NEED FOR A NATIONAL DRUG POLICY IN NIGERIA

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INTRODUCTION

We know that illness is universal and no respecter of persons and that it is liable to overcome people whose lives are set in very different circumstances. We may then accept that Health Care in different countries would be influenced by cultural factors as well as medical tradition. It has been noted that in the mythologies to every continent there can be distinguished great myths on man, medicine and health care. One may also observe that even though most myths tell how something, such as man, the world, certain animals and social affairs came to exist, these stories have been acclaimed to be products of fertile imagination which are not meant to be taken too literally. Reports show that modern psychologists, like Jung have seen in myths clues to the deepest hopes and fears of mankind not to be despised as stories, but studied carefully for their revelation of the depths of human nature. It is my hope that the story I might be telling today, if, at worst, it could be called a myth, it would be studied carefully as it deals with the health of people.

Let us first look at the words; **Drug** and **Policy**. A drug can generally be referred to as the product which is available for use directly or indirectly in the maintenance of good health. A more detailed definition states: A drug, (or pharmaceutical preparation), is any chemical or natural product or mixture of substances including natural products sold, offered for sale or represented for use in:

(a) the diagnosis, treatment, mitigation or prevention of disease, abnormal physical state or the symptoms therefore in man or animal.

(b) restoring, correcting or modifying organic functions in man and animal.

It can indeed be inferred from these definitions that man needs drugs as long as he has to maintain good health which is manifested in total well being.

Nigerians would agree that the elaborate traditional formula of inquiry after health during greetings highlight the level of consciousness on health. It is even customary after hearing of any indispositions that they offer elaborate condolences and advice, either by recommending particular herbal treatment or drugs which they would claim have helped them. So, the survival and day to day activities revolve round health care and drugs. We, therefore, need guidance and indeed an appropriate policy.

The word **policy** can, in general, be regarded **as a course of action devised and adopted as advantageous or expedient.** In terms of our topic it can be said that any policy on drugs must be a course of action which would be or have been devised and adopted as advantageous or expedient for the type of society, community or people appropriate for this nation.

It has, in fact, been mentioned that society has conditioned the attitude of patients; Prof. Barber in the 'MacMorran lecture' of 1975 stated that patients considered that an illness of any kind required a drug for its treatment and the doctor responded by increasing his prescribing. Prof. Barber reflected further –

> "We must also realise that, too often, we in general practice use the prescription as a means to end a consultation, as a way of telling a patient that everything will be alright, as a means of postponing a decision on therapy, and simple as a way of saving time..... The use of the prescription as an excuse rather than a therapy may be one of the principal causes of the difficulties which we at present are faced with."

It seems, therefore, that the management of illness with drugs influenced the popular concept of treatment and therefore the individual patient's expectations of a consultation.

With all these around us one can, at least, feel what 'drug' means in health care. Comments have been made that increases in the consumption of pharmaceutical products during recent years would have to be studied fully. Nello Martini of Italy has indicated at a symposium in the Hague in 1977 that there is need to investigate drug consumption and utilization inside and outside the hospital. It was mentioned that systematic work in the field could provide important information on prescribing habits, what factors determine doctors choice of therapy, the differences in pharmacological culture from one country to another, users' position and cost efficacy. There have been reports from Sweden on the epidemiological studies on Drug consumption and the workers identified sources of information to be –

(i) Total sales
(ii) Prescriptions and
(iii) Individual drug purchases.

Reports from various exhibitions and conferences highlight increasing concern for use of drugs. Thomas Mapp writing in "Africa Health" stated "A recent London drug conference called Pharmacom Europe 78' concerned with the development of modern medicines, was told that the biggest area of future growth lay with the less developed countries of the world. Sales in a number of these areas in recent years have already exceeded the average rate of about 13% and this figure is expected to go on rising.

Studies have shown that the number of pharmaceutical preparations and specialities available to physicians and to the public varies greatly according to country, owing to a number of factors. Such factors are; the resources available, various types of restriction imposed by the authorities, currency difficulties, etc. Such studies have also shown, for example, in Belgium and in Switzerland there are over 15,000 different specialities on the market, whereas in Denmark and in Poland, the figure is well under 2,000. We may infer from this that Denmark with a recognised high level of health-care delivery service did not have to have proliferation of drug specialities in order to achieve that objective. We may need to identify the limiting factors. In the Nigerian setting, we do believe that there are increases in the consumption of pharmaceutical products.

Davies, in a review on the pharmaceutical industry as far back as 1967, stated that increases in the consumption of pharmaceutical product during those recent years have had various repercursions on national policies. It was observed, further, that many governments felt a need for urgent action to cure the drain on finances that the import of drugs from more industrially advanced nations inevitably causes.

It seems, therefore, that the main aim of drug policies **from the health point of view may be to ensure the availability of an adequate supply at a reasonable cost, of the most suitable and useful drugs to the public and private health service sectors, whereas from the economic view point the main aim may be to stimulate the development of a dynamic pharmaceutical industry capable of competing in the home and foreign markets and making a contribution to the balance of payments.**

The double edge effect of the aim of drug policies shows that the success of such actions will largely depend on the political will of the governments to identify and tackle the problems in their own countries where the extension of basic health care to larger segment of the population cannot be successful without adequate supply of the most essential drugs. There is also the dependence on new visions and new initiatives, in the light of the New International Economic order involving governments and major drug industries.

As we keep in focus the theme of this conference **"The Need for a National Drug Policy for Nigeria"**, we are reminded that the developed countries are nowadays faced with the problem of high expenditure on drugs, which is often the result of over-consumption or misuse. In developing countries, in both the private and public sectors, expenditure on drugs is much lower in absolute terms than in developed countries but is usually much higher in proportion to the total health expenditure.

The WHO in one of its report indicated that global, regional and country studies on drug policies and management were undertaken by means of on-the-spot investigations, information exchange and consultation and they identified the following problems;

(i) Inadequate availability of essential drugs especially in rural areas of developing countries – often 80% of the population does not receive adequate preventive and curative care including essential drug and vaccines;

(ii) Uneven distribution of pharmaceuticals production between developed and developing countries (90% is located in developed countries) causing a serious economic deficit in developing countries;

(iii) Excessive, inadequate or inappropriate use of drugs by health workers.

WHO then recognised that this question is not merely technical but also political and ethical, involving government responsibilities as well as the global social responsibility of the pharmaceutical industry with regard to both the availability of existing essential drugs and the development of better ones. Indeed, the demand for pharmaceutical products is considerably affected by the availability, utilization and distribution of health services, by population and income distribution, by health education, by the activities of drug manufacturers and by any government action influencing these factors.

Generally, in order to meet the health needs and demands of the population, medicinal products are supplied through a countrywide system of established institutions involved in various activities such as procurement, production, control of drugs and vaccines, drug research and development distribution to health services and to the public as well as monitoring of marketed products. We must therefore relate our needs to these areas of endeavour and note along side that a system is then recognised i.e. a **pharmaceutical supply system.** This term is used to describe all activities which form a more or less coherent system partly related to the health care system and partly to the industry, trade and financial sectors.

AIM OF THE POLICY

We may again examine what has been considered as the aim of developing countries like Nigeria where Primary Health Care is being developed. It is therefore useful to have available standard lists of drugs and equipment, reduced to the minimum that take into account the epidemiological situation as well as the resources available. Perhaps at this point one may refer to the report on the Alma Ata 1978 International Congress on Primary Health Care where it was stated:

> "An important factor for the success of primary health care is the use of appropriate health technology. The word "technology" means an association of methods, techniques and equipment which together with the people using them can contribute significantly to solving a health problem. "Appropriate" means that besides being scientifically sound the technology is also acceptable to those who apply it and to those for whom it is used. The most productive approach for ensuring that appropriate technology is available if to start with the problem and then to seek, or if necessary develop, a technology which is relevant to local conditions and resources. Medicinal drugs are an important component of health technology."

It has also been pointed out that effective demand (i.e., the need and the ability to pay) for any pharmaceutical product is influenced by many factors. The population at risk – those who have a need for the product and those who have a potential need – can be assessed on the basis of estimates of the present and future prevalence of the disease the product is intended to treat or prevent. There is also the need to forecast the maximum potential market for the product calculated in this way and at the same time modify such forecast to reflect the influence of other factors. Such factors as inaccessibility of health services to certain segment of the population at risk, inability to pay for the product, cultural attitude of the population that may affect demands and the effectiveness of the manufacturer's efforts for the distribution and promotion of the product.

PROBLEMS IN POLICY MAKING

There is a very important need to identify the priorities of the nation and set out such priorities in order that government may see clearly the position of any health policy in relation to other programmes or policies.

It must be emphasized that a **political will** is essential for achieving the various objectives which such a policy might come up with in the country. various major obstacles that have been identified in the formulation of national drug policies are:–

(i) lack of multisectoral approaches and identification of the needs for drugs – government often place low priority on drug policies;

(ii) lack of resources for identifying problems relating to the formulation of policies, planning and implementation;

(iii) economic conditions – lower income and purchasing power, limited budget for health action and limited hard currency reserves;

(iv) free market policies, especially in the private sector, based on the recognition of drugs as ordinary commodities.

(v) the intensive marketing powers of industries, mainly expatriate industries of trans-national origin;

(vi) the passive and uncritical acceptance of drugs, information pricing and technology.

It is my belief that some of these obstacles can be overcome in Nigeria hence there is need to examine carefully these issues and problems that are placed before us.

WHO recognised that the study and analysis of the various aspects of drug policies in order to identify priority areas and to propose or recommend an action programme for inter-country and multilateral technical co-operation is most certainly an arduous undertaking. However, Governments need to take two major kinds of political and administrative decisions.

(1) General policy decisions, which include the definition of an appropriate pharmaceuticals policy and require a choice between competing aims;

(2) Operational or management decisions concerning the implementation of the general policy decisions.

We must also remember that we have been planning to extend the health care coverage to all people – Basic Health Care Scheme – hence pharmaceutical supply has become a crucial issue. There is a continual increase in requests for drugs, consequently, social technical and financial problems which must be taken into account in the planning and programming of comprehensive national health services have been created.

In order to bring home this need for a drug policy let us now turn our minds to such issues that would be reviewed or appraised, if not better developed, in order to tackle the matter; these are:–

(i) drug control and legislation;
(ii) quality control and monitoring;
(iii) supplies and distribution;
(iv) utilization and information;
(v) manufacture;
(vi) development of human resources;
(vii) research and development.

but these can also be grouped differently thus :

(a) research and the development, production and distribution of drugs;

(b) the evaluation and control of drugs, both locally produced and imported;

(c) the monitoring of marketed drugs and of adverse reactions to them;

(d) the education and training of scientific manpower for drug research, distribution, production and evaluation;

(e) the continuing education and training of physicians, pharmacists and other health personnel concerning the proper use of drugs.

It would be inferred from these that we have a complex system to resolve; the pharmaceutical supply system has to evolve and the components must be coordinated to form a coherent system. Invariably, however, because of the conflicting goals and needs that must be met, and because of the changing inter-play of political, economic and social pressures the system tends to undergo changes in all countries. The pressures are often conflicting because of the diverse interests of the groups involved; government, commercial enterprises, medical profession, scientific and academic community, etc. We may then appreciate further that problems of co-operation and co-ordination would vary accordingly; not only between pharmaceutical supply system and the health care system but also among the different components of the pharmaceuticals supply system itself. The development of balanced drug policies will therefore call for an integration of health and social policies with industrial and technological components. This again highlights the need for multi-sectoral approaches to policy formulation.

GUIDELINES FOR THE FORMULATION OF SUCH POLICIES

If the aim points towards self-reliance then it can come through :

1. procurement from multiple sources by central or regional agencies;
2. establishment of government and production facilities, and where appropriate, encouragement of private drug manufacturing;
3. limiting the range of available medicinal products and selection of essential drugs to meet the health needs of the majority of the population;
4. building up a national quality control system linked with procurement and local production;
5. improved utilization of locally available natural resources particularly medicinal plants, in health care and in local pharmaceutical production;
6. stimulating and providing for research and developmental studies on locally available raw materials;
7. establishment of national or regional drug distribution networks parallel to health services network;
8. evaluation of the risk versus benefit ratio of new drugs to be introduced on the market.

If we look at the trends in production and trade of medicinal products we first recognise three distinct stages of production of medicinal products :

(i) production of raw materials and intermediate;

(ii) production of finished dosage forms from half-finished intermediates and raw-materials (formulation);

(iii) packaging of finished products or re-packaging of bulk finished products.

In the first case the production of raw materials can be partly independent of industrial development, but this normally requires high technology and large scale production capabilities in order to complete on international markets – Nigeria cannot go that way because of the lack of chemical industries.

The production of finished dosage forms (formulation) from half-finished to intermediate materials includes tableting and the production of injectable liquids and ointments. Such can be done in small units mainly from imported synthetic materials and from locally available raw materials of natural origin. It is reported by WHO that the global output of world production of manufactured medicinal products for human use was estimated in 1976 as approximately US $50 billion at manufacturers' price. Industrialized countries accounted for about 90% of the output. Out of the remaining 10%, three developing countries (Brazil, India and Mexico) accounted for 5 percent. Really, why can't Nigeria build up and take the challenge from Brazil, India and Mexico. We however need a policy and also a concerted effort in implementing such a policy. There is up to 13% growth in world pharmaceutical market which is determined by three main factors :

(i) expansion of health care coverage to large segments of the population;

(ii) price increase effect of moving from older less expensive medicinal products to new, research-based, more expensive products which affect prescription habits.

(iii) price increases of existing products.

It has been said that drug prices in a country often reflect the government drug policy and its involvement and participation in pharmaceutical expenditure. There is a wide range of opinion about what a **reasonable price** would be and there are such wide price variations from country to country that often they cannot be explained in the light of economics only. However, it should be noted that within the pharmaceutical supply system other sectors of the government influence the cost-price relationship by fixing custom duties, direct sales taxes and indirect taxes on production, distribution and dispensing. Generally, the total of these prices are passed on to the consumer or his financing agent; thus the relationship between cost and price of medicinal products requires a careful analysis of the role of different sectors of the government involved in multisectoral solutions with national drug policies. In Nigeria, today, it appears that drug prices give a 'free-floating' factor within the context of health expenditure because policy is not clearly formulated

ESSENTIAL DRUGS

In the Director-General of WHO's report to the Health Assembly in 1975 reference was made to the experience gained in some countries where schemes of 'basic' or 'essential' drugs had been implemented to extend the accessibility of the most necessary medicinal products to the people whose basic health needs could not be met by the existing pharmaceutical supply system. In resolution, the Health Assembly requested the Director-General, **inter-alia**, to advise member states on the selection and procurement at reasonable cost, of essential drugs of established quality corresponding to their natural needs – but we have not yet prepared such a list of essential drugs for Nigeria.

The extent to which countries implement schemes or establish tests of essential drugs in a **national policy decision** varies as each country has the direct responsibility of identifying its own priorities according to National Health and drug policies. The process of selection of essential drugs should be dynamic and flexible to avoid a rigid approach which could be counter-productive. A limited list of drugs may not provide for the needs of every person but should certainly meet those of the vast majority. It should be clear that the exclusion from a list does not imply rejection or that no other drugs are useful, but simply that, in a given situation, those drugs are the **most needed** and **should be available** at all times in adequate amounts and in proper dosage forms. It has been emphasized that the selection should be based on adequate scientific data obtained in controlled clinical trials and/or epidemiological studies. The concept of "essential drugs," linking drug priorities with health priorities implies a continuing process of product selection, taking into account financial resources, changing priorities for public health action and epidemiological conditions as well as progress in pharmacological and pharmaceutical knowledge.

The notion that **the number of necessary drugs is relatively** small is supported by experience in both developing and developed countries where limited lists and formularies are successfully used, for example, in hospitals. Limited drug lists have several advantages particularly in a country like Nigeria:

(i) reduction in the number of medicinal products to be purchased, stored, analysed and distribute;

(ii) improvement in the quality of drug utilization, management, information and monitoring; and

(iii) stimulation of local pharmaceutical production.

It is necessary to state that an effective programme of drug selection, coupled with appropriate **information** and **education** may help to improve attitudes to the role of drugs in health, disease and health care in terms of both effectiveness and economy.

DRUG LEGISLATION AND REGULATORY CONTROL

The control of the different components of the pharmaceutical supply system varies from country to country, but there can be regional co-operation. We would expect such legislation and control to cover :

(i) registration of medicinal products;

(ii) licensing of importation and/or importers;

(iii) licensing of domestic manufacturers and distributors;

(iv) control of foreign investments and loans;

(v) control of transfer of technology;

(vi) control of industrial property and patents;

(vii) control of prices and pricing system;

(viii) control of marketing practices such as advertising, information, promotion through medical representatives and free samples' distribution;

(ix) control of the quality of marketed products and inspection of manufacturing plants for compliance with good manufacturing practices;

(x) control of labelling of the products to include use of generic names;

(xi) surveillance of marketed products, including monitoring of adverse reactions.

It has been observed that in some countries appropriate legislation gives the government responsibility for developing local pharmaceutical production and/or export capabilities and for foreign capital investment in the pharmaceutical sector. However, in such cases, legislation for industry and trade development should not be in conflict with the objectives of health legislation on domestic drug control and pharmaceutical services.

In a WHO's publication (1975) it was stated in parts –

". . . . when more than one department or agency of the Ministry of Health is responsible for the enforcement of drug legislation, problems of co-ordination may arise. Further problems may occur when different ministries (e.g. finance, commerce) are involved in enforcing other aspects of legislation applicable to drugs. It might be advisable to establish machinery for the coordination of drug at a high level . . . . .".

One hopes the Pharmacy Directorate of The Federal Ministry of Health would look into this co-ordination.

It has to be emphasized that for effectiveness a system for implementing drug legislation requires adequate government resources. It has been suggested that such government resources be supplemented by requiring the manufacturers to pay a fee for each drug application and an annual fee per drug marketed. Such a procedure or arrangement may also be useful in encouraging the withdrawal of obsolete drugs from the market.

Since pharmaceuticals move internationally, there is need for co-operation among the authorities of the countries at the regional or sub-regional level in the field of drug legislation and for information exchange on manufacturing practices, drug prices, and registration of new drugs.

QUALITY ASSURANCES

It is to be mentioned that ensuring the quality of drugs to be provided to the population is the responsibility of the government and the producers. There is also a need to recognise and enforce the acceptance of the responsibilities of distributors and pharmacies, as the conditions for distribution, storage and utilization differ from one local environment to the other.

We must scrutinise very well the stability of drugs in our specific climatic conditions. This aspect of quality assurance now leads us to highlight the need for a policy on **Procurement** involving "marketing intelligence" which would involve continuing survey and analysis of –

a) producers and their manufacturing practices and production scale;

b) price trends and early detection of speculation and other malpractices;

c) reliability of quality assurance e.g. through batch certificates and control;

d) new drug information, especially registration status in the country of origin;

e) information on product inter-changeability, taking into consideration bioavailability and therapeutics equivalence.

Similarly, let us consider **Local production.** It has been noted that the development of local pharmaceutical production should proceed sequentially, beginning with the simpler activities and steadily moving towards more complex activities which require 'transfer of technology' from industrialized countries. Owing to policies and strategies of the major pharmaceutical industries and to the continuing progress in pharmaceutical technology such transfer is often difficult and only partial transfer of technology is usually achieved. For such situations to be tackled earlier, we need to identify a policy and effect it appropriately.

DISTRIBUTION

This is an aspect which had not been carefully looked into in Nigeria. It is necessary to point out that the major requirement in establishing successful distribution systems is the education and training of personnel dealing with drug distribution. They should be conscious of the fact that they are handling goods most "needed" for the health of the people. The educational activities are expected to prevent wastage and leakage of valuable drugs during distribution hence the improvement in the utilization of drugs for health care. We should therefore see the need for a policy that demands periodical seminars, workshops and meetings on drug management as key factors in improving drug distribution.

INFORMATION

One must not underestimate the significance and indeed the effect of information on drug matters. It is desirable that up-to-date, as well as, objective information on the potential benefits and risks associated with medicinal products are made available to all users of drugs i.e. pharmacists, procurement officers, distributors as well as prescribers, and the ultimate consumers.

There is the general assumption that the policy makers would review the relationship of information to the other drug matters. Together with the need of information, we may note the need for **utilization surveillance** – any policy on drugs should present issues which will cause attention to be put on consumption figures and utilization patterns as well as consumer acceptance of both modern and traditional drugs.

It has been said that valuable information on drugs is in the hands of the manufacturers, it is therefore an important social responsibility of the pharmaceutical industry to collaborate with governments in providing unbiased and accurate drug information to meet the health needs of the population.

Drug monitoring falls into these lines of action – assessments of the safety and efficacy in widespread use and against actual health needs are desirable.

UTILIZATION OF LOCALLY AVAILABLE NATURAL RESOURCES FOR HEALTH CARE

There have been a continual effort in the identification of locally available drugs of natural origin, similarly studies have continued in the search for locally available materials as adjuvants, excipients, etc. in pharmaceutical industry. Efforts have been made towards their standardisation while correlative studies have shown the relevance of some of the drugs used in traditional medicine. There is a need for a national policy on traditional medicine since it is a cultural heritage of the people. Such a system has high 'consumer approval'. It has been mentioned that a sudden change from traditional to modern medicine causes negative attitudes in the population towards the organised health care services. Hence it had been observed that such a state leads to under utilization of the services. There is need to come up boldly with a policy either:

a) for the integration of traditional with modern medicine; and

b) traditional medicine as parallel or complementary to modern medicine.

RESEARCH AND DEVELOPMENT

It has been said that pharmaceutical research and development constitute a technological process with four interrelated components:

(i) basic research;
(ii) applied research;
(iii) the development of products for preclinical and
(iv) clinical testing and the continuing production of marketed products.

One recognises, therefore, that as science and technology become more and more refined, pharmaceutical research and development become more complex and indeed more sophisticated and expensive. In full realisation of this and the awareness of considerable potential for drugs from our natural environment, a definite policy has to evolve as modern drug research and development are a long-term investment.

The universities and other scientific institutions will continue to play essential role in the development of new knowledge as well as in the education and training of research workers. It was indeed comforting to me to find in one of WHO documents statements which clearly spelt out reasons for having adequate level of scientific research in all disciplines related to pharmaceutical products to be maintained in academic institutions. I would like to share these with you;

(i) "There are many fundamental questions related to diseases and their prophylaxis, diagnosis and therapy that can be studied only in the biomedical and clinical departments of universities. Even if the findings are not immediately applied to the development of new pharmaceutical products, they nevertheless constitute the basis for further progress in the drug field.

(ii) Although a large amount of knowledge about pharmaceutical products is located in industrial undertakings, it is essential, in the public interest that the public health administration in each country should dispose of equivalent competence for drug evaluation and control. By guiding and reviewing drug research in a consultative capacity, university departments and other scientific institutions are of great assistance both to the pharmaceutical industry and to governments in the regulation of pharmaceutical products.

(iii) The responsibility for the education and training of research workers in such disciplines as chemistry, biochemistry, microbiology, pharmacology, toxicology, clinical pharmacology and pharmaceutical sciences lies with the Universities.

The fulfilment of this essential task depends on maintaining both the standard of research efforts in the Universities and a wide range of contacts between the Universities and the pharmaceutical industry.

(iv) The development of departments of clinical pharmacology, particularly in University hospitals, is the best means of fostering clinical research on drugs and of training research workers in this increasingly important field.

(v) Drug research in fields that are not adequately covered by the research programmes of the pharmaceutical industry must be encouraged and supported by the government in academic and other scientific institutions.

(vi) Academic institutions devote a great deal of attention to the screening of medicinal plants in developing countries, ... Clinical studies are also undertaken on crude extracts of medicinal plants and on isolated active substances. This type of drug research plays a very useful part both in adding to our knowledge of the pharmacological properties of medicinal plants and in the training of research workers."

Now, do we have drug research in our pharmaceutical industries or do we have adequate support and encouragement for such research in our academic institutions? There is definitely a great need for guidance in formulating appropriate policies toward research. What I am attempting to show, at this point, is that Drug research and development is an integral part of national drug policy and of the pharmaceutical supply system. We have to determine clearly the priority areas for research and development.

Finally, President, Chairman, Distinguished Guests, Ladies and Gentlemen, there are various problems with drug use but we must accept that self-medication or care is common. We must educate the public on the handling and use of drugs. There is a need for a policy on self-medication and such an approach must consider fully the situations existing in the most under-served populations. This brings up the issues of –

(i) "selection of appropriate drugs for self-care with standardized labelling and instructions for use;

(ii) provision of adequate information and education of the public on the safe and effective use of drugs for self-medication;

(iii) price control and surveillance by government authorities;

(iv) and encouragement of community participation in the use and distribution of drugs with considerable stress on that indiscriminate use of self-medication leads to **misuse and abuse of certain drugs.**"

There are also problems of over-prescribing of drugs for trivial conditions, under-prescribing of valuable drugs and the overall attitudes of patients towards drugs.

CONCLUSION

We will agree that all countries should make it a priority to provide facilities, opportunities and relevant programmes which would enable the majority, if not all, of the population to lead a normal life. Such a situation will provide for total well-being that will enhance their respective contributions to the harmonious development of the economic and social potential of the country. Nigeria has this challenge and the development of our health services calls for more planning and identification of specific priorities towards the implementation of various policies. –

However, before we leave this story or myth on the need for drug policy, we must accept our readiness to identify and analyse the main health indicators. We must review strategies to be taken into consideration as well as various operational approaches that will help our needs. We may begin to consider inter-country, regional and sub-regional approaches to training, development, control and financing on drug matters. We should judiciously seek help from organisations, groups, countries and industries towards our objectives, but above all we must continue to appraise our needs as well as our policies.

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