Walgreens has golden opportunity

Growing public awareness of the harms of tobacco use and exposure to secondhand smoke has resulted in a decline in the U.S. adult cigarette smoking rate from more than 40 percent in the 1960s to 18 percent today. Still, cigarettes remain the leading preventable cause of death in the United States, responsible for 480,000 deaths annually.

More than half a century after the landmark Surgeon General’s Report warned the public about the devastating health toll taken by smoking in the form of lung cancer, heart disease and emphysema, it is outrageous that cigarettes are still being sold in thousands of pharmacies, primarily the large drugstore chains. It’s all the more hypocritical as these companies try to reinvent themselves not only as providers of prescription medications but also as walk-in clinics, where one can get blood pressure and blood sugar readings, vaccinations and even a check-up.

Pharmacy tobacco sales not only contribute to the social acceptability of tobacco but also contradict the drugstores’ claim that they are part of the health care team and trying to curb medical costs. Recognizing the conflict of selling cigarettes, almost all independent pharmacists ended such sales long ago. (A survey I reported in The Tuscaloosa News in 2002 found just one locally owned pharmacy in the area that still sold cigarettes.)

And last year, CVS, the nation’s second largest retail drugstore chain, stopped selling tobacco products in its 7,600 pharmacies. Since CVS’ announcement, 28 state attorneys-general have called on the remaining drugstore chains to cease tobacco sales. Now there is a golden opportunity for these companies to do just that.

Last week, the leading U.S. drugstore chain Walgreens announced a deal to buy Rite Aid. Walgreens’ 8,200 drugstores will add Rite Aid’s 4,600. If approved by antitrust regulators, such a merger would form the world’s largest retail pharmacy chain. It would also be perfect timing for the company to join archival CVS in ending the sale of tobacco products in these stores. No longer would Walgreens be able to claim that it feared losing such sales to competitors. Moreover, the widespread praise from the medical community and news media alike that CVS received last year when it announced its new policy would now extend to Walgreens.

It’s worth noting that third-party payers, including private insurance companies and Medicare, have also been not-so-innocent bystanders. Insurers could have adopted a payment structure that differentially reimburses tobacco-selling pharmacies and tobacco-free pharmacies, but none has taken this step. Thus, the situation exists in America that tobacco retailers actually receive reimbursements from private health insurers, as well as Medicare and Medicaid. My colleague, San Francisco lung disease specialist Dr. Vinishat Jha, has estimated the amount of government funding paid to tobacco retailers in a given year. For instance, in 2012 Medicare and Medicaid were the payment source for 34 percent of all U.S. retail drug expenditures. Total prescription drug revenues in 2013 were $287 billion, of which $137.4 billion was generated by six leading pharmacy chains: CVS, Walgreens, Walmart, Rite Aid, Kroger and Safeway, all of which were tobacco retailers in 2013. Overall, Dr. Jha estimates that in 2013, Medicare and Medicaid paid out $43 billion to tobacco retailers.

Pharmacies are supposed to be dedicated to protecting and promoting the health of their customers. Yet major drugstore chains still sell cigarettes right alongside medications. Companies that choose to sell tobacco products should no longer be granted licenses to dispense medications or provide other health care services.

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