119(A) A Drug Campaign Newsletter

mfc Rational Drug Policy Cell

December 1985

Dear Friends,

This is to keep you informed about recent events, various issues and current developments about Drug Action and campaigns with which we have been associated. To make our interventions more meaningful, we need your active interest, time and commitment. Please write to Anant Phadke at our rational drug policy cell, 50 LIC quarters, University Road, Pune 411016 if you would like to participate in and support the campaigns. A lot could be done in the New Year if you are willing to join the ongoing efforts.

Eternal vigilance is required to ensure that the health care system does not get medicalized, that the doctor-drug producer axis does not exploit the people and that the 'abundance' of drug does not become a vested interest in ill health.

—ICMR/ICSSR Health for All Report, 1981

Fighting for A People's Drug Policy

—The KSSP Experience
Dr. B. Ekbal*

The Kerala Sastra Sahitya Parishad, the People's Science Movement in Kerala intervenes in areas like Health, Education, Ecology and Problems of War and Peace. In the field of health, KSSP is very strongly questioning the relevance of the present day death delivery system which is curative oriented, individualized, institutionalised and highly costly and catering to the needs of only wealthy minority. KSSP feels that a People's Health Movement alone can change the health delivery system in favour of the rural poor. KSSP has been striving for the last few years by various means to initiate such a movement in our country. With this purpose KSSP is at present organising health camps, health education classes, people's theatre forms and audiovisual campaigns and field studies on an extensive scale.

Although granting that drugs and hospitals have only a minimal role to play in achieving a healthy living for the poor, we felt that exposing and fighting the anti-people and exploitative tactics of the drug companies should play a major role in the campaign for a People's Health Policy for our country. The aim is twofold, on the one hand we should demystify pharmaceutical products as far as the people at large are concerned and on the other hand this can be used as an entry point into the medical profession so as to conscientise the doctors and medical students on the wider health issues.

KSSP started its campaign for a Peoples Drug Policy from the World Health Day, April 7th, 1984. With 1½ years intense campaign we could make the drug issue a subject of public debate, make people aware of the unethical marketing practices of drug companies and also could identify and organise a number of doctors and medical students who are socially conscious and are ready to wage a fight for a People's Drug Policy.

We started the campaign with a few major demands. These are demands for the production and distribution of essential drugs, banning of non essential, irrational and dangerous drugs, better quality control of drugs and implementation of the Hathi Committee Recommendations like, nationalization of the drug industry, strengthening of the public sector, introduction of generic names and updating of the national formulary. Through the campaign these demands are explained in detail to the people with the help of documented facts, figures and authentic governmental and non-governmental resource materials.

The campaign started by conducting seminars simultaneously in all the 14 districts of Kerala on the World Health Day. The theme paper war presented by a KSSP activist doctor. Representatives of doctor's organisations, and eminent personalities took part in the discussion. Later 45 zonal conferences were organised taking the campaign still further forwards. By the end of the years, most to the 600 units of KSSP evenly distributed throughout Kerala organised seminars attended by hundreds of doctors and thousands of people.

Apart from lectures and seminars a number of articles on the various aspects of the drug issues were published both in KSSP journals and in other popular magazines. Two books were published and the studies done by Medico Friends Circle on Analgesics and Antidiarrhoeals were reprinted and popularized among doctors. We are at present summarizing the Hathi Committee Report which will be published by the end of December 1985. Through the Rural Science Forums of KSSP, about 2000, wall news papers explaining the various aspects of the drug issue were displayed in the rural areas. Thus the message was communicated to the rural people.

The Science Cultural Programme organised by KSSP is a powerful medium for the popularisation of ideas on various issues. Every year Science Cultural March will be organised form one end of Kerala to the other end taking the message of science to the people in a big way. A few items on health issues including drugs were included in the last two jathas which attracted the attention of the people.

KSSP units are at present functioning in the Medical Colleges also. With the help of these units seminars and discussions are regularly conducted in the medical colleges. A number of articles have already appeared on the drug issue in the medical college magazines. Recently the Trivandrum Medical College students opened Dr. Olle Hanson corner to sell books on drug issues at the All India Paediatric Conference conducted tin the Medical College campus. KSSP activist doctors who are also members of professional bodies like Indian Medical Association and Kerala Govt. Medical College

Teachers Association and Kerala Govt. Medical Officers Association and Medical Students Organisation have mad e the drug issue a live subject of discussion in these bodies and could make their professional bodies take a positive stand on this issue on many occasions.

We coupled our campaign on the Bhopal Genocide with the Drug campaign effectively. Bhopal as the inevitable out-come of the multinational exploitation of the MNCs including that in the pharmaceutical sector could be focused during Bhopal campaign.

We are at present organising an All India Seminar on 'Drug Industry: A decade after Hathi anniversary of the publication of Hathi Committee Recommendations. Since we have a public sector Drugs and Pharmaceutical Company in Kerala (Kerala State Drugs and Pharmaceutical Industry) supplying about 45% of drugs to the Kerala Health Service a call to strengthen KSDP is already made so as to make it capable of producing all the essential drugs for the Health Services. With this end in view a seminar on 'A Drug Policy of Kerala' will be organised in January 1986.

What are the concrete results of the KSSP campaign so far?

1. The drug issue has been already developed into a subject of public debate.

2. People from all walks of life are now aware of the various issues involved, like essential versus irrational and dangerous drugs, exploitative tactics of the MNCs and the indifference on the part of the Govt. in implementing the Hathi Committee recommendations.

3. A number of doctors and medical students sympathetic with our views are identified and organised.

4. The prescription habits of doctors are slowly but definitely changing.

5. The sale of irrational and dangerous drugs is coming down.

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* President, Kerala Sastra Sahitya Parishad

A letter from the AIDAN coordinator

Needed Intervention in the National Drug Policy

Dear Friends.

Most of you are already aware of the exploitative functioning ot the pharmaceutical companies in third world countries.

You are also aware that the National Drug Policy is under formulation. The outcome will be mainly decided by the pressure and influence of the drug industry's foreign sector and the national sector.

The National Drug & Pharmaceutical Development Council (NDPDC) which formulated in 1983 to look into the drugs issue — has looked into the mere pricing and production aspects of the drug problem and that too from the point of view of the drug industry.

There is a strong possibility that the National Drug Policy will be like the Textile Policy.

It is crucial that the people's interest is safeguarded. The drugs are supposed to be produced in their interest after all.

Our demands are very rational and fundamental.

- Availability of essential and life saving drugs (i.e. adequate production and streamlined distribution) to the peripheral areas.
- Withdrawal of hazardous and irrational drugs.
- Availability of unbiased drug information to health personnel and consumers. (This would include updating of our National Drug Formulary which has not been done since 1977 and provision of therapeutic guidelines as in British National Formulary. Provision of Consumer Caution in regional languages—for problem drugs).
- Adequate Quality Control and Drug Control (so that every 5th drug in the market is not substandard as it is at present according to Govt's own figures, and an improvement in the existing drug control mechanism has to be ensured).
- Drug legislation reform needed to prevent drug companies from misusing legalistic loopholes against the people.

If you can spare sometime and concern (not because you lack it, but because you are already involved with other things)please alert your friends, your organisations network and request them to take whatever action they can take—from writing protest letters to the policy makers involved, to editors, and holding meetings. Since medicines deal with health and lives of people and no matter what area of work you all are involved in — if you cold drop a letter concerning your views about a people oriented drug policy to

- Mr. R.K. Jaichandra Singh
  Minister of State for Chemicals & Petrochemicals,
  Shastri Bhavan
  New Delhi — 110011
- Mrs. Mohsinha Kidwai
  Minister
  Ministry of Health & Family Welfare
  Nirman Bhavan
  New Delhi — 110011

— Dr. D.B. Bisht
Director General of Health Services
Ministry of Health
Nirman Bhavan
New Delhi — 110011

— Dr. Vaidyanathan Ayyar
Development Commissioner (Drugs)
Ministry of Chemicals & Fertilizers,
Shastri Bhavan
New Delhi — 110011.

with a copy to me, your contribution would be deeply appreciated and would make a great difference.

Since the National Drug Policy is in the parliament — it would be a pity if inspite of all of us knowing about it, we let an anti-people drug policy be passed unchallenged.

In no other country are matters related to drugs dealt by the Industry Ministry and not Health Ministry — the priorities and influences are obvious.

Warped growth pattern of the pharmaceuticals, flooding of the market with irrational and hazardous drugs, total confusion about essential and non-essential drugs is not in the interest of our people.

The Banned and Bannable Drug list with information about these drugs being produced by VHAI is in the press. It is another attempt at focusing attention of the people on what is going on in the name of health care, and why they must speak up and safeguard their own interest.

The issue related to withdrawal of hazardous drugs, availability of drug information, ensuring drug distribution has been totally and conveniently omitted from the Drug Policy recommendations by the NDPDC — inspite of these being the chief problem areas form the people point of view and even according to WHO criteria of a Rational Drug Policy.

With the involvement in Bhopal issues, the drug policy issue has received a very low priority from many of the groups involved in Drug Action itself.

Following my meeting with Mr. Jaichandra Singh, Chemicals Minister on 4.11.1985 it is clear that contribution from the Health Minister by way of drawing up a clearly defined essential drug list for the nation for guidance of both public and private sector has not come.

These should include — drawing up an updated national formulary with therapeutic guidelines, and—a list of drugs that are hazardous and irrational.

Failure in monitoring exact mode of drug use misuse and drug shortages will prevent identification of problem areas and formulation of functional strategies that are required.

In view of the urgency and in view of the seriousness of the nature of the Drug Policy, your intervention is needed.

With sincere regards,

Yours sincerely,
(Dr. Mira Shiva)
Coordinator
Law Cost Drugs & Rational Therapeutics and Convenor
All India Drug Action Network

All India Drug Action Network

A Press Release

22, August 1985

Mr. Veerendra Patil, the Minister of Chemicals & Fertilizers told the delegation of the All India Drug Action Network which met him yesterday to submit a memorandum about the new drug policy and AIDAN's alternative Rational Drug Policy. AIDAN is a body coordinating the drug related work of different organizations working in the field of health, science policy, consumer and people's science movement from different parts of the country.

In its Rational Drug Policy Statement, AIDAN has drawn attention to the fact that unless unscientific, useless drug combinations which constitute the majority of drugs available in the market are withdrawn, enough resources would not be available for the production of lifesaving and other essential drugs. The delegation pointed out that some of these irrational drugs are even harmful and the Govt. is doing hardly anything about it. Out of a number of Bannable drugs, Govt. had banned 22 categories of drugs in an order on 23rd July, 1983. This ban order is not properly implemented. The Minister replied that this implementation is beyond the purview of his Ministry. To many of the demands related to the Rational Drug Policy, his response was that these concerned the Health Minister. It thus appears that there is no proper coordination between different Ministries and the existing drug policy is only concerned with licensing and price regulations.

In its memorandum, AIDAN has pointed out that the very approach of the report of the Steering Committee of the National Drug and Pharmaceutical Development

Council (NDPDC) is mistaken from the point of view of the needs of the people. It is not based on the disease pattern in our country but is not based on the disease pattern in our country but is meant, to put in its own words, "to decide on the selectivity of price regulation." Instead of progressing beyond the Hathi Committee report, the Steering Committee report is repressive in character. This is because of the very method of the constitution of the NDPDC (with no representative from the people), its terms of reference had method of functioning. The report contains no reference whatsoever to the question of essential drugs as recommended by the WHO, no reference to the question, of irrational, and hazardous drugs. It deals only with different demands about profit—margins, price regulations coming from different sections of the industry, and hence is irrelevant to the needs of the people the Minister was told. The list of essential drugs given in the appendix of this report is grossly inadequate and meant only to reduce "the basket of price — controlled drugs."

The Minister was unable to respond to all these questions related to the selection of drugs and suggested that a joint meeting with the Health Ministry is required to sort out these issues.

AIDAN has, after indepth analysis and many intense discussions formulated an outline of a Rational Drug Policy which was submitted to this Ministry in November 1984. The Rational Drug Policy Statement which sums up this outline as submitted to the Minister today. Apart from the central question of essential drugs and irrational drugs, this statement emphasizes the need for proper, continuing education of doctors, other medical personnel and consumers; stoppage of misleading promotional literature of drug companies, the necessity to adopt "The International Code for Ethical Marketing of Pharmaceuticals" as detailed by the Health Action International, proper drug distribution to the poor and the needy, through Govt. channels, abolition of taxes on priority drugs, plugging the specific loophole identified by AIDAN in the import of drug technology and in the licensing policy to ensure self reliance, adoption of the 1975 Helisinki (Mark II) Declaration on ethical drug trial on human subjects…..etc. It points out that all these measures cannot be planned unless the Govt is keen on a Rational Drug Policy and not a drug pricing policy and unless profit making ceases to be the primary criterion for the drug industry.

Correspondence, meeting various officials and even the minister has failed to bring about any change in their concerns. AIDAN has therefore decided to take these issues to the people and also show by way of demonstration, how things can be done. Member Organizations of AIDAN are publishing lists of brands of banned and Bannable hazardous drugs. Two pilot studies to assess how many drugs in different categories (anti-diarrhoeals, analgesics) are irrational have been completed. Prioritized essential drug list is being finalized and studies are being launched to calculate the drug needs of certain essential drugs based on the actual incidence of diseases. A critical analysis of the drug industry in India is already being circulated in regional languages and likewise aspects of alternative strategy would also be circulated. Member organizations of AIDAN have received a good response from the people as well as many doctors.

Imported Drugs: Poor Quality

The African Experience

Dr. P. S. Patki*

Most of the countries in the tropics may be referred to as developing countries and they do have certain features in common. These countries lack sufficient skilled man power, and orthodox scientific medicine is relatively young. Medical technology is under developed and hence they import most of their drugs from the advance countries. Dr. K. K. Adjepon—Yamoah, a pharmacologist from University of Ghana Medical School, has undertaken an extensive study to evaluate the quality of the drugs which are being imported in his country. The findings of his studies are quite astonishing.

In Ghana 90% of the drugs used in clinical practice are imported form Western countries. Secondly drugs may be imported as semi-finished raw materials and then formulated into various dosage forms. In 1978 there were 328 official drug importers in Ghana and each importing firm had its won favourite exporting country and company! The number of different proprietary drugs is large and there are many brand names containing the same pharmacological agent. For example the market survey revealed 15 different brands of Ampicillin from different sources.

Now the major questions to be answered in relation to drugs are (a) Quality (b) Efficacy (c) Safety and (d) Quantities to satisfy national needs.

Quality:

The great diversity of the sources and types of proprietary drugs available in many tropical countries necessarily means that there are likely to be wide differences in the chemical and biological properties of imported drugs belonging to the same pharmacological class.

A disturbing feature which has been noticed on a number of occasions is that inert substances are packed into capsules and sold as specific drugs. These could be termed ‘counterfeit’ drugs. In 1972. a random sample of procaine penicillin in a Govt. hospital was found to contain no antibacterial activity. A large consignment of calamine power was shipped to Ghana in 1976 and chemical analysis later revealed no calamine in the powder. In another study a sample of imported fortified procaine penicillin was found to contain one part of procaine penicillin and five parts of penicillin G, the official requirement is the reverse ratio. A systematic analysis was conducted in the Ghana Govt. Regional Medical Stores between July and December 1972. Penicillin, Streptomycin, Tetracyclines, Chloramphenicol; anti-malarias and analgesic antipyretics were studied.

The result indicated that a large number of substandard drugs were circulating in the hospitals. (See Table I.)

* Reader in Pharmacology, B. J. Medical College, Pune.

Table — I
Drugs analysed during a quality control programme

Drugs	Total No. of samples	Samples found unacceptable %
Antibiotics		
1) Penicillins	24	50
2) Streptomycin	68	11
3) Tetracyclines	26	34
4) Chloramphenicol	11	18
Analgesic—Antipyretics	17	41
Anti-malarials	25	12

Penicillin content of some of the preparations was as low as 22% and streptomycin content in one sample was as low as 5%.

One should remember that the comments on imported drugs apply to the locally manufactured drugs also.

Apart from the accelerated physical and chemical degradation of drugs, poor storage facility causes some of the drugs to get contaminated. Thus it was found that 30% of 50 random samples of stock solution of drugs for oral and tropical applications contained over 100,000 organisms/ml. E. coli Pseudomonas and Salmonella were among the organisms identified. Such contaminations are therapeutically undesirable and dangerous. In another study it was found that a low degree of contamination was present in eye drops, nasal and ear drops and a high degree of bacterial contamination was found in mouth washes, dusting powders and creams.

Undoubtedly many of the drugs imported have been of great therapeutic value. There have been many instances of failure of therapy in the tropics. While the same may be due to drug resistance, many are attributable to poor quality of drugs. Treatment of a case of infection with a 'counterfeit' drug or degraded drug is dangerous and causes therapeutic disasters. Another factor is the rate at which drug combinations of an undesirable nature are found in the tropical countries. Examples are that of Amidopyrine + Phenylbutazone, Phenylbutazone + Aminophenazone. Drugs like phenylbutazone are being pushed into tropical countries in large amounts. Why is it so?

There are a large number of proprietary preparations in the tropical countries sold in the name of 'tonic', blood 'tonics', drugs for 'vitality', neuro tropic drugs etc. Most of them are of doubtful or unproven therapeutic value. Phenacetin is now a restricted drug in advanced countries but in the tropics it is available freely. Arsenic is hardly used in the developed world as a drug but in Ghana arsenic pessaries in the name of stovarsol is available in plenty.

Financial considerations

Ghana spends around 10% of her budget on health. Between 30-50% of the health funds are spend on drugs. Inspite of this there is shortage of essential drugs such as vaccines, chloramphenicol, antihelmenthics, and antimalarials. In the face of these shortages market places are full of an array of fast moving drugs such as tonics, vitality drugs, aphrodisiacs and so on. There appears to be very little relationship between the drugs that are available and the real health needs of the developing world.

To sum up, the developed world have a major obligation to the developing countries in the transfer of technology and good drugs. Most important is that the developed countries should pass laws which will prohibit the export of drugs which have not met their local registration requirements.

Reference:

1. Binka J. Y. (1973) Quality evaluation of some drugs in Ghana market, Ghana, Pharm. J. 1, 77-81.
2. Boakye — Yiadam K and Buaducy (1974);
   Evaluation of microbial contamination of pharmaceuticals in Govt. hospitals n Ghana.
   Ghana Pharm. J. 2, 12-13.
3. K. K. Adjepon—Yamoach (1982); Drugs for developing countries, in Clinical pharmacology and therapeutics Ed: P. Turner, MacMillan Publishers. pp 536-541.

A Drug alert campaign!

Dear Friend,

Essential drugs could be an important part of a rational health policy. Although the concept of essential drugs and primary health care is accepted as the right solution, very little happens in reality. Most countries are flooded with hazardous, irrational and expensive brand drugs. This is especially true for developing countries which are a growing and very little controlled market for pharmaceuticals.

The Pharma-Campaign of BUKO, a network of more than 200 Development Action Groups in West Germany, is fighting since five years against the harm and waste produced by the irrational marketing of drugs by multinational companies. BUKO is the co-founder of 'Health Action International' (HAI), a network of some 50 groups in more than 30 countries worldwide.

The most powerful drug companies are based in a few industrialized countries. Development Action and Consumer Groups in these countries think it is their duty to campaign against the global malpractice in drug marketing the 'home countries' of the drug multinationals. The world's biggest pharmaceutical manufacturer Hoechst is based

in the Federal Republic of Germany. As 'the biggest' sets a lot of the bad standard all companies practice, BUKO and HAI decided to start a campaign against dangerous and irrational Hoechst drugs.

The campaign was launched in West Germany in September with the public announcement of an "Examination of Hoechst drugs by Development Action Groups". We promised to present every month a Hoechst problem drug till the shareholders meeting mid-1986. We began with the multivitamins preparations RECRESAL, VITAHEXT and FESTAVITAL (see article that follows). We inform our member groups, interested doctors and the press about these problem drugs and ask for action: to make information meetings, to write letters of protest to Hoechst, to inform the public and to lobby politicians.

To make this campaign a success, we need strong internationals support. Hoechst drugs are sold nearly everywhere. Hoechst has agencies or subsidiaries in most countries of the world. So everybody is affected by Hoechst. And everybody can support the campaign:

Research: Advertisements, package leaflets, reports on bad marketing are needed primarily from developing countries, but are useful from industrialized countries too.

Action: To maximize the pressure on Hoechst it is important that groups and doctors from as many places in the world as possible protest against the Hoechst marketing malpractice. We will supply you every month with background information on a Hoechst problem drug and ideas for action.

We ask you to:

- Write letters of protest to your local Hoechst subsidiary and / or Hoechst AG, D-6230 Frankfurt, West Germany
- Ask doctors and pharmacists to write similar letters
- Inform the public wherever possible
- Ask experts for support
- Start a Hoechst campaign in your own country

It is very important for us, that you report us your activities and the response you get from Hoechst. Your support is important for a successful campaign against Hoechst and for better health!

Sincerely yours

Jorg Schaaber and Rudiger Kettler

For further information, please contact: BUKO
Pharma—Kampagne
August-Bebel-Street-62,
D—4800 Bielefeld 1, Fed. Rep. Germany

VITALITY AND ENERGY THROUGH HOECHST?

It's an easy job for pharmaceutical companies to sell multivitamins in developing countries. Many people fear to get not enough vitamins in their food, and pay a lot of money for vitamins and tonics brewed in the laboratories of the chemical industry of the North. Nevertheless a sufficient and complete diet would be the right and cheaper solution. The diet would be the right and cheaper solution. The pharmaceutical industry knows that people give their last money for drugs—even when the pills don't work. The world's biggest pharmaceutical company Hoechst is involved in this business with the poor. In Germany no multivitamins and tonics are sold under the name "Hoechst". In the developing countries the same company sells several "cure alls".

Vitamins—a Healthy Business

A big part of pharmaceutical sales in the Third World is made with absolutely irrelevant or irrational products. One example are the heavily promoted multivitamins and tonics. In Brazil, Venezuela and Pakistan vitamins are the second-most sold products. (1) Most of the vitamin preparations are multi-ingredient products.

The German multinational company E. Merck earned most of its money in Bangladesh by selling multivitamins. They dominated the market for the irrational vitamin B combinations with a share of 68%. To sell even more of those products the Merck manger decided to promote their vitamins to "fresh graduates and quack doctors in rural markets". (2) The managers were aware of the vitamin and tonic image of Merck and asked the parent company: "To remove these 'vitamin' images form the mind of the doctors and chemists; Merck should forcefully introduce essential products like antibiotics etc. immediately." (2) This sort of business is no longer possible in Bangladesh due to the strict new drug policy, but still exists in most developing countries.

Hoechst and Vitamins

The Worlds biggest pharmaceutical producer Hoechst takes its share of the vitamin and tonic market. The company based in Frankfurt, West Germany manufactures the preparation VITAHEXT (in Africa sold as RECRESAL) and FESTAVITAL. Experts call such mixtures "expensive placebos" (3).

Recresal and Vitahext

RECESAL/VITAHEXT is a mixture of the vitamins B1, B3, B6, B12, caffeine; phosphates, sugar and alcohol (5% to 20%). Indications for this irrational combination are; physical and mental fatigue, lack of appetite, disorders of nutrition and metabolism. (4) Hoechst promises that the "combined action of all ingredients stimulates the appetite; activates the metabolism and strengthens the formation of blood; the nervous and cardiovascular system. (5) The "pleasantly flavoured syrup" (4) is claimed to "enhance

physical and mental performance" (4) to "eliminate despondency, premature fatigue, lack of concentration, apathy and lack of appetite quickly." (5).

Irrational, expensive, dangerous

The Vitamin-B included in RECREHAL/VITAHEXT are in a sufficient quantity in an ordinary meal. But even in the case of vitamin deficiency the patient does better in spending his money for food.

In India for example the consumer of VITAHEXT pays up to 7 US$ a month if he adheres to the dosage given on the package. A big amount of money compared to the income of many Indians.

RECRESAL/VITAHEXT can even do harm to the consumer. Hoechst has added vitamin B12 in the form of Cyanocobalamin instead of the today normally used hydroxycobalamin. This antiquated form of vitamin B12 can mask the degeneration of the spinal cord and can damage the optic nerve. (6, 7) The long-term use of Phosphates may lead to extra skeletal calcification and to disorders in the mineral metabolism. (8).

Festavital A curious mixture

Hoechst's marketing of FESTAVITAL is absolutely irresponsible. FESTAVITAL is an unbelievable mixture of digestive enzymes, dried ox bile, the vitamins B1, B2, B6 some other vitamins of the B- group, vitamin C and E, methionine, hesperidins and some trace elements. Hoechst's indications for FESTAVITAL in Third World countries are "Overstrain, pregnancy, lactation". (9)

There is no medical justification for such an irrational mixture. Hoechst ever takes the risk to harem consumers with this product. The folic acid component (10) The long-term use of vitamin A can lead to a vitamin A poisoning with many health problems. (7, 11) No responsible acting company should therefore add vitamin A in (the any way irrational) multivitamin mixtures.

West Germany: A developing country?

FESTAVITAL is available in Germany under the name VITAVITAL and sold by the Hoechst subsidiary Casella med. the indications are absolutely different to those in the developing countries. In Germany VITAFESTAL should help against "digestive disorders". (12)

RECRESAL has been available in West Germany till 1983. Both products are registered under the old drugs law which did not ask for proven efficacy and safety.

Buko asks for withdrawal

TECRESAL/VITAHEXT and FESTAVITAL are unnecessary products; there is no justification to sell them any longer. These products speculate with the fear of poor people to get not enough essential vitamins, although better nutrition is the right solution. The marketing of these multivitamins is unethical, we asked Hoechst to withdraw RECRESAL and FESTAVITAL worldwide.

First reactions

In a first reaction Hoechst admitted that our critique on the indications and warnings for FESTAVITAL are right. Hoechst won't withdraw this product and has only promised to standardize this product and has only promised to standardize the information. (13) Hoechst did not respond to our critique on RECRESAL VITAHEXT. H. S. / JS.

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1) M. Tiefenbacher, Lanbarence genugt nicgt mehr, Pharma — Dialog 63 (BPI) Frankfurt 1980
2) Merck Marketing Plan Bangladesh 1980-82
3) G. Kuschinsky, Taschenbuch Der modernen Arzneimittel behandlung, Stuttgart 1980, p. 378
4) E. g. in the package leaflets in Ruanda and Kenia 5) PLM Colombia p. 387; since 1984 the composition of VITAHEXT in Colombia is changed, in all other countries we referred to VITAHEXT is still sold in the composition described in the text above, 6) Martindale, The Extra Pharmacopoeia, London 1982 p 1644 7) when overdosed. This may easily occur in Third World countries, especially children are in danger. 8) Martindale op cit., p. 641 9) eg. MIMS Africa 4/1985 p. 87 and MIMS Middle East 4/85 p. 123 10) Martindale op. cit, p. 1647 11) Ibid., p. 1636 12) Rote Liste 1985 13) "Hoechst weist Vorwurfe zuruck, frankfurter Rundschau 6-9-1985

Source : PHRAMA BRIEF campaign newsletter BUKO Pharma—Kampagne Number 1 October 1985.

A Life — Saving Directory

Turning the tide on trade in Hazardous Products

WHAT IS THE "CONSOLIDATED LIST"?

A new directory published by the United Nations and known as "The Consolidated List of Products whose Consumption and, or Sale Have Been Banned, Withdrawn, Severely Restricted or Not Approved by Govt's is a first step in the direction

of resolving some of the life-threatening problems caused by the largely unregulated trade in banned and restricted products.

The "Consolidated List" contains critical information on regulatory decisions, restrictions and bans taken by national governments on harmful pesticides, dangerous pharmaceuticals, hazardous consumer products and toxic industrial chemicals. Sixty countries contributed data on more than 5oo products for the first edition.

The Hazards—some example

DDT, DBCP, PARATHION these and other pesticides poison at least 575,000 people every year. Most of this poisoning occurs in the Third World; where; day after day, farmers and their families are exposed to toxic chemicals banned in the industrialized world years ago.

CHLOROFORM Many countries have now recognized chloroform to be a cancer-causing agent and have prohibited its use in medicines. Nevertheless, a women's group in Bombay, India; reports that a popular cough syrup containing the dangerous chemical is still available over-the-counter. The label reads, "Keep bottle tightly closed to avoid loss of chloroform".

DALKON SHIELD the manufacturer withdrew this dangerous intrauterine device (IUD) from the U. S. market in 1974. In 1983, U. S. Govt officials warned that the device should be removed from all women still using it. But the manufacturer admits that the Dalkon Shield was inserted in women in some 79 countries. Many of those women have not been warned of the hazards of serious infection. They are still walking around with a time bomb in their bodies. Because of a lack of information, women are becoming sterile, some are even dying.

HOW DID IT COME ABOUT?

The directory is the outcome of years of concern within the United Nations about unrestrained trade in products that are, for health and safety reasons, strictly regulated or even prohibited in some countries. In 1982, the United Nations General Assembly adopted a resolution calling for the preparation of a directory listing the hazardous products and describing regulatory actions that had been taken on them.

WHO CAN USE THE DIRECTORY?

Non-governmental organizations (NGOs) have found the U. N. directory to be an invaluable reference on hazardous products; NGOs are presently using his resource to draw attention to the 'double standard' that exists between developed and developing countries in the area of hazardous pesticides and unsafe pharmaceuticals. NGOs see the directory as a powerful tool to make Govt's and consumers more aware of the problems caused by the increasing international trade in toxic substances.

For Govt. officials, the directory serves as a useful handbook to identify potentially hazardous products in the international marketplace. Use of the handbook can lead to regulatory action to control damages that could be caused by those products.

Order a copy for your organization to use.
You can get one free by writing to:

Mr. Luis Gomez
Assistant Secretary General
United Nations DIESA-PPCO
DC 2 18TH Floor New York
N. Y 10017 USA

Ask for a copy of the "Consolidated List".

Source: A flyer on the consolidated list from UN. —recently received by us.

Action Alerts'

1) **The Hatch bill**

Senator Orrin Hatch introduced a Bill No. S. 2878 in the U. s. Senate last year. The passing of this bill would allow export of U. S. FDA unapproved drugs to other countries. It should be noted that the existing American Law embodied in section 801 of the 1938, Food, Drug and Cosmetics Act; prohibits the export of drugs which have not been approved for use in U. S.

When the bill was introduced last year, protest came from all over the world against the retrograde amendment—from Thailand, Srilanka, India; HAI associated groups and public interest groups in the US. After all the public outcry, the bill was not voted upon. The bill has been recently reintroduced export of pharmaceuticals not approved for use in U S A to countries with regulatory and drug enforcement procedures considered adequate by F. D. F.

The problem for the Third World Countries will be that the re-export of these products form the above mentioned countries cannot be regulated. We need to protest about this.

2) **Watering down of UN consolidated List—**of Hazardous Drugs and Chemicals
There is a move to exclude the brand name and the manufacturing data and also to exclude drugs that were recommended for being weeded out because of their therapeutic usefulness. For countries with poor drug controls and gross lack of availability of unbiased drug information any such dilution of information related to hazardous chemicals and pharmaceuticals is unacceptable. These changes are being contemplated because of pressure from certain sources.

All such instance of double standards pertaining to health industrial and safety matters need to be opposed.

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Double Standards

The example given below show how inappropriate medicines are promoted and marketed in Third World countries-very often with inadequate information. These examples only hint at the extent of the problem, which involves drug proscribers, users and regulators as well as the companies that produce them. What it amounts to is the wholesale importation of a system of medicine incapable of addressing the real health needs of the developing world: —

Expensive broad spectrum antibiotic drugs like CLAFORNA (Hoechst/Roussell, FRG/France), BAYPEN (Bayer, FRG) and AUGMENTIN (Beecham, UK) must be used very carefully. Indiscriminate use encourages the growth of antibiotic resistant bacteria, and furthermore these drugs are extremely expensive. CLAFORNA costs about $ US 10 per gram, and a daily dose is between 2 and 6 grams. Ideally, broad spectrum antibiotics should be used only when safer, cheaper, narrow spectrum antibiotics have failed. In east Africa, however, these drugs are being promoted among general doctors, who are given the impression that by prescribing these expensive drugs they are giving their patients the "best".

The Kenya and elsewhere glossy posters of expensively dressed men and women promote TONOVAN, a testosterone-based potency drug form Schering (FRG). This drug and E. Merck's PASUMA STRONG and Organon's ANDRIOL are just some of the products sold by European companies in East Africa to treat impotence. Male anxiety sexual performance creates a ready market for seemingly scientific potency drugs. Most can be purchased over the counter, without a prescription. Clinically, however, hormone-based drugs can treat only 2% of all impotence. In effect these drugs are an expensive and dangerous placebo for the great majority of the men who take them. Testosterone can cause liver damage and many of the drugs are irrational combinations of other ingredients. TONOVAN and PASUMA STRONG, for example, contain Yohimbine (an aphrodisiac), strychnine, and vitamin E as well as testosterone. Yohimbine and strychnine, in particular, have potentially serious side-effects.

Merck, Sharp and Dohmes's PERIACTIN is advertised in Pakistan and other developing countries for "natural weight gain" for the growing child; for the adolescent who needs good appetite. This US based company with extensive European holdings promotes PERIACTIN as a tonic in countries where child malnutrition is rife. But appetite stimulant do no good, since malnutrition can only be effectively treated by food, and other causes of weight loss is a symptom — not a disease in itself. Drugs like this are an expensive distraction from children's real health needs; one course of treatment with Sandoz's appetite stimulant MOSEGOR costs around US $ 10.00. And a double standard is involved as well. In the developed world Sandoz markets a chemically

identical drug for migraine treatment. Product literature for this drug notes that "a slight increase in body weight is observed in some patients" PERIACTIN has not been promoted as an appetite stimulant for children in the U S since 1971, because the U S Food and Drug Administration considers the evidence for the indication to be inadequate.

ENCEPHABOL (E. Merck, FRG) and ARCALION 200 (Servier, fr.) are just two of the irrational "brain tonics" marketed by European companies in Africa and Latin America ARCALION 200 — a vitamin B1 derivative — is promoted for "mild depression and anxiety, psychogenic impotence of recent onset, impairment of memory and concentration and reactive asthenia". Adults, and children are supposed to benefit from it if they suffer from "tics, stammering, enuresis; difficulties at school". There is little or no clinical evidence to support these claims. In Africa, glossy promotional brochures advertise ENCEPHABOL as treatment for male "mid life crises" while in Latin America school children take it to improve brain performance, concentration and sociability.

Source: Promoting the essentials Virginia Beardshaw Special Report: Drugs and Agrichemicals HAI, PAN, ICDA, BEUC March, 1985.