



THE MEANING BEHIND MEDICINE SCHEDULES

You've bought medicine before. So you know there are those you can just grab off the shelf, those you need to ask a pharmacist to hand to you, and those you need to see a doctor and get a script for. But why are some medicines so easy to acquire and others, not quite so easy? What's the difference? The answer's in the way they're scheduled.

What's a medicine schedule?

According to an article in Essentials (2016), medicine schedules make up the classification system used to define a medication's level of risks and benefits. And, as the possible medicinal risks increase, so does the schedule – with South Africa's highest being S8.

Lorraine Osman, of the Pharmaceutical Society of South Africa, explains in SA Pharmacist's Assistant (2015) that scheduling is affected by toxicity, how safe a medication is to use, the illness it treats, the need for professional diagnosis, the potential for dependency or abuse, global practices, and patients' need for access to the medicine.

But a higher schedule doesn't just affect where in a pharmacy you'll find a medication.

According to IPASA (2016), pharmacists are trained to ask important questions when discussing different schedules of medication, to provide you with qualified and personalised care. As Essentials (2016) explains, even though control over certain medication "may be a source of annoyance, [they're] there to keep us safe".

Medicine schedule differences

If SA medicine schedules vary from S0 to S8, what exactly does each of these mean?

Schedule 0

According to the Medicines Control Council (2014), for a drug to be S0, it must be relatively safe to use without the need to consult a medical professional, and the symptoms for its use easily recognised by the patient. Aspirin, low dosages of paracetamol, and vitamins are usually S0. Because of their relative safety, S0 substances can also be sold in any store, and (along with S1 medicines) advertised directly to the consumer.

Schedule 1 & 2

Schedule 1 and 2 medicines are only available over the counter but they don't require a prescription, explains the Medicines Control Council (2014). This is because, while most of the minor illnesses they treat (like colds and coughs) can be self-diagnosed, certain medications can be addictive or dangerous when used incorrectly.

To ensure that these medicines are used safely, the patient's personal details must be recorded (in the case of S2 substances) and guidance provided by a pharmacist or other healthcare professional.

Schedule 3 & 4

Schedules 3 to 6 are only available with a prescription. For S3 and S4 substances, the Medicines Control Council (2014) explains that the illnesses for which they're prescribed (like diabetes, hypertension, bacterial infections, etc.) need professional diagnosis and management. Repeat prescriptions are restricted to six months, except in an emergency. In these cases, to avoid disrupting a patient's therapy, a pharmacist can sell a schedule 3 or 4 substance once-off for a maximum of 30 days, in accordance with the original prescription and under strict conditions.

Schedule 5

According to the Medicines Control Council (2014), S5 medication (like antidepressants or sedatives) "must be known to have a low to moderate potential for abuse or dependence, which necessitates both medical diagnosis and management, but also enhanced control of supply." Compared to S4 substances, repeat S5 prescriptions going beyond six months are permitted, but they're tightly controlled.

Schedule 6

Schedule 6 medicines, like narcotic painkillers (IPASA, 2016), are moderately to highly addictive. This means that patients must be closely monitored, with firm professional control over their supply. Consequently, these drugs aren't available on repeat prescriptions and their dispensing is limited to a 30-day supply at the most.

Schedule 7

The Medicines Control Council (2014) explains that S7 substances (like the controlled substance, heroin) aren't recognised for medicinal use apart from scientific study, and have a very high risk of dependence and abuse. As a result, their use is prohibited.

Schedule 8

Amphetamine, dexamphetamine and nabilone (the only S8 drugs in SA; IPASA, 2016) are strictly controlled substances with some proven medicinal value. But, because of their significantly high risk for dependency, the Medicines Control Council (2014) explains that they're only "available by the Director-General to medical practitioners who have obtained special permission..."

What schedules mean for you

Understanding medicinal schedules is important – not because it will change the process of acquiring your medication (it won't), but because it gives you a deeper understanding of the structures designed to protect you from medical substances. And, by understanding these, you'll be guided to make smarter, swifter decisions when it comes to your family's health in future.

Courtesy of SMSA - <http://smasa.za.com/the-meaning-behind-medicine-schedules/>

About SMSA

The Self-Medication Manufacturers Association of South Africa (SMSA) aims to promote self-care and to enable consumers to responsibly and appropriately self-medicate and self-treat primary ailments where possible. As such, SMSA represents companies involved in the provision, distribution and sale of healthcare products. SMSA also engages actively in legislative, regulatory and policy development.

References:

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