the age of 45

The Role of Self-Care

Diet Education Exercise Health Professional advice Support & educational groups Aspirin Borage Oil (Borago officinalis) / gamma linolenic acid Calcium / Vitamin D Chondroitin **Devils Claw** (Harpgophytumuprocumbens) Diclofenac Evening Primrose Oil / gamma linolenic acid Fish Oil Glucosamine Ibuprofen Naproxen Nettle (Urtica dioica) Paracetamol Willow bark (Salix spp)

COST: \$4.0 billion (8% of total allocated health expenditure) ^{vii}

Mental Health

Background:

- About 1 in 5 Australian adults and 1 in 7 children will experience mental illness in any given year.
- The most common illnesses are anxiety, depression and alcohol dependence.
- In any one month, approximately 58,000 adults use psychiatric services due to psychotic illness. Schizophrenia accounts for around 40,000 of these.
- Of the approximately 500,000 children affected by mental illness, 200,000 have aggressive disorders, 93,000 with anxiety or depression, and 93,000 with attention disorders.

COST: \$3.7 billion (7.5% of total allocated health expenditure) v^{ii}

The Role of Self-Care

Diet Exercise Health Professional advice Support & educational groups Folate Ginkgo biloba Kava (*Piper methysticum*) St Johns Wort (*Hypericum perforatum*) Valerian (*Valeriana officinalis*)

Endnotes

ⁱ Industry Estimate, 2004

ⁱⁱ IBISWorld, <u>Who are the real winners in</u> <u>Australia's war against the wobble?</u>, (IBISWorld Press Releases, 2004), <u>http://www.ibisworld.com.au/static/PressR</u> <u>eleases.asp?ContentItemID=184</u>

^{III} Australian Bureau of Statistics (ABS), <u>National Health Survey 2004-05.</u> (ABS, 2006)

^{iv} Australian Institute of Health and Welfare (AIHW), <u>Health Expenditure Australia</u> <u>2004-05</u>. (AIHM, September 2006)

 ^v National Health Priority Action Council (NHPAC), <u>Summary Report of the</u> <u>Aboriginal and Torres Strait Islander</u> <u>Health Workshop, (NHPAC, May 2003)</u>
 ^{vi} Australian Institute of Health and Welfare (AIHW), <u>Living Dangerously – Australians</u> with multiple risk factors for cardiovascular

disease (AIHW, February 2005) ^{vii} Australian Institute of Health and Welfare (AIHW), <u>Health system</u> <u>expenditure on disease and injury in</u> <u>Australia, 2000-01 2nd Edition. (</u>AIHW, April 2005)

viii Pharmaceutical Society of Australia (PSA), <u>Pharmacy Self-Care Research</u> <u>Report</u>. (PSA, 2004) ix Leon A Simons and David R Sullivan, <u>Lipid Modifying</u>

Drugs, ^{2005; 182 (6):286-289} "The Medical Journal of Australia"

^x Consumer Healthcare Products Association (CHPA), <u>OTC Facts and</u> <u>Figures,</u> (CHPA 2005), <u>http://www.chpa-</u> <u>info.org/web/press_room/statistics/otc_fact</u> <u>s_figures.aspx</u>

 ^{xi} Alain Bonta, <u>How to get your brand to</u> <u>the consumer</u>, presentation to the Association of the European Self-Medication Industry (AESGP) May 2000.
 ^{xii} Pharmaceutical Field, <u>Statins go OTC in</u> <u>Britain</u>. (Pharmaceutical Field 2005) <u>http://www.pharmafield.co.uk/asp/article.a</u> <u>sp?id=114&source=1</u>

^{xiii} Department of Health and Ageing (DHA), <u>Returns on Investment in Public</u> <u>Health : An epidemiological and economic</u> <u>analysis.</u> (prepared for the DHA, September 2004)

 ^{xiv} Australian Bureau of Statistics (ABS), <u>National Health Survey 2001.</u> (ABS, 2002)
 ^{xv} Dr David N Darby, <u>The Consumer's</u> Perspective on Health and Medication with an emphasis on self-care and selfmedication. (Australian Self-Medication Industry, 1996) ^{xvi} Australian Institute of Health and Welfare, University of Sydney, General Practice Activity in Australia 2003-04. (AIHW, December 2004) ^{xvii} Pharmaceutical Benefits Pricing Authority, Annual Report for the year ended 30 June 2005. (DHA, Dec 2005) xviii Nonprescription Drug Manufacturers of Canada, The Economics of Self-Medication, (NDMAC, 30 June 1995) http://www.ndmac.ca/ xix NorthWestern University Media Relations, Over-the-counter Drugs Could Save \$4.75 Billion Annually. Media Release. (NorthWestern University, 9 November 2004) xx Australian Bureau of Statistics (ABS), National Health Survey 2001. (ABS, 2002) ^{xxi} Australian Institute of Health and Welfare, Health system expenditure on chronic diseases. (AIHW, 23 June 2005) xii Australian Institute of Health and Welfare, University of Sydney, General Practice Activity in Australia 2003-04. (AIHW, December 2004) xxiii Australian Institute of Health and Welfare, Australian Hospital Statistics 2003-04. (AIHW, 27 May 2005) xxiv Cardinal Health, Vitamin, Mineral, Herbal and Nutritional Supplements (Cardinal Health, 2004) ^{xxv} Ian D Coulter and Evan M Willis[,] The rise and rise of complementary and alternate medicine: a sociological perspective. MJA 2004; 180 (11): 587-589 (Medical Journal of Australia

2004)

 ^{xxvi} Healthwise, <u>Partners health initiative</u> <u>estimates \$34.5 million savings in</u> <u>unnecessary health care costs.</u>
 (Healthwise, 2004)



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