

OECD FORUM 2005

FUELLING THE FUTURE: Security, Stability, Development

Combating Counterfeiting

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Just over a month ago, here in Paris, I shared the platform at the 2nd Global Forum on Pharmaceutical anti-Counterfeiting with Dora Akunyili - a remarkable woman by any standards. Dora is leading the fight against counterfeiting in Nigeria.

Dora said, simply and repeatedly, "The crooks were infiltrating our supply chain, so we did this, or we did that"

I just love it when people say, "There was a problem, so we did something". Such small words that invariably hide a massive commitment and, in her case, personal danger – Dora has suffered assassination attempts in the fight against pharmaceutical counterfeiters – and she has good reason, her own sister was a victim.

I have great respect for "do-ers". We should leave this place committed to "doing" something. My only fear is that, now that such bravery has "done it" in West Africa, the crooks - as Dora rightly calls them - will look for less well-developed countries to poison with their trade – Britain for example.

Patients, fed up with the assurances of under-resourced regulators, sick of sometimes complacent manufacturers, and vehemently angry with erstwhile market traders who take advantage of the vagaries of free trade regulation, are doing something.

I'll talk about stigma, how it can be by-passed, and how the crooks take advantage of that.

Pop quiz... How many of you have received or seen emails offering to sell you Viagra online? Right, how many of you haven't?

That question is frequently accompanied by the nervous laughter we just heard, because of the implication of buying that kind of product online. And thus is stigma born.

Criminals involved in moving their counterfeit wares into the legitimate supply chain have a great interest in stigma - it is one of the key drivers of their business. They can't exactly set up shop on the street corner, so they look to weak points in the supply chain – places where, anonymously, they can get sub-standard, fake, or even killer medicines, into the hands of unsuspecting patients. In Europe, the bizarre yet legal business known as parallel trade provides one such weak point. Globally, the good old World Wide Web provides another, much easier route to market.

To date, British parallel traders engaged in that totally legitimate supply - however bizarre that may appear, have been adamant that counterfeit product is not finding its way to the U.K. Well, logic dictates that it is going somewhere. 70% of parallel-traded medicines in the E.U. are bound for the U.K. Britain and the U.S.A. are the two biggest markets

worldwide so ask yourself this, if you had a ton of hooky viagra, where would you send it? Imagine a caravan of medicines wending its way through the various European countries - each with its own regulatory framework. Loading and unloading according to supply and demand, based solely on price variations, making a quick Euro here and there. Sort of like a modern-day spice route.

Let's forget for a moment that we are talking about powerful medicines. Imagine what you would say if, for example, someone over-labelled baby food and tried to sell it on with the use-by date obscured. Or with the nutritional information printed in a language you couldn't read. Or if the seal had been tampered with. Not only would you not accept these things with baby food - you probably wouldn't accept them with cat food.

So why with medicines? (Because, every day, consumers - and that's us, folks - happily accept medicines that have had all these things and worse done to them). I have held in my own hands, examples of medicines with all of these faults. I am not saying that parallel traders are knowingly involved in counterfeits entering the supply chain - after all, that's the whole point - how would they know. What they must wake up and admit, is that their business environment creates the potential for counterfeits to enter the supply chain on a massive scale.

And let's not lose sight of who the victim is. How does the self-medicating patient know whether there is enough active ingredient or too little. Or if there's any at all? Without a secure supply chain, how do we know what we are taking and, if we've self-medicated, who do we turn to when dire side effects kick in or when the medicine doesn't work? Who does a person managing their epilepsy turn to when, because they are unwittingly taking a fake, they have a seizure at work, and lose their job, their driving licence, or worse? They are in a very lonely place.

Indirectly, stigma costs the taxpayer millions. Through lost work days, inappropriate G.P. visits and diagnoses, and the drug bill associated with them, and through Benefits payments. And this is where patient groups need to get active. We're trusted. We produce impartial information, based on all available sources. We have a duty of Care.

When I was Chief-Executive of Depression Alliance, I was sure that our information provision was impartial, accurate and above all, secure. I was wrong. We drove our information via the internet - the most cost-effective way possible. In one year, with effective marketing, we drove visits to our site from 6,500 a week to over 35,000 a week.

Those people still visit that site because they want to know about depression. And remember, although Depression Alliance is not their G.P., they've come to it, anonymously, for information. The web page dealing with antidepressants is the most accessed one - by a mile. Why do you suppose that is?

Because it tells the reader everything they need to know about available medication. Before they visit the G.P. Before they risk stigma and discrimination. It's an easy progression from there to Google. I mean, they're ALREADY on line! Of course the charity repeatedly warns against self-prescribing. But what if they never even reached the Depression Alliance website? Depression affects concentration, attention span, reactions. Typing errors are extremely common. Guess what...

Some time ago, Depression Alliance got an email from a concerned G.P. He alerted the charity to what happened when he mis-typed the web URL. We tried it. We couldn't believe it. Welcome to www.depresionalliance.org Just one missing "s"

The mis-spelt URL used to take you to prescriptions.org. - an online pharmacy. When I checked yesterday, it took me to Americanpharmacy.com - which, perversely, is probably not in America at all!. Anyway, at these sites, you can buy a whole range of prescription medicines and, if you don't have a prescription, you can get one of those too. You can pay with any of a number of credit cards and your purchases will arrive by FedEx delivery. Helpfully, there are great discounts for bulk purchases. Can you imagine that? Bulk discounts on medicines toxic in overdose, for people affected by an illness that is a factor in six out of ten completed suicides. What a deal!

And it works! No consultation. No diagnosis. No prescription. No pharmacist. No medical record. No stigma. We decided to test for ourselves just what could be bought without prescription. As we work in mental health, we started with anti-depressants. That was easy - enough amitriptylline to kill an adult eight times over, no questions asked. No stigma.

We bought that drug because it is toxic in overdose - unlike the more modern anti depressants. And the "online consultation"? Well, we tried really hard not to be allowed to buy the drug. We said that we had self-harmed and repeatedly attempted suicide. Still the order - for this toxic-in-overdose drug, was approved. These people are NOT legitimate suppliers of medicines - they are criminals. What does that says about the probable quality of their wares?

The media didn't seem to think that ready access to prescription drugs - and quite possibly counterfeit ones at that - using daddy's credit card was much of a patient safety story. Obviously, patients with an illness that is a factor in 6 out of every 10 suicides having prescription-free access to drugs that kill in overdose wasn't big news. So we decided to see just what we could buy online.

How about methadone? Well, we found 9730 sites relating to the purchase of methadone, probably two thirds of which offered the drug itself for sale. And where did we find it?...

We simply used the search engine most teenage kids use. We used MSN Search. Here, using the default search tool of the internet generation, the one packaged with the P.C.s millions of us buy our kids, we found readily available methadone. And ketamine. And rohipnol. And just about any other controlled drug you could think of.

I can't tell you how easy it was... No prescription? - not a problem. They're freely available in the "members area" (of course the three day trial membership is free as well). We decided against buying a heroin substitute online but, please, don't anyone tell me it can't be done. Or that seemingly reputable online pharmacies aren't in it up to their neck. Don't anyone tell me that Mastercard won't process my payment for my heroin substitute. Don't anyone tell me that Fed-Ex won't deliver it. They will, and they should be ashamed of themselves. And I don't care if there's no obligation on them to refuse the business. There's a duty of care, and it's high time they fulfilled it.

And please, don't anyone tell me that a significant proportion of these medicines are not completely fake, with the proceeds of their sale being used to fund international criminal

activity, including terrorism. I can introduce you to people who will show you, graphically, those links.

This stuff makes me really angry. I'm angry with the bureaucrats, who sit on their hands and let it happen - or worse, who introduce legislation and policies to encourage it. If you're listening, wake up and act before some clown puts sarin in our insulin.

I'm angry with manufacturers, who would have us believe that there isn't a problem rather than face up to the increased costs associated with combating it. If you're listening, you need to talk to us while we're still prepared to talk to you. The technology is there, use it. And don't just settle for RFID; we eat the medicines, not the packaging.

And I'm livid with the parallel traders who tell me - parrot fashion - that they are respectable businesses and that there is no way counterfeits can enter the supply chain through them. Stop talking drivel, it's annoying and no-one believes you anyway

And don't even get me started on the politicians.

You're all messing with our health and safety, you're all culpable, and we are not happy about it.

So what are we patient organisations doing? Because we're all patients - and it's up to us to do something about this.

We are going to find out the true patient experience, around Europe. We're going to identify counterfeit hotspots and we're going to mount strategic patient awareness campaigns in those areas - through consumers who, trust me, will NOT sit idly by and watch their safety put at risk. We'll produce OUR map of European hotspots and we'll monitor the effectiveness of anti-counterfeiting measures and re-draw the map on an ongoing basis. If patients in your countries are not yet involved, trust me, they will be.

We'll turn the counterfeiters' weapons against them. Using a consistent campaigning web-template, we'll build national online campaigns. We'll collate and publish patient experiences, we'll build a library of case studies, and we'll use an army of national champions to spread the word and agitate for changes in legislation and regulation. I'm recruiting those champions and patient groups right now.

There is no shortage of people angry that their safety is being compromised and eager to join the fight for safe medicines. The organisation hosting this event is all about collaboration. Well, in the interests of our own safety, we are collaborating for all we're worth.

In short, in Europe, in the 21st century, patients are taking their safety into their own control. If you're a patient representative, jump on board. If you're a politician, you'd best decide your position - because we're coming to find it out. If you're a parallel trader, now might be a good time to either talk to us about patient safety, or consider a career change. If you are a manufacturer, then you need to be on board - and yes, that does mean spending some serious money - both on protecting your brands, and on empowering your consumers - we'll fight this battle WITH you, not FOR you.

Anyway, enough of why this matters on a pan-European and global level. In conclusion, I'd like to re-focus on what really matters.

Anyone who's heard me talk on this subject before knows all about Liam Bracknell, and every single time I speak on this topic, you will hear his story again. Until we win.

Liam was a 24 yr old musician and maths graduate, who also happened to have schizophrenia. Faced with the prospect of treatment in today's British NHS, he exercised what our Government likes to call patient choice.

Liam chose to treat himself.

He bought his medicines of choice online, from sites just like the ones I've spoken about,... At one point, he was receiving 300 anti-depressant tablets through the post... every single day.

That can't be right and, if you take nothing else away from what I've said, I beg 'you to leave here having resolved to do something about it. To be a "do-er". Just like Dora Akunyili.

I never got the chance to meet Liam Bracknell but, from the moment I heard about his experience, I suppose you could say that he's accompanied me to work every day.

You see,

Liam's Not Here Today

And that's why it's a patient safety issue

Liam deserved a decent health service

Liam deserved effective regulation of powerful medicines

Liam deserved our support

Liam tried 23 different prescription drugs before he died, alone, outside of the system.
Just this once, I wish they'd all been counterfeit