CHAPTER - 3

DRUG USE AT THE LEVEL OF PRIMARY HEALTH CENTRES – A CRITICAL APPRAISAL

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Abstract:

Access to Essential Medicines is a vital component of the fulfillment of the human right to primary health. Since majority of the population still lives in the villages, any strategy for appropriate drug use starts at the level of a primary health centre which is the actual starting point of provision of ‘Primary Health Care’ to the masses. Primary health care forms an integral part of the country’s health care system and is the driving force behind determining policies and for formulating strategies and plans of action. Inspite of the abundance of policies made, ground realities present a poor picture. There is a plethora of problems being faced regarding drug use at the level of a primary health centre. Promotion of appropriate drug use requires availability of quality drugs and training of ‘Rational Drug Use’ to the medical professionals and health workers at the primary health care level and provision of adequate drug information to the consumers i.e patient community which can go a long-way in achieving the aim of health for all.

Primary health care is an important approach to achieve “Health for all”. It forms an integral part of the country’s health care system and is the driving force behind determining policies and for formulating strategies and plans of action. It reflects the true picture of our National health policies. While policy-wise and programme-wise we are on a sound footing, there is a huge gap when it comes to the ground realities. The states have reasonable satisfaction, in so far as creation of network of health service institutions are concerned but the quality and image of services rendered by the country’s primary health care system are in a poor state. Health care system is largely inequitable and the situation is very depressing. Sixty-five percent of the Indians lack access to essential medicines. Eighty-two per cent of the health expenditure in the country is paid by the people themselves of which sixty per cent is on medicines – half or more of which is wasted by a combination of factors such as unnecessary use, irrational prescribing, wastage and pilferage, inefficient systems of procurement and distribution, poor quality of medicines and poor compliance. There are over 70,000 different drugs and brands available in India but just about 230 drugs can effectively treat over 80 percent of common diseases at a very reasonable cost. India’s state of public health is grappling with old diseases while new ones like HIV/AIDS, diabetes and cardio vascular problems get added to the disease burden.

The preliminary situation regarding the availability and use of medicines is chaotic. The problems faced are many: prescribed drugs are either not available or are in short supply, drugs available are not of good quality, there are no systems in place for checking the quality assurance, no common Essential Drugs List, information given to patients on the correct use of medicines is grossly inadequate, inadequate budgetary provisions, longer lead time taken in the supply of drugs, supply of time-expired drugs etc.

These problems can be addressed to under three major heads:

1. Problems in drug production, quality and availability.
2. Problems in prescribing practices of the doctors and the health workers.
3. Problems in drug use by the consumers i.e public.
Problems in drugs production, quality, and availability

i) Industrial Policy- Industrial growth and profit margins determine the drug policy of the industry and not the health needs of the people.

ii) Quality of drug- This is one major area of concern at the level of a primary health centre (PHC). The quality of medicines provided free of cost is generally considered to be very poor. Many drugs are sub-standard and spurious, adulterated or given after the expiry dates.

iii) Scarcity amongst the abundance – There is a plethora of drugs produced in the country. There is over-production of drugs meant for the rich and well-to-do while the drugs needed by the poor people are not adequately available.

iv) Unwanted Drugs- There is chronic shortage of essential drugs and surplus of non-essential medicines having little relevance to the specific morbidity pattern of the area. Supplies are erratic and formulations available include banned drugs, irrational combinations and hazardous drugs, which are readily available and many times given without adequate medical supervision.

v) Wrong Priorities- Tonics, vitamins, hormone preparations and high protein substitutes are being produced in wasteful abundance while drugs for leprosy and tuberculosis (two major public health problems) are produced at one third and one fourth of actual requirements. Similarly, Vitamin A and many vaccines urgently required for child care programmes at the PHCs are frequently in short supply.

vi) Over-the-counter sales – Drugs are sold over the-counter without doctor’s prescriptions or the necessary statutory checks. This results either from inadequate drug legislations or poor enforcement of the existing laws.

vii) Escalating Prices- Price control policies have been both inadequate and ineffective and the cost of drugs is constantly escalating. The purchasing power of majority of our patients is limited. With increasing prices, patients are forced to buy only part of a prescription or go in for sub-standard alternatives promoted by the drug shops.

viii) Unethical drug promotions- Unjustified and unethical claims are made for medicines which deceive both the health care providers as well as public. The nexus between bureaucrats, politicians and drug manufacturers is becoming stronger and more influential day by day at the cost of public health.

Problems in prescribing practices of doctors and health workers.

There are several factors which have negative influence on rational prescribing and encourage irrational prescribing and dispensing. The important factors being uncertainty of diagnosis, patient load, patient demands, pressure of pharmaceutical companies and lack of education of prescribers on rational drug use. Differences in the characteristics of the physicians, the type of practice or cultural and religious beliefs may also affect drug prescribing. Many studies which have been conducted in India at the PHC level to look into the drug-use patterns indicate that over-prescribing, multi-drug prescribing, misuse of drugs, use of unnecessary expensive drugs, combination drugs, overuse of antibiotics and injections are the most common problems of irrational drug use by prescribers at the grass-root level.

There are many background factors which lead to such prescribing practices.

i. Inadequate training – Doctors, nurses, pharmacists and health workers are inadequately trained in the use of drugs. The training may be theoretical and not geared to the practice of prescribing in the real life situations.

ii. Inadequate continuing education – The doctors, pharmacists, nurses or health workers in field practice are inadequately supported by a process of continuing education by their professional associations.
and training institutions. Once graduation is over, there is little opportunity to refresh one's knowledge of drugs and medical matters through unbiased sources of information. Vast majority rely on drug companies for information on new and existing products, who are mainly concerned with the sale of their products.

iii. Unethical medical advertising - Medical advertising of drugs are generally full of unproven claims of efficacy. In addition, promotional literature all over the world by the same company for the same drug has been found to be vastly different. Facts are withheld or modified and statistics are used in a biased manner.

iv. Prescribing for prestige/power - Doctors often prescribe extravagantly as a sign of 'prestige' and 'power'. In India people often consider a good doctor to be one who gives a long, costly prescription, in keeping with his list of degrees. Many doctors succumb to this cultural status symbol and a vicious cycle is maintained thereby.

v. Busy outpatients - Many PHCs are understaffed and the queues at the out-patient clinics are long and there is a heavy rush. Lack of time to make a good clinical judgement often results in an irrational prescription including drugs for all eventualities.

vi. Inducements by medical companies - Apart from misinformation, sales promotion by the companies including a host of practices such as unethical trade discounts, bribes, gifts, sponsorship for conferences and travel also induce many doctors to prescribe unethically.

vii. Unauthorised prescribing - Health workers and practitioners of other non-allopathic systems of medicine who are not authorized to prescribe allopathic drugs but they do so all the times. Health workers who are trained to prescribe only a few drugs but too often they get a larger number of drugs and dispense them to get the community’s approval and get greater prestige.

viii. Drugs as substitutes for caring - Drugs have become a symbol of the new medical culture, where treatment is primarily drug oriented and all other aspects of ‘caring’ and nursing of the patient are relegated to the back ground. When simple home remedies like hot water gargles and nursing procedures can provide relief to many symptoms of the patients, doctors prefer to prescribe symptomatic drugs instead, thus increasing drug consumption irrationally.

ix. Commercialisation of the medical profession - Aspirants today see medicine as a ‘business investment’. Parents are willing to pay lakhs to get their children into medical school. No such investment would be made if the returns were not equally rewarding. In such a social ethos ‘irrational prescribing’ for pecuniary benefits is seen as a stepping stone to success.

Problems in drug use by the consumer public

Generally people in the villages and patients at the level of PHCs are not well educated and rely heavily on their traditional beliefs. They may not understand the instructions properly and may over-or-under-use medicines or do not take them for adequate duration. Some common problems seen are

i. Self-medication - Medication by patients themselves is one of the common problems. Either they are too poor to consult doctors or because of the easy availability of drugs they medicate themselves, encouraged by the pharmacists, advertisement, peer group information or advise of family members.

ii. Use of unutilized drugs - It is a very common habit among the consumer public to take a medicine, not as the doctor has directed but just enough to feel better. Unused medicines are kept in the home pharmacy and given to one or other of the children or family members who get the same symptoms. Unused or unutilized portion of prescribed medicines are often kept beyond expiry date without proper storage, for use subsequently.
iii. Inadequate labeling or storage of medicine-Medicines prescribed by doctors are often inadequately labeled by the dispensing pharmacist. Storage instructions are not very clearly explained to the patient. Children may have access to them and this may lead to accidental poisoning.

iv. Peer-group exchange- Consumers of drugs often advise relatives, friends and neighbours about the benefits of a particular prescribed drug. They are advised to take these drugs for what is thought to be a similar complaint or disease. This peer group exchange is often the cause of much irrational drug use by the public.

v. Status-symbol drugs- Capsules, injections, and tonics have become status symbol drugs. Patients often demand or pressurize their doctors to prescribe one or more of these and doctors often comply with the request to retain the patient and family in their practice.

vi. Multiple consultations – Patients often go to many doctors seeking quick relief of their symptoms. Practitioners of different systems or even the same systems are consulted simultaneously. Different medicines given by different doctors are then consumed with the hope of getting better relief.

vii. Inadequate consumer awareness- Probably one of the key factors for irrational drug use. Consumer education is next to absent at the level of PHCs. The problem is further compounded by a large illiterate population and use of multiple languages.

Promoting safe drug use at the level of PHCs

All the above factors promote unsafe drug use and defeat the aim of achieving ‘health for all’. Dramatic changes are required at all levels to promote rational use of drug. In absence of prompt efforts in this direction, we would probably arrive at a situation of over-abundance of drugs and ill-health for all. The promotion of ‘Rational Drug Use’ (RDU) amongst the medical professionals and health workers and ultimately the consumers-patient community and public can go a long way in achieving the aim of health for all. RDU is a multifaceted approach which includes professional and consumer training, tougher drug regulations and strengthened drug distribution and management. Government should have a comprehensive rational drug policy which provides the poor with the medicine they need. The policy should emphatically recognize the need for equitable distribution of health resources. Several centres and organizations in the country have clearly and unequivocally demonstrated systems which lead to rational use of medicines and which enhance access of the population to ninety percent of the drugs prescribed. More importantly it means that safe and effective medicines are available for the patients. The same principles can also be applied at the level of PHCs. Essential drug concept should be integrated at PHCs. The task of implementing RDU at the PHC level is daunting but not impossible.

Following steps can help in implementing the components of drug policy effectively and improving the rational use of drugs at the level of PHCs:

1. Preparation of a list of limited number of medicines from the ‘Essential Drug List’ based upon the demographic profile and disease prevalence in the area and its updating every year by a special committee of experts.

2. Procurement of the drugs based on ‘Essential drug list’ and should be need based. Emphasis should be given on pooled procurement of generic drugs and elimination of irrational combination drugs.

3. Preparation of the ‘Standard Treatment Guidelines’ (STG) based on the agreed upon criteria. It will help to rationalize prescribing, reduce cost, without compromising, in any way, the standard of health care delivered. Formal training should be provided to the health care providers on the use of the STG.

4. Preparation of drug formulary that provides up-to-date information about the drugs which are needed to be distributed to all the doctors, pharmacists and paraprofessionals.
5. Strengthening of the ‘quality control and assurance’ system so that the drugs reaching the patients are safe, effective and meet the approved specifications and standards. The drug control authorities should play an important role in this and they need to be sensitized to the importance of promoting RDU.

6. Strengthening prescribing- Guidelines for treatment of common diseases encountered at the level of PHCs should be issued to the doctors working there. Doctors should inculcate ‘P-drug concept’ into their practice ie they should have a common list of drugs (about 20-30 only) which they use commonly for conditions encountered in their day to day practice. This will help them to familiarize in a much better way with efficacy, adverse effects and drug interactions of these drugs and help to promote rational drug use.

7. Continuing health education—After graduation from Medical School there should be legal requirement of credits for continuing medical education, or for ‘periodic recertification’. This will help doctors to keep themselves abreast of the latest developments in the therapeutics.

8. Training on rational use of drugs for all categories of health care providers who are involved in prescribing and dispensing of drugs at the level of PHCs.

9. Role of media-It is also important to provide unbiased information to the health care providers as well as to the community on the rational use of drugs and their handling through print and electronic media.

10. Workshops, seminars, lectures and discussions can be conducted at the medical college level to sensitize the new generations of medical professionals. RDU should also be included in the medicine, pharmacy and nursing education curricula.

11. Consumer awareness- Adequate information and clear instructions should be given to patients about the use of drugs. Consumer education campaigns can increase public understanding of the risks associated with self-medication and with stopping use or changing use of prescribed medication. Drugs should be kept out of reach of the children. Consumers should be made aware about various interactions like drug-drug, drug-food, drug-alcohol, drug-smoking etc.

12. A national pharmacoeconomics working group should be formed to undertake economic evaluations of existing essential drug categories and all new submissions. Training in pharmacoeconomics and in evidence – based medicine should be imparted to doctors. All health care workers and users should be invited to provide feedback on guidelines, preferably through hospital, district, regional or provincial committees.

13. Establishment of regional pharmaco-epidemiology and pharmacosurveillance activities can further enhance RDU efforts.

Role of pharmacist – Many people avoid doctors and go directly to the pharmacists for the medicines because either they are poor or want to avoid doctor’s fees. It is the duty of the pharmacist not to entertain them and provide only relevant information according to the prescription. They should not give drugs without medical prescriptions. Drugs and healthcare products need to be properly stored, distributed and their proper use by the patients must be ensured. So pharmacists should be involved in medical management and an overall healthcare programmes. They should be trained to retrieve and disseminate appropriate, unbiased and updated drug information in order to help prescribers, dispensers and consumers to make informed decisions.

Health is people’s right. They have every right to demand it. When people fall ill they take medicines which are meant to heal and not to hurt. And it is the primary duty of the State to ensure that drugs are made affordable, available as well as safe to enable people to heal their illnesses. Effective measures for ensuring safety and quality of medicine by controlling unethical practices through stringent laws and controlling prices through the right pricing policy need to be taken. Creating awareness amongst the doctors and common people on the concept of rational use of drugs is vital in this process.