A BURNING R.Ph. ISSUE

A custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black, stinking fume thereof nearest to the horrible Stygian smoke of the pit that is bottomless.

James I, King of England, 1603-1625

At least you knew where old King James stood on smoking. Not so with pharmacists, though.

Most believe it's unhealthy, addictive, and deadly. They see customers hacking away and laboring for breath. They know tobacco use can change the way the body responds to medications for conditions from allergies to ulcers. They dispense nearly $400 million worth of nicotine transdermal patches and chewing gum prescribed to wean smokers away from their habit. But many also stock cigarettes, cigars, and other tobacco products that rang up about $2 billion in sales last year in community pharmacies. Are they health-care providers or merchants of death?

Extreme perhaps, but that's the way some pharmacists who have made their stores tobacco-free zones feel. Others have gone even further, playing active roles in smoking-cessation programs. Those pharmacists who sell cigarettes for economic or other reasons, though, are under siege. State pharmacy associations are urging that they quit, and so are vocal antismoking groups.

In Massachusetts, legislation banning cigarette sales in drugstores has been introduced. Canada's Ontario Province will institute such a ban on Jan. 1 (see box on page 102). And the Food & Drug Administration, which for years has insisted that it didn't have the authority to regulate cigarettes, is now characterizing them as highly effective delivery systems for calculated amounts of an addictive drug. Instead of ignoring cigarettes, the FDA is looking for support from Congress before moving to at least force nicotine levels down over time.

"The cigarette industry more and more resembles the actions of a pharmaceutical manufacturer," FDA commissioner David A. Kessler told Congress earlier this year. He cited tobacco companies' ability to control the amount of a physiologically active ingredient, their focus on bioavailability,
and research on potential “beneficial” effects of nicotine as examples. If cigarettes are to be regulated as a drug, the FDA has to determine that their manufacturers intend that most smokers buy the product to satisfy their nicotine addiction. “A product is a drug if its manufacturer intends it to be used to affect the structure or function of the body,” Kessler explained.

An FDA advisory panel this summer voted unanimously that “the amount of nicotine delivered by currently marketed cigarettes [is] likely to lead to addiction in the typical smoker.” Kessler knows that an outright ban on cigarettes is unrealistic, but reducing the amount of nicotine to nonaddictive levels is not. “Since the technology apparently exists to reduce nicotine in cigarettes to insignificant levels, why, one is led to ask, does the industry keep nicotine in cigarettes at all?” Kessler asked.

And why do any pharmacies keep selling cigarettes, asks Michael T. Rupp, assistant professor of pharmacy administration at Purdue University. “It’s a direct and irreconcilable, contradictory message being sent by pharmacy,” Rupp said. The public and even insurers pick up those conflicting signals, of a healthcare provider providing an ill health product, he continued, and that doesn’t aid the cause of pharmacists being compensated for cognitive services.

“How absolutely indefensibly contradictory this is,” Rupp added. “Calling yourself a health-care provider. Embracing a concept or philosophy of care optimizing patient outcomes and care, yet actively selling a product that is a clear and present danger to the population you are serving.”

Pharmacy associations have long encouraged their community retail members to stop selling cigarettes, and a number of states are pushing “tobacco-free pharmacy” campaigns. One of the most active has been in Michigan, where 29% of the adults use tobacco, tying it with tobacco-growing Kentucky for the highest smoking-prevalence rate in the nation, said Donna Dancer, project coordinator for the Michigan Pharmacists Association. Participating pharmacies move through five steps, starting with providing smoking-cessation information and referrals to patients and moving on to eliminating tobacco advertising, and finally the products themselves.

One who did go smoke-free was Bruce Field, owner of Field Pharmacy in Lainsburg. “It cost [us] about $30,000 in direct sales a year,” Field said. Since he was only marking up cigarettes 10%-20% above cost, they represented a “loss leader.” Field said he couldn’t get a handle on the amount of indirect sales lost from the cigarette buyers not coming in, but he knows he didn’t lose any prescription customers. “We had more positive comments than negative comments,” he reported.

Colleague Greg Bovee agreed. “Even the tobacco users understand the pharmacists are the number one place to buy it,” said Bovee, owner of West Side Pharmacy in Lansing. “We’re trying to promote health.” Bovee also sold cigarettes as a loss leader convenience item, but one whose profitability was being eroded by taxes. His 10%-15% markup was not covering the 30%-35% expenses. After he stopped, he noticed that many of the cigarette buyers who weren’t coming in hadn’t been buying anything else on those quick trips. “My store is in a strip mall,” he said. “They’d run in, leave the motor running, and run out.”

But a number of store owners view tobacco products differently. “As a retailer, I would be hard pressed to justify not selling the No. 1 turning item,” Dale Ward, president and CEO of Michigan-based deep-discounter F&M Distributors Inc., told Drug Topics. “There’s no other item I know of that turns over faster.” Ward said that in 25 years he had never had a complaint from a customer about his pharmacies selling tobacco. “I’m afraid I’d have a rampage on my hands if my pharmacies didn’t sell it,” he said.

Before its merger with Thrifty Corp., PayLess Drug Stores experimented with removing tobacco from some of its California pharmacies, but customer complaints soon ended it. “They wanted their tobacco products, so we responded to their demands,” said Bill Wells, director of media relations. “It’s trite but true, we’re trying to satisfy the demands of our customers.”

With 45 million smokers, those
demands add up. At Walgreen Co., for example, tobacco products amount to just 4% of sales compared with 41% for prescriptions. But that is based on 1993 sales of $8.3 billion, according to spokesman Michael Polzin. "We don't promote the sale of cigarettes," Polzin said. "We just have them for the convenience of those customers [who expect our stores to carry them]."

Another state active in the smoke-free pharmacy campaign is Massachusetts, where smokers are helping support the effort—financially. The Massachusetts Pharmacists Association won a state grant for its program from the Department of Public Health, funded by a recent 25-cent addition to the excise tax on a pack of cigarettes. There's also a proposed bill in the state banning cigarette sales in drugstores, which has cleared one committee. But Steve Grossman, legislative director for the MPHA, doesn't think it will go much further and said MPHA wasn't taking a stand on it either way.

"Our position has been if they're going to ban tobacco sales, they should ban tobacco sales," said Grossman, who stopped selling cigarettes when he bought the J. E. Pierce Pharmacy in Brookline 15 years ago. "They shouldn't target any particular retail segment." But Purdue's Rupp had a different view: "If community pharmacy had to wait for an absolute ban on tobacco products before it released its death grip on them, that would be really sad."

Grossman called the decision to sell or not "location specific" and noted that some pharmacies that sell cigarettes also counsel against it and offer anti-smoking literature or dedicate some of the revenue to smoking-cessation programs. "I don't think pharmacists are bad guys for selling them," he added, noting that it took years before hospitals took out cigarette machines and banned smoking. The Tobacco Institute, the industry association that maintains nicotine is not addictive, is opposed to the Massachusetts legislation and does not see any contradiction for pharmacies. "Is there a dichotomy when they sell candy bars or snack foods and diet pills?" asked spokesman Tom Lauria.

With pharmacy divided, legislation banning tobacco sales in pharmacies on the state or federal level does not seem likely anytime soon. The voluntary campaigns are directed at independents, and their impact is unclear. Michigan has registered 120 tobacco-free pharmacies in about a year, said program coordinator Dancer. But no one knows for sure how many of the 1,100 independents in Michigan—or anywhere else, for that matter—sell tobacco, never did, or quit. With chains not volunteering to kick the habit, some independents will always believe they have to keep selling to survive.

Other pharmacists are taking an even more proactive approach with a positive economic payoff. The Georgia Pharmacy Association has launched a program to train pharmacists as smoking-cessation counselors and on how to market, as well as get paid for, those skills (see box above). The Reskue program is going nationwide, and GPhA executive v.p. Larry Braden believes it can be used as a model for counseling patients on other health conditions, such as hypertension and estrogen replacement therapy. Reskue project director Karen Kaplan said the tobacco-free pharmacy issue is brought up but, despite the negative implications, is not a condition of participation.

"We address it," Kaplan said. "We can't tell them what to do."

One of the first trainees, Danny Toth of LaGrange, Ga., took cigarettes out of his store and even got one of his two smoking employees to quit. "I decided that to do [Reskue], I had to be a tobacco-free store to be totally honest with the people I was counseling," he said. That counseling took place in 1992 in the nearby textile mills. "The most satisfying part is that I still have people from that first program who stop by and tell me they're still not smoking," Toth recounted. "That's a very good feeling."

Michael F. Conlan

**Name That Drug Answer**

The sign in the cartoon on page 35 says it's "Um Valley" and the population is sedate. Therefore, the answer is Valium (Roche).