

# **GUIDE TO RATIONAL DRUG USE**

**VOLUME I**

Proceedings of a Workshop on  
Essential Drugs Policy and Rational Drug Use

Sponsored by  
Health Action Information Network  
In Coordination with  
Philippine Drug Action Network

November 7-10, 1987

**HEALTH ACTION INFORMATION NETWORK**

P. O. Box 10340, Broadway, Quezon City, Philippines

1988

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## FOREWORD

This is the first volume of a compilation of lectures presented during a National Training Workshop on Rational Drug Use held in November 1987. Sponsored by the Philippine Drug Action Network, a coalition of non-governmental organizations, it was the first attempt to conduct a training workshop on a highly technical subject for staff members involved in primary health care and community-based health programs.

Readers will note that not all the lectures deal strictly with pharmacology in the technical sense. This was deliberate since the Philippine Drug Action Network is involved in education and lobbying work for a National Drug Policy and this has made us realize that rational drug use cannot be achieved through technical knowledge or skills alone. We spent time to explain the concept of essential drugs, generics and other topics relevant to drug policies. Although the theme of the seminar was "rational drug use", we did keep in mind that our ultimate objective is rational therapy, within the context of an alternative health care system that different groups are trying to build.

Our lecturers were, for the most part, from the academe. The workshop therefore provided a venue for linking community-based programs with institution-based researchers. It was encouraging to see how sensitive the lecturers were to the needs of the staff members, whose concerns are based on day to day experiences in their mostly rural communities. Although most of the workshop participants were health professionals, we realized there was still a gap that had to be filled between what clinicians and researchers are doing and what is going on in the communities.

The lectures are not printed in the sequence that they were presented during the seminar because the schedule was based on the speakers' availability. We have tried to restore some rationality into this compilation by grouping related topics. The second volume, for instance, will deal with anti-microbials and other anti-infectives, as well as other drug categories such as respiratory and gastro-intestinal drugs, hormones, analgesics. The second volume will also include a summary of group workshops on essential drugs lists and problem drugs.

The lectures have been subjected to some editing and have included supplementary information appropriate to the topic discussed. We decided to retain the mixture of Tagalog and English, especially for Dr Romeo Quijano's lectures, since a translation would have meant a loss of some of the flavor of the presentations. In a way, we hope that this compilation can become the foundation for other publications that can be used at different levels: from medical schools to training of community health workers.

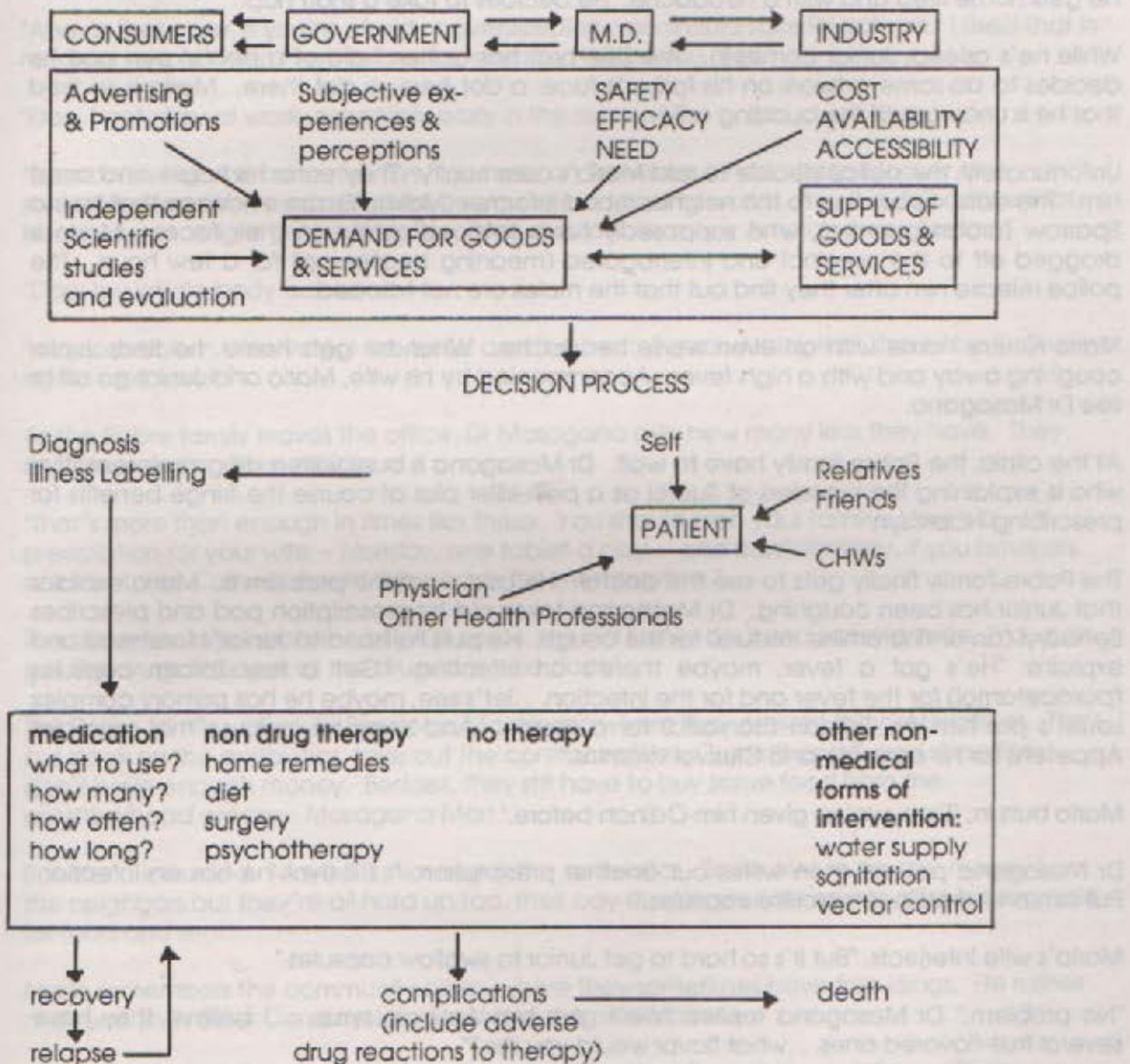
We would like to acknowledge Medico International (W. Germany) for supporting the workshop and the costs of publishing the proceedings. We are also grateful to the lecturers, most of whom were from the Philippine Society for Experimental and Clinical Pharmacology. The staff of Health Action Information Network worked overtime to take care of the needs of the participants. After the seminar, Sonny Evangelista spent hours for the formidable task of transcribing the lectures. Additional notes from the lecturers and from HAIN's secretariat -- Ulysses Quanico and Vaneda Pascual -- helped in the final editing process.

M. L. Tan  
10 July 1988

## INTRODUCTION TO POLITICAL PHARMACOLOGY

### MICHAEL L TAN

Before we start this workshop, it will be useful to look at the elements of drug utilization. The following chart shows a complex relationship involving consumers, the government, physicians and industry. We find, too, that although "rational drug use" should ideally be based on objective considerations, there are subjective factors also at work and that the decision-making process not only involves drugs but also non-drug therapies which should be considered as part of our concerns.



What we see then is the importance of decision-making processes that are determined not just by medical need but also by economic factors (e.g. cost), social factors (e.g. advice of the family, friends) and cultural factors (e.g. disease labelling and diagnosis).

To illustrate the processes that we should be aware of, we prepared a short skit which will explain those decision-making processes or what we can call the politics of pharmacology. Any similarities in the characters and events to real life are not coincidental:

Our main character is Mario Pobre, a factory worker. It is pay day and Mario gets an envelope with his weekly wage, which should have amounted to a grand total of P318 (US\$15) but after deductions for SSS, Medicare and debts to the company, now amounts to P200.

Mario leaves the factory and joins his union at a rally to demand a 10-peso daily wage hike. He gets home tired and with a headache. He decides to take a short nap.

While he's asleep, Junior comes in. The little brat has gotten hold of a pentel pen and he decides to do some artwork on his father's face: a dot here, a dot there. Mario is so tired that he is unaware of the budding artist.

Unfortunately, the police decide to raid Mario's community. They enter his house and arrest him. The dots, according to the neighborhood informer (Makapill), are evidence that he is a Sparrow (urban guerrilla), who supposedly have tattooed moles on their faces. Mario is dragged off to the precinct and interrogated (meaning beaten up) for a few hours. The police release him after they find out that the moles are not tattooed.

Mario returns home with an even worse headache. When he gets home, he finds Junior coughing away and with a high fever. Accompanied by his wife, Mario and Junior go off to see Dr Masagana.

At the clinic, the Pobre family have to wait. Dr Masagana is busy with a drug representative who is explaining the wonders of Suprol as a pain-killer plus of course the fringe benefits for prescribing Naprosyn.

The Pobre family finally gets to see the doctor. He asks what the problem is. Mario explains that Junior has been coughing. Dr Masagana takes out his prescription pad and prescribes Benadryl (an antihistamine mixture) for the cough. He puts his hand to Junior's forehead and explains: "He's got a fever, maybe there's an infection. Get a few Zolben capsules (paracetamol) for the fever and for the infection. . .let's see, maybe he has primary complex so let's put him on Odinah (isoniazid) for a month. And since he looks so thin, give him Appetens for his appetite and Clusivol vitamins."

Mario butts in, "Doc, we've given him Odinah before."

Dr Masagana pauses, then writes out another prescription, "I still think he has an infection. Put him on Ampicin (ampicillin) capsules."

Mario's wife interjects, "But it's so hard to get Junior to swallow capsules."

"No problem," Dr Masagana replies, "We'll give him Ampicin syrup. . .I believe they have several fruit-flavored ones. . .what flavor would you like?"

Mario urges his wife to get a check-up as well. She tells the doctor that she has problems with dysmenorrhea. Dr Masagana has the solution. "Take Midol PMS before your period arrives and Midol when the period arrives. Do you get dizzy during your period? I'm sure you do; you look anemic. Take iron tablets."

"My menstruation is irregular."

"Irregular? Cumorit should solve that. Pamparegla (to induce menstruation.)"

The doctor turns to Mario even before he can explain his problem.

"You're looking pale. You needs vitamins. Clusivol is only for kids like Joey. For a full-grown male like you, we should use Theragran Plus. You look pretty depressed. Have you been sleeping well? I'm sure you haven't. You should take tranquillizers if you can't sleep. Dormicum, one tablet before bedtime."

"But Doctor, I have to get to work early. I might lose my job if I don't wake up in time."

"Aha, in that case, if you're afraid of oversleeping, you should take Reactivan. I used that in medical school when I had to cram for exams. Keeps you alert."

"Doc, I get dizzy at work, especially early in the morning."

"Sounds like high blood to me. We'll put you on Tranxene; it has a beta-blocker and something to calm you down. Maybe you're too tense at work. . . hey, I didn't notice that head wound. Might get an infection. You should take a few Ampicin capsules too."

"Doc, my whole body aches. . ."

"Ha, no problem. We've got the latest and the best: Suprol. I think that should be it. See me again next week."

As the Pobre family leaves the office, Dr Masagana asks how many kids they have. They only have Junior, they explain.

"That's more than enough in times like these. You should plan your family. Here's a prescription for your wife -- Noriday, one tablet a day. . . and confidentially, if you have an accident, the Cumorit should bring back the menstruation."

The receptionist presents the bill: 100 pesos, special family deal and some advice, "You can get the drugs cheaper at the drugstore next door."

The Pobre family walks into Farmacia Masagana where they present the prescriptions. They cut back on the antibiotics, take out the contraceptives, Cumorit and Suprol since they don't have enough money. Besides, they still have to buy some food from the neighborhood grocery, Masagana Mart.

But Mario is worried. Maybe Junior needs the antibiotics. So he tries to borrow money from the neighbors but they're all hard up too, their pay envelopes now empty after having paid for food and rent.

Mario remembers the community clinic, where they sometimes have free drugs. He rushes over and finds Sister Consolacion. He shows the prescriptions.

"Oh, you're so lucky, Mario. We just got some donations the other week from a Swiss solidarity group. They gave Suprocil -- see, it 's Suprocil, which is actually Suprol. I'll try to get you antibiotics from the bishop's clinic."

Mario goes home with the Suprocil. He remembers a lecture given by the community nurse, Beth, the other week about drugs. He checks for an expiration date but can't find any. He

tries to read the package label: "Zur Behandlung von Schmerz, Fieber und Entzündung". Doesn't make sense but it's probably safe, he figures since it comes from abroad. He takes the drug and feels better almost immediately. He remembers his friend at the union who also got beaten up and brings over a few tablets to share.

Meanwhile, Aling Glo has gone off for the community health seminar. Beth, the nurse, reads from a new publication of withdrawn drugs. "Suprofen," she explains, "is the generic name of a drug that is no longer produced. The manufacturer has voluntarily stopped production following reports of side effects. The drug is sold in the Philippines under the brand name Suprol and in other countries as Suprocoil."

(Note: The skit was prepared spontaneously and acted out by participants who were given a general idea of what points to emphasize. Also as part of the skit, we showed income distribution and expenditure patterns, based on national government statistics, to underscore the problems of accessibility to drugs. "Toy money" was distributed to show how low-income groups have no choice but to allocate most of their budgets to food and housing, with little left for medical care.)