

Pharmacists who dispense cigarettes

With reference to drug store chains and pharmaceutical companies

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In recent years pharmacists in the United States have attempted to move beyond the role of dispenser of medications and toward that of "gatekeeper of the community's health."¹ In many instances the pharmacy has become a site for screening of high blood pressure, reading of Hemocult tests, and diabetic monitoring. The president of the California Public Health Association, a pharmacist, has predicted that pharmacists will be reimbursed by third-party payers for providing health care information.¹

Organizations of retail pharmacies sponsor multiphasic health screening and health fairs, through which abnormal results of blood pressure measurements and laboratory blood and urine profiles stimulate increased utilization of health care services—including pharmacies. Aided by pharmaceutical manufacturers, pharmacies participate in publicity campaigns to curtail such problems as sexually transmitted diseases and accidental poisonings. McNeil Laboratories (makers of Tylenol with codeine) is sponsoring the program "Pharmacists Against Drug Abuse" (Fig 1), and Schering Laboratories has attempted to enhance the image of the pharmacist as a health educator and consumer advocate through pamphlets and mass media advertising that encourage the public to "Ask Your Pharmacist."

Such image-making coincides with increased advertising for numerous analgesics, antacids, vitamins, "diet pills," cough syrups, and "cold remedies," many of which have been cited by the Food and Drug Administration as ineffective and unnecessary. Pharmacy trade journals are replete with advertisements for these preparations reminding pharmacists who display and recommend the drugs to patients that substantial profits are assured.

INNOCENCE BY ASSOCIATION

As questionable as such promotions may be, they pale in comparison to advertisements in pharmacy publications aimed at increasing the sale of tobacco products. These advertisements do not even carry the health warning of the Surgeon General (Fig 2). In pharmacy publications, the role of the pharmacist as tobacconist is seldom if ever questioned, as is illustrated in the following statements from *Drug Store News*, the largest circulation publication of the pharmacy business:

Considering the increased health warnings about smoking, higher federal, state and local taxes and price hikes on several leading brands, chain drug stores continue to rack up strong cigarette sales.²

Drug store retailers also say they'll promote [tobacco] harder and improve in-store displays to counter the decreased consump-

THE KINDS OF DRUGS KIDS ARE GETTING INTO.

Right now, over one-third of all kids in America use illegal drugs. In fact, one out of every 18 high school seniors is using marijuana every day.



FIGURE 1. Pharmacists Against Drug Abuse: Pharmaceutical company-sponsored organization warns about widespread use of illicit drugs by teenagers.

tion due to increased health concerns. Attractive retail display allowances result in "very lucrative" agreements between [tobacco] vendors and retailers.³

Twenty-five percent of cigarette purchases are made in pharmacies. Eight percent of chain drugstore profits (and 6.2% of all drug store purchases) are derived from the sale of cigarettes, which ranks fourth among all products sold in pharmacies.³⁻⁵ Moreover, at a time when overall tobacco sales increases have slowed, chain drug store sales of tobacco products increased 9% in 1984 to nearly \$2 billion.⁵ According to the *United States Tobacco and Candy Journal*, the major trade newspaper of tobacco distributors, cigarettes have become a "staple and stable" product category for the chain drug stores. Cigarettes represent more of an "automatic sale," "volume-builder," and "traffic-builder" than any other single product sold in drug stores. Although cigarette sales are not rising in the United States, cigarettes and drug store chains retain a "top-of-mind" association among consumers: in other words, one of the major reasons for going to the drug store is to buy ciga-

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FIGURE 2. Examples of pro-smoking advertisements in *Drug Store News*. Top: Ads, minus the Surgeon General's warning, for Marlboro (Philip Morris), Kent III (Loews), and Stride (Grand Metropolitan) suggest greater profits for pharmacists who sell these cigarettes. A generic cigarette manufacturer pushes value and visibility. Bottom: "If you're hooked on profits" slogan promotes rolling papers. R.J. Reynolds touts its sales force.

rettes. The most recent survey by the Point-of-Purchase Advertising Institute and Dupont Laboratories found that 70% of cigarette purchases in drug stores were specifically planned.⁵

Marketing strategies of tobacco companies for pharmacy sales are meticulously planned and implemented. Cigarette salesmen pay premiums of \$120-\$140 per year to pharmacists to place cigarette displays at the cash register or check-out counter.⁴ Maximum visibility is reinforced by applying stickers ("PUSH Winston," "It's KOOL Inside," "PULL Marlboro," for example) at child-eye level on doors and shopping carts. Such "point-of-purchase" messages, changed frequently, encourage customers to believe there are new and improved (and hence possibly more healthful) attributes of one brand or another. Whatever the brand, the point is to buy cigarettes. A major purpose of such cigarette advertisements in pharmacies is to

introduce those who do not smoke or who have not yet started to smoke to the acceptability of selling tobacco products in an ostensible health care setting. Who can doubt that patients who smoke rationalize their adverse health behavior by pointing to the sale of cigarettes at the place where they are directed by physicians to obtain medications?

COMMON OBJECTIVES

Many pharmacists doubtless have misgivings about aiding the perpetuation of tobacco use. But in one survey of 100 retail pharmacies in San Francisco, only 11 did not sell cigarettes.⁶ And sales of cigarettes in pharmacies appear likely to rise as the trend toward concentration of ownership of pharmacies by large conglomerates increases. In 1983, tobacco sales rose 6% to \$2.56 billion.³ In contrast to their staunch support of various public health measures, no retail pharmacy chain has led a campaign to curtail smoking and its promotion. (Similarly, many retail pharmacy chains have become major discount liquor outlets.) Thus, the definition of drug abuse that many of the pharmacy chains and pharmaceutical manufacturers are supporting refers only to abuse of illicit drugs. Publicity surrounding the widespread abuse of a legal drug—methaqualone or dextroamphetamine, for example—has led to

* In October 1984 R.J. Reynolds (maker of Camel, Winston, Salem, More, Now, Sterling, Bright, and Vantage cigarettes) received the first Chief Award of the Point-of-Purchase Advertising Institute for its "outstanding and innovative" point-of-purchase program. Pierre Salinger, chief foreign correspondent for ABC News, presented the award to Gerald Long, president and chief executive officer of R.J. Reynolds, at a banquet attended by 1,000 business leaders. Long told the gathering, "If a company desires to be a premier consumer products firm, then it must be a leader in point of purchase." (Sources: *Advertising Age*, November 5, 1984, p 28; *United States Tobacco and Candy Journal*, November 29–December 19, 1984, p 40.)

voluntary if belated withdrawal of various products. But the fact remains that the connections between the tobacco and pharmaceutical industries run deep and remain strong. One has only to consider the role of BAT Industries (formerly British American Tobacco), the British parent corporation of Brown and Williamson Tobacco Company (USA), manufacturer of such brands as Kool, Raleigh, and Barclay. In Canada, BAT owns 45% of Imasco (formerly Imperial Tobacco Company), the country's largest cigarette manufacturer. In 1983, Imasco purchased Shoppers' Drug Mart, the largest retail pharmacy chain in Canada, with more than 450 stores. In 1984, Imasco added Peoples Drug Stores, which operates more than 750 outlets in the United States under such names as Sav-A-Lot, Lane, Reed, Lee, Haag, Rae and Derrick, Mill, Health Mart, and Peoples. The company is expected to become the largest retail pharmacy chain in North America.

In developing nations, certain pharmaceutical companies are launching major advertising campaigns for drugs not named on the World Health Organization's list of essential drugs; yet these companies have done nothing to discourage cigarette smoking, which has shown a rapid increase due to major advertising campaigns and free sampling by tobacco companies. Certain advertising agencies develop campaigns for both cigarettes and pharmaceutical products, a clear conflict of interest where human health is concerned. A cynical viewpoint would hold that the tobacco companies are paving the way for greater use of medications through the anticipated increase in cigarette-related disease. Cynicism aside, there is evidence of direct ties between the two industries. At least two pharmaceutical companies (Sterling; Johnson & Johnson) advertise products (Bayer aspirin; Tylenol) in tobacco trade journals. The chairman and chief executive officer of CIBA-Geigy (makers of Transderm-nitroglyc-

erin, Esidrix, and Serpasil) serves on the International Advisory Board of RJ Reynolds, one of the world's cigarette manufacturing giants. Merrell Dow (makers of Nicorette) is a major supplier of pesticides for tobacco growing as well as chemical additives used in cigarette manufacture. Pfizer (makers of Minipress, Procardia, and Vibramycin) owns a cigarette flavorings factory. Hoechst (makers of Lasix) manufactures cellophane for cigarette packaging. More than half the revenue of the billboard subsidiary of Minnesota Mining and Manufacturing (3-M), makers of Theolair, surgical masks and the Littman stethoscope, is derived from tobacco company advertising (Fig 3).

In spite of the clear conflict of interest in aiding the sale of the leading preventable risk factor for cancer and a major factor for heart disease, duodenal ulcers, bronchitis, and a host of other ailments, only a handful of American retail pharmacies have refused to sell cigarettes. Indeed, pharmacy journals have only once addressed the ethics of dispensing tobacco products.⁷

PROGRESS IN CANADA

There are hopeful signs, however. In 1984, the Canadian Pharmaceutical Association, the leading pharmacists' society in Canada, launched a health campaign, "Stand Up and Be Counted," aimed at ending tobacco sales in the country's 5,400 drugstores, as well as distributing educational materials on smoking prepared by the Canadian Health Department. Jean-Guy Cyr, editor of the *Canadian Pharmaceutical Journal*, condemned the "harmful and irresponsible act" of selling tobacco products and pointed to the mockery it makes of the health role of the pharmacist.⁸ Doubtless aware of the failure of its own policy that pharmacists should not dispense cigarettes, the American Pharmaceutical Association (APA) in 1984 proposed a "guilt-free" solution for pharmacists, whereby

FIGURE 3. Examples of pharmaceutical company links to the tobacco industry: Hoechst, manufacturer of Lasix and a leader in cigarette packaging; Pfizer owns a tobacco flavoring products company, advertises in tobacco trade publications, and publishes an editorial-style advertisement in major daily newspapers to allay public anxiety about cancer ("Too much fear can be dangerous . . . Hope is the key to the future"). The advertisement implies that substantial control and cure of cancers will be achieved by the year 2000. "Scientists in universities, pharmaceutical organizations and governmental health agencies are coordinating activities that are supported by huge budgets and by an immense technology." No mention of smoking is made—or the number of deaths from cancer that could be prevented simply by not smoking.

Sausalito pharmacist Fred Mayer decided five years ago that ethics outbalanced economics, and opted to drop tobacco and tobacco-related products from his inventory.

"I realized that as a health professional, I was being hypocritical by selling tobacco products," said Mayer. "So I dumped the whole line—pipes, rolling papers, pipe cleaners, the entire thing."

That decision would have cost Mayer \$50,000 a year in gross income, had he not hit on a remedy: remerchandising. Mayer redesigned his smoking products section, substituting a line of cameras and films. He had his salesclerks trained in the subject, and what might have been a

deficit based on sound principle is instead a better profit margin based on sound economics. . . .

"I don't think I've lost money or customers, and I noticed that when we announced we were throwing tobacco products out, people began to perceive us differently. If a customer comes in and doesn't see the cigarettes and rolling papers, and he or she knows you've gotten rid of them because you felt it's your obligation as a health professional, then the customer begins to perceive you as more of a health professional."

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profits from the sale of tobacco products could be donated to the American Cancer Society. Apart from the fact that heart disease and chronic obstructive pulmonary disease account for an even greater overall smoking-related mortality and morbidity than cancer, the APA is shirking responsibility in lieu of playing an active role to curtail smoking and its promotion.

Whereas hospital-based pharmacists have earned a role as respected members of the health care team, retail pharmacists who continue to sell cigarettes do not have a credible claim to the role of health educator or consumer advocate. Unlike their American counterparts (with few exceptions), many Canadian pharmacists have recognized their proper role and are foregoing tobacco sales. Regrettably, efforts by both American and Canadian pharmacists are being undermined by executives of both the tobacco and retail pharmacy industries.

Physicians should support those pharmacists who make a commitment to health promotion and should aid pharmacists in effecting a policy change in their stores. A register of pharmacies that refuse to sell tobacco products should be set up by local medical societies and publicized

among their membership. A national registry is being compiled by Paul Fischer, MD, Director of Research, Department of Family Medicine, Medical College of Georgia, Augusta, GA 30912. Physicians should submit resolutions to their local and state medical societies condemning the sale of cigarettes in pharmacies and praising pharmacists (perhaps by giving a plaque or certificate to display) who refuse to sell cigarettes. Pharmacies are the last place in which cigarettes should be sold.

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The world in your hands.

Newsweek (owned by the Washington Post Co) has advertised itself in *The US Tobacco and Candy Journal* and other tobacco trade publications as a leading vehicle for lighting up worldwide sales of cigarettes (left). At the same time, the magazine has attempted to portray itself as a reliable source of information on health. In special issues in 1983 and 1984, *Newsweek* used the prestige of the American Medical Association to lend credibility to advertisers. Both issues contained numerous cigarette advertisements. There was scant mention of smoking in otherwise detailed advice on personal health care.