

## Letter to the Editor

### **Observation at a medical store in Karachi, Pakistan**

Madam, in the Opinion and Debate Section the article of Dr Haider Naqvi on "Benzodiazepines: Slow sand of Addiction"<sup>1</sup> reminded me of my recent experience at a Medical Store in Karachi, Pakistan

This medical store is situated in a typical setting with one hospital and three dispensing doctors' clinics around it. This store's location reflects middle strata of the society as their consumers are from lower middle class and upper middle class. This medical store has 90% stock of local pharmaceutical manufacturers.

On my request the owner allowed me to observe the ongoing activity within peak hours; i.e. around 7.0 pm to 9.0 pm at night. The attendant on the store was a non-qualified male with only his experience in different medical stores served as professional asset to dispense medicines.

There was continuous influx of patients owing to peak hours of both the clinics and the hospital. All the patients wanted the attendant to estimate the cost of prescription in order to decide whether to opt for the written prescription or not. Out of 35 patients only one opted for written prescription medicines while the rest 34 asked for some low cost brand availability. Interestingly, out of 35 prescriptions 33 prescriptions had at least one class of antibiotic with H2 blocker. What I noticed was the avoidance of answers to different questions raised by the consumers. The attendant seemed to be so much preoccupied with costing and dispensing that he did not bother to answer anything except price. Out of 35 patients 15 of them mentioned that they had the first dose of antibiotic received in the injectables form in the health setting. They were demanding the antibiotic regimen in the oral form for a couple of days only. None of the consumer preferred to consult doctor after substitution from the attendant. The attendant assured the consumer that the

substitute is "equally the same" and there is "no need to go to the doctor again". All the substitutes dispensed by the pharmacy attendants were from local manufacturers.

The most debatable part of this 2- hour observation is the supply of benzodiazepines on consumer's verbal demand. Interestingly consumers mentioned different names of benzodiazepine class of drugs and bought the whole month's supply. Most of them asked a particular generic alternative of benzodiazepine class to cover their "restlessness" which they percept will occur during antibiotic regimens. This 120-minute observation also highlighted that the market is flooded with branded generics with benzodiazepines being dispensed as chocolates.

I was not allowed to stay after 9.0'clock as according to the owner "now is the time of sales representatives from different companies; you must go now".

On further inquiry the owner refused to tell me about the rebate on medicine stock except that the rebates are very high from local manufacturers; the least being from multinational pharmaceutical companies.

Graduated as Pharmacist from Karachi, Pakistan I sincerely wish to see the day when a pharmacist's 24-hour physical presence will be a pre-requisite to open a pharmacy or medical store.

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### **References**

1. Naqvi H, Hussan S, Dossa F. Benzodiazepine: slow sand of addiction. J Pak Med Assoc 2009; 59: 415-7.