MedicinesTalk

Information for Consumers and Consumer Organisations **No. 7**

About using medicines wisely **August 2003**

A City Tackles Medicines Issues

How do you improve a community's use of medicines? More importantly, how do you maintain the improvements? If we are to use medicines wisely and safely in the long term, we must find answers to these questions.

The Whyalla Quality Use of Medicines Project was an ambitious project that set out to answer these questions for rural communities. In doing so, it hoped to develop a sustainable model for improving the use of medicines in regional communities throughout Australia.

Whyalla is a regional city with a population of approximately 23,000 people that lies on the western side of Spencer Gulf in South Australia. It is a major industrial centre, and a service centre for the surrounding rural Northern Eyre Peninsula and Upper Spencer Gulf regions.

The city was chosen as the site for the project because it is a clearly delineated community with a comprehensive health care infrastructure. The city's population is small enough to allow close monitoring of the project's impact, but large enough to include a broad cross-section of ages; ethnic, social and cultural backgrounds; and health status. The city also has a strong community spirit, and good communication networks between different sectors of the community.

Getting started

A huge task like improving an entire city's use of medicines requires widespread enthusiasm and goodwill, and the development of partnerships between different sectors of the community. In addition, all sectors of the community must feel they have contributed to the project, and their contribution has been listened to and valued.

The project began by creating an awareness and understanding of the quality use of medicines. This was achieved through segments on local radio and articles in the local newspaper.

A community consultation approach was used to identify and prioritise the community's wise use of medicines issues, and to develop strategies to deal with the priorities. The project consulted all players in the quality use of medicines arena. This ensured that it tapped into the skills, knowledge and experiences of a wide cross-section of the community, and began recognising and supporting the partnerships needed to make the project work and get results.

The process of identifying the priority issues and the strategies to implement them was conducted in four stages. Each stage built on the previous stage, and progressively refined the issues and strategies.

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Project Advisory Group

A steering committee, known as the Project Advisory Group, was formed to advise the Project Team. It comprised local health professionals as well as representatives of a wide range of local organisations, including the Whyalla Secondary College, Buttlingarra Aboriginal Corporation, Lions Club, SA Ambulance, and local print and television media. Members were chosen because of their credibility in the community and their knowledge of the community and its networks. The group provided advice on a range of issues, including the best ways of reaching the community, groups to consult, and the right language for the audience.

Identifying the issues

A series of 29 community consultations was undertaken to identify the QUM issues of most concern to the community. The groups consulted represented a broad cross-section of interests: consumers, pharmacists, doctors, allied health professionals, business and government. The consumer and community groups included support, chronic illness, indigenous, ethnic, older persons, carer, sporting, service and religious groups. The total number of people consulted was 273, or about 1% of the city's population.

Almost every local consumer and community group was invited to participate. Most were recruited through the local council's database of community groups, and the local knowledge and networks of the Project Team and the Project Advisory Group. Members of the Project Team approached representatives of the groups by telephone and in person to discuss the project, and invite each group to participate in a consultation. Advertisements inviting the wider community to participate were published in the local newspaper. In addition, some people, such as community pharmacists and members of parliament, were approached individually.

A list of 12 questions was used to guide and stimulate the discussion of QUM issues. Participants were encouraged to draw on their own experiences when identifying their concerns. Emphasis was placed on ensuring that all participants were able to raise their concerns and be heard, and that participation was equal.

The project's distinctive logo that appeared on all project material and publicity.

The analysis of the consultations identified 5 main and 23 sub-themes that represented the community's QUM issues.

In order to verify the issues identified in the consultations, the Project Team went back to a cross-section of the original groups. They invited two or three people from each group to participate in one of five workshops. The workshops gave participants the opportunity to discuss the issues identified, and to develop a better understanding of their relevance to the Whyalla community. Democratic processes were then used to determine the priority issues.

Identifying the strategies

The workshops, a planning meeting, and four working parties progressively brainstormed, prioritised and refined the strategies that could be used to address the priority issues. At the end of the process, four projects were proposed: a QUM resource centre, a QUM awareness campaign, a safe medications disposal campaign, and a benzodiazepines education campaign. *MedicinesTalk* will feature two of these projects in future issues.

Success factors

The Project Team believe that several factors ensured the success of the project: giving the project a strong identity, letting the community take the lead in decisions, using the existing structures to promote messages and disseminate information, and supporting the community to take action.

Further information about the project can be obtained from Dr Gary Misan on 08 8647 6089.

Community QUM Program

The National Prescribing Service (NPS) has received funding from the Commonwealth Department of Health and Ageing to coordinate a new Community Quality Use of Medicines (CQUM) Program. The comprehensive program will be implemented nationally over the next two years.

Essential to the success of the program will be a partnership with the Consumers Health Forum (CHF) and other consumer groups. CHF has been a driving force in the promotion of the quality use of medicines (QUM) since 1987. NPS and CHF are committed to working together to achieve QUM by strengthening consumer organisations and networks, and building on local expertise.

The program will be guided by a management committee with a majority of consumer members. The consumers have a broad range of backgrounds, experiences and knowledge.

Program team

The CQUM Program Team at the NPS bring a diversity of experiences to the program, as well as a passionate commitment to health promotion.

Co-Manager Scott Davis grew up in Melanesia and rural Queensland. His work in the design and delivery of health promotion and community development programs has taken him to rural and remote Australia, the Pacific rim and further abroad.

The CQUM Team: (L to R) Scott Davis, Jennifer Davis, Amanda Bray and Kay Coppa.

Scott believes that the CQUM Program has the potential to make a real difference. Its base in the NPS gives it ready access to people with expertise in medicines, as well as the expertise needed to deliver a national program: strategic communication, training, publications and evaluation. This expertise complements the knowledge and experience of the program's partners and management committee.

Co-Manager Amanda Bray began her career as a high school teacher, before moving into drug and alcohol counselling. Her childhood in Sydney's west inspired a desire to work with multicultural communities. Before joining the NPS, she was the Health Promotion Manager at Fairfield Health Service, Sydney.

Health Promotion Officers Kay Coppa and Jennifer Davis have previously worked for cancer organisations. Kay's commitment to health promotion and community development grew out of her experience of working with health consumer groups. Jennifer arrived in Australia from the UK five years ago. Her work in HIV research inspired a career move to health promotion. She has worked in London, Melbourne and Sydney.

For further information about the CQUM Program, ring Miriam Fletcher on 02 8217 8700 or email her at mfletcher@nps.org.au. Alternatively, visit the NPS website at www.nps.org.au.

The *MedicinesTalk* editorial team is having discussions with the National Prescribing Service (NPS) about the future of *MedicinesTalk*. The NPS is interested in sponsoring the newsletter as part of the Community QUM Program. If the NPS sponsors *MedicinesTalk*, the newsletter's mailing list will be transferred to the NPS.

If you do not want your group to remain on the mailing list, please tick the box on the address wrapper and return it to *MedicinesTalk.*

If you know of any other consumer and community groups that would like to receive *MedicinesTalk*, please send us their details.

Can I Get It at the Pharmacy?

Medicines can have detrimental effects as well as beneficial ones, so rules and regulations have been developed to ensure their safety and effectiveness. Some of these rules and regulations affect where and how you can buy medicines. As a result, some medicines can be bought from supermarkets and other retail outlets, and others can be bought only from pharmacies. Still others can be bought from pharmacies only if you have a prescription from a doctor or dentist.

Availability

The rules and regulations determining where and how you can buy a particular medicine depend on a number of factors, including

- safety and toxicity of the active ingredient
- condition used for
- effects when used correctly
- side effects
- likelihood of accidental or deliberate misuse
- effects if taken accidentally by children
- effects of taking an overdose
- potential for people to become dependent on it
- desirability of making it easily available.

In general, the safer the medicine and the more minor the condition being treated, the fewer the restrictions on the medicine's availability. The table below shows the main categories of medicines, their availability, and the type of conditions they are intended to treat.

In some cases, the amount of medicine in a packet may affect where and how it can be sold. As a result, small packets of some medicines are available in supermarkets and other retail outlets, but packets containing more tablets are available only in pharmacies. For example, packets of 25 or fewer tablets of paracetamol (500 mg) can be sold in supermarkets. However, packets of more than 25 tablets can be sold only in pharmacies.

Over-the-counter medicines

In general, over-the-counter medicines are intended for conditions that people can recognise themselves, and which are common, minor, self-limiting, and not life threatening.

Some over-the-counter medicines have specific rules and regulations governing their availability. 'Pharmacist Only Medicines' are stored behind the pharmacist's counter. You can buy them only after seeking advice from a pharmacist to ensure that they are appropriate and safe for you. 'Pharmacy Only Medicines' are stored on the open shelves in pharmacies. You do not have to seek advice from a pharmacist before buying them, but if you want advice you can ask for it.

Medicine	Safety & appropriateness in use	Conditions used for
Prescription Only Medicines (Schedule 4 medicines)	Medicines that need a prescription from a doctor or dentist.	For conditions that need diagnosis and ongoing management by a doctor.
Pharmacist Only Medicines (Schedule 3 medicines)	Medicines that are substantially safe in use, but need professional advice from a pharmacist to ensure they are used safely and effectively.	For conditions that can be easily recognised with the help of a pharmacist, and which are amenable to short-term treatment, and can be monitored by consumers with help from a pharmacist.
Pharmacy Only Medicines (Schedule 2 medicines)	Medicines that are substantially safe in use when obtained from a pharmacy where advice or counselling is available from a pharmacist if needed.	For conditions that can be easily recognised with the help of a pharmacist, and which are amenable to short-term treatment, and can be monitored by consumers with help from a pharmacist if necessary.
Medicines on open sale (Unscheduled medicines)	Labels give consumers information about when and how to use them.	For minor conditions that consumers can recognise and manage independently.

Why All the Fuss about Antibiotic Overuse?

What are antibiotics?

Antibiotics are medicines that treat infections caused by bacteria. They can be lifesaving medicines for people suffering from severe bacterial infections. However, their effectiveness is being reduced by inappropriate use, so people are now dying from infections that were previously treatable. Unless we use antibiotics properly, the problem will only get worse, and more people will die unnecessarily.

What's the difference between bacteria and viruses?

Bacteria and viruses are tiny micro-organisms (germs) that live throughout our environment. Bacteria live outside cells. Viruses invade cells and live within them, and are much smaller than bacteria. Some infections are caused by bacteria; others by viruses.

Why shouldn't we use antibiotics for viral infections?

Useless

Antibiotics treat only infections caused by bacteria. They have no effect on viruses. Therefore, they cannot treat viral infections, such as the common cold and the flu (influenza).

Antibiotic resistance

When a person has a bacterial infection, they have millions and millions of the bacteria in their body. The individual bacterium vary in their susceptibility to antibiotics: most are susceptible, a few are resistant. When treated with an antibiotic for the first time, most of the bacteria are killed off. However, some of the resistant ones may survive. With each successive exposure to the antibiotic, the more susceptible bacteria are killed off first, leaving the resistant ones. Over time, the proportion of resistant bacteria may increase, until almost all the bacteria are resistant to the antibiotic. When this happens, the bacteria are said to be 'antibiotic resistant'.

Using a course of antibiotics for a viral infection gives bacteria in the environment another exposure to the antibiotic. As a result, we may make it a tiny bit harder to treat the next infection caused by bacteria, while not achieving any benefits.

Before antibiotics were discovered in the 1930s, more than half of all deaths were caused by bacterial infections. By the late 1960s, antibiotics had been so successful in treating bacterial infections that the US Surgeon-General told the US Senate it was time to 'close the books on infectious diseases'. Today, some strains of bacteria that cause infections have become resistant to many antibiotics, so people are again dying of infections caused by them. In Australia, antibiotic-resistant bacteria are thought to cause more than 7000 deaths each year.

Antibiotics treat only infections caused by bacteria. They have no effect on viral infections, such as the common cold and flu.

Side effects

Antibiotics can cause unpleasant side effects, such as stomach upsets, diarrhoea and thrush. The suffering is usually justified because the benefits outweigh the side effects. However, if the treatment is inappropriate in the first place, the suffering is completely unjustified.

Waste of money

Unnecessary use of antibiotics is a waste of money. The National Prescribing Service estimates that more than 3 million antibiotic prescriptions are wasted on viral infections each year. This wastage costs the community millions of dollars — money that could be better spent elsewhere.

What should we do?

Don't use antibiotics unnecessarily. When consulting a doctor about a cold or the flu, don't ask for an antibiotic. Save antibiotics for the times when you really need them. That way bacteria won't become resistant to antibiotics unnecessarily, and we will continue to have effective treatments for them.

Adverse Drug Reactions: Who Keeps Track?

Australia has a comprehensive system for regulating and monitoring medicines to ensure their safety. One component of the system is a process for collating and analysing information about adverse reactions to medicines.

Adverse reactions

All medicines can have undesirable and unintended effects. These effects are known as side effects or adverse reactions. Most adverse reactions to 'old' medicines are well known because the medicines have been used for many years. However, our knowledge about adverse reactions to 'new' medicines is often incomplete.

In Australia, all prescription medicines must undergo a comprehensive evaluation of their safety and effectiveness before being marketed. The more common adverse reactions are usually detected during the clinical trials that form part of the evaluation process. However, uncommon reactions may not show up during clinical trials, because the trials are not usually large enough or long enough for every reaction to appear. In addition, clinical trials may not involve people who are taking medicines for other conditions, so some interactions may not show up during trials.

The main reason for reporting adverse reactions is to increase the safety of medicines by increasing the body of knowledge about them.

Adverse reactions can have marked effects on people's health. Therefore, it is important that we have a system for collating and disseminating information about adverse reactions that appear when a medicine is in general use. In Australia, the responsibility for this task lies with a committee of medical experts known as ADRAC (Australian Adverse Drug Reactions Advisory Committee).

Reporting process

The reporting process usually starts with the GP, pharmacist or hospital managing the consumer thought to have experienced an adverse reaction.

If they feel that the suspected reaction warrants reporting, they submit the details of the medicine and the reaction to ADRAC. About 10,000 suspected reactions are reported each year. Two-thirds of the reports come from GPs and hospitals.

Every suspected adverse reaction report is reviewed by professional staff, who enter the details into the national database of adverse reactions. The database, which dates from 1972, contains the details of over 182,000 reports. The details are then analysed to see if the report may contain a medicine-related safety issue. If an issue is identified, the record is comprehensively analysed to determine if the reported reaction is a real adverse reaction or not. ADRAC meets eight times a year to discuss the reports received.

What happens to a report after the review process is complete depends on its importance and its safety implications. If the reaction is well known and not serious, nothing further may be done. If the report raises further questions or possible concerns, more information may be sought, or ADRAC may decide to wait and see if other similar reports are submitted.

If the adverse reaction is new and significant, steps may be taken to amend the official information about the medicine (known as the Product Information), change the medicine's labelling, or inform doctors, pharmacists and consumers about the reaction and its implications. In the case of more serious reactions, restrictions may be imposed on the availability and use of the medicine. In some cases, it may even be taken off the Australian market. Fortunately, this needs to happen only rarely.

Priority areas

The main reason for collecting and analysing reports of adverse drug reactions is to improve the safety of medicines by increasing the body of knowledge about adverse reactions and identifying potentially dangerous situations. Therefore, most of ADRAC's efforts are directed towards reports likely to achieve those goals, rather than trying to document thoroughly every adverse reaction experienced.

Reports of reactions to new medicines, serious reactions and interactions between medicines are strongly encouraged. Every issue of ADRAC's regular bulletin includes the 'Drugs of Current Interest', which is a list of medicines of particular interest to ADRAC. Doctors and pharmacists are asked to report all suspected adverse reactions to medicines on the list. The information gathered about reactions and interactions strengthens and augments the body of knowledge about medicines.

Reporting your reactions

You can contribute to the process of adding to the body of knowledge about medicines by telling your doctor about any adverse reactions you think you may have experienced. The information may help your doctor better understand you and your situation, give them a better understanding of the medicine and its effects, and give them the opportunity to report the reaction to ADRAC.

Reporting an adverse reaction also gives you and your doctor the opportunity to discuss the reaction and its implications. This may enable your doctor to alleviate the problem by changing the medicine, modifying the dose, or suggesting another solution. It may also give your doctor greater insight into your health problem, which may enable them to modify and improve your management.

An example of the system in action: Celebrex

Celecoxib (Celebrex) became available for the treatment of arthritis in Australia in October 1999. It was put on the ADRAC 'Drugs of Current Interest' list for two years. Health professionals responded by submitting nearly 3000 suspected adverse reaction reports in that time. The reports enabled ADRAC to develop a comprehensive adverse reactions profile for the medicine. The resulting profile confirmed ADRAC's initial impression that the adverse reactions of celecoxib were similar to those of other anti-inflammatory arthritis medicines*, except that serious gastro-intestinal effects** were less common. ADRAC kept health professionals informed of this knowledge through a series of articles in its bulletin and the *Medical Journal of Australia*.

Recently, ADRAC changed its advice about celecoxib. In the August 2003 issue of its bulletin, it discussed the several hundred reports it had received of gastro-intestinal ulcers and bleeding during celecoxib treatment. Based on these reports and the clinical trial results, it concluded by saying that celecoxib should be used with the same caution as other anti-inflammatory arthritis medicines.

This example shows how Australia's system for reporting and analysing suspected adverse reactions to medicines can strengthen and change the body of knowledge about a medicine. Some clinical trials of celecoxib indicated that it had fewer serious gastro-intestinal effects than other anti-inflammatory arthritis medicines. The first two years of reporting appeared to confirm that picture. It was not until the medicine had been used by many thousands of consumers for long periods that a better understanding of the serious gastro-intestinal effects of the medicine emerged. As a result, the hope that celecoxib would be much less likely to cause gastro-intestinal ulcers and bleeding than other anti-inflammatory arthritis medicines seems not to have been fulfilled.

* The other anti-inflammatory arthritis medicines include naproxen (Anaprox, Inza, Naprosyn, Naprosyn SR, Naprogesic, Proxen SR) and diclofenac (Diclohexal, Voltaren, Voltaren Rapid).

** Serious gastro-intestinal effects include stomach and duodenal ulcers, and stomach and duodenal bleeding.

News & Events

Tips for safer health care

The Australian Council for Safety and Quality in Health Care has just published a booklet *Ten Tips to Safer Health Care*. The booklet encourages consumers to be more involved in their own health care, and to work in partnership with their doctors. It helps consumers ask questions about their health care, so they can understand their options, and make decisions about the care most appropriate for them. Some of the topics covered include

- being more active in your health care
- communicating with doctors
- learning more about your condition and its treatments
- improving the safety of medicines
- dealing with hospitals and medical procedures.

Copies of the booklet can be obtained free of charge by ringing 02 6289 4244 or visiting the www.safetyandquality.org website.

Information about new medicines

It is often difficult to obtain information about medicines that have just been listed (become available) on the Pharmaceutical Benefits Scheme (PBS). As a result, doctors prescribing the medicines are often uncertain about where they fit into the overall spectrum of medicines. The problem can also create difficulties for pharmacists, when they do not have enough information to advise consumers about the medicine, and identify potential safety problems.

To overcome these problems, the National Prescribing Service (NPS) has begun producing information about newly listed medicines. The emphasis will be on providing information that helps doctors, pharmacists and consumers use the medicines judiciously and appropriately. The NPS will also produce information about medicines whose recommended usage has been revised recently.

The information produced will focus on two areas. Firstly, it will outline the evidence that led to the medicine being listed on the PBS, or its recommended usage being revised. Secondly, it will explain the use of the medicine, including the conditions it can be used to treat, its effectiveness compared with other medicines, appropriate dosages, its safety, and the role of non-drug therapies in the management of the condition.

Information will also be produced for consumers. The consumer information will be in a consumer-friendly format, and will be consistent with the information produced for health professionals.

For more information about the program, telephone Miriam Fletcher on 02 8217 8700 or email her at mfletcher@nps.org.au.

MedicinesTalk aims to inform consumer groups about the wise use of medicines and to encourage groups to be involved in related activities. We particularly want to publish stories about wise use of medicines activities being conducted by or in collaboration with consumer groups. If your group has been involved in such an activity, please send us a report of your project or contact the Editor.

Consumer groups are most welcome to send us news, feedback and requests for additional copies of *MedicinesTalk*. Write to the Editor, *MedicinesTalk*, GPO Box 1995, Hobart, TAS 7001 or email medicinestalk@health.gov.au.

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MedicinesTalk is also available in electronic format (pdf) by following the links from www.nmp.health.gov.au.