Summary

Consumers need protection from the detriment that results from deceptive and misleading advertising of therapeutic goods and services. Australian Consumer Law provides a common underpinning to more specific laws, regulations and Codes. However, understanding and navigating our multi-law, multi-regulator system can be daunting, complainants are often dissatisfied with the outcome and it is timely to discuss if the system can be improved.

The first case study (AMI begat MWI begat AMHC) illustrates these problems with respect to therapeutic services. There are delays while complaints are handballed back and forth between regulators. Whistle-blowers who alert the public about these scams are threatened with legal action. The penalties available to different regulators vary greatly. Public warnings come too late, after companies have gone into liquidation, leaving ripped-off consumers without redress. In addition, the system appears unable to cope with new phoenix companies that rapidly emerge from the ashes of an old one.

The implementation by the Therapeutic Goods Administration of recommendations by the Medicines and Medical Devices Review with respect to the advertising of therapeutic goods (especially complementary medicines) is exciting, but also challenging. The purpose of the Review was to identify areas of regulatory burden that could be removed or streamlined. The Department of Health estimated the reforms will result in a reduction in regulatory costs of $75 million per year. Some of these savings will presumably come from abandoning pre-approval of advertisements, abolishing the Complaint Resolution Panel and Code Council, and allowing the TGA to take over the therapeutic goods advertising complaint system. While many of the review recommendations have the potential to improve the current situation, some are problematic. There are also concerns that the benefits of related recommendations may not be realised by the current proposals for their implementation.

The Australian Health Practitioner Regulation Agency has responded to concerns about practitioner advertising by formulating an advertising compliance and enforcement strategy, amplified by position statements by several National Boards. The statements note that advertising claims that are contrary to high level evidence are unacceptable and they now list many such claims. However, others argue that if you cannot advertise a practice because of lack of evidence, it should also not be practiced. To-date, AHPRA have declined to address these standard-of-practice issues.

Stem cell therapy (and genetic testing) are emerging areas where the claims made to vulnerable patients are often out of all proportion to the available evidence. In addition, regulatory solutions have been slow to emerge.

A common theme in all the above presentations is the need to better inform consumers about upheld complaints. NSW Fair Trading will pass on their experience in this regard.

The final presentation will be an update on reports by the Productivity Commission and others as to how well Australian Consumer Law is working and what needs to be done to make it work better.

Professor John Braithwaite will make the concluding remarks.
Seminar: The Advertising of Therapeutic Goods and Services (and its regulation), Sept 8, 2017 – Background Paper

The Case Study: AMI begat MWI begat AMHC

This case study reviews advertising by the Advanced Medical Institute (AMI),1 the Medical Weightloss Institute (MWI)2 and the Australian Male Hormone Clinic (AMHC).3 It involves corporations, regulated health professionals and unregistered health professionals. The business model for all three organisations is the same. Identify a vulnerable target market, for example, people concerned about sexual dysfunction or obesity. Advertise your therapeutic solution on billboards, full-page national newspapers, TV and even on the back of supermarket dockets. Spruik your business via websites, Facebook and social media. Encourage potential patients to ring a hotline number, where they are put through to a sales person to promote the benefits of treatment. If the consumer is keen, get their credit card details for a $4000-$5000 up-front contract commitment. Then transfer the telephone to a clinic doctor to order a battery of pathology tests to reveal “hormone imbalances” that bespoke treatment will reverse. The pills and potions prescribed are then delivered by post from a compounding pharmacist.

The recent promotion by MWI and AMHC (Appendix I) appeared to breach Australian Consumer Law4 (the responsibility of the Australian Competition and Consumer Commission (ACCC) and State and Territory Consumer Affairs Agencies). It also appeared to breach the Health Practitioner Regulation National Law5 (the responsibility of the Australian Health Practitioner Regulation Agency (AHPRA)) and the National Code of Conduct for Non-Registered Health Providers6 (the responsibility of State-based Health Complaints Commissioners (HCC)). In addition, this promotion appeared to breach the Medical7 and Pharmacy Board’s8 Code of Conduct.

Complaints were submitted to AHPRA and the ACCC in June 2016, alleging that promotion involving Dr Thomas Goyer, Geoff Jowett and the MWI, was misleading, deceptive and exploitative, lacked an evidence base and preyed on a vulnerable population, the overweight and obese.9 This complaint was forwarded to the Medical Council of NSW by AHPRA who in turn met with the NSW Health Care Complaints Commission (HCCC) to decide how to deal with the complaint. Subsequently, numerous stories of patient detriment were reported, some of which were covered by the media.10,11

In August 2016, advertisements for the AMHC were also referred to the regulators. Progress reports from the HCCC noted that a lot of work was going on behind the scenes. Evidence was being collected, the cases were being segmented into their various components: advertising, professional

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Seminar: The Advertising of Therapeutic Goods and Services (and its regulation), Sept 8, 2017 – Background Paper

practice (including prescribing and compounding), the role of unregistered health professionals and the companies involved. Other regulators were also being consulted.

Meanwhile, a letter was received from lawyers acting for MWI demanding that I immediately take down many posts on my website about the company and personnel involved. Given the multiple regulators involved had yet to act (or make any public statement) I believed it was in the public interest to keep the material posted in the public view. Maurice Blackburn Lawyers (acting pro bono on my behalf) were instructed to vigorously defend any proceedings that eventuated. Fortunately, none did.

In December 2016, MWI entered voluntary administration after being awarded a 2016 Shonky Award\(^ {12} \) and ceased trading in February 2017 leaving many consumers without redress. One month later, the HCCC issued a public warning about MWI.\(^ {13} \)

In August 2017, AHPRA charged Wellness Enterprises Pty Ltd (trading as AMHC) with breaching the National Law prohibition on misleading advertising of regulated health services. The case is listed to be heard on Sept 11, 2017.\(^ {14} \) Meanwhile, promotion for AMHC continues unabated.\(^ {15} \)

The panel and audience discussion that follows will explore how these challenges to our current multi-regulator, multi-law model of consumer protection might be addressed. For example:

- Is there a need for a one-stop-shop for complainants to approach when their concern about consumer detriment due to misleading and deceptive therapeutic claims involves a multi-headed Hydra encompassing multiple regulators?
- Could a unit within one regulator, with expertise in evaluating the evidence for therapeutic claims, be used to provide more rapid determinations, public warnings &/or retractions about alleged misleading and deceptive claims while the more complex corporate or practitioner issues are farmed out to the various specialised regulators involved?
- Alternatively, are there other ways of quickly warning the public about such activities once a complaint is validated?
- Is there a need for improved co-ordination between specialist regulators in complex cases such as MWI-AMHC? For example, should one agency take the lead in coordinating the response and keeping all parties (including the complainant) informed of each other’s action?
- Are the resources, investigative powers and sanctions available to specialist regulators adequate to deter serial offences by the same players, as illustrated by the AMI-MWI-AMHC saga? For example, the ACCC eventually won penalties of $6 million for misleading advertising of Nurofen by Reckitt Benckiser whereas the AHPRA is limited to a $10,000 penalty per offence (for a body corporate).
- Is there a role for legal class action to gain recompense for ripped-off consumers as is currently happening in the Nurofen case?\(^ {16} \)
- Is there a need to clarify who can submit complaints about the advertising of non-registered health care workers under Clause 9 (c) of the National Code: “a health care worker must not


\(^ {14} \) [https://onlineregistry.lawlink.nsw.gov.au/content/court-lists#detail/20170024967916384003MentionCommonwealth/](https://onlineregistry.lawlink.nsw.gov.au/content/court-lists#detail/20170024967916384003MentionCommonwealth/)


\(^ {16} \) [http://www.abc.net.au/news/2017-08-03/nurofen-offers-3.5-million-compensation-to-customers/8770910](http://www.abc.net.au/news/2017-08-03/nurofen-offers-3.5-million-compensation-to-customers/8770910)
Seminar: The Advertising of Therapeutic Goods and Services (and its regulation), Sept 8, 2017 – Background Paper

make claims either directly to clients or in advertising or promotional materials about the efficacy of treatment or services he or she provides if those claims cannot be substantiated” (raised in the case study presentation)?

Update on MMD Review implementation: Therapeutic goods advertising, complementary medicine regulation and enhancing penalties and sanctions

Over the last 15 years there have been 17 government consultations and reviews concerning the regulatory framework for advertising therapeutic goods and the regulation of complementary medicines (see Appendix II). A consistent theme has been the absurdity of a light-touch regulatory system for perceived low-risk products that involves no pre-market evaluation, trusts sponsors to obey the rules and has no timely or effective penalties for breaches of the regulations.

The result is a market flooded with products of doubtful value with claims that often go far beyond the limited (or absent) scientific evidence that sponsors are meant to hold to justify their claims. While there are a few evidence-based complementary medicines available (including some registered products) the public has great difficulty in sorting out the wheat from the chaff. There is also little incentive for sponsors of complementary medicines to undertake the research required to prove that their products work. A better return on investment comes from spending money on promotional hype and celebrity endorsement.\(^\text{17}\)

The Therapeutic Goods Administration (TGA) has recently published data concerning post-marketing reviews of listed medicines.\(^\text{18}\) TGA compliance activity more than doubled from 212 (2014-15) to 473 (2015-16). Medicines with verified compliance breaches increased from 73% (2014-15) to 80% (2015-16). Labelling, advertising and evidence continued to be the major compliance breaches for listed medicines. More ingredient / products were found to have safety related issues; zero in (2014-15) compared to 13 (2015-16). In addition, for 2015-16, the Therapeutic Goods Advertising Complaint Resolution Panel found 98% of 141 complaints justified (and a 40% non-compliance rate with Panel “requests” for redress).

The TGA has emphasised that only a small minority of these regulatory breaches relate to patient safety. Yet the object of the Therapeutic Goods Act 1989 s.4 is to provide a national system of controls relating to the quality, safety, efficacy and timely availability of therapeutic goods (my emphasis). A regulatory authority that downplays concerns about efficacy is not helpful to consumers. Consumers (and health professionals) want medicines that have been shown to work.

In addition, while complementary medicines are regarded as low-risk products, low-risk does not mean no risk. Direct harm can result from poorly disclosed adverse events, such as allergic reactions to Echinacea and from the interaction of ingredients such as St John’s Wort with many conventional medicines. Indirect harm results from consumers forgoing more evidence-based remedies (often to the detriment of their health) because they are taken in by misleading and deceptive promotion. This also wastes their money which could be better spent.

Failure to address these matters over many years has resulted in diminished trust of both government and the regulator. Reform has been stalled by consistent industry opposition, changing bureaucrats, changing ministers, changing government and changing policy, the most recent of which was the Abbott government’s “Cutting Red Tape” agenda.\(^\text{19}\)

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\(^\text{17}\) https://www.youtube.com/watch?v=12ww26sQF7E&feature=youtu.be
\(^\text{19}\) https://www.cuttingredtape.gov.au/
Seminar: The Advertising of Therapeutic Goods and Services (and its regulation), Sept 8, 2017 – Background Paper

The purpose of the 2015 Medicines and Medical Devices (MMD) Review was to identify areas of regulatory burden that could be removed or streamlined. The Department of Health estimated the reforms will reduce regulatory costs by $75 million per year.20 Some of these savings will presumably come from recommendations to abandon pre-approval of advertisements, abolish the Complaint Resolution Panel and Code Council, and allow the TGA to take over the therapeutic goods advertising complaint system.

Regardless, the latest MMD Review recommended many measures which, if implemented, could substantially improve the above situation.21 The government accepted most, but not all, the MMD recommendations.22 For example, the recommendation that sponsors should publish evidence supporting their claims (r.43) was made optional while the recommendation that product sponsors include a prominent disclaimer that listed products have not been independently assessed (r.44) was rejected. The latter presumably due to industry lobbying and regulatory acquiescence.

Subsequently, the TGA initiated several consultations to assist implementing the MMD Review recommendations accepted by government. A consultation on the regulatory framework for advertising therapeutic goods discussed abandoning pre-approval of the advertising of therapeutic products (r.55), disbanding the current mechanism for managing complaints (r.56), introducing stronger compliance powers against misleading advertising (r.57) and an industry education program (r.58).23

More recently, the government has announced that the TGA will assume responsibility for handling all complaints about therapeutic goods advertisements directed to the public from 1 July 2018. At that time, the current Complaints Resolution Panel and the Therapeutic Goods Advertising Code Council will be disbanded.24,25,26 The TGA has said that more information about the new arrangements will be released soon.

A consultation on reform to the regulatory framework for complementary medicines: assessment pathways discussed implementing a limited list of pre-approved, “low-level” indications (r.38) and a new assessment pathway by which sponsors could apply for “intermediate-level” health claims that fell outside the permitted list (r.39). The latter includes the possibility of a published “claimer” that the medicine has been assessed by the TGA for efficacy (r.45) and a period of market exclusivity for working up a new ingredient for listed medicines or providing clinical data for an approved evidence-based claim (r.50).27 There is also a current consultation on a draft list of permitted indications.28

Seminar: The Advertising of Therapeutic Goods and Services (and its regulation), Sept 8, 2017 – Background Paper

A consultation on enhancing sanctions and penalties in the Therapeutic Goods Act 1989 dealt in more detail with (r.57) and (r.28).29 A consultation on the options for the future regulation of ‘low risk’ products (for example, ear candles and homeopathic products) dealt with (r.14, r.23 & r.48).

Still to come is a consultation on amendments to the Therapeutic Goods Advertising Code, including a proposed framework for schedule 3 medicine advertising.30

There is general acceptance that this package of reforms has the potential to substantially improve the problems outlined above. However, several concerns remain.

1. Abandoning pre-approval of the advertising of therapeutic products.

This recommendation appears based on the ideology of “cutting red-tape” regardless of any appraisal of the evidence supporting the current system. The MMD Review did not seek any data about the effectiveness of the current pre-approval process. In addition, no outcome indicators have been suggested by the Government or the TGA to judge whether it will be appropriate to remove preapproval; only process indicators:

“The requirements for pre-approval of certain advertisements for OTC and complementary medicines will not be removed until a stronger penalties and sanctions framework has been implemented, an efficient and effective complaints resolution process is in place and a formal industry education program has been established”.

Pros of pre-approval31,32,33,34,35,36,37,38

- Reviews over 2000 advertisements per year with an average turnaround time of 7 days.
- Most advertisements reviewed require changes to avoid Code breaches; sometimes wholesale revisions.
- Pre-approval is the only defence between a misleading advertisement on prime-time television and the unwitting consumer; complaints and post-marketing reviews take a long time to remove bad advertisements.
- Some of the worst offenders are not members of industry associations so self-regulation is unlikely to impact.
- Prevention is better than cure.

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Cons of pre-approval

- The pre-approval process is only directed at medicines advertised to the public in “specified media”, mainly television, radio and print advertisements, not the Internet. Advertisements for medical devices are also not covered.
- Delegated by the TGA to two industry associations (ASMI & CMA); decisions are not always consistent.
- Delegates do not have the time to review the evidence supporting the claims in detail; thus, some pre-approved advertisements may still be found to breach the Therapeutic Goods Advertising Code by the Complaint Panel (albeit said to be a small number).

It will be important for the current delegated advertising approval officers to monitor the number of corrections in submitted material before, during and after r.57 and r.58 are introduced to objectively establish their impact.

An alternative proposal is that pre-approval should be extended to all advertisements for both medicines and medical devices and the function delegated to a combined ASMI-CMA-MTAA preapproval office. 32

The TGA has pointed out that the decision to abandon pre-approval was made by Government at the highest levels in early 2016 and it is not within their ambit to change it. Regardless, its implementation will require legislative change which should provide another opportunity for lobbying and parliamentary debate.

2. TGA to take over the advertising complaint system (and disband the Complaint Resolution Panel and Code Council).

A single body for lodging, handling and reporting on the outcome of complaints should eliminate the confusion consumers have in where to submit complaints39 and the delays caused when the Complaint Resolution Panel refers non-compliance with their determinations to the TGA for additional review. A single complaint body has the potential to deliver more consistent decision-making, compliance and enforcement. In addition, it is said that the money saved from abolishing the Complaint Resolution Panel and Code Council will to be put towards TGA complaint handling.

However, there are many concerns about the TGA takeover:

- The TGA is seen to be taking over a role that is currently shared with stakeholder representatives on the Complaint Resolution Panel40 and Code Council.41 Stakeholder representatives can bring important perspectives to bear on complaint determinations and their input needs a place in the new complaint system.42,43
- The TGA has made bad decisions in isolation, for example, approving an advertising restricted representation for the homeopathic product, “Restless Legs Relief”.44

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• The TGA is perceived to lack a consumer protection culture and to be too close to industry.\textsuperscript{37} For example, when sent advertisements whose sponsors declined compliance with Complaint Resolution Panel determinations, the TGA sometimes negotiate softer outcomes that eliminate the retractions sought. In addition, the TGA rarely uses the legislative powers it has available.\textsuperscript{32}

• The TGA has failed to target sponsors with post-marketing reviews whom the Complaint Resolution Panel has found to repeatedly breach the Code.\textsuperscript{32}

• The TGA has not addressed long-standing problems that have been the subject of numerous upheld complaints. Examples include products targeting weight loss ("Fat Blaster", "Fat Magnet", "Reducta"), sexual enhancement ("Horny Goat Weed for Him" and "Horny Goat Weed for Her" and numerous homeopathic products, including homeopathic melatonin and homeopathic growth hormone.\textsuperscript{37}

• The TGA rarely ask sponsors to correct misleading indications / claims on their ARTG Public Summary documents despite the same claims being found to breach the Code on advertisements by the Complaint Resolution Panel.\textsuperscript{37}

• Most importantly, the TGA consistently lacks transparency, both in the numbers and outcomes of advertisements submitted to them directly, and in many referred to them by the Complaint Resolution Panel for noncompliance. They rarely provide a public determination about complaints dealt with.\textsuperscript{32,37}

In short, the TGA has never fulfilled the principles outlined in the Commonwealth Ombudsman’s “Better Practice Guide to Complaint Handling”.\textsuperscript{45} In addition, the ACCC submission to the TGA advertising consultation notes that, in their experience, effective complaint handling processes are enhanced where there is strong governance, appropriate transparency and effective stakeholder engagement.\textsuperscript{46}

The TGA needs to give assurances that the above issues will be addressed in their proposed new complaint system.

3. Other concerns.

• The TGA draft list of permitted indications.\textsuperscript{47}

• “Claimers” for the new assessment pathway.\textsuperscript{48}

Update on 2016 Chiropractor case study and AHPRA response to complaints

Prof John Dwyer has suggested the following as background reading:

• \url{http://www.ahpra.gov.au/News/2017-04-20-media-release-advertising.aspx}

• \url{http://www.chiropracticboard.gov.au/News/2016-03-07-statement-on-advertising.aspx}

• \url{http://www.chinesemedicineboard.gov.au/News/2017-07-20-position-statement.aspx}

• \url{http://www.osteopathyboard.gov.au/News/2017-04-20-media-release-advertising.aspx}

\textsuperscript{45} \url{http://www.ombudsman.gov.au/publications/better-practice-guides}


\textsuperscript{47} \url{https://theconversation.com/new-complementary-medicine-health-claims-lack-evidence-so-why-are-they-even-on-the-table-80896}

\textsuperscript{48} \url{https://theconversation.com/which-supplements-work-new-labels-may-help-separate-the-wheat-from-the-chaff-73189}
Seminar: The Advertising of Therapeutic Goods and Services (and its regulation), Sept 8, 2017 – Background Paper

Problems with the regulation of stem cell therapy and its promotion

Assoc Prof Megan Munsie, has suggested the following resources:

- [http://stm.sciencemag.org/content/9/397/eaag0426](http://stm.sciencemag.org/content/9/397/eaag0426)

In addition, it has been suggested that the promotion and regulation of genetic tests is equally problematic.\(^\text{49}\) This may also be a topic for discussion.

Publicising complaints – the experience of NSW Fair Trading

Suzanne Crowle, Director Engagement and Complaints, has suggest the following links:


Australian Consumer Law Review.

Allan Asher recommended the following resources:


Acknowledgments

I am grateful to many colleagues (and my students) who have provided input to this paper. Regardless, the responsibility for any errors remains my own.

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www.medreach.com.au  
29 August 2017

HOPE HAS ARRIVED FOR PEOPLE LIVING WITH A SLOW METABOLISM

After 8 years of intensive medical research, doctor use and scientific studies, it is now available to the public for the first time – a breakthrough that could potentially be the easiest way ever to get slim, toned and healthy.

Patients are already reporting weight loss of 21kg... 33kg... up to 42 kg without feeling deprived, without torturous workouts or surgery.

Others are losing 3 kg, tightening their waistlines by up to 6.5cm, dropping dress sizes – in a few short weeks.

As part of a public health initiative, The Medical Weight Loss Institute is offering FREE MEDICAL ASSESSMENTS – for the next 48 hours.

Dr Tom Goyer is a medical doctor who has been helping patients as his North Sydney Clinic lose weight for almost a decade.

Tomm is an Associate Member of the Cosmetic Physicians Society of Australia, the Australian Society of Cosmetic Medicine and the Australian College Of Phlebology.

WHO’S BEHIND THE BREAKTHROUGH?

Dr Tom Goyer is a medical doctor who has been helping patients as his North Sydney Clinic lose weight for almost a decade.

Tomm is an Associate Member of the Cosmetic Physicians Society of Australia, the Australian Society of Cosmetic Medicine and the Australian College Of Phlebology.

Over the past 20 years, Geoff Jowett has helped as many as half a million Australians lose weight.

Geoff is the creator of BodyTrim, Australia’s most successful weight loss program. He is the co-founder of Vision Fitness, Australia’s largest personal training company. And he holds a Sports Science Degree.
**Lose Weight And Never Gain It Back – Even If Nothing Else Worked Before**

Australia's top weight loss doctor, Dr Tom Goyer says that the underlying cause of weight issues is often a hormone imbalance that leads to increased appetite, nasty cravings and low energy.

This breakthrough uses blood tests to fix this imbalance, so you lose weight and reduce body fat without strict diets or grueling workouts!

One patient thought Dr Goyer's scales were broken. Another's jeans started falling down. And a Sydney man walked by friends on the street and they didn't even recognise him.

YES, I WANT MY FREE MEDICAL CONSULT

*I'm Ready To Change My Life For The Better*

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**AS ILLUSTRATED BY THESE AMAZING TRANSFORMATIONS**

This breakthrough medical treatment works well for persons of any age. However, it has been designed specifically for those over 40 with a slowing metabolism.

*LOST 8Kg*

Amy Lee tried everything to lose weight – crash diets, personal training and shakes. Nothing worked. She couldn't lose those last stubborn kilos.

Then she discovered this breakthrough – and lost 8kg in 3 weeks.

"The weight just fell off, I have more energy every day. I am in the best shape of my life," say Amy

*LOST 41Kg*

("I had been overweight all my life and simply couldn't lose weight. Dieting was always too hard. I would lose weight and then put it all back on again. Binge eating and cravings would always get the better of me.

That was until MWI and my consult with Dr Goyer. I can honestly say I've never been hungrier on my medical treatment plan and the cravings are gone. When people see me now for the first time in a while they literally don't recognize me. I have to say to them its me. Nazih"

YES, I WANT MY FREE MEDICAL CONSULT

*I'm Ready To Change My Life For The Better*
Hope Has Arrived For Men Over 30 With Low Testosterone

Now, as part of a New Health Drive, Australian Male Hormone Clinic is offering FREE MEDICAL ASSESSMENTS – limited number of places available. Before 29/05/2016.

Finally! After 8 years of extensive research, this means health breakthrough is now released to the public for the first time. Medical experts believe this phase could potentially provide a more effective way ever to improve testosterone balance, stamina and improve sexual performance.

Are you already reporting increased passion, and a lasting erection?

Building solid, strong bones, and muscles.

And more weight weeks, boost in energy, feel more active.

Say goodbye to low testosterone today!

✓ Increase muscle size
✓ Wake up in the morning bursting with powerful energy
✓ Stay razor sharp and focused all day long
✓ Feel happier, younger, more alive
✓ Satisfy sexual partners
✓ Command more respect
✓ Burn off pudgy flab
✓ Restore masculinity and strength

"BE THE ALPHA MALE IN THE ROOM"

Research shows men with high testosterone are more dominant and attractive. In studies women subconsciously sense High Testosterone and are magnetically drawn to it. If you have ever seen women flock around a guy, it's nothing to do with his personality, banter balance or looks. It's because his body is releasing alpha testosterone hormones.

"YOU ARE JUST ONE CONFIDENTIAL PHONE CALL AWAY FROM A BETTER LIFE."

Great results. Clinically supported data. Natural treatment that works with your body instead of against it. It's easy to see why this treatment is the smart choice for men with low testosterone.

"You can see if it will help you with a FREE MEDICAL ASSESSMENT, but we can only accept a limited number of people," says Jowett.

From 8am today, the FREE MEDICAL ASSESSMENT Hotline will be open. Simply call 1300 230 550. We will fill the spaces on a first-come, first-served basis. There is no obligation if you call and every is strictly confidential.
**Seminar: The Advertising of Therapeutic Goods and Services (and its regulation), Sept 8, 2017 – Background Paper**

**Appendix II (Reviews of the regulation of advertising therapeutic goods and complementary medicines)**

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<thead>
<tr>
<th>Date</th>
<th>Initiative</th>
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<tbody>
<tr>
<td>2002</td>
<td>Report of a Review of Advertising Therapeutic Products in Australia and New Zealand</td>
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<tr>
<td>2003</td>
<td>Report of Expert Committee on Complementary Medicines in the Health System</td>
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<td>2005</td>
<td>Description of the joint (Trans-Tasman) regulatory scheme for the advertising of therapeutic products</td>
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<td>2006</td>
<td>Consultation (Draft) Regulation Impact Statement on the proposed amendments to the current regulatory system for herbal and homoeopathic medicines in Australia</td>
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<td>2007</td>
<td>Consultation - draft (Trans-Tasman) advertising rule</td>
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<td>2008</td>
<td>Regulation of homoeopathic and anthroposophic medicines in Australia</td>
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<td>2009</td>
<td>Draft Guideline for Levels and Evidence for Listed Medicines with Indications &amp; Claims for Weight Loss</td>
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<td>2010</td>
<td>TGA Consultation: Improving advertising arrangements for therapeutic goods</td>
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<td>2011</td>
<td>Consultation and Report of the Working Group on Promotion of Therapeutic Products</td>
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<td>Report of the Review to improve the transparency of the Therapeutic Goods Administration</td>
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<td>ANAO Report. Therapeutic Goods Regulation: Complementary Medicines</td>
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<td>TGA reforms: A blueprint for TGA's future</td>
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<td>2012</td>
<td>Delivering reforms - Implementation plan for TGA Reforms</td>
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<td>TGA Advertising regulatory framework: Options for reform</td>
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<td>2013</td>
<td>TGA Consultation Regulation Impact Statement: Regulating the advertising of therapeutic goods to the general public</td>
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<td>2014</td>
<td>Expert Review of Medicines and Medical Devices Regulation (Government de-regulation agenda)</td>
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<td>Australian and New Zealand Governments agreed to cease efforts to establish a joint therapeutic products regulator</td>
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<td>2015</td>
<td>Expert Review of Medicines and Medical Devices Regulation: recommendations and public forum.</td>
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