

Consumer Health Products Qualitative Research Findings Report

**Understanding Consumer and Health Care Professional
knowledge, attitudes, motivations, behaviours, and needs,
with respect to Consumer Health Products**

March 14, 2016

Background

- Health Canada is in the process of establishing a consistent and aligned approach to the regulation of health products intended for consumer use (i.e. natural health products and non-prescription drug products).
 - This includes providing Canadians with information that will help them to identify what products are regulated by Health Canada and enable them to make safe, informed choices about products and their use.
- Earlier this year, Health Canada developed a framework for these consumer health products (CHPs).
- Input from consumers, as well as health care professionals (HCPs), is now needed to further inform Health Canada's approach.
 - This project aims to uncover current knowledge, behaviours, attitudes and needs from both a consumer and HCP (i.e., community pharmacists, naturopaths, herbalists) perspective.
 - The findings from this project are seen as an important component of informing labelling and packaging, as well as the CHP framework.
- Accordingly, consumer qualitative research was conducted and aimed at gaining insights related to CHPs from English and French speaking practitioners and consumers.

Research Objectives & Deliverables

Overall objective: To understand consumer and HCP knowledge, attitudes, motivations, behaviours, and needs, with respect to CHPs.

Specific Research Objectives include:

- Understand the consumer product selection process of CHPs
- Understand the consumer mindset before, during and after purchases of CHPs
- Understand key factors influencing consumer purchase decision of CHPs
- Identify in-store behaviour and navigation
- Explore influences, needs and motivations in the decision process
- Identify information needs and resources prior to, during and post purchase process
- Understand the role of branding (and umbrella branding) in the CHP selection process
- Understand challenges with package labelling (text size, use of colour, ability to find information on the label) and how to improve/make labelling more helpful
- Understand success in purchasing the correct product
- Identify sources of product information (online, word-of-mouth, in-store, at point of selection)
- Investigate the role of the HCP in consumer purchase decisions
- Uncover HCP information needs and wants from Health Canada

Deliverables

- Conduct and manage all aspects of the qualitative research with English and French-speaking representatives
- A detailed research report with key learnings

Specific Questions to Address

The following are specific question areas of interest for qualitative research:

Consumers

- What factors and information do consumers consider when they are selecting CHPs?
 - What is most helpful to consumers as they make decisions?
 - What are their challenges?
- What information do they want to have when selecting CHPs?
 - Is it available and do they know how or where to find it?
- Do consumers consult the Health Canada website?
 - If so, for what purpose? Does the website contain the information for which they are looking?
 - If not, is it because the information: is not on the website, is on the website but cannot be found, does not come under the Health Canada mandate, or for some other reason?
- When there is no Health Canada claim on a product, do consumers seek additional information on the use of the product?
 - If so, where do they go? Are those sources credible?
 - Where could consumers go to get this information?
 - If there is a gap, what solutions are proposed?
- How does placement of products in a store affect consumer decision-making (e.g. behind the counter vs. over the counter; next to non-prescription drugs vs. each type in its own section, etc.)?

Specific Questions to Address

Health Care Professionals

- What do health care professionals know about Health Canada's regulation of non-prescription drugs and NHPs?
 - What information do they want from Health Canada?
 - Is it available, and, if so, do they know where to find it?
 - If not, how could the Department provide it?
- What kinds of questions do health care professionals receive from patients regarding the selection and use of CHPs?
- How do health care professionals view their ability to answer these questions?
- Based on their conversations with patients, what have health care professionals noted about how their patients make decisions about CHP selection and use?

Project Scope and Focus

- The focus of this project was “**natural health products and non-prescription drug products**”.
 - Specifically, the project scope includes product categories such as:
 - Natural health products (e.g., vitamins/minerals, herbal remedies, homeopathic medicines, traditional Chinese medicines, etc.)
 - Cough/cold/flu (pill, liquid, lozenges, etc.)
 - Allergy
 - Headache/pain relief
 - Stomach (antacid, fibre, lactase enzyme, gas relief, diarrhea, etc.)
 - First aid/disinfectant (antibiotic cream, burn relief, etc.)
 - Personal (hemorrhoids, yeast infection, etc.)
 - Oral care (mouthwash, rinses, etc.)
 - Cosmetics (make-up, skin moisturizers, cleansers, etc.)
 - These can be sold to consumers in pharmacies and grocery stores, as well as natural health food stores and specialty pharmacies.

Methodology

- A third party research organization conducted qualitative *Discovery Labs* among English speaking consumers who regularly purchase CHPs, as well as HCPs that interact with these consumers.
- The third party research organization conducted 3 *Discovery Labs* (2 hours each) with 6-8 respondents per lab (8 were recruited), structured as follows:



- **2 Consumer *Discovery Labs*:**
 - One Lab with younger adults (ages 21-39 years)
 - Mix of those with and without children
 - One Lab with older adults (ages 40-65)
 - Mix of those with and without children currently living at home
 - **1 HCP *Discovery Lab***
 - ½ community pharmacists; ½ naturopaths and herbalists
- Labs were conducted in Toronto on November 24, 2015
 - *Discovery Labs* were conducted by a professionally trained and experienced research moderator.
 - All Labs were recorded with a stationary camera for documentation purposes.

Methodology

- Using translated materials from the English discovery labs, ISMP Canada conducted qualitative focus groups with:
 - French speaking consumers who regularly purchase CHPs, and
 - French speaking HCPs that interact with these consumers.
- ISMP Canada conducted 2 focus groups (2 hours each) with 6-7 respondents per group, structured as follows:
 - **1 Consumer focus group in French:**
 - With 7 adults (ages 30-60)
 - Mix of those with and without children currently living at home
 - **1 HCP focus group in French**
 - With 6 community pharmacists
- Labs were conducted in Montréal on February 6 & 8, 2016

Recruitment Specifications

Consumers

- 13 English speaking
- 7 French speaking

All participants were carefully and professionally recruited to be:

- Head of household and primary shopper for CHPs
- Gender – mix of male and female
- Regularly purchase and use (for themselves, their spouse, their children and/or their parents) at least 6 of the 8 CHP categories (OTC only):
 - Vitamins/herbal supplements - Eye & ear
 - Cough/cold - Allergy
 - Headache/pain relief - Stomach
 - First aid/disinfectant - Personal
- Variety of pharmacies and grocery stores shopped at for CHPs to be represented
- Not completely motivated by price when purchasing CHPs
- Mix of working full/part-time and homemakers
 - No students or unemployed
- At least 1/2 respondents per group to be married/common law
- Minimum high school education
- Minimum household income of \$40k
- Ethnicity to reflect market, At least 1/2 Caucasian per session
- Articulate screen

Recruitment Specifications

HCPs

- 4 retail pharmacists, 2 Naturopaths, 2 Herbalists (English speaking)
- 6 retail pharmacists (French speaking)
- All HCPs to be in their current position at least 2 years
- All pharmacists to work full-time at a retail location which sells CHPs to consumers
 - Variety of retailers (pharmacies, grocery stores, natural health food stores, specialty pharmacies) to be represented
- All pharmacists to have direct interaction with consumers in-store regarding CHPs

All Respondents

- Standard industry and security screen

HCP Session Profile

- A wide range of experiences and perspectives were represented in the HCP session. It was made up of:
 - **9 Retail Pharmacists**
 - Mix of male and female
 - Ranging from relatively young in their career to many years of experience
 - From assorted retail banners
 - Stores in various locations (downtown Toronto to a small community outside the city and downtown Montréal and suburban neighbourhoods)
 - **2 Naturopaths**
 - One male, one female
 - With 5-10 years of experience
 - Working in different types of clinics
 - One in a rehab clinic, commonly treating spinal injuries, brain injuries and stroke patients
 - One in a clinic that focuses on women's issues (patients range from 20-65 years of age)
 - **2 Herbalists**
 - One male, one female
 - 12-15 years of experience
 - One in a clinic which focuses mostly on chronic illnesses
 - One in a practice with a largely adult patient population regarding chronic issues

Limitations of Qualitative Research

- The normal limitations of qualitative research must be considered when reviewing this document. That is:
 - Respondents were selected on a non-random basis (e.g. qualitative research recruitment databases) and their views cannot be regarded as quantifiably projectable to any specific population, universe or cohort.
- The information obtained should be viewed as directional in nature. It is an indication of what attitudes exist, but not the extent to which these attitudes are represented in any defined population.
- This document includes qualitative research findings, as well as the strategic insights and recommendations of the third party research organization.



SUMMARY OF KEY LEARNINGS

Summary of Key Learnings

- Consumers claim to be fairly brand loyal with respect to CHPs.
 - Familiarity, experience, habit and trust of the brand play largely into CHP selection for consumers.
- Consumers seem to be far less familiar and less trusting of natural health products compared to OTC medications.
 - They seem to feel natural health products are newer and less regulated, not recommended by physicians as often, may be more likely to cause interactions, vary in the level of quality, etc.
- Older consumers seem to be far more likely to check for potential interactions with other medications and issues with other chronic conditions.
 - Most younger consumers do not have these concerns and therefore seem far less interested or concerned in the details of the CHP products. They are less engaged with CHPs in general.
- If not purchasing for the first time and already familiar with a CHP, consumers seem most likely inclined to just read the front panel of a package, unless pregnant, have an existing condition (e.g., diabetes), allergy, potential interaction with other medications, or the product is for their children.

Summary of Key Learnings

- Older consumers are more likely to read beyond the front panel, but feel that the size of type on CHP labels makes the information difficult to locate and read.
 - Warnings appearing on the side of packages can be easily missed.
- Descriptors such as “complete” or “extra” can be confusing, as well as claims on packages which can influence/confuse consumers and be “*misleading*”.
- The prominent branding on CHPs makes the products easy to find in-store, but the umbrella branding can also lead to confusion between different products.
 - The cough & cold aisle is especially confusing due to the umbrella branding across many products and many of the same symptoms listed.
- Consumers can associate a brand name (e.g., Gravol) with the active ingredient (even if not aware of the name dimenhydrinate) and incorrectly assume it is present in all those branded products.

Summary of Key Learnings

- Consumers seem to see little risk in CHPs that are sold in traditional pharmacies and grocery stores, assuming they are approved to sell, and therefore must be safe and effective.
 - Pharmacies and grocery stores seem to provide a halo of credibility and endorsement to the brands/products they sell.
- Younger consumers especially do not see risk in how the product is used and feel that since OTCs are safe, they feel they can take as much as they want to get symptom relief.
- Consumers have limited awareness of Health Canada and its role with respect to CHPs.
- Health care professionals view Health Canada as a trusted source of information, although limited in regards to natural health.



KEY LEARNINGS – THE CONSUMER HEALTH PRODUCTS CATEGORY

The Consumer Health Products Category

Consumer Health Products

(listed for participant reference in sessions)

- **Natural health products (e.g., vitamins/minerals, herbal remedies, homeopathic medicines, traditional Chinese medicines, etc.)**
- **Cough/cold/flu (pill, liquid, lozenges, etc.)**
- **Allergy**
- **Headache/pain relief**
- Stomach (antacid, fibre, lactase enzyme, gas relief, diarrhea, etc.)
- First aid/disinfectant (antibiotic cream, burn relief, etc.)
- Personal (hemorrhoids, yeast infection, etc.)
- Oral care (mouthwash, rinses, etc.)
- Cosmetics (make-up, skin moisturizers, cleansers, etc.)

Note – emphasis of discussion was on top 1/2 of list

- Consumers and health care professionals refer to the CHP category of products as:
 - *Medication*
 - *From the drug store, pharmacy, OTC*
 - *In my medicine cabinet, have in house/on hand, everyday medication*
 - *Relief, aids, treat a specific thing/ailment/condition*
 - *Essential, get me through the day, survival medication*
 - *Personal health, health products*
 - *Healthy living, longevity (vitamins)*
- Except for vitamins and some of the natural health products, consumers see these are short term products – *"not a habit"*.
 - Health care professionals describe them as tending to be acute, rather than chronic.
- Sometimes there is a seasonality to these products.

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- Oral care (mouthwash, rinses, etc.)
- Cosmetics (make-up, skin moisturizers, cleansers, etc.)

Note – emphasis of discussion was on top 1/2 of list

- Health care professionals also comment that these are mostly "*self-selection*" by consumers, without a referral from a physician being necessary.
- They tend to be purchased by these participants at drug stores (Shopper's Drug Mart, Rexall, Guardian, etc.), Wal-Mart, Costco or grocery stores.
 - Health care professionals also mention convenience stores and gas stations as places where these products are sold.
- Convenience of location is the primary driver in retail selection.
 - Price, promotions, one-stop shop, selection and the advice from a pharmacist, especially for natural products, may also influence the purchase location.

The Consumer Health Products Category

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- Cosmetics (make-up, skin moisturizers, cleansers, etc.)

Note – emphasis of discussion was on top ½ of list

- Consumers claim to be fairly brand loyal.
 - In particular, when sick, they will repeatedly purchase what they know has worked for them in the past.
- Familiarity, experience, habit and trust of the brand play largely into CHP selection for consumers.
 - A few feel they are less brand loyal for allergy medication, feeling that switching medication keeps it more effective.
 - Some are also less brand loyal with vitamins, since some view these as the same across brands.

The Consumer Health Products Category

Consumer Health Products

(listed for participant reference in sessions)

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- **Allergy**
- **Headache/pain relief**
- Stomach (antacid, fibre, lactase enzyme, gas relief, diarrhea, etc.)
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- Oral care (mouthwash, rinses, etc.)
- Cosmetics (make-up, skin moisturizers, cleansers, etc.)

Note – emphasis of discussion was on top 1/2 of list

- Consumers will choose new CHPs based on:
 - Word of mouth recommendation of friends
 - Recommendation from their doctor or after talking to a pharmacist
 - Words like FAST and EXTRA STRENGTH
 - Googling symptoms
 - WebMD
 - TV advertisements
- Health care professionals feel that consumers rely on referrals from "*anywhere, anyone*", including TV advertising and general advice from Dr. Oz.
 - In fact, one participating HCP somewhat jokingly stated that consumers will get CHP recommendations from their hairdresser.

The Consumer Health Products Category

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Note – emphasis of discussion was on top 1/2 of list

- The expectation is that these CHPs will be:
 - *Efficient, reliable, effective*
 - *Relief, a cure, feel better*
 - *Quick, quick fix*
 - *Let you get on with your day, do what you need to do*
 - *A hold over, instead of going to the doctor*
 - *Preventative*
 - *Improve quality of life, energy providing, anti-aging*
- HCPs feel that many of their patients do not understand that natural products are not a quick fix versus OTC drugs.
- Consumers feel that there is some “*trial & error*” in terms of finding what works for you and getting comfortable with the product based on using it.
 - *“if it doesn’t work, I will try another”*
- Allergy medicine was mentioned as a particularly difficult choice, since it can make you “*sleepy*” or “*jumpy*”.
 - *“it is tough to find the cure without the side effect”*

Natural Health Products versus Non-Prescription Drugs



"I am much more careful with natural health products"

"Chinese medicines are not approved"

- There is a difference in consumer attitude towards natural health products versus non-prescription drugs.
- Consumers seem to be far less familiar and less trusting of natural health products.
 - HCPs feel that some consumers assume that since natural, these products are safe.
 - Whereas other consumers have an *"irrational fear"* of natural health products, often questioning if they really work and if they are safe.
 - In the end, some patients are more comfortable with natural products, while others are more comfortable with OTC products.
- A few consumers make the distinction between Chinese medicines versus natural health products available in a pharmacy.
 - Chinese medicines are more natural, less regulated and many consumers are less familiar and unsure of the results.
 - Natural health products found in a pharmacy are *"already made"* and perceived to be less natural.

Natural Health Products versus Non-Prescription Drugs



"So many choices!"

- As well, consumers feel that there are a confusing number of choices with natural health products.
- Some consumers see natural health products as more focused toward one particular ailment or benefit, rather than *"more general"* OTC drugs such as cough & cold.
- There seems to be more concern among consumers over potential interactions with many natural health products.
- Older consumers in particular feel that natural health products are new to them and rarely recommended by a doctor.
- Since some consumers feel that there is *"lots of garbage"* available, they feel that they really need to trust the source of natural health products.
 - Naturopaths and herbalists also feel that there is a wide range of quality of natural health products, which most of their patients are not aware of.

Natural Health Products versus Non-Prescription Drugs



- Because they may be taking them long term, or everyday in the case of vitamins, some consumers will put more thought and research into natural health products than OTC drugs.
 - They claim to investigate the efficacy, benefits and side effects.
- Some consumers feel that vitamins are “*what the body needs*”, while the “*body does not need*” medications (e.g., pain relief) and so some will “*tough it out without taking it*” for as long as possible before taking OTC medications.
 - This attitude was particularly prevalent among the younger age segment.
- When these consumers are really not feeling well, they will “*go to what they know*” for relief, which in most cases is non-prescription drugs, rather than natural remedies.

Homeopathic Products



"I don't know if it works ... hard to tell if it works"

"It doesn't work!"

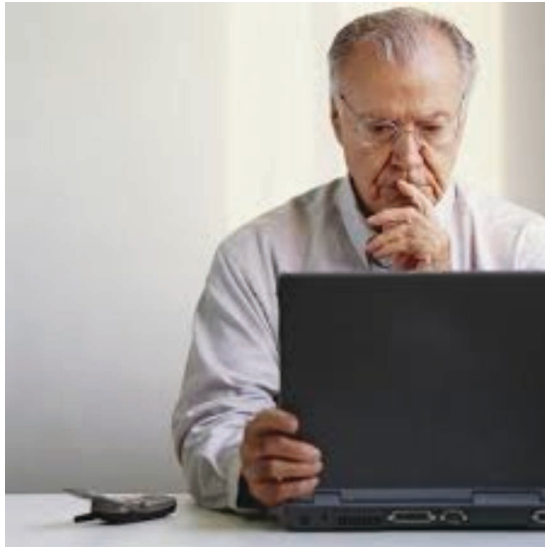
"Supposed to be more natural ... better for you"

- Few consumers in the sessions use homeopathic products.
- Homeopathic products are used:
 - When consumers have grown up with homeopathic products/methods
 - This can be a cultural/ethnic influence (e.g., ginger tea)
 - When OTC medications tried are ineffective (e.g., treating poison ivy)
 - For children under 4 years of age, since there is not much OTC medication available
- There is much skepticism regarding the efficacy of homeopathic products.
- HCPs feel the demand for homeopathic products has declined in the last 5 years.
 - "there is nothing in them"*
- All HCPs in Montréal, but one, expressed some discomfort with selling homeopathic products in their pharmacies because they believe them to be ineffective.
- There is some consumer confusion between natural and homeopathic products.



KEY LEARNINGS – SELECTING CONSUMER HEALTH PRODUCTS

Before Going to the Pharmacy/ Store for CHPs



- Before going to the pharmacy/store for CHPs, some consumers claim that they may check:
 - What is on sale, prices
 - Advice of friends and family
 - Online/internet:
 - Google symptoms
 - Read blogs, online forums, chat groups
 - They are looking for information related to efficacy, safety, interactions, price, availability
 - Google the product name for ingredients, allergies, interactions, side effects
 - Consumers may end up on the manufacturers sight through Google
 - Wikipedia details the active ingredient/what it does
- Older consumers seem to be far more likely to check about potential interactions with other medications and issues with other chronic conditions.
- Most younger consumers do not have these concerns and therefore seem far less interested or concerned in the details of the CHP products.
 - They are less engaged with CHPs in general.

At the Pharmacy/Store for CHPs



"I already have my go to brands for all of these ... trusted, comfortable, what works for me"

- Most consumers claim to know what they are buying, or have in mind what they want, before entering the store.
 - As such, it is a fairly quick and easy purchasing process, with many consumers habitually repeating what they have purchased in the past.
- Selection of CHPs is largely based on brand:
 - Familiarity/experience/effectiveness/trust/comfort with brand
 - Tylenol is frequently mentioned
- Also often considered is:
 - Symptoms listed on the label
 - Sale, price

At the Pharmacy/Store for CHPs



- Although many seem to be brand loyal for their CHPs, some consumers feel that *"all of the top brands are the same"* (all are safe/approved, all contain the same ingredients) and the only difference is the brand name and the price.
- Most consumers claim that they would consider the store brand version (e.g., Life brand), although perhaps not for their children.
 - While they feel that there is a chance that they will not work, they see no risk in trying the generic version.
- A couple of participating HCPs commented that they buy branded products for themselves/their family, but will recommend store brand to their customers.
 - HCPs have more trust in the brand names, but want to save their patients money and don't want to appear to be upselling or gouging, so they include the less expensive store brand in their recommended choice of products.

At the Pharmacy/Store for CHPs



"Customers don't know what they are taking, they go by popularity of brand"

- HCPs echo the importance of brand in CHP selection and feel that most consumers do not look at the active ingredients.
- In the opinion of participating HCPs, consumers want *"quick information"* with no confusion or ambiguity.
 - "they only want yes or no, not pros and cons"*
 - "they are not label readers ... it is overwhelming"*
- Retail pharmacists feel sometimes consumers purchase incorrectly based on price.
 - Loyal points (e.g., Optimum Points) can also be a purchase driver.
 - Whereas the active ingredient and dosage instructions are not.
- Often, HCPs feel that claims on the label (e.g., "increases energy") are more important to the consumer than the ingredient (e.g., vitamin B12).
 - Some HCPs feel that claims on the package can be confusing.
- One HCP explained that he experienced better sales when the aesthetics of the label was improved and feels this is somewhat of a driver.

At the Pharmacy/Store for CHPs



- Other influencing factors for consumers may include:
 - Recommendation of a doctor
 - Side effects (older consumers)
 - Ease of opening package (older consumers)
 - Interactions with other medications, conditions or food/beverage consumed (older consumers)
 - “you can take Advil with alcohol”*
 - Size of the pill/capsule (older consumers)
 - Strength (some younger consumers look for Extra Strength)
 - Number of symptoms (some younger consumers look for multiple symptoms)
 - Size of the package
 - Opinion of other shoppers in the aisle
 - “everyone is looking for assurance”*
- When purchasing the first time, some consumers may also consider directions for use and cautions/warnings.
 - This is particularly true of older consumers.
- Placement near the dispensary and how natural it is do not seem to be factors.

At the Pharmacy/Store for CHPs



- Some consumers feel that the amount of choice can make product selection difficult/confusing.
 - It can be particularly confusing when not feeling well.
- Consumers feel that the most confusing CHPs are vitamins, since there is minimal information on the label, as well as cold medication due to many of the same symptoms listed.
 - Pharmacists have observed customers looking “*frazzled*” or “*baffled*” in the retail aisles, especially when purchasing natural products, cough & cold or allergy medication.
- In general, HCPs feel there is less confusion overall with OTC drugs, with consumers needing more clarification with natural health products.
 - *“they rarely look for advice for pain medication”*
- Retail pharmacists do not have as much information on side effects and interactions with natural health products.
 - Therefore, they find it hard to make a recommendation regarding natural health products to inquiring customers.

After Leaving the Pharmacy/Store for CHPs



- After leaving the store, consumers are confident in their CHP purchase and rarely have any doubt about their selection.
 - Again, consumers are least sure about natural health products and CHPs for young children.
- If any investigation is done, it tends to be before purchase, not after.
 - One participant did recall investigating a natural health product after purchasing impulsively.
 - A bad reaction to a product may also cause consumers to research further.
- At home, consumers will read the dosage instructions on the package.
 - Older consumers may also read the information on interactions.
 - Any information/instructions inside the package tend not to be read and may be thrown out.
 - Many will also throw out the outer box (e.g., when a bottle is inside), unless it keeps the product together (e.g., blister packs).

The Role of HCPs with Respect to Consumer Health Products



- Some consumers may double check their product selection in-store with the pharmacist.
 - Pharmacists feel that they are often asked to confirm information that is already on the product package.
- When asked about consumer health products, HCPs see their role as impartially guiding, supporting and confirming. Most leave the final selection to the consumer.
 - *Guide in the right direction*
 - *Support*
 - *Stamp of approval*
 - *Oversee, monitor*
 - *Neutral, not bias*
 - *Clarification*
 - *Reminder of what they have already been told*
 - *Separate the wheat from the chaff* (natural products)

The Role of HCPs with Respect to Consumer Health Products



- The pharmacist may be asked for a recommendation by consumers for:
 - New symptoms that consumer is unfamiliar with
 - Multiple symptoms
 - Regular medication is not there and need a new product
 - Medications for young children
 - When the same naming or many of the same symptoms are listed e.g., Flu versus Cold & Flu (older consumers)
 - Confusion, do not understand the package
 - Can't read the package (older consumers)
- All HCPs feel they recommend what to use as well as what not to use to customers.
 - Pharmacists, naturopaths and herbalists also commonly advise with respect to dosage.
- HCPs tend to recommend based on the active ingredient and then provide the choice of a narrow list of brands to the consumer.

The Role of HCPs with Respect to Consumer Health Products



- HCPs claim to point consumers to the dosing and ingredients on the label.
 - However, the dosage is less important with natural health products.
 - As the naturopaths and herbalists explained, the dosage specified is often lower than what is effective and they will often advise patients to increase the dosage above the amount recommended on the package, depending on what they are trying to achieve.
- None of these HCPs advise consumers to read the package at home.
- Although consumers describe the advice from a pharmacist as "*free advice and good advice*", they often do not want to spend the time to wait in line to talk to them and get a recommendation.
- HCPs feel that consumer self-selection is often not optimal for consumer health products, since the HCP will often direct consumers to another/different product than the consumer selected themselves.
 - Some consumers will take this advice, while others will purchase what they came in intending to purchase despite the HCP advice.



KEY LEARNINGS – PERCEIVED RISK IN CONSUMER HEALTH PRODUCTS

Perceived Risk in Consumer Health Products



“Not just anyone can put out a cough/cold product remedies need to be approved”

“The dangerous stuff needs a prescription”

- Consumers seem to see little risk in CHPs sold in traditional pharmacies and grocery stores, other than perhaps an allergic reaction or risk of dependency on the product/medication.
- They assume that if it is on the shelf, the retailer (e.g., Wal-Mart, Shopper's Drug Mart, etc.) has checked the product, done their due diligence and therefore endorses the product.

*“I trust what is on the shelf is good for you”,
“safe since they are on the shelf”*

- This applies to brand names as well as generic brands.
- They further rationalize that the products are *“popular”*, with people are using it *“everywhere”*.
- As well, there is some comment from consumers that Health Canada (also mistakenly referred to as the FDA) has also checked and approved these products for consumer safety - *“rigorous approval”*
 - Retailers will only sell them if approved by Health Canada.
 - They feel that Chinese medicines are not approved in the same way.

Perceived Risk in Consumer Health Products



- HCPs confirm this consumer attitude that if it is approved to sell, it must be safe and effective. They comment:
 - Consumers assume that all products are government approved since available for sale.
 - Being able to physically touch the product heightens the sense of safety for those products not stored behind the pharmacy desk
 - HCPs feel that OTCs are "*advertised like pizza*" on television, with no mention of side effects (since there is no requirement to advertise warnings).
 - OTCs are sold in locations where there is no pharmacist to advise (e.g., gas stations).
- Younger consumers claim that, to their knowledge, they have never bought the wrong product or used it incorrectly.
 - A couple of younger consumers have the attitude of "*buyer beware*", feeling it is the fault of the consumer if the wrong product is chosen and the risk is minimal.

Perceived Risk in Consumer Health Products



- Specific examples of picking up the wrong product mentioned by older consumers include:
 - Neo Citran – wrong flavour
 - Tylenol Complete – not effective for a specific symptom
 - Visine lubricating drops – but not for contact lenses
- Consumers see the only downsides of choosing the wrong CHP as a waste of money and time.
 - They will not get symptom relief and may have to try another product.
 - Some will pass on the ineffective product to family/friends for them to try.

Perceived Risk in Consumer Health Products



- HCPs comment that consumers feel that since OTCs are safe, they feel they can take as much as they want to get symptom relief.
- Younger consumers especially do not see risk in how the product is used.
 - They are less likely to be on other medications or have chronic conditions that CHPs may interact with.
 - In fact, when shopping for CHPs, they will often look for “extra strength” and “complete”, feeling that the stronger the medication and the more symptoms covered, the better.
 - In their minds, this seems to provide increased efficacy for the price paid and convenience for next time (symptoms will be covered off, even if not exactly the same)
- Older consumers are more aware of the risk of interactions, with other medications, alcohol, etc.
 - They feel this is particularly an issue with cough/cold medications, pain relievers and vitamins, since these are frequently used and can contain multiple ingredients.



KEY LEARNINGS – CONSUMER HEALTH PRODUCTS LABELLING AND BRANDING

Consumer Health Product Labelling



- If not purchasing for the first time and already familiar with a CHP, consumers seem most likely inclined to just read the front panel of a package.
- This includes the:
 - Brand
 - Symptoms/claims
 - Package size/number of tablets
 - and perhaps Directions for use
- To the extreme, several of the younger consumers jokingly feel the other package panels could almost be removed, since they do not read/use this information.
 - If they had an issue with the product and needed this information, they would go to the internet.

Consumer Health Product Labelling



"Everything is on the package, but no one reads it"

- HCPs concur that consumers seem to read the front panel of the package only, unless pregnant, have an existing condition (e.g., diabetes), allergy, potential interaction with other medications, or the product is for their children.
 - Consumers don't have the time or interest and HCPs feel that they are "lazy".
 - As well, consumers lack the knowledge to read the other label information, not knowing what to look for.
 - With natural health products specifically, consumers do not understand much of the information provided (e.g., methods of extraction, ingredients, by-products, etc.).
 - Fish oil was an example, with consumers not understanding EPA versus DHA levels.
- If a new purchase, or the label has changed in some way, consumers may also look for the amount of active ingredient, which is indicative of efficacy to them, and contraindications.

Consumer Health Product Labelling



- Older consumers are more likely to read beyond the front panel, but feel that the size of type on CHPs makes the information difficult to locate and read.
 - Younger consumers do not find the label difficult to read, but do find some information difficult to understand.
- HCPs also find the text is too small and feel that there is too much information.
 - They report having seen consumers in store with a light and/or magnifying glass to help read the text on pack.
- HCPs feel directions for use can be hard to find on the sides of some packages or when listed on peel-back labels (Nyquil and Tylenol pain relief are examples mentioned).
- Warnings appearing on the side of packages can also be easily missed.
 - Although providing the warning in a standout colour such as red is felt to be effective.
- Consumers felt that there should be a warning on the front panel of labels, to drive their attention to the side for the detail.
 - A caution/warning symbol on the front was also suggested.

Consumer Health Product Labelling



- Some HCPs feel that the packages/labelling are selling the product, rather than informing the consumer.
- Descriptors such as “complete” or “extra” can also be confusing, with consumers unclear if extra means extra strength or extra ingredients.
- HCPs feel claims on packages can influence/confuse consumers and be “*misleading*”.
 - A participating naturopath recalled how one patient chose B12 that claimed to increase energy over B12 that claimed to increase red blood cell count and did not believe that they were in fact the same product.

Impact of Umbrella Branding



“What is the distinction if one does all?”

(referencing the Complete package above versus the more specific versions of Tylenol available)

- Consumers feel the prominent branding on CHPs makes the products easy to find in-store, but admit that the umbrella branding can also lead to confusion between different products.
- At present, the brand is the most prominent component on the label.
 - A few consumers feel that mistakes can be made because of this.
 - Consumers would like it to be easier to identify the differences between the various products under an umbrella brand such as Tylenol.
- HCPs feel the cough & cold aisle is especially confusing due to the umbrella branding across lots of products and many of the same symptoms listed.
 - One HCP recalled a patient using Tylenol Cold for pain relief.

Impact of Umbrella Branding



- When shown the two Gravol products, most consumers assume that they are the same product, both taken for an upset stomach/nausea.
- Participants are split in terms of claimed purchase, with some claiming they would purchase the pink "original" since this is what they know and trust.
 - Some also feel that "natural" is "*just marketing*" and "*doesn't work*".
- However, others feel that since the products are the same, they would choose the newer and more natural version.
 - A preference for the colour green over pink also seems to play into the decision for some.
- These participants seem to associate the Gravol brand name with the anti-nausea active ingredient dimenhydrinate (although they are not aware of the name of the active ingredient).
 - In Québec, Gravol with dimenhydrinate has been kept behind the counter for some 10 years and so consumers are used to asking the pharmacist for it.
- HCPs also believe that consumers think of the Gravol name as an ingredient.
 - HCPs describe the confusion over the packages at left as "*misleading*" and "*awful*".

"What's the difference?"

Consumer Top-of-Mind Brand Associations

TYLENOL®

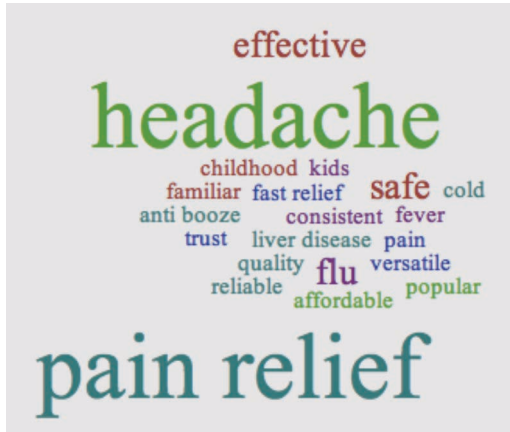
Motrin®

Polysporin®

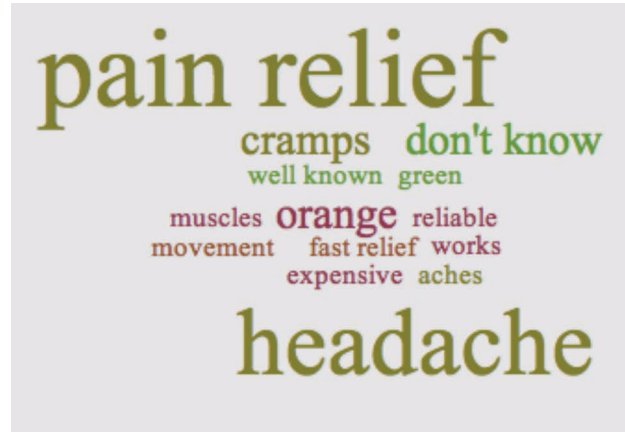
Gravol®

- In both consumer sessions, participants did a word association exercise for each of the brand listed at left.
- They were asked to write down individually the first 3 things that come to mind/what they spontaneously associate with each of the brands mentioned (logos not provided).
- Responses were input into a “word cloud” format on the following page, which increases the size/prominence of the most frequently mentioned responses.

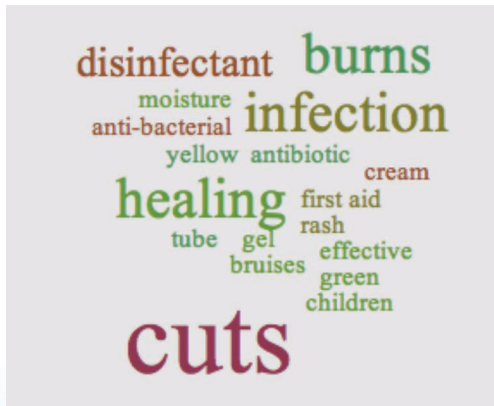
Consumer Top-of-Mind Brand Associations



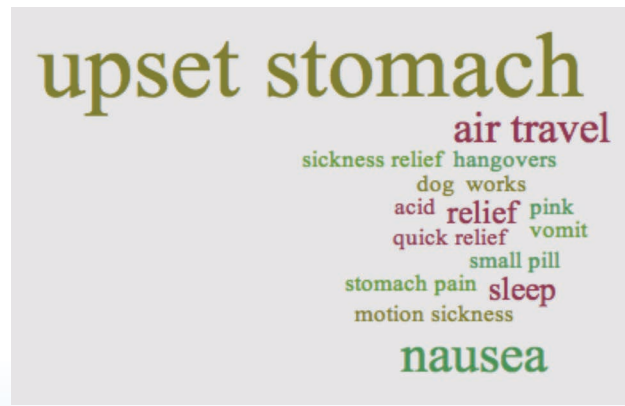
Tylenol associations



Motrin associations

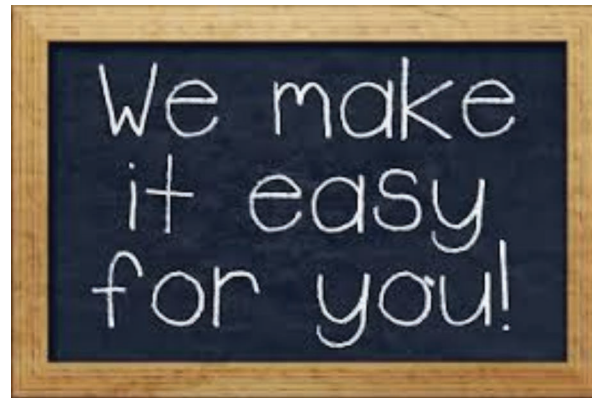


Polysporin associations



Gravol associations

- Top-of-mind brand associations from consumers are largely symptom related.
- Efficacy and relief are also associated with these brands.
- There is also some mention of the format and packaging colours.
- There is little mention of the ingredients.



KEY LEARNINGS – WISHES TO BETTER INFORM THE DECISION MAKING AND USE OF CHPS

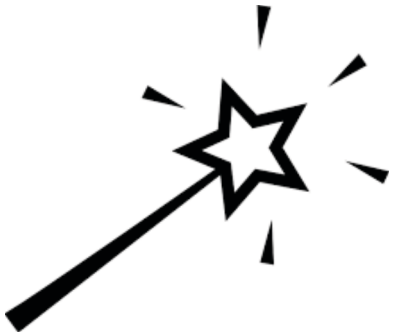
Wishes to Better Inform the Decision Making and Use of CHPs for Consumers

- Younger participants were not able to come up with ways to better inform the decision making and use of CHPs for consumers.

“all I need is what it does and how to use ... already good”

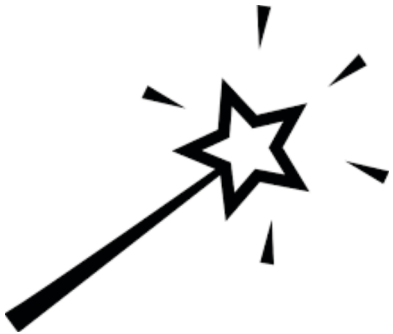
- Older consumers wished for:

- **Ingredients** – stated clearly, exact workings of the product
- **Side Effects** – make very visible on the package
- **Clarity** – not too many different product labels claiming to be the same product, elaborate on what each product does specifically to make it easier to select the specific version of the product
- **Warnings** – visible on the front, clearly stated, in larger font, include contra indications with other drugs or health conditions and side effects, length of time one should be on this medication, more space for warnings
- **Font size** – increase, more readable, less information and bigger type
- **Branding** - more attention to the product not the brand, easier to identify between different versions
- **Naming** – rename instead of “complete” or “total” or “everyday”
- **Concise information** – not a lot of extra information, not complicated, what it does and who it is designed for only
- **Approval** – indicate approval by Health Canada
- **Bilingual** – removal of bilingualism outside of Quebec so print can be larger



Wishes to Better Inform the Decision Making and Use of CHPs for Consumers

- To better inform the decision making and use of consumer health products for their customers and patients, HCPs suggested:
 - Larger print/bold block lettering on the front of the box for dosing, drug name and any warnings.
 - Less information on labels (so it can be as large as possible and easier to find)
 - Indication of Health Canada approval
 - Reduce/eliminate French information for sale in English Canada (and vice versa)
 - QR code on package to Health Canada website
 - Include “consult with your pharmacist/doctor/naturopath” on label to guide the public to an expert
 - Guidelines for each self-selection product, with list of 1st and 2nd selection choices through an algorithm developed based on situations and protocols (like with Rx).





KEY LEARNINGS – HEALTH CANADA

The Role of Health Canada



- Older consumers have limited awareness of Health Canada with respect to HCPs.
- They assume that Health Canada approves consumer products in terms of safety and efficacy.
 - They are unclear if Health Canada conducts their own trials, or approves manufacturer's trials.
 - They are also unsure of the role of Health Canada once the product has been approved.
 - Some wonder if they are involved with product recalls.
 - A couple of older participants claim to have gone to the Health Canada website regarding nutritional information and the progress of MS/MD drugs being developed.
- Younger consumers have very little awareness of the role of Health Canada and have never been to the website.
 - "where health cards come from"*
 - They have no awareness of the role of testing and approving CHPs in Canada.
 - If anything, they link Health Canada to the flu shot and prescription drugs.
 - They are more aware of the FDA, which they tend to hear about with respect to recalls of food and drugs.

The Role of Health Canada



Health
Canada

- HCPs tend to visit the Health Canada website *"when there is a reason"*, about every few months.
 - This tends to be for prescription advisories, adverse events or regarding questions around recalls, vaccines and regulations/laws.
 - The HCPs in Québec found the Health Canada website difficult to use and incomplete.
- Health Canada is viewed as a trusted source of information, although limited in regards to natural health.
 - Pharmacists suggest a database of natural health products
- In terms of regulation, HCPs feel that Health Canada is *"more restrictive than the US"*, *"Canada is more prudent"* and that the *"FDA is lax"*.
 - However, Health Canada is also described as *"too bureaucratic"*.

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