



THE GHANA PHARMACEUTICAL JOURNAL

OFFICIAL ORGAN OF THE PHARMACEUTICAL SOCIETY OF GHANA

Volume 13

Nos. 1 & 2

June, 1990

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ANNOUNCEMENT

COMMONWEALTH PHARMACEUTICAL ASSOCIATION

Primary Health Care Data Base

As a result of a current study of the role of pharmacists in Primary Health Care (PHC), the Commonwealth Pharmaceutical Association (CPA) has decided that it would be valuable for it to compile a data base of pharmacists who have been involved in *non-pharmaceutical* primary health care activity (ies) in their localities.

So, if you have participated in PHC activities such as health education, the provision of general health care in rural areas, promoting good hygiene, etc., which are not part of the traditional pharmaceutical services of purchasing, preparation and supply of medicines from pharmacies or pharmaceutical departments, then do furnish the CPA Secretariat with the following Information:

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EDITORIAL

That "Cloud of Disaster"

The very first month of this year saw the profession of Pharmacy in this country in a very precarious situation following a statement from the Ministry of Health (MOH) which said some pharmacists were hoarding certain essential drugs whose importation were restricted in order to create artificial shortage and with a further view to forcing the Ministry to deregulate the importation of these drugs, and that it was going to prosecute some pharmacists and drug house owners found involved in this mischief.

The facts of the case are that, sometime last year, the MOH placed a restriction on the importation of certain basic drugs it believe the country had enough of and which could be produced locally, anyway.

Somehow, by the end of that same year, shortages of some of these basic drugs were eminent. In response to market forces, prices of these drugs rose, so that ampicilin 250mg Capsules, for example, which sold for ₵15 a capsule before the restriction were bought for ₵30 a capsule in early January of this year.

Investigations conducted to find causes of the shortages and the subsequent price hikes by the MOH in collaboration with the Pharmacy Board unearthed the fact that a number of manufacturing companies did not keep proper records of quantities of drugs they produced and how many they sold to customers. Wholesalers who made purchases from manufacturers also failed to give proper account of their mode of distribution, and in some cases forged distribution records were submitted to cover up lapses. What was even more disturbing was the fact that there were evidence to believe that sales were sometimes made to un-authorised persons.

In view of these revelations, who would disagree with the president of the Society, Professor K. Boakye-Yiadom, when he said at a Council meeting held to discuss this issue that "we have a cloud of disaster over our heads".

In fact, from the time the statement was released to date, some pharmacists and non-pharmacist proprietors have been summoned by the Pharmacy Board to explain their action and according to Mr. T. C. Corquaye, Registrar of the Board, "some of them will definitely be sanctioned in accordance with the laws governing the practice of pharmacy in the country".

We believe sanctions surely must come to serve as a

lesson to these defaulters besides serving as a deterrent to all those who in future would want to bring the profession and the Society into disrepute.

Of course, findings from this enquiry are also expected to help the Board find ways of preventing the recurrence of these deplorable acts which in turn would save us from future shortages.

We would, however, like to take the lead and offer some suggestions intended to achieve these same objectives.

Henceforth, not only should the provision which requires returns on drugs imported or manufactured in Ghana to be forwarded to the Pharmacy Board be rigidly enforced but also the frequency of inspection of Dangerous Drugs and other relevant books should be stepped up. These if done should enable the Board to closely monitor the movement of drugs down the distribution line and could therefore act promptly should it detect any foul play.

Manufacturers and wholesalers must keep lists of specimen signatures of all their pharmacist customers - in connection with signed orders - as this measure would help weed out persons not qualified to handle restricted drugs.

Since smuggling of drugs across our borders - which of late appears to be on the increase - could lead to such shortages, a call must be made to government to institute severer punitive measures against smugglers in order to discourage would-be criminals.

In future, a more comprehensive survey should be done by the MOH to find out the country's stock of various drugs before embarking on any import restriction measures as a faulty survey could also lead to shortages of this kind.

The directive that newly qualified pharmacists should work under supervision for three years in a public pharmacy before venturing into private practice should be maintained as this would prepare them better to deal more confidently with non-pharmacist proprietors who would otherwise create problems for the profession.

And lastly, superintendent pharmacists should school their non-pharmacist proprietors on the provisions of the Pharmacy and Drugs Act, 1961 (Act 64) and what punitive measures await those who contravene provisions therein for, after all, the greater number of offending companies were under their (non-pharmacists) ownership.

The 1989 FIP Congress in Munich

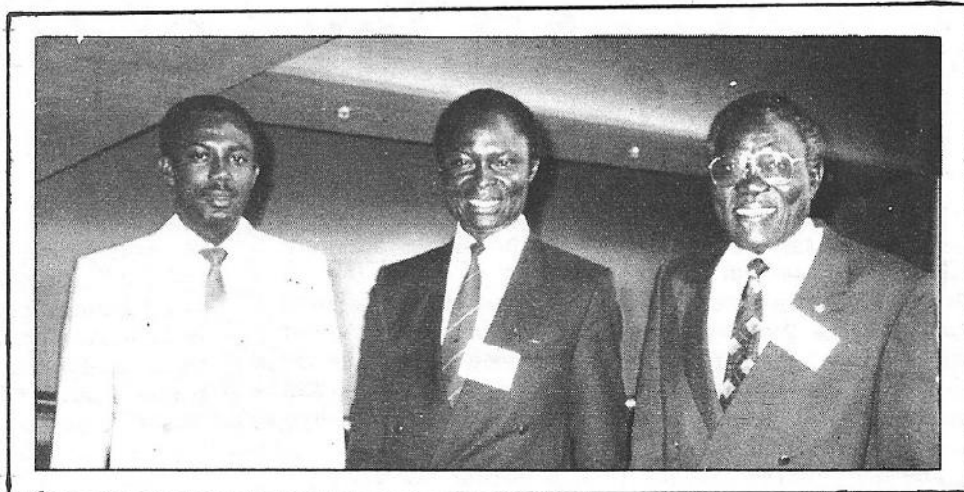
By Harry K. Abutiate.

I had the privilege of attending the 1989 International Pharmaceutical Federation (FIP) Congress in Munich, West Germany, and I am presenting the following report which I hope will be of interest to fellow pharmacists.

FIP has as its general objectives, the development of pharmacy at the international level, both in the professional and in the scientific fields and the extension of the role of the pharmacist in the field of health care. The Federation pursues these objectives by:-

- organizing and supporting pharmaceutical congresses;
- developing the activities of its sections, e.g. hospital, Military, Press & Documentation, Academic, Industrial, etc. etc.
- collaborating with organizations such as W.H.O.
- publishing a journal/Third World Project
- acting as an information centre;
- collaborating with national Pharmaceutical Associations;
- advocating and supporting measures to ensure the distribution, dispensation and proper use of medicines;
- any other means it deems appropriate.

Membership is open to National Associations who are known as Ordinary Members and individual members who constitute the Associate members. Every year, the Federation Internationale Pharmaceutique (FIP), this world-wide organization of pharmacists, offers a splendid forum and meeting place for a stimulating "state of the art" and informative exchange of ideas between pharmacists from all over the world as well as from FIP member countries. The scientific congresses alternate with the general assembly congresses. The Congress in Munich was the 49th International



The Ghanaian Delegation to the Munich Congress. They are, from left to right, Mr. T. Apiagyei, Mr. H. Abutiate (the Author) and Mr. S. A. Botchway, Deputy Director of Pharmaceutical Services.

Congress of Pharmaceutical Sciences of FIP and the programmes started from Monday, 4th September and ended on Friday, 8th September, 1989, with over 2,000 pharmacists in attendance.

The Congress started with the opening session in the magnificent Philharmonic Room of the Gasteig Philharmonic and Convention Centre in Munich, a city which is not only the seat of government of the Free State of Bavaria but also the secret capital of West Germany.

Friends like Prof. D'Arcy, Prof. Beckett, Mrs. Mantyla, Mr. Thorny Bjork, Mrs. Anna Saint Fournier, Mrs. Fredericksen, Sam Agbaifo and Atueyi of Pharmanews were around to make my attendance educative and sociable.

This year, the Ghanaian delegation was composed of Messrs. Botchway, Appeagyei and myself. The formal opening session speeches were followed by presentation of the Host-Madsen Medals to Prof. P. Speiser, Zurich, Switzerland and Prof. J. V. Swintosky, Lexington, USA. The Host-Madsen Medals are FIP's highest

awards to outstanding personalities in the pharmaceutical sciences. The inaugural lecture by Prof. E. Mutschler of Frankfurt was on "Drug Research - Basis for therapeutic Progress". The Professor traced the development of cures through research for diphtheria, T.B. and Syphilis, the research to control hypertension, diabetes, schizophrenia, anti-ulcer drugs and anti-mycotic, virustatics and the progress to get a cure for AIDS. He also spoke about availability of endogenous products such as human enzymes and hormones, through genetic engineering. Emphasis are shifting from effects of drugs to mechanism of action by uncovering the pathobiochemical changes of a disease as a more rational path to development of therapeutic substances. Though a lot has been achieved in the past, a lot more has to be done in the future to find cures for AIDS, Senile and other forms of dementia, multiple sclerosis, heart diseases and cancer. Prof. Ernst Mutschler concluded.

The Host-Madsen Medalists also gave lectures. Prof. Swintosky spoke on "some highlights of a personal

career in pharmaceutical research and education" and Prof. Speiser, on "Formulation design in achieving better safety of drugs" - (given on Thursday, 7th September). The evening "Welcome Party" event was held at Munich's famous Salvator Keller at Nockherberg in an atmosphere of the well-known "Oktoberfest". Beer and soft drinks together with original Bavarian Food flowed copiously. It was a very electrifying evening. Put simply in German, it was "GEMÜTLICH".

Various lectures on the following were delivered:-

- Self Limited Drug Delivery Systems
- Therapeutic Progress by Receptor Differentiation
- Pharmaceutical Enzymes, Excipient Design in Drug Delivery
- Trends in Drug Analysis
- Therapeutic Aspects of new Vaccines
- Innovative synthetic methods essential for drug design
- New concepts in physiological pharmacokinetics
- The impact of Governmental agencies on drug selection and consumption
- Variability in drug disposition
- Novel bioactive natural products
- Detoxication of Drugs by specific

pharmaceutical approaches

- History of Pharmacy in West Germany and Health Insurance system in Germany

A Third World Discussion Forum discussed the theme, "Administrative Problems in providing essential drugs and pharmacy services in developing countries" under the chairmanship of Prof. P. F. D'Arcy, Belfast and Mr. L. E. Fryklof, Stockholm. Areas covered included, administrative problems, infrastructure, foreign exchange constraints, drug registration, quality assurance, transportation and cost of drugs, obstacles to projects. This forum always attracts a lot of participants and highlights of the presentation will be published in the Pharmacy International Journal.

As can be seen from the number of lecturers which were on-going, one is made to pick and choose out one's area of interest and attend those lecturers. The final meetings were sectional meetings.

On Friday, 8th September, the closing dinner was held at the Hotel Bayerischer Hof, in the centre of Munich, with a lot of music, shows, food and drinks. As participants left the following day for their various

destinations, one looked forward to the next FIP in Istanbul, Turkey in September, 1990; Dresden, German Democratic Republic, September 1991 and Washington, U.S.A. in September, 1992.

On my way home, I spent two weeks with Mr. & Mrs. KERN, a German family I stayed and worked with during my student exchange programme days some 15 years ago. While transiting in London, three interesting developments were taking place in the medical and pharmaceutical worlds, i.e. a liver transplant operation for a woman whose husband had made passionate appeal for a donor to enable the wife to live after the birth of their young child; the revolutionary abortifacient tablet by Hoffmann La-Roche now in use in France with 95% success rate; and what could be Canada's biggest drug breakthrough since the discovery of Insulin - the development by an American Company of GANCYCLOVIR, a drug created by former McGill University Professor Dr. KELVIN OGILVIE. This drug kills cytomegalovirus (CMV) which is believed to be the trigger which causes the immune system to breakdown in people carrying HIV!

A Presidential Perspective - 1989 and Beyond

By Alf Scales, President, CPA

We have ten years left in this century to realize our hopes and expectations. We have subscribed to the Alma Ata declaration of Health for all and we have expectations that Pharmacy practice - at the community and hospital level - will be practiced in the professional manner that we and our public feel it should be. That can only come about by the concerted efforts of each and every one of us individually and by our combined efforts as an association.

Individually and as country based associations, we can effect change in our respective areas by setting our goals and working to see that they are

realized. They won't just happen. Have you and your association looked ahead to see where you hope to be by the year 2000? Have you put your hopes and ideals on paper and then set about formulating a plan on how you might reach those goals? Again, they won't happen if you don't.

HEALTH FOR ALL

Because of the pressures of economics and the expectations of the public, Health Care is fast pricing itself out of the reach of many countries. Technology is helping us deal with the huge increases in knowledge that have come about in this century but it is also proving to be a costly tool when

the system is not used correctly. Health Care should mean "Health Care for All" not just for those with money. But can we afford "Health for All" when we abuse the system? Abuse could mean "physicians ordering unnecessary tests", "Governments not using the technology correctly and wasting manpower and dollars", "Pharmacists not providing patients with the necessary information on how to take medicines so that they get the benefit of their or Governments' dollars or even "selling" medicines which are ineffective or not needed". We all must bear some responsibility to see that we do get the most and the best for our

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This won't happen if we sit back and let someone else make all the decisions. We must be an active part of our community and YES an active part of the political process that makes many of the Health Care decisions.

WORKING TOGETHER

This year has seen your president do a lot of travelling. It has opened my eyes to some good situations and to bad ones. The "high tech" of the industry in India was something for them and us to be proud of. The poverty, lack of health facilities for many and the seeming indifference to the quality of pharmacy practice at the community and hospital level need to be looked at seriously. India is not alone in these problems. Many so-called developed countries have their problems with poverty and inadequate health care facilities. I see it here in my country and I saw it in India. I dare say that all our countries are in somewhat the same boat. Are we part of the problem or are we going to be

part of the solution? Working together, within our countries, and collectively within the Association may be we can effect some change, changes like those being worked on in Malta, with the concerted effort of the local association and the help of some outside experts and support from CPA.

EDUCATION

It would appear that we are making some forward strides in the area of "education". CPA has managed to improve the volume of material available to the developing countries with help from national associations and industry in some of our "better off" member countries. We still have a long way to go. "Health For All" is more than just a well used phrase. It is a goal worth working for, worth striving for. It won't happen without that work and effort. It won't happen unless we make it happen. The tripartite meeting in India (Nursing, Medicine, Pharmacy) later this year could prove to be a catalyst to impro-

ve inter-professional relations world-wide. It is the first-ever such meeting and with goodwill and realistic goals we could effect some beginnings of change. We must learn to work together, to draw on one another's expertise if indeed we expect "Health for All" to happen. Governments (international or national) organizations (national or internal) and health care professionals at all levels won't make it happen alone. Our pooled resources just might make it happen, particularly if we work at it and have faith in ourselves and in one another.

Each of us, regardless of our sphere of practice, must share the load and work to make this world a better place in which our children and grandchildren can realize a healthy, happy life, in which they can work for their descendants.

We don't have a lot of time left in this century. Let's get to work on the problem NOW.

Best wishes in your individual and collective efforts in 1990 and beyond.

LETTERS to the Editor

HOSPITAL BOARDS MEMBERSHIP

Dear Sir,

Some few days ago, when I saw in one of the dailies the headline of the story on the formation of hospital boards for Korle-Bu and Komfo Anokye Teaching Hospitals, I became relieved knowing what the aims and objectives of the boards are supposed to be.

However, having read the composition of the two boards, I was taken aback. The reason for this is that apart from some caterers, surveyors, accountants and private businessmen (some of them useful though for such a board) all the other members are doctors.

The question I therefore wish to ask is this: Why are there no pharmacists, nurses or physiotherapists, for example, on the boards? This certainly is an anomaly since our hospitals are not made to function by

doctors alone but by different professionals working together.

By the way, what is our Council doing about this?

Stella Owusu-Ababio (Mrs)
G.N.T.C. Pharmacy
Accra

EDL FOR PRIVATE SECTOR?

Sir,

Hints dropped by the Ministry of Health indicate that in the near future the use of the Essential Drugs List may be made binding on private health-care practitioners so that importers of drugs in the private sector would not be allowed to bring drugs that are outside the list into the country.

In my opinion, this view is rather unfortunate since there are some Ghanaians who have genuinely toiled to make their money and would want to use their hard earned money to enjoy the best healthcare available using the most modern, no matter

how expensive, drugs on the market.

Again, if we should be able to attract more foreign investors into our country, as is desirable, then it means more expatriates would come to Ghana and these people would certainly demand some drugs that are outside the list.

From the foregoing, it seems to me the idea of extending the EDL to cover private practice need to be looked into again. I believe a way can be worked out where the Government, because it has many other development projects to see to and would want to economise on its expenditure on drugs, could stick to the use of items on the list whilst the private sector is given the free hand to bring in those drugs that Government cannot import so far as those items are duly registered with the Pharmacy Board.

Edmund Bampoh
Accra

Drug Prescribing and Dispensing

The Eastern Regional Branch of the Pharmaceutical Society of Ghana has organized a symposium on the topic "Drug Prescribing and Dispensing to Patients" at Koforidua on June 2.

In his welcome address, the Chairman of the Branch, Mr. M. K. Aboagye explained that it was because members of the healthcare delivery team, by the nature of their work, lacked ample time to read journals, which invariably were not even available to know current trends in these subject areas that such a symposium was found necessary.

Irrational prescribing and dispensing he noted, gave rise to drug abuse and for this reason doctors, pharmacists and nurses must guard against these.

The first of four panelists to speak was Dr. Isaac Osabutey of the Koforidua Central Hospital. He noted that the most concrete aspect of healthcare delivery was drugs and these should be always readily available. Dr. Osabutey said drugs to be prescribed should be among others, those that have been most thoroughly investigated and cost effective. Generic names should be used, abbreviations avoided and, of course, writings should be legible.

He urged health professionals to encourage the use of prescriptions for the sale of drugs whilst discouraging self-medication. Prescribers and dispensers of drugs, he concluded, should work together to fight drug misuse.

In his talk, Mr. K. Boakye-Antwi, a pharmacist at the Afibie Government Hospital underlined the need for pharmacists to always make available in the dispensaries drugs usually prescribed by doctors in their institutions or vicinity.

Being the last person a patient

comes into contact with in the hospital, the pharmacist, he said, must effect proper dispensing including thorough scrutiny of prescriptions to detect mistakes and interactions and correct these so that a patient could derive full satisfaction and benefit from their visit to the hospital.

Mr. Boakye-Antwi advised against the practice of polypharmacy as this, according to him, usually led to patient non-compliance. Newspapers, he said should not be used to wrap drugs.

Noting the inability of a large number of patients to read, he suggested that instructions be properly explained to patients, adding that pictorial representations, that is, the use of symbols on labels, be encouraged.

Patient counselling, according to Mr. Boakye-Antwi was very vital and must never be neglected.

The third speaker, Mrs. Antwi, who is a nurse at the Koforidua Central Hospital said because of the life saving nature of the work of nurses, they must necessarily prescribe and dispense drugs but they did so knowing fully well their limitations.

Mr. George Darku, a lawyer and talking for recipients of healthcare delivery, expressed concern over the widespread activities of quacks, particularly in the rural areas and regretted

also that in some areas, village elders encouraged this practice. He attributed these "criminal" activities not only to lack of healthcare facilities close to the people but also to pharmacies who provided supplies to these quacks.

Mr. Darku described the recent move by pharmacists to provide services seven days a week as "a big step forward" and hoped that in the not too distant future they would also make drugs available in the rural areas regularly and in adequate quantities.

He also congratulated healthcare workers for continuing to work hard despite the harsh conditions they found themselves in.

He concluded by asserting that not until conditions of service for all health personnel are improved, health for all by the year 2000 cannot be reached.

During contributions and questions time, Dr. Taylor, Medical Superintendent of the Koforidua Central Hospital regretted that although "we call ourselves healthcare delivery team, we are not at all a team". If we were, he said, some pharmacists for example, would not sit in the dispensary with their fingers crossed hoping a doctor would ere in his prescription writing so he can raise hell. He consequently urged all health workers to work in harmony.

Cont. on Page 10



The President of PSGH, Prof. K. Boakye-Yiadom explaining a point during the Symposium. Others in the picture are (l to r) Mr. M. K. Aboagye (Branch Chairman), Mrs. Antwi (a nurse), Dr. I. Osabutey (Medical Officer), Mr. K. Boakye-Antwi (Pharmacist) and Mr. George Darku (a lawyer).

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DRUG PRESCRIBING AND DISPENSING (from Page 8)

The Headmaster of Koforidua Secondary/Technical advised health-care workers to desist from giving large quantities of assorted medicines to their wards for use at school since these students freely prescribe and dispense, sometimes, dangerous drugs to their peers.

The chairman for the occasion was Prof. K. Boakye-Yiadom, President of the Pharmaceutical Society of Ghana. He appealed to health-care workers to work hard hand-in-hand and also to develop their communication skills so that patients would get their money's worth of service at all times.

40 Pass Professional Exams

Forty out of the 49 candidates who sat for this year's Professional Qualifying Examination for the Registration of Pharmacists held at the University of Science and Technology, Kumasi from January 9 to 11 came out with flying colours.

AGM 1990

The Annual General Meeting of the Pharmaceutical Society of Ghana (P.S.G.H.) will be held at the University of Science and Technology (UST), Kumasi from September 27 to 30.

The theme for the meeting is: "Towards Appropriate Drug Use."

Nana Akuoko Sarpong, the PNDC Secretary for Health is expected to deliver the Keynote address while the PNDC Secretary for Ashanti Region, Col. Osei-Owusu, will perform the official opening.

Elections for new Fellows of the Society will take place during the meeting.

A Computer from SKF to Pharmacy Board

The Medical Education Foundation of Smith Kline and French (SKF) Laboratories Limited have donated a computer at a cost of about £3,000 to the Pharmacy Board on April 26.

The presentation was done by Mr. Andrew Robertson, West African Area Manager of Smith Kline Beecham (the new company resulting from the merger of SK & F and Beecham) and received on behalf of the PNDC Secretary for Health by Mr. F. K. Bruce, Acting Director of Pharmaceutical Services.

The computer is expected to be

used by the Board for the keeping of information on pharmacists and pharmaceutical establishments, registration and re-registration of drugs and for providing other healthcare personnel with up-to-date drug information, among others.

Messrs. Reiss and Co. (Ghana) Limited, distributors of SK & F products in Ghana, are expected not only to provide software for the computer, but also seeing to its installation and maintenance as well as taking the responsibility of training two Board personnel in its utilization.

Selling of Herbals in Vehicles

Concerned about the way herbal preparations are sold in Vehicles, at lorry parks and market places, and their advertisements in the newspapers, the Pharmacy Board have been having regular interactions with the Secretary of the Ghana Psychic and Traditional Healers Association with the view to checking these negative practices until the Drugs, Poisons and Cosmetics Law which has provision for the control of herbal preparations is passed.

The Registrar, Mr. T. C. Corquaye, has also drawn the attention of press houses to portions of the current Pharmacy and Drugs Act, 1961 which prohibits advertising of such products in the newspapers.

Meanwhile, a workshop has been organized by the Board on March 14 on the theme "Towards Effective Regulation and Control of Pharmaceutical Services in the Country."



Mr. T. C. Corquaye
Registrar of the Pharmacy Board

In attendance was the Acting Director of Pharmaceutical Services, Mr. F. K. Bruce, all Regional Inspectors, Members of the Registrations Committee and the staff of the Board.

**50th International Congress of FIP, Istanbul, Turkey
3rd – 7th September, 1990**

Committees of Council – 1989-91

Council has, at its meeting held on January 27, approved of the membership of the committees listed below:

Disciplinary Committee

Prof. K. Boakye-Yiadom	– Chairman
Mr. E. O. Gyamfi	– Member
Mr. K. A. Ohene-Manu	– "
Maj. Joseph Appiah	– "
Mr. Sam A. Abbey	– "
Mr. S. A. Bentum	– "
Mr. M. A. Akiwumi	– "
Mr. A. K. Y. Kokukokor	– Member/Secretary

Finance Committee

Prof. K. Boakye-Yiadom	– Chairman
Mr. A. K. Y. Kokukokor	– Member
Mr. E. N. Aheto	– "
Mr. Oscar Bruce	– "
Mr. E. K. Addotey	– Member/Secretary

Editorial Committee

Mr. A. K. Y. Kokukokor	– Chairman
Mr. J. N. N. Addo	– Member
Mr. S. N. Tenkorang	– "
Mr. Noah Acolatse	– "
Prof. E. Ayitey-Smith	– "
Dr. S. O. Larbi	– "
Mr. Oscar Bruce	– Member/Secretary

Fellowship Awards Committee

Prof. K. Sarpong	– Chairman
Mr. T. E. Sagoe	– Member
Mr. E. A. Moncar	– "
Mrs. Esther Amedzro	– Member/Secretary

Education Committee

Prof. R. Ansa-Asamoah	– Chairman
Mrs. Elizabeth Anima-Appiah	– Member
Mr. Michael A. Addo	– "
Mr. S. Adu-Ayeh Offei	– "
Dr. Yaw D. Fokuo	– "
Dr. S. O. Larbi	– "
Mr. Rexford Sarfo-Mensah	– Member/Secretary

Property Acquisition Committee

Mr. E. O. Gyamfi	– Chairman
Dr. S. O. Larbi	– Member
Mr. T. C. Corquaye	– "
Mr. J. N. N. Addo	– "
Mr. George Abu Boateng	– "
Mrs. Agnes Brookman-Amissah	– "
Mr. A. K. Y. Kokukokor	– "
Mr. I. K. Williams	– Co-ordinator/Secretary

Drug Information and Formulary Committee

Dr. S. O. Larbi	– Chairman
Mrs. Esther Osei	– Member
Miss Constance Allotey	– "
Prof. R. Ansa-Asamoah	– "
Mr. T. C. Corquaye	– "
Dr. N. I. Y. Fiagbe	– "
Mr. D. Baffour	– "
Mr. A. K. Y. Kokukokor	– Member/Secretary

The President of the Society, Prof. K. Boakye-Yiadom will, as is normally the case, represent the Society at meetings of the International Pharmaceutical Federation (FIP), the Commonwealth Pharmaceutical Association (CPA) and the West African Pharmaceutical Federation (WAPF).

Again, he and Mr. A. K. Y. Kokukokor, the Hon. General Secretary are representatives of the Society on the Association of Recognized Professional Bodies.

Council also approved these nominees to represent it on the stated set-ups:

Pharmacy Board	– Mrs. Agnes Brookman-Amissah
	– Mrs. E. R. Gavu and
	– Mr. M. A. Akiwumi.

Centre for Research into Plant Medicine	– Dr. B. K. Noamesi
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Steering Committee on the Training of Dispensing Technicians	– Prof. R. Ansa-Asamoah
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For a Richer Service

Some pharmacy shops serving the various suburbs of Accra have been directed by the General Practice Pharmacists Association (GPPA) to open their shops to the public on Sundays, public holidays and late nights.

This measure has been taken by the GPPA with a view to improving community pharmacy service rendered to residents in the metropolis by pharmacists. Hitherto, only a few pharmacy shops opened on Sundays and public holidays and even then

only for some few hours leading to complaints from some concerned citizens.

The move has been welcomed by the general public and even lauded in the editorial of a leading newspaper.

The Banned Drugs

The manufacture, importation, distribution and sales of the following drugs still remain banned in Ghana:

Phenylbutazone (Butazolidin, Butacote)
Oxyphenbutazone also called Tanderil
Amidopyrine derivatives (Dipyrone, Novalgin,
Novaminsulfen, Metamizole etc.)
Oxyquinoline derivatives
Zomiperac Sodium (Zomax)
Methaqualone (Mandrax, Nodiman)
Secobarbitone (Seconal, Secogen)
Mercury based soaps.

Drugs whose importation have been suspended, include the following:

Tab Acetylsalicylic Acid	—	300mg
" Paracetamol	—	500mg
Syr. Paracetamol	—	125mg/5ml
Tab Chloroquine Phosphate	—	250mg
Syr. Chloroquine Phosphate	—	125mg/5ml
Tab Prednisolone	—	5mg
" Prednisolone	—	1mg
" Ephedrine	—	30mg
" Ephedrine	—	60mg
" Diazepam	—	5mg
" Diazepam	—	10mg
" Diazepam	—	2mg
Cap Chloramphenicol	—	250mg
" Oxytetracycline	—	250mg

" Tetracycline	—	250mg
" Ampicillin	—	250mg
" Indomethacin	—	25mg
" Chlordiazepoxide	—	10mg

Shops Reg'd in 1989

Thirty-two and 230 pharmacies and chemical sellers' shops respectively were registered and opened throughout the country in 1989. The distribution is shown in the table below:

Regions	Pharmacies Registered	Chemical Sellers' Shops Registered
Greater Accra	18	48
Volta Region	0	30
Eastern Region	0	20
Central Region	0	10
Western Region	1	42
Ashanti Region	11	42
Brong Ahafo Region	1	28
Northern Region	0	3
Upper East Region	0	4
Upper West Region	1	3
Total	32	230

The Registration Committee in the course of last year also recommended to the Board the cancellation of a number of chemical sellers' licences that were being fraudulently transferred by holders and this was given approval by the Board.

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Pharmaceutical
Journal
for
Successful Business**

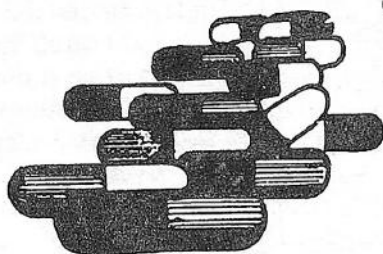


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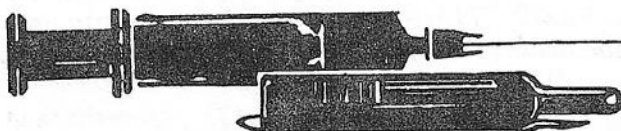
OUR LINES INCLUDE:

CAPSULES



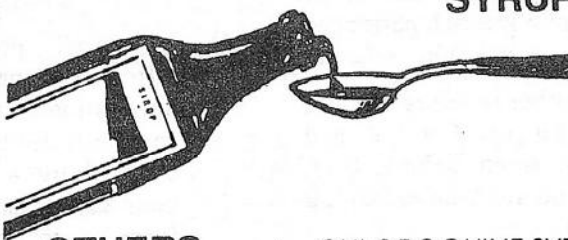
- * AMPICILLIN
- * CHLORAMPHENICOL
- * TETRACYCLINE
- * CLOXACILLIN

INJECTABLE:



- * PENICILLIN G.
- * PROCAINE PEN. G.
- * STREPTOMYCIN
- * CHLORAMPHENICOL
- * STREPTO
- * STREPTO-PENICILLIN
- * CLEMIZOLE PENICILLIN
- * AMPICILLIN

SYRUPS



- * AMPICILLIN
- * CLORAMPHENICOL
- * CLOXACILLIN
- * TRIMETHOPRIM
- * SULPHAME THOXAZOLE SUSP.

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- * PARACETAMOL SYRUP
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CPA's Nomination Accepted

The nomination of the Commonwealth Pharmaceutical Association (CPA) for the Commonwealth Foundation Fellowship for 1990 has been accepted. She is Miss Mary Anne Ciappara who was Secretary of the Malta Chamber of Pharmacists from 1985 to 1989 and is currently Editor of the journal "The Pharmacist". She is also a Council Member of the Chamber and of the Caritas Association for Drug Prevention and Action and an elected member of the Malta Pharmacy Board. She is multi-lingual, and has a wholehearted commitment to her profession.

The aims of the fellowship are as follows:

- 1) To obtain informed view on the major political, economic and social issues addressed by the Commonwealth and raise fundamental questions on the Commonwealth's contemporary role;
- 2) To acquire practical knowledge of the working of important Commonwealth Organizations, institutions and associations;
- 3) To share their insight and experiences among themselves and with those they will meet during their visit;



Two Commonwealth Foundation Pharmacist Fellows – Ms. Ali of Trinidad & Tobago (1989) and Mr. Eston Badebye of Uganda (1987)

- 4) To utilize in their professional life in their own countries and where feasible, elsewhere in the Commonwealth the insights and knowledge they will acquire through participation in the Fellowship scheme.

Last year, another nominee of CPA, Miss Jasmine Ali of Trinidad and Tobago was appointed Fellow, thus, this is the second time in succession that one commonwealth profession has been successful with its nomination – a rare occurrence.

6.4 billion cedis for Health

The 1990 budget has set aside a total capital outlay of C 6.4 billion to be invested in the health sector. Priority, according to the statement, will be given to the completion of on-going projects.

Rehabilitation works on 44 health stations, therefore, is expected to be completed by the end of the year and

an amount of C 700 million has been provided for this.

Again, a total of C 1.3 billion has been provided for the rehabilitation of all Regional Hospitals and 30 district hospitals.

The two teaching hospitals will also be rehabilitated at the cost of C 2.26 billion.

New Narcotics Law Passed

The chairman of the PNDC, Flt. Lt. J. J. Rawlings has signed a new law, the Narcotic Drugs (Control, Enforcement and Sanctions) Law, 1990. It takes effect from May 24, 1990. Some of the main features of the law are:

- (1) the establishment of a Narcotic Control Board for the purpose of co-ordinating the work of all institutions involved in drug-related matters including enforcement, treatment and rehabilitation of drug addicts.
- (2) provision for minimum of not less than 10 years imprisonment and forfeiture of equipment and property used in the commission of the offence.
- (3) properties and proceeds acquired or derived from narcotic drug offences or illicit narcotic drug dealings are also liable to seizure.
- (4) a special provision for the Attorney-General to make application to a court or tribunal for the forfeiture of any property held by a person which is believed to have been acquired from narcotic drug offence.

When a person against whom the Attorney-General intends to proceed against dies, his personal representative or the beneficiaries of the property in question may be proceeded against.

In conformity with Ghana's obligation under international narcotic drugs conventions, provision has also been made in the law for international co-operation and mutual assistance with foreign countries in the fight against drug trafficking and drug abuse.

New Boards of Directors for K'bu, KATH

New Boards of Directors for the Korle-Bu and Komfo Anokye Teaching Hospitals have been announced by the Government in February this year. Each Board is made up of eleven members.

The Korle-Bu Teaching Hospital Board comprises Mr. Harry R. Sawyerr (Chairman), Chartered Surveyor, Valuer and Estate Manager; Mr. Issifu Ali, Chartered Accountant, Mrs. Barbara Bentil-Enchill, Caterer; Dr. Quarcoopome, Eye Specialist; Dr. Joseph O. Commey, Consultant Paediatrician and Dr. S. N. Otoo, Chief Administrator of the Hospital.

The rest are, Prof. E. G. Acheampong, Dean, University of Ghana Medical School; Dr. A. R. O. Chinery, Deputy Director of Medical Services and representing the Ministry of

Health and Mr. George Hagan, representative of the Ministry of Finance and Economic Planning.

The 10th and eleventh members according to the official release would be nominated by the Accra Metropolitan Assembly.

The Komfo Anokye Teaching Hospital Board, under the Chairmanship of Nana Otuo Siribour II, Juaben-hene, has the following member:

They are Mr. Kwabina Owusu, Managing Director of Astek Distillery; Mr. Felix Aidoo, Management Accountant, Prof. A. P. Asafo-Adjei, a Paediatrician of the School of Medical Sciences, U.S.T.; Dr. Prempeh, Dentist; and Mr. Albert Asiedu-Ofei, the Hospital Administrator.

Others include Prof. J. O. Martey, Dean of the School of Medical Servi-

ces, U.S.T., Dr. A. R. O. Chinery, Deputy Director of Medical Services and representing the Ministry of Health and Mr. I. B. Eshun, Acting Chief Director, representative of the Ministry of Finance and Economic Planning. Two other members will be nominated by the Kumasi Metropolitan Assembly.

The formation of the Boards is in accordance with the Hospital Administration Law passed by the Government in 1988. The Boards will among other things, formulate policies and develop plans and strategies that would make the hospitals self-financing. They will also draw up appropriate plans to improve the standards of health services provided for patients visiting the hospitals.

**Always settle your
RETENTION FEES
AND
BRANCH DUES
promptly
They are essential to
the running of the
Society**

WAPF Holds 7th Scientific Congress

The 7th Scientific Congress of the West African Pharmaceutical Federation was held in Monrovia, Liberia from 21-23 February 1990. Delegates at the Congress were from the member countries of WAPF namely, The Gambia, The Republic of Ghana, The Republic of Liberia, The Republic of Sierra Leone and the Federal Republic of Nigeria.

The Theme of the Congress was "Pharmacy and Primary Health Care in the West African Sub-Region". The Congress was declared open by the Hon. Minister for Health & Social Welfare, Republic of Liberia, Mrs. Martha K. Belleh. Also present at the Congress were General J. Boima Barclay, Hon. Minister for National Defence, Republic of Liberia, Mrs. Clavenda Bright-Parker, the Founder President of WAPF, Dr. Tshabalala, the World Health Organization representative in Liberia, Mrs. Rachel Marshall, President of the West African College of Nursing and Mr. Woode, The Sierra Leonean Ambassador to Liberia.

The Keynote Address was delivered by Prof. G. Osuide, Professor and Chairman, Department of Clinical Pharmacy, University of Benin, Nigeria. The two guest lecturers were Dr. Arthur Lewis, Co-ordinator, School of Pharmacy, University of Liberia and Professor K. Boakye-Yiadom, University of Science and Technology, Kumasi, Ghana. After two days deliberations on the theme, the following conclusions and recommendations were made:

1. Congress highlighted the importance of Primary Health Care in the Sub-region and emphasized the need to involve pharmacists at the policy and decision levels in the Primary Health Care System. In order to support the involvement at this level, Congress recommends

the training of pharmacy auxiliary staff who will be trained at the grassroot level. These staff will be trained, monitored and supervised by the pharmacist at the district and local government level.

2. Congress also agreed to involve the pharmacist as a health educator in order to fulfill the implementation of rational use of drugs in the Primary Health Care Delivery System.
3. It was also agreed that the drug supply to the Primary Health Care Programme should at the moment be based in public health sector but consideration of extension of such services to the private sector should be continually reviewed with full participation of the pharmacist.

4. In order to provide drugs at affordable prices at the Primary Health Care level, the government is advised to review tariffs downwards on imported drugs and raw materials for local manufacture and packaging.

5. Congress recommends that all efforts should be made to ensure that drugs in the Primary Health Care Programme must be manufactured locally within 5 years. Where a country within the sub-region is unable to meet this requirement, it should plan appropriately to purchase from other countries within the sub-region given attractive tax relief. This should be done to enhance self-reliance within the sub-region.



A cross-section of participants at the 7th Scientific Congress held in Monrovia, Liberia.

First Graduates Out

Four pioneer students of the Liberian School of Pharmacy have graduated in February.

The School of Pharmacy was established in 1986 through the distinguished efforts of the West African Pharmaceutical Federation (WAPF).

Prof. E. N. Tackie, one time Dean of the Faculty of Pharmacy, U.S.T., was instrumental in the setting up of

the school and in the training of this first set of graduates.

The School is expected to train under-graduates from Sierra-Leone and The Gambia as well.

Meanwhile, the Liberian Pharmaceutical Business Association and other organisations have donated books worth \$2,300.00 to the School.

JOIN W.A.P.F. AS ASSOCIATE MEMBER

... And Enjoy the Following Benefits

- Receive a free copy of each edition of the WEST AFRICAN PHARMACY, the official journal of WAPF and considered one of the best for in-depth coverage of professional and scientific activities in the sub-region and beyond. The journal keeps you abreast with the latest in pharmaceutical research and development, health policy issues, drug information and continuing education.
- Have a special discount on other publications of WAPF such as proceedings of scientific conferences, training seminars and other technical documents of special interest to pharmacists in all practice settings.
- Pay reduced registration fees at biennial General Assemblies and Scientific Congresses of WAPF as well as at Continuing Education Seminars.
- Have the right to vote and be voted for at General Assemblies.
- Have the opportunity to register with the West African Post-graduate College of Pharmacists.

Annual membership fee is only US\$5.00 for 1990 and US\$10.00 for 1991.

Application forms are available at the Society's Headquarters at the Social Advance Institute Building.

JOIN NOW !!

Leave Pharmacy Practice to Pharmacists

The PNDC Secretary for Health, Nana Akuoko Sarpong has urged non-pharmacist proprietors of pharmacies to leave all professional matters to their superintendent pharmacists to handle while they confine themselves only to management functions.

He made this call during a lecture organized by the Pharmacy Proprietors Association at Christ the King Hall in Accra on June 13 to educate its members about the laws and norms of the practice of pharmacy in Ghana.

The PNDC Secretary reminded his audience that ideally their purpose was to compliment government efforts to provide health-care to the people as well as providing employment to some health professionals thus taking some pressure off the back of government.

He regretted, however, that some proprietors have allowed profit considerations, though essential in any business venture, to over-ride this healthcare priority to the extent that they stocked sub-standard products from cheap sources and sometimes employed the services of substitutes for pharmacists all of which were unacceptable.

The Secretary said only 32 out of the over 200 drugs on the Essential Drugs List (EDL) could be locally

manufactured and as such there was the need to develop and utilize local herbal medicine. To this end, he asked proprietors to use some of their profits to finance researches into plant medicine.

Nana Akuoko Sarpong advised the proprietors to give up the "narrow minded approach" of operating just a single urban retail outfits for several years and expand their services to areas where the Ministry of Health (MOH) could reach.

He hinted that very soon the EDL would be applicable also to the private sector and that proprietors must stop in advance the selling of drugs not on the list.

On fake drugs, the Secretary took the opportunity to warn members against these being stocked as defaulters he said, would not be spared when caught.

Earlier in an address, the President of the Association, Mr. Victor Nyame outlined the aims of the association which he said were to promote good practice among members, establish good relationship between them and pharmacists and to protect the interest of members.

Mr. Nyame expressed dis-satisfaction at the lack of distinction between

retailers and wholesalers in the pharmacy business contending that certain individuals freely bought directly a tin or two of ampicillin capsules, say, from manufacturers when genuine wholesalers could not get some to buy from these same manufacturers.

He appealed to manufacturers to ensure fair distribution and desist from hawking drugs from vans.

The President was of the opinion that a concerted effort of his association and the Pharmacy Board would better bring the problem of fake drugs under control.

He also called on the Pharmaceutical Society of Ghana (PSGH), the Pharmacy Board and the Ministry of Health to regularly organise symposia and lectures aimed at educating proprietors on better retail pharmacy practice and its laws.

The association later presented a cheque for ₵200,000.00 and 200 pieces of blankets to the Psychiatric Hospital in Accra through the Head of the hospital, Dr. J. B. Asare.

Legislation on Banned Drugs

A Legislative Instrument (L.I. 1484) relating to banned drugs has been signed by the PNDC Secretary for Health, Nana Akuoko Sarpong.

The regulation which came into force on September 1, 1989 stipulates that "any person who deals in, sells or offers for sale such drugs shall be guilty of an offence and liable on conviction to a fine not exceeding ₵100,000.00 or to imprisonment not exceeding six months or to both."

The affected drugs are:

- phenylbutazone; its salts, derivatives
- amidopyrine; its salts, amidopyrine sulphonates, their salt
- idodochlorhydroxyquinoline, derivatives
- zomiperac sodium
- methaqualone and its salts
- secobarbital (Quinalbarbitone)
- all mercury-based soaps.

The Move Towards Generics

Forces are building that could make the 1990s the decade of the generics. In 15 months, patents will have expired on more than 80 per cent of the 100 top-selling US prescription drugs. It will then be legal to make low-priced generic versions of these products. In 1991, generics will get another boost from the Federal Government, when the Medicare Catastrophic Coverage Act of 1988 will expire thereby requiring all US pharmacies to dispense generic drugs to Medicare patients unless a physician insists otherwise.

A consultant to McKesson Corp.,

one of the largest US drug wholesalers, thinks the world market for generics could reach US\$ 15 billion in 1991, nearly double what it was in 1986. Some of that surge may come from West Germany, where parliament is on the verge of passing a health reform bill that caps insurance reimbursements for most prescription drugs at the price of the lowest-cost generic that's available. The idea is to cut US\$ 1.1 billion off West Germany's drug bill in 1989.

—Business Week, USA,
December 5, 1988

Formation of Postgraduate College of Pharmacy now Okayed

The proposal by the West African Pharmaceutical Federation (WAPF) for the establishment of the Postgraduate College of Pharmacy has finally been unanimously approved by the Assembly of Health Ministries (AHM) of the West African Health Community (WAHC).

The AHM directed that the college be started in 1991 after the necessary budgetary provisions had been made for the programme in the 1991/92 Biennial Programme Budget of the WAHC.

The College will therefore be inaugurated in Accra in February 1991 during the 8th General Assembly of WAPF. Founding Fellowship would be awarded to 50 members drawn proportionally from the constituting countries of WAPF.

WHO's Model List Revised

The WHO Expert Committee on the use of Essential Drugs, with members from Australia, Colombia, China, Nigeria, Thailand, USA and USSR, met in Geneva from 27 November to 2 December 1989. The full report of the meeting, containing the sixth revision of the model list, will appear shortly in the WHO Technical Report Series.

In revising the model list of essential drugs, the Committee made the following changes:

Deletions: probenecid, dehydroemetine, sodium stilboglucuronate, sulfacetamide, hydrocortisone, nometopine, iothexol, oral ampicillin.

Additions: potassium ferric hexacyanoferrate (II).H₂O (Prussian blue), albendazole, amoxicillin, rifampicin + isoniazid, diethyltoluamide, dacarbazine, polygeline, captopril, selenium sulfide, mupirocin, benzoyl peroxide, permethrin, para-aminobenzoic acid, SPF 15, benzophenones, iothexol, hydrogen peroxide, measles-mumps-rubella vaccine, iodinated oil.

- Essential Drugs Monitor, No. 9, 1990.

The Federation has acknowledged with deep gratitude the contributions of the Health Ministers, Chairman and members of the Executive Board, the Executive Director and the other specialized agencies of WAHC as well as certain distinguished individuals in

8th General Assembly of WAPF

The 8th General Assembly of the West African Pharmaceutical Federation (WAPF) will take place in Accra from February 18-22.

Participants, as usual, will be drawn from Nigeria, Ghana, Liberia, Sierra Leone and The Gambia.

New officers will be elected during the meeting and it is expected that Mr. T. C. Corquaye, Registrar of the Ghana Pharmacy Board will become WAPF's new President.

the sub-region for their "valuable inputs" which made the approval possible.

"This is a great step forward in the pharmaceutical manpower development in the sub-region", says Prof. P. Iwe Akubue, President of WAPF.

Nana Cautions Drug Importers

Nana Akuoko Sarpong, the PNDC Secretary for Health, is reported in the Ghanaian Times issue of March 8, 1990 as having cautioned drug houses and importers of drugs to conform to the procurement of drugs outlined in the country's Essential Drugs List in their own interest adding that his Ministry would take steps to stop those importers bringing in drugs outside the list from that practice

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A Commendation to CPA Member Associations

The Commonwealth Pharmaceutical Association (CPA) Executive Committee meeting held sometime during the second quarter of last year in Malta coincided with the Pharmacy Week of the Malta Chamber of Pharmacists which took place from April 29 to May 6, 1989.

Papers were presented during a seminar organized as part of the Week's activities. Two documents or statement of principles prepared from the seminar have been recommended by CPA to all member associations for use, as they think fit, in their own countries and these have been, here, reproduced.

PROFESSIONAL SERVICE AND CONTROL IN COMMUNITY PHARMACY

Introduction

The first part of this statement summarises the several aspects of the professional service provided by community pharmacists. This is followed by a statement of the principles which should be the basis for the control of the distribution of medicine and of community pharmacies.

The Professional Service in Community Pharmacy

The pharmacist is the pharmaceutical scientist and health professional who is concerned principally with the preparation, control, supply and use of medicines.

The undergraduate education and professional training of the pharmacist deals with the chemical, physical and pharmacological aspects of drugs and medicines, and with the application of these pharmaceutical sciences in the use of medicines in health care, in the potential misuse or abuse of drugs, in the treatment of minor illness and in the provision of advice to the health professionals and the general public.

The modern community pharmacist is the most accessible health professional. The community pharmacy professional service comprises:

1. the safe and efficient supply of medicines of satisfactory quality.

(a) by sale - on request by the client and subject to the

pharmacist's professional discretion;

(b) by sale - on the advice of the pharmacist in response to the description of one or more symptoms by the client;

(c) by dispensing-following, if necessary, clarification of any aspect of the prescription with the prescriber.

2. Advice to the general public associated with the supply of medicines

(a) with the sale of a medicine-on action, dosage and cautions;

(b) with a dispensed medicine-on action, dosage and cautions.

3. Advice to other health professions

(a) on the rational, cost effective use of medicines (of crucial importance in Government Health Services);

(b) on adverse reactions to medicines (to the medical profession);

(c) on the storage and administration of medicines (to the nursing profession).

4. Health care advice to the public, in the form of

(a) recommendation to seek medical advice - in the case of certain described symptoms;

(b) advice to change aspects of life-style - in relation to other described symptoms;

(c) advice on general health matters - health promotion and illness prevention.

5. Advice on the use of medicine in residential homes (particularly in homes for elderly and mentally confused)

(a) on the storage and stability of medicines;

(b) on safe methods of administration of medicines.

6. The sale of health related products, including

(a) surgical materials and appliances;

(b) infant foods;

(c) health foods.

7. The provision of health related screening services, including

(a) diagnostic testing including blood pressure measurement, urine testing, determination of cholesterol levels;

(b) pregnancy testing.

Control of the Distribution of Medicines

Medicines are not ordinary items of commerce and therefore require



The panel that contributed to the topic "Professional Service and Control in Community Pharmacy". They are (l to r) Mrs. Mintoff, Mrs. Sant Fournier (President, Malta Chamber of Pharmacists), Mr. Tidswell and Mr. Furguson.



Contributors to the topic "Health Education, Lifestyle and Pharmacy". They include (l to r) Dr. Galea, Prof. Serracino-Inglott, Ms. Ciaparra (Commonwealth Foundation Fellow, 1990), Mr. Scales (CPA President), Mr. Grech and Mr. Sesay.

special control arrangements for their distribution.

The legislation on the distribution of medicines should require that all medicines should normally be supplied to the general public from registered pharmacies.

This fundamental principle for the distribution of medicines is based on the following main reasons:

- a) only pharmacists have the necessary professional expertise to ensure the proper storage and stability of medicines;
- b) only pharmacists are required to maintain high standards of professional conduct, in excess of minimum legal requirements, in the promotion and sale of medicines;
- c) where there is an urgent need to withdraw a particular medicine from distribution channels, community pharmacists are registered (or licensed) and therefore immediately identifiable; and the recipient of any such communication, i.e. the pharmacist, has the professional expertise to appreciate its significance and to take the necessary action immediately - thereby safeguarding the public interest.

Any alternative arrangement for the distribution of a limited range of simple medicines should be an exception to this principle and should involve community pharmacists in the control of such arrangements.

Certain medicines should only be supplied by pharmacists on the prescription of a registered medical or dental practitioner - "prescription only medicines" (POM).

Whenever possible, appropriate medicines in that category should be made available for supply at the professional discretion of the community pharmacist, on condition that each supply is made personally to the client by the pharmacist, and each transaction is appropriately recorded in the pharmacy. To enable the community pharmacist to deal effectively with the treatment of minor ailments the POM category should be continually reviewed.

The regulation of the supply of medicines on prescription should be based on the principle that diagnosis and prescribing should be undertaken by the professions with the relevant expertise, i.e. medical and dental practitioners, and that dispensing should be undertaken by pharmacists because of their special expertise. The patient's best interests are safeguarded when all of the relevant professions are involved in the diagnosis, prescribing and dispensing services.

Control of Community Pharmacies

The first major principle is that all community pharmacies should be controlled by pharmacists.

The most effective method of implementing this principle is to require each pharmacy to be owned by a pharmacist or a partnership of pharmacists, thereby excluding any non-professional, commercial influence on the control of the pharmacy.

If company ownership of pharmacies is permitted it must be under requirements that place professional decision making in the hands of pharmacists, i.e. for each pharmacy there must be a pharmacist with a legally established position of control.

Additionally, the company must be subject to the codes of ethical conduct and practice of the pharmacy profession.

Any arrangement for the ownership of the pharmacy by persons other than pharmacists or by companies, without any legally established position of control by pharmacists, is totally unacceptable.

The second major principle for the control of community pharmacies is that the standards of pharmacy premises should be controlled by law or by effective professional codes of practice.

Enforcement of Legislation and Professional Codes

The enforcement of legal and professional codes must be effective and there must therefore be a commitment to effective enforcement by the Government and by the profession respectively.

The public interest will not be safeguarded by legislation or standards of professional conduct unless steps are taken to ensure compliance by pharmacists and anyone else concerned with the supply of medicine.

The arrangements for enforcement should therefore include:

- a) effective registration procedures for pharmacists and pharmacies;
- b) a strong and effective inspectorate comprising pharmacists with experience of community pharmacy, and responsible to the Government or, by delegated authority, to the appropriate pharmaceutical professional body;

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c) subject to appropriate safeguards for the public interest, a majority of pharmacists on the body responsible for registration and discipline within pharmacy;

d) the appointment of pharmacists to relevant senior Government positions, and the involvement of such pharmacists in the development of all policies related to medicines.

HEALTH EDUCATION, LIFESTYLE AND PHARMACY

Introduction

The role of the pharmacist in Community Health Care is of considerable importance particularly in the light of the present concept of "self-care". The increasing demands for health education and preventive medicines, could be met in some ways by the pharmacist.

Community pharmacists are unique among health professionals in being so readily accessible to the general public. The strategic position in the community and the familiar association of the pharmacy with medical matters enables the pharmacist to render a valuable service to the community in connection with Health Education.

Education

The Community pharmacist has an increasing role in providing advice and information on health matters to the community. For the pharmacist to exercise this role, the necessity for effective communication is becoming increasingly important. Education and training of pharmacists is being restructured and more emphasis is given to Behavioural Sciences.

Informality

Most common causes of ill health are related to lifestyles. The familiar environment of the community pharmacy is more conducive to identifying faulty lifestyles which require improvement. While the environment of the pharmacy is suitably professional, the pharmacist has to be careful not to undermine the informal atmosphere of the pharmacy which is its strength.

Layout of the Pharmacy

The operation of the pharmacy must promote the activity. The layout of the pharmacy must be such as to allow for better communication between the pharmacist and the patient/client and include a discreet area for patient/client consultation.

Distribution of Leaflets

Community pharmacies can serve as distribution centres for health promotion leaflets and material. These should be readily visible within the pharmacy and located close to the pharmacist who should be able to give added verbal information and encouragement. The use of a rack for displaying leaflets for self selection is beneficial. Co-operation between pharmacy and health education authorities in the dissemination of health care literature should be encouraged.

Educational Guides for Pharmacists

A number of Maltese pharmacy students have, in recent years, carried out research projects in pharmacy practice on various aspects of health education. This is recognised for the development of community pharmacy. Some have designed leaflets as an educational guide for pharmacists on topics such as "Smoking in Pregnancy" and "Breast Cancer". While further educational guides should be prepared, it is important that they should reach the pharmacist.

Continuing Education

Participation in continuing education programmes assures the competence and reliability of the services the pharmacist provides. Continuing education programmes must be relevant to the needs in practice. The preparation for lifelong career education must begin while the student is in university.

Professional inertia must be avoided, because otherwise, pharmacists will tend to lose their professional identity, skills and services, thus becoming obsolete.

Education Programmes and Campaigns

Pharmacists should be involved, wherever and whenever possible, in education programmes designed to improve the quality of life of the public.

Opportunities must be provided by the Health Department for the professional involvement of pharmacists in Health Education campaigns e.g. in immunisation, nutrition and AIDS prevention.

Campaigns in the media directed to "Ask your Pharmacist for Advice" have been shown to be successful and have educated and encouraged the public to look to the pharmacist as a source of information and advice.

These campaigns also identify the pharmaceutical sources as a strong and well organised professional organisation.

Collaboration with other Healthcare Professionals

Other professionals, government and non-governmental organisations are also interested in Health Education. It is therefore of equal importance for pharmaceutical associations to collaborate with other health care professionals who are themselves engaged in giving health advice.

Remuneration

In a number of countries, this is linked to the volume and turnover of prescriptions rather than to his contribution to health-care as a whole. Some form of remuneration in this latter area is necessary to support this service.

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