



WESTERN PACIFIC PHARMACEUTICAL FORUM NEWSLETTER



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To the Future! - GPP

In our last edition I said how honoured I was to be elected first President of the Forum. The feeling was driven home to me in Nice, France when the Executive Committee took the opportunity to meet. The enthusiasm and drive that was evident in your Executive members was inspiring.

The decision was confirmed to undertake the 'Ask Questions About Your Medicines' program and proceed early in 2003. It was felt that if all countries could develop the program within the three month period from March to June the collective regional impact would be great.

The Executive will prepare guidelines and sample materials and will send these to all countries to enable them to develop and translate according to their own needs. It will be up to the individual countries to promote and develop their own program. The proper co-ordination of this event can play a big part in showing WHO regionally that pharmacists and pharmacy has a very large role to play in their program of public health.

This newsletter will change format with the first edition next year. The outer pages will contain news and the inner pages will be themed to a relevant healthcare topic. The first quarter next year will feature self care and the role of pharmacy in our region for self care.

Meanwhile I look forward to meeting many of you in Seoul and I hope we will have a successful meeting in association with our FAPA colleagues.

John Ware
President, WPPF

Western Pacific Pharmaceutical Forum

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FIP Congress in France a Big Success

Dr. Jean Parrot succeeds Dr. Peter Kielgast as President

Some 2,000 pharmacists from all over the world gathered in Nice from 31 August to 5 September 2002. The congress with the theme 'Safe Systems - Safe Treatment - Safe Patients' was highly successful. A scientific and professional practice program drew large crowds to each session.

The FIP Council met on three occasions and elected Dr. Jean Parrot of France to succeed Dr. Peter Kielgast as President. "Your Executive hopes that as Past President the Bureau of FIP will give Peter Kielgast some special position so that he can maintain a role in the Forum. We all recognize that he has been extremely active in establishing the region and his guidance over the next one or two years would be extremely valuable," John Ware, WPPF President, reiterated.

The Council considered the following of interest to the Region

- Forum Presidents to be observers at FIP Bureau meetings - this was incorporated in a change to the FIP Statutes and enables the Forum to reach the highest echelons of FIP
- Andre Bedat Award - the highest practice related award FIP can bestow. This was awarded to Past President, Nils Olaf (Nippa) Strangqvist, who since his retirement has been deeply involved in humanitarian work with pharmacy.
- Statement on professional standards for continuing professional development

The Western Pacific Region was well represented with delegates from Australia, Cambodia, China, Japan, Malaysia, New Zealand, Philippines, Singapore, South Korea, Taiwan and Vietnam, 11 countries in all. It was a wonderful representation.

Furthermore, FIP has developed position papers on many issues which could be very useful in negotiating with other professions or government. For instance, statements dealt with last year related to

- statement of principle - pharmaceutical research in geriatric patients
- statement of principle - on the pharmacist's role and responsibility in teaching children and adolescents about medicines and healthcare
- position paper on healthcare customization, genomics and beyond
- guidelines for the labeling of prescribed medicines
- professional standards on E-prescribing

FIP is also working on a joint statement with the World Medical Association on 'The Working Relationship Between Physicians and Pharmacists in Medicinal Therapy'. "I am sure that when completed, this latter paper will be exceedingly valuable to our Western Pacific Region". President John Ware continued.

If any association in the Western Pacific Region would like copies of these papers, please contact General Secretary, Rey Umali, or the FIP office in The Hague.

Next year 2003 FIP will be held in the Western Pacific Region in Sydney, Australia from 4 September to 9 September 2003. Making early plans will be of great help for those who are joining.

WPPF Holds Annual General Assembly and Seminar on Traditional Medicines

The Western Pacific Pharmaceutical Forum will hold its Annual General Assembly and Seminar on Traditional Medicines jointly with the Southeast Asia Region Pharmaceutical Forum (SEARPHARM Forum) at the CDEX Intercontinental Hotel, Seoul Korea on Friday, October 4, 2002.

To be held the day before the 2002 Seoul FAPA Congress starts, the General Assembly will be opened by John Ware, WPPF President. Dr. Peter Kielgast, Immediate past President of FIP will deliver the address.

The Seminar will feature lectures by experts from various member countries such as Korea, Taiwan and India.

The Presidents of member countries of FAPA who are also members of the Forums are invited to attend.

Separate meetings by the two Forums will follow the Seminar.
A cocktail reception will culminate the whole activity.

Effective Drug Regulation

Drugs play a crucial role in saving lives, restoring health, and preventing diseases and epidemics. But they need to be safe, efficacious, of good quality, and used rationally. This means that their production, import/export, storage, supply and distribution should be subject to government control through prescribed norms and standards and an effective regulatory system. Substandard and counterfeit drugs proliferate primarily in an environment where drug regulation has proved ineffective. If regulatory objectives are to be achieved, governments must establish strong national drug regulatory authorities with a sound organizational structure and the legal power to carry out their duties.

This publication presents a synthesis of studies on drug regulation carried out in 10 countries: Australia, Cuba, Cyprus, Estonia, Malaysia, the Netherlands, Tunisia, Uganda, Venezuela, and Zimbabwe in 1998-1999.

It gives an overview of the development of drug regulation in these countries as well as the resources available and the strategies applied in drug regulation implementation at the time the studies were conducted. An analysis of the strengths and weaknesses in drug regulation in these countries is also provided.

Effective drug regulation represents only one aspect of the role of WHO in the area of pharmaceuticals. Key activities include providing guidance, technical and administrative assistance, and training human resources in regulatory issues with the aim of establishing and maintaining effective drug regulation and quality assurance capacity at country level.

Essential Drugs and Medicines Policy

The WHO Strategy for Traditional Medicine for 2002-2003 has been in preparation for more than three years. The objective of the strategy is to discuss the role of traditional medicine in health care systems, current challenges and opportunities and WHO's role and strategy for traditional medicine. Many Member States and many of WHO's partners in traditional medicine (UN agencies, international organizations, nongovernmental organizations, and global and national professional associations) contributed to the Strategy and have expressed their willingness to participate in its implementation. The Strategy was reviewed by the WHO Cabinet in July 2001 and, based on Cabinet comments, has since been revised. The Strategy was printed in January 2002. Since this is at present a working document, the proposed objectives and activities have started to be implemented in early 2002 and the Strategy will be widely disseminated. We understand that the situation in the use of Traditional medicine is quite different from country to country and region to region. For example, in AFRO and in WPRO, the Member States consider that traditional medicine is a priority for health care in their regions, but in other regions the role of traditional medicine is treated as complementary or alternative medicine.

Traditional Medicine: Growing Needs and Potential is the core of the WHO Strategy for Traditional Medicine for 2002-2005. It provides brief information on the growing needs and challenges faced by traditional medicine worldwide. It also gives key messages and a checklist for the safety, efficacy and quality to policy-makers. Finally, it sets out WHO's role and how the WHO Strategy could meet the challenges to support WHO Member States in the proper use of traditional and complementary/alternative medicine.

World Health Professions Alliance (WHPA)

In May, the World Health Professions Alliance (WHPA), which brings together the worlds nurses, physicians and pharmacists, officially launched its new website at www.whpa.org during the annual WHPA gathering held at the World Health Assembly. The website offers information about the aims of the WHPA, as well as press releases, statements and fact sheets from the WHPA including the issues addressed in the past year on the slaying of Red Cross Workers, Antibiotic Resistance and Mental Health. The WHPA was also represented at several World Health Organization meetings through participation of representatives from the International Council of Nurses, the World Medical Association and FIP.

Potential Interactions

A significant number of the substances cited in the literature as posing a risk should be defined as potential, rather than established, risks as the data on which the assessment has been made are an extrapolation from known chemical constituents within the substance or from *in vitro* studies. While these substances may indeed pose a risk, it remains theoretical until evidence exists from human cases or studies. Plants with potential risk include those with possible actions on platelets and those containing natural coumarins.

A wide range of herbal preparations have demonstrated antiplatelet activity *in vitro* and may potentially increase bleeding time. These include a number of the most popular herbs on the Australian market: feverfew (*Tanacetum parthenium*), garlic (*Allium sativum*), ginkgo (*Ginkgobiloba*), ginger (*Zingiber officinale*), Korean ginseng (*Panax ginseng*), and licorice (*Glycyrrhiza glabra*). Attributing *in vivo* activity based on laboratory investigation is inappropriate and in a number of cases clinical trials have failed to show similar effects in humans. For example, the role of garlic and ginger as antiplatelet agents remains controversial. They may not possess antiplatelet activity, but if they do it may depend on specific formulations that concentrate an appropriate profile of active constituents.

Many herbs contain coumarins that may potentiate the activity of warfarin. These include alfalfa (*Medicago sativa*), angelica (*Angelica archangelica*), aniseed (*Pimpinella anisum*), amica (*Arnica montana*), asafetida (*Ferula* spp.), celery (*Apium graveolens*), German chamomile (*Matricaria recutita*), Roman chamomile (*Anthemis nobilis*), fenugreek (*Trigonella foenum-graecum*), horse chestnut (*Aesculus hippocastanum*), prickly ash (*Zanthoxylum americana*, *Z. clava-herculis*), quassia (*Picrasma excelsa*), and red clover (*Trifolium pratense*).

Interactions Between Warfarin and Complementary Medicines

A wide range of complementary medicines, both nutritional supplements and herbal preparations, have confirmed or potential interactions with warfarin.

Nutritional supplements that have documented interactions with warfarin include vitamin K, vitamin C and coenzyme Q which have been associated with a decrease in INR. Vitamin E has been associated with increases in INR, but there is conflicting evidence in the literature.

A small number of herbal preparations have documented interactions with warfarin. The strength of the evidence to support these associations varies widely. Herbs with a documented increase in the anticoagulant effect include garlic (*Allium sativum*), dong quai (*Angelica sinensis*), danshen (*Salvia miltiorrhiza*) and devil's claw (*Harpagophytum procumbens*). Herbs with a documented decrease in the anticoagulant effect include Korean ginseng (*Panax ginseng*) and green tea (*Camellia sinensis*). The mechanism of these interactions is not always known and the majority of this literature is based on single cases.

In some cases the mechanism is understood. One medicinal plant and two foods have been shown to increase the metabolism of warfarin through their action on the cytochrome P450 pathways leading to the lowering of the INR. Substances known to induce P450 include St John's wort (*Hypericum perforatum*), broccoli and Brussels sprouts. These interactions occurred with a standard dose of St John's wort extract (900 mg daily) and diets rich in broccoli and Brussels sprouts. Grapefruit juice, a known inhibitor of cytochrome P450, does not appear to alter warfarin metabolism.

Visit to China by Australian Doctors and Pharmacists

President John Ware led a team of 120 Australian medical doctors and pharmacists to Beijing in August. Amongst other joint activities the party visited the Guang An Men Hospital, Beijing where Executive member Dr Lu Lizhu is Director of Pharmacy.

The group was impressed by the parallel traditional medicine dispensary and the modern western medicine pharmacy and noted that this institute is a center of excellence for WHO in traditional medicine. The group also toured treatment rooms where many traditional therapies, including acupuncture, manipulation and jar therapies were demonstrated. It was followed by a tour of wards and facilities followed by questions and answers in the conference room.

The group was most impressed and expressed thanks to Dr Lu Lizhu and her staff for allowing them the privilege to visit their hospital.

China: All Medical Advertisements Banned in Shanghai

On 16 April, the Board of Commerce and Industry in the city of Shanghai announced that companies have three months to discontinue all publicity and advertisements related to medical care. From that date, the Shanghai Board of Public Health also stopped evaluating and approving new medical advertisements for release. These decisions resulted from the finding that 80% of the medical advertisements currently being published contain untrue statements or misinformation. Of the 453 advertisements studied, 362 did not conform to the guidelines of being "truthful, sound, scientific and exact". The medical sector also contained the highest number of inappropriate advertisements compared with 20 other product sectors.



JOHN WARE
President

A graduate of the Victorian College of Pharmacy, Melbourne, Australia and has worked in community pharmacy in Australia and the United Kingdom. John Ware has worked with FIP for 10 years as its representative to the World Health Organization, Western Pacific Regional Office with the objective of establishing this Forum.

He is a former community pharmacist in Australia, having operated pharmacies in both rural Australia and Melbourne, a city of 3.5 million people. A former National President and Victorian State President of the Pharmaceutical Society of Australia as well as President of the Australian College of Pharmacy Practice and Chair of the Faculty Council of the Victorian College of Pharmacy, Monash University. As Chair of the Victorian College of Pharmacy he led the team that integrated the monodisciplinary college of pharmacy into a single faculty structure of Monash University. He is a former member of the FAPA Council and has devoted the last five years to establishing regional education programs for hospital and community pharmacists.

John Ware was honored with the Order of Australia for service to pharmacy education and professional development of pharmacy in the 2002 Australia Day Honours List. The only pharmacist in Australia to be recognized this year.



REYNALDO H. UMALI
Professional Secretary

A graduate of B.S. Industrial Pharmacy from the University of the Philippines College of Pharmacy and has worked in Industry, Academic and Community Pharmacy Practice, Rey Umali represents the Philippines in the Council of the International Pharmaceutical Federation (FIP) since 1993, and has supported actively the objective of establishing the Western Pacific Pharmaceutical Forum.

He became a member and then Chairman of the Licensing Board of Pharmacy of the Professional Regulation Commission of the Republic of the Philippines. Prior to this, he also has served as Professor in the Colleges of Pharmacy of the Manila Central University and the Philippines Women's University.

He was elected as President of the Philippine Federation of Professional Associations, a Federation of 42 accredited professional organizations in the country and President/Chairman of the Council of Professional Health Associations.

He received the FAPA ISHIDATE Award as The Most Outstanding Pharmacist in Asia in the Field of Industrial Pharmacy at the 2000 FAPA Congress held in Sydney, Australia in October 2000; and the 1995 Diamond Jubilee Award as Outstanding Pharmacist in the Philippines. Mr. Umali obtained the degree in Master in Business Administration.

He is now pursuing a Doctor of Philosophy degree in Food Science at the University of the Philippines. Mr. Umali serves as Professional Secretary General of the Western Pacific Pharmaceutical Forum and Editor of the WPPF Newsletter.



The Pharmaceutical Society of Singapore

By: **DR WAI-KEUNG CHUI**

President

The Pharmaceutical Society of Singapore was founded in 1905. Today, the society represents over 700 pharmacists out of about 1,143 registered pharmacists in Singapore. The mission of the society is to maximize the contribution of pharmacists to the healthcare of Singaporeans. To achieve this mission, the society aims:

- To provide leadership in the identification, analysis and evaluation of healthcare trends; as well as in the development of public policies that address the legislative and regulatory initiatives that will impact the profession.
- To serve as a primary advocate for advancing the practice of pharmacy in Singapore
- To facilitate the continuing professional development for pharmacists so that high competence is maintained to provide quality service for the public
- To promote good health amongst Singaporeans through public education and responsible self care

Annually, the members of the society elect a council that is composed of 12 council members. The society is organized into 3 chapters namely the community practice chapter, the hospital chapter and the industry chapter. The chapters are responsible for recommending policy/ statement adoption and setting the general direction for the profession in the three major areas of

practice. In addition to the chapters, there are also 5 committees that are responsible for the organization of the activities for its members. These committees include the membership committee, the publication committee, the medicine reclassification committee, the Singapore Pharmacy Congress committee and the education committee that is responsible for both professional education and public education.

The Singapore Pharmacy Congress is organized annually and for this year, the event will take place between the 9th and 10th of November and the theme for the congress is "Continuity of Care – Building the Bridges". The society also organizes an annual Pharmacy Week, during which the public is educated on a specific concept that is related to pharmacy. The medicine review committee has the arduous task of reviewing the list of drugs that are recommended for reclassification. This committee comprises pharmacists from the hospital; the community and the industry. The pharmacists will gather evidence to support a recommended reclassification of selected medicines based on their safety profiles. Publication committee publishes a quarterly Singapore Pharmaceutical Bulletin. This bulletin is a major way of communication with the membership and friends of the society locally and in far away countries. The benefits of the members are looked after by the membership committee that creates opportunities for the members to interact regularly either socially or professionally.

IPSF - APRO



The Asia Pacific Regional Office (APRO) of the International Pharmaceutical Students' Federation (IPSF) was launched at the FIP congress in Singapore in 2001. The IPSF-Asia Pacific region includes countries within both the FIP WPPPharm and SEARPharm Forums.

IPSF was founded in 1949 with the objective of promoting and encouraging international co-operation between and among pharmacy students. Fifty-three years later IPSF now represents over 300,000 pharmacy students in 70 countries.

Since the launching of APRO 12 months ago, activities of the office have focused on membership promotion and the organization of the Asia Pacific Pharmaceutical Symposium.

We are very pleased to report that Australia, Thailand, India and New Zealand have all joined IPSF within the past 14 months and are now active within the federation. The office has also been able to make contact with pharmacy students and young pharmacists from many non-member national pharmacy student associations.

The highlight of the first year for the office, however, was the successful hosting of the 2nd IPSF Asia Pacific Pharmaceutical Symposium in Taipei. This event attracted 200 pharmacy students from 11 countries, including Singapore, Thailand, Japan, Australia, Taiwan, Indonesia, Canada, United States, Hong Kong and China. Activities at the symposium included lectures on the preparation of herbal medicines, presentations about the changing nature of pharmacy practice in the Western Pacific and workshops designed to identify professional issues facing pharmacists in different countries. Participants also had the opportunity to tour several of the local pharmaceutical companies and general hospitals.

2003 promises to be a very exciting year for pharmacy students and young pharmacists in the IPSF Asia Pacific region. The 3rd Asia Pacific Pharmaceutical Symposium will be hosted by Silpakorn University in Thailand next May. This will be followed by the 49th IPSF congress in Singapore in late July and the FIP congress in Sydney in September.

The IPSF-Asia Pacific Office is looking forward to the opportunity to work closely with the FIP Western Pacific Pharmaceutical Forum to promote the interests of the pharmacy students, pharmacists and the pharmacy profession in our region.

SIMON BELL
Chairperson
IPSF-Asia Pacific Regional Office.

REYNALDO H. UMALI
Professional Secretary/Editor

Editorial

WPPF Voice

Once more the Western Pacific Pharmaceutical Forum is reaching out to you through this second issue of our quarterly newsletter. It is indeed a gigantic start for us to have published our maiden issue. Amidst the difficulties incurred in the process, in the beginning, everything just came out fine. This is in keeping with the adage, "A journey of a thousand miles starts with the first step."

Our call is on! Let us not stop turning stones and unfolding ideas for us to be with the trends of the times. Every minute is relevant.

The responses and comments given us by readers from organizations on our first issue were so inspiring, giving us more room for improvement in subsequent issues. Through all of us, our newsletter will continuously nurture the updates and developments in pharmacy science and practice. It is in sharing our thoughts and ideas that will help us come up with a worthy and informative publication.

Let our voices be sharing and caring. Hurray to us all !



WESTERN PACIFIC PHARMACEUTICAL FORUM

ANNUAL GENERAL MEETING AND SEMINAR ON TRADITIONAL MEDICINES



Friday, 04 October 2002, COEX Intercontinental Hotel, Seoul, Korea

PROGRAMME

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|-------------------|---|
| 1:00 pm – 1:30 pm | Registration and Assembly |
| 1:30 pm | Opening
President's Welcome – John Ware
Welcome to Korea |
| 1:45 pm | Address by FIP Past President, Dr. Peter Kielgast |
| 2:00 pm – 3:15 pm | LECTURE ON CURRENT USE OF TRADITIONAL HERBAL MEDICINES
Use of Traditional Herbal Medicines in Korea
By Dr. Kim Kyung Ok, South Korea
"Herb – Drug Interaction"
By Dr. Pei-Dawn Lee Chao, Taiwan |
| 3:15 pm – 3:30 pm | Coffee Break |
| 3:30 pm – 4:00 pm | How to Create Quality Systems For Traditional Herbal Medicines and Standardization
By Dr. C. K. Kokate, India |
| 4:00 pm – 4:30 pm | Open Discussion |
| 4:30 pm – 5:00 pm | Annual General Meetings of
WESTERN PACIFIC PHARMACEUTICAL FORUM
SOUTH EAST ASIA REGION PHARMACEUTICAL FORUM |
| 5:00 pm – 6:00 pm | Cocktail Reception |

We welcome news and articles for this newsletter from the different *bonafide* pharmaceutical organizations of various countries in the Western Pacific Region. Please send them to the Editor via e-mail, fax, or regular mail.