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## RESEARCH

## Ending tobacco sales in pharmacies: A qualitative study

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## ABSTRACT

**Objective:** The states of California and Massachusetts are leading the effort to prohibit the sale of tobacco products in pharmacies in the United States. The process of adopting these tobacco-free pharmacy laws remains understudied. This study qualitatively explores the process of adopting and enforcing tobacco-free pharmacy laws.

**Methods:** Researchers performed qualitative semistructured telephone interviews with 23 key informants who were involved in the effort to adopt and implement tobacco-free pharmacy laws in California and Massachusetts. A content analysis was used to study the process of adopting tobacco-free pharmacy laws as well as barriers and facilitators during the process. Two researchers independently coded the interview transcripts and written responses to identify key categories and themes that emerged from the interviews.

**Results:** The qualitative study results suggest that the process of adopting the tobacco-free pharmacy laws was fairly smooth, with a few barriers. Local youth groups and independent pharmacies played an important role in raising public awareness and attracting media attention. The results also highlighted the need to regulate the sale of e-cigarettes as a part of tobacco-free pharmacy laws.

**Conclusion:** As the number of cities that have adopted tobacco-free pharmacy laws grows, banning tobacco sales in pharmacies is becoming less controversial and more normative to both pharmacy retailers and the public. Our findings inform the ongoing discussion about tobacco-free pharmacy laws and are useful for decision-makers from communities that are considering such laws.

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## Introduction

The retail environment is an important place for the tobacco industry to attract and retain customers by marketing, advertising, and promoting its products,<sup>1</sup> and pharmacies have been an important retail outlet for tobacco sales.<sup>2</sup> However, the sale of tobacco products in pharmacies conflicts with the pharmacy's role of promoting health. The American Pharmacists Association, the American Medical Association, and individual pharmacists have expressed their opposition to tobacco sales in pharmacies because such sales violate the pharmacists' code of ethics and convey conflicting messages to the public.<sup>3-5</sup>

California and Massachusetts have taken the lead in efforts to ban tobacco sales in pharmacies, followed by Minnesota and New York. In 2008, San Francisco became the first city to enact a law that prohibited tobacco sales in pharmacies, followed by several cities and counties in California, including the city of Richmond, Santa Clara County, Marin County, and the city of Berkeley (for the counties, the laws apply only to unincorporated areas). In Massachusetts, more than 100 cities and towns have enacted tobacco-free pharmacy laws.<sup>6-8</sup> Recently, Rock County, Minnesota, and Rockland County, New York, prohibited the sale of tobacco in pharmacies in both incorporated and unincorporated areas.<sup>9</sup> In 2014, one of the largest pharmacy chains, CVS, voluntarily stopped selling tobacco products.<sup>10</sup> Following Target, CVS became the second pharmacy company in the retail industry that claimed to stop selling tobacco products.

The process of enacting tobacco-free pharmacy laws has not been studied in detail. The only existing review comes from a case study that examined the adoption of such laws in Massachusetts (published by the Center for Public Health

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**Key Points****Background:**

- California and Massachusetts are the leading states in the U.S. with municipalities that have tobacco-free pharmacy laws.
- This is the first comprehensive examination of the process of adopting tobacco-free pharmacy laws, from conception to enforcement.

**Findings:**

- As the number of cities that have adopted tobacco-free pharmacy laws grows, banning tobacco sales in pharmacies is becoming less controversial and more normative to both pharmacy retailers and the general public.
- Our findings inform the ongoing discussion about tobacco-free pharmacy laws, and are useful for decision-makers from communities that are considering such laws.

Systems Science at Washington University in St. Louis).<sup>11</sup> No systematic analysis has yet examined the issues that arose in the process of developing and implementing tobacco-free pharmacy laws, barriers that the communities encountered during the process, and factors that facilitated the process.

**Objective**

This study aimed to explore the process of adopting and enforcing the tobacco-free pharmacy laws through qualitative interviews with key persons who were involved in the efforts in Massachusetts and California, the 2 leading states to adopt such laws. Given the growing number of cities that are considering tobacco-free pharmacy laws,<sup>6,11</sup> this analysis is needed to help inform communities and decision makers who may be contemplating such action.

**Methods***Sample and setting*

In this qualitative study, data were collected primarily through semistructured telephone interviews. First, we identified and invited key informants who were involved in the effort to adopt and implement tobacco-free pharmacy laws in California and Massachusetts. These individuals were identified through administrative directories on local governments' websites. Next, a chain referral-sampling scheme was used to ensure that we had access to additional key informants so that we could collect comprehensive data.<sup>12</sup> All study participants were invited to identify other individuals who were key collaborators during the process of adoption and implementation of the tobacco-free pharmacy laws in their communities. During the referral sampling, our participants identified individuals from various tobacco control coalitions who

supported the process. A tobacco control coalition is composed of individuals, organizations, and advocates to address issues related to the prevention, reduction, and control of tobacco use. All potential participants were first contacted by telephone or e-mail invitation. Individuals who were willing to participate were then scheduled for a semistructured interview by telephone. Participants who refused the telephone interview were asked for a written response to the interview questions.

*Data collection*

The study received institutional review board exemption from The Ohio State University Office of Responsible Research, and it was conducted according to the approved protocol. The first author and corresponding author conducted the telephone interviews. The interviews were semistructured around key categories and themes of interest, and the questions were open-ended, which allowed for exploration of additional themes that were important to the passage and implementation of the tobacco-free pharmacy laws. The interview script is shown in the [Supplemental Material](#). The interviews were approximately 20-30 minutes long and were audiotaped. The recordings were later transcribed verbatim. Data were collected between October and December 2014.

*Data analysis*

Two researchers independently coded the interview transcripts and written responses. Differences in coding between the 2 researchers were discussed, and consensus was reached. The analysis involved both deductive and inductive reasoning.<sup>13</sup> The deductive analysis summarized the transcribed data according to preidentified categories and themes. The inductive analysis identified new key issues that emerged from the interviews. All data were analyzed with QSR NVivo 10 Software for Qualitative Research (QSR International, Cambridge, MA).

**Results**

We initially contacted 45 individuals for participation, including 40 who were identified from the original sampling frame and 5 who were referred by our participants. The overall response rate was approximately 51%. In total, we included 23 participants (19 participants from the original sampling frame and 4 participants from referral sampling) from 18 different communities in California and Massachusetts, including 7 directors of local health departments, 12 directors or leaders of tobacco control divisions in health departments, 2 local governmental leaders, and 2 tobacco control coalition directors. [Table 1](#) presents the characteristics of interview participants. Of these 23 participants, 18 completed a telephone interview, and 5 provided written responses.

We organized participants' opinions on the process, barriers, and facilitators of the tobacco-free pharmacy laws in their communities in the following categories: 1) development of tobacco-free pharmacy laws, (2) implementation and enforcement, (3) barriers, (4) facilitators, (5) costs and funding, and (6) electronic cigarettes (e-cigarettes) in pharmacies. We identified and listed the quotes from participants that correlated to each theme. Written quotes are noted as "Written Response" at the end of the quotes. Information on participants'

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