

Actes électroniques

COLLOQUE
INTERNATIONAL ET
PLURIDISCIPLINAIRE

11, 12
ET 13
MAI 2016

L'AUTOMÉDICATION EN QUESTION

UN BRICOLAGE SOCIALEMENT
ET TERRITORIALEMENT SITUÉ

Mise en ligne : juillet 2016

automedication.sciencesconf.org



UNIVERSITÉ DE NANTES



UFR DE SOCIOLOGIE



la Personne
en Médecine

Table des Actes

Partie 1 : L'automédication en question

Raspail, la démocratie médicale et l'automédication au XIXème siècle ANNE VINCENT-BUFFAULT	9
Automédication ou Prescription ? Les relations entre les vendeurs et les acheteurs de médicaments au Cambodge EVE BUREAU-POINT, MALINDA TO, CARINE BAXERRES	15
Quand les modes de distribution pharmaceutique influencent les usages des médicaments. Une recherche comparative menée au Bénin, au Ghana et au Cambodge CARINE BAXERRES, ADOLPHE KPATCHAVI, DANIEL ARHINFUL, EVE BUREAU, JEAN-YVES LE HESRAN	22
Self-medication in Russia today: Social Practices and Health Risks NATALIA LEBEDEVA-NESEVRIA, ANASTASIYA BARG	31
Comment les Français soignent-ils leur rhume ? Une enquête auprès de trois bassins de population. LÉA CHARTON, JULIETTE CHAMBE, JEAN-CHRISTOPHE WEBER	38
Entre réappropriation et « détournement » du médicament : les pratiques d'automédication des usagers de drogues et leur confrontation aux médecins généralistes LISE DASSIEU	48

Partie 2 : Automédication et système de santé

L'automédication et la prise en charge du diabète au Maroc KHADIJA NAAMOUNI	55
Les pratiques communautaires d'automédication concernant Ebola. Rôle des chercheurs dans les stratégies des ONG pour lutter contre la maladie MOHAMED ARAFAN CISSOKO	61
Automédication et inquiétude sanitaire : quels enjeux pour la santé publique ? MARIE-CLÉMENCE PEREZ	70
Intervention sanitaire et promotion de la santé avec la population gitane espagnole : quelques conséquences sur les pratiques d'automédication des gitans en situation de vulnérabilité sociale ARIADNA AYALA RUBIO	80
Subverting the Concept of Self Medication in Addiction Recovery PETER ESPENSHADE, ANGELICA SELINGER	88

Latent social functions of the health care institute: a case of pharmacies in Russia YULIA KRASHENINNIKOVA	100
Étude IPADAM : comment accompagner le patient dans sa démarche d'automédication et sécuriser la dispensation à l'officine ? BRIGITTE VENNAT, OLIVIER CATALA, CÉLINE PRUNET-SPANO, CHANTAL SAVANOVITCH, SABRINA BEDHOMME	110
Focus sur les patientèles des étiopathes. Distribution sociale et motifs des recours ADRIEN CADÉRON	118
Characterizing the pharmaceutical nexus of self-medication with antibiotics in Guatemala BROOKE RAMAY, LUIS MÉNDEZ, ALEJANDRO CERÓN	125
“No Approved Therapeutic Claims“: The Emerging Industry of Health Supplements and New Practices of Self Medication in the Philippines MARILOU U. DE VERA, PHILIP MICHAEL I. PAJE	137
S'automédiquer sous chimiothérapie ? SYLVIE MOREL, MAUD JOURDAIN	143

Partie 3 : Déterminants des usages de l'automédication

Automédication et déterminants socioculturels des recours aux pharmacies-trottoirs à Abidjan (Côte d'Ivoire) YORO BLÉ MARCEL	153
Des officines dans les bus de transport en commun au Cameroun : l'automédication entre biomédecine et médecine bio GISHLEINE OUKOUMI D	166
Bricolage des soins et disparité sociale dans la région de l'Imerina (Madagascar). Un état des lieux des possibilités d'automédication DELPHINE BURGUET	176
Automédication et femme enceinte : logiques et pratiques de prise en charge du « palu » au cours de la grossesse en milieu semi-urbain au Bénin ROCH A. HOUNGNIHIN	181
Les pratiques d'automédication en zones rurales lorraines à l'aune des pharmacies familiales DÉBORAH KESSLER-BILTHAUER	188
Vers des pratiques réflexives de santé. Entre allégeance au médecin et agentivité BÉATRICE VICHERAT	194
Drugstores, self-medication and public health delivery: assessing the role of a major health actor in Ghana. EMELIA AFI AGBLEVOR, MAXIMA MISSODEY, CARINE BAXERRES, DANIEL ARHINFUL	202
Pharmacies, vendeurs informels, centres de santé des villes et des campagnes : Interroger au Bénin l'automédication au regard de la formalité des circuits de distribution et des contextes géographiques EMILIE ANAGO, MOÏSE DJRALAH, ADOLPHE KPACHAVI, CARINE BAXERRES	210

Révélation du VIH/sida et pratiques d'automédication en Côte d'Ivoire : expérience des PVVIH autour de leurs itinéraires thérapeutiques SOULEYMANE KOUYATE	218
Approche géographique des déterminants de l'automédication chez les personnes en situation de handicap physique dans le contexte urbain saint-louisien (Sénégal) DIARRA BOUSSO SENGHOR	227
Pourquoi le choix de l'automédication en matière de fièvre présumée palustre, à Madagascar ? Cas de Brickaville et d'Ankazobe. ANDRY HERISOA ANDRIANASOLO, EMMA RABOANARY, CHIARELLA MATTERN, THOMAS KESTEMAN, DOLORÈS POURETTE, CHRISTOPHE ROGIER	235
 Partie 4 : L'automédication, un révélateur de significations sociales	
L'addiction, une technique d'automédication ? MÉLANIE TROUessin	244
« Nous c'est du bio ». La purgation dans les groupes d'entraide des anciens dépendants LINE PEDERSEN.	253
L'automédication des « possédés » et des « ensorcelés » suivant les rituels de rouqya(France, Algérie, Egypte) FATIMA ZOHRA CHERAK	261
Développement de l'automédication ou banalisation du médicament ? De la vente en ligne à l'accès direct GUILLAUME ROUSSET	268
L'automédication des plus de soixante ans via le Web : causes et conséquences ELORIA VIGOUROUX-ZUGASTI, OLIVIER LE DEUFF	275
Pratiques d'auto soin des mangeurs sains : réflexion autour des espaces frontaliers et des identités professionnelle. CAMILLE ADAMIEC	284
L'automédication, une norme sociale chez les artisans ? OLIVIER CRASSET	288
Self-Medication Practices Among Industrial Workers in Perm Region NATALIA LEBEDEVA-NESEVRIA, EKATERINA RYAZANOVA	300

Actes électroniques, Juillet 2016
<http://automedication.sciencesconf.org/>

Comité scientifique du colloque :

- Carine Baxerres, MERIT UMR IRD 216, Bénin
- Audrey Bochaton, LADYSS UMR CNRS 7533, France
- Laurent Brutus, DMG UN - MERIT UMR IRD 216, France
- Johanne Collin, MEOS UM, Canada
- Alice Desclaux, UMI 233 IRD, 1175 INSERM, Sénégal
- Estelle D'Halluin, CENS FRE CNRS 3706, France
- Sébastien Fleuret, ESO UMR CNRS 6590, France
- Lionel Goronflot, DMG UN, France
- Véronique Guienne, CENS FRE CNRS 3706, France
- Anne-Cécile Hoyez, ESO UMR CNRS 6590, France
- Jean-Yves Le Hesran, MERIT UMR IRD 216, France

Comité d'organisation du colloque :

- PU Véronique Guienne (CENS FRE CNRS 3706, Nantes)
- IGE Charlie Marquis (CENS FRE CNRS 3706, Nantes)
- PhD. Marion David (CENS FRE CNRS 3706, Nantes)
- DR Sébastien Fleuret (ESO UMR CNRS 6590, Angers)
- MCF Estelle D'Halluin, (CENS FRE CNRS 3706, Nantes)

Latent social functions of the health care institute: a case of pharmacies in Russia

Yulia Krashennikova (1).

1. Expert at the Laboratory for Local Administration, National Research University Higher School of Economics (HSE), Moscow, Russia; associate professor at the School of Management, HSE Campus in Perm.

Introduction

Closely connected with the problem of self-treatment, the role of pharmacies in health care systems has been seen in socio-medical studies primarily in the context of conventional medicine consumption. It could be positive, in terms of responsible self-medication with over-the-counter (OTC) drugs (Bradley, Blenkinsopp 1996; Hughes, McElnay, Fleming 2001). A pharmacy may be regarded even as potential provider of expanded health services for people who are generally underserved by traditional health providers such as self-injecting drug takers (Hammett et al. 2014). Or this role could be negative, in view of the dangers of self-medication with prescription drugs, especially antibiotics (e.g.: Ocan et al. 2015; Väänänen et al. 2006). Nevertheless, the dominant view on pharmacies in this context focuses on the selling of prescription or OTC medicines, and self-medication is understood as the dispensing or consumption of medicines without any written prescription or oral advice of a medical professional (e.g.: Nunes de Melo et al. 2006).

In this presentation I would like to consider the role of pharmaceutical retail organizations in self-treatment more widely, focusing on the variety of aspects and using a qualitative methodology. Qualitative approach seems to be helpful for understanding the variability and the complexity of consumers and pharmacists' motivation (Fainzang 2010; Hibbert, Bissell, Ward 2002). The paper aims to portray and to discuss the informal impact of drugstores on health in Russia today, taking into account their formal role in the health care system.

According to our suggestion, if the pharmacies are commercial organizations, they inevitably adapt their work to customers' demands. As a result, the tasks not designated by state health policy take a prominent place in their work. In the terminology of Robert Merton it could be called the latent (hidden) functions, i.e. unintentional and unconscious consequences of their activities (Merton 1957). Nevertheless, I would like to analyse that as the natural response to consumers' requests, and don't intend to unmask occupational (professional) deviations or criminal behavior (Thorner 1942; Quinney 1963).

The analysis of the Russian situation appears to be useful not only for understanding the local specifics but for clarifying the factors of self-medication in developing countries too. One explanation of self-medication in low- and middle income countries focuses on the

unaffordability of medical services due to their high costs and lack of medical insurance (Pagan et al. 2006). Self-treatment seems to increase in countries where there are significant cost barriers to access to formal health facilities or their quality declines (Standing, Bloom 2002). Pharmacies are described as a patients' first point of contact with the health care system (Miller, Goodman 2016). But Russia stands out from this range due to the specific historical background of its universal public health care and its mandatory health insurance today.

Methods and empirical materials

The empirical study was conducted in the Perm region of Russia in 2013. It was a part of the larger pilot project on the description of all informal providers of goods and services for self-treatment, supported by the Khamovniki Foundation for Social Research (*Krasheninnikova 2016*)¹. In this fieldwork we compared the situation in towns and villages of various sizes: one million-plus city (Perm, a capital of region), three towns with a population of 50,000-70,000, three administrative centers of municipal districts (up to 10,000 people), four centers of rural settlements (up to 3,000 people), and five villages (up to 500 people).

In order to reveal latent social functions of pharmacies, we analysed the legislation and general statistics of pharmaceutical retail in Russia, conducted about 30 in-depth interviews with pharmacists (22 recorded items and 8 informal talks), and inspected about 50 pharmacies. We made observations of all the pharmacies in small settlements, all the ones on the main streets in medium towns, and several randomly chosen pharmacies in Perm. The interviews were focused on the conduct patterns of consumers. Thus, the respondents talked about their own behavior and inherent rules in their work from the perspective of their reaction to the clients' demands. Regardless of differences in the size of drugstores and type of settlements, the answers and narratives of pharmacists were rather similar. They differed mainly in quantitative estimations of the prevalent practices (e.g. frequency of buying prescription drugs without a prescription).

Finally, a monitoring of the clients' demands (further – the monitoring) was carried out on an experimental basis in one of the pharmacies in Perm², as a supplement to the qualitative research. The monitoring was held twice. The working employee recorded the inquiries and the purchases of each client during the shift (on Saturday – 92 persons, on Monday – 61 persons). He also noted briefly the demographic profile of the client and the history of his visits. The results of the monitoring were not quite expected and revealed interesting details that are not easily disclosed in the questioning and in-depth-interviewing of customers or pharmacists. For this reason, this method appears to be the most productive for the future study of pharmacies' role in health care in Russia.

1 I would like to thank all members of our research team who participated with me in the fieldwork: Zueva E., Makarova O., Maslennikov A., Okuneva M., Tsevileva M., Yagudina A., Subbotin D., Syuzev D., Oparin N., Shuraleva E., Shavrin A., Kolonuto A. Most of them worked or studied at HSE Campus in Perm.

2 The pharmacy has a twenty-four hour service. It is located on the first floor of an apartment block in a residential area, near the bus stop and the medical center. Many blue-collar workers with low income live in this urban district.

Background: peculiarities of the healthcare system and pharmaceutical retail in Russia

Russia inherited a Semashko model of health care with the principle of universal access to free medical services. This principle has been preserved until now in the form of mandatory health insurance, although in practice appropriate and well timed medical services are not always available for all of the people (Popovich et al. 2011). The more important fact for our research is that prescription medicines for outpatient treatment are paid for in full by the patient, except for certain social and patient groups. The absence of total medical reimbursement devalues the visit to the doctor in the case of minor illness.

Another important factor is that the principles of evidence-based medicine and quality assurance in healthcare are rarely used in medical practice despite their large public discussion (Geltzer 2009; Vlassov 2016). There is also a long-term trend in patients' behavior to use a variety of problematic OTC-medicines with unproven efficacy (e.g. immunomodulators against flu and the common cold) or with strong side effects. So, in the Russian pharmaceutical retail market OTC-drugs take near 70% of sales in real terms, and 50% in monetary terms (OTC drugs market in Russia: results 2014).

In the Soviet health system pharmacies were state property and managed centrally, so the state had control over patient's medication for the most part, while this approach resulted sometimes in a deficit of several drugs. As a result of the liberalization of pharmacy networks and the pharmaceutical sector, in the late 1990s the availability of drugs improved in general, however the affordability of prescribed drugs continued to be a problem for some patients groups (Perlman, Balabanova 2011). In post-soviet Russia the advertising of medicines has been also allowed, and nowadays it takes the significant share of the advertising market.

Today the pharmaceutical retail market in Russia is primarily private and marked by a high level of monopolization, often concealed. There are few drugs prepared in pharmacies. The selling of medicines is a licensed activity, and only pharmacies and some medical facilities in rural areas are authorized to distribute drugs to consumers, even non-prescription ones. This means that today in Russia the predominant pharmacy type is a shop, part of a retail network, not a small family business, and aims to make a profit first of all. Most pharmacies uses the same patterns in communications with a customer, and there are not significant differences between the ones in cities and villages.

The number of pharmacies is more than required to service the needs of the health system, although there are obvious disparities between the towns and small settlements in rural areas where pharmaceutical business is unprofitable. It is particularly noticeable in the Perm region, where the higher pharmaceutical school (Perm Pharmaceutical Academy) works. The pharmacy density exceeds here the standards proposed in 1997 by the Ministry of Health of the Russian Federation: e.g. of 20,000 people per pharmacy for million-plus city, 6,200 people per pharmacy for villages. In 2013 this rate was approximately 1,600 people per pharmacy in Perm, and 1,800 people per pharmacy in the one of surveyed villages, center of municipal district.

In sum, these circumstances may create conditions for a high level of self-medication and the proactive role of pharmacies in it. We may expect that in Perm, where pharmaceutical

retailing is well developed, these features will be manifested more clearly.

Findings: manifest and latent functions of pharmacies

We start with the legislation analysis. The basic *Federal Law No. 323 on the Fundamentals of Protection of the Health of Citizens in the Russian Federation* names pharmaceutical organizations among the structural elements of the state, municipal and private health care systems (p. 35 art. 29). According to *Federal Law No. 61 on the Circulation of Medicines* the main reason for the existence of pharmacies is to provide remedies which are prescribed by doctors. While the sales of other health products, i.e. food or dietary supplements, medical devices, cosmetics, hygienic products, are also accepted in pharmacies (p. 7 art. 55), they are not a part of the officially declared mission. It is directly written in the law that the retail sale of drugs means the sale of them in the quantities necessary for carrying out medical or medical assistant (feldsher) assignments (p.1 art. 55).

Thus, in the Russian legislation the *raison d'être* of pharmacies is determined by the prescriptions made by a medical professional. It also provides strict rules of state regulation and control over the activities of pharmacists. Advising customers is one of the duties of pharmacy employees, but their area of competence is limited and includes the information on drug action, rules of taking, doses and when it cannot be taken only.

This role, enshrined in law, seems to mirror the classical, paternalistic model of health care. In the world it is successfully challenged by the conception of responsible self-medication (Responsible Self-Medication 1998; The Role of the pharmacist in self-care and self-medication 1998). Although this conception is slowly gaining recognition from medical professionals given the high pressure of the pharmaceutical lobby, responsible self-medication is still not fixed in Russian healthcare regulations.

This legislative framework leads to the conservation of the hidden social functions of pharmacies, because deviations are widespread although illegal.

Replacing a doctor: diagnosis & prescription

The main feature mentioned by our interviewees was the customers' practice to go to the pharmacy for advice instead of visiting a physician, and not only in the case of minor illness. The clients used to ask the information that is beyond pharmacist's expertise: how to deal with symptoms of the disease, what medicine to choose, and what exactly their disease is. Because of this the pharmacy workers may be considered as informal health providers (Cross, MacGregor 2009; Sudhinaraset 2013) rather than healthcare professionals.

This seems to be a widespread practice. According to pharmacists' estimations, these clients amount between a quarter and a half of all visitors. Such assessments of the interviewees as 'always', 'every second', 'every fourth' appear to be their subjective perception of their own activity, so it is hardly reasonable to rely on them as a basis for quantitative calculations. However they may indicate an approximate scale of counselling practices in Russian pharmacies in general. The monitoring showed that such clients were

a quarter of the total number of visitors at weekend, and were less than 15 % on Monday. However, if we take into account only customers arriving at the pharmacy due to health problems, we see that the advice was requested by almost half (43 %) on Saturday and one third (32 %) of the visitors on Monday³.

The pharmacists highlighted that they have very often to allocate medicines for consumers because people don't have time or possibility to go to the medical facilities ('because of the colossal problem of getting a doctor's appointment', 'well, very often [asked to propose drugs], now it is almost impossible to get a doctor', 'everyone is too lazy to go to a medical center'). Due to the queue or a deficit of medical specialists, patients have made efforts to get medical services in a state clinic. It is faster and easier to consult the pharmacies than to go to the doctor.

Another explanation concerns the low authority of medical professionals and the patients' discontent with the communication style and knowledge of doctors (e.g. 'people come to us, ask, and complain that physicians don't explain anything and communicate little'). According to the monitoring results, on Saturday about 30 % of the visitors who asked for advice had previously had a doctor's appointment. But they thought that this appointment had not helped them or had caused adverse effects. Instead of going to the doctor a second time, they consulted with the pharmacist who looked professional against the poorly proven physician.

Thus, most respondents focused on the fact that the behavior of consumers is caused by problems of the healthcare in Russia. Pharmacists are forced to adapt to customer needs, using their professional knowledge. When the same question was discussed in the interviews with doctors⁴, the interviewees expressed the opposite position. Doctors emphasized not only the unprofessionalism, but also the vested interests of pharmacies advising this or that drug.

The pharmacists tend to be in an ambiguous situation. On the one hand, therapeutic recommendations are prohibited in pharmacies (and all our respondents understood this); on the other, they are subjected to pressure from customers and a profit motive. As a consequence pharmacists produce for themselves a formula of ethical compromise. It is informal, but generally accepted, according to our interviews and observations. The respondents said that they prefer to suggest OTC-medicines that cannot harm, and strongly recommend customers to visit a medical center nonetheless. Some interviewees noted that if a visitor asks to suggest a medicine, they offer dietary supplements, as this is the safest option. The same strategy was found in the monitoring in the pharmacy in Perm.

Obviously, that may be a direct way to an inappropriate treatment for the sick person. The socio-medical studies in other countries have revealed that few pharmacists usually gave appropriate advice to customers (e.g. : Tomson, Sterky 1986 ; Goel et al. 1996). In our situation it seems to be the result of the involuntary ethical compromise rather than a profit motive or the low level of professional knowledge.

3 Of the total number of clients have been deducted the buyers of alcohol tinctures, syringes and pipettes, which a pharmacist undoubtedly categorized as the people with addiction to psychoactive substances.

4 There were 46 in-depth interviews with medical professionals as a part of the empirical study mentioned above.

Providing the remedies for various self-treatment

The function of providing remedies for pharmacy customers has different aspects in the context of self-medication. After self-medication with OTC drugs, the practice of distributing prescription drugs without a prescription is noticeable in the routine work of Russian pharmacies⁵. In the monitoring approximately every tenth customer bought drugs in such a way. It appears similar to the situation in other developing countries in the past (Greenhalgh 1987; Price 1989; Haak 1998).

This practice refers not only to self-medication itself, but also to the inappropriate actions of physicians who often do not fill in a prescription form in accordance with all the rules. The respondents told us about such problems as the simple notes 'on a small piece of paper' instead of the special prescription forms from doctors, verbal recommendations, old prescriptions and the negative attitude of patients who do not know the rules of medicine sales and do not want to follow them. Pharmacists tend to take visitors at their word (especially regular customers), appreciate their position, and give in to their pressure.

Further, a pharmacy is an important source of tools and remedies for people who are keen on traditional (folk) or alternative medicine, according to our observations. Nowadays even in rural areas buying herbal preparations is taking the place of gathering and growing medical plants by yourself, while herbal medicine is rather popular in Russia as national tradition (Stryamets et al. 2015). For adepts of different health schools the pharmacies provide the ingredients for making treatment based on alternative ideas. These people do not need the pharmacist's guidelines, moreover, they are immune to his professional instruction. The main information source for them is mass media, especially cheap journals with health advice from readers themselves. In the interviews the respondents mentioned people following the methods of healing only by medicinal herbs, iodine, hydrogen peroxide, etc. For instance:

They read in that journal that peroxide is useful to drink. [...] I explain that it is dangerous for health. But do you think they listen to me? (woman 30-40 years old, an pharmacy employee, the small town)

The practice of taking dietary supplements and vitamins instead of medications was mentioned above. Pharmacies work as the main legal distribution channel of them in Russia, and they seem to be one of the main products on pharmacy shelves. But actually they make up only 10-20% of the total stock (according to our respondents' estimates), and not many customers adhere to alternative treatment with supplements. During the monitoring in Perm only a few people came in especially for the supplements in two days. Nevertheless, some pharmacists and physicians demonstrated in interviews that they did not see much difference between drugs and dietary supplements. They shared the idea that medicines and dietary supplements are the same, but the second have not passed the state registration yet.

5 It should be noticed that in Russia dangerous drugs (e.g. psychotropic or toxic) subject to special storage conditions and accounting, and their prescription must be in form of the strict reporting. Pharmacists usually avoid to give its without a prescription because of the menace of criminal punishment. But other prescription drugs (e.g. antibiotics) have more liberal sale conditions.

Keeping drugs and alcohol addictions

Of all latent functions of pharmacies this is the most problematic. On the one hand, its implementation is legal in most cases, i.e. within the legislation framework. On the other, this practice is the most controversial from the view of morality.

We do not mean the purchases of single-use syringes that are positive for preventing infections among drug users. The research confirmed the fact that pharmacies in Russia supply the handy tools for the home manufacture and use of drugs. Pharmacists called its 'a set for drug-users' (may contains syringes, pipettes, cotton wool, tincture of iodine, naphazoline and prescription medicines containing codeine). Another usual practice revealed in our study was buying alcohol-based tinctures and the antiseptics with surrogate alcohol (all OTC-medicines) as a substitute for usual alcoholic beverages. The main problem is that these liquids taken in big doses may lead to serious problems in physical and mental health, but they are very cheap and sold without limitations (Gil et al. 2009), while food shops are prohibited from selling alcohol at night.

These features are more markedly manifested in urban areas. In countryside the proportion of drug addicts lower than in cities, and drinkers prefer homemade alcohol. In urban areas addicted people became pharmacies' regular customers. Pharmacists guess their demands even without any dialogue with them, just at a glance. There is a common practice to keep antiseptics and alcohol-based tinctures under the counter so they are always at hand.

According to the monitoring conducted in Perm, 42 % of visitors on Saturday and 33 % on Monday were people which pharmacists classified as the persons affected by addiction to psychoactive substances. The dominant majority of these buyers were regular customers of the pharmacy and primarily men. These clients often come in the evening and at night, and on Friday and Saturday, so they seem to make revenue for 24-hour pharmacies.

These findings correspond to the general statistics of pharmaceutical retailing in Russia. For instance, 2009-2011 were marked by the sharp increase in sales of OTC-medicines containing codeine. That popularity was associated with the development of home production of the drug desomorphine or Krokodil, an super-cheap heroin substitute. In 2012 these medicines became under prescription, and their sales fell visibly. We may assume that at least a quarter of all their sales went to the desomorphine production. In the first half of 2000s the very cheap alcoholic tincture of hawthorn was one of the trade names included in the top ten of the best-selling OTC-medicines in Russia (by sale volume in monetary terms). The first place at this rating in Perm the alcoholic tincture of bell pepper took in 2007-2008, and pregabalin (used by drug takers) – in 2013 in Chelyabinsk.

In our opinion, this picture reflects in exaggerated form the nationwide situation in which the service of alcoholics and drug addicts to maintain their addictions became a noticeable role of pharmacies. In sociological perspective it looks like the case of 'de-pharmaceuticalization' in which medical products lost their original purpose. More important is that it may influence on the other social functions of pharmacies. The knowledge about this problem and its scale is important for avoiding the wrong interpretation of self-medication practices based on general statistics and polls results.

Conclusion

Pharmaceutical organizations are featured among the first in answer to the question of who people contact in case of health problems, bypassing medical facilities. However, their role is not limited only to supply of OTC-medicines. The empirical research in the Perm region of Russia demonstrates three main latent functions of pharmacies: to take on the duty of physician, to provide remedies for self-medication (whether conventional OTC and prescription drugs or food supplements, or alternative medicine), to serve addicted people and to help them in maintaining a destructive dependence. Each of them reveals in the various aspects of communications and implicit behavior rules in a pharmacy. All of them work against formal healthcare.

This activity can hardly be explained within the framework of the main concepts on the development of pharmaceutical practice, such as the expansion of borders of pharmacists' expertise (Weiss, Sutton 2009), the growth of professional autonomy from doctors' authority (Edmunds, Calnan 2011), or the integration of pharmacies into primary care (Mossialos et al. 2015; Hassell, Rogers, Noyce 2000).

It could be argued that this situation is different from the picture which is presented in the Russian legislation, based on the traditional, paternalistic vision of medicine. It is also different from the ideal picture of responsible self-medication which is popular among pharmacists, public health officials and social scientists in the world.

Références

- APTECHNYJ RYNOK OTS ROSSII: ITOGI 2014 G. [OTC DRUGS MARKET IN RUSSIA: RESULTS 2014], 2015, *REMEDIUM.RU*. URL: [HTTP://WWW.REMEDIUM.RU/ANALYTICS/DETAIL.PHP?ID=66034](http://www.remedium.ru/analytics/detail.php?id=66034).
- BRADLEY C., BLENKINSOPP A., 1996, Over the counter drugs. The future for self medication. *BMJ : British Medical Journal* 312(7034), pp. 835-837.
- CROSS J., MACGREGOR H., 2009, *Who Are 'Informal Health Providers' and What Do They Do? Perspectives from Medical Anthropology*. IDS Working Paper 334. Institute of Development Studies.
- EDMUNDS J., CALNAN M.W., 2011, The reprofessionalisation of community pharmacy? An exploration of attitudes to extended roles for community pharmacists amongst pharmacists and General Practitioners in the United Kingdom, *Social Science & Medicine*, vol. 53, issue 7, pp. 943-955.
- FAINZANG S., 2010, L'automédication: une pratique qui peut en cacher une autre, *Anthropologie et Sociétés*, vol. 34, no. 1, pp. 115-133.
- GELTZER A., 2009, When the standards aren't standard: Evidence-based medicine in the Russian context. *Social Science & Medicine*. vol. 68, pp. 526-532.
- GIL A., POLIKINA O., KOROLEVA N. et al., 2009, Availability and Characteristics of

- Nonbeverage Alcohols Sold in 17 Russian Cities in 2007. *Alcoholism - Clinical and Experimental Research*, vol. 33 (1), pp. 79-85.
- GOEL P., ROSS-DEGNAN D., BERMAN P., SOUMERAI S., 1996, Retail pharmacies in developing countries: A behavior and intervention framework, *Social Science & Medicine*, vol. 42, issue 8, pp. 1155–1161.
 - GREENHALGH T. 1987, Drug prescription and self-medication in India: An exploratory survey. *Social Science & Medicine*, vol. 25, no. 3, pp. 307-318.
 - HAAK H., 1988, Pharmaceuticals in two Brazilian villages: lay practices and perceptions. *Social Science & Medicine*, vol.27, no. 12, pp. 1415-1427.
 - HAMMETT ET AL. 2014, Pharmacies as providers of expanded health services for people who inject drugs: a review of laws, policies, and barriers in six countries. *BMC Health Services Research*, pp. 14:261.
 - HASSELL K., ROGERS A., NOYCE P., 2000, Community pharmacy as a primary health and self-care resource : a framework for understanding pharmacy utilization, *Health & social care in the community*, vol. 8, no. 1, pp. 40-49.
 - HIBBERT D., BISSELL P., WARD P.R., 2002, Consumerism and professional work in the community pharmacy, *Sociology of Health & Illness*, vol. 24, no. 1., pp. 46-65.
 - HUGHES C.M., MCELNAY J.C., FLEMING G.F., 2001, Benefits and risks of self-medication. *Drug Saf* , 24(14), pp. 1027–1037
 - KRASHENINNIKOVA Yu. *Neformal'noe zdravookhranenie. Sotsiograficheskie ocherki* [Informal Healthcare. Sociographic Essays], Moscow: Strana Oz, 2016, 456 p.
 - MERTON R. K. *Social Theory and Social Structure*. Glencoe, IL: Free Press. 1957.
 - MILLER R., GOODMAN C., 2016, Performance of retail pharmacies in low- and middle-income Asian settings: a systematic review. *Health Policy Plan.*, doi:10.1093/heapol/czw007.
 - MOSSIALOS E., COURTIN E., NACI H., BENRIMOJ S., BOUVY M., FARRIS K., NOYCE P., SKETRIS I., 2015, From “retailers” to health care providers: Transforming the role of community pharmacists in chronic disease management, *Health Policy*, vol. 119, Issue 5, pp. 628-639, <http://dx.doi.org/10.1016/j.healthpol.2015.02.007>.
 - NUNES DE MELO M, MADUREIRA B, NUNES FERREIRA AP, MENDES Z, MIRANDA ADA C, MARTINS AP. 2006, Prevalence of self-medication in rural areas of Portugal. *Pharm World Sci.*, 28(1), pp. 19-25.
 - OCAN M, OBUKU EA, BWANGA F, AKENA D, RICHARD S, OGWAL-OKENG J, OBUA C., 2015, Household antimicrobial self-medication: a systematic review and meta-analysis of the burden, risk factors and outcomes in developing countries. *BMC Public Health*, 15:742. doi: 10.1186/s12889-015-2109-3.
 - PAGAN J.A., ROSS S, YAU J et al., 2006, Self-medication and health insurance coverage in Mexico. *Health Policy*, vol.75 (2), pp.170-177.
 - PERLMAN F., BALABANOVA D., 2011, Prescription for change: accessing medication in transitional Russia. *Health Policy & Planning*, 26(6), pp.453–463, <http://doi.org/10.1093/heapol/czq082>
 - POPOVICH L., POTAPCHIK E., SHISHKIN S., RICHARDSON E., VACROUX A., MATHIVET B.,

- 2011, *Russian Federation: Health system review. Health Systems in Transition*, European Observatory on Healthcare Systems.
- PRICE L. J., 1989, In the shadow of biomedicine: self medication in two Ecuadorian pharmacies. *Social Science & Medicine*, 28(9), pp. 905-915.
 - QUINNEY E. R., 1963, Occupational structure and criminal behavior: prescription violation by retail pharmacists, *Social Problems*, vol. 11, no. 2, pp. 179-185.
 - *Responsible Self-Medication. Joint Statement by The International Pharmaceutical Federation and The World Self-Medication Industry*. Approved by FIP Council in The Hague in September 1998. URL: http://www.fip.org/uploads/database_file.php?id=241&table_id=.
 - STANDING H., BLOOM G., 2002, *Beyond public and private? Unorganised markets in health care delivery*. Institute of Development Studies, University of Sussex.
 - STRYAMETS N., ELBAKIDZE M., CEUTERICK M., ANGELSTAM P., AXELSSON R., 2015, From economic survival to recreation: contemporary uses of wild food and medicine in rural Sweden, Ukraine and NW Russia. *Journal of Ethnobiology and Ethnomedicine*, 11:53, doi: 10.1186/s13002-015-0036-0.
 - SUDHINARASET M., INGRAM M., LOFTHOUSE H.K., MONTAGU D., 2013, What Is the Role of Informal Healthcare Providers in Developing Countries? A Systematic Review, *PloS one*, vol. 8, no. 2, <http://dx.doi.org/10.1371/journal.pone.0054978>.
 - *The Role of the pharmacist in self-care and self-medication: report of the 4th WHO Consultative Group on the Role of the Pharmacist*, The Hague, The Netherlands, 26-28 August 1998. URL: <http://www.who.int/iris/handle/10665/65860>.
 - THORNER I., 1942, Pharmacy: the functional significance of an institutional pattern, *Social Forces*, vol. 20, no. 3, pp. 321-328.
 - TOMSON G., STERKY G., 1986, Self-prescribing by way of pharmacies in three Asian developing countries, *The Lancet*, vol. 328, issue 8507, pp. 620-622
 - VÄÄNÄNEN M.H., PIETILÄ K., AIRAKSINEN M., 2006, Self-medication with antibiotics – Does it really happen in Europe? *Health Policy*, vol. 77, issue 2, pp. 166-171.
 - VLASSOV V., 2016, Russian experience and perspectives of quality assurance in healthcare through standards of care. *Health Policy and Technology*, doi:10.1016/j.hlpt.2016.03.008
 - WEISS M.C., SUTTON J., 2009, The changing nature of prescribing: pharmacists as prescribers and challenges to medical dominance, *Sociology of Health & Illness*, vol. 31, issue 3, pp. 406-421.