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Consumer preferences for over-the-counter drug retailers in the reregulated Swedish pharmacy market



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ABSTRACT

Following a large regulatory reform in 2009, which ended the state's pharmacy monopoly, non-pharmacy retailers in Sweden today sell certain over-the-counter (OTC) drugs. The aim of this study was to investigate consumer preferences regarding OTC drug retailers and the reasons for choosing a pharmacy versus non-pharmacy retailer. We conducted a web survey aimed at Swedish adults. Out of a stratified sample of 4058 persons, 2594 agreed to take part (48% women; mean age: 50.3 years). Questions related to OTC drug use, retailer choice and factors affecting the participants' preferences for OTC drug retailers. Logistic regression was conducted to analyse OTC drug use and reasons for retailer choice in relation to sex, age and education. Nine in ten participants reported OTC drug use in the 6 months prior to the study. For their last OTC purchase, 76% had gone to a pharmacy, 20% to a grocery shop and 4% to a convenience store, gas station or online. Geographic proximity, opening hours and product range were reported as the most important factors in retailer choice. Counselling by trained staff was important to 57% of participants. The end of the state's pharmacy monopoly and the increase in number of pharmacies seem to have impacted more on Swedish consumers' purchase behaviours compared with the deregulation of OTC drug sales.

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1. Introduction

The Nordic pharmacy markets have traditionally been under strict governmental regulation [1]. Since the mid-1990s, regulatory reforms have resulted in major changes introducing more diverse pharmacy ownership and an increase in the number and types of retail outlets selling

drugs [2–4]. Sweden was the last of the Nordic countries to re-regulate the pharmacy market when the governmental pharmacy monopoly ended in 2009 and private pharmacy enterprises entered the market [5]. At the same time, non-pharmacy retailers were permitted to sell certain over-the-counter (OTC) drugs. The intention was to stimulate price competition for cost control purposes and increase the general availability of OTC drugs [6]. Within 5 years, the number of state-owned pharmacies had decreased from 929 to 370 while 957 private pharmacies had been established [7]. In addition, about 5600 grocery stores, convenience stores and gas stations had received authorisation from the Medical Products Agency to sell

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certain OTC drugs accounting for 18.5% of the OTC market [7,8].

In Sweden a drug may be approved for OTC sale if it does not pose a direct or indirect risk (i.e. if it has low toxicity and low risk of adverse events and does not conceal any underlying serious illness) or present any danger of abuse. Furthermore, it should be suitable for self-medication and the package size must be adapted to the intended treatment length (usually a maximum of 14 days). The mandatory patient information leaflet should give clear instructions so that rational use is achievable. According to Swedish legislation, community pharmacists are obliged to provide drug information and counsel patients about correct drug use on drug dispensing [5]. The sale of OTC drugs is subject to similar information requirements. However, in non-pharmacy retail outlets other rules apply as these retailers are not allowed to provide counselling on choice of treatment or dosing. The patient is instead referred to a pharmacy or the package insert for drug information. In addition, non-pharmacy retailers are limited to a list with a maximum of 1700 drugs, in a limited range of package sizes, which they can sell to individuals 18 years of age and older [9].

Patients often have limited knowledge of the properties of OTC drugs and how to use them appropriately [10–14]. Increased availability of OTC drugs has previously been suggested to lead to more relaxed attitudes towards the use of these drugs [15]. There is evidence that patients are unaware of the adverse risks associated with concurrent use of OTC drugs with other drugs and agents [12,16] and the long-term use of certain OTC drugs in general [10,17,18]. At the same time a Dutch study has shown that people feel confident about their own knowledge about OTC drugs [19]. According to a study from Northern Ireland, people tend to base their choice of treatment firstly on what they perceive as effective, based on previous use, followed by familiarity with the brand name. Also, they know a product is effective because it was initially recommended by a pharmacist [20].

Several studies report that many people prefer pharmacies for buying OTC drugs [19–21]. In the Northern Irish study, about two-thirds preferred using a community pharmacy for their OTC drug purchases. Persons who regularly used prescription drugs were more likely to choose a pharmacy compared with those who did not [20]. In the Dutch study it was even reported that most of the respondents preferred commonly used painkillers (e.g. paracetamol and ibuprofen) to be sold in pharmacies exclusively [19]. Similar opinions were revealed among Flemish patients when asked about their preferred retail outlets for OTC drugs. Moreover, 78% agreed that a record of their personal OTC drug use should be kept in the pharmacy [21]. There are no similar studies looking into the preferences of Swedes, or other Nordic citizens, since the re-regulation of the pharmacy markets.

The aim of the present study was to investigate Swedish consumers' preferences for OTC drug retailers since the re-regulation, and their reasons for choosing a pharmacy or a non-pharmacy retailer.

2. Methods

2.1. Setting and design

A web survey aimed at the Swedish adult population was conducted. The survey was organised by the Laboratory of Opinion Research (LORE) at the University of Gothenburg through their web panel, the Citizen's Panel. During the year of this data collection the entire panel consisted of approximately 21,000 registered respondents, slightly more than 14,000 of whom were considered active participants [22].

2.2. Study population

A sample of 4200 persons were randomly selected from the Citizen's Panel to be invited to take part in the survey. This sample was stratified by sex, age and education to be representative of the Swedish adult population (aged ≥ 20 years). About 3% of the gross sample turned out to have invalid or undeliverable e-mail addresses, which gave us a net sample size of 4058 people who received the e-mail with the survey invitation. Of these, 2594 agreed to take part in the survey, which gave a net response rate of 64% [23].

2.3. Data collection

The survey was conducted from 12 June to 8 July 2013. Two reminders were sent, 6 and 14 days, respectively, after the survey was first dispatched to the respondents. The full questionnaire consisted of 115 questions, 15 of which concerned OTC drugs (representing questions 22–36 in the full questionnaire). The questions included OTC drug use during the last 6 months, type of OTC drug(s) commonly used, choice of retailer, and reasons for choosing this retailer. Five-point Likert scales were used to measure the importance of certain factors related to the participants' preferences of OTC drug retailer (Q: "When you buy OTC drugs, how important are the following factors for your choice of retailer?"), where 1 = very important, 2 = quite important, 3 = neither important nor unimportant, 4 = not very important, and 5 = not at all important. In addition, information on sex, age and education was collected at the end of the survey. Three age groups were constructed: 20–39 years, 40–59 years and 60–79 years. Education was categorised as "lower than high school exam" (ranging from no education to high school without the final exam), "high school exam/post-high school" (including post-high school education without an exam) and "university degree/postgraduate studies".

2.4. Statistical analysis

All responses were coded and entered into SPSS Statistics, version 22 (SPSS Inc., Chicago, IL, USA).

Logistic regression was performed to analyse possible associations between background variables (sex, age and education) and OTC drug use, and reasons for choosing either a community pharmacy or a non-pharmacy retailer.

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