Do pharmaceutical representatives misuse their drug samples?

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OBJECTIVE To determine the extent to which pharmaceutical representatives misuse their samples.

DESIGN Voluntary questionnaire survey.

SETTING A family practice office.

PARTICIPANTS Pharmaceutical representatives visiting the office during a 3-month period.

MAIN OUTCOME MEASURES Number of surveyed representatives who self-medicated, provided samples of prescription drugs to nonphysicians, or exchanged drugs with other representatives; classes of prescription drugs most commonly used; and beneficiaries.

RESULTS Of the 27 representatives surveyed, 16 (59.2%) have provided prescription drug samples to individuals other than physicians. Thirteen (48.1%) either self-medicated or provided samples to friends or relatives. Seven (25.9%) have exchanged drug samples with other representatives. Eleven (40.7%) of the 27 surveyed had not sampled prescription drugs themselves, given them to others, or exchanged drugs with other representatives. The most commonly sampled drugs were nonsteroidal anti-inflammatory drugs. Drug samples were most often given to friends and spouses.

CONCLUSION Self-medication and giving samples to nonphysicians were practised by almost 60% of surveyed representatives. Representatives usually caution recipients, however, and there are very few complications. Drugs with potential for abuse or dependence and cardiovascular medications were rarely used.

OBJECTIF Préciser l'ampleur du mauvais usage des échantillons mis à la disposition des représentants des entreprises pharmaceutiques.

CONCEPTION Participation volontaire à une enquête par questionnaire.

CONTEXTE Cabinet d'un médecin de famille.

PARTICIPANTS Les représentants des entreprises pharmaceutiques qui ont visité le cabinet pendant une période de trois mois.

PRINCIPALES MESURES DES RÉSULTATS Nombre de représentants qui se sont auto-administrés des médicaments, qui ont fourni des médicaments d'ordonnance à des non-médecins ou qui ont échangé des médicaments avec d'autres représentants; classes des médicaments d'ordonnance les plus souvent en cause; et les bénéficiaires.

RÉSULTATS Des 27 représentants qui ont participé à l'enquête, 16 (59,2%) ont fourni des échantillons de médicaments d'ordonnance à des non-médecins. Treize (48,1%) se sont auto-administrés des médicaments ou ont fourni des échantillons à des amis ou des parents. Sept (25,9%) ont échangé des échantillons de médicaments d'ordonnance avec d'autres représentants. Onze (40,7%) des 27 représentants n'ont pris aucun échantillon, n'en ont pas donné à d'autres ou n'ont pas échangé de médicaments avec d'autres représentants. Les échantillons médicamenteux les plus souvent en cause furent les anti-inflammatoires non stéroïdiens. Ce sont les amis et les conjoints qui ont le plus souvent reçu ces échantillons médicamenteux.

CONCLUSION Presque 60% des représentants qui ont participé à l'enquête ont soit pris des échantillons médicamenteux ou en ont donné à des non-médecins. Habituellement toutefois, les représentants font une mise en garde et les complications sont rares. Les médicaments à potentiel d'abus ou de dépendance et les médicaments cardiovasculaires sont rarement impliqués.

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In addition to doctors, nurses, and pharmacists, only pharmaceutical representatives have ready access to prescription drugs and, therefore, could self-medicate. According to the Council of Accreditation for the Pharmaceutical Manufacturers Representatives, clinical evaluation packages shall be provided only at the request of an authorized health care professional upon completion of an appropriate request form.[1]

However, in reality, self-medication is a common practice among professionals

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with ready access to prescription medicines[2,3] and is common even among the general public.[4,5] It is unsurprising that these highly educated representatives engage in this type of practice, especially if they are well informed about the drugs they represent. In order to assess the prevalence of their sampling and self-medication habits, an informal survey was conducted at the main author's (K.L.T.) office during a 3-month period.

Table 1. **Respondents who reported giving out samples (n = 27)**

	RESPONSE	
ACTIVITY	YES	NO
Respondents gave samples to nonphysicians	13	14
Respondents exchanged samples with other representatives	7	20

METHODS

During the months of April to June 1993, every pharmaceutical representative who visited the main author's office was asked to participate in this survey at the end of the visit. Three or four might not have been asked because of insufficient time or because their managers were present. Representatives of exclusively over-the-counter medicines were not asked to participate.

A questionnaire was given to representatives at the end of the visit, and privacy was assured while they were responding. After completing the questionnaire, representatives were asked to fold it and insert it in a sealed box to guarantee anonymity.

At the conclusion of the survey, we retrieved the questionnaires from the box and analyzed the results.

RESULTS

Of all the representatives who were asked to participate, none refused, giving a total of 27 participants.

Demographic variables

There were 17 male (63%) and 10 female subjects (37%). Their ages ranged from 25 to 59, and the average age was 35.25 years. Twenty (74%) were 39 or younger, and a slight majority of them were married. The most common educational background reported was a degree in science followed by a degree in business or commerce. Two held MBA degrees.

One representative with only 4 days on the job was the least experienced. The most experienced had been working as a pharmaceutical representative for 25 years. On average, they had been employed in this field for 7.24 years. Fourteen (51.8%) of them had been working for less than 3 years, and seven (26%) had been working for longer than 10 years. A previous position in laboratory technology was most frequently reported (seven respondents), followed by business or management and teaching, with five each. Three had experience in marketing or sales, and two had been nurses.

Classes of drugs and number of representatives

The most highly promoted class of drug was antihypertensive or antianginal, with 15 of the 27 respondents representing such products. Next were nonsteroidal anti-inflammatory drugs, with six representatives. Antibiotics, topical steroids, and antihistamine and antiallergy products were each represented by five respondents.

Sampling habits

Thirteen (48.1%) representatives provided samples of prescription drugs to people other than doctors (*Tables 1 and 2*). Of these 13, seven had given samples to their friends, six to their spouses, four to their parents (one of the parents was a physician), and one to a sibling. Only four (14.8%) self-medicated. The prescription drugs most commonly given to nonphysicians were NSAIDs, which occurred in five instances, followed by acne therapy, which was offered in two cases.

Seven of the 13 provided prescription drugs to people who were already taking them. Seven (25.9%) representatives provided or exchanged prescription drugs with their colleagues (*Table 2*). Again, NSAIDs were most commonly used.

Eleven (40.7%) of the 27 surveyed had never sampled prescription drugs themselves, nor had they given them to people other than physicians or exchanged them with other representatives.

DISCUSSION

Self-medication is common among the general population.[4,5] However, its prevalence is higher among professionals with ready access to prescription drugs, such as physicians and pharmacists.[2,3] In fact, self-medication is a vital part of self-care behaviour. However, self-medication could contribute to or enable substance abuse or dependence. This risk appears when prescribers cannot be objective in determining the drug, dosage, and duration for themselves. The same risk applies when treating a family member or a friend, when affective and emotional considerations could impair objective judgment. The potential risks of self-medication have been addressed by both the American and Canadian Medical Associations, who have produced books to guide the general public.[6,7]

The risk of self-medication seems to be increased by ready access to drugs.[2,3] Pharmaceutical representatives are the only professionals besides physicians, nurses, and pharmacists with ready access to prescription drugs. However, our survey found that, although 48% of pharmaceutical representatives have given samples to people other than physicians, only four (15%) of them have self-medicated. It is important to note that drugs with potential for abuse or dependence, such as anxiolytic, hypnotic, or sedative medications, were used in only two situations. Friends and spouses were the most frequent recipients of these drugs. In seven instances, drug samples were provided to individuals who had already received prescriptions from their own physicians. Only one serious side effect was reported, involving an antibiotic-induced urticaria.

Our survey also found that seven (26%) representatives have exchanged prescription drugs with their colleagues. Again, no anxiolytic, hypnotic, or sedative drugs were involved, and

Table 2. **Respondents' reports of drugs given out**

RECIPIENTS AND DRUGS	NO. OF RESPONDENTS
RECIPIENTS OF PRESCRIPTION DRUGS GIVEN BY REPRESENTATIVES	
Friends	7
Spouses	6
Parents	4
Self	4
Siblings	1
CLASSES OF DRUGS GIVEN BY RESPONDENTS TO NONPHYSICIANS	
NSAID	5
Antibiotic	2
Acne medication	2
Anxiolytic	1
Sedative	1
H_2 Antagonist	1
Estrogen	1
Contraceptive	1
Topical steroid	1
CLASSES OF DRUGS EXCHANGED BY RESPONDENTS	
NSAID	3
Antibiotic	2
Contraceptive	1
Bronchodilator	1
H_2 Antagonist	1
Topical steroid	1

no cardiovascular medicines were reported exchanged.

Eleven (41%) of our surveyed representatives have neither provided samples of prescription drugs to individuals other than physicians nor exchanged drugs with other representatives. Age, marital status, educational background, and years of experience did not influence their behaviour. Five of the 11 were female.

CONCLUSION

Although self-medication and sampling without prescription is common among pharmaceutical representatives, they are cautious not to use drugs with potential for serious side effects, such as cardiovascular medicines, or drugs with potential for abuse or dependence. Although they have ready access to prescription drugs, the selection available to them is restricted to the ones they represent or ones exchanged with their colleagues. They do not have access to as wide a range of drugs as doctors and pharmacists have.

The small number of participants means that the results of this study should not be interpreted as representative of the profession as a whole. ■

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