

PROBLEMS ENCOUNTERED IN PROMOTING THE USE OF OFFICIAL PRODUCTS.*

MARVIN J. ANDREWS.¹

It is apparent, from the number of requests for information received by the U. S. P. and N. F. Publicity Committee of Maryland from interested parties outside of the state, that many other similar organizations are encouraging dentists and physicians to write more prescriptions. Although we have published several articles on this subject, which have appeared in the JOURNAL OF THE AMERICAN PHARMACEUTICAL ASSOCIATION (1), it is our purpose at this time to note a few of the difficulties that may be encountered in promoting the use of the official products. It will be necessary to criticize the work of our own committee, as well as the work of other committees, both local and national. Our object is to help groups who are just starting as well as those who are conducting programs.

The Selection of a Committee.—The selection of the personnel of any committee is a very important step. The president of any organization should give much time and thought to appointing the members of a U. S. P. and N. F. Publicity Committee or of an Interprofessional Relations Committee; above all he should not appoint men on the basis of friendship. Each member of the committee should be capable, energetic and practical. The chairman, if possible, should be a member of the teaching staff of a school of pharmacy; the next best person would be a progressive professional pharmacist. The other members of the committee should be retail pharmacists who stand high in professional circles, are available for meetings and at the same time are congenial with other members of the committee.

Financing the Program.—After the committee has been appointed and tentative plans have been made for its activities, the next step is to obtain sufficient funds to carry out the proposed plan. This is a usual stumbling block, but if the committee applies itself diligently and persistently, some plan to finance the program can usually be worked out.

The method will vary according to locality; so I shall mention only a very few of the many ways of obtaining the necessary funds.

1. The state of local associations supply the necessary funds from membership dues or finance the program by special assessment.
2. In case the associations are not financially able to provide the necessary funds, an effort should be made to obtain a dollar from each retail drug store in the city, county or state in which the program is to be carried on.
3. If the second method proves unsuccessful, the Committee should try to obtain larger donations from a smaller number of interested persons. A great deal can be accomplished if twenty-five or thirty interested stores will contribute \$10.00 each and charge it off to advertising. If this plan is used, the stores contributing should be given all the credit.
4. Having obtained some definite results, it is then possible to contact other professions and invite them to defray a portion of the expense. The success of this

* Presented before the Section on Practical Pharmacy and Dispensing, A. Ph. A., Minneapolis meeting, 1938.

¹ Assistant Professor of Pharmacy, School of Pharmacy, University of Maryland.

method will necessarily depend upon the interest of the other professions in the project.

The accepted plan will be governed by the amount of money available. To be successful, the program must be placed on an educational basis.

Methods of Promoting Prescription Writing.—There are many ways to stimulate members of the dental and medical professions to write more prescriptions. As our medical schools devote very little time to the teaching of the various methods of writing prescriptions, the graduates know little or nothing about writing a prescription. The committee should take advantage of the great many opportunities for coöperation presented by these circumstances.

By using the drugs and preparations contained in the U. S. P. and the N. F. as the ingredients in the suggested prescriptions, the Committee has the primary requirement for successful results: a worthy product. The U. S. P. and the N. F. are recognized by the Federal Pure Food and Drug Act and by the laws of the various states as the legal standards for drugs and preparations used in this country. Likewise, approximately 90 per cent of all the drugs and preparations included in *Useful Drugs* published by the American Medical Association, also those mentioned in the leading books on therapeutics, are official in the U. S. P. and N. F.

I can see no reason for comparing the prices of the official products with those of nationally advertised products containing essentially the same ingredients. Although the official products are much cheaper, it is impossible for any committee to control the price of prescriptions. With this point in mind, I feel sure that all will agree that a campaign based on price alone will have a short life. On the contrary, a campaign conducted on an educational basis not only will be helpful to the dentist and the physician, but also will gain their respect and coöperation.

There are many methods that may be used to stimulate the dentist or physician to write prescriptions. Among these are scientific displays, personal contacts and written propaganda.

Scientific Displays.—A great deal of time and thought is required in the preparation of a scientific display that will make a lasting impression. The display should be arranged to present a definite story and not include everything contained in both the U. S. P. and the N. F. The type of display will depend upon many things, the most important of which are the space allowed, the financial set-up, and the nature of the group to whom it is to be presented.

For a major exhibit, the Committee will be expected to prepare a display on a budget of two or three hundred dollars to compete with similar displays prepared by individual commercial concerns at a cost of two or three thousand dollars. Likewise, it will have to prepare the entire display within two or three weeks. With these considerations in mind it is interesting to compare the two displays. The commercial concern features only a few products neatly displayed with very few signs. Descriptive material is presented in pamphlet form and is distributed by well-trained attendants. On the other hand the typical booth prepared by a Committee is usually smaller; yet it contains a great number of different drugs and preparations. These are described by large signs, in front of which are displayed bottles or jars containing the compounded prescriptions. In most instances the attendant is out looking over the other booths instead of remaining at his own.

By using photographs of two booths prepared by the same professional group,

I hope to illustrate contrasts in the use of displays. The first is a display built around a single topic with five signs of three different heights and a sufficient number of suggested prescriptions, all within the eye range of a person of normal height. The result is a very neat and impressive display. The second display is built around seventeen different therapeutic headings in a space suitable for only three or four topics at most. In addition to the center display there are thirty-four large signs, eleven of which extend from the floor to the top of a counter about thirty inches high. These lower signs are impossible to read and also handicap the efficiency of the booth.

When pharmaceutical associations are arranging for scientific displays before dental or medical groups, they should endeavor to obtain as much space as possible in a desirable location. A desirable location is essential as the number of visitors to the booth will be in proportion to the number that pass by. Likewise, a wide shallow booth is preferable to a narrow deep booth for the former type is much more effective for display and also accommodates more visitors.

The selection of material will depend upon whether it is being prepared by a pharmaceutical group alone or in conjunction with a dental or medical group. In case the pharmaceutical group is to work alone, it is best to select a pharmaceutical subject, such as vehicles. An excellent display can be made by illustrating the use of incorrect and correct vehicles for certain drugs, or by illustrating the various forms in which a single drug can be dispensed.

Personal Contacts.—It is not practical for a small pharmaceutical association or group to employ a so-called detail man to call upon physicians and dentists, for the value received would never equal the amount expended. Each visit by the detail man would cost the association approximately one dollar. For illustration, let us use a group of 1500 physicians, 500 dentists and 500 pharmacists. A single detail man working full time would not be able to make more than one visit a year to each physician and dentist. This plan would cost each pharmacist four dollars; yet the individual store would receive very little credit for the expenditure. Then, again, annual visits are of very little value in a publicity campaign.

It is difficult to suggest a better method, yet I feel it is best for some representative group to sponsor the written material and have the retail pharmacist follow up the work by a personal visit to the physician or dentist.

Written Propaganda.—Different associations or groups send out various forms of written propaganda, among which are blotters, leaflets, bulletins, letters or cards of various sizes. Each medium has its advantages and disadvantages. I shall not take time to discuss their relative merits except to say that the form adopted should be of permanent rather than of transient value.

The object of such propaganda is to stimulate dentists and physicians to write prescriptions that indicate the correct medicament and dose for the individual patient. As a result they will find it necessary to write an individual prescription for each patient. A committee should present its suggested prescriptions in such a way that they will serve as illustrations of the correct methods of writing prescriptions; it should not expect the dentist or physician to copy the exact combination. This viewpoint eliminates the type of publicity that includes only stereotyped prescriptions, as this type is of little value in stimulating a dentist or a physician to write the prescriptions best suited for his patients.

In general, written propaganda should present the following information:

1. The various combinations of drugs used for a particular disease. If the suggested prescriptions are taken from an authority and are quoted exactly, a note should give the originator credit, at the same time transferring the responsibility for its therapeutic accuracy from the Committee. If the prescription is not quoted, then a foot-note should be made, *e. g.*, "The dose in these prescriptions should be adjusted to suit the patient." This statement implies that the dose should be determined by the prescribing dentist or physician.

2. The various ways in which a single drug may be prescribed. This purpose is accomplished by writing suggested prescriptions for a powder, a capsule, a liquid preparation, etc. In addition to the different types of pharmaceutical preparations in which a single drug may be prescribed, the physical appearance of any one form may be changed by using different vehicles or different added coloring.

3. Vehicles. In case a single vehicle is selected for discussion the following information should be given whenever possible: official titles, flavor, color, alcoholic content, reaction to litmus, uses and incompatibilities.

4. General Information. As the heading implies, this is the topic under which are discussed such items as: Latin terms used in prescriptions, apothecaries' weights and measures with their equivalents, coloring agents used in prescriptions, etc.

Next I shall consider some of the many criticisms I have heard in reference to written propaganda issued by local, state and national committees.

1. The printed or mimeographed copies are not clear. A few cents difference in price may mean a waste of money. The copy must be legible if you expect members of other professions to read or use the material.

2. The propaganda is not suitable for filing. This was one of the chief objections made to our first bulletins before we changed to our present 3 x 5-inch cards. Last year when we sent out an inquiry in reference to supplying missing cards, we were very much surprised to find that only a few physicians needed replacements.

3. The propaganda contains only stereotyped prescriptions. In most instances the value of the suggested prescriptions lies not only in that they are written correctly, but also in the fact that they remind the prescriber that the same ingredients can be prescribed in many different ways. The practical pharmaceutical information given on the card is the reason why a great many dentists and physicians become interested in the propaganda and follow every issue.

4. The variation in nomenclature used for the ingredients contained in the prescription. Whichever official nomenclature is selected, whether Latin, English or abbreviated Latin, it should be used throughout the prescription. Mixing the nomenclature or giving the wrong abbreviation is a reflection upon the committee and indicates that they are careless or that they are not familiar with the products they are endeavoring to promote. The number of physicians and dentists that notice this one point is surprising. In Maryland we use the official abbreviated Latin titles. This is done to get away from the long Latin titles and case endings, and also to prevent the patient from reading the prescriptions, as he will try to do if it is written in English. The use of abbreviated Latin tends to reduce self-medication and other forms of lay medication.

5. The quantities of the ingredients contained in the suggested prescriptions should be practical. The suggested quantities may be given as a single dose with directions for making a definite number of such doses or the total quantities may be given for the entire prescription. In either case the quantities should be given in both the Metric and Apothecary systems. If the conversion is not exact, the approximate equivalent should be used with a note at the bottom of the card, such as "Conversions from Metric to Apothecary are approximate and not exact." This takes care of those prescribers who use only the Metric system as well as those who use only the Apothecary system.

6. The directions to the pharmacist are not clear. The suggested Latin terms or abbreviations should be those in common use. It is always wise to be practical and not inject theoretical ideas.

7. The ingredients in the suggested prescriptions are not compatible. This is often the case when the combinations are taken from textbooks. The best policy is always to test the prescriptions by allowing the compounds to stand for several days. In many instances the theoretically perfect prescriptions prove to be dismal failures when they are compounded.

8. The pharmacists do not stock the ingredients contained in the prescriptions. This is often the case when rare drugs or chemicals are suggested. This phase of the work should be scrutinized very carefully by the retail pharmacists on the committee.

I shall conclude my discussion with the most important point: coöperation. In work of this kind it is essential to have the coöperation of the retail pharmacist as he is the one who fills the suggested prescriptions. Likewise, if the campaign is conducted on an effective educational basis, the committee will receive the coöperation not only of the dentists and physicians but also of the detail men and the salesmen of all the reputable pharmaceutical manufacturing companies. The success of our campaign in Maryland is best indicated by the fact that many of the little index boxes we recently prepared have been sold to dentists, physicians and pharmacists by salesmen representing commercial concerns. Last, but not least, we feel proud of our efforts in Maryland as the little green filing box, containing an index and all cards issued to date and bearing the inscription "Rx using U. S. P. & N. F. Preparations," is no longer a local affair but has been found to be useful in thirty-eight other states, as well as Canada.

REFERENCES.

- (1) Andrews, Marvin J., *JOUR. A. PH. A.*, 25, 50 (1936); Andrews, Marvin J., *Ibid.*, 25, 254 (1936); Andrews, Marvin J., *Ibid.*, 27, 53 (1938).

KANSAS STATE BOARD OF PHARMACY.

Regulation 15. A regulation to clarify and give support to Section one (Section 65-1601, R. S. 1923) of the pharmacy law of the state of Kansas, to prevent a registered pharmacist from devoting part time to a drug store not having any other registered assistance:

It shall hereafter be unlawful for anyone to conduct a drug store within the state of Kansas unless such store is supervised by at least one registered pharmacist, registered in the state of Kansas; said pharmacist to devote full time to one store when there is no other registered pharmacist to be used as a substitute or for relief of the supervising pharmacist.

The penalty for the violation of Section one (Section 65-1601, R. S. 1923) of the pharmacy law shall apply to and for the violation of regulation 15.