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Acknowledgements

Our gratitude to the pharmacists who participated in this study (Y Chothia, A Govindsamy, J Hansraj, R Hassan, MIE Hassim, VB Jogessar, G Naidoo, P Naidoo, R Naidu, L Odayar) and Eagle Computer Services for supply of the Pharmacy Dispensing Programme.

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Sales practices of patent medicine sellers in Nigeria

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A survey was carried out among patent medicine dealers to evaluate their practices that militate against laws governing prescriptions-only medicines in Nigeria. Questionnaires were distributed to 46 patent medicine dealers and later collected from them on appointment. Analysis of the results showed that all the patent medicine dealers were aware of the law governing the sale of prescription drugs in Nigeria. Seventy-five per cent of them stock such drugs. Patent medicine dealers obtain their drugs largely from sales representatives of pharmaceutical companies as well as from industries. Inappropriate use of sales boys and girls in patent medicine stores and defective government policies were all investigated.

Introduction

In many developing countries, manpower shortage has led to people with no training in pharmacy being employed in the procurement, storage and distribution of drugs.¹ In some developing countries, the ratio of pharmacists to the population is relatively

high in urban areas but extremely low in rural areas.^{2,3}

This lack of personnel causes serious problems in the correct usage of drugs, especially where quacks are involved in drug distribution. In most cases, the drugs

are improperly stored, which could result in the degradation of drugs with resultant reduction in their shelf life.^{4,5}

In Nigeria, there are only about 7000 pharmacists and many of these are sales representatives of multinational companies. Drug sales are carried out by only 1066 community pharmacists, with the remainder by patent medicine dealers.⁶ A survey in Nigeria showed that in a single state there were 600 doctors, 3000 nurses, 200 pharmacists and 4000 patent medicine dealers.⁷ Thus, looking at the drug supply and distribution side of health care, it can be inferred that there are 20 patent medicine dealers for each registered pharmacist. By combining the work of the doctor, the nurse and the pharmacist, albeit illegally, the patent medicine dealer has become more functional than any single one of these. The factors that have led to this and their implications for health care delivery in Nigeria are the subjects of this research study.

Subjects and methods

Subjects

The research was carried out among individuals holding a proprietary and patent medicine vendor's licence. Random sampling of patent medicine dealers was done within a defined geographical peri-urban area. The sampling frame was a population with a largely literate population.

Method of data collection

Research was carried out by questionnaire to obtain information. Questionnaires were distributed to 46 peri-urban, patent medicine dealers operating in 46 different patent medicine stores, and these were collected from them on appointment. The patent medicine dealers remained anonymous and the confidentiality of their responses was ensured. The results were analyzed using simple percentages.

Results

Generally, the collection rate of the questionnaires was high (83.6%). All the patent medicine dealers claimed that they were aware that certain drugs should be sold only on prescription. However, only 13% believed that the law is being obeyed. It was also observed that 68.5% of the patent medicine dealers involved in the study stored food products and

cosmetics together with the drugs. Quality control was completely absent in all the stores studied.

The sale of drugs in patent medicine stores was done largely by sales boys and girls. 76.3% of the stores studied used them. Of this number, 89.3% were below 21 years of age. According to the law governing the sale of non-prescription drugs, people below this age are not permitted to sell drugs.⁸ Implementation of the law governing the sale of prescription drugs was lacking. Thirty-three per cent of the patent medicine dealers used in the study claimed that their premises had not been visited by pharmaceutical inspectors for over two years.

Table 1 gives the major patronizers of patent medicine dealers. It shows that the patent medicine dealers enjoy high patronage from the public and less from private health centres. Depending on the location, 70 to 200 people visited various patent medicine stores per day.

Table 2 shows the results of surveys into the sources of prescription drugs distributed by patent medicine dealers in Nigeria. From this table it is clear that sales representatives of large pharmaceutical companies (both national and multinational) are the major sources used. The table does not show the exact sources of drugs since dealers have a number of different sources for obtaining medicines.

Table 1. Patronizers of patent medicine stores

Responses	No. of stores	% of total
Patients only	39	84.78
Patent medicine dealers	2	4.35
Public health centres	—	—
Private health centres	10	10.87

Table 2. Sources of prescription drugs to patent medicine dealers in Nigeria

Responses	No. of stores	% of total
From industries	2	4.35
From pharmacy stores	3	6.52
From sales representatives of pharmacy stores	16	34.78
From sales representatives of large pharmaceutical companies	25	54.34

Discussion

According to the law governing the sale of certain ethical drugs, such as antibiotics and addictive drugs, they should be sold only by qualified pharmacists, physicians and veterinarians. The sale of these classes of drugs by unqualified persons has serious health impacts on the population.⁹ During the sale of such drugs the professional advice usually given to patients by trained personnel in pharmacy stores is often lacking in patent medicine stores.

With regard to drug storage, in the course of this study it was discovered that 98.2% of the patent medicine dealers could not differentiate between the terms 'cool', 'cold' and 'room temperature'. This suggests they do not know the proper storage conditions required for various classes of drugs.

Similarly, storage conditions for food, cosmetic and drug products differ widely. Patent medicine sellers do not seem to know the fine distinction between drugs, food and cosmetic products. It is, therefore, desirable perhaps that those selling patent medicines should not be allowed to stock food and cosmetic products.

The high patronage enjoyed by patent medicine stores may be attributed primarily to the illiteracy of the people, as many may not be able to differentiate between a patent medicine store and a pharmacy store.¹⁰ Apart from illiteracy, another reason advanced for the high patronage of patent medicine stores is the ubiquity of such stores.¹⁰ These stores are found in every nook and cranny of the country.

The rampant stocking and sale of prescription drugs by patent medicine dealers is due to the weakness in the implementation of drug regulatory laws. In a similar report, Bazin¹¹ reported that lack of effective controls has led to an increase in the sale of prescription drugs without prescription.

The activities of pharmaceutical companies and their sales representatives need to be checked. The sale of prescription drugs to patent medicine sellers by such companies should attract action by government against the companies, for example in the form of a fine. However, it is pertinent to point out that while many pharmaceutical companies may have good intentions with regard to the promotion and price of drugs, many of their sales and medical representatives behave otherwise to enable them make more money.

There is also a need for better implementation of regulatory laws in the form of increased visits to patent medicine stores by pharmaceutical inspectors. These pharmaceutical inspectors should be well remunerated so that they will not be distracted from their regulatory role.

The knowledge of patent medicine sellers could be improved by training and upgrading, as done in Nepal.¹² The issuance of patent medicine licences should be limited only to those possessing pharmacy technicians' certificates.

Conclusion

This study has shown that many patent medicine sellers practise illegal activities and hence are inimical to good health care delivery in Nigeria. Their continued existence without adequate control will lead to further problems in the sale and utilization of drugs envisaged under the essential drugs programme.

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