THE NETWORK'S
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Association for Rational Use of Medication in Pakistan

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The Network's mission is to promote the rational use of medication and essential drugs concept in Pakistan in order to optimise the usefulness of drugs and help bring equity in their access.

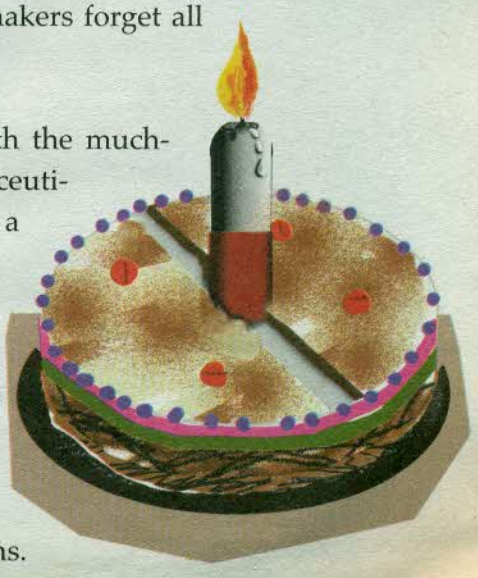
NDP on its first birthday

A year has passed since the announcement of the National Drug Policy (NDP). We were critical of the hush-hush way in which the NDP was announced by the caretaker health minister in December 1996. Disregarding the history of the development of the draft up to that point, the minister put a Quranic verse at the top of the policy draft and announced it nevertheless, just to score another point for the caretakers.

The result is anybody's guess, but in just a year's time the Ministry of Health (MoH) seems to have forgotten all about the NDP. The federal health bureaucracy neither considers itself accountable to anyone nor does it like to be reminded of its responsibility in this connection. Lack of accountability and amnesia suit it well.

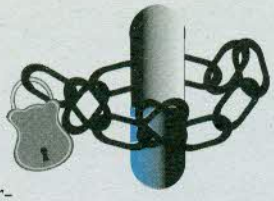
The two most important constituents of any well-meaning policy are commitment to goals and the provision of guidelines. But if the whole objective of policy making is to only score points and offset the criticism for not having a policy, then the process becomes self-defeating and an absolute waste of time. This looks like what has happened with the National Drug Policy.

The NDP, its high-set objectives and its commitment to essential drug concepts now lies gathering dust on some inaccessible shelf of the MoH. It is unfortunate how the officials involved in the making of the policy have conveniently let the present political decision makers forget all about the NDP.



We urge the health authorities to come up with the much-needed resolve to overcome the chaotic pharmaceutical situation in the country. We still hold that a well thought-out NDP with back-up support is the solution. One of the biggest weaknesses of the NDP is that it does not provide any system to monitor and evaluate its implementation. Without such accountability one can never judge the achievements or failures of any policy. The government needs to look at all these issues if it is serious in introducing health reforms.

Products containing terfenadine banned



Terfenadine, the breakthrough non-sedating allergy drug implicated in heart problems when used improperly, is being pulled from the US market, drug maker Hoechst Marion Roussel announced last month.

Introduced in 1985, terfenadine was the first prescription antihistamine that did not cause drowsiness. It once held 80 per cent of the huge market for allergy drugs taken by tens of millions of sneezing, sniffling hay fever sufferers in the US. Last January, the US Food and Drug Administration recommended that terfenadine products be removed from the market due to the risk of cardiac complications when used in combination with certain antibiotics and antifungal medications.

The drug has also been taken off the shelves in France, Greece and Luxembourg. In September 1997 the UK Committee on the Safety of Medicines decided to change the status of the drug from over-the-counter to prescription-only.

Terfenadine is available in Pakistan in at least 11 brands manufactured or imported by national and international pharmaceutical concerns. The following table provides information about the availability of the drug in Pakistan for consumers to beware and for the Ministry of Health to take appropriate regulatory action.

Brands containing terfenadine available in Pakistan

No.	Trade name	Ingredients	Dosage / Formulation	Manufacturer
1	Bronal	Terfenadine	60 mg/tab	Galenika / Akhai International
2	Fenade	Terfenadine	5ml/30 mg/Susp 60 mg/120 mg tab	Sami Pharmaceuticals
3	Fendina	Terfenadine	5ml/30mg/Susp 60 mg/120 mg/tab	Highnoon Laboratories
4	Histacam	Terfenadine	5 ml/30 mg /Susp	Mendoza
5	Hypofen	Terfenadine	5ml/30 mg/Susp 60mg/tab	Epla Laboratories
6	Meldane	Terfenadine	5ml/30 mg/Susp 60 mg/tab	Pacific Pharma
7	Nebral	Terfenadine	60 mg/tab	Siza International
8	Talergin	Terfenadine	5ml/30 mg/Susp 60 mg/tab	Wilson's Pharmaceuticals
9	Teldane	Terfenadine	5ml/30 mg/Susp 60 mg/tab	Merrel Dow/ Pacific Pharmaceuticals
10	Terfen	Terfenadine	5ml/30 mg/Susp 60 mg/tab	Ferozsons Laboratories
11	Terfenal	Terfenadine	60 mg/tab	Opal Laboratories

The toxic plague

Toxic chemicals are to us now what viruses were a century ago: the hidden enemy and the source of much illness. In our everyday life we are now so immersed in chemicals — at last count there were 70,000 of them out there — that most of the latest syndromes are being named after them. There is now sick building syndrome, wood preservative syndrome, solvent intolerance, chemically associated immune dysfunction, Gulf War syndrome, not to mention the more obtuse appellations like ecological disease, clinical ecology syndrome, chronic fatigue syndrome, fibromyalgia, and, our latest, multiple chemical sensitivity (MCS) all hinting at an environmental cause.

Despite increasing evidence that chemicals are making many people ill, the medical establishment stubbornly hangs on to microbes as the one and only source of illness. This was the conclusion of the 1996 Royal College's Report on chronic fatigue syndrome and on MCS problems. Nevertheless, the editor of *The Lancet*, Dr. Richard Horton, took a brave step forward by arguing: "Somehow I cannot accept that pesticides, sprays and gases are the harmless accouterments of today's life. But how do we prove it one way or the other?"

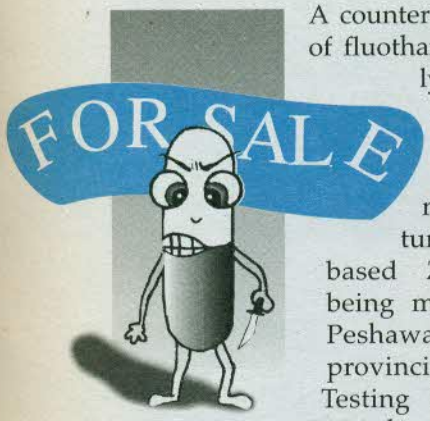
Although several reliable scientific studies have already proved that some people are hypersensitive to chemicals, the crux of the problem is really finding out exactly how these chemicals damage us. There is no way to determine, for instance, if a single chemical disrupts hormones, say, simply by examining its molecular makeup. It has to be subjected to a battery of tests, which, incidentally, have yet to be devised.

Consumers must demand that far fewer chemicals be used; that pesticides be employed only for emergencies; and that manufacturers have the burden of proof. Perhaps most important, we must no longer allow the deadly triad of the medical, pharmaceutical and chemical giants to pretend that the beginnings of an environmental plague are all in our heads, a pretence that allows them to get away with murder.

Consumer Currents, *No 199, Nov-Dec 1997*

Counterfeit fluothane on sale in Peshawar

Chloroform being used as anesthetic



A counterfeit version of fluothane, a widely-used general anesthetic agent manufactured by UK-based Zeneca, is being marketed in Peshawar. The provincial Drug Testing Laboratory (DTL) has confirmed that "it is fatal for human consumption, and contains chloroform instead of halothane." Chloroform is no longer used as anesthetic anywhere in the world due to its potential to cause liver and kidney damage, respiratory depression and cardiac arrest.

The manufacturers have replaced the genuine ingredient (halothane) with commercial chloroform, which was sporadically used till the late fifties and sixties but which is now known to be a hazardous drug.

The counterfeit drug effectively mimics the genuine and was recovered by Hayat Shaheed Teaching Hospital's (HSTH) administration from a patient who had purchased it in the local market. The culprit manufacturers, marketing managers and sales representatives of the drug are yet to be caught.

The most dangerous aspect is that the product is being supplied to a number of private and public hospitals. An anesthesia technician has alleged that "it was also used for a few cases in the 1,200 bed HSTH in July and August."

The counterfeit drug's trade has been flourishing in the secondary care centres and private hospitals in most districts of the province. This is mainly because there is often little or no government control on pharmaceutical laboratories.

The health department recently directed administrators of all hospitals in the NWFP to purchase the anaesthetic from authorised distributors.

Dr. Khabir Ahmad
The Frontier Post (December 4), Peshawar

Senate passes Patents and Designs (Amendment) Bill

The Senate passed three bills on Wednesday in a matter of minutes in the absence of opposition and without any discussion on the merit of the three laws with one of the bills being the Patents and Designs (Amendment) Bill, 1997.

Minister for Parliamentary Affairs Muhammad Yasin Wattoo had introduced the bill to amend the Patents and Designs Act, 1911. Under the bill, Pakistan seeks to achieve the objectives of Article 27 of the World Trade Organisation (WTO) Agreement. At present, patents are granted by the Patents Office under the Patents and Designs Act, 1911, which does not admit patents for pharmaceutical and agro-chemical products.

Article 27 of the WTOs, on the other hand, provides for admitting the application for protection of such product with effect from January 1995, the date of coming into force of the WTO. According to the bill passed Pakistan is a signatory to the Marakash Agreement, which concluded the Uruguay Round of talks and provided for the establishment of the WTO. It also provided for the agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPs) to reduce impediments to international trade, and promote adequate protection of TRIPs.

To meet its obligations under TRIPs, Pakistan is required to amend its existing laws, particularly to avoid any penal clauses of the TRIPs Agreement. It is also necessary to urgently give effect to the provisions of Articles 70.8 and 70.9 thereof.

Mohammad Yasin
Dawn (November 13)