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## New alluring business of psychotropic drugs

Pakistan is witnessing an alarming increase in psychic and mental disorders among citizens and the drug manufacturing companies are capitalising on this situation by introducing expansive drugs, which serve only doctors and manufacturers and the patients get no relief despite conceding huge monetary losses in purchasing such drugs.

The situation further aggravates in the absence of effective rules and regulations on the sale and consumption of such drugs and qualified psychiatrists. It seems that big multinationals have picked Pakistan as a favourite spot for 'creating' and treating the patients with mental and psychiatric disorders through the sale of such drugs.

Annually psychotropic drug sales (allopathic only) in Pakistan is touching the figure of Rs 3 billion. For only one year (July 2003 to June 2004) the sales stood at Rs 2.76 billion (\$46.77 million). Of these, antidepressants sales

were worth Rs 821.17 million (\$13.4 million) (an increase of 23pc from the previous year), tranquillisers and hypnotics Rs 1.36 billion (\$23.18 million) (an increase of 18pc and 137pc respectively from the previous year) and antipsychotics Rs 377.02 million (\$6.39 million).

Interestingly, sales of drugs categorised as 'nootropics' (so-called brain stimulants) were worth Rs 187.6 million (\$3.18 million). To put the above figures in context, the Gross Domestic Product of Pakistan is approximately \$61.6 billion whereas the per capita income is \$440. There are only 150-200 qualified psychiatrists and the people have to resort to general practitioners for the treatment of mental and psychic diseases. However, such drugs are sold

even without prescriptions. The patients who could not afford doctors' fee or purchase of expansive drugs have to rely on quackery.

**Mental healthcare in Pakistan**  
Pakistan's population of 150 million makes it the world's sixth most populous country. Community-based prevalence studies for common mental disorders give high figures: 25-66pc women and 10-40pc men. There are an estimated 3 million drug addicts in Pakistan.

Suicide rates have increased dramatically in the last few years, from a few hundred to more than 3000 annually. Serious mental illnesses account for another 1-3pc of the population. Health spending is a pitiable 1pc of the government's annual budget and mental health does

not have a separate budget. There is no health insurance and a poorly funded public health service is accessed by only the poorest. All healthcare costs are borne by patients themselves. Mental health services are almost non-existent and limited to either psychiatry departments of teaching hospitals or privately run clinics.

There are only 150-200 qualified psychiatrists in Pakistan, an alarming ratio of one psychiatrist to a million people. The majority of psychiatrists are urban-based, whereas 70pc of the population is rural-based. Except in a few instances, psychiatry is neither taught nor examined at undergraduate level, leaving most practising physicians with poor diagnostic and management skills for psychi-

atric disorders.

**You scratch my back, I'll scratch yours**

A multinational pharmaceutical company recently launched a drug for dementia in Pakistan and few about 70 Pakistani doctors to Bangkok, Thailand for a 3-night all-expenses-paid trip. Pakistani doctors were part of a large group that also included doctors from other countries. A conservative estimate of costs for the Pakistani doctors alone is about 7 million Pakistani rupees (120,000).

Although, the company could justify it, questions linger about the rationale for spending this huge amount in a developing country without a health care system and where all health care is out-of-pocket expenditure. The drug in question costs Rs

320 (\$5.40) per recommended daily maintenance dose prohibitively expensive for the vast majority of Pakistani patients. This article addresses the murky relationship between pharmaceutical companies and psychiatrists in developing countries, using Pakistan as an example.

Dr Murad Musa Khan, Professor of Psychiatry in Aga Khan University Karachi, in an article published in latest issue of 'Watch on Medicine' writes 'the pharmaceutical companies and physicians have a well-established symbiotic relationship in Pakistan, not unlike that in many other countries. However, with little or no regulation of medical practice or drug prescribing and dispensing, companies and physicians are free to act as they deem fit. Malpractice litigation

against doctors is unheard of. Pharmaceutical companies have therefore targeted psychiatrists aggressively. The traffic is bidirectional - psychiatrists are as demanding of favours as companies are of providing them.'

'Some of the many inducements on offer include: sponsoring attendance at conferences, underwriting symposia, all-expenses-paid trips for self and spouse for a drug launch abroad, free drug samples and expensive gifts (watches, air conditioners, briefcases, laptops, etc). Other methods include funding a physician's family wedding, holidays and other events of this nature. One of the latest incentives is for the pharmaceutical company to provide the physician with a down payment for a new car. All the physician has

to do in return is write 200 prescriptions for the company's expensive drug', he says.

**Cleansing murky waters: regaining integrity**

Can the murky waters be cleansed, boundaries redrawn and integrity regained by psychiatrists in developing countries such as Pakistan? Dr Musa believes they can, providing that there is a serious will to do so. It is vital that no matter what the circumstances the interest of the patient remains paramount. Anything that compromises this must be identified and eliminated. This includes accepting any kind of inducement - large or small, in any form, shape or size - from pharmaceutical companies. Alternative ways of funding attendance at conferences must be found. This must be strengthened by strong institutional policies limiting direct contact with pharmaceutical sales representatives.

*Courtesy TheNetwork*



**TheNetwork for Consumer Protection**

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