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ORIGINAL ARTICLE

# Dispensing medications without prescription at Saudi community pharmacy: Extent and perception

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**Abstract** *Objective:* To investigate the dispensing behavior of pharmacists in retail pharmacy practice and to assess their attitude toward dispensing non-OTC drugs and scrutinize the causes of their malpractice; if in fact was perceived.

*Method:* Between December 2010 and January 2011 retail pharmacies in Jeddah-KSA were visited randomly by a number of voluntary collaborators who played the role of asking for one or more of the following medications without providing a prescription: Co-amoxiclav (Augmentin) or Cefaclor (Ceclor), Captopril (Capoten) and Fluoxetine (Prozac).

*Results:* A total of 60 pharmacies were randomly included in this study; 100% of the pharmacists working were male, 96.7% of them were non-Saudis and only 2 (3.3%) were Saudis. In a total of 119 drug requests, almost all pharmacists (97.9%) handed out the antibiotic immediately, 100% dispensed captopril and 89.5% gave the antipsychotic simply by following the collaborator's request without even asking for a doctor's prescription. In the second part of the study (where a mini-questionnaire is administered), 85% of the pharmacists agreed to answer the mini-questionnaire, and 15% refused to participate. The highest reason given for their wrongdoing, was for that if the pharmacist did not, others – of neighboring pharmacies – would do the same, followed by that there is no available OTC list.

*Conclusion:* The study confirmed that pharmacists are still violating the law, which is leading to a profound malpractice in retail pharmacies around the country. Consequently, regulations should be reviewed and structured educational campaigns are a must to both pharmacists and public. The OTC list should be generated, implemented, and monitored by Saudi regulators and penalize violators.

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## 1. Introduction

Malpractice is a type of negligence that may arise from a professional's misconduct or failure to use adequate levels of care, skill or diligence in his performance, and further failing to follow generally accepted professional standards, and that breach of duty is the proximate cause of injury to a plaintiff

who suffers harm.<sup>1</sup> And when that takes place in the health care system, only then would it be health threatening, and thus worthy of investigating.

In 1978, a law regulating the profession of pharmacy in Saudi Arabia was passed. The law demanded professionalization of pharmacy performance and precluded the practice of pharmacy by persons other than licensed pharmacists. Furthermore a pharmacist is required to dispense drugs on prescription only, except those defined as OTC (Bawazir, 1992). This is of main concern; as an earlier study conducted by Al-Freihi et al. (1987), found that 85.4% of pharmacies dispensed antibiotics (a class known to be a prescription-only drug) promptly. Unfortunately, a study directed by S.Bawazeir in Riyadh in 1992 stated that more than 35% of drugs dispensed over-the-counter were prescription drugs (Bawazir, 1992). These findings draw high attention to the possible misuse of non-OTC drugs by the community, especially when no serious actions have been taken within the 5 years that separated these two studies.

On top of that, a more recent study conducted by Al Ghamdi, in 2001 surmised that despite the lack of pharmacist's adherence to the pharmaceutical law, which represented (98.9%), it did not indicate that they had abused their patients (Al-Ghamdi, 2001). Sadly this can only lead to further negligence of the law.

Therefore, the aim of the study; is to investigate the drug dispensing practice in retail pharmacies at Jeddah city and assess the adherence of pharmacists and attitude toward the regulations issued by pharmacy law.

## 2. Methodology

Between December 2010- January 2011 retail pharmacies in Jeddah-KSA were visited randomly by a number of voluntary collaborators who played the role of asking for one or more of the following medications mainly by name ; without providing a prescription:

1. Antibiotics: Co-amoxiclav (Augmentin) or Cefaclor (Ceclor).
2. Antihypertensive: Captopril.
3. Antipsychotic: Fluoxetine (Prozac).

or alternatively by mentioning the chief complaint of either sore throat or depression. For the purpose of the study, Jeddah was divided into three main regions according to the abundance of pharmacies within each region (North 40%, center 30% and south 30%) covering a total of 60 pharmacies, and further sub-divided into chain, single and hospital pharmacies. During the training of the collaborators on how to perform the study's scenario, they were advised not to insist in case the medication was not dispensed or if the pharmacist asked for a prescription, in order not to influence the pharmacist's decision.

After the collaborator had played his role, he then invites the pharmacist to fill a simple highly confidential questionnaire to record the level of the pharmacist education only; excluding any other personal information such as: age, name, etc. to encourage them to answer the questionnaire freely and tick any attitudinal item(s) behind dispensing the drugs as follows:

**Panel 1.** Reasons to be selected by pharmacists.

A pharmacist has some authority to dispense the drug without the need of a Doctor's prescription  
The drug dispensed is not a harmful drug  
Other pharmacies would have done the same  
The pharmacy policy does not prohibit this  
The SFDA never provided us with an OTC list  
There is no known fine or control by the SFDA

In addition a space was provided to the pharmacist at the end of this questionnaire to add any extra comments. Later, the pharmacist demographics and his reaction to the request –played scenario–was filled by the collaborator in a different designated form.

The study wanted to assure the pharmacist would feel comfortable answering the questionnaire given to them, explaining his "obvious" breach of law and in order to do that, collaborators were well trained and were asked to ask for as many drugs as the pharmacist would provide without being neither obvious nor ridiculing. Some asked for all and some only asked for one (specially when mentioning a drug-specific symptom such as sore throat).

To further question pharmacists' consideration of patient's age or degree of illness, a four phone scenario was selected to be added to the study method in order to explore whether if seeing the patient mattered at all in his decision making. They were four out of 38 requests because 10% is thought to reflect an image of the negligence that is affecting the community. Phone scenarios were specific for the antipsychotic medication being the most expensive and also the least expected to be given due to the potential harm it may cause and the utter requirement of a proper psychiatrist diagnosis and follow up.

Differences between pharmacies ownership, location, and different scenarios approached were compared using Mann-Whitney U test and Kruskal-Wallis. All statistical analyses were performed using SPSS (v16) software.

## 3. Results

A total of sixty pharmacies were included in this study; the ownership of these pharmacies was 78.3% as chain pharmacies, 18.3% as single pharmacies and 3.3% represents private hospital pharmacies Fig. 1.

All pharmacists working were male (100%), majority of them were non-Saudis (96.7%) and only 2 were Saudis (3.3%). Most of the pharmacists were of bachelor's degree holders (85%) and only 2% had Pharm.D degree. The mean age of the collaborators was 25 years ( $\pm 17$ ), 5% of them were male. The pharmacists and collaborators' demographics are presented in Table 1:

In a total of 119 requests, 70% of the collaborators requested for the drug by mentioning its name, and 30% asked the pharmacist to recommend a medicine for their illness. The overall requests have yielded 48 requests of Antibiotics (40%), 38 requests of Antipsychotics (32%) and 33 requests of Antihypertensives (28%). The results were as follows:

## 4. Antibiotics

Almost all pharmacists (97.9%) handed out the drug either by recommending it or simply following the collaborator's re-

<sup>1</sup> <http://legal-dictionary.thefreedictionary.com/malpractice>.

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