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Reports of MaLAM Australia's activities have appeared in a wide range of publications including *Australian Doctor Weekly*, *Australian Prescriber*, *Lancet and Scrip*^{17,18,19,20}. In the long term MaLAM will remain funded primarily from subscriptions to ensure that it is, and is seen to be, a voice for health professionals.

Future plans...

Continued expansion of international operations is a high priority. For example, MaLAM is currently seeking funding for translation of its international editions into Spanish. It also hopes to establish national organizations similar to MaLAM Australia in many other countries.


MaLAM is considering the establishment of a self-regulation support service in Australia. This service would seek expressions of concern from health professionals regarding therapeutic claims of all types. It would then provide properly documented complaints to the appropriate self-regulatory bodies. When necessary MaLAM would also assist the self-regulatory bodies with the dissemination of corrective information. As Harvey concluded in 1988 "coregulation rather than self-regulation might achieve more acceptable standards of pharmaceutical promotion"²¹. Neither government nor industry can achieve the best results alone²². Health professionals must work together to make it clear that we want pharmaceutical promotion to be trustworthy. □

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References

1. Moulds RFW, Wing. LMH Drug advertising. *Med J Aust* 1989; 150:410-1
2. Anonymous. FDA's drug promotion problems. *Scrip* 1989; 1389:14
3. Anonymous. Pharma ads lack important data. *Scrip* 1992; 1687:18
4. Harvey K.J. et al. Educational antibiotic advertising. *Med J Aust* 1986; 145:28-32
5. Avorn J. et al. Scientific versus commercial sources of influence on the prescribing behaviour of physicians. *Am J Med* 1982; 73:4-8
6. Greenwood J. Marketing medicines. Remit Consultants; London 1991
7. Andrews G. Promoting non-drug therapies. *Aust & NZ J Psychiatry* 1993; 27:2:341-2
8. Aders HF. Legal liability and drug prescribing. *Cur Therapy* 1991; 32:6:17-21
9. Anonymous. MaLAM. *Lancet* 1984; ii:861
10. Anonymous. International medical advertising. *Lancet* 1988; i:350
11. Anonymous. International drug marketing Code. *Lancet* 1988; i:988
12. Mansfield P.R. Drug advertising. *Lancet* 1989; i:1137
13. Wade VA, Mansfield PR, McDonald PJ. Drug companies' evidence to justify advertising. *Lancet* 1989; iii:1261-4
14. Mansfield P.R. Classifying improvements to drug marketing and justifications for claims of efficacy. *Int J Risk Safety Med.* 1991; 2:171-184
15. Smith A.J. Leading Article *Med J Aust* 1992; 156:299
16. Mansfield P.R. MaLAM's open letter to industry. *Scrip* 1989; 1457:22-3
17. Taor A. Lobby keeps an eye on drug promotions. *Australian Doctor Weekly* 1993; 20 August: 4
18. Mansfield P.R. Pharmaceutical promotion. *Aust Prescriber* 1993; 16:3:60
19. Rugg M. MaLAM and Augmentin. *Lancet* 1993; 342:487
20. Anonymous. MaLAM Australia targets Syntex and Janssen. *Scrip* 1993; 1850:14
21. Harvey K. Pharmaceutical promotion. *Med J Aust* 1990; 152:57-8
22. Mansfield PR. Drug advertising. *Lancet* 1989; i:8647:1137

«Avoir toujours en vue que la finalité de mon métier, c'est la santé de vos patients. Je m'y engage.»



Health Action International

The pharmaceuticals' visits meet doctors' needs. This representative pledges to ensure that the representatives' visits meet doctors' needs. The representatives commit themselves to providing doctors with valid and useful information and to establishing a constructive and professional relationship with them. This representative says that she always keeps her profession's "final goal" in mind, the health of the patient

UNESCO funds university chair on rational use of drugs

R.R. Chaudhury*

In order to benefit from the extensive and under utilized resources available at universities in the region for planning and implementing programmes on rational drug use, Chulalongkorn University and the United Nations Educational, Scientific and Cultural Organization (UNESCO) created the UNESCO Chair on Rational Use of Drugs in 1992. Although the post is based at the new College of Public Health of Chulalongkorn University, its work will include universities in other countries in the region, such as Bangladesh, Indonesia, Kampuchea, Laos, Myanmar, Nepal, Sri Lanka, Thailand and Vietnam. The programmes initiated to date, and those planned, are being developed in close collaboration with the World Health Organization.

The seven programme areas which the UNESCO Chair covers are:

- strengthening the concept of rational drug use in the medical, nursing, pharmacy and dental curricula;
- training all categories of staff involved in the use of drugs;
- drug use research;

- strengthening national drug information centres;
- collection and dissemination of international experience in rational drug use;
- development of clinical pharmacology in the region;
- rational use of and multi-disciplinary collaborative research on traditional medicine.

Recent activities

A two day workshop was held in August 1992 on the Rational Use of Drugs and Medical Technology: Strategy for Capacity Strengthening, to discuss the development of clinical pharmacology in the region. A workshop on strengthening the concept of rational drug use in the medical and nursing curricula, was organized in collaboration with the World Health Organization and Chulalongkorn University from 17-22 January 1993. This very successful meeting, with participants from Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand, is now being followed up by national workshops in different countries.

Activities have not been restricted to prescribers; but have also been aimed at educating the public. A seminar on Communication for Better Use of Drugs was held in November 1993. Health education was one of the less successful areas in the government's health programme, participants concluded, although in one area - the use of the media for control of tobacco - the approach is seen as a success. With some modification, this model could be applied to inform the public about the harmful effects and unnecessary expense of indiscriminate use of medicines. The meeting recommended that a public education programme using print and electronic media be undertaken to complement ongoing rational drug use activities.

Research projects are also underway. Drug utilization studies are being carried out at 40 Bangkok hospitals. A project on the effect of selected intervention strategies on the prescribing of non-steroidal anti-inflammatory agents is being undertaken at the outpatient department of Chulalongkorn University. Another study is determining whether

training and reorienting the personnel at the village health centre level could lead to more rational use of drugs.

The next phase

In a relatively short period, a large number of scientists, education experts, public health physicians, and others in different fields from the universities in Thailand have joined together to develop and implement a multi-disciplinary, multi-faceted programme on rational drug use. In the next phase it is hoped that a similar development could take place in the other countries of the region. The results of the studies already undertaken in Thailand will be widely disseminated to encourage this process. □

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See also page 5 for other NGO rational use activities in Thailand.

