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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 APhA- and ASHP-affiliated pharmacy associations (n=86) were contacted via telephone and/or email and a search of the association websites was conducted.

Results: Of 95 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 (compared with 8% of non-tobacco state associations; $p < 0.05$).

Conclusion: Among national professional pharmacy associations, only APhA and ASHP have a formal policy statement and most state professional pharmacy associations have no formal policy statement opposing the sale of tobacco or alcohol in community pharmacies.

Keywords

tobacco; alcohol; pharmacy; policy; professional associations

Conflict of interest: The authors declare no conflicts of interest.

Introduction

Tobacco and alcohol consumption are among the leading preventable causes of death and disease in the United States.¹⁻⁴ An estimated 40 million adult Americans smoke⁵ and the associated mortality rate is three times higher among smokers of both sexes than among those who never smoked.^{6,7} Similarly, alcohol use is associated with 80,374 annual deaths⁸ in the US, 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

Tobacco and alcohol products are commonly sold in community pharmacy settings. These products, however, are significantly less likely to be sold in independently-owned 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 retail chain pharmacies sell tobacco products,^{11,15} and 86% sell alcoholic beverages.¹⁵ In contrast, independently-owned pharmacies were 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 and \$2.4 billion in revenue, respectively, in traditional drug stores in 2009.¹⁶

Professional and public support exists for legislative bans on tobacco and alcohol product sales in community pharmacies. Licensed pharmacists, pharmacy students, and consumers generally believe that pharmacies should not sell tobacco products and alcoholic beverages.^{13,17-23} Furthermore, cities such as San Francisco and Boston have legislated a ban on the sale of tobacco in pharmacies, and these initiatives have received support by the general public.²³⁻²⁶ Although there is a growing movement toward eliminating the sale of tobacco and alcohol products in 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 and quantifies the proportion of associations that have implemented formal policies on these issues.

Methods

A list of national pharmacy associations (n=10; American Association of Colleges of Pharmacy (AACCP), 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) was created. Additionally, a list of state-level affiliates of APhA and ASHP (n=86) was generated based on the national chapters' lists of state affiliates found on their websites. State-level organizations that served as a combined association for both APhA and ASHP (n=12) were

categorized separately as a joint APhA-ASHP affiliate. 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 email. If a policy was in existence, the organization was asked to provide the official language. An organization was considered a non-responder after three failed contact attempts via both telephone and email. 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 within tobacco-producing states (GA, KY, NC, SC, TN, VA) versus non-tobacco-producing states.

Results

A total of 96 associations were contacted, and a final determination was made for 95 (99%). Most (95%) were contacted via telephone and/or email, because the association website did not include the relevant information.

Tobacco Sales in Pharmacies

Thirteen associations (14% of 95) had a formal policy regarding the sale of tobacco products in pharmacies: 3 national associations (ACCP, APhA, and ASHP) and 10 state associations (6 APhA affiliates, 2 ASHP affiliates, 2 APhA-ASHP joint affiliates; Table 1 and Figure 1). Of the 10 associations representing the major tobacco-producing states, 4 (40%) had a tobacco policy, compared with 8% of 75 non-tobacco state associations ($p < 0.05$).

Alcohol Sales in Pharmacies

Five associations (5% of 95) had a formal policy regarding the sale of alcohol in pharmacies: 2 national associations (APhA, ASHP) and 3 APhA affiliates (Table 1 and Figure 1).

Discussion

For decades, the pharmacy profession has voiced strong opposition to the sale of tobacco in pharmacies,^{14,17,21,27,28} yet little progress has been made to eliminate these products from pharmacy practice environments. The sale of alcoholic beverages in pharmacies has received less public and professional scrutiny, but nonetheless reflects negatively on the perception of pharmacists as public health advocates.

In an effort to advance policy from within the pharmacy profession, we have characterized the position of professional pharmacy associations on the sale of tobacco and alcohol products in community pharmacies. From a national perspective, only 30% of national pharmacy associations had an existing formal policy against the sale of tobacco in pharmacies; only 20% had policies opposing the sale of alcohol in pharmacies. Among national professional pharmacy associations, only APhA and ASHP have formal policy statements addressing both tobacco and alcohol sales.

Although their national associations have instituted formal policies in support of eliminating tobacco and alcohol sales in community pharmacies, only a small proportion of statewide APhA- and ASHP-affiliates have instituted policies in agreement with their national

organization. More APhA than ASHP affiliates had a formal policy regarding the sale of tobacco and alcohol sales in community pharmacies (Figure 1), which is not unexpected given that APhA is more representative of community pharmacy than is ASHP, which largely represents other pharmacy settings (e.g., hospitals, health systems, ambulatory care clinics). In addition, the 10 associations representing the six tobacco-producing states had a significantly greater proportion of policies opposing the sale of tobacco in pharmacies than did the 75 associations representing the non-tobacco states. It is encouraging that in states where tobacco farming is prevalent, professional pharmacy associations within these states were more likely to have a tobacco policy.

Through the course of our research, several state affiliates expressed interest in implementing a formal policy and requested sample language to characterize their position. Our recommended policy language is: *The [insert organization name] strongly opposes the sale of tobacco and alcohol products in any facility or establishment where health-care services are rendered and supports legislation to eliminate the sale of tobacco and alcohol products in all pharmacies and stores that contain a pharmacy department.*

Limitations

Although significant effort was made to identify and speak with informed organizational representatives, it may be possible that the representative was unaware of the existence of a formal policy. Additionally, the extent to which the presence of a formal policy opposing the sale of tobacco or alcohol products in community pharmacies would translate into legislative action at the state and national level remains to be seen.

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 professional pharmacy associations (APhA-, ASHP-affiliates) have no formal policy statement or position. Much progress is needed to implement policies opposing the sale of tobacco and alcohol in pharmacies within professional associations.

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Article relevance and contribution to literature

Although there is general consensus that pharmacists as healthcare providers should not be associated with products that cause significant morbidity and mortality, the extent to which U.S. professional pharmacy associations have implemented policies addressing the sale of tobacco and alcohol products in community pharmacies has not been characterized. Although three of the major national associations within the profession have formal policies opposing the sale of tobacco and/or alcohol products, few state-level associations currently have policies in place.

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Figure 1. Professional pharmacy associations: State-level affiliates with tobacco or alcohol policies.

Table 1.Summary of policies in existence as of October 31, 2012.^a

Associations (n=95)	Tobacco Policy	Alcohol Policy
National associations (n=10)	3 (30%)	2 (20%)
Statewide affiliates (n=85)	10 (12%)	3 (4%)
APhA affiliates (n=37) ^b	6 (16%)	3 (8%)
ASHP affiliates (n=36)	2 (6%)	0 (0%)
APhA-ASHP joint affiliates (n=12)	2 (17%)	0 (0%)
Total	13 (14%)	5 (5%)

^aResponse rate, 95 out of 96 (99%, one state-level APhA affiliate did not respond).^bThree APhA affiliates have policies against both tobacco and alcohol sales.

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