

How Do The Pharmacists Perceive Substance Abuse and Their Prevention Role in This Context : A Qualitative Study

Selen YEĞENOĞLU*

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Summary : In-depth interview is one of the qualitative research methods. Qualitative research methods provide more insight into the subject to be researched and the thoughts of people who are to be interviewed.

In this research, 60 community pharmacists were interviewed in-depth with the aim of finding out their approach to the problem of substance abuse and their prevention role in this disease. In this article the most important findings obtained from the research are highlighted.

Of the pharmacists almost all (96.7%), evaluated the situation of substance abuse in the country as "serious". Almost four-fifths of the pharmacists (83.3%) thought "teenagers" and one-seventh (13.3%) thought "the rich ones" were under the risk of substance abuse.

Pharmacists indicated that they could take the following roles in preventing substance abuse: Warning the patient concerning the medicines which have dependency risk (46.7%), not selling medicines which have dependency risk without prescription (43.3%), giving importance to patient-pharmacist communication (18.3%), being voluntary in giving information on substance abuse (13.3%), giving education and participating in the self-learning activities on substance abuse (13.3%), giving importance in the second place to the commercial side of the profession (10.0%).

Keywords : Substance abuse, community pharmacists, qualitative research, in-depth interview(s).

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INTRODUCTION

Latest data indicate that there is an increase in substance abuse in our country¹⁻². Professor Gibson, who is working at Washington State Pharmacy, em-

Eczacıların Madde Bağımlılığını ve Bu Bağlamdaki Önleme Rollerini Algulamaları: Kalitatif Çalışma

Özet : Derinlemesine görüşme, kalitatif araştırma metodlarından bir tanesidir. Kalitatif araştırma yöntemleri araştırılan konuya ve görüşülen kişilerin düşüncelerine daha detaylı inebilme imkanı sağlamaktadır.

Bu çalışmada, 60 eczane eczacısıyla, madde bağımlılığı problemlerine ve bu hastalığın önlenmesindeki rollerine nasıl yaklaştıklarını saptamak amacıyla derinlemesine görüşme yapılmıştır. Bu makalede, çalışmada elde edilen en önemli bulgular vurgulanmıştır.

Eczacıların hemen tamamı (96.7%), ülkedeki madde bağımlılığının durumunu "ciddi boyutta" biçiminde değerlendirmiştir. Eczacıların beşte dördü (83.3%) "gençlerin" ve yedide biri (13.3%) "zenginlerin" madde bağımlılığı riski altında olduklarını düşünmektedir.

Eczacılar madde bağımlılığına karşı mücadelede şu rolleri alabileceklerini belirtmiştir: Hastayı madde bağımlılığı riski taşıyan ilaçlar hakkında uyararak (46.7%), bağımlılık riski taşıyan ilaçları reçetesiz satmamak (43.3%), hasta-eczacı iletişimine önem vermek (18.3%), madde bağımlılığı hakkında gönüllü danışmanlık yapmak (13.3%), madde bağımlılığı hakkında eğitim vermek ve kendi kendine öğrenme etkinliklerine katılmak (13.3%), mesleği ticari yönünü ikinci planda düşünmek (10.0%).

Anahtar kelimeler : Madde bağımlılığı, eczane eczacıları, kalitatif araştırma, derinlemesine görüşme(ler).

phasises that pharmacists should be the primary information source to the patients, non-governmental organisations and to the police department in the following subjects: aetiology of substance abuse, development of substance abuse and it's consequences.

* Hacettepe University, Faculty of Pharmacy, Department of Pharmacy Management, 06100 Sıhhiye, Ankara-TURKEY.

° Correspondence

He also states that the same professionals should participate actively in the educational projects conducted by the community institutions³.

In United Kingdom Health Education Authority (HEA) and health promotion departments promotes pharmacists' participating in health promotion activities like "Quit Smoking"⁴. In the same country, the activities which pharmacists take part most are the following: 1) Selling out birth control and nicotine replacement products, 2) Display of brochures and booklets about rational drug use, prevention of diseases, etc., 3) Participating to distance education activities, 4) Providing sterile injection equipment to the drug users, 5) Giving advice and counselling to the patients⁵.

Further, in 1995 July, 30 Sweden pharmacists participated to a two-day course in order to educate and guide to the patients to stop smoking in their own pharmacies. The project was conducted just after the course. The general practitioners, dentists and nurses supported this project by informing their patients as well. In the end of the project 66% of the patients stopped smoking⁶.

The aim of this research was to investigate the community pharmacist's approach to the problem of substance abuse and their prevention role by in-depth interviewing technique.

MATERIAL AND METHODS

In-depth interviews present a valuable opportunity to talk to people who possess much information about the issue and who can suffer due to the characteristics of the subject matter and learn their opinion on the issue⁷. A pilot study had been done with 15 community pharmacists before the original research was conducted. At this stage a standard in-depth interview questionnaire form was used; all the questions were open-ended. After the pilot study, necessary changes were made in the questionnaire; some questions were excluded and some of them were changed. In the end, a 19-item questionnaire was prepared for the original research. By

using the systematic sampling method⁸, 60 pharmacies were selected and for each pharmacy two more pharmacies were selected as spares. The agenda of Ankara Chamber of Pharmacists was used for this task. In the agenda all the pharmacies and owners of these pharmacies were listed from number one up to number 1097. Pharmacy selection for in-depth interviews was done by dividing the universal size (a total of 1097 pharmacies) by sample size (60 pharmacy); $(1097/60=18)$. From the beginning of the agenda list, after counting every 18 pharmacy, the 19th pharmacy was selected for the sample. While conducting in-depth interviews, those pharmacists who had not been found in their pharmacies the first time were not revisited. At the end of this stage, of the 60 pharmacists who were selected for in-depth interviews, 25 were absent from their pharmacies, six pharmacists rejected having an interview. In this context, from the first chosen pharmacies 19 pharmacists, and from the second chosen pharmacies 12 pharmacists were in-depth interviewed. 60 in-depth interviews were completed with the pharmacists from Keçiören, Mamak, Yenimahalle, Altındağ and Çankaya districts of Ankara.

There is no definite rule concerning how many subjects should be included while doing qualitative research in any literature⁹. On the other hand there is only one rule that should be kept in mind; for every variable, there should be at least two (in-depth interviews or focus group discussions) case studies. Thus in case of variables such as gender, age, socio-economic status and education at least two case studies should be conducted for each of them. Another rule is that in-depth interviews and focus group discussions must be continued until new information exists. However in a qualitative study, fewer case studies take place when compared to quantitative study, but in each case study, the analysis is done in-depth. In this research, taking into consideration all the above mentioned rules, 60 pharmacists were interviewed in-depth. In qualitative analysis the data obtained from different sources are put in order and presented with the literature, which supports the findings⁷. The same procedure is applied when writing this article.

RESULTS

Demographic characteristics of the pharmacists

Of the 60 pharmacists who were interviewed in-depth, more than two-third of the pharmacists were females (65%) and one-third were males (35%).

Distribution of the pharmacists according to their age is given in Table 1.

Table 1. Distribution of pharmacists according to their age

Age (year)	Number	%
< 25	5	8.3
25-34	18	30.0
35-44	20	33.4
45-54	15	25.0
55+	2	3.3
Total	60	100

Pharmacists (33.4%) exist most numerously in 35-44 age group and the least age group (3.3%) in the age 55 and over group. The youngest pharmacist was her 21 and the oldest was 65 years old. The mean age of all of the 60 pharmacists is 37.8.

In Table 2 distribution of the pharmacists concerning their service years as a community pharmacist is given.

Table 2. Distribution of pharmacists concerning their service years working as a community pharmacist

Working as a community pharmacist (years)	Number	%
≤ 5	18	30.0
5+	42	70.0
Total	60	100.0

Of the 60 pharmacists 30% stated that he/she has been a community pharmacist for five years or less and 70% has been a community pharmacist for more than five years.

Pharmacist's opinions concerning substance misuse

Table 3. Pharmacist's opinions on the situation of substance abuse in Turkey

Substance abuse situation	Number	%
Serious	58	96.7
Other	2	3.3
Total	60	100.0

Of the pharmacists 96.7% stated that the situation of substance abuse in Turkey is serious.

Table 4. Groups that pharmacists perceive at risk of substance abuse

Risk groups	Number	%
Teenagers	50	83.3
Those who have mental disturbances	43	71.7
Anyone	16	26.7
Jobless people	15	25.0
Rich people	8	13.3

Of the pharmacists 83.3% found teenagers and 13.3% found rich people under the risk of substance abuse.

Table 5. Target groups which pharmacists perceive should be educated on substance abuse

Target groups	Number	%
Teenagers / Students	43	71.7
Parents	18	30.0
Children	16	26.7
Educators	10	16.7
Health professionals	7	11.7
Everyone	6	10.0

Pharmacists who were interviewed in-depth perceived the following groups as target groups in the education of substance abuse respectively: Teenagers / students (71.7%), parents (30.0%), children (26.7%), educators (16.7%), health professionals (11.7%), everyone (10.0%).

Table 6. Institutions pharmacists perceive as having priority in substance abuse education

Institutions	Number	%
Schools	48	80.0
Media institutions	20	33.3
Families	14	23.3
Other	11	18.3

In the education of substance abuse, pharmacists give priority first to the schools (80%), second to the media institutions (33.3%) and third to the families (23.3%).

Table 7. Substances that have priority in substance abuse education according to the pharmacists

Substances	Number	%
Alcohol and tobacco	32	53.3
Narcotics (cannabis, morphine, heroin)	14	23.3
Medicines that have dependency risk	14	23.3
All the substances that have dependency risk	13	21.7
Solvents (volatile substances)	12	20.0
Other (smelling eraser, ecstasy, cocaine)	4	6.7

According to the pharmacists, in substance abuse education, the following substances should have priority: Alcohol and tobacco (53.3%), medicines that have dependency risk (23.3%), all the substances that have dependency risk (21.7%), solvents (20.0%).

Community pharmacists' role in substance abuse prevention

Table 8. Counselling on drug abuse to the pharmacists

Substance abuse counselling	Number	%
"yes"	37	61.7
"no"	23	38.3
Total	60	100.0

Of the pharmacists 61.7% stated that people question them on drug abuse. On the other hand 38.3% stated that there is no questioning from public on drug abuse.

Table 9. The related subjects which are asked about drug abuse

Subjects that are asked	Number	%
Seeking advice for quitting the drug	32	54.2
Asking to identify the substances that are found in the pockets of the children	15	25.4
Counselling in order to remove the withdrawal symptoms	6	10.2
Seeking information on dependency risk of medicines and their appropriate use	5	8.5
Cannot remember	1	1.7

The pharmacists who are being asked about substance abuse stated that the most requested information from the users and/or the users'

relatives were how to quit (54.2%), the least asked information was on the dependency risk of medicines and their appropriate use (8.5%).

Table 10. The perceived roles in which pharmacists think they can perform in substance abuse struggle

Pharmacists' substance abuse prevention roles	Number	%
Giving information about side effects of the medicines	28	46.7
Not selling the medicines which have dependency risks without prescription	26	43.3
Giving importance to the patient-pharmacist communication	11	18.3
Volunteering information on substance abuse	8	13.3
Giving education and participating in the self-learning activities on substance abuse	8	13.3
Thinking of the commercial side of the profession as a secondary aspect	6	10.0

In-depth interviewed pharmacists indicated that they can have the following roles in substance abuse struggle: Giving information to the patient about the side effects of medicines that he/she is taking and warning whether the medicine has a dependency risk (46.7%), not selling the medicines which have dependency risks without prescription (43.3%), giving importance to the patient-pharmacist communication (18.3%), volunteering information on substance abuse (13.3%), giving education and participating in the self-learning activities on substance abuse (13.3%), thinking of the commercial side of the profession as of secondary importance (10.0%).

DISCUSSION

In order to find out how community pharmacists perceive substance abuse and their professional roles for prevention, general questions and then more specific questions were asked in the survey. In

these context pharmacists' opinions on the situation of substance abuse in Turkey was worth learning. Of the pharmacists, nearly all (96.7%), evaluated the substance abuse situation in the country as "serious" (Table 3). It is a fact that, especially in recent years, there is evidence that substance use is growing among the population^{2,10}. In a survey of U.S. pharmacy faculty attitudes concerning alcohol and drug use, alcohol abuse was considered to be a moderate or major national problem by 39.3% and 57.8% of respondents, respectively¹¹.

Almost four-fifths of the pharmacists (83.3%) thought teenagers and one-seventh (13.3%) thought the rich customers were at risk of substance abuse (Table 4). Substance abuse threatens primarily the young ones, and this is a fact, which cannot be ignored^{4,12,13}. Also, relevant data show that the starting age of substance use is decreasing in recent years¹⁴. Besides, when one starts to use and continues using drugs, the following drugs are tried respectively; tobacco, alcohol, cannabis (marijuana), legal and/or illegal drugs (psychotropic, ecstasy, etc), cocaine/crack, heroin^{11,12}. On the other hand some pharmacists' evaluation of the groups that are under the risk of substance abuse (such as only the rich customers) is far from the true situation.

Pharmacists indicated that they could play the following roles in the struggle against substance abuse: Warning the patient concerning the medicines which have dependency risk (46.7%), not selling medicines which have dependency risk without prescription (43.3%), giving importance to patient-pharmacist communication (18.3%), volunteering information on substance abuse (13.3%), giving education and participating in the self-learning activities on substance abuse (13.3%), thinking of the commercial side of the profession as a secondary issue (10.0%) (Table 11). The ratio of the pharmacists who indicated that they should be actively or passively involved in educational activities is almost one-seventh (13.3%). Indeed this ratio is very low and the large number (almost nine tenth) of pharmacists ignore the possibility that they could take active roles in prevention of substance abuse by educating patients/customers. In another study done in USA,

63% of the physicians indicated that pharmacists should take more active roles in the public health area. Community pharmacists have numerous opportunities for providing health education voluntarily. Because they are the most easily and readily accessible health professionals; they are in a suitable position when providing a medicine and they can also make necessary notification¹⁵. On the other hand one-tenth of the pharmacists (10%) indicated that their colleagues can ignore the harmful effects, and selling the medicine is more important to them. One can have an impression from this finding that pharmacists can sometimes act against ethics when giving medicines to the patients/patient relatives. In other words monetary benefit can be sometimes more important than public health. In this research, pharmacists think that the following substances should have priority respectively when providing education: Alcohol and tobacco products (53.3%), medicines (23.3%), all substances that cause addiction (21.7%), volatile substances (20.0%) (Table 7). It is observed that pharmacists have a realistic approach to the subject. Because it is a fact that alcohol and cigarette smoking (tobacco products) are initial and gateway drugs in addiction process. Everyone in the scientific world¹⁴ agrees this fact on.

CONCLUSION

Pharmacists can play a role in the prevention of substance abuse. They can educate people and patients on this subject. On the other hand, both professional organisations such as Ankara Chamber of Pharmacists, Turkish Pharmacists Association and faculties of pharmacy have important tasks in this context. These institutions should underline the importance of the code of ethics when providing medicines to the patients. It is significant that the commercial side of the profession should be a secondary issue and this should be underlined both in undergraduate and in postgraduate education.

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