Tobacco and alcohol sales in community pharmacies: Policy statements from U.S. professional pharmacy associations

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Abstract

Objective: To characterize the extent to which state and national professional pharmacy associations have implemented formal policies addressing the sale of tobacco and alcohol products in community pharmacies.

Methods: To determine existence of tobacco and alcohol policies, national professional pharmacy associations (n = 10) and state-level pharmacy associations (n = 86) affiliated with the American Pharmacists Association (APhA) and/or the American Society of Health-System Pharmacists (ASHP) were contacted via telephone and/or e-mail, and a search of the association websites was conducted.

Results: Of 95 responding associations (99%), 14% have a formal policy opposing the sale of tobacco products in pharmacies and 5% have a formal policy opposing the sale of alcohol in pharmacies. Of the associations representing major tobacco-producing states, 40% have a formal policy against tobacco sales in pharmacies, significantly more than the 8% of non-tobacco state associations with such policies.

Conclusion: Among national professional pharmacy associations, only APhA and ASHP have formal policy statements opposing the sale of both tobacco and alcohol in pharmacies. Most state-level professional pharmacy associations affiliated with these two national organizations have no formal policy statement or position.

Keywords: Tobacco, smoking, alcoholic beverages, pharmacies, policy, professional associations

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Tobacco use and alcohol consumption are among the leading preventable causes of death and disease in the United States.[1–4] An estimated 42 million adult Americans smoke,[5] and the associated mortality rate is three times higher among smokers of both genders than among those who have never smoked.[6,7] Alcohol use is associated with 80,374 annual deaths[8] in the United States, resulting in an estimated $185 billion in unnecessary health care and justice expenses.[8] Some medical conditions, such as liver cirrhosis, are largely attributed to excessive alcohol intake.[8]

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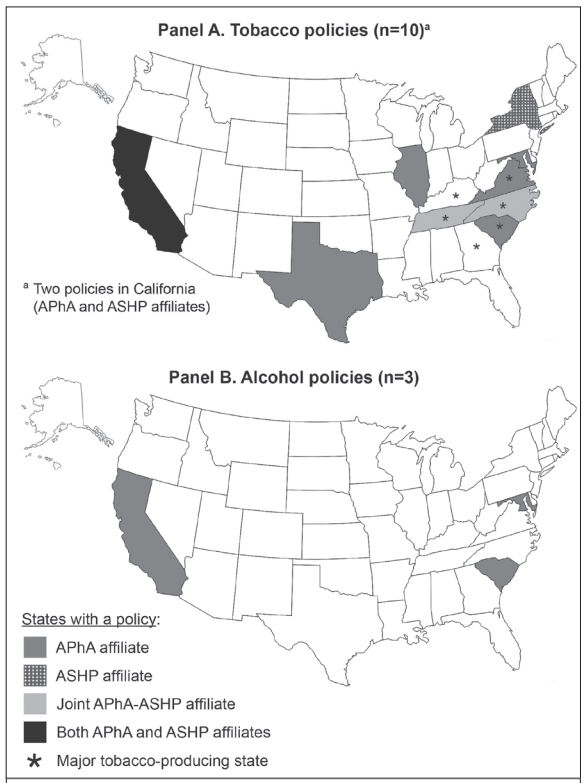

Figure 1. State-level pharmacy associations with tobacco and/or alcohol policies, October 31, 2012

Abbreviations used: APhA, American Pharmacists Association; ASHP, American Society of Health-System Pharmacists.

Tobacco and alcohol products are commonly sold in community pharmacy settings. However, these products are significantly less likely to be sold in independently owned community pharmacies than in grocery stores or traditional chain pharmacies, which operate under a corporate structure.[9–15] Direct observation studies have found that 94%–100% of chain community pharmacies sell tobacco products,[11,15] and 86% sell alcoholic beverages.[15] In contrast, independently owned community pharmacies are significantly less likely to sell tobacco products (11%–24%)[11,15] or alcoholic beverages (5%).[15] Between 2005 and 2009, cigarette sales in U.S. pharmacies increased by 22.7%, and according to the National Association of Chain Drug Stores, cigarette and alcoholic beverage sales accounted for an estimated $3.5 billion and $2.4 billion in revenue, respectively, in traditional chain pharmacies in 2009.[16]

In a landmark decision announced on February 5, 2014, CVS Caremark committed to eliminating tobacco sales in its more than 7,600 pharmacies, stating that it is "the right thing for us to do for our customers and our company to help people on their path to better health."[17] Since that time, pressure has mounted for other chain pharmacy corporations to do the same. On March 17, 2014, the Attorneys General from 28 states and territories teamed together to issue letters to five major chains (Kroger, Rite Aid, Safeway, Walgreens, and Walmart), requesting that they cease selling tobacco products.[18] These recent developments were predated by a significant body of literature that collectively concludes that licensed pharmacists, student pharmacists, and consumers are not supportive of tobacco products and alcoholic beverages being sold in pharmacies.[13,19–25] Through strong grassroots efforts, cities such as San Francisco and Boston have enacted bans on the sale of tobacco in pharmacies, and such initiatives have been supported by the general public.[25–28] Although there is a growing movement toward eliminating the sale of tobacco and alcohol products in all community pharmacies, the extent to which state and national associations support these initiatives has not been characterized.

Objectives

This study summarizes the stance of pharmacy professional organizations on the sale of tobacco and alcohol in pharmacies by quantifying the proportion of associations that have implemented formal policies on these issues.

Methods

A list of 10 national pharmacy associations was created: American Association of Colleges of Pharmacy (AACP), American Pharmacists Association (APhA), American Society of Health-System Pharmacists (ASHP), American College of Clinical Pharmacy, Academy of Managed Care Pharmacy, American Society of Consultant Pharmacists, College of Psychiatric and Neurologic Pharmacists, Long Term Care Pharmacy Alliance, National Association of Chain Drug Stores, and National Community Pharmacists Association. Additionally, a list of state-level affiliates of APhA and ASHP (n = 86) was generated based on the national chapters' website listings of state affiliates. State-level organizations that served as a combined association for both APhA and ASHP (n = 12) were categorized separately as joint APhA–ASHP affiliates.

A thorough search of association websites was conducted to identify formal policies regarding the sale of tobacco or alcohol products in pharmacies. If no information was identified, the organization was contacted by telephone and/or e-mail. If a policy existed, the organization was asked to provide the official language of that policy. An organization was considered a nonresponder after three failed contact attempts via both telephone and e-mail. Contacts occurred between August and October 2012.

Data were summarized as proportions, and a Fisher's exact test was used to test for differences between the prevalence of tobacco policies in associations located