

Merchandising Cigarettes in Pharmacies: A San Francisco Survey

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There is little doubt that cigarette smoking is injurious to health. The relationship between inhaling cigarette smoke and development of respiratory airway cancers, especially carcinoma of the lung, arteriosclerotic and peripheral vascular disease, and chronic obstructive pulmonary disease has been well established.¹⁻¹⁰ Yet, powerful merchandising incentives for the sale of cigarettes are created by the fact that over one-third of the adult population of the United States smokes cigarettes.¹¹

The problem of patient compliance with pharmaceutical regimens has become recognized as an important variable in determining the outcomes of health care.¹² As one solution to this problem, it has been suggested that the role of the pharmacist as health educator be strengthened.¹³ For example, legislation was recently passed in California calling for mandatory inclusion of educational inserts into every dispensed prescription medication.¹⁴ However, the role of health educator can, at times, conflict with the pharmacist's role as merchant. A case in point is the sale of tobacco products in pharmacies. This study documents the prevalence of cigarette merchandising in pharmacies in one large metropolitan area to provide data on the extent of this role conflict.

Methods

A random sample of 100 San Francisco pharmacies was chosen from the over 200 retail pharmacies listed in the yellow pages of the San Francisco telephone directory. Each of the 100 pharmacies was visited in September 1976, by one of the two authors. It was determined whether cigarettes were sold, where the cigarettes were displayed in relation to pharmaceutical dispensation, whether cigarettes were advertised or promoted on the premises, and the type of pharmacy (chain, independent, clinically affiliated). A "chain" pharmacy is one clearly identified with other stores or pharmacies of the same name, including stores owned outright by the parent company and those which are franchises. An "independent" pharmacy is one not identified with other pharmacies nor affiliated with a clinic. A "clinically affiliated" pharmacy is one located on the premises of a medical office building or clinic. These definitions are thus based on appearances and do not identify the legal ownership of the

pharmacy, nor do they specify the relationship of the pharmacist to the ownership of the pharmacy; that is, whether the pharmacist is a paid employee or is an owner.

Results

Table 1 shows the number of pharmacies selling and advertising or displaying cigarettes by type of pharmacy. Eighty-nine pharmacies sold cigarettes; of the 11 which did not, five were affiliated with clinical centers such as doctors' office buildings, while six were independent retail stores. However, only 15 of the pharmacies actually advertised cigarettes, ranging from nine of 24 chain stores to none of 12 clinically affiliated stores. In 52 of the 89 pharmacies which sold cigarettes, they were located at the pharmacist's counter, where prescribed medications were dispensed.

Discussion

At its 1971 annual meeting, the American Pharmaceutical Association House of Delegates passed a set of recommendations regarding the hazards of cigarette smoking. The first recommendation was that tobacco products not be sold in pharmacies. The other three related to developing educational programs for pharmacists, young people, and the student American Pharmaceutical Association. In 1973 and again in 1977, the House of Delegates of the California Pharmaceutical Association adopted a recommendation that, "pharmacists, in the interest of raising the standards of public health and social welfare in the community, shall discourage the sale of tobacco products in the pharmacies in which they practice." In spite of these national and state professional postures, 89 per cent of pharmacies picked at random in San Francisco were selling cigarettes in 1976, a figure that is increased to 93 per cent if clinically affiliated pharmacies are omitted. Although data are not available to explain this conflict between professional recommendations and actual practice, at least two reasons were elicited in informal discussions with retail pharmacists and pharmacy

TABLE 1—Sale and Advertising of Cigarettes in 100 Pharmacies, San Francisco, California, 1976

Type of Pharmacy	Cigarettes Sold?		Cigarettes Advertised?	
	Yes	No	Yes	No
Independent	58	6	6	58
Chain/Franchise	24	0	9	15
Clinically Affiliated	7	5	0	12
TOTAL	89	11	15	85

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educators. The first, and probably most compelling, is that pharmacists might face the loss of income in highly competitive locales such as San Francisco. Not only is profit derived from the sale of cigarettes, but cigarette products may induce customers into the store, who later purchase other items. Also, many pharmacists feel that a patient should have the ultimate decision as to the purchase of cigarettes, although the pharmacist has a professional responsibility to warn of the health hazards of cigarette smoking.

Even if the sale of cigarettes were banned from pharmacies, it is not clear that any impact on the consumption of cigarettes nationally, or of cigarette-related disease, would ensue. Nevertheless, there is an obvious conflict between the role of the pharmacist as a health professional and as a merchant of injurious substances. For this reason alone, we suggest that pharmacy associations consider the available range of strategies with which they might implement their own recommendation passed at the 1971 annual meeting.

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Dispensing Drugs without Prescription and Treating Patients by Pharmacy Attendants in Shiraz, Iran

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Introduction

The use of pharmaceutical products is increasing all over the world.¹ Because of very high profits in the drug industry, pharmaceutical companies are spending millions of dollars for advertising, thus stimulating physicians to recommend and use more and more of their products.² In Iran, physicians often have a tendency to over-prescribe and improperly prescribe drugs.³ Considerable morbidity and mortality due to side effects of the excessive use of drugs are reported; for example, in the United States alone, mortality

resulting from drug consumption is estimated at 30,000 persons per year.⁴

As a reflection of increasing drug usage, we have noted that most of the patients referred to Pahlavi University hospitals have used not only many types of home remedies, but have obtained and consumed potentially fatal drugs from local pharmacies in the city. Many side effects of these illegally dispensed drugs have been observed. Therefore, it was decided to identify the extent of drug dispensing without prescription by pharmacies in the city of Shiraz, a southern Iranian urban center of about 400,000 residents.

Background Information

In Iran, dispensing all types of drugs without prescriptions is prohibited by law, including over-the-counter

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