

Editorial

Pharmacies are not supermarkets, and supermarkets should not become pharmacies

Farmácia não é supermercado e supermercados não deveriam se tornar farmácias

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Internationally, community pharmacies play an essential role in promoting public health by facilitating access to clinical services and medications, often serving as the first point of contact for people with the healthcare system. In countries such as the Netherlands and Australia, for example, community pharmacies focus on dispensing medications and providing health-related services¹. This is possible because governments directly fund these pharmacies through public health system programs, ensuring that their primary income comes from the sale of prescription medications and the provision of pharmaceutical services. This financial stability allows pharmacies to preserve their primary role as healthcare establishments without needing to diversify their activities by selling non-health-related products.

In Brazil, since the creation of the Unified Health System (SUS) in 1988, along with the implementation of the National Medicines Policy (1998) and the National Pharmaceutical Assistance Policy (2004), free access to treatments for chronic diseases, strategic medications with low commercial interest, and high-cost, advanced technology medications has been guaranteed. These treatments are provided through programs such as the Popular Pharmacy and the Basic, Specialized, and Strategic Components of Pharmaceutical Assistance²⁻⁴. However, while SUS plays a crucial role in providing free or subsidized medications, private community pharmacies operate in a highly competitive economic environment, obtaining their revenue primarily from the sale of medications and other products, whether health-related or not, directly to customers⁵.

On the other hand, the expansion of the pharmaceutical retail sector in Brazil, while bringing significant innovations—such as expanding healthcare services and strengthening the sector as the largest employer of pharmacists in the country—has also introduced challenges. Since the early 2000s, we have witnessed profound transformations in the global pharmaceutical market, driven by seven major global trends. These trends, involving economic, social, technological, and regulatory factors, often contradictory to one another, are shaped by the pressures of global and regional forces, directly impacting the positioning of community pharmacies in Brazil.

The megatrends we refer to are: 1) The process of digital transformation and the implementation of Telepharmacy, 2) The offering of advanced clinical services in Community Pharmacies, 3) The integration of pharmacies within Public Health Systems, 4) Automation and the use of Artificial Intelligence (AI) in community pharmacy routines, 5) A focus on promoting Health and Wellness products, 6) The adoption of processes and values aimed at portraying a commitment to sustainability (Green Pharmacies). The seventh megatrend, in fact, can be seen at the legal level as a tension between the adoption of policies for market deregulation versus increased regulation of the pharmaceutical market⁶⁻⁹.

Together, these trends directly influence society, public health, and the pharmaceutical profession, impacting both patient care and the commercial and regulatory dynamics of the sector. In the Brazilian context, global megatrends in community pharmacies acquire

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specific nuances, shaped both by the particularities of the national market and the country's economic and social realities.

It is evident that efforts are underway to promote the provision of pharmaceutical services, primarily driven by regulatory updates from the Federal Council of Pharmacy (CFF) and the National Health Surveillance Agency (Anvisa)¹⁰⁻¹³. Federal Law No. 13,021/2014, which defines pharmacies as healthcare service units¹³, is a milestone in this evolution. Its approval required 20 years of dialogue and mobilization among pharmaceutical entities, academia, and the retail sector.

However, the expansion of clinical services has been accompanied by a broad and diverse product range that includes electronics, toys, fresh produce, and even frozen barbecue meat. This combination aims to attract a wider audience and generate convenience. The pharmacy shifts from being merely a health access point to becoming a consumer hub. This reflects the global trend of service expansion but in a more commercial manner, aimed at increasing the time customers spend on-site—a phenomenon also observed in large supermarkets and convenience stores. This raises a crucial question: what, ultimately, is the true commitment of pharmacies to Brazilian society?

Law No. 13,021, now marking its 10th anniversary, emphasizes the central role of pharmacists and pharmacies in promoting health and the rational use of medications, contributing to patient safety. The pharmacy should be a place of care, where people find not only medications but also professional guidance and essential services for well-being. However, the current model, driven purely by economic interests, undermines the pharmacy's identity as a health environment and threatens its core mission.

The sale of food items and household appliances, for example, does not align with the perception of the pharmacy as a trusted space for health care and diverts the focus of the pharmacy staff from their primary role: caring for people. Research shows that barriers to expanding pharmaceutical services are often related to infrastructure problems and administrative challenges^{15,16}. Many consumers may feel uncomfortable seeking health advice in a place that also offers meat, lettuce, laundry detergent, and flowers. Studies from the Brazilian Federation of Associative and Independent Pharmacy Networks (Febrafar) indicate a growing demand for pharmaceutical services¹⁷, which risks fading, however, if the process of pharmacy decharacterization continues.

In theory, pharmacies and drugstores are not legally authorized to sell products outside the scope of health. The sector is regulated and monitored by the National Health Surveillance Agency (Anvisa), based on regulations such as Federal Law No. 5,991/1973¹⁸ and Anvisa's RDC No. 44/2009⁹. However, different interpretations and an injunction issued by the Superior Court of Justice in 2010 allow the sale of convenience products in some pharmacies¹⁹. This legal impasse remains unresolved, creating tension with the supermarket industry, which could lead to an escalation of medicalization and a trivialization of medication use.

This "hybrid" environment, competing with supermarkets, deviates pharmacies from their original purpose and prioritizes profit over public health. This phenomenon raises a series of concerning questions:

- If pharmacies are selling supermarket products, what prevents supermarkets from selling medications without the proper professional guidance?
- Could this model set legislative precedents allowing medications to be sold in supermarkets?
- What will be the health impact when the same environment offers both health services and potentially harmful products, like those high in sodium or sugar?
- What will be the pharmacist's role concerning the sale of such products? Could they be held responsible for patient or customer harm, such as food poisoning or other issues caused by non-health-related products?

While the convenience of finding various products in one location is a common argument, it is crucial to consider which products and services should be available in pharmacies to ensure that this convenience does not undermine their role as health-dedicated spaces. In the late 20th century, for instance, despite the emphasis by pharmaceutical associations and ethical codes in the United States and Canada on promoting health, many pharmacies continued to sell tobacco—a product proven to be harmful^{20,21}.

In Brazil, although the sale of cigarettes in pharmacies is not allowed, selling products like chocolates in the same place where patients are advised to control their diet to reduce cardiovascular risks exemplifies the conflict between pharmacies' role as health promoters and their business model. This commercialization also reduces the role of the pharmacist, transforming them into a mere salesperson of assorted products, distancing them from their practice of caring for people, promoting the rational use of medications, and improving patients' quality of life. Selling products unrelated to health devalues the pharmacy profession and compromises the essential service that pharmacies should provide to the population.

Despite the challenges that remain for fully applying the principles established by Law No. 13,021/2014, there is a noticeable disconnect between academia and professional practice, highlighting a gap between academic training and the challenges faced in the job market. Moreover, the academic community shows little interest in researching and discussing this topic in university symposiums and congresses. This approach is rarely explored in academia, which, in many cases, does not view this problem as part of its responsibility. This stance contributes to a lack of integration between theoretical training and the demands of professional practice, as pointed out in this editorial.

The future of pharmacies in Brazil requires a clear choice: to continue as care spaces or become predominantly commercial establishments. Pharmacy chains, pharmacy associations, health professionals, academia, and society should join forces to preserve pharmacies as health establishments, prioritizing patient well-being. It is essential to promote public policies that encourage the practice of clinical pharmacy without commercial interference, ensuring that pharmacies maintain their ethical commitment to health.

Academia plays an essential role in this process, especially postgraduate programs in Pharmaceutical Sciences, Pharmaceutical Assistance, and Public Health, which can generate evidence on the social, economic, and clinical impacts of the emerging pharmacy model and the underutilization of pharmaceutical services.

If the pharmaceutical sector continues on the path of commercialization, there is a risk of compromising public trust in pharmacies as health spaces. Now is the time to rethink this trend and reaffirm a commitment to health promotion and prevention, ensuring that pharmacies prioritize the safety and well-being of the population, rather than competing with supermarkets. Keeping community pharmacies within a business-oriented model, instead of treating them as essential health services, is a path that could lead to a trivialization of pharmaceutical services in favor of commercial interests.

The true mission of pharmacies is, and must always be, to care for people's health.

References

1. Dineen-Griffin S, Benrimoj SJ, Garcia-Cardenas V. Primary health care policy and vision for community pharmacy and pharmacists in Australia. *Pharm Pract (Granada)*. 2020;18(2):1967. doi:10.18549/PharmPract.2020.2.1967
2. Luiza VL, Silva RM, Mattos LV, Bahia L. Fortalezas e desafios dos modelos de provisão e financiamento de medicamentos no Brasil. In: Hasenclever L, Oliveira MA, Paranhos J, Chaves GC, eds. *Vulnerabilidades das políticas industrial e tecnológica de saúde*. Rio de Janeiro: E-papers; 2018:213-252.
3. Tavares NUL, Luiza VL, Oliveira MA, Costa KS, Mengue SS, Arrais PSD. Acesso gratuito a medicamentos para tratamento de doenças crônicas no Brasil. *Rev Saúde Pública*. 2016;50:7s. doi:10.1590/S1518-8787.2016050006118
4. Bermudez JAZ, Esher A, Osorio-de-Castro CGS, et al. Assistência farmacêutica nos 30 anos do SUS na perspectiva da integralidade. *Ciênc Saúde Colet*. 2018;23:1937-1949. Doi:10.1590/1413-81232018236.09022018
5. Mattos LV, Silva RM, Silva FRP, Luiza VL. Das farmácias comunitárias às grandes redes: provisão privada de medicamentos, sistema de saúde e financeirização no varejo farmacêutico brasileiro. *Cad Saúde Pública*. 2022;38. doi:10.1590/0102-311X00085420
6. Almeman A. The digital transformation in pharmacy: embracing online platforms and the cosmeceutical paradigm shift. *J Health Popul Nutr*. 2024;43(1):60. Published 2024 May 8. doi:10.1186/s41043-024-00550-2
7. Almarsdóttir AB, Granas AG, Blondal AB. Clinical and social perspectives on pharmacy services. In: Thomas D, ed. *Clinical pharmacy education, practice and research*. Elsevier; 2019:31-40. doi: 10.1016/B978-0-12-814276-9.00003-9
8. Chalasani SH, Syed J, Ramesh M, Patil V, Pramod Kumar TM. Artificial intelligence in the field of pharmacy practice: a literature review. *Explor Res Clin Soc Pharm*. 2023;12:100346. doi: 10.1016/j.rcsop.2023.100346
9. Vogler S, Habimana K, Arts D. Does deregulation in community pharmacy impact accessibility of medicines, quality of pharmacy services and costs? Evidence from nine European countries. *Health Policy*. 2014;117(3):311-327.
10. Brasil. Resolução Conselho Federal de Farmácia nº 499 de 17 de dezembro de 2008. Dispõe sobre a prestação de serviços farmacêuticos, em farmácias e drogarias, e dá outras providências. Brasília: Diário Oficial da União; 2008.
11. Brasil. Resolução da Diretoria Colegiada Anvisa nº 44 de 17 de agosto de 2009. Dispõe sobre Boas Práticas Farmacêuticas para o controle sanitário do funcionamento, da dispensação e da comercialização de produtos e da prestação de serviços farmacêuticos em farmácias e drogarias e dá outras providências. Brasília: Diário Oficial da União; 2009.
12. Brasil. Resolução Conselho Federal de Farmácia nº 585 de 29 de agosto de 2013. Regulamenta as atribuições clínicas do farmacêutico e dá outras providências. Brasília: Conselho Federal de Farmácia; 2013.
13. Brasil. Portaria GM/MS nº 4.379 de 14 de junho de 2024. Estabelece as Diretrizes Nacionais do Cuidado Farmacêutico no Sistema Único de Saúde (SUS). Brasília: Diário Oficial da União; 2024.
14. Brasil. Lei Federal nº 13.021 de 8 de agosto de 2014. Dispõe sobre o exercício e a fiscalização das atividades farmacêuticas. Brasília: Diário Oficial da União; 2014.
15. Cerqueira-Santos S, Rocha KSS, Araújo DCSA, Santos Júnior GA, Menezes PWS, Sanchez JM, Mesquita AR, Lyra Júnior DP. Which factors may influence the implementation of drug dispensing in community pharmacies? A qualitative study. *J Eval Clin Pract*. 2023;29(1):83-93. doi:10.1111/jep.13731.
16. Freitas GRM, Pinto RS, Luna-Leite MA, Castro MS, Heineck I. Principais dificuldades enfrentadas por farmacêuticos para exercerem suas atribuições clínicas no Brasil. *Rev Bras Farm Hosp Serv Saude*. 2016;7(3):35-41.
17. Febrefar. Pesquisa inédita revela perfil do consumidor de farmácias em 2024. Available at: <https://febrefar.com.br/pesquisa-inedita-revela-perfil-do-consumidor-de-farmacias-em-2024/>. Accessed on: Oct.04, 2024.
18. Brasil. Lei Federal nº 5.991 de 17 de dezembro de 1973. Dispõe sobre o Controle Sanitário do Comércio de Drogas, Medicamentos, Insumos Farmacêuticos e Correlatos, e dá outras providências. Brasília: Diário Oficial da União; 1973.



19. Abrafarma e Febrifar vs. Anvisa. Liminar n. 1.200. Petição: 95263/2010. Superior Tribunal de Justiça; 03 de maio de 2010.
20. Gibson B. Pharmacists and tobacco: dollars before duty. CMAJ. 1990;142(6):621-622.
21. Bentley JP, Banahan BF, McCaffrey DJ, *et al.* Sale of tobacco products in pharmacies: results and implications of an empirical study. J Am Pharm Assoc (Wash). 1998;38(6):703-709. doi:10.1016/s1086-5802(16)30391-6.

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