

Over the counter sale of prescription only medication in Abu Dhabi, UAE: Law enforcement or health ethics?

David Achanfuo Yeboah

Tracey Maree Yeboah

Professor of Epidemiology

C/o Abu Dhabi University

Abu Dhabi University

E-mail: david.yeboah@adu.ac.ae

Abstract

Aims: Ethics is the heart of health care (Seedhouse, 2003), and there is an expectation that health care providers and other professionals will adopt a degree of ethics in their professional duties and practice. The aim of the study is to investigate the over the counter sale of prescription medicines in Abu Dhabi, UAE.

Study design: The methodology involves a triangulation approach including the survey of selected health professionals and patients and the participant observation methodology covering the direct observation of selling and buying of medication in pharmacies.

Results: The results indicate that the problem is endemic in the Emirates and that, while the health authorities assert that it is a law enforcement issue, other respondents agree that there is an inherent and underlying element of professional ethics for Pharmacists. Others even think it is a cultural issue. The study concludes that the practice has both ethical and legal dimensions.

Conclusion: The study concludes further that the practice is endemic and that, on the basis of the reasons given by buyers and sellers of medications, a comprehensive approach may be necessary to identify strategies to alleviate the situation.

Keywords: Over the counter sale Medicines Abu Dhabi

Over the counter sale of prescription only medication in Abu Dhabi, UAE: Law enforcement or health ethics?

Introduction

Ethics is the heart of health (Seedhouse, 2003), and there is an expectation that health care providers and other professionals will adopt a degree of ethics in the professional duties and practice. Throughout the United Arab Emirates (UAE), stories of unethical health care practices continue to be heard and read in the local newspapers unabated. From Abu Dhabi to Ras Al Khaimah, Dubai to Fujairah, stories of unethical health practices continue to make the newspaper rounds regularly (see, for example, Gulf News, 2011a, page 2; and Gulf News, 2011b, page 3). This article focuses on one

essential issue - over the counter sale of prescription only medication in the Emirate of Abu Dhabi.

The great diversity of population in Abu Dhabi (Yeboah, 2007) and the associated variety of cultures mean that providing health services which are linguistically and culturally appropriate for all the residents is impossible. This situation is exacerbated by the fact that what is ethically and culturally appropriate for one group of residents (e.g. Moslems) may not be appropriate or ethical to others (e.g. non Moslems). This is by and large due to the prevalence of numerous and varied norms, values, beliefs and perceptions about health for the various populations and cultures. However, the apparent dangers of selling prescription medicines without the appropriate prescription have created the situation where people from all cultures converge in their belief and thoughts that the practice must be stopped. Pharmacists are not Doctors and what they are doing is not providing professional care, and patient safety and patient care are compromised. At best, when they diagnose, prescribe and dispense, they are only addressing the symptoms of the medical condition. The actual condition remains unattended to, placing patients at risk. For example, “a person experiencing a burning sensation and pain in his chest could have oesophageal reflux or a more serious heart related condition. When a pharmacists give a painkiller, the person is being treated for the symptom not the condition” (Xpress paper, 2013: 3). The dangers of selling and buying prescription medicines without an appropriate prescription presuppose a need to investigate the problem.

The purpose of this study is, therefore, to investigate the sale of prescription only medicines without the necessary prescription in Abu Dhabi, establish the extent of the

problems, the reasons why the practice prevails and discern if it is a law enforcement or health ethics issue. This is the rationale behind this study. The point must also be made that the lack of published research literature on health in the UAE, especially ethics in health care delivery, adds to the significance of this article.

Literature review

Not much exists on ethics and health care in particular and population and health generally, in the published research literature on the UAE. No study of the over the counter sale of prescription required medicines has been undertaken in the entire Gulf Region. The following provide an indication of the studies available in the literature. Raven (2002) discussed the intersection of healthcare organizational ethics, pointing out that healthcare providers are business organizations with ethical issues. This study relates to the current study because it alludes to the fact that pharmacies are business entities which operate with their organizational ethics by selling medicines without prescription. Gulf News (2011c) discussed ethical issues surrounding Doctors being remunerated by commission instead of salary, while Gulf News (2011b) reported warnings from health professionals regarding the sale of prescription medication over the counter. This newspaper article provided further rationale for the present study to be undertaken. It drew attention to the issue without identifying the extent of the practice and its attributes. The point of departure and core contribution of the present study is to establish the extent of the problem and the reasons given for the practice. While not directly related to the topic, the following articles provide further insights into health care research generally in the UAE. National Newspaper (2011:1) pointed out the growing problems with waiting lists for various health procedures in the UAE while

86 Yeboah (2007) examined population growth and the demand and provision of health
87 services in the UAE up to 2006. He found that population growth was accompanied by
88 new medical centers and increased number of public and private health services.
89 Yeboah (2005) compared reproductive health in the Gulf with the Caribbean, noting the
90 vast improvements in maternal and child health in the UAE and GCC over the decades.
91 Okaida (2003) examined mental health in the Arab world while Zufur (2003) focused on
92 women empowerment in the Arab world. Burn et al. (1993) investigated variables
93 affecting health in the UAE, focusing on primary health care. They examined the 1986-
94 1991 health strategy and concluded that health care had improved in the UAE. In
95 addition, Matthew (2001) studied obesity in the UAE, indicating that there was a need to
96 target obesity in the UAE. He concluded that obesity has a far greater impact in the
97 UAE than acknowledged. UAE Ministry of Health (2001) presented professional code of
98 conduct for health professionals, defining clearly what ethical practices were expected
99 from medical practitioners and other health professionals. Ethical issues in health care
100 have not received any attention in the published research literature on the UAE.

101 **Methodologies and data sources**

102 A triangulation approach was adopted for the study methodologies. This allowed for
103 diverse analysis of data from at least 2 or more methodologies to be used in the
104 investigation (see Patten, 1990; Yeboah, 2010). About 90 pharmaceutical outlets were
105 initially selected randomly for the study. However, 17 refused to participate in the study,
106 resulting in a response rate of approximately 77.2%. Survey and participant
107 observation data were obtained on the 73 pharmaceutical outlets or chemists which
108 agreed to participate. It was impossible to randomly select patients who were buying

prescription medicines without the necessary or required prescription, as no sampling frame could be created for customers or patients who buy prescription medicines over the counter. A convenient but systematic sampling approach was adopted, involving the selection for inclusion of every 3rd patient who bought medicines without the necessary prescription. 131 patients in various outlets were interviewed as they agreed to participate.

A predesigned questionnaire was used to interview both patients and pharmaceutical outlets to identify the underlying reasons for the practice and how the practice could be stopped. Participant observation methodology was used to establish the extent of the practice through the direct observation of the practice in the selected outlets. The main sources of data were, therefore, the survey responses and the observation of the practice in the selected outlets. The selected pharmaceutical outlets were visited at different times, the incidence and prevalence of selling and buying prescription required medication without prescription were observed and recorded.

The survey data was scientifically analysed including the use of descriptive statistics to show the demographic and related characteristics of the study subjects and their responses to the survey questions.

Thus, survey and participant observation data constitute the main data sources for the study.

Results

Participant observation data showed that over the counter sale of prescription required medications was very endemic in the Emirate of Abu Dhabi. All the

pharmaceutical outlets observed in the study actually sold medicines without the required prescription. The practice was not restricted to any specific areas within the Emirate. The practice was rife in all areas including the Western Region (Liwa), Eastern Region (Al Ain) and Abu Dhabi City. Evidence from participant observation methodology showed further that all kinds of powerful medication were sold without prescription. Pharmacists were observed selling medicines such as Daonil, Loric 100, Ex-Forge, Concor, Augmentin etc. without prescriptions. In addition, participation observation revealed that the perpetrators of the practice were from various nationalities, gender and age groups.

Table 1 shows the geographical distribution of pharmaceutical outlets by geographical region in the Emirate of Abu Dhabi. Consistent with the geographical distribution of pharmaceutical outlets in the Emirate of Abu Dhabi, about 78.1% of the selected pharmaceutical outlets were in Abu Dhabi city, followed by Al Ain, 20.5%.

Table 1 Geographical distribution of selected pharmaceutical outlets, Abu Dhabi, 2013

Locality/Region	Number of Outlets	% of total
Abu Dhabi City	57	78.1
Al Ain District	15	20.5
Western Region	1	1.4

Total	73	100
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145 Source: Survey data

146 **Age – gender distribution** of customers

147 The study found that almost 65% of the customers interviewed were males compared
148 with about 35% females. The age distribution of respondents was skewed towards the
149 middle age groups, with the 25 -44 years age group recording the highest percentage of
150 42. The respondents aged 65 years and over constituted the 2nd largest aged group and
151 the age group which was least represented in the sample of respondents was <15 years
152 (table 2).

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155 Table 2. Age distribution of customers buying medication without prescription, Abu
156 Dhabi, 2013

Age Group in Years	Number	%
<15	11	8.4
15-24	15	11.5

25-44	55	42.0
45-64	22	16.8
65 and over	28	21.4
Total	131	100.1

157 Source: Survey data

158 Respondents were asked a number of questions directly related to the practice of
159 buying prescription required medication without prescription and their responses are
160 presented in table 3.

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163 Table 3 Customers/Buyers responses to key questions, [Abu Dhabi, 2013](#)

Question asked	Yes	%	No	%
Do you buy prescription medicines regularly without prescription?	126	96.2	5	3.8
Has any outlet ever refused to sell you	1	0.8	130	99.2

prescription medicines without prescription?				
Has any pharmacist ever told you of the dangers involved in buying medicines without prescription?	0	0.0	131	100.0
Do you know that it is unlawful to buy those medicines without prescription?	51	38.9	80	61.1
Are you aware or know that these medicines can do serious harm to you?	21	16.0	110	84.0
Will you buy medicines without prescription again?	131	100.0	0	0.00

164 Source: Survey data

165 **Table 4** Pharmacies/Sellers responses to key questions, [Abu Dhabi, 2013](#)

Question asked	Yes	%	No	%
Do you sell prescription medicines regularly without prescription?	73	100	0	0.0
Has your outlet ever refused to sell	11	15.1	62	84.9

prescription medicines without prescription?				
Have you ever advised buyers of the dangers involved?	5	6.8	68	93.2
Do you know that it is unlawful to sell those medicines without prescription?	73	100	0	0.0
Are you aware or know that these medicines can do serious harm to buyers?	69	94.5	4	5.5
Will you sell medicines without prescription again?	73	100.0	0	0.00

166 Source: Survey data

167 **Tables 5 and 6** identify the main reasons given by pharmacists and buyers respectively
168 for selling and buying medicines without prescription. Two reasons stand out for
169 pharmacists, namely “everybody is doing it” and “the next pharmacy will sell if I don’t”.

170 **Table 5. Main reasons given by pharmacists for selling medicines without prescription,**
171 **Abu Dhabi, 2013**

Reason	Number of Respondents	%

Everybody is doing it	73	100.0
Next pharmacy will sell if I don't	73	100.0
Customer satisfaction	68	93.2
Make more sales	29	39.7
Customers ask for it	70	95.9
Easy to sell without prescription	57	50.7

172 Source: Survey data

173 Table 6 shows that the overwhelming reason given by buyers is “easy to get what you
 174 want” (100), followed by “pharmacists don’t mind” (96.9%), “all my friends are doing it”
 175 (70.2%) and “I have not had any harm or problem” (63.4%).

176 Table 6. Main reasons given by buyers for buying medicines without prescription, Abu
 177 Dhabi, 2013

Reason	Number of respondents	%
Pharmacists don't mind	127	96.9

All my friends are doing it	92	70.2
Easy to get what you want	131	100.0
No harm to my body so far	83	53.4
You save money by not going to the Doctor	18	13.7
You save time	59	45.0

178 Source: Survey Data

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181 Discussion

182 That prescription required medications are sold without accompanying prescription
183 forms is not in question (Yeboah, 2013). The practice is endemic in the Emirate of Abu
184 Dhabi as confirmed by evidence from this study. All the pharmacists surveyed in this
185 study `were observed to beselling prescription only medicines without prescriptions.

186 The extent of the problem is gauged from the fact that children under 15 years of age
187 were seen buying prescription only medicines without prescription. Another notable
188 finding was that all nationalities were involved in the practice and that has implications
189 for strategies to address the issue. There are about 248 nationalities in the world and

212 nationalities are represented in the Emirate of Abu Dhabi. This presupposes that any attempts to eradicate the practice must transcend cultural and linguistic boundaries. Evidence from participant observation data revealed that powerful medicines such as Daonil, Metformin, Ex-Forge of varying strengths, Concor (5mg and 10 mg), Loric of various strengths and antibiotics were purchased over the counter. All kinds of medicines can be purchased over the counter, except controlled medicines which require special prescription forms. Even so, as indicated later in the discussion section, some pharmacists have been caught and prosecuted for selling controlled medicines without the appropriate prescription form.

In the Emirate of Abu Dhabi, the existing legislation prohibits the sale of prescription required medications without an appropriate prescription form duly completed by a qualified and registered medical practitioner. Some medicines are classified by law as “Controlled medicines” and must be dispensed only on receipt of duly completed controlled medicines prescription form. Only specialist medical practitioners, certified to practice in specialist fields of medicine, are allowed to complete these forms and only for controlled medicines in their areas of specialization.

So the question everybody is asking is why is the practice of selling medicines without prescription so rife albeit there is legislation against doing so? The answers are clearly indicated in tables 4 and 5. The survey results show that all the 73 pharmacies in the study provided 2 paramount reasons why the practice was endemic, namely everybody is doing it and next pharmacy will sell if I don't. It is needless to say that no individual pharmacy is likely to stop the practice unless it can see clearly that other outlets have also stopped. From the buyers' point of view, “easy to get what you want” and

“pharmacists don’t mind” were the main reasons given. The combination of the buyers and sellers reasons for adopting the practice exacerbate a complex situation of easy access to medicines and the potential dangers of taking medicines without medical supervision. It is also clear that only a very comprehensive approach, involving a number of evidence based strategies, can achieve any success in eradicating the problem. This is beyond the scope of this study as the primary objective of this study is to establish the nature and extent of the practice and the reasons why the practice is so prevalent.

Another pertinent question which emerged during the investigation was whether the practice was an issue for health ethics or law enforcement. The position of the government health provider was that it was a law enforcement issue. According to Health Authority Abu Dhabi (HAAD), existing legislation requires prescription medicines to be dispensed only when a prescription is presented. While the Police, as the main law enforcement agency, do not oppose this position, it is abundantly clear that the Police cannot be observing all pharmacists all the time.

Based on the available evidence from the study, the standpoint taken in this study is that the practice of buying and selling medicines without prescription has legal and ethical dimensions. First, it is a legal or law enforcement issue because there is an appropriate legislation on the matter. The legislation has to be enforced, but the Police cannot be at every pharmacy all the time. Police resources cannot do this in all countries and the Emirate of Abu Dhabi is no exception. This study covers numerous visits to 73 pharmacies and, on no occasion, was a Police Officer present.

This study suggests a systematic but random and regular unannounced Police visits to pharmaceutical outlets to monitor sale of medicines. There is some evidence that the Police are acting on the matter, especially in relation to controlled medicines. A case in point is when a pharmacist and her assistant were arrested, prosecuted and jailed for selling controlled medicine without the controlled medicines prescription form (Gulf News, 2013a). This was the result of a tip off from the public that the pharmacy was selling controlled medicines without the completed “controlled medicine prescription form”. However, there has been no tip off in relation to the widespread selling and buying of other prescription medicines without prescription. Perhaps, it is because everybody is doing it, with implications for what needs to be done. A related interesting finding was that all the pharmacies were aware of the legislation (table 4), but continued to breach the law. Law enforcement is “sine qua non” if the practice is to be stopped.

Secondly, the practice of selling and buying medicines without prescription is a health ethics issue at 2 levels. First, pharmacists have an ethical obligation to sell prescription required medicines only when prescriptions are presented. The pharmaceutical Code of Ethics requires pharmacists to exhibit ethical practices in various ways including abiding with existing laws and ensuring the health and safety of their clients and patients. The practice of selling and buying prescription medications without prescription is unethical mainly because it is not in line with the Code of Ethics and it compromises patients’ health and safety. At the second level, the health authorities have code of ethics for all the major professions in the health industry (see, for example, UAE Ministry of Health 2001). HAAD and the Ministry of Health must enforce their ethical codes to ensure proper health care and the elimination of the unethical practice of pharmacies putting

profits before care through over the counter sale of various medications. Pharmacies, like other health care providers in the Emirate, are business entities with a primary objective to be competitive and profit making. The intersection of business ethics with health ethics in the UAE has been noted by Raven (2002), and the ethical practices of pharmacies may not necessarily converge with health ethics as enshrined in the pharmaceutical code of ethics and the professional code of ethics presented by health authorities. However, with huge potential for illness, injury and fatality, the over the counter sale of prescription medication poses a major risk and every effort must be made to stop the practice.

Age made a marginal but statistically significant effect on the reasons given by buyers of prescription medicines without prescription (beta- .112, sig=000). In addition, age explained about 21% of the variance in the responses. In the stepwise regression, age made only a marginal contribution of 14% when it was introduced or added to the model equation. Gender explained 71.3% of the variance in the reasons given by buyers for purchasing medicines over the counter. The stepwise regression results showed that the marginal effect of gender on why customers buy medicines over the counter was strong, evidenced in the R^2 change of 44.6% when gender was introduced or added to the model equation. Gender was a good predictor of over the counter purchase of medicines, making the largest unique statistically significant contribution of .479 (sig= .000) to the prediction. The contribution of education was stronger than age but weaker than gender (beta, .313, sig= .001). The R^2 change when education was added to the model equation was 23.7% while education explained about 39% of the

variance in the responses. The effects of employment was statistically insignificant (beta .189, sig= .013).

The bivariate relationship between gender and the key reasons given for purchasing medication without prescription was strong. For example, a statistically significant χ^2 of 15.133 (sig= .000) was obtained for gender and pharmacists don't mind, and χ^2 of 11.103 (sig= .000) for gender and all my friends are doing it. Age, education and employment recorded lower χ^2 than gender, but employment was not significant. For the reason pharmacists don't mind, the χ^2 was 1.002, sig =.001 for age, 3.321. sig= .000 for education and 4.124, sig= .023 for employment. Thus, in terms of the buyers, gender was a very strong predictor of the reasons for buying medicines without prescription.

Gender explained 49.6% of the variance in the responses of the pharmacists to the key questions and this was statistically significant at .001. The R^2 change was 39.1% when gender was added to the regression model. This means further that gender had a marginal effect of 39.1% on the responses. In addition, gender made the largest unique statistically significant contribution of -.543 (sig= .000) to the prediction of the reasons given by pharmacists for selling medicines without prescription, compared with age (beta- .053, sig= .001), education (beta, .123, sig= .000) and employment (beta .221, sig= .213). With a χ^2 of 22.110 (sig=.000), there was a relationship between gender and pharmacists' responses that the next pharmacy would sell, for example. For the same reason, the χ^2 for age was 2.116, sig- .001, education 4.610 sig=0.00, and employment 1.213 sig=.117. Beta values have been used instead of the usual B values because the beta values are standardized, converting the values of the different variables to the same scale.

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305 The main limitation is that the present study could not be placed within the context of
306 the existing literature on the topic because no study of its kind exists anywhere. The
307 absence of published scientific literature on the subject matter necessitated the use of
308 many newspaper reports. Another limitation relates to the lack of a sampling frame for
309 buyers of medicines over the counter. In practice, it is not possible to develop any
310 sampling frame for this group of the population as they cannot be identified in advance.
311 The adoption of systematic sampling procedures is scientific statistically and
312 epidemiology, and adds credence to the study findings.

313 Conclusion

314 The study concludes that the practice of selling prescription required medication without
315 prescription is endemic in the Emirate of Abu Dhabi. The study concludes further that it
316 has become acceptable to both pharmacies and their customers to indulge in the
317 practice with impunity, and with no due regard for the law and basic ethics. On the
318 important question of whether it is a law enforcement or health ethics issue, the
319 conclusion reached in this study is that the practice has legal and ethical dimensions.

320 Given the endemic nature of the practice and the diverse reasons given by sellers and
321 buyers for the practice, this study concludes further that a comprehensive approach is
322 needed to address the problem. The standpoint taken in the study is that this
323 comprehensive approach must be evidence based. A separate study may be in order.

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