

# Banning Tobacco Sales in Pharmacies

## The Right Prescription

Mitchell H. Katz, MD

**P**HARMACISTS AND PHARMACIES ARE IMPORTANT components of the health care system. Pharmacists not only fill prescriptions, but serve as valuable sources of information about medications for patients and their families. Accordingly, pharmacies generally are perceived as places that help individuals become healthier. In contrast, the fact that pharmacies sell tobacco, a substance associated with 435 000 deaths per year in the United States,<sup>1</sup> conveys a message that is inconsistent with good health. Eighty-two percent of pharmacists and 72% of adult consumers surveyed in California believe that pharmacies should not sell tobacco.<sup>2</sup> However, given the lack of progress with voluntary efforts to remove tobacco from the shelves of pharmacies, San Francisco, California, has legislated a ban on the sale of tobacco in pharmacies effective in October 2008.

### The Case for Banning Tobacco Sales in Pharmacies

Why should pharmacies, but not all retail stores, be prohibited from selling cigarettes and other tobacco products? The answer lies in the ways pharmacies are different from other retailers, including the health focus of pharmacies, the greater vulnerability of some individuals who enter pharmacies, and the conflict of interest in selling both tobacco and pharmaceuticals. The perception of pharmacies, reinforced by their marketing, is that they are associated with good health. Allowing tobacco sales in pharmacies implicitly sends a message that it is not so dangerous to smoke.

Smoking rates, especially among individuals not yet addicted to nicotine, are sensitive to social perceptions of smoking.<sup>3,4</sup> This is one of the reasons tobacco companies have spent billions of dollars persuading the public through advertising, marketing promotions, sponsorships, and depictions of smoking in the movies that smoking is cool, sexy, masculine, feminine—whatever message fits the target audience.<sup>5</sup> The antismoking movement, with considerably fewer resources, has countered by focusing on changing social

norms about tobacco; specifically creating a social environment in which tobacco is less desirable, less acceptable, and less accessible. Neither side would disagree that the social perception of tobacco matters.

Besides unwisely linking tobacco to health-promoting products, pharmacies should not sell tobacco because pharmacies cater to customers who are particularly vulnerable to the effects of tobacco. Patients visit pharmacies to purchase medications to treat their diseases and many of these diseases are worsened by tobacco. In addition, some individuals may be shopping for smoking cessation products, yet encounter the tobacco products at the point of purchase.

Selling tobacco in pharmacies is inherently a conflict of interest. Pharmacies derive income from selling medications to counter the effects of tobacco, including  $\beta$ -adrenergic agonists for asthma and chronic obstructive pulmonary disease, proton pump inhibitors for gastroesophageal reflux disease, phosphodiesterase inhibitors for claudication,  $\beta$ -blockers for coronary artery disease, phosphodiesterase 5 inhibitors for impotence, and retinoids for the wrinkles caused by tobacco smoke. Although unintentional and perhaps indirect, the more successful a pharmacy is in selling tobacco, the more it will earn from the sale of prescription medications.

### Why Legislative Bans Are Necessary

Before enacting any government ban, it is worth considering other alternatives. Multiple professional organizations including the American Pharmaceutical Association, the California Pharmacists Association, and the California Medical Association have called for voluntary removal of tobacco from pharmacies. Some have called for physician and consumer boycotts of pharmacies that sell tobacco.<sup>6</sup> Voluntary efforts have been somewhat successful in eliminating tobacco sales from independent pharmacies. Surveys of pharmacies in San Francisco indi-

**Author Affiliation:** San Francisco Department of Public Health, San Francisco, California.

**Corresponding Author:** Mitchell H. Katz, MD, San Francisco Department of Public Health, 101 Grove St, Room 308, San Francisco, CA 94102 (mitch.katz@sfdph.org).

cate that the percentage of independent pharmacies selling tobacco declined from 91% to 24% between 1976 and 2003 while the percentage of chain pharmacies selling tobacco only declined from 100% to 94%.<sup>7,8</sup> Chain pharmacies are operated under a corporate structure and may be more focused on business concerns and less subject to pressure from professional organizations than independent pharmacies, many of which are owned by practicing pharmacists. Voluntary measures were also attempted in Canada. After these measures had only limited success, 8 provinces (Ontario, Quebec, New Brunswick, Nova Scotia, Nunavut, Newfoundland, Labrador, and Prince Edward Island) banned the sale of tobacco in pharmacies; the first ban was implemented in Ontario in 1993.<sup>9</sup>

Bans on smoking may have an important role in changing perceptions of smoking. For example, youth from towns in Massachusetts with strong bans against smoking in restaurants reported greater social unacceptability of adult smoking than youth from towns with weak smoking bans.<sup>10</sup> Similarly, a national study found that adolescents who worked in smoke-free environments were significantly less likely to smoke than those who worked at a site without smoking restrictions.<sup>11</sup>

### **Are Legislative Bans of Tobacco Sales an Excessive Intrusion of Government?**

There is a diversity of opinion in the United States on the role of government in protecting individuals from legal, yet harmful, behaviors. Nevertheless, there is broad societal acceptance of certain laws that govern behaviors in which individuals are likely to be the major harmed parties, such as wearing seat belts and motorcycle helmets. Tobacco advertisement on television has been banned since 1971. Individual states have rules governing the sale of tobacco including disallowance of tobacco in vending machines and in the form of single cigarettes, and prohibition of sales to individuals younger than 18 years. For smokers, a ban on tobacco sales within pharmacies is unlikely to pose more than a minor inconvenience.

### **Will a Ban of Tobacco Sales Hurt Pharmacies Economically?**

Prior to the 1993 ban of tobacco sales in pharmacies in Ontario, chain store pharmacies predicted that the ban would result in the closing of pharmacies and the loss of jobs; however, 2 years after the ban, there was a net increase in the number of pharmacies.<sup>9</sup> This is consistent with the experience of independent pharmacies with 88% of those that eliminated tobacco sales reporting no loss in business.<sup>12</sup> Also, 97% of California consumers reported that they would continue to patronize their pharmacy as often or even more often if the pharmacy stopped selling tobacco products.<sup>12</sup>

### **Is Banning Tobacco Sales in Pharmacies a "Slippery Slope?"**

Pharmacies sell other products that may be associated with adverse health effects. For instance, what about the sale of alcohol in pharmacies, given that there are 85 000 alcohol-related deaths per year in the United States?<sup>1</sup> What about the sale of candy bars in pharmacies, given the epidemic of obesity? The difference between alcohol or food with high-fat and sugar content and tobacco is that there is no safe level of tobacco as there is with these other substances. Alcohol in moderation can be health promoting.

### **How Would a Ban Be Implemented?**

As with other tobacco bans—such as where individuals can smoke—a ban on selling tobacco in pharmacies would be easiest to initiate on a local level. In 2004, San Francisco began requiring that all tobacco retailers have a license. This was done to better enforce existing rules for preventing the sale of tobacco to minors. Under the legislation passed by the San Francisco Board of Supervisors, permits to sell tobacco issued to pharmacies expire on September 30, 2008, and no future permits will be granted.

San Francisco's permitting rules will allow supermarkets and "big box stores" (eg, wholesale retailers) that have in-house pharmacies to continue to sell tobacco. Although some may disagree with this exemption, supermarkets and other big box retailers draw the general population and are not seen, nor do they market themselves, as health-promoting businesses. Although the bill introduced in the New York State Legislature to prohibit tobacco sales in stores with pharmacies including big box retailers<sup>13</sup> was not passed out of committee, the sponsor vowed to try again.<sup>14</sup> Legislative bills introduced in New Hampshire, Rhode Island, Illinois, and Tennessee would have banned tobacco sales in pharmacies with walk-in clinics; however, the bills were not passed.<sup>14</sup>

### **Conclusion**

The first ban on smoking in restaurants was passed in the California county of San Luis Obispo in 1990. Today 26 states, the District of Columbia, Puerto Rico, and 522 municipalities ban smoking in restaurants. Might this process also occur with banning the sale of tobacco products in pharmacies in some localities? Indeed, Marin County, California, is planning to enact a similar prohibition to that of San Francisco.<sup>15</sup> With a ban in place, pharmacy staff can offer the right response when customers ask for a pack of cigarettes: "I'm sorry this is a health-promoting business; we don't sell tobacco. May I offer you advice on how to quit?"

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# Risks and Benefits of Importing Prescription Medications From Lower-Income Countries

Irfan A. Dhalla, MD

Allan S. Detsky, MD, PhD

**T**ECHNOLOGICAL PROGRESS IN COMMUNICATION AND transportation has reduced barriers to international trade and revolutionized modern life. Many individuals in North America eat vegetables grown in South America, buy toys produced in China, and receive telephone advice from operators in India. In contrast, health care remains largely a domestic pursuit. Although the international outsourcing of radiology and the importation of prescription drugs<sup>1</sup> have received some attention, international trade already plays a larger role in the pharmaceutical sector than most Americans might realize. For example, Americans might be surprised to learn that most prescription medications used in the United States are manufactured abroad. The recent episode linking deaths in the United States to heparin that allegedly was deliberately contaminated during its manufacture in China has properly focused attention on the danger of pharmaceutical globalization. Nevertheless, the benefits of importing prescription medications from lower-income countries are likely to outweigh the risks, provided regulation is robust, fear can be managed, and “regulatory capture” can be avoided.

## Context

Although the 50 largest pharmaceutical and biotechnology firms are all based in high-income countries (22 in North America, 16 in Europe, 10 in Japan, 1 in Australia, and 1 in Israel),<sup>2</sup> indigenous pharmaceutical industries are rap-

idly developing in many lower-income countries. Of these, India's is by far the largest. From a global perspective, however, the pharmaceutical industry in India remains tiny, accounting for just 1% of worldwide revenue.<sup>3</sup> Yet Indian manufacturers like Ranbaxy, Dr Reddy, and Cipla are now multinational companies—Dr Reddy is even listed on the New York Stock Exchange—and India's share of the worldwide pharmaceutical market is increasing rapidly. India has the largest number of manufacturing facilities approved by the US Food and Drug Administration (FDA) outside the United States. India's firms have been aggressively challenging patents through the US Abbreviated New Drug Application process. Through this mechanism, the first (usually generic) drug company that challenges the validity of an existing patent without a successful countersuit by the brand name company is granted 180 days of market exclusivity—a period of time when competition is limited to the brand name drug and a single generic counterpart.

China's pharmaceutical industry is considerably smaller than India's when measured in terms of production of finished drugs. Nevertheless, according to IMS Health Inc (Norwalk, Connecticut), China is the world's leading producer of bulk active pharmaceutical ingredients (the substances in drugs that have pharmacological effects).<sup>4</sup> The FDA also recently approved its first applica-

**Author Affiliations:** Departments of Health Policy Management and Evaluation (Dr Detsky) and Medicine (Drs Dhalla and Detsky), University of Toronto; and Department of Medicine, Mount Sinai Hospital and University Health Network (Dr Detsky), Toronto, Ontario, Canada.

**Corresponding Author:** Allan S. Detsky, MD, PhD, Mount Sinai Hospital, 427-600 University Ave, Toronto, ON M5G 1X5, Canada (adetsky@mtsina.on.ca).