

Editorials

Murder by fake drugs

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[Murder by fake drugs - prioritising the measures available to tackle the problem](#)

EDITOR

Your recent editorial rightly highlights the grave dangers associated with the existing trade in counterfeit drugs.¹ Although the dismantling of this form of market is clearly in the public interest, it is not immediately apparent how best to do so. In addressing this, your editorial presents an overview of possible strategies. Our concern, however, is that some of these suggestions are likely to be more effective than others. With limited resources to tackle this problem, there is thus a need to prioritise.

Our concern focuses particularly on the measures that rely on patients to identify fake drugs (including social marketing strategies) and thereby seem to place unrealistically high expectations on the ability of individuals, with often low levels of formal education, to competently make such decisions. As mentioned in the editorial, counterfeiters can be very sophisticated in their methods and indeed, even researchers attempting to discern fake drugs have had to use laboratory tests.² Moreover, the burden on the individual consumer, in practice, is compounded when faced with the need to make such decisions across a number of types of drugs. This, however, is not to deny that there is intrinsic

value in informing and empowering consumers but, in tackling this problem there seem strict limits on how far this type of measure is likely to be effective. Perhaps ironically, a programme of consumer education and empowerment might have the opposite to the desired effect by stimulating consumer demand and given the inherent difficulties associated with the identification of fakes, thus could conceivably promote rather than retard the development of such markets.

We suggest that there should be a focus on measures aimed at the distribution of genuine drugs through legitimate public and private clinics. One of the other options mentioned in the editorial, ensuring genuine drugs are allocated widely and cheaply would, if effectively employed, undercut the demand for counterfeits. As part of this programme, greater emphasis would need to be given to stock control measures that prevent pilferage, wastage and other forms of 'leakage'.^{3,4} Ultimately, it is the existence of black markets in health care commodities that provides incentives for the production of counterfeit drugs. Thus one way of addressing this problem is to undermine the conditions that allow for their development.

1. Newton PN, White NJ, Rozendaal NJ, Green, MD. Murder by fake drugs. Time for international action. *BMJ* 2002; 324: 800-1.
2. Rozendaal J. Fake antimalaria drugs in Cambodia. *Lancet* 2001; 357: 890.
3. Foster S. Supply and use of essential drugs in sub-Saharan Africa: some issues and possible solutions. *Social Science and Medicine* 1991;32(11):1201-18.
4. McPake B, Asimwe D, Mwesigye F, Ofumbi M, Ortenblad L, Streefland P, Turinde A. Informal economic activities of public health workers in Uganda: implications for quality and accessibility of care. *Social Science and Medicine* 1999; 49(7): 849-65.

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[Triple murder through poor quality medicines, vaccines and diagnostics](#)

Triple murder through poor quality medicines, vaccines and diagnostics

Editor--Your excellent editorial (April 6, p 800)¹ points to the tip of an iceberg of poor quality medicines being offered to sick people globally but ignores the mandatory storage of drugs, even otherwise genuine and potent, at a controlled temperature range. Moreover, the decades old ground realities encountered with vaccines and diagnostics have failed to win even a passing reference. The scenario is very similar with vaccines and diagnostic agents.

During the early 1970s unsatisfactory live poliovirus vaccines were incriminated for inadequate vaccine takes in Chicago². Recently, the state-of-art therapy for rabies was a failure in a 9-year-old boy and a 72-year-old Thai woman in Bangkok, Thailand. Post exposure therapeutic intervention with Vero cell rabies vaccine and rabies immunoglobulin was associated with development of rabies and death in both cases³. Improperly stored or post-expiry period assay reagents for HIV antibody in a Zambian hospital had the sensitivity and specificity reduced by 11-18%. The use of pre-tested blood with such reagents was associated with at six times higher than expected risk for HIV transmission ⁴.

Irrespective of the financial constraints the poor quality of spurious or genuine drugs, vaccines and diagnostic reagents could be addressed through implementation of not all that costly measures. For example, distinct and prominent symbols have been mandatory for poisons, inflammables and radioactive substances. Distinguishing marks pointing to correct storage temperature, in incorporated internationally, on vials, bottles, infusions