



SMOKE-FREE EUROPE 12

PHARMACISTS AND ACTION ON TOBACCO

**EUROPHARM
FORUM**



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PHARMACISTS AND ACTION ON TOBACCO



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EUROPEAN HEALTH21 TARGET 12

REDUCING HARM FROM ALCOHOL, DRUGS AND TOBACCO

By the year 2015, the adverse health effects from the consumption of addictive substances such as tobacco, alcohol and psychoactive drugs should have been significantly reduced in all Member States

(Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998)

Abstract

This document is produced by the EuroPharm Forum Smoking Cessation Task Force and the Tobacco or Health Programme of WHO. It is mainly addressed to national pharmaceutical associations to be used as a guide when organizing pharmacy-based work for tobacco control. It can also be used by individual pharmacists who want to help their clients quit smoking.

The text consists of the following parts:

- Background information and WHO policies concerning smoking.
- Involvement and motivation of pharmacists.
- Practical guide on how to organize smoking cessation services at pharmacy level.
- Practical guide on the role of national pharmaceutical associations.

Examples from countries participating in the task force, together with checklists and forms are attached to facilitate work at the national level. National pharmaceutical associations, as well as pharmacists, may use the material, provided they name the source. Copies are available from the EuroPharm Forum Secretariat.

Keywords

SMOKING CESSATION
SMOKING – prevention and control
PHARMACISTS
EUROPE

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INTRODUCTION

This document outlines the role of the pharmacist in smoking cessation and describes ways in which pharmacists can get involved in this very important area of health education. It has been written by the EuroPharm Forum in collaboration with the WHO Tobacco or Health unit and is based on the experience of a number of Member States that have already introduced smoking cessation programmes at national level. It is intended to encourage all national pharmacy associations of WHO Europe member countries to develop pharmacy-based smoking cessation initiatives and to suggest ways in which this can be done.

This document is mainly addressed to national pharmaceutical associations, although the second part of the text gives models for smoking cessation work at the level of the pharmacy. The basic idea is to give support and knowledge to pharmaceutical associations so that they are able to begin their own programmes in this area and to work in cooperation with other organizations concerned.

The text consists of the following parts:

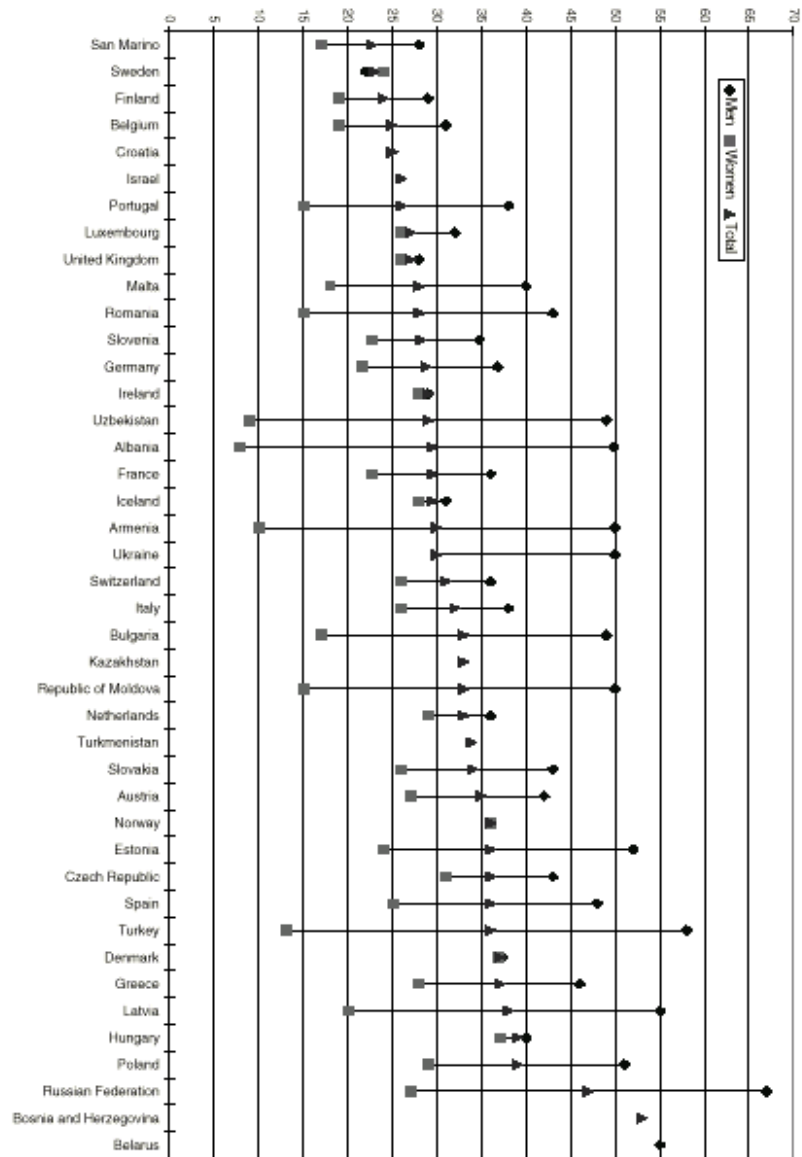
- first part, giving background information about smoking and describing WHO programmes;
- second part, giving answers to the basic questions: “Why should pharmacists be involved?” and “How to do it at pharmacy level”;
- third part, describing the role of national pharmaceutical associations and giving instructions for developing, implementing and evaluating national smoking cessation programmes.

BACKGROUND INFORMATION

Smoking

In the WHO European Region over 30% of adults are regular daily smokers. Smoking prevalence rates are 50% higher in the eastern part of the Region, where 44% of adults are regular smokers, than in the western part of the Region, where 30% of adults are regular smokers. Smoking prevalence in the countries of the Region are given in Fig. 1.

Fig. 1. Prevalence of smoking in adults in countries of the WHO European Region, early to mid-1990s (%)



Source: WHO tobacco or health database 1996. Figures for Bosnia and Herzegovina are from a survey of health professionals. Figures for the Russian Federation are estimates by the Ministry of Health and Medical Industry.

Smoking is one of the most serious health hazards. Tobacco products are responsible for 1.2 million deaths (14% of all deaths) in the WHO European Region. If nothing is done to help current smokers to quit, 2 million deaths (20% of all deaths) in Europe will be attributable to smoking each year by 2020.

One half of all people who regularly smoke will die from cigarettes, half in middle age and half in old age. Cigarettes are responsible for about 30% of all cancer deaths, 20% of deaths from coronary heart disease and stroke and 80% of cases of chronic obstructive lung disease. Maternal smoking during pregnancy is associated with a higher risk of lower birth-weight babies.

There are benefits at all ages in stopping smoking, but ceasing before middle age reduces almost all of the excess risk.

Trends in smoking

Smoking trends vary within the WHO Europe Region. Cigarette use by both men and women is increasing in two fifths of countries (predominantly in the central and eastern part of the Region), decreasing in another two fifths (predominantly in the western part of the Region) and stable in one fifth. In two thirds of the countries, cigarette use is increasing among young people who, along with women, are a target group of the tobacco industries.

WHO policy

WHO's *European health for all* (HFA) document sets a target for increasing the number of nonsmokers in the European Region to 80%. In 1991, the date for reaching this target was set at the year 2000.

In 1987, the WHO Regional Committee for Europe approved its European Action Plan on Tobacco. The following year, at the first European Conference on Tobacco Policy (held in Madrid), policy directions were set out in a *Charter against Tobacco*, supported by 10 strategies for achieving a smoke-free Europe.

The action plan called for a comprehensive approach to tobacco control. Joint action by government health and other professionals, the business sector, nongovernmental organizations, politicians and the

media would be needed to achieve success, a success that would also depend on wide public support.

The first phase of the action plan showed that comprehensive policies implemented through multisectoral action will reduce tobacco use and diseases and deaths caused by smoking. Since the launch of the plan about 20 countries have adopted new legislation or smoking cessation programmes. Comprehensive programmes are now in place in at least 10 countries.

Nevertheless, it appears that unless countries take much more vigorous steps towards stronger anti-tobacco measures, the European HFA target on tobacco will not be met if present trends continue. There will be no countries in which 80% of the population are nonsmokers by the year 2000. On the whole, the number of tobacco-related deaths is expected to increase.

This background set the scene for the second phase of the action plan. This *Action Plan for a Tobacco-free Europe* was adopted in 1992 and put forward 37 project proposals in six action areas: alliance-building, multisectoral tobacco policies, smoke-free environments, smoking prevention among young people, support to smokers to quit, and strengthening capacity for implementation of comprehensive tobacco policies.

One of the 37 project proposals stated that “pharmacies will be encouraged to become smoking cessation centres”. The European Forum of Pharmaceutical Associations and WHO (EuroPharm Forum) recognizes the important role pharmacists can play in helping to bring about a tobacco-free Europe. The organization encourages national pharmacists’ associations within the WHO European Region to launch initiatives to promote nonsmoking among their members and to adopt a pro-active approach to encouraging people to give up smoking.

In 1997, the Regional Committee for Europe accepted the Third Action Plan for a Tobacco-free Europe. In this programme the work done by EuroPharm Forum is recognized and the role of pharmacists together with other health professionals supported.

ROLE OF THE PHARMACY PROFESSION

Why should pharmacists be involved in smoking cessation?

Good possibilities for pharmacists in health promotion

Within the European Union area alone, 107 000 pharmacies serve a total population of 343.3 million. Of this population, over 17 million people visit a pharmacy every day. The community pharmacist is a highly trained health professional who can be seen without appointment, in an informal setting which is often considered to be part of an everyday shopping experience. Pharmacists are, therefore, among the most highly accessible members of the primary health care team, visited both by people who are sick and by people in good health. This provides them with the opportunity to promote smoking cessation to a wide spectrum of the community. Many people who want to give up smoking will not necessarily feel ill and will therefore feel comfortable in the pharmacy environment.

Experience in Sweden (3) and Denmark (17) has shown that smoking cessation services offered by pharmacists have been successful. The results give strong support to organizing pharmacy-based services.

In 1988, the WHO Regional Office for Europe adopted a set of recommendations for the development of the role and functions of the community and hospital pharmacist in Europe. These recommendations highlighted the important role that pharmacists play in promoting the rational use of drugs and in improving the health of the population. One of the recommendations emphasized the fact that pharmacists should help to promote healthy lifestyles – including the prevention of illness. The need to exploit the potential contribution of community pharmacists to health promotion was also highlighted by the Council of Europe in 1991 in its report on *The role and training of community pharmacists*.

Furthermore, in the report of the second global WHO meeting on the Role of the Pharmacist in the Health Care System, held in Tokyo in 1993, the pharmacist's role in health promotion was again recognized, particularly in connection with lifestyle-related topics such as tobacco use. Many pharmacies in Europe have taken up these challenges by developing health education and counselling on healthy lifestyles as part of their normal service to the public. Smoking cessation falls within this category.

Over-the-counter nicotine replacement therapy

In many Member States, nicotine replacement therapy, which was previously only available on a doctor's prescription, is available through pharmacies under the supervision of the pharmacist. The customer has the right that, if nicotine replacement products are sold in pharmacies, the proper use of the medicine as well as the proper conditions of using it are clarified. As a result, pharmacists are receiving more enquiries about smoking cessation than ever before and are therefore well placed to offer advice.

Smoking cessation services are worthwhile

Review of the literature suggests that brief advice from a health professional is more effective than no advice in helping smokers to quit (5% success rate for at least one year, compared to 1% in the non-intervention control group).

Cessation rates are improved when brief advice is supplemented with health education material and self-help books, and still further increased when smokers are advised that they will be asked about smoking on subsequent visits.

The effectiveness of brief advice, with or without other intervention, increases if smokers are offered follow-up appointments to discuss the problems of giving up smoking, when the importance of stopping smoking can be reinforced. Even better results can be achieved using more intensive interventions, but this has to be balanced against the likelihood of reaching more people with brief advice. Whatever the level of effectiveness of advice, success rates are doubled with the use of nicotine replacement therapy.

An evidence table concerning the effectiveness of different approaches is given in the publication *Smoking cessation guidelines for health care professionals* (8) (Table 1).

Our own results from pharmacy-based smoking cessation groups show much better results concerning smoking status after one year (3,17). More research is needed to know why there is such a big difference.

Table 1. Evidence table for the effectiveness of intervention

	Incremental cessation rate (%) ^a
Brief advice (3 minutes or less)	2
Intermediate support (3–10 minutes)	3
Brief advice plus nicotine replacement therapy	6
More intensive advice plus nicotine replacement therapy	8

^a The incremental cessation rate is the difference between the percentage successful in the intervention and control groups (percentages rounded).

Smoking cessation services should become part of pharmacists' everyday routine. There should be a clear sign in the pharmacy that smoking cessation services are available and that pharmacists are willing to give advice and support to their customers.

SMOKING CESSATION SERVICES AT PHARMACY LEVEL

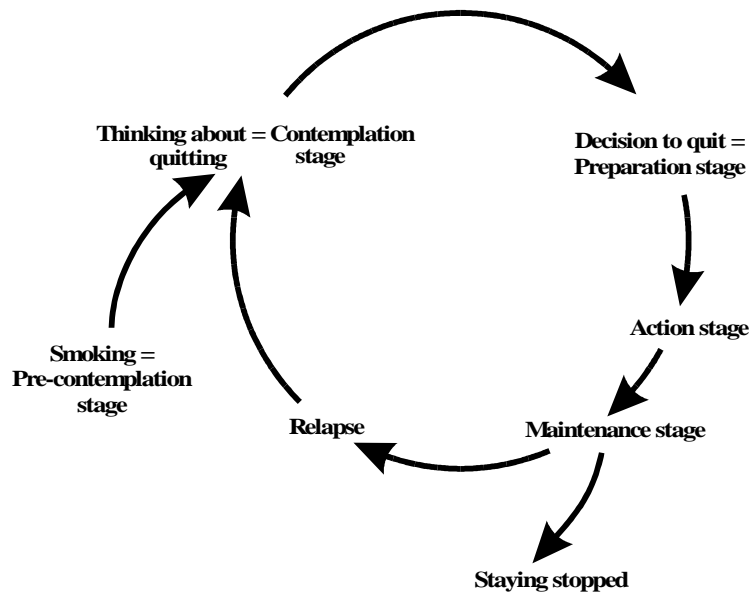
Smoking cessation – a dynamic process

Quitting smoking is not a single event but a dynamic process. Several studies have demonstrated that smokers move through a series of stages in their cessation efforts. This model (Fig. 2) was originally developed by Prochaska & DiClemente to show the process through which people change addictive behaviour (7).

Pre-contemplation is the period in which smokers are not thinking about quitting. The contemplation stage is the period in which smokers seriously consider quitting. The preparation stage occurs when the smoker decides to quit and prepares ways to stop. This leads to the action stage, which is the period that begins when actual smoking cessation occurs. The maintenance stage is defined as the period beginning six months after cessation.

On any single attempt (action stage), the majority of smokers relapse and return to regular smoking. The average smoker often goes through three to four cycles before attaining long-term continuous abstinence and becoming a confirmed former smoker. However, a relapse should

Fig. 2. Process of changing addictive behaviour



Source: Prochaska & Diclemente (7).

not be seen as a failure but, perhaps, as an experience which leads to a bigger chance of success next time.

Different services for different customers

Pharmacists have many opportunities to become involved in smoking cessation, ranging from encouraging and motivating people to quit to providing a full smoking cessation service.

Smokers at different stages in the cyclical model have different needs for support from the pharmacist. In the pre-contemplation stage, the smoker should be motivated to think about quitting and he or she should learn that the pharmacist is available to give support if he/she on decides to quit later.

At the contemplation stage, the smoker should be encouraged to quit by the pharmacist when he/she visits the pharmacy.

At the preparation and action stages, the pharmacist should be ready to provide different smoking cessation services.

At the maintenance stage clients are still at risk of relapse. At this stage, pharmacists should be ready to continue in a supportive role, offering guidance when appropriate.

Promoting smoking cessation (pre-contemplation stage)

The first step would be to designate the pharmacy as a smoke-free zone and promote smoking cessation and prevention using posters, leaflets, books, videos and window displays. A more practical way to address the health risks of smoking would be to offer blood pressure and cholesterol tests. Regardless of the results, they provide the opportunity to discuss smoking as one of the other risk factors for coronary heart disease.

Carbon monoxide measurements are a more direct way to demonstrate the harmful effects of smoking.

These activities will demonstrate that the pharmacist is concerned about the harmful effects of smoking and is willing to provide help and support to those who want to stop.

Smoking is a main risk factor in many diseases. Thus, information concerning smoking should be included in all those programmes while they are run in the pharmacy.

Encouraging smoking cessation (contemplation stage)

The pharmacy environment offers many possibilities for giving opportunistic advice on smoking cessation.

Pharmacists have many opportunities to explain to individuals the harmful effects of smoking and encourage them to give up. They could intervene, for example, when a smoker requests medicine for a persistent cough, when doing a pregnancy test or dispensing a product for use in pregnancy, or when dispensing a medicine for a smoking-related illness or a medicine whose therapeutic efficacy is directly or indirectly inhibited by smoking.

Questions concerning the smoking status should be added to the patient's file.

Devising a smoking cessation service (preparation and action stage)

Pharmacists can choose whether they give individual support or support to groups of clients who are at the action stage. Depending on national and local circumstances, group cessation advice can be given by other professionals. It is a question of local cooperation to organize the services in the most effective way. The most important thing is that there is a local common opinion about the information given and about the activities taken.

Three different models have been developed for pharmacies to use at the preparation and action stage. These require pharmacists to commit different amounts of time, so that – depending on national or individual circumstances – pharmacists can choose which level of service they are able to provide or which will be acceptable to individual clients. The services are not listed in order of importance or effectiveness. The first two services have been developed in the United Kingdom by national pharmacy associations, and the third in Denmark by the Danish Pharmaceutical Association in collaboration with the WHO Regional Office for Europe.

National associations in Member States are free to use or adapt the models for implementation in their own countries. Copies of the models for these services are available from the Europharm Forum Secretariat.

Model 1 – the smoking cessation monitoring system

This system provides the first level of smoking cessation service which should be available from the pharmacy. It is designed to:

- increase the pharmacist's involvement with clients who want to give up;
- encourage clients to have regular contact with the pharmacist so that they can receive advice and support while trying to stop smoking;
- provide the pharmacist with a means of recording the smoking cessation activity.

The system is essentially a monitoring scheme with two elements:

- a client's smoking cessation progress card
- a pharmacist's client profile sheet.

The progress card is to be given to each client who wants to give up smoking and contains:

- helpful hints for stopping smoking;
- an outline of the health gains of stopping smoking;
- space for the client to record reasons for wanting to quit;
- space to write the client's personal details and information about nicotine replacement therapy products;
- space to record the client's progress and any advice given by the pharmacist;
- space for the client to record any problems he/she might wish to discuss with the pharmacist.

The client's profile sheet is for the pharmacist's use. It is filled out with the client when the progress card is first issued and the client's progress is updated at each contact. It contains four sections covering the client's personal details, medical history, smoking status and agreed action.

The monitoring system is simple and easy to use. It is designed to formalize the relationship between the pharmacist and customers wishing to stop smoking, making it easier for pharmacist to become more involved in smoking cessation.

Model 2 – the smoking cessation service model

This model can be regarded as the second level of smoking cessation service which can be offered from the pharmacy. It is a highly structured service involving one-to-one interviews with the client, using visual aids such as flip charts. Customers need to sign up and it is envisaged that pharmacists would charge a fee for the service, unless a third party health authority agreed to fund the initiative.

The model provides pharmacists with comprehensive information about how to promote smoking cessation in the pharmacy and encourage smokers to make the commitment to stop. It then gives step-by-step procedures for pharmacists to follow when providing the smoking cessation service, including how to conduct the interviews

and monitor progress. The model incorporates the progress card and profile sheet of the Model 1 – monitoring system.

Model 3 – the smoking cessation group service

The third level of pharmacy-based smoking cessation service is the group model whereby the pharmacist provides a quit-smoking programme to a group of 10–12 people. The programme lasts for eight weeks and comprises six one-and-a-half-hour meetings, with the pharmacist acting as group moderator. It is based on the use of nicotine replacement therapy and group discussion, feedback and advice sessions. The smoker pays a fee to participate in the programme.

The group model is a powerful method for smoking cessation, since the group structure offers smokers the opportunity to come up with individual concerns and to share their problems and experiences with other people in the same situation. While providing this service requires a considerable commitment of effort and time on the part of the pharmacist, the success rate is often higher in a group environment than through support given to individual clients. The evaluation of this specific programme has reported an average success rate of 60% measured at the final (sixth) group meeting and a one-year success rate of 30% (17).

Providing support to a group of smokers who want to stop is a new and challenging way of working for many pharmacists. The pharmacist must both display expertise and act as the coordinator and catalyst for the group process. This means that he/she must develop and use an entirely new range of professional skills. Before becoming qualified to run smoking cessation groups, most pharmacists need special training.

THE ROLE OF NATIONAL PHARMACEUTICAL ASSOCIATIONS

The role of national pharmaceutical associations is extremely important in encouraging pharmacists to stop smoking themselves, changing the attitudes of the profession towards smoking, taking action to develop nonsmoking policies in the country, and supporting pharmacists in organizing their own smoking cessation services.

The tasks of the national associations can be divided into those which concern:

- their own members and the smoking policy of the association
- the smoking cessation work organized in the pharmacies, and
- the smoking policy of the country.

Some recommendations concerning the tasks of national pharmaceutical associations were accepted at the EuroPharm Forum smoking cessation symposium, held in London in June 1996. These are listed in Annex 1 of this document and referred to in the following list by italicized numbers.

1. National pharmaceutical associations should be aware of the attitudes of their members towards smoking and smoking cessation. To achieve good results in smoking cessation, it is important that every effort is made to ensure that members accept the Pharmacists' Charter and that they are committed to work with the smoking question.

Surveys concerning the attitudes of pharmacists can be carried out in accordance with the WHO guidelines (14) at regular intervals to gather information about trends. In some countries, surveys are carried out by national authorities and the results can be used by associations. The Pharmacists' Charter on Action against Smoking should be translated and published in national professional magazines.

2. Associations should develop their own smoking policies, based on the results of the above-mentioned surveys. These should include rules concerning smoking during meetings of the association, smoking by staff, etc. It is important that such policies are published in a way that encourages pharmacists to be reliable in offering smoking cessation services.
3. Pharmaceutical associations are responsible for development, implementation and evaluation of the smoking cessation work carried out in pharmacies. Suitable education should be given to pharmacists and materials should be produced by national associations (3,4,6,7,8).

4. National associations should help pharmacies fund research projects and new initiatives concerning nonsmoking activities.
5. Information should be given to the mass media at national level about forthcoming action. The models for information at local level should be sent to pharmacies (15–20).
6. National associations should support the formation of professional nonsmoking action groups. There are good examples from Sweden and the United Kingdom concerning the Pharmacists' Action on Smoking Group.
7. National associations should work in close collaboration with other nonsmoking organizations to strengthen their concerted efforts and to find out ways in which work can be divided and information unified (1,5).
8. National associations should take an active part in the development of smoking policy in their countries.

DEVELOPING A NATIONAL TASK FORCE

When a national project is launched, a special project plan is needed. The goals for the project should be decided as well as suitable methods of measuring the outcomes.

Recommendations and checklist

In the symposium held in London in 1996 a list of recommendations concerning smoking cessation activities and national pharmaceutical associations was made. As stated above, these are listed in Annex 1 with a checklist in Annex 2.

Education and materials for pharmacists

Several countries have already organized education for pharmacists and developed suitable material for education and use in pharmacies (Annex 3). Models of material can be ordered from secretariat or from countries.

Material for education concerning individual cessation

The Pharmacists' Action on Smoking Group in the United Kingdom has developed the individual cessation services method. The manual concerning this is available from the EuroPharm Forum Secretariat.

Material for education concerning group cessation

Together with the WHO Regional Office for Europe, the EuroPharm Forum has published a guidebook with detailed information on the model and instructions for national pharmaceutical associations to implement it. The guidebook also outlines a model programme for a two-day training course for pharmacists who want to provide a group smoking cessation service (13).

Funding

It is important that funding is guaranteed for the whole project before any action is taken. Money is needed for education, the production of materials and information as well as for the necessary research work.

Pharmacies are encouraged to take a fee for their support services but the information material is usually given to clients free. Short advice is also included in the services.

Funding can be obtained from national health authorities, health education authorities, national funds for nonsmoking activities, cancer organizations, the European Union and pharmaceutical associations. Possibilities for funding depend very much on national conditions.

Implementation

Guidelines on what to take into account at pharmacy level when implementing the services are given in Annex 4.

Evaluating smoking cessation activities

All EuroPharm Forum members are encouraged to set up evaluation studies as part of the development of smoking cessation activities in their countries. Only by doing this can the appropriateness of the training and other material be judged and the value of the pharmacist in smoking cessation demonstrated.

Ideally, an expert in pharmacy practice research should be engaged. The methodology should involve comparing the outcomes of a structured smoking cessation service with the usual care offered by the pharmacist (usual care can be defined, for example, by offering a leaflet on smoking cessation and/or answering any queries a smoker may have).

The controls and experimental models could be divided between different pharmacies or by client. The latter involves all pharmacists in the study randomly selecting clients for the structured service or usual care.

Measurement of outcomes could involve not only a count of the number of clients who successfully stop smoking, but also record the clients' views on the quality and amount of support given by the pharmacist. It is usual to monitor smoking cessation and health gain after three months, six months and one year. Where circumstances permit, monitoring may continue beyond one year.

The following information should be reported with success rate claims:

- how clients were selected
- if they had to pay
- how the success rate was calculated.

Ideally, the standard success rate should be the percentage of people who started the course, stopped smoking by the end of the course and were still not smoking a year later.

The best way to verify a client's claims that he/she has stopped smoking would be to measure the levels of cotinine (a urinary metabolite of nicotine) in the saliva or urine (4). Alternatively, but less reliably, the carbon monoxide content in exhaled air can be taken. To demonstrate the cost-effectiveness of a smoking cessation service, success rates and costs of the pharmacy-based service could be compared with those of any other smoking cessation service in a country that has already been evaluated. Also, the amount of savings on health expenditure per converted smoker could be calculated, or the

pharmacist's contribution to meeting national smoking reduction targets could be demonstrated.

The EuroPharm Forum task force has developed two evaluation forms. The first is for national associations so that they can give their annual report to the EuroPharm Forum Task Force. The second is for collecting information in single pharmacies. Evaluation forms are attached at Annexes 5 and 6.

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¹ Copies can be obtained on request from WHO Regional Office for Europe, 8 Scherfigsvej, DK-2100 Copenhagen, Denmark. State language required (English, French, German, Russian).

Annex 1

LIST OF RECOMMENDATIONS
LONDON SYMPOSIUM, JUNE 1996

Recruitment, training and motivation

1. National pharmaceutical associations should build alliances with important health organizations including WHO, national health authorities and relevant nongovernmental organizations in the health field.
2. Smoking prevention and smoking cessation activities should be high on the list of priorities for national and local pharmaceutical associations and individual pharmacists.
3. National pharmaceutical associations should provide structured training for pharmacists wishing to provide smoking cessation activities. (In this context, national pharmaceutical organizations should consider whether, in their country, it is better to mount courses dealing specifically with smoking cessation, or to incorporate a smoking cessation module in a programme which, as a whole, deals with health promotion for pharmacists.)
4. National pharmaceutical associations should establish “train the trainers” sessions so that each participant who successfully completes such a course will then be in a position to train other pharmacists.
5. A multidisciplinary approach should be adopted, not least to ensure the consistency of messages given by various health professionals.
6. Training should include both theory and practice covering:
 - introduction to the programme;
 - relevant aspects of social and behavioural sciences;
 - skills necessary to assist the pharmacist to be proactive and have empathy with those wishing to quit;
 - skills necessary for registering data;
 - the building of networks;

- specific target groups;
- marketing skills.

Distance learning should complement face-to-face training sessions and should not be considered to be an alternative.

7. Schools of pharmacy should be encouraged by national pharmaceutical associations to include an introduction to smoking cessation activities in undergraduate programmes, perhaps as part of the studies in social and behavioural sciences.
8. National pharmaceutical associations should demonstrate their support for pharmacists involved in smoking cessation programmes, by providing all necessary back-up information and ensuring that appropriate display material is available.
9. To assist in the motivation of pharmacists to participate in smoking cessation programmes:
 - pharmacies offering a smoking cessation service should be identified in a professional manner;
 - national pharmaceutical associations should emphasize to pharmacists that if smoking cessation services through pharmacies prove to be cost effective, health authorities and/or third party insurers will be likely to pay for this service;
 - success stories should be given publicity to sustain motivation over a lengthy period and to demonstrate that the service can provide professional satisfaction.
10. Pharmacists who are recruited to smoking cessation programmes should accept that there will be an essential time commitment and give an undertaking to attend all training sessions. Within training programmes, it should be emphasized that there needs to be a facility in the pharmacy to have a discussion without the conversation being overheard by other customers.

Evaluating, monitoring and quality assurance

11. Each pharmaceutical association involved in organizing a smoking cessation programme should establish a model for evaluation.
12. The evaluation model should, among other things, be structured to establish the competence of the pharmacist in providing the service.

13. Pharmacists should be convinced of the need to keep records relating to contacts with those wishing to enter a smoking cessation programme, and a record of the success or otherwise of those who decided to participate in the programme.
14. National pharmaceutical associations should keep, centrally, data relating to the outcomes of pharmacy involvement in smoking cessation programmes, including:
 - the cost-effectiveness of the service
 - the impact on the prevalence of smoking in the country
 - details of the level of activity in pharmacies in the country.

Publicity

15. Pharmacy-based smoking cessation services should be widely promoted by publicity to consumers, including through:
 - talks to employees in the workplace;
 - talks in schools to pupils and teachers;
 - posters and leaflets in:
 - doctors' surgeries
 - libraries
 - antenatal and postnatal clinics
 - pharmacies.

The use of media advertising or public relations activities will depend on the budget available. It should be borne in mind that local advertising can be very effective.

The endorsement of health authorities and health ministries is extremely valuable in any health promotion activity.

16. National pharmacy organizations should involve pharmacists in any national or international projects on smoking cessation, such as a national no smoking day or "quit and win" programmes, and their involvement should be publicized.
17. Pharmacy smoking cessation services should be promoted to:
 - health ministries by WHO and national pharmaceutical associations;
 - third party insurers by national pharmacy associations;

- other health professions by WHO, national pharmacy associations, local pharmacy associations and individual pharmacists;
 - consumer health groups by national pharmacy associations.
18. For effective promotion of services, there must be evidence of value and cost effectiveness. Data such as the cost to the health care system per smoker compared with a nonsmoker should be produced, not least to convince health ministries and third party insurers of the economic value of remunerating pharmacists, health authorities and other health professionals.
 19. Results of pharmacy-based activities should be publicized in national and international professional journals to reach pharmacists, health authorities and other health professionals.
 20. If publicity promotes the role of the pharmacists, it is very important that the service should be available, in practice, in pharmacies, otherwise the public will be frustrated and disappointed and credibility will be lost.
 21. Before any publicity, the main points to be promoted to the various groups must be identified in advance. These will include:
 - the pharmacist's motives, i.e. as a health-care professional rather than as a seller of products;
 - any question of links with manufacturers of nicotine replacement products must be clarified to allay fears of commercial motivation;
 - the need for payment to reflect the time that will be spent by the pharmacist on these activities;
 - reasons why payment by members of the public for the service is worthwhile;
 - evaluation in health-care costs and savings of the involvement of the pharmacist in smoking cessation activities;
 - the possibility of having a private conversation in the pharmacy about smoking cessation, which is very important to customers.

Annex 2

CHECKLIST OF ELEMENTS FOR PLANNING, DEVELOPING
AND IMPLEMENTING A NATIONAL PHARMACY-BASED
SMOKING CESSATION PROGRAMME

- Country analysis**
 - National and regional policies/strategies for smoking control and smoking prevention
 - The prevalence of smoking
 - Legislation on tobacco and its use
 - Risk groups
 - What kinds of community programme already exist?

- Partners**
 - National and regional health authorities
 - Other health care professionals
 - Nongovernmental organizations
 - Pharmaceutical companies

- The smoking cessation concept**
 - Level of involvement (level 1, 2 and/or 3)?
 - Who should provide the services?
 - Pharmacy technicians involvement?
 - Target groups
 - Smoking prevention activities
 - Financing

- Background materials**
 - Leaflets
 - Educational material
 - Record cards
 - Presentation material
 - Written informed acceptance by the patient

- Recruitment and motivation**
 - Selection criteria
 - Financial incentive
 - Professional satisfaction
 - Agreement form between the national pharmaceutical association and the participating pharmacist

- Funding**
 - Certificate/diploma window-stickers for participating pharmacies

- Training**
 - Distance learning/training courses
 - Training materials
 - Teachers/partners
 - Financial resources

- Publicity and promotion of results**
 - To consumers
 - To opinion formers
 - To health authorities
 - To other health professionals
 - Through professional journals

- Evaluation/monitoring and quality assurance**
 - Evaluation of results
 - Monitoring results
 - How will quality be assured?
 - Manuals, guidelines
 - Quality criteria for providing a smoking cessation service

Annex 3

TRAINING INITIATIVES FOR PHARMACISTS

A number of EuroPharm Forum countries are actively training pharmacists in smoking cessation. The Forum intends to share their experience with other members trying to set up similar activities in their own countries.

The following members have submitted details of their training materials to the EuroPharm Forum Secretariat and are willing to pass on information to other members on request:

Belgium

The Training Subsidiary of the Belgian Pharmaceutical Association, Pharmaplus, has developed a week-end training course for 800 pharmacists (covering 15% of all pharmacies) on smoking cessation. It covers subjects such as the psychology and physiology of smoking, quitting and counselling techniques. It has been followed by a poster and leaflet campaign to attract clients into the pharmacy.

The material is available in French and Dutch.

Denmark

The Danish College of Pharmacy Practice has developed a two-day training course for pharmacists which enables them to promote and carry out a group smoking cessation programme. The pharmacists are provided with a manual and a package with all the material needed to carry out a quit-smoking programme.

The material is available in Danish, and the model is also described in English. Material for individual smoking cessation therapy is available in all Danish pharmacies.

Finland

The Association of Finnish Pharmacies has produced training material for community pharmacies (*Apteekin avulla savuttomuuteen – Pharmacists help with smoking withdrawal*), which has been sent to every pharmacy.

A lot of material produced by Smoke-Free Finland has been sent to pharmacies for their use. A video suitable for clients wanting to stop smoking has been produced and sent to every pharmacy. Special courses have been arranged for pharmacists who want to give smoking cessation services. A new approach is to work at local level in collaboration with Smokeless networks. Material for this collaboration is available. All educational material is available in Finnish and Swedish.

Slovenia

The Chamber of Pharmacy has developed a two-day training course for pharmacists, using the model from the Danish College. The first part consists of seven hours' training covering the health risks of smoking, the physiology and pharmacology of smoking, smoking addiction, and opportunities for pharmacists' interventions. The second part includes counselling techniques for providing a pharmacy-based smoking cessation service. The pharmacists are given a manual covering the first part and the material needed for organizing smoking cessation (information sheets). One of the pharmacies has provided a package with all materials needed to carry out the second part of the course.

Spain

A smoking cessation programme began in 1997 with a working meeting attended by everyone involved in coordinating the project at different pharmacy colleges. Participants were given the material prepared for the programme and briefed by specialists in the field of smoking-related diseases and smoking cessation.

This material is given to all participating pharmacists. It consists of a folder with general information on the principal items involved in stopping smoking, the Fagerströms test to evaluate nicotine addiction, leaflets for consumers with important messages about how to stop smoking, stickers to show in the community pharmacy stating that the pharmacist can help smokers to stop and a study book for pharmacists.

By the end of 1997, 11 colleges of pharmacies had organized sessions for pharmacists in their geographical areas with 835 pharmacists participating. During the first quarter of 1998, 23 more colleges of pharmacies have introduced the programme in their geographical areas, with 1043 pharmacists participating.

Sweden

Since the autumn of 1994, pharmacies have been offering their customers a chance to take part in smoking cessation groups. Apoteket AB has provided a two-day training course for the pharmacists who are responsible for these group activities.

During 1997 all pharmacy staff were given study material, with the aim of improving interaction at the counter with customers using nicotine replacement therapy.

A computer programme for individual advice on smoking cessation to the customer was introduced in 1997. Customers can get the same support through this programme as when they participate in a group.

Leaflets in 12 foreign languages about smoking, smoking during pregnancy, snuff, and passive smoking and children are available in pharmacies with the aim of giving information to foreigners living in Sweden.

In 1997 a professional association, Pharmacy Personnel Against Tobacco, was founded and attracted about 100 members in its first year. Together with similar organizations of doctors, nurses, dentists and teachers, this association is starting a journal to spread knowledge about smoking cessation and tobacco to colleagues. The organizations are also writing a paper *Consensus of nicotine*, which they aim to publish in the specialist press.

United Kingdom

The England-based Centre for Pharmacy Postgraduate Education (CPPE) has developed a two and a half hour smoking cessation workshop for pharmacists. CPPE has also worked with the Health Education Authority's Helping People Change training team to develop a one-day workshop on the process of change, designed specifically for training pharmacists. The sessions are highly interactive, allowing plenty of time for discussion and debate. Subjects covered include the health risks of smoking, smoking addiction, opportunities for pharmacists' intervention and smoking cessation counselling skills. The material is available in English.

Annex 4

**GUIDELINES FOR SMOKING CESSATION ADVICE
IN THE PHARMACY**

The pharmacy environment offers many possibilities for pharmacists and their staff to give opportunistic advice on the health risks of smoking and on smoking cessation. Also, community pharmacies are a key contact point where members of the public may actively seek advice on giving up smoking. Furthermore, pharmacists are ideally placed to provide structured smoking cessation services.

This section provides guidelines for pharmacists on the main points which should be considered when smoking cessation advice is given in a pharmacy, regardless of the nature of the service provided.

The initial consultation

Role of the pharmacists and support staff

Pharmacists and support staff are all likely to be involved in giving information and advice on smoking cessation. Clients will benefit from the involvement of the pharmacist, particularly in the initial consultation. The pharmacist should ensure that appropriate training has been given to all pharmacy staff involved in giving smoking cessation information and advice. It is for the pharmacist to instruct staff on the extent to which information is given by support staff and on how and when referral to the pharmacist should take place.

The consultation itself

To be able to give appropriate smoking cessation advice and support, it is necessary to obtain the client's smoking and medication history.

The approach to initial questioning will depend on an individual client's needs. Some will benefit from a formal timetabled and structured consultation face-to-face with the pharmacist, others will favour a more informal chat. If support staff are involved in the initial consultation, the pharmacist will ensure that they are aware of the appropriate approaches to be made and that they follow a protocol produced by the pharmacist.

Management options

Types of treatment

Management options for smoking cessation include drug treatment and non-drug approaches. Many smokers give up without drug treatment. However, nicotine replacement therapy is an important part of the treatment process for some clients. No matter what treatment is used, the two key factors leading to success are a determination to stop smoking and support from a health professional and/or friends and family.

Nicotine replacement therapy

Before nicotine replacement therapy is recommended or supplied, the pharmacist or member of staff should ensure that it is appropriate and not contra-indicated for the client. The client's understanding of the method of use should be checked, and additional information or advice given where needed. The pharmacist is responsible for controlling sales of nicotine replacement products and for ensuring that staff are aware of when they may or may not be recommended.

The role of clinics

Pharmacists may wish to offer a pharmacy-based smoking cessation clinic, either on a one-to-one basis or for a small group of clients.

Clinics may also be provided by a local group of medical practices or by local hospitals. Pharmacists and their staff are ideally placed to refer particular clients to these services.

Monitoring and follow-up

The importance of follow-up

Research evidence shows that follow-up support is an important factor in helping smokers stay stopped. Therefore, clients should be invited to return to the pharmacy and report on their progress. Additionally, or alternatively, pharmacy staff could ask for permission to telephone the client in order to discuss progress. Pharmacists should ensure that all staff involved in smoking cessation are familiar with the procedure for follow-up visits to the pharmacy.

Records

It is good practice to keep records of clients' progress and of advice and treatment given.

Computerized, manual, or a combination of both types of record are suitable. Patient-held records help to reinforce the advice given by the pharmacist and act as a further support mechanism for the client. In some countries, written permission is needed from the state to keep computerized records of patients.

Teamwork in smoking cessation

Working with other health care professionals

Pharmacists should be aware of the smoking cessation services offered by local doctors and nurses and make sure that these health professionals are aware of their pharmacy-based services. All services should complement each other and offer variety and choice to the client. Pharmacists will find it helpful to discuss and agree with general practitioners and nurses the policies to be followed when referring clients to each others' services.

Annex 5

PROJECT EVALUATION FORM

To be completed by the national pharmaceutical association/task force member.

Every country participating in the project should have a task force member responsible for collecting the data and reporting to EuroPharm Forum on an annual basis.

This evaluation is based on information collection from individual pharmacies (example of pharmacy evaluation form attached).

1. **Country:** _____

2. **Year:** _____

3. **Status of project:**

Start year in country: _____

Number of pharmacies participating: _____

Developments/changes during last year:

4. **Kinds of activity in pharmacies:**

- Provision of information

Leaflets	<input type="checkbox"/>
Window displays	<input type="checkbox"/>
Posters	<input type="checkbox"/>
Verbal counselling	<input type="checkbox"/>
Other	<input type="checkbox"/>

- Individual smoking cessation services:
 - On the pharmacy premises
 - Off the pharmacy premises
 - Group cessation services
 - On the pharmacy premises
 - Off the pharmacy premises
 - Carbon monoxide metering
 - Talks outside the pharmacy (schools, antenatal clinics, etc.)
 - Health education/PR campaigns
 - Other activities
-
-
-
-

5. ***Is suitable material available to pharmacists for smoking cessation activities?***

From your organization Yes No
From other sources Yes No

If yes, what kind:

6. ***Are pharmacists trained in smoking cessation activities?*** Yes No

If yes, how many have been trained:

during the last year
during the whole project

7. ***Do you work in cooperation with other health care organizations?*** Yes No

If yes, which ones: _____

8. ***Is nicotine replacement therapy available without a prescription in your country?*** Yes No

9. ***Have you evaluated smoking cessation activities in pharmacies?*** Yes No

If yes, what are the results:

Annex 6

PHARMACY EVALUATION FORM

To be completed by the pharmacy

1. **Name of pharmacy:** _____

2. **Year:** _____

3. **Activities in the pharmacy:**

- Provision of information

Leaflets	<input type="checkbox"/>
Window displays	<input type="checkbox"/>
Posters	<input type="checkbox"/>
Verbal counselling	<input type="checkbox"/>
Other	<input type="checkbox"/>

- Individual smoking cessation services:

On the pharmacy premises	<input type="checkbox"/>
Off the pharmacy premises	<input type="checkbox"/>

- Group cessation services

On the pharmacy premises	<input type="checkbox"/>
Off the pharmacy premises	<input type="checkbox"/>

- Carbon monoxide metering

- Talks outside the pharmacy (schools, antenatal clinics, etc.)

- Health education/PR campaigns

- Short summary of activities:

- Number of patients who have received individual or group smoking cessation support from the pharmacy and who still smoke/no longer smoke:

	Total number	After 1 month	After 3 months	After 6 months	After 1 year
Smokers					
Nonsmokers					

- Other results relevant for evaluation of the project:

This document is produced by the EuroPharm Forum smoking cessation task force and the Tobacco or Health Programme of WHO. It is mainly addressed to national pharmaceutical associations to be used as a guide when organizing pharmacy-based work for tobacco control. It can also be used by individual pharmacists who want to help their clients quit smoking.

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