

Emerging trends in international medication tourism

Adam Holohan¹, Gerard T. Flaherty^{2,3*} 

¹ School of Pharmacology and Therapeutics, University of Galway, Galway, Ireland.

² School of Medicine, University of Galway, Galway, Ireland.

³ School of Medicine, International Medical University, Kuala Lumpur, Malaysia.

***Corresponding Author:** Prof. Gerard T. Flaherty, MD, PhD, School of Medicine, University of Galway, Galway, Ireland. Email: gerard.flaherty@universityofgalway.ie. Tel.: +353-91-495469.

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Dear Editor,

International travel has played a role in the development of pharmacology since ancient times. The Silk Road, for example, played a key role in the dissemination of medical knowledge as well as the transportation of medicinal goods throughout the medieval world. While there has been a significant focus on medical tourism in the medical literature, the phenomenon of medication, otherwise known as pharmaceutical or pharmacy, tourism has received less attention than the transportation by travellers of domestically prescribed therapeutic drugs for personal use.¹ Medication tourism refers to the act of travelling abroad to obtain medication at a lower price or to obtain medication unavailable in one's home country.² This frequently occurs in the context of recreational leisure travel or travel to visit friends and relatives and obtain medical care in a more familiar healthcare system, so-called diasporic medical tourism.

Medication tourism carries inherent risks, since there is often no guarantee that the medications purchased overseas are safe or efficacious. Additionally, the medication tourist may encounter legal difficulties associated with importing certain medications into their home country. A World Health Organization report found that up to half of the global drug market consists of counterfeit medication, with a high proportion of these drugs being sold throughout the developing world.³ As a result of prohibitive costs and low domestic availability of medicines, patients in developing countries have an increased likelihood of purchasing these cheaper alternatives.

Medication tourists travel to a variety of countries to obtain therapeutic drugs for personal use. Popular destinations include Canada, Mexico, India, Singapore, and Thailand. Medication tourism may be precipitated by higher comparative drug costs in the traveller's home country, and this is regulated to some extent by targeted legislation in both sending⁴ and receiving⁵ countries. An important pull factor in medication tourism is residence in a higher income country which borders a less developed country with lower medication costs. Tourists from the USA travel to Mexico, for example, to access medication cheaply and easily due to the Mexican government's relatively lax regulation of pharmaceutical products.⁶ Purchasing medication in Mexico without a prescription from pharmacy clerks with limited training on drug-drug interactions and contraindications is a widespread practice and may extend to antibiotics, analgesics, hypertension and diabetes drugs. Medication tourists are inevitably faced with cultural and linguistic barriers which can complicate transactions. Additionally, certain opioid analgesics which are available without prescription in Mexico are categorised as controlled substances in the United States.⁶

There are several fundamental differences in national regulatory practices throughout the European Union (EU). Travellers must consider whether their prescriptions are valid across different international jurisdictions and whether clinicians have the authority to prescribe certain medications in their respective countries. The EU lacks common access information regarding the validation of prescriptions transnationally and clear details on the recognition of equivalent products and authorised

prescribers are difficult for the medication tourist to obtain.⁷

We previously reviewed the subject of stem cell tourism as an emerging form of medical tourism.⁸ These novel biopharmaceuticals have aroused great interest in both the general public and clinicians alike and are frequently marketed directly to the public using dubious methods. As many of these drugs are currently in early stages of development it has proved challenging to translate them from the laboratory to clinical use. The International Society for Stem Cell Research has published guidelines for prospective stem cell tourists (<https://www.isscr.org/guidelines>). These recommend that treatments be expertly evaluated with independent oversight. Informed consent should be given to patients regarding stem-cell-based treatments and clinical trial results reporting should be transparent.

Travellers with chronic medical illnesses may be unaware of the risks associated with medication tourism. As part of the pre-travel consultation, they should be discouraged from engaging in medication tourism where possible. Otherwise, they should be advised to only purchase their medications from a reputable pharmacy abroad, to present a copy of their prescription to a registered local pharmacist, to check for any legal restrictions on transporting given quantities of certain medications for personal use across international borders, to keep medications in their original, labelled containers, and to store them according to the manufacturer's instructions. Further research is needed to determine the full extent of medication tourism in practice, to describe current patterns and trends, and to devise strategies to inform travellers of its potential risks.

Authors' Contributions

GTF was responsible for study conception. Both authors contributed equally to research and manuscript preparation.

Conflict of Interest

None to disclose.

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References

1. Kissane JR, Flaherty GT. Transportation of therapeutic and controlled drugs across international borders: a descriptive analysis of information available to travellers. *Int Health*. 2023;15(1):104-106. doi: <https://doi.org/10.1093/inthealth/ihac014>.
2. Baker DE. Has the time come for "medication tourism"? *Hosp Pharm*. 2014;49(11):999-1000. doi: <https://doi.org/10.1310/hpi4911-999>
3. Glass BD. Counterfeit drugs and medical devices in developing countries. *Res Rep Trop Med*. 2014;5:11-22. doi: <https://doi.org/10.2147/RRTM.S39354>
4. Embassy of the United Arab Emirates. 2023. Bringing medication into the UAE. Available at: <https://www.uae-embassy.org/permitted-prescriptionsdrugs-while-entering-uae#:~:text=Travelers%20must%20carry%20the%20prescription,allowed%20quantities%20and%20required%20documentation> (accessed 11 September 2023).
5. The White House. 2023. FACT SHEET: President Biden's Cap on the Cost of Insulin Could Benefit Millions of Americans in All 50 States. Available at: <https://www.whitehouse.gov/briefing-room/statements-releases/2023/03/02/fact-sheet-president-bidens-cap-on-the-cost-of-insulin-could-benefit-millions-of-americans-in-all-50-states/> (accessed 11 September 2023).
6. Calvillo JP, Lal L. Pilot study of a survey of US residents purchasing medications in Mexico: Demographics, reasons, and types of medications purchased. *Clinical Therapeutics*. 2003;25(2):561-77. doi: [https://doi.org/10.1016/s0149-2918\(03\)80097-8](https://doi.org/10.1016/s0149-2918(03)80097-8)
7. Miguel LS, Augustin U, Busse R, et al. Recognition of pharmaceutical prescriptions across the European Union: a comparison of five Member States' policies and practices. *Health Policy*. 2014;116(2-3):206-213. doi: <https://doi.org/10.1016/j.healthpol.2013.11.003>.
8. Lyons S, Salgaonkar S, Flaherty GT. International stem cell tourism: a critical literature review and evidence-based recommendations. *Int Health*. 2022;14(2):132-41. doi: <https://doi.org/10.1093/inthealth/ihab050>.