Quarterly

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The Network's NEWSLETTER Rx

Association for Rational Use of Medication in Pakistan

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

Over-the-counter availability of medicines

All over the country, any pharmaceutical product can be bought by anybody over-the-counter. Generally, neither is any prescription demanded by the sellers (very few of whom are qualified pharmacists) nor do they consider it important. Prescriptions are required only when either the customer/consumer does not remember the name of the drug or cannot pronounce it.

Drugs are special consumer commodities. Owing to their special status they require special handling. Governments regulate the pharmaceutical sector with an objective to ensure the rational use of effective, safe and quality drugs by the consumers. Licensing of pharmaceutical manufacturing units, registration of drugs, control of drug promotion, drug labeling standards, classification of drugs for different purposes, essential drug lists and formularies, development of therapeutic guidelines, drug sale rules etc. are some examples of drug regulation.

Retail selling or dispensing of drugs is the last and one of the most important steps before the use of drugs. To ensure better end-use, one measure is to classify drugs into basically two categories: first, drugs which can be made available to the consumers only after professional advice and second, drugs which can be purchased without such advice. A signed prescription by a qualified health professional containing drug/s from first category forms an evidence that the patient medically needs these drugs and is required to be seen by the seller before these are handed over or dispensed to the patient. The first category includes all those drugs which are to be given only after proper diagnosis has been made and/or which can have serious side-effects including dependence and/or which require complicated instructions to be followed for their use (antibiotics, psychotropics, steroids, hormonal preparations, anti-cancer drugs etc.). These are the very basic principles to be followed for classifying drugs into "prescription-only" and "over-the-counter" drugs.

In all the industrialized and in many developing countries this rule is strictly followed. In Pakistan the situation is "a free for all" and most disturbingly there is no attempt of any kind to improve the situation. The Drug Act 1976 is vague and non-committal about this aspect. Provinces have formulated "Sale Rules" based on Drug Act which are quite out-dated and in some cases ridiculous. The result is that any body can enter a retail medical store and ask for even a anti-cancer drug and it will be provided readily without asking for a prescription. This is also true for Islamabad.

There is a dire need for strengthening the Drug Act, thorough review of provincial Sale Rules, strict enforcement of these rules, training of sellers and education of consumers. We hope that all involved will feel their responsibility. The Network, apart from its own work, is very willing to join in any effort in this direction.

DrugNews

Rhone Poulenc Rorer (RPR): a Rather Poor Reply!

The June 1996 MaLAM international edition focused on the promotion of Flagyl (metronidazole) by Rhone Poulenc Rorer (RPR) in Pakistan exhorting "suspect amoebiasis/ giardiasis in all cases of diarrhoea... immediate treatment is vital". RPR's response to MaLAM is one of the worst letters that MaLAM has received in recent years. Dr. Minhaj A. Qidwai, Medical Advisor for RPR (Pakistan) stated that "If you agree that amoebiasis and giardiasis should be treated urgently due to their potential impact on morbidity and mortality, then empirical treatment becomes routine in a community unable to afford the charges for stool examination and other associated laboratory or office costs". Does RPR mean that all children with diarrhoea should receive metronidazole?

Misuse of metronidazole: "a worldwide health problem": A number of studies in developing countries have shown that metronidazole is often misused for the treatment of diarrhoea in children. In her survey of prescribing practice in India, Greenhalgh (1987) found that metronidazole was the most frequently prescribed antimicrobial for diarrhoea in hospitals (26% of cases) and among private general practitioners (36% of cases).[1]

A recent study on health professionals' knowledge of dysentery treatment in Bangladesh has shown that less than half chose the correct treatment as recommended by the WHO.[2] Metronidazole was chosen by 10.9 to 25.6% of the doctors and by 36.8 to 47.3% of the drug dispensers. In Pakistan, in a recent study antiamoebics were prescribed by general practitioners and pediatricians in 26% and 22% of encounters for childhood diarrhoea respectively.[3]

"Suspect drug promotion in all cases of inappropriate prescribing": In the Philippines, an anthropological study focused on the popularity of drugs for diarrhoea among prescribers and dispensers. The author concluded "A review of studies in the Philippines showed that, contrary to popular belief, the general prevalence of amoebiasis is not high, that amoebiasis is not frequently associated with acute or persistent diarrhoea in children and that the first etiological agent to be considered in pediatric dysentery is Shigella, not E. Histolytica. Despite this, metronidazole and other anti-amoebic drugs are frequently prescribed for ordinary cases of watery diarrhoea. "

As in the Philippines, RPR's promotion of Flagyl in Pakistan encourages false beliefs about amoebic hyperendemicity. RPR's current promotion for the routine empirical use of metronidazole is in opposition to the World Health Organization (WHO) recommendations and should be strongly condemned. (References available on request)

— MaLAM International News, Nov/Dec 1996

Our readers' comments on this issue are invited for publication in Dialogue section of the newsletter.

Poverty of research

Around 40 per cent of the world's population is at risk from malaria. Half a billion people catch malaria every year, nearly 1.5 million to 2.7 million of them die. This number is continuously rising because of the growing problem of drug resistance. You might think that the multinational companies would be scrambling to concoct new medicines for malaria. No, they are not. Rather the sums spent on research on malaria is painfully low. In 1993 the world spent $84 million on malaria research or $40 per death caused by malaria while on AIDS $3,774 per fatal case were spent. A recent study sponsored by Wellcome Trust failed to produce figures for private investment in malaria research, partly because drug firms are secretive but mainly because there isn't much research.

The real reason why companies are not investing in research on malaria is commercial. Most of the victims are too poor to pay. A vast majority of these live in sub-Saharan Africa, South East and East Asia. For many companies venturing into the area, the real target market are Western visitors of these areas. But the risks are high even in this market of prophylactics as these affluent travellers can easily bring litigation. So the companies have no interest in the search for a drug for malaria.

This situation is alarming for the Third World where governments are, on the prescription of World Bank and IMF, closing down the public sector research organizations.

Source: The Economist, 28 Nov., 1996