New Zealand community pharmacists’ experiences in collecting information from purchasers of pseudoephedrine-containing products: findings from a qualitative study

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Methamphetamine has become well established in the New Zealand illicit drug market and recent research has identified its widespread availability. Much of the methamphetamine is produced locally in clandestine laboratories and there has been a significant increase in the number of such laboratories detected over recent years. Pseudoephedrine is currently the main precursor used in the manufacture of methamphetamine and is an ingredient of many over-the-counter cough and cold medicines. In New Zealand, such products are available only from registered pharmacies ("in either slow release form or in preparations containing not more than 60mg per dose; and when the recommended daily dose is not more than 240mg"). There have been reports that 1g of methamphetamine can be produced from 30 tablets of a nasal decongestant such as Sudafed and that individuals have been paid $200 for each pseudoephedrine-containing product purchased from a pharmacy. As a result, pharmacies have suffered burglaries and threats from customers, and faced armed hold-ups. This has resulted in emotional distress for pharmacists and their staff as well as increased costs for pharmacy businesses — through damage to premises, increased insurance premiums and the installation of security measures.

Various strategies have been implemented by community pharmacists in their efforts to prevent pseudoephedrine being purchased for illicit use. This has included limiting the number of pseudoephedrine-containing products that can be sold to an individual customer, keeping stock out of sight of customers, and limiting the number of supplies held on the premises. Some pharmacists have stopped stockig these products altogether. Many pharmacists also obtain the identity and contact details of purchasers of pseudoephedrine-containing products and some pass these on to the New Zealand police. This is a voluntary process and, while pharmacy organisations and the police have produced guidelines for this procedure, it remains up to individual pharmacists whether they participate. Recently published research suggests that there is some variance in what pharmacists are currently doing in this regard — with some collecting data on all purchasers, and others keeping records on purchasers who are not known to the pharmacy or who are suspected of being a pseudoephedrine “shopper”.

The collection and forwarding of such information to the police is likely to have workload, cost and stress implications for pharmacists. As such, the importance of ascertainning the usefulness of such practices, the risks involved and the value of the information collected was recognised. The then Office of the Commissioner of Police (now Police National Headquarters) made funding available for a study to explore these issues, which was undertaken by researchers at the University of Auckland. The study used a multi-method approach, using both quantitative and qualitative methods. Quantitative results are reported elsewhere.

This paper presents findings from qualitative interviews with pharmacists and representatives of pharmacy organisations. The aim of the qualitative interviews was to explore pharmacists’ views and experiences with regard to collecting information on purchasers of pseudoephedrine-containing products, and to support the development of a quantitative survey of a random sample of New Zealand’s community pharmacies.
Methods
Interviewees were recruited purposively by the research team either for their involvement in the setting up of data collection processes with the police, their stakeholder views from a pharmacy organisation perspective, or their involvement in data collection in community pharmacy. In addition, a snowball approach developed, whereby interviewees recommended others for participation in the study.

Participants were provided with an information sheet outlining the aims of the research, and informed consent was gained from all interviewees. Ethical approval for the study was granted by the University of Auckland Human Participants Ethics Committee.

Data were collected via face-to-face and telephone interviews. These were semi-structured and followed a discussion guide developed by the research team. The main research questions addressed to pharmacists and representatives of pharmacy organisations appear in the Panel. Data collection continued until saturation was reached (ie, no new themes were emerging).

All but one interview was audio-taped, and these were either transcribed or notes were taken by the researcher for analysis purposes. In interpreting the data, a thematic content analysis was conducted.

The data from this stage of the research were also used in the development of the questionnaire for the subsequent national survey of pharmacies.

Results
Ten interviews (six face-to-face and four telephone) were conducted with pharmacists and representatives of pharmacy organisations. This involved 12 interviewees in total (two of the interviews contained two respondents), the majority of which were based in Auckland and Wellington.

Pharmacists’ views on pseudoephedrine purchasing and data collection
Pharmacist interviewees expressed support for police efforts in preventing the diversion of pseudoephedrine-containing products. The role of pharmacists in collecting and recording the personal details of purchasers of these products was seen to be central to this, and viewed by some as part of their professional role:

Most pharmacists have a responsibility in this area. We are the stewards of medication and therefore we have a role to play in isolating illegitimate purchasers, reporting them to authorities — that’s just part of our professional role. (Interview 2)

Some were also motivated by the desire to assist in reducing the availability of methylamphetamine in the community:

I still personally feel that the [methylamphetamine] problem is so bad and so destructive, and it is destructive to other innocent people, that I think “no I am going to do this, because it might help”. (Interview 1)

Research questions

1. What are the agreements between community pharmacists and the police with regard to data collection of pseudoephedrine shopping?
2. How do pharmacists, in practice, comply with such agreements?
3. What problems do pharmacists face in collecting such information?
4. Are there any issues with regard to privacy in respect of passing personal details of purchasers from pharmacy to the police?
5. What are pharmacists’ views on the level of feedback provided by the police with regards to information provided?

In my store the policy was “if I knew you, if you’d been a customer of mine for 20 years, I know you’re not going to be abusing it” then that was fine, we didn’t bother recording names and addresses. A nonce we didn’t know, anyone who was slightly suspicious, we took a name and address and some sort of ID. As time went on, we got more and more strider and it was driver’s licence only, and then it had to be a current licence. (Interview 4)

Some interviewees asked for identification (and recorded personal details) of every customer who purchased pseudoephedrine-containing products, regardless of whether or not they were known to the pharmacy or were perceived to be making a legitimate purchase. These pharmacists believed that such an approach ensured a consistent and fair process — and avoided them having to make “judgement calls” as to whether or not people were purchasing the product for illicit means:

You try and be consistent — otherwise it makes it really hard. At the beginning authentic people would get really upset at being asked, so the only way to avoid that was to say we ask everybody. (Interview 1)

Other interviewees stated that they collected details only from customers they did not know or those whom they considered suspicious. Indeed, some interviewees thought that asking for (photographic) identification sometimes assisted in detecting suspect purchasers:

The ID part is helpful — because if they don’t want to give it then they pretend it’s in the car, and never come back. (Interview 1)

If they are buying precursor stuff, they can rough you up. And police have said that — they’d much rather we sold it and got the information and gave it to them. They don’t want us to put ourselves at any risk. (Interview 3)

Assessing the legitimacy of requests
Given that some pharmacists were only recording the details of those whom they considered suspicious, the research investigated how interviewees assessed the perceived legitimacy of requests.

While there was evidence of some reluctance to acknowledge that they did so, a number of interviewees spoke about physical appearance being one of the main criteria used:

In this PC age we don’t judge people — but we do it’s pretty dear to us what their intent might be. It’s a judgment call on their dress, their tattoos etc. (Interview 2)
Pharmacists monitored the behaviour of customers as a means of identifying illicit activity. Suspicious conduct highlighted in the research included purchasers being highly specific about what they wanted, uncertainty over symptoms, nervous body language and requests for large quantities of pseudoephedrine-containing products. One interviewee described the lengths that some purchasers would go to in their attempts to procure supplies of the substance:

When they are real desperate to get it, they will come in with all the symptoms of a cold. Stuff stuck up their noses. You couldn’t tell that they didn’t have a cold. (Interview 1)

**Forwarding information to the police**

Most pharmacists who took part in the qualitative phase of the study recorded the information in a paper-based form that had either been developed by pharmacy staff or supplied by the police or a pharmacy organisation.

Most pharmacists interviewed forwarded the information to the police via fax. However, the frequency with which they did this and the level of detail provided varied. Some pharmacists sent all the recorded information; others only faxed details of those whom they considered suspicious. This was either identified at the time of the sale, or following in-house analysis by the pharmacy.

Other interviewees stated that they submitted information only if the police sent a fax alert requesting data on specific individuals. One pharmacist also sent the details of suspicious non-purchasers to the police, i.e., those who enquired about products but did not end up making a purchase.

**Collaboration among pharmacists**

The research revealed informal networks in operation across pharmacies. These involved collecting and sharing information on suspicious purchasers - both in a bid to deter the diversion of the products and to protect their colleagues.

One thing that does happen is that in most pharmacies both pharmacists and their staff get a feel for what might be a dodgy request — then they’ll ring around and tell other pharmacists. That’s how quite a few are picked up, they’ll notify the police. A nd that, in many ways short of providing evidence of a purchase which could be put forward in a trial, is probably more useful. (Interview 8)

In one case, a respondent reported that the pharmacy deliberately sold pseudoephedrine-containing products to suspected “shoppers” before contacting other pharmacists in the area:

There’s only [number] pharmacies in town. Often one will sell and then ring the other pharmacy and say, ‘we’ve sold it, we’ve got the details’ and then they won’t [sell], but it kind of confirms that yes it’s suspicious. (Interview 1)

**Barriers to collecting and forwarding information**

Although this research revealed underlying support for information collection processes, interviewees identified a range of barriers that they faced which sometimes impacted on their willingness to participate, or influenced their level of involvement. These included summons to appear in court cases, the impact on the business, negative reactions from customers and concerns about the legality of the process.

**Summonses to court cases**

A key barrier highlighted by interviewees was the potential for pharmacists to be summoned to provide evidence at a court case, to verify pseudoephedrine-related information they had supplied to the police. One of the main deterrents was the expense incurred, due to the need to employ additional staff in place of the absent pharmacist. Court cases were frequently deferred or delayed, thus compounds the financial costs:

At times you were just hdd swinging — you may have to go any day, you may have to go some time on the W ednesday. So you’d ring, book a locum, that’s an expense. You’d take the day off and the guy never came to court, didn’t show up. So you’d go to court at 10 o’clock in the morning and they’d be, ‘oh you don’t need to come to court today’. Well, I can’t just ring up my locum and say, ‘sorry, I don’t need you, I’m coming to work’. It just didn’t work like that. It just pissed you off basically. You had no choice in the matter. (Interview 4)

**Impact on the business**

There were other facets of information collection that impacted on community pharmacy business. These included the time-consuming nature of collecting information from purchasers, as well as (in some cases) analysing and forwarding it to the police.

This, along with the potential for prolonged periods spent appearing in court cases, raised questions for some interviewees about the impact of this on the pharmacy as a business:

It’s fair to say that if I were doing it [collecting and analysing data from customers] I’d probably say ‘I can’t be bothered’, to be honest. Because it’s an imposition on time, and the fact that [pharmacy staff member] has to go to court on M onday, we don’t know at what time etc. It’s public service, but we’re running a business as well — how much of this is an imposition on people’s time and energy really? (Interview 7)

**Legality of the process**

A number of issues surrounding the legality of requesting and storing personal information were raised by interviewees. The legality of using a driver’s licence as a form of photo-identification during transactions for pseudoephedrine-containing products was of concern for one respondent. Others were of the view that storing this information in a database — particularly where an individual’s name and address was recorded together with their licence number — is a breach of the law.

Not all interviewees were comfortable about providing information to the police. In particular, some differentiated between providing information on all purchasers, as opposed to those who were deemed suspicious. Although the latter was considered acceptable — and in keeping with pharmacists’ ethical obligations to prevent the misuse of drugs — there were concerns that the police did not have the right to request this information from all buyers of these products. It was noted by some interviewees that if there were grounds for suspicion, then the sale should not be completed — unless the pharmacist felt under threat by the purchaser:

If it was a suspicious sale, what pharmacist worth their annual practising certificate will undertake that sale unless there is a threat? If threatened, yes, one would make the sale and provide whatever information possible to police. (Interview 3)

**Other barriers**

Some interviewees thought that collecting information was beyond the remit of their role as a pharmacist and that the police should not expect them to take on this added responsibility. Other barriers included the challenge of ensuring that all staff followed the same procedures in tackling this issue, and the inconvenience of “tying up” the business’s fax machine when sending information through to the police on a regular basis. One interviewee also highlighted that misconceptions around the purpose of data collection, and its subsequent use by the police, appear to have been the source of some frustration for pharmacists, and may have acted as a barrier to providing further information:

Particularly in the early days, Police resources were such that they were using this information for in-
telligence, they weren’t using it to bust that partic-
ular person. Now pharmacists took a long time to 
appreciate that. They thought that as soon as they 
rang, or sent off a fax, there’d be a squad car 
outside the door immediately, and someone would be 
marched off in handcuffs. (Interview 3)

**Feedback from the police to community pharmacists**

This study also explored community pharmacists’ experiences of re-
ceiving feedback from the police, as a result of 
information provided on purchasers of 
ephedrine products. Findings suggest that 
the level and nature of feedback has been 
variable. Most interviewees stated that the in-
formation flow had generally been one way, 
with the police providing little feedback on 
how well pharmacists were doing with regard to 
providing information or how information 
was being used.

Some claimed that the only time they 
heard from the police was when a case went 
to court and they were required to give evi-
dence. This perceived lack of feedback raised 
questions about the value of the information 
to the police, with some of the view that it 
revealed a lack of appreciation of the time and 
effort made by community pharmacists.

When messages were stacked up on the answer-
phone and when [pharmacists] didn’t get any feed-
back from the messages they left on the answerphone they got pissed off and said “why are we doing this?”. Nothing ever happens (Interview 3)

A number of interviewees stated that a 
lack of feedback from the police had nega-
tively affected their attitude to collecting the 
details of purchasers of ephedrine products. One interviewee predicted that they would have continued collecting data for 
longer, had they received some level of feed-
back from the police:

If they had come to us and said “you’re doing a 
great job — we don’t want to tell too many 
persons, but you’re doing a great job and we’ll try 
and protect you from the judicial system as much as 
possible. And we’ll arrange that you’ll get costs etc.
then the whole process would have probably spun 
out a lot longer. The actual collection process and the 
sending process would have continued for a lot 
longer. I would have been much happier with that. 
(I interview 4)

Where pharmacists had received feedback 
from the police, the positive effects of this 
were clear:

It’s like the blood banks — they used to send a let-
ter that said thank you, and tell you how your 
blood was used. It gave you a swollen chest and 
made you rush to do it again. It’s the same situa-
tion — a little bit of thank you goes a long way. 
(I interview 3)

When questioned on the nature of feed-
back they were seeking, pharmacists generally 
were not looking for in-depth or personalised

**Discussion**

This paper has identified the underlying sup-
port that pharmacists have for assisting the 
police in preventing the diversion of products 
containing ephedrine. However, they 
face a range of challenges and barriers in 
gathering this information from customers, 
which is impacting on some pharmacists’ 
readiness to participate in this process. The 
perceived lack of feedback received from the 
police appears to be compounding this issue.

This study was conducted with a small 
number of community pharmacists and rep-
resentatives of community pharmacy organi-
sations in New Zealand, most of whom were 
located in two large urban centres. It is not 
known if pharmacists in more provincial areas 
face different challenges and have had differ-
ent experiences with regard to this issue — or 
whether the results are generalisable to phar-
macists across New Zealand. In considering 
this issue, it is worth highlighting that many 
of the issues raised have been corroborated in 
the findings from the national quantitative 
survey of pharmacies which was also under-
taken as part of this study. These findings have 
been reported elsewhere. Furthermore, even 
though numbers are small, data saturation was 
reached after 10 interviews, indicating the 
appropriateness of stopping at this point.

The concept of collecting information on 
purchasers of potential substances of misuse 
is not new to pharmacists in New Zealand. 
Data collection in relation to ephedrine-containing products has been 
ongoing for some time, and, before this, 
other pharmacy medicines have been moni-
tored in this way. Although the research has 
revealed general support from pharmacists 
and a willingness to assist the police, there was 
disatisfaction with the level of feedback re-
ceived, an issue which was generally consid-
ered important by interviewees.

The research has identified the ad hoc 
manner with which policy and procedures 
relating to the collection of these data has 
developed. It appears that different pharmacies 
have adopted varying procedures, and there 
are significant differences in the level of data 
being collected, and the frequency with 
which it is submitted to the police. A key 
issue in the current climate is the mixed mes-
sages being given to pharmacists with regard to 
whether they should be providing information 
on all shoppers, as opposed to those who 
appear suspicious. For those being en-
couraged to send in information on suspi-
cious shoppers only, this is believed to be at 
ods with pharmacists’ code of ethics, which 
states that products should not be sold to 
doubtful customers or known misusers (al-
though it is acknowledged that sales are not 
always able to be halted, due to aggressive or 
threatening customers). This may also mean 
that those people purchasing just one product 
from a range of pharmacies in a non-suspi-
cious manner, may be overlooked in this sys-
tem. At the same time, requesting data on all 
purchasers (legitimate or otherwise) is 
believed to be contradictory to current legisla-
tion. The use of driving licences as a form of 
identification in this context is also in ques-
tion, alongside the legality of recording an 
individual’s name and address together with his 
or her driving licence number in a database. Clarification on these matters is urgently re-
quired.

In standardising procedures, the develop-
ment of a memorandum of understanding or 
code of practice outlining the roles and rights of 
community pharmacists and the police 
could be explored. This could initially have a 
ephedrine focus, but there is the po-
tential for the framework to be adapted in the 
future if other over-the-counter medicines 
were to become sought-after precursors. 
Given that data can be collected either in 
paper or electronic format at present, a review 
of this process and standardisation may be 
useful (eg, a national, brief form for collecting 
the minimal amount of relevant information 
could be piloted and implemented).

This requirement for pharmacists to appear 
in court cases creates a number of issues, in-
cluding finding locum cover, the costs in-
urred as a result of this, and inconvenience 
when court case dates are changed or 
arranged at short notice. There is a clear need 
for the police to provide thorough support 
during this process. The issue of financial 
compensation may need to be explored. In 
the UK, for example, the Crown Prosecution 
Service has agreed that “discretion will be ex-
ercised in certain circumstances”, to allow 
single pharmacist businesses to be reimbursed 
locum costs. The research has revealed the importance of police officers building relationships with pharmacists — and the positive impacts 
this can have on their propensity to provide 
information. This would appear to fit with the 
New Zealand police strategy, which outlines 
one of its goals as being “community reassur-
ance” — with a focus on community engage-
ment and participation in policing.

In particular, there is potential for the police 
to provide general feedback on how best to 
collect and document information and on how 
information is being used by the police in re-
lation to their role in combating the manu-
facture of methylamphetamine. This does not 
need to impart sensitive information or be overly detailed, and could acknowledge the role of pharmacists within the police’s overall 
chemical diversion prevention. Pharmacy 
publications may be an appropriate platform 
for this. Importantly, although some pharmacists 
who participated in the research thought that
the issue had abated to some degree, the recent targeting of a pharmacy in Auckland, whereby the premises were raided in an attempt to obtain pseudoephedrine-containing products, is a timely reminder that the problem has not diminished and, indeed, is likely to continue for some time. This reinforces the importance of clarifying procedures and ensuring that pharmacists are adequately supported in their efforts to eliminate the purchasing of pseudoephedrine-containing medicines for illicit drug manufacture.

Conclusion

The collection of information from purchasers of pseudoephedrine-containing products has workload and potential financial and stress implications for pharmacists. Current procedures vary greatly and some pharmacists face not insubstantial barriers in gathering and forwarding the information to the police. A review and standardisation of current systems, along with increased communication from the police, may be timely.

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References

4. Gill D. Say nothing of interest, then do not report it, readers will want to know exactly what Professor Plum said that was so fascinating, “Professor Plum gave a fascinating account of continuing professional development,” readers will want to know exactly what Professor Plum said that was so fascinating.

The Royal Pharmaceutical Society has established special interest groups for community pharmacists, for veterinary pharmacists, for industrial, regulatory and technical pharmacists, for hospital pharmacists and for pharmacy academic staff. The groups hold meetings to consider topics of interest within their own fields of practice and they provide a source of advice to the Society’s Council on specialist matters. Details of the groups can be obtained from the Society. Contact details are given below.

Community Pharmacists Group

The Community Pharmacists Group, formed at the beginning of 1994, is open to all pharmacists engaged in the practice of community pharmacy. The group committee has the discretion to grant membership to pharmacists who are not engaged in community pharmacy practice but who have a direct involvement or demonstrable interest in that aspect of pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@ rpsgb.org).

Veterinary Pharmacists Group

The Veterinary Pharmacists Group is open to all pharmacists who are engaged in, or actively considering engaging in, the preparation or supply of agricultural chemicals, veterinary medicines and allied products. Other pharmacists may be granted membership at the discretion of the group committee. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@ rpsgb.org).

Industrial Pharmacists Group

The Industrial Pharmacists Group is for pharmacists who are engaged in industrial practice, those who act as consultants to industry, those whose work is concerned with matters affecting pharmacy. Contact: Angela Canning, practice division (tel 020 7572 2412; e-mail angela.canning@ rpsgb.org).

Hospital Pharmacists Group

The Hospital Pharmacists Group is for pharmacists who work in NHS, private or armed forces hospitals and those employed by, or acting as consultants to, NHS health authorities, health boards and trusts. Also eligible are pharmacists working in the prison service, community pharmacists seconded to provide a service within a private hospital and other pharmacists whose work is significantly concerned with matters relating to the practice of hospital pharmacy. Contact: Lorraine Fearon, practice division (tel 020 7572 2409; e-mail lorraine.fearon@ rpsgb.org).

Academic Pharmacy Group

The Academic Pharmacy Group is open to pharmacists and other academic staff who make a significant contribution to pharmacy teaching and research in a UK school of pharmacy or a recognised pharmacy academic practice unit. Contact: Damian Day, education and registration directorate (tel 020 7572 2215; e-mail damian.day@ rpsgb.org).

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Reports should be sent in by e-mail or on disk. If the meeting is newsworthy, the report should be sent in by the Tuesday immediately after it takes place to ensure immediate publication. All reports should be sent within two weeks of the meeting to guarantee publication within a month of the meeting. Reports submitted later than this will not be always published in full in The Pharmaceutical Journal. It may be necessary to publish an abbreviated version in print and post the full report on PJ Online (www.pjonline.com).

How to prepare a report

Readers need to be encouraged to read reports, so start the report with the most interesting item, not with details of what, where and when the meeting occurred.

Concentrate throughout the report on the most newsworthy contributions to a meeting, such as valuable information that has not already been publicised or strongly worded opinions voiced by influential speakers. Reports that repeat what readers already know or cover old issues will not be interesting. Write about what people actually said rather than what they talked about. Ask speakers for copies of their talks or notes. Do not submit reports that are just lists of speakers’ topics; they are of no value to the reader. Instead of writing "Professor Plum gave a fascinating account of continuing professional development," readers will want to know exactly what Professor Plum said that was so fascinating.

Do not give every speaker an equal number of words. With the exception of keynote speakers if someone says nothing of interest, then do not report it, however well-known the person. If the keynote speaker says nothing of interest, consider how valuable a meeting report will be.

Advice for photographers

The Journal is unlikely to publish more than two or three photographs from most meetings, so it is best to concentrate on the main speakers. The ideal time to take photographs is at the beginning of each address, while the speaker is still involved in introductions and is likely to be looking out at the audience rather than staring down into his or her notes. Take several shots of each speaker and always aim to be as close as possible to the podium, even if it means obstructing the view of the audience for a short time.