Towards health for all
HAI News presents the happenings in the international campaign for more rational and fairer health policies. The organ of Health Action International, an informal network of non-governmental organisations and individuals committed to strive for 'health for all', this newsletter also carries material supportive of the participants’ work.

Discovering the consumer

HAI organizations and individuals are increasingly interested in carrying out drug utilization studies. In this article Sjaak van der Geest and Anita Harden stress the importance of such 'on the ground research' to HAI's aim for rational drug use, while acknowledging the dilemma on who will benefit from the results of such studies.

Increasing the power of individual citizens — and the groups that represent their interests — to participate fully in the decision-making processes which relate to their health is an urgent need for poor people living in poor countries — majority of the consumers in the Third World. The question, however, is: who are these consumers? If we speak about rational and economic use of safe and efficacious drugs by consumers, then the consumers cannot remain anonymous. Who are they? What do they need? What is rational and economic to them? The answer to sensible drug use does not only lie in the drugs, it lies also with the people using them.

On-the-ground research
All research studies designed to find answers to these vital questions should necessarily involve the active participation of the consumers themselves. Such studies will reveal the situation under which the consumers live, how they perceive their situation, what they consider urgent and irrelevant. In other words, what their needs and interests are. Again, what rational and economic drug use is to them. On-the-ground research could provide the answers to all these questions.

There is still another reason why consumer-oriented research is badly needed. Criticism of the industry's production of pharmaceuticals and their marketing activities in developing countries remains somewhat 'hanging in the air' as long as it is not substantiated by 'hard' evidence of harmful drug effects and other drug-related problems derived from solid field research.

It is indeed remarkable that nearly all research publications critical of present drug policies, consist of investigations carried out on the level of production and marketing, and, to a lesser degree, on the prescription of drugs. What is useful and what is harmful to people tend to be defined purely in biomedical terms without taking into account how consumers actually perceive and use drugs.

On the one hand, this neglect of the

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social and cultural factors is understandable, because it requires long
and painstaking field research, sometimes in far-off villages. Few
researchers seem to have the time for such a ‘luxury’.

But the neglect of drug use in its natural context is also surprising
since HAI activists are well aware of the fact that drugs only deserve our
attention as far as they are used.

The following quotation from the information packet on 'Problem Drugs'
indicates this.

"What makes a drug a problem is not so much its inherent pharmacological
risks, but the way in which it is used. It is impossible to talk about the
'safety' of medicines as if it was a laboratory problem. In the wrong hands
or at the wrong time, even the most carefully quality-controlled medicine
becomes transformed from a life-saver to a life-threatening.'"

Second thoughts
Up to now we have provided arguments for on-the-ground research among con-
sumers of pharmaceuticals. Let us now turn to some possible negative effects
of such research. We see mainly two objections. In the first place, field
research does not only 'harden' the evidence of drug misuse, it also
'softens' it. On-the-ground research can complicate the issues to the extent
that it may paralyse action. Getting to know the details of consumers' prob-
lems and their solutions will most likely make policy decisions more dif-
ficult. Two simple examples: large scale misuse of antidiarrhoeals should
be seen in the context of people's perceptions of efficacy of drugs. Results
of a drug utilization study in the Philippines show that consumers expect
diarrhoeal remedies to stop diarrhoea and harden the stools. Herbal rem-
edies against diarrhoea do this, and so do the more 'modern' antidiarrhoeals.
Oral rehydration does not stop the diarrhoea; in the perception of the
people it would even make the diarrhoea more watery.

Analgesics may be considered inessential in the treatment of slight fever
and pains, especially as they are mere symptom relievers. Still people per-
ceive analgesics as very effective and essential. Their headache disappears,
the fever comes down, and they can continue with their daily work (which is
essential for the poor, who are paid for the amount of the work they do, and
have no health insurance).

The second disadvantage of local re-
search into drug use is that its data

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may prove as useful for the industry as it is for the drug campaigners. Such is the problem with all knowledge. It cannot be reserved for only those who make good use of it. It can be coopted by anyone. The danger, therefore, is that on-the-ground research into social and cultural aspects of drug use in local communities will become 'market research' information (and for free) to the drug industry that may use it to find more effective ways to sell its products.

Participatory research
Although the two problems above will never disappear, we want to draw the attention to a powerful prophylaxis against these risks: participatory research. If consumers are actively involved in the research that was designed for revealing their identity and their needs, the outcome of the research will have a double effect. It will not only provide national and international consumer groups with a reliable picture of Third World consumers and the situation they live in; it will also help the consumers to become more conscious of their own conditions and their options for improvement. Then consumers will not only be discovered by others; they will also discover themselves. The prophylaxis against an increased exposure to the pharmaceutical invasion lies exactly in that self-discovery, in the consumers' self-awareness. Research into local conditions of drug use therefore should not reduce consumers to mute and passive study objects, but should give them sufficient room to speak up and make their viewpoints heard.

Such research should be open and flexible in approach. Field researchers and informants should meet on an equal footing and be able to switch roles continuously. What has been called a luxury for external researchers (spending a long period for on-the spot participant observation) is an everyday reality for people living on the spot. Consumers are indeed well-equipped for doing research into drug consumption, if they are given ideas on how to do it.

Results of the local drug utilization studies and consequent understanding of people's perceptions about drugs are essential in the design of local drug campaigns. Extent of misuse of drugs in the different countries and regions can be used as criteria for setting priorities for problem drug categories that need to be tackled. The local drug utilization studies can in fact be used for giving direction to national and international HAI policies and campaigns.

Only when participation becomes a mutual activity of researchers, activists and consumers, will local drug utilization studies result in discoveries that directly benefit the consumers.

Ed. Note: Anita Hardon and Sjaak van der Geest are writing an overview of methodologies that can be used in drug utilization studies. Such an overview is intended to give HAI organizations and individuals ideas on how to do a relevant study on the use of drugs. If you have done a drug utilization study, or are planning one, please write to: Anita Hardon, Bowlespark 21, 6701 Or Nagevingen, The Netherlands.