

## VIEWPOINT

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## Ending Sales of Tobacco Products in Pharmacies

**There is little doubt** that reducing the morbidity and mortality from tobacco use remains one of the most important public health challenges of the 21st century. More than 480 000 deaths occur annually in the United States as a result of smoking.<sup>1</sup> There is essentially no such thing as moderate use of tobacco, which fuels addiction and illness, with enormous costs to society: \$132 billion in direct medical costs and \$157 billion in lost productivity, according to recent estimates.<sup>1</sup>

Fifty years of tobacco control efforts have substantially reduced the prevalence of cigarette smoking, from approximately 42% of US adults in 1965 to 18% today.<sup>2</sup> Several policies have resulted in real progress, including increases in tobacco taxation, legislation to create smoke-free public areas, and growth in support for smoking cessation. Yet more interventions are needed. The rate of reduction in smoking prevalence has stalled in the past decade: 42 million people continue to smoke and 16 million current and former smokers have smoking-related illnesses.<sup>1</sup>

As a result, public health advocates have been turning toward programs designed to make smoking less socially acceptable. They reason that the greater the stigma associated with smoking, the less people

harsh light on pharmacies' sale of cigarettes and other tobacco products. Advocates have long questioned the juxtaposition of the distribution of medications for promoting health with the sale of the single most deadly consumer product.<sup>5</sup> Making cigarettes available in pharmacies in essence "renormalizes" the product by sending the subtle message that it cannot be all that unhealthy if it is available for purchase where medicines are sold. The argument that pharmacies also sell tobacco-cessation products only heightens the paradox. This is primarily a US problem: pharmacies in other developed countries do not sell cigarettes.

The problem has not gone unnoticed. In 2010, the American Pharmacists Association urged pharmacies to discontinue sales of tobacco products and urged state pharmacy boards to discontinue issuing and renewing licenses of pharmacies that sell these products.<sup>6</sup> The association explicitly stated that the ban should apply to all establishments that have a pharmacy—an important stipulation, given that 14.6% of prescriptions in the United States are filled at grocery stores and 13.2% at other chain stores. The American Medical Association has passed a resolution opposing the sale of tobacco products in pharmacies. Calls for banning tobacco sales in pharmacies have also come from the American Heart Association, the American Cancer Society, and the American Lung Association. Municipalities in California and Massachusetts, led by San Francisco and Boston,<sup>7</sup> have banned the sale of tobacco products in pharmacies. Public health advocates in several states are evaluating ways of instituting state-wide prohibitions.

Yet many pharmacies, including most chain pharmacies, continue to sell cigarettes and other tobacco products (cigars and chewing tobacco), even though at least one survey found that only 2% of pharmacists favor that practice.

The paradox of cigarette sales in pharmacies has become even more relevant recently, in large part because of changes in the pharmacy industry. Responding to the overall shortage of primary care practitioners in the United States and to recent legislation that expands access to health care coverage, most pharmacy chains are retooling themselves as an integral part of the health care system. They are offering more counseling by pharmacists, an array of wellness products, and outreach to clinicians and health care centers. For example, Rite Aid has developed a new wellness-store format, and Walgreens is testing a "health and daily living" design. In this context, the sale of tobacco products seems contradictory, especially because pharmacists can provide nicotine-replacement distribution and counseling. Moreover, the usual excuses for selling tobacco products in pharmacies, such as avoiding sales to minors and

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will smoke and the more smokers will attempt to quit. Indeed, that is the point of the 3 new major mass media campaigns to be launched in 2014 by the US Centers for Disease Control and Prevention (CDC), the Food and Drug Administration, and Legacy Foundation for Health. The ban on smoking in outdoor public spaces in New York is a highly publicized example of "denormalizing" tobacco use. Other signs of the extraordinary change in tolerance for smoking are the Affordable Care Act provision allowing employers to charge smokers higher rates for health insurance and the growing trend of companies refusing to hire smokers. Reducing the availability of cigarettes is another step in this direction. Studies have demonstrated a relationship between tobacco use and geographic density of stores that sell cigarettes.<sup>3</sup> More important, reducing the density of tobacco outlets probably reduces smoking among young people—a key intervention, given the number of smokers who start before 21 years of age.<sup>4</sup>

The new emphasis on restricting availability and reinforcing the social unacceptability of smoking casts a

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keeping cigarettes behind the counter, become much less convincing as pharmacies expand their role in health care.

Perhaps more important, pharmacies are moving into the treatment arena with the advent of retail health clinics. More than 1600 such clinics are operated by Walgreens, CVS Caremark, Rite Aid, Target (which does not sell cigarettes), Walmart, and many chain grocery stores. The clinics are designed to offer an alternative to routine care by office-based physicians. Yet nowhere else in health care are tobacco products available in the same setting where diseases are being diagnosed and treated. These retail clinics, originally designed to address common acute infections, are gearing up to work with primary care clinicians to assist in treating hypertension, hyperlipidemia, and diabetes—all conditions exacerbated by smoking.

CVS Caremark believes that now is the time for retailers, perhaps spurred by policy makers, to eliminate sales of cigarettes and other tobacco products by institutions that also have pharmacies. The CVS retail pharmacy, pharmacy benefit management, and retail-clinic companies are, like others, increasingly developing programs to improve the quality of care and reduce health care costs. Selling tobacco products is clearly antithetical to both goals. Although the sale of tobacco products in CVS pharmacies produces more than \$1.5 billion in revenues annually, the financial gain is outweighed by the paradox inherent in promoting health while contributing to tobacco-

related deaths. As a result, CVS has decided to cease tobacco sales in a phased approach over the next year.

This action may not lead many people to stop smoking; smokers will probably simply go elsewhere to buy cigarettes. But if other retailers follow this lead, tobacco products will become much more difficult to obtain. Moreover, if people understand that retail outlets that plan to promote health, provide pharmacy services, and house retail clinics are no longer going to sell tobacco products, the social unacceptability of tobacco use will be substantially reinforced—indeed, the continued sale would appear to sanction the most unhealthy habit a person can maintain. If pharmacies do not make this effort voluntarily, federal or state regulatory action would be appropriate.

The Affordable Care Act increases health care coverage, but that coverage comes with a price. Any and all efforts to promote public health and reduce the burden of disease are greatly needed. Reducing smoking rates would have those effects, and removing cigarettes from retail pharmacies and grocery or other stores that contain pharmacies can only help in that regard; it would certainly contribute to the denormalization required to further reduce smoking rates. In lieu of regulation, pharmacies, grocery chains, and mass retailers that wish to promote the goal of better health should recognize the fact that selling tobacco products contradicts the commitment to health care.

#### ARTICLE INFORMATION

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