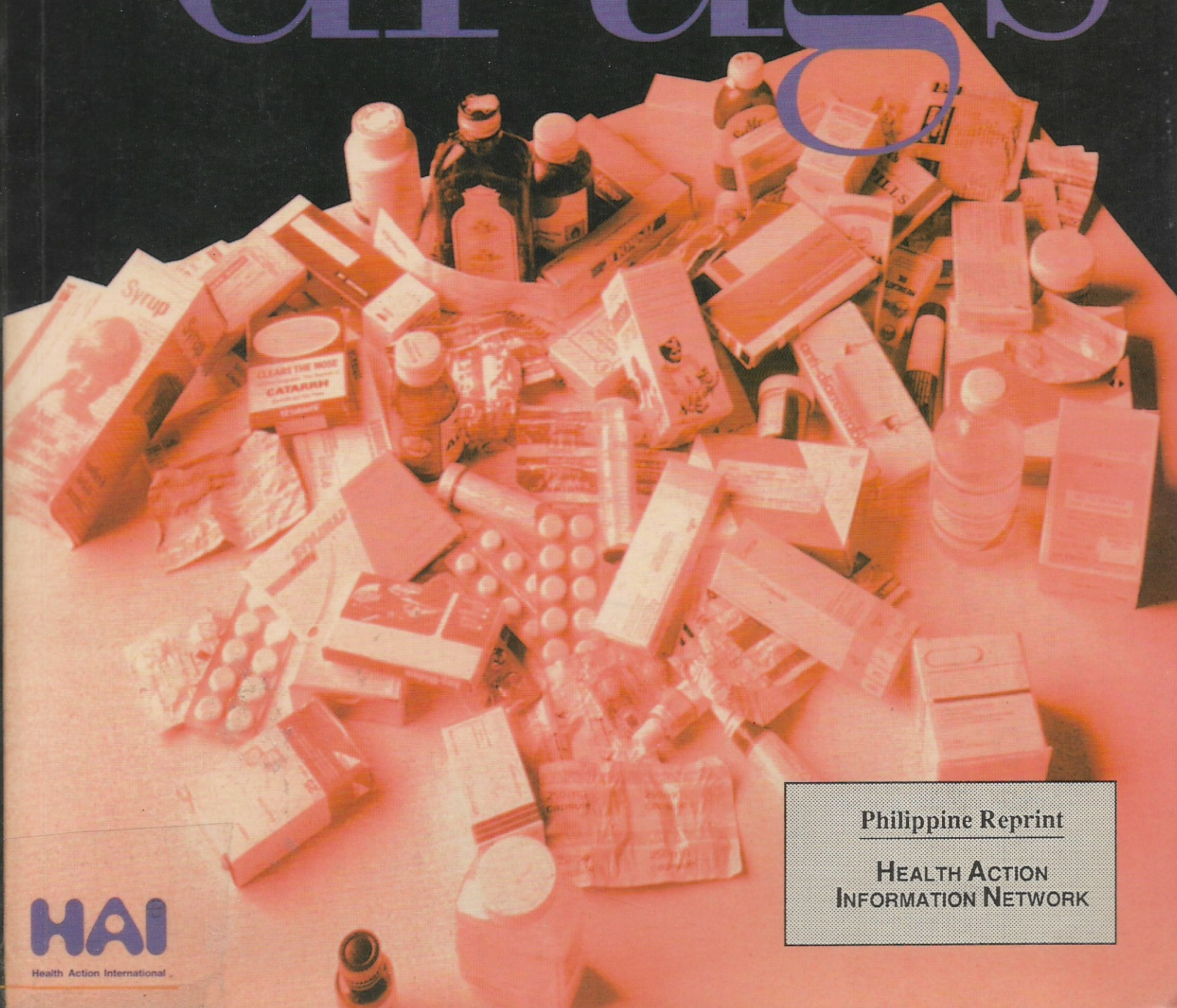


problem drugs



Philippine Reprint

HEALTH ACTION
INFORMATION NETWORK

HAI

Health Action International

problem drugs

ANDREW CHETLEY

**Amsterdam: Health Action International
(HAI-Europe)
1993**

©Andrew Chetley and Health Action International (HAI-Europe), 1993

Researched and written by: Andrew Chetley

Cover and text design: Publish, Amsterdam

PHILIPPINE EDITION

Reprinted with permission from HAI-Europe.

This Philippine edition is not for sale or distribution outside of the Philippines.

ISBN 971-8508-14-7

HEALTH ACTION INFORMATION NETWORK (HAIN)

P.O. Box 1665
CPO, Quezon City, Philippines

#9 Cabanatuan Road
Philam Homes
Quezon City 1104
Philippines

195-A Vamenta Boulevard
Neri Compound
Carmen, 9000 Cagayan de Oro City
Philippines

Contents

1A	Introduction	1
1B	Drugs and children	9
1C	Women and drugs	15
1D	Drugs and the elderly	21
2A	Antidiarrhoeals	27
2B	Antidiarrhoeals containing antibiotics	35
2C	Hydroxyquinolines	41
2D	Diphenoxylate	45
2E	Loperamide	49
3A	Antibiotics	51
4A	Analgesics	69
4B	Dipyrone	81
4C	NSAIDS	87
5A	Cough and cold preparations	97
6A	Growth stimulants (Appetite stimulants and anabolic steroids)	105
6B	Brain tonics	111
6C	Vitamins	119
7A	Drugs in pregnancy	125
7B	DES	137
7C	EP Drugs	143
8A	Contraceptives	147
8B	The pill	157
8C	IUDs	163
8D	Injectables	169
8E	Implants	173
9A	Hormone replacement therapy	177
10A	Psychotropics	183
	Index	197
	Useful Addresses	205
	Acknowledgements	207
	Survey Form	

Introduction to the Philippine Reprint Edition

THE FIRST EDITION of *Problem Drugs* was published in 1986. Health Action Information Network (HAIN) did a local reprint to make it more accessible to Filipinos.

This 2nd edition of *Problem Drugs* shows that after seven years, we still face serious problems in the Philippines and in many parts of the world.

In the Philippines, we have been relatively fortunate with a number of unsafe and ineffective drugs withdrawn over the last few years. Chloramphenicol-streptomycin combinations (Chlorostrep, Dostol) which were popular antidiarrheals, were withdrawn in 1987. A number of unsafe antidiarrheals (Diatabs, Polymagma, Guanamycin) have been reformulated. Phenylbutazone, a pain-killer found in preparations like Alaxan, is no longer in the market (although Alaxan remains as a brand name, reformulated with other ingredients). A number of "appetite stimulants" have also been withdrawn — gone are drugs like Periactin (cyproheptadine) and Heraclene (dibenzocozide). Except for Hoechst, all the local manufacturers of the pain-killer dipyrone have reformulated or withdrawn their products.

The withdrawal of these drugs often resulted from local and international lobbying from health and consumer groups, but the lobbying has not been easy. Drug companies often ended up simply reformulating their products — allowed to retain the brand names and substituting unsafe ingredients with ineffective ones. The proliferation of products with attapulgit — an "antidiarrheal" whose efficacy has been questioned by the World Health Organization — is just one example of continuing irrational production of pharmaceuticals.

Efforts to clean up the market have also been hampered by the drug companies' use of lawsuits, on grounds of "due process." Hoechst, for example, has been able to use legal action to keep its dipyrone products (Baralgin, Melubrin) on the market.

Generally, the problems we face now are less directly related to the drugs per se, but to drugs made unsafe or ineffective because of inappropriate formulation, prescribing, or use. Cough and cold remedies are notorious in this regard: of the

248 preparations listed in the June 1993 issue of the industry-produced Philippine Index of Medical Specialties (PIMS — known to expert pharmacologists as the Philippine Index of Medical Superfluities), only six are considered essential by standards of the National Drug Committee. Cough and cold remedies reflect the problems we face for such preparations: individually, the ingredients are not necessarily problematic, but found as fixed-dose combination drugs — sometimes with as many as 12 ingredients in one product — these medicines become unsafe and/or ineffective.

A similar situation exists for other top-selling categories of medicines particularly vitamins and minerals, and antidiarrheals. Some physicians will argue that it is all right for people to use these inessentials, at least for the placebo effect, i.e. the drugs may be pharmacologically useless but can still help the patient to get well, because of the psychological effect of taking medicine. But in many cases, trivial use of medicines can produce serious problems. The use of so-called antidiarrheals distracts people from the real problem in diarrhea: the threat of dehydration. Inappropriate use of antibiotics — either for the wrong indication, or through under-dosing — has resulted in widespread resistant microorganisms. We cannot continue to take these risks with the rise of new health problems such as HIV/AIDS and emerging cholera strains, even as we continue to battle "old" diseases such as tuberculosis.

Filipinos — including prescribers — still have no access to independent and objective information on medicines. *Problem Drugs* provides us with a starting point for discussions. The book shows we are dealing with more than just a matter of technical information. The section on contraceptives, for example, shows that the problem is of accessibility to safe and effective contraceptives, as well as of gender power relations — why, for example, are the responsibilities (and risks) shouldered almost completely by women?

The solutions to problem drugs are often political in nature. The Philippines has been trying to implement a National Drug Policy since 1987, but progress has been slow in achieving Policy objectives of providing Filipinos with access to safe, effective, and affordable medicines. The Generics Act passed five years ago, even if it had been properly implemented (which has not happened), is not the National Drug Policy. Public information and education for all sectors — prescribers, dispensers, consumers — will have to be sustained. We hope that *Problem Drugs* contributes to meeting this need.

Health Action Information Network
September 1993