

# **POSITION STATEMENT**

## **Complementary Medicines and Therapies**

### Position

The Pharmacy Guild of Australia (Guild) strongly supports people's choice in health care and acknowledges the widespread use of complementary medicines and therapies (CMTs) by the Australian population. A range of CMTs are available through most community pharmacies in Australia, where pharmacists and pharmacy staff play an important role in providing advice to consumers about their health care and the use of these products.

The Guild believes it is essential that:

- consumers' individual values and preferences are always respected
- consumers have access to objective, informed advice about CMTs
- pharmacists have reliable access to contemporary, product-specific, evidence-based information about CMTs

The Guild recognises that more community pharmacies are stocking specialised ranges of CMT with a stronger evidence base. Some ranges have restricted public access to their products, requiring consultation with the pharmacist or other appropriately qualified staff member.

Pharmacists should consider the efficacy and safety of CMTs sold within their pharmacy, using available clinical and/or traditional-use information. To ensure such information is readily available to pharmacists, the Guild believes the onus rests with the regulatory system and that the Therapeutic Goods Administration (TGA) should:

- impose stricter controls requiring evidence to relate to the whole product or the same active constituents with similar dosage regimen, dosage form and route of administration to the product/ingredient for which the claim is being made
- only allow the manufacturers or sponsors of the product to use evidence related to other products as evidence for a new listing on the Australian Register of Therapeutic Goods (ARTG) when therapeutic equivalence has been shown
- ensure evidence supporting the indication for use of a complementary medicine is publicly available at the time of listing
- impose stricter controls requiring disclosure that the CMT has or has not been evaluated for efficacy by the TGA (e.g. on the label and on the ARTG)
- undertake a more targeted and ongoing auditing role to ensure all requirements are being met

It is the decision of individual pharmacy owners to stock a range of CMTs to meet customer needs. In doing so, consumers have access to trained pharmacy staff who are aware of the safety considerations and the different levels of evidence for the CMT products available from the pharmacy and who can



discuss their health needs and advise and assist them in making an informed decision before purchasing the products.

If pharmacies employ complementary therapists such as naturopaths, iridologists or homeopaths in their pharmacies, pharmacy owners should be mindful of their duty of care and responsibility for any advice or service provided within their pharmacy.

#### **Efficacy of Complementary Medicines and Therapies**

The majority of CMT products included on the ARTG are AUST L or 'Listed' medicines that do not require independent assessment of evidence to support therapeutic claims nor are they required to be evaluated for efficacy prior to inclusion on the ARTG. Where a Listed medicine has had its health claims assessed for efficacy, the ARTG category is amended to AUST L(A) or 'Assessed Listed' medicine.<sup>1</sup>

The Guild recognises that there is limited publicly-available evidence to support the efficacy of some types of CMTs such as homeopathy, flower or essence therapy, crystal therapy or copper/magnetic jewellery.<sup>2;3;4;5</sup> While pharmacy owners may identify specific product ranges to stock to meet local community demands, they should also be mindful of their professional responsibility and the credibility that is conveyed to consumers by the fact that a pharmacy stocks CMTs with questionable evidence. It is the view of the Guild that pharmacists should not actively promote such products. In circumstances where a patient is requesting such a product, pharmacists should exercise their professional judgement with consideration of the patient's values and preferences. Patients should be provided non-biased, factual information regarding the evidence base and other treatment options so as to make an informed decision on their health treatment.

The TGA should increase the extent of its independent evaluation of CMTs, with higher annual assessment quotas. The Guild supports a strengthened ARTG listing mechanism where AUST L CMTs with established efficacy (e.g. calcium for bone strength) are quickly accepted, while products from therapy types with questionable evidence are given more scrutiny. Products that cannot demonstrate the necessary evidence base should be removed from the ARTG. Stronger disincentives should be implemented for companies that repeatedly fail to provide the necessary evidence base for their products, such as fines or the inability to list another product for a defined period.

#### **Labelling of Complementary Medicines and Therapies**

The Guild believes the current labelling requirements for CMTs could be improved. To assist the quality use of CMTs, consumers need to know where they can access more information about products regardless of the distribution outlet used. The Guild recommends that:

- the TGA should compile and maintain an appropriate database of details of sponsors of all CMTs marketed in Australia
- the name of the sponsor should appear on the labels of such products
- CMTs should be labelled to advise consumers to seek more information about their condition or symptoms from a healthcare professional
- AUST L, AUST L(A) and AUST R should be more visible on the label

### **Quality Use of Medicines (QUM)**

The general public perceives CMTs to be safe and free from the potential to cause harm. The lack of evidenced-based information and access to health professionals, together with the perception that the products are harmless can create an environment that places the consumer at risk.

The Guild recommends that the TGA support the development of reliable information for consumers and health professionals, including resources to assist with the identification of clinically significant drug interactions involving CMTs.

#### **Advertising Complementary Medicines and Therapies**

The current regulatory structure, the marketing strategies of some manufacturers and retailers, and media interest in CMTs has resulted in confusion for many consumers. To address this situation, the Guild believes that advertising restrictions should be strengthened to prevent the advertising of any indications and claims that are not supported by evidence as well as limiting the use of the word 'natural' in the advertising of CMTs.

### Background

CMTs include a diverse group of health-related therapies and disciplines that may not be considered to be a part of mainstream medical care in Australia. They are generally regarded as low-risk non-prescription medicines that are not scheduled, with an established identity and tradition of use.<sup>6</sup>

The types of complementary medicines recognised by the TGA<sup>7</sup> include:

- herbal medicines
- traditional medicines
- homoeopathic medicines
- anthroposophic medicines
- essential oils
- vitamins and minerals
- nutritional supplements
- essences (flower, shell, gem/crystal)

A 2018 report on complementary medicine use in Australia indicated 52.8% of those surveyed (n=2,019) as using any complementary medicine or product.<sup>8</sup>

In 2021, the revenue of the complementary medicine sector in Australia reached approximately 5.69 billion Australia dollars.<sup>9</sup>

The Australian Government has engaged the Australian National Health and Medical Research Council (NHMRC) at various times to review the clinical effectiveness of a range of natural therapies, including some types of complementary medicine.<sup>10</sup>

### **Related Statements**

Advertising of Professional Pharmacy Products and Regulated Health Services Packaging and Labelling of Medicines Regulation and Scheduling of Medicines and Poisons

### **Authority**

#### Endorsed

National Council – March 2025 National Council – October 2015 National Council – May 2015 National Council – November 2009 National Council – February 2006

#### Reviewed

Policy and Regulation Sub-Committee – February 2025 Policy and Regulation Sub-Committee – September 2015 Policy and Regulation Sub-Committee – April 2015 Government Relations and Policy Committee – October 2009 Strategic Policy/Rural and Professional Services Committee – November 2005

### References

<sup>1</sup> Aust L or 'listed' medicines; How we regulate medicines | Therapeutic Goods Administration (TGA)

<sup>5</sup> Arabloo et al; Health technology assessment of magnet therapy for relieving pain; 2017; <u>https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5804424/</u>

<sup>6</sup> Complementary medicines | Therapeutic Goods Administration (TGA); accessed Nov 2024

7 Types of complementary medicines | Therapeutic Goods Administration (TGA)

<sup>8</sup> Steel, A. et al. (2018). Complementary medicine use in the Australian population: Results of a nationally-representative crosssectional survey. Scientific reports, 8(1), 17325 <u>https://pubmed.ncbi.nlm.nih.gov/30470778/</u>

<sup>9</sup> <u>Australia - revenue complementary medicine sector 2021 | Statista</u>

<sup>10</sup> Op cit NHMRC

<sup>&</sup>lt;sup>2</sup> Complementary medicines | NHMRC

<sup>&</sup>lt;sup>3</sup> Freeman et al; Aromatherapy and Essential Oils: A map of the evidence; 2019; <u>https://pubmed.ncbi.nlm.nih.gov/31851445/</u>

<sup>&</sup>lt;sup>4</sup> Peterson et al; Crystal healing: stone-cold facts about gemstone treatments; 2022; <u>https://www.livescience.com/40347-crystal-healing.html</u>