

Translated from *Rev Prescrire* March 2008; 28 (293): 217

Self-medication: will the move from prescription-only to over-the-counter benefit the public?

Self-medication (access to medications without a prescription) is currently in vogue in France. Its proponents claim it allows patients to take responsibility for their own health, while at the same time economising on public health spending.

Independence for patients? Patients can only make independent decisions about their health if they are not too sick (or too frail), if they can afford to pay for treatments, if they are not cognitively impaired, and if they have access to reliable information concerning health disorders and medications. However, self-medication in France is mainly based on drugs that are so ineffective that they are no longer reimbursed, but are heavily promoted through seductive, oversimplified and, sometimes misleading, advertising (1).

Drugs that do not provide sufficient therapeutic benefit should be taken off the market, and neither reimbursed nor promoted for self-medication. And if the real objective is to facilitate access to useful drugs without the need for a doctor's prescription, why are these drugs not reimbursed?

In practice, for purely economic reasons regulatory agencies and drug companies have implicitly agreed to maintain the high rates of consumption of what are often poorly effective, expensive or even harmful drugs (e.g. pseudoephedrine (2)).

Community pharmacists can do little about this situation, as long as their income depends on sales and not on the quality of the advice they give their customers.

Soon 'over the counter' in France. In the United States, for public health reasons, the Food and Drug Administration, with the support of pharmacists, is planning to end direct public access to certain drugs for self-medication (over the counter), and to return to dispensing them 'behind the counter', with a pharmacist's advice (3). France is about to move in the opposite direction (4).

Thus, without having to consult a doctor or a pharmacist, patients will soon be able to "freely choose" drugs, most of which provide little therapeutic benefit, but were "seen on TV", "heard about on the radio", or "read about in advertising features".

Enough hypocrisy. Real patient independence means having access to independent and reliable information concerning health disorders and available therapeutic options (including non-drug treatments), as well as easier access to certain useful and well-evaluated drugs, such as certain analgesics and/or contraceptives.

As far as the financial health of the French social security system is concerned, there is far more to be gained by lowering the very high prices granted to new drugs, beginning with those that provide no therapeutic advantages over existing options.

©Prescrire

Selected references from Prescrire's literature search.

- 1- Prescrire Rédaction "Déremboursements post-réévaluation (suite)" *Rev Prescrire* 2008; 28 (291): 13.
- 2- Prescrire Rédaction "Décongestionnants mortels chez les nourrissons" *Rev Prescrire* 2007; 27 (284): 429.
- 3- "US FDA weighs up behind-the-counter drug sales" *Scrip* 2007; (3313): 12.
- 4- Prescrire Rédaction "Automédication: un projet au service des firmes, mais pas des patients" *Rev Prescrire* 2007; 27 (283): 340-341.

