
MARIJUANA: THE HAZE THAT THREATENS TO CLOUD PERCEPTIONS OF PHARMACY

Lin-Nam Wang reports on the fight to stop community pharmacists in Uruguay from becoming drug dealers

Just when CVS Caremark is preparing to stop selling tobacco from its 7,600 plus pharmacies (the US pharmacy chain announced in February that it was “the right thing to do” and that sales will cease by 1 October), it seems that the image of pharmacy is under threat in another part of the Americas. Most IPJ readers will, no doubt, have heard about the reform of cannabis laws in Uruguay — something that has propelled South America’s second smallest nation and its president José Mujica into the media spotlight.

The controversial plans to legalise the production and sale of cannabis for recreational use, and for the state to regulate the market, revealed in 2012, were promoted as a way of reducing the country’s growing number of “pasta base” or paco (a cocaine derivative) users and associated crime. It is estimated that 5 to 8% of the population use cannabis but the problem, according to Uruguay’s Interior Minister Eduardo Bonomi, is that dealers also supply paco. “Repression doesn’t do the job — we are trying to find another way,” President Mujica has said, and he justifies the policy as trying to “snatch the market from the drug dealers”.

The prohibition of cannabis is founded on a 1925 international convention and subsequent drug control conventions. (It is an issue that has been debated for many decades and is far beyond the scope of this article.) Recent years, however, have seen shifts in national policy, from that of the notorious permission of sale from “coffee shops”

in the Netherlands since the 1980s and reclassification of the drug in the UK in 2004 (later reversed) to the legalisation of sale in the US states of Colorado and Washington following referendums in 2012.

Use and possession of the drug in Uruguay (the country’s motto is “freedom or death”) were decriminalised in 1974. What makes things different in Uruguay is that the new plan is for cannabis to be supplied through community pharmacies.

Potential damage and opposition

Among all the views highlighted in the world’s press, little attention outside of Uruguay has been paid to the implications of pharmacies supplying a “narcotic” for what the Government is calling “non-medical purposes” but which is, essentially, recreational use. However, this route of distribution is strongly opposed by the Uruguayan Pharmacists’ Association (Asociación de Química y Farmacia del Uruguay; AQFU)

on the grounds that it is unethical, that it will mislead the public and that it will damage the image of pharmacies as places for health.

“Pharmacists have studied to be health professionals, to help people to have a better life, improve their health and welfare. To participate in drug distribution for recreational use goes against this philosophy. Moreover, supply from pharmacies is not right because it diminishes the perception of risk [of harm from using cannabis] for the population.

“The image pharmacy has within society will be changed once this takes place,”

says Eduardo Savio, a spokesman for the AQFU and president of the Pharmaceutical Forum of the Americas.

Talking exclusively to IPJ, Dr Savio said that the AQFU does not have a position on the regulation of cannabis — some



people are in favour, others are not. He acknowledged that President Mujica shows “great strength” in wanting to make changes but called details of the new law “confused”. Furthermore, he believes that the model will not stamp out illegal trade. For example, the Regulation says that cannabis may only be supplied to those aged 18 years or older but there has been an increase in young people — those of 13, 14 and 15 years — using marijuana. Pharmacies will not be able to sell it to them and so illegal trade will still go ahead, he says. In a CNN interview last month President Mujica, said: “Placing [cannabis] as a controlled drug that you can purchase at the chemist, like morphine, then we are taking some of the mystery out of marijuana.” But Dr Savio argues: “Morphine is dispensed with a prescription [in] a dosage form produced by a laboratory, [and] which has previously undergone a registration procedure at the Ministry of Health as a drug for therapeutic use.” He went on to explain that when the “project of law”

was sent to Parliament it did not say from where or how cannabis would be delivered to consumers. “It didn’t even mention pharmacies. . . . They were considering places where you go to pay electricity or gas bills or to bet on horses but those places don’t have enough security, and so [the Government] didn’t have a solution for reaching the consumer,” he says.

However, in March 2013, a solution appeared. The country’s two chambers of pharmacy owners offered community pharmacies as the ideal places for distribution; the model requires centralised software to keep a national database of users and community pharmacies had recently installed such a system. “It was not an idea that came from Government. . . . It was something quite incredible,” Dr Savio’s says. His belief is that the motive behind the offer was economical — community pharmacy owners hope that the cooperation will open the door for their pharmacies to

take on some of the publicly funded prescription dispensing business that is currently only provided by pharmacies based in hospitals, known as “ambulatory pharmacies”.

According to Gonçalo Sousa Pinto, FIP’s liaison officer for Latin America, in their proposal the pharmacy owners also put forward that pharmacies are healthcare centres supervised by a healthcare professional. “Yet, most community pharmacies in Uruguay — around 90% — do not have a pharmacist permanently on duty, which makes the healthcare argument of their suitability for that purpose debatable,” he says. Some might think supply from pharmacies could provide a harm reduction opportunity but this seems rather incongruous in a country where pharmacists do not participate in any harm reduction or drug addiction services, such as methadone supply. Ever since the pharmacy owners’ proposal, the AQFU has been working against it. “We have talked to the



Eduardo Savio: colleagues will have to decide which road they will follow

members of the parliamentary health committee that elaborated and approved the project, to the Ministry of Health and the main authorities within this ministry, with Julio Calzada, the general secretary of the National Organisation for Drug Abuse Control (the main institution which represents the President on this topic). We have campaigned on radio, in newspapers and on TV, explaining our position,” Dr Savio told *IPJ*.

He reveals that Mr Calzada had promised to invite the AQFU to input into the new regulation on non-medical use but this did not come, and “we are still waiting [for] his invitation to participate in the draft version for therapeutic use [see Box on ‘Medical marijuana’]”.

“We have clearly said we want to help the Government, as part of the health system, to diminish addictions to any drug, including alcohol. We have a great problem of alcohol and we have been active members in the fight against tobacco. We would like to be part of the healthcare team, even in marijuana and helping people who would like to quit, but we don’t want to be part of the distribution system for recreational purposes. This is not in agreement with the mission of the profession or community pharmacy,” he adds.

Support has also been mustered from other pharmacy leaders and a number of organisations added their voices to

the objection. In October 2013, FIP President Michel Buchmann wrote: “It is our opinion that substances, which are not utilised for therapeutic, palliative or diagnostic purposes but instead are used (or abused) for recreational ends, should not be provided to their users through community pharmacies. This would be the case for marijuana, as it is the case for alcoholic beverages and tobacco products. . . . It is also clear that marijuana may have a negative impact on health.” And in the following month, the South American Pharmaceutical Federation (FEFAS) wrote to public health minister Susana Muñiz, expressing “deep concern” over the draft legislation: “We believe it may be a mistake to market [marijuana] in community pharmacy. . . . [This law] may even lead to the disappearance of pharmacies as healthcare facilities and turn them into places where business principles take priority over the common good and public health.” Nevertheless, the legislation was approved in December last year.

Details unclear

Further details on the model were finally revealed just weeks ago and it is expected that the system will only be operational in November. Dr Savio explains: “Before supply can begin the whole network has to be established. So the Government, through the National Institute for Cannabis formed [last] month, has to license those who want to cultivate marijuana, the plants have to be harvested and a national laboratory has to be created to test and certify quality”.

In addition, a number of details remain unclear. For example, according to Dr Savio, there is still a great question about documentation: “An Article in the Regulation says you have to perform documentation similar to any other psychoactive drug. So if you read this literally, the conclusion that you will arrive at is that you will ask for a prescription and the administration process should be similar to any other psychoactive drug. But if this is a non-medicinal drug, there will not be any prescription and this is something that is not congruent. We do not know what this really means and [it is] something we are trying to find out.”

Furthermore, although the Regulation states that users registered on the national database will be able to buy 40g of cannabis a month (estimated cost between US\$1 and \$2 per gram), and a tetrahydrocannabinol (THC) level of 1% was mentioned in the draft bill, the latter is still uncertain. “They are still evaluating it now. We are considering that this will be the level but this will not be the decision of the pharmacist. The Government will determine the quality through the institute, and pharmacists and chemists are involved in respect of their expertise in analytical issues,” Dr Savio says.

“But, we are still saying that we would like not to be part of distribution to the population in any aspect, even in the way it is stocked in the pharmacy. [It seems that] stocking [marijuana may be] the pharmacist’s responsibility but we say they only have responsibility for every product with a health purpose,” he adds.

Next steps

The delay in implementation may buy the AQFU some time to campaign further. The organisation is now considering its next steps, which may include asking pharmacists to refuse to work for pharmacies that request a license for cannabis distribution. In addition, Dr Savio says that the AQFU is trying to ensure that cannabis is supplied in as few pharmacies as possible. He reveals that in talks with the secretary of the National Addiction Directive, it was implied that only a limited number of pharmacies will be granted distribution licenses, which he believes will be around 10% (although, in his view, that is still more than really needed). He also believes that “not too many” pharmacy owners will apply for licences because they fear the security problems that may arise from keeping stocks of cannabis — violence in pharmacies could increase.

“So may be, at most, this will affect 10% of colleagues, who will have to decide which road they will follow. I think that many of our colleagues will not be part of this and in cases where owners finally decide to move ahead, they will not continue in terms of the technical direction of that pharmacy or working there,” he says.



“[If we] convince others to make it as limited a number as possible, maybe we won’t have enough pharmacists to supply to the population. So maybe we will arrive at a situation in which the Government has to identify a new shop for marijuana. For us that would be the ideal situation,” he adds.

Medical marijuana

No cannabis-derived medicines are currently licensed in Uruguay. However, according to Dr Savio, a new regulation permitting supply for medical use is expected in June or July. Pharmacists from the country’s faculty of pharmacy and chemistry are participating in the “elaboration” of this regulation. “There are different groups of physicians who would like to be able to prescribe marijuana for therapeutic use. We have been talking to the director of health in the Ministry of Health Marlene Sica.

She uses the term “medicinal herb” but we don’t [yet] have any idea of the pharmaceutical form. I assume that there will need to be registration and a dossier, with pharmacy responsible for the quality, as with any other medicine, but this is what I imagine and [it] is not yet established,” he said.

“In this matter, the Government has sought expert advice from Israel where marijuana is being used therapeutically. So the idea is to have specific and strict indications, and to prescribe only for these indications. In this change, we will be part of the system with no doubt,” Dr Savio added.

Another option the association is considering is to mount a legal challenge, arguing that the new law is unconstitutional on the grounds that pharmacists have a right not to harm people. Dr Savio is realistic about the possible outcomes of this: “The regulation on distribution from pharmacy might not be reversed but at least [we want] to clarify that the only responsibility [for cannabis] should be that of the owner and not of the pharmacist.”

Point of departure?

Uruguay appears to be getting a reputation for radical policy approaches. Its last president, for example, was instrumental in implementing some of the world’s strongest policies against tobacco use. (Phillip Morris is currently suing the country.) And now Uruguay has become the first to legalise cannabis supply. But where could this lead? A number of politicians have gone further, calling for all drugs to be legalised. “There will come a moment in which all drugs that are today illegal — heroin, cocaine, etc, — will be administered in the same manner, with an informative pamphlet,” member of parliament Jose Bayardi has been quoted as saying. And Sebastian Sabini, co-author of the cannabis bill, is reported as describing marijuana as “a point of departure” on a path where the state will regulate all drugs. Would community pharmacies then be expected to distribute other narcotics? “This is something we have thought about. We will not like to go in that direction,” Dr Savio says.

“Uruguay may be a relatively small country, but the entire world is watching closely”

It seems that, come November, some of Uruguay’s pharmacists face an ethical dilemma. In a letter of support from FIP Dr Buchmann wrote: “Uruguay may be a relatively small country, but the entire world is watching closely how the implementation of this law will develop, and certainly other countries may want to follow the footsteps of Uruguay in this regard. Therefore the consequences of the decisions taken in Uruguay will have an impact well beyond your national borders.”

Certainly the situation in Uruguay is unusual, but it is worth asking yourself, if it were decided that your pharmacy would start selling cannabis, what would you do?

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Pharmacy in Uruguay

Pharmacists: 1,573 (60% community; 30% hospital; 30% industry; 15% academia and research; 7% regulatory and public sector; 15% other). Note that many pharmacists hold several different positions. The profession is regulated by the Ministry of Public Health. The AQFU believes that there are not enough pharmacists for the population and the number of pharmacies, and the fact that in the past 15 years the number of new pharmacists has reduced is a worrying issue for both the AQFU and the Ministry of Health.

Pharmacy schools: There is only one school of pharmacy (University of the Republic, Montevideo). Health system and funding: The healthcare system is state funded although a private system also operates. “Ambulatory pharmacies” can be found in hospitals and provide government-funded medicines, handling 20% of the medicines market. Medicines provided by community pharmacies (35% of the market) are paid for personally or through private health insurance. Private hospital pharmacies hold 45% of the market.

Pharmacies: There are 1,100 community pharmacies in Uruguay, around 300 hospital pharmacies, and over 100 pharmaceutical companies (30 with production factories). It is common for many pharmacies to run without a pharmacist present all of the time. Every pharmacy must have a pharmacist “technical director” who is responsible for all the “pharmaceutical acts” within the pharmacy (and in up to three pharmacies) but pharmacies can be owned by anyone excluding doctors, dentists and veterinarians. These pharmacist technical directors usually visit the pharmacy between one and four times a month and mainly perform administrative functions related to the control of psychoactive drugs. Even hospital pharmacies do not have to have a pharmacist present, although, according to Dr Savio, these institutions are recognising this is important and most will have a pharmacist present for at least four hours a day.

In community pharmacies, technicians are trained to supply medicines as well as offer services such as blood glucose, cholesterol and blood pressure monitoring, and determining risk of osteoporosis. Pharmaceutical care services (including advice on medicines from a pharmacist) are only available in a small number of pharmacies. The delivery of information about medicines through community pharmacies is uncommon.

Asociación de Química y Farmacia DEL URUGUAY

Uruguayan Pharmacists' Association
(Asociación de Química y Farmacia del Uruguay; AQFU)

Established in 1888, the AQFU is one of the oldest professional organisations in Latin America. It is a voluntary membership organisation representing over half of Uruguay's pharmacists ("pharmaceutical chemists"). Its mission is to "provide leadership in promoting the professional development of pharmacists and the betterment of the profession as a whole for the benefit of society". The AQFU also provides continuous professional development and input into the country's school of pharmacy.

A member organisation of FIP since 2000, the AQFU represents Uruguayan pharmacy both at national level (eg, dealing with health authorities) and internationally. It has been working to transform the role of community pharmacies, to implement good pharmacy practice and to change the legal framework so that pharmacists are effectively present, and FIP is supporting this.

"A pharmacy without a pharmacist is not a pharmacy. In our opinion, there is a critical need to address this problem in Uruguay from a political point of view. . . . We invite the Uruguayan Government to take the opportunity to reflect on the question of 'what is a community pharmacy and what role does it play in the overall health system of the country'," Dr Buchmann has written.

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