

QUESTIONNAIRE^a

LEGISLATION

1. Is the legislation and regulation of non-prescription medicines a national, local or combined responsibility?
Please check one below:

- (a) national only _____
- (b) national combined with lower governmental jurisdictions _____
- (c) lower governmental jurisdictions only _____

Clarification: Lower governmental jurisdiction can be state, canton, county, province, municipality, etc.

FORMULATION

2. Does your legislation include:

^a This questionnaire was sent to the 33 countries comprising the WHO European Region at the time of the study. The following 31 countries responded: Albania, Algeria, Austria, Belgium, Bulgaria, Czechoslovakia, Denmark, Finland, France, German Democratic Republic, Federal Republic of Germany, Greece, Hungary, Iceland, Ireland, Italy, Luxembourg, Malta, Monaco, Netherlands, Norway, Poland, Portugal, Romania, Spain, Sweden, Switzerland, Turkey, USSR, United Kingdom and Yugoslavia. Two countries did not respond: Morocco and San Marino.

- (a) a list of ingredients limited to supply by prescription Yes No
- (b) a list of ingredients permitted for inclusion in non-prescription medicines Yes No
- (c) a list of products allowed for sale as non-prescription medicines Yes No
- (d) a list of indications that are permitted for non-prescription medicines Yes No

If "Yes" for any of the above, please provide details on the response sheet for question 2 at the back of this questionnaire.

Clarification: We are particularly interested in finding out how your legislation distinguishes between prescription and non-prescription medicines.

2(a) Is it possible, in accordance with the legislation of your country, for people to obtain, without a medical prescription, medicines falling into the following categories:

- (a) pain relievers, e.g. aspirin Yes No
- (b) indigestion products, e.g. antacids, antispasmodics Yes No
- (c) laxatives, e.g. senna, salines Yes No
- (d) cough/cold products, e.g. cough linctus, decongestants, cough pastilles Yes No
- (e) sleep aids, e.g. antihistamines, minor sedatives Yes No
- (f) antiseptics Yes No
- (g) skin preparations, e.g. acne creams, creams for sunburn, topical corticosteroids Yes No
- (h) vitamin/mineral supplements Yes No
- (i) eye preparations Yes No
- (j) any other category you would wish to mention _____

Clarification: We only wish to obtain a broad outline of the non-prescription medicines that are available. Answer "Yes" if any medicines are available to the public within these categories.

2(b) If "Yes" to any of the above, please provide details, if possible, on the response sheet for question 2(b) at the back of this questionnaire.

2(c) In any of the below ten categories, since January 1977, were significant changes made in the active ingredients available for use in non-prescription medicines? Please check the appropriate boxes.

Category	Type of change		
	No change	Remove active ingredients	Add active ingredients
<u>Pain relievers</u>			
<u>Ingestion products</u>			
<u>Laxatives</u>			
<u>Cough/cold products</u>			
<u>Sleep aids</u>			
<u>Antiseptics</u>			
<u>Skin preparations</u>			
<u>Vitamin/mineral supplements</u>			
<u>Eye preparations</u>			
<u>Other category (specify)</u>			
<u>Other category (specify)</u>			

Any other category, please specify.

For categories where there were changes, please specify details of active ingredients involved on the response sheet for question 2(c) at the back of this questionnaire.

3. In addition, please indicate the legislative or regulatory mechanism used for such changes and the government agency which has primary responsibility for this process.

Nothing added or removed

4. What criteria are applied in deciding which active ingredients are permitted for use in non-prescription medicines?

(a) _____	(d) _____
(b) _____	(e) _____
(c) _____	(f) _____

5. Is there a standard mechanism for determining the status of an active ingredient permitted for use in non-prescription medicines?

___ Yes ___ No

If "Yes", please describe this mechanism and identify the government agency which has primary responsibility for this mechanism. Please use the response sheet for question 5 at the back of this questionnaire.

Clarification: In asking about a standard mechanism, we are referring to established review panels, scientific commissions, administrative strategies, etc.

MANUFACTURE

6. Are there particular regulations governing the manufacture of non-prescription medicines?

___ Yes ___ No

If "Yes", please describe the regulations and attach copies of them. Also indicate which government agency has primary responsibility for regulations regarding manufacture of non-prescription medicines. Please use the response sheet for question 6 at the back of this questionnaire.

Clarification: We are particularly interested in regulations governing good manufacturing practices, quality control, safety of inert materials (e.g. binders, emulsifiers, colours) and physical aspects of packaging (e.g. child-proof containers, tamper-proof containers).

LABELLING

7. Are there regulations governing the labelling of non-prescription medicines?

___Yes ___No

If "Yes", please describe the regulations on the response sheet for question 7 at the back of this questionnaire or attach copies of them. Also indicate which government agency has primary responsibility for labelling regulations.

Clarification: We are particularly interested in regulations governing instructions for use, statement of the purpose of the medicine, use restrictions, warnings (length of use, side effects, interactions with food and other medicines and food, suggested action in the active ingredient and inert materials, and storage and expiration information.

8. In addition to the labelling information discussed above in question 7, are there regulations mandating that additional information be included as separate material in the package? (This material would provide wider information to consumers on the use of the non-prescription medicine, relevant health conditions, etc.)

___Yes ___No

If "No", is the practice of including additional information voluntarily undertaken?

___Yes ___No

If voluntarily undertaken, please describe the circumstances and extent of the practice of including additional information with the package. Please use the response sheet for question 8 at the back of this questionnaire.

DISTRIBUTION

9. Where are non-prescription medicines available? Below is a list of possible outlets for non-prescription medicines. For each of the outlets which make non-prescription medicines available, in your country, indicate by recording the number or best approximation of such outlets in the table below.

Possible outlets for non-prescription medicines	Do distribute	Do not distribute	Not applicable
Pharmacies, apothecaries, chemist shops			
Drogeries			
Supermarkets, general merchandise stores, kiosks			
Physicians' surgeries or office practices			
Vending machines			
Public health facilities			
Hospitals, including inpatient ambulatory services and casualty			
Other			

10. Do you apply special requirements for those medicines (if any) that are permitted to be supplied through:
- (a) general merchandise stores, supermarkets and kiosks ___Yes ___No
- (b) vending machines ___Yes ___No

If "Yes" to either (a) or (b), please provide details and specify requirements. Please use the response sheet for question 10 at the back of this questionnaire.

11. Are there other factors which limit distribution of any or all non-prescription medicines, e.g. restricted hours of access, restriction on the quantity of medicines, age of the person requesting? ___Yes ___No

If "Yes", please provide details and specify the restrictions. Please use the response sheet for question 11 at the back of this questionnaire.

ADVERTISING

12. Are there regulations governing the advertising of non-prescription medicines?

Yes No

If "Yes", please describe the regulations on the response sheet for question 12 at the back of this questionnaire or attach a copy of them. Also indicate which government agency has primary responsibility for advertising.

Clarification: We are particularly interested in regulations governing manufacturers' claims regarding the specific use and benefit of a non-prescription medicine. In addition, please indicate the regulations, if any, governing the kind (e.g. testimonial, product comparisons) or the place of advertising (e.g. television, radio, magazine, newspaper or other media).

CODES GOVERNING PRACTICE

13. Aside from official regulations governing non-prescription medicines, are there voluntary codes of practice, self-imposed by the manufacturers, distributors, retailers and advertisers of non-prescription medicines?

Manufacturers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Distributors	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Retailers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Advertisers	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes" to any of the above, please indicate on the response sheet for question 13 at the back of this questionnaire the nature of these voluntary codes or attach copies of them.

Clarification: By "codes of practice" we are referring to systems of ethics, principles or rules agreed upon by members of associations of manufacturers, distributors, retailers and advertisers.

FINANCIAL ACCESS

14. In your country, are all medicines prescribed by a physician substantially paid by, or reimbursed by, your government, compulsory health insurance schemes or other sources?

Yes No

If "Yes", please provide details on question 14 on the response sheet at the back of this questionnaire.

15. Are non-prescription medicines paid for through government, compulsory health insurance or other resources which also pay for prescription medicines? ___Yes ___No

If "Yes", please specify what government insurance or other resources pay for non-prescription medicines.

- 15(a) If your government's compulsory health insurance schemes or other sources pay for NON-PRESCRIPTION medicines, is there a restriction in payment according to the characteristics of the non-prescription medicine?

- (a) all non-prescription medicines are covered ___Yes ___No
- (b) a restricted list of non-prescription medicines are paid for ___Yes ___No

If you checked (b) in question 15 (only certain non-prescription medicines are paid for by your government, etc.), please describe the criteria (medical, economic, etc.) used to determine which non-prescription medicines government health insurance schemes or other resources will pay for.

STUDIES OF USE

16. Are there any studies in your country since 1975, published and unpublished, which describe the demographic characteristics of users of non-prescription medicines, including age, sex, regional differences, etc.? ___Yes ___No

If "Yes", please provide specific references to these studies and attach copies, if available. Please list on the response sheet for question 16 at the back of this questionnaire.

17. Are there any studies in your country since 1975 which examine consumer behaviour with regard to the use of non-prescription medicines?

Yes No

If "Yes", please provide specific references to these studies and attach copies, if available. Please list on the response sheet for question 17 at the back of this questionnaire.

Clarification: Studies of consumer behaviour with regard to the use of non-prescription medicines could examine issues such as when and how non-prescription medicines are used, for what symptoms, for what duration, with what perceived benefits, used in what proportion of illness episodes, used exclusively or in combination with prescription medicines, used as substitute for medical intervention, etc.

18. Does your government undertake or finance health education or information programmes for the public concerning the use of non-prescription medicines and/or self-medication behaviour in general?

Yes No

If "Yes", please provide specific references to these programmes and attach descriptions, if available. These health education programmes and information sources could include school health programmes, mass media campaigns, pamphlets, books, manuals, newspaper columns, etc. Please list references on the response sheet for question 18 at the back of this questionnaire.

Clarification: Self-medication behaviour could include when and how medicines should be used, for what symptoms, for what duration, etc.

19. Please name any nongovernmental organizations that carried out public health education in the self-medication field. Self-medication education could include, for example, when and how to practise self-medication, for what symptoms, for what duration, etc.

- 19(a) Please provide specific references to those programmes mentioned in question 19 and attach descriptions, if available, including how the government assisted, supported or advised in the preparation and availability of these nongovernmental efforts. Please cite references on the response sheet for question 19(a) at the back of this questionnaire.

Clarification: These health education programmes and information sources could include school health programmes, mass media campaigns, pamphlets, books, manuals, newspaper columns, etc.

20. Are there any programmes, since 1975, designed to affect the level or quality of use of non-prescription medicines?

Yes No

Clarification: This question does not refer to efforts to increase the number of active ingredients available for use in non-prescription medicines. Rather, it refers to efforts to enhance the appropriate and effective use of available non-prescription medicines.

If "Yes", please provide specific references to these programmes and attach programme results, if available. Please use the response sheet for question 20 at the back of the questionnaire.

SPECIAL INTEREST GROUPS

21. Are there groups in your country which have shown a special interest in influencing the use of non-prescription medicines and/or influencing self-medication behaviour in general?

Yes No

Clarification: These groups could include consumer groups, self-help groups, health professional associations, business organizations and manufacturers' associations, etc.

If "Yes", please describe these groups and indicate in particular their efforts to affect the policy regarding non-prescription medicines and self-medication. Please use the response sheet for question 21 at the back of the questionnaire.

22. In your opinion, are there any current issues, yet to be resolved, regarding the role of non-prescription medicines and/or the role of self-medication in health care?

Yes No

If "Yes", please describe the central themes of the issues and the government's position with regard to them. Please use the response sheet for question 22 at the back of this questionnaire.

POLICY STATEMENTS

23. What in your opinion is the government's attitude regarding the role of non-prescription medicines and/or the role of self-medication in health care? Please use the response sheet for question 23 at the back of this questionnaire.

Annex 2

IN-DEPTH COUNTRY STUDY GUIDE^a

Manufacturers

1. To what degree are voluntary codes of practice implemented and how? How do they relate to government regulations (supplement, reinforce, substitute for)?
2. Characterize the educational content of advertising for non-prescription medicines (e.g. population targets, objectives, perspectives, etc.).
3. What is the availability and use of package patient inserts? What are their characteristics and how are they perceived and accepted by consumers?

Distribution

1. What are the data on the trend of unit sales of non-prescription medicines by category of medication (e.g. analgesics, antihistamines)?
2. What are the consumer perceptions of the relative merits of non-prescription medicines being available in pharmacies and other outlets (e.g. convenience, freshness, range of medication choices)?

^a The following countries were studied: Denmark, France, Federal Republic of Germany, Greece, Portugal, Spain, Sweden, Switzerland and the United Kingdom.

3. If generic non-prescription medicines are available, are there issues associated with their distribution, marketing and public or professional acceptance?
4. If there are several categories of medication provided for non-prescription medicines, depending on different levels of supervision by health professionals, to what degree are these categories adhered to in practice? What are the issues here?
5. To what degree are regulations on distribution of non-prescription medicines adhered to (with special reference to regulations affecting hours of availability, age of eligible user, hours of sale, etc.).

Economics

1. What is the public's annual expenditure on products for self-medication? Include here all categories of available non-prescription medicines (herbals, non-allopathic medicines, etc.).
2. What has been the growth (or decline) rate of non-prescription medicines (by sales or other use indicators)?
3. What proportion of non-prescription medicines are manufactured in the country and what proportion are imported? What is the government's policy with regard to the import of non-prescription medicines? Include here economic considerations and issues of quality, active ingredients appropriate for self-medication, etc.
4. What is the relationship between the pharmaceutical manufacturers and the proprietary manufacturers? Are they the same companies? What is their relationship *vis-à-vis* the growth of the non-prescription medicine market?
5. If there a price difference for non-prescription medicines by source of supply (e.g. supermarket, vending machines, pharmacy)?

Epidemiology of use

1. What are the use patterns of non-prescription medicines in relation to sex, social status, urban/rural, age?
2. Are there regional, ethnic, social status, etc., preferences for certain categories of non-prescription medicine? How are such differences related to preferences for home remedies and non-allopathic medicines?

3. Have problems arisen with regard to non-prescription medicines' interaction with foods and other medications?
4. How are non-prescription medicines shared among family members and how does the history of family use influence preferences for non-prescription medicines?
5. What access source(s) for non-prescription medicines is (are) preferred by consumers in situations where there are multiple free-choice options (e.g. pharmacies, markets)?

Public interest in and acceptance of non-prescription medicines

1. What social trends appear to affect interest in self-medication? Consider, for example, decentralization, deprofessionalization, interest in do-it-yourself technology, new perspectives on meaningful work versus full employment, changes in employment characteristics and leisure time, shift of work from office to home, increased interest in social networking, and local solutions to social problems.
2. What epidemiological and demographic trends appear to be related to interest in and viability of self-medication practices (e.g. shift from infectious disease to chronic disease, change in age structure, migration between rural to urban areas)?
3. What health movements in the country appear to affect public interest in self-medication? For example, such health movements as holistic health, alternative healing strategies, the home birth movement, mutual aid groups.
4. What is the public's perception of the appropriateness of non-prescription medicines, home remedies and prescription medicines (relative to symptoms, previous experience with an illness, cultural traditions, etc.)?
5. What evidence is there (as reflected in the popular press and media) of public interest in the subject of self-medication? Are there popularly written books, health care guides, etc., which deal with self-medication (home remedies, herbal medicines, non-prescription medicines, etc.)?
6. What is the public's perception of non-prescription medicines with regard to how they are distinguished from prescribed medicines on the basis of potency, effectiveness, safety, etc.?

7. What criteria do people apply in judging the benefits of non-prescription medicines (e.g. speed of effect, low rate of side effects, convenience)?
8. How does the relative cost of non-prescription medicines to prescribed medicines influence consumer choice?
9. How does the factor of convenience of access influence the decision to use non-prescription medicines?
10. Are there studies which reveal the level of public knowledge with regard to non-prescription medicines? Consider knowledge of categories of products, uses, benefits, limits of effect, contraindications, etc.
11. Do consumers perceive (use) pharmacists as a source of advice with regard to the selection of non-prescription medicines and their use?
12. Are there consumer-initiated issues regarding non-prescription medicines? Consider concerns regarding availability of active ingredients, range of options in choice, integrity of the medication, cost, safety, convenience of access.
13. What are the positions taken by mutual aid groups and in particular women's health groups regarding the role of non-prescription medicines and the role of self-medication generally?

Use strategies

1. At what point in the self-care cycle are non-prescription medicines used (for health promotion, disease prevention, initial response to symptom onset, in supplement of professional care re chronic illness)?
2. What symptoms are predictors of the use of non-prescription medicines (in order of frequency) (e.g. sore throat, skin irritations, headache)?
3. Considering all episodes of illness, what proportion involve exclusive use of non-prescription medicines, exclusive use of prescribed medicines or a combination of both?
4. To what degree (length of time) do people continue the use of non-prescription medicines in the case of persistent symptoms (prior to seeking professional care)?

5. To what degree does the use of non-prescription medication reduce the unnecessary use of professional care resources?
6. What consideration do users of non-prescription medicines give to the careful storage and reuse of those medicines?
7. Is there evidence of misuse of non-prescription medicines (e.g. for inappropriate conditions, wrong dosage, extended dependency)?
8. What is the availability and use of do-it-yourself health technology for lay, home-administered diagnosis, health status monitoring, treatment of minor illnesses and management of chronic illnesses? These could include, for example, urine-testing kits, blood pressure cuffs, elastic bandaging, etc.
9. How extensively (and with what specific expectations, beliefs, etc.) are vitamins and mineral supplements used (trends, preferences among population groups, etc.)?

Use of non-prescription medicines by special populations

1. What role do non-prescription medicines have in the health care of the elderly? Specifically, what are the primary conditions for which they are used, how are their benefits and limits perceived, to what degree are they preferred options to prescribed medications, and what are the kinds and circumstances of inappropriate use?
2. What special considerations are there in advertising, packaging, distribution and use of non-prescription medicines for children (e.g. low-dosage availability, safety containers, special warning information, control of access by children, safety colour coding, supervised use)?

Professionals

1. How do pharmacists view their role with regard to the education of their clients in the selection and appropriate use of non-prescription medicines?
2. How is the subject of home remedies, herbal preparations and non-prescription medicines dealt with in the curriculum of health professional schools?
3. What is the situation of health professionals regarding their knowledge, attitudes and practices concerning non-prescription medicines and self-medication in general?

4. What is the practice of physicians with regard to recommending non-prescription medicines and instructing the patient with regard to their use?

DETAILED RESULTS FROM THE QUESTIONNAIRE^a

1. Legislation

Country	Regulatory control	Lists of active ingredients/indications
Albania	National combined with lower governmental jurisdictions	Prescription-only medicines list with exceptions listed for supply through pharmacies (these are medicines not harmful to the individual)
Algeria	National	Prescription-only medicines list, list of ingredients for inclusion in non-prescription medicines, and list of products allowed for sale as non-prescription, list of indications

^a Where possible, non-proprietary names have been used as given in the International Non-proprietary Names (INN) for Pharmaceutical Substances, Cumulative Lists No. 6 (Geneva, World Health Organization, 1982). In the few cases where medicines were not identifiable or reference was made to the category of medicines, the names have been left in the original form provided by Member States.

Criteria for non-prescription use	Control of manufacture
Safety	Yes Central Pharmacy of Algeria has state monopoly

Country	Regulatory control	Lists of active ingredients/indications
Austria	National	Prescription-only medicines list. Legislation makes no distinction between prescription and nonprescription products. Prescription-only medicines list is updated yearly. Refers to "annex to regulations"
Belgium	National	Prescription-only medicines list, over-the-counter list of ingredients and products list, but no list of indications. However, if indication is seen as minor, treatment with over-the-counter products can be offered
Bulgaria	National	One main list for prescription-only medicines with a separate list for non-prescription use
Czechoslovakia	National	Since 1953, list of non-prescription medicines (currently includes 169 medicines). Everything else only on prescription
Denmark	National	Since 1977, prescription-only medicines list and list of products for over-the-counter sale
Finland	National	Prescription-only medicines list and over-the-counter list. When a sales licence is granted, the National Board of Health decides whether the medicine is to be on prescription or over the counter
France	National	All medicines are sold in pharmacies and only one category of medicine

Criteria for non-prescription use	Control of manufacture
Refers to "annex to regulations"	No
Side effects, indications, method of administration and levels of single and daily toxicity	No specific control of over-the-counter products beyond these controls for prescription medicines
Composition, indications, side effects and contraindications	Yes
Safety, indication not requiring medical diagnosis, risk of drug dependence, side effects, short-term use, dosage form	Same control as for manufacture of prescription medicines
Safety	No
	Same control applied to all medicines manufactured
Risk of misuse, dependence	Same as for prescription medicines

Country	Regulatory control	Lists of active ingredients/indications
German Democratic Republic	National combined with lower government supervision	Prescription-only list and exemptions
Germany, Federal Republic of	National	Prescription-only list: therapeutic categories, risk, use/abuse
Greece	National	There is only a list of medicines allowed for sale as non-prescription
Hungary	National	Prescription-only medicines list, over-the-counter list, list of products, but no list of indications. Lists are based on an instruction to the pharmacist on star ratings
Iceland	National	Prescription-only medicines list containing exemption for products if delivered according to specific labelling for indications and use
Ireland	National	Prescription-only medicines list (any substance not included on the list can be over-the-counter status)
Italy	National	Prescription-only medicines list
Luxembourg	National	Prescription-only medicines list and over-the-counter list based on Council of Europe lists. List of medicines allowed for sale in Luxembourg indicating mode of issue
Malta	National	Prescription-only medicines list and over-the-counter list

Criteria for non-prescription use	Control of manufacture
Safe use according to instructions, minor condition based on pharmacological, toxicological and clinical appraisal and long-standing and extensive practical experience	Universally applied according to the principles of good manufacturing practice
Risk-benefit ratio for new substances	Yes, Betriebsverordnung für pharmazeutische Unternehmer (government regulation)
Public health (safety) contraindications, side effects, frequency of use	No
Criteria applied on a case-by-case basis: potency, side effects, interactions, tolerance/dependence, amount, dosage form and dose	No particular control. Same as for prescription medicines
Safety	Same as for prescription medicines
Toxicity, usage experience, intended uses and action, whether for parenteral injection	Same as for prescription medicines
Not stated	Same as for prescription medicines
Not subject to prescription, i.e. already commercially imported from a country where it is not subject to prescription	Yes
International lists, local situation in view of abuse	Yes

Country	Regulatory control	Lists of active ingredients/indications
Monaco	National	Questionnaire not completed for points 1-13 because they refer to the same situation as France. See France
Netherlands	National	Prescription-only medicines list of ingredients, and over-the-counter products list separated into those sold through pharmacies and outside pharmacies. There is an over-the-counter indications list
Norway	National	The prescription status of every product or ingredient is indicated in price lists, catalogues, etc. There is an over-the-counter list of products but no list of indications. There is no official over-the-counter list of products, but in the catalogue published by the manufacturers, indications are given for all preparations. The catalogue is approved by the health authorities
Poland	National	All medicines listed on official lists, including non-prescription medicines. Some prescription medicines can be bought by people meeting certain requirements without prescription, e.g. calcium carbamide tablets, aminophenazone for people providing a certificate of glaucoma
Portugal	National	Prescription-only medicines list of ingredients, list of over-the-counter products; no list of indications or ingredients for over-the-counter medicines

Criteria for non-prescription use	Control of manufacture
See France	See France
Since the ratio of over-the-counter to prescription-only medicines is so low, the Council of Europe recommendations are applied: acute and chronic toxicity, clinical trials, experience in use, intended actions and uses. These apply to prescription-only medicines. Once registered, an advisory board considers making medicines available without prescription	No
Condition suitable for self-medication. Safe and effective, must not cause dependence or be likely to be abused	No
Safety, efficacy, symptom-oriented use	No
Indications for minor symptoms not requiring medical attention, dosage, not for injection, must only be authorized by the Department of Health. Also covers control of manufacture and labelling	Yes

Country	Regulatory control	Lists of active ingredients/indications
Romania	National	Prescription-only medicines list, over-the-counter list
Spain	National	Over-the-counter list of ingredients, products and indications. No prescription-only medicines list of ingredients
Sweden	National	None
Switzerland	National combined with lower governmental jurisdictions	Prescription-only medicines list, over-the-counter list and list of indications
Turkey	National	Distinction is based mainly on product formulation. There is a list of over-the-counter ingredients and products
USSR	National	Prescription-only medicines list of preparations with certain exemptions for use in self-treatment of headaches and some laxatives, antiseptics, vitamins - available over the counter
United Kingdom	National	Prescription-only medicines list, list of ingredients outside the pharmacy (General Sale List)
Yugoslavia	National	Prescription-only medicines list of ingredients, over-the-counter list of products

Criteria for non-prescription use	Control of manufacture
Principles established by WHO and the medical practice of the majority	No
Safety, efficacy, identification and evaluation, defined composition	Same as for prescription medicines
Safety, nature of the disease, consumers' ability to administer the medicine and to evaluate the result of the treatment	Same as for prescription medicines
According to the direction of "List D, No. 2"	No
Safety, side effects, abuse, contraindications	Same as for prescription medicines
Apart from those listed in the second column, there are also a limited number of miscellaneous preparations that are not likely to cause side effects	
Toxicity to user, dependence-producing, danger to the health of the community	Same as for prescription medicines
Abuse, considerable therapeutic spectrum, no danger of overdose indications	Same as for prescription medicines

2. Self-medication

Country	Category of self-medication
Albania	Analgesics, indigestion products (such as antacids), laxatives, cough/cold products and antiseptics; no skin preparations, vitamins and minerals or eye preparations
Algeria	Analgesics, indigestion products, laxatives, cough/cold products (containing reduced phenacetin) (no bismuth salts) (no senna); no sleep aids, antiseptics, skin preparations (add pomades and neomycin), vitamins and minerals, eye preparations
Austria	Analgesics, indigestion products, laxatives, cough/cold products, antiseptics, skin preparations (except corticosteroids), vitamins and minerals, a few eye preparations, some topically applied antiphlogistics, and antirheumatics
Belgium	Analgesics (except restriction on phenacetin and noramidopyrine methanesulfonate sodium), indigestion products, laxatives, cough/cold products, sleep aids (pure barbiturates associated with other hypnotic sedatives will be placed on prescription without exception; the regulation will become more restrictive for the whole group except for certain benzodiazepines), antiseptics, skin products, vitamins and minerals, eye products. Also available over the counter: antibiotics (non-absorbable, i.e. pastilles to suck), intestinal sulfamides, insulin up to 40 I.U., antiangoreux nitres pour crise aiguè
Bulgaria	Analgesics (Sedalgin ^a , Sedalgin neo ^b and Codterpin ^c excluded because of dependence), laxatives, cough/cold products, antiseptics, skin preparations, vitamins and minerals; no eye preparations

^a Active ingredients: phenacetin, phenobarbital, codeine, caffeine, acetylsalicylic acid.

^b Active ingredients: paracetamol, phenobarbital, codeine, caffeine.

^c Active ingredients: codeine, terpin hydrate, sodium bicarbonate.

Changes (effected by:)

None

Antibiotics (Ministry of Public Health following the advice of the National Commission for Labelling/Nomenclature)

Removal of aminophenazone, bismuth salts, oxyphenisatin (Federal Ministry of Health and Environmental Protection)

Analgesics currently under revision (expect phenacetin and noramidopyrine methanesulfonate sodium to go on prescription; dextromethorphan (120 mg MDD) sleep aids under revision and expect move from over-the-counter to prescription-only status; skin products: POM-P of Psora, POM-P of diuretics (Department of Pharmacy Inspection, Ministry of Public Health)

See analgesics and indigestion products (Committee for Drugs and State Pharmacy Union, Ministry for Public Health)

Country	Category of self-medication
Czechoslovakia	Analgesics, indigestion products, laxatives, cough/cold products, antiseptics, skin preparations (except corticosteroids), vitamins and minerals, eye preparations
Denmark	All categories as mentioned in the questionnaire (except sleep aids) and antihistamines used for travel sickness and allergic diseases
Finland	All categories except sleep aids and eye preparations
France	Analgesics, medication for the respiratory and digestive systems, skin preparations, vitamins and minerals
German Democratic Republic	Analgesics (only aspirin, propyphenazone, phenacetin, caffeine, noramidopyrine methanesulfonate sodium for oral use), indigestion-only antacids, laxatives paraffin subliqu., cough/cold products (only expedients with herbal base and bromhexine), no sleep aids, antiseptics, no skin preparations, vitamins (only B, B ₂ , B ₆ with tocopherol and multivitamins)
Germany, Federal Republic of	All categories, as in the questionnaire
Greece	Analgesics, indigestion products, cough/cold products, vitamins and minerals; no laxatives, sleep aids, antiseptics, skin preparations, eye preparations

Changes (effected by:)

None (Ministry for Health)

Refers to *Laegemiddelforbruget i Danmark*, pp. 71-194 (National Board of Health)

Amobarbital removed as a sleep aid (National Board of Health: The Narcotics Act, 1983)

None found (Ministry of Health)

Replacement of aminophenazone with propyphenazone, laxatives (exclusion of oxyphenisatin and aloe), antiseptics (exclusion of hexachlorophene and boric acid (Ministry of Public Health) (Central Commission for Pharmaceutical Industry Advice)

Removed from prescription: benorilate, piprozolin, nifuroxazide, ambroxol, nicofuranose; restricted to prescription: orphenadrine, noramidopyrine methanesulfonate sodium, 4-(isopropylamino)phenazone, ephedrine (over 10 mg in a single dose or in combination with caffeine), valdetamide, tromantadine, all intrauterine pessaries, cathine, propylhexedrine (as appetite-suppressant in liquid form), hydralazine, isoaminile, viquidil, organic nitrate (heart therapeutic), deanol (geriatric: over 50 mg daily dose), verapamil (calcium antagonist) (Ministry of Health)

Some change in vitamin/mineral indications but not specified (National Pharmaceutical Agency (EOF))

Country	Category of self-medication
Hungary	Analgesics (such as minor analgesics containing derivatives of acetylsalicylic acid, anilin, pyrazolone, pyrazolidine and quinoline); warnings for phenacetin; indigestion products (antacids, enzyme substitutes but nothing of strong effect such as atropine, a few spasmolytics of low effect); laxatives; cough/cold products (some expectorants); sleep aids (some combination products with small amounts of phenobarbital); antiseptics (with chloramine B (benzenesulfonsodiochloramide sesquihydrate), iodine and potassium permanganate); skin ointment and vulnerary powder with oxytetracycline, antiseptic and antimycotic preparations containing chlorquinaldol or pentachlorophenol, some anti-inflammatory and analgesic topical preparations without steroid or antibiotic content and preparations for first-aid disinfection; vitamins and minerals (several containing vitamin B or C); eye preparations
Iceland	Analgesics (acetylsalicylic acid and paracetamol only), indigestion products, laxatives, cough/cold products, sleep aids (only bromisoval tablets 300 mg, 5 tablets maximum), antiseptics, skin preparations (no corticosteroids), vitamins and minerals (maximum content for A, D and B ₂), eye preparations (only resorcinol, zinc eye drops, oxycyanide mercury and simplex eye ointments), diphenhydramine, meclozine (maximum 10 tablets or suppositories)
Ireland	All categories except sleep aids (which used to be available but have been withdrawn)
Italy	Some analgesics, indigestion products, laxatives, cough/cold products, sleep aids (valerian, passion-flower and similar products), a few antihistamines, antiseptics, skin products, vitamins
Luxembourg	Since medicines available in this market take their mode of issue and use from the country of origin, all categories are available. In addition, from 1982, sleep aids containing diphenhydramine only. Corticosteroids (1982), based on fungoid-corticoid only for certain parts of the body, taken from the Belgian decision

Changes (effected by:)

Some minor but not significant changes. No categories stated. Ministry of Health is responsible for taking into account the opinion of competent expert bodies and the National Institute of Pharmacy

Benzoyl peroxide put on prescription (Ministry of Health and Social Security)

Sleep aids (National Drugs Advisory Board)

Phenacetin and bismuth salts withdrawn (Health Council). Topical hydrocortisone at 0.5% removed from prescription-only to over-the-counter status

Country	Category of self-medication
Malta	All available except sleep aids
Monaco	See France
Netherlands	Analgesics, indigestion products, laxatives, cough/cold products, sleep aids, barbiturates not exceeding 15 mg per shot/dose, antiseptics, skin preparations (not topical corticosteroids and antibiotics), vitamins and minerals, eyewashes
Norway	Analgesics, indigestion products, laxatives, cough/cold products, and no sleep aids, antiseptics, skin preparations, vitamins and minerals, eye preparations (only eyewashes, no eye drops), a limited number of travel sickness preparations (usually 10 tablets or suppositories of antihistamines)
Poland	Analgesics: some medicines containing noramidopyrine methanesulfonate sodium, in one-package amount only (no medicines containing phenacetin, phenazone and aminophenazone: all these medicines are prescription-only); laxatives (but not bisacodyl); indigestion products (the majority of antacids are available but not spasmolytics); cough/cold products (but not radix ipecacuahae); sleep aids (only minor sedatives available, not antihistamines); antiseptics (only neutral and weak ointments, not topical steroids); skin preparations (not topical steroids); vitamins and minerals; not eye preparations (the only exception being some anti-glaucoma preparations in single packages for patients providing a certificate of illness); almost all herbal preparations are available (but not cardiac glucosides)

^a *Symphytum officinale*; comfrey root.

Changes (effected by:)

No change (Medical Council under the Medical and Kindred Professions Ordinance)

See France

Analgesics: phenacetin removed as from 1 January 1984 (Ministerial decree of the Ministry of Welfare, Health and Cultural Affairs)

Analgesics: paracetamol added as an alternative to acetylsalicylic acid in limited quantities as tablets, suppositories and mixtures as from 1 January 1982. Nasal drops: ephedrine 1% 10 ml removed as from 1 January 1982. Codeine removed. Also nasal drops: oxymetazoline preparation, single-dose containers, added to non-prescription medicines as from 1 October 1982 (Director-General of Health). Hydrocortisone 1%, maximum 25 g, as of 1 September 1985; imidazole derivatives for use on skin as of 1 May 1986; fluoride 0.5 mg/ml for caries prophylactic use as of 1 January 1986

Analgesics: recommendation to replace aminophenazone by propyphenazone; to be implemented as soon as production permits. Cough/cold syrups containing Rx symphyti^a removed (Ministry of Health and Social Welfare)

Country	Category of self-medication
Portugal	Analgesics (only acetylsalicylic acid derivatives - list to be enlarged), indigestion products, laxatives, cough/cold products, sleep aids, preparations in which the total active elements do not exceed the maximum dose for one administration, antiseptics, skin preparations (limitation on topical corticosteroids: those subject to prescription control are included in a list that is currently undergoing revision), vitamins and minerals, eye preparations (limitation in drugs of the neuro-vegetative system), other categories available (piperazine and derivatives), anaesthetics and haemostatics and coagulants for topical use
Sweden	Analgesics: paracetamol tablets containing 0.5 g paracetamol and 30 ml solution available in packages of maximum 20 tablets; only one package may be sold to one customer at a time. Indigestion products, laxatives, cough/cold products, sleep aids (but only tablets containing valerian), antiseptics, skin preparations including hydrocortisone, vitamins and minerals, eye preparations

Changes (effected by:)

No change (a national committee was formed on 7 April 1983 for the regulation of over-the-counter products, composed of a president nominated by the Government, four representatives of the complementary lists committee of FNM - national formulary - and four representatives of the Proprietary Association of Portugal)

analgesics: paracetamol tablets 0.5 g in 25-pack removed as from 1 July 1977; cough/cold dextromethorphan mixture 3 mg/ml, 100 ml and 200 ml, tablets 30 mg, 25-pack, added as from 1 September 1983; noscapine mixture 1 mg/ml, 300 and 500 ml mixture 2.5 mg/ml 300 ml, mixture 5 mg/ml 100 ml and tablets 25 mg and 50 mg up to 50 tablets added as from 1 July 1977; codeine 5 mg 25-pack removed as from 1 July 1977; oxymetazoline nose drops 1 mg/ml 50 one-dose disposables added; hydrocortisone 1% cream/ointment 20 g as from 1 October 1983; some medicines for athlete's foot (*tinea pedis*) and dextromethorphan as from 1 October 1983; antiseptics: chlorhexidine solution 1000 ml removed because of ethanol; skin preparations: preparations for topical use containing maximum 1% hydrocortisone added as from 1 October 1983; products containing 8-quinolinol derivatives removed as from 1 April 1979; vitamins and mineral solutions for injection containing calcium for veterinarian use removed as from 1 July 1983; eye preparations: cinchocaine ointments for ophthalmic use containing 0.5% cinchocaine removed as from 1 October 1982; other category: antiparasitic products containing pyrvinium added as from 1 July 1977; antiparasitic products for veterinarian use containing tetramisole added as from 1 February 1977; anti-emetic products containing meclozine 0.25 mg added as from 1 October 1978; theophylline derivatives removed as from 1 January 1980 (this is a respiratory stimulant); gonadotrophins were removed as from 1 March 1982; anti-anaemics, which under the influence of ascorbic acid produce folic acid, were removed as from 1 July 1983; inhalation anaesthetics were removed as from 1 July 1983 (The Swedish drug ordinance gives the National Board of Health and Welfare the right to decide whether a medicine should be available on prescription)

Country	Category of self-medication
Switzerland	All available, including sleep aids
Turkey	Analgesics (oral forms of acetylsalicylic acid, paracetamol, aminophenazone, propyphenazone, simpler combined products), indigestion products (only simple antacids, indigestion enzyme preparations, cholegogue, sweeteners), laxatives, cough/cold products (without codeine or ethylmorphine, antigripals, cough pastilles, antiseptic pastilles), no sleep aids, antiseptics (used externally), skin preparations (antiseptic skin preparations, acne creams, otic preparations, topical corticosteroids, topical preparations containing tetracycline, neomycin, bacitracin, polymyxin B, vitamins and minerals (with usual doses), eye preparations (anti-microbial and decongestant eye preparations)
USSR	A certain number of tablets against headaches, laxatives, antiseptics, vitamins, together with a limited number of miscellaneous preparations that are not of a nature to cause any after effects may be purchased from chemist stores without prescription; no traditional widespread use of preparations containing acetylsalicylic acid, antihistamines and ointments containing corticosteroids
United Kingdom	All categories except sleep aids; antihistamines available but not as sleep aids; no minor sedatives or corticosteroids
Yugoslavia	Analgesics (no limitation), indigestion products (antacids but antispasmodics), laxatives, cough/cold products (those without codeine are available but not opiate antitussive codeines and preparations combined with codeine); no sleep aids, antiseptics, skin preparations (but not if containing any hormone preparations), vitamins and minerals, no eye preparations, antiparasitics, mucolytics

Changes (effected by:)

Noramidopyrine methanesulfonate sodium, phenacetin, salicylamide, phenazone salicylate removed (evaluation by the scientific commissions, Ministry of Health and Social Assistance, General-Directorate of Pharmaceuticals)

There is one single list of preparations delivered without prescription and "which the Ministry of Public Health of the USSR reviews every year to keep it short"

Ibuprofen and loperamide from prescription-only to over-the-counter status (Department of Health and Social Security and Section IV committees)

Phenacetin replaced by paracetamol; aminophenazone replaced by propyphenazone (Expert Drugs Commission of the Federal Committee for Labour, Health and Social Welfare)

3. Labelling, advertising and health education

Country	Labelling	
	Regulations	Leaflets
Albania	Yes - covering instructions for use, composition, indications, contraindications, limit of use, warnings	No
Algeria	Yes - composition, active ingredients, name and address of manufacturer, indications dosage, date of expiry, side effects, contraindications	No
Austria	Yes - covered in Section 7 of the New Medicines Act	Yes - covered in Section 8 of the Medicines Act Consumer Information
Belgium	Yes - "Warning: do not exceed stated dose" required when a medicine contains more than the maximum daily dose stated in lists II and III (prescription-only medicines lists). Specific warnings to be included for certain categories of products. Expiry dating.	No - neither statutory requirement nor voluntary inclusion. All relevant information for pack covered at the time of marketing, authorization

Advertising		Health education	
Regulations	Codes	Funded by government	Not funded by government
Advertising forbidden	No	State-funded health education through general information and medical press, etc.	No
Advertising aimed at the public prohibited	No	No	No
Yes - covered by Sections 50-55 of the new Medicines Act	No	Yes - publication of <i>Arzneimittelbibel</i> (book on medicines)	Pharmacy Organization of Austrian Chemical Industry
Television and radio not allowed. Yes - Ministry of Public Health Pharmacy Inspection. Regulations state conditions for which no advertisements are allowed. The symptoms of the illness for which medicine is recommended cannot be described	AGIM manufacturers' code, which covers distributors. Also AESGP code	Yes, but mostly through subsidies to private organizations, e.g. Belgian Red Cross. The Minister for Public Health is preparing a brochure on good use of medicines, to be distributed through pharmacies	Belgian Red Cross, Pharmacy Association, AGIM (pharmaceutical manufacturers' association)

Country	Labelling	
	Regulations	Leaflets
Bulgaria	Yes - overseen by the Ministry of Public Health. Standardizing documents and sheets with the packing	Yes
Czechoslovakia	No - prescription medicines labelled for doctors "for medical prescription only". If this does not appear, the product may be available without prescription	No - any leaflets in pack will be the same as for prescription medicines. There is now a move to make leaflets in a simpler, more comprehensive manner for non-prescription medicines
Denmark	Yes - common to both prescription and non-prescription medicines	No - unless the information is of a technical nature and there is room on the pack or special comprehensive information ordered by the National Board of Health
Finland	Yes - indications dosage for adults and children where applicable	Voluntary only

Advertising		Health education	
Regulations	Codes	Funded by government	Not funded by government
Advertising aimed at the public prohibited. Information available only through Ministry publications	No		
Advertising aimed at the public prohibited. Only brief details are allowed in pharmaceutical journals	No	State controlled in all media	State controlled in all media
Common to prescription and non-prescription medicines. Approval must be given by the National Board of Health for content and layout. Advice given by the Advertising Control Committee	Manufacturers and importers set up a committee on medical information on prescription and non-prescription medicines to examine all advertisements and has a code	No	Association of Danish Proprietor Pharmacists supplies educational material to local pharmacies for use
Yes - must include indications and warnings. Advertisements must be submitted to the Pharmaceutical Committee of the National Board of Health	Voluntary committee of the Association of Finnish Pharmaceutical Industry and the Finnish Medical Importers Association control advertising	None	None

Country	Labelling	
	Regulations	Leaflets
France		
German Democratic Republic	Yes - instructions for use and restrictions on use, warnings	No
Germany, Federal Republic of	Yes	Yes, but exemptions for "old drugs" until the end of 1989
Greece	No	No
Hungary	Regulations are the same as for prescription pharmaceuticals. The National Institute of Pharmacy approves texts of labels and package inserts and controls manufacturers' compliance. Labelling is for patients' information. Information on conditions of use of preparations, possible side effects, clear and simple language, storage conditions and expiry date, warnings (labelling/prohibition of drink, car driving, etc.)	Extra information in the form of package inserts (if the text is too long to fit on the label). However, it is not mandatory

Advertising		Health education	
Regulations	Codes	Funded by government	Not funded by government
Advertisements are subject to pre-vetting by the Ministry of Health. Requirements vary according to active ingredients, method of use and age of subject concerned	No	Dictionary on family medication ^a	No
Advertising aimed at the public prohibited. Trade informed through trade journals	No		
Special law (Heilmittelwerbe gesetz)	BPI code, AESGP code	None	None
Yes	No	None	None
Regulations, advertising and any other form of publicity for the general public is prohibited independently from the prescription status of a medicine. Information to health professionals, including advertising in professional periodicals, etc., is regulated and subject to the approval of the National Institute of Pharmacy (Ministry of Health)	No	Yes - government responsibility. Primary task of the National Institute for Health Education	Yes - government responsibility. Primary task of the National Institute for Health Education

Country	Labelling	
	Regulations	Leaflets
Iceland	Yes - special requirements for children's medicines and specified labelling for indications and use	No
Ireland	Yes - covering active constituents, but instructions, indications, restrictions, warnings, storage and expiry date covered in individual product authorization rather than general regulations	No - but most products have leaflet inserts
Italy	Yes - qualitative, quantitative composition, instructions, dose, expiry date, batch number, bar code	Each product usually contains a leaflet, with exception for small sizes
Luxembourg	Yes - instructions, dosage, composition, indications, etc.	No

Advertising		Health education	
Regulations	Codes	Funded by government	Not funded by government
Advertising aimed at the public prohibited. Regulations govern advertisements to health professionals in trade journals	No	None	None
Yes - advertisements must be consistent with marketing authorizations. Advertisement regulations specify conditions for consumer marketing. In addition to the entry relating to consumer marketing of over-the-counter medicines, by agreement with the National Drugs Advisory Board, all advertising for over-the-counter medicines now carries a cautionary warning: "For correct use, read instructions carefully"	FICI code	Health Education Bureau	No
For over-the-counter products, allowed in all media after approval by the Ministry of Health	AESGP and Italian code of self-discipline in advertising	No	No
Yes - all information in advertisements	No	No	

Country	Labelling	
	Regulations	Leaflets
Malta	No	Yes - required at any time
Monaco	See France	See France
Netherlands	Yes - in accord with EEC directives. Further regulation being prepared	No
Norway	National Centre for Medical Products Control, covering indications, dosage warnings, storage, expiry date	No - brochures dealing with issues of a general nature available in pharmacies (produced by the National Centre for Medical Products Control)
Poland	Same as for prescription medicines	No
Portugal	Currently being considered - but all relevant information is already covered by control of manufacture	Until guidelines are established, there is voluntary collaboration with manufacturers

Advertising		Health education	
Regulations	Codes	Funded by government	Not funded by government
Yes (Council of Health)	No	Yes	No
See France	See France	Yes - see France	
No legal regulation, but it is regulated by the KOAG, March 1980	NEFARMA recently completed	No	The Koninklijke Nederlandse Maatschappijter Bevorderder Pharmacie distributes pamphlets on specific products such as analgesics, laxatives, cough/cold products
Yes	No	Yes - a number of pamphlets have been produced	No
Same as for prescription medicines in trade journals. No public advertising is allowed	No	No	
Yes - a copy of the material must be sent to health authorities who can intervene. Applies to all media	The Proprietary Association of Portugal is preparing a code	No	No

Country	Labelling	
	Regulations	Leaflets
Romania	No	No
Spain	Same as for prescription medicines, but a company can put basic therapeutic information on the package	A leaflet must be included
Sweden	Yes	Only voluntary
Switzerland	Yes - refers to IKS Article 17	Yes - IKS Articles 4 and 17

Advertising		Health education	
Regulations	Codes	Funded by government	Not funded by government
No	No	Ministry of Health	No
Same as for prescription medicines, but special regulations for television, radio, magazines and newspapers	Not yet, but the Proprietary Association of Spain is moving in this direction	No	No
The National Board of Health and Welfare scrutinizes advertising in all media as far as time permits. Industry has control through the Committee for Drug Information Evaluation, set up by industry in 1963. The Marketing Court of Appeal 1971 scrutinizes advertising of all markets, excluding pharmaceuticals in the lay press and elsewhere	Manufacturers and advertisers	Yes - National Corporation of Swedish Pharmacies (Ministry of Health)	Swedish Drug Information Council (LIR)
Yes - IKS Articles 5, 6 and 7. Radio and television advertisements forbidden; for newspapers and magazines, approval of the authorities is required		No	No

Country	Labelling	
	Regulations	Leaflets
Turkey	Same as for prescription medicines	No
United Kingdom	Yes - under the Medicines Act	No mandatory enclosure of leaflets, but there are regulations governing them
Yugoslavia	Yes - covering indications as to whether for internal or external use, name, place and address of health organization selling the medicine, instructions for use, date of sale of medicine countersigned by vendor	Detailed information must be provided in leaflets, which include all information not covered by these

^a Touchard, A.T. La place de la médication familiale dans le système de soins français. In: *Les procédés du Congrès National des Pharmaciens*, Lille, 1982. Paris, Association Française des Producteurs de Spécialités Grand Public, 1982.

Advertising		Health education	
Regulations	Codes	Funded by government	Not funded by government
Yes - newspaper advertisements need pre-submission to the Ministry of Health and Social Assistance. The Director-General of Pharmaceuticals has responsibility for advertising permission	No	No	No
Advertising regulations under the Medicines Act specify conditions for self-medication and must be consistent with product licence regulations supplemented by voluntary industry codes of practice	Proprietary Association of Great Britain, British Herbal Manufacturers Association, and Health Food Manufacturers Association all pre-vet advertisements		
Yes - advertising aimed at the public prohibited. The Drugs Commission may grant permission to advertise preventive medicine	No	No	Red Cross

4. Distribution and payment

Country	Distribution
Albania	Pharmacies only and pharmaceutical agencies. Restriction on the amount available for sale in a given period. Children aged under 16 years cannot be sold medicines. No sales through vending machines
Algeria	Pharmacies only. No pack limitations on certain products from dispensaries and hospitals
Austria	Pharmacies only. Physicians, surgeries and hospitals
Belgium	Pharmacies only. Under the supervision of a qualified pharmacist. Through hospitals but only to inpatients
Bulgaria	Pharmacies only
Czechoslovakia	Pharmacies only
Denmark	Pharmacies (drogerie and supermarkets, only vitamins and minerals). No pack size limitations (physicians, surgeries, public health facilities, hospitals give free medicines for very short treatment)
Finland	Pharmacies only
France	Pharmacies only
German Democratic Republic	Pharmacies only. No pack limitations, but sales to children are governed by the Ministry of Health
Germany, Federal Republic of	Pharmacies, drogerie and supermarkets, health food shops, retailers

Payment

Reimbursed, non-reimbursed, partly reimbursed. All medicines of very low price, particularly for the treatment of chronic conditions, and free for children aged up to one year for tuberculosis, sera and vaccines

Non-prescription medicines not reimbursed. Only prescription medicines are reimbursed

No reimbursed medicines

No reimbursement for prescription or non-prescription medicines

Non-prescription medicines are not reimbursed. Prescription medicines are reimbursed

Non-prescription medicines are not reimbursed unless prescribed by a physician. Prescription medicines are reimbursed

Non-prescription medicines are not reimbursed. A restricted list of products on prescription have 75% or 50% reimbursement

Non-prescription medicines are reimbursed by the Social Insurance Institution if prescribed by a physician. Prescription medicines are reimbursed by the Social Insurance Institution

Nothing stated

Non-prescription medicines are not reimbursed unless prescribed by a physician. Prescription medicines are reimbursed

In principle, all medicines are reimbursable. Exemptions: advertised non-prescription medicines, medicines on the "negative list", and those recommended by "Arzneimittelrichtlinie"

Country	Distribution
Greece	Pharmacies, supermarkets, etc. Not drogerie or vending machines. Also physicians, surgeries, public health facilities, hospitals
Hungary	Pharmacies only. Also physicians' surgeries or offices. Not drogerie, supermarkets, etc., vending machines, hospitals or public health facilities. Limitation: one box or a supply for 8-10 days can be dispensed by a pharmacist and exclusively to people aged over 14 years
Iceland	Pharmacies only. No pack limitations (other pharmacy outlets and health centres where there is no pharmacy outlet)
Ireland	Pharmacies and supermarkets, etc. Not vending machines. Pack limitations apply to analgesic preparations: for retail sales through pharmacies only, 50 tablets per pack; for retail sales through non-pharmacy outlets, 25 tablets per pack
Italy	Pharmacies only. Under the supervision of a qualified pharmacist. Through hospitals but only to inpatients
Luxembourg	Pharmacies only
Malta	Pharmacies only. Also physicians, surgeries, public health facilities, hospitals with some restrictions on pack, age and hours of access
Monaco	See France

Payment

Prescription and non-prescription medicines are not reimbursed

Prescription and non-prescription medicines are reimbursed

Prescription and non-prescription medicines are not reimbursed

Non-prescription medicines are not reimbursed. Prescription medicines are reimbursed, partially for those who cannot pay above a certain price level, free for chronic illnesses

Only medicines included in a list are reimbursed (patients contribute 25% of the price; exemptions to the contribution are allowed for those with incomes below a certain level and for certain chronic illnesses). The list comprises only prescription medicines with a few exceptions for non-prescription medicines. Over-the-counter medicines officially qualified as such cannot be reimbursed by law

650 out of 7200 registered non-prescription medicines are not reimbursed. Prescription medicines are reimbursed

Prescription and non-prescription medicines partially reimbursed. Government health insurance scheme. Non-prescription medicines need a prescription to be supplied free to a patient; therefore, the question of refund does not apply

Prescription medicines are substantially reimbursed, either through an obligatory insurance scheme (which is frequently the case) or by other organizations financed by the state. Non-prescription medicines seem to be covered by this

Country	Distribution
Netherlands	Pharmacies, drogerie and "some shops with a licence". Not supermarkets, physicians' surgeries or office practices, vending machines, public health facilities, hospitals. Limitation: barbiturates are available without prescription only when the quantity does not exceed 15 mg per unit dose
Norway	Pharmacies only, approximately 300 outlets and also certain nominated outlets under the responsibility of a pharmacy but located in general merchandise stores. Not drogerie, supermarkets, physicians' surgeries or office practices, vending machines, public health facilities, hospitals. Limitation: restrictions applied to these "nominated outlets". There should be a certain distance between the outlets, and the number of products sold is limited
Poland	Pharmacies, drogerie, supermarkets, etc. (but kiosks only), hospitals (for some purposes). Not physicians' surgeries or office practices, vending machines or public health facilities. No special requirements placed on goods obtained from kiosks. Limitation: restriction on the quantity of medicines
Portugal	Pharmacies and hospitals. Not drogerie, supermarkets, physicians' surgeries or office practices, vending machines, public health facilities
Romania	Pharmacies and dispensaries
Spain	Pharmacies only
Sweden	Pharmacies only (750 outlets). Limitations: analgesics containing paracetamol 0.5 g only 20 tablets at a time; antihistamines containing solution 30 ml cinnarizine 10 mg and meclozine 25 mg only 10 tablets at a time; nose drops containing oxymetazine 0.1 mg/ml 50 one-dose pipettes at a time

Payment

Prescription and non-prescription medicines are not reimbursed

Prescription medicines are reimbursed according to an approved list from the health authorities. Over-the-counter medicines are not reimbursed unless prescribed by a physician according to an approved list

The patient pays 50% for prescription medicines. Non-prescription medicines are not reimbursed

Prescription medicines are reimbursed according to the health authorities regarding percentage involved. Non-prescription medicines are not reimbursed

Prescription and non-prescription medicines are not reimbursed

Prescription medicines are reimbursed 60% generally but 90% for specific diseases. Non-prescription medicines are not reimbursed

Prescription medicines are reimbursed. Most non-prescription medicines are reimbursed under the same system if the medication is prescribed by a physician

Country	Distribution
Switzerland	Pharmacies and drogerie. Special "list E" for supermarkets, etc. Regulations on limitations of supply (pack, etc.)
Turkey	Pharmacies and hospitals. Supermarkets in certain circumstances: regions without a pharmacy such as small villages have non-prescription medicines sold in shops, under the permission and inspection of the city centre health authority
USSR	Pharmacies only
United Kingdom	Distribution everywhere, including vending machines, except physicians' surgeries and hospitals. General Sale List ingredients for outside pharmacy and vending machine sale
Yugoslavia	Pharmacies, etc., public health facilities, hospitals

Payment

Prescription medicines are reimbursed according to OFAS lists.
Non-prescription medicines are covered (reimbursed) by
Caisses-Maladie: not all non-prescription medicines are covered,
and there is a restricted list

Officially, there is no reimbursement for prescription medicines,
but 80-90% of the cost of all medicines is paid to the government
social security institution and pension fund for government
employees, labourers and their families, and retired people and
their families, which constitute approximately 50% of Turkey's
population. Non-prescription medicines are reimbursed through the
government social security institution and the pension fund

Prescription medicines are reimbursed - compulsory health insurance
taken out by workers, farmers and the self-employed.
Non-prescription medicines are not reimbursed
