

For personal use only. Not to be reproduced without permission of the publisher (editorial@gabi-journal.net).

## Health professionals in the risk communication process on counterfeit medicines

Luc Besançon

Communication is a key component in the fight against counterfeit medicines affecting the lives of patients. Two types of risk communication should be distinguished: pro-active and reactive. Reactive communication can be facilitated by appropriate pro-active communication strategies, and healthcare professionals can be powerful allies in communication activities targeting patients.

**Keywords:** Counterfeit medicines, falsified medicines, healthcare professionals, risk communication

Over the last few decades, an increasing number of counterfeit copies of both branded and generic products have been detected in developed and developing countries.

A coordinated approach that combines legal, technical and enforcement tools, as well as effective communication is needed to counteract the dangers of counterfeit medicines.

The focus of this article is on the role of communication about counterfeit medicines to and from healthcare professionals. A communication programme requires effective transmission of a message from someone through a conveyor of the message to someone else in a defined environment.

With respect to counterfeit medicines such a communication system must involve drug regulatory authorities, the distribution chain (industry, wholesalers, pharmacies...), healthcare professionals, the Media, and patients as well as International partners.

The communication interactions between these groups can be summarized in Figure 1.

Arrows represent the flow of communication (in some cases, it is a two-way communication, while in others, it is primarily a one-way process). Moreover, some communication channels are weaker than others and are therefore represented by hashed arrows.

Communication concerning counterfeit medicines requires an understanding of

the current risks of counterfeit medicines that is based on actual data. Design of a communication programme must include consideration of the environment in which the communication will take place (including previous cases of counterfeit medicines).

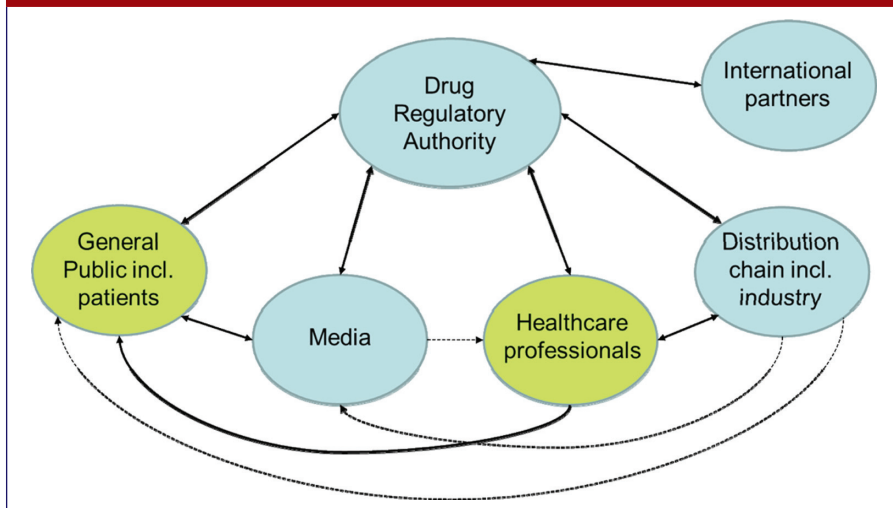
Once the environment is properly analysed, objectives of the communication programme should be defined based on a risk assessment analysis. This will naturally lead to the selection of a few target audiences. A good understanding of these targets should be built into the programme design. This requires consideration of their characteristics including culture, literacy, habits, etc. This understanding will help to determine the key messages and appropriate communication methods (including conveyors of the message) to be used.

As defined by the Council of Europe [1], two main types of communication activities should be distinguished: pro-active risk communication and reactive risk communication.

### Pro-active risk communication

Pro-active risk communication primarily aims to inform individuals (patients, healthcare professionals...) about the risks of counterfeit medicines. It is not based on any particular case involving a particular country.

Figure 1: Communication channels on counterfeit medicines among the main stakeholders



**Author:** Luc Besançon, Manager Professional and Scientific Affairs, International Pharmaceutical Federation, 5 Andries Bickerweg, PO Box 84200, NL-2508 AE The Hague, The Netherlands

Submitted: 27 July 2012; Revised: 30 July 2012; Accepted: 30 July 2012; Published online first: 1 August 2012

## Biosimilars Educational Series

**Communication to healthcare professionals**

When a communication programme targets healthcare professionals, it is usually designed to empower them to help prevent the introduction of counterfeit medicines into the supply chain. However, such programmes are also designed to prepare them to play a role in future health promotion campaigns involving a specific product as well as to be effectively involved in detection of suspicious cases and to react appropriately when suspicious cases are detected.

Since 2010, WHPA—which brings together the global organizations representing dentists (FDI), nurses (ICN), medical doctors (WMA), pharmacists (FIP), and physiotherapists (WCPT)—has been engaged in activities designed to support healthcare professional associations in organizing such communication programmes. These have targeted healthcare professionals through model campaigns (with examples of posters, postcards, guidance, etc.), regional workshops, and through personalized support of their professional group activities. Similarly, in 2009 the FIP developed a framework for establishing national guidelines to assist pharmacists in combating counterfeit medicines. This document was designed to facilitate the development of national guidelines, by providing a model for a structured approach.

At a national level, many healthcare professional organizations have developed specific activities, such as training programmes and documents as well as guidelines, e.g. in France, Lebanon or UK. These activities are based on a strong collaboration between healthcare professional associations and drug regulatory authorities and stress two points: providing information about the current situation with

WHPA: World Health Professions Alliance  
FDI: World Dental Federation  
ICN: International Council of Nurses  
WMA: World Medical Association  
FIP\*: International Pharmaceutical Federation  
WCPT: World Confederation for Physical Therapy

\*The International Pharmaceutical Federation (FIP) is the global federation of 127 national associations of pharmacists and pharmaceutical scientists that was established in 1912. It is one of the founding members of the World Health Professions Alliance (WHPA). FIP coordinates WHPA activities involving counterfeit medicines.

respect to counterfeit medicines (including how to prevent their introduction into the supply chain) and providing procedures describing what to do if a healthcare professional has a suspicion that a product might be counterfeit.

**Communication to patients**

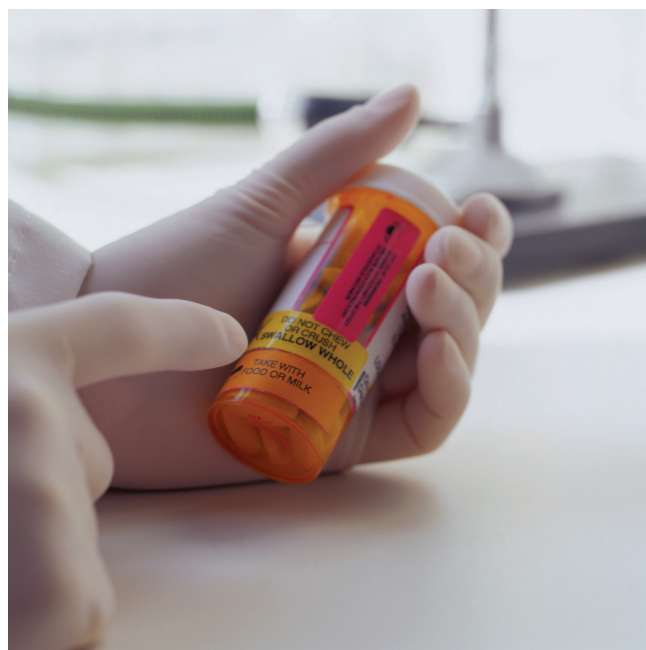
There are some especially important aspects of communication campaigns that must be considered when developing programmes that target patients (or certain groups of patients).

First, the target audience must be carefully defined and completely understood. Second, simple messages are usually preferable and the medium used to convey messages should be matched with the target audience. Last, but not least, an evaluation process should be put in place, in order to assess the impact of the communication activity and the results used to improve future communication campaigns.

Many successful campaigns targeting the public have been developed by pharmacists' organizations throughout the world. Examples include:

In 2009, Federal Union of German Associations of Pharmacists (ABDA) organized a communication campaign targeting youngsters to stress the risks associated with buying medicines over the Internet. Postcards were disseminated in bars and restaurants in 48 German cities and a video was broadcasted over the Internet and in cinemas and theatres ([www.youtube.com/watch?v=kjVoIUrpsHk](http://www.youtube.com/watch?v=kjVoIUrpsHk)).

In 2010, the Austrian Chamber of Pharmacists together with the Ministry of Finances organized a communication campaign stressing how counterfeit medicines are manufactured and shipped. A website ([www.auf-der-sicheren-seite.at](http://www.auf-der-sicheren-seite.at)) was developed and a video was promoted through social media, e.g. Facebook. Leaflets and brochures were also distributed in community pharmacies.



In 2008 and then again in 2011, the Swiss Association of Pharmacists (*pharmaSuisse*) partnered with governmental agencies and the private sector on a project involving 520 community pharmacies. A communication campaign on the dangers of buying medicines over the Internet also included free testing by pharmacies of medicines bought over the Internet during a 'Stop Piracy Day'. This programme's aim was to increase detection of counterfeit medicines.

In 2008, the Pharmaceutical Society in Lebanon (*Ordre des Pharmaciens du Liban*) organized a broad communication campaign using several media, e.g. TV advertisements, billboards, leaflets, etc.; to stress that counterfeit medicines kill and that the individuals behind such operations are criminals.

Finally, in 2009 in the UK, a campaign was conducted by a partnership involving Pfizer, the Royal Pharmaceutical Society of Great Britain, the Medicines and Healthcare products Regulatory Agency (MHRA) and other partners. This campaign consisted of posters displayed in over 3,000 UK cities, advertisements in newspapers, exhibitions in eight major cities, and a dedicated website: [www.real-danger.co.uk](http://www.real-danger.co.uk)

For more information on these campaigns and access to the related videos, visit [www.fip.org/menu\\_counterfeitmedicines\\_publications](http://www.fip.org/menu_counterfeitmedicines_publications)

### Reactive risk communication

Despite all efforts to prevent this, it is still possible for counterfeit medicines to appear within or outside the distribution chain.

When this happens, a reactive risk communication approach is needed. This requires two-way communication.

### Bottom-up communication: detection of signals

It is crucial for healthcare professionals, regulatory authorities, and any other stakeholder to make sure that their reactive system of communication allows for the detection and reporting of signals that suggest counterfeit medicines.

Possible causes of reporting might be a patient complaining (or mentioning) a difference in taste, physical characteristics or effectiveness of their medicines.

Similarly, healthcare professionals may notice differences in packaging or unexpected patient responses.

Most signals are not strong and therefore it is crucial that all stakeholders remain alert to possible signals and that healthcare professionals listen to patient concerns, and relay any suspicions to relevant authorities, e.g. pharmacovigilance department of industry, drug regulatory authorities, etc.

### Top-down communication of suspicious medicines

When a counterfeit medicine is discovered, the authorities and the industry often institute a batch withdrawal. Such withdrawal is then communicated to regulatory bodies, the public, and healthcare professionals.

The information received by healthcare professionals should not only include technical information on the medication, e.g. how to detect it, what to do with the medication, etc.; but also key messages that should be relayed to patients and the public.

Such information can be relayed through professional communication channels. For instance, in France, through the shared patient file (*dossier pharmaceutique*), pharmacies are inter-connected. When an alert is issued, it is sent to all pharmacies within a very short time.

With such methods, the time needed for pharmacists to receive notification of batch withdrawals is limited and they can properly answer patients' concerns quite quickly.

### Conclusion

Communication plays a major role in the fight against the global threat of counterfeit medicines. Communication programmes

educate and empower both healthcare professionals and patients.

Because they are trusted by and available to their patients, healthcare professionals can play a facilitating role in well designed counterfeit medicines communication programmes, as they add their credibility to the message and enable the messages to be delivered rapidly at minimal cost.

### Key messages on risk communication on counterfeit medicines

- Objectives (including targets) clearly identified
- Channel(s) used in line with the target audience
- Evaluation is essential to:
  - determine if objectives are met
  - improve future communication activities through the lessons learnt

### For more information:

[www.fip.org/counterfeit\\_medicines](http://www.fip.org/counterfeit_medicines)  
[www.whpa.org/counterfeit\\_campaign.htm](http://www.whpa.org/counterfeit_campaign.htm)

**Competing interests:** None.

**Provenance and peer review:** Commissioned; internally peer reviewed.

---

### Reference

1. Di Giorgio D, editors. Counterfeit medical products and similar crimes – Risk communication. Rome and Strasbourg: AIFA, Council of Europe, EDQM; 2011.