

MDs angry as most pharmacies continue to sell "number one cause of death"

Rhonda Birenbaum

The prescription pads of Dr. James Walker bear this message: "Tobacco is an addictive product. I recommend you fill this prescription at a pharmacy that does not sell tobacco."

Walker, an Ottawa dermatologist who serves as director of Physicians for a Smoke-Free Canada, is still waging war on pharmacies that sell tobacco products.

"It is totally inappropriate," he declares, "for health care professionals — pharmacists — to be selling the number one cause of death. What's more, selling tobacco products in a health care facility puts a false aura on them. It makes cigarettes look legitimate."

There is another reason pharmacies make good targets in the war against tobacco: 25% of all tobacco products sold in Canada are sold in pharmacies, according to statistics collected by the Canadian Pharmaceutical Association (CPhA). Many pharmacies, Walker maintains, are "tobacco arcades" that have a prescription counter at the back.

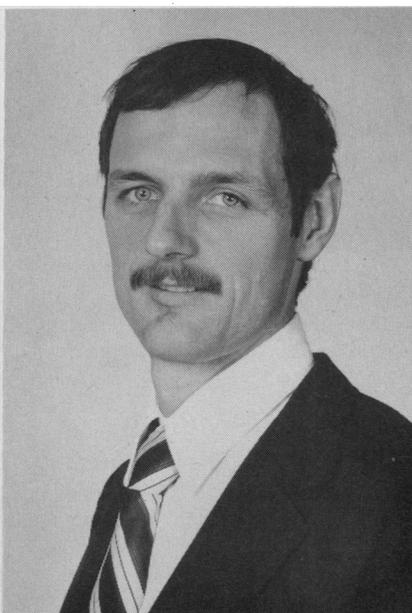
Yet, the economic arguments for continuing to sell are seductive. "Nothing turns over faster than cigarettes," says Marie Rocchi, a former Shoppers Drug Mart franchise owner and now a freelance pharmacist. "In fact, the product sells long before you have to pay the wholesaler for it. That amounts to an interest-free loan."

Rocchi says other incentives help make the sale of tobacco products even more attractive. For one, tobacco companies take

stock of their products, freeing pharmacy employees to do other work. As well, says Rocchi, most people pay cash for cigarettes: there are no credit card fees to contend with.

Moreover, tobacco companies battle for the best selling space — the "precious real estate" on a drugstore's shelves. "Tobacco companies offer up to \$5000 and assorted perks, like baseball tickets," Rocchi explains, "as they compete for the most visible 4 feet of space at the front counter." She says this competition is repeated every 3 months.

"Tobacco products are also major marketing tools," says Leroy Fevang, executive director of the CPhA. For example, tobacco products create traffic: they bring customers into the pharmacy to buy cigarettes, and they may end up buying something else on impulse.



Walker: "totally inappropriate"

Welland pharmacist John Drall, who stopped selling tobacco products in January 1991, estimates the loss to his drugstore could reach \$300 000 annually. One Nepean, Ont., pharmacist says too much money is at stake for her to stop selling tobacco. She is waiting for legislation that will force the move — she figures it is inevitable.

However, Fevang points out that the sale of tobacco products can create several problems. For one, they are easily pilfered. As well, pharmacies are susceptible to break-ins by people looking for cigarettes — there has been a rash of such thefts at convenience stores in Ontario and Quebec. Typically, the thieves knock a hole in a roof to gain entry during the night. The damage alone can cost thousands of dollars.

"There are no socially redeeming grounds for selling tobacco products," Fevang maintains. Yet, a 1989 survey of Canadian pharmacies conducted by the CPhA revealed that only 12% reported they had given up selling tobacco, despite 6 years of pressure and encouragement.

One pharmacist who took the antiselling campaign seriously is Brian MacPherson, whose Ottawa IDA Drug Mart became tobacco free last May. After a year of angst, MacPherson said he finally concluded that "it had to be done. As a pharmacist I should be promoting health, not harming it."

In place of cigarettes, MacPherson now stocks home health care products. They do not sell as quickly as tobacco, but have higher profit margins.

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MacPherson admits he is already jittery about his fiscal survival. "This change has affected my sales," he says. "I'm also seeing a different customer flow — there's no more morning rush for cigarettes on the way to work."

Nevertheless, he remains committed to his decision. "There's no going back, only forward," he says. MacPherson reports that most of his customers have supported his decision but admits that it was "pressures from within the medical profession that convinced me to set an example."

The CMA had been involved in promoting tobacco-free pharmacies since 1988, when its Board of Directors approved a policy to encourage drugstores to get out of the tobacco trade. The association president at the time, Dr. John O'Brien-Bell, told the board: "The pharmacy is not just another retail store. The sale of tobacco in drug stores is a major deterrent to public recognition of the serious health hazards of smoking."

Recently, too, the Ontario Medical Association launched a campaign to support tobacco-free pharmacies. It is offering publicity to local pharmacies that have stopped selling tobacco products.

Meanwhile, the CMA handed over the responsibility for running an active antisale-campaign to Physicians for a Smoke-Free Canada. These doctors encourage Canadians to choose tobacco-free pharmacies when they have prescriptions filled and hope such action would provide a financial incentive to stop the sale of tobacco. "Tobacco sales in pharmacies are a conflict of interest," insists Walker, who helped found the organization.

In Ottawa, the organization spent \$30 000 to run advertisements listing 30 drugstores that "refuse to sell tobacco." Similar campaigns were launched in Halifax and Dartmouth, NS, in Hamilton, Ont., and in Winnipeg.

Walker, who admits that suc-

cess has been uneven, suggests that "tobacco-free pharmacies will have to be legislated into existence." Yet, Doug Geekie, the CMA's former director of communications and government relations, believes it is unfair to say that legislation is the only way to get tobacco out of drugstores. "Gradually, more and more pharmacists are recognizing the reality and stopping on their own," he says.

The CPhA shares Geekie's view. "It is a powerful public statement," says Fevang, "for a group of professionals to voluntarily give up selling a product that they are legally entitled to sell."

Nevertheless, if the goal — as Fevang, Geekie and Walker suggest — is the elimination of pharmacy-based tobacco sales, voluntary bans do not seem to work. The holdouts, says Walker, are predominantly the drugstore chains.

In Quebec, for instance, the association of pharmacy owners has publicly declared its opposition to a policy of removing tobacco products from drugstores. Likewise, when the CMA suggested that the Shoppers Drug Mart chain stop tobacco sales, the company responded with a firm refusal. (The company is part of the Imasco Ltd. conglomerate, which also owns Imperial Tobacco, Canada's largest tobacco producer.)

When it comes to the chains, Geekie concedes, "legislation may be the only way to make them stop."

The Ontario College of Pharmacists (OCP) thinks legislation is the only way to go. Barbara Wells, the OCP's deputy registrar, says 10 years of encouraging pharmacists to quit selling cigarettes has had only "moderate success."

Consequently, at a meeting last June, the OCP Task Force on Tobacco Sales in Pharmacies declared that by July 1, 1993, the sale of tobacco products in Ontario pharmacies should be banned.

Wells says the college has presented its recommendations to the provincial government and has been encouraged informally by various officials it has approached.

Quebec and Ontario are the only provinces with an organized campaign to end this type of tobacco sales. In the rest of the country, says Fevang, pharmacists are taking a "wait-and-see approach."

Last February L'Ordre des pharmaciens du Québec, that province's college of pharmacy, declared it unethical for health care professionals to sell products that cause ill health. The declaration calls for Quebec pharmacists who continue to sell tobacco products to be called before the college's Disciplinary Committee.

However, the college cannot act on the policy until it is approved by the provincial health minister and cabinet, notes Catherine St-Jacques, the college's deputy director general. In the meantime the status quo, and tobacco sales, continue. St-Jacques says she has received positive feedback from the ministry of health and thinks the policy will eventually receive government approval.

Cleta Rowan-Smith, who in 1990 lost her husband, a smoker, to lung cancer, doesn't want to wait for government action. "We see druggists dispensing Band-Aid drugs for cancer and emphysema at one counter in their stores, and selling the cause of these diseases, cigarettes, at the other end. If they sleep well at nights, I'd like to know how," she wrote recently.

O'Brien-Bell asks the same question. In his public dispute with both the tobacco industry and pharmacists, he has stated: "Cigarettes are the only consumer product that, if used correctly, will kill you."

Quebec's college of pharmacy has used even stronger language. It calls tobacco the "number one public enemy."■