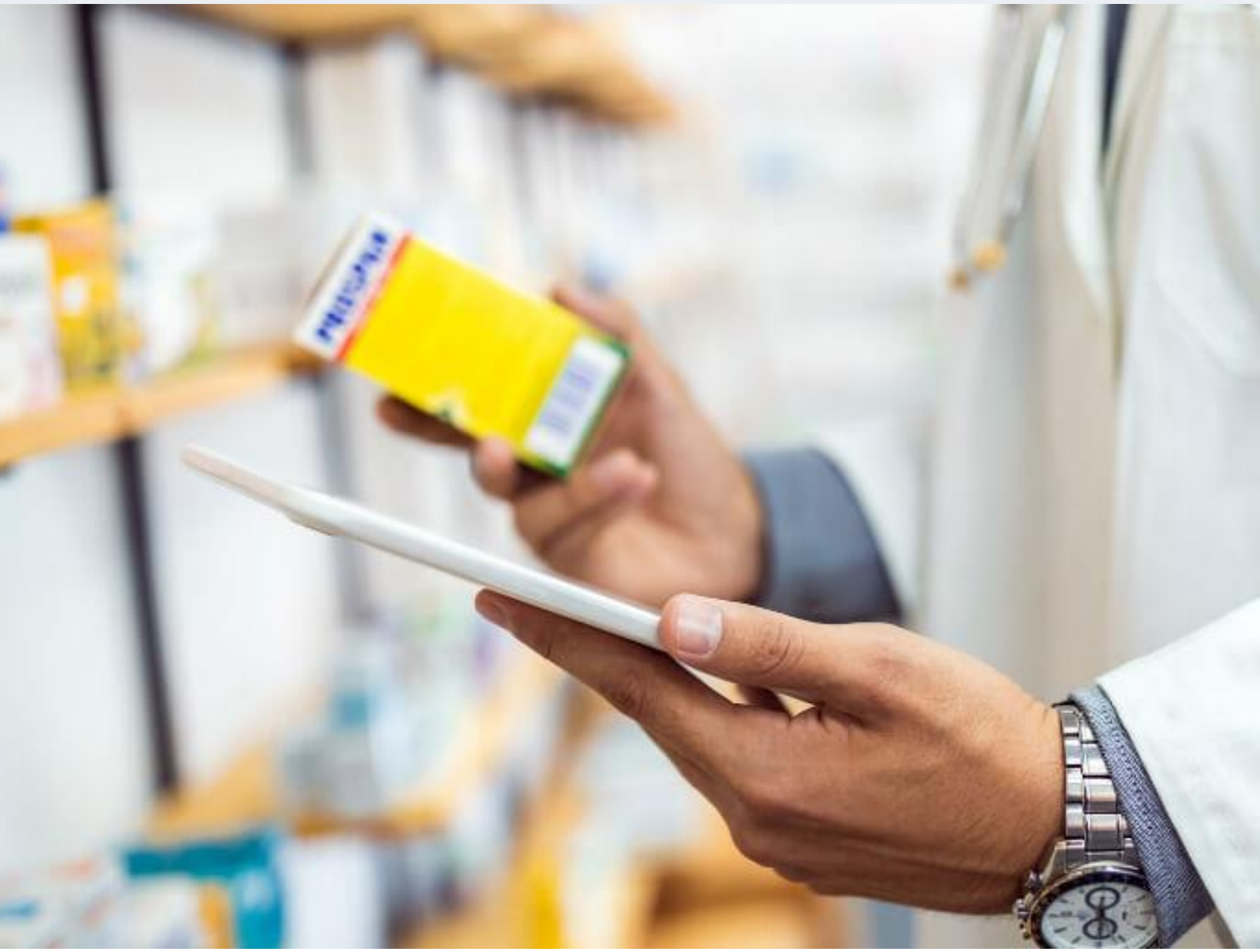
AESGP
VOICE OF EUROPEAN SELF-CARE INDUSTRY



From Paper to Digital

AESGP Position Paper on the transition of patient information

February 2024

Executive Summary

The European Union is undergoing a significant shift from traditional paper-based Patient Information Leaflets (PILs) to a fully digital product information system. This transformation is driven by collaborative efforts from the European Medicines Agency (EMA), Heads of Medicines Agencies (HMA), and the European Commission (EC) with the aim of enhancing healthcare communication and patient information accessibility across member states.

Current State

- The Patient Information Leaflet (PIL) is an important part of the medicine that provides extended information to patients beyond on-pack labelling.
- As such, the PIL is integral to the authorization process for medicinal products and approved by medicines' regulators.
- In that process, PILs undergo user testing to ensure patient comprehension.
- Patient information is especially important to support the safe availability of nonprescription medicines (NPMs) where healthcare professional (HCP) oversight is not always present.
- A recent survey by IPSOS indicates that, while many purchase NPMs from pharmacies, advice at the point of sale varies among patients.

Digital Transition Initiatives

- Initiatives toward digital leaflets have already begun, with key principles set for electronic product information (ePI) for human medicines.
- The revision of EU pharmaceutical legislation proposes a transition to digital leaflets, allowing member states to choose a hybrid or fully digital approach.
- The EMA and EU National Competent Authorities are conducting a pilot project testing ePI, and several national pilot projects are in progress.

Patients Perception and Readiness

- The recent survey by IPSOS, conducted in 6 EU Member States, shows that nearly half of respondents accessed digital information leaflets for non-prescription medicines in the past 12 months.
- While respondents acknowledge the benefits of digital leaflets, they prefer information on or in product packs.
- Digital literacy, device accessibility, and age-related concerns are highlighted as challenges.

Benefits of Digital Product Information

- The shift to digital offers advantages such as real-time updates, multilingual support, improved readability, visual demonstrations, inclusivity, and personalized content.
- It facilitates rapid updates, integration with pharmacovigilance systems, and reduces environmental impact by decreasing waste.

Challenges and Recommendations

- Challenges include device access, digital literacy, and reluctance to adopt fully digital leaflets.
- Recommendations include a comprehensive Patient Education & Digital Literacy campaign, leveraging the existing 'Instructions for use' for non-prescription medicines, and improving the structure and language of patient information.

Conclusion

- The transition to a fully digital product information system signifies a positive transformation for EU healthcare. Collaborative efforts, legislative revisions, and pilot projects demonstrate commitment to harmonization and improved communication.
- To ensure a smooth transition, a parallel Patient Education & Digital Literacy campaign is recommended, aligning with the increasing prevalence of internet access and digital literacy.
- This unified vision aims to create a connected, accessible, and patient-centric future for healthcare information in the European Union.

The full AESGP-IPSOS Study report "Perception study on non-prescription medicines and digital product information" is available in Annex 1 as a supporting document to the position paper.

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Glossary

EMA	European Medicines Agency
ePI	Electronic Product Information, as defined by the EMA/HMA in the Key Principles jointly published
HCP	Healthcare Professional
HMA	Heads of Medicines Agencies
NPM	Non-prescription medicine
PIL	Patient Information Leaflet
PL	Package Leaflet
POM	Prescription-only medicine

Position Paper

What is the patient information leaflet?

Every medicinal product authorized by Member States' competent authorities **(1)** or the European Commission **(2)** must include a Package Leaflet (PL), referred to as a Patient Information Leaflet (PIL) in case all details can't fit on the outer packaging. This document has to be written and submitted as part of the application to the European Medicines Agency (EMA) or to the national competent authority for medicines before the authorization for marketing is granted. Consequently, the PIL is an integral component of the authorization process.

In its current paper format, the PIL serves as an information source for patients alongside the on-pack labelling. The PIL is the key mandatory document containing medicine-related information directed towards patients. The PIL's objective is to provide patients with the extended information about the product and how to take it, supplementing information presented on the physical packaging (e.g. carton or label). PILs undergo user testing to ensure that the information included is fully understood by patients **(3)**.

Going digital

Fully digital product information generally refers to information about a medicinal product:

- provided by the Marketing Authorisation Holders (MAHs) in compliance with local laws and regulations;
- stored on a digital platform;
- intended to be delivered to patients and healthcare providers through electronic devices.

Legislative landscape

Non-prescription medicines have the same legal requirements to provide information to the patient about the product as do prescription-only medicines (POMs). However careful consideration to how patient information is presented is especially important to support the safe availability of non-prescription medicines where HCP oversight is not always present.

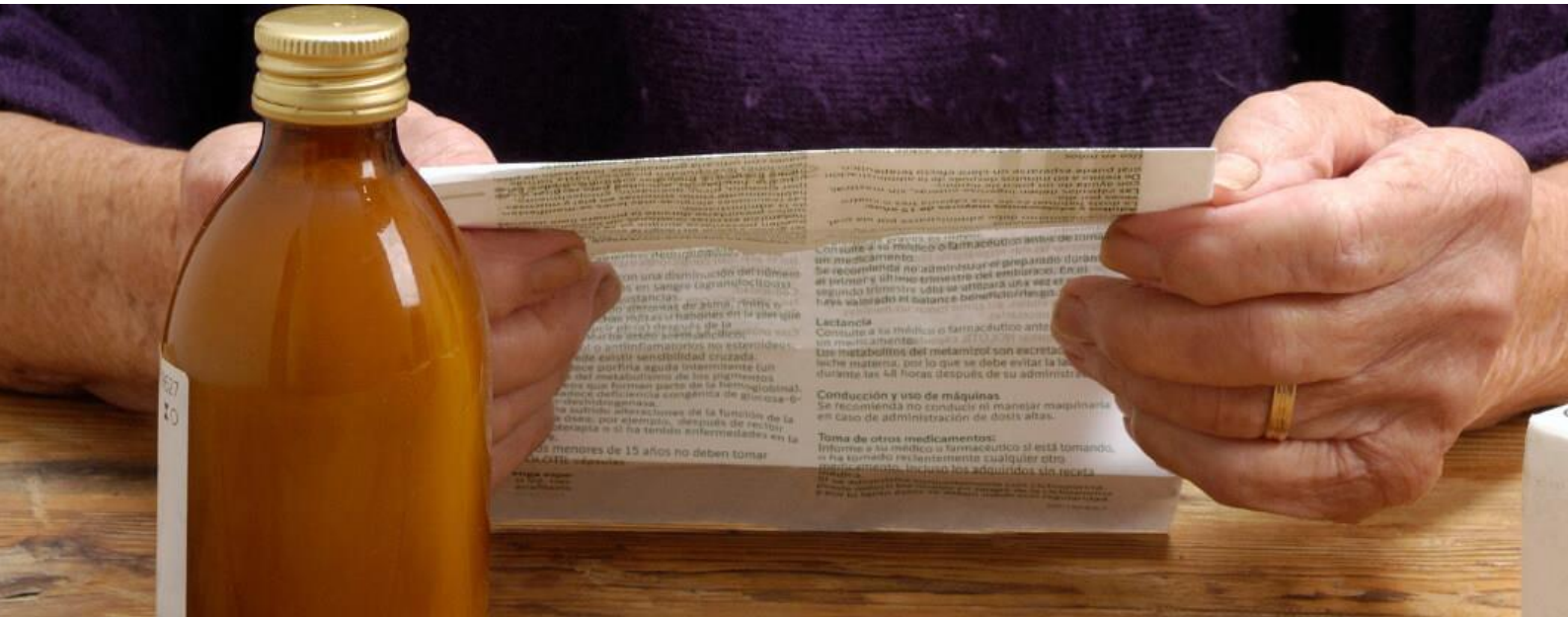
Patients trust in information

According to the IPSOS survey, almost nine in ten respondents (88%) say they usually purchase their non-prescription medicines from a pharmacy and seek advice on medication from pharmacists.

(1) Directive 2001/83/EC of the European Parliament and of the Council

(2) Regulation (EC) no 726/2004 of the European Parliament and of the Council

(3) Directive 2001/83/EC of the European Parliament and of the Council, art. 59 (3)



The journey to digital leaflets has already started…

In January 2020, the EMA, Heads of Medicines Agencies (HMA) and the European Commission (EC) jointly issued key principles **(4)** that outline a harmonized approach for the creation and utilisation of electronic product information (ePI) for human medicines throughout the European Union.

This publication establishes the groundwork for subsequent plans aimed at implementing ePI in accordance with relevant EU regulations. Following Article 62 of Regulation EC 2001/83, it is already permitted to include a 2D barcode in the PIL or on the pack to refer to an electronic PIL. Further information is provided in the *CMDh position paper on the use of mobile scanning and other technologies to be included in labelling and PL in order to provide information about the medicinal product* **(5)** and several companies are already making use of this possibility. However, **use and availability of electronic PILs accessible via a code on the pack is currently limited.**

The revision of the EU pharmaceutical legislation has amongst its objectives to leverage digitalisation.

In the Commission proposal, the possibility is offered to each member state to decide on whether they want to adopt a hybrid 'paper + digital' solution or accept only digital leaflets. Should a Member State decide that digital leaflets alone are acceptable, they will need to ensure that a paper version is made available on demand and without additional cost to patients, and that there is a suitable transition period from paper to digital.

Furthermore, the proposal moves the PIL detailed requirements to an Annex of the main Directive, making it easier to introduce changes at a later stage. The changes proposed to the pharmaceutical legislation, if adopted in its current form, open possibilities for PIL innovation and digitalization, retaining safeguards to ensure that the transition leaves no one behind.

It is important to ensure that there is a harmonised approach, and a sound technical implementation across the EU, avoiding country-by-country solutions which introduce difficulties in the use of common packs, leading to reduced availability of medicines and complexity for joint regulatory procedures (MRPs, DCPs).

Pilot studies

EMA and a group of EU National Competent Authorities for Medicines are testing the use of electronic Product Information (ePI) in a one-year pilot project started in July 2023.

During the pilot, an ePI authoring tool will be used to generate ePI for regulatory procedures in real time. Once approved by regulators, the ePI is stored in a central repository and is made publicly accessible. The pilot covers both centralised and national regulatory procedures, with participating countries including Denmark, the Netherlands, Spain and Sweden.

In addition to this, several other pilot projects are in progress (or planned) on a national basis, testing the use of an electronic product information only. These pilots may provide further information on how e-PILs are used and help to define any obstacles or needs when moving further to digital information.

(4) Electronic product information for human medicines in the EU: key principles (europa.eu)

(5) CMDh position paper on the use of Mobile scanning and other technologies to be included in labelling and package leaflet (PL) in order to provide information about the medicinal product

Perception study on non-prescription medicines and digital product information

To better understand the perception and expectation of the users about NPM information today and tomorrow, AESGP collaborated with IPSOS for an independent consumer study **(6)**.

The survey results showed that:

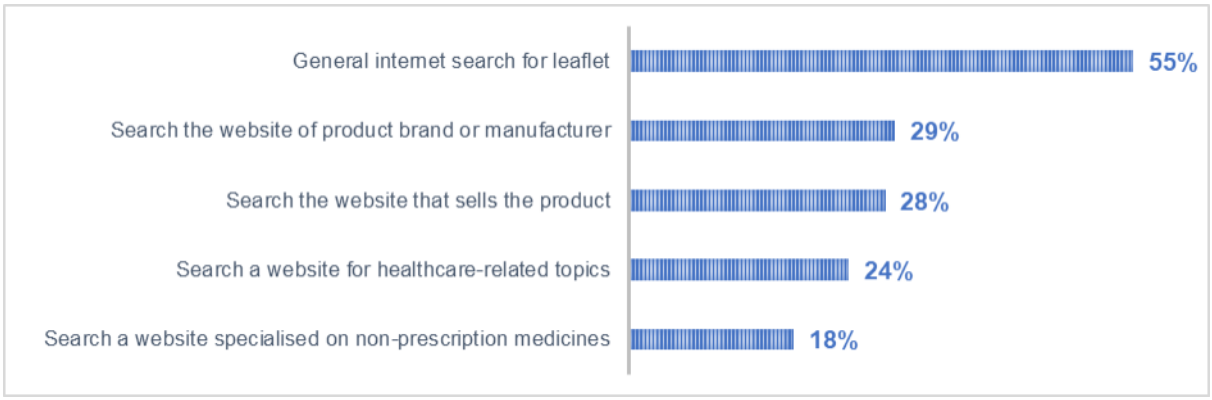
- **Nearly half of respondents have accessed a digital information leaflet for a non-prescription medicine in the past 12 months.**

- **Among those who have accessed a digital information leaflet, over half (55%) have done so via a general internet search**, while around one in five have done so by searching on a product brand or manufacturer's website (21%), on the website where the product was bought (20%), on a health-related website (19%), or on a specialised website for non-prescription medicines (18%).

Although respondents clearly see the numerous benefits of digital leaflets, there seems to be a general agreement that information about non-prescription medicines should continue to be provided on (or in) the product packs rather than in digital format alone. **AESGP believes that a successful implementation of the digital product information needs to reflect patients' needs and concerns.**

The transition towards a fully digital product information system is driven by patients' acceptance of the digital environment, a constantly evolving field whilst balancing benefits and risks of adoption of those solutions.

METHODS USED TO ACCESS DIGITAL LEAFLETS IN THE PAST



Source: Perception study on non-prescription medicines and digital product information, IPSOS 2023

A communication plan (educational materials for awareness of the upcoming change to a fully digital system) should be established within the EU to facilitate a smooth transition and successful implementation in collaboration with Health Authorities and healthcare professionals.

In crafting future systems, prioritizing flexibility is vital. It's crucial to guide patients on locating accurate product information online, ensuring continuous accessibility. Also, it's important to recognize the role of pharmacists in supporting the safe and effective use of medications.

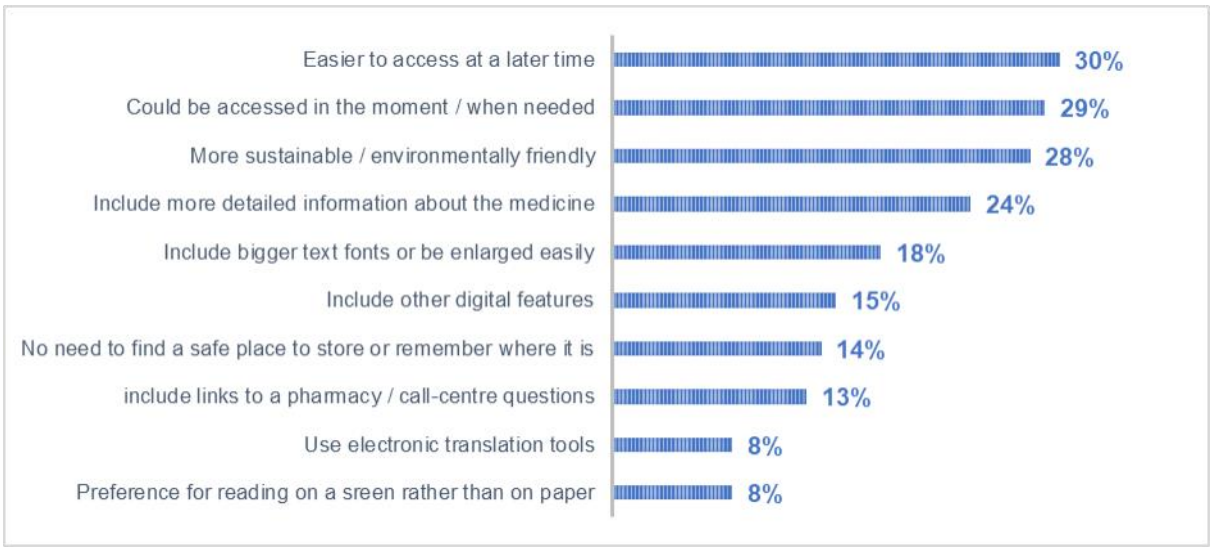
(6) The survey was conducted between 20 March and 11 April 2023, in six EU Member States: France, Germany, Poland, Romania, Spain and Sweden.

A digital future?

AESGP believes that the future of product information is digital. The electronic format offers many benefits to all involved stakeholders such as patients, carers as well as to the health authorities, the health system and the self-care industry.

According to the IPSOS survey results, the perceived most important advantages of digital leaflets when compared to paper ones are that they are **easier to retrieve at a later time** (30%), they can **be accessed in the moment or when needed** (29%), they are **more sustainable or environmentally friendly** (28%), and they can **include more detailed information about the medicine** (24%). The next most commonly mentioned advantages are that digital leaflets allow for the inclusion of larger or enlargeable fonts (18%), and other digital features (15%).

PERCEIVED **ADVANTAGES** OF DIGITAL LEAFLETS WHEN COMPARED TO PAPER LEAFLETS



Source: Perception study on non-prescription medicines and digital product information, IPSOS 2023

Internet access & digital literacy

In 2022, the share of EU **households with internet access has risen to 93%, up from 72% in 2011, and 90% of EU individuals aged 16 to 74 years used the internet at least once within the last three months** (7). This datapoint highlights that internet access across the EU has risen quickly in recent years, supporting the aspiration that **everyone will have internet access in the near future.**

According to our study, **44% of respondents state that they have accessed an information leaflet for a non-prescription medicine online in the last 12 months**, with younger respondents answering positively more often compared to the elder population. However, publishing a PIL for a medicinal product online is currently voluntary and not all national competent authority systems facilitate this mechanism.

Access to digital spaces is particularly important when mobility is restricted or when people live in rural or remote areas. As compared to traditional communication strategies, digital spaces support accessibility and the widening of access to health information for different people and groups, irrespective of personally identifiable characteristics such as age, geographical situation, ethnicity, age, education, or race.

In terms of digital literacy and health information research, patients must be educated on what to search for, where to search and what should be accessed. Digital literacy also plays a major role when analysing readiness for going from printed information leaflets to 'paperless' digital product information.

(7) Eurostat: Digital economy and society statistics - households and individuals

Benefits of Digital Product Information

There are a range of very interesting potential prospects for digital product information, starting from the simplest execution: an electronic copy of the leaflet (e.g. PDF hosted on a website) up to a fully digital enabled delivery of patient information by technologies like text-to-speech, video content to support administration, cross-check with personal health data (e.g., contraindications or interactions).

Benefits for patients

Access to current information

Paper leaflets updates take time to reach the patients' hands due to re-printing and supply chain logistics. Moving to digital leaflets enables patients to access the latest current information in a quicker timeframe directly including any key safety updates.

Multilingual digital product information

Implementation of digital product information can remove language barriers and improve the understanding for patients where multi-lingual packs are not available, offering content in all required languages in a very easily accessible manner.

Readability improvements

Removing the limitations imposed by the printing process and the paper medium allows for much more flexibility in font size and line spacing, with the added possibility of magnifying the content directly on the screen and searchability.

Visual product demonstrations

Patient self-administration can be supported through digital content such as visual aids, images and instructional videos to guide proper use.

Diversity & Inclusion

Digital product information can help provide solutions to those patients with additional needs for example those visually impaired or with difficulties reading; text-to-speech solutions allow these population groups to have better access to the product information.

Possibility to use digital translation tools

Electronic versions can serve as source for translation to the user native language. Patients with language barriers will be able to better understand the leaflet content, especially in the NPM sector.

Personalized content

Embracing a digital future allows us to harness personalization and enhance product information for improved comprehension. Customizing content for individuals can significantly contribute to supporting health literacy by tailoring information to each person's specific needs and preferences.

Benefits for the Health System and the self-care Industry

Facilitating rapid updates of product information

Bring efficiency in regulatory procedures and operational excellence, by simplifying and accelerating the regulatory information management and process, eliminating the operational steps of printing and inserting paper labelling in packs. In contrast to today's system, where a change in the PIL could take an average of 6 months, implementation of digital product information can bring the updates in patient's hands quickly following regulatory approval thus ensuring rapid dissemination. It is noteworthy that PILs are Risk Minimisation Measures (RMMs), hence the implementation of the digital version would strengthen this point.

This is particularly relevant when considering pack sharing across smaller markets to enable access. Ability to digitalise the country specific labelling approved based on national requirements allows the sharing of packs across countries.

Integration with pharmacovigilance systems

Digitalization of PILs could easily bring an integration with the pharmacovigilance reporting systems, thus ensuring all signals are properly collected and analysed, making it easier for patients to directly report any event.

Benefits for the Environment

Reduction of waste and decreased pharmaceutical carbon footprint

The environmental impact is a topic often mentioned in the public space when it comes to the digitalization of PILs, as also shown by our survey results, as an argument in favour of digital product information. A recently published collaboration between the Fraunhofer institute and IGES **(8)** took into account not only the impact the printing has, but also analysed the environmental impact of accessing the already available PDF versions on the internet and found that **digital product information present a beneficial environmental impact.**

In addition, there is also a waste reduction if paper leaflets are removed, as outdated leaflets will not have to be removed and replaced, or worse, the batch will not be destroyed, saving tons of paper and ink every year supporting environmental sustainability goals as per UN SDG 3, SDG 12 and SDG 17.

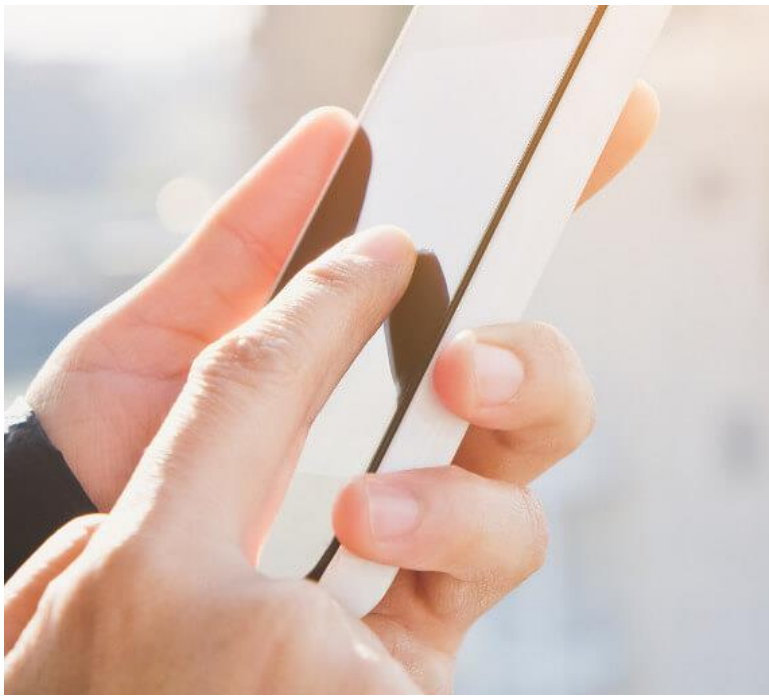
Recommendations

Implementation steps: A transition towards digital product information adopted by all stakeholders

To achieve the state where all patient relevant information is available in a completely digital format and considering the users' voice expressed in the results of the IPSOS survey, **AESGP believes careful consideration is required for the implementation and successful patient acceptance of digital product information.**

Introducing significant changes to well-established systems and ingrained behaviours, like the use of traditional paper leaflets for medicines, naturally faces resistance. This hesitance is evident in the IPSOS survey, emphasizing the challenge of shifting established norms.

Survey respondents that accessed **PDF versions of existing paper leaflets** found that leaflets **are not in (physical) reach** (30%), or that **not having a device or a connection to access the information** (18 and 17%), are the main disadvantages of this system.

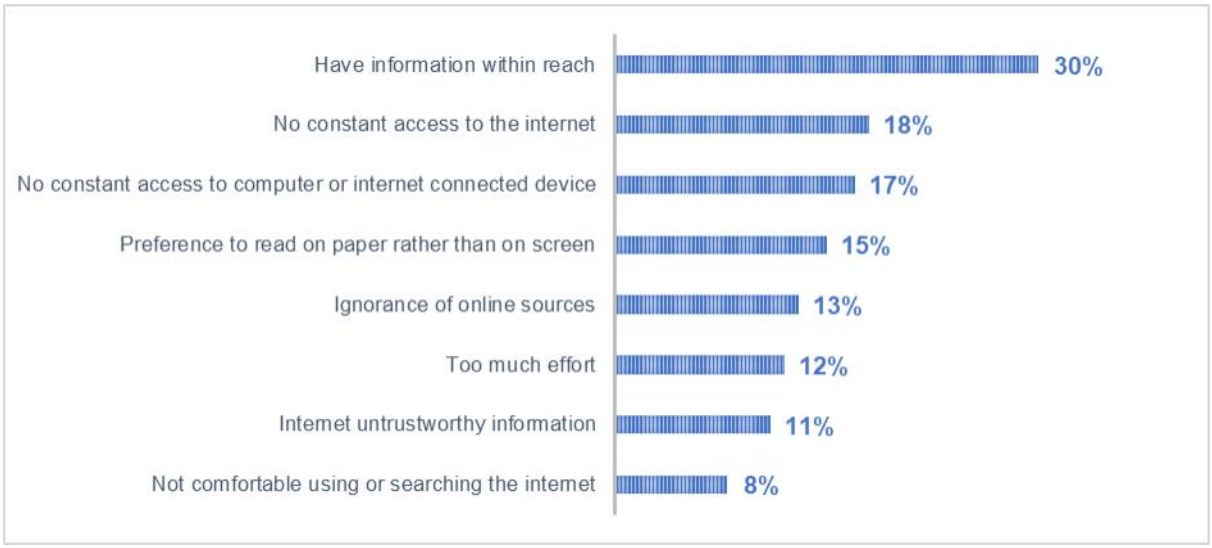


(8) K. Dobers, N. Gerbsch, T. Mandry, A. Preut, Carbon footprint: A comparative study on greenhouse gas emissions of paper-based and digital package leaflets for pharmaceuticals

Another hurdle to overcome on the transition to digital-only PIL is, according to the survey results, the inadequate digital literacy which can be correlated with age and general educational level. With, or without a physical leaflet, pharmacists are accessible to play an important role in supporting and helping patients navigate the right medicines for their needs.

At the moment of removing the paper leaflet from the medicines pack, and in order to ensure sufficient access to physical information, AESGP members agree that the 'Instructions for use' defined in the legislation as a specific feature of NPM labelling should continue to be utilised.

PERCEIVED **DISADVANTAGES** OF DIGITAL LEAFLETS WHEN COMPARED TO PAPER LEAFLETS



Source: Perception study on non-prescription medicines and digital product information, IPSOS 2023

The 'Instructions on use' section in the existing Quality Review of Documents (QRD) template for packaging is specific to NPMs. It empowers MAHs to define crucial information necessary for patients to make informed decisions and ensure proper medicine use at the point of purchase. This section covers key details such as indications, dose recommendations, and relevant contra-indications and warnings.

Leveraging this section to include essential information for the patients will provide a safeguard as we encourage the removal of paper leaflet and adoption of digital product information. This should be applied widely and consistently across markets and NPM in the EU.

To ensure that information will be properly disseminated, it is of utmost importance to ensure proper indexing of any Centralized or National portals in existing search engines, thus offering the official approved websites as the first search result.

The central EU-ePI repository proposal as a main source of information is welcomed.

Considering the above, the use of mobile scanning and other technologies e.g. 2D barcodes are the safe approach, always leading to the approved digital product information.

EXAMPLE OF INSTRUCTIONS ON USE IN THE QRD TEMPLATE

15. INSTRUCTIONS ON USE

Unblocks your nose
- Reduces swelling
- Promotes wound healing
- Protects mucosa

Children aged 2 to 6 years old
Dosage: 1 spray into each nostril, up to 3 times a day.

Content improvements

Digital product information offer unique development potential for improving access to patient information. However, it cannot reach its maximum potential alone. Changes in leaflet information structure, format and content are necessary to maximise the digital versions' potential.

In terms of what makes the information difficult to understand for respondents, half of study respondents mentioned that the language is too *complex* or *technical.*

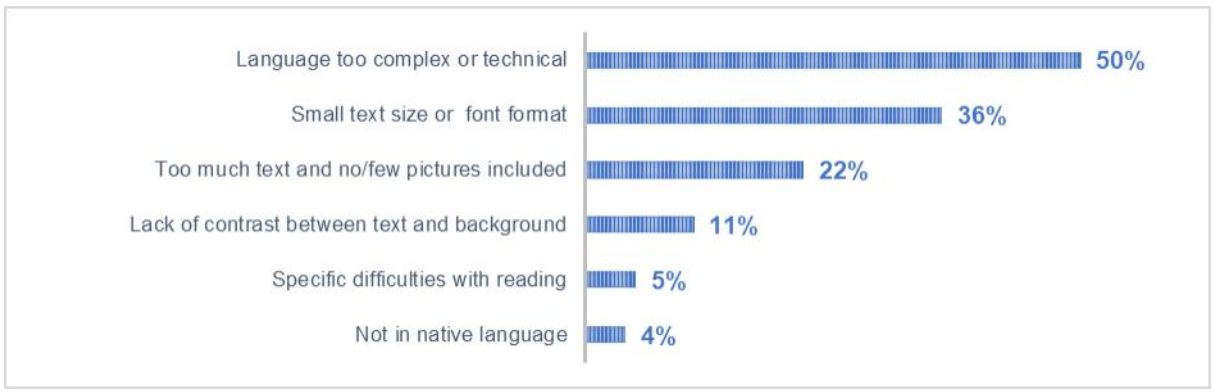
When it comes to language complexity there is currently no consensus **(9) (10) (11)** on what is the best approach, and according to our survey it is not equally problematic in all countries. For this reason, each EU27 country should have a tailored approach and best practice sharing would be highly beneficial.

A smooth transition to digital product information needs to put the patient first. In addition, we believe that for patient information to reach its maximum potential improvements in PIL length and complexity should be made.

AESGP **along with other actors in the pharmaceutical industry is actively working on improving the content of the Patient Information Leaflet, aiming to shorten it and make it more patient-centric.**

A shift towards digital product information, with the additional patient centric benefits it can bring will be further supportive of achieving this outcome.

REASONS PIL INFORMATION IS DIFFICULT TO UNDERSTAND



Source: Perception study on non-prescription medicines and digital product information, IPSOS 2023

(9) Koo, Michelle M et al. "Factors influencing consumer use of written drug information." The Annals of pharmacotherapy vol. 37,2 (2003): 259-67. doi:10.1177/106002800303700218

(10) Gal, Iddo, and Ayelet Prigat. "Why organizations continue to create patient information leaflets with readability and usability problems: an exploratory study." Health education research vol. 20,4 (2005): 485-93. doi:10.1093/her/cyh009

(11) 'Young, Amber et al. "'What do patients want?' Tailoring medicines information to meet patients' needs." Research in social & administrative pharmacy : RSAP vol. 13,6 (2017): 1186-1190. doi:10.1016/j.sapharm.2016.10.006

Conclusions

In conclusion, the ongoing shift from traditional paper-based Patient Information Leaflets (PILs) to a fully digital product information system signifies a progressive and positive transformation for healthcare in the European Union. **AESGP fully supports the digital future of product information, a transformation already underway which brings numerous benefits for all stakeholders**.

The benefits of digital product information, including enhanced accessibility, multilingual options, improved readability, and personalized content, align with the increasing prevalence of internet access and digital literacy across EU households, contributing to improved health literacy, patient empowerment, and environmental sustainability. As we navigate this transformative journey, a unified vision for a digitalized healthcare information landscape can pave the way for a more connected, accessible, and patient-centric future.

To ensure a smooth and embraced transition, AESGP recommends the parallel execution of a comprehensive Patient Education & Digital Literacy campaign. This campaign will play a pivotal role in enhancing awareness and understanding among patients and all stakeholders, facilitating a positive embrace of the digital future in healthcare information across all European Union member states.

Annex 1

AESGP-IPSOS Study "Perception study on non-prescription medicines and digital product information"

PERCEPTION STUDY ON NON-PRESCRIPTION MEDICINES AND DIGITAL PRODUCT INFORMATION

Date: 12 May 2023

For the Association of European Self-Care Industry (AESGP)

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1 EXECUTIVE SUMMARY

1.1 Use and purchase of non-prescription medicines

- **In the past 12 months, just over half of all respondents (53%) have taken some form of non-prescription or over-the-counter medicine more than once a month** – with 20% having done so at least once a week and 15% having done so daily.
- **Respondents' top sources of information about non-prescription medicines are pharmacists (59%), prior experience of using such medicines (38%), and doctors or other traditional healthcare professionals (35%).** These are followed by two less formal sources, namely, family, friends and colleagues (30%), and general internet searches (26%). Just under a quarter of the respondents report that on-package product information and product leaflets (inside the box) are among their main sources of information (22% and 24% respectively).
- **Approaching nine in ten respondents (88%) say they usually purchase their non-prescription medicines from a pharmacy. Fewer than a quarter as many mention any other single source**, including specialised online websites for non-prescription medicines (17%) supermarkets, grocery stores, or convenience stores (14%), brand websites (9%) or online marketplaces (9%).
- **Over half (54%) of respondents who have purchased non-prescription medicines in the past 12 months report having *always or usually* sought advice at the point of sale.** Meanwhile, 22% report having done so only *sometimes* and a similar proportion (20%) only *rarely* or *never***.**
- **Around three-quarters of respondents who have purchased non-prescription medicines in the past report *always* or *usually* reading at least some of the information provided on the box/outer packaging (75%) or in the patient leaflet (75%).** Approaching one in five report doing this only *some of the time* (15% for the outer packaging and 16% for the leaflets inside the box) while around half as many report doing so *rarely* (7% for both) or *never* (2% for both).
- **The vast majority of those who have consulted information on the *outer packing* of non-prescription medicines report always or usually checking for information on how to take/use the medicine (86%), what the medicine is used for (82%)** and possible side effects (69%). Slightly lower majorities report checking the outer packaging for information on how to store the medicine (60%) and what the medicine consists of (57%).
- **More than eight in ten respondents say they always or usually check *patient leaflets* of non-prescription medicines for information on how to take the medicine (85%) and what the medicine is used for (81%).** Around seven in ten say they always or usually check the leaflets for information about what you need to know before taking the medicine (75%) and possible side effects (71%), while around six in ten say they always or usually do so for information about how to store the medicine (60%) and what this medicine consists of (58%).
- **The survey found a generally high level of self-assessed understanding of information provided with non-prescription medicines**: Over two-thirds of all those who have consulted such information say they find it easy to understand (69%), while just 7% say they find it difficult to understand and 23% are undecided.

- **The specific type of information most commonly identified as being difficult to understand is that concerning what the medicine consists of** (54% of those who report difficulties mention this). This is followed by information on possible side effects (30%) and what you need to know before taking the medicine (25%).
- **In terms of *what* makes the information difficult to understand for respondents, half (50%) mention that the language is too complex or technical,** while just over a third (36%) mention the small size of the text or font and around a quarter (22%) say there is too much text and no, or very few, pictures.
- **The perceived most important types of information in leaflets of non-prescription medicines are what the medicine is used for (58%), followed by what you need to know before you take the medicine (45%) and how to take/use the medicine (43%).** These are followed by, respectively, what the medicine consists of (22%), possible side effects (21%) and how to store the medicine (3%).

1.2 Use and perceptions of digital leaflets

- **Approaching half of all respondents – 44% – have accessed a digital information leaflet for a non-prescription medicine in the past 12 months**. The figure is ten percentage points higher among those who have used a non-prescription medicine daily to more than once a month, at 54%.
- **Among those who have accessed a digital information leaflet, over half (55%) have done so via a general internet search**, while around one in five have done so by searching on a product brand/manufacturer's website (21%), on the website where the product was bought (20%), on a health-related website (19%), or on a specialised website for non-prescription medicines (18%).
- **When asked how they would *prefer* to access digital information leaflets in the future, a quarter of respondents say via a general Google search while 16% say by scanning a QR code on the outer box/packaging of the medicine.** No other single method is mentioned by more than one in ten respondents. Indeed, 14% of respondents say they would *never* access a digital information leaflet.
- **The perceived most important advantages of digital leaflets vis-à-vis online ones, are that they are easier to retrieve at a later time (30%), they can be accessed in the moment or when needed (29%), they are more sustainable or environmentally friendly (28%)**, and they can include more detailed information about the medicine (24%).
- **In terms of what respondents see as the main *disadvantages* of digital leaflets to them personally, the most common responses are that the leaflets are not in (physical) reach (30%),** and that they personally have no, or only limited, access to the internet (18%), or to a computer or other device to get on the internet (17%).
- **Respondents are in general agreement that information about non-prescription medicines should continue to be provided on, or in, the product packs rather than in digital format only.** This feeling is especially strong in relation to information about how to take the medicine (87%); what the medicine is used for (83%); what you need to know before taking the medicine (82%); and possible side effects (80%). The only two categories of information that more than a quarter of respondents feel could be provided online only are: what the medicine consists of (27%) and how to store the medicine (28%).

2 INTRODUCTION

2.1 Background to the survey

The Association of the European Self-Care Industry (AESGP) represents the manufacturers of non-prescription medicines, food supplements and self-care medical devices (an area also referred to as consumer healthcare products). In February 2023, the Association commissioned Ipsos European Public Affairs to run a consumer survey in six EU Member States as a first step towards building a better understanding of EU consumers' perceptions and expectations with regard to product information for non-prescription medicines and their readiness to use digital formats.

2.2 Research objectives

The specific objectives of the consumer survey were to understand:

- how Europeans perceive product information for non-prescription medicines
- how Europeans understand and form expectations on product information for non-prescription medicines
- Europeans' current use of, and future readiness to use, digital product information for non-prescription medicines

2.3 Survey methodology

The survey was conducted between 20 March and 11 April 2023, in six EU Member States: France, Germany, Poland, Romania, Spain and Sweden.

In each Member State, the total sample size was 1,000 interviews. Most of these interviews (950) were conducted online among adults aged 18 and over with purchasing power (via CAWI, or Computer-Assisted-Web-Interviewing). The remaining 50 interviews were conducted by telephone (via CATI) among people who were low- or non-users of the internet, so as to ensure the participation in the survey of people who may potentially be most challenged by a transition to digital labelling (i.e. those who are least digitally engaged).[1]

The online sample was drawn from Ipsos' proprietary non-probability Access panels in the target countries. The telephone sample was drawn from a purchased profile database targeting specifically population groups most likely to be low or non- users of the internet, including people aged 50 and over and people living in more rural areas. For the online sample, quotas[2] were set, and the profile of the emerging sample monitored, in terms of gender, age and region (not interlocked), based on latest available population statistics. For the telephone interviews, no hard quotas were set (given the low penetration of the target groups in the population) but the emerging sample was monitored on the key variables of age, gender and geographical region.

[1] For the purposes of this survey, occasional/non-internet users were defined as adults who use the Internet for any purpose (for work, leisure, etc.) less than once a month.

[2] Quota sampling aims to represent the major characteristics of the population of interest by sampling a proportional amount of each.

In total, 6,039 interviews were completed across the six countries. The achieved sample size (unweighted) per country is shown in Table 2.1.

Table 2.1: Target and achieved sample size per country

Country	Target	Sample size
France	1,000	1,007
Germany	1,000	1,007
Poland	1,000	1,002
Romania	1,000	1,009
Spain	1,000	1,009
Sweden	1,000	1,005
TOTAL	6,000	6,039

Post-survey corrective weighting was applied to the online survey data as follows: 1) “in country” or national weights were applied for each country surveyed, based upon gender, age group and geographic region; 2) cross-country weights were calculated to allow estimates to be obtained for the whole sample and for any combination of countries such that the weighted sample size for each country would be proportionate to the size of its eligible population. A weight of 1 was applied to telephone interviews (no post-survey correcting weighting).

2.4 Interpreting the data

Throughout this report, differences in the view of different subgroups of respondents are highlighted (for example, in terms of country, gender, education, etc.). It should be noted that survey results are subject to sampling tolerances meaning that not all apparent differences between groups may be statistically significant. Only differences that are statistically significant (at the 5% level) – i.e. where we can be reasonably certain that they are unlikely to have occurred by chance – are highlighted in the text and the report tables. In the latter, the differences are highlighted in **green** or **red**, with green indicating a result that is significantly higher than the average, and red indicating a result that is significantly lower than the average.

The percentages in this report are given without a decimal and due to rounding percentages may not add up to 100% exactly. The bars in charts take into account decimals, explaining small differences in the length of bars showing the same percentages. Where percentages do not sum to 100%, this may be due to computer rounding or multiple answers. An asterisk (*) denotes any value of less than half one per cent but more than zero, while a dash (-) denotes

zero. Aggregate percentages (e.g. "strongly agree/tend to agree") are calculated for all 5-point scales.

In the report, countries are at times referred to by their official abbreviation. The abbreviations used are shown in Table 2.2 below.

Table 2.2: Country abbreviations

DE	Germany	RO	Romania
SE	Sweden	PL	Poland
FR	France	ES	Spain

2.5 Structure of the report

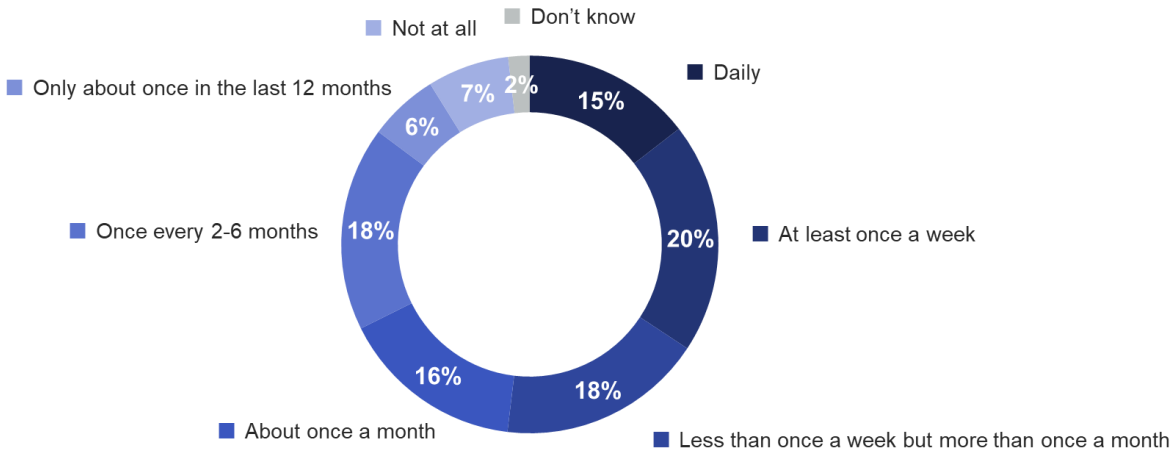
The findings of the research are set out in detail over subsequent chapters. Chapter 3 focuses on the use and purchase of non-prescription medicines in the target countries, including frequency of use, main sources of information, where consumers buy medicines, advice-seeking when buying them at point of sale, engagement with information on the medicine's packaging and leaflets, ease of understanding the information and the perceived most important types of information in medicine leaflets. Chapter 4 focuses on respondents' use and perceptions of digital information leaflets, including their current and preferred methods of accessing digital leaflets, perceived advantages and disadvantages of digital leaflets and priority information for retention on paper leaflets vis-à-vis paper ones.

3 USE AND PURCHASE OF NON-PRESCRIPTION MEDICINES

3.1 Use of non-prescription medicines in the past 12 months

In the past 12 months, just over half of all respondents (53%) have taken some form of non-prescription or over-the-counter medicine more than once a month – with 20% having done so at least once a week and 15% having done so daily. Meanwhile, 16% have taken a non-prescription medicine about once a month, and a similar proportion have done so once every 2-6 months (18%). Fewer than half as many have taken a non-prescription medicine only about once in the last 12 months (6%) or not at all (7%) (Figure 3.1).

Figure 3.1: Use of non-prescription medicines in the past 12 months



Base: All respondents (N=6039)
Question: "In the past 12 months, how often, if at all, have you used some form of non-prescription or over-the-counter medicine? By non-prescription or over-the counter medicines, we mean medicines that you can buy without a prescription from a medical doctor or healthcare professional, such as medicines for headaches, the common cold, coughs, musculoskeletal pain, allergies, tobacco dependence, heartburn, emergency contraception etc. For the purposes of this survey, non-prescription or over-the-counter medicines do not include food supplements such as vitamins, minerals or other dietary supplements".

As shown in Table 3.1 below, consumption of non-prescription medicines daily to more than once a month is higher than average in Germany (58% vs. 53% on average), Sweden (59%) and Poland (67%), and lower than average in Spain (47%) and France (32%). Indeed, in France, respondents are almost two times more likely than average to have taken non-prescription medicines only about once in the last 12 months or not at all (24% vs. 13% on average).

There are also a number of socio-demographic differences in the results. As shown below, frequent consumption of non-prescription medicines (i.e more than once a month) is higher than average among:

- **Respondents aged 35-44** (58% vs. 47% among respondents aged 65 and over, 53% among those aged 45-64 and 55% among those aged 18-34);
- **Respondents with a pre-existing medical condition or disability** (59% vs. 47% among those without one);
- **Respondents who have seen a doctor in the past 12 months** (54% vs. 42% among those who have not seen one).

Consumption of non-prescription medicines at least once a month is also higher among those with a middle or high level of education compared to those with a lower one (55% and 54% respectively, vs. 43% among those with a lower level of education) and among those with a good self-assessed ability to understand health related matters (55% vs. 53% average).

Table 3.1: Use of non-prescription medicines, by key socio-demographic variables

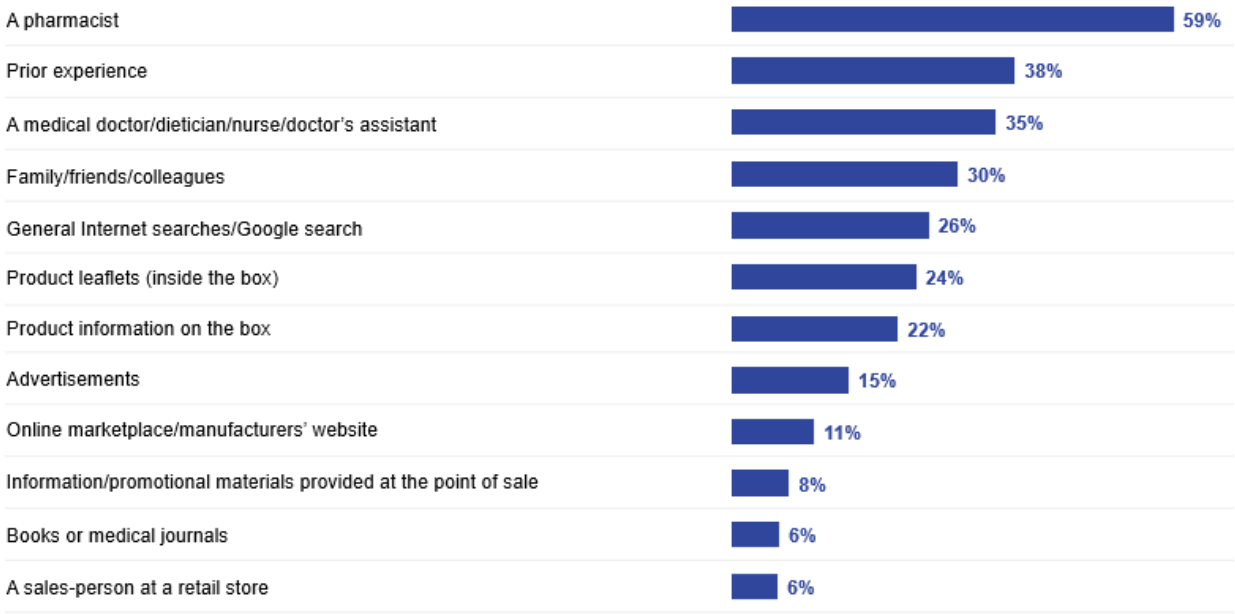
	Daily to more than once a month	Between about once a month and once every 2 to 6 months	Only about once in the last 12 months/not at all
COUNTRY			
DE (n=985)	58%	28%	15%
SE (n=989)	59%	30%	11%
FR (n=986)	32%	44%	24%
RO (n=997)	55%	35%	10%
ES (n=985)	47%	39%	15%
PL (n=986)	67%	28%	5%
AGE			
18-34 (n=1388)	55%	36%	9%
35-44 (n=1010)	58%	32%	10%
45-64 (n=2055)	53%	34%	13%
65+ (n=1475)	47%	33%	20%
EDUCATION			
Low (n=825)	43%	34%	23%
Middle (n=2616)	55%	33%	12%
High (n=2487)	54%	35%	11%
CONDITION OR DISABILITY			
Yes (n=2744)	59%	29%	12%
No (n=2756)	47%	38%	15%
SEEN A DOCTOR IN THE PAST 12 MONTHS			
Yes (n=5333)	54%	34%	12%
No (n=595)	42%	36%	22%

Base: Respondents who have used some form of non-prescription or over the counter medicine in the past 12 months (N=5928)
Question: "In the past 12 months, how often, if at all, have you used some form of non-prescription or over-the-counter medicine?"

3.2 Main sources of information about non-prescription medicines

Respondents' top sources of information about non-prescription medicines are pharmacists (59%), prior experience of using such medicines (38%), and doctors or other traditional healthcare professionals (35%). These are followed by two less formal sources, namely, family, friends and colleagues (30%), and general internet searches (26%). **Just under a quarter of the respondents report that on-package product information and product leaflets (inside the box) are among their main sources of information** (22% and 24% respectively).

Figure 3.2: Sources of information about non-prescription medicines



Base: All respondents (N=6039)
Question: "What are your main sources of information on non-prescription or over-the-counter medicines?"

The top five sources of information shown above also constitute the five most commonly mentioned ones in all but one of the countries surveyed (albeit with the rank ordering of the sources varying slightly). The exception is in Romania, where product leaflets feature among the top five answers (mentioned by 41% of respondents there, vs. 24% on average).

In terms of other notable country differences in the results, and as shown in Table 3.2 below:

- Respondents in **Germany** report lower than average reliance on pharmacists (52%) and higher than average reliance on books or medical journals (9%).
- Respondents in **Sweden** report lower than average reliance on pharmacists (30%), doctors and other healthcare professionals (30%), family/friends/colleagues (27%), advertisements (11%) and product leaflets (16%). In turn, they report higher than average reliance on prior experience (44%) and product information on the box (25%).
- Respondents in **France** report higher than average reliance on pharmacists (70%) and lower than average reliance on doctors and other healthcare professionals (27%), family/friends/colleagues (27%), prior experience (23%), general Internet searches (17%), product information on the box (16%) and in the leaflets (15%), advertisements (11%), and the marketplace/manufacturers' websites (5%).
- Respondents in **Romania** report higher than average reliance on more formal sources of information: pharmacists (73%) and doctors and other healthcare professionals (47%). They also report higher than average reliance on prior experience (48%), product leaflets (41%), general Internet searches (32%), advertisements (18%) and marketplace/manufacturers' websites (15%).
- A similar pattern is observed in **Poland**. Here too, there is higher than average reliance on prior experience (49%), doctors or other healthcare professionals (40%),

family/friends/colleagues (40%), advertisements (26%), general Internet searches (35%), product leaflets (33%), and the marketplace/manufacturers' websites (19%).

- Respondents in **Spain** show higher than average reliance on pharmacists (68%) and lower than average reliance on doctors and other healthcare professionals (30%), family/friends/colleagues (27%), general Internet searches (20%), product information on the box (14%) and product leaflets (19%).

Younger respondents (aged 18-44) are more likely than older respondents to mention family, friends or colleagues, a sales-person at a retail store, books or medical journals, advertisements, the online marketplace/manufacturers' website, and information or promotional materials at the point of sale. In contrast, respondents with a low level of education are *less* likely than those with a high one to mention all sources except a sales-person at a retail store (see Table 3.3).

There are further differences by area type: respondents living in a rural area or village are less likely than those in urban areas to mention most of the sources, with the difference especially marked in relation to doctors and other healthcare professionals (28% vs. 39% in large towns) and general Internet searches (21% vs. 29% respectively). Finally, respondents with a pre-existing disability or medical condition are more likely than those without one to cite doctors or other healthcare professionals (37% vs. 34%), a sales-person at a retail store (8% vs. 5%), books or medical journals (7% vs. 5%), advertisements (17% vs. 14%), general Internet searches (27% vs. 25%), the online marketplace/manufacturers' website (12% vs. 10%), while those without a pre-existing condition or disability are more likely to mention pharmacists (60% vs. 58%) and prior experience (40% vs. 37%) as sources of information.

Table 3.2: Top 5 sources of information about non-prescription medicines, by country

DE		SE		FR	
1. A pharmacist	52%	1. Prior experience	44%	1. A pharmacist	70%
2. A medical doctor/other traditional healthcare professional	37%	2. A medical doctor/other traditional healthcare professional	30%	2. Family/friends/colleagues	27%
3. Prior experience	35%	3. A pharmacist	30%	3. A medical doctor/other traditional healthcare professional	27%
4. Family/friends/colleagues	28%	4. Family/friends/colleagues	27%	4. Prior experience	23%
5. Internet search	27%	5. Internet search	25%	5. Internet search	17%

RO		ES		PL	
1. A pharmacist	73%	1. A pharmacist	68%	1. A pharmacist	60%
2. Prior experience	48%	2. A medical doctor/other traditional healthcare professional	30%	2. Prior experience	49%
3. A medical doctor/other traditional healthcare professional	47%	3. Family/friends/colleagues	27%	3. A medical doctor/other traditional healthcare professional	40%
4. Product leaflets (inside the box)	41%	4. Prior experience	26%	4. Family/friends/colleagues	40%
5. Internet search	32%	5. Internet search	20%	5. Internet search	35%

Base: All respondents (N=6039)

Question: "What are your main sources of information on non-prescription or over-the-counter medicines? "

Table 3.3: Main sources of information about non-prescription medicines, by key socio-demographic variables

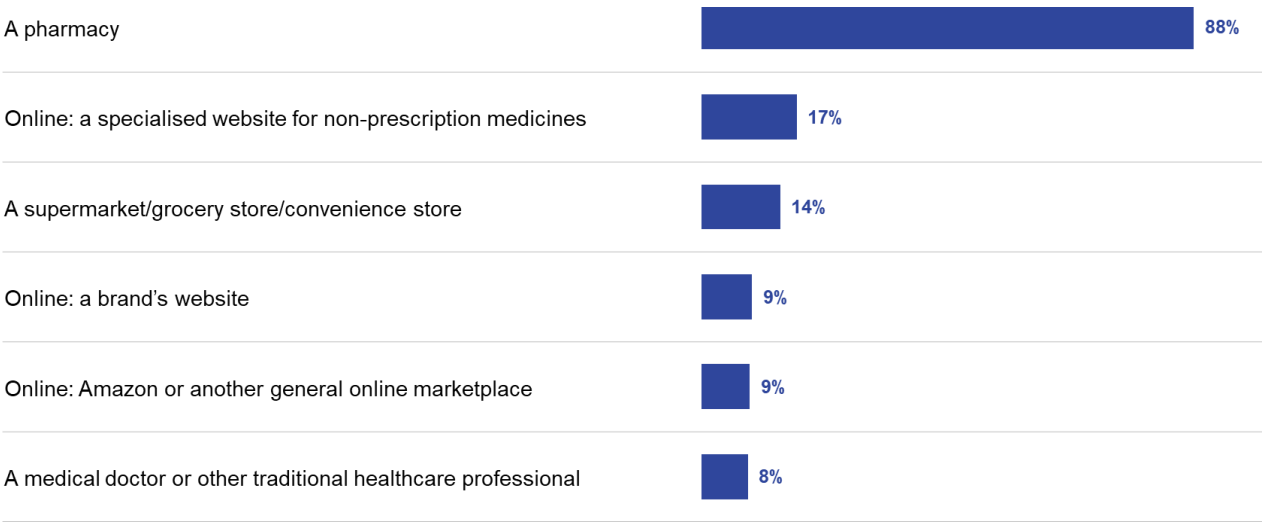
	TOTAL	AGE				EDUCATION		
	Total	18-34	35-44	45-64	65+	Low	Middle	High
A pharmacist	59%	54%	61%	61%	58%	53%	57%	62%
Prior experience	38%	36%	38%	39%	37%	24%	37%	42%
A medical doctor/dietician/nurse/doctor's assistant	35%	33%	34%	35%	38%	22%	36%	38%
Family/friends/colleagues	30%	37%	37%	28%	21%	23%	29%	34%
General Internet searches/Google search	26%	31%	30%	26%	18%	15%	25%	31%
Product leaflets (inside the box)	24%	27%	24%	24%	23%	13%	24%	29%
Product information on the box	22%	25%	23%	21%	19%	13%	22%	25%
Advertisements	15%	21%	20%	13%	10%	11%	14%	18%
Online marketplace/manufacturers' website	11%	14%	15%	9%	7%	5%	10%	13%
Information/promotional materials provided at the point of sale	8%	10%	10%	6%	5%	4%	7%	9%
Books or medical journals	6%	8%	8%	5%	5%	3%	5%	9%
A sales-person at a retail store	6%	9%	8%	5%	3%	6%	6%	6%

Base: All respondents (N=6039)
Question: "What are your main sources of information on non-prescription or over-the-counter medicines?"

3.3 Where consumers buy non-prescription medicines

Approaching nine in ten respondents (88%) say they usually purchase their non-prescription medicines from a pharmacy. Fewer than a quarter as many mention any other single source, including specialised online websites for non-prescription medicines (17%) supermarkets, grocery stores, or convenience stores (14%), brand websites (9%) or online marketplaces (9%) (Figure 3.3).

Figure 3.3: Where consumers usually buy non-prescription medicines



Base: All respondents (N=6039)
Question: "From which of the following do you usually purchase non-prescription or over-the-counter medicines?"

Pharmacies hold as the top response in all of the countries and across all key socio-demographic sub-groups. That said, there is still some notable variation in the absolute frequency with which they and the other sources are mentioned.

At the country level:

- Respondents in **Germany** are less likely than average to mention pharmacies (76% vs. 88% on average) and more likely to mention a medical doctor or other healthcare professional (11% vs. 8%), online marketplaces (21% vs. 9%), and specialised websites for non-prescription medicines (23% vs. 17%).
- Respondents in **Sweden** are also less likely than average to mention pharmacies (82% vs. 88% on average), and more likely to mention supermarkets, grocery stores, or convenience stores (20% vs. 14%) or specialised websites (29% vs. 17%).
- Respondents in **France** are less likely than average to mention supermarkets grocery stores, or convenience stores (9% vs. 14% on average) or specialised websites (8% vs. 17%).
- Respondents in **Romania** are less likely than average to mention supermarkets, grocery stores, or convenience stores (9% vs. 14% on average), or general online marketplaces (3% vs. 9% on average) and more likely to mention pharmacies (95% vs. 88%) or brand's websites (13% vs. 9%).

- Respondents in **Spain** are less likely than average to mention supermarkets, grocery stores, or convenience stores (7% vs. 14% on average), specialised websites (9% vs. 17%), or brand websites (6% vs. 9% average).

Table 3.4: Where consumers usually buy non-prescription medicines, by country

DE		SE		FR	
1. A pharmacy	76%	1. A pharmacy	82%	1. A pharmacy	89%
2. Online: A specialised website for non-prescription medicines	23%	2. Online: A specialised website for non-prescription medicines	29%	2. A supermarket/grocery store/convenience store	9%
3. Online: Amazon or another general online marketplace	21%	3. A supermarket/grocery store/convenience store	20%	3. Online: A specialised website for non-prescription medicines	8%
4. A supermarket/grocery store/convenience store	16%	4. Online: A brand's website	10%	4. Online: Amazon or another general online marketplace	7%
5. A medical doctor/other traditional healthcare professional	11%	5. A medical doctor/other traditional healthcare professional	8%	5. A medical doctor/other traditional healthcare professional	6%
RO		**ES**		**PL**	
1. A pharmacy	95%	1. A pharmacy	89%	1. A pharmacy	93%
2. Online: A specialised website for non-prescription medicines	18%	2. Online: Amazon or another general online marketplace	9%	2. A supermarket/grocery store/convenience store	24%
3. Online: A brand's website	13%	3. Online: A specialised website for non-prescription medicines	9%	3. Online: A specialised website for non-prescription medicines	16%
4. A medical doctor/other traditional healthcare professional	11%	4. A medical doctor/other traditional healthcare professional	7%	4. Online: A brand's website	11%
5. A supermarket/grocery store/convenience store	9%	5. A supermarket/grocery store/convenience store	7%	5. A medical doctor/other traditional healthcare professional	7%

Base: All respondents (N=6039)
Question: "From which of the following do you usually purchase non-prescription or over-the-counter medicines?"

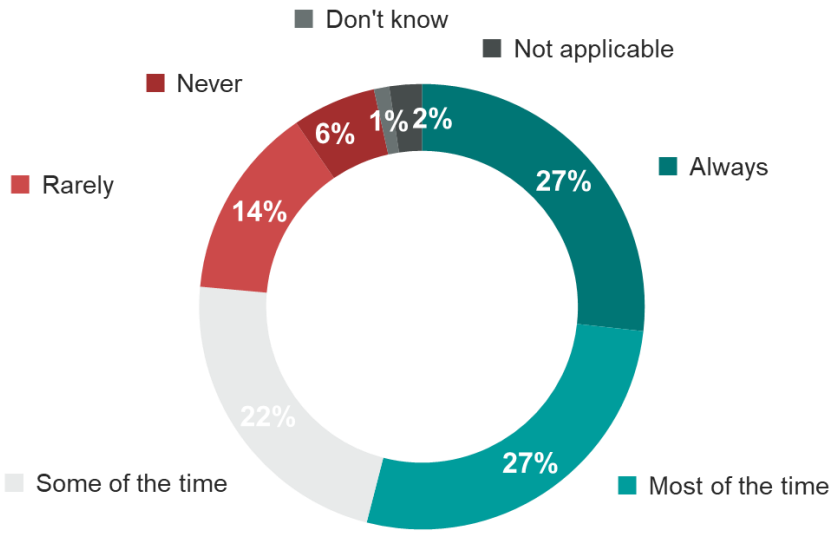
At the socio-demographic level:

- **Respondents aged 65 and over** are less likely than other age groups to buy non-prescription medicines anywhere other than a pharmacy.
- **Respondents with a high level of education** are more likely than those with a low level to buy non-prescription medicines from a pharmacy (89% vs. 85% respectively), a supermarket, grocery store or convenience store (16% vs. 11%), a medical doctor or other traditional healthcare professional (10% vs. 6%), a specialised website (20% vs. 10%) or a brand's website (11% vs. 4%).
- **Respondents living in rural areas or villages** are less likely than those in urban areas to buy non-prescription medicines at a pharmacy (89% vs. 84% respectively) or on a brand's website (10% vs. 7%).
- **Respondents with a pre-existing medical condition or disability** are slightly less likely than those without one to buy non-prescription medicines from a pharmacy (85% vs. 90%) and more likely to buy them from other sources, including supermarkets, grocery stores or convenience stores (16% vs. 13% respectively); doctors or other traditional healthcare professionals (10% vs. 7%); on Amazon or other general online marketplaces (10% vs. 7%); on specialised websites (18% vs. 16%); and on brand websites (11% vs. 8%)..

3.4 Advice-seeking when buying non-prescription medicines

Over half (54%) of respondents who have purchased non-prescription medicines in the past 12 months report having *always or usually* sought advice at the point of sale. Meanwhile, 22% report having done so only *sometimes* and a similar proportion (20%) only *rarely* or *never***.**

Figure 3.4: Frequency of advice-seeking on non-prescription medicines at point of sale



Base: Respondents who have bought non-prescription medicines in the past (N=5923)
Question: "When you purchase a non-prescription or over-the-counter medicine you haven't used before, how often, if at all, do you seek advice from staff at the point of sale?"

Respondents in Poland, Germany and Sweden are less likely than those in the other countries to say they *always* or *usually* seek advice at the point of sale. Indeed, the majority of them say they do this only sometimes, rarely or never (see Table 3.5 below)**.**

As shown in Table 3.5 below, younger respondents aged 18-34 are less likely than those aged 65 and over to *always* or *usually* seek advice at the point of sale (51% vs. 58% respectively), and those with a higher level of education are less likely to do so than those with a lower level (54% vs. 58%).

Table 3.5: Frequency of advice-seeking on non-prescription medicines at point of sale, by country and key socio-demographic variables

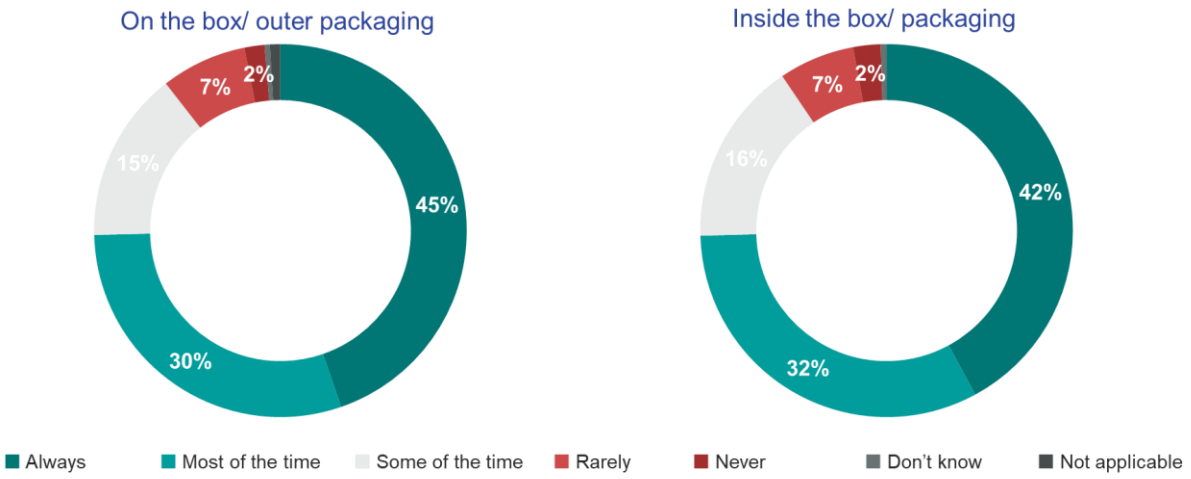
		Always/most of the time	Some of the time	Rarely/never
COUNTRY				
DE	(n=985)	40%	26%	30%
SE	(n=995)	39%	19%	35%
FR	(n=971)	66%	19%	12%
RO	(n=997)	69%	19%	10%
ES	(n=982)	68%	20%	9%
PL	(n=993)	42%	31%	25%
AGE				
18-34	(n=1398)	51%	26%	19%
35-44	(n=1015)	55%	26%	17%
45-64	(n=2057)	53%	24%	21%
65+	(n=1453)	58%	14%	22%
EDUCATION				
Low	(n=832)	58%	18%	18%
Middle	(n=2627)	53%	23%	21%
High	(n=2464)	54%	23%	20%
CONDITION OR DISABILITY				
Yes	(n=2742)	55%	23%	19%
No	(n=2742)	54%	22%	21%
SEEN A DOCTOR IN THE PAST 12 MONTHS				
Yes	(n=5327)	55%	22%	19%
No	(n=596)	43%	26%	26%

Base: Respondents who have bought non-prescription medicines in the past (N=5923)
Question: "When you purchase a non-prescription or over-the-counter medicine you haven't used before, how often, if at all, do you seek advice from staff at the point of sale?"

3.5 Frequency of engagement with information on the packaging and leaflets of non-prescription medicines

Around three-quarters of respondents who have purchased non-prescription medicines in the past report *always* or *usually* reading at least some of the information provided on the box/outer packaging (75%) or in the patient leaflet (75%). Approaching one in five report doing this only *some of the time* (15% for the outer packaging and 16% for the leaflets inside the box) while around half as many report doing so *rarely* (7% for both) or *never* (2% for both).

Figure 3.5: Frequency of engagement with information on the packaging and in the leaflets of non-prescription medicines



Base: Respondents who have bought non-prescription medicines in the past (N=5923)
Questions: "Before or after purchasing non-prescription or over-the counter medicines you haven't used before, how often, if at all, do you read at least some of the information on the box/ outer packaging?"
"After purchasing non-prescription or over-the-country medicines you haven't used before, how often, if at all, do you read at least some of the paper leaflet inside the box/packaging?"

Engagement with information on the packaging and in the leaflets of non-prescription medicines varies to an extent by country. The proportion who say they *always* or *usually* consult this information is higher than average in Romania (87% for packaging and 86% for leaflets) and lower than average in Sweden (67% and 64%). The figure for packaging is also lower than average in Germany (71%) (see Tables 3.6 and 3.7 below).

In terms of socio-demographic differences, engagement with information on packaging and in patient leaflets is higher than average among respondents aged 65 and over (80% and 81% respectively vs. the average of 75%), among respondents with a good self-assessed ability to understand health-related matters (79% in both cases) and among respondents with a high level of education (77% in both cases). In the case of information in patient leaflets specifically, engagement is also higher among females than males (78% vs. 71% respectively).

Table 3.6: Frequency of engagement with information on the box/packaging of non-prescription medicines, by country and key socio-demographic variables

		Always/most of the time	Some of the time	Rarely/Never
COUNTRY				
DE	(n=985)	71%	17%	10%
SE	(n=995)	67%	16%	14%
FR	(n=971)	74%	15%	10%
RO	(n=997)	87%	8%	4%
ES	(n=982)	75%	17%	7%
PL	(n=993)	75%	16%	9%
GENDER				
Male	(n=2778)	72%	16%	11%
Female	(n=3145)	77%	14%	8%
AGE				
18-34	(n=1398)	70%	18%	11%
35-44	(n=1015)	75%	17%	8%
45-64	(n=2057)	74%	15%	10%
65+	(n=1453)	80%	10%	8%
EDUCATION				
Low	(n=832)	72%	14%	12%
Middle	(n=2627)	73%	15%	10%
High	(n=2464)	77%	14%	8%

Base: Respondents who have bought non-prescription medicines in the past (N=5923)
Questions: "Before or after purchasing non-prescription or over-the counter medicines you haven't used before, how often, if at all, do you read at least some of the information on the box/ outer packaging?"

Table 3.7: Frequency of engagement with information in the patient leaflets of non-prescription medicines, by country and key socio-demographic variables

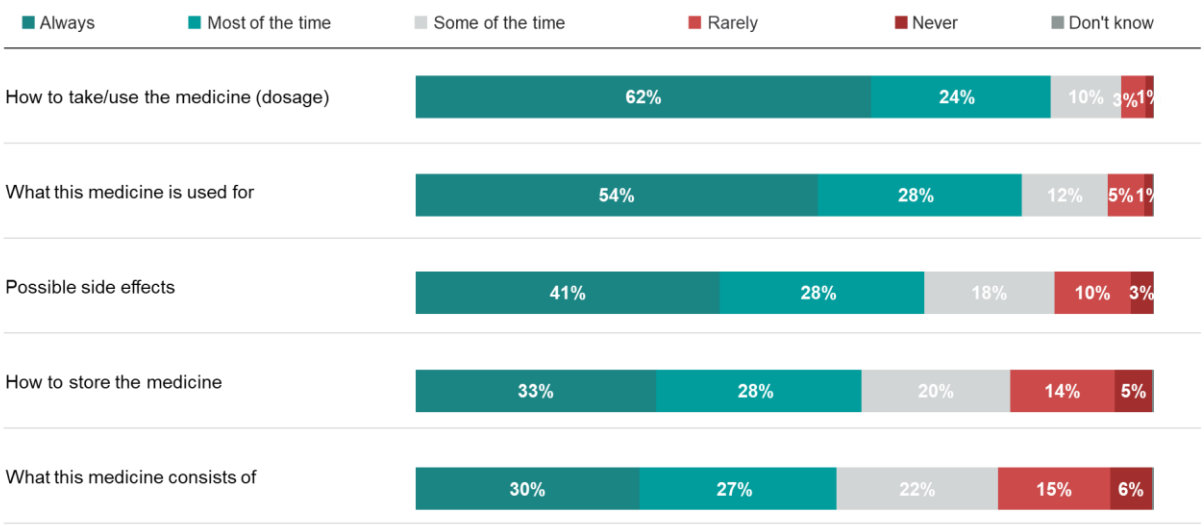
		Always/most of the time	Some of the time	Rarely/Never
COUNTRY				
DE	(n=985)	75%	16%	9%
SE	(n=995)	64%	18%	17%
FR	(n=971)	73%	17%	10%
RO	(n=997)	86%	10%	4%
ES	(n=982)	73%	20%	7%
PL	(n=993)	77%	15%	7%
GENDER				
Male	(n=2778)	71%	17%	11%
Female	(n=3145)	78%	15%	7%
AGE				
18-34	(n=1398)	70%	19%	10%
35-44	(n=1015)	74%	19%	7%
45-64	(n=2057)	74%	16%	10%
65+	(n=1453)	81%	11%	8%
EDUCATION				
Low	(n=832)	70%	18%	11%
Middle	(n=2627)	74%	16%	9%
High	(n=2464)	77%	15%	8%

Base: Respondents who have bought non-prescription medicines in the past (N=5923)
Question: After purchasing non-prescription or over-the-country medicines you haven't used before, how often, if at all, do you read at least some of the paper leaflet inside the box/packaging?

3.6 Frequency of engagement with specific types of information on the packaging of non-prescription medicines

The vast majority of those who have consulted information on the outer packing of non-prescription medicines report *always* or *usually* checking for information on how to take/use the medicine (86%), what the medicine is used for (82%) and possible side effects (69%). Slightly lower majorities report checking the outer packaging for information on how to store the medicine (60%) and what the medicine consists of (57%) (Figure 3.6).

Figure 3.6: Frequency of engagement with specific types of information on the box/outer packaging on non-prescription medicines



Base: Respondents who have ever read at least some of the information on the box/outer packaging of non-prescription medicines (N=5743)
Question: "How often, if at all, do you check for the following specific types of information on the box or outer packaging?"

The proportions of respondents who report *always* or *usually* checking for the different types of information on the outer packaging are consistently higher in Romania than in all other countries. In contrast, the figures are mostly lower than average in Sweden and, for some types of information, in Germany and France too (see Table 3.8).

The propensity to engage with the different types of information on the outer packaging also increases with age, and with self-assessed ability to understand health-related matters, though notably not with objective level of education (see Table 3.8).

Table 3.8: Frequency of engagement with specific types of information on the box/outer packaging on non-prescription medicines, by country and key socio-demographic variables

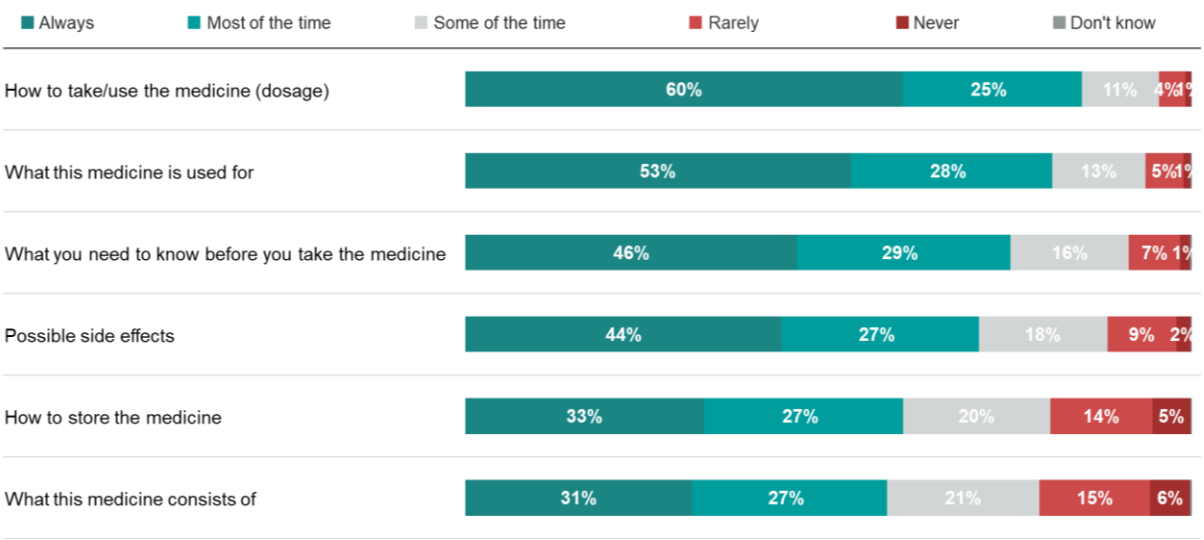
	% who always check the box/outer packaging of non-prescription medicines for each type of information				
	How to take/use the medicine (dosage)	What this medicine is used for	Possible side effects	How to store the medicine	What this medicine consists of
COUNTRY					
DE	57%	49%	37%	30%	29%
SE	60%	51%	31%	26%	20%
FR	60%	50%	40%	32%	26%
RO	74%	72%	57%	43%	48%
ES	59%	51%	42%	34%	32%
PL	61%	53%	40%	31%	26%
AGE					
18-34	55%	44%	32%	24%	24%
35-44	59%	54%	37%	32%	29%
45-64	62%	55%	43%	32%	30%
65+	71%	64%	51%	42%	39%
EDUCATION					
Low	60%	53%	40%	34%	28%
Middle	62%	55%	42%	34%	31%
High	62%	54%	41%	31%	31%

Base: Respondents who have ever read at least some of the information on the box/outer packaging of non-prescription medicines; (N=5743)
Question: "How often, if at all, do you check for the following specific types of information on the box or outer packaging?"

3.7 Frequency of engagement with specific types of information in the patient leaflets of non-prescription medicines

Much in line with the findings reported in Section 3.6, **more than eight in ten respondents say they always or usually check the patient leaflets of non-prescription medicines for information on how to take the medicine (85%) and what the medicine is used for (81%).** Around seven in ten say they always or usually check the leaflets for information about what you need to know before taking the medicine (75%) and possible side effects (71%), while around six in ten say they always or usually do so for information about how to store the medicine (60%) and what this medicine consists of (58%) (Figure 3.7).

Figure 3.7: Frequency of engagement with specific types of information in the patient leaflets of non-prescription medicines



Base: Respondents who have ever read at least some of the information on the paper leaflet inside the box/packaging of non-prescription medicines; (N=5758)
Question: "How often do you typically check for the following specific types of information on the paper leaflet inside the box/packaging?"

Broadly reflecting the results reported in Table 3.8, **the propensity to engage with specific types of information in patient leaflets** is highest in Romania and lowest in Germany and Sweden. It also increases with age (Table 3.9) and with self-assessed ability to understand health-related matters.

Table 3.9: Frequency of engagement with specific types of information in the patient leaflets of non-prescription medicines, by country and key socio-demographic variables

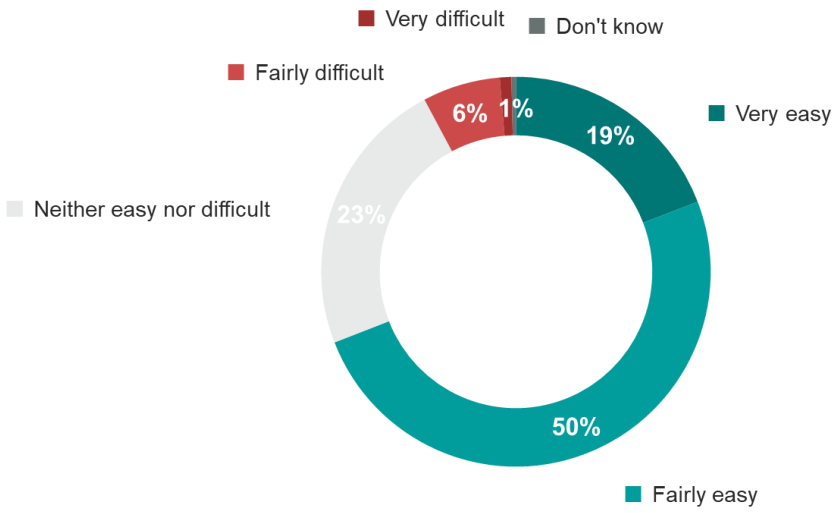
	% who always check non-prescription paper leaflets inside the box/packaging for each type of information					
	How to take the medicine	What this medicine is used for	What you need to know before taking the medicine	Possible side effects	How to store the medicine	What this medicine consists of
COUNTRY						
DE	55%	44%	42%	39%	30%	30%
SE	56%	48%	41%	33%	25%	21%
FR	55%	47%	43%	42%	29%	26%
RO	75%	74%	61%	61%	45%	52%
ES	57%	51%	45%	43%	35%	30%
PL	63%	54%	41%	42%	32%	28%
AGE						
18-34	51%	42%	37%	33%	24%	24%
35-44	58%	52%	41%	40%	31%	30%
45-64	62%	54%	47%	45%	32%	31%
65+	69%	63%	56%	55%	44%	40%
EDUCATION						
Low	57%	51%	46%	44%	34%	29%
Middle	61%	54%	46%	44%	34%	32%
High	60%	53%	45%	43%	32%	32%

Base: Respondents who have ever read at least some of the information on the paper leaflet inside the box/packaging of non-prescription medicines (N=5758)
Question: "How often do you typically check for the following specific types of information on the paper leaflet inside the box/packaging?"

3.8 Ease of understanding information provided

The survey found a generally high level of self-assessed understanding of information provided with non-prescription medicines: Over two-thirds of all those who have consulted such information say they find it easy to understand (69%), while just 7% say they find it difficult to understand (see Figure 3.8) and 23% are undecided.

Figure 3.8: Ease of understanding information provided on packs and in patient leaflets of non-prescription medicines



Base: Respondents who have ever read at least some of the information on the paper leaflet inside the box/packaging or on the box or outer packaging of non-prescription medicines (N=5843)
Question: "In general, how easy or difficult do you find it to understand the information provided on the leaflets/the packs/the packs and leaflets of non-prescription or over-the-counter medicines?"

The proportion who find the information easy to understand is lower than average in Spain (57%), Germany (58%) and France (66%). It is also below average among respondents with lower levels of education (58% vs. 69% on average) and those who have difficulties understanding health-related matters (39% vs. 69% on average). In contrast it is *above* average among respondents without a medical condition or disability (72% vs. 69% on average) (see Table 3.10 below).

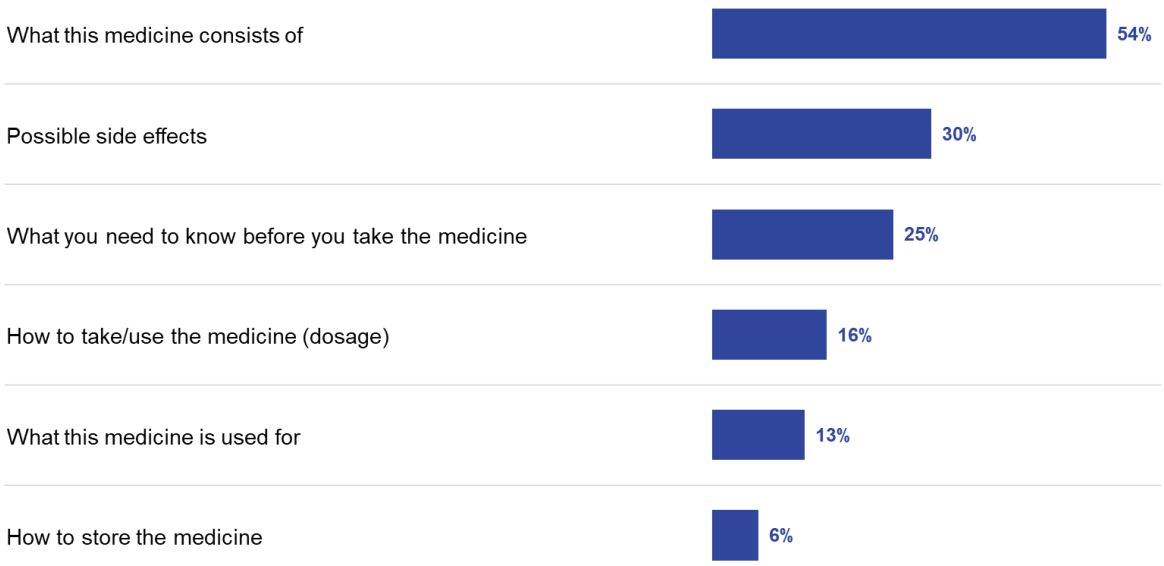
Table 3.10: Ease of understanding information provided on packs and in patient leaflets of non-prescription medicines, by country and key socio-demographic variables

		Very/fairly easy	Neither easy nor difficult	Fairly/very difficult
COUNTRY				
DE	(n=968)	58%	31%	11%
SE	(n=972)	71%	24%	5%
FR	(n=950)	66%	26%	8%
RO	(n=993)	80%	17%	3%
ES	(n=972)	57%	33%	10%
PL	(n=988)	82%	10%	8%
AGE				
18-34	(n=1377)	70%	23%	6%
35-44	(n=1005)	71%	21%	7%
45-64	(n=2021)	68%	25%	7%
65+	(n=1440)	68%	21%	10%
EDUCATION				
Low	(n=808)	58%	32%	9%
Middle	(n=2592)	70%	22%	8%
High	(n=2443)	71%	22%	7%
CONDITION OR DISABILITY				
Yes	(n=2704)	68%	23%	8%
No	(n=2707)	72%	22%	6%
SEEN A DOCTOR IN THE PAST 12 MONTHS				
Yes	(n=5260)	70%	22%	7%
No	(n=583)	62%	30%	7%

Base: Respondents who have ever read at least some of the information on the paper leaflet inside the box/packaging or on the box or outer packaging of non-prescription medicines (N=5843)
Question: "In general, how easy or difficult do you find it to understand the information provided on the leaflets/the packs/the packs and leaflets of non-prescription or over-the-counter medicines?"

The specific type of information on medicine packs and in leaflets most commonly identified as being difficult to understand is that concerning what the medicine consists of (54% of those who report difficulties mention this). This is followed by information on possible side effects (30%) and what you need to know before taking the medicine (25%) (Figure 3.9).

Figure 3.9: Categories of information on packing/in leaflets seen as difficult to understand



Base: Respondents who find it fairly or very difficult, or neither easy nor difficult, to understand the information provided on the leaflets/packs of non-prescription medicines; (N=1784)
Question: "Which specific types of information do you find difficult to understand?"

While this rank ordering of difficulties is broadly reflected at the country level, the *absolute numbers* of respondents mentioning the different categories of information does shows some some variation. Most notably, respondents in France and Romania are more likely than average to mention having difficulty understanding information on how to take the medicine (20% and 22% respectively versus 16% on average). Those in Romania are also more likely than average to say they have difficulty understanding information concerning what you need to know before taking the medicine (33% versus 25%).

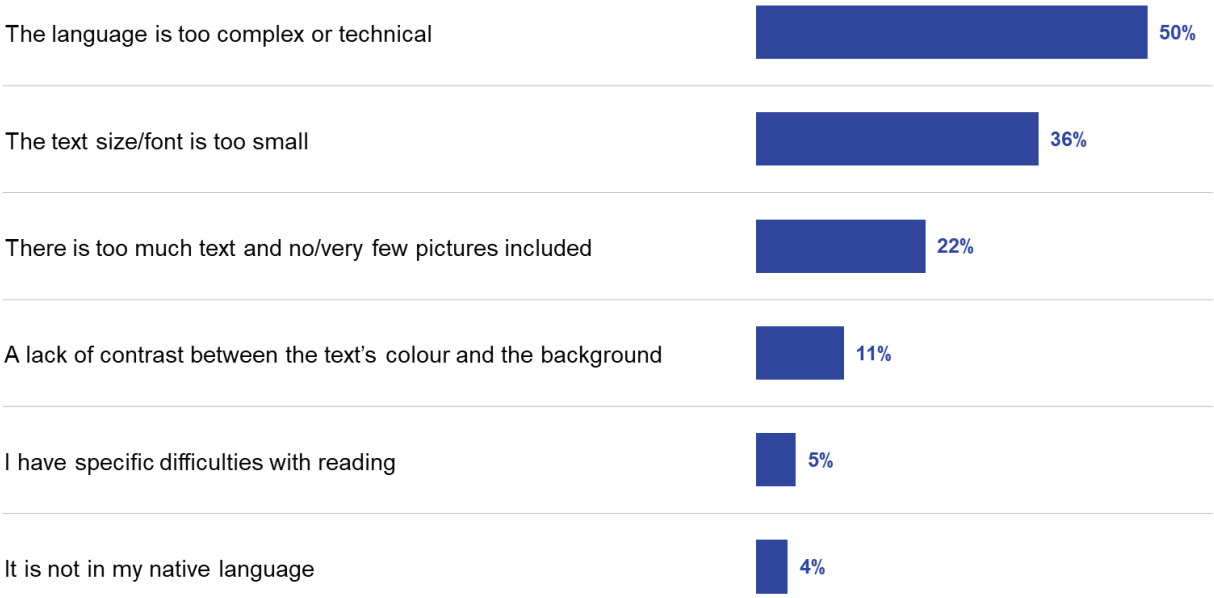
In terms of socio-demographic differences:

- **Males** are more likely than females to report difficulties understanding information about possible side effects (33% vs. 27% respectively).
- **Respondents aged 65 and over** are more likely than other age groups to report difficulties understanding information about what the medicine consists of (60% compared to 54% on average), while younger respondents aged 18-34 are more likely to report difficulties understanding information on what you need to know before taking the medicine (30% vs. 25%) and how to take the medicine (19% vs. 16%).
- **Respondents who say they generally have difficulties understanding health-related matters** are similarly more likely than average to report difficulties understanding information about what you need to know before you take the medicine (32% vs. 25% on average) and how to take/use the medicine (26% vs. 16%). They are also more likely to report difficulties understanding what the medicine is used for (17% vs. 13%) and how to store the medicine (11% vs. 6%).

In terms of *what* makes the information difficult to understand for respondents, half (50%) mention that the language is too complex or technical, while just over a third (36%) mention the small size of the text/font and around a quarter (22%) say there is too much text and no, or very few, pictures. Half as many or fewer mention that there is a lack of

contrast between the text's colour and the background of the leaflet or box (11%), that they have difficulties with reading generally (5%) or that the text is not in their native language (4%) (Figure 3.10).

Figure 3.10: Reasons information is difficult to understand



Base: Respondents who find it fairly or very difficult, or neither easy nor difficult, to understand the information provided on the leaflets/packs of non-prescription medicines (N=1784)
Question: "What are the main reasons you find the information difficult to understand?"

Respondents in Romania and Spain are more likely than average to mention the problem of the language being too complex or technical (72% and 56% vs. 50% on average), while respondents in France are more likely than average to mention the problem of small font (42% vs. 36%) (Table 3.11).

Small font is also mentioned more often by males than by females (40% vs. 32%), by respondents aged 45-64 than by other age groups (41% vs. 32% among those aged 18-34, 29% among those aged 35-44 and 37% among those aged 65 and over) and by those with a low level of education compared to those with a high level (44% vs. 35% respectively).

Table 3.11: Top three reasons information is difficult to understand, by country and key socio- demographic variables

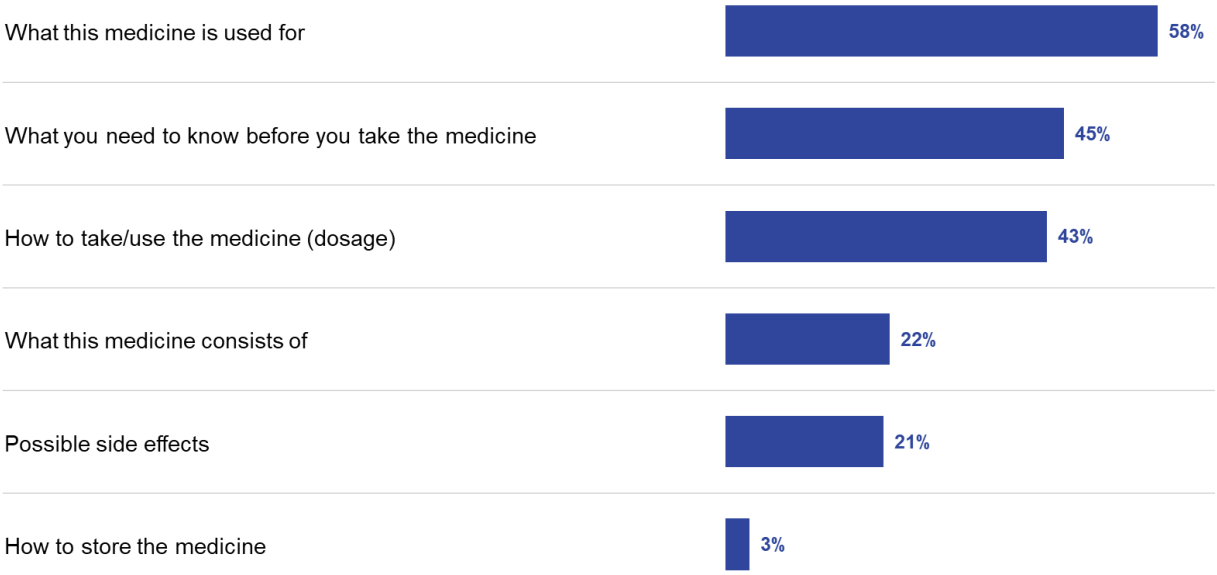
	The language is too complex or technical	The text size/font is too small	A lack of contrast between the text's colour and the background
COUNTRY			
DE (n=405)	50%	32%	11%
SE (n=276)	45%	34%	10%
FR (n=320)	35%	42%	11%
RO (n=193)	72%	34%	13%
ES (n=414)	56%	37%	10%
PL (n=176)	50%	41%	13%
AGE			
18-34 (n=400)	47%	32%	16%
35-44 (n=283)	52%	29%	12%
45-64 (n=653)	51%	41%	10%
65+ (n=448)	51%	37%	8%
EDUCATION			
Low (n=333)	44%	44%	12%
Middle (n=762)	53%	34%	10%
High (n=689)	50%	35%	13%
GENDER			
Male (n=876)	51%	40%	12%
Female (n=908)	50%	32%	11%

Base: Respondents who find it fairly or very difficult, or neither easy nor difficult, to understand the information provided on the leaflets/packs of non-prescription medicines (N=1784)
Question: "What are the main reasons you find the information difficult to understand?"

3.9 Perceived most important types of information in leaflets

The perceived most important types of information in the leaflets of non-prescription medicines are what the medicine is used for (58%), followed by what you need to know before you take the medicine (45%) and how to take/use the medicine (43%). These are followed by, respectively, what the medicine consists of (22%), possible side effects (21%) and how to store the medicine (3%) (Figure 3.11).

Figure 3.11: Perceived most important types of information in leaflets



Base: All respondents (N=6039)
Question: "In your opinion, which of these types of information do you think should come first in the paper leaflet of non-prescription or over-the counter medicines?"
"And which of these types of information should come second in the paper leaflet of non-prescription or over-the-counter medicines?"

The top three responses shown above are consistently also the highest ranking ones in each of the different countries surveyed – and, indeed, information about what the medicine is used for holds as the *number one response* in all countries except Germany, where it comes third to what you need to know before taking the medicine and how to take the medicine (see Table 3.12).

Table 3.12: Perceived most important types of information in leaflets, by country

COUNTRY	What this medicine is used for	What you need to know before you take the medicine	How to take/use the medicine (dosage)	What this medicine consists of	Possible side effects	How to store the medicine
DE (n=1007)	41%	49%	46%	25%	25%	4%
SE (n=1005)	57%	48%	46%	17%	20%	3%
FR (n=1007)	56%	45%	41%	18%	27%	3%
RO (n=1009)	70%	40%	40%	27%	18%	2%
ES (n=1009)	64%	44%	39%	22%	19%	3%
PL (n=1002)	61%	45%	45%	22%	17%	3%

Base: All respondents (N=6039)
Question: "Which of these types of information do you think should come (first/second) in the paper leaflet of non-prescription or over-the counter medicines?"

The ranking for the perceived most important types of information holds across most key sub-groups of respondents. Notable exceptions are that respondents aged 65 and over, as well as those with a lower level of education, tend to consider information about possible side effects as more important than information about what the medicine consists of (see Table 3.13 below). Additionally, respondents who feel they have a poor ability to understand health-related matters consider that information about how to take the medicine is the most important type of information in leaflets (47%), followed by information about what you need to know before taking the medicine (43%), what the medicine is used for (40%), possible side effects (35%), what the medicine consists of (17%) and how to store it (12%).

Table 3.13: Perceived most important types of information in leaflets, by key socio-demographic variables

	What this medicine is used for	What you need to know before you take the medicine	How to take/use the medicine (dosage)	What this medicine consists of	Possible side effects	How to store the medicine
AGE						
18-34 (n=1417)	54%	47%	46%	24%	18%	4%
35-44 (n=1026)	61%	42%	41%	26%	19%	3%
45-64 (n=2091)	60%	44%	43%	21%	21%	3%
65+ (n=1505)	56%	47%	41%	19%	25%	4%
EDUCATION						
Low (n=862)	55%	43%	38%	20%	25%	3%
Middle (n=2667)	56%	46%	43%	21%	22%	4%
High (n=2510)	61%	45%	45%	23%	19%	3%
ABILITY TO UNDERSTAND HEALTH-RELATED MATTERS						
Good (n=4286)	60%	46%	43%	24%	19%	2%
Average (n=1364)	55%	45%	44%	18%	23%	3%
Poor (n=333)	40%	43%	47%	17%	35%	12%

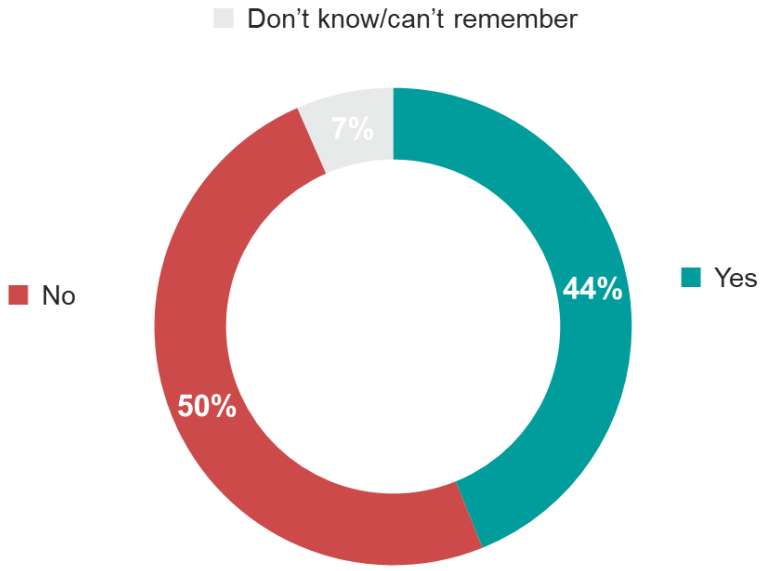
Base: All respondents (N=6039)
Question: "Which of these types of information do you think should come (first/second) in the paper leaflet of non-prescription or over-the counter medicines?"

4 USE AND PERCEPTIONS OF DIGITAL LEAFLETS

4.1 Use of digital leaflets

Approaching half of all respondents – 44% – have accessed a digital information leaflet for a non-prescription medicine in the past 12 months. The figure is ten percentage points higher among those who have used a non-prescription medicine *daily to more than once a month*, at 54%.

Figure 4.1: Use of digital information leaflets for non-prescription medicines



Base: All respondents (N=6039)
Question: "In the last 12 months, have you accessed an information leaflet for a non-prescription or over-the-counter medicine online?"

Respondents in Romania, Poland and Spain are more likely than average to report having accessed a digital information leaflet in the past 12 months (68%, 51%, and 47% respectively, vs. 44% on average), whereas respondents in France, Germany and Sweden are less likely than average to report having done so (30%, 33% and 35% respectively) (Table 4.1 below).

Use of digital leaflets in the last 12 months is also higher among:

- **Females** than males (48% vs. 39%).
- **Younger respondents** compared to older ones (49% of respondents aged 18-34 and 54% of those aged 35-44 vs. 41% of those aged 45-64 and 36% of those aged 65 and over).
- **Those with a high level of education** compared to those with a low level (47% vs. 36% respectively).
- **High users of the internet** compared to low users (45% vs. 22%).
- **Those with a disability or pre-existing medical condition** compared to those without one (49% vs. 39%).

Table 4.1: Use of digital leaflets, by country and key socio-demographic variables

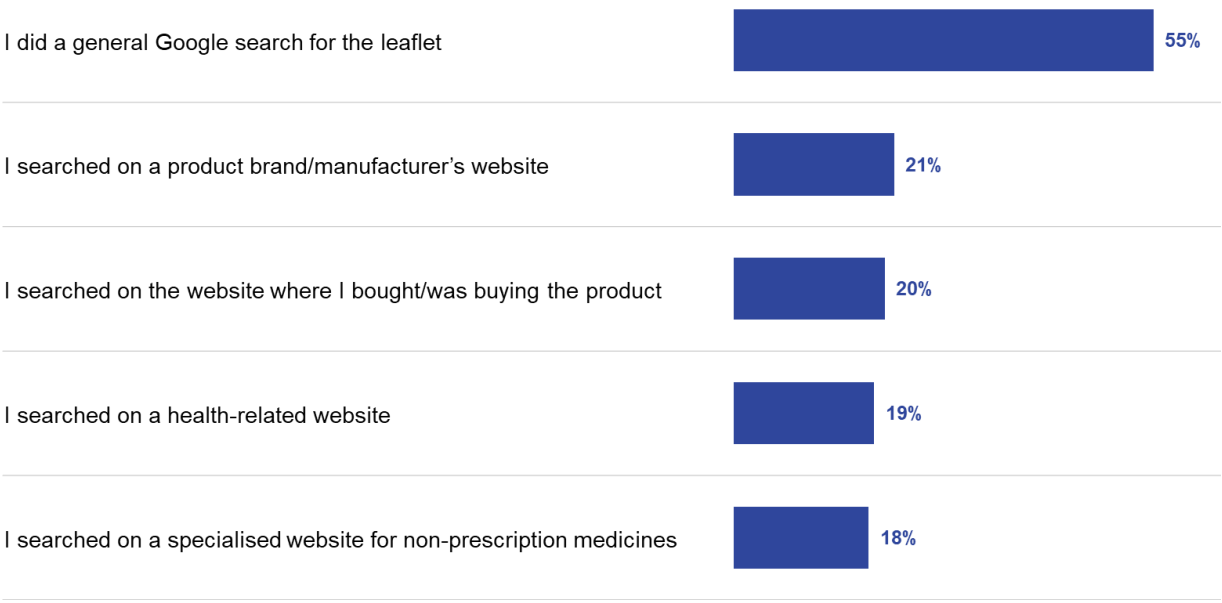
		Yes	No	Don't know/can't remember
COUNTRY				
DE	(n=1007)	33%	63%	4%
SE	(n=1005)	35%	56%	9%
FR	(n=1007)	30%	66%	4%
RO	(n=1009)	68%	28%	4%
ES	(n=1009)	47%	47%	6%
PL	(n=1002)	51%	37%	13%
AGE				
18-34	(n=1417)	49%	43%	8%
35-44	(n=1026)	54%	40%	6%
45-64	(n=2091)	41%	53%	6%
65+	(n=1505)	36%	58%	6%
EDUCATION				
Low	(n=862)	36%	57%	8%
Middle	(n=2667)	43%	50%	6%
High	(n=2510)	47%	46%	7%
CONDITION OR DISABILITY				
Yes	(n=2793)	49%	45%	6%
No	(n=2798)	39%	54%	6%
GENDER				
Male	(n=2854)	39%	54%	7%
Female	(n=3185)	48%	45%	7%
INTERNET USE				
Daily		45%	48%	7%
Less than daily but at least a couple of times a month		49%	46%	5%
Once a month or less often/never		22%	72%	6%

Base: All respondents (N=6039)
Question: "In the last 12 months, have you accessed an information leaflet for a non-prescription or over-the-counter medicine online?"

4.2 Current methods of accessing digital leaflets

Among those who have accessed a digital information leaflet, over half (55%) have done so via a general internet search, while around one in five have done so by searching on a product brand/manufacturer's website (21%), on the website where the product was bought (20%), on a health-related website (19%), or on a specialised website for non-prescription medicines (18%) (Figure 4.2).

Figure 4.2: Methods used to access digital leaflets in the past



Base: Respondents who accessed an information leaflet for a non-prescription medicine online in the last 12 months (N=2657)
Question: "How did you find the information?"

General internet searches hold as the top response in *all* of the individual countries surveyed and usually by some margin. There is greater variation in the frequency with which the other methods are mentioned – for example:

- Searching on a brand or manufacturer's website is mentioned by higher than average proportions of respondents in Germany and Spain (29% and 25% respectively vs. 21% on average) and by a lower than average proportion in Romania (17%);
- Searching on the website where the product was bought is mentioned by higher than average proportions in Germany and Poland (29% and 23% respectively vs. 20% on average) and a lower than average proportion in Spain (9%);
- Searching on a specialised website for non-prescription medicines is mentioned by higher than average proportions in Sweden and Poland (24% and 21% respectively vs. 18% on average) and a lower than average proportion in Spain (11%).
- Searching on a health-related website is mentioned by a lower than average proportion in Romania (16% vs. 19% on average).

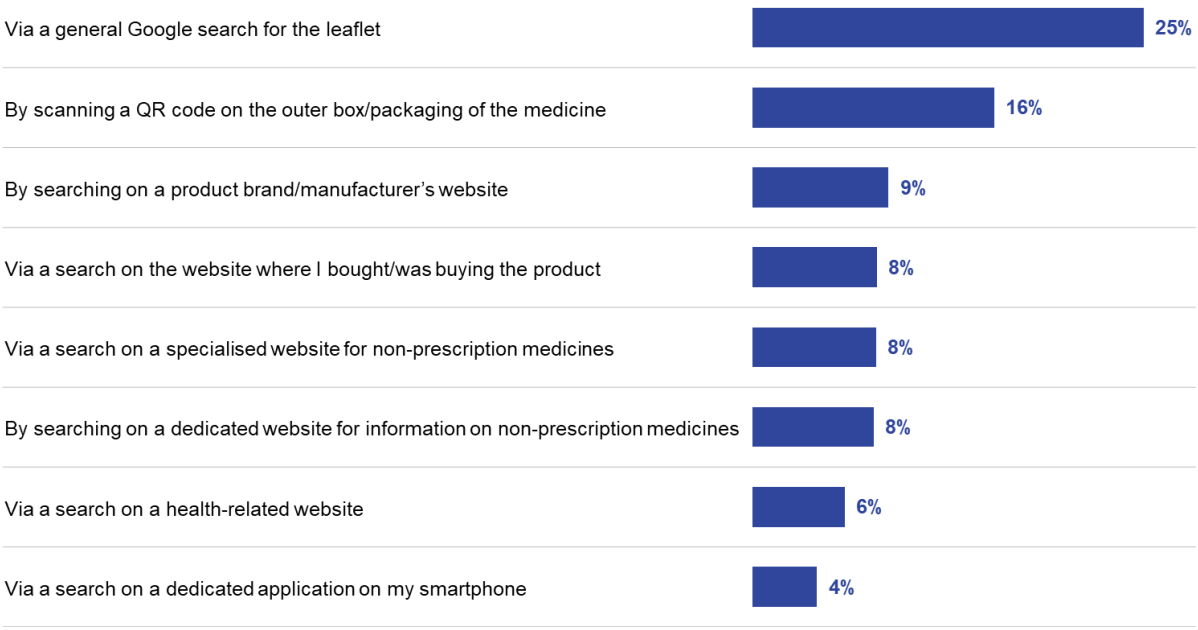
In terms of socio-demographic differences in the ranking of top three methods of accessing digital leaflets:

- **education**: Respondents with a high level of education are as likely to mention searching on the website where the product was bought as they are to mention searching on a health-related website (21% for both) and respondents with a low level of education are more likely to mention searching on a health-related website than searching on the website where the product was bought (16% vs. 14% respectively).
- **ability to understand health-related matters**: Respondents with a poor ability to understand health-related matters are more likely to mention searching on a health-related website or on the website where the product was bought than searching on a brand or manufacturer's website (24% and 20% vs. 17%).
- **internet use**: Low internet users are more likely to mention searching on a health-related website than searching on a brand or manufacturer's website (27% vs. 23%).

4.3 Preferred methods for accessing digital leaflets

When asked how they would *prefer* to access digital information leaflets in the future, a quarter of respondents say via a general internet search while 16% say by scanning a QR code on the outer box or packaging of the medicine. No other single method is mentioned by more than one in ten respondents. Indeed, 14% of respondents say they would *never* access a digital information leaflet (Figure 4.3 below).

Figure 4.3: Preferred methods for accessing digital leaflets



Base: All respondents (N=6039)
Question: "How would you prefer to access the online version of information leaflets about non-prescription or over-the-counter medicines?"

General internet searches and scanning a QR code respectively hold as the top two responses in all of the countries apart from Spain, where their ranking is reversed (by a small margin). The other methods are rarely mentioned by more than one in ten respondents in any of the countries.

In terms of other significant country differences, respondents in Romania and Poland are more likely than average to mention general internet searches (39% and 35% vs. 25% on average), whereas they are less likely than average to mention scanning a QR code (11% and 10% vs. 16% on average). Furthermore, respondents in France and Germany are more likely than those in the other countries to say they would *never* access a digital information leaflet (23% and 18% respectively vs. 14% on average) (Table 4.2).

Table 4.2: Preferred methods for accessing digital leaflets, by country

COUNTRY	Via a general Google search for the leaflet	By scanning a QR code on the outer box/packaging of the medicine	By searching on a product brand/manufacturer's website	Via a search on the website where I bought/was buying the product	Via a search on a specialised website for non-prescription medicines
DE (n=1007)	21%	18%	9%	9%	7%
SE (n=1005)	20%	18%	7%	11%	8%
FR (n=1007)	19%	18%	8%	6%	6%
RO (n=1009)	39%	11%	7%	8%	11%
ES (n=1009)	17%	19%	14%	5%	9%
PL (n=1002)	35%	10%	8%	9%	8%

Base: All respondents (N=6039)
Question: "How would you prefer to access the online version of information leaflets about non-prescription or over-the-counter medicines?"

General internet searches and scanning a QR code also hold as top two preferred methods for accessing digital leaflets across key socio-demographic sub-groups of respondents.

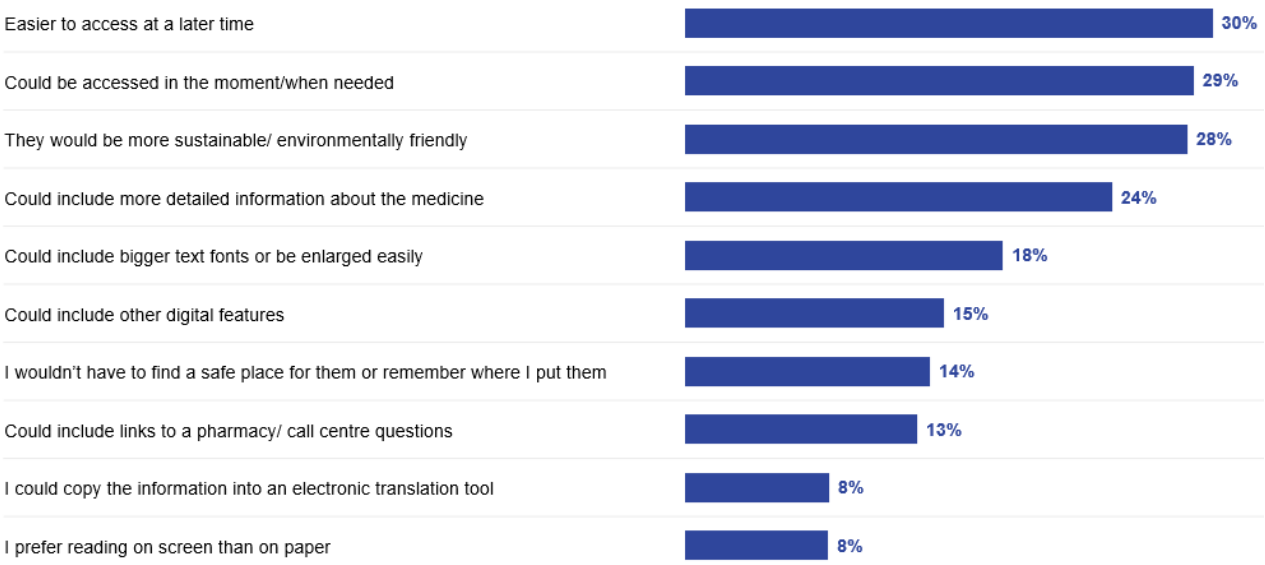
In terms of significant socio-demographic differences:

- **age**: younger respondents (aged 18-34) are more likely than older ones to mention scanning a QR code on the outer box/packaging of the medicine (19% vs. 16% of those aged 35-44, 15% of those aged 45-64 and 12% of those aged 65 and over), whereas older respondents aged 65 and over are more likely than younger ones to say they would *never* access information leaflets online (21% vs. 9% of those aged 18-34, 8% of those aged 35-44 and 16% of those aged 45-64).
- **gender**: Females are more likely than males to mention running a general internet search (28% vs. 22% respectively).
- **education**: Respondents with a high level of education are more likely than those with a low one to mention scanning a QR code on the medicine's box (17% vs. 12% respectively), or a general internet search for the leaflet (27% vs. 22%), whereas respondents with a low level of education are more likely than those with a high one to say they would never access digital leaflets (22% vs. 11% respectively).
- **internet use**: High internet users are more likely than low users to mention a general internet search (27% among high users vs. 7% among low users), searching on the website where the product was bought (8% vs. 4% respectively), scanning a QR code on the outer box/packaging (17% vs. 6%) and searching on a dedicated website (8% vs. 4%). Low users in turn are significantly *more* likely than high users to say that they would *never* access information leaflets online (47% vs. 12% respectively).

4.4 Perceived advantages and disadvantages of digital leaflets

The perceived most important advantages of digital leaflets vis-à-vis paper ones are that they are easier to retrieve at a later time (30%), they can be accessed in the moment or when needed (29%), they are more sustainable or environmentally friendly (28%), and they can include more detailed information about the medicine (24%). The next most commonly mentioned advantages are that digital leaflets allow for the inclusion of larger or enlargeable fonts (18%), and other digital features (15%) (Figure 4.4).

Figure 4.4: Perceived advantages of digital leaflets vis-à-vis paper ones



Base: All respondents (N=6039)
Question: "For you personally, what would be the most important advantages, if any, of online information leaflets compared to paper leaflets for non-prescription or over-the-counter medicines?"

The top three responses shown above constitute the most common responses in most of the different countries (Tables 4.3 and 4.4). The notable exception is that sustainability ranks somewhat lower than average in Romania (mentioned by 23%, compared to, for example 28% in Germany and Sweden, and 35% in Poland). Mention of the fact that digital leaflets can include bigger or enlargable fonts is notably more common than average in Poland (23%) and less common than average in France (15%) and Romania (14%).

In terms of notable socio-demographic differences:

- **Younger respondents aged 18-34** are more likely than older groups to mention that digital leaflets are easier to access at a later time and can include more detailed information about the medicine, as well as digital features and links. Respondents aged 35-44 are more likely than other age groups to mention that digital leaflets are more environmentally sustainable, while those aged 65 and over are more likely than average to say they see *no* advantages in digital leaflets.
- **Respondents with a higher level of education** are more likely than those with a low level to mention that digital leaflets can be accessed in the moment/when needed and

- can include more detailed information about the medicine. Those with a lower level of education, in turn, are more likely to say they see *no* advantages in digital leaflets.
- **Low users of the internet** are for the most part less likely than high users to mention advantages of digital leaflets, and more likely to say they perceive no advantages in them.
- **People with a health condition or disability** are a little more likely than those without one to mention advantages, including the fact that text fonts can be larger or enlargeable.

Table 4.3: Perceived advantages of digital leaflets vis-à-vis paper ones, by country and age

	Easier to access at a later time	Could be accessed in the moment/when needed	They would be more sustainable/ environmentally friendly	Could include more detailed information about the medicine	Could include bigger text fonts or be enlarged easily
COUNTRY					
DE (n=1007)	26%	28%	28%	19%	20%
SE (n=1005)	35%	20%	28%	24%	18%
FR (n=1007)	23%	25%	25%	20%	15%
RO (n=1009)	37%	35%	23%	34%	14%
ES (n=1009)	26%	28%	31%	22%	18%
PL (n=1002)	33%	37%	35%	25%	23%
AGE					
18-34 (n=1417)	33%	27%	30%	28%	17%
35-44 (n=1026)	30%	34%	33%	24%	17%
45-64 (n=2091)	29%	30%	28%	24%	21%
65+ (n=1505)	28%	26%	25%	21%	16%

Base: All respondents (N=6039)
Question: "For you personally, what would be the most important advantages, if any, of online information leaflets compared to paper leaflets for non-prescription or over-the-counter medicines?"

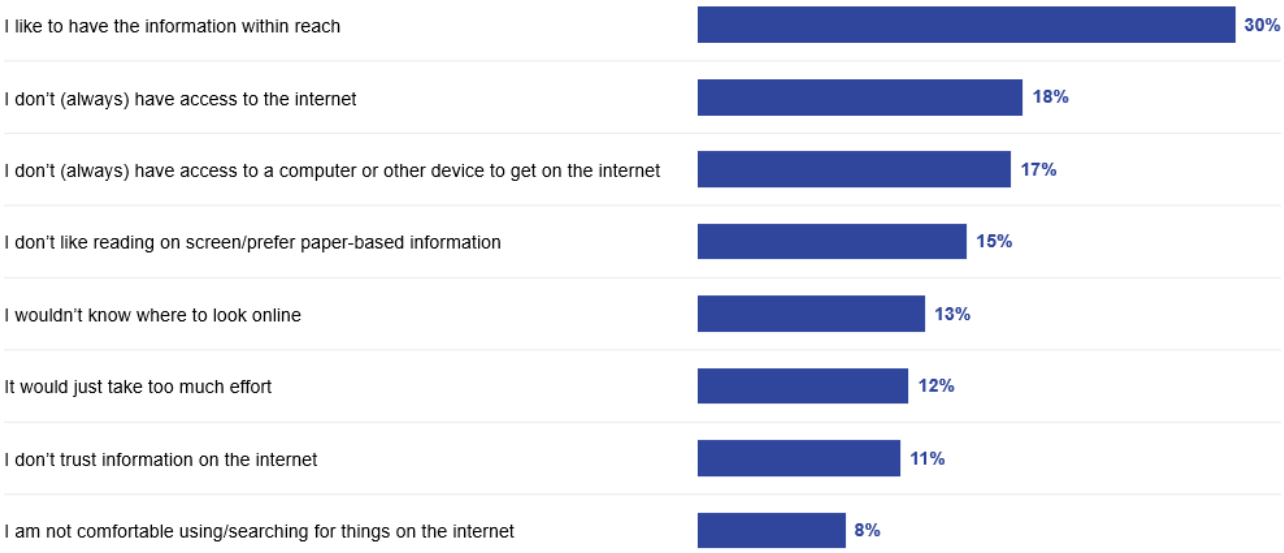
Table 4.4: Perceived advantages of digital leaflets vis-à-vis paper ones, by education, medical condition and internet use

	Easier to access at a later time	Could be accessed in the moment/when needed	They would be more sustainable/ environmentally friendly	Could include more detailed information about the medicine	Could include bigger text fonts or be enlarged easily
EDUCATION					
Low (n=862)	24%	24%	24%	20%	17%
Middle (n=2667)	29%	29%	28%	24%	19%
High (n=2510)	33%	30%	31%	26%	17%
CONDITION OR DISABILITY				34%	14%
Yes (n=2793)	29%	29%	28%	24%	20%
No (n=2798)	31%	30%	30%	25%	17%
INTERNET USE					
Daily (n=5169)	32%	30%	30%	25%	19%
At least a couple of times a month (n=532)	18%	19%	19%	22%	15%
Once a month or less often/never (n=338)	20%	24%	23%	8%	14%

Base: All respondents (N=6039)
Question: "For you personally, what would be the most important advantages, if any, of online information leaflets compared to paper leaflets for non-prescription or over-the-counter medicines?"

In terms of what respondents see as the main *disadvantages* of digital leaflets to them personally, the most common responses are that the leaflets are not in (physical) reach (30%), and that they personally have no, or only limited, access to the internet (18%), or to a computer or other device to get on the internet (17%). These responses are followed by dislike of reading on screen or a basic preference for paper-based information (15%), not knowing where to look online for the leaflets (13%), the effort involved in doing so (12%), and a lack of trust in, or comfort using, the internet (11% and 8% respectively) (Figure 4.5).

Figure 4.5: Perceived disadvantages of digital leaflets vis-à-vis paper ones



Base: All respondents (N=6039)
Question: "For you personally, what would be the most important disadvantages, if any, of online information leaflets compared to paper leaflets for non-prescription or over-the-counter medicines?"

As shown in Table 4.5, the perception that digital leaflets are not in easy (physical) reach holds as the top response in all but one of the countries surveyed and usually by some margin. The notable exception is in Poland, where it ranks top equal with not (always) having access to the internet. Respondents in Poland are also more likely than those elsewhere to mention not having access to a computer or other device to get on the internet.

The oldest group of respondents (aged 65 and over) are more like than younger people to mention digital leaflets not being in reach, while the youngest group (aged 18-34) are more likely to mention having no, or only limited, access to the internet or to a computer or other device, and not knowing where to look online for the leaflets. Notably, the youngest group are also the most likely to mention not feeling comfortable searching for things online and not trusting online information.

Mention of not feeling comfortable searching for things online is also somewhat higher among respondents with a low level of education than with a high level, and among those who use the internet less than daily, compared with daily users.

Table 4.5: Perceived disadvantages of digital leaflets vis-à-vis paper ones, by country and age

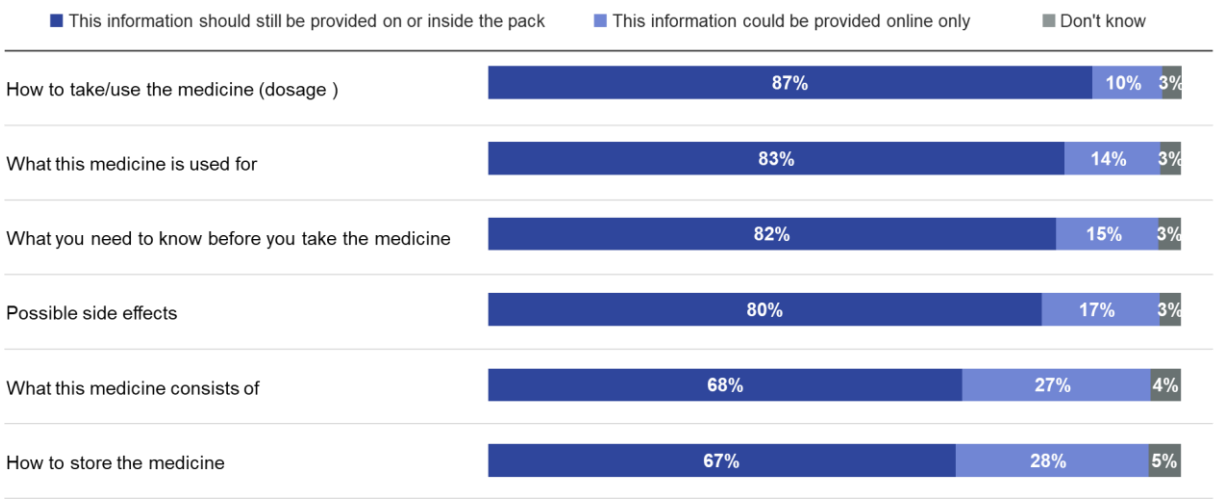
	I like to have the information within reach	I don't (always) have access to the internet	I don't (always) have access to a computer or other device to get on the internet	I don't like reading on screen/prefer paper-based information	I wouldn't know where to look online
COUNTRY					
DE (n=1007)	34%	12%	10%	17%	10%
SE (n=1005)	31%	16%	15%	16%	17%
FR (n=1007)	35%	18%	19%	13%	15%
RO (n=1009)	25%	19%	17%	11%	9%
ES (n=1009)	29%	19%	19%	17%	13%
PL (n=1002)	26%	26%	23%	15%	13%
AGE					
18-34 (n=1417)	30%	22%	22%	17%	18%
35-44 (n=1026)	29%	20%	18%	16%	15%
45-64 (n=2091)	28%	17%	16%	13%	11%
65+ (n=1505)	34%	14%	14%	15%	9%
EDUCATION					
Low (n=862)	29%	14%	15%	14%	12%
Middle (n=2667)	29%	18%	16%	15%	13%
High (n=2510)	31%	19%	19%	15%	12%
INTERNET USE					
Daily	31%	18%	17%	14%	12%
At least a couple of times a month	30%	21%	25%	24%	19%
Once a month or less often/never	8%	22%	14%	11%	10%

Base: All respondents (N=6039)
Question: "For you personally, what would be the most important disadvantages, if any, of online information leaflets compared to paper leaflets for non-prescription or over-the-counter medicines?"

4.5 Priority information for retention on paper leaflets vis-à-vis digital ones

Respondents are in general agreement that information about non-prescription medicines should continue to be provided on, or in, the product packs rather that in digital format only. As Figure 4.6 shows, this feeling is especially strong in relation to information about how to take the medicine (87%); what the medicine is used for (83%); what you need to know before taking the medicine (82%); and possible side effects (80%). The only two categories of information that more than a quarter of respondents feel could be provided *online only* are: what the medicine consists of (27%) and how to store the medicine (28%).

Figure 4.6: Priority information for retention on packs or in paper leaflets



Base: All respondents (N=6039)
Question: "Imagine that, in the future, paper information leaflets for all non-prescription or over-the counter medicines were fully or partially replaced by online information. What information, if any, would you still want to see provided on the product's pack or the paper-format leaflet inside, and what information would it be fine to make available online only?"

The preference for retaining information on product packs or in leaflets (rather than online only) holds strong in all of the countries for all of the information types (see Table 4.6 below). That said, a somewhat higher than average proportion of respondents in Poland and Sweden say that information about what the medicine consists of could be provided online only (30% and 35% respectively compared with the average of 27%). Additionally, a higher than average proportion in Poland and Germany say that information about how to store the medicine could be provided online only (33% and 32% compared with the average of 28%).

Table 4.6: Priority information for retention on packs or in paper leaflets, by country

		DE (n=1007)	SE (n=1005)	FR (n=1007)	RO (n=1009)	ES (n=1009)	PL (n=1002)
How to take/use the medicine (dosage)	Information provided on/inside the pack	85%	87%	85%	91%	86%	88%
	Information provided online only	12%	10%	12%	7%	11%	10%
What this medicine is used for	Information provided on/inside the pack	78%	82%	80%	90%	83%	85%
	Information provided online only	17%	14%	16%	9%	13%	13%
What you need to know before you take the medicine	Information provided on/inside the pack	82%	83%	83%	86%	80%	79%
	Information provided online only	14%	13%	14%	12%	16%	18%
Possible side effects	Information provided on/inside the pack	77%	76%	81%	87%	80%	78%
	Information provided online only	20%	20%	15%	11%	17%	20%
What this medicine consists of	Information provided on/inside the pack	65%	59%	69%	79%	72%	66%
	Information provided online only	30%	35%	27%	19%	23%	30%
How to store the medicine	Information provided on/inside the pack	63%	66%	68%	72%	71%	63%
	Information provided online only	32%	28%	27%	25%	23%	33%

Base: All respondents (N=6039)
Question: "Imagine that, in the future, paper information leaflets for all non-prescription or over-the counter medicines were fully or partially replaced by online information. What information, if any, would you still want to see provided on the product's pack or the paper-format leaflet inside, and what information would it be fine to make available online only?"

All of the different socio-demographic sub-groups of respondents similarly favour the retention of information in 'hard format'. That said, younger people (aged 18-44) do display a slightly greater appetite than their elders for online only information, especially when it comes to information on possible side effects (22% of people aged 18-34 feel this could be provided online only compared to 13% of those aged 65 and over), and what the medicine consists of (30% compared to 27% respectively).

About

The Association of the European Self-Care Industry (AESGP) is a non-profit organisation which represents the manufacturers of non-prescription medicines, food supplements and self-care medical devices in Europe, an area also referred to as consumer healthcare products.

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