



BCG VACCINATION and COVID-19

Lynn Lambert (BPharm)
Amayez Information Services

According to the World Health Organization (WHO), "There is no evidence that the Bacille Calmette-Guérin vaccine (BCG) protects people against infection with COVID-19 virus."

Therefore, at this stage, it is not possible to make any recommendations on using BCG vaccine for COVID-19. Until the safety and efficacy of the BCG vaccine can be proven in the prevention of COVID-19, the mainstay of prevention of COVID-19 remains social distancing, cough hygiene and hand washing.

Can the BCG vaccine prevent COVID-19?

At this stage, the benefit of BCG vaccination on COVID-19 is a hypothesis. ¹This means that there is no medical proof that the BCG vaccine can prevent COVID-19. ^{2,3} Furthermore, the BCG vaccine has no registered indication for preventing COVID-19 or other viral diseases. ⁴

If there is no proof, why is there so much media attention on BCG vaccine and COVID-19?

A study conducted by Professor Otazu at the New York Institute of Technology, reported that there may be a correlation between BCG-vaccinated populations and reduced mortality and morbidity rates for COVID-19. During an interview with Alec Hogg from BizNews, Dr Otazu stressed the following point: "It's a correlational study. So, I wouldn't base any policy on that study." He went on to say, "There are many differences and there might be something else that I'm missing. So that's why a controlled clinical trial is crucial to finding out if this correlation – if this relationship is a causal relationship." ²

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Given that there is no cure or vaccine specifically against COVID-19, why is the information from the correlation study not sufficient to use BCG vaccine to prevent further spread of this pandemic?

While any promising mechanism that relates to BCG or any form of treatment that could stop this pandemic is of interest, such information needs to be well researched before we can say it is useful. Additionally, the above-mentioned report by Dr. Otazu is, at this stage, a hypothesis and needs to be proven. ⁵ There are clinical trials in progress to test safety and efficacy of BCG in the fight against COVID-19. However, none of these trials have been completed and no information is available yet. ¹

The analysis shows that the countries that do not have a universal BCG vaccine program seem to have worse infection rates. It is too soon to say, even though it seems compelling, that this is the only factor that explains the differences in spread and mortality of COVID-19. ⁵

What clinical trials are currently being conducted?

In Australia, a clinical trial is currently underway in healthcare workers. It is an open-label, two-group, phase III randomised controlled trial in up to 4170

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healthcare workers to determine if BCG vaccination reduces the incidence and severity of COVID-19 during the 2020 pandemic.

This study is led by Nigel Curtis, head of infectious diseases research, at the Murdoch Children's Research Institute in Melbourne, who has stated, "We cannot guarantee that this will work. And of course, the only way to find out is with our trial." The primary completion is expected in October 2020.^{6,7}

In the Netherlands, Dutch scientists are planning to test whether the BCG vaccine could protect healthcare workers against coronavirus, since it is known to stimulate the immune system and may lead to milder symptoms in healthcare workers who do get infected. The experiment will mean randomly giving 1000 workers either the vaccine or a placebo. If the vaccine appears to have an effect, all healthcare workers will be given the option to have the vaccine.⁸

South Africa includes BCG vaccine in its vaccination program; is this why our COVID-19 disease and mortality rates are low, compared to the US and other countries?

BCG vaccine against tuberculosis (TB) has been used in South Africa since 1940 and routinely administered to infants since 1960.⁹ According to Dr. Otazu, there is no definitive information to suggest that the BCG vaccine is the only factor driving the low rates seen in countries that have BCG policies.² There is experimental evidence from both animal and human studies that the BCG vaccine has non-specific effects on the immune system. These effects have not been well characterised and their clinical relevance is unknown.¹² These countries (that have BCG vaccine policies) have also implemented social distancing, quarantines and widespread testing. There may be other factors and therefore the clinical trials are needed to determine if the relationship between BCG vaccine and COVID-19 is a causal one.²

The BCG vaccine is available in South Africa, why don't we just vaccinate our population even if we have had it before?

According to the Expanded Program on Immunisation (EPI) in South Africa, BCG vaccine should be administered at or soon after birth.⁹ Furthermore, BCG should not be administered to previously vaccinated individuals as there is an increased risk of adverse reactions and no evidence of additional protection against TB. Evidence of a previous BCG vaccination includes documentary evidence; a clear, reliable history of vaccination; or evidence of a characteristic scar.³ Most South Africans have been vaccinated with BCG vaccine at birth or early childhood, and the reported observational studies did not show any link between re-vaccination after childhood with the BCG vaccine and a decreased risk of COVID-19 disease and its complications.¹³

Furthermore, there is no evidence to confirm the safety of the BCG vaccine in older adults. The use of any vaccine in the elderly needs to be studied to ensure patient safety is not compromised.

BCG vaccine is a live attenuated vaccine and is not recommended for use in individuals who are immunocompromised/immunosuppressed as it can lead to significant complications. The ageing process is also associated with a decline in immune functioning in general (called immunosenescence) and thus there may be issues with using a vaccine like BCG in this age group.¹⁰

Due to the high incidence of TB in South Africa, it is also likely that >80% of older South African adults may have been exposed and asymptotically infected with "latent" TB during their lifetime. Since TB is a mycobacterium very similar to BCG vaccine, and latently infected people show similarities in immune response to BCG-vaccinated people, it seems unlikely that BCG vaccination of older adults would offer additional non-specific protection against COVID-19.¹⁰

It must be emphasized that BCG vaccine for COVID-19 is not a proven intervention.¹⁻⁴ If this vaccine is used for the unproven prevention of COVID-19, it could result in the country running out of this vaccine, thereby leaving many newborns without protection against TB. The hypothesis made cannot be used as a basis for decision-making. The safety and efficacy of the BCG vaccine in preventing COVID-19 must first be evaluated in robust clinical trials. Furthermore, the safety implications of repeating the vaccine in previously vaccinated populations have yet to be addressed.^{1, 2, 5}

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National Pharmacy Museum Artefacts



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WHAT PHARMACISTS ARE THINKING

e³ = engage, enable, empower

Tabassum Chicktay

"There is no passion to be found, in settling for a life that is less than the one you are capable of living."

Nelson Mandela.

My fellow pharmacists, in this time of uncertainty and trepidation, we have once again been asked to persevere on the front lines of this enormous battle. Taking on such a mammoth task has never stopped any pharmacists before. This is where our scientific, analytical, methodical, and meticulous natures manifest. As I write this article, I thought I would steer towards words of encouragement, in a sort of 'Rally the troops' mode.

This is the time for change - change the direction our profession should take by once again proving invaluable to the healthcare system of South Africa. I have certainly felt that change in myself, as I rallied my team together at the start of this pandemic. I realised quickly that for me to effectively lead my team of pharmacists and pharmacist's assistants through this, I would have to adopt this 'new normal' attitude. I would be asking them to work even harder than before, to achieve a new *status quo* to effectively continue with service delivery during the pandemic. This would mean adopting a principle of change management called e³ that I recently learned :

e³ = engage, enable, empower

In keeping with this principle, I would like to encourage all my SAAHIP colleagues to do the same in their workplace. Team work in any setting is invaluable to the success of that institution.

Pharmacists are currently engaged in a variety of projects in the workplace. At hospital level they are involved in the prevention of the Coronavirus by providing guidance on good infection control principles, as well ensuring that the correct clinical guidelines are being followed. Medicine availability continues to be at the very top of our 'to do' list. In the public sector, there is a list of priority items that is being monitored through SVS (Electronic Stock visibility System). This includes PERSONAL PROTECTION EQUIPMENT (PPE) as well. Pharmacists play an intricate role in assisting with the decongestion of hospitals and primary healthcare facilities. The CCMDD (Central Chronic Medicines Dispensing and Distribution) program has become even more relevant in the time of Covid-19. To keep our most vulnerable population safe, it is vital that they do not have to visit facilities unnecessarily. Pharmacists in community pharmacy assist in this program too, as they service CCMDD patients at their pharmacies - Team work once again!

It is imperative that you fully include yourself in all matters 'pharmacy' during this time. Coordinate with the multi-disciplinary teams and communicate efficiently to all stakeholders. The pharmacist should be the first consulted when discussing medicines. Remember to keep all pharmacy personnel informed, ***engage*** them, ***enable*** them, and this will surely ***empower*** them. In this new era of pharmacy, twelve-month prescriptions, innovative robotic technologies, and change management, the pharmacist (You) can and should be the leader of the pack.

I would like to encourage all my SAAHIP Southern Gauteng colleagues to communicate any challenges as well as successes at their institutions. You are welcome to forward any challenges or experiences with regard to medicine availability at your institution to my email address - tabassum_shaik@yahoo.com.

The Southern Gauteng SAAHIP Branch Committee believes that we can learn from each other. Every challenge is an opportunity to learn. Every best practice is an opportunity to adapt and grow.

Lastly, I leave you once again with a quote from Nelson Mandela - Who better to inspire the change in us all ? Be passionate :

"Everyone can rise above their circumstances and achieve success if they are dedicated to and passionate about what they do."



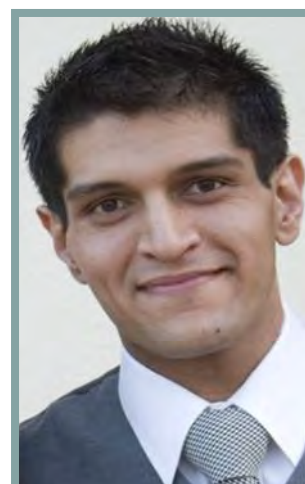
Meet the New Responsible Pharmacist for Trinity Health Services Pharmacy

Stephanie De Rapper

The homeless community are a vulnerable group within society and as a result often present with a poor health and nutritional status. According to statistics released by the City of Johannesburg, the number of homeless people living on Johannesburg streets amount to 4 500 persons, with this community often lacking in electricity, water or toilet facilities, leading to poor overall sanitation. Compounded to this is the fact that the community often lives in overcrowded areas overrun by litter and vermin which carry and cause disease. The link between poor health and homelessness is great and is a direct result of the conditions in which these communities are required to live. The Trinity Healthcare Services (THS) Clinic was developed by the University of the Witwatersrand in 2004 in response to the healthcare need of Johannesburg's most destitute. The THS clinic operated successfully until 2011 when all operations were halted due to the temporary closure of the THS pharmacy. Since its rebirth in 2016, the THS pharmacy operates weekly and is run by pharmacy students registered at the University of the Witwatersrand and assisted by staff from the Department of Pharmacy and Pharmacology, the Church and members of the PSSA. Following changes to the clinical team at WITS University in 2020, a new beginning for THS pharmacy has bloomed under the leadership of its new responsible pharmacist, Mr. Moosa Kharodia.

Meet Moosa Kharodia – the new Responsible Pharmacist (RP) at Trinity Health Services pharmacy at Holy Trinity Catholic Church in Braamfontein. Born and bred in the midlands of KwaZulu Natal, Moosa studied pharmacy at KwaZulu Natal University and later moved to Johannesburg to work as a clinical pharmacist. “I chose pharmacy because I wanted a career in which I could be involved in patient care but could also provide patients with a holistic view of their health,” Moosa shares.

Moosa joined the Department of Pharmacy and Pharmacology at WITS University in 2018 as a Masters student in Clinical Pharmacy and quickly grew through the ranks to become the Department Work-Integrated Learning coordinator in 2019. When asked why he chose to pursue a career in academia, leaving years of institutional pharmacy experience, Moosa says “It was time for me to share my knowledge of the clinical space and learn more about what can be done to improve it. Knowledge is worth nothing unless it is shared.” Moosa describes THS pharmacy as an innovative pharmacy, taking into consideration its staff complement, location and demographic. The efforts made by Dr. Johnston, THS pharmacy's previous Responsible Pharmacist, and the students of WITS University in offering such a health service, is one that rings close to Moosa's heart.



Moosa Kharodia

“I think what I bring to THS Pharmacy is a genuine belief in its mandate and a genuine belief in the need for services like THS to the greater public health. It is difficult for me to say that this alone makes me different from others, but to really do something great and to enhance a system like THS pharmacy you have to genuinely believe in its underlying principles. I do believe in them.”

Moosa, having been registered as the Responsible Pharmacist of THS Pharmacy from March 2020, already has a set of goals and aspirations to develop the pharmacy and its offering. Given the current COVID-19 crisis it is unclear when THS pharmacy will re-open for service; however, Moosa aims to institute certain programmes at THS in collaboration with the Department of Pharmacy and Pharmacology's INVEST team, known for their student driven initiatives and philanthropic works. These programmes include a vaccination campaign titled VaxOn8, extended operating hours, and regular drives for donations in sanitary care and warm clothing.

VaxOn8 aims to provide an annual vaccination drive for the influenza vaccine, provision of EPI vaccinations for the children of the homeless who cannot access the clinics, as well as provide additional covers against the most well documented infections of the homeless, including pneumonia. Moosa shares that, “COVID-19 has brought into sharp focus the genuine need for both immunisation and better management of chronic conditions. As such, I would like to hopefully add to the services by having patients who have chronic conditions like hypertension and diabetes, have their blood pressure and blood glucose or HbA1c checked whilst they are waiting for their medicine dispensed by a pharmacy student. I want them to understand that pharmacists also participate in public health maintenance. Public health is near and dear to my heart and I want my patients to receive the best possible care that they can.” Moosa believes that as a pharmacist, and especially as a Responsible Pharmacist, that one must be aware of the needs of their community and what one can do to fill it.

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Every patient is unique, but some needs are common. Identifying those common needs is what Moosa hopes to achieve in his new role as THS Pharmacy RP in order to develop new services that can really push things forward and allow services to grow.

When asked what pharmacists and members of the PSSA can do to assist him in his new role, Moosa responded with a single request, **time**. "Please give of us your time freely. Volunteering at THS not only provides a rich experience for our students but also provides them with a different perspective from different pharmacists. Being a part of THS pharmacy is definitely worth your time. Being at THS and seeing how grateful every person you help is, is a spiritual experience. I call it **"chicken soup for the pharmacists soul."** The Southern Gauteng Branch of the PSSA wish Moosa and his team the very best of luck and ongoing success for Trinity pharmacy.

Should you wish to assist Moosa and his incredible team of student volunteers at Trinity Health Services Pharmacy, please make contact with him via email at moosa.kharodia@wits.ac.za.

Wits Pharmacy Staff and Student Contributions to Help Fight COVID-19



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I N V E S T
Identify Network Visualize Engage Set goals Translate

Wits Pharmacy INVEST Team of Staff and Students Provide Much Needed Pharmaceutical Care Services During the Covid-19 Pandemic

Rubina Shaikh

Since the beginning of the COVID-19 pandemic in South Africa, staff and students at the Department of Pharmacy and Pharmacology at Wits (WITS Pharmacy) have been at the frontline in assisting with the provision of pharmaceutical care, compassion, education, expert communication, medicines-related advice, vaccination drives, supply chain management, infection control, and other related needs to assist our country in fighting the pandemic.

The Wits Pharmacy INVEST team had previously launched the VaxOn8 initiative in response to the need for immunizing students entering the clinical platform at the Wits Faculty of Health Sciences. In response to the COVID-19 pandemic, the VaxOn8 team in partnership with Aspen Pharmacare are providing flu vaccinations, food parcels and blankets to the most vulnerable people in society at shelters for the homeless at various sites in the City of Johannesburg. The initiative has also been extended to staff and student volunteers in the Faculty who are allocated to assist with the pandemic at various sites.



Wits Pharmacy and the Aspen Pharmacare team at the flu vaccine (VaxOn8), food parcel and blankets handover at the Rosebank Union Church shelter as part of the Wits Pharmacy INVEST staff and student COVID-19 volunteer program.

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Pharmacy students have continued to provide primary healthcare services to the vulnerable in society according to their scope of practice. Initiatives such as screening for topical wounds and infections, constipation and poor nutrition, are attended to with medicines provided through our Trinity Healthcare Services Pharmacy. In addition, through a donation made by Aspen Pharmacare, hand soap was distributed to the homeless at Trinity Clinic, and Wits Pharmacy staff and students provided community education on proper hand hygiene and infection prevention during the pandemic. Such collaborations between Academia and Industry are able to provide expanded care to these patients during this period of volunteerism of pharmaceutical care.

“Aspen is extremely proud to be part of such an initiative that ensures that the most vulnerable of our country are not forgotten and continuously cared for during this unprecedented crisis,” said Stavros Nicolaou, Senior Executive, Aspen Pharmacare.

“We always educate our students to have a keen interest in public health and ensure that the public health system does not collapse on their watch,” said Mr. Moosa Kharodia who is responsible for the experiential learning component of the BPharm program at Wits Pharmacy.

A cohort of Wits Pharmacy student volunteers and staff are lending a helping hand at the Main Pharmacy of the Charlotte Maxeke Johannesburg Academic Hospital (CMJAH) to supplement the pharmaceutical services that are being delivered as part of the COVID-19 response. All staff and student volunteers have been issued with appropriate PPE generously donated by Aspen Pharmacare to ensure their safety. In addition, PERSONAL PROTECTION EQUIPMENT PPE and flu vaccinations have been donated by Wits Pharmacy to the Main Pharmacy at CMJAH as well as to final year Medical, Nursing, Physiotherapy, Occupational Therapy and Exercise and Sports Science students who are returning to the clinical platform in the Faculty of Health Sciences.

This joint initiative between Wits Pharmacy and Aspen also aims (early on) to instil teamwork and inter-professional learning among all healthcare professionals. It symbolizes that as healthcare workers we are all in this together for the patient and the country. “We want our students to be able to respond to a crisis, and as leaders and responsive Pharmacists that rise to the frontline of health care challenges affecting our people,” Professor Choonara remarked.



Wits Pharmacy students performing volunteer work at the CMJAH Main Pharmacy in order to lend a helping hand during the COVID-19 pandemic.



The South African Association of Hospital and Institutional Pharmacists (SAAHIP)

**35th Annual Conference and 64th AGM
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“It’s our Turn”
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Call for Abstracts

As we enter a new decade, new challenges and opportunities await pharmacy in the healthcare world. Pharmacists need to continuously respond to those challenges and opportunities, empowering patients through their practice. South Africa is now in phase 2 of the implementation of National Health Insurance (NHI). It is time for pharmacists to step up and take our turn in defining how best to deliver excellent pharmaceutical services as an integral part of universal health coverage.

New approaches are needed to accelerate service delivery through education, practice research, and to address South Africa’s fragmented healthcare system. Innovative pharmaceutical care, effective medicines supply chain management, competent leadership, and clinical governance models will be necessary if pharmacy is to meet the emerging health care opportunities and challenges.

Join us to discover how the new decade can enable you to find solutions for better health for all. **It’s our turn to make a difference.**

The 2021 SAAHIP Conference will once again be hosted by the Mpumalanga SAAHIP Branch. We invite and encourage abstract submissions from all practising hospital and institutional pharmacists, community service pharmacists, pharmacist interns and academics. We also challenge pharmacists to be on the forefront of adopting programmes in their work environments that bolster public health.

CATEGORIES FOR SUBMISSION OF ABSTRACT

Submit your abstracts in the following categories:

- ◇ **Availability of quality medicines and supplies:** Budget/inventory control; selection, procurement and distribution; medicine supply management; drug utilisation reviews; cost analysis.
- ◇ **Patient safety and security:** Reporting of adverse drug events; rational medicine use; adherence; communication and information on the safe use of medicines; patient education; the safe disposal of medicines; clinical programmes for disease management; quality of life evaluations.
- ◇ **Non-communicable diseases:** prevention; management; awareness; education.
- ◇ **Quality patient service:** Waiting times; patient load; patients on chronic medicines; community engagement; effective use of human resources.
- ◇ **Leadership in pharmacy.**
- ◇ **Strategic management and legal policies:** Implementation of new strategies in pharmaceutical services; methods employed to implement legal requirements; projects to improve Good Pharmacy Practice compliance or to advance the implementation of National Health Insurance in South Africa; strategies for change management.

The above is by no means an exclusive list. Other topics may be worthy of presentation.

PRESENTATION CATEGORIES

Using the following categories, determine the most appropriate format for your presentation:

- **Podium presentations:** A formal 10-minute oral presentation. A further five minutes will be allowed for discussion and to receive questions from the audience. A podium presentation is generally a structured research project with aims, methods, results and conclusions.
- **Scenario presentations:** A formal 10-minute oral presentation. A further five minutes will be allowed for discussion and to receive questions from the audience. A scenario could involve an in-depth study of a specific real-world event or a particular problem that was encountered and solved in a clinical or practice-related environment. Scenario presentations should illustrate a good understanding of why the event happened or why the problem occurred. Presentations should highlight the concerns that arise from a scenario (that requires further investigation) and how the problem can be solved.

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- **Pearl Presentations:** A short five-minute oral presentation. "Pearls" are a fun-filled way of presenting a serious topic, but with a different slant. Just as a pearl has an intrinsic value, these presentations should focus on something exceptional, precious and not well known generally. The presentation should convey a useful, punchy message that has not been widely published or taught. The ideas could be from any practice setting, e.g. clinical, administrative, pharmaceutical care or quality improvement. Although both a title and an abstract will need to be submitted for the selection process, only the title will be published in the conference programme. This is to preserve the essence of a pearl presentation. No discussion will take place. Questions will not be invited from the audience.
- **Poster Presentations:** A visual display that facilitates discussion. A poster could be research, a case study or a real-life event as outlined in the scenario presentations above. Presenters can display their posters for three days and deliver a formal 2-3 minute talk to the full audience during the scheduled poster session. Discussion and questions from the audience will take place at the poster during the subsequent tea or lunch break.

AWARDS

The following awards will be presented:

- Best podium presentation by a practising hospital or institutional pharmacist
- Best poster presentation by practising hospital or institutional pharmacist
- Best scenario presentation by a practising hospital institutional pharmacist
- Best presentation by an academic pharmacist
- Best pearl presentation

Only paid-up SAAHIP members will qualify for awards. Award winners from the previous two conferences and members of the judging panel will not be eligible for an award.

ABSTRACT SUBMISSION

Please visit the SAAHIP website for information on the format of abstracts and guidelines for authors:

<http://www.saahip.org.za/>

The information is outlined in the Abstract Submission Guideline document.

Abstracts can be submitted electronically by following the link: <https://forms.gle/4amuhSFoRRf83S6L7>

For more information, you can send an email to: recoetzee@uwc.ac.za

IMPORTANT DATES

Abstract submission deadline: 20 September 2020.

Notification of acceptance or rejection from the Academic Committee: 19 October 2020.



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SARCD AFRICA 2020

SARCD Africa in March 2020 was very successful, and feedback from exhibitors and buyers indicates that the changes that we made to the exhibition this year have had a desired effect.

Buyers reported that they prefer the three-day, weekday show, which they believe eliminates personal shoppers. Buyers and Exhibitors liked the show being in one hall, noting that it created a pleasant ambiance and lots of positive energy.

3374 buyers visited SARCD Africa over the 3 days, of which 626 were new buyers, which proves that our marketing campaign to attract new buyers is successful. Exhibitors also confirmed that the quality of buyers keeps improving, validating SARCD's long-held view of the value of quality over quantity.

SARCD Africa 2020 showcased over 180 exhibitors this year. We welcomed 65 new first-time exhibitors.

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Best Stand

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**SARCD A CHRISTMAS 2020 HAS BEEN CANCELLED.
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CANNABIS REVISITED

Gary Kohn

This article includes the usage, sale and supply, legal requirements which include control, licensing and compliance to Good Manufacturing Practice, Good Agricultural Practice, and the legislative requirements for export, import and cultivation under controlled conditions, and the analytical assessment of the active ingredients and other substances contained in a particular sample.

On the 18th of September 2018 the Constitutional Court made a ruling in favour of Cannabis to be used by South Africans, allowing an adult person to cultivate (or grow) it in a private place for their own consumption. Such person may also possess or use it in private for their own consumption.

The Constitutional Court gave Parliament 24 months from the judgement to rectify the invalid sections in the Drugs Act.

SAHPRA (the South African Health Products Regulatory Authority) have made provision for licence applications to cultivate, manufacture or import cannabis for medical purposes. An application form is available in accordance with Section 22C and 22D, to be read in conjunction with Regulation 22 and 24 of the Medicines and Related Substances Control Act. Forms must be completed and be correct, and the prescribed licence fee must accompany the application. Licensing guidelines are available on <https://www.sahpra.org.za>



Random tests of cannabis samples have shown a wide range of values containing different mixes and potencies and even inactive substances present in the samples. A matter of grave concern is the result of testing by an analytical laboratory of samples tested, of an unequal content exceeding the SAHPRA legal requirements of the content allowed, for scheduling purposes. The regulations and requirements make provision for on-site testing.

Attending the second seminar on Cannabis by The Mail and Guardian, certain issues have come to the fore that need discussion, and this has given me the opportunity to give my input, impressions and opinion on the issues of making Cannabis available for recreational and medical use.

There seems to be a great divide between the supporters that view Cannabis simply 'as a plant to be distributed, used, and supplied to all, even health-challenged people that are under treatment by medical professionals, and those that present with symptoms and ailments.' As motivation, the group in favour of free access uses the argument that uncontrolled use over a long period of time has produced no serious side effects or adverse effects.

SAHPRA, on the opposite side, is taking a more responsible approach of clinical trials, controls, scientific and medical assessment in dealing with this matter, and the legislation for implementing the licensing regulations.

Cannabis (the whole plant or products thereof) and THC (tetrahydrocannabinol) are currently listed as Schedule 7 substances in terms of the Medicines and Related Substances Control Act. Exemptions were made on the 23rd May 2019 for a period of 12 months. The Cannabis plant contains two main ingredients - THC (the psychoactive component) and CBD (Cannabidiol) (not associated with psychoactive outcomes.)

A processed product, e.g. hemp seed, hemp oil, and hemp powder, containing the naturally occurring trace amounts of THC ($\leq 0.001\%$) and CBD ($\leq 0.0075\%$) may be regarded as a foodstuff, provided the product does not contain whole Cannabis seeds and does not make any medicinal claims.

The announcement by the President at his State Of the Nation Address (SONA) is intended to stimulate the economy by supporting the cultivation and growth of Cannabis crops by small farmers, and also to formulate policies for the use of Cannabis as medicinal products, and to implement legislation by referring the matter to the relevant Ministers to build this industry in line with global trends.

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Countries that feature are e.g. Canada, that became the second country to legalise Cannabis on the 30th of July 2001 for medical and recreational use. The use of Cannabis in Canada has not been extensively tested, resulting in limited clinical data. Medical conditions treated in Canada with Cannabis involve the following: nausea in cancer; improving appetite in cancer and in people suffering with HIV/AIDS ; reducing chronic pain and muscle spasms and treating severe forms of cancer; improving sleep; and treating tics in Tourette's syndrome.

Cannabis is not rigorously tested in Canada and only limited clinical trials are conducted due to government restrictions. Short use increases the minor and major side effects, including memory and cognitive problems; risk of addiction; schizophrenia in young people, and children taking it by accident.

Nico Kriek, a panellist and a pharmacist from the Cannabis Compliance Bureau, addressed the seminar on the importance of completing the licence application form correctly without omissions, to facilitate the prompt processing of the application and to prevent it from being returned unprocessed.

There is a strong movement and opinion that Cannabis, being a plant, should be monitored by the Department of Agriculture and removed from the controls of SAHPRA.

Clearly there exists a lack of understanding of claims of the indications, use and benefits of Cannabis in the supply to people presenting with cancer and other ailments.

There is also a misconception of the reason for clinical trials, scheduling, and diagnosis by a medical practitioner to identify medical conditions.

The questions should be asked, what the outcome will be for the benefit of the people of South Africa of the recreational use of Cannabis ; the medical benefits ; social benefits, and whether a Cannabis project would improve the economy, stimulate employment so that the people of South Africa will benefit financially, and also to derive medical benefits.

References:

1. Medical Cannabis - the Canadian perspective Ko GD et al J Pain Res 2016
2. SAHPRA: Licence application to cultivate, manufacture or import cannabis for medical use
3. Cannabis and the Medicines and Related Substances Control Act, 1973

Comment on recommendations to **codeine** control by the stakeholders

Gary Kohn



The Drug Wise programme should be revisited and used as a training course and a counseling mechanism to assist in dealing with people that have an abuse potential. The Drug Wise booklet is available as a comprehensive document addressing the drug abuse problem and how to assist the student seeking advice and counselling. The programme can be used for presentations to schools and the public to educate and advise. The abuse and overuse include prescription medicines of codeine-containing medicines.

The demand, overuse and purchase of the medicines in pharmacies of codeine-containing cough medicines, sinus and flu medication, and pain medication is apparent. Although the sale is recorded and identity number and address is recorded, the system fails as patients can go to various pharmacies making the same sale without it being recorded in a central data base, and access of the patient profile and usage accessible nationally to monitor sales and actual usage.

.../ continued on page 18



There is also concern that some of these sales are not monitored, controlled, and correctly recorded in some pharmacies. Price promotion and advertising of these products should not be allowed as this could also encourage patients to buy and use more. The Medicine Control Act was always very stringent in the principle of advertising abuse-potential medicines.

These medicines should be part of Pharmacist Assisted Therapy (PAT) that allows pharmacist intervention and not only to supply on demand.

It would be a great pity and loss if because of lack of control, pharmacists would lose these medicines if they are up-scheduled. The example of the up-scheduling of ephedrine containing products is there, although the clinical use and indication and abuse potential justified this action.

Stringent monitoring by the South African Pharmacy Council and SAPHRA as well as strong disciplinary action, must be supported against pharmacists that do not control, record, and supply these medicines *ad hoc* and indiscriminately. The inspection of purchases, sales, and recording, are essential as an inspection guide-line to show up non-adherence and control.



SAAPI's Digital Transformational Journey

Thavashini Pather

Our members need access to resources and platforms that will empower them to constantly develop their skills and learn new proficiencies that will allow them to remain relevant and up to date in an incredibly evolving landscape.

SAAPI has proudly and successfully launched its online workshops/trainings/CPDs. SAAPI embraces digital transformation as a cultural change and not a COVID-19 outcome. We are helping to empower our members to evolve within our current circumstances. We aim to hurtle towards continual digital enlightenment at breakneck speed.

Our digital journey started with the online workshop: An Introduction to GMP, followed by SAAPI's first 'Live' online training on Quality Risk Management.

We look forward to taking you with us on this exciting mission, please look out for the following trainings:

- **MEDICAL DEVICE REGULATORY ASPECTS AND DEVICE DOCUMENTATION: 22nd – 23rd July 2020**
- **BIOPHARMACEUTICALS: 24th – 28th August 2020**

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- The GM has been in existence for 42 years as the information and educational newsletter of the Southern Gauteng Branch of the Pharmaceutical Society of South Africa.
- Published eight times a year, about every six weeks, the GM is distributed electronically to 1536 pharmacists in the Southern Gauteng area and 92 in the Vaal Triangle.
(These statistics are from a readership survey in July 2019.)
- This Distribution includes pharmacists in Community, Public and Private Hospital, Wits Academic staff and students and Industry Sectors of the Pharmaceutical Society.
- The GM is also published on the PSSA (*Pharmaceutical Society of South Africa*) national website.
- The Editorial Board, which consists of representatives of all the Sectors and the S.G Branch of the PSSA, has decided that the GM should offer companies an opportunity to advertise to the wide range of pharmacy professionals who are in daily contact with many thousands of the general public.
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For further details please contact Nikita at the PSSA National Office on (012) 470-9557 or at Nikita@pharmail.co.za

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INTERVIEW WITH PATRICIA THARAGE SAACP SG COMMITTEE MEMBER

David Sieff

Dave Sieff (DS): Please tell us about your Pharmacy and other education degrees achieved.

Patricia Tharage (PT): I graduated in 1995 with a BPharm degree at the University of the North, as well as an MBA degree from De Montfort University (UK); also completed several executive and management training, including the SA Business Excellence Programme at UNISA (a 'mini' MBA) in 1998, a Certificate in Business Management at Potchefstroom University, and an Executive Development Programme through the Gordon Institute of Business Science in 2004, as well as various IT courses.

DS: How did your work career start?

PT: My career started as a Pharmacist Intern at a Transnet Virtual Care (formerly Transnet) pharmacy, and then became a Pharmacy Manager, and

a year later was promoted to Head Office, where I moved through the ranks and became a Trustee and a Director on their Board; I was instrumental in the transformation of Virtual Care Pharmacies (VCPs), and was on the team that successfully negotiated the sale by Transnet of VCPs to management and employees.

As a senior executive responsible for pharmacy operations, I was involved in relocations and opening of new pharmacies, which involved doing feasibility studies to identify suitable locations, securing necessary approval from Pharmacy Council, installation of infrastructure including IT, staffing, and ensuring that the pharmacies were fully operational and functional.

I decided after 9 years in Pharmacy to leave the industry and to take my personal development more seriously, completing the courses previously mentioned, and have worked in Aviation and IT at executive and Board levels of various companies; I served as Acting CEO on the Board of Polokwane International Airport, where I managed development projects worth millions of Rands.

DS: I believe that you then returned to Pharmacy.

PT: Yes, and I'm very happy to be back in the industry, serving my profession; I'm the founder and Managing Director of Temoso, which owns Temoso ICT Solutions and Pro-Health Pharmacy, located in the Liberty Life Building in Braamfontein, Johannesburg, the original premises offered were inadequate, and a large area was then allocated, where the main clientele is Liberty executives and staff, as there is no street frontage for passing trade, although there are some customers from the nearby offices.

DS: Patricia, what motivated you to submit your name for nomination for membership of the Southern Gauteng Branch of the SA Association of Community Pharmacists (SAACP SG)? Also, having been voted as a new member, what have you experienced and how have you benefited?

PT: I felt that I wanted to learn more about the planning and services which the SAACP SG and the National body offered and managed for Community Pharmacy Affairs, and the distinctions between the functions of the PSSA and the SAACP, their Constitutions, and their respective responsibilities.

DS: Thank you Patricia for your time and the information about your varied and interesting career experience, and for taking the initiative to be a part of our SAACP SG Branch Committee, and I wish you a pleasant and informative term of service and participation.



Patricia Tharage





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The Editor reserves the right to amend punctuation or text for correctness, and to summarise where necessary.

We welcome all contributions and as space permits, these will be published.

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