News and Notes

MEDICATION BAR CODING AND SAFETY REPORTING TO IMPROVE PATIENT SAFETY

On March 18, 2003, DHHS Secretary Tommy G. Thompson announced two proposals from the Food and Drug Administration (FDA) with the intent to improve patient safety and cut unnecessary economic costs to the United States. These proposals include requiring bar codes on medications and improving reporting requirements for safety problems concerning medicine. The bar codes, to be clearly placed on the label, would include the National Drug Code (NDC) number and unique identifying information about the drug that is to be dispensed. This will aid in preventing medication errors such as administering the wrong drug, administering a drug to a patient who has a known allergy, administering the wrong dose at the wrong time, or using the wrong method of administration. In addition to the threat to patient safety, medication errors represent a significant economic cost to the U.S. Deaths and hospitalizations result from medication errors, according to the Institute of Medicine (IOM). The expected annual benefit from preventing medication errors and their effects is equal to $3.9 billion. The barcode requirement would include biological products and vaccines, all prescription products, and over-the-counter (OTC) drugs which are commonly used in hospitals.

The second proposal concerns the revamping of safety reporting requirements in order for the FDA to effectively monitor and improve the safe use of medication. It includes efforts to improve the quality and usefulness of safety reports submitted, requiring the submission of all suspected serious reactions for blood and blood market, and require reports on important potential medication errors. Both proposals may be viewed on the FDA's website at http://www.fda.gov/oc/initiatives/barcode-sadr/

LATEST NHTSA SEATBELT USE SURVEY RESULTS

The National Highway Traffic Safety Administration (NHTSA) Administrator Jeffery W. Runge, M.D., released new data from its major study, the National Occupant Protection Use Survey (NOPUS), during a speech before the Lifesavers 2003 conference in Chicago. The study found that use of seatbelts by African Americans has increased about 8 percentage points since 2000 (to 77% of the time). This gain is attributable to efforts by the Meharry Medical College, the Blue Ribbon Panel to Increase Seat Belt Use Among African Americans, and other African American organizations.

In addition, the study found that the gender gap is narrowing; however, males still use seat belts 7% less than females. There was also a significant improvement in safety belt use among children: those ages 8 through 15 used safety belts 82% of the time, while approximately 99% of infants under the age of one and 94% of toddlers were restrained. However, safety belt use among young adults ages 16 through 24 remained constant at 69% and males riding in pickup trucks use seatbelts only 65% of the time compared with 74% of the time in other vehicles. These latest numbers were taken from a NOPUS survey during a 20-day period of time beginning June 3, 2002. The survey included 37,900 observed vehicles at 1,100 intersections throughout the U.S. and has a margin of error of +/−4.4% for African Americans, +/−3.2% for whites, and +/−3.8% for other racial/ethnic groups.

The results of the latest study are summarized on NHTSA's website available from: URL: http://www.nhtsa.dot.gov/people/injury/airbags/demographic03-03/demographic.htm

ANNUAL MORTALITY REPORT: LIFE EXPECTANCY INCREASE

The report from DHHS' Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) showed that life expectancy has hit a new high of 77.2 years. For men the life expectancy increased from 74.3 years in 2000 to 74.4 years in 2001, and for women it increased from 79.7 years to 79.8 years. An addition was made to the homicide category labeled "deaths from terrorism" due to the September 11 attacks on America. Non-terrorism homicide rates declined from 2000 to 2001. There were declines in mortality from heart disease (4%), cancer (2%), stroke (5%), and accidents or unintentional injuries (about 2%). However, HIV remains the sixth leading cause of death for those ages 25 through 44 and a leading cause among African Americans. Mortality increased for kidney disease (3.7%), hypertension (3%) and Alzheimer's disease (5%). The infant mortality rate also remained the constant from 2001 to 2002 at 6.9 infant deaths per 1,000 live births. The

full report is available from: URL: http://www.cdc.gov/nchs

NHS RESEARCH BECOMES FREELY AVAILABLE

The National Health Services (NHS) took steps to make their research free and widely available to taxpayers and researchers around the world through an agreement with BioMed Central, an independent online publishing house. Founded in 1948, NHS is the largest health organization in Europe and is committed to investing in developing treatments, expanding medical knowledge, and providing world class health care for British citizens.

NHS England signed an agreement that will take effect in April 2003 with BioMed Central. By making articles easily available to both doctors and the public, the agreement will aid the advancement of medical science. In addition, by publishing in accessible online journals and thus reducing the money used for journal subscriptions, the NHS will improve cost efficiency and still retain focus on its number one priority: the treatment of patients. This announcement was made as part of the first phase of the NHS National Core Content Project, begun in 2002. Funded by the NHS Workforce Development Confederations, this project is aimed at providing a better value for the money and to make certain that all of NHS England has the same access. For further information about NHS, consult the website available from: URL: http://www.nelh.nhs.uk/news_biomed.asp

INHALANT ABUSE TREATMENT AND PREVENTION

The Substance Abuse and Mental Health Administration (SAMHSA) has issued a new Inhalant Treatment Advisory in order to guide and assist health care officials in treating patients with inhalant addictions. The National Inhalant Prevention Coalition (NIPC) is also aiding this effort, and has developed treatment guidelines that are under peer-review. Data from SAMHSA indicates that 140,000 people abuse or are dependent on inhalants. A countless number of facilities are not equipped to treat this addiction and therefore many patients are turned away.

The Substance Abuse Treatment Advisory created for treating inhalant abuse highlights three main points concerning treatment: (1) detoxification periods can be long (months) and it is not advised to begin treatment until detoxification is complete; (2) therapy must span an extended period of time; and (3) individual sessions need to be no longer than 15 or 20 minutes due to the fact that most patients have shorter attention spans. The NIPC treatment guidelines split patients into four different categories. They are classified as transient social users, chronic social users, transient isolate users, and chronic isolate users, with the last group presenting problems such as poor social skills, limited education, and brain damage. Heart, lung, kidney, liver, and peripheral nerve damage are also effects of inhalant use. For more information on SAMHSA data or NIPC's guidelines, consult the website available from: URL: http://www.samhsa.gov

FDA ISSUES NEW SECURITY GUIDANCE: OPERATION LIBERTY SHIELD

As part of its Operation Liberty Shield, the Food and Drug Administration (FDA) has announced the availability of four guidance documents designed to aid manufacturers in minimizing the risk of tampering or other malicious, criminal, or terrorist acts. In addition to these four documents, the FDA is increasing surveillance of domestic and imported foods. The FDA has begun to increase facility inspections and product sampling, examinations and sampling of imported food, and its joint activities with federal, state, and local partners. They are working closely with the Centers for Disease Control and Prevention (CDC) to contain outbreaks of food-borne illness. More than 800 new inspectors and field personnel have been hired and greater laboratory testing is being used. Operation Liberty Shield is a national plan designed to increase protection of the American infrastructure while maintaining the free flow of goods and people across borders with a minimal disruption to the economy and way of life. Further information on Operation Liberty Shield or any other FDA action is available from: URL: http://www.fda.gov