

Eliminating the Sale of Tobacco Products in Pharmacies

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Policy Position

The American Heart Association advocates banning tobacco sales in health care institutions including pharmacies. Similarly, the American Pharmaceutical Association has long held that tobacco should not be sold in pharmacies; it is incongruent to place tobacco products right near tobacco cessation aids. Removing tobacco products is another step in our longstanding efforts to denormalize tobacco products.

Overview

The American Heart Association supports a multi-pronged approach to preventing tobacco use and encouraging cessation. Our top priorities remain effective federal regulation of tobacco products, smoke-free air legislation, increasing the price of tobacco products and funding comprehensive tobacco prevention and cessation programs. The multi-pronged approach also includes limiting the ability of youth to access tobacco products through laws requiring the placement of tobacco products behind sales counters, in locked cabinets and/or the removal of tobacco vending machines. Our affiliates have also supported banning tobacco product sales on college campuses. In almost all of these cases the public rationale for limiting access to tobacco products focused on limiting access to children. Just as important, however, is the public health goal of denormalizing tobacco use.

Smoking is a major risk factor for cardiovascular disease (CVD), the nation's No. 1 killer. When the chemical cocktail from smoking tobacco or breathing in secondhand smoke hits the bloodstream, it damages arteries throughout the body, the heart, and the brain. Clots in arteries are more likely to form as a result, causing a heart attack or stroke.¹ Smoking also lowers the level of HDL or 'good' cholesterol, raises heart rate, and replaces oxygen in the blood with carbon monoxide. In short, smoking wreaks havoc on the cardiovascular system.

The numbers do not lie. Light up a cigarette and your chances of developing and dying from CVD rise dramatically.

- About 35% of all smoking-related deaths in the U.S. are from CVD.² That's approximately 150,000 people annually – nearly 4 times the seating capacity of the new Washington Nationals baseball stadium.
- Smokers are 2-4 times more likely to develop coronary heart disease (CHD) than nonsmokers and 2-3 times more likely to die from it.²

- Women are at high risk. CVD is the No. 1 killer of women,² and women who smoke have a higher risk of coronary heart disease than non-smoking women.³ In fact, one study found that female smokers suffer a heart attack an average of 14.4 years earlier than female nonsmokers, whereas male smokers suffer a heart attack an average of 8.3 years earlier.⁴
- Not just smokers are at risk. An estimated 46,000 nonsmokers die each year from CHD due to exposure to secondhand smoke.²
- In 2007 19.8% of adults were current smokers. Over the past 10 years, there has been a trend toward decreased smoking rates in nearly all states. However, the current decrease in the rate of smoking is likely to be too slow to reach the Healthy People target of 12% by 2010.⁵

In 2008, the City and County of San Francisco and in 2009, the city of Boston, took this debate one step further by banning the sale of tobacco products in pharmacies. This paper focuses on that issue.

Background

The prevailing consensus in the public health community is that tobacco products should not be sold in pharmacies. The California Department of Health notes that the United States is the only place in the world where tobacco products are sold in pharmacies.⁶ Empirical research establishes the need for a comprehensive, multi-pronged approach to tobacco control, including measures that change social and cultural norms about tobacco use, limit tobacco accessibility and restrict smoking. Governments at all levels have responded with measures, some incremental, some more sweeping, in each of these areas. The actions of San Francisco and Boston may be seen as simply the latest governmental measure aimed at promoting public health.

Empirical research has repeatedly confirmed the common sense view that negative social perceptions, as well as reduced access to and visibility of smoking and cigarettes may lower the rate at which current non-smokers experiment with and ultimately become addicted to smoking.

Social norms about smoking influence smoking rates, particularly among those not yet addicted.⁷ Alamar and Glantz report that, "Social unacceptability has been repeatedly shown to be an important influence on both initiation and quitting."⁸ Others, meanwhile, have found that strong governmental regulation of smoking corresponds and may contribute to anti-smoking community norms.⁹ Most importantly, research connects lower densities of retail outlets with lower consumption, particularly among youth. Pearce in 2009 found that individuals living in neighborhoods with the best access to supermarkets and convenience stores where tobacco products were sold had higher odds of tobacco use,¹⁰ while Novak found in 2006 that reductions in retail tobacco outlet density may reduce youth smoking rates.¹¹

This research becomes even more important when thinking about pharmacies. California's Tobacco Education and Research Oversight Committee in their document, "Toward a Tobacco-Free California 2009-2011," notes that "selling tobacco products sends misleading messages that conflict with a pharmacy's purpose of promoting health."

The Current Landscape

As noted earlier, the city and county of San Francisco, California as well as the city of Boston, Massachusetts, have banned tobacco sales in pharmacies. There is legislation pending at the Massachusetts state legislature that would ban all tobacco sales at health care institutions in the state.

San Francisco's ordinance defines pharmacy as, "a retail establishment in which the profession of pharmacy by a pharmacist licensed by the State of California in accordance with the Business and Professions Code is practiced and where prescriptions are offered for sale." A pharmacy may also offer other retail goods in addition to prescription pharmaceuticals. For purposes of this position statement, "pharmacy" includes retail stores commonly known as drugstores.¹² It is important to note that San Francisco's ordinance specifically exempts pharmacies located in supermarkets and "big box stores."

The proposed legislation in Massachusetts defines health care institutions as, "any individual, partnership, association, corporation or trust or any person or group of persons that provides health care services and employs health care providers licensed or subject to licensing by the Massachusetts Department of Health under this chapter. This definition includes but is not limited to hospitals, clinics, health centers, pharmacies, and doctors' and dentists' offices.

In California, as a result of a multi-year campaign by the California Medical Association Foundation, many independent pharmacies have stopped selling tobacco and as a result have also stopped posting tobacco advertising in their stores. In contrast, almost all chain drug stores in California sell tobacco products and many of them also carry tobacco advertising.¹³

It is also important to note that tobacco is not a vital revenue stream for pharmacy chains, especially given the inherent contradiction with their mission to provide products and advice relating to individual health. Tobacco product sales by pharmacies and drug stores have low margins and typically make up less than 1 percent of their total sales.¹⁴ Of the independently-owned pharmacies that are tobacco-free, 88% report they have experienced either no loss or an increase in business since removing tobacco from their shelves.¹⁵

Pharmacies and drug stores offer health-promoting products and services just down the aisle from displays of tobacco products.^{16 17} In fact, a 2003 study in San Francisco found that 55 percent of tobacco-selling pharmacies displayed

over the-counter cessation products right next to the cigarettes.¹⁴ This has been an important point of contention with the national management of chain pharmacies arguing that addicted smokers need access to pharmacological cessation products at the point of purchase for tobacco products so that they may be encouraged to quit. Many public health groups, on the other hand, have argued that having tobacco products right next to pharmacological cessation products will only serve to entice the addict to continue their addiction to the tobacco product.

Since 1970, The American Pharmaceutical Association has held the position that mass display of cigarettes in pharmacies is in direct contradiction to the role of a pharmacy as a public health facility and multiple surveys of pharmacists since that time have shown that a vast majority of pharmacists would prefer not selling tobacco products.¹⁸

Conclusion

Tobacco-Free Pharmacies will likely be an issue that continues to come up in cities and states around the country. There are ongoing campaigns in a number of states to convince pharmacies to voluntarily give up tobacco sales but it is clear from the experiences in California and Massachusetts that the national chain pharmacies are not yet ready to give up tobacco sales. One of the keys to pressuring the national chains into changing their position will be to enact enough laws to bring about such a change.

Because this is an emerging issue, it is not possible at this time to quantify the exact public health impact a ban on tobacco product sales in pharmacies and other health institutions will have. The amount of research supporting a position of banning sales in pharmacies will continue to grow as scientists have a chance to study the impact of the bans in Boston and San Francisco but current studies indicate that limiting access to tobacco products is a key component in denormalizing tobacco use and that such denormalization leads to fewer individuals starting to use tobacco and more individuals trying to quit.

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