



A GUIDE TO
**TOBACCO-FREE
PHARMACIES**

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ABOUT THIS TOOLKIT

This toolkit is intended for health officials, tobacco-free advocates, organizers, and anyone else who wants to promote tobacco-free pharmacy policies in their community.

The information includes a case study of how one community was able to remove tobacco products from their local pharmacies and also a user's guide on how to get this process started in your own community.

The case study provides detailed information on San Francisco's story, experiences, and first-hand advice; which includes the strategies San Francisco's advocates used to attain our nation's first tobacco-free pharmacy ordinance. You'll also find interviews with policy makers, tips about enacting policy change and a resource section to further assist you.

The user's guide will help you to plan your own process with steps and suggestions regarding how this process can begin in your community. With this guide in hand, your agency will have some of the essential tools and information to begin to combat tobacco sales in pharmacies. If you and your agency are able to de-normalize the sales of tobacco in pharmacies, you will be saving individuals and help to foster a healthier and more robust community.

This guide was researched and written by the California LGBT Tobacco Education Partnership (LGBT Partnership), through a grant from the California Department of Public Health/California Tobacco Control Program (CDPH/CTCP) with funds from Proposition 99, the Tobacco Tax Health Protection Act of 1988.



PART 1:
SAN FRANCISCO'S
EXPERIENCE



A NEIGHBORHOOD FIXTURE

For generations, the neighborhood drugstore has been a place to turn to for a wide variety of life's necessities. Medicine, health advice, a gallon of milk, a candy bar after school, a last minute gift — America's pharmacies and drugstores have served as both our corner store and as America's medicine cabinet.

But in our pharmacies, each of which is a licensed health care facility, licensed by the state to dispense medication to people in need, something else is for sale. Something that is fatal, even when used as directed, and is sold in the same store as asthma inhalers and cough syrup. This substance is tobacco.

While most of the world marks a clear boundary between needed medicine and addictive deadly substances, the United States is virtually alone in continuing to sell tobacco in stores that otherwise promote the health and well-being of their customers. **Selling deadly products in a place of health results in a variety of unfortunate mixed messages.** Especially for our youth. They accompany their parents to pick up medications that help the family maintain a state of wellness, and yet they see the cigarette counter as they exit the store.

In pharmacies throughout the country, consumers consult with a trusted pharmacist for advice, yet as the customer leaves, rows of cigarettes are displayed prominently behind the front counter — tempting the consumer, and making the already difficult task of quitting even harder.

It doesn't have to be this way. Ordinances recently passed in San Francisco, Boston and other cities have eliminated the sale of tobacco products in pharmacies, paving the way for future ordinances limiting the sale of tobacco in the neighborhood places we turn to for health and medical advice.

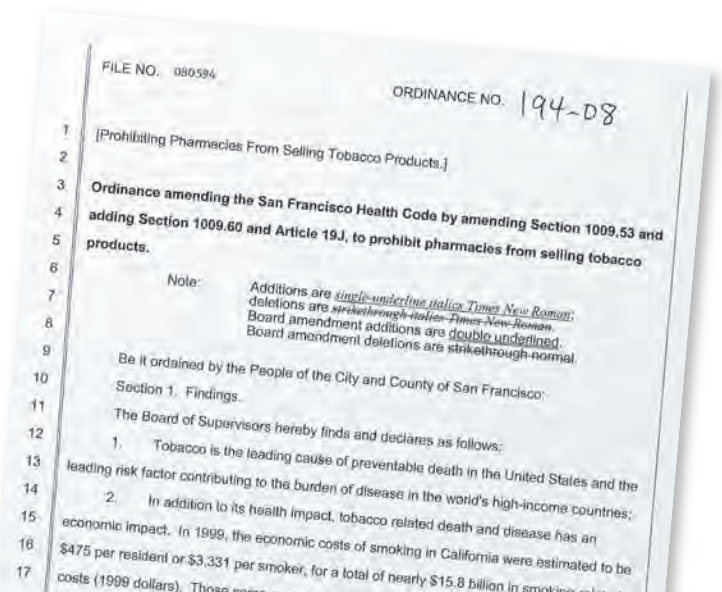
Could your city create policy to make tobacco-free pharmacies a reality?

SAN FRANCISCO DID IT AND SO CAN YOU! HERE IS A BRIEF HISTORY ON THE FIRST OF ITS KIND: SAN FRANCISCO'S ORDINANCE 194-08

On July 17, 2008, the San Francisco Board of Supervisors approved ordinance 194-08, making San Francisco the first municipality in the United States to remove tobacco products from the shelves of its pharmacies.

San Francisco's ordinance, which prohibits the distribution of tobacco sales permits to businesses that are defined as pharmacies, was the result of many years of research and hard work from a wide number of individuals and organizations in the Bay Area.

In the Spring of 2008, the Office of the Mayor took action, sponsoring a new tobacco ordinance for San Francisco. Ordinance 194-08 Prohibiting Pharmacies From Selling Tobacco Products was introduced to the Board of Supervisors on April 29, 2008.



Before and after the
San Francisco law
took effect



11:59 PM



12:00 AM

In the press, the ordinance was met with mixed reactions. While pharmacists and health officials overwhelmingly lined up behind the new ordinance, corporate pharmacy executives and some local news sources panned the ordinance, calling it symptomatic of the rise of the ‘Nanny State’ in recent years. Some called the pharmacy ordinance, which did not limit tobacco sales in grocery stores and big box stores with pharmacies on the premises (such as Safeway and Costco), incomplete and unfair.

Walgreens, in particular, was angered by the proposed ordinance, claiming that the city, by allowing chain grocery stores with pharmacies to continue to sell tobacco, was unfairly discriminating against their business^{xxx}.

Health advocates chose to emphasize the role that pharmacies play in neighborhood communities as places of wellness.

“We are definitely not becoming a healthcare company,” former Walgreens Chief Executive Officer Jeff Rein said, in defense of his company’s position on the proposed ban. “If you’re going to go into a store, and you’re going to see various accessories — it could be toys, it could be candy, cosmetics, it could even be cigarettes — How does that mesh with health? In many cases, it does not^{xxx}.”

Tobacco giant Philip Morris and Walgreens’ corporate division filed separate injunctions against the implementation of San Francisco’s ordinance, alleging violation of First Amendment and Equal Protection rights, respectively.

The city took the lawsuits in stride. “It’s a badge of honor for anyone in public health to be sued by Philip Morris^{xxx},” countered Director of Health Dr. Mitch Katz.

Deputy City Attorney Vince Chhabria worked in court to uphold the implementation of the ordinance, framing its message as part of a larger goal. “This is part of the government’s long-term and multi-prong battle to underscore the message, particularly to teenagers, that smoking is unacceptable^{xxx},” Chhabria said, after the ordinance was originally upheld. His hard work paid off, and on October 1, 2008, the ordinance went into effect. Overnight, cigarettes disappeared from local pharmacy shelves. Suddenly, in one small corner of the United States, it seemed that pharmacies could indeed be places of health for all consumers.

The following February, the city of Boston created its own tobacco-free pharmacy ordinance.

WHERE WILL THE NEXT CITY BE THAT TAKES A STAND? A DYING TREND

The United States is known as unique among the nations of the world for many things — influential in global diplomacy, economics, science and entertainment — but it is also driven by strong corporate interests. One way that the US sets itself apart is that it is thought to be the only country that has the widespread sale of tobacco products in its pharmacies. In contrast to the United States, pharmacies in virtually every other country in the world refrain from selling tobacco^{xxx}.

During the 1990s, Canada launched a campaign to remove tobacco products from the shelves of its pharmacies. As of this writing, the campaign has been successful in 8 of its 13 provinces and territories, each having passed tobacco-free pharmacy ordinances^{xxx}.

The Canadian tobacco-control efforts were met with obstacles similar to those faced in San Francisco. Pharmacy chains feared revenue loss from discontinued tobacco sales. Tobacco companies launched efforts to halt the steady march of tobacco-control legislation in regional houses of government. But the ordinances passed in a majority of the Canadian provinces. In the province of Ontario, Canada's most populous province, tobacco-free pharmacy legislation was enacted December 31, 1994^{xxx}.

Four years later, a study conducted in Ontario by the tobacco-control group Physicians for a Smoke-Free Canada revealed that, contrary to the catastrophic claims of Ontario's corporate chain pharmacies in early 1993, the quantity of sales and stores for many pharmacy chains actually grew by a large percentage after tobacco-free ordinances were enacted. By and large, the study showed that limiting the sale of tobacco in pharmacies does not result in pharmacy closures or decreased sales^{xxx}.

Jean Coutu, head of a large pharmacy chain in Quebec, had this to say after his province passed a similar ordinance: "Since we stopped selling cigarettes, we replaced them by other goods, and I must say, at my own expense, that this has worked out well. It's been a good thing because sales volumes have risen and, you know, even if we were a bit stubborn about it, there is, undeniably, something incompatible between the role of pharmacists and that of cigarette seller..."^{xxx}

Canada is not so different from the United States. It's time to join the rest of the world in clearly delineating spaces for health and spaces for tobacco in our lives.



Pharmacist's Oath

"I promise to devote myself to a lifetime of service to others through the profession of pharmacy. In fulfilling this vow:

I will consider the welfare of humanity and relief of suffering my primary concerns.

I will apply my knowledge, experience, and skills to the best of my ability to assure optimal outcomes for my patients.

I will respect and protect all personal and health information entrusted to me.

I will accept the lifelong obligation to improve my professional knowledge and competence.

I will hold myself and my colleagues to the highest principles of our profession's moral, ethical and legal conduct.

I will embrace and advocate changes that improve patient care.

I will utilize my knowledge, skills, experiences, and values to prepare the next generation of pharmacists.

I take these vows voluntarily with the full realization of the responsibility with which I am entrusted by the public."

Rx

INTERVIEW WITH FRED MAYER, PRESIDENT OF THE PHARMACY COUNCIL ON TOBACCO DEPENDENCE^{xxx}



FRED, A LICENSED PHARMACIST AND FORMER PHARMACY EDUCATOR, HAS BEEN ACTIVELY INVOLVED IN THE TOBACCO CONTROL MOVEMENT IN MARIN COUNTY, THE STATE OF CALIFORNIA AND ON THE NATIONAL STAGE FOR MORE THAN 50 YEARS. HIS WORK IN THE FIELD HELPED LAY THE GROUNDWORK FOR ORDINANCES LIKE SAN FRANCISCO'S ORDINANCE 194-08.

Fred, why tobacco-free pharmacies?

Pharmacists are the most trusted of all health-care professionals. If these professionals are selling cancer medication to cure or treat cancer, then they shouldn't be selling cancer by selling cigarettes. To have a trusted person like a pharmacist selling tobacco gives the appearance of acceptance, which is just wrong.

Describe the process of this ordinance.

Tobacco is the easiest thing to do something about in health-care. It's easy to see the effects of second-hand smoke and nicotine. For over 55 years, I've been a pharmacist, and now, the Food and Drug Administration is finally starting to control nicotine — as they should — since it's a drug. My role involved attending meetings, pushing pharmacies to get on board, distributing petitions. I can't take a lot of credit. I'm just a consumer advocate.

Is this ordinance the type of thing that can only pass in progressive places like San Francisco and Boston, or can it move beyond to counties, states, the country?

For 55 years, this has been on my mind. I once had a store in Sausalito, and we had a bonfire for cigarettes. I've been pushing against this stuff ever since, and now I'm getting other people to do my work for me. The other day, I got a call from Arkansas, where a young pharmacy student was looking for information on the ordinance in San Francisco. In Arkansas! I think these ordinances will pass anywhere.

“To have a trusted person like a pharmacist selling tobacco...is just wrong.”

What are some tips you can offer other advocates for this process?

There's a process that you have to go through. Start by calling your pharmacists. Start small, and local, and then move up. The ideal progression would be from the local level to the county level, from the county to the state and then from the state to the national stage. We're getting there.

INTERVIEW WITH BOB GORDON, DIRECTOR OF THE CALIFORNIA LGBT TOBACCO EDUCATION PARTNERSHIP^{XXX}



BOB GORDON AND HIS ORGANIZATION, THE CALIFORNIA LGBT TOBACCO EDUCATION PARTNERSHIP, TOOK A VERY ACTIVE ROLE IN THE IMPLEMENTATION OF SAN FRANCISCO'S ORDINANCE 194-08.

Bob, why tobacco-free pharmacies?

"I like what one city official said about tobacco sales in pharmacies: 'A pharmacy is a place to get better, not to get cancer^{XXX}.' Pharmacies are licensed health-care facilities, licensed by the state of California. A licensed health-care facility, one would think, would not sell an addictive and dangerous product that kills when used as directed."

Describe the process of this ordinance

For many years, many pharmacists, pharmacy faculty and tobacco control-advocates have been advocating for tobacco-free pharmacies. Many independent pharmacies have voluntarily decided to stop selling cigarettes, especially in the last few years. Tobacco-free coalitions in California, most notably Berkeley and Marin, started working on the issue in the Nineties.

In 2006, the LGBT Partnership chose tobacco-free pharmacies from a suggested funding menu, issued by the CDPH/CTCP.

Our plan was to get to know independent pharmacies in San Francisco that had voluntary tobacco-free policies, explore ways to have more voluntary policies, and to adopt a tobacco-free pharmacy resolution at the Board of Supervisors level.

In 2007, we surveyed the community. We learned that the concept of tobacco-free pharmacies had not really entered people's minds! But just from asking the question, we started to see light bulbs turning on in people's heads. After a little consideration, many people in San Francisco started to show support for a tobacco free pharmacy policy.

In 2008, city leaders introduced a tobacco-free pharmacy ordinance. Once city leaders started moving forward, we helped educate the community, and discovered kindred souls at the University of California, San Francisco School of Pharmacy and at some of the voluntary health organizations.

We trained individuals to visit and educate elected representatives, and we expedited our media campaign which consisted of transit ads and outreach cards dropped off in San Francisco neighborhoods. At the same time, we started visiting pharmacists to ask them if they would like to help with the issue.

Pharmacists told us that working in a tobacco-free environment allowed them to do their job more effectively, to focus on health and establish a professional trust with the customer.

Finally, we put together a website which included the wording of the ordinance, a list of people who support the concept of tobacco-free pharmacies, and an archive of news articles and letters to the editor that were appearing in the press. This was big news. It made CNN, USA Today and the Wall Street Journal.

"A pharmacy is a place to get better, not to get cancer."

What's the LGBT connection in all of this?

As the LGBT Partnership, our initial concern was with the now well-documented high use of tobacco in the LGBT community. In LGBT neighborhoods, like the Castro, many pharmacies were selling tobacco at the counter. It was our hope to create gay neighborhoods that are like the rest of the world, with drugstores that are tobacco-free. The pharmacies in our neighborhoods are a nexus for the community. But are they a nexus of health, or a nexus of exposure to addictive and toxic substances, that devastate the health of individuals, their partners, families and friends? Since the ordinance passed, the pharmacies in our neighborhoods are tobacco-free. Younger generations and visitors will see that all of our pharmacies are tobacco-free.

What kinds of things do you wish you had known before starting this project?

I wish that I had known earlier that the rest of the world was so clear on this issue. Once I discovered that the United States stood virtually alone, I was just so sold on the concept. I wished that I had started working on this project earlier, and that I had seen what the rest of the world sees, that pharmacies are a place for health.

It was really a delightful discovery to see that most independent pharmacies were tobacco free because of the Pharmacist's Oath. It was eye-opening to meet many pharmacists who prioritize helping people in their neighborhood get healthy and who immediately understood that there is just no place for tobacco in their pharmacies.

Everyone should get to know their pharmacist. Even if it's a chain store, the pharmacist works in the community and is a part of the community. Practically every store, every pharmacist, is an ally on this issue.

Is this ordinance the type of thing that can only pass in progressive places like San Francisco and Boston, or can it move beyond to counties, states, the country?

I look outside the borders of our country and look around the world and see many countries that have tobacco-free pharmacies in political environments that I would not jump to label as progressive. I believe that all parts of the political spectrum can get behind tobacco-free pharmacies. Shouldn't our neighborhoods have some say in what takes place in the neighborhood, or is it solely a decision made by Wall Street? Can't neighborhood people stand up and say they want their neighborhood pharmacies to prioritize health?

Take the message to
the streets!



INTERVIEW WITH ROBIN CORELLI, CLINICAL PHARMACY PROFESSOR, UNIVERSITY OF CALIFORNIA - SAN FRANCISCO



ROBIN AND HER COLLEAGUES AT THE UCSF SCHOOL OF PHARMACY TOOK A FIRM STANCE ON THE ISSUE OF TOBACCO-FREE PHARMACIES, CO-AUTHORING A POSITION PAPER IN SUPPORT OF THE SAN FRANCISCO ORDINANCE, AND ENCOURAGING THEIR STUDENTS TO SEEK WORK IN TOBACCO-FREE PHARMACIES.

Robin, why tobacco-free pharmacies?

For the pharmacist, a pharmacy is a health-care establishment. Substances that are addictive and known as carcinogenic have no place in America's pharmacies.

Describe the process of this ordinance.

In working with pharmacies, we repeatedly surveyed practicing pharmacists, pharmacy students and others involved in the field. Our data overwhelmingly show that pharmacists themselves are against selling tobacco in pharmacies. Less than 2% expressed a desire to sell.

You can look at the sale of tobacco in Mom and Pop pharmacies and see that there, the prevalence of sales is extremely low. A lot of independent stores make the voluntary choice to stop selling. 11% of independents were selling, while 100% of chain stores sold tobacco products.

When you survey health care professionals, you find that when they are the decision makers, they are almost universally against selling tobacco products in pharmacies.

What kinds of things do you wish you had known before starting this project?

It would have been nice to know the politics and stakeholders in play. San Francisco's ordinance allowed exemptions after some in-depth negotiations. It's not clear to me why they exempted Costco and grocery chains.

It appeared to be an attack on chain stores, as an attack on Walgreens, Rite Aid, and other chain drug stores. They argued that the ordinance wasn't fair. In Boston, there weren't any exemptions on a similar ordinance. The idea in San Francisco was, 'Let's not wait for the perfect legislation, let's do it now.'

“Substances that are addictive and known as carcinogenic have no place in America's pharmacies.”

Is this ordinance the type of thing that can only pass in progressive places like San Francisco/Boston, or can it move beyond to counties, states, the country?

In Seattle, it's starting. It's a paradigm shift, a challenge to the status quo. San Francisco is a unique city for things like this. You look at the ordinance regarding plastic bags in grocery stores — people started to think to themselves, 'Why not?'

It's very much an 'Aha!' moment. It's wrong for pharmacies to sell a known toxic carcinogenic substance. It causes people to stop and think. Start in mainstream, progressive cities, and move out from there. It's parallel to the ban on tobacco in restaurants.

What are some tips you can offer other advocates for this process?

Trust the basic argument: by and large, most patients using the pharmacy want to quit. This is a public health issue. Don't lose sight of that. It validates tobacco if you sell it in a health care facility.

There are subtle messages at play, undermining the message to youth that this is wrong.

Selling a product is promoting that product — it is completely incongruent for a pharmacy to sell tobacco. Bottom line: Health care environments should not promote tobacco. People can get caught up in the 'Big Brother' aspect of the legislation. It's basically a public health issue. If you want policy change, you need data from constituents. Survey your consumers. The result will likely indicate that the consumers in an area are on board with the idea.



PART 2:
THINGS TO CONSIDER
TO GET STARTED IN
YOUR COMMUNITY

WHERE TO START

HOW TO GET TOBACCO-FREE PHARMACIES IN YOUR COMMUNITY?

So you've thought a lot about tobacco-free pharmacies. You think the time has come for your community to stand up and establish its pharmacies as places promoting good, healthy habits.

You feel strongly about ending the sale of tobacco products in pharmacies. But by tackling this issue in your community, you are challenging strong market forces and entrenched belief systems.

This section will address five areas that should be considered when tackling this strong market.

5 FIVE THINGS TO CONSIDER:

1. Learn from your predecessors
2. Where does the community stand?
3. Go Public and Spread the Word
4. Let's talk Politics
5. Be patient with gradual changes

1. LEARN FROM YOUR PREDECESSORS

Just as it is true that we learn much from history; you can learn from champions who have won in the fight against tobacco. It's a good idea to become familiar with the work and experience of other cities. Take time to investigate past experiences, lessons learned and strategies they used that made them successful. The internet is the best place to start.

Find out as much information as possible — this will help your cause. For instance, who were the key players in their campaign? What were the biggest challenges and obstacles? Who were the biggest supporters? Opponents? How were they able to frame the overall public health issues? With this information, you will be able to build on the strengths of their efforts, and learn from their mistakes. You will be more prepared to combat the challenges that may lie ahead.

2. WHERE DOES YOUR COMMUNITY STAND?

It's important to get a feel for the way your particular community feels about this issue. You might be surprised by how many people have never thought about the issue before. By asking questions and getting the word out about tobacco-free pharmacies, a positive movement could coalesce around the issue.

Robin Corelli referred to tobacco-free pharmacies as part of a larger paradigm shift regarding tobacco use in the United States. If you are to affect positive change in your area, you are going to have to spread the word. But where do you start? And whom do you turn to for support?

The answer is simple: your community. If tobacco-free pharmacy ordinances are meant for the good of the community, it's essential to make an effort to get out and get to know the people.

Survey community members to learn about how they feel about tobacco-free pharmacies. People to consider surveying:

- Community members
- Tobacco consumers
- Pharmacists and pharmacy students
- Pharmacy patrons
- Other health care professionals

To help facilitate the surveying process, consider collaborating with your local public health department or tobacco control collation. They may be able to help you collect and conduct surveys.

“First thing, get out of the office and get into the pharmacies^{xxx},” Bob Gordon said. His team at the LGBT Partnership worked with many other Bay Area organizations to compile a comprehensive set of data on tobacco-free pharmacies. Their research found that a large majority of pharmacists and consumers alike supported the idea of tobacco-free pharmacies.

(see page 16 for survey tips)

Recognize pharmacies that have voluntarily chosen to be tobacco free.





3. GO PUBLIC AND SPREAD THE WORD

You need to get the conversation started in your community. “Talk to the pharmacists, make friends, find allies,” Gordon added. “Listen to people where you live, survey the community and find out how they feel about tobacco-free pharmacies^{xxx}.”

- Use social media to help gain support from community members and other organizations. Consider Facebook groups, blog sites, college campus websites, twitter, etc.
- Talk to people at your pharmacy.
 - Gather written statements of support from local pharmacies, pharmacists associations, pharmacy schools, and students.
- Invite friends and acquaintances to consider the issue. You’ll see the light bulbs turn on, and you’ll have the opportunity to change some minds.
- Many communities have tobacco-control advocacy groups.
 - Connect with them, and get to know the work that they do. If they haven’t begun work on a tobacco-free pharmacy policy already, suggesting that as a possible new project could start a new educational and policy effort.
 - Work with them to help educate and inform the community of the benefits of a tobacco-free ordinance.
- You can also start the conversation in a more public and open way.
 - Write a letter to the editor of your local newspaper.
 - Write a blog.
 - Talk to community leaders about the issue.
- Compile a list of pharmacies in your area that are voluntarily tobacco-free.
 - Explore ways to have more voluntary policies.
 - Encourage independent pharmacies in your area to join the movement for tobacco-free pharmacy policy.

The important thing is to make your proposal visible. Once people start to think and talk about the idea of tobacco-free pharmacies, more and more minds will be changed and more progress will be made.

HOW TO SURVEY, WHAT TO ASK



Surveys are powerful tools for creating policy. Obtaining data from your community can demonstrate to policymakers that an issue is important to constituents.

In San Francisco, the work of a 2003 Drugstore Consumer Survey prepared by Prescription for Change demonstrated overwhelming community support for tobacco-free pharmacies^{xxx}. This and similar surveys were frequently cited during legislative and legal proceedings surrounding the passage and defense of Ordinance 194-08.

It might seem like a hefty task to survey the entire community on an issue like tobacco-free pharmacies. You might not have the resources required to poll your community, or you might not know the right questions to ask.

However, by linking up with your local tobacco-control coalition, you may just find the right people to turn to for surveying help. It's also possible that they would help you survey the community, perhaps helping you with a convenience sample at a local street or county fair. Also, you could visit pharmacists in your community, and survey them yourself.



Sample Questions to ask members of the public:

Do you feel that the sale of tobacco in pharmacies is appropriate?

If you smoke, do you usually buy your tobacco products in pharmacies?

If pharmacies stopped selling tobacco products, would you shop there less, more, or the same amount as you do now?

Obtaining data from your community can demonstrate to policymakers that an issue is important to constituents

4. LET'S TALK POLITICS

After familiarizing yourself with the issues and with your communities opinions, the next step is to narrow your focus to the local officials and to become familiar with procedures involved in creating policy. Things to considering asking:

- How can you get the Board of Supervisors to adopt a tobacco-free pharmacy resolution?
- How long will this process take?
- Who typically proposes new local policies?
- What steps need to be taken for the local policy to get on the agenda?

Talk to the clerk at your City Council or Board of Supervisors. This person will be a big help and may be able to provide guidance.

You will also need to research all the members of the City Council, Board of Supervisors, and other stakeholders in the community. Find out which members will most likely support or oppose the ordinance or resolution. Once you know the specifics of your local ordinances and leaders, you'll be one step closer to success.

Go a step further and find out the details behind their case. Why do they oppose this ordinance? Knowing their argument will help you prepare to defend your case for a tobacco-free resolution.

For local lawmakers, the easiest way to measure popular support for a new idea is to see polling data. Surveying the public can reveal the feelings of a community about tobacco-free pharmacies. You should have already collected this data when you were trying to figure out where your community stands on this issue. Organize this data and share it at City Council Meetings or with the Board of Supervisors. Also, if you have received any letters of support from local community organizations and leaders, share them with the local policy leaders. They are more likely to pass an ordinance, which has high community support.

5. HOW TO DEAL WITH GRADUAL CHANGE

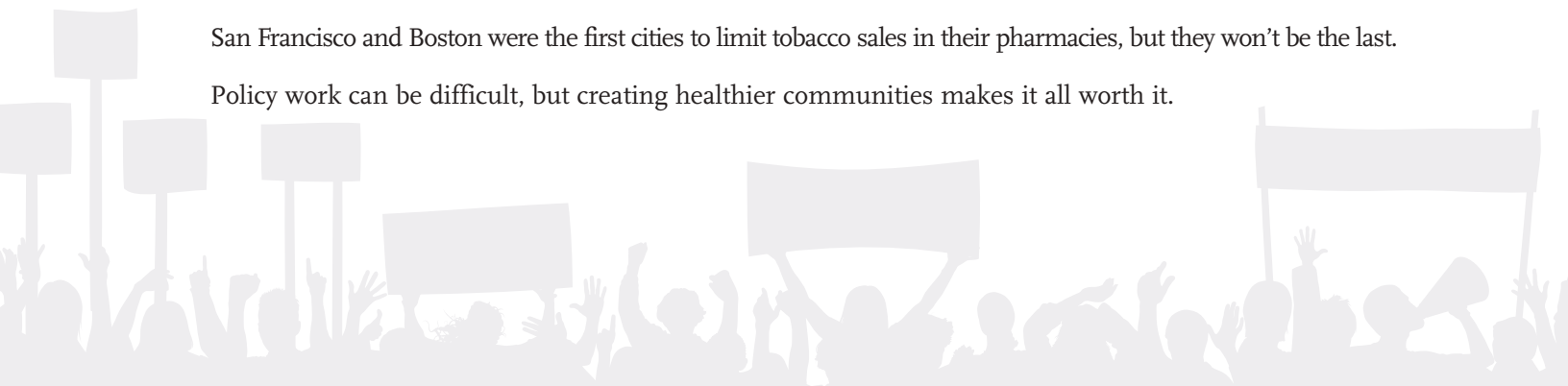
Let's say that you now know something about tobacco-free pharmacy ordinances. You've familiarized yourself with the local policy makers and ordinance procedures. You've got a pretty good idea where to go in your community for help on surveys, and you've gathered support in your local pharmacy community. So why isn't anything happening?

Policy change can be a very slow process. Often, movements for positive change can take years to gain any momentum, even with dedicated advocates pushing them along. Be prepared for this.

San Francisco's Ordinance 194-08 took many years to come to fruition, and while there is much to celebrate, there is more work to do. Advocates of San Francisco's tobacco-free pharmacies hope to expand the ordinance to include grocery stores and big box stores that have pharmacies on the premises. Policy work can be difficult, but creating healthier communities makes it all worth it.

San Francisco and Boston were the first cities to limit tobacco sales in their pharmacies, but they won't be the last.

Policy work can be difficult, but creating healthier communities makes it all worth it.



RESOURCES

Because tobacco-free pharmacy policies are just beginning to be adopted in the United States, only a limited number of resources are currently available.

1. Help with researching tobacco free pharmacies:

The LGBT Partnership's web site has articles and other information to help you advocate for tobacco free pharmacies: <http://www.lgbtpartnership.org/pharmacy.html>

2. Help with creating your own database of licensed pharmacies

The State of California's Department of Consumer Affairs, Board of Pharmacy, has a searchable database available. Below are some instructions for its use.

- Click into: http://www.pharmacy.ca.gov/online/verify_lic.shtml which should bring you to the **Verify a License** page.
- Look for the list of links. **Pharmacies** is link #11.
- Then click into **Pharmacies**.
- Look for the **County** drop-down menu and select your county's name.
- Click **Find**.

Current results from the State are displayed for that business week. Take a look at the following example of search results for San Benito County. Note that **clear** in the status column means that the license is current. Also note the **type** column which includes a designation for hospital pharmacies **HSP**.

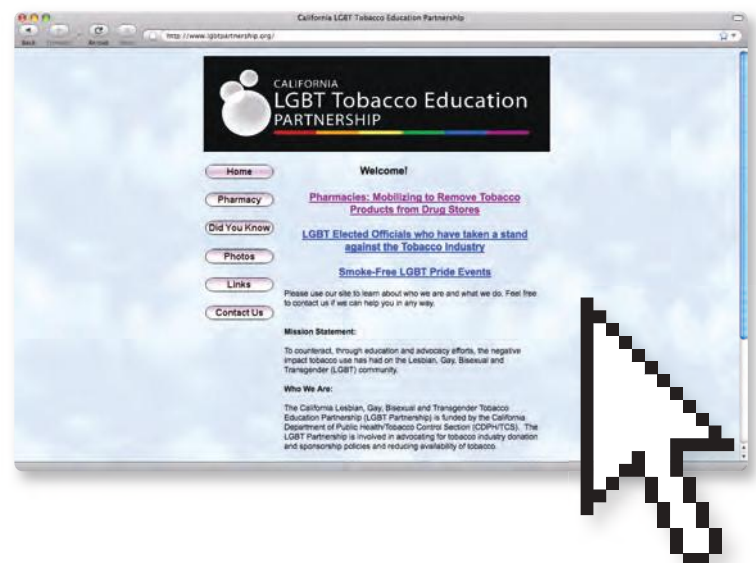
Check your state's Department of Consumers Affairs, Board of Pharmacy to determine if your state has something similar set up.

3. Help with organizing a tobacco control policy campaign:

<http://www.center4tobaccopolicy.org/organizing-campaigntools>

The Center for Tobacco Policy & Organizing website has the following helpful resources

- Success in policy campaigns, 5 phases to victory
- An Elected official profile form
- A Checklist for Preparing for a City Council or Board Presentation



4. Sample resolution for a tobacco-free pharmacy policy from Boston^{xxx}.

Whereas, tobacco is one of the leading causes of death in the United States and lung cancer, which has a correlation to smoking, has been the leading cause of cancer death among Boston residents;

Whereas, tobacco is currently sold in health care institutions such as pharmacies and drug stores;

Whereas, the sale of tobacco products is incompatible with the mission of health care institutions because it is detrimental to the public health and undermines efforts to educate patients on the safe and effective use of medication;

Whereas, educational institutions in the City of Boston also sell tobacco products to the younger population, which is particularly at risk for becoming smokers;

Whereas, the sale of tobacco products is also incompatible with the mission of educational institutions which educate the younger population about social, environmental and health risks and harms;

Therefore, the Boston Public Health Commission in recognition of the harmful effects of tobacco on vulnerable populations, believes that it is important that the sale of tobacco products be banned by educational and health care institutions in the City of Boston and that blunt wraps also be banned in furtherance of its mission to protect, promote and preserve the health and well-being of Boston citizens.

Whereas, tobacco is one of the leading causes of death in the United States and lung cancer, which has a correlation to smoking, has been the leading cause of cancer death among Boston residents;

Whereas, tobacco is currently sold in health care institutions such as pharmacies and drug stores;

Whereas, the sale of tobacco products is incompatible with the mission of health care institutions because it is detrimental to the public health and undermines efforts to educate patients on the safe and effective use of medication;

Whereas, educational institutions in the City of Boston also sell tobacco products to the younger population, which is particularly at risk for becoming smokers;

Whereas, the sale of tobacco products is also incompatible with the mission of educational institutions which educate the younger population about social, environmental and health risks and harms;

Whereas, there are certain tobacco products such as blunt wraps that are frequently marketed and sold to the youth and are also known to be used as drug paraphernalia;

Therefore, the Boston Public Health Commission in recognition of the harmful effects of tobacco on vulnerable populations, believes that it is important that the sale of tobacco products be banned by educational and health care institutions in the City of Boston and that blunt wraps also be banned in furtherance of its mission to protect, promote and preserve the health and well-being of Boston citizens.

RESOURCES

5. Sample letter of support from the American Lung Association^{xxx}

This letter is provided as an example of the type of effort that 501-3(c) agencies can perform with non-governmental grant funds.

No CDPH/CTCP funds were used to prepare, solicit or distribute this letter during the policy campaign.



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David Chiu, President
San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102

Dear Supervisor Chiu,

Twenty years ago the San Francisco Board of Supervisors was among the first cities in the nation to prohibit smoking in workplaces. This week the board once again has an opportunity to make history by prohibiting tobacco sales in pharmacies.

The American Lung Association in California urges you to support the proposal by Health Officer Dr. Mitchell Katz and Mayor Gavin Newsom that would prohibit tobacco sales in pharmacies. Pharmacies are places where people go to purchase medications they need to treat disease and reduce pain. We believe that it is inappropriate for drugstores to continue to sell cigarettes and other tobacco products right alongside asthma inhalers, cough medicine and prescription drugs. Furthermore, the sale of tobacco products in pharmacies and drugstores contradicts the health message promoted to consumers through the provision of health care and medical products, tobacco cessation services, and pharmacologic quitting aides.

As you know, many independently-owned pharmacies in California have discontinued selling tobacco products, both as a response to community interests and their own sense of commitment to health. Unfortunately, the vast majority of chain pharmacies continue to sell this deadly product.

Cities are in a position to promote healthier and safer communities, and we urge you to do so by supporting this important public health initiative.

Sincerely,

Paul Knepprath
Vice President, Advocacy & Health Initiatives

THOUGHTS FROM THE EXPERTS

When working in tobacco-control, it's helpful to hear words of wisdom. Below are some thoughts from individuals involved in the San Francisco and Boston tobacco-free pharmacy ordinances.

“A pharmacy is a place you should go to get better, not to get cancer^{xxx}.”

— Nathan Ballard, San Francisco Communications Director

“Every time a drugstore sells a tobacco product, that store is implicitly legitimizing its use^{xxx}.”

— Jack Lewin, MD, Executive Director of the California Medical Association Foundation

“A pharmacy is a pharmacy, it doesn't matter where it's located^{xxx}”

— Ann Scales, Boston Public Health Commission communications director, on her city's comprehensive tobacco-free pharmacy ordinance that includes coverage of grocery stores and big box chains.

“Compile a database of pharmacies that are tobacco-free as well as those that are still selling. Congratulate pharmacists who work in tobacco-free locations. Get out there^{xxx}!”

— Bob Gordon, Director of California LGBT Tobacco-Education Partnership

**“We know the dangers of smoking, and I support the ban...
As a pharmacist, it's obvious; we shouldn't be selling cigarettes^{xxx}”**

— Gregory Laham, owner of Sullivan's Pharmacy in Boston

**“A person in ill health due to tobacco addiction does not need to have that product pushed at him even as he buys the medicines he needs...
imagine a trauma center selling guns, knives, and alcohol^{xxx}.”**

— Serena Chen, American Lung Association of California Policy Director

“People whose diseases are made worse by tobacco are now actually being brought into a store that sells it...at 12-step alcohol meetings you don't have an alcohol place where you can buy^{xxx}”

— Mitch Katz, Director, Department of Public Health, City and County of San Francisco

“Could you fault the city of San Francisco for wanting to create a healthier population? Whatever we can do as a society to encourage healthy living benefits all of us^{xxx}”

— Wes Alles, director of Stanford Health Improvement Program

REFERENCES

^{xxx} http://www.smoke-free.ca/pdf_1/pharmacy-backgrounder.pdf

^{xxx} Ontario, Canada's most populous province, tobacco-free pharmacy legislation was enacted July 1, 1993

The Tobacco Education Clearinghouse of California is a project of ETR Associates.

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