REVITALIZATION OF COMMUNITY PHARMACISTS: A REVIEW OF REGULATION AND IMPLEMENTATION

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ABSTRACT

Community pharmacists have implemented standard pharmaceutical practices particularly in procurement and clinical pharmacy. The purposes of this review were describing the role of community pharmacists in safety use of medicine and responses to COVID-19 outbreak urgency. Review of published literature. Practice of Community Pharmacist in Indonesia based on Ministry of Health Regulation. In medicine use, Indonesia has National Medicine Policy since 2006. National Medicine policy will ensure the availability, equality and affordability of medicine including the essential. It guarantees that available medicine will meet standard of safety, efficacy and has good quality. Also, goal of this policy is to enhance rational use of medicine and preventing misuse/ abuse. Indicator of good pharmaceutical services is patient received good quality of medicine, proper information, and prevention of adverse drug reactions (ADRs). Hospital and community pharmacists have implemented Standard of Pharmaceutical Services. Documentation of medicine information and counselling has been reported to Ministry of Health regularly. Many programmes, activities have been conducted to ensure quality of care, including prevention of adverse drug reactions.

Keywords: pharmaceutical services, pharmacovigilance, adverse drug reactions, risk communication

INTRODUCTION

Since 2010, Indonesia suffered from non-communicable diseases, caused by common risk factors such as less physical activities, insufficient consumptions of vegetables and fruits, alcohol consumption, smoking and environmental pollution (Padeiro, 2018). Moving along with times, Indonesia healthcare system has shifted from curative into health promotion and prevention, which based on encourage all elements of society by Healthy Living Community Movement (Scriven, 2017). It followed by health care and health financing strengthening. Indonesia national health spending based on universal coverage scheme increased significantly since 2014, when health system reformed to universal coverage (Limwattananon et al., 2015). In IDR, total national spending on medicine in 2014 was 8 trillion; 2015 was 12 trillion; 2016 was 15 trillion and 2017 was 20 trillion. Based on medicine price analysis, high spending due to increasing total patient and better access to health care while the medicine price remained constant (Pejabat et al., n.d.-a).

In medicine use, Indonesia has National Medicine Policy since 2006. National Medicine policy will ensure the availability, equality and affordability of medicine including the essential (Mahmić-Kaknjo et al., 2018). It guarantees that available medicine will meet standard of safety, efficacy and has good quality (Sciacovelli & Plebani, 2009). Also, goal of this policy is to enhance rational use of medicine and preventing misuse/ abuse (Cobaugh et al., 2014). There are at least three main roles of pharmacy to support this policy: improving pharmaceutical services in health care facilities, providing list of medicines with several criteria

among which efficacy, safety, marketing authorization, benefit-risk ratio; and community empowerment in raising community in smart use of medicine (Al-Haqan et al., 2021).

METHOD

Method used was peer-review literature focusing on the term "community practices" linked to pharmaceutical services and emergency programme that has the inclusion criteria as follows:

a) Regulation of pharmaceutical services in Indonesia
b) Report of pharmaceutical services practice
c) Report of pharmacovigilance in other countries

RESULTS AND DISCUSSION

Community Practices and Progress

Indonesia has established Standard of Pharmaceutical Services in Hospital, Pharmacy and Primary Health Care (Herman & Susyanty, 2012). Standard of Pharmaceutical Services consist of medicine management and clinical pharmacy (Allemann et al., 2014). Management pharmacy started from selection, purchasing, storage, distribution, withdrawal/disposal, monitoring-evaluation and administration. Clinical pharmacy is activity to deliver medicine to patient, including dispensing, medicine/drug information, counselling, therapeutic monitoring, adverse-event reporting and evaluation of utilization (Pejabat et al., n.d.-b). Pharmacist has to provide direct care to patients and includes the assessment of the patient's drug-related needs to identify drug therapy problems and their causes, developing care plans that include goals of therapy, and follow-up evaluation of outcomes (Cipolle et al., 2004). Pharmacist is the last health care practice whom patients meet. Thus, pharmacist has to ensure that patients have received the most effective medicine; patients get proper information, understand how to use their medicine and willing to take medicine as intended.

The existing evidence shows that there is a gap between patients and health care professionals on desired content information for prescribed medicines (Coulter et al., 1999). The information needs of the patients depend on the medical condition and phase of the disease (e.g. severity of the disease, recently diagnosed/ early phase/ advanced phased); the length of medicine therapy (a short course vs. long therapy); the special features of medicine therapy (e.g. high alert medicines, different therapy groups); number of concomitantly used of medicines and the special characteristics of the patients (Cipolle et al., 2004).

In other side, in Indonesia, self-medication is very popular. Patients go to pharmacy or small shop in their neighborhood to get medicine to reduce their mild illness (Blenkinsopp et al., 2022). Based on World Bank Data; spending of over the counter (OTC) medicine was 21.4% in 2016 and 20% in 2017 from total national market of medicine. Sometimes it completed without adequate information, based on commercial or information from family, social media – not from pharmacists/health care professionals. This condition leads to unexpected health problems like toxicity, inaccurate regimen, inaccurate duration, adverse medicine reactions and misuse/abuse. To prevent the occurrence of these health problems, pharmacist should practice pharmacovigilance.

Lessons learnt from other countries.

Pharmacovigilance is defined of the science and activities relating to detection, assessment, understanding and prevention of adverse effects or any other drug-related problem. Adverse drug reactions are unclear, unexpected conditions, which occur in dosage therapy. This probably happened due to limited data available during the drug-developing phase. In clinical trials, we might find too few samples, too general median – age (paediatric and geriatric excluded for safety reasons) and too brief (for chronic disease, trials last several months to a year). In post market, those limits are turned out at once and unexpected medicine reactions could occur.

US, Europe and Japan have organized regulatory framework for pharmacovigilance and actually implemented some activities. Current trend around pharmacovigilance depends on post marketing data and information available. National Agency of Drug and Food Control, Republic of Indonesia has developed mechanism in pharmacovigilance using paper-based reporting and also electronic system. Despite adverse drug reactions report menu, electronic reporting system also provides information regarding drug safety news. Then, hospital or community pharmacist has to monitor and report adverse drug reactions regularly. Number of adverse drug reactions reporting in Indonesia is still low compared with other countries in Asia. Ministry of Health has to encourage community pharmacist to strengthen adverse drug reactions monitoring.

In addition, Ministry of Health has launched a program of community empowerment in November 2015. Aim of this community empowerment programme is raising awareness, knowledge, skill and behavior aspects of medicine. Through ''Community Movement of Smart Use of Medicine" health care practitioners, especially pharmacists (called Agent of Change) will improve the knowledge, skill and behavioral medicine use of community. Pharmacists give education to small group of people (up to 10-20 persons). This small group consists of various background, e.g,: religious or traditional leader, youth organization, education institution and others. Information of medicine use have been delivered in several methods, e.g.: talk show, tutorial, interactive games, performance, leaflet, brochure, social media. Data December 2019, ''Community Movement of Smart Use of Medicine" have been implemented in 219 cities/districts and 5.777 pharmacists from 34 provinces. Also Agents of Change have improved their collaboration with other health care practitioners in their network.

COVID-19 and safety medicine

Considering the recent COVID-19 outbreak as public health emergency of international concern (PHEIC) and in order to minimize the risk of spread, it is very important to exchange information and advice between frontline responders (including health care providers) and community. To implement risk communication and community engagement, health care providers must approach community to understand their perspectives, input, shared information and engage them in the response to the outbreak (Organization, 2018).

Pharmacists must be a part of and have influence response efforts. They might face persons suspected of COVID-19 and family members who visit pharmacy for self-medication. Based on this condition, pharmacists have to involve in developing a risk communication and

community engagement plan. Effective engagement involves interactions that include listening to community concerns, providing recommendations, facilitating choices, demonstrating empathy, including affected communities in decision-making processes, and establishing alliance around common goals of protecting all persons. Since every province already implemented 'Community Movement of Smart Use of Medicine", pharmacists mostly have developed their communication skill and more adaptable to various condition in community settings and then this new approach will be easier to apply.

CONCLUSION

Strengthening adverse drug reactions monitoring and developing risk communication for community are the most important major programs in term of pharmaceutical services. Safety use of COVID-19 medicine is still under investigation. Efficacy and drug-drug interaction are still unclear. Hospital pharmacists should deliver drug therapy monitoring to patient suspect COVID 19. Community pharmacists should practice post marketing survey, survey on the results of use risk management plan-based adverse drug reactions monitoring system. In other side, developing risk communication would make conducive conditions in community. Both programs will give big impact in safety use of medicine and also as responses to COVID 19 outbreak urgency.

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