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The War of a Generation: The Nigerian Codeine Story

Codeine, just like tramadol and glue, are the cocaine, crystal meth and heroin of the poor and middle class, with stories of their effects reaching near-mythical proportions. Between January and December 2015, 1044 patients entered for treatment in Nigeria in the 11 treatment centres currently part of the Nigerian Epidemiological Network on Drug Use (NENDU) reporting system. The drugs declared the most frequently used by the patients entering treatment are cannabis (36.2%), followed by opiates (28.3%) and alcohol (17.1%). The opiates referred to are mainly prescription medicines: tramadol (71% of opiates specified as first most frequently used substance), codeine (15.1%) and pentazocine (9.9%). This shows the degree to which these medications are being abused and the potential health crisis brewing.

We hear of cases where young people are being chained to trees and subjected to other inhumane conditions in a bid to wean them off these addictions. People are losing their livelihoods and even lives as a result of this addiction; a cultural shift is happening, and

a generation will quickly spiral downwards if this scourge is not quickly contained. Indeed, if this is not dealt with quickly from every cadre of

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the society – families, government, religious institutions and big business – we might end up having an opioid crisis of our own in unprecedented proportions.

The Place of Regulation – Legalities and Legal Constraints

The role of regulation in the codeine debate is quite germane. However,

there is need for a comprehensive approach to dealing with addiction as a scourge. It will have to go beyond laws and regulations to engagement, enlightenment and transformation of minds by re-engineering social perceptions and behaviours. This approach will certainly include legislations and regulations that will guide the production, importation, prescription and dispensing of addictive drugs, but will be improved by setting out long term strategies that will deal with this scourge in the country such that a template would have been created for dealing with this issue across sub-Saharan Africa.

The pharmaceutical industry has several robust regulations relating to drug manufacturing, distribution and use including the regulation of pharmaceutical practice. The key industry regulators are the National Agency for Food and Drugs Administration and Control (NAFDAC), and the Pharmacist Council of Nigeria (PCN). The recent ban on the use of codeine and tramadol has raised several legal issues.

Prior to their recent ban by the Federal Government, both codeine and tramadol were not prohibited

substances under Nigerian law; both are not included in the list of banned substances in the Food and Drugs Act and the Dangerous Drugs Act. However, they are narcotic substances, hence they fall within the category of controlled substances which are within the purview of NAFDAC's Directorate of Narcotics and Controlled Substances.

The question over the legality of the ban on codeine may have been settled by section 16 of the Food and Drugs Act which empowers the Minister of Health to make regulations with respect to the use of any substance as an ingredient in any food, drug, cosmetic or device, for the purpose of preventing consumers or purchasers thereof from being misled or deceived as to the quantity, character, value, composition, merit or safety of that substance when so used or of preventing injury to the health of consumers or users thereto.

The codeine crisis raises more concerns about the legal framework for drug distribution than the issue of ban on narcotic and psychotropic substances. The importance of a coordinated drug distribution network cannot be overemphasised; it

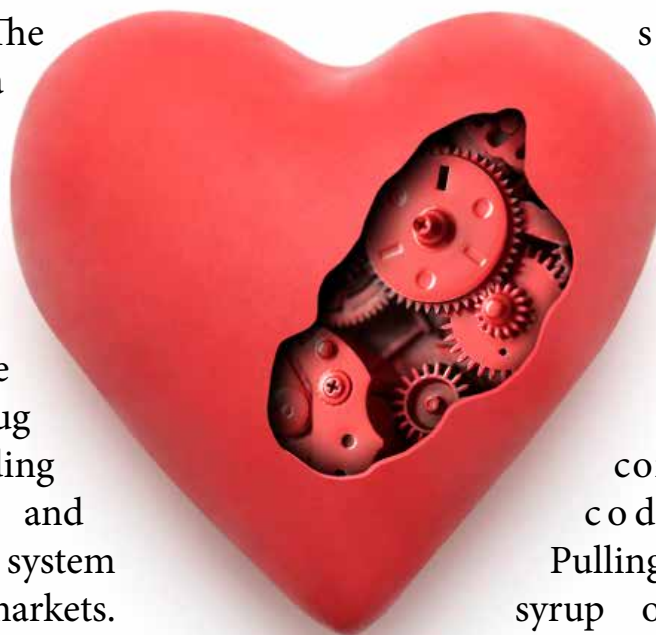
1. Banned drug substances are listed in the Food and Drugs Act (Cap F3 LFN 2004) and Dangerous Drugs Act.(Cap D1 LFN 2004)

will amongst other things, curtail the distribution of controlled substances as well as irrational drug use. The drug distribution network in Nigeria is one of the biggest challenges in the pharmaceutical sector and hinders concerted efforts towards the eradication of drug abuse. The open drug market remains a huge challenge with little or no success at finding a lasting solution to it. The National Drug Distribution Guidelines (NDDG) which were approved in 2012, provide wide ranging solutions to the drug distribution problems including the elimination of informal and fragmented distribution system and sale of drugs in open markets. However, the implementation of this comprehensive legislation will determine its success or otherwise. Beyond regulations and legalities are ethical and, conscientious involvement of all stakeholders.

Are Pharmaceuticals Doing Enough?

It will continue to remain a big debate which should come first for those who lead big pharmaceuticals - business or ethics? Whichever side of the divide

one chooses, there is no doubt that the pharmaceuticals have some role to play in this menace; at the very least they are bound by stringent statutory obligations. Emzor Pharmaceutical Industries recently stopped the distribution of its cough syrup



which contains codeine. Pulling the syrup out of the market was a huge step. But are the pharmaceuticals somehow fuelling the crisis?

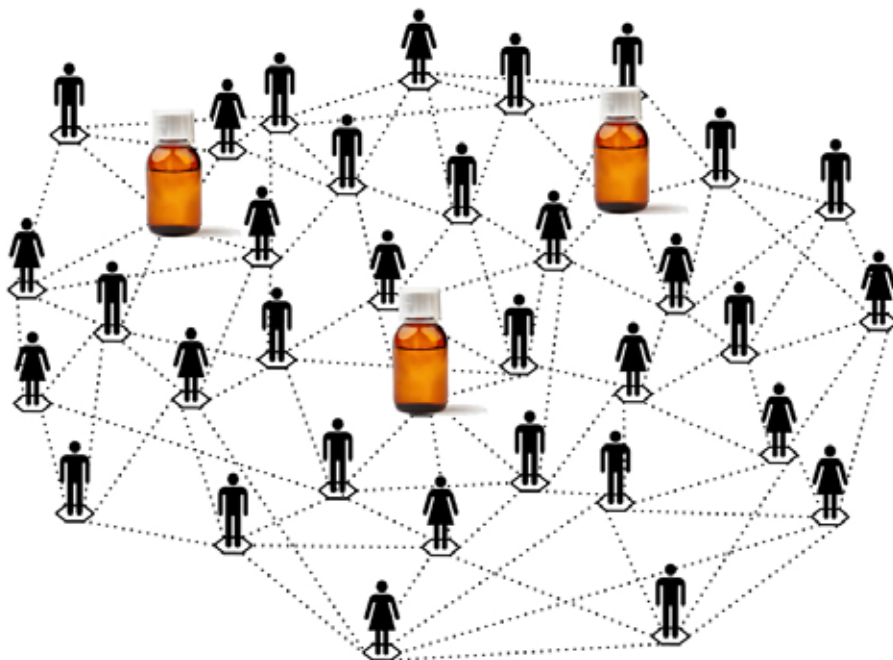
The BBC investigative documentary “Sweet Sweet Codeine”, the documentary that really broke the story to the outside world, shows how important the pharmaceuticals are in the entire codeine crisis and would continue to be in the ensuing days or years. In addition to role of NAFDAC and NDLEA in monitoring distribution and use of narcotic substances, the role of the Pharmacists Council

of Nigeria (PCN) is equally very important. As the primary regulator of the pharmaceutical profession, the regulatory intervention of PCN is as crucial as it requires proactiveness in stamping out the activities of unregistered drugs sellers. We can debate whose responsibility it should be to monitor the rate of prescription, subsequent consumption and even availability of drugs with addictive substances, but in the wake of a crisis as devastating as this, everyone in the industry and quite frankly, the country, has a part to play.

It is no news that this crisis has been ravaging some parts of the country for a while now with reports from the Nigerian Senate putting the figures at up to three million bottles of codeine cough syrups being consumed daily in Kano and Jigawa states alone. Could the PCN and even the big pharmaceuticals under their umbrella body – The Pharmaceutical Manufacturing Group – not have begun a campaign to educate people about the dangers of these substances? Could they not have taken a cue from

the tobacco companies even before they are required by law to do so and put up elaborate disclaimers warning people? Could they not have even put up some kind of follow through mechanisms? These are pertinent questions and would help in shaping critical responses to avert future crisis.

The Socio-Economics of Codeine



This crisis cuts across various socio-economic classes -from the poor living on less than \$1 a day to the rich celebrities in the entertainment industry, the codeine addiction is ravaging its way through. The

demographic hugely affected is the 15-40 age bracket. Because this problem is relatively new to us in Nigeria, the long-term effects as regards stigmatisation and even genetic alterations as being speculated are still not fully known or understood.

The amount of money being wasted on the purchase of the cough syrups – three million bottles a day in just one region of the country – is nothing compared to the cost on the nation's economy over the next decade in terms of man hours, intellectual capacity, innovation and yes, health bills. If the data from the U.S.

is anything to go by – CNBC reporting that the U.S. opioid crisis has cost its economy about \$1 trillion over the last seventeen years – what we might have on our hands in lost revenue over the next decade would be astonishing.

Again, how much of disruption it might have had in the social balance of the worst hit cities and communities is still unfolding. It is however certain that even after the crisis is managed, life as these communities had known it will never remain the same again. The disruption in the family life

of the worst hit families cannot be completely captured by any stretch of the imagination. It will continue for at least a generation, if not two or three if not properly dealt with. There is also the economic effect that this scourge is having on families. Hundreds of thousands, or perhaps millions of naira are being spent to treat those already addicted, with the most extreme cases needing psychiatric attention because of the severe withdrawal symptoms associated with codeine addiction.

The other side of the socio-economic implications of this crisis

The disruption in the family life of the worst hit families cannot be completely captured by any stretch of the imagination. It will continue for at least a generation,

is how it affects the pharmaceuticals, who seem to be principal villains here. First, they must have made hundreds of millions of naira from the sale of these cough syrups which would have

made their bottom lines look very good. This would have reflected in their profit and of course, tax paid to the government. So, could we say that the government is an accomplice of some sort? Yes, the added wealth would have enriched some people in the value chain of the cough syrup distribution but at what cost? This

E t h i c a l Considerations

Ethics and legality normally do not mix well when money is involved but when families and society as a whole is involved, ethical considerations trump legalities. With what we have on our hands and what it is capable of doing to our society, we need to get beyond the black, white and grey areas of the law to the goodness and kindness in our hearts; looking beyond financial gains to long term societal benefits that will in the end, birth sustainable prosperity for all in the society.

brings us to the social effect on these once beloved pharmaceuticals.

With the lives affected and destroyed, there could be negligence lawsuits accompanied by justifiable monetary claims on the way. If the law suits are lost by the pharmaceuticals, they will be forced to pay out these hefty sums in addition to public opinion which might have permanently been turned against them. Sadly, the reverse will not be the case should they win the law suits; so, win or lose, the pharmaceuticals lose out.

These ethical considerations will need to be woven into legislation and regulation that govern not just the distribution and sale of addictive drugs but the entire pharmaceutical and perhaps medical industries. Prescription and dispensing will be done honestly with the health and well-being of the patient as the primary focus and not just financial gain. This will certainly mean that the strong laws and policies that

will help guarantee and protect the financial security and stability of these industries will have to be looked at in good faith.

Conclusion

We definitely have entered uncharted territory with this scourge and we cannot rely on the “typical Nigerian way of doing things”. In fact, there is truly no known working conscientious template in dealing with this menace worldwide, so we might just have been given the opportunity to come up with one before the crisis here gets out of our grasp.

The full implementation of the NDDG which is slated to take effect in January 2019 is a daunting challenge for the stakeholders. Nevertheless, there is no gainsaying that at the heart of the solution to this crisis are regulations; and the implementation of the NDDG is a low hanging fruit for the much-needed solution.

In dealing with the crisis, we can take a leaf off the book used by Lagos state in handling the Ebola crisis that thankfully never was. Beyond the pragmatic actions taken, we should let our hearts, not our greed, guide our heads in strategically approaching and providing solutions for the long

term in dealing with this.

Our drive to find solutions should be seen as societal preservation efforts rather than just solutions for a present menace. We must realise that we are in a battle for the soul of the next generation.

Concerted efforts are required from all the players and stakeholders in this which include civil society, religious and traditional institutions. The long road ahead can be shortened by quickly declaring it a national crisis that threatens the very existence of what we have left as a society.

As long as you are a Nigerian, this is your war.

For further information, questions and clarifications, please contact:



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