

► **Delayed implementation.** In September 2006 the European Commission published suggested revisions to guidelines on drug labelling and patient leaflets. In particular, manufacturers will be required to pretest their own product leaflets (3). However, this is troubling as it means that once again manufacturers would be both judge and jury.

The European Medicines Agency (EMA) revised its procedure for analysing drug packaging (4). It recommends that the EMA examine a relevant example specimen of

outer and primary packaging and package leaflet (and not just a simple mock-up). This would represent a step forward, but only 15 days before the date of market release has been allowed for this analysis. This is not enough time to realistically identify all the risks associated with poorly designed packaging.

In short, drug regulatory agencies still have much to do to ensure that drug packaging is both safe and effective.

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1- Prescrire Rédaction "Étiquetage des médicaments injectables: l'Assaps se mobilise" *Rev Prescrire* 2006; **26** (276) : 659.

2- Prescrire Editorial Staff "Transposition of Directive 2004/27/EC on human medicines: beware" *Prescrire Int* 2006; **15** (83): 115.

3- European Commission "Guideline on the readability of the label and the package leaflet of medicinal products for human use – Revision (draft)" September 2006: 23 pages.

4- European Medicines Agency (EMA) "The revised checking process of mock-ups and specimens of outer/immediate labelling and package leaflets of human medicinal products in the centralised procedure" 22 January 2007: 9 pages.

Translated from *Rev Prescrire* January 2007; **27** (279): 72

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 as 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, anti-inflammatory drugs, anti-infectives, anti-ulcer drugs, anxiolytics, antidepressants and anti-asthmatics. 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.

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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 anti-infectives).

b- For example, we found 28 different names for paracetamol, alone or in combination (Docteur Ben[®], Novamol Kid[®], Sudrek[®], Trac[®], and Forcold[®], among others); 27 names for nonsteroidal anti-inflammatory drugs; 10 names for cotrimoxazole; and 17 names for amoxicillin (Climax[®], Shreecillin[®], Amiro P[®], and Geomox[®], 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).

