

## Health consumer protection officers' perspective toward the problems and the mechanism of consumer protection involving health products in upper northern Thailand

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### Abstract

The objective of this study is to examine the problem and the mechanism of consumer protection involving health products in upper northern Thailand from the health consumer protection officers' perspective. This qualitative study enrolled key-informants by purposive sampling and snowball technique from pharmacists who were responsible for consumer protection task. There were nine interviewees altogether, including seven pharmacists who worked at the provincial health office from Chiang Mai, Chiang Rai, Lamphun and Lampang, and two pharmacists who were the food and drug inspectors at the checkpoint in Chiang Rai. The data were collected and collated through in-depth interviews, which were being held during June 2013 to September 2013 and were analyzed by content analysis. The key-informants consist of 7 men and 2 women. Seven key-informants have been working in the field of consumer protection for more than 10 years. The health authorities stated the problem related to health consumer protection in 5 aspects; 1) unawareness and authority-dependence of consumers 2) impact of excessive advertisement and mass communication 3) Lack of legal knowledge and ignorance of entrepreneur 4) limitations of authorities and responding organizations 5) the gap in consumer protection law and regulations. They also focused on consumer protection mechanism concerning pre-marketing control, post-marketing control and consumer empowerment rather than law enforcement. In conclusion, the perspective of health authorities was to focus on consumer protection by using various mechanisms other than law enforcement. They realize that consumer problems involving many aspects as well as the limitation of the authorities and their organization. Finding solution for those problems is still challenging.

**Keyword:** Consumer protection, health products, health officer, consumer problem, pharmacist

### 1. INTRODUCTION

In spite of the establishment of the consumer protection organization which investigating on health products and services; problems and complaints are still increasingly high every year. Pharmacists in Thailand are not contributing only to the pharmaceutical industry, hospital and pharmacy mission but also in the field of consumer protection.<sup>1</sup> They play

an important role in health consumer protection especially one who works as an officer of the division of consumer protection and public health pharmacy in the provincial health office and the food and drug inspection at the checkpoint.

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northern Thailand from the health consumer protection officers' perspective.

## 2. MATERIAL AND METHODS

### 2.1 Study design

The design of this research is qualitative study.

### 2.2 Key-informants

The study enrolled key-informants by purposive sampling from pharmacists who responsible for consumer protection task of health products and services in the upper north of Thailand. The snowball technique also used to enroll the key-informants. The key-informant was asked to introduce other pharmacists who keen on consumer protection. Finally, there are nine interviewees altogether, including 7 pharmacists who work at the provincial health officers from Chiang Mai, Chiang Rai, Lamphun and Lampang, and 2 pharmacists who work at the food and drug inspection at the checkpoint from Chiang Rai.

### 2.3 Data collection

The data was collected and collated through in-depth interviews with semi-structure questions. Data was collected during June 2013 to September 2013 in 4 provinces. Content analysis was used as analytical method.

### 2.4 Ethical Review

This study was approved by ethical review committee, Faculty of Pharmacy, Chiang Mai University. The approval code is 23/2556.

## 3. RESULTS

### 3.1 Key-informants

The key-informants consist of 7 men and 2 women. Four key-informants responsible for post-marketing control, one for pre and post-marketing control, one for consumer empowerment while one key-informant responsible for all tasks. There are also 2 pharmacists who work at the food and drug checkpoint at the border. Seven key-informants

work in the field of consumer protection for more than 10 years. There is one pharmacist who has working experience less than a year.

### 3.2 The problems of consumer protection in health products and services

The health consumer protection officers stated the problem related to health consumer protection in 5 aspects;

#### 1) Unawareness and authority-dependence of consumers

The Key-informants claimed that a major problem is unawareness of information. They do not realize how important to fully understand the product before using it. As a result, they just ignore it and try out the product for themselves with intentions that if they should encounter any complication, they would consult the authorities and rely on officers to solve their problems.

#### 2) Impact of excessive advertisement and mass communication

The key-informants thought that advertisements played an important role toward the problem of people consumption. The diversity of media (such as television, printed materials, the internet and social media) helped consumers to get more information from the entrepreneur. The influx of information stimulated consumer's need and resulted in the decision to buy those products. The internet is a powerful media, but controlling and regulation of health products advertisement, selling and marketing via the internet are still inexplicit and inefficient.

#### 3) Lack of legal knowledge and ignorance of entrepreneur

Data indicate that there were a lot of problems related to entrepreneurs such as the production procedure, how the label show and the advertisement. The entrepreneurs may lack of proper production procedure. Unintentionally or illegally could occur by entrepreneurs or just ordinary workers (for example: a misunderstanding of GMP from the formal language

barrier among workers who were transnational). Some entrepreneurs were intentionally against the law due to business benefits rather than consumers safety which led to under-standard raw material, harmful additives which extended shelf-life or accelerated the desired outcome. More and more exaggeration or even rumors were spread to make the products well-known and sell well. Entrepreneurs could not keep standard due to the cost control problem and ignorance. Problems caused by related health providers such as practitioners do not follow the regulations or professional standard, some health setting service by untrained or illegal staff.

#### *4) Limitations of authorities and responding organizations*

The authorities and the government department were other factors to alleviate these problems since they did not integrate the whole system into one. Moreover, policies and budgets were still inadequate. The authorities did not deeply understand consumers and their consumption so they produce ineffective public relation. Some policies of the government affected the consumer protection such as the fast-track program for One Tambon One District (OTOP) product to get certain hygienic labels which lower the intense inspection. Many key-informants pointed out that the limited budget slows down the mechanism. Equipment and technologies were also insufficient because of the budget. Some authorities were lack of inspection skills to catch the products with flaws. Thus these harmful products got a safety standard. A common example was products filled with dangerous additive that was not covered by the list of inspection. Low incentive in term of promotion made authorities less motivates to their duties. Finally, the pharmacy curriculum still focuses on the curing process than consumer protection.

#### *5) The gap of related consumer protection law and regulations.*

Law and regulations were another consumer protection mechanism which was

widely applied by authorities. The gap of the law allowed some entrepreneurs to exploit their consumer; for example they avoided prohibiting words or meaning in advertisement and used other words or meaning to disguise their customers.

### **3.3 The mechanism of consumer protection**

They also focused on consumer protection mechanism concerning pre-marketing control, post-marketing control and consumer empowerment rather than law enforcement.

Pre-marketing control: This mechanism would emphasize on the entrepreneur which could be divided into 2 categories; domestic products and imported products. In the domestic product control, the authority used some regulations such as GMP to examine and control the entrepreneur's production process. Therefore consumers could get the safety products as much as possible. The informants also hi-lighted on setting standards, acknowledgement for entrepreneurs and warning measure for misbehavior. For imported product control, the authorities of food and drug checkpoint were responsible for this duty. It does not directly control the entrepreneur, but rather an imported process. They will run a primary inspection, if they find any prohibited or unsafe products they will hold or sequester that products otherwise released it. The limitation of this primary inspection is their analysis capacity. In both domestic and imported product control if they find illegal products, they can prosecute the affiliate entrepreneur. However, pharmacists who were in charge of inspection try to avoid prosecution process. They usually used other compromised mechanism such as giving the entrepreneur advice and counseling.

Post-marketing control: After products were released from the checkpoints or manufacture, the authorities will randomly check both products and production sites. To ensure that the health products available in the market are safe and legitimate, the authorities need to investigate them regularly. But the limitation of the post marketing control is the enormous number of products, entrepreneurs, manufactures.

Surveillance Program for Consumer Safety: The authorities consider surveillance program as an important mechanism that they used in products safety control such as receive complaints from consumers, trace the radio broadcast for inappropriate health product advertisement, inform other relevance departments or community to avoid unsafe products. Despite the high-priced of surveillance program especially laboratory test, they emphasize the importance of these processes to ensure consumers safety, and the government has to take full action on investment. A mobile unit, a van equips with test kits and laboratory equipment operated by a food scientist, which runs throughout Thailand to inspect food products, is another effective mechanism that they used in consumer protection. They reveal that more mobile units are needed to cover more area and activities.

Consumer empowerment is the only mechanism focused on the consumer. The projects and activities were brought to strengthen consumer to realize their rights and protect themselves. Authorities also connected consumer into consumer groups and networks. Information about safe consumption was clarified and made it easy for consumers to understand.

#### 4. DISCUSSION

Consumer's problems on health products and services are a sophisticate problem since it related with many stakeholders; consumers, entrepreneurs and regulators. Each stakeholder also has different characteristics but linked with each other. Only one solving method or with only some points cannot solve the problem. A study of Sareeya Galasintu<sup>2</sup>, indicated that entrepreneur used various marketing strategies to present their products intensely while consumers lose their power to negotiate with the entrepreneur. Even though there are several laws and regulations to promote and encourage entrepreneurs to deliver a good product, but many consumers still faced with defective products. Therefore, pharmacist as an officer who is responsible for each task in the mechanism, needs to comprehend and understand the link between a task and mechanism. Working integrated with both inside and outside institutions will make it more powerful to protect the consumers.

For imported products, there are now 35 foods and drug checkpoints nationwide.<sup>3</sup> The amount of goods that go through each checkpoint is abundant. With economic reason, the checkpoint is necessary to check all products as fast as they can. However, with the limited number of officers and equipment, they can only emphasize on the primary inspection. In terms of consumer safety, another mechanism needs to be added. Thailand now uses the global GS1 Traceability Standard<sup>4</sup> as of 103 countries worldwide but authorities can only check from the documents. They cannot send the authorities to check the products in the origin of each product as the European Union does in food industries.<sup>5</sup>

In addition to the problems of manpower limitation, budget and equipment, the government policy is another barrier to raise the safety procedure to the maximum level. Some policies are contradicted with safety measurement such as the sufficient economic project that encourages the community to produce their own bottled drinking water. A survey of community-owned production sites of drinking water in Trang province which receiving financial support from the sufficiency economy project of Thai government in 2009 found that none of manufacture passed the GMP and the quality of drinking water was also under standard.<sup>6</sup> However, as a government policy, the authorities cannot close these production-sites and need to help them to pass the standard.

A pharmacist who was trained as a healthcare provider is comfortable to work to examine the quality of the products and scientific procedure. If the product fails to meet the required standard, they are reluctant to use prosecution mechanism. They prefer educational method including advice, counseling, and teaching. This finding is relevant with a study of pharmacist working in tobacco control which they prefer to use educational method other than prosecution.<sup>7</sup>

Consumer empowerment is one of mechanism that authorities mentioned. However, most of the authorities emphasize only weak side of consumers. They pay less attention to the potential of consumers. This situation also appears in national structural level. The Consumer



Empowerment Division is the smallest division in Thai FDA. The director of this division has a lower position comparing to the health product control division group such as Drug Control Division, Narcotics Control Division and Food Control Division. He/she is in a primary level whereas directors of those divisions are in a higher level. There are only 27 persons, the fewest among other divisions.<sup>8</sup> However, regarding outcome, this small division made a very good work. "Aor Yor Noi" or Little FDA project plays an important role to empower Thai students. Aor Yor Noi project has opened the opportunity for Thai students to explore the safety of their daily products such as meal, snack, etc. They learned how to test the quality of food and products and use a test kit to test the quality of food in their school's canteen or community.<sup>9</sup> These students also play an active role in community consumer activities such as publicized the consumer information.

## 5. CONCLUSION

In the context of complex numerous health consumer problems and limited of budget and personnel, to strengthen the consumer protection, government and authorities should open more space for consumers to participate in consumer protection, especially promote and emphasized on consumer's rights. Authorities should integrate their work altogether to support consumer's rights such as providing a convenient complaint channel, strictly prosecute the entrepreneur who violate the law, support consumer gather into a group and network.

## 6. ACKNOWLEDGEMENT

Researchers are grateful to all provincial health officers and food and drug inspectors who have provided us with understanding of their concerns and their current roles. We are also would like to extend our gratitude to Mr. Sutthipan Srisuvapuk and Dr. Chidchanok Ruengorn for their valuable comments.

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