Street medicines in Niamey (Niger)

Sales of medicinal products on the street, outside of community pharmacies, are extremely widespread in Niger, even though they are totally illegal. And this appears to be a growing phenomenon in Niamey, where it is impossible to walk down the street without seeing someone peddling a range of medicines.

The sellers are generally young men (mean age: 25 years) from rural areas who have no particular skills or education, and who come to Niamey to earn a living. They sell medicines in the same way they would sell any other merchandise. The client chooses the product and the exact amount, down to the nearest pill. Clients also ask questions; the advice provided and claimed indications for a given product vary widely from one vendor to another, and naturally also depend on the client’s ability to pay. During our survey, we even met a seller calling himself a ‘doctor’ and peddling his wares in a white coat (a).

This parallel market is supplied by wholesalers openly operating in the various markets in Niamey, or by smaller resellers. A significant proportion of these products appear to be provided by the town’s pharmacies, in violation of their basic ethical and legal obligations.

Almost all classes of drugs can be found on the street, including analgesics, antiinflammatory drugs, antiinfectives, anti-ulcer drugs, anxiolytics, antidepressants and antiasthmatics. A given drug may be sold under a multitude of brand names, many of which are unheard of in bona fide pharmacies (b).

The street market allows anyone to buy any product for any purpose. It encourages self-medication and increases the risk of addiction and drug resistance that can lead to treatment failure. This misuse of drugs almost certainly has a negative impact on the health of the poor and poorly informed people who make up the bulk of the street sellers’ clientele.

What is the solution? Closing down this illicit market will require all those involved to assume their responsibilities, not only in words but also in deeds. What is needed above all is the establishment of an essential generic drugs policy; easier financial and geographic access to drugs; promotion of traditional medicines; and better management of donated drugs.

It would also be helpful if the different countries in this part of the world, all of which are confronted with the same problem, would pool their resources to study and combat this phenomenon.

Idrissa Hamani
Pharmacist (Niamey-Niger)

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a- The survey was part of my D. Pharm thesis, presented in 2005 at the Faculty of Medicine and Pharmacy of Bamako University and entitled “Les médicaments de la rue à Niamey - Modalités de vente et contrôle de qualité de quelques médicaments anti-infectieux” (Street medicines in Niamey - Sales techniques and quality control of some antiinfectives).

b- For example, we found 28 different names for paracetamol, alone or in combination (Dixitex Ben®, Novamol Kind®, Sudrek®, True®, and Forcold®, among others); 27 names for nonsteroidal antiinflammatory drugs; 10 names for cotrimoxazole; and 17 names for amoxicillin (Climax®, Shree cillin®, Amino P®, and Gemox®, etc.). No information on the country of manufacture could be found for one-third of the collected drugs (mainly products sold in bulk, without packaging).