

LEGAL ASPECT OF SELF MEDICATION

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In recent times, there have been expressions of public concern about the rising incidence of drug abuse in the country. The topic for this symposium which is "Self Medication" is therefore very appropriate as most of the points to be raised will go a long way in throwing some light on this growing social menace.

Before tackling the subject, I would like to thank the organizers of this symposium for the honour done me by inviting me to speak on this very delicate subject which is of great interest to members of the Health Teams—the Physicians, Pharmacists, Nurses, Chemists, other para-medicals, Pharmaceutical Industries, Hospital Administrators and the public in general. I would also like to stress that I am speaking neither for the Federal Ministry of Health nor for the Pharmaceutical Society of Nigeria. All I will say are my personal views as a Pharmacist.

Few of you might have heard me saying at the Pharmaceutical Inspector's Seminar that the world of today is faced with three powerful Giant Projects:

- (a) Space Research
- (b) Nuclear Power and
- (c) Drug Research

This afternoon, we shall focus our discussion on "Drug and Self-Medication". The discovery and use of powerful and valuable new drugs have contributed substantially to good health and greater life span in advanced countries, like Europe and America, but such benefits, I am sorry to say, have not been enjoyed to an equal degree in the developing countries.

Drug Industries Contribution to Health

A few years ago, I would have not been able to stand before such audience as this as I am standing here this afternoon to talk about the miraculous drugs we took for granted when there were no antibiotics, no sulphonamides and no vaccines to immunise our children. But today, diseases such as yaws and leprosy have almost been eradicated from this part of West Africa. New drugs have been introduced to cure Leprosy and Tuberculosis and new vaccines to immunise against Smallpox. Thanks to the Drug Industries for their continued research into efficacy of new drugs to cure and fight against diseases. With the introduction into clinical medicines of Penicillin and Sulphonamides, a new era started in the treatment of bacterial infections. A period of rapid progress in the field of Antibiotics followed and, today, a great number of infectious diseases can be successfully treated in contrast with the earlier serious lack of adequate therapy for those conditions.

The research into newer drugs by the Industries has given rise to Drug Advertisement which in some way may lead to self-medication and Drug Abuse.

An attempt is made in this paper to consider the Legal Aspects of Self-Medication. Self-Medication can be described strictly as the self administration of drugs to oneself without the advise and/or prescription of a qualified physician. It poses a great problem as it is the main cause of drug abuse, and its dangers are as follows:—

- (i) The risk of taking the wrong medicine,
- (ii) The risk of taking an overdose of the right medicine,
- (iii) Dangers of side effects or allergic reactions of such medicines which are unknown to the user,
- (iv) The risk of interactions with other drugs like Monoamine Oxidase Inhibitor and Anti-depressants, Anti-hypertensives and amphetamines, digitalis and diuretics, hypnotics, tranquilisers and alcohol.
- (v) The risk of development of resistance, dependence or tolerance to the drug.

Self medication has come to stay among the various communities of the world with all its concomitant evils mainly as a result of the effect of Drug.

Advertisement by Various Pharmaceutical Industries

It must be admitted that drug advertisement is necessary in order that both the physician and the pharmacist know about developments in the drug industry. However, some advertisements, especially those directed to the public, are atimes accompanied by false claims about the efficacy and safety of certain drugs. Such propaganda have gained grounds in several media, such as the newspapers, radio, television, cinema screens, luminous signs and posters. The society today has become drug oriented and many are convinced that they need to take some medicine for almost every conceivable minor

ailment, from common cold to sleeplessness, fever, headache, etc.

Legal Aspects of Self Medication

It cannot be said that there is anywhere in the world where there is a law prohibiting self-medication. However, there are laws regulating the advertisement of drugs to the public as well as the sale and distribution of poisons. These laws, where properly applied, have an indirect control over the practice of self-medication.

The 14th Annual Assembly of the International Pharmaceutical Federation held in Rome some years ago agreed on the following principles:

- (1) That all regulations should be based on the registration and compulsory official endorsement of every speciality before it is put on the market;
- (2) That every product put on the market should display clearly and unequivocally the most complete formular possible;
- (3) That the control of registration should always be followed by a periodical assay of products available on the market;
- (4) That advertisement in general (Press, Radio, etc.) should be regulated, and all adverts addressed directly to the public which can acquaint them with products intended for the treatment of serious diseases, like tuberculosis, cancer, etc., should be forbidden;
- (5) That in advertising, the use of the words "to cure", "recover", etc. and their synonyms, or claims having similar meanings should be forbidden.

In Nigeria, provisions regulating advertisements of Pharmaceuticals are embodied in "The Poisons and Pharmacy Act", Food and Drug Act, (Lagos), and The Dangerous Drugs Act.

Diseases, the treatment, prevention and cure of which are prohibited in advertisements to the public, include:—

- | | |
|--------------------------|------------------------|
| (1) Alcoholism | (12) Glaucoma |
| (2) Appendicitis | (13) Smallpox |
| (3) Cancer | (14) Poliomyelitis |
| (4) Diabetes | (15) Tuberculosis |
| (5) Diphtheria | (16) Tetanus |
| (6) Epilepsy | (17) Typhoid Fever |
| (7) Obesity | (18) Kidney Disease |
| (8) Infectious Hepatitis | (19) Venereal Diseases |
| (9) Heart Disease | (20) Yaws |
| (10) Influenza | (21) Hernia |
| (11) High Blood Pressure | (22) Tumours |
| | (23) Gangrene |

The idea here is to prevent individuals afflicted by these diseases from attempting self-medication as any such attempt would worsen the disease and further complicate matters.

Another provision in law which indirectly aims at checking self medication is the Classification of Drugs and Poisons in Schedules and Parts. There are therefore laid-down conditions under which any drug can be made available to the public. Poisons in Parts I and II of Schedule I can only be sold by Pharmacists to people who are well-known to them, or to people who have been introduced to them by others as being persons who can be relied upon for careful and judicious handling of such classes of drugs.

Some Drugs in this category are:—

- (a) Acetanilide and its Admixtures
- (b) Ergot of rye and the admixtures
- (c) Picrotoxin
- (d) Chloral hydrate
- (e) Calabar Beans (Physostigmine) or admixtures of Amylinitrite
- (f) Adrenaline or admixtures of Alkaloids
- (g) Belladonna and preparations or admixtures of, etc

From our previous explanation of self-medication as—"The administration of Drugs to oneself without the Advise and Prescription of a Qualified Physician", the point arises whether the Part I and II Poisons—(examples above) which, by law are obtainable by members of the public without prescription are legally approved for self-medication.

The answer will be "No", for according to my definition, self-medication entails taking the drugs without the prescriptions and advice of a Physician. The sale of Parts I and II Poisons to the public is on the condition that the Pharmacist knows the individual or is introduced to him by another well-known person.

It is here that the professional responsibility of the Pharmacist is called into play in order to check self-medication among the public. It is just not enough to know the customer as Mr "A", or "B", or he is introduced to him as such. The Pharmacist must be aware of the previous medical records of the customer and be satisfied that use of the drug is justified before it is supplied.

The other class of drugs is the Part III Poisons. This includes the Antibiotics, Sulphonamides, Barbiturates, Insulins, etc. These can only be obtained upon the prescription of a **qualified Physician**. Self medication with these drugs is therefore supposed not to be practicable. However, it is known that in Nigeria and most other developing countries, these classes of drugs are obtainable from illegal sources without prescription. This implies a breach of the law and both the seller and buyer are legally liable to punishment. Self-administration of these drugs also have other legal implications. For example, one who administered some barbiturates to himself and inadvertently took an over-dosage that resulted in death would be pronounced dead by suicide by a Coroner. The dependants of such an individual will undoubtedly be unable to lay claims to Life Insurance compensations.

The other group of drugs are the Dangerous Drugs. It is known that abuse of these drugs causes not only a danger to the individuals, but also to the society.

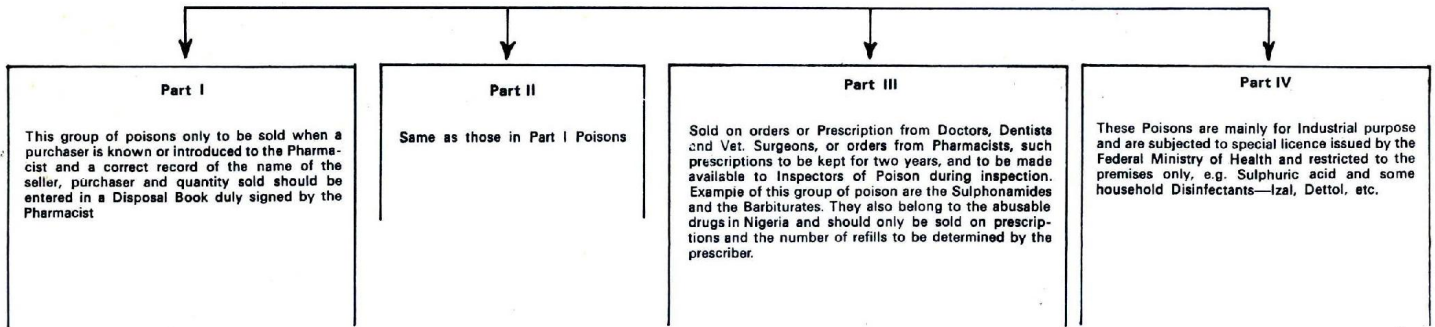
The control over the prescribing, sale and distribution of these drugs is very stringent. The dangerous drugs include:—

- (a) Pethidine
- (b) Morphia
- (c) Cannabis (Indian Hemp)
- (d) Cocaine
- (e) Heroin, etc.

Legal restrictions over self-medication with these drugs are such that even medical practitioners are forbidden from prescribing them for their personal use. There are also stringent regulations for keeping records of disposal of the dangerous drugs, and heavy penalties are prescribed for offenders.

APPENDIX 'A'

First Schedule Poisons in the Poisons and Pharmacy Act. Cap. 152



Dangerous Drugs Act. Cap. 48

The Dangerous Drugs—These controlled under the D.D.A. and only sold on Prescriptions and Record strictly kept for inspection by the Dangerous Drugs Inspectors or the Police. These classes of drugs are highly abusable by the general public. Indian Hemp or Cannabis and Pethidine fall under this group. Prescription must be in writing, dated and signed by the physician, licenced Dentist and qualified Vet. Surgeon (+). To prevent self-medication under this group of Drugs the law specifically stated that—the prescription shall not be given for the use of the prescriber himself.

Amphetamine and Other Drug Control Decree No. 5 of 1968

Examples are: Dexamphetamine and others. As a result of this group of Drugs being abused, the Decree No. 5 of 1968 was promulgated to control certain drugs belonging to this group. These group of Poisons could only be imported and distributed under special licence issued by the Federal Commissioner for Health. Pharmacist should be able to produce record of receipt and disposal to Pharmaceutical Inspectors. Thorough investigation carried out in this country revealed that the following classes of people tend to self-medicate themselves with these drugs. Long distant motor drivers, taxi drivers, obese women, students, herdsmen and athletes.

Apart from the above classes of poisons and dangerous drugs, the other group of drugs falls under what are known as—Patent Medicines or Over-the-Counter, (O.T.C.) prescription drugs. These are drugs which generally do not contain poisonous substances. They could be sold by both the Pharmacists and the non-Pharmacists who possess Patent & Proprietary Vendors Licence. The drugs include:—

- (a) Aspirin
- (b) Phenacetin
- (c) Paracetamol

and various other Proprietary products. It has, however, been known that certain drugs which have hitherto been considered to be without any harmful side-effects are actually harmful if taken without medical supervision. An example of this is the recent knowledge that Phenacetin, when taken continuously, causes kidney damage.

It is also known that all drugs which are not included in the schedule of Poisons are regarded as non-poisonous and therefore Patent Medicines. The poisons list in Nigeria is out-dated and a review of it is very necessary in order to include the new potent drugs which most people now legally regard as patent medicines and therefore freely indulge in self-medication with them.

In 1968, the Federal Military Government passed a decree called—"Decree on Amphetamine and Other Drugs (Control)". This decree was promulgated because many classes of people were self-medicating themselves with all kinds of preparations containing Amphetamine in combination with other Drugs:—

Examples

1. Amphetamine with Barbiturates

Delipsoids	Diesed
Drinamyl	Mylodex
Rylerol	Barbidex

2. Amphetamine with Tranquillizers

Anxine	Atensin
Leviton	Steladex
	Ampactil

3. Amphetamine with Analgesics and Antipyretics

Banamyl	Edrisal
Daprisal	

4. Amphetamine with Thyroid

Thyrodex	Thyrophem
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In order therefore to prevent easy access to these drugs the law stipulated that their importation could only be made with special licence issued by the Federal Com-

missioner for Health. The sales and distribution are by Pharmacists only, who would keep a record of sales and distributions. Under this decree, the importation of any of these controlled substances without a licence shall be an offence punishable by conviction or fine or both.

Conclusion

My learned Professors, Doctors, Pharmacists, Ladies and Gentlemen, from what I have said above in this paper, some of you, I am sure, will agree with me that self-medication, whether rightly or wrongly, is debatable. Should there be rigid legislation on self-medication in our society? Here are some of the views expressed by the following:—

(a) The Physician's View

I do not support self-medication in our society for one of the following reasons:—

- (i) Self-medication has caused some diseases to become drug resistant, because some of my patients who attended my Clinics have self-medicated themselves before coming forward for treatment. Such ailments have now become complicated to treat.
- (ii) With the very many brand of Analgesics in the Nigerian market, the public tend to self-medicate themselves, so I strongly support stringent regulation to control self-medication. In support of my suggestion, I will add that in 1973, information from the Drug Directorate in Canada indicated that excessive intake of Analgesics mixture containing Phenacetin and Salicylates may be associated with renal damage and as such, it has recommended that amendment of regulations to prohibit the sale, by Drug Manufacturers of preparations containing Phenacetin in combination with Salicylates, including all salts and derivatives of Salicylic Acid.

In the United Kingdom, all preparations containing Phenacetin could now only be sold by Pharmacists on prescription.

(b) Pharmacist's View

In Western Germany, whether Phenacetin administered in large quantities over a prolonged period of time does in fact produce renal damage is yet under investigation. In Nigeria, no physician yet known to me has given figures to the Federal Ministry of Health as to the number of cases with damaged kidney due to long administration of Analgesic. It is my view therefore that Pharmacists should be allowed to sell all the Analgesics containing Phenacetin, provided the Pharmacists would refuse to sell to his customer who has been too frequent in purchasing this group of drugs. He might later on advise him to consult a physician if he continues to take more of the drugs.

Knowing fully well that the use of pain killing medicines cannot be easily eradicated completely in our society, just as Alcohol and cigarette-smoking could not by any Legislation, I suggest

that the laws on sale and distribution of O.T.C drugs for the ordinary fever and pain should not be too rigid.

(c) Drug Manufacturers' View

We spend time and money on research and advertisement. As you all know, it takes 5-9 years to complete the development of a product from the first state till it gets to the patient. We therefore support self-medication with harmless drugs, provided effective laws are made by the Governments to protect the Drug Industries and the Public.

(d) The General View of the Public

Self-medication could not be completely eradicated in our society until the present medical facilities are improved upon by having more Doctors, more Pharmacists, and adequate medicines in

our hospitals. Any stringent laws to control it would be very difficult to enforce.

We all know that the Government task or main concern on this issue of self-medication is to make Laws and Regulations and by means of legal enactment, or compulsory measures check self-medication, enforce stringent laws on importation, sale, distribution and advertisement of drugs. Seeing the danger in self-medication, therefore, a legal frame-work has to be created which in effect would counteract the damage inflicted upon the society through self-medication for the optimum consideration of the interest of the Public Health.

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