

# New Partnerships To End The Toll Of Tobacco: Insights And Lessons From The APHA-CVS Health Symposium

2014



AMERICAN PUBLIC HEALTH ASSOCIATION  
*For science. For action. For health.*

## I. INTRODUCTION

***“This is the right thing to do.”***

***— CVS Health on the decision to stop selling tobacco***

On Feb. 5, 2014, CVS Health announced it would be pulling tobacco from its shelves. It was a landmark cultural shift: One of the nation’s largest pharmacy chains with 7,700 stores and upward of \$2 billion in annual tobacco sales had elevated the fight against one of the nation’s leading killers to new heights and set a bold standard for its peers in the private sector. It was a victorious day for public health and the battle against tobacco use.

More than 50 years ago, the nation’s top public health official, U.S. Surgeon General Luther Terry, MD, released the first report of the Surgeon General’s Advisory Committee on Smoking and Health, which stated in what was considered daring language for the times that “cigarette smoking is a health hazard of sufficient importance in the United States to warrant appropriate remedial action.” In the decades following, public health practitioners, researchers, advocates and supporters led a determined campaign to end deceptive tobacco marketing practices, educate the public on the dangers of smoking, limit access and use by teens, enact policies to end secondhand-smoke exposure and help people quit the deadly habit.

The hard work has paid off: In the 50 years since the surgeon general’s report, adult smoking rates have

declined by more than half and recent data finds that youth smoking is at its lowest rate in more than two decades. But more than that, the public health campaign and its successes slowly shaped a new culture of health that emphatically rejects tobacco use and continues to transform societal norms around smoking. The CVS Health decision is an example of that culture in action — and public health paved the way.

But the battle is far from over. Tobacco companies continue to spend billions every year in marketing and promotions to snare new smokers and electronic cigarettes threaten hard-fought declines in the youth smoking rate, while successful anti-smoking and cessation programs face serious budget cuts and in some cases, complete elimination. The public health movement to end the deadly toll of tobacco is at a new crossroads and innovative partnerships are needed to sustain our successes achieved so far and keep pushing forward. The CVS Health decision is an example of such a partnership — an innovative blend of public health values and private sector action that represents an enormous breakthrough in our collective campaign against tobacco use. It also sends a resounding message: The time has never been riper for building new and powerful anti-tobacco partnerships between the public and private sectors.

Such partnerships were the focus of a symposium hosted by the American Public Health Association (APHA) and CVS Health in Washington, D.C., on Sept. 23, 2014, that explored how traditional and nontraditional partners can unite to reduce tobacco use, improve the nation’s health and curb health care costs. The webcasted event featured insights from public health leaders, including Acting Surgeon General Boris Lushniak, MD, MPH, as well as representatives from national business, pharmacy and anti-tobacco advocacy organizations. Audience members also heard directly from William Shrank, MD, MSHS, chief scientific officer and chief medical officer, Provider Innovation and Analytics, for CVS Health, about the company’s decision to stop selling tobacco.

The symposium offered practical advice, lessons learned, enlightening statistics, stories of success and challenge as well as a new vision for attaining a tobacco-free generation. But perhaps most importantly, the event celebrated a major turning point in the anti-tobacco movement and underscored the power of public health-private sector partnerships in creating a healthier nation. This report offers insights related to and gathered during the APHA-CVS Health symposium, “Bringing together the public health and private sector to combat tobacco,” and is designed to help and inspire public health practitioners, advocates and supporters as they reach out to the private sector and build partnerships that bridge our differences and unite our common goals.

Today, thanks to CVS Health, there are 7,700 fewer places where adults and youth can buy tobacco. Let’s make sure that this is just the beginning.

## II. PUBLIC HEALTH & THE PRIVATE SECTOR: THE CVS HEALTH DECISION TO PULL TOBACCO

*“We believe we’re on the right side of history.” — William Shrank, MD, MSHS, chief scientific officer and chief medical officer, Provider Innovation and Analytics, CVS Health*

In early September 2014, CVS Health, one of the nation’s largest pharmacy retailers, officially stopped selling tobacco products and kicked off a new smoking cessation campaign, making it the first large pharmacy chain to take such comprehensive action against tobacco use. The move, which came a month before CVS Health’s original quit date of Oct. 1, was met with thunderous applause from the public health community — even the White House took note, with Press Secretary Josh Earnest hailing the move as “setting a powerful example that we hope others in the industry will follow.” So what drove CVS Health’s decision? Inconsistency, Shrank told audience members during the APHA-CVS Health symposium in Washington, D.C.



*“(Selling tobacco) in a setting where we provide health care — that seemed to be such a clear inconsistency to our mission and that was what drove our decision,”* he said.

Shrank said that during CVS Health’s decision-making process, the company reached out to public health experts and anti-tobacco advocates, which helped create “a real chorus” regarding the role of health and wellness retailers in curbing tobacco use and the inconsistency of selling cigarettes in the same setting where people come to receive health care services and learn about health-promoting behaviors. And while the decision will result in a loss of billions in tobacco revenue, Shrank has said that CVS Health’s mission of helping its customers toward better health remained the guiding principle throughout the process. In an interview with APHA’s Public Health Newswire, Shrank said:

*“Public health is becoming a more valued commodity in the private sector as the cost savings of prevention and good health become more and more apparent. There is no question our health care system is moving away from paying for volume of care and toward paying for outcomes. This shift means prevention is no longer only a public health imperative, but it also makes good business sense for health care providers, employers and individual consumers.”*

To gauge the effect of eliminating tobacco sales, Shrank co-authored a study<sup>1</sup> examining the experiences of Boston and San Francisco, both of which had enacted local policy banning the sale of cigarettes in stores with retail pharmacies. The study, which noted that 9 percent of national cigarette sales occur in stores with retail pharmacies, found that eliminating such tobacco sales did, indeed, result in a reduction in the number of people buying tobacco in both cities. Specifically, the study shows that the enactment of policies to eliminate the sale of tobacco products at retailers with pharmacies in San Francisco and Boston was associated with up to a 13.3 percent reduction in purchasers of tobacco products.

After controlling for baseline smoking rates over time, the study still found a 5.5 percent decline in the number of tobacco users. Based on those findings, if stores with retail pharmacies nationwide pulled tobacco from their shelves, 25,000 to 60,000 lives could be saved every year, Shrank said during the symposium.

As more and more companies position themselves as health care retailers and tout their role in expanding access to medical and preventive health services, the incompatibility of selling tobacco just steps away from a pharmacy or retail clinic is bound to gain more traction within the business community and among consumers. In an article<sup>2</sup> Shrank co-authored with fellow CVS Health medical officers Troyen Brennan, MD, MPH, and Andrew Sussman, MD, and that appeared Sept. 3, 2014, in the *Health Affairs* blog, the authors note that tobacco sales and marketing in retail settings that offer health care services undermine the de-normalization of tobacco use. In fact, with 5 million people walking through the doors of a CVS/pharmacy store every day, even a small number of tobacco purchases adds up to a significant amount. It’s the kind of daily exposure that tobacco companies count on and its elimination is an enormous step forward in reducing the visibility of tobacco products and their appeal to potential and current smokers. In the *Health Affairs* piece, Shrank, Brennan and Sussman write:

*“We are not suggesting that every product that a retailer sells needs to be scrutinized for its effect on public health. And some might argue that sale of sugary beverages or high-calorie food is also out of alignment. However, tobacco is in a category by itself, where even the most minimal dose is harmful. It is not our place to advocate for tobacco bans such as San Francisco and Boston utilized. But we do think it is important for retailers moving into health care to keep in mind these notions of integrity and to consider the impact on patients of their decisions about product array. In particular, the integrity issue weighs heavily on the sale of tobacco in pharmacies.”*

1 [www.cvshealth.com/sites/default/files/TobaccoPolicyResearchLetter\\_Final.pdf](http://www.cvshealth.com/sites/default/files/TobaccoPolicyResearchLetter_Final.pdf)

2 <http://healthaffairs.org/blog/2014/09/03/integrity-in-retail-health-care-rethinking-the-sale-of-tobacco-products/>



Shrank told symposium attendees that CVS Health isn't stopping with ending tobacco sales. The company also plans to leverage the power of its 7,700 stores, 900 hundred Minute Clinics and its pharmacy benefits management arm to identify people who want help quitting and connect those people with cessation resources and assistance. Shrank noted that while there are real challenges in persuading large, for-profit companies to take actions that have immediate financial implications for shareholders, consumers still hold influential power. If consumers choose to spend their dollars at businesses that take a stand against tobacco, more businesses may be swayed to join the movement.

*“We hope our actions help to encourage and inspire others to think about what their role can be,” Shrank said at the symposium. “We hope that it continues to engage public health interests as well as the private sector around how we collaborate and how we partner and how we work together to make this country a healthier place and one with less tobacco.”*



### III. FOR SCIENCE, FOR ACTION, FOR HEALTH: THE MOVEMENT TO END TOBACCO USE

*“Let’s walk away invigorated, let’s walk away reset on our path, on our mission, and let’s walk away being friends.” — Acting U.S. Surgeon General Boris Lushniak, MD, MPH, talking to representatives from the public and private sectors during the APHA-CVS Health symposium*

At the beginning of 2014, the Office of the U.S. Surgeon General released “The Health Consequences of Smoking — 50 Years of Progress: A Report of the Surgeon General,” which celebrated five decades of progress, reported the latest science on the dangers of smoking, and set a vision for a future free of tobacco-related death and disease. During the APHA-CVS Health symposium, Acting Surgeon General

Lushniak touted the importance of the report and its predecessors, but he said simply laying out the scientific evidence against tobacco use is no longer enough — “long gone are the days where we can hide behind the science,” he said. Moving forward, the anti-tobacco movement and public health action on its behalf must be driven, in part, by two key elements: passion and anger.

*“We introduce the concept of passion saying we have the science, we have the ability to change the world and we have to be enthusiastic and filled with this sense of accomplishing something. And there’s no holding back, folks,”* Lushniak said. *“The scientist...who doesn’t take on the aspects of passion or anger won’t accomplish the goal.”*

Lushniak called on public health practitioners to post two inspirational texts on their bulletin boards at work. One is the World Health Organization’s definition of health — that *“health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”* — and the second is the 10 greatest public health accomplishments of the 20<sup>th</sup> century as compiled by the Centers for Disease Control and Prevention in 1999 and which included the recognition of tobacco use as a health hazard. The latter, he said, will continue to remind public health workers that great victories are achievable, despite the odds.

*“We are on the winning team,”* Lushniak said.

But with so much more to be done in the fight against tobacco use, how do we move forward? By reaching out to seemingly nontraditional public health partners within both the private and public sectors, said Lushniak, noting that in many cases, policy banning smoking and curbing secondhand-smoke exposure are being readily embraced for both health and economic reasons. In other words, people want healthier communities and they recognize that anti-tobacco policies are a key component. For example, Lushniak spoke about a recent visit to the heart of tobacco country, North Carolina,

where he met the manager of a multi-unit housing community that had gone completely smoke-free. And while the manager did not identify as a “public health person” and the decision to go smoke-free was partially driven by good business sense, it was also a change that the residents wanted and embraced, Lushniak reported. Of course, smoking bans within public and private multi-unit housing is not an entirely new concept, but it does illustrate how public health values around tobacco use and healthy living conditions have permeated popular thought and paved the path toward new partnership opportunities.

“Ultimately, we’re changing,” Lushniak told attendees. “We’re changing a philosophy — that ultimately (this is) what the public wants. And I think that’s what the discussion here needs to be.”

## WHAT MAKES A RESPONSIBLE RETAILER?

Public health advocates have made tremendous progress in curbing tobacco use. Still, 3,000 kids light up a cigarette for the first time every day and 700 kids will become confirmed, addicted smokers. Those numbers mean that while we may know what works to curb tobacco use — higher tobacco taxes, smoke-free policies, strong tobacco regulatory authority — we’re not applying those practices and pushing for change hard enough, said symposium speaker Matthew Myers, president of the Campaign for Tobacco-Free Kids. In addition, public health and anti-tobacco advocates have failed to enthusiastically embrace the private sector as a meaningful partner in the fight against tobacco use, Myers told attendees. The CVS Health decision has demonstrated that corporate leadership can change the public dialogue and compel people to ask new and fundamental questions, he said, such as what makes a responsible retailer?

*“I put to you that it’s all of our responsibility to say that a responsible retailer in our society doesn’t sell tobacco products, whether they are a pharmacy,*

*a convenience store, a gas station or a box store,” Myers said. “If we really believe that the definition of a responsible retailer is a retailer that doesn’t sell tobacco, that puts the health of its community before its short-term profits, then we need to make sure that every retailer gets that message...we need to reward those who do the right thing, so that doing the right thing is good business as well as good policy.”*

It is one thing to make a business decision, Myers said, but it’s another to recognize that every private-sector business in the nation is responsible to its community and that they have role in creating healthier places. Considering the smoking reductions of just the past 15 years, Myers said it is not an overstatement to say that if youth smoking rates are still in the double digits by the end of the decade, it represents a significant collective failure.

*“We will only succeed with the kind of public-private partnerships that CVS Health has demonstrated we’re capable of doing if we embrace business and ensure that business understands that it’s in their economic interest as well as their good-hearted interest (to join the fight against tobacco),”* he told attendees.

In terms of strengthening private-sector momentum to help end tobacco use, CVS has given us a running start, Myers said. Now it’s time for public health to keep that momentum moving forward.



## **IV. PHARMACISTS & EMPLOYERS: NATURAL PARTNERS IN THE MOVEMENT AGAINST TOBACCO**

*“CVS pharmacists love it, they are so proud of their company.” — Thomas Menighan, ScD, MBA, executive vice president and chief executive officer, American Pharmacists Association, on the CVS Health decision to stop selling tobacco*

Years before the landmark CVS Health announcement, the American Pharmacists Association adopted a comprehensive policy on the selling of tobacco. Among other measures, the 2010 policy called for an end to tobacco sales in pharmacies and facilities that include pharmacies, urged state boards of pharmacy to stop issuing licenses to pharmacies that sell tobacco, and encouraged pharmacists seeking employment to first consider jobs within pharmacies that don’t sell tobacco products.



Such policy isn't just aspirational language — to the contrary, it aligns with the role of today's pharmacist in promoting community health as well as the services that pharmacists are increasingly being trained to provide, such as identifying people who want to quit tobacco, connecting patients with cessation therapy and serving as cessation coaches, said Menighan, a panelist during the APHA- CVS Health symposium. However, pharmacists remain an underutilized resource in the public health movement to end tobacco use, despite their clear visibility in communities nationwide and within neighborhoods home to high-risk, vulnerable residents. Pharmacists are often familiar, trusted faces of health care in their communities — often more recognizable than local health officials — and can serve as valuable public health partners in efforts to stop tobacco use.

*“Increasingly, well-trained pharmacists engage in the provision of smoking cessation programs,”* Menighan said. *“These programs effectively influence smoking cessation by patients with not just medication or nicotine replacement therapy, but also coaching on behavior modification and other support.”*

And scientific research backs up this premise. For example, a meta-analysis<sup>3</sup> involving nearly 1,500 smokers and published June 2014 in the *Journal of Clinical Pharmacy and Therapeutics* found that community pharmacist-led interventions resulted in better smoking abstinence rates when compared with other types of smoking interventions. That study concluded that “health policymakers should direct incentives for community pharmacists to provide such services.” Other studies have found that community pharmacists are, indeed, effective at screening and identifying tobacco users who are ready to quit. However, pharmacists do face some policy barriers, Menighan said. He pointed out that only five state Medicaid programs support beneficiaries in accessing cessation services from pharmacists, and Medicare does not cover pharmacist services unless the services are provided while the patient is in the doctor's office.

Still, pharmacists are eager to join the movement and have been for some time. In 2010, shortly after the pharmacists association adopted its anti-tobacco policy, Menighan said he met with senior executives from national pharmacy chains.

*“I can't tell you how to run your business,”* Menighan remembers telling the executives. *“But I can tell you that the pharmacists of America don't like selling cigarettes, they don't like them in their stores and they want them out.”*

One of those executives was from CVS Health. In fact, Menighan said he spoke with that same executive just prior to CVS Health's announcement that it would stop selling tobacco and *“it struck a chord with me that these policies that we pass aren't just words on a page, they make a difference.”* Pharmacies, he said, are natural anti-tobacco partners.

*“Put us in, coach,”* Menighan said. *“Pharmacists are ready to play.”*

## HEALTHY WORKPLACES, HEALTHY WORKERS

An enormous share of the tobacco-related financial burden is shouldered by employers, who face increasing health care costs, losses in productivity and more absenteeism. Research has found that private employers in the U.S. pay nearly \$6000<sup>4</sup> extra per year per smoker when compared to an employee who doesn't smoke. That burden is leading employers across the country to implement a variety of policies, programs and incentives to encourage workers to kick the deadly habit — actions that make them natural public health partners in the effort to build a larger culture of health, said Shari Davidson, vice president at the National Business Group on Health, a nonprofit that works with large employers to address their health care issues.

Davidson, who served as a panelist during the APHA- CVS Health symposium, reported that 93

3 <http://onlinelibrary.wiley.com/doi/10.1111/jcpt.12131/abstract>

4 <http://researchnews.osu.edu/archive/smokework.htm>



percent of the organization's members, which are primarily Fortune 500 companies, offer smoking cessation services, up from 66 percent in 2009. And those services can have significant reach, as the organization's members provide health coverage for more than 55 million U.S. workers, retirees and their families.

*“We’ve supported employers in putting in programs — comprehensive programs — like financial support, cessation aides, counseling and medication, and created toolkits for our members to learn how to do that,”* Davidson told attendees.

In reality, large employers were among some of the earliest adopters of smoking bans and many plan to continue strengthening their anti-tobacco efforts, she said. According to a recent survey the National Business Group on Health conducted among large companies, half of respondents plan to ban smoking throughout their outdoor campuses, 7 percent plan to ban the hiring of smokers in states where the practice is legal, 58 percent expect to offer some type of incentive to quit smoking and 11 percent make a contribution to the health savings accounts of non-smoking employees. Large employers are taking the lead, Davidson said, and if other payers such as Medicare and Medicaid thought similarly, *“we could really bend the trend on this issue.”*

But do such interventions work? The final word is still out, but research is emerging in its favor. For example, the Community Guide to Preventive Services<sup>5</sup>, the official collection of findings from the U.S. Community Preventive Services Task Force, found that while there is insufficient evidence to determine whether workplace-based incentives and competitions to reduce tobacco use are effective on their own, the task force did recommend such programs when combined with additional interventions that support individual workers in their efforts to quit. Another study<sup>6</sup>, conducted in partnership with the National Business Group

on Health, examined the effect of an incentive-based cessation program at the General Electric Corporation, finding that 15 percent of incentivized workers quit, while only 5 percent of workers who were simply given a list of community-based and online cessation resources kicked the habit.

## THE TOLL OF TOBACCO

Tobacco use remains the single largest cause of preventable death and disease in the United States, killing more than 480,000 Americans every year. More than 41,000 of those annual deaths are due to secondhand tobacco smoke exposure.

- In 2012, about 18 percent, or 42.1 million U.S. adults, were current cigarette smokers.
- More than 78 percent of current adult smokers smoke on a daily basis.
- Smoking rates vary among population groups, leading to disproportionate burdens of tobacco-related disease in communities already struggling with significant health disparities. For example, U.S. smoking rates are highest among American Indians, Alaska Natives and African-Americans as well as among people living in poverty and those with less than a high school education.
- Smoking is linked to a laundry list of dangerous diseases and conditions, including chronic obstructive pulmonary disease, premature birth, heart disease, stroke, pneumonia and cancers of the lungs, throat, kidneys, stomach and pancreas.
- Smokers die earlier: It's estimated that male smokers lose more than 13 years of life and female smokers lose more than 14 years of life.

Sources: [www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html](http://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html) & [www.lung.org/stop-smoking/about-smoking/facts-figures/general-smoking-facts.html](http://www.lung.org/stop-smoking/about-smoking/facts-figures/general-smoking-facts.html)

<sup>5</sup> [www.thecommunityguide.org/tobacco/incentives.html](http://www.thecommunityguide.org/tobacco/incentives.html)

<sup>6</sup> [www.commonwealthfund.org/publications/newsletters/purchasing-high-performance/2009/june-18-2009/case-studies/what-happened-when-ge-paid-employees-to-quit-smoking](http://www.commonwealthfund.org/publications/newsletters/purchasing-high-performance/2009/june-18-2009/case-studies/what-happened-when-ge-paid-employees-to-quit-smoking)

Davidson told symposium attendees that large employers with the most innovative cessation activities have experienced about a 1.6 percent increase in health care costs over each of the last four years, which is much lower than the average 5.2 percent increase nationwide. She also noted that big employers are taking the lead on electronic cigarettes as well, treating the new threat no different than traditional cigarettes.

*“It’s a combination of more of what we’re doing and using all those best practices, following the companies that have made a really good impact and moving forward with keeping those cultures of health,”* Davidson said.

## THE COST OF TOBACCO

In the United States alone, smoking-related illnesses cost more than \$289 billion every year, including \$133 billion in direct medical care and \$156 billion in lost productivity.

- Banning smoking in all government-subsidized U.S. housing would save about \$497 million every year, including \$310 million in secondhand smoke-related health care, \$134 million in housing renovation costs and \$53 million in smoking-attributable fires.
- It’s estimated that U.S. employers pay nearly \$6,000 extra per year for each employee who smokes.
- U.S. taxpayers shoulder a yearly tobacco-related burden of \$86.4 billion, which translates to about \$740 per household. Within the Medicare program alone, smoking-related costs top \$32 billion annually.
- Infant and child health and developmental problems associated with exposure to secondhand smoke is estimated at between \$1.4 billion and \$4 billion annually.

Sources: [www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html](http://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html), [www.cdc.gov/media/releases/2014/p1002-smoke-free-housing.html](http://www.cdc.gov/media/releases/2014/p1002-smoke-free-housing.html), <http://researchnews.osu.edu/archive/smokework.htm> & [www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf](http://www.tobaccofreekids.org/research/factsheets/pdf/0072.pdf) bacco-use & [http://global.tobaccofreekids.org/files/pdfs/en/MDGs\\_en.pdf](http://global.tobaccofreekids.org/files/pdfs/en/MDGs_en.pdf)

## V. STEPS FOR PUBLIC HEALTH ACTION: PUBLIC-PRIVATE PARTNERSHIPS TO END TOBACCO USE

• **EMBRACE THE PRIVATE SECTOR:** Public health and the private sector have more in common when it comes to eliminating tobacco use than it may seem. Reach out to local businesses and employers about the benefits of curbing tobacco use to their bottom lines and help connect them with evidence-based resources and information. The evidence shows that tobacco use results in higher employer health care costs, more absenteeism and less productivity — this is a narrative that particularly resonates with the private sector and could help jumpstart new public-private partnership against tobacco. On the flip side, be open to learning from private-sector partners, as their experiences and strategies to curb smoking may hold new insights for boosting population health-based efforts.

• **LET YOUR DOLLARS SPEAK:** Support responsible retailers who choose health over tobacco profits and encourage your friends, family and colleagues to do the same. An enthusiastic consumer response may persuade more companies to follow CVS Health’s lead. Also, please consider adding your name to APHA’s Change.org petition calling on all pharmacies and wellness retailers to stop selling tobacco at [www.change.org/p/pharmacies-and-clinics-stop-selling-tobacco-products-in-pharmacies-and-clinics](http://www.change.org/p/pharmacies-and-clinics-stop-selling-tobacco-products-in-pharmacies-and-clinics).

• **OFFER YOUR EXPERTISE:** Public health has an accomplished track record in the fight against tobacco use — its practitioners know what works and who’s most at risk. Offer this knowledge and expertise to new partners in the private sector and help them adapt and tailor prevention and cessation activities to achieve sustainable success. Make best practices in tobacco control easily accessible and relevant to partners in the private sector.

- **RAISE THE ROI:** Raise awareness about the economic arguments underpinning reductions in tobacco use. Research<sup>7</sup> has found that savings from workplace smoking cessation benefits exceeded the cost of the benefits within four years. This is just the kind of persuasive information that can lead more businesses to actively engage in their workers' and community's health as well as generate fruitful public-private partnerships to reduce the toll of tobacco.

- **PARTNER WITH PHARMACISTS:** Pharmacists are familiar and trusted health care providers in nearly every community, yet formal partnerships between pharmacists and public health practitioners have just recently begun to emerge. Research shows that pharmacists are effective messengers of cessation information, are adept at identifying smokers who want to quit and can play a key role in helping smokers successfully kick the habit. Pharmacists are also a persuasive voice in encouraging health and wellness retailers to remove tobacco products from their shelves. Reach out to pharmacists in your community and discuss the possibilities for partnership, collaboration and united action.

- **REACH OUT TO RETAIL:** Retailers that offer health and wellness services are hardly the only businesses in a community that sell tobacco. Gas stations, convenience stores, grocery stores, restaurants and bars — the all have a role in creating healthier communities and would be hard-pressed to ignore a chorus of consumer demand to stop selling tobacco.

- **SUPPORT A CULTURE OF HEALTH:** There is a glaring inconsistency in selling tobacco products and displaying tobacco marketing in the same setting where people come to receive health, wellness and preventive services. Part of building a true culture of health requires sending a consistent message in opposition to tobacco, and all community

stakeholders, both public and private, have a role in shaping new societal norms and creating a tobacco-free generation. Tobacco has no place in a healthy community.

- **START WITH SCIENCE, LEAD WITH PASSION:** Ending the deathly toll of tobacco use is a noble and worthy goal. Help build a movement to end tobacco use once and for all and chase that goal with a passion worthy of this great endeavor.

## AN END TO TOBACCO

Ending tobacco use and the global toll of tobacco-related disease and mortality is an international effort. Worldwide, tobacco kills about 6 million people every year, with more than 600,000 of those deaths the result of secondhand-smoke exposure. Every six seconds, one person in the world dies due to tobacco. However, the international public health community is committed to fighting the global tobacco epidemic.

- The World Health Organization Framework Convention on Tobacco Control is the most widely embraced treaty in the history of the United Nations, reaching 89 percent of the world's population.
- In the U.S., Healthy People 2020, the nation's health goals for the current decade, aims to reduce the adult smoking rate to 12 percent and reduce the percentage of young people initiating tobacco use by two percentage points to 5.8 percent.
- The international Millennium Development Goals state that reducing tobacco use, its disease burden and mortality is vital to reaching global anti-poverty, education, equality and maternal health goals.

Sources: [www.who.int/mediacentre/factsheets/fs339/en/](http://www.who.int/mediacentre/factsheets/fs339/en/), [www.healthypeople.gov/2020/topics-objectives/topic/to](http://www.healthypeople.gov/2020/topics-objectives/topic/to)

## VI. RESOURCES

### APHA

[www.apha.org](http://www.apha.org)

### CVS/pharmacy & CVS/minute clinic

[www.cvs.com/quit-smoking/quit-now.html](http://www.cvs.com/quit-smoking/quit-now.html)

### Office of the U.S. Surgeon General

[www.surgeongeneral.gov](http://www.surgeongeneral.gov)

### Campaign for Tobacco-Free Kids

[www.tobaccofreekids.org](http://www.tobaccofreekids.org)

### American Pharmacists Association

[www.pharmacist.com](http://www.pharmacist.com)

### National Business Group on Health

[www.businessgrouphealth.org](http://www.businessgrouphealth.org)

### CDC Office on Smoking and Health

[www.cdc.gov/tobacco/osh](http://www.cdc.gov/tobacco/osh)

### National Cancer Institute Tobacco Research

[www.cancer.gov/cancertopics/tobacco/smoking/tobacco-research](http://www.cancer.gov/cancertopics/tobacco/smoking/tobacco-research)

### Tobacco ROI Calculator

[www.businesscaseroi.org/roi/default.aspx](http://www.businesscaseroi.org/roi/default.aspx)

### American Legacy Foundation

[www.legacyforhealth.org](http://www.legacyforhealth.org)



*APHA gratefully acknowledges the support of CVS Health in organizing and funding this symposium and report.*

