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Restricting tobacco sales to only pharmacies as an endgame strategy: are pharmacies likely to opt in?

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In recent years, a number of novel and bold proposals to accelerate progress towards nations' smokefree goals (i.e. 'tobacco endgame strategies') have emerged in the literature, and have been politically explored in some settings.¹ The particular idea of completely changing the current tobacco retail landscape, by way of designating tobacco sales to pharmacies only, gained wide international media attention when a private member's bill was introduced in the Icelandic Parliament in 2011.² Albeit not implemented to date, this proposed bill involved a 10-year action plan wherein the number of current outlets selling tobacco (e.g. supermarkets, convenience stores, liquor stores, petrol stations, tobacconists) would first be gradually reduced before restricting tobacco sales to only pharmacies in the final year, where sales could be combined with smoking cessation advice.^{1,2} Yet, ideally, such a strategy should leave the decision to opt in or out to the individual pharmacies (similarly to needle-exchange programs and the dispensation of methadone as conducted by pharmacies in some settings, e.g. New Zealand).

At present it is unknown how likely pharmacies are to opt in such a strategy as part of achieving a smokefree country, and what they see as potential advantages and disadvantages of such an approach. The acceptability of such an endgame strategy among pharmacists is likely to be an important determinant of political acceptability and so it is potentially useful to survey their attitudes. Given the New Zealand Government's goal of achieving minimal levels of smoking prevalence and tobacco availability by 2025,³ and the likely need for bold measures to achieve this goal,⁴ this research started to explore pharmacist attitudes in the New Zealand setting.

Methods

All community pharmacies in the central city area of New Zealand's capital city of Wellington were selected as the sampling frame for this study (n=31), and all were visited during March/April 2015. At each pharmacy, the pharmacist-on-duty was approached. They were given a brief explanation about New Zealand's Smokefree 2025 goal, the likely need for bold measures to achieve this, and the Icelandic policy idea of restricting tobacco sales to only pharmacies where they could be combined with smoking cessation advice. Out of the pharmacies approached, 30 agreed to participate in the survey (a response rate of 97%).

Participating pharmacists were asked: 1) how likely they thought their pharmacy was to opt in to selling tobacco if pharmacies were made the only legal outlet for tobacco sales as part of achieving a smokefree country; and 2) how likely they thought their pharmacy was to opt in if such a strategy proved effective elsewhere after one year of operation, such as Iceland. The response options for these questions were: 'not likely at all', 'not very likely', 'somewhat likely', 'very likely', and 'extremely likely'. Participating pharmacists were also asked about their views on potential advantages and disadvantages of pharmacy-only tobacco sales as part of a strategy of achieving a smokefree New Zealand.

Results

A minority of 26% of all participating pharmacists (95%CI: 13% to 44%) thought it was 'very likely' to 'extremely likely' that their pharmacy would sell tobacco if pharmacies were made the only permitted type of retail

outlet in New Zealand, and 17% (95%CI: 6% to 33%) thought it was 'somewhat likely' (see Table 1). These percentages increased to 37% (95%CI: 21% to 55%) and 43% (95%CI: 27% to 61%), respectively, if such an endgame strategy had been proven to be successful elsewhere (in a place like Iceland) after one year of implementation. When exclusively looking at the responses of participating pharmacists who were part-owner or owner (n=15), 60% (95%CI: 35% to 82%) thought it was somewhat to extremely likely their pharmacy would opt in to selling tobacco. This increased to 80% (95%CI: 55% to 95%) if such an endgame strategy proved effective after one year of implementation in a place like Iceland.

The participating pharmacists were also asked if they could think about potential advantages and disadvantages of restricting tobacco sales to pharmacies only. The most commonly mentioned potential advantages included: reduced access to tobacco for the public; pharmacists already being professionally trained to give smoking cessation advice; and that selling tobacco would be a financially attractive option. Potential disadvantages that were mentioned most often included: safety issues (increased robbery, crime and abuse of staff); increased foot traffic and work load; and potential damage to the image of pharmacists as health professionals.

Conclusions

While this is a small-scale survey (i.e. only 3% of all community pharmacies in New Zealand), the results suggest that some pharmacies may consider opting in to selling tobacco as part of a wider strategy to achieve a smokefree country – especially if there is a successful precedent in another country.

Table 1: Pharmacists' responses to questions related to the likelihood of their pharmacy opting-in selling tobacco as part of a strategy to achieve a smokefree New Zealand.

	Not likely at all	Not very likely	Somewhat likely	Very likely	Extremely likely
All participating pharmacists-on-duty (n = 30)					
Likelihood of your pharmacy to opt in to selling tobacco	23%	33%	17%	13%	13%
Likelihood of your pharmacy to opt in if this endgame strategy was proven to be effective elsewhere after one year of implementation	13%	7%	43%	20%	17%
All participating pharmacists-on-duty who were (part-) owner (n = 15)					
Likelihood of your pharmacy to opt in to selling tobacco	20%	20%	27%	13%	20%
Likelihood of your pharmacy to opt in if this endgame strategy was proven to be effective elsewhere after one year of implementation	13%	7%	33%	13%	33%

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More research is needed to explore responses to these questions among a larger sample of pharmacists across different geographic areas of the country with differential smoking rates, and particularly among pharmacists who are owners or part-owners, and will probably be the major decision-makers. It would also be helpful to understand the motivation behind supporting or not supporting this type of intervention. However, these modest levels of support among pharmacists at least suggest it could be worthwhile to perform further research, and to possibly have an open discussion with pharmacists along with their professional organisations to explore the wider acceptability and feasibility of this idea.

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