

The Practising Estate Doctors Association Limited
c/o Room 502 Edward Mansion 141 Prince Edward Road, Kowloon
Fax 23515325 Tel. 23817322

25 September 1999

The Hon. Mr. Michael Ho,
Chairman,
Panel on Health Services,
Legislative Council,
Hong Kong SAR.

Dear Sir,

Re: Monitoring of sale of drugs

The Practising Estate Doctors' Association has been informed that a discussion of the above issue will take place on the 28 September 1999 in the Legislative Council. Practising Estate Doctors are all primary care doctors working in public estates serving citizens of Hong Kong and deal with prescription drugs everyday of our practice. We would like to share our views of the problem with honourable members of the panel.

The problem of control of prescription drugs in Hong Kong lies in improper control of pharmacies and medicine company, not of individual doctors.

The 300 plus pharmacies in Hong Kong are run by licensed Authorised Sellers of Poisons. Each pharmacy must employ a pharmacist who must be on site for certain hours and prescription drugs can only be sold to patients in the presence of the pharmacist. Theoretically, all prescription drugs sold by the pharmacies should be labelled by the pharmacist and failure to do so may result in disciplinary action by the Pharmacy and Poison Board. I have been informed by the Chief Pharmacist on 13 September 1999 that pharmacists do not yet have their own Professional Code and Conduct Guideline. Complaints against pharmacists are brought to the Board only. In professional disciplinary enquiry of pharmacists, the meeting is not conducted in open, unlike the Disciplinary Enquiries of the Medical Council.

The Medical Council has promulgated its own Profession Code and Conduct to the medical profession. Cases of improper labelling have been brought before the Medical Council and doctors disciplined. The Practising Estate Doctors' Association had brought forward improperly labelled medicine bags from both the Hospital Authority and the Department of Health Clinics to the Chairperson of the Pharmacy and Poisons Board (1). The Association has not been informed of any penalty to the concerned pharmacists. A recent label from a Government Chest Clinic also demonstrates that multiple drugs in a bag is dispensed in a government clinic (2).

Although test-purchases have been done by the Department of Health, the low success rate contrast with the efficient test purchase done by Dr. CHOI Kin (reported in his letter to the Director of the Department of Health (3)) and the reporters of Next Magazine (reported on 18 June 99 and 30 July 99 in the 2 issues enclosed (4)). A similar successful test purchase of a steroid ointment by reporters of the Oriental Daily News on 14 September 99, a drug which resulted in permanent damage of the skin of a 9 year old child, also suggests that there are flaws in our current system of test-purchase(5). On 17 September 99, a reporter of Next Magazine successfully purchased 'non-patent' ciprofloxacin from a pharmacy, the same drug a doctor was accused of prescribing earlier. The photo in the magazine demonstrated that incomplete labelling was done by the pharmacy (6) (but who should be doing the labelling?), that the antibiotic was sold without a prescription, and that an incomplete course of

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antibiotic was dispensed. On 19 September 1999, reporter from Oriental Daily News reported that 9 out of 10 pharmacies did not request a prescription for a prescription drug. The reporter purchased a prescription drug, Flismanol, without prescription from a pharmacy and was told that patients with heart disease and diabetes mellitus can take the medicine when in fact the concurrent use of this drug with a macrolide antibiotic or grapefruit juice may produce fatal arrhythmia.(7). On 3 July 99, the spokesman for the Hong Kong Federation of Societies for Prevention of Blindness warned that more patients in Hong Kong developed glaucoma and blindness because they obtained steroid eye drops without prescription from the pharmacies. Patients obtain refills of these medications from pharmacies though these are items restricted to prescription only. The percentage of blindness due to glaucoma rose from 16% in 96 to 19% in 97 and became the number one cause of blindness.

There is suggestion of a double standard. We agree that there is. Doctors have, in their Professional Code and Conduct, specifications of how to label dispensed medicines. Thus in Section 5,

5.1 *As from 1 January 1995, all medicines dispensed to patients directly or indirectly by a medical practitioner should be properly labelled with the following essential information:*

- a) *Name of patient*
- b) *date of dispensing*
- c) *trade name or pharmacological name of the drug*
- d) *dosage per unit*
- e) *method and dosage of administration and*
- f) *precaution where applicable*

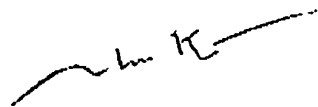
Any patient or person who found improper labelling of dispensed medicine by a registered doctor may report the case to the Medical Council directly. The doctor is solely responsible for the drug dispensed in his clinic. He cannot argue his case by blaming the clinic staff who did the dispensing because he is professionally responsible for everything happening in his clinic. Furthermore, doctors are compelled to keep a record of all dangerous drugs dispensed as well as an inventory of the dangerous drugs used. These are subjected to on-site checks by the Department of Health. No such clear and specific guidelines exist for the practising pharmacist because there is no Professional Code and Conduct created for their profession yet. Even if prescription drugs are sold without his supervision and drug labelling are improperly done, the pharmacist can always be exonerated if he is not present in the pharmacy. Even if one suspects improper labelling, one has to write to the Department of Health and we have yet to know how the system works as we have explained earlier concerning our previous submission.

Although the blame has been put on the Medicine Companies and not the Pharmacies, based on the number of successful test purchase, this is probably not true. Any citizen can do a test-purchase similar to what the media has done and will obtain the prescription drug that he wants, from a pharmacy more often than a medicine company. This is because the pharmacies carry the prescription drugs, while medicine companies are not supposed to and probably only hoard some smuggled medicines. A picture has been painted that if a patient is given a prescription, he will get the proper drug from a pharmacy with the prescription scrutinised, the side effects explained, the mode of administration taught, and all drugs labelled by a professional pharmacist. This has been challenged in open by citizens who claim that they have never seen a pharmacist when they go to a dispensary and nobody in the shop identifies himself as the pharmacist. In an interview with the Hong Kong Economic Times, Ms. Scarlett Pong admitted that pharmacist may employ dispensers to do these jobs to cut cost.

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The real problem of control of sales of prescription and dangerous drugs lies in the difficult role of the pharmacist in the retail pharmacies. On the one hand, he has to safeguard the public. On the other, he has to be loyal to his employer, the authorised seller of poisons. As the bible says, you cannot serve two masters at the same time. Unless the pharmacist assumes the responsibility of checking on the illegal sale of prescription drugs in his pharmacy and reporting on the wrong doers, his role will remain dubious and he will not obtain the trust of the public. Unless he practice what he preach, he cannot hope for patients to go to him to have their prescriptions filled.

We admit that we are ignorant that a generic drug registered by the Hong Kong Government may still violate the patent right of the original brand drug. As demonstrated with the example of ciprofloxacin, pharmacies also sell these generic drugs, probably not realising that the patent right of the brand has not yet expired. We hope that the various departments of the Hong Kong Government can sort out the problem to prevent doctors and pharmacies from buying drugs that may pose legal inconvenience.



Dr. CHOI Kin
Chairman, Practising Estate Doctors' Association

23/4/97

The Chairman,
 Preliminary Investigation Committee,
 Hong Kong Medical Council,
 Hong Kong.

Dear Sir,

We would like to bring your attention to two drug labels brought to our attention by one of our patients. The bags containing medications with these drug labels attached are enclosed for your examination.

As you can see from the details on the drug labels, the patient, Kwok _____, was seen in the A & E Department of Caritas Medical Centre on 25 March 1997 at 2230 hours. However, the name of the drugs, the name of the doctor who issued the prescription and any precautionary measures for the use of the drugs were not visible on the labels.

Our Association is all for upholding drug labeling and has been encouraging our members working in the private sector to comply with the regulations. However, it would seem unfair if only private doctors are brought to the investigation committee. The Hospital Authority, despite its immense resources, made the similar mistake of omission in its labels, and thus bringing up the question of whether the Medical Council has been too demanding or harsh on those in the private sector without similar clerical and computer backups.

There has been suggestions that the complaint should be lodged against the pharmacist board because he is a professional. Since the prescription could have been filled only by a dispenser in the night time, the complaint could also be lodged against the Hospital Authority which covers for all its staff. We hope you can look into this complaint and give us a clear answer.

Yours sincerely,

Honorary Secretary,
 Practising Estate Doctors' Association

c.c. Chairman, Pharmacy & Poisons Board

G IS HAZARDOUS TO HEALTH
吸極危害健康

KEEP OUT OF REACH OF CHILDREN 小心孩童，以免誤食藥丸

每包內載有以下各種膠囊／藥片：—
1) RIFAMPICIN 150MG x 1.0 2) RIFAMPICIN 300MG x 1.0
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99年 9月 13日 一次服完此包藥丸 1.01

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D.H. 衛生署 Shek Eip Mei Chest Cl. Dr H F



DEPARTMENT OF HEALTH 衛生署

ONE

蔡 堅 醫 生

Dr. CHOI Kin, Gabriel

Specialist in Nephrology F.H.K.C. Family Physicians

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20 July 1999

Dr. Margaret Chan,
Chairperson,
Pharmacy & Poisons Board,
Hong Kong SAR.

Dear Dr. Chan,

Re: Unlabeled medications and the sale of drugs without prescription

On 17 July 1999, between noon and 5 pm, I instructed my staff to test-purchase medicines with and without prescription from various pharmacies in Kowloon. I am obliged to inform you, in your capacity as Chairperson of the Pharmacy and Poisons Board, of the results:

- 1) A test-purchase for Aldomet was made. 90 tablets were requested though the pharmacy staff tried to persuade the buyer to buy 100. The medicine was COMPLETELY UNLABELED. No advice was given on the side effects of the anti-hypertensive and the mode and time of administration.
- 2) A test-purchase for antibiotic was attempted. The buyer just asked for antibiotic. 10 capsules of a first generation cephalosporin was supplied. No prescription was asked for or required. No question was asked as to the symptoms and why antibiotic was needed. When asked how the drug should be consumed, the vendor just informed that buyer that taking all the capsules (2 and a half days' supply of antibiotic) would be enough. A receipt for cleansing agent was issued.
- 3) A test-purchase for Cozaar was attempted with an empty box of the medicine. No prescription was asked for or required. No question was asked of the lady buyer concerning pregnancy. No warning was given of possible side effects and the teratogenic effect on the fetus.
- 4) A test-purchase for prednisolone was attempted with a doctor's empty but labelled medicine bag. When told that the purchase was for an asthmatic father, no prescription was asked for or required. The vendor persuaded the buyer to buy an extra bottle of anti-asthmatic containing theophylline, another prescription item which no prescription was asked for, nor were the side effects of tremor of hands, anxiety or cardiac arrhythmia suggested. No drug history was asked for to avoid drug interaction.
- 5) A test-purchase for steroid eye drops was made with an empty bottle of the same kind of eye drops. No prescription was asked for or required. No history was asked for why the drug was required. No warning was given that prolonged use may lead to glaucoma and blindness, and may also aggravate corneal ulcers. The successful test-purchase confirmed the announcement of the Federation of Societies for prevention of Blindness 2 weeks ago, that the increased incidence of blindness in Hong Kong may be related to the illicit use of steroid eye drops provided by pharmacies.

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- 6) A test-purchase for a steroid ointment was made. Signaller-N cream was dispensed without a prescription and without warning that prolonged use will lead to skin atrophy. A receipt was refused.
- 7) My staff went into a pharmacy and requested medicine for sore throat. 2 medications were dispensed without explanation and without labels. I have been in practice for 27 years and I cannot identify the medicine.

All the medicine as well as their receipts are attached for your action. 2 tapes of the test-purchase are available on demand.

I beg to remind you that I have, on 2 occasions, submitted unlabeled medicine bags from the Hospital Authority Pharmacy and the Department of Health Dispensary for your action. According to Benjamin Kong Yin sun, president of the Pharmaceutical Society of Hong Kong in the City Forum on 18 July 1999, it is a offence under the law if pharmacist do not label their medicine. I am not aware of any actions taken on the previous occasions and even though I am on the Pharmacy & Poisons Board for the past 2 years, I am not aware of any standardised penalties for such offence, neither am I aware of the existence of a Professional Code and Practice guideline for the pharmacist in Hong Kong.

I would like to bring you back 1 year ago when a complaint was brought to the Board that a pharmacist substituted a generic drug without first consulting the doctor who prescribed a brand drug on his prescription form. There was a difference of opinion as to the ethics of this action and I had to introduce the practice guidelines for pharmacists in the United Kingdom to help settle the issue. I remember you ruled against the pharmacist but I do not remember any penalty dished. This confirmed my suspicion that there was no Professional Code and Practice for the Pharmacists. It therefore surprised me when I read the Hong Kong Standard of the 19th July 1999, reporting on the City Forum, and quoting Mr. Benjamin Kong as saying " pharmacists would not change the drugs prescribed by a doctor as they are not involved in any conflict of interest with drug manufacturers".

In view of the fact that my test-purchases was a 100% successful in obtaining dangerous drugs without prescription, and the Department of Health, after doing 3352 test-purchases last year, was only able to inquire into the conduct of 23 Authorised Sellers of Poisons, I must have grave misgivings on the efficiency of the test-purchases done by the Department of Health last year. It must be stressed that I am not the only one to successfully perform these test-purchases, the media have in the past reported obtaining Virgo and Xenical with ease and without a prescription.

On the issue of complete divorce of dispensing from diagnosis, I have been informed by senior doctors that the system currently employed in the Hospital Authority and Department of Health clinics are not a true divorce of dispensing from consultation. All patients actually obtained their medicine from the pharmacy in the same clinic because of cost. It is well known that certain medicine available to patients in the HA are not available in the DH clinics and doctors are forced to initiate a substitute instead of repeating the original medicine and allowing the patient to get the proper medication in a private pharmacy. Similarly, there are restricted medicine in the HA because of price and doctors do not inform their patients of these better alternatives not available in the HA pharmacies or write out a prescription for these patients to obtain there required medicine elsewhere.

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I must insist that the Pharmacy and Poison Board be more aggressive in penalising wrong doers. Disqualification from being an Authorised seller of Poisons for 6 weeks as a maximum penalty will hardly produced any deterrent effect. The Medical Council of Hong Kong is erasing drug peddling doctors from the registrar. I have iterated in the past that illegal prescription of steroid is worst than illegal prescription of cough medication containing codeine. The increasing number of patients gone blind as a result of misuse of steroid eye drops support my belief. Since all pharmacies in Hong Kong (authorised sellers of poisons and totally 295 at the end of last year) must employ a pharmacist, the role of monitoring prescription drugs and the job of reporting illegal sales must be the responsibility of the pharmacist, albeit difficult because the pharmacist may be ratting on his own employer. But unless such responsibilities are assumed by the pharmacist, how can they be regarded as professionals and how can we entrust our patients to them?

I hope I have not provoke too much problems for you and I thank you for your attention.

With warmest regards,

Dr. CHOI Kin, FRCP(Ireland), FHKAM (Medicine & Family Medicine)
Board Member, Pharmacy & Poisons Board

PS I understand if I were to be kicked out of the board next term.

PPS I would be obliged if you can reimburse me with the cost of the medicine. Otherwise, please return all the medicine to me after you have done with the investigation. They cost a fortune. And that is probably the reason why citizens and doctors do not report test-purchase - the expense.

c.c. President, Hong Kong Medical Association
Chairman, Hong Kong Medical Council
Chairman, Estate Doctors' Association
Professor J. Critchley, CUHK
Professor Kumana, HKU

ONE

廿四小時專線 2990 8999 或 2990 7238 延誤保



藥房非法配藥害人

張

小姐患了輕微感冒，住住所附近的「元洲中西藥行」買藥。藥房職員只簡單的問她病況，便開出兩天分量的藥丸，收費廿八元。張小姐吃了第一次藥後不足一小時，右邊嘴角便腫起，她立即請假看醫生，醫生說可能是藥物敏感。「但藥袋上連藥物標籤都有，醫生都唔知係乜野藥，只係叫我唔好再食，另外開藥俾我。」



香港藥學會會長彭漢深寄視本刊記者購得的藥物，重指藥房做法危險。



跟進一：記者去了張小姐買藥的元洲中西藥行，以及其他地區的五間同類藥房，說患了感冒，輕易配了六包藥丸，每包價錢由十元至三十五元不等，全部沒有藥物標籤，而這些藥房主要是賣機粉洗頭水及一般成藥，店內沒有藥劑師。其中荃灣福來邨興農大藥行職員更悄悄向記者說：「醫務署唔俾賣散藥嘍！」

卻一連把藥丸放進膠皮



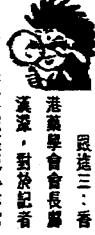
跟進二：市民未經診症由藥房配藥，並非正確的治病方法。藥管處醫務主任李家仁醫生表示：「醫生要向病人詳細問診及查看病歷，才能開出適當的藥物，且會提醒病人藥物的副作用。醫生開錯藥，病人仲可以向醫生追究，但有藥劑師的藥房配錯藥，一定冇人負責任，最終蝕底的都是病人。」

李醫生亦指衛生署以放蛇形式巡查藥房，工作成效不大。

廿四小時運料熱線 2990 8999 傳真 2990 7238 絕對保密



「佢哋放蛇都放夠嘞，來來去去都是嘅班人，藥房都認得出，仲點會重覆俾佢哋遊蛇仔！」



跟進三：香港藥學會會長鄭漢波，對於記者可輕易在藥房配藥覺得非常詫異。「沒有藥劑師的藥房根本不准配藥，佢哋咁做肯定違反衛生條例，再加上無寫明藥名，幾種藥物混一袋放，實在好危險！」他亦指出，衛生署只有廿四名藥劑師督察巡查大小藥房，但全港有藥劑師的藥房三百多個，無藥劑師的更有三千多個，廿四名督察根本不足應付。

跟進四：衛生署新聞組李英明指出，根據《藥劑業及毒藥條例》，沒有註冊藥劑師的藥房不得向市民放賣藥物，而有註冊藥劑師的藥房也要在配出的西藥上寫清楚藥物名稱，包括藥物名稱、成分、服用方法和日期，否則一經定罪，可罰款十萬元及監禁兩年。

（黃婉玲）

藥房

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售賣沒有標籤的藥房

元洲中西藥行 九龍彌敦道	和善藥業公司 旺角山塘街	興昌大藥行 旺角彌敦道	元洲中西藥行 尖沙咀元洲街	中山藥業行 旺角彌敦道	新興藥行 尖沙咀彌敦道
✓	✗	✗	✗	✗	✗
負責配藥人：黃婉玲先生對此表示不滿意，會再派員工到場檢查他才可以配藥。	否認曾為市民配藥。	承認為了方便市民才配藥。	否認曾為市民配藥。	承認為了方便市民才配藥。	承認職員承認買了自己食剩的感冒藥給人，但不知衛生署不許。



來函

投訴

醫藥分家是近期熱門話題，目的是為病人帶來更大保障，但市面藥房和藥劑師良莠不齊，有藥劑師掛牌的藥房，肆無忌憚濫賣禁藥，藥劑師形同虛設，衛生署又監管乏力。



藥劑師失職 藥房賣禁藥

張

小姐因經痛，到旺角新遠安藥房（有註冊藥劑師）購藥，藥房職員介紹一隻名為「痛即滅」的成藥，張小姐服後卻感胃部不適，向醫生查證，發現該藥屬於非藥，可能引致胃出血，需由藥劑師配製。但張小姐說：「買藥啊個師奶，好似藥劑師，佢只係叫我冇少痛就好食定先。」

張小姐因經痛，到旺角新遠安藥房（有註冊藥劑師）購藥，藥房職員介紹一隻名為「痛即滅」的成藥，張小姐服後卻感胃部不適，向醫生查證，發現該藥屬於非藥，可能引致胃出血，需由藥劑師配製。但張小姐說：「買藥啊個師奶，好似藥劑師，佢只係叫我冇少痛就好食定先。」

跟進一：

藥劑師唔啱度



記者和張小姐再到新遠安藥房，指明購買「痛即滅」，同一名「師奶」向記者表示該藥好多人食過都傳，後來記者表露身分，問為何不是由藥劑師買這藥，藥房負責人張先生即出來表示，藥劑師某小姐不在。

其後記者打電話找著張小姐，她表示對新遠安亂賣「痛即滅」並不知情，「唔應該有咁嘅情形出現。」

但這種情形確實經常出現，記者到另外五間有註冊藥劑師的藥房，嘗試購買一些需要醫生處方的糖尿藥、血風藥及抗生素，

短短一個下午，便買到所需藥物。

依總衛生署條例，購買以上藥物都要醫生處方，由藥劑師配藥，藥房須記下購買者資料，但五間藥房都沒有這樣做。記者要求開單，有些藥房拒絕，尖沙咀遠隆藥房職員更表明：「你連單唔寫得藥名，因為你隻需要醫生紙先買得。」於是單據只寫上「藥物」。

跟進二：衛生署監管不足

記者把所購得的藥物，交公共屋邨執業西醫協會主席葉藍醫生過目，他指出該等藥物必須根據病情服食，否則只會有害無益。而執業藥劑師協會會長關愛關表示，監管藥房賣藥是藥劑師職責之一。

現時全港有三百一十四間藥房有註冊藥劑師，據衛生署規定，藥劑師駐藥房時間須為藥房營業時間的三分之二，而藥房必須在藥劑師親自處理及監督下進行，違規的藥房老闆要負責，最高罰款十萬及入獄兩年。不過，每年檢控個案很少，今年上半年只有七宗。

廿四小時埋料熱線 2990 8999 電傳 2990 7238 竭誠保證



7 高泰大藥房
旺角彌敦道
記者買得藥物
糖尿病藥及降血壓藥

藥劑師回應
我唔知有呢件事！我會問清楚，以前從未試過。



2 登興大藥房
佐敦吳松街
記者買得藥物
糖尿病藥

藥劑師回應
否認曾買該藥給本刊記者。



3 嘉實大藥房
佐敦道
記者買得藥物
抗生素

藥劑師回應
藥劑師何先生拒絕回應。



4 合成大藥房
尖沙咀金馬倫道
記者買得藥物
抗生素

藥劑師回應
有醫生紙據該唔得，因為要我簽名，可能係職員問題，我會問清楚。



5 連隆大藥房
尖沙咀河內道
記者買得藥物
糖尿病藥

藥劑師回應
藥劑師郭先生：「法例上應該唔得，老實說我亦唔容許，但可能有啲人熟口熟面就賣。」他承認失職。



5 家 濶 賣 藥 房



另外，藥劑師須在藥房當
眼處展示附相片的註冊證書，
但衛生署新聞組李英明表示：
「即使藥劑師未能做到，也不會
因此受到檢控。」（鄧靜珊）

藥房涉濫售激素皮膚藥

店員推介治癬患

根據法例，藥房非法出售具有醫生處方的藥物，即屬違法；惟市面仍有不少藥房擅自出售此類藥物予市民。讀者徐女士早前便曾於上屆週一本報房欄介紹購得一支必須由醫生處方的藥膏「Q-Derm」，其九歲的侄兒在沒有醫生指導下使用，及後發現皮膚受損。

目前市面有不少含激素的藥物必須在醫生的指導下使用，否則會有不良影響，市民使用時宜多加留意。 ■記者 吳家驊

徐女士的侄兒早前因患濕疹，曾求醫診治，但未見好轉。徐女士遂到藥房購買噴霧劑給其侄兒使用。她在「四海藥房」中西大藥房一位店員介紹下，購得名為「Q-Derm」的藥膏。店員聲稱該藥膏功效非常好，成人小孩均適用。徐女士依照藥膏的說明書指示，給侄兒每天搽抹三次。

皮膚壞死無得醫

約一個月後，其侄兒患濕疹的情況漸有好轉，惟發現下腹及大腿處出現如紅蜘蛛狀的紅色印痕。徐女士即帶同侄兒往西醫、醫生表示為因幼孩的皮膚含激素所致，並將侄兒轉介至沙田醫院診治。

沙田醫院的醫生指其侄兒下腹及大腿處出現紅腫位置與皮膚壞死相若，打針吃藥都已無效。其間由藥房提供侄兒噴霧劑治療。其醫生並指出，「Q-Derm」是醫生處方藥物，市民必須先向藥房出示醫生處方才能購得。因此，徐女士質疑該藥房濫售有關藥物，並已向衛生署作出投訴。

記者曾親往該藥房向店員表示欲購買「Q-Derm」藥膏，店員並無向記者索取醫生處方即出售該藥物。當問及藥膏是否適合兒童搽抹時，店員稱：「根據說明書，兩歲以上即可用！」

前西醫陳榮中中西大藥房負責人司徒先生指出，藥房店員均清楚知道「Q-Derm」含有激素，必須在取得醫生處方後才離出售；故會在出售前，向客人清楚說明有關事宜。他謂這是次事件為店員大意所致，並承諾會再次提醒店員。

司徒先生指，「Q-Derm」為醫生處方

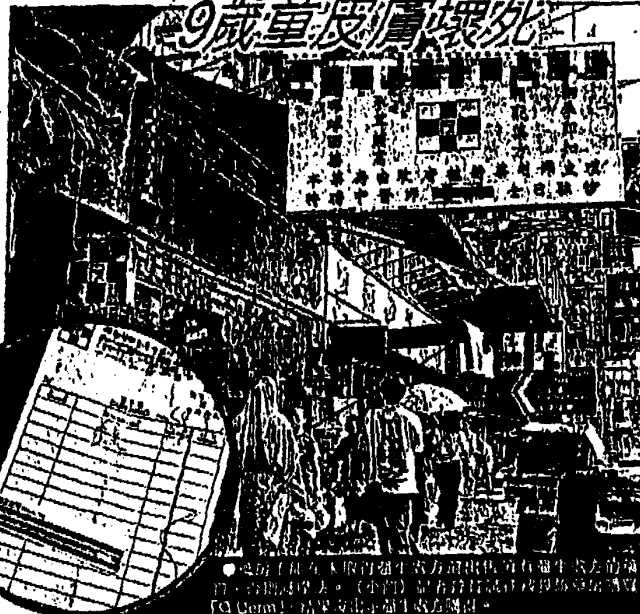
藥物，必須有註冊醫生開出的處方才可以購得。故市民欲購買此藥物，必須向藥房出示醫生處方。若有藥房店員在未獲得醫生處方而出售此藥，即屬違法。一經查獲，最高刑罰為罰款十萬元及監禁兩年。截至本年八月為止，該署已接獲十九宗藥房濫售具有醫生處方的藥物個案，較去年全年個案總數多出八宗，明顯有上升趨勢。

條例濫藥分兩類

衛生署指濫售藥物，根據濫售藥物及專售藥物，本港目前將濫售藥物分為兩類，前必須有醫生處方才能出售的藥物，主要屬第一類藥物。該等藥物，「Q-Derm」即屬第一類藥物。該等藥物內的藥物，該署在接獲市民投訴後，會向該藥房的藥房採取調查和試買行動。如試買成功，便向該藥房提出檢控。(004308)



Q-Derm 藥膏。司徒先生指，「Q-Derm」為醫生處方藥物，必須有醫生處方才能購得。



含激素皮膚藥須處方 持續過量使用損健康

香港藥學會會長鄧耀儀表示，「Q-Derm」藥膏主要含有三種成分，包括用以殺菌的 GLOTRIMAZOLE，殺菌藥的 GENTAMICIN SULPHATE 及激素 (即 BETAMETHASONE DIPROPIONATE)。

患者出現抗藥性

若患者連續數月使用，並大量搽抹此藥物，會導致細菌會產生抗藥性，減低對治療藥物的反應；如患者為正在發育的小童，則會因藥物使用過量，致令體內過量分泌功能受

阻，影響其生長速度，若藥物並未對皮膚造成不能逆轉的破壞，小童只需停止使用即可回復正常。

鄧先生指出，一文十五毫克的「Q-Derm」藥膏，約可搽抹一個月，不宜搽抹過多，尤其體弱。

九歲的小童患的「濕疹」，若處在大體積，實屬「劇症」，對藥物的吸收力特別高，更不宜使用過多的藥膏，以免造成不良影響。

鄧先生並指，市面除了含有含激素的藥膏外，還有百分之九的 LINDROCKARTISON 藥膏外，其餘含激素的藥膏亦含有醫生

處方才可購得。鄧先生建議市民在市場上購買含激素的藥膏時，應多與醫生溝通，以確定所購藥膏的藥性及使用方法，不要隨意往藥房購買此類藥物。

藥房涉非法 售賣藥物數目	
89年	11宗
90年	11宗
91年	11宗
92年	11宗
93年	11宗
94年	11宗
95年	11宗
96年	11宗
97年	11宗
98年	11宗
99年	11宗

資料由衛生署提供



衛生署河內區分局出售藥物一見正亦，曾成打針及搽抹。

香港利研製藥聯會
候任執行董事蕭樹
煜指買衛生費不尊
重專利權。



盜版藥 任信註冊

撰文：葉明輝 攝影：劉伯康 設計：陳國瑞

港府失責保護知識產權，以維
持香港的國際聲譽，但把守藥物入
口大關的衛生署，竟然最不尊重知
識產權，對侵犯別人專利權的藥，
一律准許註冊及在港得賣。

目前至少有十四種共七千萬粒
的盜版藥，在本港市面流通，許多
私家醫生和藥房都入貨，來價只是
正廠藥的三分之一，但零售價和正廠
藥一樣，醫生藥房亦取暴利。病人
卻毫無得益，甚至受害，因為這些
藥的生產過程不受監管。

七家擁有專利的藥廠估計，今
年會因盜版藥而在港損失三千五百
萬，全靠衛生署條例漏洞所賜。

每

天，在銅鑼灣、旺角、尖沙
咀一帶旺區的藥房，除了有
市民進進出出買藥，對這些藥房來
說，最重要的還是那些天天上門，賣

「盜版藥」的推銷員。他們外表和其
他藥廠的推銷員並無分別，但服下
的手提包內，全是侵犯別人專利權的
藥物。

雖然侵犯專利，但這些藥都堂而

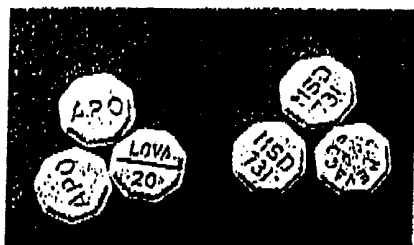
皇之在政府衛生署註冊，可以公然
得賣。除了藥房，私家醫生診所也是
他們「去貨」的好地方。

一個在彌敦道開業的私家醫生
說：「佢哋嘅藥好新，和正廠藥一模
一樣，又在衛生署註冊，但價錢平三
分二，我點解唔買呢？有些中環專科
醫生都買嘅。」

有礙新藥開發

病人光顧這些醫生時，若醫生看
過他需要甚麼藥，而手上剛好有那藥
的盜版貨，便會開給病人，但藥費不
會減，病人亦不知道上當。公共屋
邨執業西醫協會主席蔡榮醫生指出：
「唔好話病人，做咗好多年嘅醫生都
未必識分原廠藥同盜版藥，只有用呢
啲藥嘅醫生、藥房同推銷員先識。」

根據香港利研製藥聯會統計，目
前流通在香港市面的盜版藥，多達七



有些盜版藥（左）無論在顏色和形狀上，均與原
廠藥（右）極為相似，市民很難分辨。

《新報口譯》圖片



千萬粒，而且還不斷湧入。「今年正廠藥在香港會因盜版損失三千五百萬，影響遠甚於其後開發新藥。」該會候任執行董事陳樹德說。

盜版光碟犯法，盜版藥沒理由合法，但根據本刊所得資料，除了已註冊的盜版藥，衛生署現時又在替一種侵犯專利權的抗生素 Amdin 辦理註冊，對由知識產權署制定的專利法例捉襟見肘，更不理會特首黃志華打破本港「盜版天堂」臭名的決心。

記者向衛生署詢問為何准許盜版藥註冊，該署發言人只回覆說：「所有藥物必須符合安全。」但該署的註冊藥物申請表，卻清楚地列明：「當局准此批藥物製成或物質的註冊申請時，並不會顧及專利權問題。」

更離譜的是，這條文在一九七八年已開始存在，即是說，這二十一年來，衛生署一直沒有尊重專利權，縱容商人在香港大賣盜版藥。

13. 當局審批藥物製成品或物質的註冊申請時，並不會顧及專利權問題，但擬向衛生署申請註冊而與製成品或物質的人士，則應事先查明有關藥物製成品或物質是否已註冊享有專利，以免抵觸有關專利藥物製成品或物質的專利權。下列幾類人士尤其容易抵觸藥物製成品或物質的專利權，因此啟者特別留意：一

衛生署核文列明藥物申請註冊時，不會理會專利權問題。

衛生署大亂

盜版品質無監控

這些藥的生產流程，和盜版光碟其實也很相似。盜版商人首先從海峽路斯、印度、中國等對知識產權較不重視的國家，偷竊或秘密買得藥方，然後再從印度和中國等地買入原料，在自設的藥廠生產及包裝。

中文大學藥劑學系副教授李劍前說：「盜版藥的藥效一般和原廠藥有出入，若相差超過百分之十，病人就不能正常吸收。原廠藥一定會做品質監控，確保生產過程不受污染，但盜版藥就未必。」

一種專治埃拉症的抗生素「泰利必要」，兩年前曾在大陸出現盜版貨，當時經過化驗，發現裏面原來全部是澱和麵粉。代理此藥的三聯藥物

本港市面上四種盜版藥

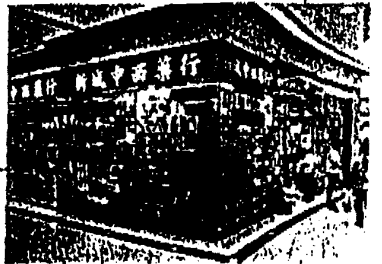
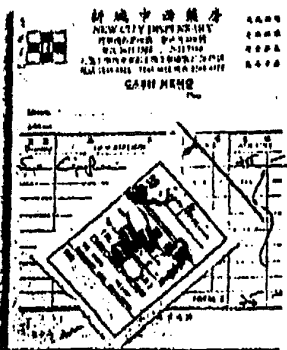
藥廠 AstraZeneca	藥名 Losec (胃藥)	仿製藥名 Cerbain Norpremin
Bayer	Carlyma (快通藥)	Zeco
Schering Plough	Mavecor (降膽固醇)	Apo-Lovastatin
Hoechst Marion Roussel	Tarivid (抗生素)	Ofloxacin
Meick Sharp & Dohme Pfizer	Crayit (抗生素)	Levofloxacin
Dalich		

●有兩隻盜版藥均用同一藥名

公司董事總經理金德祥慨嘆說：「根據我們調查，現在香港有一百個醫生在用盜版藥，明知故犯。」

他們的調查，主要是靠聘用私家偵探，因為根據法例，藥廠如向盜版商提出訟訴，要自行搜集證據，衛生署不會提供援助，海關和知識產權署亦不會插手。

即使有了證據，訴訟也很困難，纏綿耗時，每宗訴訟費高達一百萬元，藥廠都不敢貿然行動。「本港應學習英國的做法，規定藥廠必須先提供專利證明，衛生當局才批准該藥註冊。」



這間位於將軍澳的藥房，賣的盜版抗生素每粒五元，但來價只是一元五角。



●旺角一藥房毋須記者出示醫生處方，便出售抗敏感藥Hismanal (左圖)。(記者林峰攝)

美樂廠已停產 衛生局作跟進

可致命敏感藥港仍有售

【本報綜合報導】在本港普遍被應用的抗敏感藥「Hismanal」，由於與其他藥物共服或當心臟有問題的病人服用時，會引起副作用，嚴重者甚至會令服用者心跳停頓及死亡，該藥生產商美國「美樂廠」已於今年六月停產。不過，本港市面仍有該藥物發售，部分藥房更在病人沒有醫生處方的情況下，非法將此藥出售，而所購得的藥物包裝上全無警告標籤。

「Hismanal」在本港已銷售了十多年，專治鼻敏感和皮膚敏感症，是第一代不會引致服用者嘔吐的抗過敏藥，市民在醫生處方情況下可在有註冊藥劑師的藥房購買得到。由於藥中成分是一阿司咪唑（Asthemol），英國食品及藥物管理局較早前已指出，若服用過度，病人心臟有問題，或與西柚汁和一些普

通藥物，如抗生素及抗真菌藥同時服用，便會危害服用者心臟，嚴重者可引致病者死亡，近年外國亦曾發生過因服用該藥而死亡的病例。

美國「美樂廠」該廠基於該藥近年的銷售情況未如理想，加上美國食品及藥物管理局較早前要求該藥再增加警告標籤，要求醫生在使用該藥前要先查病人的心臟機能，所以該公司在本年中決定自動停止生產該藥。

記者無處方藥房照賣

不過，本港市面仍可購得此藥，本報記者昨日走訪旺角區約十間藥房，其中九間藥房職員都表示該藥已售罄，需等幾星期才有新貨到，但購買該藥卻毋須出示醫生處方，只有一間藥房職員表示，需要醫生處方才可購買。不過，據

衛生署發言人表示，該藥停產是有關藥廠的商業決定，並非藥物本身不能應用，故已推出市面的藥會繼續銷售。至於在本年初美國食品及藥物管理局要求藥廠在該藥說明書中向醫生註明如何使用該藥，該藥亦已作出跟進，由於該藥需要醫生處方才可購得，所以病人應可在適當情況下服用此藥。

香港藥學會會長鄧耀深表示，本港部分醫院早在兩、三年前已停用這種藥，但此藥本身並無太大問題，亦非生產出錯而需要回收，只是部分情況下使用會令病人心律跳動不正常，加上成本問題，所以藥廠方決定停產。