

Short Communication

Awareness about Banned Drugs: A Matter of Concern

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Abstract: For a healthy life style, not only the prevention of diseases is important but equally important is the treatment of such diseases with safe drugs. Drugs which are found unsafe in post marketing surveillance are banned by regulatory authorities. Numbers of drugs which are banned in other countries are freely available in India due to prescribers' and patients' unawareness, lack of strict enforcement of laws and commercial interests of manufacturers. To restrict the use of banned drugs, what is needed is the cumulative effort by physicians, pharmacists, researchers and manufactures along with the involvement of strict and vigilant regulatory authorities.

Keywords: Banned drugs, controversial drugs, bannable drugs

Awareness about Banned Drugs: A Matter of Concern

In present scenario of increasing global burden of diseases, the prime concern of manufacturers and health care professionals is to ensure quality drugs with maximum therapeutic benefit and minimum side effects [1]. Unexpected adverse effects, excess toxicity, availability of safer alternatives, harmful interactions, irrational use and failure of risk management options are the prime reasons which direct whether to use, cautiously use or ban a drug [2]. A drug is banned depending upon the benefit risk analysis and drugs with more risk are immediately banned by the regulatory authorities by knee jerk response so as to ensure the safety of population [3]. Regarding safety of drugs being used, European countries seem more aware as compared to our country. As soon as the drugs are found to be unsafe in post marketing surveillance in developed countries, immediate ban is imposed by regulatory authorities on manufacturing, sale, distribution and marketing [4]. Where as in India, banning of a drug is a lengthy procedure leading to availability of banned drugs in market for a long time even after the drug is banned in other countries.[1] Non seriousness towards health and lack of effective policies by government are the primary reasons for much delay in banning the drugs in India which leads to increase in disease burden and economic stress on Indian community [4].

Despite being banned internationally, some drugs are still being marketed and prescribed in India leading to

occurrence of iatrogenic diseases [Table 1]. Though pharmaceutical industry in India is growing rapidly expecting 280 billion US dollars income by 2020, still health sector is producing and promoting banned drugs all across the country. Unfortunately analgesic, anti diarrhoeal and cough preparations which are banned in other countries are blindly used in India as over the counter drugs because of unawareness, lack of law enforcement and corruption as demonstrated in Fig. [5]. In a survey done in 2010, phenylpropanolamine was found to be most rapidly selling drug (54%) followed by analgin (23%) and nimesulide (13%) [1]. 75% of drug users were found to be ignorant about the ban on drugs being used by them in a study conducted at Utter Pradesh [5]. Not only self medication by patients due to unawareness is responsible for use of risky medicines but these drugs are also prescribed widely by clinicians either due to ignorance or due to personal obligations to pharmaceutical industry. Even pharmacists hardly know about the ban or are bound to obey orders given by doctors to use these questionable drugs. In a survey, unawareness about banned drugs have been demonstrated in 75% of laymen, 40% among doctors and pharmacists and 60% of science students [1]. In another recent study conducted in 2012, 90% of the medical professionals were found to be unaware about the banned drugs . 95% of the banned drugs were available over the counter and 22% acquired by physicians' samples, demonstrating the current status of inefficient and irresponsible regulatory system in India [6].

Table 1: Drugs banned in other countries but available in India [8-10]

Generic name	Brand name	Indication	Reasons for Ban
Oxyphenbutazone	Sioril, Phenabid	Inflammatory Pain	Bone marrow depression, bleeding disorders
Metamizole	Analgin, Novalgin	Inflammatory Pain	Agranulocytosis

*Cisapride	Ciza , Syspride	Constipation and hyperacidity	Arrhythmias
*Nimesulide	Nise, Nimulid	Inflammatory Pain.	Hepatic failure
*Phenylpropanolamine	D'cold , Vicks action 500	Common cold, cough.	Haemorrhagic stroke
Quinodochlor	Enteraquinol	Amoebic dystentry	Sub acute Myelo Optic Neuropathy(SMON)
Cerivastatin	Baycol	Hypercholesterolemia	Rhabdomyolysis in renal patients
Droperidol	Inapsine	Anti depressant	Irregular heart beats
Furazolidone Nitrofurazone	Furoxone, Lomofen	Bacterial, protozoal infections	Carcinomas
Thioridazine	Mellaril	Psychosis	Arrhythmias, eye damage, Neuroleptic malignant syndrome
Pergolide	Permax	Parkinsons disease	Cardiac valvular damage
Piperazine	Avizine, Anypar	Anthelmintic	Nerve damage
Phenolphthalein	Prulet, Phenolax	Laxative	Carcinogenicity
Tegaserod	Tegon, Tegaspaspa	Prokinetic agent	Heart attack ,stroke

*Drugs recently banned in India but available

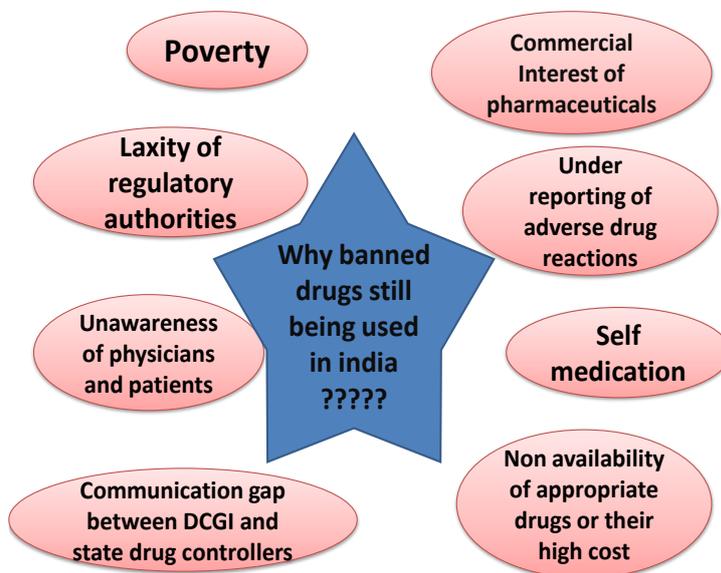


Fig. 1: demonstrates the reasons for use of banned drugs in India

Prescription of alarming drugs has been a very common practice among physicians in India ignoring the fact that if such drugs are used, can lead to severe and sometimes life threatening adverse effects. ‘Cur’d yesterday of my disease, I died last night of my physician’ saying fit well when physicians ignorance about banned drug results in the use of unsafe medicines in patient population introducing iatrogenic diseases [7]. Hence omitting this root cause of physician unawareness can substantially improve healthcare status of Indian population. Not only physician’s awareness but patient’s awareness about the harmful medications also seems mandatory when public health is at stake .Irony is that majority of people being ignorant about banned drugs cause a lot of harm to themselves .The situation is worsening and it is

imperative to spread awareness to the offenders and the innocent patients as early as possible. Aware physician and aware patient can only make right decisions about the use of a appropriate therapeutics assuring effective and safe drug use assuring a healthy society.

This article is to extend our meagre knowledge of various commonly used drugs which are banned internationally, to their safety awareness and the key steps needed to decrease the health hazards associated with use of such drugs.

Numbers of drugs have been listed in World Health Organisation (WHO) list which are banned internationally due to their side effects such as kidney and liver failure, agranulocytosis, stroke and cardiac

problems but still used in our country without realising the associated risks [8-10]. 4 drugs including nimesulide, cisapride, phenylpropranolamine and human placental extract have recently been banned in India on 10th February 2011 by Drugs Technical Advisory Board (DTAB) [4]. Despite recently being banned in India, free availability of such drugs in Indian market and their unhindered use by patient population reflects the complexity of the situation which necessitates the practical implementation of the strategies being suggested by many authors as discussed.

Key steps needed are:

- Creation of awareness among physicians and other health care professionals about serious adverse effects of banned drugs.
- Informing the public about the internationally banned drugs and health hazards accompanied by their use as to keep them at pace with the aware citizens of developed countries. This can be achieved by opening of drug information centres to provide updated, critically evaluated and unbiased information about the drugs to the prescribers and patients [1].
- Sensitization of Medical students about the banned and controversial drugs so as to refrain the use of such drugs by them in future [2]. Early sensitization, which is important but ignored subject during undergraduate teaching is need of the hour to ascertain the rational and safe clinical practice.
- Strict evaluation of safety and efficacy of any new drug before introducing it in the market by Drug Controller General, India (DCGI) [1].
- Strict enforcement of laws by regulatory authorities to take prompt initiative to withdraw drugs as soon as found unsafe to mankind, as till now banning of drugs has been a lengthy procedure in India, which gives manufacturers time to manufacture that drug in bulk [5].
- Also DTAB which is the final authority for banning drugs is required to strictly revoke the licenses of the pharmacists who are found stocking banned drugs. This necessitates the appointment of more drug inspectors, who at present being few are unable to perform timely and regular inspections of drug dispensing centres [1].
- Implementation of effective and stronger Pharmacovigilance programmes by DCGI which it is still in infancy phase rating below 1% against world rate of 5% due to ignorance of subject and lack of training [11, 12]. An effective pharmacovigilance system can be ascertained by involvement of every category of health care professionals and making ADR reporting mandatory as in developed countries [1].

In conclusion, keeping safety of the patient as the prime responsibility, it is imperative for all healthcare and marketing professionals to acquaint themselves with the list of banned drugs. It is high time to look upon the matter seriously without much delay and improve the awareness of prescribers' and consumers' about banned drugs by Government through public Information campaigns and community activism to spread the information of drugs' side effect & their lethal consequences.. To permanently omit the use of banned drugs in our country, what is needed is the cumulative effort by physicians, pharmacists, researchers and manufactures along with the involvement of strict and vigilant regulatory authorities.

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