NAFDAC AND ITS STRUCTURAL DEFECTS IN NIGERIA, 1993-2002

Francis Paschal Nwosu, Ph.D
Department of History and International Studies,
Nnamdi Azikiwe University, Awka, Anambra State.
fp.nwosu@unizik.edu.ng

Abstract

The need to explain the administrative structures, roles and challenges of NAFDAC in the discharge of their legitimate duties of check-making fake drugs in Nigeria is what informed the writing of this article. NAFDAC was established as a respond to the resolution of the World Health Assembly organized by the World Health Organization in 1988 which insisted that countries should initiate programs for the prevention and detection of fake counterfeit drugs and pharmaceutical products and nip in the bud the dangers it posed to global health. To this end, Nigeria established a body known as the Directorate of Food and Drug Administration and Control (FDAC) under the Federal Ministry of Health which was limited in its activities by so many factors including bureaucratic bottle neck etc. The death of children in 1989 due to formulation error in a drug led to the establishment of NAFDAC through decree No 15 of the Federal Republic of Nigeria 1993, as amended through NAFDAC Act No 1 Law of the Federation of Nigeria 2004. The article also highlighted the challenges faced by the body such as corruption, conflict of interests, inadequate legislations, weak and discriminatory regulation, inadequate cooperation among government agencies, false declaration of goods and products, sophistication in clandestine drugs manufacturing, demand exceeding supply and high prices of medicine. All these are some of the challenges faced by NAFDAC in the discharge of her duties. The negative effects of fake drugs and what to be done to strengthen the activities of NAFDAC to make it more effective and efficient is suggested.

Key words: NAFDAC: Fake, NAFDAC, Health, Drug, Counterfeit

Introduction

Faking and counterfeiting and adulteration of pharmaceutical products is a global phenomenon but some countries are more affected than others, especially African countries. The problem may not be as pronounced in some countries as it is in some other countries but the fact remains that no country is free from the menace of faking and counterfeiting of pharmaceutical products. To tackle this monster of faking and counterfeiting of pharmaceutical products in Nigeria, a body was established called National Agency for Food and Drug Administration and Control (NAFDAC) in 1993. This article tries to look into the structural set up of this organization that hampered its efficiency and effectiveness from caring out its statutory duties.

There was a great deal of decadence on the social and economic system that even affected a very sensitive body/agency like NAFDAC. Promoting and sustaining public health therefore implies making conscious efforts to ensure that the society is free from preventable diseases. This is the major thrust of primary health care development and the global health policy since 1978. The importance of food and drugs to man is very obvious. Man needs food to grow and sustain life. While life goes on, the inherent dispositions of the illness, the organ of the body may not function properly. These situations of the illness provide the compelling need for drugs in other to modify the functioning of the body and restore it to normal, hence the need to establish NAFDAC to help checkmate fake, counterfeit and adulterated drugs in Nigeria.

The Establishment of NAFDAC

National Agency for Food and Drug Administration and Control (NAFDAC) is Nigeria's sole body saddled with the responsibilities of regulating and controlling the manufacture, importation, exportation, advertisement, distribution, sale and use of food, drugs, cosmetics, medical devices, chemicals and locally produced pre-packaged water. NAFDAC does all these

through effective quality assurance system, public enlightment as well as through its inspectorate organs and the enforcement of its activities.

It was established in response to the resolution of the World Health Assembly in 1988 that which insisted that in order to combat the threat that fake drugs posed to global health, countries should initiate a programme for the prevention and detection of counterfeit pharmaceutical products.

NAFDAC replaced an earlier body known as the Directorate of Food and Drugs Administration and Control (FDAC) of the Federal Ministry of Health which was limited in its activities by factors including legislations that were inadequate to discourage the production and distribution of fake drugs, Product registration was also almost non- existent, other administrative bureaucratic bottle neck etc. Consequently, between 1974, when the first drug decree was enacted, and 1994, when NAFDAC was established, no fake drugs manufacturer or importer was ever prosecuted for endangering the lives of people. There was public outrage when no culprits were indicted over the death of over 150 children in 1989 as a result of a formulation error in a drug.[4] Such problems led to the establishment of NAFDAC, which would help create a fake-drug-free environment. The intent was to ensure secure, effective, inexpensive, and high quality medicines. The problem of fake drugs was so severe that neighbouring countries such as Ghana and Sierra-Leone officially banned the sale of drugs made in Nigeria. [5]

The issue of counterfeit drugs was so severe that "drugs were hawked even in commercial buses"[6]. All these problems affected Nigeria as a whole, but NAFDAC was poised to put the problems under control.

Dora Nkem Akunyili explained that these counterfeiters terrorized everyone, not just in Nigeria but also in the whole West African region for about three decades. **"We cannot even tell the number of people who died. Most families in Nigeria**

lost or almost lost somebody to fake drugs in the past"[7]. The situation was very bad by early 2001. There was dumping of fake medicines from all over the world in Nigeria. Our local manufacturers were going out of business because the counterfeiters were killing not only people but also business. Some manufacturing enterprises actually collapsed.[8]

NAFDAC was also charged with the responsibility of formulating, regulation and compiling standard specifications for compliance by manufacturers, importers and exporters of regulated products.[9] In line with the laid down goals or aims of NAFDAC to eradicate fake drugs and other substandard regulated products in Nigeria, the agency, by Decree No15 of the Federal Republic of Nigeria, 1993, as amended through NAFDAC Act No. 1 Laws of the Federation of Nigeria 2004,

The formation of NAFDAC was inspired by a 1988 World Health Assembly resolution requesting countries to help in combating the global health threat posed by counterfeit pharmaceuticals amidst growing concerns about counterfeit and poorly-regulated drugs in Nigeria.

In December 1992, NAFDAC's first governing council was formed and inaugurated under the chairmanship of Ambassador Tanimu Saulawa. In January 1993, in support of the legislation, a legislative Decree No.15 of 1993 was enacted. On January 1, 1994 NAFDAC was officially established as a parastatal of the Federal Ministry of Health. NAFDAC replaced the earlier Federal Ministry of Health body, the Directorate of Food and Drug Administration and Control (FDAC), which had been deemed ineffective. This replacement was largely due to lack of laws concerning fake drugs during the period.

Structure: The agency was set up as a parastatal under the control of the defunct twelve- member governing council which was formally inaugurated on 31st December 1992 by the then Minister of Health, Professor Olukoye Ransome Kuti. Later, a highly experienced retired public officer and diplomat in the

person of Ambassador Tanimu Saulawa was appointed to head the agency.

The agency's Council was headed by a chairman who presided over a governing council appointed by the President on the recommendation of the Minister of Health. Other council members are, the Permanent Secretary of the Ministry of Health The Director- General of NAFDAC. Representatives of the National Institute for Pharmaceutical Research and Development (NIPRD). Representatives of Standard Organization of Nigeria (SON). The chairman of the Pharmacists Council of Nigeria (PCN). The chairman of the National Drug Law Enforcement Agency (NDLEA). A representative each of the Pharmaceutical Group and the Food and Beverages Group of the Manufactures Association of Nigeria. Three people from the general public were also represented on the council. When the council started work, its activities were oversteered through its three main Committees, namely. Financial and General Purpose Committee. Establishment and Disciplinary Committee. Technical, Research and Consultancy Committee.
Several units make up NAFDAC:

The Legal Unit: This unit is charged with the responsibility of offering legal advice on Laws arising from employee- employer relationship and is the custodian of legal documents and all agreements relating to the Agency. It is also in charge of any litigation or cases in court involving NAFDAC and any person or organization.

The Public Relations Unit: This unit is headed by the Office of the Director-General. Its main function is to inform, sensitize, enlighten and create awareness concerning the role of the Agency.

The Internal Audit Unit provides a means of measuring the effectiveness of the system of internal control and accounting and carries out special investigations.

What are Fake Drugs?

Drugs, according to World Health Organizations (WHO), is "any substance which when taken modifies one or more functions of the body of animals and man. Drugs can also be defined as a substance of plants or animal origin or mixture of substances used in diagnosis of abnormal physical state or symptoms of diseases in man and animal.'[12]

The word "fake" as defined by Oxford Learners Dictionary is to " make false appear to be genuine"[13] Dora Nkem Akunyili explained, that fake or counterfeit drugs may have no medicine content and may even be harmful and can kill people. They are drugs with no active ingredient(s), drugs with insufficient active ingredient(s), expired drugs or drugs without expiry date, or re-labeled to extend the shelf life; Clones of fast moving drugs(these are drugs with the same quantity of active ingredients as the original brands), drugs with active ingredient(s) different from what is stated on the label; Herbal preparations fraudulently mixed with orthodox medicine, drugs without full name and address of the manufacturer, and drugs not registered by NAFDAC. Sub-standard drugs may have ineffective ingredients or low dosage; they can lead to drug resistance. There are more fake expensive and or very high volume drugs than cheaper ones, as there are more money to be made,[14]

She noted that

> *Nigeria used to be ranked as one of the highest countries in the world for fake drugs –before 2001. It was estimated that 40-80% of drugs in Nigeria were fakes. The system for registration was ineffective. In 2001, 68% of drugs available in the country were unregistered!* [15]

The *WHO h*as also described fake drugs as any drug or drug product, which is not what it purports to be. Any drug or drug product, which is so coloured, coated, powdered or polished that the damage is concealed, or which is made to appear to be better or of greater therapeutic value than it really is, or which is not

labeled in the prescribed manner, or whose label or container or anything accompanying the drug bears any statement, design or device which makes a fake claim for the drug or which is false or misleading is a fake drug.

A fake drug is any drug or drug product, whose container is so made, formed or filled as to be misleading. Any drug or drug products whose label does not bear adequate directions for use and such adequate warning for use in those pathological conditions or by children where its use may be dangerous to health, or against unsafe dosage or methods or duration of use; any drug or drug product, which is not registered by NAFDAC in accordance with the provisions of the Food, Drugs and Related Products (Registration) Decree.

Counterfeit drugs: The WHO described counterfeit drugs as medicine, which is deliberately and fraudulently mislabeled with respect to identity and or source. According to WHO, counterfeiting can apply to both branded and generic products with the correct ingredients, with insufficient active ingredients or with fake packaging[16].

In 1992 the International Pharmaceutical Federation (FIP) jointly carried out a survey with the Commonwealth Pharmaceutical Association on the incidence and Control of counterfeit drugs. To be sure that all respondents based their response on the same interpretation of counterfeit medicines, they defined counterfeit medicines as

> *medicinal products which have been deliberately or fraudulently mislabeled with respect to identity and / or source. These included those products with the correct ingredients, wrong ingredients, no active ingredients or fake packaging. They included substandard products, which were correctly labeled.*[17]

The United States of America (U.S.A) Federal Food, Drug and Cosmetic Act defines a counterfeit drug as

> *a drug which, or the containers or labeling of which, without authorization, bears the trademark, trade name, or other identifying mark, imprint, or any likeness thereof, of a drug manufacturer, processor, packer, or distributor other than the person or persons who manufactured, processed, or packed it or the legitimate manufacturers.*[18]

Normally, Manufacturers use specifications laid down by official Pharmacopoeias such as British Pharmacopoeia (BP), United States Pharmacopoeias (USP) and European Pharmacopoeia (EP) for each drug that they produce. If a drug fails to meet the Pharmacopoeia specification used for its formulation, the drug is classified as substandard.

Individual countries are left to further specify what will constitute mislabeling, misbranding, faking, adulteration or substandard, within the context of the interpretations of fake and counterfeit products in their domestic Laws and Regulations. The Nigerian definition combines the provisions of two decrees, namely, The Counterfeit and Fake Drugs and Unwholesome Processed Foods (miscellaneous Provisions) Decree No. 25 of 1999 and Drugs and Related Products (Registration etc) Decree No. 15 of 1993.

(c) Adulterated Drugs: A drug or drug product is regarded as adulterated if:

a. The method used in, or the facilities or control used for its manufacture, processing, packing, or holding do not conform to or are not operated or administered in conformity with current Good Manufacturers Practice (GMP) to assure that such meet the requirements of the Food and Drugs Act as to the safety and has the identity and strength, and meet the quality and purity characteristics which it purports or is represented to possess.

b. It purports to be or is represented as a drug, the name of which is recognized in an official compendium, has its strength differing from, its quality or purity.
c. It consists in a whole or in a part any filthy, putrid or decomposed substance, or has been prepared, packaged or stored under unsanitary conditions where it may have been contaminated with filth or whereby it may have been rendered injurious to health, or bears or contains, for the purposes of colouring, any colour other than one which is prescribed, or contains any harmful or toxic substance which may render it injurious to health, or has been mixed with some other substance so as to reduce its quality or strength.

Unwholesome Food

Unwholesome processed food product is any food product which consists in whole or in part any filthy, putrid or decomposed substance or has been prepared, packaged or stored under unsanitary conditions where it may have been contaminated with filth or whereby it may have been rendered injurious to health; or is packed in a container composed in whole or in part of any injurious or deleterious substance which may render the content injurious to health..[19]

Substandard drugs

NAFDAC has identified various forms of fake, counterfeit and other unwholesome regulated products in Nigeria. These include drugs with no active ingredient(s) or drugs containing only lactose or even chalk in the tablets or olive oil in capsules. Others are drugs with insufficient active ingredients such as chloroquine tablets containing 41mg of the active ingredient instead of 200mg or 50mg of active ingredient in Ampicilin instead of 250mg. Others are drugs with active ingredient(s) that are different from what is stated on the package such as paracetamol tablets packaged and labeled as Fansidar (Sulphatoxine and Pyrimethamine Combination).[20]

Cloned drugs: There are also cloned drugs with the same quantity of active ingredients as the original drug. Cloning is hiding behind a fast moving registered product to rake up profits without the associated liabilities and it is solely driven by financial motives. Examples include panadol by GSK containing 500mg of paracetamol powder cloned by some criminals to contain the same 500mg paracetamol powder as the original. What these fraudsters fail to understand is that minimal effective blood concentration, which determines the efficacy of the drug, is not only dependent on the quality of active ingredients but also on the effects of the drugs on the recipients, as well as the formulation techniques. Fast moving cosmetics, food and drinks are also massively cloned. Others are drugs without the full name and address of the manufacturer, expired drugs or drugs without expiry dates, toxic herbal preparations mixed with orthodox medicine, and contaminated injections and injectables. Other forms of substandard/unwholesome products include syringes with poor calibrations or blunt to semi – blunt tips, contaminated and / or phylogeny syringes, needles, surgical blades, blood bags and infusion sets, non – sterile gloves, sutures and condoms, expired products and those products without expiry dates or relabeled with the intention of extending their shell life, and contaminated chemicals.[21]

Others include food and drinks contaminated with bacteria, heavy metals, trace metals, radioactive materials and banned chemicals, or those containing unapproved sweetness, colours, flavours and other ingredients or others with poor quality or internationally unacceptable packaging. There are also cosmetics containing harmful and banned or restricted chemicals like hydroquinone (more than 2%), mercuric compounds and hexachlorophene, packets and bottles of designer perfumes imported into Nigeria, and filled locally with diluted concentrates. Other such products are alcoholic drinks without stated alcohol content, regulated product not registered by NAFDAC and products marked, “for export only”.[22]

It was further observed that most Nigerian companies did not conform to requirements of Good Manufacturing Practice (G.M.P), and many imported drugs were registered without overseas factory inspection[23]

Dora Nkem Akunyili, described the sale of fake drugs in an unpredictable consumer drug market in Nigeria as a form of public health terrorism. The situation where Nigerians on prescription medications cannot rely on drugs purchased from pharmacies, and legitimate multinational drugs manufacturers is a very sad development.

These inferior drugs are expired or uncertified drugs; drugs with very little or no active ingredients; and drugs sold to the general public without contact information printed on the label[24]

Why are drugs faked?

So many factors account for why medicines are attractive for counterfeiting. Medicines are value items, and the demand for them are infinite. That is why it is attractive to fake and counterfeit them by drug manufacturers. Furthermore, the cheapness of the counterfeit ingredients used in the fake drugs production in relation to cost, definitely affects the cost of the drugs. In addition, the huge infrastructure and facilities which are not needed to be built in the case of fake drugs are favourable for the production of counterfeit drugs.

Counterfeit drugs can be produced in small cottage industries in a backyard, in a small store or room, or even under a tree shade. There is no overhead cost due to quality assurance or the need to meet Good Manufacturing Practice (G.M.P) standards, since such standards are never implemented and gross profit margins are therefore very high. The cheapness of the distribution process aids fake drug producers.

> *the market was flooded with tooth pastes without fluorides; non-iodized salt, expired processed foods with toxic chemical; bread baked with potassium bromate, a*

> *product that was banned in the early 1990s and cosmetics containing harmful chemicals etc.*[25]

Counterfeit drugs have the capacity of deceiving the public, particularly if they are counterfeited to look like the original products and if they come from a supposedly legitimate source so that the purchasers are unlikely to be suspicious. Moreover, the process by which patients get their drugs is different from that of other consumer goods, because doctors or health workers prescribe them.

Challenges of NAFDAC in Nigeria

Corruption and Conflict of interest: Corruption and conflict of interest help to encourage faking of drugs in Nigeria. Corruption is a driving force for poor regulation of drugs, foods, drinks and other medical devices, which inevitably encourage drug faking, and the inefficiency of drug personnel. Corruption and conflict of interests result in weak laws, drug counterfeiters not being arrested, prosecuted and convicted for crime.[26]

Some local producers did not pay much attention to their GMP and the quality of their products; this was partly as a result of inadequate supervision on the part of NAFDAC, as a result negative attitude to work and corruption. On the part of the importers, dumping of counterfeited product was business as usual as long as they could pay their way through the regulatory authorities. Distributors were also involved in these corrupt practices, because some of them were involved in the re-labeling of drugs and other regulated products with the intention of extending their shelf life.[27]

Inadequate Legislation: Nigeria has a multiplicity of drug control laws that become over-lapping and sometimes conflicting. Some of the laws are also old and needed to be amended to meet the demands of present day realities for effective regulation.

The promulgation of the counterfeit and fake drugs (miscellaneous provisions) Decree No. 17 of 1989 was a clear evidence that the penalty provided in the previously existing laws were not severe, and could not deter offenders. By 1989 some of the provisions of the decree were still considered not severe enough. The Decree was, therefore, consequently revised and replaced with a new decree, the Counterfeit and Fake Drugs and (Unwholesome Processed Food Decree No 25 of 1999 (miscellaneous provision), which also established the Federal and State Task Forces as the enforcement arm of NAFDAC. The Agency is still praying and waiting for the response of the National Assembly.[28]

Abuse of Judicial Process, granting of inordinate injunctions to counterfeiters, long delays of trials and other handicaps, further weaken the already weak fake drugs and unwholesome foods laws. The activities of some lawyers and the long delay of cases in courts have helped to weaken the laws.

Weak and discriminatory regulation

Drugs need to be safe, effective and of good quality in order to produce the desired effect. Ensuring these properties requires the creation of a competent national drug regulatory authority with the necessary human and other resources to control the manufacture, importation and distribution of drugs, and the checkmating of the proliferation of counterfeit drugs in the national market. According to Seun Hassan, fake drugs can be blamed on unregulated pharmaceutical companies and the business interest of unscrupulous politicians as well as on organized criminal gangs, probably linked to a wide range of related activities including corruption and narcotic smuggling.[29] *On this, Dora Akunyili explained that* discriminatory control and regulation of drugs meant for export as against those not made for international commerce is against the ethics of international trade. This practice has resulted in drugs being labeled "for exports only", not being subjected to the same strict regulations as those used internally in their countries of origin.[30]

Dora Akunyili also talked about the impunity of fakers and counterfeiters of drugs and regulated products.

> *they deposited fetish objects in my office. When all of these failed, they resorted to physical attacks and arson against NAFDAC staff and facilities. These attacks culminated in a shooting attack on my person on December 26, 2003. During this near-death encounter, bullets shattered the back windscreen of my car, pierced through my headscarf and burnt my scalp. A bus driver was killed on the spot. Three months later, between 7th and 11th March 2004, there was a synchronized burning of NAFDAC's facilities across the country. We also recorded twenty three other attacks against NAFDAC staff and the destruction of over eight cars in the last seven years.*[31]

If the condition was like this in 2004, what it was like before 2001 is better imagined than said.

Inadequate cooperation among government Agencies: The co-operation between regulatory authorities, police, customs service and the judiciary is essential for the effective control of the national drug markets and the enforcement of regulations.[32] To this end, Dora Akunyili noted that the absence of teamwork and collaboration among the various sectors of government-NAFDAC, Customs, NDLEA, SON, NPA, Shipping Lines etc-created a fertile ground for counterfeits to escape detection, arrest and sanctions. Some of the criminally minded importers take advantage of this lack of cooperation to propagate their illegal business.[33]

When such co-operation is ineffective, counterfeiting of drugs can escape detection, arrest and sanction. Enacting deterrent anti-counterfeiting legislations alone will not solve the problems, if the legislations are not enforced. [34]

False declaration of goods and products and sophistication in clandestine drugs manufacturing

False declaration by importers is a major constraint in the fight against fake drugs. Such drug importers in order to evade inspection make false declarations about the nature and contents of the products in their containers. They employ unimaginable concealment methods for their nefarious activities. In 2003, a large consignment of controlled narcotic analgesic was concealed in T- Shirts and imported from India via Murtala Mohammed International Airport, Lagos. Later on, 32 containers of various pharmaceuticals were moved to various locations within the ports to avoid detection, but were impounded by vigilant NAFDAC officials. NAFDAC inspectors have also found drugs concealed in the inner parts of containers containing textiles, candles, shoes etc.[36]

That is why Dora Akunyili lamented

> *Some fake and counterfeit product importers make false declarations about the contents of their containers. They stash drugs in the inner parts of containers and other items like cloths, motor spare parts and household items. We have made seizures of drugs concealed inside children's wears, men's cloths, singlets, shoes and DVD player cartons.*[37]

Drug counterfeiting is made possible by the increasing technology in drugs production. This is why cloning of fast moving drugs is thriving so perfectly that even the brand owners find it difficult to differentiate between the fake and the original. Dora Akunyili observed that sophistication in product faking has made it difficult for even brand owners to tell the difference between their brands and counterfeits.[38]

Demand exceeding supply and high prices of medicine.

In situations where demand for medicines exceeds supply, criminally minded people tend to profit from crime by manufacturing and distributing counterfeit medicines as a

substitute for genuine medicines. Also, consumers who use recommended medicines generate demand for such medicines, the source of which may be counterfeit.

Other factors which encourage counterfeiting include the ignorance and poor public awareness, the poor database on health related activities in the country, poor rational use of drugs by drug users (patients), illegal and deceitful advertisements, and the inadequate funding of regulatory authorities, research institutions etc. [39]

People died inexplicably after the right diagnosis and correct medication were given without being able to link the deaths to fake drugs. One of the factors that encourage drug counterfeiting in Nigeria is the general poor or total lack of, record keeping of health related activities, in the various health establishments. NAFDAC has no data on drug use from hospitals. Nigerian universities do not carry out enough research in the area of drug use and treatment failures. Due to this absence of information, it is difficult to estimate, on annual basis, the death toll from fake drugs in Nigeria.[40]

Effects of Fake Drugs

The effects of fake, counterfeit and substandard drugs cannot be over emphasized. It affects the medical, socio-cultural, political and economic growth of any nation negatively

Health Effects

Fake drugs are evil and destructive. Trade on fake drugs is the worst aspect of corruption, because it affects life directly. Money can be generated, but life cannot be recreated. Counterfeiting of medicines is one of the greatest atrocities of our time. Dora Akunyili described it as:

> *a form of terrorism against public health, as well as an act of economic sabotage. Production and marketing of fake and counterfeit drugs is likened to a mass murder because counterfeit drugs violate the right to life of*

> *innocent victims. The evil of fake drugs is worse than the combined scourge of malaria, HIV/AIDS, armed robbery and illicit drugs. This is because malaria can be avoided, armed robbers may or may not kill, cocaine and similar drugs are taken out of choice and by those that can afford them, but fake drugs are taken by all, and anybody can be victim*[41]

Fake and counterfeit drugs reduce society's population as well as confidence on the efficacies of drugs and medications.

Economic effects: Fake and counterfeit drugs business forces both local and international pharmaceuticals companies out of business, thereby creating unemployment and underutilization of the nation's manpower leading to low drive and motivations for further research on pharmaceutical products. Foreign exchange, amounting to billions of naira, is lost as a result of fake drugs annually due to lack of confidence in made-in-Nigeria drugs by other countries of the world.

Socio-cultural implication: Fake and counterfeit drugs undermine the African culture that abhors murder. Africans are their brothers' keepers and they love one another, but with fake drugs, that love is destroyed as one can unknowingly kill his own relations by using fake drugs to treat a common illness. Sale of fake drugs also destroys African value system including the value for life.

Political effect: Fake drugs destroy the political image of Nigeria and make the other countries of the world to avoid made-in-Nigerian goods and to regard every Nigerian with suspicion. The involvement of Nigerians in fake drug traffic makes foreigners to believe that any Nigerian, no matter his/her status is capable of any criminal action or act.

Religious effects: Fake counterfeit drugs caused mass murder and to engage in the manufacture, distributions and marketing of fake and counterfeit drugs is an immoral act. The two major religions in Nigeria (Christianity and Islam) abhor it. Even the traditional religion is also against it.

Conclusion

One of the problems of so many government organisations in Nigeria today is structural defects and lack of strong enabling laws. Government organisations derive its powers from the establishing laws and when the enabling laws are deficient, it becomes ineffective rendering such organization moribund. It's even made worse when inefficient people were appointed to head such organisations. That was the case of NAFDAC in 1993. The laws that established some organisations, agencies and governments establishments in Nigeria needs to be reviewed to help deal with modern realities and developments. It's also necessary that in appointing heads of government parastatals, agencies, establishments and organisations into positions the federal government should consider appointing right persons, that is, a well-qualified persons into positions they were qualified for.

Recommendations

Firstly, even though NAFDAC laboratories across the country are world class and conform to international standards, if the mafia facilitating the circulation of fake drugs is not broken, these laboratories will be of no use. Beside the use of information technology for security purposes, it can also be used as a means of communicating the problems, solutions and future of the food and drug sector.

Secondly, partnering with some or all the telecommunication giants in Nigeria by NAFDAC by sending weekly SMS through these networks to every family in Nigeria is another way to fight

fake and adulterated drugs in Nigeria. Almost every family in Nigeria has up to two phones.

Thirdly, apart from the commercials run on network televisions and radios, efforts should be made towards more grassroots, oriented media. Negative effects of killer drugs shown by TV serials or operas can be used to help enlighten the people.

Fourthly, even though, the Agency's grassroots' sensitization programmes can go a long way in educating the society on the health and socio-economic effects of fake drugs, a step further towards the eradication of fake drugs is needed. NAFDAC should partner with traditional rulers and religious leaders.

Fifthly, NAFDAC offices should be established in various local government areas and properly managed by NAFDAC staff to make its presence felt in the most interior places where more often than not, these fake drugs are locally produced and peddled.

Endnotes

1. M.C. Merck, "Official boost of fight against counterfeit drugs" Science in Africa Magazine, (April 2007), p. 10.
2. M. C. Merck, "Official boost of fight Against Counterfeit drug" p. 20.
3. Bat Roger, "Bad medicine" B.B.C. documentary on how Prof. (Mrs) Dora Akunyili, NAFDAC Director-General was tackling the problem of fake drugs in Nigeria, aired on 5-13-2003.
4, www.Nigeriafirst.org. "NAFDAC: Battle against fake drugs" (4th March, 2003,)
5. www.nafdac. nigeria Org., 'History of NAFDAC'
6. www.nafdac nigeria
7. Dora Akunyili, "Fake Drugs in Nigeria" ThisDay Newspaper, 15 November, 2001, p.5.
8. Kinsley Ejiofor, "Overlaps of NAFDAC functions with other Agencies of Government". Consumer Safety Bulletin, Abuja; Publication of NAFDAC, October-December, 2005, Vol. 4 N03, p6.

10 www.nafdac. nigeria
11. www.nafdac. nigeria
12. www.nafdac. nigeria
13. A.S. Hornby, Oxford Advanced Learner's Dictionary of Current English. [New York: Oxford University]
14. www.who.org
15. Dora, Akunyili, "The role of Ethics, values and good leadership in bringing about positive change-my NAFDAC Experience" A presentation by Prof. Dora Akunyili, the Director-General of the National Agency for Food and Drug Administration and Control (NAFDAC) Nigeria at Central Eastern Europe convention held on 21st September, 2007, in Sorrento, NAPLES, ITALY.
16. www.who.org Op.Cit
17. www.nafdac. nigeria
18. www.nafdac. nigeria
19. Dora, Akunyili, Civil Servant, 55 years, Interviewed at Abuja, April 23, 2009.

20. Dora, Akunyili, Civil Servant----------
21. Dora, Akunyili, "The role of ethics, Values and good leadership in bringing about positive change – My NAFDAC experience" Op.Cit.
22. Dora, Akunyili, Civil Servant, 55 years, Interview held at Abuja, April 23, 2009.
23. www.who.org
24. www.who.org
25. www.who.org
26. Mercy Nwankwo, Civil Servant, Pharmacist, 45 years interviewed at Nnewi May 10, 2009.
27 Mercy Nwankwo, Civil Servant----------
28 Dora, Akunyili. Civil Servant, 55 years, ----------
29. Seun Hassan, Pharmacist, 35 years, interview held at Abuja April 20, 2009.
30. www.nafdac. Org.
31. Dora, Akunyili, Civil Servant, 55 years.
32. Dora, Akunyili, Civil Servant, 55 years
33. Dora, Akunyili, Civil Servant, 55 years
34. Dora, Akunyili, Civil Servant, 55 years
35. George Uzo-Achike, Lawyer 45 years, Interview held at Onitsha, May 9th 2009.
36. Dora, Akunyili. Civil Servant, 55 years
37. Dora, Akunyili. Civil Servant, 55 years
38. Dora, Akunyili. Civil Servant, 55 years
39. Dora, Akunyili. Civil Servant, 55 years
40. Dora, Akunyili. Civil Servant, 55 years