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Patron: Blum, Alan

Journal Title: Journal of the American
Pharmaceutical Association (Washington, D.C. ;
1996)

Volume: NS36 **Issue:** 6

Month/Year: 1996 **Pages:** 381-2

Article Author: Gupta S; Rappaport HM

Article Title: Advertising health risk products;
ethics vs. econo

Imprint:

ILL Number: 30352723



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Advertising Health Risk Products: Ethics vs. Economics

Inclusion of alcohol and tobacco products in community pharmacy ads compromises pharmacists' image as health care providers.

by Sanjay Gupta, PhD, and Harvey M. Rappaport, PhD

Cardiovascular diseases and cancer are the two largest killers of Americans. In 1993, close to one million Americans died of cardiovascular diseases (approximately 1 of every 2.5 deaths), and over half a million died of cancer.¹ The American Heart Association has identified smoking and excessive alcohol consumption as major factors contributing to cardiovascular diseases, including heart attack and stroke.² The American Cancer Society has for years waged public campaigns warning that smoking is a major cause of cancer.³ However, excessive alcohol consumption and smoking remain the two greatest preventable causes of death in the United States today.

In 1988, the American Medical Association adopted a policy urging pharmacists to remove tobacco products from their shelves and calling for pharmacy organizations to adopt a similar policy. In fact, APhA had adopted a policy almost two decades earlier, in 1969, urging that "pharmacists examine what effect the sale of tobacco products in pharmacies has on public health."⁴ However, in the 1990s, the pharmacy profession is still striving to become more visible in the campaign for a tobacco-free society by persuading its members to discontinue the sale of tobacco in their stores. If pharmacists in the United States are to be taken seriously in our attempts to halt the sale of tobacco products, then we might heed the example being set by our Canadian colleagues.

The Canadian Pharmaceutical Association (CPhA), in cooperation with the Department of Health and Welfare, Canada, initiated the "Stand Up and Be Counted" program in 1984. CPhA urged all community pharmacists to reconsider the marketing of tobacco products in their places of business and to join the program at one of three levels. At level I, the pharmacist makes a commitment to promote a smoke-free generation by displaying posters and distributing brochures on the subject. At level II, the pharmacist additionally pledges not to display tobacco items or promotional materials prominently or to feature tobacco products in the pharmacy's advertising. At level III, the

pharmacist pledges to eliminate the sale of all tobacco products in the pharmacy. By 1986, 39% of Canadian community pharmacies were participating at level I, 14% at level II, and 11% at level III.⁵

In January 1988, CPhA and the Department of Health and Welfare, Canada, introduced the Pharmacists Against Cigarette and Tobacco Sales program. CPhA felt that, in addition to promoting public health, a commitment by pharmacists to stop selling tobacco products would enhance the public's perception of pharmacists as dedicated health care professionals.

No doubt, an overwhelming majority of American pharmacists would also agree that as health care professionals we have a responsibility to help our customers take active steps to promote a healthy lifestyle, and that smoking and excessive alcohol consumption are hazardous for public health. In addition, in its recently adopted Code of Ethics for Pharmacists, APhA urges the pharmacist to "place concern for the well-being of the patient at the center of professional practice. In so doing, a pharmacist considers needs stated by the patient as well as those defined by health science."⁶ Certainly, this strongly suggests that those pharmacists who sell tobacco and alcoholic beverages may be violating that Code of Ethics by not avoiding "actions that compromise dedication to the best interests of patients."⁷

Today, if some version of the Canadian "Stand Up and Be Counted" program were to be initiated in United States, for both tobacco products and alcoholic beverages, it might be possible to achieve a level II status (exclusion of these health risk products in their advertising) or a level III status (a pledge to eliminate the sale of all tobacco products in the pharmacy). Such a program might increase pharmacists' awareness that as health care providers we are being inconsistent, if not hypocritical, in selling or promoting products that are hazardous to the health of our clients and to society.

In fact, such a program is under way in the United States. Recently, the Michigan Pharmacists Association, working

cooperatively with the Michigan Department of Public Health and the Michigan Academy of Family Physicians, initiated a "Tobacco-Free Pharmacy Campaign."⁸ In this program, pharmacists in Michigan work toward the goal of tobacco-free pharmacies by achieving the following five graduating levels of awareness: Level 1—provide tobacco cessation support, counseling, and referrals; Level 2—decrease the open availability of tobacco and tobacco-related products; Level 3—remove tobacco product advertising from the pharmacy; Level 4—designate the pharmacy as a tobacco-free zone; Level 5—become a tobacco-free pharmacy.

Another, more recent, development also bodes well for the removal of health risk products from pharmacies. At APhA's Annual Meeting this past March, in Nashville, Tenn., the Association's House of Delegates passed a resolution opposing "the sale of tobacco products and nonmedicinal alcoholic beverages in pharmacies." The resolution was introduced by APhA's Academy of Students of Pharmacy.

However, reducing or eliminating advertising of these products may be a formidable task. This is exemplified by a content analysis of community pharmacy advertisements in two local

newspapers that the authors did in 1993, in which we found that all of the advertisements featuring health risk product(s) emphasized price.⁹ Among community pharmacies in this study, independents appeared less likely than chain pharmacies to advertise tobacco products and alcoholic beverages. The larger advertisements featured fewer health risk products. As a positive sign, this study indicated that community pharmacies may be using smaller advertisements to promote health risk products, and larger advertisements to promote products and services that are more in harmony with pharmacy's health care image.

Still, the fact that community pharmacy newspaper advertisements feature health risk products that strongly emphasize price casts doubt on pharmacists' readiness to resolve this ethics-versus-economics dilemma. Perhaps many community pharmacies are more concerned with revenues than with fulfilling their institutional roles as health care providers. Alcohol and tobacco products are highly profitable, and their sale can make the difference between a struggling business and a successful one. Thus, it is not really surprising that economics often outweighs ethics when pharmacists consider dropping health risk products from their inventories. Yet, unless the institutional purpose of promoting health in the community becomes a matter of prime concern for all pharmacies, the objective of any "Stand Up and Be Counted" type program will continue to elude us. The ethics-versus-economics dilemma will continue to haunt pharmacists.

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