It's almost ten years since Directive 2004/27/EC came, which requires Braille labels on all medicine packages in the European Union. Maybe it's time for a cost-benefit analysis?

Is the Braille labelling worth the money?

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FIP Dublin 2013

High costs, small number of users, limited extra benefit – the price for each time a blind person is spared asking for help with medicine identification is astronomical. Is it worth the money?

The money saved by removing Braille labels is not readily available for other 'highworthy' projects. The industry will probably 'take' the money – in the same way that they previously took the cost of introducing Braille labelling.

It is difficult to measure the cost of Braille labelling. The costs are very widespread and the industry is not very willing to give out economical information. Elements are: extra artwork, extra element in regulation and in production, tool cost for each item, setup cost for each batch, special cardboard quality, special labels, recalls and delayed batches, etc.

Running cost **estimate** for Braille labels:

Folded labels: 25% or more of the label cost.
Folded boxes: 500 Euro per order
5 000 boxes → 0.10 Euro per box
50 000 boxes → 0.01 Euro per box

Braille readers:
Some do not use medicine.
Some are not able to manage their own medicines due to other reasons than their impaired vision.
Some identify and differentiate their medicine packages by other ways than Braille.

Braille readership:
UK: 10 to 20 000 of a population of 62 mill - less than 0.3‰
Norway: 1000 of a population of 5 mill – 0,2‰

Without Braille a small number of blind patients will on some occasions have to ask for assistance with identifying medicine packages.

How many ...

Identification of medicines is critical - but is Braille critical for the identification?
Technological development is rapidly making Braille into a yesterday's solution. Scanning a barcode - or even the label text - and getting the result read out loud, is already available.

Audio labellers:

Sherlock (Austria)

Touch Memo (USA)

Talking Label Wand (USA)

PenFriend (UK)

Penny Talks (Germany)

OCR to speech app for android phones:

CapturaTalk

The Braille dots may prevent the pharmacy label from sticking to cylindrical containers.
EU countries use patient packs (do not dispense from bulk).
40% of EU population lives in countries using pharmacy labels.
Pharmacy labels are put on the medicine box or container of prescription medicines.

Typically a pharmacy labels contains:

- Name of patient
- What the medicine is used for
- Dosage instructions
- Other instructions
- Date of dispensing
- Name of prescriber
- Name of pharmacy
- Medicine identification element

Uncontracted (Grade 1) Braille

a	b	c	d	e	f	g	h	i	j
k	l	m	n	o	p	q	r	s	t
u	v	x	y	z	w				

Punctuation

,	;	:	.	!	( )	? “	*	”	’	-

Numerals

1	2	3	4	5	6	7	8	9	0

Special Signs

Letter signs	Capital signs	Numeral signs	Numeral index signs	Literal index	Italic sign

The required information in Braille is the product name and the strength.
In case of generics the manufacturers name is also needed.
Example: lisinopril hct actavis 10 / 12.5 mg

- Braille labelling is by far the most expensive label element.
- Braille labelling is seldom used.
- Technological development is further reducing the use of Braille labelling.
- The Braille dots may prevent the pharmacy label from sticking to cylindrical containers.

My conclusion is clear:
Remove the Braille dots!