



**A REVIEW ON OUT OF DATED DRUGS, BANNED DRUGS AND ITS COMBINATIONS & DRUG RELATED WORKPLACE ACCIDENTS**

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**ABSTRACT**

**Key Words**

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Drug undergoes vigorous testing before being introduced into the market. Mainly the efficacy and safety of the drugs are tested. The adverse effects of the drugs are detected mainly by regular monitoring. If harmful side effects are found with any drug, the Government authorities ban order and all manufacturers and wholesalers to call back the drug from the market and orders not to stock the particular medicine. Sometimes the drug may cause adverse effects when combined with a particular drug. In that cases, fixed dose combination is banned and not the individual drugs. The present review article highlights on outdated drugs, banned drugs and drug related accidents with its examples.

**INTRODUCTION**

**Out dated drugs** Drugs or medicines may be outdated from commercial markets because of lack of demand and relatively high production costs. Where risk or harms is the reasons for withdrawal, this will usually have been prompted by unexpected adverse effects that were not detected during phase-3 clinical trials i.e., they were only made apparent from post marketing surveillance data collected from the wider community over longer period of the wider community over longer period of time. According to FDA, a drug is removed from the market when its risks outweigh its benefits. A drug is usually taken off the market because of safety issues with the drug that cannot be corrected, such as when it is discovered that were unknown at the time of approval. It's true the effectiveness of a drug may decrease overtime, but much of the original potency still remains even a

decade after the expiration date. Excluding nitroglycerine, insulin and liquid antibiotics, most medications are as long-lasting as the ones tested by the Quality Control Department. Many medications are found to be stable beyond expiration data. When stored under ideal conditions. However, the stability of medication cannot be guaranteed once the medication has been dispensed to the patient. Council the patients to store medications in their original containers in a cool dry place to prevent rapid degradation and to keep out of reach of children advertisement. **Banned drugs and combinations** Drugs undergo vigorous testing before they are introduced into the market. They are first tested in animals and then in human beings during clinical trials for their efficacy as well as safety. Some adverse effect of drugs appears only when the drug is used in the general population after its approval.

If the adverse affects are severe or the risk using the drugs outweigh the benefits, or if the drug is ineffective, the country can ban the drug. Some drugs can cause adverse effect only when combined with particular drug. In such cases, only the fixed dose combination is banned and not the individual drug. Example: A Gazette notification by Ministry of Health and Family Welfare has banned 344 medicines of fixed drug combination. • Fixed dose combination of Aceclofenac, Paracetamol and Rabepazole. • Fixed dose combination of Nimesulide and Diclofenac. • Fixed dose combination of Nimesulide, Cetrizine and Caffeine • Fixed dose combination of Paracetamol and Tapentadol. • Fixed dose combination of Heparin and Diclofenac. • Fixed dose combination of Glucosamine and Ibuprofen. Banned Single Drug Preparations 1. Amidopyrine 2. Practolol 3. Penicillin skin or eye ointment 4. Nialamide 5. Rofecoxib 6. Cisapride 7. Human placenta extract in topical application for wound healing and injections for pelvic inflammatory diseases

**Drug related workplace accidents** Drug abuse is more common amongst the youth in our society due to the negative impact of unemployment, thus creating room for youth restiveness and social vices which is very bad for the society. Illicit drug abuse is now the fancy of youths in Niger States thus tarnishing the good image of the society. DRUG ABUSE is a stench that needs to be wiped out of the state to curb the menace, as 5 out of every 10 youths are involved with drugs. All hands needs to be on deck to tackle the menace, family inclusive as this affects every household. The rate of drug users in the State is growing rapidly on daily basis. A critical look at the streets and metropolis of Minna shows that the menace is having a field day among the youths as every nooks and crannies of the state is drug related in different forms. The momentum being gained by Drug Abuse creates fear in the communities and society at large as

criminality is rising due to the effect of illicit drug abuse. As a result of this, residents of the State seek the intervention of the Relevant Agencies established to curb the menace. Some of these drugs illicit are: Cannabis sativa, Flunitrazepam {Roche}, Nitrazepam somnapan {magadon}, Codeine Syrup. Drug abuse results in the following: • Addiction of an individual • Dependency on such drugs • Memory loss of an individual • Hallucinations • Ability difficulty • Possible Criminal Orientation. These are a few of what transpires within the life of a Drug Addict. Imagine an individual with a life style of this sort living within the community; this is not good for the society, as he could influence the youngsters or them imbibing the attitude from him. A common attribute amongst them is “personal discrimination” unto themselves, as they tend to be isolating themselves from the society, creating a psychologically retarded mind set. Drug abuse paints a society of integrity with negativity due to Drug issues and offences. Drug abuse must be curtailed or else there is no hope for the Future of the youths in the state. The drug Epidemic is eating deeper into the society consuming our morals as more youths find pleasure in drug abuse rather than find positive activities to make their lives productive and examining the effects and consequences involved. Symptoms of Drug Accidents in Amphetamine it is possible to overdose on amphetamines such as speed and race. Amphetamine overdose increases the risk of heart attack, stroke, seizure or drug- induced psychotic episodes. Amphetamine overdoses look different from an opium overdose, and signs and symptoms include: • Chest pain • Disorientating/ confusion • Severe headache • Seizures • High temperature (overheating, but not sweating) • Difficulty in breathing • Agitation and paranoia • Hallucinations • Unconsciousness. Precautions Done In Drug Accidents/ Overdose Taking more than one kind of

drug at a time puts strain on the body and can increase both effect and the risk. For example, most heroin- related overdose is caused when other depressant drugs are taken too. Alcohol and benzodiazepines like Xanax and Temaze are depressants, and making them with drugs like heroin, oxycodone or morphine greatly increases the risk of an overdose.

- Stay with them and assure them everything will be okay.
- If they appear unconscious ,try to get a response from them( eg: call them their names)
- If you can't get a response, gently turn the person on his/ her side (this is important to facilitate breathing and prevent choking). Then call an ambulance.
- Keep an eye on them. People can go in and out of consciousness
- Commence first-aid. Emergency operators can give CPR instructions If stimulants such as amphetamines are thought to be involved, a person may feel hot, anxious or agitated. Try to move them somewhere cooler and quieter .Or try to make the place quieter. In addition to unconsciousness, call for emergency help when someone is:
- Having a seizure
- Experiencing severe headache
- Experiencing chest pain
- Experiencing breathing difficulties
- Extremely paranoid, agitated and/ or confused

It is not necessary for someone to have all of these signs or symptoms for them to be overdosing. Exhibiting only a few could still mean they are in trouble and need emergency help.

## REFERENCES

1. "Drug Expiration Dates — Do They Mean Anything?"Harvard Health Publications. 2 September 2015. Retrieved 30 March 2017.
2. "On call: Drug expiration dates - Harvard Health". Harvard Health Publications. August 2009. Retrieved 2 May 2017. 3
3. "Drugs Past Their Expiration Date". JAMA. 315 (5): 510. 2

- February 2016. doi:10.1001/jama.2016.0048.
4. Shao, Jun; Chow, Shein-Chung (1 January 2001). "DRUG SHELF-LIFE ESTIMATION". *Statistica Sinica*. 11 (3): 737–745.
5. Waterman, Kenneth C. (2009). "Understanding and Predicting Pharmaceutical Product Shelf-Life". In Huynh-Ba, Kim. *Handbook of stability testing in pharmaceutical development : regulations, methodologies, and best practices*. New York: Springer. pp. 115–135.
6. Neighmond, Patti (6 February 2017). "Is Medicine Still Good After The Expiration Date?" NPR.org. Retrieved 30 March 2017.
7. Center for Drug Evaluation and Research (11 January 2016). "Don't Be Tempted to Use Expired Medicines". Food and Drug Administration. Retrieved 2 May 2017.
8. "The Myth of Drug Expiration Dates". ProPublica. Retrieved 18 July 2017.
9. Skinner, Ginger (26 August 2016). "What You Need to Know About Expired EpiPens". Consumer Reports. Retrieved 30 March 2017.
10. Rachid, Ousama; Simons, F. Estelle R.; Wein, Michael B.; Rawas-Qalaji, Mutasem; Simons, Keith J. (April 2015). "Epinephrine doses contained in outdated epinephrine auto-injectors collected in a Florida allergy practice". *Annals of Allergy, Asthma & Immunology*. 114 (4): 354–356.e1. doi:10.1016/j.anai.2015.01.015.