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Opinion

When the perceived cure becomes poison: illicit trade of counterfeit medication threatens health security in Africa

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Of all the mysteries of our infinitely strange world, the placebo effect is among the most useful. Beyond the literal mind-boggling effects had by being administered a "useless" treatment, the effect not only remains useful for clinical studies, but has proven to be more than just mere medical mythology or misunderstanding (unlike the widespread lobotomies, trepanning, and bloodletting of yesteryear). The "magic" runs even deeper – people who are aware that they are taking a placebo are still, somehow, able to feel effects which should not be possible in our strictly cause-and-effect model of scientific thinking. So, this raises the question: if I have a headache, what difference would it *really* make if my Panados were real or not?

For many, this scenario is not hypothetical but a fraught reality. Even worse, many people who believe they are being treated are not even afforded the knowledge that the pills they are taking are duds. Some may regard this scenario with confusion, asking "if placebos do work, then surely this doesn't matter?" But here's the thing: as Harvard Medical School's Prof Kaptchuk emphasises, although "placebos can make you feel better, they will not cure you."

The Counterfeit Pandemic

Counterfeit goods have always been a staple black market product, but it may come as a surprise to some that, according to the World Health Organization, the sale of counterfeit medication is the world's most lucrative illicit trade. Heartbreakingly predictable, Africa has become home to an estimated 42% of the world's cases of trade in counterfeit medications, disproportionately affecting the most vulnerable and desperate of populations living in low- or middle-income countries.

These phony drugs are not harmless – placebos may provide some relief, but they cannot treat the many pandemics crippling the continent. TB, cholera, and HIV/AIDS (among many, many more) cannot be treated with fake drugs. Counterfeit malaria medication is estimated to be directly attributable to the deaths of between 64,000 and 158,000 Africans every year, while some African countries have their antimalarial market comprised of (at worst) 88.4% fake drugs.

Beyond the issues of consent and a failure in treatment, there is also the problem of the fake medication itself – in East and West Africa, for example, food substances (among other ingredients) have been used in place of active pharmaceutical components. These additives can create

disastrous unintended and adverse effects in patients, turning a perceived cure into a poison.

Disincentivising Fraud

Counterfeit medication is unlike counterfeit luxury goods in that those purchasing knock-off sneakers tend to be aware that the product is fake; the same is generally not true for counterfeit drugs. Instead, the trade in illegal medicine is driven by vendors looking to profit from the low cost of the imitations (leaving customers unaware of what exactly they are buying).

However, offer someone with a headache the choice between a real and fake aspirin and you will soon realise that cost considerations can only go so far in swaying the customer's desire for treatment. But *lie* to a customer and you have a sale. As these vendors do not consume the same fraudulent drugs they push, other disincentives are needed.

We can begin to stifle this illicit trade by creating an environment in which knockoff medication becomes increasingly difficult to sell. The need for stricter import controls and regulations will remain a critical undertaking in this regard, as such measures would curb the volume of foreign-produced fake medication entering an African country. Of course, smugglers will continue to find other ways to illegally import their goods, but the more difficult the process, the less attractive the goods become for the vendors.

With tighter import controls to tackle the threat from beyond their borders, local African governments and regulatory agencies should be empowered in their abilities to monitor the market from within. Labs created or upgraded to perform quality control tests (overseeing the quality and authenticity of drugs) will restrict the opportunities available to counterfeiters who need to work at a scale large enough to remain profitable.

Combining these efforts with a sophisticated and mature regulatory body that has the capacity to audit and is capable of taking a data-driven response will be paramount. The surveillance of trends in medication consumption should also allow for a more proactive approach, which, in turn, also promotes a more efficient use of highly skilled and scarce lab technicians across the continent.

Straight From the Source

Finally, the most direct way for Africans to be more assured that the capsules they are swallowing are indeed the real deal is to be assured of the source. Despite the global push for lower barriers and restrictions to free trade (by bodies such as the World Trade Organisation), most countries continue to subsidise and legislate in favour of local industries that they deem to be crucial to their nation's social and economic security.

If there was ever a case for a critical industry, pharmaceutical production would be a no-brainer. Policymakers and investors would be wise to look to shoring up local supplies of critical drugs by manufacturing these medications themselves. At the African level, regional production nodes are infinitely safer than relying on imports from Europe, Asia, and North America.

Improving vigilance among consumers in Africa

As a consumer, it can be very difficult to distinguish the difference between real or counterfeit medication. That being said, there are a number of proactive observations one can make to assess the authenticity of the medicine they've procured.

If purchasing medication online, consumers would be well-advised to confirm that the site they are using to secure medicine is licensed to trade as a pharmacy by the South African Health Products Regulatory Authority (SAHPRA) and the South African Pharmacy Council (SAPC). Similarly, any medication that is purchased in-person should be obtained from a licensed pharmacy, with a license from SAHPRA and SAPC as well. In terms of the actual product, consumers can check for spelling mistakes on the label, poor quality of labeling and packaging, or any discoloration of the actual product. One could also investigate the potential for counterfeit medication if the consumer is having an unexpected reaction to the product. Beyond visual assessments, which can only assist in improving our vigilance, the only way to really confirm if your medication is counterfeit is to have it tested in a laboratory.

The renaissance of pan-African health bodies (such as the Africa CDC) bodes well for the continent's future fight against dangerous and fraudulent drugs; and even though it will require significant time, effort, and investments, Africa deserves better. We all deserve better.



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