

# Pharmacy drug misuse service guidance published

Guidance on commissioning pharmaceutical services for drug misusers in England has been published this week by the National Treatment Agency for Substance Misuse (NTA), the Royal Pharmaceutical Society and the Pharmaceutical Services Negotiating Committee.

In 2002, the Audit Commission's report "Changing habits" identified pharmacists as an underused point of contact for the drug misusing population. To meet the needs of drug misusers, the NTA expects that 75 per cent of community pharmacies will need to be involved in providing supervised consumption and shared-care schemes and 25 per cent will need to be providing pharmacy needle exchange services.

The new document, "Best practice guidance for commissioners and providers of pharmaceutical services to drug users", aims to assist commissioners and pharmacists in improving and increasing the level of provision of needle exchange schemes and dispensing, supervised consumption and shared-care services for this population.

It includes detailed sample service specifications and explains the new community pharmacy contract and how it is funded. There is also a section in the guidance that

clarifies current and future roles for pharmacists in the drug misuse area. It describes different levels of expertise and roles in the various branches of the profession, including generalists, pharmacists with a special interest in drug misuse and consultants.

"Pharmacists who have completed part 2 [of the Royal College of General Practitioner's certificate in the management of drug misuse in primary care] are an untapped resource with whom commissioners and drug action teams are encouraged to make contact," the guidance states. "Such pharmacists are well suited for inclusion on shared care monitoring groups and strategic discussions with primary care trusts, primary care organisations and local pharmaceutical committees," it adds.

David Pruce, director of practice and quality improvement at the Society, said: "This guidance will help pharmacists to promote their public health role in the area of drug misuse management. It provides advice for commissioners on services available from pharmacy and also includes background information on how pharmacy is funded. The guidance is important for drug users as it will help to ensure that any services commissioned are of the highest standard."



Cordelia Molloy/SPL

## Supervised consumption services required to meet needs of drug misusers

Alastair Buxton, head of NHS services at the PSNC, said: "Community pharmacies have provided services to drug users for a great many years. This guidance helps to highlight this important role to service commissioners and draws together the key issues that need to be considered when a service is being implemented at a local level."

The guidance is available to download from [www.nta.nhs.uk](http://www.nta.nhs.uk), [www.rpsgb.org](http://www.rpsgb.org) and [www.psn.org.uk](http://www.psn.org.uk) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

## Key role available for pharmacists in managing long-term conditions

Pharmacists can be key players in practice-based commissioning and managing long-term conditions but need to promote themselves better, David Colin-Thomé, national clinical director for primary care and clinical lead for long-term conditions at the Department of Health, said at the Primary Care Pharmacists Association annual conference this week.

"You hide your lights under a bushel and sometimes you always see the negative side of life, which puts people off using you. And those are missed opportunities," he said.

The real success of practice-based commissioning will be in developing more primary care services and a significant way of releasing resources will be through the management of long-term conditions, he said. "Even though

practice-based commissioning is thought to be GP-led, it is around a GP population and so community nurses and pharmacists could be an integral part of the team."

Dr Colin-Thomé explained that specific Government targets for long-term conditions are two fold: to have evidence-based patient care pathways and to reduce emergency bed days by 5 per cent by 2008. "We knew that if we just said that you had to have a care plan as a target, everyone would tick the care plan. So we thought we would . . . add the bed days, because if there is a good care plan we should be able to reduce the need for hospitalisation of our patients."

Health Secretary Patricia Hewitt said this week that cutting unnecessary emergency ad-

missions by improving management of patients in the community could help the NHS save over £400m a year.

New figures from the NHS Institute for Innovation and Improvement show that the NHS spends £1.3bn a year on admissions for people with 18 common ailments, including long-term conditions such as asthma, angina and chronic obstructive pulmonary disease.

"Reforms like practice-based commissioning, where GPs and other primary care professionals are more involved in commissioning care for patients in the community, can help reduce costs and the burden on emergency services as well as providing more accessible care for patients," she said.

## Vital test of new pharmacy contract funding still to come

This year will be a vital test for the strength of the funding arrangements negotiated last year for the new pharmacy contract.

Pharmaceutical Services Negotiating Committee chairman Barry Andrews said at this week's local pharmaceutical committees' conference: "We have not yet completed negotiations for next year's funding — a vital test of the funding structure."

At the same meeting, PSNC chief executive Sue Sharpe said that community pharmacy had come out well from the shambolic

way in which the new home oxygen service started earlier this year.

"Where local pharmaceutical committees worked hard to prevent harm to patients they have been able to do more for the standing of community pharmacy and to build a basis for future collaboration with primary care trusts than any number of meetings. And it has been appreciated at national and local level."

But she warned that this had not yet affected attempts to minimising pharmacists' losses arising from the new arrangements.

### Changes in CD management

The Society has published detailed guidance on impending changes in the legislation relating to the governance of Controlled Drugs in England. Guidance for pharmacists in Scotland and Wales will be published in due course by the Society's Scottish Department and Welsh Executive (p365). A version of the guidance for England appears as a four-page pull-out in this week's *Journal* (pp355-358).

The Society

# NICE tuberculosis guideline addresses adherence

Patients' adherence to drug therapy is critical to the success of tuberculosis treatment and an essential element of the National Institute of Health and Clinical Excellence guideline released this week, coinciding with World TB Day on 24 March.

John Hayward, public health adviser and co-chairman of the guideline development group, speaking at a press briefing, said: "TB is preventable and curable but it is on the increase in this country. . . . The NICE TB guidelines are the gold standard for the prevention, control, diagnosis and treatment of this ancient but curable disease."

The guideline emphasises that all patients need to be properly assessed for barriers to adherence to the full treatment course.

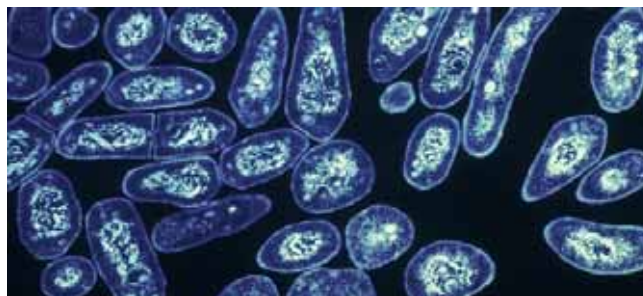
Jane Jones, consultant epidemiologist at the Health Protection Agency, said that the guidelines offer a patient-centred approach, focusing on the provision of information and education and the allocation of a "key worker" for all patients to support them through their treatment. "The guideline also

recognises that it's crucial to support patients through what is actually a very prolonged course of treatment," she said.

Although the panel emphasised that the key worker will usually be a specialist nurse, Peter Davis from the British Thoracic Society said that he has known the TB key worker to be a pharmacist.

Dr Jones said: "The most important aspect of TB control is making sure people with infectious lung disease are diagnosed promptly and given effective treatment. This cures the patient, prevents them spreading it to their close contacts and also prevents the development of drug-resistant strains."

The recommended regimen for treatment of standard active TB stated in the guideline is for six months' daily dosing of isoniazid and rifampicin, with pyrazinamide and ethambu-



*Mycobacterium tuberculosis*

Kwangshin Kim SPL

tol included for the first two months. Patients receiving directly observed therapy can be offered a thrice-weekly regimen.

"It's only by understanding patients' needs and patients' difficulties that we can help support them to complete their treatment, which is not only good for them, but vital for public health," Dr Jones emphasised.

The guideline is available from the NICE website ([www.nice.org.uk](http://www.nice.org.uk)) and via *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

## Emphasis on dermatology training needed

Training undertaken by pharmacists in dermatology is generally minimal, and proper training in the area needs to be promoted and encouraged, according to a new report from the All Party Parliamentary Group on Skin.

The report emphasises that community pharmacists provide a valuable service in offering a point-of-contact, and access to information and treatment for patients with a wide range of minor skin ailments.

It also says that the new community pharmacy contract — through medicines use

reviews — and the advent of pharmacist prescribing, will allow pharmacists to take greater responsibility for dermatology patients.

It does, however, stress the need for an increased emphasis on dermatology training for pharmacists both at the undergraduate and postgraduate level.

The report also points out that the Centre of Pharmacy Postgraduate Education dermatology open learning pack has been revised, and urges the Royal Pharmaceutical Society to promote its value to pharmacists.

## Further guidance provided for ADHD therapy in children

Where drug treatment is considered appropriate for children and adolescents with attention deficit hyperactivity disorder, methylphenidate, atomoxetine and dexamfetamine are recommended, says the National Institute for Health and Clinical Excellence.

In updated guidance, NICE says that decisions regarding therapy should be based on the presence of comorbid conditions, the adverse effect profile of each drug, compliance issues, the potential for misuse and the preference of the child and his or her parent or guardian.

## Training required to fulfil public health role

Training for pharmacists to undertake public health roles is lacking, according to Jill Jesson, chairman of the Pharmacy Special Interest Group set up by the UK Public Health Association.

"Pharmacists are over-trained for what they do and under-used for what they know. And this must change," she said at a debate held during the UKPHA annual public health forum in Birmingham last week. She said she was concerned that pharmacists' training did not always help them to fulfil the extended clinical and professional roles that had been created for them. Undergraduate training had not kept pace and was still too science based. She was also concerned that some lecturers were teaching out-of-date skills, and lacked expertise in public health.

Andrew Scott-Clark, director of public health at Swale Primary Care Trust, agreed that although some pharmacists were taking on roles such as directors of public health, there were still enormous opportunities for pharmacists and they needed to delegate their dispensing role.

Miriam Armstrong, chief executive officer of PharmacyHealthLink, pointed out that the charity had highlighted the lack of public health training in the current curriculum and was in discussions with the Royal Pharmaceutical Society in order to update it.

## Donepezil helps in severe Alzheimer's

Patients with severe Alzheimer's disease (AD) experience improvements in cognition and ability to undertake activities of daily living after six months of donepezil (Aricept) treatment, according to new data from a study published online in *The Lancet* (23 March, [www.thelancet.com](http://www.thelancet.com)).

Investigators randomised 248 patients with severe AD (mini mental state examination score 1–10) to receive either donepezil or placebo and found that, compared with controls, patients on active treatment had greater improvement in cognitive scores (least squares mean difference, 5.7, 95 per cent confidence interval 1.5–9.8;  $P=0.008$ ) and measures of daily living (1.7, 0.2–3.2;  $P=0.03$ ).

According to the authors, the incidence of adverse effects was comparable between groups (donepezil 82 per cent versus placebo 76 per cent, no  $P$ -value stated), however, more patients treated with donepezil discontinued treatment due to adverse effects (16 per cent versus 7 per cent, no  $P$ -value stated).

The study may fuel debate surrounding National Institute for Health and Clinical Excellence guidance for AD, which is expected in July this year (*PJ*, 28 January, p98). NICE's draft guidance currently endorses the use of donepezil in patients with moderate disease only (mini mental state examination score 10–20).

# Scotland to ban smoking indoors

Smoking will be banned in enclosed public places in Scotland from 26 March and pharmacists are already reporting an increased demand for smoking cessation advice.

Bill Scott, chief pharmaceutical officer, Scottish Executive, commented: "I think this is one of the greatest public health measures that has been taken since the introduction of clean drinking water. Pharmacists have an essential role to play and it is a great opportunity to contribute to the public health agenda."

Community pharmacists' role in smoking cessation will be promoted in an advertisement organised by the Scottish Pharmaceutical General Council. It will appear in the *Daily Record* on 27 March.

Frank Owens, SPGC chairman, said: "While recognising that the provision of public health services is, by its nature, a multidisciplinary activity, I believe that the time is now right to fully recognise and further develop the public health role of the community pharmacist."

"SPGC is keen to develop this role, particularly around smoking cessation, and is seeking to have further discussions with the Scottish Executive with a view to establishing nationwide pharmacy-based smoking cessation services."

Commenting on the increased demand for smoking cessation advice, Catherine Beaton,



Pharmacists' role in smoking cessation will be promoted to coincide with ban

of Co-op Pharmacy, Tain, Rosshire, said: "Since January, sales of NRT have been higher than normal and the number of people asking for advice on stopping smoking is phenomenal. So even before the ban actually starts, it has already encouraged people to quit."

## PSNC urges caution over Regulations affecting oxygen supply

Careful consideration needs to be given to making changes to the Regulations that affect prescribing of oxygen until there is confidence in the new system, the Pharmaceutical Services Negotiating Committee has warned.

In a statement issued this week, the PSNC added: "We have also emphasised the need to give pharmacy contractors as much notice as possible of any future changes to ensure that

there is not a repeat of the confusion that occurred in February, at the start of the transition to the new home oxygen service."

The PSNC said the DoH has confirmed that prescriptions for cylinder oxygen may continue to be dispensed within the validity of the prescription. The DoH's intention is to stop reimbursing prescriptions for oxygen from 31 July.

### News in brief

#### Scottish prescription charges

NHS prescription charges in Scotland are to increase on 1 April, in line with the increases announced last week in England. The new charges will be £6.65 for a single item, £34.65 for a four-month prepayment certificate and £95.30 for an annual certificate.

#### Mawdsleys support package

Mawdsleys is to launch a programme of commercial, professional and marketing support for independent pharmacies. It will include business and financial consultancy and training programmes for pharmacists and pharmacy staff.

## Department tackles burden of administration on NHS

Measures to reduce some of the administrative burdens placed on the NHS were set out in a "Draft simplification plan" by the Department of Health this week.

The plan considers reconfiguration of the department's arms length bodies, its wider review of health and social care regulations, the "Better regulation of over-the-counter medicines initiative" and proposals for streamlining the gathering and dissemination of data and to reduce bureaucracy within the NHS.

Comments on the plan can be e-mailed to [simplification@dh.gsi.gov.uk](mailto:simplification@dh.gsi.gov.uk) by 20 June.

The DoH plans to publish more developed proposals later this year.

## Small businesses lose out in Budget announcements

Marginal relief on corporation tax for small businesses with profits less than £50,000 will be abolished from 1 April, Chancellor of the Exchequer Gordon Brown announced in his Budget speech this week.

A nil rate band currently applies to companies with taxable profits up to £10,000, with marginal relief up to £50,000. Companies with profits between £50,000 and £300,000 pay tax at a 19 per cent small companies' rate, with marginal relief up to £1,500,000. This 19 per cent rate will now be payable on all profit up to £300,000.

Mr Brown also announced that VAT on condoms and emergency hormonal contraception is to be cut from 17.5 per cent to 5 per cent. For public health reasons, the price of cigarettes will be increased by the annual inflation rate, equivalent to 9p per packet, he added.

## NSF for older people in Wales launched by health minister

The National Service Framework for Older People in Wales was launched this week by health minister John Griffiths.

The NSF is based on that issued in England (*PJ*, 31 March 2001, p415), but has been updated and amended to reflect the structures, priorities and approaches within Wales. The main difference is that the Welsh NSF includes two standards in addition to the eight set out in the English NSF.

The first is called "Challenging dependency" and reflects the shift of emphasis to community-based services, stating that, wherever possible, an individual's health and social care needs should be managed within a community setting. It anticipates the publication of the social care equivalent of "Designed for life", the 10-year strategy for health in Wales (*PJ*, 28 May 2005, p635). The second is the incorporation of a revised version of the medicines booklet, issued as an accompaniment to the English NSF as a standard.

The implementation plan for the NSF aligns with that for "Designed for life" and consists of three stages. Actions are set for the first stage (2006-08), followed by a formal review in 2008 and the setting of new actions for stage 2 (2008-11). Stage 3 will follow from 2011-15.

The document can be downloaded from [www.wales.nhs.uk](http://www.wales.nhs.uk) and from *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)).

Renal Services NSF Public consultation on the Renal Services National Service Framework for Wales and on a policy statement designed to tackle renal disease opened last week. The documents can be downloaded from [www.wales.nhs.uk](http://www.wales.nhs.uk) and from *PJ Online* ([www.pjonline.com/links/pj](http://www.pjonline.com/links/pj)). The consultation closes on 16 June.

# SSRI failure does not predict response to other drugs

Intolerance or failure to respond to a selective serotonin reuptake inhibitor (SSRI) does not predict a lack of efficacy or intolerance to other antidepressants, including other SSRIs, according to two papers published in *The New England Journal of Medicine* this week (2006;354:1231 and 1243).

The papers analyse data from the STAR\*D (sequenced treatment alternatives to relieve depression) trial, which looked at two strategies for the treatment of patients with non-psychotic major depressive disorder who did not achieve remission despite treatment with citalopram. The two strategies involved either switching to another antidepressant or augmenting the initial antidepressant therapy with another medicine.

In the first study, 727 adults taking citalopram were switched to either sustained-release bupropion (used as an antidepressant in the US), sertraline or extended-release venlafaxine for 14 weeks. Remission rates did not differ significantly among the treatment groups (21.3 per cent for bupropion, 17.6 per cent for sertraline and 24.8 per cent for venlafaxine;  $P=0.16$ ). Response rates (26.1 per cent for bupropion, 26.7 per cent for sertraline and 28.2 per cent for venlafaxine) and time to response were similar in all treatment groups as was incidence of side effects and serious adverse events, say the researchers.

The second study assigned 565 patients on citalopram to receive sustained-release bupropion or buspirone as augmentation therapy.

Researchers found that the two groups experienced similar rates of remission (29.7 per cent in the bupropion group and 30.1 per cent in the buspirone group). However, bupropion resulted in a greater reduction in the number and severity of symptoms ( $P<0.04$ ) and fewer patients stopped therapy due to intolerable side effects, say the researchers.

The author of an accompanying editorial (ibid, p1305), comments that "effectiveness trials" such as these provide results that are generalisable and can be directly translated into practice. He suggests that the trials may be useful to identify predictors of response to antidepressant therapies, which should permit the design of more specific, individualised treatments.

## HIV in injecting drug users at 10-year high

The proportion of injecting drug users infected with HIV has reached its highest level since 1992, figures released by the Health Protection Agency show.

In England and Wales, one in 62 (1.6 per cent) injecting drug users were infected with HIV in 2005 compared with one in 110 (0.9 per cent) in 2002. This is the highest level of infection since 1992.

Fortune Ncube, who monitors the health of injecting drug users for the HPA, said:

"These findings highlight the importance of improving health care services to prevent the spread of HIV and other infections among injecting drug users. Necessary steps to achieve this include the provision of enough needles and syringes, and available information and practical advice on safer injecting practices, as well as guidance on the safe disposal of used equipment, the prevention of blood-borne virus transmission and easy access to diagnostic tests for HIV."

## SIGN publishes updated guidance on dementia

The Scottish Intercollegiate Guidelines Network has published an updated version of its guideline on the management of patients with dementia.

The guideline focuses on early identification of dementia and examines evidence relating to diagnosis, drug treatment and other interventions for behavioural and psychological problems. It endorses the use of donepezil, galantamine and rivastigmine in Alzheimer's disease but does not consider the cost-effectiveness of these interventions. The guideline can be viewed at [www.sign.ac.uk](http://www.sign.ac.uk).

## Pharmacy team recognised for substance misuse services



Suzi Dixon, pharmacist manager at Healthcare Plus Pharmacy's Bedlington Station branch, supervising Rita McCloud and Darren Hutchinson taking their treatment

A community pharmacy team has been awarded first prize in the Northumberland Care Trust Good Practice Awards 2005 for its substance misuse services.

Staff at Healthcare Plus Pharmacy's Bedlington Station branch were awarded "Team of the year" in recognition of the quality and range of substance misuse services provided at the pharmacy.

The team are proactive in getting to know patients and regularly signpost them to other services to help with financial and housing

problems. A confidential needle exchange scheme is available in a separate part of the pharmacy, which can also be used for supervised consumption of methadone. A weekly nurse-led clinic allows patients to receive hepatitis B vaccinations in the pharmacy.

Gill Fraser, joint acting chief executive of the care trust, said: "This is an inspirational team. The judges were impressed by the sheer commitment and caring from a group of people who recognised the potential beyond simply dispensing and supervising."

## Feasibility of treating prehypertension proved

Drug treatment of prehypertension — blood pressure range of 120–130mmHg systolic or 80–89mmHg diastolic — may prevent or postpone development of hypertension, according to a paper published online in *The New England Journal of Medicine* ([www.nejm.org](http://www.nejm.org)) on 14 March. However, the author of an accompanying editorial says that too many questions remain unanswered to determine whether drug treatment offers benefits over lifestyle modifications.

Participants with prehypertension were randomly assigned to receive two years of candesartan or placebo, followed by two years of placebo for all. Data on 772 participants revealed that 154 in the placebo group and 53 in the candesartan group developed hypertension during the first two years ( $P<0.001$ ). After four years, hypertension had developed in 240 participants in the placebo group compared with 208 in the active group ( $P<0.007$ ).

The researchers conclude that treatment of prehypertension is feasible. However, they do not advocate it for all without further research.

# European Union funds antibiotic resistance network

Research into antimicrobial resistance in Europe is to be co-ordinated by a new network funded under the European Union's research framework programme.

The GRACE (genomics to combat resistance against antibiotics in community-acquired lower respiratory tract infection in Europe) network will bring together 17 academic groups from nine EU member states to share their work and develop better diagnostic tools so that antibiotic use can be improved.

GRACE co-ordinator Herman Goossens, professor of microbiology at the universities of Antwerp, Belgium, and Leiden, the Netherlands, said: "The key to controlling the

development of antibiotic resistance is to be able to target antibiotics selectively. Our hope is on new and rapid diagnostics and I speculate that the next decade will witness revolutionary changes in diagnostic bedside testing for infections in the community."

Jonathan Cooke, director of research and development and clinical director of pharmacy and medicines management, South Manchester University Hospitals NHS Trust, and a member of the Department of Health's Specialist Advisory Committee on Antibiotic Resistance, said: "A number of UK researchers are involved in the programme from academic units in the universities of Nottingham, East Anglia, Birmingham,

Cardiff, Imperial College, Southampton and Oxford.

"Professor Goossens is a well-known advocate of the rational approach to the use of antimicrobials in order to reduce the burden of resistance in society. His overall thesis was echoed at a recent EU governmental conference into antimicrobial resistance which advocated [that] what prescribers needed were developments in near patient tests that delineated infection from non infection, viral from bacterial [infection] and identified the most effective and costs effective treatments. The establishment of a pan-European network for surveillance and treatment might go some way to addressing the problems of resistance."

## Vaccine production capacity limiting factor in influenza pandemic

Capacity within the manufacturing industry will be the limiting factor when it comes to vaccine production in the event of an influenza pandemic, according to David Salisbury, director of immunisation policy at the Department of Health.

Dr Salisbury, speaking at a seminar in London last week, said: "Production of a vaccine takes roughly four months to get vaccine coming out of the factory door." According to Dr Salisbury, it took researchers last year some 84 days from obtaining the H5N1 virus to convert it to a form that could be given to industry so they could begin working on a vaccine. This phase could be contracted down to about 24 days without a large amount of

extra money being spent, "so that instead of having [the tests] done in sequence, the work, for instance, is done in parallel", he added.

Health minister Rosie Winterton last week revealed that the DoH has purchased 3.7 million doses of human H5N1 vaccine, expected to arrive by October. Dr Salisbury spoke about the DoH purchase, saying that, "for England, we've got around 2.5 million doses and we would use that for research, . . . if we had to act urgently then we could use those doses for frontline NHS staff".

Dr Salisbury also said that a pandemic could involve about 25 per cent of the population, and rates of work absenteeism could be much higher due to children or other family

members being sick. Case fatality rates, based on historical experience, could range from 0.37 to 2.5 per cent.

In terms of treatment, Dr Salisbury said: "Antivirals are likely to be the only major countermeasure available early in a pandemic." The Government's goal of stockpiling around 14.5 million treatment courses of oseltamivir will be complete by September, he confirmed.

The DoH wants to avoid the situation where afflicted people all go to their GP or local pharmacy to collect antiviral medicine, thereby contributing to the spread of infection, and has charged local health authorities with the task of making arrangements for rapid availability of these drugs, he said.

## Finasteride plus contraceptive effective in female hair loss

Use of finasteride while taking the oral contraceptive pill improved hair loss in two-thirds of premenopausal women with female pattern hair loss (FPHL), according to a study published this month in *Archives of Dermatology* (2006;142:298).

Researchers in Italy treated 37 women with oral finasteride 2.5mg daily and an oral contraceptive containing drospirenone and ethinylestradiol (Yasmin). A contraceptive pill is necessary because finasteride is teratogenic, they explain. Ethinylestradiol-drospirenone has antiandrogenic activity and was selected because of its possible adjuvant effect on FPHL.

After 12 months, photographic evidence suggested that 23 patients has improved, 13 had not improved and one patient's condition had worsened. Hair density scores increased in 12 patients. In self-administered questionnaires, 29 patients judged their condition as improved and eight as stabilised. None of the patients reported adverse effects.

The researchers comment that the effectiveness of finasteride may be due to the higher dose used (2.5mg daily compared with



Dr P. Marazzi/Science Photo Library

### Hair loss improved in women taking finasteride and an oral contraceptive

a licensed dose of 1mg daily for male pattern baldness). "Further studies are needed to establish the optimal dosage and mode of administration of finasteride in premenopausal women and to definitively assess the efficacy of this drug compared with oral antiandrogens," they conclude.

### News in brief

#### Flu levels fall

Use of antiviral drugs for the prevention or treatment of influenza is no longer indicated, David Salisbury, director of immunisation policy, Department of Health, says in a letter to health care professionals. He explains that the rate of influenza reports in England and Wales has fallen below the threshold at which use of these drugs is triggered.

### PJ Online

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#### Pharmacists as patients

Pharmacists, who are also patients, describe what it is like to have to take a medicine for life.  
[www.pjonline.com/series](http://www.pjonline.com/series)

#### Weblogs

A pharmacy discussion forum has been added to the weblog section on the links page.  
[www.pjonline.com/links](http://www.pjonline.com/links)