

Letter from Australia

DISEASE PREVENTION AND AN INTERVENTION

In early June 2010, I received in the mail, free of charge and unsolicited, a bowel cancer screening kit, sent to me as part of the National Bowel Cancer Screening Program. The eligible population is Australians turning 50 years of age between January 2008 and December 2010, and those turning 55 or 65 years between July 2008 and December 2010, who hold a Medicare card or Department of Veterans' Affairs (DVA) gold card. The aim is to screen 2 500 000 people over 3 years. About 13 000 Australians are diagnosed with bowel cancer each year and 4500 die from it. Bowel cancer is the third most common cancer in men and women; lung and prostate cancers are more common in men, and in women, lung and breast cancers have almost equal incidence and both are more common than bowel cancer. The aim of the screening programme is to detect bowel cancer early enough to be able to prevent death. The programme relies on faecal occult blood testing, with samples taken from two separate bowel motions collected 2–3 days apart, and then sent to the screening laboratory by post in special containers that are supplied with the kit.

Australia has two other national cancer screening programmes. The National Cervical Screening Program (established in 1988) promotes routine screening with Pap smears every 2 years for women between the ages of 18 (or 2 years after first sexual intercourse, whichever is later) and 69 years. BreastScreen Australia (established in 1991) is targeted specifically at well women without symptoms in the age group of 50–69 years, although women 40–49 years of age and ≥ 70 years are able to attend for screening. Mammograms are provided free of charge, with relocatable and mobile screening units sent to more remote areas of our vast country.

Newborn screening is also provided in all states of Australia, but curiously, it is organized on a state-by-state basis and is not uniform. All states screen for congenital hypothyroidism and a range of about 30 metabolic disorders, most of which are extremely rare, but the lists of conditions vary from state to state. The introduction of thyroid screening in the 1970s has almost completely eliminated intellectual disability due to neonatal hypothyroidism and it covers more than 98% of all births. The economic benefits of preventing intellectual disability are enormous, not only in terms of the productivity of the individual over a lifetime, but also in reduction of the financial burden on families and communities of caring for a person with a chronic disability. The criteria used in selecting a condition for inclusion in the newborn screening programme are: (i) there is benefit for the individual from early diagnosis, (ii) the benefit is reasonably balanced against financial and other costs, (iii) there is a reliable test suitable for newborn screening, and (iv) there is a satisfactory system in operation to deal with diagnostic testing, counselling, treatment and follow up of patients identified by the test.

Australian residents are extremely fortunate in having governments (federal and state) that provide these excellent screening programmes. Increasingly in medicine, the emphasis is on earlier and earlier diagnosis of disease or even the genetic predisposition to a disease, in order to prevent the costly and often irreversible effects of the full-blown condition. A retired Professor of Physics recently appeared on the *New Inventors* television

programme and showed evidence that she can detect signs of cancer or Alzheimer disease in diffraction patterns created by passing a very fine beam of X-rays through samples of a person's fingernail! Not only that, but the diffraction patterns change years before the disease becomes clinically apparent. In early June, a blood test for lung cancer was released commercially across the USA. Whether or not the introduction of this test will reduce mortality remains to be seen, but this kind of research is important and deserves to be supported. On another level of disease prevention, the Australian government has legislated to dramatically increase the tax on cigarettes, in an effort to make cigarettes so expensive that at least some smokers will be persuaded to quit. In Victoria, taxes on tobacco fund the Victorian Health Promotion Foundation (VicHealth), which runs vigorous anti-smoking and 'Quit' campaigns. Cigarette packets must also be plain wrapped and display both verbal and pictorial warnings about the dangers to health from smoking. The advertising in all forms of tobacco products in Australia is banned. No country has yet been brave enough to prohibit the sale of tobacco products, possibly because they remember how unsuccessful the prohibition of alcohol was in the USA.

A federal election must be held before the end of 2010, and once again, health is one of the key areas on which the election will be fought. An additional Australian \$2 billion was recently added to the budget for health and while it will benefit most sectors, very little was made available for the relatively neglected area of mental health. The federal government's move to take over the funding (and control) of public hospitals from the states has been met with strong opposition from 2 of the 6 states. This issue is largely regarded in the community as a bureaucratic shuffle, rather than a great leap forward.

The health of indigenous Australians remains a national disgrace, despite the rhetoric of successive governments and the \$587 million Northern Territory National Emergency Response (known here as 'the Intervention') brought in under John Howard, in 2007. This response involved

- Deployment of additional police to affected communities
- New restrictions on alcohol and kava
- Pornography filters on publicly funded computers
- Compulsory acquisition of townships currently held under the title provisions of the Native Title Act 1993 through 5-year leases with compensation on a basis other than just terms
- Commonwealth funding for provision of community services
- Removal of customary law and cultural practice considerations from bail applications and sentencing within criminal proceedings
- Suspension of the permit system
- Quarantining of a proportion of welfare benefits to all recipients in the designated communities and of all benefits of those who neglect their children
- The abolition of the Community Development Employment Projects (CDEP)

This intervention, which was prompted by reports of widespread child abuse in Aboriginal communities in the Northern Territory, is widely regarded as having failed. Rates of child abuse may even have continued to rise. None of the major political parties has come

up with a good proposal for dealing with this blight on Australian society because they have not found a way of reducing poverty and dependency among indigenous Australians living in remote communities. The health of indigenous communities is very low on the list of election issues because Aboriginal and Torres Strait Islanders, numbering <500 000, only make up 2.3% of the Australian population. Sadly, the election debate is heading once again into

familiar territory, with fear being whipped up by unscrupulous opposition parties about the unheralded arrival on our shores of boatloads of would-be asylum seekers, fleeing zones of conflict. Everyone seems to forget that all Australians—even our indigenous citizens—came here from other countries at some stage in the past.

GARRY WARNE
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Letter from Chennai

DRUG RACKETS

A 3-year-old girl died in Chennai in March, and it was found that one of the medicines she had consumed was past its expiry date. I have no information about whether the medicine concerned was toxic to her or whether it was ineffective and, therefore, did not save her life. In either case, cheating people in the matter of potentially life-saving therapy is tantamount to murder. The police and health authorities initiated action, but things really got moving when the Chief Minister stepped in and declared that no leniency would be shown to the culprits, who should be sentenced to life imprisonment or a fine of Rs 10 lakh. The fine is a flea bite for someone who has probably made crores of rupees in this racket, and I believe a prison sentence should be mandatory. Twenty-five teams were constituted to track the movement of spurious drugs all over the state and to apprehend the guilty. Thereafter, almost every day we have been reading stories about a fresh racket and the arrest of yet more people. It is a sad commentary on the state of affairs in Tamil Nadu that whenever such an event occurs, one begins to wonder why the authorities have woken up. What is the motive? Is there a special reason to go after a particular person or organization? If it is so easy to detect these rackets and arrest the criminals, why have we not been doing it all along instead of waiting for a high-profile death?

One of the accusations was that the underworld had a regular practice of repackaging time-expired drugs and marketing them. The Pharmaceutical Manufacturers' Association of Tamil Nadu and the Retail Medical Shop Owners' Association said this could not happen because all retail pharmacies had to return drugs to the stockists 3 months before the date of expiry. The stockists, in turn, return them to the manufacturers, who take steps to destroy the medicines so that there is no risk of the drug being marketed. What is more, the manufacturers refund the price of the expired drugs, so that there is no incentive to anyone to cheat on the deal. Be that as it may, there is no doubt that such drugs do find their way into the market at times, so there must be some who subvert the system, though why someone would take the trouble and the risk and harm the public if he can get his money back from the manufacturer is beyond comprehension.

In April 2009, a racket in spurious Primolut N was uncovered in Chennai, and investigations have been in progress ever since. Perhaps the recent publicity revitalized the investigating team. In the course of their enquiries, they found another racket, this time in Renerve. Tamil Nadu's Director of Drugs Control stated that

drug inspectors had found boxes of capsules with the expiry date erased and fresh expiry dates printed. A number of people were arrested. Some of them ran pharmacies where the drug was found and one was a stockist. A sessions judge denied bail to some of the accused, saying the crimes were of too heinous a nature. Spurious drugs were recovered from a godown in the city. Had these been sold for the marked price, they would have fetched ₹2 crore.

Meanwhile, one of the accused said that doctors, too, were implicated in this illegal trade, since some of them ran dispensaries and sold these drugs to their own patients. Apparently no doctors were named. The plot thickened as a sweeper in a government hospital was arrested for having stolen medicines from the hospital and sold them to the racketeers.

Where will this end? *The Times of India* reported that 500 cases are pending in the courts, some for 15 years. The Health Secretary said he had requested the government to set up a fast-track court to try the accused. He clearly has a strong argument. A person selling spurious drugs is no less a terrorist and a mass murderer than is Kasab. I clearly remember a case in 1970, when a manufacturer of an antipyretic and antitussive syrup in Thane ran out of propylene glycol and used ethylene glycol instead. This is a highly nephrotoxic substance and a number of children who were given the syrup for harmless upper respiratory infections went into renal failure. In those days dialysis facilities were hardly available in Chennai, and scores of children died. The case ran on for several years and, after everyone had lost interest in it, the manufacturers were fined some trifling amount.

The Health Secretary stated that the state had a severe shortage of drug inspectors. Only a few days ago, 20 inspectors were recruited to fill vacancies. But why were these posts vacant in the first place? Surely an efficient government should have advertised the vacancies in time and filled them as soon as the then incumbents retired or moved on to higher posts. Besides, if the existing staff could do all this work, unearth so many illegal activities and ferret out so many criminals, why did it hibernate till the public and the press got so agitated?

This is what bothers me most of all. The rules are clearly laid down, but they are violated with impunity all the time. The most glaring example is that of building codes and licences. One can conceal illicit drugs or alcohol in godowns, but one cannot hide the fact that one is constructing an extra floor on a building, or extending the floor area beyond the permitted bounds. Why do we always allow the structure to come up and then, most often,