Health Promotion in Community Pharmacy

Country Report - Finland

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Part A: Framework for the description of initiatives, models of good (best) practice and collection of guidelines/guidance documents at the national level

Description of National initiatives/Models of Good (Best) Practice

Alcohol, medicines and health

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The commissioner of the initiative / model
The initiative was commissioned by AFP.

Co-ordinator of the initiative / model
The initiative was co-ordinated by national alcohol company ALKO's research department.

The running time of the initiative / project?
The running-time of the project was 1.1.-31.12.1997.

Current state of the project
Current state of the project: finished.
Short description of the project:
Aims of the project were to
- increase knowledge of the risks of simultaneous use of drugs and alcohol
- inform when and in which doses it is possible to take some alcohol during drug treatment
- inform about health risks that are connected with alcohol use
- make the material concerning alcohol and drug use easily available through pharmacies and educate pharmacy personnel in this subject

The project was carried out as a campaign of the year in all pharmacies. It included an education scheme (ten local, one national education event) and material for pharmacy personnel, window-displays etc., decorative information material to be placed in pharmacy premises, information booklets for customers and two information spots on TV (themes “Alcohol makes you fat” and “Mixing alcohol and drugs may have unpredictable effects - ask your pharmacist”). A press conference was arranged and the campaign was given a lot of publicity in the press (on local and national level). The campaign was presented on TV and it lead to several radio programmes, articles and interviews. Besides this national framework, single pharmacies performed a lot of different activities locally/on a local level, such as public lectures, theme days in pharmacies, radio programmes etc.

Scope of the initiative was national.

Partners involved with development and implementation:
AFP, ALKO and private pharmacies.

Conducted project evaluation on the model / initiative:
Pharmacies were asked to give feedback of the project by means of a questionnaire. 288 pharmacies responded. The project was considered to be relatively successful. Most responded that the education events and material were necessary and successful. 105 had arranged specific training in the subject at the pharmacies. According to pharmacies, the campaign did not bring more customers.

The project results:
The project was well-accepted by pharmacists, public and the press. The effectiveness, calculated according to the number of published articles in lay press, was extremely good (several hundreds) in comparison with other pharmacy campaigns. The cost of the campaign was FIM 240 000 (40,365 Euro). Working hours and education events were not included in these costs.

The most important factors supporting development and evaluation:
The campaign was of public interest. It was easy to implement and run, and it built pharmacy’s image as a part of health care.
The campaign was the first part of a three-step project, which included a project targeted at 13-15-year old schoolchildren about risks of combined use of drugs and alcohol (1997) and a project targeted at conscripts in the Finnish armed forces (to inform about) concerning the correct use of medicines and risks about medicine abuse (incl. use in combination with alcohol) (1998-99).

The most important barriers concerning development and implementation:
There were no significant barriers. One drug company reacted very aggressively when their product was mentioned in the campaign.

Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states:
The campaign is transferable to other EU countries.

Reports, publications, self-descriptions:
Pharmacy goes to schools. Combined use of drugs and alcohol: information for high school students.

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The commissioner of the initiative / model:
Commissioned by AFP

Co-ordinator of the initiative / model:
Co-ordinated by National Agency for Medicines (NAM) and National Research and Development Centre for Welfare and Health (NWH).

The running time of the initiative / project?
The running-time of the project: the project started in 1996.

Current state of the project:
Continuing as a permanent model of action.

Short description of the project:
The combined use of drugs and alcohol has become a growing problem among high school students in Finland. Almost one girl in every four aged 14 to 15 and one boy in every 10 of that age group has experimented with combined use, to increase the effects of alcohol. Several young people have died as a result of such experiments. It is not well-known that combined use may have a fatal outcome.

To increase knowledge of the hazards, AFP produced in collaboration with NAM and NWH a videotape, leaflets and posters giving information on the risks of combined use. In autumn 1997 (3.11.-16.11.1997) there was also a TV campaign against combined use. The material was sent to pharmacies, which contacted local high schools to arrange for lessons to be given by a pharmacist on this subject to pupils aged 13 to 15. Schools were also encouraged to contact pharmacies. The video was shown during the lessons and pharmacists gave answers to questions that were raised by pupils. Pharmacists also advised on the correct use of drugs.

Problems: some pharmacists and teachers considered the video and material too “daring” and were afraid that it might have encouraged children to experiment. In some cases, it was not shown to the pupils because of this.
The scope of the initiative was national.

Partners involved with development and implementation:
The manuscript of the video was made in co-operation with AWV-Audiovisuaaliset ohjelmat Oy. The teachers’ organisation informed its members of the project.

Conducted project evaluation on the model / initiative:
- Pharmacies who had arranged lessons were identified by annual report 1996 and 1997 and asked to fill in a questionnaire.
- Pupils at the schools were asked to give opinions of the material.
- TV campaign was evaluated by MTV3.

The project results:
- Out of 155 pharmacies who had arranged lessons, 91 answered the questionnaire. In 1996-1997, a total of 415 lessons had been given at schools. In addition, there had been several meetings with local parent’s organisations. Schools had arranged theme days where police, doctor’s and nurses were also involved.
- In the schools, the project was considered very important. Pupils liked the video and co-material. In most cases, it was agreed that the action would continue every year. Some pharmacists were asked to participate in local (official) task forces against intoxicant abuse.
- Pharmacies performed the lessons at their own expense.
- TV campaign was seen by 2,151,000 people over the age of 10.
- The material produced for the project was received an award from the Finnish Centre for Health Promotion as the best in 1997.

The most important factors supporting development and evaluation:
The problem is very acute in Finland, so all possible help is needed.

The most important barriers concerning development and implementation:
Image benefits: pharmacy’s role as a health care provider was strengthened.
Young people are not very familiar with pharmacies. This project brought pharmacy expertise to schools, which should increase confidence in pharmacies and may stimulate students to consider pharmacy as a possible choice of career.

Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states
- The problem of combined use is acute in Finland and the project was justified because of this. It is not relevant in the countries where this problem does not exist.
- The idea of giving lessons at schools about the proper and safe use of medicines is transferable, if there is material for lessons available.
Reports, publications, self-descriptions:

- Eläimellinen cocktail (The video: Animalistic cocktail). Also available in Swedish text.
- Tabut + C2H5OH. Brochure for pupils. Also available in Swedish (Pills + C2H5OH).
- Poster for schools

The video and other material is listed in a Finnish Centre for Health Promotion’s register for preventive work for intoxicant abuser’s material and it is available there for all interested bodies.
Medicine Awareness for Conscripts in the Finnish Armed Forces

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The commissioner of the initiative / model:
The original idea for the initiative came from the Association of Finnish Pharmacies

Co-ordinator of the initiative / model:
The Association of Finnish Pharmacies has co-ordinated the project along with the Military Pharmacy and the health care division of the Staff of the Armed Forces in Finland.

The running time of the initiative / project?
The running time of the first phase of the project was 1 year. The initiative was found useful and it has become a model procedure of health promotion work for pharmacists.

Current state of the project:
The first phase has been completed and an evaluation of the initiative has been made. The concept has proved to be good and the work is continuing.
Short description of the project:
Medicines may have considerable effects on the performance of conscripts performing different tasks within the military, such as shooting, driving or physical exercise. Amongst adolescents in general, the incorrect use of medicines and mixed use of medicines and alcohol is an (increasing) growing problem (Jormanainen 1990).

The aim of this initiative is to give the conscripts information about the correct use of medicines and to explain the risks of the abuse of medicines. Another objective/goal is to motivate the conscripts to find out for themselves about the proper use of their medication and the effects of the medicines.

The following steps were taken in the process.
1. The recruiting of volunteers amongst pharmacists to participate in the initiative.
2. The production of material (slides, leaflets etc.)
3. The training of pharmacists to lecture about medicine awareness to the conscripts.
4. The realisation of the medicine awareness lectures
5. The evaluation of the initiative and further development of the concept.

The initiative was implemented nationally. The first phase of the project was carried out in 22 garrisons throughout the country.

The partners in the implementation were The Military Pharmacy and the health care division of the Staff of the Armed Forces in Finland

Conducted project evaluation on the model / initiative:
The first phase of the project was evaluated on the basis of two questionnaires. The one which was aimed at the lecturers (pharmacists) included questions about the arrangements of the initiative in general and its implementation. The questionnaire that was aimed at the conscripts included questions about meaningfulness of the lectures and questions about the personal use of medicines.

The project results:
The lectures were carried out at 22 different locations. According to the opinions of the lecturers, the initiative was well-organised. The information provided and the training was sufficient. The lectures were organised smoothly by the staff in the different garrisons. The material provided for lectures was rated good by the lecturers. All participating lecturers stated that they would take part in a similar event if they.

The questionnaire for conscripts was used at 10 garrisons. 3302 conscripts answered all the questions in the questionnaire (out of a total of 3845). According to results, most of those who responded had a fairly sufficient understanding of the use of medicines in general and the mixed use of medicines and alcohol. In addition, three quarters of the (respondents) were aware of the effects of medicines in tasks in which precision is needed. Approximately 50 % of those who responded felt that they received new information about the use of
medicines and their effects in tasks in which precision is needed. Most of the conscripts found the content of the lectures useful.

In general, the model seems to have been easily carried through with well-functioning co-operation between the different actors. The main goal was to improve the medicine awareness of the conscripts and according to the results of the questionnaire, this model provides the means of fulfilling this goal.

The costs of the initiative (including costs for the 22 garrisons and 3845 conscripts) are approximated at 300,000 FIM (~50,000 Euro) including development work, the training of the lecturing pharmacists (1 day course), travelling and accommodation expenses of lecturers and production of material for lectures, meals for lectures.

The most important factors supporting development and evaluation:
The successful co-operation between the actors supported the development and the implementation of the initiative.

The most important barriers concerning development and implementation:
Barriers that made development or implementation difficult did not exist.

Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states:
The concept as a whole is transferable to other EU member states.

Reports, publications, self-descriptions:

Self-description of the initiative, in Finnish (Lääketietoutta varusmiehille - hankeen kuvaus)
Smoking Cessation in Finnish Pharmacies

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The commissioner of the initiative / model:
The original idea came from the EuroPharmForum initiative on smoking cessation. In Finland, the initiative was carried out by the Association of Finnish Pharmacies.

Co-ordinator of the initiative / model:
The Association of Finnish Pharmacies co-ordinated the project.

The running time of the initiative / project:
The initiative was started in 1995 and it has become a model procedure of health promotion work for pharmacists.

Current state of the project:
The concept has proved to be good and the work is continuing. Evaluation of the initiative and development of the model is being made constantly.
Short description of the project:
Smoking is a major contributory factor in the development of coronary disease, chronic obstructive pulmonary disease (COPD) and lung cancer. Furthermore, smoking aggravates asthma and can lead to osteoporosis, impotence, pneumonia, inflammation in the mouth and throat, as well as headaches. Quitting smoking effectively decreases the risk of developing these diseases.

One aim of the project was to provide the pharmacies with the resources to practise smoking cessation work. Another goal of the project was to implement a new model of action to pharmacy practice. Resources that are available to the pharmacies regarding smoking cessation activities include:
- posters, window displays, and video tapes
- leaflets encouraging the giving up of smoking
- blood caron monoxide level
- information and advice about nicotine replacement products
- participation in activities to encourage the giving up of smoking
- directing of those in need of help to smoking cessation support groups
- promoting joint action on tobacco campaigns with other local groups and organisations

In pharmacies, both were assisted individuals and groups to give up smoking. In addition, pharmacies can take part in action on tobacco by providing information about the dangers of smoking and by directing their customers to one or more smoking cessation organisations and services.

The initiative is implemented nationally. As many pharmacies as possible have been encouraged to get active in smoking cessation work. Many pharmacies also participate in local networks in primary health care concerning smoking work.

Patient organisations such as the Finnish Cancer Society, Hearth Health Organisation etc. are partners in the development and implementation local networks for smoking cessation. The Division of Social Pharmacy at the University of Helsinki has been co-ordinating the studies concerning local networks and has done invaluable work in introducing courses on smoking cessation in the curriculum of pharmacy students. The courses include assignments where the students organise smoking cessation activities in pharmacies, schools etc. This part of the model seems to be very valuable, it not only activate pharmacies, but it also makes future pharmacists familiar with smoking cessation work.

Conducted project evaluation on the model / initiative:
No systematic evaluation of the smoking cessation work in the pharmacies has been done. The local networks have been studied in three different regions in Finland. The local co-operation in primary health care concerning smoking cessation was studied to uncover models on how to develop effective non-smoking networks. So far, no exact results from the study have been reported. The reports on the work that the pharmacy students have done will be available later in the year 2000.

The project results:
In general, the model seems to be applied easily, but the process of activating the pharmacies has taken some time. Currently, an increasing amount of pharmacies are taking part in the smoking cessation initiative.

The most important factors supporting development and evaluation:
The support of the national health care consensus statements and programmes have promoted smoking cessation initiatives in society. For example, the Action Plan for Promoting Finnish Heart Health states that cessation treatments can be carried out by pharmacies and NGO’s in addition to general health care. The smoking cessation work naturally also complements the Asthma Programme in Finland the Programme for preventing and treating Chronic Bronchitis and COPD in Finland.

The most important barriers concerning development and implementation:
Barriers to development or implementation have not been significant. Changing attitudes of pharmacists with respect to seeing smoking cessation as an important part of health promotion work has been the biggest problem. During the recent years, attitudes have altered significantly and more pharmacies have started to work with smoking cessation.

Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states:
The concept is transferable to other EU member states, especially when results from the studies concerning the local networks and more instructive information of smoking cessation work becomes available.

Reports, publications, self-descriptions:
Teräsalmi E., Apteekin avulla savuttomuuteen, The Association of Finnish Pharmacies 1995 (Smoking cessation with the help of the Pharmacy guide for pharmacists, in Finnish, 1995)
Papers for international publications of local networks
Asthma Programme in Finland: The Pharmacy Programme

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The commissioner of the initiative / model:
Commissioned by the Association of Finnish Pharmacies.

Co-ordinator of the initiative / model:
Co-ordinated by the Ministry of Social Affairs and Health, The Association of the Pulmonary Disabled, Allergy and Asthma Federation and The Finnish Lung Health Association.

The running time of the initiative / project?:
The running-time of the project: From 1997.

Current state of the project:
Continuing as a permanent model of action.

Short description of the project:
The Finnish National Asthma Programme was launched by the Ministry of Social Affairs and Health in 1994. The programme strives to promote the treatment of asthma and especially to reduce the severity of the disease. Drug therapy is of essential significance in this context. The programme also emphasises patient initiative and patient health care services.

Pharmacies are as playing an important role in outpatient care. To strengthen the role of pharmacies in asthma care team, a specific pharmacy programme was included in the national asthma programme in April 1997.

The goal of the pharmacy programme is to promote successful drug therapy for patients by intensifying cooperation between pharmacies, other health care service providers and various associations, and to streamline the division of labour involved. The programme lays down general outlines and objectives, providing a local framework for actual courses of action and action models. Advising patients in matters related to medical treatment is considered a standard responsibility for a pharmacy. In addition to that, pharmacies should focus on the following:
- Repeating and specifying in more detail the essential properties of medicines, focusing especially on the difference between preventive drugs and drugs prescribed to control symptoms.
- Motivating the patient to take medicines which are supposed to be administered regularly.
- Ascertaining the patient’s ability to administer asthma medication, the devices used to administer it and the PEF meter.
- Circulating factual material on asthma and its treatment and providing information on local organisational activities.
- Promoting actual therapy by monitoring the medication and the amounts of drugs prescribed, and by discussing any problems with patients.
- Guiding patients clearly in need of more intensive therapy to proper treatment.

Since 1994, health centres have had two contact persons responsible for the asthma programme, a doctor and an asthma nurse. According to the pharmacy programme, corresponding contact persons should be chosen in the pharmacies too. Their tasks are to develop the programme and the contacts at the local level in cooperation with asthma contact persons in health centres. Contact persons for both bodies are advised to arrange local negotiations to start the co-operation.

Conducted project evaluation on the model / initiative:
The project is evaluated frequently by annual reports and questionnaires distributed to asthma contact persons. The asthma barometer study was conducted among pharmacy customers via pharmacies in 1998, and it will be repeated in 2001 and 2004 to evaluate the progress of the national asthma programme as well as the pharmacy programme. Moreover, there are several scientific studies going on in this field. The Association of Finnish Pharmacies has supported the programme by arranging several educational events for asthma contact persons, symposiums, meetings at national pharmacy conferences etc. Pharmacy asthma contact persons are also supported by The Association of the Pulmonary Disabled, Allergy and Asthma Federation and The Finnish Lung Health Association. The support is mainly training, information and material.

The project results:
In March 2000, there were 603 nominated asthma contact persons in pharmacies. According to the questionnaire given to the asthma contact persons in January 1998, 209 pharmacies had had meetings with local health centre or other health care units treating asthma patients. 105 meetings were planned to for the near future. The initiative for the meeting has in most cases been taken by the pharmacy, but also health centres or hospitals have contacted pharmacies. According to annual report in 1999, 140 pharmacies have regular co-operation with health centres.

The Asthma barometer study (n=2956) shows that 27 % of those respondents considered pharmacy to be the most important source of information about asthma.

The most important factors supporting development and evaluation:
The pharmacy asthma programme has created a permanent co-operation model between pharmacies and other institutions providing health care. It can also be applied to the treatment of other patient groups.
According to feedback from pharmacies, the Programme has inspired the personnel to put more effort on the
guidance of asthma patients in pharmacies.

Later, pharmacies were included in the chronic bronchitis and COPD programme 1998-2007. This programme
is closely related to pharmacy asthma programme and smoking cessation programme in pharmacies.

The most important barriers concerning development and implementation:
Not all physicians have been interested in co-operating with pharmacies.
In big cities, it has been more difficult to implement permanent co-operation than in the smaller cities. This is
because of the large number of both pharmacies and health care units.

Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other
EU member states:
With respect to being part of the health care, it is important that pharmacies are included as actors in national
health programmes. The asthma programme was the first in Finland. Following this, we have been able to join
several other national programmes. This is a sign that pharmacists are respected as professionals and their help
is needed to promote better health.

In a disease-based model like this, it is important to start planning in co-operation with patient organisations and
health care authorities.

Reports, publications, self-descriptions:

Ministry of Social Affairs and Health. The Asthma Programme in Finland: The Pharmacy Programme. In Finnish,
English translation included.
of Social Affairs and Health. Follow-up report of the asthma programme. In Finnish only).
Suomen Apteekkariliitto, Keuhkovammaliitto. Apteekki tukenasi astman hoidossa. (The Association of Finnish
Pharmacies, The Association of the Pulmonary Disabled. Pharmacy supports you in asthma treatment).
Brochure for asthma patients. In Finnish and in Swedish.
Peura S, Klaukka T, Nummela L. Apteekkien astmaohjelma hyvin liikkeelle. (Pharmacy Asthma Programme has
Klaukka T. Valtakunnallisen astmaohjelman alkuvuodet. (The first years of the national asthma programme.
Klaukka T, Peura S, Vidgren P. Astmaohjelma etenee myös apteekeissa. (Asthma programme is proceeding in


Hypertension Management in Finnish Pharmacies

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The commissioner of the initiative / model:
The original idea came from the EuroPharmForum CINDI project and the Action Plan for Promoting Finnish Heart Health by Ministry of Social Affairs and Health. The initiative for pharmacies in Finland was carried out by the Association of Finnish Pharmacies

Co-ordinator of the initiative / model:
The Association of Finnish Pharmacies has co-ordinated the project.

The running time of the initiative / project?
The initiative was started in 1998 and work is continuing to make this initiative a fixed procedure of health promotion work for pharmacists.

Current state of the project:
The initial work has proved that the model is useful in health promotion. Evaluation of the initiative and development of the model is currently being made.

Short description of the project:
Hypertension is a major health problem world-wide. In Finland, it is not only the most common, but also the most expensive disorder to treat, and annually some 700 million FIM (120 million Euro) are spent on anti-hypertensives. High blood pressure is not a normal part of ageing, instead it depends to a great extent on an individual’s lifestyle.

One aim of the project is, firstly, to provide the pharmacies with the resources to practise hypertension health promotion work. In 1999, Heart Health promotion was chosen as a theme for the pharmacies in Finland. The Association of Finnish Pharmacies has worked with the initiative by producing educational material for pharmacists as well as the public, and through writings in newsletters and publications, by encouraging the pharmacies to get involved in the work. Educational material on hypertension have been produced for pharmacists with the following topics:
- General information about hypertension
- Lifestyle changes for hypertensive patients
- Information about the different categories of medicines
- Problems and compliance
- How the pharmacies can help a hypertensive patient

An informative slide show about hypertension treatment, to be used by pharmacists when lecturing for the public, has also been produced. Every year Heart Week is organised (together) in conjunction with the Finnish Heart Association throughout the country.

The health promotion work in the pharmacies consist of the supporting of the patient’s treatment by providing advice on health matters, information about their medicines, measuring of blood pressure etc. This work requires co-operation between the patient, doctor and other health care personnel.

Conducted project evaluation on the model / initiative:
No systematic evaluation of the health promotion work in the pharmacies concerning hypertension has been done. There are results for 1999 about the activity of each pharmacy concerning blood pressure measurement and participation to Heart week activities.

The project results:
All pharmacies have received educational material on hypertension and the personnel has been trained. Several pharmacists nation-wide have been giving lectures to the public concerning hypertension treatment. In 1999, 154 (of 793) community pharmacies offered blood pressure measurements on an ongoing basis, while 177 offered it on theme days. In 1999, 375 community pharmacies participated in Heart week activities. Compared to year the1998, when 284 pharmacies took part in these activities, it seems that the pharmacies are becoming more active in heart health promotion work.

The most important factors supporting development and evaluation:
The support of the national health care consensus statements and programmes has promoted hypertension management initiatives in society. A recommendation in the Action Plan for Promoting Finnish Heart Health by the Ministry of Social Affairs and Health states that pharmacies promote heart health in their activities and customer contacts in co-operation with the rest of the health care system and the NGO’s.

The most important barriers concerning development and implementation:
There were no barriers that made development or implementation difficult.
Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states:
The concept is transferable to other EU member states.

Reports, publications, self-descriptions:

Project to increase the availability of syringes in pharmacies to prevent spreading of infectious diseases such as HIV and hepatitis.

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The commissioner of the initiative / model:
Commissioned by the Association of Finnish Pharmacies.

Co-ordinator of the initiative / model:

The running time of the initiative / project?
The running-time of the project: from 1996.

Current state of the project:
running.

Short description of the project:
Since 1996, the AFP has been a member of an unofficial interest group run by experts on intoxicant abuse and infectious diseases. The group has been followed up a growing problem of HIV among (i.v.) intravenous drug users in Finland. It started in mid 1990’s, but the real epidemic was detected in summer 1998. 50% of the population of injecting drug users (IDU) is hepatitis-C positive.

Increasing the availability of sterile syringes through pharmacies has been found to reduce unsafe injection practices that lead to transmission of HIV/AIDS and hepatitis by 40 %. The group has been following up how pharmacies were acting in this matter from 1996. It was found that an increasing number of pharmacies did not sell syringes. The background of this phenomenon was, that there was no consensus in society on how to approach the problem of narcotic abuse. Pharmacies were criticised if they sold syringes, but also if they did not.
To solve this problem, we called together a task force where all the relevant parties were present. The aim was to create a uniform policy in the whole country and increase the number of pharmacies that sell syringes to IDUs.

The task force agreed on the following four principles of action:

- Increasing availability of syringes can reduce infectious diseases. Information on the hazards of sharing injection equipment should be available. Municipalities bear the major responsibility of preventive actions. There must be local models of action about availability of syringes to IDUs, information and assistance leading to withdrawal. These must be agreed upon by health care units and pharmacies. The police must (also) be informed.

- In municipalities, there must be a policy of safe disposal of used syringes. If pharmacies collect them, there must be a separate agreement with the municipality.

- A study will be performed to compare and evaluate effectiveness of different models of actions to deliver or exchange syringes, inform and lead injecting drug users to withdrawal. Also their effects on the problem of using narcotics will be studied.

- Training for personnel of pharmacies, primary health care and clinics of intoxicant abusers will be arranged.

Besides these, all pharmacies were given a recommendation to sell syringes to injecting drug users.

Conducted project evaluation on the model / initiative:

The project results:
The number of syringe-selling pharmacies rose from 65 % in 1996 to 84 % in 1999. At present, 11 % of pharmacies are taking care of the disposal of used syringes. Bigger municipalities have established syringe exchange programmes. (An education) A training programme for health care and pharmacy personnel has been running since August 1998. It will be taken to municipalities all over the country.

The most important factors supporting development and evaluation:
Spreading of HIV is a real matter of health and health economy. At the beginning of the epidemic, pharmacies were the key players in delivering sterile syringes and information of hazards of unsafe injection practices to IUDs. Their active involvement bought time for the other parties in health care to arrange their activities.

The most important barriers concerning development and implementation:
The attitude of representatives of municipalities and the police was very negative at the beginning. Also, some pharmacy owners reacted strongly against the project. In some pharmacies, the personnel refused to sell syringes.

The public attitude has been both pro and against pharmacies role. This has raised a lot of discussions.
Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states:
- Pharmacy sale of syringes is more or less standard in most European countries. Finland is among the last ones to adopt it, because the problem has not been on a large scale until recently.
- The active role of pharmacies has been seen/regarded as a positive sign of taking responsibility.
- It is most important to have a common concept and consensus over such a difficult matter. Otherwise it is impossible for pharmacies to act.

Reports, publications, self-descriptions:


Self-care guides for the public

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The commissioner of the initiative / model:
The original idea for the initiative came from the AFP.

Co-ordinator of the initiative / model:
The AFP is co-ordinating the project.

The running time of the initiative / project?
The initiative was started in 1995. It currently produces tools to help the health promotion work of pharmacists and the project continues to run.

Current state of the project:
The project is ongoing, with launches of new self-care guides at regular intervals.

Short description of the project:
The aim of this initiative is to
- provide the public with information about self-care
- provide the public with information about the correct use of medicines
- provide the public with information about healthy lifestyles

The project is carried out by regularly producing self-care guides concerning various different topics for the public.
The existing self-care guides by April 2000 are:
- Allergic eye and nasal symptoms
- Allergic skin symptoms
- Common cold
- Smoking cessation
- Heartburn
- Treatment of cuts and wounds
- Vaginal candidosis
- Osteoporosis

The initiative is implemented nationally by producing the self-care guides for the pharmacies. The pharmacies distribute the self-care guides to the public.

Conducted project evaluation on the model / initiative:
No extensive evaluation of the project has been made. The opinion poll for pharmacy owners has been devised concerning the quality and demand of self-care guides in general.

The project results:
Approximately 75% of the pharmacy owners thought that the quality of the self-care guides are good and the demand for such guides is evident. In general, the model seems to be working well.

The costs of the development work and the production of one edition (10 000 copies) of each guide is approximately 10 000 FIM (1 700 Euro).

The most important factors supporting development and evaluation:
It was seen that there was a demand for this kind of information among the public. The implementation is easy through the pharmacies and the process of production of self-care guides can (be run) operate smoothly. This kind of production of an informative and continuous self-care series improves the image of professionalism in pharmacies.

The most important barriers concerning development and implementation:
Barriers that makes development or implementation difficult do not exist.

Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states:
The concept as a whole is transferable to other EU member states.

Reports, publications, self-descriptions:
The self-care guides are presented before.
The electronic drug information system – ELIAS
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The commissioner of the initiative / model:
The original idea for the initiative came from the AFP and the Pharmaceutical Information Centre (PIF).

Co-ordinator of the initiative / model:
The AFP has been co-ordinating the initiative.

The running time of the initiative / project:
The first ELIAS information systems have been in use in pharmacies from 1992.

Current state of the project:
The information content of the system and the software is updated constantly. A larger update and renewal of
the information content is going to be made by the autumn of year 2000.

Short description of the project:
The aim of this initiative is to provide the public with information about self-care, and the correct use of
medicines and medicines in general, through an electronic information system located in the pharmacies

The Elias drug information system is being developed by The Association of Finnish Pharmacies, The Pharma-
taceutical Information Centre and software companies. Today, Elias is available in approximately 18% of all Finnish
community pharmacies. In addition to medicine and self-care databases, it contains information about medicine
reimbursement and local medical services. The Elias system also has a print option.

Elias is equipped with a “touch the screen” monitor. The latest version of Elias has been designed to look like
World Wide Web pages with hypertext links and graphics. The information in the self-care guide database is
arranged according to a logical tree structure with a main menu and several sub-menus covering different areas
of self-care.

The Elias system has been in use from 1992, and 104 community pharmacies currently (situation in June 1999)
have the system updated regularly. The information in the databases is updated approximately twice a year.
In the new models, Elias is a part of a larger concept, in which touch screen devices in pharmacies are connected to the internet. These devices can be linked to different kinds of information on the internet, e.g. about health issues and local health care services, provided by reliable sources of information. Separate devices can be tailored to meet the needs of specific pharmacies in different areas. In this context, the drug information data for Elias would, for example, be updated rapidly via the internet by the Association of Finnish Pharmacies.

Conducted project evaluation on the model / initiative:
Several evaluation studies of the ELIAS drug information system have been carried out/conducted during the years. The latest was made as part of the European TESEMED II project:

This study was carried out in two parts. The first part was directed at pharmacists who have the Elias terminal in their pharmacy. It was carried out in June-August 1999. This part of the study was performed out by phone. The interviewer first asked to interview the pharmacy owner, but if this was not possible, a pharmacist was interviewed.

The second part of the study was carried out in September 1999. This part of the study was made for customers using the Elias terminal. The study undertaken in six pharmacies in Finland. The aim was to interview 20 persons at each pharmacy in order to reach a total of 120 participants. The interviewer asked the Elias users to verbally answer a questionnaire. For each pharmacy visited, a schematic diagram of the pharmacy with the physical location of the Elias terminal was made. The interviews were carried out in pharmacies which were situated in both urban and rural areas.

The project results:
The majority of pharmacists interviewed for this study were content with the Elias system. Only 12.6% of the respondents said they would not buy the Elias terminal again with the experience they currently have.

None of the respondents thought that the Elias system adversely affects the customer-pharmacist dialogue. The general opinion was that it is perhaps even easier to give information to the patient using the Elias terminal as support. Some pharmacists thought that having the Elias terminal in their pharmacy gives them an advantage over other pharmacies in the area, especially as their younger customers are skilled computer users and enjoy using them.

Considering these results, it can be said that there is a need for devices such as Elias in the Finnish community pharmacy. It is, however, necessary to make some improvements to the Elias system. Most of these are technical ones, but there are some which concern the contents of the databases.

In general, the majority of the users of the Elias terminal are very pleased with the information that the system provides. Only 4% of the respondents would definitely not use the system in the future. On a scale from 0 to 10, the general opinion, the opinion of the quality of the information, the usefulness and the ease of use
reaches an average of approximately 8. The desires for changes to be made in the system were mostly related to the content; people want more information.

In conclusion, it seems that the Elias information system is a useful and pleasing tool for customers in Finnish pharmacies. According to this study, the rate of use of the system seems to be relatively high among customers.

The most important factors supporting development and evaluation:
According to preliminary studies, the experiences at community pharmacies showed that the ELIAS activates customers to ask questions and effectively supports drug and self-care information.

The most important barriers concerning development and implementation:
There were no significant barriers that made development or implementation difficult. The updating of the system is done two times a year and that is not satisfactory, although in the future, with new technology, the updates can be made more frequently through Internet services.

Especially well-developed or instructive aspects of the model / initiative and thus relevant for transfer to other EU member states:
The concept is transferable to other EU member states.

Reports, publications, self-descriptions:

Kostianen, E., Sillantaka, O. And Pekkonen O. ELIAS - A New “Touch the Screen”-Based Drug and Self-Care Information System in Finnish Pharmacies, 1993, poster presentation, Tokyo FIP congress
Kostianen, E. ELIAS - A “Touch the Screen” Based Drug and Self-Care Information System in Finnish Community Pharmacies (present version), 1995
Kostianen, E. Electronic Information Systems in Finland, Drug Information Workshop Helsinki 1997
Questions to Ask About Your Medicines

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The commissioner of the initiative / model:
The initiative was commissioned by AFP. Questions to ask about your medication has been a EuroPharmForum project from 1993. Finland was one of the first countries to implement it.

Co-ordinator of the initiative / model:
The initiative was co-ordinated by the Finnish Pharmacists’ Association (FPA), the National Agency for Medicines (NAM) and University of Kuopio.

The running time of the initiative / project:
The project was run in two stages in 1994 and 1996.

Current state of the project:
finished.
Short description of the project:
Aims of the project were to
- promote the rational use of medicines and motivate patients/customers to request basic information about their medicines in pharmacies, with a view to increasing the general level of public knowledge in relation to drug use.
- to promote patient-oriented counselling in pharmacies
- to set national and local standards for patient counselling in Finnish pharmacies.

In the first stage (a media campaign in 1994), people were encouraged to ask pharmacists basic questions (How do my medicine work? How and when do I use it? For how long do I use it? What are the most typical side-effects of my medicine? Whom do I contact if problems occur?) about their medicines and to ask pharmacists for advice. The questions were made known to consumers through the mass media, through posters at pharmacies, through medication cards and through special folders for prescriptions.

In the second stage (in 1996), problems faced by patients with their medicines at home were identified and patients were encouraged to contact pharmacists in relation to such problems. The data was collected in 23 pharmacies by pharmacists who self-reported all the drug-related inquiries they received in two days. In six other pharmacies, the staff encouraged patients to call the pharmacist in the case problems occurred with their medications at home by delivering 6,000 contact cards to customers.
Scope of the initiative was national.

Partners involved with development and implementation:
AFP, private pharmacies, FPA, NAM, University of Kuopio.

Conducted project evaluation on the model / initiative:
The impact of the campaign was assessed by comparing the baseline findings with those at 3 months and 12 months after the implementation. The research methods involved observation of pharmacist-customer interactions, followed by personal interview of the customer.

The project results:
The project was well accepted by pharmacists, public and press. At 3 and 12 months, 24% and 23% of the customers knew about the campaign. At 3 months, 12 % of the customers knew the core questions compared with 23 % at 12 months. The campaign was best-known in small communities. Awareness of the campaign and the core questions was influenced by age and length of use of drugs, being highest among those aged 50 to 69 years and among long-term users.

The effect of the campaign in pharmacies was most clearly seen in the manner in which information was provided: it became more customized, more empathy was shown toward the customer and haste was less obvious.
The campaign did not increase the number of customers asking questions. The questions that were asked most often concerned dosage regimen, administration, effects and adverse effects of their medication.

The most important factors supporting development and evaluation: The campaign forced pharmacists to reconsider their role in patient counselling and gave information about information needs and interests of the patients.

The most important barriers concerning development and implementation: There were no significant barriers.

Especially well-developed or instructive aspects of the mode / initiative and thus relevant for transfer to other EU member states: The campaign is transferable to other EU countries.

Reports, publications, self-descriptions:

Part A II: List of National Guidelines for patient/user oriented health promotion (POHP) in Community Pharmacy (CP)

Consensus Statement - Action Plan for promoting Finnish Heart Health
Date of publishing 6th August 1998
Commissioned by the Ministry of Social Affairs and Health

The National Asthma Programme 1994 - 2004,
Date of publishing 26th July 1994
Commissioned by the Ministry of Social Affairs and Health

The National Asthma Programme, Follow-up Report
Published in 1999  (in Finnish Astmaohjelma 1994-2004, Seurantaraportti)
Commissioned by the Ministry of Social Affairs and Health

Decision in principle of the Council of State concerning the narcotic policy,
Published in 1999
Commissioned by the Council of State

The Programme for Prevention and Treatment of Chronic obstructive pulmonary disease (COPD)
Published in 1999 (in Finnish Krooninen keuhkoputkitulehdus 1998-2007)
Commissioned by the Ministry of Social Affairs and Health

The Programme for Prevention and Treatment of Diabetes
Published in 2000 (in Finnish Diabeteksen ja hoidon kehittämisohjelma)
Commissioned by the Finnish Diabetes Society

The Pharmacy and Health Promotion
Published in 1999
Commissioned by The Association of Finnish Pharmacies
Part B: Framework for the description of relevant preconditions for POHP in CP

General characteristics of the health care system and specific characteristics of Community Pharmacy relevant for POHP

General overview of the Health Care System

At the beginning of 1999, the population of Finland stood at 5.2 million. Under-15s accounted for 19 per cent of the total, and over-65s for 15 per cent.

Finnish health police is aimed at reducing deaths, extending people’s active and healthy life, ensuring the best possible quality of life for all and reducing differences in health between different sectors of the population.

The responsibility for organising health care in Finland lies with the approximately 450 local authority municipalities across the country. These can either provide primary health care services independently or join neighbouring municipalities in joint municipal boards which set up a joint health centre. They can also buy in health care services from other municipalities or the private sector. For the provision of specialist medical care, each municipality must belong to a hospital district.

Health services are funded mainly from tax revenue, partly from local taxation and partly from central government grants. Around 10 per cent of health care costs are covered by customer charges.

Public health care is supplemented by private health care, especially in the larger municipalities.

Public primary health care is the responsibility of the municipal health centres. Altogether, there are 265 health centres in Finland.

The local authorities are responsible for organising specialist medical care for residents of the municipality. To this end, the country is divided into 20 hospital districts and in addition, each hospital district has a central hospital, five of which are university hospitals offering more demanding forms of specialist medical care.

Promoting healthy living is the primary and most effective means available to improve the general health of the population. Health promotion means giving people information on healthy lifestyles and ensuring they have the opportunity to make choices and take actions conducive to health. Health promotion is funded primarily through municipal budgeting.

In Finland, only pharmacies have the right to sell medicines. This provisions applies equally to prescription drugs and over-the-counter medicines. Licenses to run a pharmacy are issued by the National Agency for Medicines. In 1999, there were 793 pharmacies in Finland, and these sold prescription drug on an average of 6,7 prescriptions per inhabitant.
Specific Situation of Community Pharmacy in your country

There are now nearly 800 community pharmacies and their subsidiaries in Finland, and the density of our pharmacy network is the highest in the Nordic countries.

Pharmacies now form an integral part of the health care service. As in most European countries, pharmacy services in Finland are subject to licensing. Drugs are available only in pharmacies and pharmacies are subject to a number of statutory obligations.

Acts, decrees and regulations governing community pharmacy services ensure not only the safe use of drugs, but also that drugs and pharmacy services are accessible to everyone, as inexpensively as possible, irrespective of their place of residence.

A community pharmacy is a service enterprise, in which customer’s needs have top priority. In addition to dispensing drugs, community pharmacies provide information about the effects, dosages, possible adverse effects and costs of drugs.

Health promotion and monitoring are elements in community pharmacy services in Finland. Pharmacies organise campaigns around specific topics such as weight reduction and smoking cessation. Health promotion services complement the traditional role of community pharmacies as suppliers of prescription drugs and providers of information on drugs.

Community pharmacies are subject to a full-service obligation. This means that they must have a selection of drugs, wide and varied enough to ensure that customers can get what they need without delay.

Pharmacies are responsible for ensuring, under the Medicines Act, that customers are familiar with the correct and safe use of the drugs they have been prescribed. Over the past few years, community pharmacies have become information centres providing health promotion in addition to guidance relating to medication and self-care.

Community pharmacies promote customer’s health and provide guidance in relation to self-care. Need for customer guidance in pharmacies has increased because many prescription drugs have become non-prescription drugs. Nowadays, every second purchase from pharmacies is a self-care drug. Due to their low prices they only account for roughly 25 per cent of the turnover.

In the self-care department, customers receive pharmaceutical service and guidance on self-care preparations. They can also compare prices and properties of the products.
In its strategy for preventative social and health care, the Ministry of social affairs and health states that its policy of prevention aims to create the necessary conditions and opportunities to improve the health and welfare of the people.

Health promotion is best carried out when pharmacies and other health care providers exchange experiences and information in the best interests of the client. In its preventative social and health care strategy, the Ministry of Social Affairs and Health encourages the making of regional and local action programmes, the developing of models of action, and in turn the putting of those models into practice.

As an example of one health promotion programme we can mention “Action Plan for Promoting Finnish Heart Health: Consensus statement (Ministry of Social Affairs and Health). Recommendation 8.7. That pharmacies promote heart health in their activities and customer contacts in co-operation with the rest of the health care system and non-governmental organisations..”

In recent years, the focus of health promotion has switched from treating illnesses with high mortality rates to combating disabling illnesses that impair a person’s capacity to work or function normally.

Health behaviour among Finnish adult population in Finland 1999 (appendix 1)

Preferences and Expectations

According to an inquiry which was made in summer 1999 (The Association of Finnish Pharmacies/TOY Research), 10 % of the customers in pharmacies found the courses in health promotion, held by the pharmacy, extremely important and 26 per % fairly important. 88 % thought information about medicines to be very or fairly important as a pharmacy service.

According to the above mentioned inquiry, tests and surveys performed in the pharmacy were thought to be as important as the courses in health promotion. On the other hand, different special subject days were not rated as important.

The law concerning practising a health care profession regulates the general professional ethics and obligations for professionals within health care, including pharmacists, as well as the obligation for continuing education. Health promotion is an essential part of the statutory health policy. The Medicines Act, which regulates the pharmacy functions, do not have a stipulation about health promotion. The health policy is also regulated. The Ministry of Social Affairs and Health has imposed health promotion aims for the pharmacies as well.

Health promotion has not been supported by any permanent grants. The costs of handling this task are supposed to be covered by the commission from selling medicines in the pharmacy. Some campaigns and projects have, however, been supported by the State or the European Union. The means for health promotion are canalised in Finland through the Finnish Centre for Health Promotion. This organisation is mainly a co-
operative organ for patient organisations and the State. A part of the tax on tobacco is directed to health promotion this way. The municipalities or the regional bodies fund hardly any health promotion activities.

Even though health promotion is an integral part of pharmacy practice, it is a very small part of the pharmaceutical education. Thus the meaning of post-graduate and continuing education is especially important in this field. The revamping of pharmaceutical basic education is about to begin, and it is to be expected that health promotion items will be added in the future.

The Association of Finnish Pharmacies’ programme, “The Professional Pharmacy”, includes a separate programme about health promotion (The Pharmacy and Health Promotion). The programme has been accepted as one of the strategic programmes for the association.

Since 1988, national health campaigns have been instituted in pharmacies, and the themes have typically focused on such areas as medicines, self-care and health promotion. The role of the pharmacy in health promotion has been advanced by several international programmes and campaigns by EuroPharm Forum (WHO/Euro). One of the most successfully implemented of these has been "Questions to Ask About your Medicines".

The role of PGEU (the Pharmaceutical Group of the European Union) has also been significant, especially concerning projects co-ordinated by the European Union and it has been possible to establish more clearly that pharmacy is a part of health care.

The health promotion activities of the community pharmacies are targeted at areas which concern public health. In Finland, pharmacies are involved with national health programmes of hypertension, asthma, chronic obstructive pulmonary disease (COPD) and type II diabetes. The Pharmacy Asthma Programme, as a part of the national Asthma Programme, is described in the country report.

Experience in pharmacies of work to inform about the risks of using intoxicants, smoking cessation programmes and of health information campaigns have proved positive. Pharmacists are frequent visitors at, for example, schools, elderly person’s homes and parent’s groups to provide information on the correct use medicines. 85 % of Finnish pharmacies are taking part in a programme to reduce spreading of HIV by selling syringes and needles combined with information of treatment programmes for injected drug users.

The most important partners in pharmacy health promotion activities have been the Ministry of Social Affairs and Health, the National Agency for Medicines, the National Public Health Institute, the Social Insurance Institution and the National Research and Development Centre for Welfare and Health. Collaboration has been carried out with the Allergy and Asthma Federation, Finnish Heart Association, the Association of the Pulmonary Disabled, the Finnish Diabetes Association and the health promotion co-ordinating Finnish Centre for Health Promotion. The partner for doctors has been the Finnish Medical Society Duodecim.
The co-operation with the medicine industry has been restricted to some campaigns (smoking cessation).

The pharmacy’s health promotion work is constantly supported by seminars and training courses (The Pharmacy Days, the Community Pharmacy Day, post-graduate and continuing education courses). The pharmacies’ customer magazine "Terveydeksi!, which is published by the Association of Finnish Pharmacies, frequently includes articles supporting health promotion. One of the bases (main message) for the information services of the Association is that the pharmacies are integrated in the health care. As health promotion is the emphasis of health care, it also has to be an important part of pharmacy service. This strategy can also be seen in the Association’s other functions aiming at looking out for the interests of the pharmacies.