

Awareness of Custom Officers on Counterfeit Pharmaceutical Products And The Roles Of Pharmacy Enforcement Officers

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ABSTRACT

Background: Counterfeit pharmaceutical products (CPP) is a lucrative business for illegal operators who constantly try to smuggle their products into Malaysia. Full understanding of the roles and duties of pharmacy enforcement division as well as CPP by Royal Malaysian Custom (RMC) officers are pre-emptive to optimize the operation against drug smuggling.

Objective: This study is aimed to examine the awareness of RMC officers on CPP and the roles of Pharmacy Enforcement Division (PED) officers at custom ports. **Methods:** A self-administered structured questionnaire was developed based on the review of relevant Acts and Guidelines. The questionnaire was reviewed by 4 key officers and pre-tested. Stratified purposeful sampling was adopted to recruit RMC officers who worked at 16 custom ports in Sarawak where PED officers were stationed. Ethics approval and permission to collect data were obtained prior to data collection. **Results:** A total of 110 RMC respondents (48.9% response rate) were sampled. As a whole, the mean scores of awareness level towards CPP and the roles of PED officers are satisfactory at 4.12 (\pm SD 0.967) and 4.21 (\pm SD 0.785) respectively. RMC officers who have worked for more than 10 years are significantly having greater awareness towards

CPP as compared to those who have worked for 10 years or less. **Conclusion:** This study reveals that the awareness of RMC officers towards CPP and the roles of PED officers are sufficient to curb the entering of CPP through the collaboration of PED officers. However, the awareness program for the RMC officers who have less experience is necessary to reinforce their understanding of CPP.

Key words: Awareness, Counterfeit Pharmaceutical Products, Pharmacy Enforcement Division, Royal Malaysian Custom Officer.

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INTRODUCTION

Counterfeiting is a thriving industry and is considered as one of the most profitable occupations in the world.¹ Consequently, the types of products being counterfeited have expanded from luxurious goods to inevitably health related products, especially pharmaceutical products.² Unlike other tangible goods, the spread and use of counterfeit pharmaceutical products (CPP) have not only violated the intellectual property rights of the proprietary drug company,³ but have also had negative impact on public health. The World Health Organization (WHO) describes CPP as a silent epidemic which can cause drug resistance and death.⁴ WHO further states that the projected rate of counterfeit medicines among the global medicines trade is as high as 10%.⁵ In fact, the problem is expected to be much more severe than what is reported if not due to difficulties in detecting the illegal trades.⁶ Hence, some nations had imposed a compulsory pharmaceutical product's security features as a measure to detect counterfeiting despite additional cost incurred to pharmaceutical companies.⁷ Although pharmaceutical counterfeiting is a perennial conundrum worldwide, Asia is reported to be the top region most frequently linked to pharmaceutical crime activities.⁸ The rampancy of pharmaceutical counterfeiting is not only due to failures to enforce the laws effectively but also the exploitation of deficiency in border control.⁸ Hence, the smuggling and illegal importation of CPP remain rife in many countries in Asia.

In Malaysia, the baseline on the prevalence of CPP was reported to be approximately 6% in 1997 and there was a slight decrement to 5% in 2005.⁹ According to the report of World Health Professions Alliance, the value of CPP confiscated was about MYR 18.4 million in 2006.⁸ In the following year, the value of seizures was recorded higher as much as MYR 35.8 million. Malaysia reported its biggest seizure in year 2010 when the custom officers seized a container from Singapore loaded with 142 boxes of CPP.¹⁰ In addition to the aforementioned, a surprising confiscation by the Ministry of Health at Port Klang in 2009 revealed a million pills of counterfeit Viagra alongside with millions of pseudoephedrine, the latter of which was the precursor to the manufacturing of hard drug Methamphetamine.⁹ These seizures have no doubt implicated the massive scale of pharmaceutical syndicates that have been undermining the existing public health system. In responding to the issues on hand, the Minister of Health urged for stricter checks on medicine imports with more rigid collaboration with the Royal Malaysian Customs (RMC) Department.¹¹ Such collaboration was strongly encouraged by WHO. Nevertheless, the awareness of relevant authorities in combating the importation and trading of CPP through education was highlighted as one of the key objectives in the Declaration of Rome.⁵

The RMC Officers are appointed under Section 4 of Customs Act 1967 (Laws of Malaysia, Act 235). Under Section 112 to Section 114 of the

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