

# Public Perceptions of Herbal Medicines

General Public Qualitative &  
Quantitative Research



Ipsos MORI

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# Introduction

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## Background

This report presents the findings of a programme of research carried out among the general public by Ipsos MORI on behalf of the Medicines and Healthcare products Regulatory Agency (MHRA).

The research programme comprised:

1. **Qualitative research**, involving four general public discussion groups of six to eight people – two held in Stockport on 8 July 2008 and two in Croydon on 10 July 2008.

Quotas were set to ensure a good presence of certain demographic groups across the discussions (please see detail later), and participants were also divided into two groups of herbal medicine users and non-users (one of each, in each location).

In order to avoid prejudicing the discussion or inhibiting any of the other participants, those working in the herbal medicines sector and in healthcare – such as doctors, nurses, dentists, pharmacists or physiotherapists – were excluded from the recruitment exercise and thus did not take part in the discussion groups.

2. **A large-scale quantitative survey** of behaviour, attitudes and opinions among 2,032 members of the general public (5<sup>th</sup> – 11<sup>th</sup> September 2008).

This report draws together the findings from the qualitative and quantitative stages of the research programme.

The report is divided into a number of sections. These comprise: a summary of key findings, sections on methodology and analysis, and summaries of the findings arising from the qualitative research and quantitative survey. Currently, most herbal medicines on the UK market are not subject to systematic regulation. While some herbal medicines have a product licence and a few over-the-counter (OTC) products now have a traditional herbal registration, the majority of herbal medicines are sold as unlicensed herbal remedies. These latter products are subject to only minimal regulation. In the coming years all manufactured OTC herbal medicines will require a traditional herbal registration or product licence and the MHRA therefore needs to understand public perceptions on the issues in order to communicate effectively about the changes in regulation.

## **Aims and Objectives**

The main objectives of the general public element of this research were twofold, namely to:

- 1 Conduct a qualitative exploration among the general public to examine views informally on herbal medicines, including views on their use, perceived benefits and risks, and regulation; and also on how messages about them should be communicated;
- 2 Undertake a quantitative survey of the general public's usage of and attitudes towards herbal medicines;

In summary, the research aimed to understand the public's views on herbal medicines in five main areas:

- Risk
- Benefit
- Awareness
- Usage
- Communication

## **Qualitative Methodology**

For the qualitative general public research, four discussion groups were conducted.

The discussion groups were run by experienced Ipsos MORI moderators. Two groups were held in the North (in Stockport) and two in the South (in Croydon). Quotas were set for: gender, age, social grade, ethnicity, parental status, and health status. Participants were also divided into two groups of herbal medicine users and non-users (one of each in each location). The groups each lasted one and a half hours. They were held between 8 – 10 July 2008, and digitally audio recorded with participants' permission.

By its very nature, qualitative research provides insight into issues and a feel for the range of opinions held, and helps understanding of the language used to describe the issues (which in turn has helped the formulation of the questions for the quantitative phase of this work). However, the numbers of participants are small and results cannot be regarded as being representative of the general public as a whole. That representation comes from the quantitative work.

## Quantitative Methodology

Questions were placed on the Ipsos MORI Omnibus, the regular Ipsos MORI GB survey among the general public. A nationally representative quota sample of 2,032 GB adults (aged 15 and over) was interviewed across 197 sampling points. 'GB adults' refers to a representative sample of the GB population aged 15 years or older that was drawn for the purposes of this survey. Interviews were carried out face-to-face, in respondents' homes, with the aid of Computer Assisted Personal Interviewing (CAPI) terminals (laptops). Fieldwork was conducted between 5 and 11 September 2008. All data have been weighted to the known profile of the GB population.

**Reporting:** In the graphs and tables used for the quantitative results, the figures quoted are percentages. The size of the sample base from which the percentage is derived is indicated. Note that the base may vary – the percentage is not always based on the total sample. Caution is advised when examining responses from a general public sample of less than 100, or when comparing responses between small sample sizes of less than 100 in each case. Also, please note that all sample sizes are subject to 'margins of error'<sup>1</sup> which are outlined in the appendices. The percentage figures for any sample size or sub-group need to differ by a certain number of percentage points for the difference to be statistically significant. This number will depend on the size of the sample and the percentage finding itself - as noted in the appendices.

Where an asterisk (\*) appears, it indicates a percentage of less than half but greater than zero. Where percentages do not add up to 100% this can be due to a variety of factors – such as the exclusion of 'Don't know' or 'Other' responses, multiple responses or computer rounding.

**Publication of Data:** Our standard Terms and Conditions apply to this, as to all studies we carry out. Compliance with the MRS Code of Conduct and our clearing is necessary of any copy or data for publication, web-siting or press releases which contain any data derived from Ipsos MORI research. This is to protect our client's reputation and integrity, as much as our own. We recognise that it is in no-one's best interests to have survey findings published which could be misinterpreted, or could appear to be inaccurately, or misleadingly, presented.

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<sup>1</sup> 'Margins of error' give an indication of how reliable a survey result is, for any given sample size.

# Summary of Key Findings

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## What Do People Understand About Herbal Medicines?

There was not, on the whole, a wide understanding of what herbal medicines are (or are not). The qualitative research revealed that many respondents, both users and non-users, had a limited knowledge of herbal medicines as a whole. As one might expect, users often had knowledge of the herbal medicines that they had come into contact with, but not of the wider field. Throughout the quantitative research, a larger number of questions about herbal medicines had greater 'Don't Know' responses than equivalent questions about medicines as a whole from our Medicines & Medical Devices survey<sup>2</sup> for MHRA in 2006<sup>3</sup>.

The strongest associations made for herbal medicines at the qualitative stage were with nature and good health. These views also came out in the quantitative study, but the most common association from respondents here was with 'alternative'.

## Who Uses Herbal Medicines “over-the-counter (OTC)”?

The majority of respondents had not used herbal medicines, and those who had were likely to have purchased over-the-counter medicines such as those available on the high street. Usage stands at 35% overall for those who have **ever used** any kind of herbal medicine – NB this proportion drops to 26% when looking only at those who have used within the last 2 years. The breakdown by type shows: 29% have ever used OTC herbal medicines, 5% have ever used traditional Chinese herbal medicine and 8% have ever used herbal medicines from other practitioners<sup>4</sup>. Broadly speaking, usage tended to be higher in the following groups:

- Women;
- Social group AB;
- Those educated to degree level or above;
- Readers of broadsheet and midmarket newspapers;

We would have expected there to be a significant overlap between those in the last three categories.

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<sup>2</sup> MHRA/ Ipsos MORI Risks and Benefits of Medicines & Medical Devices (2006) – see link <http://www.mhra.gov.uk/Publications/Corporate/Research/index.htm>

<sup>3</sup> For example, the proportion saying 'Don't know' is far higher for herbal medicines than medicines on the risks/benefits question; and higher on the trust question.

<sup>4</sup> Figures do not add up to 35% because of overlap.



Usage tended to be quite frequent amongst those who were using over-the-counter medicines (62% of OTC users had used a herbal medicine within the previous 12 months, rising to 77% within the previous two years), suggesting perhaps that some of these were considered as dietary supplements or were taken as part of a lifestyle. By contrast, users of traditional Chinese herbal medicine used it much less frequently (43% of TCM users have used such herbal medicines in the last 2 years). This would corroborate what we heard in the qualitative research, which was that practitioners of traditional Chinese herbal medicine were used more like a conventional doctor – and so only at times of ill health.

	Over-the-counter herbal medicines such as tablets, caplets, ointments, liquids etc (typically sold in supermarkets, health food stores, pharmacies, mail order, internet etc)	Traditional Chinese medicine (Any herbal product or ingredient supplied by a traditional Chinese medicine practitioner or clinic/shop)	Herbal medicines, products or ingredients supplied by any other herbal practitioner, or traditional medicine practitioner
<i>Base: all who have 'ever used' each medicine</i>	(559)	(101)	(158)
Used in the last 12 months	62%	26%	42%
Used in the last 2 years	77%	43%	56%

## Perceptions of Risk

A minority of adults overall are unsure of the risks of herbal medicines. When asked about the relative benefits and risks of herbal medicines, the most common response was that people did not know, and when asked how safe they were 'Don't know' was the second largest response.

There is however a general tendency to believe that herbal medicines are on the whole safe and that they are more beneficial than harmful, something which came out in both the qualitative and quantitative studies. In the quantitative research, almost six in ten felt that herbal medicines were safe. Furthermore, when asked if they believed herbal medicines were safe because they were natural, 40% agreed and only 18% actively disagreed, the remainder being neutral or not expressing an opinion.

In terms of people's ability to give advice on safety to a friend or family member who was thinking of taking herbal medicine, once again by far the most common response was that people would not know what to

say. In the qualitative work, few examples were given about side-effects from drugs, apart from St John's Wort (specifically its interactions with other medicines and possible side-effect of photosensitivity). The same pattern emerged in our quantitative study – where only around one in ten were aware that some herbal medicines have side effects, and only around one in twenty thought herbal medicines might interact with conventional medicine.

## Herbal Medicines and Conventional Medicine

Many people see no problems in taking herbal medicines alongside conventional medicines. In the discussion groups, few people commented that they were concerned about taking herbal medicines at the same time as conventional ones, and some spoke of the greater convenience of being able to use both types. In the quantitative responses, more disagreed that it was OK to use herbal medicines with conventional ones than agreed, but the proportion who disagreed was only 35%. Again, there was a large neutral/no opinion response.

In terms of assistance when herbal medicines cause problems, conventional medicine was again in the forefront of people's minds. Nearly two-thirds of adults thought they would see a doctor if they experienced any side-effects and another one in ten would seek hospital treatment. The figure who would seek the advice of a conventional doctor or hospital is as high amongst users as amongst non-users.

## Regulation

People who use herbal medicines are much more likely than non-users to believe that herbal medicines are regulated. Both of the user discussion groups said that they believed that herbal medicines were regulated, as did four out of ten users in our quantitative study. As one might expect, in both the qualitative and quantitative studies, people who thought herbal medicines were safe were more likely to believe that there was regulation in place to safeguard them. Some of the discussion group participants noted that they would be more careful with their use of herbal medicines now that they were aware that not all herbal medicines are currently regulated.

The public wants herbal medicines to be regulated. Almost three-quarters believe they should be regulated to the same standard as conventional medicine. As was shown by people's responses to the questions about existing aspects of regulation generally, there was wide support for a range of regulatory checks or controls to assure standards for herbal medicines too. Indeed, around half or more deem it essential to apply these regulatory checks and controls to herbal medicines. Furthermore, there were relatively few dissenting voices brought against the suggestion that herbal medicines should be better regulated. In general, people showed a high level of support for

checks to ensure the manufacturer had suitable quality control systems and also supported the role of a regulatory body – either in terms of a kitemark or regulatory stamp of approval or, for people to report side-effects to.

In the discussion groups there was also wide agreement that these medicines should be regulated to the same degree as conventional medicines. In the Stockport discussion group in particular, there was a preference for clinical trials to be required. The only complaint about that came from some members of the discussion groups, who felt that this may not be entirely feasible or necessary for small home-based producers.

### Trust in Sources

The general public are willing to take advice from most sources about herbal medicines. The qualitative stage revealed that people were not generally very discerning about who they would approach for advice – anyone with an interest in the subject – be they friends, family or sales assistants – were generally trusted to give good advice. The quantitative work also unearthed a general belief that conventional medical workers would be able to talk knowledgably about herbal medicines – the public trusts doctors<sup>5</sup> and (to a lesser extent) pharmacists ahead of herbal medical practitioners in terms of provision of accurate information about the risks and benefits of herbal medicines, and who they feel is the most trustworthy source of information in this respect.

It is also noteworthy that, when compared with our 2006 MHRA work on medicines, the public places greater trust in doctors than in pharmacists for information on herbal medicines. This was also the case for medicines in 2006, but the gap is larger for herbal medicines. Perhaps this is because herbal medicines are used by fewer people and people are probably less familiar than conventional medicines, so the public is more likely to place their trust in doctors – the source we know they trust most.

The internet was viewed quite cynically by our discussion group participants in terms of quality and purity of products sold, however, it seemed to be a more popular source of information for certain demographic groups, such as social groups AB and degree holders.

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<sup>5</sup> Reflecting Ipsos MORI's work from 1983-2007, doctors are trusted by the huge majority of the public to tell the truth. Source: Ipsos MORI/Royal College of Physicians/BMA/Cancer Research Campaign/Sunday Times.

## Communication

When we asked our discussion group participants how best to communicate messages about the risks of herbal medicines, they suggested (as is generally the case) television and newspapers as the two best methods. However, these both score very low in our quantitative study when we asked which sources people would trust, or trust most. In this instance, people seemed to be very much adhering to the established pattern of relying on personal contact, choosing sources which they would be able to speak to directly as their preferred methods for getting information. However, as mentioned above, doctors followed by pharmacists are the commonly trusted sources of information on herbal medicines.

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# Qualitative Research – Discussion Groups

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## Herbal medicines are safe, natural and gentle

Immediate associations with herbal medicines included such words as 'safe', 'natural', 'non-addictive' and 'pure'. It is clear that the phrase itself gives both users and non-users a sense of reassurance and safety, as most feel that natural products do not pose any danger. Many participants also felt that herbal medicines work gently and slowly in comparison with conventional medicines, and that they are less powerful. A number of users also suggested that the long history of human use of herbal medicines is evidence of their safety:

*I think it's more slow than chemical medicine.*

(Croydon Group non-users, F)

*To me, it means something that's been grown or produced without any chemicals in it.*

(Croydon Group users, F)

*Something that's more natural, as opposed to chemical.*

(Stockport Group users, F)

*And non-addictive. They're supposed to be non addictive.*

(Stockport Group non-users, M)

*They're easily obtainable. You don't have to see a doctor for them.*

(Stockport Group non-users, F)

*A few years ago when I was breastfeeding I had to take mixed pollen for my hay fever, and I got the idea that the herbal medicines build up your resistance more, and maybe that's why it takes longer to work.*

(Croydon Group non-users, F)

## People are not always entirely sure what is, or is not a herbal medicine

As we anticipated, participants assumed that some foods and some products intended for lifestyle/relaxation or other non-medical purposes were herbal medicines. This was the case among both users and non-users. Confusion was particularly evident in relation to slimming teas, bush teas and goji berries.

There was some tendency for people to assume that quite a wide range of herbal products associated with good health should be regarded as herbal medicines where supplied by retailers of herbal medicines:

*If Holland and Barrett sell it, it's herbal.*

(Stockport Group users, F)

*Because it [green tea slimming aid] says it's green tea, it's a natural thing, and ...I associate for some reason with Chinese, but I don't even know if that's true so I make ...an assumption about it without actually knowing if it is a medicine... I'm assuming it's from a herb, some kind of green fruit or herb.*

(Croydon Group users, F)

*I drink it [Green Tea] a lot, and it's supposed to speed the metabolism, which is why I think it's a slimming aid. It's meant to speed up the metabolism. But because it comes in a teabag form with other ingredients is why ... I thought, it's not a complete herbal substance.*

(Croydon Group non-users, F)

*We put them [goji berries] down as herbal because we thought they were a fruit... So we put them down as a herbal remedy.*

(Stockport Group non-users, F)

## Knowledge is not very broad

Neither users nor non-users had a wide knowledge of different types of herbal medicines. In the case of users, knowledge tended to be eclectic and random, rather than broad:

*Yeah, and the difference I feel between the medical and herbal is medical doctors treat the symptoms, where herbal treats the whole body.*

(Croydon Group non-users, F)

## There is not a wide perception that herbal medicines have a large risk

Only a small minority of participants perceived there to be any risks associated with herbal medicines, and few participants were concerned about taking herbal medicines at the same time as conventional medicines. Some did cite concerns about purity, contamination and interaction with other drugs, and every group was able to identify at least one instance of a risk associated with herbal medicine. St John's Wort (specifically its interactions with other medicines and possible side-effect of photosensitivity) was the best known source of risk. There was little concern about the quality or manufacturing procedures involved in producing herbal medicines, except when related to purchasing over the internet. In general, the risks that were mentioned did not shake their overall confidence that herbal medicines are natural and safe. Users did not relate things they had heard about risks to their own use of herbal medicines:

*. Well, I don't know, because some natural things can cause effects in the body, can't they, like deadly nightshade and things like that?*

(Croydon Group non-users, F)

*I've got a friend who's very into herbal medicines, and she told me, which I don't know if it's true, that if you mix certain herbal medicines it can make you ill.*

(Croydon Group non-users, F)

*My wife, she used to take St John's Wort but the doctor told her to give it up because it doesn't agree with the medicine she's taking from the hospital.*

(Stockport Group non-users, M)

*St John's Wort I've taken that at times of extreme stress like university exams, and I took it for a few months and then stopped because you become photosensitive. You can't go out in sunlight, or you shouldn't do.*

(Stockport Group users, F)

*I'd ...probably try something herbal with the medicine, normal medication.*

(Stockport Group users, F)

*If you give a child a teaspoon of Calpol, she's ... drowsy and dizzy but if we say we boil her some lemon and ginger, she goes to bed, she'll wake up fine, but Calpol used to drug her and wake up having side effects.*

(Croydon Group users, F)

*I think that the ones I'd be careful of is the ones like St. John's Wort where it's supposed to ... treat depression, because I've heard that some people have had a really terrible reaction to that.*

(Croydon Group users, F)

*You think it's a herb, you think it's natural, therefore it's got to be good for you.*

(Stockport Group users, F)



## Practitioners of traditional Chinese herbal medicine are heavily trusted

Some participants suggested that traditional Chinese herbal medicine was suitable for more serious medical conditions, with practitioners regarded by a few participants as similar to conventional doctors. A few participants also referred to conventionally trained doctors practising traditional Chinese herbal medicine, which tended to increase their trust in Chinese herbal medicines:

*The condition I have is a hormonal one and it affected my skin, and twice I've been treated with the NHS treatment, which is the strongest treatment in the world that you can take, and the side effects were horrific. It wasn't worth it, and I still to this day feel physically ill because of what I took. I think it's a really dangerous NHS drug and it's been known to push people to commit suicide, and I thought I can't, I'll never, ever take that again, it's too risky. And I went to the Chinese medicine and it's worked for me and with no side effects.*

(Croydon Group users, F)

*I was in China a few years ago and I watched a man, in fact I filmed him burn his own hands on a red hot chain and then he applied herbal cream to his hands. ...And when he wiped his hands clean there were no marks on his skin. ... I believe that there are a lot of medicines, herbal medicines, that would work. But I think most of it is we don't do it because we're ignorant of it.*

(Stockport Group non-users, M)

*Yeah, I get a consultation with her [Chinese practitioner] and I'm really well informed about the condition I've got. And I know just by her saying certain things to me that she knows exactly what the condition is and what the problems are for me without me having to ... go into it. So I know she knows what she's talking about as well... I know she adjusts the herbs according to what she can tell me. So at least she knows her stuff.*

(Croydon Group users, F)

## There is an assumption of regulation

All (except for the non-users group in Croydon) had assumed that herbal medicines were regulated. It was felt that Britain is the kind of society where most things are regulated, and participants were very surprised that this is not the case. Some said that the very fact that the products were on sale in a familiar institution such as Holland and Barrett led them to assume that they must have been approved for sale by some authority. A number of participants who expressed surprise at the lack of regulation suggested that they would now be more careful in their future use of herbal medicines. It seemed that the perception of herbal medicines as safe and relatively risk-free was at least partly grounded in the assumption that they were regulated in some way by the state:

*I think they are [regulated], like the hospitals and doctors.*

(Croydon Group users, F)

*I thought all foodstuffs were somehow regulated by watchdogs, like additives in food.*

(Stockport Group non-users, F)

*I wouldn't know what the regulations are on herbal products, to be honest.*

(Stockport Group users, F)

*I thought they would have all gone through the same sort of trials.*

(Stockport Group users, F)

*[I'd] have thought there'd have to be some sort of regulatory body because otherwise you can hurt people.*

(Stockport Group users, F)

## There is also a desire for regulation

Only a few participants expressed opposition to the expansion of regulation. More regulation of the products themselves and of the companies that market them was seen as a good thing, as was the provision of more information about possible side-effects and interactions with other drugs. A number of participants, particularly in Stockport, supported the requirement of clinical trials of herbal medicines. A couple of users who sourced their medicines from practitioners or friends or who made them at home, however, did question how feasible or necessary regulation of some parts of the herbal medicine sector would be:

*If you take too much it can make you ill then maybe they should come with a big warning on them.*

(Croydon Group non-users, F)

*At the end of the day it's stuff you're going to put in your body.*

(Croydon Group users, F)

*I think they spend so much of our money on keeping all those ramps and all the roads. Why can't they put the money into more research on the medicine?*

(Croydon Group users, F)

## There is a social framework to usage of herbal medicines, particularly recommendations

Users cited recommendations from friends and family as being by far the most important factor in determining their use of herbal medicines. Advice from sales assistants in outlets such as Holland and Barrett was also seen as crucial. Social networks seem to form the main source of information about herbal medicines, and the experiences related by others are trusted a great deal:

*If somebody said 'Oh it worked for me', then I think that whether it's your builder or whatever, I think it's quite important.*

(Stockport Group users, F)

## Sales assistants are trusted and their advice sought after

Apart from non-users in Croydon, most participants in the qualitative phase felt that retail assistants are knowledgeable and trustworthy, and assumed that they have effective training. Users did not largely question the motives of manufacturers or sales assistants, and were not generally cynical about the effect that the profit motive might have on the advice they were given. When probed on this issue, however, some participants did begin to question the assumptions they made about sales assistants' expertise:

*Yes [I trust the sales assistant]. Because I've seen her dish out for me whatever she's going to give me, and it was natural, it's ... berries, it's twigs, it's bark.*

(Croydon Group users, F)

*If you find a really good sales representative and you go in saying, 'Right, this is what I have. Tell me'.*

(Croydon Group users, F)

*I guess you hope that someone has put them in charge in order to deal with you professionally... It's like dropping off your son at school, you're trusting that the teacher will do his job... It's like there's an element of trust there... because they're meant to be advising you.*

(Croydon Group users, F)

*That's one thing I've noticed at Holland and Barratt, very few of the staff ask you there what you are actually on.*

(Stockport Group non-users, M)

*I'd think they'll just be trying to sell to me, so I wouldn't have much trust in them.*

(Croydon Group non-users, F)

## There is caution about use of the internet, despite benefits of time and cost

Although a number said they would use the internet to research particular herbal medicines, people were aware of the general dangers of internet retailing, and so tended to regard internet suppliers of herbal medicines sceptically and cautiously. A number of participants felt that they could not be sure of the quality and purity of products purchased over the internet. Relatively few users purchased from the internet, but those who did cited price and convenience as factors recommending it:

*Well I'm fed up asking around, where could I go, and I didn't want to travel to London and everything else, so I just sat there at my mate's computer this afternoon and thought, right, I'm going to have a look on the internet under herbal medicines and see what comes up. And ... I've got five plants coming next week.*

(Croydon Group users, F)

*For one I don't readily put my details on there but another one is that I don't know what they're putting in there, in them. I don't trust them... If it's from a recognised company it's OK but if it's on the internet, anybody can set up at home... You don't know what's in them... You never know who's going to tamper with the stuff.*

(Croydon Group users, F)

*We get so much information on the internet, you don't know what's right.*

(Croydon Group non-users, F)

## Some potential users are priced out

A number of users and non-users spontaneously mentioned price as an important barrier to using herbal medicines or to expanding their use:

*I've got quite a range of health problems and if I could afford it, I'd have to try these medicines but I know I can't.*

(Croydon Group users, F)

*Price is a barrier, I use it [herbal medicines] for one particular condition, because I'll never trust the NHS again, but say like for hay fever, I suffer hay fever and there's no way I'm going to pay a Chinese herbalist to do something about that when the NHS treatment does work for me without side effects.*

(Croydon Group users, F)

## How best to communicate

It was felt that television and newspapers were the best ways of communicating about the risks of herbal medicines. A number of participants mentioned that they would trust information communicated by well-known doctors who appear regularly on morning television. Some also favoured providing information in herbal medicine retail outlets or in shopping centres:

*Word-of-mouth, recommendation, is always the best way to spread news. And so, if you told one person, guaranteed by the end of the day a lot of people would have known about it, especially if it's bad news.*

(Croydon Group users, F)

*They can put it in the media that there now is a regulation body on herbal medicines, and give the website, in every form of media, newspapers, BBC Breakfast, or whatever, all the morning shows. If they just mentioned there is a website, most people can get onto websites. If they can't, there's someone in the family who can.*

(Stockport Group non-users, F)

*They should do big ads. Boards in the shops, like when you have a product recall.*

(Stockport Group users, M)

## Usage Patterns

The two user groups presented quite different accounts of their use. A number of Afro-Caribbean participants in Croydon, for example, presented quite different usage patterns: preparing herbal medicines at home and using strong emetic and laxative medicines. In Stockport, the mainly white group of users was predominantly Holland and Barrett customers, who largely did not use herbal/traditional medicine practitioners (although one younger male of South Asian background was a regular user of traditional Chinese herbal medicines).

## Dealing with Side Effects

When asked what action would be taken in the instance of a serious rash developing after use of a herbal medicine, most users said they would simply stop taking the medicine. Only a few said they would go to a GP, and none mentioned reporting the side-effect to any authority.

## Types of User

Broadly, the following types of user were evident:

**Vulnerable** – had experienced serious conditions and tried herbal medicines as an alternative to conventional medicines, which they often perceived as being addictive or likely to have unpleasant side-effects.

**Casual** – Tended to use sporadically and out of curiosity or because recommended by a friend. Not serious, thoughtful or well informed about herbal medicines.

**Cultural** – In Croydon, it was clear that several Afro-Caribbean users had strong cultural traditions of use, and relied on family, friends and retailers within that community to sell and prepare their herbal medicines.

## Types of Non-User

Broadly, the following types of non-user were evident in the qualitative phase:

**Lapsed:** Had used more than two years ago, but were able to contribute a number of examples stemming from their own use of herbal medicines

**Cynics:** Unconvinced of the efficacy of herbal medicines, and more likely to have doubts about safety

**Well-informed / interested:** A number of non-users had quite high levels of knowledge about herbal medicines, which stemmed from friends or members of their immediate families using them.



# Quantitative Research

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## A note on interpretation of findings

The qualitative work with discussion groups confirmed MHRA's initial expectation that the public would not have a very clear view of what should be regarded as a herbal medicine. This touches on a complicated area of regulation, for example in some cases a product might be either classified as a medicine or fall within another regulatory category, such as a food or cosmetic, depending on its presentation. In the quantified work respondents were given some advice at the outset as to what would or would not count as a herbal medicine, but it would be realistic to assume that some variations in perception remained. Figures relating to the proportions of users/non users of herbal medicines should therefore be regarded as broadly indicative rather than as giving a more precise estimate.

# Usage and Understanding of Herbal Medicines

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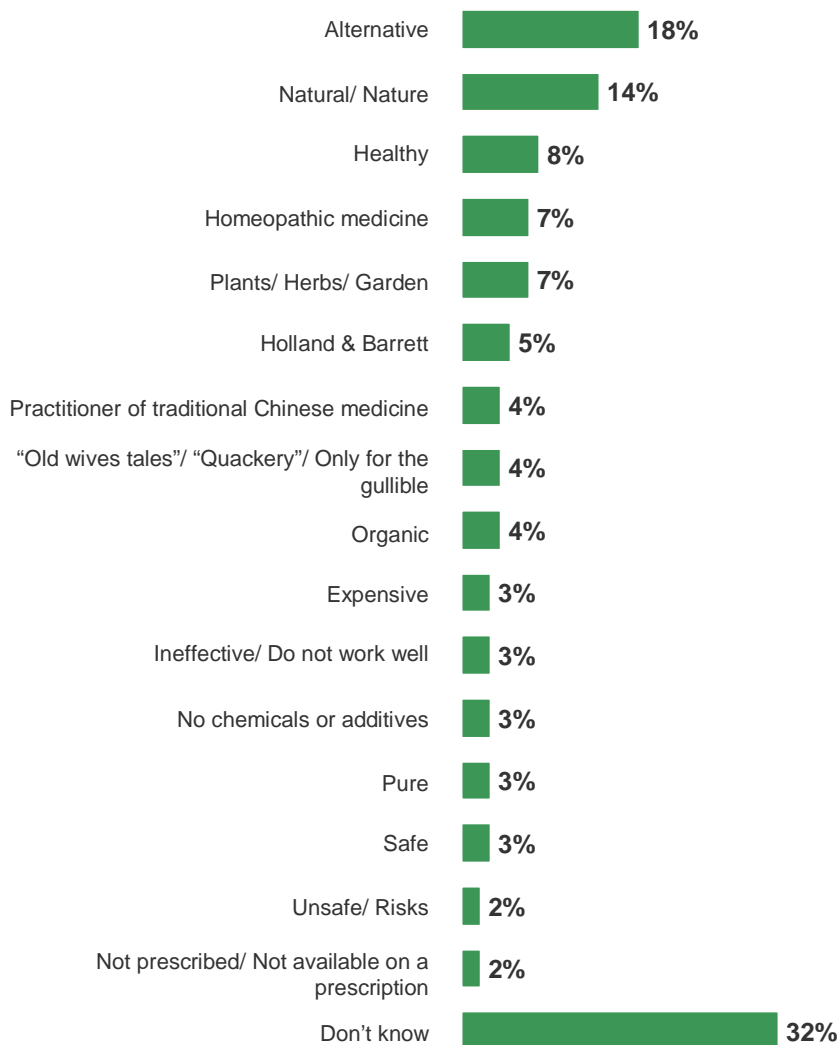
## What is Herbal Medicine?

The majority of people (68%) were able to provide an instant response when asked to think of words or phrases that they associated with 'herbal medicines'. The responses themselves however, were varied in scope. The largest single response was for the word 'alternative' (18%), while 14% mentioned nature, or natural.

The remaining associations were cited by fewer than one in ten respondents and are shown in the chart overleaf. Associations made by fewer than 2% of respondents are shown in the topline document included in the Appendices.

## Usage and Understanding of Herbal Medicines

Q1 What words or phrases come to mind when I say 'herbal medicines'?



Base: All adults aged 15+ (2,032), 5<sup>th</sup> – 11<sup>th</sup> September 2008

Ipsos MORI



### Sub-Group Differences

There was a difference in the way that herbal medicines were perceived by the different genders. Women were more likely than men to associate them both with being healthy (9% v 6%) and natural (16% v 12%). Across the ages, younger people (15-24s) were much less likely than any other age group to think of herbal medicines as alternative (11%). This was also an opinion shared, by people in social class DE. (14% among DEs v 20% among ABs).

People in the North were more likely to view herbal medicines as ‘mild and gentle’ (2%) or as having ‘no side effects’ (2%) than others elsewhere in the country.

An ethnic difference in perception also revealed itself here. Black (18%), and Asian respondents (20%), and BMEs as a whole (20%) were much more likely to see herbal medicines as ‘healthy’ than white people (7%). A similar pattern emerges over views that herbal medicines are ‘natural’ – Black (28%), Asian (28%) and BME respondents (28%) come out far ahead of white respondents (13%) in this respect.

## Personal Use

In terms of prior experience of herbal medicine, almost two-thirds (65%) had never used them. This was a higher proportion than in the qualitative phase, but is predictable due to the greater weighting that we had given herbal medicine users in our qualitative sampling. By far the most commonly used herbal medicines were those available over-the-counter – herbs such as St John’s Wort and Echinacea.

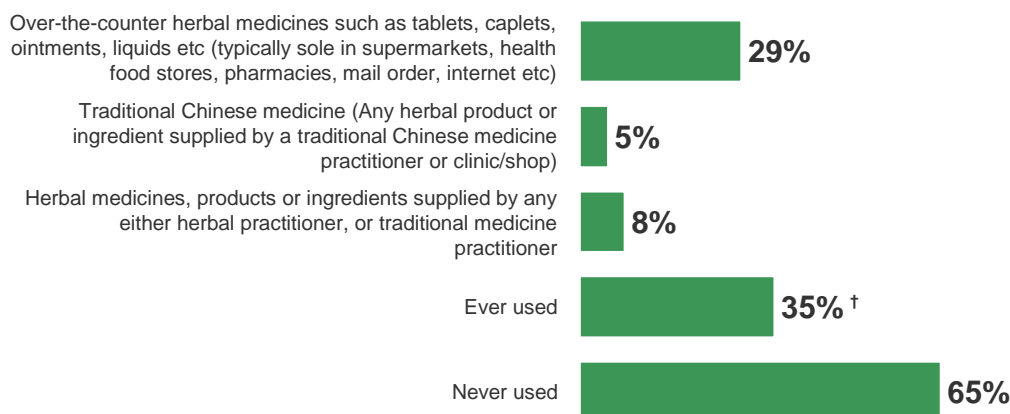
The table below shows the proportions of respondents who have used any herbal medicine, and also each of the three types in turn. From this table it can be seen that most herbal medicine users have done so within the last two years.

	Any herbal medicine	Over-the-counter herbal medicines such as tablets, caplets, ointments, liquids etc (typically sold in supermarkets, health food stores, pharmacies, mail order, internet etc)	Traditional Chinese medicine (Any herbal product or ingredient supplied by a traditional Chinese medicine practitioner or clinic/shop)	Herbal medicines, products or ingredients supplied by any other herbal practitioner, or traditional medicine practitioner
Base: All respondents				
Ever used	35%	29%	5%	8%
Used in the last 2 years	26%	23%	4%	5%

When medicines were not purchased over-the-counter, it was more common for these to be supplied by a herbal practitioner of a tradition other than traditional Chinese herbal medicine (8% to 5% respectively).

## Usage and Understanding of Herbal Medicines

Q2 These are some examples of types of herbal medicines. Have you personally ever used one or more of these kinds of medicines?



Base: All adults aged 15+ (2,032), 5th – 11th September 2008

Ipsos MORI



## Sub-Group Differences

There was a higher rate of use by women than men for each type of herbal medicine – 35% compared with 23% used over-the-counter medicines, 6% to 4% traditional Chinese herbal medicines and 9% to 6% used medicines from another herbal practitioner. Overall, 41% of women had used some form of herbal medicines as compared with 29% of men.

Social grades AB (43%) and C1 (38%) were also more likely to have used herbal medicines of some kind as compared with C2 (30%) and DE (26%).

Overall use was highest in the South (38%), and amongst those qualified to degree level or above (45%). Indeed, educational qualification followed the same pattern as social grade – the higher the qualification or social grade, the greater the incidence of herbal medicinal use.

Broadsheet (45%) and midmarket (43%) newspaper readers were more likely to use herbal medicines than tabloid readers (26%). White people (30%) were more likely than Asian (16%) or BME (18%) groups to use over-the-counter medicines, while the reverse was true of medicines supplied by a practitioner of herbal/traditional non-Chinese

medicine (7% among white respondents compared with 17% among Asian and 15% among BME groups).

† The 35% excludes overlap between the 29%, 8% and 5%.

Usage of traditional Chinese herbal medicines followed much the same patterns as for usage of herbal medicines in general – women were more likely to use than men (6% to 4%), groups AB (7%) and C1 (7%) more likely than C2 (3%) or DE (3%) and those with a degree (8%) more likely than those with any other qualification. Usage was higher in the North (6%) and South (6%) than the Midlands (2%).

## Date of Use

Of those who had used herbal medicines in the past, there were different patterns of use between those who had bought over-the-counter and those who had been supplied with medicines by either a practitioner of traditional Chinese herbal medicine or another herbal medicine practitioner.

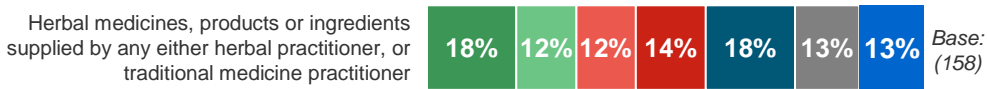
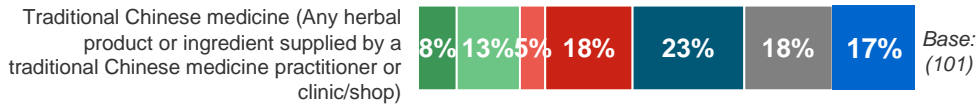
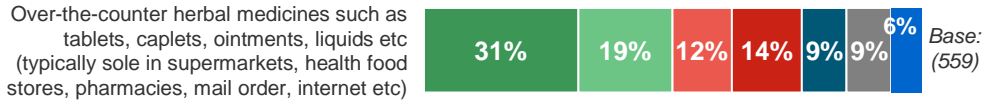
Those who purchased their herbal medicines over-the-counter were much more likely to have used them in the last month (31%) or in the previous 6 months (50%) than either those who had been supplied by a practitioner of traditional Chinese herbal medicine (8% in the last month and 21% in the last six months) or other practitioner (18% in the last month and 30% in the last six months).

The qualitative study established that there were a number of either occasional or 'lapsed' users, who had finished their last use more than two years previously. This group was in evidence once again here, but showed up most strongly amongst users of traditional Chinese herbal medicines (41%) and other herbal practitioners (31%).

# Usage and Understanding of Herbal Medicines

Q3 Looking at this list, could you tell me, using this card, when you personally last used...

- In the last month
- Between 1 and 6 months ago
- Between 6 months and a year ago
- Between 1 and 2 years ago
- Between 2 and 5 years ago
- More than 5 years ago
- Don't know



Base: All users of each type of herbal medicine; aged 15+, 5th – 11th September 2008

Ipsos MORI



## Sub-Group Differences

Of herbal medicinal users, those respondents with no children in the household were most likely to have used over-the counter medicines in the previous month (35%), year (66%) or two years (80%). Those in the Midlands were also most likely to have used in the last year (70%) or two years (85%).

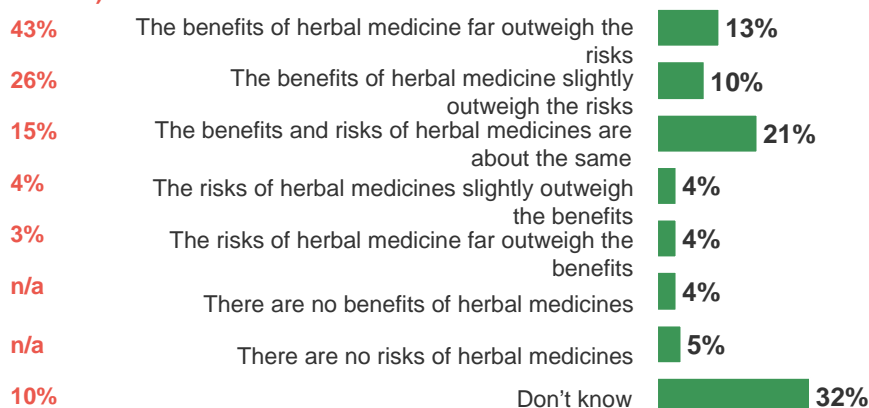
# Perceptions of Risk

Almost a third (32%) did not have an opinion on the relative risks and benefits of herbal medicines. Overall, the largest proportion (after 'Don't know') believed that the benefits and risks were more or less the same. However, there was a higher response from those who said that the benefits either far outweighed or slightly outweighed the risks (13% and 10% respectively) than from those who supported the converse propositions (4%:4%). When compared with results for the same question asked of respondents about *conventional* medicines in the 2006 MHRA/Ipsos MORI survey, it can be seen that people are more confident about the benefits of conventional medicines but it is noteworthy that nearly a third say they 'don't know' how to answer this question regarding herbal medicines compared with just 10% saying the same for conventional medicines.

## Perceptions of Risk

Q4 From this card, which, if any, of these five statements most closely reflects your own opinion about most herbal medicines?

**MHRA 2006  
(medicines)**



Base: All adults aged 15+ (2,032), 5th – 11th September 2008  
Ipsos MORI



## Sub-Group Differences

Social grades AB and C1 were most likely to consider that the benefits of herbal medicines outweigh the risks (27% and 25% respectively compared to 19% for C2 and 18% for DE), as were broadsheet (28%) and midmarket (28%) readers and those qualified to degree level (30%) and A-level (27%).<sup>6</sup>

Those aged 15-24 (41%) or 55+ (34%) were most likely to give a 'don't know' response when asked about the relative risks and benefits of

<sup>6</sup> Net benefit figures are compiled by subtracting the proportion for the sum of the two risk categories, from the sum of the benefit categories.



herbal medicines. This was the same for social grades C2 (38%) and DE (39%), and respondents in the Midlands (41%).

Tabloid readers (38%) and those without access to the internet (39%) were also most likely to answer that they did not know about the relative risks and benefits. In the case of the internet, it may be that this response is because internet access is in some way reflective of other key factors – such as social grade – which seem to affect information availability rather than a factor on its own, because our qualitative research showed that people were apprehensive about putting much faith in the information available there.

Asian (13%) and BME (11%) groups were most likely to suggest that there were no risks from herbal medicines.

In terms of different users, users of traditional Chinese herbal medicine were most likely (46%) to believe that the benefits of herbal medicines far outweigh the risks. Users of other traditional herbal medicines were most likely (12%) to believe that there were no risks.

The table below shows results for this question analysed by some key demographic groups. Significant results are shown in bold.

		<b>Benefits outweigh risks</b> %	<b>Risks outweigh benefits</b> %
<b>Gender</b>	Men	21	9
	Women	24	7
<b>Age</b>	15-24	18	6
	25-34	<b>27</b>	8
	35-44	22	10
	45-54	<b>26</b>	7
	55+	21	9
<b>Social Grade</b>	AB	<b>27</b>	8
	C1	<b>25</b>	8
	C2	19	9
	DE	18	8
<b>Ethnicity</b>	White	22	8
	BME	28	9
<b>Usage of herbal medicines</b>	User (within last 2 years)	<b>51</b>	3
	Non-user	11	<b>10</b>

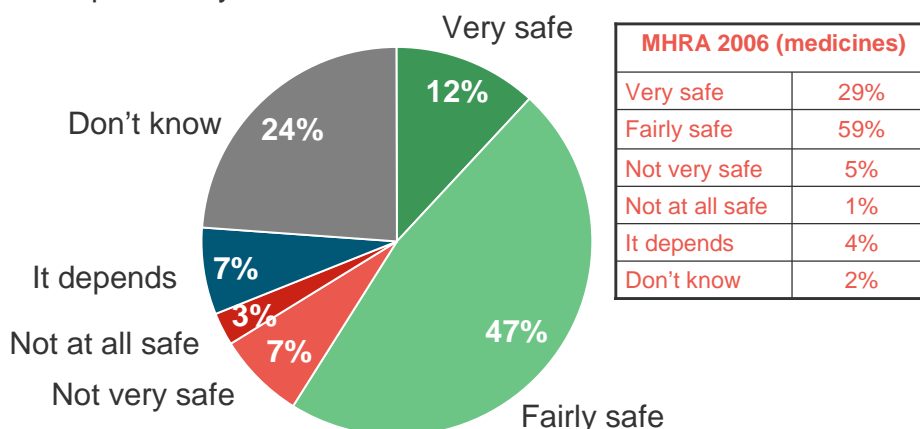
## How Safe Are They?

The findings from the qualitative stage were borne out again here, as over half of those sampled suggested that they thought herbal medicines were either very or fairly safe (12%: 47%). The qualitative stage did also show though, that there were some fears amongst users about possible side-effects (the effects of St John's Wort, for example, were mentioned on more than one occasion). We see this trend coming through again here, as while people on the whole saw herbal medicines as 'gentle' and 'safe', a far smaller proportion were willing to refer to them as very safe than were to call them fairly safe.

Only a small percentage (7%) said that 'it depends on the treatment' when asked to assess the safety of herbal medicines. As we have seen, people tend to be more confident about the risks they face when talking about conventional medicines, however the incidence of 'don't know' answers for herbal medicines is again very high in comparison.

### Perceptions of Safety

Q5 Using this card, overall, how safe or unsafe do you personally feel that most herbal medicines are to take?



Base: All adults aged 15+ (2,032), 5th – 11th September 2008

Ipsos MORI



### Sub-Group Differences

Those aged between 15 and 24 or over 55 were least likely to think that herbal medicines were safe (52% and 54% respectively). It did not necessarily follow though, that they were more likely to think that they were unsafe – the differentiations were largely in the proportions of each who answered 'Don't know' or 'It depends'.

This pattern is repeated by social grade – those in C2 (57%) or DE (52%) were least likely to consider them safe, but this did not translate into a belief that they were necessarily unsafe – and by educational qualification, where those with no formal qualification (50%) were the

least likely to feel herbal medicines are safe, but showed no statistically significant difference with other educational grades on how many felt it was unsafe.

Belief in their safety was highest in the North (66%), and amongst those who believed herbal medicines were regulated (78%).

Asian (16%) and BME (15%) groups were most likely to consider that they were unsafe.

The table below shows results for this question analysed by some key demographic groups. Significant results are shown in bold.

		Safe	Unsafe
		%	%
<b>Gender</b>	Men	57	10
	Women	61	10
<b>Age</b>	15-24	52	10
	25-34	<b>66</b>	8
	35-44	<b>63</b>	9
	45-54	<b>64</b>	10
	55+	54	11
<b>Social Grade</b>	AB	63	12
	C1	63	9
	C2	57	8
	DE	52	11
<b>Ethnicity</b>	White	59	10
	BME	55	<b>15</b>
<b>Usage of herbal medicines</b>	User (within last 2 years)	<b>89</b>	4
	Non-user	45	<b>13</b>

## Potential Risks

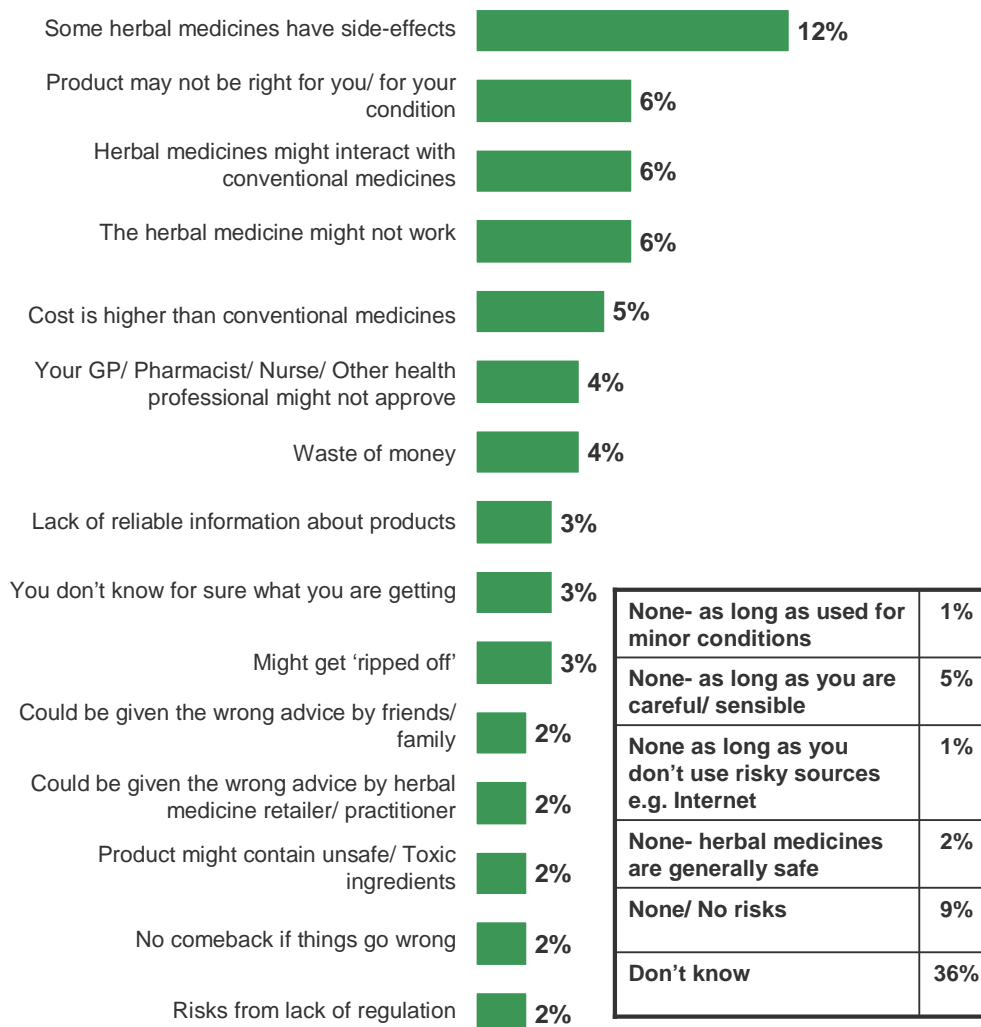
The issue of the availability of information about the risks of herbal medicines came to the forefront in this question. When asked what advice on potential risks or possible problems they would give to a friend or family member thinking of taking herbal medicine, 36% said that they were unaware of any of the risks or possible problems that they should look out for.

The main potential risk that was flagged up here (12%) was that some herbal medicines have side effects; also 6% of respondents mentioned that herbal medicines might interact with conventional medicine. These findings are consistent with the qualitative stage where there was some awareness of concerns about the need for care in using herbs such as St John's Wort.

Other risks identified most frequently by respondents were that the product might not be right for you/for your condition (6%), and the herbal medicine might not work (6%).

## Perceptions of Risk

Q6 If a close friend or relative of yours was thinking of taking a herbal medicine for the first time, what risks or possible problems, if any, do you think they should be aware of? What are they?



Base: All adults aged 15+ (2,032), 5<sup>th</sup> – 11<sup>th</sup> September 2008

Ipsos MORI



White people (13%) were more likely than Asian people (6%) to suggest that there were side-effects. Once again, Asian (14%) and BME (14%) respondents were most likely to suggest that there were no risks.

Men (4%) and those aged 15-24 (1%) were least likely to suggest that herbal medicines might interact with conventional medicines. These groups however, are also most likely to be non-users.

As we have seen previously, those aged 15-24 (45%) and 55+ (40%) were most likely to be unaware of which risks should be brought to a friend's attention, as were people in the Midlands (42%), tabloid readers (38%), those with no access to the internet (43%) and those with no formal qualifications (42%) or educated to GCSE level or below (37%).

## Perceptions of Risk – Safety, Telling your GP and Interaction with Conventional Medicines

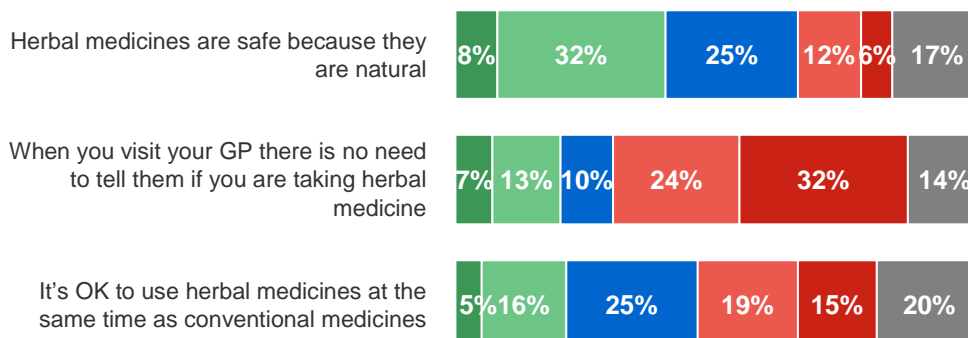
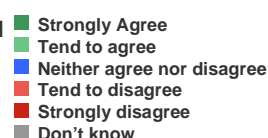
Two in five (40%) respondents agree that herbal medicines are safe because they are natural, whilst less than half of this proportion disagree (18%).

The majority of respondents were aware that there was some risk attached to using herbal medicines in conjunction with conventional medicines: 56% said that they felt it important to tell their GP about any herbal medicines that were being used when they visit. However, the percentage that felt that it was unsafe to use herbal and conventional medicines at the same time was far lower (34%).

This seems to bear out the findings from the qualitative stage which showed that recommendations influencing whether or not people use a herbal medicine are very much people-based. While people did not necessarily agree with the idea that herbal medicines and conventional medicines were unsafe to mix, they did want to seek advice on it.

### Perceptions of Risk

Q7 For each of the statements I read out, I'd like you to tell me to what extent you agree or disagree with it?



Base: All adults aged 15+(2,032), 5th – 11th September 2008

Ipsos MORI



## Sub-Group Differences

White people (38%) were less likely to believe that natural meant safe with regard to herbal medicines than Black (55%), Asian (58%) or BME (57%) respondents.

Users of traditional Chinese herbal medicines (76%) were also more likely to consider them safe because they were natural than any other users or than non-users.

Social group AB members (68%) were most likely to **disagree** with the statement that telling a GP that you are taking a herbal medicine is **not necessary**, whilst fewer – less than half of C2 (49%) and DE (46%) respondents – disagreed with this statement.

Those educated to A-level or higher (64% and 67% respectively) were also more likely to disagree with this concept than those educated to GCSE level (50%) or with no qualifications (46%), and white respondents at 56% were more likely to disagree than Asian (41%) or other BME groups (43%).

Users of traditional Chinese herbal medicine (74%), other traditional herbal medicines (68% ) and over-the-counter herbal medicines (69%) were much more likely to believe that a doctor should be told than non-users (49%).

Women (37%), over 55s (38%) and social grades AB (39%) and C1 (36%) were most likely to disagree with the idea that it was OK to use herbal and conventional medicines together.

Asian (31%) and BME (30%) respondents, and users of over-the-counter herbal medicines (28%) and users of non-Chinese traditional medicines (40%) were most likely to agree that using herbal and conventional medicines together was acceptable.



The table below shows results for these questions analysed by some key demographic groups. Significant results are shown in bold.

		Safe because natural		No need to tell GP		OK to use with conventional medicines	
		Agree	Disagree	Agree	Disagree	Agree	Disagree
		%	%	%	%	%	%
<b>Gender</b>	Men	40	19	21	53	21	31
	Women	40	18	20	57	21	<b>37</b>
<b>Age</b>	15-24	35	15	23	42	20	28
	25-34	<b>47</b>	14	22	<b>57</b>	24	31
	35-44	39	<b>21</b>	17	<b>64</b>	22	35
	45-54	<b>47</b>	18	20	<b>60</b>	22	35
	55+	37	<b>20</b>	20	<b>54</b>	19	<b>38</b>
<b>Social Grade</b>	AB	32	<b>28</b>	10	<b>68</b>	17	<b>39</b>
	C1	<b>42</b>	<b>18</b>	<b>23</b>	<b>55</b>	22	<b>36</b>
	C2	<b>45</b>	14	<b>24</b>	49	22	29
	DE	<b>42</b>	11	<b>24</b>	46	22	32
<b>Ethnicity</b>	White	38	<b>19</b>	20	<b>56</b>	20	35
	BME	<b>57</b>	10	<b>26</b>	43	<b>30</b>	32
<b>Usage of herbal medicines</b>	User (within last 2 years)	<b>58</b>	18	22	<b>67</b>	<b>29</b>	37
	Non-user	31	18	19	49	17	33

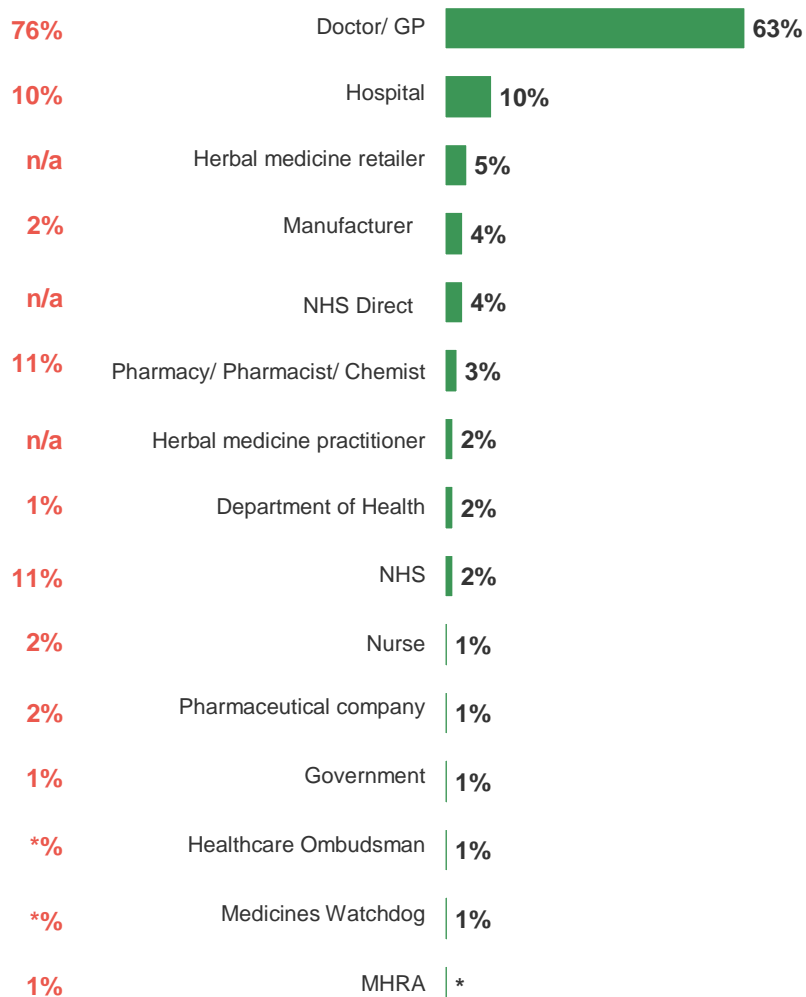
## In Case of Side-Effects...

Mainstream medicine was very much seen as dealing with any problems caused by use of herbal medicines, with 63% of respondents saying they would visit their doctor with any side effects and 10% saying they would visit a hospital. Only 5% and 4% respectively thought that the retailer or manufacturer of the medicine needed to be made aware.

### Perceptions of Risk

Q8 If you or a close relative of yours experienced an unexpected side-effect from a herbal medicine, who, or which organisation, if any, do you think should be contacted to report the side-effect?

#### MHRA 2006 (conventional medicines)



Base: All adults aged 15+ (2,032), 5<sup>th</sup> – 11<sup>th</sup> September 2008

Ipsos MORI



## Sub-Group Differences

Black respondents (11%) were most likely to report any side effects to the manufacturer of the herbal medicines, whilst men aged 15 – 24 were most likely (26%) to not know what to do.

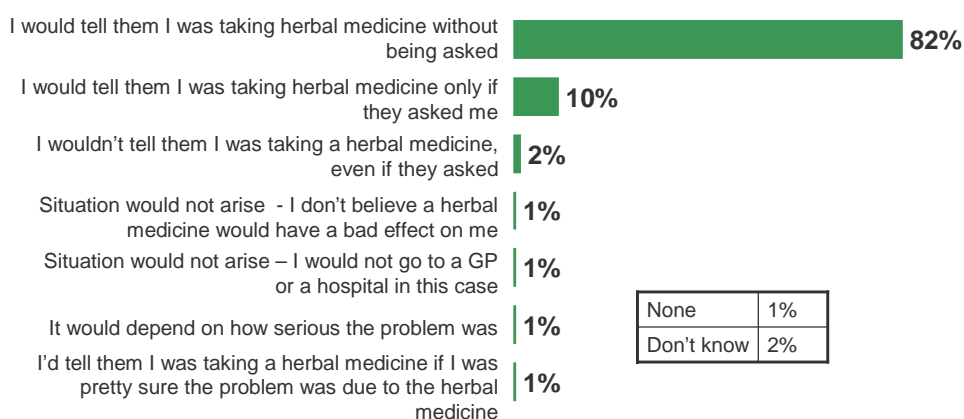
Amongst users, those who used non-Chinese traditional medicine (12%) were more likely to report the problem to their practitioner than users of all other types of herbal medicine, reflective perhaps of the importance of personal relationships noted in the qualitative study. Users on the whole were more likely (68%) to refer to a doctor in this situation than non-users (60%). Non-users however were more likely to seek hospital treatment (10% v 7%).

## What Would You Tell Your GP?

An overwhelming majority of herbal medicine users said that they would tell their GP if they were visiting with a complaint which they believed was related to the herbal medicine that they were taking. Just over eight in ten would volunteer this information, whilst a further one in ten would tell their GP only if asked. Only 2% would keep this information to themselves, even if asked by the doctor.

### Perceptions of Risk

Q9 If you decided to go to your GP or a hospital with a health problem which you think might be a side-effect of a herbal medicine, which, if any, of the following most closely represents what you would say to the doctor?



Base: All users of herbal medicines aged 15+ (685), 5th – 11th September 2008

Ipsos MORI



## Sub-Group Differences

Asian (53%) and BME (55%) groups were less likely to volunteer to a doctor that they were taking herbal medicine than white respondents (84%), and were more likely to refuse to admit to this even if asked (both 6%) than white respondents (2%).

Users of traditional Chinese herbal medicine (6%) were also more likely to keep this information to themselves even if asked by a doctor than users of over-the-counter medicines (1%) and than users of herbal medicine in general (1%).

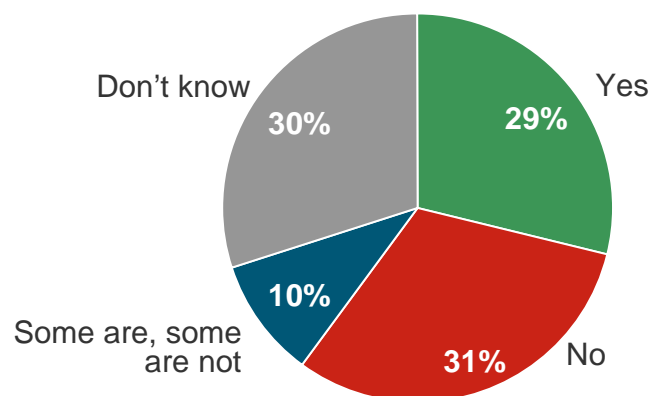
## Regulation

The quantified research showed a fairly even split of views as to whether herbal medicines were regulated. This differed slightly from the qualitative research in that participants in three of the four discussion groups assumed that there was some form of regulation (but there were far more users in the qualitative stage). In this survey, the proportion who assumed that herbal medicines are regulated in the UK stands at 29%, with almost one third (30%) of respondents saying that they did not know whether there was any regulation or not, or there is no regulation at all (31%).

One in ten respondents said that whether herbal medicines are regulated or not depends on the particular herbal medicine in question.

### Perceptions of Regulation

Q10 Do you think that herbal medicines are regulated in the UK or not?



Base: All adults aged 15+ (2,032), 5th – 11th September 2008

Ipsos MORI



## Sub-Group Differences

Users of herbal medicines (41%) were much more likely to believe that they were regulated than non-users (25%). This was so regardless of where the herbal medicines were sourced. The proportions among users believing that the products were regulated were: 40% where over-the-counter products were taken, 44% where products were supplied by traditional Chinese herbal medicine practitioners; and 37% where herbal medicines were supplied by other herbal/traditional medicine practitioners.

Perhaps unsurprisingly, more of those who believed herbal medicines were safe (38%) believed that they were regulated than those who did not (20%).

## Who Regulates Herbal Medicines?

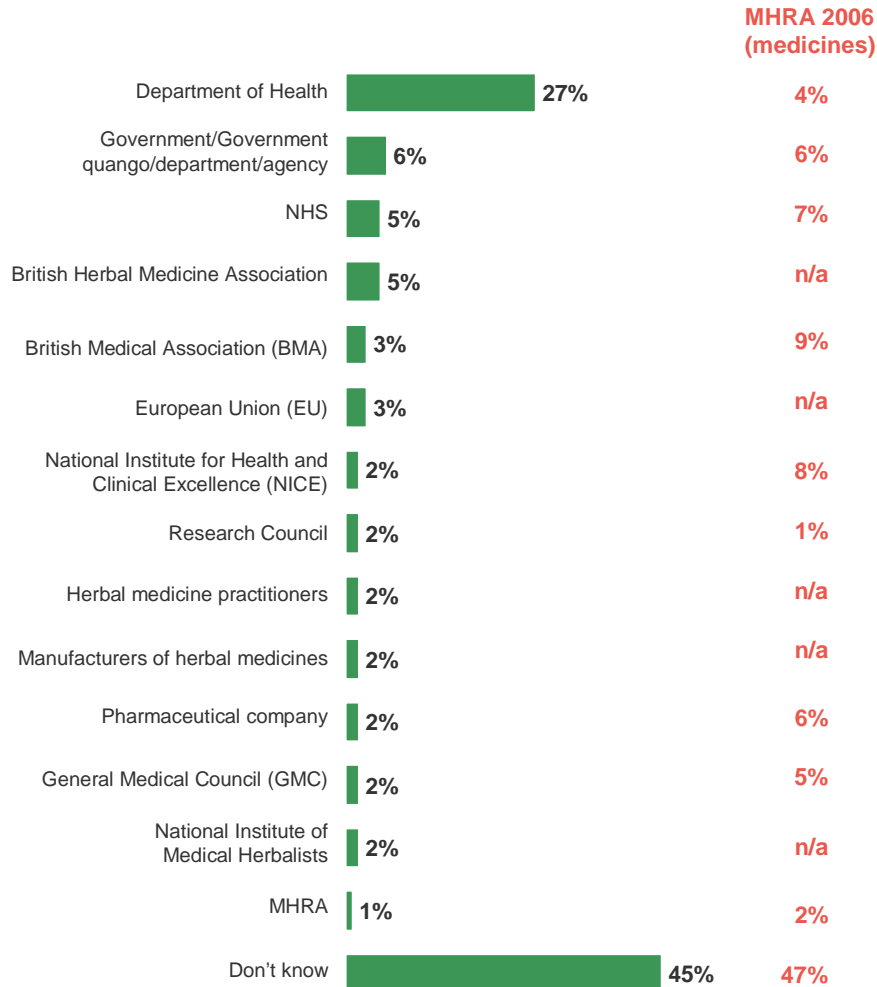
The hypothesis that there is not a great deal of awareness about regulation of herbal medicines is borne out by the responses to this question. Of those who believed that herbal medicines were regulated, almost half (45%) did not know who would perform this task. This response echoes many of the sentiments expressed in the qualitative study by saying that they presumed that there was some sort of regulation, but did not know who was responsible.

By far the largest proportion of those who did feel that an organisation was responsible for regulating herbal medicines felt that this would fall under the remit of the Department for Health (27%). Others suggested an unnamed government agency, the NHS or the British Herbal Medicine Association (6%: 5%: 5%).

Only 1% of respondents thought that MHRA was responsible for regulation.

## Perceptions of Risk

Q11 Who or which organisation, if any, do you think regulates herbal medicines to make sure they are safe enough to use?



Base: All who think herbal medicines are regulated (791), 5<sup>th</sup> – 11<sup>th</sup> September 2008

Ipsos MORI



### Sub-Group Differences

Those with no formal qualifications (52%) or no access to the internet (50%) were least likely to believe they knew who was responsible for regulation.

None of the sub-groups was more likely than any other to believe that regulation was the responsibility of the MHRA. A higher than average amount of users of herbal medicines (5%) thought that it was the responsibility of the BMA, men aged 15-24 the NHS (10%) and Asian (39%) and BME (37%) groups the Department of Health.

# Information on Herbal Medicines

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## Sources of Information

There was a variety of methods by which people had obtained information about herbal medicines, though a high proportion of these had heard about them from either family or friends or colleagues (15%:13%) – once again bearing out the finding from the qualitative survey that there was a very social aspect to the introduction to herbal medicines.

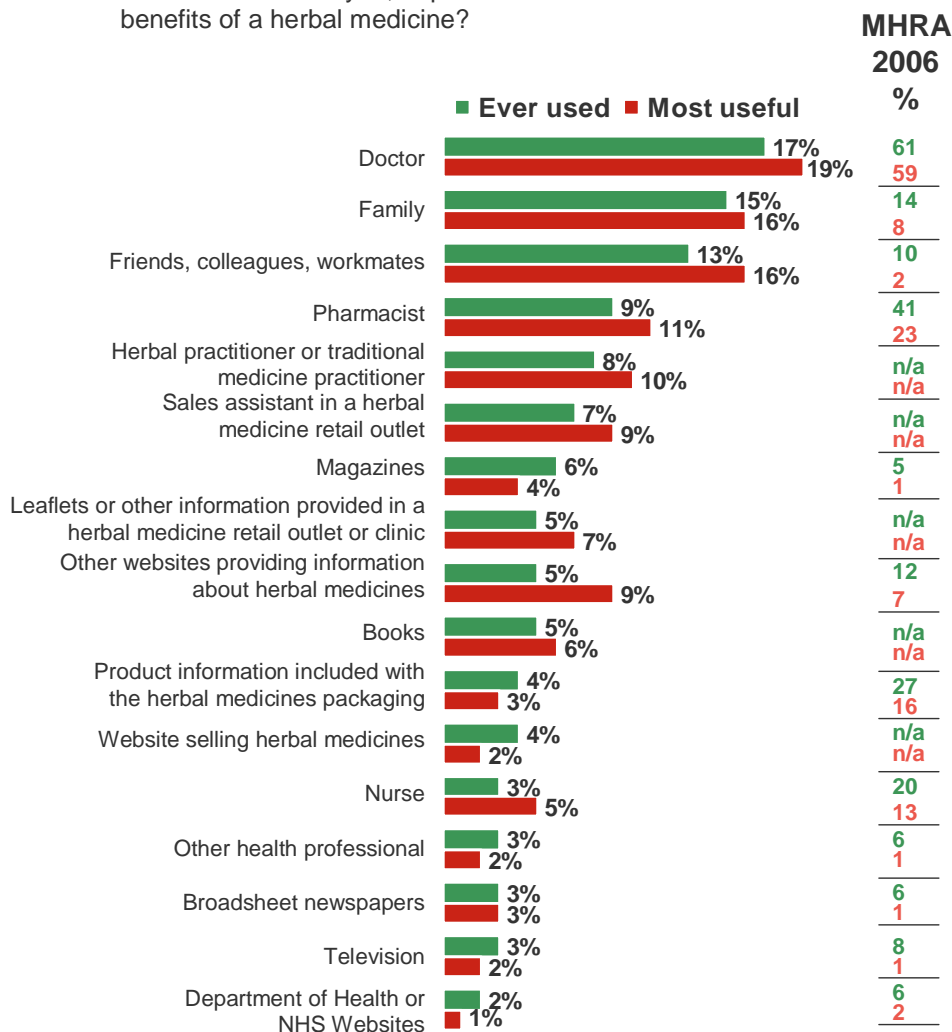
The most commonly used source though, as well as the most trusted, was a doctor. This too is no real surprise – Ipsos MORI polls consistently see doctors cited as the most trustworthy members of society.

The 9% of people who considered the internet to be the most valuable source differed slightly to the findings of the qualitative research, which found people to be very sceptical about the value of the internet for useful information.

## Information on Herbal Medicines

Q12 I am going to show you a list of possible sources of information about herbal medicines. For each one, I'd like you to tell me whether you have personally used it to obtain any information about the risks or benefits of a herbal medicine?

Q13 And which of the two or three, if any, of the sources that you have used was most useful to you, to provide information about the risks and benefits of a herbal medicine?



Base: All adults aged 15+ (2,032), 5<sup>th</sup> – 11<sup>th</sup> September 2008

Ipsos MORI





## Sub-Group Differences

Asian (32%) and BME (28%) groups are significantly more likely than white (13%) or Black (17%) respondents to rely on their families as a source for information about herbal medicines.

Those who sourced their herbal medicines from practitioners of traditional Chinese herbal medicines (39%) and practitioners of other traditional medicines (36%) were also more likely than those who sourced their herbal medicines over-the-counter (24%) to seek advice from their families. The same applied to seeking advice from practitioners; 34% of Chinese herbal medicine users did this, 35% of other traditional medicine users also did so, compared with 16% of over-the-counter herbal medicine users. Users of traditional Chinese herbal medicine were also more likely than over-the-counter users to get information from broadsheet newspapers (18% v 6%) or from magazines (27% v 14%).

Those aged 15-24 (16%), 25-34 (22%) and 35-44 (18%) were most likely to have taken advice from their families. Those in social grades AB (15%) and C1 (15%) were also more likely than those in C2 to have taken advice from friends or work colleagues. Usage was higher in the former two groups though, so this may be simply a case of them having greater access to information.

Those aged 25-34 (7%), 35-44 (10%) and 45-54 (7%) were most likely to use websites providing information about herbal medicines, or websites selling herbal medicines for information (7%, 5%, 5% respectively).

Of those who had used more than one source of information, the 45-54 year olds seemed to prefer the personal approach most of all. They highlighted friends or colleagues (25%), herbal practitioners (16%) and sales assistants (16%) as most useful sources.

Users of other traditional herbal medicines also mentioned friends and colleagues (28%) and herbal practitioners (21%) as most useful sources.

Those with a degree (18%) or those in social group AB (16%) were most likely to have found websites to be their most useful source. There was no significant difference along ethnic lines in terms of how useful their family was as a source.

# Trust and Information on Herbal Medicines

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## Who Do You Trust?

There were a variety of methods by which people had obtained information about herbal medicines, though a high proportion of these had heard about them from either family/friends or colleagues (15% and 13%) – once again bearing out the finding from the qualitative survey that there was a very social aspect to the introduction to herbal medicines. The most commonly used source though, as well as the most trusted, was a doctor.

The placement of television so low on the list runs in contrast to the findings of the qualitative groups. In the discussion groups, people suggested that television and newspapers would be the best ways to transmit information, but this question reveals a good degree of scepticism about information received in this way.

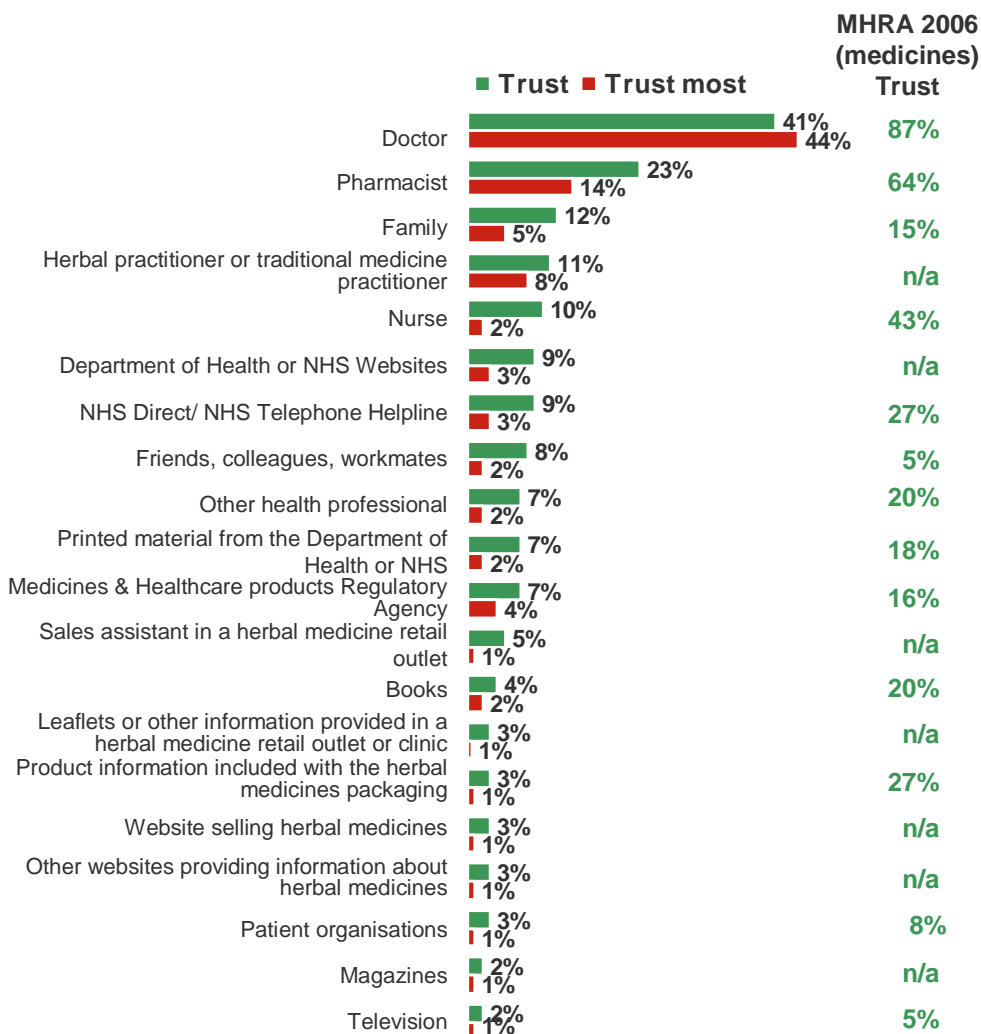
Another of the suggestions from the groups – putting information into herbal remedy outlets – seemed to be trusted more.

In comparison with the 2006 study on medicines, it can be seen that there is a higher propensity among the general public to trust all information sources when the subject matter is conventional medicines, rather than *herbal* medicines.

## Trust & Information on Herbal Medicines

Q14 I am going to show you another list of sources of information. For each one, could you tell me whether you would generally trust it to provide accurate information about the risks and benefits of a herbal medicine?

Q15 Which one source would you trust the most to provide accurate information about the risks and benefits of medicines?



Base: All adults aged 15+ (2,032), 5<sup>th</sup> – 11<sup>th</sup> September 2008

Ipsos MORI



## Sub-Group Differences

There was a difference between white respondents and Asian and BME respondents in terms of the sources of information that they trusted. White people tended to trust professionals, or people in positions of authority more than BMEs – 43% trusted a doctor, compared to 26% (Asian) and 28% (BME); 11% trusted a herbal/traditional medicine practitioner (compared to 5% for both Asian and BME respondents) and 25% trusted a pharmacist, compared to 9% for both Asian and BME respondents. This pattern is repeated with Department of Health or NHS websites, NHS Direct and printed materials from the Department of Health or NHS all of which are also not trusted by Black respondents. By contrast, the Asian and BME respondents tended to trust their families (25% and 22% respectively) more than white respondents (11%). Asian people also put more faith (14%) in friends than white people (8%).

Young people were also more likely to trust their family for advice – 15% of 15-24 year olds and 17% of 25-34 year olds highlighting this source.

Social groups AB and C1 were most likely to cite the MHRA as a trusted source (12% and 7% respectively).

Department of Health websites (14% and 10%), NHS Direct (10% and 10%), NHS printed material (12% and 6%) and the MHRA were all trusted more by those in groups AB and C1 respectively than those in groups C2 and DE.

Users of traditional Chinese herbal medicines (7%) were much more likely than any other group to trust tabloid newspapers as a source of information.

## Trust Most

Men were more likely to trust a doctor more than any other source - 50%, compare with 39% for women, who in turn were more likely than men to trust a herbal practitioner (12% v 4%). This was particularly true of young men (15-24), 64% of whom said they would trust a doctor above all else. Doctors were also trusted more in the North (52%), and by non-users of herbal medicines (51%).

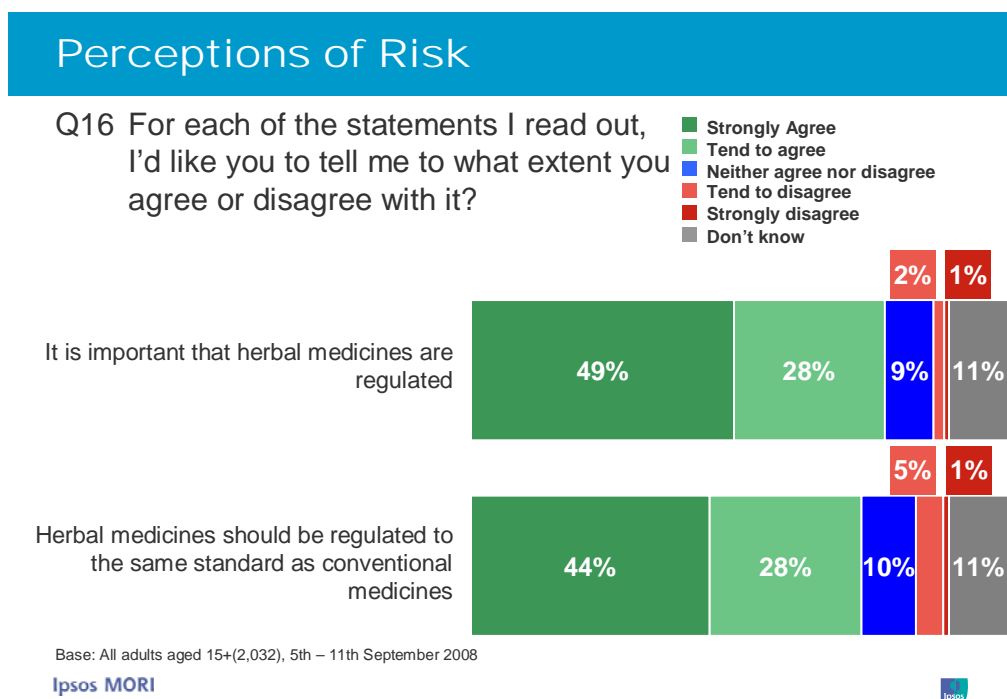
Pharmacists were trusted more by over 35s, (16%, 16% and 17% of 35-44 year olds, 45-54 year olds and over 55s choosing them as the most trusted source), and by white people (15%) ahead of BME respondents (4%). Users of over-the-counter herbal medicines also put a much higher degree of trust in pharmacists (20%) than non-users (11%).

15-24 year olds (13%) and over 55s (6%) most trusted their families, as did those with no formal qualifications (9%).

## What Should Be Done?

There was strong agreement that herbal medicines should be regulated, with over three-quarters of British adults (77%) arguing that this should be the case. Just 3% felt that they should not be. This matches the findings from the discussion groups, both in Stockport and Croydon.

There was nearly as much support for the statement that herbal medicines should be regulated to the same standard as conventional medicines (72%), and only 6% disagreed with this. There were few people (11%) who did not venture an opinion.



## Sub-Group Differences

Asian and BME respondents were most likely to strongly disagree with the statement that herbal medicines should be regulated (3% and 2% respectively) but this is still a very small minority. White (50%) and Black (47%) respondents were most likely to strongly agree with the statement, compared with 30% among Asian respondents.

Social grade DE (43%) was least likely to agree strongly with the case for regulation, whilst grades AB (52%) and C1 (51%) were most likely to show strong agreement.

Herbal medicine users (87%) were more likely to either strongly agree or have a tendency to agree with regulation than non-users (71%). Over-the-counter medicine users were particularly likely to strongly agree (61%).

## How Could Regulation Work?

The questions shown in the chart below were preceded by the following sentence:

*In fact, most herbal medicines do not currently have to be approved by any regulator organisation before they are supplied to the public. I am going to read out a number of different aspects of regulation that could be applied to herbal medicines.*

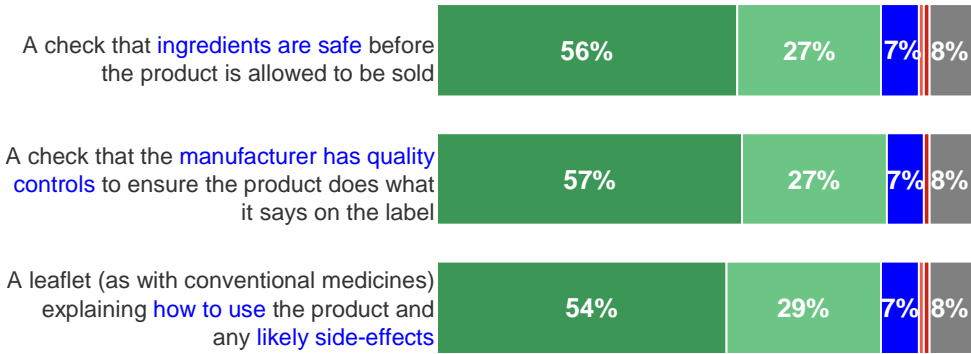
The most popular suggestions in this area were ones which provided for a safety check before herbal medicines reached point of sale. A check on the manufacturer's quality controls (57%) and safety checks on ingredients (56%) were considered the most essential aspects of regulation.

Those with lower proportions seeing them as important – though still with a large majority of support – were those proposals which called for the implementation of a regulatory body. Proposals for a kitemark (47%) or a central body for side-effects to be referred to (49%) both scored a little lower than the control checks mentioned above. However, it is important to point out that regulation via a kite-mark or monitoring safety through reporting of side-effects are more 'downstream' aspects of regulation and concern communication about regulation rather than actually regulating the safety of a product before it reaches the market. Thus they may not be as pertinent in respondent's minds as are safety checks before sale or quality controls imposed on manufacturers.

## Strong support for regulatory actions...

Q17a-c How important or unimportant do you feel it would be to have...?

- Essential
- Very important
- Fairly important
- Not very important
- Not at all important
- Don't know



Base: All adults aged 15+(2,032), 5th – 11th September 2008

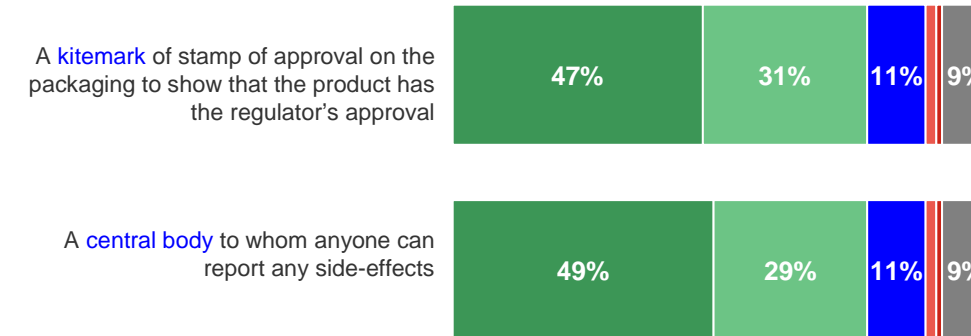
Ipsos MORI



## Slightly less support for more administrative aspects of regulation...

Q17 d-e How important or unimportant do you feel it would be to have...?

- Essential
- Very important
- Fairly important
- Not very important
- Not at all important
- Don't know



Base: All adults aged 15+(2,032), 5th – 11th September 2008

Ipsos MORI



### Sub-Group Differences

Women felt that a check that ingredients were safe was more important than men (91% v 88%), while those aged 35-44 were most likely to consider it essential (61%) and to consider it important in some way (95%). White respondents (57%) were more likely than Asian and BME respondents to say that it was essential, while the opposite held true for responses saying that it was not very important (Asian: 3%; BME: 2%; White: 1%).

Users of over-the-counter herbal medicines (66%) and traditional Chinese herbal medicines (71%) were more likely than users of non-Chinese traditional medicines (51%), to consider this essential. 100% of followers of all three though, felt that checks on ingredients were important to some degree.

Quality controls to ensure a product contains what it says on the label were more likely to be considered essential by many of the high user groups. Broadsheet readers (64%) were more likely than midmarket newspaper readers (54%) to consider this essential, as were those educated to GCSE (57%) A-level (61%) or degree level (63%) when compared with those with no formal qualifications.

Those in the North were also more likely than in the South or the Midlands to consider this essential (63% v 55% and 53% respectively) or important (96% v 91% and 85% respectively). Those aged between 25 and 54 were also more likely to consider it essential than those aged 15-24.

White respondents were more likely to consider a check on this to be essential (58%) compared with Asian (46%) and BME (48%) respondents, while Asian (13%) and BME (10%) respondents were more likely to consider it fairly important than white (6%) or Black (4%) people.

Again, users (69%) considered this check more essential than non-users (51%), and this was particularly pronounced among users of over-the-counter herbal medicines (71%) and traditional Chinese herbal medicines (74%).

15-24 year olds (45%) were again least likely to consider an explanatory leaflet essential. Those aged 35-44 were most likely to consider it to be important to some degree (94%). Those in the North were again most likely to consider it essential (60%) or important (95%).

The same pattern was also repeated with White, Asian and BME respondents. White people were more likely to consider it essential (55%) and Asian (14%) and BME (12%) respondents more likely to consider it fairly important.

Users too were again more likely to consider it essential (62%) or important (99%) than non-users (49% and 86%), though this time the key difference was between users of over-the-counter medicines – 64% of whom felt it was essential – and users of other traditional herbal medicines – only 48% of whom felt the same.



A kitemark was considered more widely essential by those in social grade AB (51%) than those in social grade DE (41%). Again, this was also true of those respondents from the North (53%) and those educated to A-level (52%) or degree level (50%).

Users of over-the-counter medicines (54%) were again more likely to consider this essential than users of other traditional herbal medicines (37%).

White people (49%), those in the North (55%) and users of herbal medicines (54%) were again those who gave most support to the idea of a central body for people to report side-effects to.

Young men aged 15-24 (18%) were most likely to say that they did not know if they wanted a central body to report to or not.

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# Appendices

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# Qualitative Research – Discussion Group composition

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A summary of the composition of each discussion group is given in the table below. For each group, demographic quotas were set along the following lines:

	Age	Social Class	Gender	Ethnicity	User/Non-User
Group 1 Stockport Tues 8 July	55+	C2DE	Good mixture	1 or 2 BME participants	<b>Non-users</b> – have not used herbal medicines in the last 2 years
Group 2 Stockport Tues 8 July	18-50	ABC1	Good mixture	Around 2 BME participants	<b>Users</b> - to have used herbal medicines in the last 2 years
Group 3 Croydon Thurs 10 July	25+ (A range of ages: 25-34, 35-44, 45-54, 55-64, 65+. At least one from each of these age bands)	C2DE	Good mixture	2 or 3 BME participants. At least one Asian participant (i.e. Chinese/Indian origin)	<b>Users</b> - to have used herbal medicines in the last 2 years
Group 4 Croydon Thurs 10 July	30-50	ABC1	Good mixture	2 or 3 BME participants - At least one South Asian or Chinese participant	<b>Non-users</b> – have not used herbal medicines in the last 2 years

# Herbal Medicines Non-Users Topic Guide

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## Core Objectives

1. To explore how the general public perceives herbal medicines, including what they would consider a herbal medicine to be, and their perceptions of safety and risk
2. To understand which sources of information and forms of communication the public trusts and does not trust in regard to herbal medicines (in order to target communications material about risk and regulation more effectively)
3. To examine perceptions of regulation, including awareness of the current regulatory situation, and opinions on how and whether herbal medicines should be regulated

Do not include anyone working in the herbal medicine sector or healthcare professionals such as doctors, nurses, pharmacists, dentists or physiotherapists.

Interview Sections	Notes	Approx timing
<b>1. Introduction</b>	<b>Sets the scene and familiarises participants with the process</b>	5 mins
<b>2. What is a Herbal Medicine?</b>	<b>Establishes understanding of the term 'herbal medicine' and identifies areas of ambiguity. Explores what is and is not viewed as a herbal medicine</b>	25 mins
<b>3. General Perceptions of Herbal Medicines</b>	<b>Explores general perceptions and experiences of herbal medicines</b>	15 mins
<b>4. Perceptions of Risk and Regulation</b>	<b>Perceptions of current regulation. Expectations and attitudes towards regulation of herbal medicines.</b>	25 mins
<b>5. Information and Communication: what sources do people trust or mistrust?</b>	<b>How people currently, and prefer to, find out about herbal medicines generally, and any risks or benefits associated with them. Which people / institutions /</b>	15 mins

	<b>practitioners / sites are regarded as trustworthy or untrustworthy?</b>	
<b>6. Conclusion and Key Messages</b>	<b>Summary and key messages</b>	5 mins

<b>Key Questions</b>	<b>Notes/approx timing</b>
<b>1. Introduction</b>	5 minutes
<p><b>1.1 Scene-setting:</b></p> <p>Thank interviewees for taking part</p> <p>Introduce self, Ipsos MORI and explain the aim of the discussion</p> <p>Role of Ipsos MORI – research organisation, gather all opinions: all opinions valid, disagreements OK</p> <p>Confidentiality: reassure all responses anonymous and that information about individuals will not be passed on to any third party.</p> <p>Get permission to tape record – transcribe for quotes, no detailed attribution.</p> <p>Ground rules for the discussion (all opinions should be heard, respect others' contribution, try to speak one at a time, moderator may need to interrupt in order to move the discussion along)</p> <p>First name? Where you live? Who with? (household details)</p>	<p><b>Welcome:</b> orientates interviewee, gets them prepared to take part in the discussion.</p> <p>Outlines the 'rules' of the discussion (including those we are required to tell them about under MRS and Data Protection Act guidelines).</p> <p>No detail about specifics (e.g. the regulation or MHRA) at this stage. This ensures that spontaneity is retained for initial discussions and that the participants are not overwhelmed with information.</p> <p><b>Introduction:</b> provides contextual background information about the participants relevant to the subject being investigated (which can then be used in the analysis).</p>
<b>2. What is a Herbal Medicine?</b>	20 minutes
<p><b>2.1 Definitions of herbal medicines</b></p> <p><b>Sometimes it can be hard to know what is and is not a herbal medicine. How do you think you would define herbal medicines?</b></p> <p>MODERATOR TO WRITE IDEAS ON FLIPCHART</p> <p><b>Is there any difference between herbal</b></p>	<p><b>Moderator: this is a KEY SECTION</b> – it aims to explore participants' understanding of what herbal medicines are and are not, identifying any ambiguities or grey areas</p> <p>We are looking to identify the degree of uncertainty that exists (if it does )</p>

<p><b>medicines and alternative medicine? What is the difference?</b> What about complementary medicine?</p> <p><b>What are some examples of herbal medicines?</b> DO NOT PROMPT/PROBE</p> <p><b>What are definitely not herbal medicines?</b> DO NOT PROMPT/PROBE</p> <p><b>Are there any we are not sure about?</b> DO NOT PROMPT/PROBE</p> <p>GROUP EXERCISE: HAND OUT FLIPCHARTS AND CARDS WITH EXAMPLES. ASK GROUPS TO GROUP THE CARDS UNDER 3 HEADINGS (MODERATOR TO REFER TO CRIBSHEET WITH ANSWERS):</p> <ol style="list-style-type: none"> <li>1. TYPICALLY WOULD BE A HERBAL MEDICINE</li> <li>2. NOT SURE</li> <li>3. UNLIKELY TO BE A HERBAL MEDICINE</li> </ol> <p><b>Which items were people sure were herbal medicines?</b> What is it about them that makes you feel so definite?</p> <p><b>Which items were we sure were not herbal medicines?</b> Why was that?</p> <p><b>And which were we unsure about?</b> Why was that? Were there different opinions inside the groups? What were they?</p> <p>MODERATOR TO DISTRIBUTE HANDOUT WITH DEFINITION ON IT AND BRIEFLY DISCUSS</p>	<p>around the distinctions between herbals/food, herbals/vitamins, and food supplements herbals/homoeopathy, herbals/aromatherapy</p> <p>FOR YOUR INFORMATION: <i>MHRA has provided this definition of herbal medicines (DO NOT introduce to participants, however, as we want to understand how they themselves define herbal medicines. Do avoid long discussions of products outside the definition, however):</i></p> <ul style="list-style-type: none"> <li>▪ <i>Typical over-the-counter herbal medicines containing plant materials, which are usually bought to treat a medical condition. Examples include St John's Wort, Echinacea, valerian, black cohosh, saw palmetto, horse chestnut, passion flower etc (these sorts of products may be in the form of tablets, capsules, ointments, liquids etc). AND</i></li> <li>▪ <i>Dried or loose herbs that you might boil up as a medicine (often supplied by a herbal practitioner i.e. traditional Chinese medicine practitioners); AND</i></li> <li>▪ <i>Herbal products or ingredients supplied for use as medicines by traditional herbalists including Chinese or Ayurvedic medical practitioner or clinic.</i></li> </ul> <p><i>Herbal medicines do NOT include vitamins and minerals, glucosamine, homoeopathic medicines (even if the starting material was plant based), Bach Flower remedies and other similar highly dilute remedies, herbal products for cosmetic purposes, aromatherapy or essential oil type products intended for relaxation/massage therapies etc..</i></p>
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<b>3. General Perceptions of Herbal Medicines</b>	<b>10 minutes</b>
<p><b>3.1 General experiences and Benefits:</b></p> <p><b>You said when you were recruited that you are a non-user of herbal medicines. Why is that?</b> <i>PROBE for effectiveness, price, availability, risks, lack of knowledge or understanding, lack of interest</i></p> <p><b>Do you think you would ever use a herbal medicine? What might change your mind and influence you to start using herbals?</b> <i>PROBE for positive reports from friends/family, a greater sense that they are safe and well-regulated, positive reports in media, advertising campaigns, better understanding of herbal medicines,</i></p> <p><b>Has anyone that you know ever taken a herbal medicine? Which ones? Why do they take them? PROBE Was it for a specific medical condition? Which one? Or was it more to 'maintain health'? How well did the medicine work? (NB HANDLE SENSITIVELY. IF RESPONDENT DOES NOT WISH TO DISCLOSE, PLEASE RESPECT THIS)</b></p> <p><b>How do you personally feel about the use of herbal medicines?</b></p> <p>Do you see them as effective?</p> <p><b>We would also like to compare herbal to conventional medicines. When I say conventional, I mean non-herbal medicines, the kind your GP might prescribe or that you might buy over-the-counter from a pharmacist or shop.</b></p> <p><b>Are herbal medicines ever an alternative to conventional medicines? Why do you say that? PROBE FOR EXAMPLES</b></p> <p><b>What kind of people take herbal medicines, do you think? What would the average user of herbal medicines be like as a person?</b></p> <p><b>What benefits could someone derive from herbal medicines? PROBE FULLY Why do</b></p>	<p>Explores general perceptions and experiences of herbal medicines</p>

<p>you say that? What other benefits?</p> <p><b>What level of confidence would you have in herbal medicines to help you? Why do you say that?</b></p> <p>Do you feel that herbal medicines are suitable for children?</p> <p>Do you think it is OK to take herbal medicines and conventional medicines together?</p> <p><b>3.2 Sources of herbal medicines</b></p> <p><b>Where do you think people mostly buy herbal medicines? If you were looking to buy them, where would you go? PROBE:</b> Shop/mail order/internet/clinic. What do you think would be good about that shop/practitioner/source?</p> <p><b>How would you feel about buying herbal medicines from the internet, if you decided you were interested in using them? PROBE FOR SAFETY, RELIABILITY OF INFORMATION, POTENTIAL CONTAMINATION, WHETHER YOU WOULD GET THE RIGHT CONCENTRATION</b></p>	
<p><b>4. Perceptions of Risk and Regulation</b></p>	<p>25 minutes</p>
<p><b>4.1 Perceptions of risk</b></p> <p><b>What are your thoughts on the safety of herbal medicines? Why is that? Are there any particular risks that you are aware of? PROBE are any of these reasons why they are non-users of herbal medicines?</b></p> <p><b>How important are concerns about safety to your decision not to take herbal medicines?</b></p> <p><b>Are there any kinds of herbal medicines you know you would not take? Why do you say that? What made you worried about it? PROBE FOR REASONS – How important are media, word of mouth, internet, doctor? Are any of these reasons why they are non-users?</b></p> <p><b>Are there any herbal medicines you know of that you think would be completely</b></p>	<p>This section looks at the risks people associate with herbal medicines and how these compare with the risks associated with conventional prescription and OTC medicines,. It also explores awareness and expectations of regulation.</p>



**safe?** What is it about them that reassures you? PROBE FOR REASONS – *how important are packaging, the person who sells them, familiarity, personal experience, the idea that natural means safe*

**How would you say herbal medicines compare to conventional medicines when it comes to safety?**

If you took herbal medicines, would you trust suppliers to include only safe herbal ingredients? Why/why not?

**Do you think it's a good thing for herbal medicines to be available over the counter? Why / why not?** PROBE : *everybody should be free to choose, they should be banned etc)*

#### **4.2 Awareness and Expectations of Regulation**

**Do you think that herbal medicines need to be regulated?** Why do you say that?

**Should the safety of herbal medicines be monitored in the way that conventional medicines are, to check what risks and benefits they have? Why or why not?**

**Would the regulation of herbal medicines need to be more or less strict than the regulation of conventional medicines? Why is that?** Should the same kinds of tests be applied to both or would you need different tests for herbal medicines? Why is that?

**Do you think the regulation of herbal medicines should be more or less strict than the regulation of food?** Why do you say that?

**How do you think regular users of herbal medicines would feel about herbal medicines being regulated?**

**If you read about the introduction of stricter regulation of herbal medicines would that make you more likely to use them? Why?**

#### **FOR INFORMATION**

*Most herbal medicines on the UK market are currently unlicensed products. Standards vary widely, and it is difficult for consumers or healthcare professionals to identify which products are manufactured to acceptable standards. Few provide reliable information on the product or its safe use.*

*Regulations to improve this situation were introduced in 2005. The first products registered in the UK under the new Traditional Herbal Registration (THR) scheme are now starting to come onto the market. As*

<p>Who should regulate herbal medicines?</p> <p>Would you describe the assessment and monitoring of herbal medicines as something that is:</p> <ul style="list-style-type: none"> <li>- important, but best left up to the experts;</li> <li>- important, and something that the public needs to be involved in. In what way?</li> <li>- unimportant</li> <li>- Other (Specify)</li> </ul> <p><b>How much confidence do you feel in the way that herbal medicines are regulated at the moment?</b> Why do you say that?</p> <p><b>What do you think happens in cases of risky herbal medicines?</b></p> <p><b>If a herbal medicine harmed somebody, who do you think people would blame?</b>  PROBE for: <i>Government, herbal medicine retailers, practitioners, regulators etc</i></p> <p>What factors should be assessed and monitored before herbal medicines go on the market? And after they have become available? What else? Why do you say that?</p>	<p><i>at March 2008 16 products had been registered covering 12 different herbs</i></p> <p><i>There are also some herbal medicines that have a licence like any other conventional medicine (these can be identified by the PL - product licence - number on the product)</i></p> <p><i>All herbal medicines for sale on the UK market will need to be registered by 2011.</i></p> <p><i>Registered products have been assessed by the MHRA, and meet the same standards in relation to safety, quality, and provision patient information as those applied to conventional medicines. (eg stability testing to ensure that the product will remain stable and of consistent quality throughout its shelf life). The minor indications (conditions they treat) of these products are based on traditional use rather than proven efficacy or effectiveness.</i></p> <p>NOTE TO MODERATOR – If the group presses to know who the regulator is, please tell them we will inform them at the end of the group</p>
<p><b>5. Communication</b></p>	<p>25 minutes</p>
<p><b>5.1 Trusted sources of information</b></p> <p><b>If you wanted information on herbal medicines, where would look or who would you ask?</b> PROBE <i>salesperson, friends, family, herbal practitioners, alternative medicine events, family doctor, the internet, books, media. HOW MUCH</i></p>	

WOULD YOU TRUST EACH OF THE SOURCES NAMED?

**How would you feel about asking a GP about herbal medicines? What about the practice nurse? Pharmacists?**

**I'd like you to imagine, now, that your best friend is an enthusiastic user of herbal medicines. She has been taking a new kind of herbal medicine, which she was told helps to soothe an unsettled stomach. It's four days in, and she has been taking the tablets, which she bought from a local independent health shop, three times a day. She notices a slight rash has appeared on her arms. The next day, the rash is deeper and redder and has spread to her chest. What would you advise her to do? What do you think she would do, if she were a typical herbal medicine user?**

## **5.2 Communications about herbal medicines**

**Can you recall any communications you've heard about risks of herbal medicines, from any source? IF YES: did this make you feel any differently about whether or not to use herbal medicines?**

**If it was discovered that a particular herbal medicine was dangerous to people's health, where would you expect to see that information publicised?**  
*PROBE newspapers, internet, in herbal medicine retailers/clinics, on TV*

**How do you think risks of herbal medicines should be communicated to the public?** e.g. *PROBE: company that makes them, staff in herbal medicine retailer / clinic, doctors, pharmacists, practice nurses, other health professionals, patient groups, leaflets that come with medicines, NHS Direct, Internet, media, magazines/newspapers, friends/ family/ colleagues, medical encyclopaedia?*

6. Conclusion and Key Messages	5 minutes
<p>Finally, just to conclude, can you summarise for me what you think about the regulation of herbal medicines at the moment?</p> <p><i>Prompt where necessary:</i>  Is there anything else you'd like to say?  What would be the number one thing that you'd like to see?</p> <p>Ipsos MORI is undertaking this work for MHRA -the Medicines and Healthcare products Regulatory Agency - which is interested in people's views on regulation of all types of medicines.</p> <p>Has anyone heard of MHRA?  <i>If not, explain role:</i></p> <p><i>The Medicines and Healthcare products Regulatory Agency (MHRA) is the government agency responsible for ensuring that medicines (and medical devices) work, and are acceptably safe. It is an executive agency of the Department of Health. they keep watch over medicines and medical devices. They take action to protect the public if there is a problem  Part of their work includes monitoring the safety and quality of unlicensed herbal products to identify risks to public safety, No medicine is risk-free. As with all medicines underpinning the Agencies work is fact-based assessments of whether the benefits to patients and the public outweigh any potential risks associated with the use of the herbal medicine.</i></p> <p>Is there any key message you would like us to feed back to MHRA?</p> <p>Thank respondents, explain the next steps:</p> <p>This Survey will help give the MHRA a better understanding of the public's perceptions of,</p>	<p>Formally ends the discussion and provides reassurance that the findings will be both appreciated by and useful to MHRA. Provides more background about MHRA for participants' information.</p>

and behaviour in relation to, herbal medicine, with particular focus on safety, information and regulation. With new regulated herbal products coming onto the market the MHRA is looking to understand better what public thinks about herbal medicine so they can communicate effectively about the scheme. Thank and close.

# Herbal Medicines Users Topic Guide

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## Core Objectives

- To explore how the general public perceives herbal medicines, including **what they would consider a herbal medicine to be (a v.important part of the topic guide)**, and their perceptions of safety and risk
- To understand which sources of information and forms of communication the public trusts and does not trust with regard to herbal medicines (in order to target communications material about risk and regulation more effectively)
- To examine perceptions of regulation, including awareness of the current regulatory situation, and opinions on how and whether herbal medicines should be regulated.

Do not include anyone working in the herbal medicines sector or healthcare professionals such as doctors, nurses, pharmacists, dentists or physiotherapists.

Interview Sections	Notes	Approx timing
<b>1. Introduction</b>	<b>Sets the scene and familiarises participants with the process</b>	5 mins
<b>2. What is a Herbal Medicine?</b>	<b>Establishes understanding of the term 'herbal medicine' and identifies areas of ambiguity. Explores what is, and is not viewed as a herbal medicine</b>	20 mins
<b>3. Usage Patterns</b>	<b>Explores how and why participants use herbal medicines, and asks them to compare herbal and conventional medicines</b>	15 mins
<b>4. Perceptions of Risk and Regulation</b>	<b>Perceptions of current regulation. Expectations and attitudes towards regulation of</b>	25 mins

	<b>herbal medicines.</b>	
<b>5. Information and Communication: What sources do people trust or mistrust?</b>	<b>How people currently, and how they prefer to, find out about herbal medicines generally, and any risks or benefits associated with them. Which people / institutions / practitioners / sites are regarded as trustworthy or untrustworthy?</b>	20 mins
<b>6. Conclusion and Key Messages</b>	<b>Summary and key messages</b>	5 mins

<b>Key Questions</b>	<b>Notes/Approx Timing</b>
<b>1. Introduction</b>	20 minutes
<p><b>1.1 Scene-Setting:</b></p> <p>Thank interviewees for taking part</p> <p>Introduce self, Ipsos MORI and explain the aim of the discussion</p> <p>Role of Ipsos MORI – Research organisation. Gather all opinions: all opinions valid; disagreements OK</p> <p>Confidentiality: Reassure that all responses anonymous and that information about individuals will not be passed on in our report to our client, nor to any third party.</p> <p>Get permission to tape record – transcribe for quotes, no detailed attribution.</p> <p>Ground rules for the discussion (all opinions should be heard, respect others' contribution. Try to speak one at a time. Moderator may sometimes need to halt the discussion in order to move it in another direction).</p> <p>First name? Where you live? Who with? (household details)</p>	<p><b>Welcome:</b> orientates interviewee, gets them prepared to take part in the discussion.</p> <p>Outlines the 'rules' of the discussion (including those we are required to tell them about under MRS and Data Protection Act guidelines).</p> <p>No detail about specifics (e.g. the regulation or MHRA) at this stage. This ensures that spontaneity is retained for initial discussions and that the participants are not overwhelmed with information.</p> <p><b>Introduction:</b> Provides contextual background information about the participants, relevant to the subject being investigated (which can then be used in the analysis).</p>

<p><b>2. What is a Herbal Medicine?</b></p>	<p>15 minutes</p>
<p><b>2.1 Definitions of herbal medicines</b></p> <p><b>What do you think a herbal medicine is? Can anybody suggest how we should describe what it is? MODERATOR TO WRITE SUGGESTIONS FOR DEFINITION ON FLIPCHART</b></p> <p><b>Is there any difference between herbal medicines and alternative medicine or are they the same thing? What is the difference? What about complementary medicine?</b></p> <p><b>Can you think of any examples of herbal medicines? DO NOT PROMPT/PROBE.</b></p> <p><b>What are definitely not herbal medicines? DO NOT PROMPT/PROBE.</b></p> <p><b>Are there any we are not sure about? DO NOT PROMPT/PROBE</b></p> <p>GROUP EXERCISE: HAND OUT FLIPCHARTS AND CARDS WITH EXAMPLES. ASK GROUPS TO GROUP THE CARDS UNDER 3 HEADINGS:</p> <ol style="list-style-type: none"> <li>4. TYPICALLY WOULD BE A HERBAL MEDICINE</li> <li>5. NOT SURE</li> <li>6. UNLIKELY TO BE A HERBAL MEDICINE</li> </ol> <p>(MODERATOR: PLEASE REFER TO CRIBSHEET WITH ANSWERS)</p> <p><b>Which items were people sure were herbal medicines? What is it about them that makes you feel so definite?</b></p> <p><b>Which items were we sure were not herbal medicines? Why was that?</b></p> <p><b>And which were we unsure about? Why was that? Were there different opinions inside the groups? What were they?</b></p> <p>MODERATOR TO DISTRIBUTE HANDOUT WITH DEFINITION ON IT AND BRIEFLY DISCUSS</p>	<p><b>Moderator: this is a KEY SECTION</b> – it aims to explore participants' understanding of what herbal medicines are and are not, identifying any ambiguities or grey areas</p> <p>We are looking to identify the degree of uncertainty that exists (if it does ) around the distinctions between herbals/food, herbals/vitamins, and food supplements herbals/homoeopathy, herbals/aromatherapy</p> <p>FOR YOUR INFORMATION: <i>MHRA has provided this definition of herbal medicines (DO NOT introduce to participants until the end of this section, however, as we want to understand how they themselves define herbal medicines.):</i></p> <ul style="list-style-type: none"> <li>▪ <i>Typical over-the-counter herbal medicines containing plant materials, which are usually bought to treat a medical condition. Examples include St John's Wort, Echinacea, valerian, black cohosh, saw palmetto, horse chestnut, passion flower etc (these sorts of products may be in the form of tablets, capsules, ointments, liquids etc). AND</i></li> <li>▪ <i>Dried or loose herbs that you might boil up as a medicine (often supplied by a herbal practitioner i.e. traditional Chinese medicine practitioners); AND</i></li> <li>▪ <i>Herbal products or ingredients supplied for use as medicines by traditional herbalists including Chinese or Ayurvedic medical practitioner or clinic.</i></li> </ul> <p><i>Herbal medicines do NOT include vitamins and minerals, glucosamine,</i></p>



	<p><i>homoeopathic medicines (even if the starting material was plant based), Bach Flower remedies and other similar highly dilute remedies, herbal products for cosmetic purposes, aromatherapy or essential oil type products intended for relaxation/massage therapies etc..</i></p>
<p><b>3. Usage Patterns</b></p>	<p><b>15 minutes</b></p>
<p><b>3.1 General Experiences / Use and Benefits:</b></p> <p><b>You said when you were asked to come along to this group that you were a user of herbal medicines. Just in general, what experiences of taking herbal medicine do people have?</b></p> <p><b>What are the best things about herbal medicines?</b></p> <p><b>What benefits do you derive from herbal medicines? PROBE FULLY Why do you say that? What other benefits?</b></p> <p><b>How do you personally regard herbal medicines? PROBE: Are they important or unimportant in your life? Do you regard them as essential, or not? Why do you say that? What do you expect from them?</b></p> <p><b>I would like us to compare herbal and conventional medicines, too. When I say conventional, I mean non-herbal medicines, the kind your GP might prescribe or that you might buy over-the-counter from a pharmacist or shop.</b></p> <p><b>Do you ever use herbal medicines when other people you know would use conventional medicines? What do you see as the advantages of using herbals?</b></p> <p><b>Are there any medical conditions for which you would definitely go for a conventional rather than a herbal medicine? Why is that?</b></p> <p><b>Do you ever use both herbal and conventional medicines at the same time?</b></p>	

**Can you give me an example of that?**

**When did you personally last use a herbal medicine? May I ask which medicine you used?** MODERATOR TO RECORD WHICH MEDICINES USED (IF PARTICIPANTS WILLING TO DISCLOSE) ON FLIPCHART

IF APPLICABLE: How about your children and other people you look after?

**What do you think are the advantages of herbal medicines in general? What are the disadvantages?**

**May I ask, what kinds of conditions you have used herbal medicines for?** (NB HANDLE SENSITIVELY. IF RESPONDENT DOES NOT WISH TO DISCLOSE, PLEASE RESPECT THIS) Have they been good/bad? Why is that?

Do you ever use herbal medicines when you are not unwell? In what situations?

### **3.2 Sources of Herbal Medicines**

**Where do you get your herbal medicines from?** PROBE: Shop/mail order/internet/clinic. What is good about that shop/practitioner/source?

**How do you feel about buying herbal medicines from the internet?**

### **3.3 Conventional vs Herbal Medicines**

**I would like to talk a little about conventional medicines, too. When would you use those? PROBE FOR EXAMPLES**

Which medical problems do you think conventional medicines are particularly good for? Which ones are herbal medicines good for? PROBE FOR EXAMPLES

**Do you ever use both a herbal and a conventional medicine together?** When would you do that? PROBE FOR EXAMPLES

### **3.4 Confidence in Herbal Medicines**

**What level of confidence do you have in herbal medicines to help you? Why do you say that? What gives you that confidence?**

**What influences your decision to personally take a herbal medicine?**

- the type of symptom I'm experiencing
- whether I've used it before
- whether I've tried other things and failed
- recommendations? – if so, by whom e.g. friend/ relative/ colleague/practitioner/in-store adviser
- promotion/communication or an advert. What sort?

<b>4. Perceptions of Risk and Regulation</b>	20 minutes
<p><b>4.1 Perceptions of Risk</b></p> <p><b>What are your thoughts on the safety of herbal medicines?</b> Why is that? Are there any particular risks that you are aware of?</p> <p><b>What are the worst things about herbal medicines?</b></p> <p><b>Are there any kinds of herbal medicines you know you would not take?</b> Why do you say that? What made you worried about it? PROBE FOR REASONS – <i>How important are media, word of mouth, research they have done, internet, doctor</i></p> <p>Can you imagine reading about something that would stop you taking a herbal medicine? What would that be?</p> <p>Are there any herbal medicines you would feel concerned about giving to your children? What is it about them that worries you?</p> <p>How would you feel about taking a herbal medicine that was new to the market or that you had not heard of before? Why is that?</p> <p><b>Are there any herbal medicines you view as completely safe?</b> What is it about them that reassures you? PROBE FOR REASONS – <i>how important are packaging, the person who sells them, familiarity, personal experience, the idea that natural means safe, the idea that herbals have ‘stood the test of time’?</i></p> <p><b>Can you describe any side-effects associated with herbal medicines?</b> What, if any, are the serious and less serious side-effects you know of?</p> <p><b>How do herbal medicines compare to conventional medicines when it comes to safety?</b> Are there any worries you have about conventional medicines that don't apply to herbals? And any worries about herbal medicines that don't apply to conventional medicines?</p> <p><b>How do you feel about taking herbal medicines and conventional medicines at the same time?</b> Would you check with</p>	<p>This section looks at the risks people associate with herbal medicines and how these compare with the risks associated with conventional prescription and OTC medicines,. It also explores awareness and expectations of regulation.</p>

someone whether this is a good idea? Who would you check with?

**Do you always read the label or the packaging when you use herbal medicine? What are you looking for? Do you feel confident that what it tells you is the truth?** What do you think it should tell you? Does this differ for different kinds of herbal medicine?

**Would you say that you trust the company or practitioner who makes your herbal medicine to include only safe herbal products? Why or why not?**

**Do you feel sure that the herbal medicines you buy are what they say they are on the packet, and are not adulterated by other substances? Why/why not?** *PROBE FOR labelling, advice from practitioner or salesperson, trust in brands/practitioners, whether this differs when bought from internet*

Are you always confident that you get the correct dosage of the herb you are buying? Why/why not?

#### **4.2 Awareness and Expectations of Regulation**

**Do you think that the safety of herbal medicines needs to be monitored by an authority or agency in the way that conventional medicines are, to check what risks and benefits they have? Why or why not?**

**Would the regulation of herbal medicines need to be more or less strict than the regulation of conventional medicines? Why do you say that?** Should the same tests be applied to both, or would you need different tests for herbal medicines?

**Do you think the regulation of herbal medicines should be more or less strict than the regulation of food? Why do you say that?**

**How do you think regular users of herbal medicines would feel about this kind of**

#### *FOR INFORMATION*

*Most herbal medicines on the UK market are currently unlicensed products. Standards vary widely, and it is difficult for consumers or healthcare professionals to identify which products are manufactured to acceptable standards. Few provide reliable information on the product or its safe use.*

*Regulations to improve this situation were introduced in 2005. The first products registered in the UK under the new Traditional Herbal Registration (THR) scheme are now starting to come onto the market. As at March 2008 16 products had been registered covering 12 different herbs*

*There are also some herbal medicines that have a licence like any other conventional medicine (these can be identified by the PL - product licence - number on the product)*

*All herbal medicines for sale on the UK market will need to be registered*

<p><b>regulation?</b></p> <p><b>How do you think regulation would affect your own use of herbal medicines? Would you use them more or less? Why is that?</b></p> <p>Who should the agency regulating herbal medicines be?</p> <p>Would you describe the assessment and monitoring of herbal medicines as something that is:</p> <ul style="list-style-type: none"> <li>- important, but best left up to the experts;</li> <li>- important, and something that the public needs to be involved in. In what way?</li> <li>- unimportant</li> <li>- Other (Specify)</li> </ul> <p><b>Are you aware of any agency that regulates herbal medicines at the moment?</b></p> <p><b>How much confidence do you feel in the way that herbal medicines are regulated at the moment? Why do you say that?</b></p> <p><b>What do you think happens in cases of risky herbal medicines?</b></p> <p>Who would bear responsibility if something went wrong and a patient was to suffer? Why?</p> <p><b>If a herbal medicine harmed somebody, who would you blame?</b>  PROBE for: <i>Government, herbal medicine retailers, practitioners, regulators, yourself etc</i></p> <p>What factors should be assessed and monitored before herbal medicines go on the market? And after they have become available? What else? Why do you say that?</p>	<p>by 2011.</p> <p><i>Registered products have been assessed by the MHRA, and meet the same standards in relation to safety, quality, and provision patient information as those applied to conventional medicines. (eg stability testing to ensure that the product will remain stable and of consistent quality throughout its shelf life).The minor indications (conditions they treat) of these products are based on traditional use rather than proven efficacy or effectiveness.</i></p>
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<b>5. Communication</b>	20 minutes
<p><b>5.1 Trusted Sources of Information</b></p> <p><b>Do you ever go looking for information on herbal medicines? Where or who would you look to for information?</b> PROBE <i>salesperson, friends, family, herbal practitioners, alternative medicine events, family doctor, the internet, books, media.</i> <i>Why do you say that?</i></p> <p><b>Which sources of information about herbal medicines do you most trust? Why do you say that?</b></p> <p>Would this be different according to what kind of information or advice you wanted – eg would you find out about safety from a different source than you would go to for information on effectiveness?</p> <p><b>And which sources of information about herbal medicines do you least trust? Why do you say that?</b></p> <p><b>How useful is the internet to find out about herbal medicines? Which kinds of sites do you think give good information? Which would you be less sure about?</b></p> <p><b>Have you ever asked your GP for advice or information on herbal medicines? How was that? If you haven't, how would you feel about asking a GP about herbal medicines?</b></p> <p><b>Would you trust advice from a specialist practitioner in herbal medicine?</b></p> <p><b>Are pharmacists a trustworthy source of advice?</b></p> <p><b>What about sales people in herbal medicine retailers?</b></p> <p><b>What about practice nurses?</b></p>	

Do you feel that you have access to too much information about herbal medicines, too little, or about the right amount? Why / Why not?

Who provides or supplies you with your herbal medicine? How important do you think commercial interests or profit motives are to your supplier? Why do you say that? *PROBE is this a major concern for participants? How does this compare to conventional medicines?*

**What kind of relationship do you have with the person who provides your herbal medicine?** *PROBE How long would you spend discussing your treatment with them? Do they know a lot about you? What sort of advice do they give you?*

**I'd like you to imagine, now, that you've been taking a new kind of herbal medicine, which you've been told helps to soothe an unsettled stomach. It's four days in, and you've been taking the tablets, which you bought from your local independent health shop, three times a day. You notice a slight rash has appeared on your arms. The next day, the rash is deeper and redder and has spread to your chest. Tell me, what would you do?**

What do you think most people who use herbal medicines would do?

**IF GPS ARE MENTIONED:** How would they feel about telling the GP they have used herbal medicines and seem to have side effects?

Would your actions be any different if it was your child that was affected by the rash? How?

## **5.2 Communications about herbal medicines**

**Can you recall any communications you've heard about risks of herbal medicines, from any source?** IF YES: did this make you feel any differently about your own use of herbal medicines? How/why not?

**How do you think risks of herbal medicines should be communicated to**



<p><b>the public?</b> e.g. <i>PROBE: company that makes them, staff in herbal medicine retailer / clinic, doctors, pharmacists, practice nurses, other health professionals, patient groups, leaflets that come with medicines, NHS direct, Internet, media, magazines/newspapers, friends/ family/ colleagues, medical encyclopaedia?</i></p> <p><b>If a herbal medicine you were using had to be withdrawn, how would you want to find out? What information would you want to know?</b></p> <p>How do you think you would react to a herbal medicine being taken off the market? How do you think other users of herbal medicines would feel?</p> <p><b>If you thought there was a problem with a medicine that you were using, would you tell anybody or report it? Who would you tell?</b></p>	
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<p><b>6. Summary and Key Messages</b></p>	<p>5 minutes</p>
<p>Finally, just to conclude, can you summarise for me what you think about the regulation of herbal medicines at the moment?</p> <p><i>Prompt where necessary:</i></p> <p>Is there anything else you'd like to say?</p> <p>What would be the number one thing that you'd like to see?</p> <p>Ipsos MORI is undertaking this work for MHRA -the Medicines and Healthcare products Regulatory Agency - which is interested in people's views on regulation of all types of medicines.</p> <p>Has anyone heard of MHRA? <i>If not, explain role:</i></p> <p><i>The Medicines and Healthcare products Regulatory Agency (MHRA) is the government agency responsible for ensuring that medicines (and medical devices) work,</i></p>	<p>Formally ends the discussion and provides reassurance that the findings will be both appreciated by and useful to MHRA. Provides more background about MHRA for participants' information.</p>

*and are acceptably safe. It is an executive agency of the Department of Health.*

*they keep watch over medicines and medical devices. They take action to protect the public if there is a problem*

*Part of their work includes monitoring the safety and quality of unlicensed herbal products to identify risks to public safety,*

*No medicine is risk-free. As with all medicines underpinning the Agencies work is fact-based assessments of whether the benefits to patients and the public outweigh any potential risks associated with the use of the herbal medicine.*

*Is there any key message you would like us to feed back to MHRA?*

**Thank respondents, explain the next steps:**

This Survey will help give the MHRA a better understanding of the public's perceptions of, and behaviour in relation to, herbal medicine, with particular focus on safety, information and regulation.

With new regulated herbal products coming onto the market the MHRA is looking to understand better what public thinks about herbal medicine so they can communicate effectively about the scheme.

Thank and close.

# Profile of Quantitative Survey Respondents

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	<b>Respondents</b>		
	n	Unweighted %	Weighted %
<b>Total</b>	2,032	100	100
<b>Sex</b>			
Men	992	49	49
Women	1,040	51	51
<b>Age</b>			
15-24	321	16	16
25-34	273	13	16
35-44	372	18	19
45-54	297	15	16
55+	769	38	34
<b>Social Class</b>			
AB	369	18	26
C1	602	30	29
C2	501	25	21
DE	560	27	24
<b>Work Status</b>			
Working – full-time	774	38	46
Not working f/t	1,258	62	54
<b>Country/Region</b>			
North	780	38	33
Midlands	481	24	24
South	771	38	43
<b>Ethnicity</b>			
White	1,746	86	91
Black	80	4	2
Asian	190	10	6
All BME	270	14	8

# Quantitative Survey Technical Details

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## General Public Omnibus Design

The sample design is a constituency based quota sample. There are 641 parliamentary constituencies covering Great Britain. From these, we select one in three (210) to be used as the main sampling points on the Ipsos MORI Omnibus. These points are specially selected to be representative of the whole country by region, social grade, working status, MOSAIC rurality, tenure, ethnicity and car ownership. Within each constituency, one local government ward is chosen which is representative of the constituency.

Within each ward or sampling point, we interview ten respondents whose profile matches the quota. The total sample therefore is around 2,100 (10 interviews multiplied by 210 sampling points).

Gender:	Male; Female
Household Tenure:	Owner occupied; Council Tenant/HAT; Other
Age:	15 to 24; 25 to 44; 45+
Working Status	Full-time; part time/not working

These quotas reflect the socio-demographic makeup of that area, and are devised from an analysis of the 2001 Census. Overall, quotas are a cost-effective means of ensuring that the demographic profile of the sample matches the actual profile of UK as a whole, and is representative of all adults in Great Britain aged 15 and over.

## Fieldwork

Fieldwork is carried out by Ipsos MORI using CAPI (Computer Assisted Personal Interviewing). All interviews are conducted face to face, in the home – one interview per household. No incentives are offered to respondents.

## Weighting and Data Processing

Data entry and analysis are carried out by an approved and quality-assured data processing company. The data are weighted using 6 sets of simple and interlocking rim weights for social grade, standard region, unemployment within region, cars in household, and age and working status within gender. This is to adjust for any variance in the quotas or coverage of individual sampling points so that the sample is representative of the UK adult population.

# Statistical Reliability

Because a sample, rather than the entire population, was interviewed the percentage results are subject to sampling tolerances – which vary with the size of the sample and the percentage figure concerned. For example, for a question where 50% of the people in a sample (of 2,032) respond with a particular answer, the chances are 95 in 100 that this result would not vary by more than 2 percentage points, plus or minus, from the result that would have been obtained from a census of the entire population (using the same procedures). The tolerances that may apply in this report are given in the table below.

<b>Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level)</b>			
	<b>10% or 90%</b>	<b>30% or 70%</b>	<b>50%</b>
<b>Size of sample or sub-group on which survey result is based</b>			
2,032 GB adults aged 15+	1	2	2

*Source: Ipsos MORI*

Tolerances are also involved in the comparison of results between different elements of the sample. A difference must be of at least a certain size to be statistically significant. The following table is a guide to the sampling tolerances applicable to comparisons between sub-groups.

<b>Differences required for significance at the 95% confidence level at or near these percentages</b>			
	<b>10% or 90%</b>	<b>30% or 70%</b>	<b>50%</b>
<b>Size of sample on which survey result is based</b>			
Men (992) vs Women (1,040)	3	4	4
ABs (369) vs DEs (560)	4	6	7

*Source: Ipsos MORI*

# Definition of Social Grades

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The grades detailed below are the social class definitions as used by the Institute of Practitioners in Advertising, and are standard on all surveys carried out by Ipsos MORI.

<b>Social Grades</b>			
	<b>Social Class</b>	<b>Occupation of Chief Income Earner</b>	<b>Percentage of Population</b>
A	Upper Middle Class	Higher managerial, administrative or professional	2.9
B	Middle Class	Intermediate managerial, administrative or professional	18.9
C1	Lower Middle Class	Supervisor or clerical and junior managerial, administrative or professional	27.0
C2	Skilled Working Class	Skilled manual workers	22.6
D	Working Class	Semi and unskilled manual workers	16.9
E	Those at the lowest levels of subsistence	State pensioners, etc, with no other earnings	11.7

# Quantitative Survey Topline Results

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- Results are based on 2,032 face-to-face interviews (all bases quoted here are unweighted).
- Data have been weighted to age, gender, work status, area, ethnicity and tenure.
- Fieldwork between 5<sup>th</sup> – 11<sup>th</sup> September 2008.
- Where results do not sum to 100, this may be due to multiple responses, computer rounding or the exclusion of don't knows/not stated.
- Results are based on all respondents unless otherwise stated.
- An asterisk (\*) represents a value of less than half a percent, but not zero.

## USAGE AND UNDERSTANDING OF HERBAL MEDICINES

Q1. **What words or phrases come to mind when I say 'herbal medicines'? DO NOT PROMPT. MULTICODE OK.**

Base: All adults aged 15+ (2,032)

	%
Alternative	18
Natural/Nature	14
Healthy	8
Homoeopathic medicine	7
Plants / Herbs / Garden	7
Holland & Barrett	5
Practitioner of traditional Chinese medicine	4
"Old wives tales" / "Quackery" / Only for the gullible	4
Organic	4
Expensive	3
Ineffective/ Do not work well	3
No chemicals or additives	3
Pure	3
Safe	3
Unsafe/Risks	2
Not prescribed / Not available on a prescription	2
Effective / Work well	2
Easily available	1
Don't need to see a doctor	1
Practitioner of Indian medicine	1
Better for your health / body than conventional medicines	1
Have side-effects	1
No side-effects	1
Mild / Gentle	1
Non-addictive	1
Traditional / have "stood the test of time"	1
Practitioner of Afro-Caribbean medicine	*
Slow to work/Take time to work	*
Cheap	*
Cost-effective	*
Other	8
Don't know	32



Q2. **These are some examples of types of herbal medicines. Have you personally ever used one or more of these kinds of herbal medicines? If yes, which type (A, B or C)?**

Please note the following are examples of what does not count as a herbal medicine:

Vitamins or minerals

- Glucosamine
- Homoeopathic remedies
- Food (other than loose or dried herbs) that is seen as particularly healthy (e.g. blueberries)
- Essential oils used for relaxation or lifestyle

**SHOWCARD**

*Base: All adults aged 15+ (2,032)*

	%
<p><b>A. Over-the-counter herbal medicines such as tablets, caplets, ointments, liquids etc (typically sold in supermarkets, health food stores, pharmacies, mail order, internet etc):</b></p> <p><i>Examples: St John's Wort, Echinacea, Valerian, Black Cohosh, Saw Palmetto, Horse Chestnut, Passion Flower, herbal laxatives such as senna and cascara</i></p>	29
<p><b>B. Traditional Chinese medicine (Any herbal product or ingredient supplied by a traditional Chinese medicine practitioner or clinic/shop)</b></p> <p><i>May come packaged in bottles, cartons etc like conventional medicines or may be supplied as loose or dried herbs that you might boil up as a medicine</i></p>	5
<p><b>C. Herbal medicines, products or ingredients supplied by any other herbal practitioner, or traditional medicine practitioner</b></p> <p><i>May come packaged in bottles, cartons etc like conventional medicines, or may be supplied as loose or dried herbs that you might boil up as a medicine</i></p>	8
<b>None</b>	<b>65</b>

Q3. **Looking at this list, could you tell me, using this card, when you personally last used.....**

**SHOWCARD**

Base: All who have personally ever used each type of herbal medicine.

Over-the-counter herbal medicines such as tablets, caplets, ointments, liquids etc (typically sold in supermarkets, health food stores, pharmacies, mail order, internet etc):

Traditional Chinese medicine (Any herbal product or ingredient supplied by a traditional Chinese medicine practitioner or clinic/shop)

Herbal medicines, products or ingredients supplied by any other herbal practitioner, or traditional medicine practitioner

	%	%	%
<i>Base:</i>	<i>(559)</i>	<i>(101)</i>	<i>(158)</i>
In the last month	31	8	18
Between 1 and 6 months ago	19	13	12
Between 6 months and 1 year ago	12	5	12
Between 1 and 2 years ago	14	18	14
Between 2 and 5 years ago	9	23	18
More than 5 years ago	9	18	13
Don't know	6	17	13

**PERCEPTIONS OF RISK**

Q4. **From this card, which, if any, of these five statements most closely reflects your own opinion about most herbal medicines?**

**SHOWCARD**

Base: All adults aged 15+ (2,032)

	%
A. The benefits of herbal medicine far outweigh the risks	13
B. The benefits of herbal medicine slightly outweigh the risks	10
C. The benefits and risks of herbal medicines are about the same	21
D. The risks of herbal medicines slightly outweigh the benefits	4
E. The risks of herbal medicine far outweigh the benefits	4
There are no benefits of herbal medicines	4
There are no risks of herbal medicines	5
None of these	7
Don't know	32

Q5. **Using this card, overall, how safe or unsafe do you personally feel that most herbal medicines are to take?**

SHOWCARD

Base: All adults aged 15+ (2,032)

		%
A.	Very safe	12
B.	Fairly safe	47
C.	Not very safe	7
D.	Not at all safe	3
	It depends	7
	Don't know	24

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Q6. ***If a close friend or relative of yours was thinking of taking a herbal medicine for the first time, what risks or possible problems, if any, do you think they should be aware of? What are they? DO NOT PROMPT. MULTICODE OK.***

<i>Base: All adults aged 15+ (2,032)</i>	%
Some herbal medicines have side-effects	12
Product may not be right for you / for your condition	6
Herbal medicines might interact with conventional medicines	6
The herbal medicine might not work	6
Cost is higher than conventional medicines	5
Your GP / Pharmacist / Nurse / Other health professional might not approve	4
Waste of money	4
Lack of reliable information about products	3
You don't know for sure what you are getting	3
Might get 'ripped off'	3
Could be given the wrong advice by friends / family	2
Could be given the wrong advice by herbal medicine retailer / practitioner	2
Product might contain unsafe / Toxic ingredients	2
No comeback if things go wrong	2
Risks from lack of regulation	2
Have heard traditional Chinese medicine can be risky	1
Risky to buy herbal medicines from the internet	1
Might delay seeking treatment with GP / conventional medicines	1
Benefits of herbal medicines have been exaggerated / Hyped	1
Black Cohosh – have heard can cause liver damage / other side-effects	*
St John's Wort – have heard can cause photo-sensitivity	*
Have heard some herbal medicines interfere with cancer treatments	*
Should not trust herbal medicine practitioners / Retailers	*
None - as long as they are used for minor conditions	1
None - as long as you are careful / sensible	5
None - as long as you don't use risky sources like the internet	1
None – herbal medicines are generally safe	2
None / No risks / problems	9
Other (please write in)	5
Don't know	36

Q7. **For each of the statements I read out, I'd like you to tell me to what extent you agree or disagree with it?**

Base: All adults aged 15+ (2,032)

SHOWCARD		Strongly agree %	Tend to agree %	Neither agree nor disagree %	Tend to disagree %	Strongly disagree %	No opinion %
A.	Herbal medicines are safe because they are natural	8	32	25	12	6	17
B.	When you visit your GP there is no need to tell them if you are taking a herbal medicine	7	13	10	24	32	14
C.	It's OK to use herbal medicines at the same time as conventional medicines	5	16	25	19	15	20

Q8. ***If you or a close relative of yours experienced an unexpected side-effect from a herbal medicine, who, or which organisation, if any, do you think should be contacted to report the side-effect? DO NOT PROMPT. MULTICODE OK.***

*Base: All adults aged 15+ (2,032)*

	%
Doctor/GP	63
Hospital	10
Herbal medicine retailer	5
Manufacturer of the herbal medicine	4
NHS Direct	4
Pharmacy/Pharmacist/Chemist	3
Herbal medicine practitioner	2
Department of Health	2
NHS	2
Nurse	1
Pharmaceutical company	1
Government	1
Healthcare Ombudsman	1
Medicines Watchdog	1
Relevant professional body/ council	1
Other healthcare professional (not doctor/nurse/pharmacist)	*
Healthcare Commission	*
Local Authority/The Council	*
Medicines & Healthcare products Regulatory Agency (MHRA)	*
MP/Local politician	*
NICE (National Institute for Health and Clinical Excellence)	*
Would fill in a Yellow Card	*
BMA/ British Medical Association	*
GMC/ General Medical Council	*
Health Professions Council	*
The Citizen's Advice Bureau	*
Patient organisations (includes patient groups, self-help groups)	*
Friend/Relative/Work colleague	*
National Patient Safety Agency (NPSA)	-
Charity or Campaigning group	-
Other	1
None – I don't believe herbal medicines would have side-effects	*
None – I would not know who to contact	1
None – I would not report it	1
None –it's your own responsibility if you decide to take a herbal medicine	1
Don't know	17

Q9. ***If you decided to go to your GP or a hospital with a health problem which you think might be a side-effect of a herbal medicine, which, if any, of the following most closely represents what you would say to the doctor?***

SHOWCARD

Base: All users (685)

		%
A.	I would tell them I was taking a herbal medicine without being asked	82
B.	I would tell them I was taking a herbal medicine only if they asked me	10
C.	I wouldn't tell them I was taking a herbal medicine, even if they asked	2
	Situation would not arise – I don't believe a herbal medicine would have a bad effect on me	1
	Situation would not arise – I would not go to a GP or a hospital in this case	1
	It would depend on how serious the problem was	1
	I'd tell them I was taking a herbal medicine if I was pretty sure the problem was due to the herbal medicine	1
	None of these	1
	Don't know	2

Q10. ***Do you think that herbal medicines are regulated in the UK or not? By 'regulated' I mean that some organisation makes sure they are safe enough to use before they are sold to the public.***

Base: All adults aged 15+ (2,032)

		%
A.	Yes	29
B.	No	31
	Some are, some are not	10
	Don't know	30

Q11. **Who or which organisation, if any, do you think regulates herbal medicines to make sure they are safe enough to use? DO NOT PROMPT. MULTICODE OK.**

*Base: All who think herbal medicines are regulated (791)*

	%
Department of Health (DH)	27
Government/Government quango/department/agency	6
NHS	5
British Herbal Medicine Association	5
British Medical Association (BMA)	3
European Union (EU)	3
National Institute for Health and Clinical Excellence (NICE)	2
Research Council	2
Herbal medicine practitioners	2
Manufacturers of herbal medicines	2
Pharmaceutical companies	2
General Medical Council (GMC)	2
National Institute of Medical Herbalists	2
Healthcare Ombudsman	1
Medicines & Healthcare products Regulatory Agency(MHRA)	1
Committee on Safety of Medicines (CSM)	1
Medicines Watchdog	1
Herbal medicine retailers	1
Professional body representing the herbal medicine sector (unspecified)	1
Medicines Control Agency (MCA)	*
Commission on Human Medicines (CHM)	*
National Patient Safety Agency (NPSA)	*
Shareholders	*
Campaign groups	*
Charities	*
Citizen's Advice Bureau	*
It varies	*
No-one	1
Other	2
Don't know	45



**INFORMATION ON MEDICINES**

- Q12. **I am going to show you a list of possible sources of information about herbal medicines. For each one, I'd like you to tell me whether you have personally used it to obtain any information about the risks or benefits of a herbal medicine. CODE ALL THAT APPLY. MULTICODE OK.**  
SHOWCARD
- Q13. **And which two or three, if any, of the sources that you have used was MOST USEFUL to you, to provide information about the risks and benefits of a herbal medicine? MULTICODE UP TO THREE. REJECT ANSWERS NOT CODED AT Q12 AND PROMPT FOR ALTERNATIVE.**  
SHOWCARD

	<b>Q12. Ever used</b>	<b>Q13. Most useful</b>
Base:	All (2,305) %	All who have used 2 or more sources of information (493) %
Doctor (including GP, hospital doctor, consultant, specialist)	17	19
Family	15	16
Friends, colleagues, workmates	13	16
Pharmacist	9	11
Herbal practitioner or traditional medicine practitioner (eg a practitioner of traditional Chinese medicine)	8	10
Sales assistant in a herbal medicine retail outlet	7	9
Magazines	6	4
Leaflets or other information provided in a herbal medicine retail outlet or clinic	5	7
Other websites providing information about herbal medicines	5	9
Books	5	6
Product information included with herbal medicine packaging	4	3
Website selling herbal medicines	4	2
Nurse (including hospital nurse, practice nurse, community nurse and district nurse)	3	5
Other health professional	3	2
Broadsheet newspapers	3	3
Television	3	2
Department of Health or NHS websites	2	1
Posters	1	*
Radio	1	1
Tabloid newspapers	1	1
NHS Direct/NHS Telephone Helpline	1	1
Printed material from the Department of Health or NHS	1	2
Medicines & Healthcare products Regulatory Agency (MHRA)	1	1

Patient organisations (includes patient groups, self-help groups)	1	*
Charity or Campaigning group	*	*
I haven't used any sources to obtain information about herbal medicines	9	-
None of these	28	3
Don't know	10	4

## TRUST & INFORMATION ON MEDICINES

Q14. *I am now going to show you another list of sources of information. For each one, could you tell me whether you would generally trust it to provide accurate information about the risks and benefits of herbal medicines? MULTICODE OK.*  
SHOWCARD

Q15. *Which one source would you trust the most to provide accurate information about the risks and benefits of medicines? SINGLE CODE ONLY. [REJECT ANSWERS NOT CODED AT Q14 AND PROMPT FOR ALTERNATIVE].*  
SHOWCARD

Base:	Q14. Trust	Q15. Trust most
	All (2,305) %	All who trust 1 or more source of information (699) %
Doctor (including GP, hospital doctor, consultant, specialist)	41	44
Pharmacist	23	14
Family	12	5
Herbal practitioner or traditional medicine practitioner (eg a practitioner of traditional Chinese medicine)	11	8
Nurse (including hospital nurse, practice nurse, community nurse and district nurse)	10	2
Department of Health or NHS websites	9	3
NHS Direct/NHS Telephone Helpline	9	3
Friends, colleagues, workmates	8	2
Other health professional	7	2
Printed material from the Department of Health or NHS	7	2
Medicines & Healthcare products Regulatory Agency (MHRA)	7	4
Sales assistant in a herbal medicine retail outlet	5	1
Books	4	2
Leaflets or other information provided in a herbal medicine retail outlet or clinic	3	*
Product information included with herbal medicine packaging	3	1
Website selling herbal medicines	3	1
Other websites providing information about herbal medicines	3	1
Patient organisations (includes patient groups, self-help groups)	3	1
Magazines	2	1
Television	2	1
Broadsheet newspapers	1	*
Posters	1	-
Radio	1	*
Charity or Campaigning group	1	*

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Tabloid newspapers	*	-
None of these	13	N.A.
Don't know	14	3

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Q16. **For each of the statements I read out, I'd like you to tell me to what extent you agree or disagree with it?**

SHOWCARD

Base: All adults aged 15+ (2,032)

		Strongly agree %	Tend to agree %	Neither agree nor disagree %	Tend to disagree %	Strongly disagree %	No opinion %
A.	It is important that herbal medicines are regulated	49	28	9	2	1	11
B.	Herbal medicines should be regulated to the same standard as conventional medicines	44	28	10	5	1	11

Q17. **In fact, most herbal medicines do not currently have to be approved by any regulatory organisation before they are supplied to the public. I am going to read out a number of different aspects of regulation that could be applied to herbal medicines. For each, please could you tell me, using this card, how important or unimportant you feel it would be to have.....**

SHOWCARD

Base: All adults aged 15+ (2,032)

		Essential %	Very important %	Fairly important %	Not very important %	Not at all important %	Don't know %
A.	A check that ingredients are safe before the product is allowed to be sold	56	27	7	1	1	8
B.	A check that the manufacturer has quality controls to ensure the product contains what it says on the label	57	27	7	*	1	8
C.	A leaflet (as with conventional medicines) explaining how to use the product and any likely side-effects	54	29	7	1	1	8
D.	A kitemark or stamp of approval on the packaging to show that the product has the regulator's approval	47	31	11	2	1	9
E.	A central body to whom anyone can report any side-effects	49	29	11	2	1	9

