



# WESTERN PACIFIC PHARMACEUTICAL FORUM NEWSLETTER



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## Greetings from the President

As the international calendar year of 2003 draws to a close and we enter a season of festivities according to various philosophies in our countries, I believe, as President, that the Western Pacific Pharmaceutical Forum it is appropriate that I send to all pharmacists in our region greetings and best wishes for 2004.

The Forum, in its first year of active work and promotion, has had a most successful year. Our website and newsletter are proof of this.

Our global community has made it necessary for us to work together and I am sure that the last year has contributed to greater understanding of the practice of pharmacy in our various countries.

There was a time when we had different philosophies of practice. Due to encouragement from international bodies such as WHO and FIP this has been swept away and it is essential that regional bodies such as the Western Pacific Pharmaceutical Forum gains strength to enable interaction and understanding between the professional associations of each of our countries.

I would like to put on record my thanks to the Presidents and Executive Officers of all our pharmaceutical associations in the Western Pacific Region for their support during this establishment year. I also extend my thanks to the Western Pacific Pharmaceutical Forum Executive comprising Mr Nobuo Yamamoto, Vice-President; Dr Lu Lizhu, Dr Wai Keung Chui, Dr Mei-Ling Hsiao and the General-Secretary, Reynaldo Umali. To me it has been an inspiration to work with such a group of talented and dedicated pharmacists. Thank you to all the Executive for your support and hard work during 2003 in helping make the Western Pacific Pharmaceutical Forum one of the most successful of the FIP Forums.

We live and work in a region of many cultures. Pharmacy and pharmacists have no barriers, we are one. On behalf of the Forum I wish all pharmacists a fulfilling 2004 in a world and region that finds peace. Season's Greetings and a prosperous New Year to you all.

**JOHN WARE, OAM**  
President, WPPF

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## WPPF Spearheads New Training Program for Pharmacists

### WHO SPONSORS REGIONAL TRAINING PROGRAM IN COMMUNICATION

The Western Pacific Pharmaceutical Forum developed a training program in medication counseling skills to encourage pharmacist trainers, educators and practicing pharmacists to provide adequate and concise information about prescribed and OTC medicines to consumers.

It has been widely recognized that attempts to convey information about medicines are often met with a degree of resistance from the consumer.

This program was developed to teach pharmacists techniques and skills to overcome these barriers. The program was prepared for the Western Pacific Pharmaceutical Forum by Mr. Greg Duncan from the Faculty of Pharmacy, Monash University, Melbourne, Australia; supported by Dr Kay Stewart from the same institution. Dr Wai Keung Chui from the National University of Singapore, also gave support on the development of the program and training at the workshop.

The program was fully funded by a grant from the World Health Organization Western Pacific Region.

The participants included pharmacists from five countries within the Western Pacific Region and the Philippines. Pharmacists were trained in two groups. One to act as trainers of other pharmacists in their own regions. The other was to offer training to a broad group of Philippine pharmacists including chain, privately owned, hospital and academic pharmacists, some of whom may join the first group as trainers.

The program was most successful with 60 per cent of participants indicating their belief that they had confidence to proceed and train others. Positive responses to the program were received from 95 per cent of the participants.

Material support was left with those trained as trainers and a further questionnaire will be distributed to all participants in three months to assess progress. The participants and presenters believe the program was an outstanding success.

**Dr. Shigeru Omi, Regional Director of WHO WPRO, was reelected for another term at the 54<sup>th</sup> Session of the WHO Regional Committee for the Western Pacific (see related story on page 2).**

### The Training Program in Medication Counseling Skills by WPPF in Conjunction with WHO, Manila, Philippines

In collaboration with the Philippine Pharmaceutical Association, Monash University, Melbourne, Australia and the National University of Singapore, the Western Pacific Pharmaceutical Forum prepared and presented a training program on medication counseling skills in accordance with the contract presented by the World Health Organization Western Pacific Region. The program was designed to achieve the following objectives as outlined in the contract.

- 1 Prepare the materials for the training program in medication counseling skills in support of a campaign to encourage patients to ask questions about their medicines. The objectives of the overall campaign are –
  - (a) inform consumers that by using medicines correctly they can maximize benefits and minimize risks
  - (b) inform consumers that by using medicines correctly they can maximize benefits and minimize risks
  - (c) educate consumers to see their pharmacist as a valuable resource and source of expert information
  - (d) empower consumers to speak to their pharmacist about their medicines
- 2 Develop the agenda for the training for the Philippines and also training of trainers for other countries.
- 3 Undertake the training for the Philippines and also the training of pharmacists for other countries.
- 4 Inform Philippine pharmacists about the program on asking questions about medicines, its objectives and outcomes

Evaluate the training and submit a report of the training program in the Philippines.

### WHO Regional Workshop on Pharmacy Curricula

In October Dr Wai Keung Chui from Singapore represented the Forum at a WHO sponsored regional workshop on 'The Development of Pharmacy Curricula for Countries in the ASEAN and Western Pacific Regions'. The workshop was held in Penang Malaysia. Pharmacy schools represented were from Malaysia, Singapore, Philippines, Thailand, Australia, China, Indonesia, Japan, Vietnam, Laos and Mongolia. A report of the meeting is on the WPPF website.

WPPF President, John Ware, congratulated Dr Santoso and WHO on its initiative in sponsoring this workshop and looks forward to seeing the final recommendations. John Ware went on to say that he hoped WHO would support a second workshop on pharmacy curricula once the recommendations were on hand. He believed that the second workshop should include leaders of the professional associations as well as academics to discuss and refine the recommendations so that they would directly relate to practice needs. The Forum will follow up this suggestion with WHO.

#### WESTERN PACIFIC PHARMACEUTICAL FORUM

Visit our website at:  
<http://www.wppf.org>

### Fifty-Fourth Session of the WHO Regional Committee for the Western Pacific 8<sup>th</sup>-12<sup>th</sup> September 2003, Manila, Philippines

The Fifty-Fourth Session of the WHO Regional Committee for the Western Pacific was held in Manila Philippines on September 8-12, 2003. In attendance were more than 160 representatives of the combined members states, observers, United Nations offices, specialized agencies and related organizations, representative of the intergovernmental organizations and non governmental organizations where the FIP belongs. Mr. Reynaldo Umali WPPF General Secretary attended as observer representing FIP/WPPF.

An important highlight of this event is the reelection of Dr. Shigeru Omi for another term as Regional Director of WPRO.

The Program of the 54<sup>th</sup> Session consisted of the following:

Opening Program on the 1<sup>st</sup> day (Monday, 8 of September) with the address of the returning chairperson, the Election of new officers, Chairperson, Vice Chairperson and Rapporteur. Adoption of Agenda – and Address by the Director-General. A private meeting followed for the nomination of the Regional Director.

The day ended with A Regional Director's dinner for all representatives of member states, secretariat and other participants of the meeting.

On Tuesday, 9<sup>th</sup> September, the second day of the conference started with the address by the incoming chairperson who is also the Philippine Health Secretary. Then an interim report on Program budget 2002-2003 and budget performance was presented. This was followed by the Proposed Program budget for 2004-2005. The afternoon discussion on plenary was about the expanded program on immunization, measles and hepatitis B.

On the third day, Wednesday, September 10, topics tackled included sexually transmitted infections, (including HIV/AIDS, tuberculosis and severe acute respiratory syndrome (SARS). Future directions for public health in the Region was tackled.

On Thursday September 11, 2003 the 4<sup>th</sup> day the ministerial round table continued. Topics include access to essential medicines in the Western Pacific for 2004 – 2009. Also discussed was the Framework Convention on Tobacco Control, Child Health, Coordination of the work of the World Health Assembly, the Executive Board and the regional committee.

On Friday, 12 September 2003, there was a ministerial round table discussion was held, together with a summary report by the moderator.

Mr. Umali prepared a brief report for presentation and distribution to participants on an overview and background of WPPF, its objectives, how the objectives will be achieved, major developments and changes in Pharmacy Practice, challenges and programs on Public Health, communications training, and future plans of the organization.

### First Line Treatment for Hypertension

- Try low-dose thiazides as first-line therapy; they have the most clinical outcome evidence
- When selecting an antihypertensive drug, consider potential favourable effects on co-existing conditions.
- Assess cardiovascular risk and manage hypertension along with other risk factors.
- Make the strongest efforts to reduce blood pressure in patients at highest cardiovascular risk.
- Fixed-dose combination products should no be used for initiation of the therapy.

### International: Study on the regulation of pharmacy published

The Regulation of Pharmacies in Six Countries is a report from the London School of Economics Health and Social Care Department and the European Observatory on Health Care Systems.

The aim of this study is to provide a brief overview of the laws and regulations governing the community pharmacy sector that impact on competition between pharmacies in six countries of the Organization for Economic Co-operation and Development. As part of the Office of Fair Trading's investigation of control of entry to contracts to dispense NHS prescriptions in the UK, on which we have reported in several previous issues of FIP NEWS, this study describes how community pharmacy is governed in other countries, in particular the extent to which entry is controlled and pharmacies compete.

The countries covered by this study are Canada, France, Germany, the Netherlands, Norway and the United States (USA). The countries were selected on the basis of the diversity of their systems for financing and delivering health care, as well as for the structure and extent of regulation of their pharmacy markets.

This study covers developments in the community pharmacy markets of these countries up to June 2002, and examines four main parameters - pharmacy numbers, restrictions of entry, restrictions of ownership and controls on prices.

The first section in each country case study looks at the relationship between the ratio of pharmacies and pharmacists to population. Where the data is available, a time trend for comparison is included. This is followed by the examination of restrictions of entry in each country including whether there are restrictions on the location of new pharmacies and whether a license or contract is required for dispensing prescribed medicines within the country's health system. Questions such as whether there are restrictions on who may own a pharmacy or the number of pharmacies per owner are examined in the section on restrictions of ownership. Finally, regulations limiting the retail prices of prescribed medicines are considered.

An appendix to the study provides a brief overview of the mechanisms for financing and delivering health care in the selected countries. It includes requirements for co-payments and the limits to product reimbursement.

The report is now available online that the Website of the UK Office of Fair Trading: [www.offt.gov.uk](http://www.offt.gov.uk). It is an annex to 2003 publications: The control of entry regulations and retail pharmacy service in the UK.

### OTC omeprazole approved for heartburn

United States of America – The Food and Drug Administration (FDA) has approved omeprazole (Prilosec OTC<sup>®</sup>), the first over-the-counter treatment for frequent heartburn.

Unlike the two classes of currently marketed over-the-counter heartburn treatments, antacids and acid reducers, omeprazole is indicated for the treatment of heartburn that occurs two or more days per week (frequent heartburn). It stops acid production at its source. Omeprazole is currently widely prescribed for frequent heartburn and other related but more serious problems that need the care of physician. Omeprazole is not for people who have heartburn infrequently – one episode of heartburn a week or less – or for those who want immediate relief of heartburn.

Although side effects from omeprazole are not common they can include: headache, diarrhoea, constipation, upset stomach, vomiting, stomach pain, cough, cold symptoms, dizziness and rash.

Prescription-only omeprazole, first approved by FDA in 1989, will remain available for diseases that require diagnosis and supervision by a doctor, such as gastro-oesophageal reflux disease (GERD) inflammation of the oesophagus (oesophagitis) and ulcers.

Because of the safety studies being performed by the manufacturer, this product will have three years of over-the-counter exclusivity. Generic versions of the prescription product will not be able to market an OTC version until the marketing exclusivity has expired.

Reference: *FDA News*, P03-48. 20 June 2003

### Giving drugs a SPRAY

Human skin is tough to penetrate and even more so when you're in the business of drug delivery.

Tablets, mixtures and injections are all used for delivering drugs, but drugs administered through the skin are rare. This is because human skin is a natural barrier, with a multitude of defences to stop foreign compounds from entering the bloodstream.

Yet several years ago, Dr Barrie Finin and Professor Barry Reed from the Department of Pharmaceutics at the Victorian College of Pharmacy discovered that sunscreens increase the penetration of compounds through the skin.

This knowledge has led to the development of a device that with a simple squirt - allows drugs to be delivered through the skin. In 1998, a company, Acrux Pty Ltd., was set up so that this 'transdermal spray' technology could be licensed from Monash University.

The research collaboration between Monash and Acrux has now led to world-first trials of a spray-on hormone replacement therapy for creating low testosterone levels in women.

The spray's formulation, says Dr Finin, is basically ethanol, a sunscreen "enhancer" that takes the drug into the skin, and the drug itself. Work is ongoing into why the spray-on technology is effective at penetrating the skin.

"For all technologies that deliver drugs through the skin, it's hard to get high amounts through because the skin is a good barrier," says Dr. Finin "But by understanding the mechanism, we can stretch the limits. We understand how the sunscreens are interacting with the skin, and we have some understanding of the interaction between the skin, the enhancer and the drug."

This information is important in deciding how many drugs to put in the formulation and also the concentration of the enhancer to be included.

The research could also lead to improved cosmetic preparations. "We are looking at incorporating the enhancer technology into cosmetic formulations because for preparations such as anti-aging creams to have some effect, their ingredients need to penetrate to a certain skin layer," says Dr. Finin. "It should be possible to deliver treatment directly to the skin layer in need of repair."

But in order to deliver drugs through the skin, researchers need to find ways of penetrating its natural barrier.

"The outer cells of the skin layer have no nucleus and lots of keratin (a protein)," says Dr. Finin. "Drugs seem to move around these cells rather than go through the bricks of keratin. Between the cells on the outer surface of the skin is a meshwork of lipids (mainly cholesterol and ceramides) and water."

The ease with which a drug can get through these water/lipid layers and into the bloodstream depends on how densely packed the lipids are. The sunscreen enhancer disrupts the packing, allowing the drug to get through.

Dr. Finin says that although the spray-on technology could be used to deliver treatments for pain relief, anxiety or incontinence, the focus is on developing spray-on version of drugs that are currently delivered by patches.

Although effective, patches are expensive to produce, can cause skin irritation and are clearly visible – making it evident that a person is medication.

For further information, contact Dr. Barrie Finin at [barrie.finnin@vcp.monash.edu.au](mailto:barrie.finnin@vcp.monash.edu.au) or visit [www.vcp.monash.au/pharmaceutics/res-transder.html](http://www.vcp.monash.au/pharmaceutics/res-transder.html).



**Mei Ng**  
Chairperson of IPSF-APRO

It is my pleasure to have this chance to write for WPPF Newsletter on behalf of the International Pharmaceutical Students' Federation - Asian Pacific Regional Office (IPSF-APRO). First, I would like to introduce our new Regional Working Group (RWG) members who were elected at the 49<sup>th</sup> IPSF Annual Congress in Singapore. I am the chairperson, Mei Ng from China. I am joined by the secretary, Vidhu Pachuari from India; regional relations officer, Miharu Makino from Japan; internal coordinator & communication officer, Chin Hua Kuan from Taiwan; and permanent officer, Sz Ting Ho from Singapore. Second, on behalf of this new RWG, I would like to thank all of our supporters for giving us this opportunity to serve in the APRO 2003-2004.

The year 2003 has been a very exciting year for the Asian Pacific Region (APR), although the 'excitement' from SARS in our region was not pleasant. As a result, the 3<sup>rd</sup> Asian Pacific Pharmaceutical Symposium originally scheduled for May 25-31, 2003 in Thailand was cancelled. It also brought a big challenge for the Reception Committee of the 49th IPSF Congress in Singapore. In spite of everything, I was pleased to see that it has brought this region closer together. The extremely successful 49th IPSF Congress in Singapore was the best proof. The Congress was a wonderful life experience for me. I am sure many of the delegates have the same feeling and many of us had 'Post-Congress Depression'. I really enjoyed the debating during the general assemblies, dancing and singing at international night, learning in the lectures and poster exhibition, discussing the futures of IPSF and the pharmacy profession in workshops, the food and sightseeing in Singapore and much more... And now, all these memorable moments have been saved in our albums.

Since the Congress, I have been very excited to see that more students from the APR are involved in the international pharmaceutical activities. We are very pleased to announce that Japan has just joined IPSF as the Member In Association in the 49th IPSF congress. This adds to a total of eight IPSF member countries from the APR. In addition, the pharmacy students in Vietnam and Indonesia have been very enthusiastic about IPSF. APRO are currently helping them in establishing the MIA with IPSF.

2003 has been a very successful year for us. 2004 will promise to be a more exciting year for the Asian Pacific Region. The 3rd Asian Pacific Pharmaceutical Symposium and the Scientific Symposium of IPSF will be hosted by Silpakorn University in Thailand during 1st to 7th of March 2004.

APRO will continue to collaborate with the Western Pacific Pharmaceutical Forum of International Pharmaceutical Federation. The AIDS Awareness and Tobacco Alert Campaigns will be our target projects for this year. APRO believes that a well-established network and a good communication are the keys for us to success. As the chairperson of APRO, I am proud to be a member of such a dynamic region, Asian Pacific region, and looking forward to work closely with the WPPF to promote the international pharmaceutical activities in our region.

## WPPF AGM Assembly in Sydney Australia

The Annual General Meeting of the Western Pacific Pharmaceutical Forum was held at the Pyrmont Room 2 of the Sydney International Convention Center, Darling Harbour Sydney Australia on September 4, 2003.

In attendance were more than 40 representatives and mostly presidents of the different national pharmaceutical organization in the Western Pacific Countries. The event coincided with the 63<sup>rd</sup> International Congress of FIP and Pharmacy Australia Congress (PAC).

The AGM meeting was graced by the presence of the incumbent President of FIP Dr. Jean Parrot and Immediate Past President of FIP Dr. Peter Kielgast, himself who was instrumental in establishing the Western Pacific Pharmaceutical Forum.

It was an interesting and fruitful event which was highlighted by the WPPF President's Annual Report for 2003, and a presentation on Pharmacy Self Care – A Contribution to Public Health by Dr. John Bell of Australia, and Election of Officers for 2004 – 2005. The incumbent Executive Board were all reelected for a 2<sup>nd</sup> term.

## MEDICATION COUNSELLING SKILLS WORKSHOP FOR PHARMACISTS

### Program

- 9.00 am Aims and objectives – setting the scene for the day
- 9.15 am Session 1: Background – why it is important (patient factors, health literacy, outcomes)
- 9.30am Session 2: Basic Communication Skills - verbal and non-verbal messages, questioning skills, listening skills and getting the message across.
- 10.30 am Break
- 10.45 am Workshop 1 – Basic communication skills
- 11.30 am Session 3: Improving patient understanding
- 12.00 noon Session 4: Structuring a counseling episode
- 1.00 pm Lunch
- 1.45 pm Session 5: Issues in new prescription vs. repeat vs. OTC counseling
- 2.15 pm Workshop 2 – case studies to identify counseling issues
- 3.15 pm Break
- 3.30 pm Session 6: Specialized counseling
- 4.00 pm Workshop 3 - case studies to identify counseling issues
- 4.45 pm Session 7: Relating information skills to GPP
- 5.00 pm Feedback and summary, further learning
- 5.30 pm Close



**Photos of the Manila Workshop on Medication Counseling Skills**

Top photo shows the Session organizer and Facilitators composed of Dr. Greg Duncan, Dr. Kay Stewart, Dr. Wai Keung, John Ware and Reynaldo H. Umali of WPPF together with participants from Japan, Taiwan, Australia and the Philippines. Above photo shows the trainor participants during the break out session facilitated by Dr. Wai Keung Chui.

**REYNALDO H. UMALI, MBA**  
Professional Secretary/Editor