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EDITORIAL

Public Hawking of Medicines: The Blind Spot in Medicines Regulation

Communities have perpetually pursued access to medicines as preventive or treatment tools to alleviate suffering. Individuals within the society have the propensity to devise convenient and affordable means to acquire medicines be they traditional or allopathic. Anecdotal observations have revealed street hawking of antibiotics in the Western towns of Kenya such as Kericho, Kisumu, Kakamega and the adjacent lower-tier townships since the 1970s. This may have been motivated by the desire to access antimicrobials for self-medication of the then stigmatized urinary tract infections such as gonorrhea, syphilis and pelvic inflammatory disease. The practice of hawking antimicrobials aligns with traditional practices of self-medication and lay consultation networks targeted at saving resources while maintaining patient confidentiality. Furthermore, formal health facilities were scarce and riddled with a reputation for patient harassment. Indeed, the hostile and judgmental healthcare environment could be a major driver of self-medication with antimicrobials.

The phenomenon of itinerant vendorship of medications reverberates across the continent with published reports from Ghana and Nigeria in West Africa seeking to elucidate the underlying causes. All in all, the promoting factors for this vice include economic benefits, inherent healthcare seeking behaviour among patients as well as shortage of healthcare professionals and/or drugs. Itinerant medicine sellers present an opportunity for convenient sources of emergency/urgent medication in cases of gastro-intestinal or urinary tract infections as a result of food poisoning or risky sexual encounters. In such cases, the antimicrobials come in handy as prophylactic or treatment tools. The patronage of medicine hawking includes truck and public service vehicle drivers, open market traders, youth and travelers. Moreover, medicines peddling is part of the informal economic sector that is patronized due to affordability by low income clients who prefer to purchase portions within their budget.

However, medicines hawking confers a golden opportunity for unscrupulous vendors and charlatans to profiteer from the business. For this purpose, they may offer substandard and falsified medicines or channel items pilfered from the public drug supply chain for sale. Furthermore, majority of the hawkers are illiterate thus compounding the danger of adverse outcomes among the consumers.

The drug regulatory authorities in conjunction with public health officials are entrusted with the power to arrest these corrupt practices. For effectiveness, robust regulatory and enforcement frameworks are integral to proper control of medicines distribution. Conversely, the regulatory armour may be ridden with inefficiencies, system failures or fraudulent staff who collaborate with the street vendors to exacerbate these illicit practices. Failure of regulatory oversight is therefore a major contributor to medicine hawking in diverse jurisdictions.

Medicinal products sold in the streets are inevitably subjected to out-of-range temperature conditions as well other weather elements that may accelerate their deterioration. Additionally, the handling conditions and packaging contravene good distribution practices stipulated by the drug regulatory authorities (DRAs). Obviously, these drugs are not handled and dispensed by pharmacy professionals, hence the likelihood of underdosing and blatant misuse with adverse patient outcomes. Improper handling and storage of medicines may also result in mix-ups especially when dealing with loose tablets and capsules. In many cases, only colours, shapes and sizes are used to identify these dosage forms. With regard to antimicrobials, there is a strong association with resistance. Since hawking is purely transactional, vendors are known to dispense what the purchaser can afford without any regard for dosage. This undermines the foundational principles of professional pharmacy practice as a regulated trade. It also exposes the public to financial exploitation

and personal harm due to delayed healthcare seeking sequences, disease induced complications, longer hospitalization and lost work days.

To stamp out the illicit sale of drugs by hawkers, the DRAs and relevant government agencies need to institute thorough sustained supervision of public hawking activities and public education of the consumers about the dangers associated with consumption of drugs from these sources. It is imperative for the state to appropriately resource the mandated institutions to curb the drug hawking menace. Additionally, any barriers to professional pharmaceutical care require to be addressed.

Given the foregoing, it is curious that previous studies have not been conducted to demonstrate the extent of medicines hawking in Kenya, the root cases for this practice and the quality implications on the actual products. In this issue of the journal, Mokaya *et al*. have reported the quality control results of antibacterial products collected from hawkers in Kisumu County, Kenya. Nevertheless, further studies may be required to fully understand the drug hawking phenomenon in Kenya.

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