



PROHIBITING PHARMACY SALES OF TOBACCO PRODUCTS

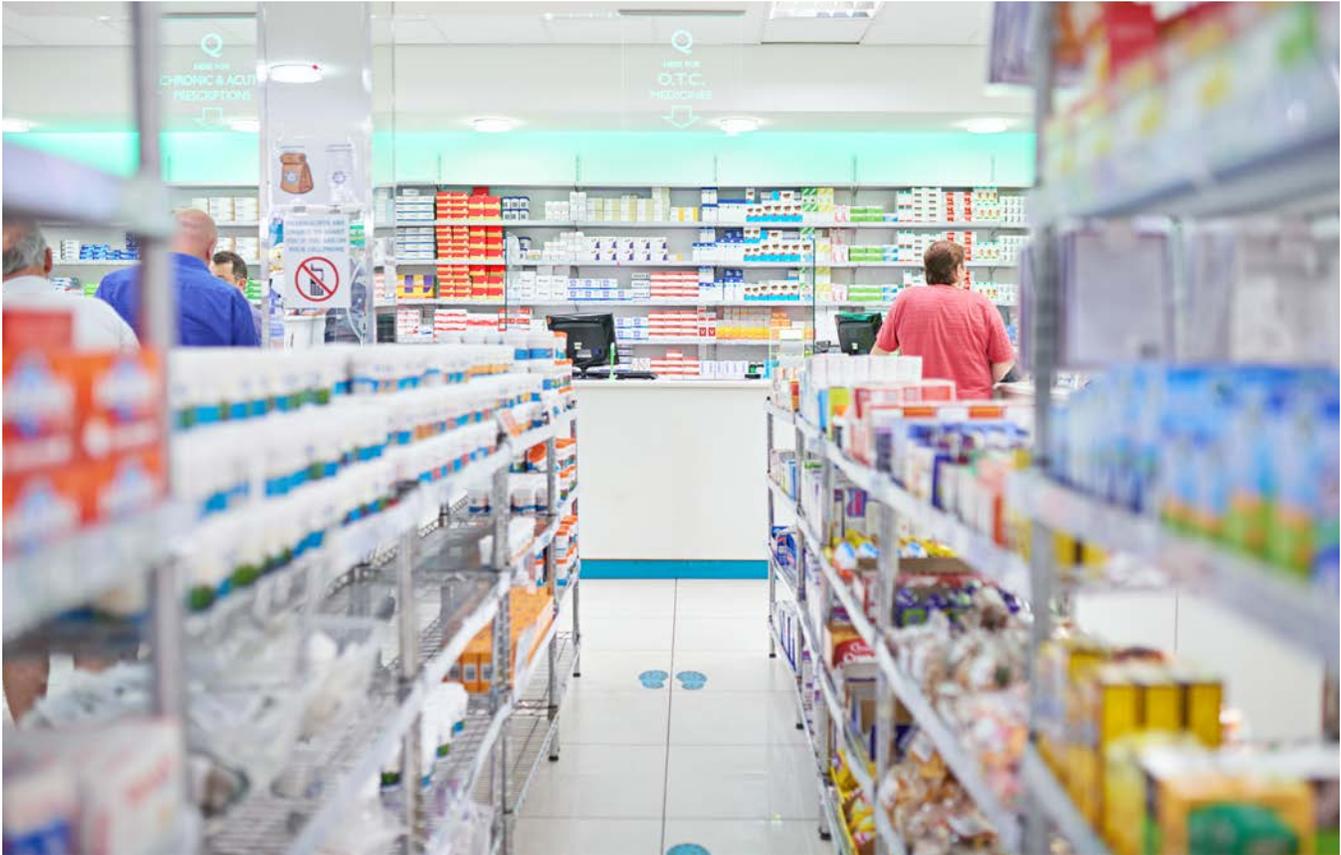
Tips and Tools



Despite a wealth of evidence about the devastating health impact of commercial tobacco, many pharmacies and drug stores across the U.S. still sell tobacco products, often with enticing advertising and promotions.¹ Yet many U.S. lawmakers, healthcare professionals, and even pharmacists themselves now see an inherent contradiction in selling tobacco products at pharmacies.

As public health leaders have pointed out, “The sale of tobacco products — the number one cause of preventable death and disease — is fundamentally inconsistent with a commitment to improving health.”² This publication reviews policy options for restricting tobacco sales in pharmacies, including legal implications and possible challenges to such policies. We encourage you to consult with local legal counsel before attempting to implement any of these measures. For more information, please contact the Consortium.





Policy Rationale: Why Tobacco-Free Pharmacies?

Pharmacies are common retail locations for tobacco purchases. They comprise roughly 10 percent of all tobacco retailers, and upwards of 70 percent of pharmacies in some states hold a tobacco license.³ And, though not as prevalent as at convenience stores,⁴ tobacco sales at pharmacies have markedly increased over time. Between 2005 and 2009, when cigarette sales dropped 17 percent nationally, they increased 22 percent at pharmacies.⁵ If this trend continues, cigarettes sales at pharmacies would comprise 15 percent of total U.S. sales in 2020, a more than fourfold increase from 2005.

Advertising is an important driver of this trend. Price promotions are more common at pharmacies compared to almost all other tobacco retailers,⁶ and a 2017 study found that 85 percent of pharmacy tobacco retailers use price promotions to advertise tobacco products in ways that appeal to youth.⁷ As a result, cigarettes cost up to \$1.19 less in retail pharmacies compared to other outlets.⁸

Compliance with federal tobacco advertising and sales regulations has also been a challenge among some retail pharmacies. A study of tobacco retailers in North Carolina found that pharmacies and drug stores were more than three times as likely as other retailers not to comply with Family Smoking Prevention and Control Act regulations.⁹ In the early 2000s, state attorneys general attempted to address the issue with national retail pharmacies using Assurances of Voluntary Compliance (AVCs).¹⁰ Walgreens was the first, in February 2002, to enter into such an agreement.¹¹ Rite Aid followed in September 2004, as did CVS Pharmacy in March 2006.¹² Though effective to some degree, AVCs are not foolproof. A recent study found an 8 percent violation rate among pharmacies for tobacco sales to minors, a rate that was the same regardless of whether a retailer had an AVC or not.¹³ And Walgreens, the pharmacy with the longest-standing AVC, continues to receive warning letters from the U.S. Food and Drug Administration for noncompliance.¹⁴

In 2008, the City and County of San Francisco became the first jurisdiction to enact an ordinance restricting tobacco sales in pharmacies. In doing so, key stakeholders, such as the University of California's School of Pharmacy, reinvigorated long-standing ethical concerns over tobacco sales in pharmacies.¹⁵ Similar concerns have recently been raised by the American Pharmacists Association,¹⁶ the National Community Pharmacists Association,¹⁷ the American Academy of Pediatrics,¹⁸ the American Medical Association¹⁹ and the American Heart Association,²⁰ all issuing or reaffirming statements of policy supporting a ban on tobacco sales at pharmacies. Public support has also more than doubled in recent years, with most Americans now favoring such measures.²¹

The issue reached a tipping point in February 2014, when CVS Caremark (the second largest pharmacy chain in the U.S.) — following in the steps of Target eight years earlier — voluntarily announced it would cease tobacco sales at 7,600 pharmacy stores and more than 800 medical clinics within CVS pharmacy locations.²² The move came as part of a broader strategic shift within the healthcare sector for the company, including a name change to CVS Health.²³ A month later, 28 U.S. state attorneys general wrote to Walgreens President and CEO, Gregory Wasson, urging him to follow CVS's move and "cease selling all tobacco products." They argued, "There is a contradiction in having these dangerous and devastating tobacco products on the shelves of a retail chain that services health care needs."²⁴ Walgreens' merger with Alliance Boots²⁵ and acquisition of Rite Aid²⁶ have added to the argument. Recent evidence has found that CVS Pharmacy's tobacco sales ban has impacted cigarette purchases, particularly among heavy smokers.²⁷

Tobacco-free pharmacy policies can reduce the number and density of tobacco retailers in communities to help drive down sales and curb cigarette smoking.²⁸ A 2015 study found that,

in North Carolina, implementation of a pharmacy ban would remove 1,031 tobacco retailers and reduce density by 14 percent. Both metrics are important factors in smoking initiation and use, and discussed in more detail in the Consortium's publication: *Location, Location, Location: Regulating Tobacco Retailer Locations for Public Health*. Similarly, a recent policy simulation study found that banning tobacco sales at pharmacies was a better deterrent of cigarette purchasing than generally reducing the number of tobacco retailers.²⁹

Combinations of different tobacco retail location policies reduce density even further, and hold greater promise for addressing underlying neighborhood disparities in tobacco retailer density.³⁰ The same 2015 study from North Carolina found a combined pharmacy and near-schools ban would reduce density by 29 percent at the state level, and 30 percent at the county level. In addition, longitudinal research in California and Massachusetts found reductions in tobacco retailer density were 1.44 greater in cities with a tobacco-free pharmacy law compared to those without one,³¹ and fewer people purchased tobacco products in San Francisco and Boston following their respective prohibitions on tobacco sales in pharmacies.³² In Massachusetts alone, a statewide prohibition on tobacco sales at pharmacies would eliminate nearly 10 percent of the state's tobacco retailers.³³

One important consideration for tobacco sale restrictions at pharmacies is e-cigarettes. The dramatic recent increase of e-cigarette use, especially among youth and young adults, can increase their risk for subsequent cigarette use.³⁴ Evidence has found that these risks, at a population level, outweigh the benefits from using e-cigarettes as a cessation tool.³⁵ Yet e-cigarette sales have grown at all tobacco retailers, including pharmacies.³⁶ Further, pharmacies that sell e-cigarettes are often located in close proximity to young people. One study of 11 college communities in North Carolina and Virginia found e-cigarettes were available at over half of pharmacy tobacco retailers in 2013.³⁷ This was up from 30 percent just a year prior. As one option to regulate and restrict e-cigarette sales,³⁸ sixteen states and the District of Columbia have enacted laws requiring a tobacco retailer to hold a separate license to sell e-cigarettes.³⁹

Policy Options

Restricting tobacco sales at pharmacies can be achieved three ways: through stand-alone ordinances, licensing, or zoning laws.⁴⁰ Each approach has legal and political considerations.⁴¹

- **Stand-alone Ordinance.** Using their police power,⁴² state and local governments can enact ordinances to restrict tobacco sales at retailers, including pharmacies. While simple to adopt and implement, ordinances can be challenging to enforce, particularly if they omit



penalties sufficient to induce compliance. A locality must also ensure a new ordinance does not infringe on protected rights (discussed below). Currently, 177 municipalities in the United States have passed laws that prohibit tobacco sales at pharmacies.⁴³

- **Licensing.** Many states and localities require tobacco retailers to obtain a license or permit before they can sell tobacco within a jurisdiction. By attaching conditions to the sale of tobacco products, licensing can be a powerful tobacco control tool, particularly when combined with strong enforcement measures. In implementing this strategy, a locality can amend its licensing scheme to prohibit retail licenses from being issued to pharmacies and other healthcare organizations, and implement monetary and administrative penalties for any entity that sells tobacco without a license.
- **Zoning.** Almost all U.S. cities and counties use zoning laws to regulate land use. The same can be done to regulate tobacco sales. The use of zoning can restrict the location of specific



retailers by requiring a minimum distance from schools and parks, known as “Tobacco-Free Zones,” or between retailers. Jurisdictions can also apply the same concept to prohibit the sale of tobacco products by specific retailers or in certain commercial zones.

Policy Elements

As with all tobacco control policies, those that prohibit tobacco sales at pharmacies must be carefully drafted and explicit.⁴⁴ When drafting these policies, keep the following essential elements in mind:

- **Timely findings and clear statements of purpose.** Findings are brief statements of facts or statistics outlining a policy’s context, rationale, and aim, which can be helpful in withstanding legal challenges.
- **Clear definitions and concise language.** Regulations should specify exactly which entities are covered by a restriction and what behavior is being restricted. Exemptions, if granted, should be clear to whom they apply and why they do not apply to anyone else.
- **Meaningful enforcement provisions.** Strong enforcement mechanisms deter prohibited behavior and reduce the chances of violation. For example, many policies define a violation as a single day on which tobacco is sold illegally, and allow for greater penalties for additional violations. Localities can consider revoking a pharmacy’s business license for repeated violations.

Potential Legal Challenges

Enacting new tobacco control policies often exposes localities to potential litigation. After passing its tobacco retailer restrictions, the City and County of San Francisco faced three lawsuits. Though the ordinance was upheld, San Francisco’s experience offers important lessons for those wishing to adopt similar policies. Legal challenges to policies that prohibit tobacco product sales at pharmacies can arise on several grounds, including preemption, the First Amendment, equal protection, and due process.

- **Preemption.** Before any local government attempts to implement a tobacco sales restriction, it must verify that it is not preempted from doing so by state law. States can pass laws that limit local authority and will trump any local laws purporting to regulate the same behavior. A local government that wishes to implement a tobacco sales



restriction should investigate the state tobacco regulatory scheme to ensure that the local government is not preempted from regulating tobacco sales.

- **The First Amendment.** After the passage of a pharmacy sales restriction in San Francisco, Philip Morris filed suit alleging that the ordinance violated its First Amendment right to free expression. Philip Morris argued that the ordinance singled out the expressive activity of smokers and tobacco manufacturers. The court found that the ordinance did not have the effect of suppressing ideas, and that even if it did, any similar restriction would have the same effect, and that finding these restrictions invalid would make it impossible for the government to regulate commerce.⁴⁵ Although the ordinance — a simple sales restriction — was upheld, this case helps illustrate that laws limiting tobacco sales may be challenged, even if they tend to be among the more easily-defended tobacco control policies.
- **Equal Protection.** San Francisco's original ordinance contained an exemption for "Big Box Stores" and "General Grocery Stores," which allowed Safeway, a grocery chain that includes a pharmacy, to sell tobacco while Walgreens, a pharmacy chain that sells grocery items, could not.⁴⁶ Walgreens filed suit claiming that the ordinance violated its equal protection rights because it was treated differently than Safeway even though their businesses were very similar. San Francisco faced difficulties justifying the unequal treatment and ultimately amended its ordinance to apply to all pharmacies.⁴⁷ States and localities who intend to institute this type of restriction must be very careful with any exemptions granted. Exemptions must have a rational relation to a legitimate governmental purpose.
- **Due Process.** In light of the litigation discussed above, after the lawsuit brought by Walgreens was filed, San Francisco simply removed the exemptions from its ordinance, which meant that Safeway and Walgreens — and all pharmacies in San Francisco — are prohibited from selling tobacco products.⁴⁸ This prohibition prompted Safeway to file suit against San Francisco. In this lawsuit under the Due Process Clause of the Fourteenth Amendment of the Constitution, Safeway argued that it had acquired lawful permits to sell pharmaceuticals and tobacco products and San Francisco was depriving Safeway of property rights by forcing Safeway to discontinue its pharmacy business in order to sell tobacco. The court found that San Francisco's ordinance was a reasonable and permissible use of its police power and thus not a Due Process Clause violation.⁴⁹ A state or locality intending to implement a tobacco sales restriction should take care to work with local legal counsel to see whether any special steps are required to impose a tobacco sales restriction on a current business.

Examples of Regulations that Restrict Tobacco Sales in Pharmacies

Below are examples of regulations restricting the sale of tobacco products in pharmacies in the United States. Before adapting any language from these policies, take care to ensure the provision in question is practical and legal in your jurisdiction. Please note that the Consortium does not endorse or recommend any of the following policies. These examples are included simply to illustrate how various jurisdictions have approached similar issues.

Richmond, CA

Richmond, Cal., Ordinance 38-09 (Nov. 17, 2012)

Definition of Pharmacy	Definition of Tobacco	Policies
<p>“Drug Store: any business or other commercial enterprise that is (1) licensed as a pharmacy by the State of California pursuant to the California Business and Professions Code, and (2) identified as a Drug Store with the California Board of Equalization, or with the Richmond Finance Department, or is otherwise commonly known as a drugstore.”</p>	<p>“(1) Any substance containing tobacco leaf, including, but not limited, to cigarettes, cigars, pipe tobacco, hookah tobacco, snuff, chewing tobacco, dipping tobacco, bidis, or any other preparation of tobacco; and (2) any product or formulation of matter containing biologically active amounts of nicotine that is manufactured, sold, offered for sale, or otherwise distributed with the expectation that the product or matter will be introduced into the human body, but does not include any product specifically approved by the United States Food and Drug Administration for use in treating nicotine or tobacco product dependence.”</p>	<p>Restriction: “No Drug Store shall sell, or otherwise distribute, tobacco products.”</p> <p>Penalties: 1st violation: \$250 fine; 2nd violation within 24 months: \$500 fine; 3 or more violations within 24 months: \$1,000 fine; can also be prosecuted as a misdemeanor</p> <p>Enforcement: No enforcing entity identified, but the City Manager may issue regulations relating to enforcement.</p>



San Francisco, CA

Ordinance 194-08, Prohibiting Pharmacies from selling Tobacco Products (2009)

Definition of Pharmacy	Definition of Tobacco	Policies
Pharmacy retail establishment in which the profession of pharmacy by a pharmacist licensed by the State of California in accordance with the Business and Professions Code is practiced and where prescriptions are offered for sale. A pharmacy may also offer other retail goods in addition to prescription pharmaceuticals.	Any substance containing tobacco leaf including but not limited to cigarettes, cigars, pipe tobacco, snuff, chewing tobacco, and dipping tobacco.	<p>Restriction: No person shall sell tobacco products in a pharmacy.</p> <p>Penalties: 1st violation: \$100 fine; 2nd violation within 12 months: \$200 fine; 3 or more violations within 12 months: \$500 fine; can also be prosecuted as a misdemeanor</p> <p>Enforcement: No enforcing entity identified but the Director of the Department of Public Health may issue regulations relating to enforcement</p>

Boston, MA

Boston Public Health Comm'n, Regulation Restricting the Sale of Tobacco Products in the City of Boston (2008)

Definition of Pharmacy	Definition of Tobacco	Policies
"Health care institution: An individual... [or] corporation ... that provides health care services or employs health care providers licensed, or subject to licensing, by the Massachusetts department of public health. Health care institution includes hospitals, clinics, health centers, pharmacies, drug stores and doctor and dentist offices."	"Any substance containing tobacco leaf, including but not limited to cigarettes, cigars, pipe tobacco, snuff, chewing tobacco and dipping tobacco."	<p>Restriction: "No health care institution located in the City of Boston shall sell or cause to be sold tobacco products. Additionally, no retail establishment that operates or has a health care institution within it, such as a pharmacy or drug store, shall sell or cause to be sold tobacco products."</p> <p>Penalties: Each calendar day of operation is a violation; 1st violation: \$200 fine; 2nd violation within 24 months: \$700 fine; 3 or more violations within 24 months: \$1,000 fine</p> <p>Enforcement: Boston Public Health Commission, Boston Inspectional Services Dept., Boston Police Dept. Any person may register a complaint.</p>



Newton, MA

Newton, Ma., Newton Code Online § 20-2 (2012)

Definition of Pharmacy	Definition of Tobacco	Policies
<p>“Health care provider: An individual... [or] corporation ... that provides health care services or employs health care providers licensed, or subject to licensing, by the Massachusetts department of public health. Health care provider includes hospitals, clinics, health centers, pharmacies, drug stores and doctor and dentist offices.”</p>	<p>Cigarettes, cigars, chewing tobacco, pipe tobacco, snuff or tobacco in any of its forms.</p>	<p>Restriction: “No health care provider located in the City of Newton shall sell tobacco products or cause tobacco products to be sold. No retail establishment that operates [sic] maintains or employs a health care provider within it, such as a pharmacy or drug store, shall sell tobacco products or cause tobacco products to be sold.”</p> <p>Penalties: 1st violation: \$100 fine; 2nd violation within 36 months: \$200 fine; 3 or more violations within 36 months: \$300 fine</p> <p>Enforcement: Commissioner of Health and Human Services of the City of Newton</p>

Walpole, MA

Regulations Restricting the Sale of Tobacco Products in Walpole (2010)

Definition of Pharmacy	Definition of Tobacco	Policies
<p>No definition</p>	<p>Any substance containing tobacco leaf, including but not limited to cigarettes, cigars, pipe tobacco, snuff, chewing tobacco and dipping tobacco.</p> <p>The law also provides definitions for E-Cigarette, Liquid Nicotine and Nicotine Delivery Product.</p>	<p>Restriction: No pharmacies, drugstores or retail establishments that have pharmacies or drugstores within their physical premises (such as a pharmacy or a supermarket or department store that contains a pharmacy) located in the Town of Walpole shall sell or cause to be sold tobacco products, e-cigarettes, or liquid nicotine or any other nicotine delivery product as defined above.</p> <p>Penalties: Each calendar day of operation is a violation; 1st violation: \$200 fine; 2nd violation within 36 months: \$300 fine; 3 or more violations within 36 months: fine determined at a hearing of the Board of Health</p> <p>Enforcement: No enforcing entity identified</p>

Worcester, MA

Tobacco Products Control Ordinance (2011)

Definition of Pharmacy

“Health Care Provider: An individual... [or] corporation ... that provides health care services or employs health care providers licensed, or subject to licensing, by the Massachusetts department of public health. Health care provider includes hospitals, clinics, health centers, pharmacies, drug stores and doctor and dentist offices.”

Definition of Tobacco

Cigarettes, cigars, chewing tobacco, pipe tobacco, snuff or tobacco in any of its forms.

Policies

Restriction: “No health care provider shall sell tobacco products or cause or allow tobacco products to be sold on its premises. No retail establishment that operates [sic] maintains or employs a health care provider within it, such as a pharmacy or drug store, shall sell tobacco products or cause tobacco products to be sold.”

Penalties: Each calendar day of operation is a violation; \$300 fine for each violation

Enforcement: No enforcing entity identified



Other Resources

The Consortium's parent organization, the Public Health Law Center, has web pages containing information on [tobacco product regulation](#), [federal tobacco regulation](#), [preemption](#) and [sales restrictions](#). Our site also includes several publications and resources on related issues, such as [Using Licensing and Zoning to Regulate Tobacco Retailers](#), [Federal Regulation of Tobacco and Its Impact on the Retail Environment](#), as well as [Tobacco Control and the Equal Protection Clause](#). For tips on ways to draft tobacco control policies so they are better able to withstand legal challenges, see the Public Health Law Center's [Policy Drafting Checklists](#).

Other resources include:

- [Tobaccofreerx.org](#), an interdisciplinary network of healthcare professionals, features news articles, a listing of local legislative efforts by state, and a clearinghouse of tobacco-free pharmacy research.
- Americans for Nonsmokers' Rights features a periodically updated list of [Municipalities with Tobacco-free Pharmacy Laws](#).
- CounterTobacco.Org offers a [Tobacco-free Pharmacies](#) toolkit with step-by-step recommendations for states and communities developing tobacco-free pharmacy policies.
- The Center for Public Health Systems Science's detailed case study, [Regulating Pharmacy Tobacco Sales: Massachusetts](#) (March 2014) includes information on policy options, economic impact, policy guidelines, and resources on regulating tobacco sales in pharmacies.

Contact Us

Please feel free to contact the Public Health Law Center's [Tobacco Control Legal Consortium](#) with any questions about the information included in this guide or to discuss local concerns you may have about implementing policies restricting tobacco sales in pharmacies.

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Endnotes

- 1 See, e.g., U.S. DEP'T OF HEALTH AND HUMAN SERVICES, THE HEALTH CONSEQUENCES OF SMOKING: 50 YEARS OF PROGRESS: A REPORT OF THE SURGEON GENERAL (2014), <https://www.surgeongeneral.gov/library/reports/50-years-of-progress/full-report.pdf>; see also Lane Medical Library, Stanford School of Medicine, <http://lane.stanford.edu/tobacco/index.html>.
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- 3 Andrew Seidenberg et al., *Availability and Range of Tobacco Products for Sale in Massachusetts Pharmacies*, 22 TOBACCO CONTROL 372-75 (2013), <https://tobaccocontrol.bmj.com/content/22/6/372>.
- 4 In 2013-2014, 5 percent of current smokers purchased cigarettes from drug stores. Kimberly Watson et al., *Trends in Cigarette Advertising, Price-Reducing Promotions, and Policy Compliance in New York State Licensed Tobacco Retailers, 2004 to 2015*, AM. J. HEALTH PROMOTION (March 23, 2018), <https://www.ncbi.nlm.nih.gov/pubmed/29566536>; Judy Kruger et al., *Point-of-Sale Cigarette Purchase Patterns among US Adult Smokers — National Adult Tobacco Survey, 2012-2014*, 101 PREVENTIVE MED. 38-43 (2017), <https://www.ncbi.nlm.nih.gov/pubmed/28502579>.
- 5 Andrew Seidenberg et al., *Cigarette Sales in Pharmacies in the USA (2005-2009)*, 21 TOBACCO CONTROL 509-10 (2012).
- 6 New York State Dep't of Health, *Retail Advertising and Promotions for Cigarettes in New York* (2007), https://www.health.ny.gov/prevention/tobacco_control/docs/cigarette_ads_and_promotion_report.pdf.
- 7 This prevalence exceeded convenience stores without a gas station, beer, wine, and liquor stores, and even tobacco stores. Kurt Ribisl et al., *Disparities in Tobacco Marketing and Product Availability at the Point of Sale: Results of a National Study*, 105 PREVENTIVE MED. 381-388 (2017), <https://www.ncbi.nlm.nih.gov/pubmed/28392252>.
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- 9 Shyanika W. Rose et al., *Retailer Adherence to Family Smoking Prevention and Tobacco Control Act, North Carolina, 2011*, 10 PREVENTING CHRONIC DISEASE e47 (2013), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617991>.
- 10 Tobacco Control Legal Consortium, *Using Retailer AVCs as a Tool in Tobacco Control* (2015) <http://www.publichealthlawcenter.org/sites/default/files/resources/tclc-fs-AVCs-tobacco-2015.pdf>; Brad S. Krevor et al., *Application of Consumer Protection Authority in Preventing Tobacco Sales to Minors*, 11 TOBACCO CONTROL 109-11 (2002).
- 11 Kansas Attorney General's Office, Assurance of Voluntary Compliance, *In the matter of Walgreen Co.*, <http://ag.ks.gov/docs/tobacco-documents/walgreens-avc.pdf?sfvrsn=4>.
- 12 California Attorney General's Office, Assurance of Voluntary Compliance, *In the Matter of CVS Pharmacy, Inc.* (Mar. 8, 2006), https://oag.ca.gov/system/files/attachments/press_releases/06-022_0a.pdf.
- 13 Hongying Dai & Delwyn Catley, *The Effects of Assurances of Voluntary Compliance on Retail Sales to Minors in the United States: 2015-2016*, 111 PREVENTIVE MED. 410-14 (2018), <https://www.ncbi.nlm.nih.gov/pubmed/29222044>.
- 14 Warning Letter from U.S. Food and Drug Administration Regarding Tobacco Retailer Inspection Violations to Walgreens (Jan. 25, 2018), <https://www.fda.gov/ICECI/EnforcementActions/WarningLetters/Tobacco/ucm597127.htm>.



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- 16 See Am. Pharmacists' Ass'n, Discontinuation of the Sale of Tobacco Products in Pharmacies and Facilities that Include Pharmacists, APHA POLICY MANUAL (2010), <https://www.pharmacist.com/policy-manual?key=sale%20of%20tobacco>.
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- 22 Company leadership justified the new policy by calling the sale of tobacco products "inconsistent with our purpose" and a practice that "'renormalizes' the product." A year after its tobacco sales ban, CVS Health resigned from the U.S. Chamber of Commerce because of the organization's global lobbying against anti-tobacco policies. See Press Release, CVS Health, *This is the Right Thing To Do* (Feb. 5, 2014), <http://cvshealth.com/thought-leadership/message-from-larry-merlo-president-and-ceo> (website announcement on ending tobacco sales); see also Troyen A. Brennan and Steven A. Schroeder, *Ending Sales of Tobacco Products in Pharmacies*, 311 JAMA 1105-06 (2014), <https://jamanetwork.com/journals/jama/article-abstract/1828530>.
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- 25 Walgreens Boots Alliance, *Walgreens and Alliance Boots Complete Step 2 of Merger to Form First Global Pharmacy-Led, Health and Wellbeing Enterprise*, Dec. 31, 2014, <http://www.walgreensbootsalliance.com/newsroom/news/walgreens-and-alliance-boots-complete-step-2-of-merger-to-form-first-global-pharmacy-led-health-and-wellbeing-enterprise.htm>.

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- 27 In the 13 states with greater than or equal to 15 percent CVS Pharmacy retail market share included in the study, consumers purchased 95 million fewer packs of cigarettes, equivalent to about 5 packs per smokers. Jennifer M. Polinski et al., *Impact of CVS Pharmacy's Discontinuance of Tobacco Sales on Cigarette Purchasing (2012-2014)*, 107 AM. J. OF PUBLIC HEALTH 556-562 (2017).
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