

KEYNOTE ADDRESS BY

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**At the 32nd Annual National Conference of the Association of
Community Pharmacists of Nigeria (ACPN)
‘‘Land of Paradise 2013’’, held at Calabar, Cross River State,
On 4th June 2013**

PROTOCOL

I deem it a great and enviable honour to be chosen among many equals within the pharmacy profession to deliver the keynote address at this 32nd Annual National Conference of the ACPN. Let me first of all add my voice to the other many voices in expressing my warmest congratulations to the Chairman, the executives and all members of ACPN for this great strides in the provision of pharmaceutical care and outstanding contribution to the overall socio-economic development of our country, well done!

I am equally delighted with the choice of the main theme of this year’s conference ‘‘Safe Medicines for Nigerians – Community Pharmacists’ Perspectives’’.

Safe Medicines by World Health Organization (WHO) standard are those that satisfy the priority health care needs of the population. They are selected with due regard to public health relevance, evidence on efficacy and safety, and comparative cost- effectiveness. Safe Medicines are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms with assured quality and adequate information and at a price the individual and the community can afford. In other words the vision of WHO is that people everywhere have access to the Safe Medicines and health products they need, that the medicines and health products are safe, effective and of assured quality and that medicines are prescribed and used rationally.

AVAILABILITY OF SAFE MEDICINES

Nigerians have a right to safe qualitative and efficacious medicines. Indeed access to safe medicines is part of the human right to health. However, this is not the case in Nigeria as we have uncoordinated drug distribution system which is not in line with the good drug supply management that the national drug policy stipulates.

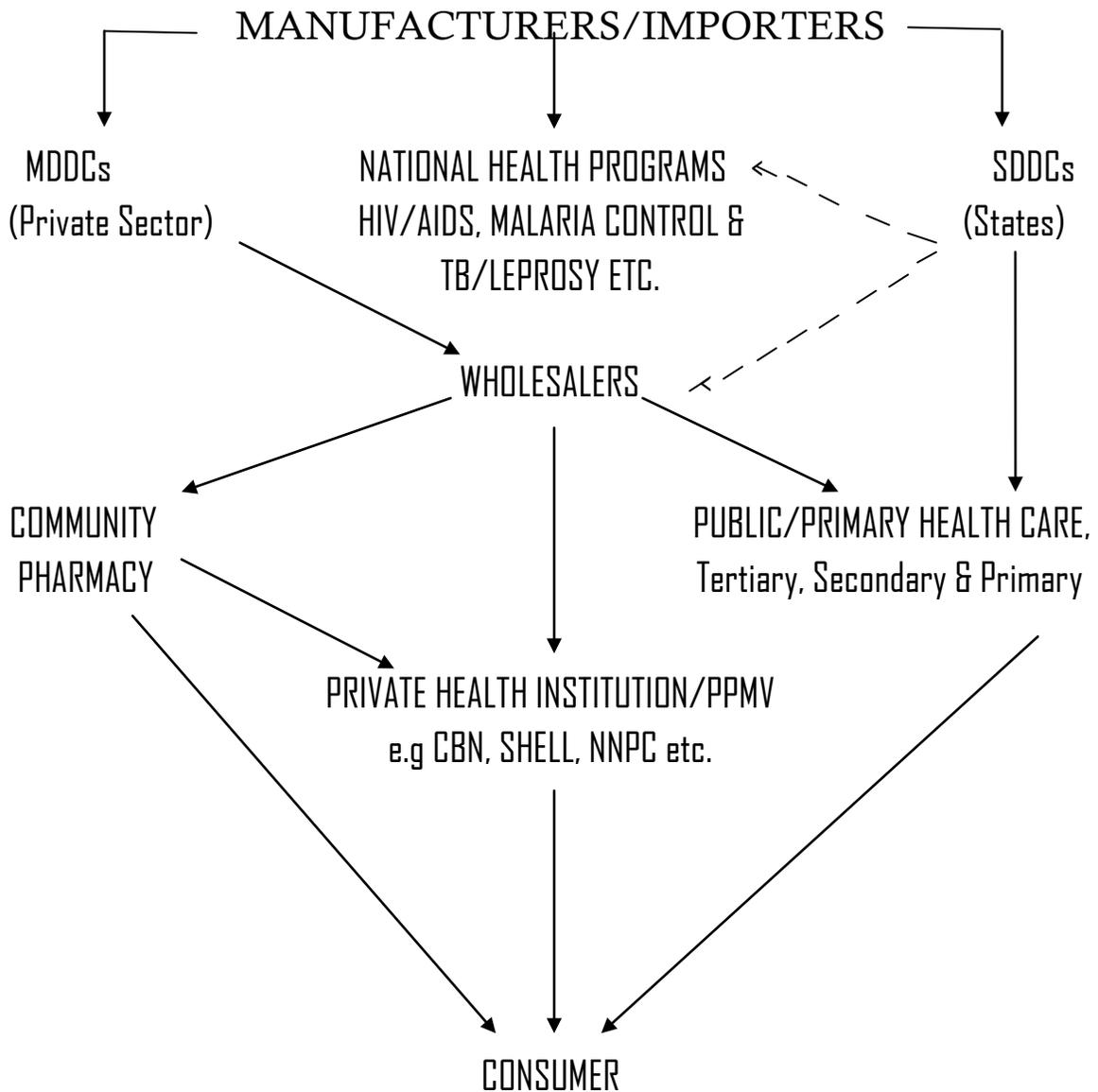
It has been established that the uncoordinated drug distribution is the major reason why we still have some level of fake, adulterated and substandard drugs in circulation in the country which is not in the interest of health care delivery system.

In other words, the physical distribution of medicines from manufacturers to pharmacists in this country is chaotic. In order to ensure the availability of good quality, safe, efficacious and affordable drugs in the health care delivery system, the Federal Government developed a National Guidelines on drug distribution and the main attraction of it is that drugs will no longer be sold in the open market. All the health care facilities including private and public will be guided by the guidelines in their drug procurement activities in order to establish a well ordered drug distribution system for Nigeria.

The implementation of the guidelines is with immediate effect from 7th Feb 2013. States and the private sector are expected to establish the operational structures e.g the SDDCs and MDDCs as well as other necessary requirements between now and last quarter of 2014 after which sanctions will commence for non compliance. Registration of all Pharmaceutical premises by the Pharmacists Council of Nigeria

(PCN) is a must. i.e both public and private sector including Hospital Pharmacies.

THE CHANNEL FOR DRUG DISTRIBUTION



There is no doubt that after little adjustment and if these guidelines are effectively implemented in accordance with the NAFDAC Act CAP N. I LFN 2004, the Pharmacists Council of Nigeria CAP 17 LFN 2004 section B 148 and structure of pharmaceutical regulations 2005 and indeed the counterfeit and fake drugs and unwholesome processed foods (Miscellaneous provisions) CAP C 34 LFN 2004 will to a large extent address the present challenges of the drug distribution system of Nigeria.

WHY MUST MEDICINES BE REGULATED

The use of ineffective, poor quality and unsafe medicines can result in therapeutic failure, resistance, exacerbation of diseases and sometimes death. It also undermines confidence in health systems, health professionals, pharmaceutical manufacturers and distributors.

COMMUNITY PHARMACISTS/COMPREHENSIVENESS OF SERVICES

The community pharmacist is a recognized health professional contributing to health outcome and is a patient contact site, health service outlet close to the population and a fulcrum for improved health status of a community. Generally speaking

pharmacist is ideally placed to bridge the gap between the good doctors and patients by offering care services to new and existing customers. While these services may not generate direct sales, pharmacists that have introduced patient care facilities and services have reported increases in sales and improved customer relationships.

He is a professional person for whom the ultimate goal is successful treatment of the human. Indeed pharmacists have been trained for safe handling and administration of drugs and as custodians of drugs, pharmacists are all to ensure the availability of safe medicines in Nigeria.

However, for sometimes now community pharmacy has experienced a period of unprecedented upheaval. Pharmacists face unique challenges. The issue of fake drugs couple with the poor prevailing economic conditions have eroded profitability, but a changing market place offers new opportunities. When opportunities to enact revolutionary business practices or open new sales channels present themselves you must be ready to act.

Retail pharmacy is changing. With so many external factors affecting the long term prospects of the sector, it is important

for pharmacists to manage the viability of their businesses through efficient and effective practices, offer patient care services, it is essential for pharmacists to maintain the delivery of safe medicines and excellent patient service. Lastly the number of staff you retain must be justified in terms of turnover and items dispensed.

Good medical care requires accessibility to a complete range of professional pharmaceutical services. While dispensing services are universally offered by pharmacists, these services are not always comprehensive, and often non dispensing services are not readily available at all, even upon request. For example few community pharmacists engage in general health education activities, poisons control function or the provision of drug information.

The dispensing function itself involves much more than just passing out drugs by an attendant. Yet complete services are not always available in all pharmacies. An obvious example is personal consultation with the pharmacist at the point of dispensing. This function is often essential to the proper use of the medication that is, the patient must know how to take the prescription properly to gain its benefits.

Make certain the patient completely understands how to use the medicine. This is most important. It does not mean reading the label to him. The directions should be explained to him. Such a procedure may seem elementary but it is not.

Recently, I read that the word “ORALLY” was put on a prescription container for a child. The mother later called the pharmacist and asked what the word “ORALLY” meant. Now the pharmacist uses the term by “MOUTH” instead of “ORALLY” it is best not to take anything for granted about a patient’s knowledge of using the safe medicines safely.

RECOMMENDATIONS

It is safe to say that if all stakeholders in the health care delivery system play their respective roles in the manufacture, supply system management, prescription and use of drugs there will be safe medicines for Nigerians.

However, in order to improve access to safe medicines in Nigeria, I hereby recommend the following:

1. Safe medicines to Nigerians can only be guaranteed where pharmacists are available to provide the pharmaceutical care, community practice must be ethical and should fall within the ambit of the law.

2. The patients and general public should patronize registered pharmacists where experts are available to provide safe medicines and pharmaceutical care. Registered and go practice should be discouraged and arrested. As stipulated in the PCN code of ethics that in every pharmacy, there should be a superintendent pharmacist in personal control of the premises.

3. I must commend NAFDAC and PCN for what they have achieved in the fight against importation, sales and use of counterfeit medicines in Nigeria, but it seems that more need to be done. NAFDAC should therefore work closely with PCN, PSN & ACPN and all other stakeholders to jointly fight the menace. As we all know that a good pharmacist should not and never condone, or assist in, the manufacture, importation, promotion, distribution, storage, sale or dispensing of drugs, poisons and medicinal products which are not of good quality and safe, or which

do not meet the standards specified by law. The existing laws should be strengthened and implemented to the later. I am happy that NAFADAC is pushing for more deterrent legislations to be enforced against counterfeiters. I am also happy that United States Pharmacopeia through USAID is collaborating with NAFDAC in order to work with local pharmaceutical industries for international inspection that would fast track their gaining WHO pre-qualification which would be an endorsement of the quality. I understand that the plan will strengthen the regulatory capacity of NAFDAC to effectively combat counterfeit and substandard medicines in the drug supply chain and increase supply of quality and safe medicines into the Nigerian health system.

CONCLUSION

It is the role of pharmacy, as the health profession devoted to the application of knowledge of drugs, to serve as the link between drugs and society. Never has there been so great a need for a corps of well educated, well motivated pharmacists to aid in the proper use of safe drugs and to deter their misuse. A pharmacist must act with honesty, integrity and fear of God,

having due regard for the standards of behavior acceptable within the profession, by the community, and by other health professionals. This then is a challenge to the community pharmacists and on this note, due to the economic downturn and subsequent shifts from products to patients and more so the need to encourage community services by community pharmacists, it is my privilege and honour to launch Pharm. Ahmed I Yakasai Community Service Award in Community pharmacy practice with a price tag of N300,000.00 annually for 10 years(N250,000.00 for the award and N50,000.00 for transportation fees to the awardee).

THANK YOU.

REFERENCES

1. Recommended National Drug Distribution Guidelines 2nd Edition 2012.
2. WHO policy perspectives on medicines.
3. PCN code of ethics.
4. Mickey C. Smith and David A, Pharmacy, drugs and medical care.