

RESTRUCTURING OF THE PHARMACY ACT 1967: AN URGENT NEED TO COMBAT THE SPREAD OF SUBSTANDARD AND SPURIOUS DRUGS

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DOI: <https://doi.org/10.5281/zenodo.18043117>

Dear Editor,

Pharmacy councils worldwide protect public health, but in Pakistan, weak enforcement and corruption allow untrained "quack pharmacists" to operate alongside Pharm D graduates, endangering lives with only 5% qualified presence at outlets (Bashir et al., 2021; Chaudhary, 2016). This letter calls for strict implementation of reforms to safeguard communities.

Globally, the pharmacy councils in each country are empowered to regulate the practice of pharmacy, and their prime obligation is to ensure the health and safety of the public. Unfortunately, in low-and middle-income countries, these councils are not playing an effective role primarily due to ineffective enforcement of rules. The lack of political will, coupled with corruption issues, is the real hurdle in the implementation of state-of-the-art pharmacy services ("Pharmacy Council New Zealand", 2024).

The role of Pharmacy Councils in Pakistan is highly compromised, jeopardizing public health. The Drug Regulatory Authority of Pakistan (DRAP) Act 2012 defines Pharmacy services as the *'services rendered by pharmacist in pharmaceutical care, selection, posology, counseling, dispensing, use, administration, prescription monitoring, pharmacoepidemiology, therapeutic goods information and poison control, pharmacovigilance, pharmaco-economics, storage, sales, procurement, forecasting, supply chain management, distribution, drug utilization evaluation, drug utilization review, formulary based drug utilization and managing therapeutic goods at all*

levels including pharmacy clinic, medical store, hospital or medical institution ("DRAP Act 2012,")". In lieu of this definition, the pharmacist is a key individual for the provision of healthcare services, especially at community pharmacies. However, according to the Pharmacy Act, 1967, a pharmacist is a person registered under section 24 in register A or register B. Section 24 of the Pharmacy Act 1967 demands that provincial pharmacy council shall prepare or maintain registers for different categories of pharmacists ("The Pharmacy Act 1967,"). Those holding a five-year Doctor of Pharmacy (Pharm D) degree from recognized Universities are enrolled in register A, while those who hold a diploma in pharmacy or pass the examination in Pharmacy conducted by provincial pharmacy council find their place in category B ("The Pharmacy Act 1967,"). It was the height of the plight that pharmacists with 5 years degree were placed at par with diploma holders or those who just appeared in the Pharmacy council exam without any formal education or training.

It is beyond comprehension how a person without any formal education in pharmacy could be declared a pharmacist in the 21st century. There is a great deal of difference between a professionally qualified pharmacist and an assistant pharmacist or pharmacy technician. No pharmacy technician is allowed to operate a pharmacy independently in any part of the developed world. If these non-professional "quacks" who introduce themselves as pharmacists are allowed to operate a pharmacy without the supervision of a qualified pharmacist,

they may play havoc with the lives and health of the common man (Khan, 2011). In developed countries, pharmacies are required to cease operations if a registered graduate pharmacist is not available. In Pakistan, Thousands of pharmacists graduate each year from public and private universities, with no dearth of qualified persons in the country. It is a pity that pharmacists accomplishing a formal five-year university education are still being registered with their respective Provincial Pharmacy Council, along with high school equivalents who appear for selection as assistant pharmacists without any regular training (Naik, 2011).

The role of pharmacists is manifold. They are easily accessible to people for any information related to drugs and diseases without any prior appointment. Pharmacy is the profession that connects chemical sciences with health sciences. A pharmacist is a patient safety advocate who helps people make the best use of medicines. They can advise people about lifestyle management and hence can contribute to decreasing the disease burden in society. Pharmacists in the developed world also advise patients on minor ailments by providing cognitive services, like blood pressure, blood sugar monitoring, and vaccination for a variety of diseases. In fact, in many countries, they are authorized to prescribe from a list of approved minor ailments and give over-the-counter (OTC) drugs to their patients, which remains a distant dream in Pakistan (Butt, 2025a). They are frontline warrior in the fight against substandard and spurious drugs by ensuring reliable sources for drug procurement and complying with ethical practices (Butt, 2025b).

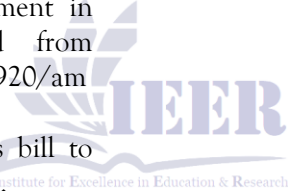
One of the major challenges facing today's healthcare system is the rational use of medicines, which could only be ascertained if a registered graduate pharmacist ensures its authenticity at a pharmacy outlet. Ensuring the presence of pharmacists is the duty of drug regulators, but weak implementation is the biggest challenge in the country. The dismal state of pharmacies in the countries is very alarming, where uneducated people are dealing with matters of medicine with impunity. According to a study, only 5% pharmacists are available at pharmacies (Bashir,

Ahmad, Jamshaid, & Zaman, 2021), and people are left at the mercy of these so-called "quack pharmacists". It's all due to the lack of implementation of law and connivance of regulators with pharmacy owners for extraneous considerations, jeopardizing public health. The Drug Court in Lahore city had given a detailed judgment and directed health authorities in Punjab province to take action against pharmacies being operated on rented credentials and ensure the availability of pharmacists without any laxity (Chaudhary, 2016). Similarly, Khyber Pakhtunkhwa province had also made stringent rules to ensure the availability of pharmacists at drug stores (Yousafzai, 2017). People at the helm of affairs must appreciate the gravity of the situation and implement the rules in letter and spirit. It's the only way to stop the proliferation of substandard and spurious drugs.

It was heartening to note that after a lapse of more than 55 years, the Pharmacy Act 1967 has been reportedly amended by a special Committee of Senate and a bill has been presented in the upper house of the Senate of Pakistan (pakistan, 2024). A bill titled The Pakistan Pharmacy Council Act 2009 was also presented in the National Assembly in the wake of the Supreme Court's direction to the provincial as well as federal government to take necessary measures to eradicate spurious and counterfeit drugs in 2006 (MNA, 2009). It could bring radical changes in the pharmacy practice landscape, helping in elimination of substandard and spurious /counterfeit drugs, but the real challenge is its enactment and implementation without further ado in true letter and spirit.

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