



Ending the Sale of Tobacco in California Pharmacies: Frequently Asked Questions

Assembly bill aims to improve health care delivery in the state by ending all tobacco sales in pharmacies.

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What is Assembly Bill (AB) 957 and what would it do?

AB 957 would end tobacco sales by pharmacies. Introduced in February 2025 by Assemblymember Ortega and coauthored by Assemblymembers Addis, Connolly, and Garcia and Senators Becker and Rubio,¹ AB 957 would end the retail sale of tobacco in pharmacies by prohibiting licensed pharmacies from also having a Tobacco Retailer License (TRL). Businesses with a pharmacy would not be allowed to sell tobacco products anywhere on the premises. It would apply to standalone drugstores as well as to supermarkets, warehouse club stores, and supercenters that contain a pharmacy. If enacted, California would become the fourth state in the US to adopt a statewide tobacco-free pharmacy policy, after Massachusetts (2018),² New York (2020),³ and Maine (2025).⁴

Why is it a problem that pharmacies sell tobacco?

It conflicts with the pharmacy profession's role in health care. Selling tobacco, the leading cause of preventable death and disease, is incompatible with the pharmacy profession's role to promote health.^{5,6,7} One study found that pharmacies sold cigarettes to 1 in 20 patients who were filling prescriptions for asthma, COPD, or hypertension, conditions caused or worsened by smoking.⁸ The credibility of pharmacists in counseling patients on quitting is undermined when their pharmacies profit from the very products patients are trying to quit.⁹ Eliminating tobacco sales removes this conflict of interest. This is especially important in rural areas, where pharmacies increasingly serve as health care hubs.¹⁰

It undermines public health messaging. Pharmacy sales allow the tobacco industry to re-normalize their products by placing them in a setting associated with health and wellness.^{5,9} The industry uses pharmacies to promote tobacco use through point-of-sale marketing tactics such as “power walls”—large, highly visible product displays near the check-out.

It hurts patients who are trying to quit. For patients who are trying to quit, tobacco product displays are a major trigger for relapse. Seeing these products while picking up quitting aids or other prescriptions can cue cravings and stimulate impulse purchases.^{11,12}

It hurts young people. Point-of-sale tobacco marketing is associated with increased youth initiation of tobacco use.¹³ Moreover, tobacco products may cost significantly less in pharmacies compared to other outlets, making them more appealing to price-sensitive youth.¹⁴ Cigarette price promotions are more prevalent in pharmacies than in any other type of tobacco retailer.¹⁵



A “power wall” tobacco product display at a Walgreens pharmacy.
Source: CounterTobacco.org. Photo credit: Robert Jackler.

Which pharmacies in California sell tobacco?

As of January 2026, 1 in 8 retail pharmacies in California (12.8%) sells tobacco. As shown in Table 1, virtually all pharmacies with a TRL are chains, and the chain with the greatest number of sites with a TRL is Walgreens. This one company accounts for half of all pharmacies selling tobacco in California. Concerningly, a private equity firm that recently acquired Walgreens decided that in addition to selling cigarettes, it would resume selling e-cigarettes, a practice the company had ended in 2019.¹⁶ Rite Aid had been second only to Walgreens with respect to the number of stores selling tobacco, but declared bankruptcy in 2025 and sold or liquidated all of its stores.¹⁷ Other chains with numerous sites selling tobacco include Vons, Sav-On, Ralphs, Safeway, and Pavilions. Costco and Walmart/Sam Club have stopped selling tobacco in most, but not all, of their sites.

Some chains voluntarily stopped selling tobacco. These include Target in 1996¹⁸ and CVS in 2014.¹⁹ Other chains were urged to follow suit,^{9,20} but Raley's was the only sizeable chain in California to do so.²¹

Almost no independent pharmacies sell tobacco. Non-chain pharmacies make up more than half of the retail pharmacies in California and only a handful of them sell tobacco. Most independent pharmacies in California stopped selling tobacco by the late 1990s or early 2000s.^{22,23}

Find out which pharmacies in your area sell tobacco. A TCPRC database of businesses with a pharmacy license and a TRL, searchable by city or county, is available [here](https://tcprc.ucdavis.edu/data-tools) (tcprc.ucdavis.edu/data-tools). This tool combines data from California Department of Consumer Affairs and California Department of Tax and Fee Administration.

Table 1. Retail pharmacies licensed to sell tobacco in California by parent company, as of January 1, 2026

Parent company	Store name	Pharmacies in California	Pharmacies licensed to sell tobacco	
		N	N	%
Albertsons Companies, Inc.	Pavilions	20	19	95.0
	Safeway	159	68	42.8
	Sav-On	87	79	90.8
	Vons	104	102	98.1
Costco Wholesale Corp.	Costco	134	5	3.7
CVS Health Corp.	CVS (including locations in Target stores)	1,067	0	0.0
Kroger Co.	Ralphs	76	74	97.4
Raley's	Bel Air	12	0	0.0
	Raley's	41	0	0.0
Rite Aid Corp.	Rite Aid*	0	0	N.A.
Walgreen Co.	Walgreens	489	358	73.2
Walmart Inc.	Sam's Club	29	5	17.2
	Walmart	273	0	0.0
Other	Various**	3,141	9	0.3
Total		5,632	719	12.8

Data source: California Department of Consumer Affairs, California Department of Tax and Fee Administration

*Rite Aid filed for Chapter 11 bankruptcy and closed all of its stores by October 2025.¹⁷

**Includes independent and health system pharmacies, compounding, mail order, home health care, skilled nursing, etc. The 9 sites with TRLs are mostly independent pharmacies associated with grocery stores that sell tobacco.

Who supports tobacco-free pharmacies?

Many prominent health organizations have issued statements in support of tobacco-free pharmacies: American Pharmacy Association,²⁴ American Medical Association,²⁵ American Academy of Pediatrics,²⁶ American Nurses Association,²⁷ American Cancer Society Cancer Action Network,²⁸ American Heart Association,²⁹ and American Lung Association.³⁰

The general public also strongly supports tobacco-free pharmacies. In a 2023 survey, 69% of California adults agreed that pharmacies and drug stores should not sell tobacco products.³¹

What jurisdictions have enacted tobacco-free pharmacy policies?

San Francisco led the way. In 2008, it became the first city in the US to prohibit tobacco sales by pharmacies.³² Since then, at least 65 jurisdictions in California have implemented similar policies.³³ Youth organizations and independent pharmacies have played important roles in raising awareness of the need for such policies.³⁴

California cities with a tobacco-free pharmacy policy:

Alameda, Benicia, Berkeley, Beverly Hills, Burlingame, Cloverdale, Colma, Corte Madera, Cupertino, Daly City, East Palo Alto, Emeryville, Fairfax, Guadalupe, Half Moon Bay, Hayward, Healdsburg, Hermosa Beach, Hollister, Lafayette, Larkspur, Los Altos, Los Gatos, Manhattan Beach, Marina, Menlo Park, Millbrae, Mill Valley, Morro Bay, Newark, Novato, Oakland, Pacifica, Palo Alto, Petaluma, Portola Valley, Redwood City, Richmond, San Anselmo, San Mateo, San Carlos, San Francisco, San Rafael, Santa Maria, Santa Rosa, Saratoga, Sebastopol, South San Francisco, Stanton, Tiburon, Union City, Vallejo, Watsonville, and Windsor.

California counties with a tobacco-free pharmacy policy (covering unincorporated areas): Alameda, Contra Costa, Del Norte, El Dorado, Humboldt, Los Angeles, Marin, San Diego, San Mateo, Santa Clara, and Sonoma.

Many jurisdictions nationwide have followed suit: More than 250 municipalities across the US have adopted similar policies (ANRF 2025),³⁵ as have the states of Massachusetts,³⁶ New York,³⁷ and Maine.³⁸



*A San Francisco bus ad calls for an end to tobacco sales in pharmacies.
Source: California LGBT Tobacco Education Partnership*

What can be done at the local level to end tobacco sales in pharmacies?

Amend or enact a local ordinance. The most common way to end tobacco sales in pharmacies is to amend a pre-existing TRL ordinance, which among other things defines the businesses that can obtain a TRL and the conditions they must follow to keep it. Many local jurisdictions in California have amended their TRL ordinances to bar licensed pharmacies from obtaining a TRL. The Public Health Law Center provides a model TRL ordinance that includes language for prohibiting tobacco sales in pharmacies, available [here](#).³⁹ For jurisdictions without a TRL law, Americans for Nonsmokers' Rights provides a model stand-alone ordinance for prohibiting tobacco sales in health care institutions, including pharmacies, available [here](#).⁴⁰ CounterTobacco.org provides a helpful action guide, available [here](#).⁴¹

What beneficial effects have these policies had?

Tobacco-free pharmacy policies, whether voluntary or legislated, have had largely positive effects. For example:

- The CVS decision to stop selling tobacco was associated with decreased cigarette purchases by CVS-exclusive consumers,⁴² increased quit attempts in counties with high densities of CVS pharmacies,⁴³ and decreased cigarette consumption among nondaily smokers.⁴⁴
- New York City's tobacco-free pharmacy law was associated with a citywide 7% decrease in tobacco retailer density, although the effect varied across neighborhoods.⁴⁵
- Cities in California and Massachusetts that implemented tobacco-free pharmacy policies experienced decreases in tobacco retailer density nearly 1.5 times greater than cities without such policies.⁴⁶

Are tobacco-free pharmacy policies bad for business?

There is no evidence that tobacco-free pharmacy policies hurt the retail pharmacy business. In fact:

- One year after San Francisco prohibited tobacco sales in pharmacies, 76% of consumers said the policy made no difference to where they shopped and 12% said it made them shop at pharmacies more.⁴⁷ Five years later, the number of chain pharmacies in San Francisco had increased from 57 to over 70.⁴⁸
- Pharmacies in California and Massachusetts that were required to stop selling tobacco by new tobacco-free pharmacy policies experienced no significant business impacts.^{49,50}
- Preliminary TCPRC analyses show local jurisdictions in California with tobacco-free pharmacy policies did not experience reductions in pharmacy density (among chains, independents, or overall) greater than those in jurisdictions without such policies.⁵¹
- A study examining the impact of a tobacco-free pharmacy policy on pharmacy density in Ontario, Canada, found that there was a net gain of 70 pharmacies two years after the policy took effect.⁵²
- General prohibitions on tobacco sales in Beverly Hills and Manhattan Beach virtually eliminated tobacco sales in these jurisdictions but did not adversely affect local businesses.⁵³

If tobacco-free policies don't hurt business, why are pharmacies closing?

There is significant turnover in the pharmacy industry. From 2010 to 2021, 29.4% of all US pharmacies closed.⁵⁴ The closure rate in California was lower but still substantial at 25.5%. The risk of closure was greater for independent pharmacies (vs. chain), urban neighborhoods (vs. rural), and predominately Black and Latino neighborhoods (vs. White).⁵⁴ Pharmacy closures are due to broad industry pressures:

- Inadequate reimbursement from PBMs. Vertically integrated Pharmacy Benefit Managers (PBMs) often use inflated drug pricing and low reimbursement rates to maximize their own profits and disadvantage retail pharmacies.⁵⁵ One pharmacist, Katie Bass, described how PBM practices forced her to close two rural, independent pharmacies. She had not sold tobacco and, in fact, had trained staff to screen for tobacco use and offer treatment. A new state law, SB 41, took effect in January 2026. It requires PBMs to act in the best interests of payers and patients, forbids discriminating against nonaffiliated (independent) pharmacies, bans spread pricing, mandates passing 100% of drug manufacturer rebates on to the payer, and requires licensing through the Department of Managed Health Care.
- Legal liabilities. Many pharmacy closures stem from corporate mismanagement and legal liabilities. For example, Rite Aid's bankruptcy was precipitated by lawsuit settlements related to its role in the opioid crisis.⁵⁶
- Competition from online retailers. Similarly, the decision by CVS and Walgreens to close over 2,000 locations in the US from 2024 to 2026 was part of a realignment strategy to combat rising competition from online and mail-order retailers.⁵⁷



Instagram post about pharmacy closures in the Fresno Bee.
Image credit: California Pharmacy Association

Under AB 957, could pharmacies sell any nicotine products?

Pharmacies would only be allowed to sell nicotine medication approved for tobacco cessation by the US Food and Drug Administration (FDA). This includes four forms of nicotine replacement therapy (NRT): patches, gum, lozenges, and nasal spray. Pharmacies would be prohibited from selling commercial nicotine products, such as nicotine pouches, nicotine gels, and dissolvable tobacco products. These commercial nicotine products are not "FDA-approved for tobacco cessation" but may be "FDA-approved for marketing" and use high potency nicotine salts. Tobacco companies sell such products not to help people quit but to keep them addicted to nicotine.^{58,59}

How can pharmacies support patients in quitting tobacco?

California pharmacists are using their scope of practice under state law to screen and treat patients who use tobacco.⁶⁰ Community pharmacies are well suited to treat tobacco use, as 89% of Americans live within five miles of a community pharmacy,⁶¹ and their assistance has been proven effective in helping patients quit.⁶² Most people who use tobacco want to quit, and over half report making a quit attempt in the past year, but fewer than 4 in 10 use evidence-based treatment and fewer than 1 in 10 succeed each year.⁶³ To help address this care gap, the pharmacy profession has made training on tobacco treatment widely available to pharmacists and pharmacy technicians and has integrated it into pharmacy school curricula.⁶⁴



Photo credit: Getty Images

How does California state law support pharmacists in helping patients quit?

California law has evolved to support pharmacists in helping their patients quit tobacco:

- Senate Bill (SB) 493, enacted in 2013, authorizes pharmacists who are trained in tobacco cessation to furnish NRT without a prescription.⁶⁵
- AB 1114, enacted in 2016, authorizes Medi-Cal payments to pharmacists for treating tobacco use.⁶⁶ Governor Newsom later issued an executive order requiring Medi-Cal plans to reimburse pharmacists for cessation counseling and furnishing NRT.⁶⁷
- AB 317, enacted in 2023, requires commercial health plans to reimburse pharmacists for clinical services provided within their scope of practice, including tobacco treatment.⁶⁸
- AB 1503, enacted in 2025, expands pharmacists' scope of practice by shifting to a standard-of-care practice model, allowing them to furnish NRT, varenicline, and bupropion using the same professional judgment standard as physicians and nurse practitioners.⁶⁹

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