

A Word in your ear



As always, I read the articles in this month's issue of *SAPA* with great interest. This is *my* CPD! Every issue, I read both *SAPA* and *SAPJ*, and I always learn lots of new, interesting things. So when Pharmacy Council starts insisting on CPD, I'll

be able to say with all honesty that I have read the *SAPA* and the *SAPJ* from cover to cover! And even better, because I have to do a fair amount of work before they're published, my conscience is totally clear about saying, "Well, there's the evidence. You see my name at the beginning? It didn't just get there because the publishers felt like doing me a favour. I had to do something to get it there." Of course, my argument could fall apart if I can't prove that I applied what I learnt!

Funnily enough, that's where you come in! The letters I get from you not only get published in *SAPA*, but frequently feed into the working groups on which I serve. So if you have something to say about the training you receive or about being a pharmacist's assistant, I often take your thoughts to meetings with me. So make sure you keep writing! We didn't have space to put two letters this month, but they will be printed in the next issue, so if you've written to me but haven't seen your name in print, watch this space!

Schedule 2 sales

I read the article on drug abuse by teenagers with great interest, and it was logical to start thinking about medicines that are freely available in pharmacies. What about the cold and flu preparations that contain codeine? What about the appetite suppressants that are used for purposes other than that for which they are registered? What about analgesics, especially the combination ones? What about misuse of medicines, when the medicine is used for the incorrect indication?

Obviously, there are prescription-only medicines that are abused, but many of the medicines I've mentioned

above are put into schedule 2. The reason for this is that it is important for the consumer to receive a professional intervention. As a pharmacist's assistant, you are permitted to sell a schedule 2 product, but there are rules you need to follow.

It shouldn't be mere window-dressing when you enter the buyer's details in a prescription book, such as that in a dispensing program on the computer. Obviously, the often quoted reality is that customers who are abusing medicines go from pharmacy to pharmacy and we won't know about it. Ideally, it should be at least theoretically possible to track down the sales of all schedule 2 products to an individual, no matter where she bought them. Until such time as someone develops a way of extracting this information from the computers of every pharmacy, it isn't going to be possible.

So why do we bother recording the details of the sale? This isn't just a stupid rule that was made by the Medicines Control Council to give pharmacies extra work. One day we may have the expertise to extract an individual's details from all pharmacies. In the meantime, it helps you to get to know your client base. You'll get an idea of who makes repeat purchases in your pharmacy. Then you can refer them to the pharmacist for a discussion on why they are making repeat purchases.

Perhaps the most important reason, though, for recording these sales is the effect on the customer. Sure, some will get angry at having their time wasted and threaten to go to a (sloppy) pharmacy where records are not kept. Others, who are abusing the medicines, may get scared and not return. But, especially if you explain it to them, many people will understand that this is one of the control measures taken to ensure that medicines are properly used. They might even get the message that buying medicines is not like buying toiletries or groceries – medicines are very special products that, in the interest of the health of the buyer, must be treated with respect.

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