



- 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

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.

References:

1 Barnoya J. Glantz SA. Cardiovascular Effects of Secondhand Smoke Nearly as Large as Smoking *Circulation*. 2005;111:2684-2698.

2. American Heart Association. Heart Disease and Stroke Statistics – 2009 Update: A Report from the American Heart Association Statistics Committee and Stroke Statistics Subcommittee. *Circulation*. 2009.

