



2014-15

ANNUAL REPORT

Advancing consumer health through responsible self care



Industry Snapshot

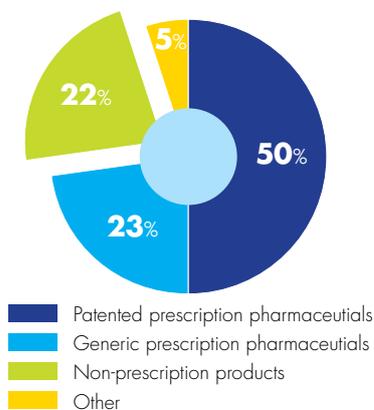


Non-Prescription Products Industry

- Contributes approximately \$2.1 billion toward local manufacturing¹
- Exports approximately \$1 billion p.a.¹ and growing
- Approx. 16,000 registered (AUST R) and listed (AUST L) products on the market²
- Every \$1 spent on the top 8 non-prescription product categories saves the Australian economy \$4.³

Total pharmaceutical industry

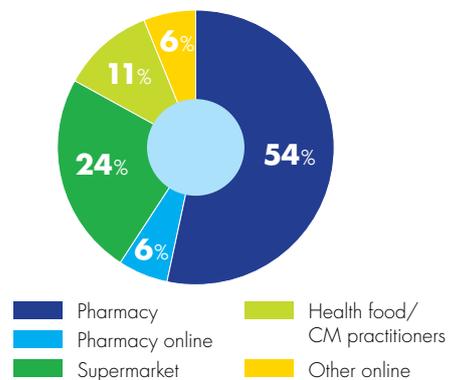
Split by sector



Source: IBIS Pharmaceutical Product Manufacturing in Australia March 2014. IBIS World Pty. Ltd.

Retail channels of distribution

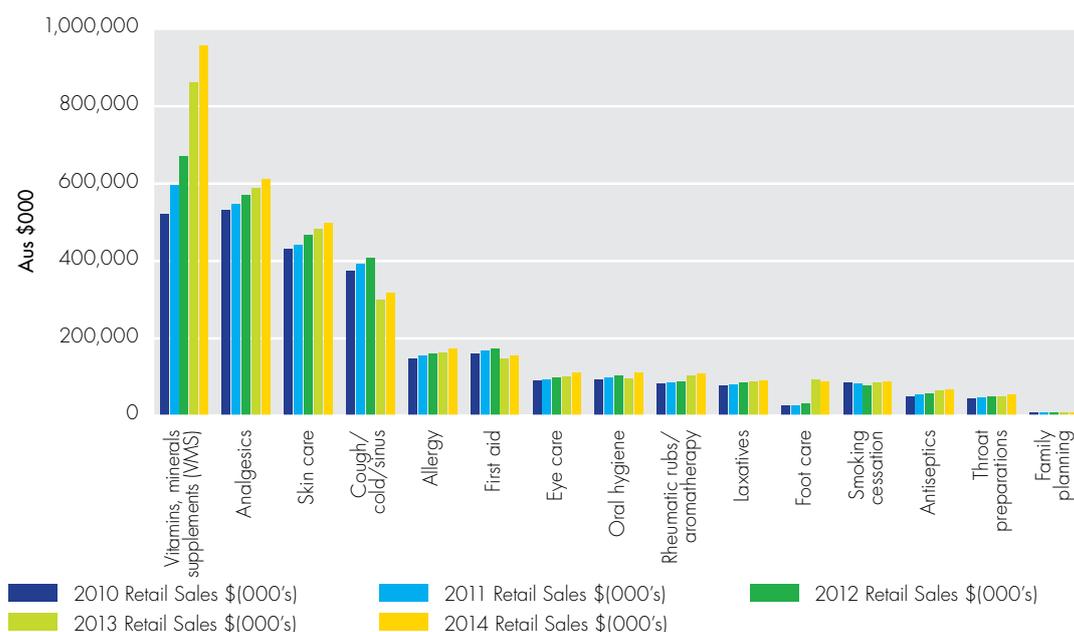
Non-Prescription Products – retail channel share



Source: ASMI Industry Survey, 2015. Nielsen Scan Data, 2014.

Market segment ranking

Top 15 Non-Prescription Product segments by therapeutic area 2010 to 2014, (Aus \$000)



Source: Nielsen Scan Data. Combined Pharmacy & Grocery Channels only. Estimates have been made where data unavailable.

1 IBIS Pharmaceutical Product Manufacturing in Australia, March 2014. IBIS World Pty. Ltd

2 TGA Half Yearly Performance Report (March 2015)

3 The Value of OTC Medicines in Australia (March 2014) Macquarie University – MUCHE Report.

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Executive Director's and President's Message



Deon Schoombie



Mark Sargent

Advancing Self Care

This year ASMI (Australian Self Medication Industry) led efforts to consolidate the Self Care Alliance, garnering support from a broad and growing cross section of the community. The primary aim of the Self Care Alliance is the adoption of self care and its implementation as a core element of a sustainable national health and care sector for Australia.

ASMI continued to build the evidence base for self care during the last year, commissioning two studies – one on over-the-counter (OTC) and complementary medicines from Macquarie University, and one on complementary medicines (CMs) from research firm, Frost and Sullivan. ASMI also partly funded a landmark report on self care by strategic policy institute Global Access Partners, which was launched by the Federal Health Minister, the Hon Sussan Ley.

Driving Regulatory Reform

This year the Federal Government commissioned an independent review, the *Review of Medicines and Medical Devices Regulation*. The review examined the regulation of prescription medicines, generic medicines, OTC medicines, complementary medicines and devices.

ASMI lodged two submissions to the review, calling on the government to put in place a best practice regulatory system.

In its submission in relation to OTCs, ASMI said it is broadly supportive of the current Australian regulatory system but it should be improved to streamline processes, increase transparency and ensure that regulatory requirements are commensurate with risk. ASMI urged the government to make substantial changes to the scheduling framework and to allow direct-to-consumer advertising of Schedule 3 medicines.

In its submission in relation to CMs, ASMI urged the Federal Government to fine tune the regulatory system for complementary medicines, calling for better not just less regulation of complementary medicines.

ASMI's submission asks the Federal Government to apply the COAG principle of 'minimum effective regulation' to the regulation of complementary medicines, while maintaining appropriate safety standards for consumers.

The report from Stage 1 of the Review was released at the end of June 2015. It recommended a comprehensive review of the legislative framework for therapeutic goods. The Expert Panel also recognised the value of a formal risk-benefit methodology and enhanced opportunities for input, but it missed an opportunity to remove a long standing regulatory obstacle which is preventing the advertising of Schedule 3 (S3) medicines.

ASMI will step up its advocacy to remove S3 advertising restrictions during the next few months as the Federal Government considers its response to the report of the Expert Panel.

WSMI General Assembly

ASMI is hosting the World Self Medication Industry (WSMI) General Assembly in Sydney in 2017. Planning is progressing well. The General Assembly is held every 4 years and is the biggest global OTC event. It will bring the international self care community together to discuss the health economics of self care, the latest developments in the sector and address issues relating to market access, regulation and health policy.

Finally, we would like to thank the ASMI Secretariat for their professionalism and commitment to support and represent members on advancing the industry, and ASMI members for their contributions to the industry via the Committee of Management, subcommittees and working groups.

Deon Schoombie

Executive Director

Mark Sargent

ASMI President

Pharmacist
Only Medicine

Pharmacist
Only Medicine



Pharmacist
on Duty

hemmart
PHARMACY



1. Setting the Industry Agenda

ASMI believes the Federal Government has an important role to play in establishing an appropriate regulatory framework in the health sector that balances the protection of consumers with an environment conducive to industry investing in new products and services that meet the health needs of the Australian population both now and into the future.

ASMI's 2015 Budget Submission made four recommendations, which are consistent with the Federal Government's desire to improve fiscal discipline and remove unnecessary and costly regulation from the economy.

ASMI believes adoption of the proposed suite of recommendations could deliver significant savings to the health portfolio; significant benefits for consumers and healthcare professionals and support a viable and responsible industry.

1. Self Care Alliance

ASMI seeks the Federal Government's support for the policy agenda of the Self Care Alliance, which is focused on improving health outcomes and the efficiency of the Australian health system. Whilst it does not require any Commonwealth funding to establish, the involvement of key Commonwealth health agencies is crucial to the success of the Self Care Alliance.

2. Advertising of Pharmacist Only (S3) Medicines

Restrictions on the advertising of S3 medicines are the main obstacle to down-scheduling of prescription to OTC medicines.

ASMI is proposing an alternative regulatory model for direct-to-consumer communication of S3 Medicines. The proposed model is distinct from 'conventional' consumer advertising where the main emphasis is on brand awareness in a genericised and crowded market environment. The proposed model shifts the emphasis to information about the symptoms and/or condition; product specific information and the requirement for counselling by a pharmacist.

3. Reshaping the Scheduling (Switch) Environment

ASMI believes a scheduling framework review would be best dealt with through the establishment of a working party of relevant technical specialists who can oversee the review process and report to the Australian Health Minister's Advisory Committee (AHMAC).

4. Best Practice Regulation for OTC's and Complementary Medicines

ASMI urges the Federal Government to fine tune the regulatory system for complementary medicines, calling for better rather than less regulation of them. ASMI's submission to the complementary medicines section of the Federal Government's *Review of Medicines and Medical Devices Regulation* advocates for a best practice risk-based regulatory system.

ASMI is broadly supportive of the current Australian regulatory system for complementary medicines. The current system does not need dismantling, but should be improved to streamline processes, increase transparency and ensure that regulatory requirements are commensurate with risk.





2. Advancing Self Care

One of ASMI's key strategic objectives is to support and promote responsible self care in Australia. Self care is about putting the individual in the centre and reimagining the healthcare sector in ways that empower and support people to take responsibility for their own health and wellness and that of their family.

The World Health Organisation (WHO) defines self care as

"activities individuals, families, and communities undertake with the intention of enhancing health, preventing disease, limiting illness, and restoring health. These activities are derived from knowledge and skills from the pool of both professional and lay experience. They are undertaken by lay people on their own behalf, either separately or in participative collaboration with professionals."

Self Care Alliance – A Collaborative Approach

Implementing self care is beyond the capacity of Government to mandate or any single group to bring about. It requires input and action by participants from all aspects of the health sector, i.e. consumers, healthcare professionals and other providers, researchers, educators, policy makers, public and private funders and industry.

In the past year, ASMI led efforts to establish a Self Care Alliance in Australia, garnering support from a broad and growing cross section of the community. The enthusiasm and desire of these key stakeholders to drive self care has been very encouraging.

The primary aim of the Self Care Alliance is the adoption of self care and its implementation as a core element of a sustainable national health and care sector for Australia.

Guiding principles for the Self Care Alliance include:

- Person-centred focus
- Evidence-based solutions
- Collaborative partnerships
- Empowered citizens.

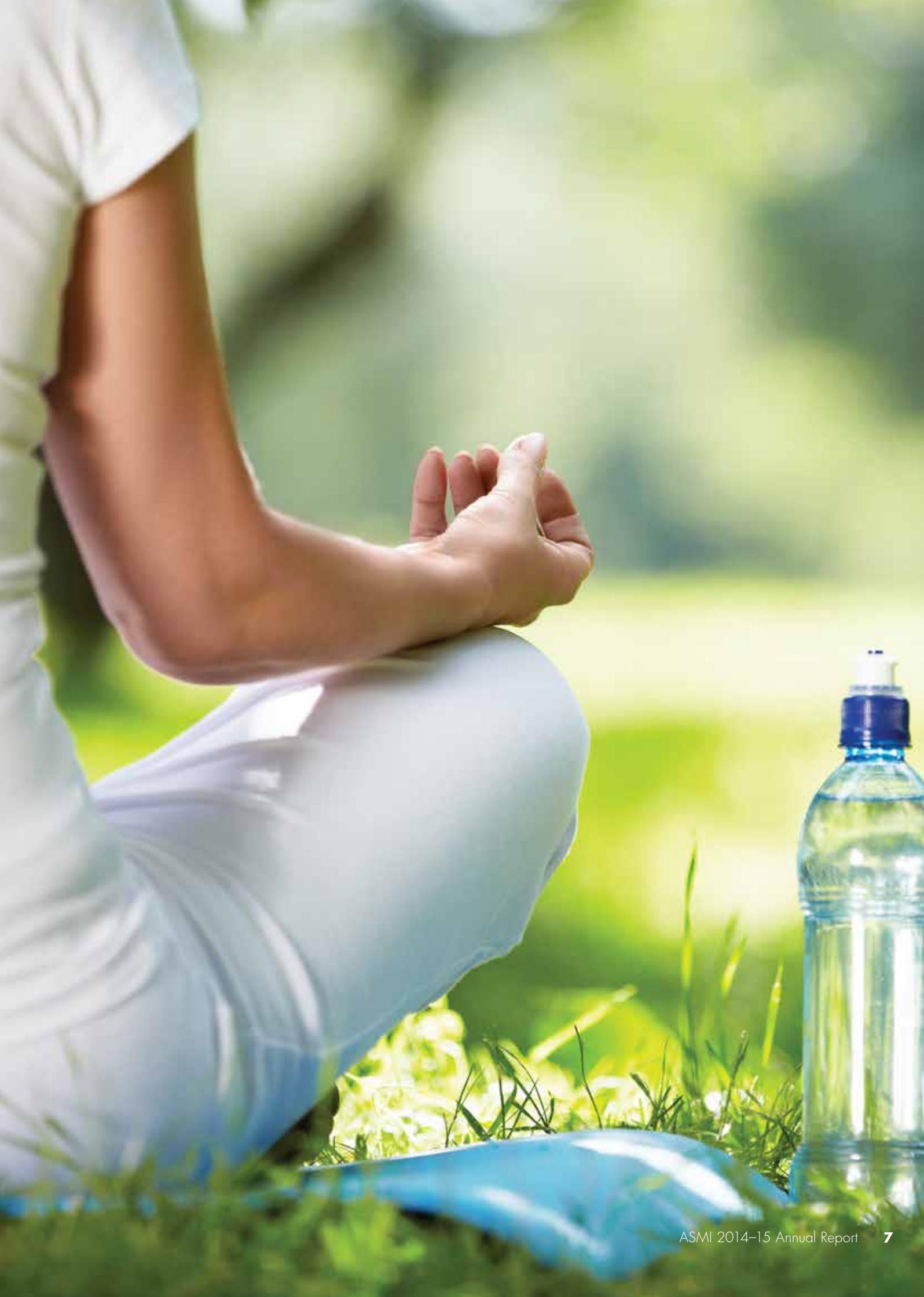
ASMI is a key member of the Alliance's Steering Group, which was established in mid-2015 to help shape the Alliance into an independent entity. The Steering Group convened in June 2015 to review progress and drive the formation of an independent structure with its own governance, funding and business plan.

ASMI also highlighted the Self Care Alliance in a parliamentary event in June 2015, with a very positive response from government and other key stakeholders. ASMI continues to promote the Alliance across a broad spectrum of organisations and will provide Secretariat support over the coming year as it builds into an independent organisation.

As well, ASMI is liaising with a group of health sector colleagues in New Zealand on establishing a Self Care Alliance in that country. With ASMI's support and encouragement, they are now in the process of establishing a local Alliance.

ASMI provided partial funding for strategic policy institute, Global Access Partners, to prepare a landmark report on self care. The report, *Towards Responsible Self Care: The role of health literacy, pharmacy and non-prescription medicines*, was launched by the Federal Health Minister, the Hon Sussan Ley, in Parliament House, Canberra in June 2015.

It sets out several recommendations for government, citizens, health professionals, pharmacies and private health insurers to increase uptake of self care and addresses three of the multiple components of self care – access to medicines, the role of community pharmacy in primary healthcare delivery, and health literacy as a universal enabler of greater self care.





3. Building the Evidence Base

During the last year ASMI continued to build the evidence base for self care by commissioning two research projects. This research provides critical inputs into ASMI's policy platforms and advocacy.

Frost and Sullivan Report: Economic Impact of Complementary Medicine Usage in Australia

Frost and Sullivan, a US research company, conducted a study assessing the potential economic benefits of complementary medicine usage in Australia. The study examined six complementary medicine regimens, all with evidence of efficacy, across four chronic disease conditions – osteoporosis, cardiovascular disease (CVD), age-related macular degeneration and depression.

The study, *'Targeted Use of Complementary Medicines: Potential Health Outcomes and Cost Savings in Australia,'* concluded that health outcomes are improved and consumers' costs associated with medical events are potentially reduced, when specific complementary medicines are used by high-risk target populations.

The biggest gains identified in the study were in the area of osteoporosis and osteopenia – conditions which affect some 1.8 million people and resulted in approximately 140,822 fractures in 2012 at a cost of approximately \$3 billion per annum.

Frost and Sullivan found the relative risk of an individual in the target population experiencing an osteoporosis-attributed fracture is reduced by 19.7% given the use of calcium and vitamin D at preventive intake levels. This translates to a potential of 36,783 avoidable osteoporosis-attributed fractures in 2015 given 100 per cent utilisation of calcium and vitamin D by the high risk population.

The report estimated that between 2015 and 2020 average annual hospitalisation costs of \$922 million can be potentially saved and average annual productivity gains of \$900 million can be realised for the same period if all women aged over 50 who were diagnosed with osteoporosis or osteopenia take a preventive dose of calcium and vitamin D.

The launch event for the report generated high interest and response from a very broad group of stakeholders including industry, research universities, health providers, pharmacy and others. The report has been used and referenced by various organisations in Australia as well as globally to support the role of complementary medicines.

Non-Prescription Medicines Industry Footprint

The Macquarie University Centre for the Health Economy conducted a survey of the non-prescription medicines (NPM) industry, including complementary medicines. The survey revealed some interesting trends in the sector.

The 'self medication' market is defined as healthcare products available to the consumer without a prescription that has been entered on the Australian Register of Therapeutic Goods (ARTG).

The survey valued the industry at \$2.2 billion, with exports of nearly \$1 billion annually and 3,819 employees.

The sector is growing at an annual rate of 3.5 per cent. The average top self medication industry (SMI) segments are vitamins and supplements, followed by analgesics then skin care.

Pharmacy still remains the dominant retail channel for NPM products. The supermarket retail channel is growing due to its expanding range, largely at the expense of health food stores.

AUSTRALIAN
SELF-MEDICATION
INDUSTRY
ASMI



Non-Prescription Products – Industry Overview



Targeted Use of Complementary Medicines: Potential Health Outcomes & Cost Savings in Australia

FROST & SULLIVAN

A Frost & Sullivan Economic Report
Christopher Shanahan, M.S.
Robert de Lormier, Ph.D.



4. Regulatory Reforms

The wider availability of safe, proven and affordable medicines has the potential to make a positive impact on public health by providing consumers with easier, more convenient and faster access to therapeutic products to treat illness and maintain health.

One of ASMI's key roles is to shape an environment where industry can invest, innovate, grow, and increase consumer access to and choice of quality medicines. This year ASMI made substantial progress in driving appropriate rigour and more business certainty for the industry through a range of regulatory reforms.

TGA Fees and Charges

ASMI's submission in relation to reform of the Low Value Turnover (LVT) scheme applied to annual TGA (Therapeutic Goods Administration) charges was well received. ASMI proposed an alternative approach to the options put forward by the TGA which would simplify the processes and reduce red tape. A modified version of the ASMI proposal has now been adopted by the TGA as their Annual Charges Exemption Scheme (ACE). ASMI will continue to advocate for the functionality to allow for sponsors to 'switch off' products from annual charges when they are no longer marketed (but still retain the Australian Register of Therapeutic Goods entry).

In relation to a new schedule of fees for OTC Medicines, ASMI successfully negotiated for a six month delay in the implementation of the revised 2015/2016 TGA fees. The revised fees will now come into force in January 2016.

Complementary Medicines Business Process Reforms

ASMI is well represented on the Complementary Medicine Business Process Reforms TGA/Industry Working Group.

In parallel, ASMI has been working with the TGA to advance members' interests in relation to compositional guidelines, evidence checklists, permitted indications, archiving indications, interface issues and compliance.

Scheduling of OTC Codeine

The Advisory Committee on Medicines Scheduling (ACMS) is reviewing the scheduling of OTC codeine in the second half of 2015. ASMI lodged a submission to the review, calling for the retention of the current S3 classification of OTC codeine-containing analgesics. ASMI called for a range of targeted solutions such as a national real-time monitoring system and mandatory warning labels rather than re-scheduling. In its submission ASMI also said the current scheduling of OTC codeine-containing cough and cold products should remain unchanged as there is no evidence these products are being misused.

ASMI implemented an intensive program of media outreach and advocacy, with the aim of retaining the non-prescription scheduling of these products.

NSAIDs Review and Other RASML Updates

ASMI lodged a submission in response to the TGA's proposals to address the cardiovascular risks of NSAIDs (Non-steroidal anti-inflammatory drugs) and safety concerns about diclofenac.

ASMI's response advocated for additional advisory statements and consumer education. It considered harmonisation of statements with comparable agencies and made process suggestions based on the experience of the cough/cold medicines review changes.

The TGA's final response has been practical and pragmatic and limited to labelling changes. It has also considered implementation processes and the current complications for transition timeframes.

Ongoing Regulatory Reforms

ASMI continues to advocate for a risk based approach to medicines labelling; for scheduling reform; for data protection to incentivise research and to work with the TGA on refinements to OTC business process reforms.

Expert Review of Medicines and Medical Devices Regulation

In October 2014 a comprehensive review of the regulation of medicines and medical devices in Australia was announced. The initial discussion paper (Stage 1) covered the regulation of prescription medicines, generic medicines, OTC medicines and devices. A subsequent discussion paper (Stage 2) on the regulation of complementary medicines was released in February 2015. Following extensive consultation with members, ASMI submitted responses to both discussion papers, identifying issues and making proposals in relation to:

- The simplification and streamlining of processes in relation to both OTCs and complementary medicines
- The Scheduling Framework and Scheduling Policy
- Advertising of S3 Medicines
- Data protection and market exclusivity
- Product variations
- A lowering of the regulatory burden for the lowest risk products
- Regulatory refinements for all products
- Advertising requirements, pre-approvals and complaints.

The report from Stage 1 of the Review was released at the end of June 2015. The report recommended comprehensively reviewing the legislative framework. The Expert Panel recognised the value of a formal risk-benefit methodology and enhanced opportunities for input, but it missed an opportunity to remove a long standing regulatory obstacle which is preventing the advertising of S3 medicines.

The Panel acknowledged there was no evidence that advertising of S3 medicines would lead to harm and noted the efforts of the non-prescription medicines industry in developing a world-first information-based model for S3 advertising. Despite this, the Panel recommended retention of existing advertising restrictions.

This means that Australia's approach to the advertising of S3 medicines will remain out of step with many comparable overseas jurisdictions.

ASMI will step up its advocacy to remove S3 advertising restrictions during the next few months as the Federal Government considers its response to the report of the Expert Panel.





5. Leading on Issues Management

ASMI continued to build the industry's profile and to manage media issues proactively to protect the sector's reputation. The key media issues managed throughout the year relate to OTC analgesics, complementary medicines, S3 advertising and switch.

OTC Analgesics

OTC analgesics received substantial media coverage throughout the year. The scheduling of OTC codeine-containing analgesics was the subject of extensive mainstream media coverage because of the ACMS scheduling review. ASMI participated in a number of media interviews about its submission to the review and published several opinion pieces, calling for the retention of the current S3 scheduling of OTC codeine-containing analgesics.

Other issues managed during the year were the use of OTC analgesics during pregnancy, children's use of OTC analgesics, labelling, analgesic overdoses, and OTC NSAIDs. Many of the issues involved the possible side effects of analgesics when taken at high doses for prolonged periods of time. ASMI reaffirmed that OTC analgesics are for short term use for mild to moderate pain and when taken according to the recommended dose have a well-known safety profile.

Complementary Medicines

While ASMI managed numerous complementary medicines issues in the media, it also generated a series of feature articles in the pharmacy media about the efficacy of various complementary medicines. Regular columns on evidence were also published.

A key issue managed repeatedly during the year related to the regulation of complementary medicines. In its media responses to these issues ASMI reinforced that Australia has one of the most highly regulated complementary medicines industries in the world. Other issues related to the efficacy of children's multivitamins, labelling,

active ingredients, interactions with prescription medicines and evidence of the efficacy of complementary medicines.

The results of the Frost and Sullivan study, *Targeted Use of Complementary Medicines: Potential Health Outcomes and Cost Savings in Australia*, were widely publicised and the study received substantial media coverage in Australia and overseas. A series of feature articles was published in the pharmacy media about the study's key findings.

ASMI's submission to the complementary medicines section of the Federal Government's *Review of Medicines and Medicinal Devices* was publicised, as was ASMI's sponsorship of the UTS (University of Technology Sydney) – ARCCIM (Australian Research Centre in Complementary and Integrative Medicine) Complementary Medicines Research Leadership Program.

S3 Advertising Reform

A number of feature articles were published in the pharmacy media about reform of the advertising of S3 medicines. These articles expressed ASMI's view, which is that S3 advertising restrictions constrain the ability of sponsors to make consumers aware of medicines that are available without a prescription, and regulatory reform is long overdue.

The articles talked about the new model of consumer communication for S3 medicines proposed by ASMI, The Pharmacy Guild of Australia and Pharmaceutical Society of Australia, which involves balancing of information between disease state awareness, branded product content, and highlighting the importance of the pharmacist in determining whether the therapy is appropriate for the consumer's situation.

Scheduling

Australia has fallen behind the UK and New Zealand on the down-scheduling of prescription to OTC medicines. ASMI put forward its position on switch in a number of media statements and was quoted in several articles in the industry media about the Association's proposal for a Switch Task Force to advance the switch agenda.





6. Priorities for the Next 12 Months

During the next 12 months ASMI will continue to advance the self care agenda and advocate for regulatory reform. Priority areas of regulatory reform are the regulatory framework for OTC and complementary medicines, scheduling and S3 advertising. Work will continue on current regulatory reforms.

Advancing Self Care

ASMI will continue to play a leading role in the Self Care Alliance as it advocates for self care to become an integral part of national healthcare policy. Self Care Alliance priorities during the next 12 months are finalising membership, developing a governance model, funding and resourcing and establishing the Self Care Alliance as an independent body.

Continuing to Build the Evidence Base

ASMI will continue to build the evidence base through a number of new research studies:

- Building the case for prescription to OTC switch and S3 advertising
- The economics of self care
- Frost and Sullivan study, *Economic Analysis of Complementary Medicine Usage in Australia*. Studies on zinc and the common cold and chromium for diabetes will be launched in late 2015.

Best Practice Regulation

ASMI will continue to advocate for de-regulation and streamlining of processes in relation to the regulation of OTCs and complementary medicines.

ASMI will build on the successes of the OTC business process reforms project to ensure that appropriate process reforms are introduced in relation to registered complementary medicines and new substance approvals.

Scheduling and S3 Advertising Reforms

ASMI will continue to advocate for a national switch policy, a more receptive switch environment and for S3 products to be advertised to consumers.

ASMI is proposing the establishment of a 'Scheduling Policy Reform Group', which is independently led and consists of Federal and State jurisdictions. This group would define new government policy to optimise access through prescription to OTC switch.

ASMI will set up a 'Switch Task Force,' which includes relevant industry stakeholders as well as consumer groups. The Task Force will focus on identifying switch candidate categories, build the case for market exclusivity and draft a joint position paper on prescription to OTC switch.

ASMI will also suggest a streamlined regulatory pathway to switch and develop a case for changes in market exclusivity and data protection to incentivise switch.

Data Protection and Market Exclusivity

ASMI will continue to advocate for protections and periods of exclusivity that are commensurate with the degree of innovation and investment.



PRIORITIES



7. Promoting Self-regulation

Promotional Monitoring Panel

ASMI has supported judicious use of self-regulatory, co-regulatory and non-regulatory approaches consistent with the COAG (Council of Australian Governments) Principles of Best Practice Regulation for therapeutic goods.

Outcomes of Panel Reviews

The Promotional Monitoring Panel (PMP) is an industry-led initiative to assist ASMI Member companies to effectively and responsibly self-regulate promotional material without requiring formal approval. It reviews “below-the-line” promotional material that – unlike TV, radio or print advertisements – is not required to go through a formal approval process prior to distribution. A full list of the promotional categories considered by the Panel is published in section 12 of the *ASMI Code of Practice*, and includes point-of-sale material, digital media, and training materials (for both healthcare professionals and pharmacy assistants).

The Panel met twice and reviewed a total of 215 items were reviewed, of which 76 were found to contain one or more possible breaches of the *ASMI Code of Practice* and/or the *TGAC* (Therapeutic Goods Advertising Code). However, it should be noted that many of the breaches were repeated for the same product across different materials within a single campaign. Compliance with the *TGAC* and *ASMI Code of Practice* was generally high.

Most (over 80%) of the breaches recorded were for inadequately displayed or sized mandatory statements relative to the size of the piece. Some materials had inconsistent mandatory statements. Other noted breaches were therapeutic claims, questionable use of “give-aways” and competitions and healthcare professional product endorsement.

Complaints Panel Determinations

There were two complaints this year. One was for Nurofen Zavance and the other for Zyrtec. The full determinations are published on the ASMI website (<http://asmi.com.au/about/asmi-code-of-practice/asmi-code-determinations.aspx>), but can be summarised as follows:

Nurofen Zavance

In December 2014, the Panel considered a complaint from GSK about Nurofen Zavance advertisements by RB.

The advertisements appeared in a range of media and included a number of claims about which complaints were made.

In relation to the “targets pain” claims, the Panel found that, in the contexts in which they had been made, they did not breach the ASMI Code or the TGAC. In relation to the “fast acting” claims, the Panel was satisfied that Nurofen Zavance had been shown to relieve pain faster than standard Nurofen. However, the Panel found that RB had misleadingly referenced the claim and that this amounted to a minor breach of ASMI Code Clause 5.1.3 as well as the TGAC section 4.2(c).

In relation to the “pain free” claims, the “superior efficacy versus paracetamol” claims and the sampling activities the Panel found no breach of either the ASMI Code or the TGAC.

In March 2015, the Arbiter considered an appeal by GSK in relation to the “fast acting” claim, the “superior efficacy” claim and the weight given by the Panel to the published and unpublished studies. The Arbiter dismissed the GSK appeal.

Zyrtec

In April 2015, the Panel considered a complaint from Bayer about Zyrtec advertisements by Johnson & Johnson Pacific (‘JJP’).

The advertisements appeared on television and in print and included a range of claims about which complaints were made.

In relation to the “starts to work faster” and the “serious about hayfever” claims as it appeared in print, the Panel found no breach of either the ASMI Code or the TGAC. In relation to the claim as it appeared on television, the Panel found a moderate breach of the ASMI Code clause 5.1.3 as well as the TGAC section 4.5 because of JJP’s failure to make it clear in the television advertisements that it was comparing Zyrtec tablets with Claratyne tablets.

The Panel required JJP to cease broadcasting the claim found in breach and to pay a fine of \$5,000.

In June 2015, the Arbiter considered an appeal by Bayer in relation to the “starts to work faster” claim and the Panel’s procedures. The Arbiter dismissed the Bayer appeal.

Committee of Management



Robert Barnes,
Aspen Australia



Brett Charlton,
Sanofi
Consumer
Healthcare
Australia (from
December
2014)



Vincent Cotard,
GlaxoSmithKline
Consumer
Healthcare (to
May 2015)



Ralf Dahmen,
Omega Pharma
(to November
2014)



**Violeta
Delgado,**
Novartis
Consumer
Healthcare
(to March 2015)



Gaurav Jain,
Reckitt Benckiser
(to May 2015)



James Jones,
Takeda
Pharmaceuticals
Australia



Phil Lynch,
Johnson &
Johnson Pacific



Trevor Norman,
Combe Asia-
Pacific
(to November
2014)



**Alan
Oppenheim,**
Ego
Pharmaceuticals



**Elizabeth
Reynolds,**
GlaxoSmithKline
Consumer
Healthcare (from
May 2015)



Paul Rose,
Pfizer Consumer
Healthcare



Mark Sargent,
Bayer Australia

Office Bearers



ASMI President,
Mark Sargent



Vice President/
Secretary,
Paul Rose



Vice President/
Treasurer,
Violeta Delgado
(from November
2014 –
March 2015)



Vice President/
Treasurer,
Trevor Norman
(to November
2014)

ASMI Secretariat



Brenda Davy,
Strategy
Manager
Complementary
Medicines



Emi Gosling,
Advertising
Services
Manager
(from February
2015)



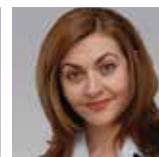
**Catherine
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**Marie Kelly-
Davies,**
Communications
Manager



**Filomena
Maiese,**
Marketing &
Business
Development
Director



**Benison
O'Reilly,**
Advertising
Services
Manager



Steve Scarff,
Regulatory &
Scientific Affairs
Director



Robyn Schiralli,
Executive
Assistant
(from January
2015)



**Annaliese
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Regulatory
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Complementary
Medicines



**Deon
Schoombie,**
Executive
Director



**Lesley
Speechley,**
Executive
Assistant
(to February
2015)



Julie Viatos,
QUM Manager



Lily Villyas,
Financial
Controller
(from April
2015)



Jane Wurth,
Advertising
Services
Manager
(to February 2015)



Janet Zanetti,
Office Manager

ASMI: Representing the Australian Non-Prescription Products Industry

ASMI is the peak body representing companies involved in the manufacture and distribution of non-prescription consumer healthcare products in Australia. ASMI also represents related businesses including advertising, public relations, legal, statistical and regulatory consultancy companies and individuals.

Our purpose is to represent the best interests of our Members through negotiation, debate and co-operation with a wide range of stakeholders in our own region and around the world. We also gather the latest information and intelligence from diverse sources and disseminate it to our Members to alert them to potential issues that may affect their business.

ASMI is a member of the World Self Medication Industry (WSMI) and our President and Executive Director are on its Board. WSMI is a non-government organisation (NGO) made up of over 50 member associations located on all continents of the world and with affiliation to the World Health Organisation (WHO). Our membership of WSMI enables us to track and contribute to international trends and developments in consumer healthcare.



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