



## Community Pharmacy Roadmap Program Development Template

<b>Program/Service Quadrant</b>	<b>Smoking Cessation</b> <b>B – Pharmacy Medicines and Health Products – Services and Programs</b>
<b>1. Program/Service Description</b>	
a) Background	<p>Despite a significant reduction in adult smoking rates over the last three decades, smoking continues to be Australia’s largest preventable cause of death and disease. Over three million people –representing approximately 18% of Australians aged 14 years and over – smoke at least weekly<sup>1</sup>. About half of the smokers who continue to smoke for a prolonged period will die early, half of them in middle age<sup>2</sup>. Between 1950- when clear evidence on the dangers of smoking became available- and 2008, over 900,000 Australians died as a result of smoking.<sup>3</sup></p> <p>Tobacco smoking is responsible for 8 per cent<sup>4</sup> of the burden on the health of Australians, with lung cancer, chronic obstructive pulmonary disease and ischaemic heart disease accounting for over three-quarters of this burden.<sup>5</sup> Apart from contributing to hospitalisations and deaths, it also contributes to the development of many chronic conditions and impacts on the management and progression of those conditions.</p> <p>In Australia, most forms of nicotine replacement therapy (NRT) have been exempt from scheduling since 2004 and, as a result, its sale is no longer limited to pharmacies. However, with immediate access to qualified health professionals, community pharmacy is an ideal setting for the delivery of a smoking cessation program. Data has indicated that pharmacy-based services may be more effective for younger smokers and those suffering greater disadvantage (eg- lower income, chronic illness)<sup>6</sup>. Internationally, the literature indicates that although group behavioural therapy may be more effective, the uptake of this method is much lower (15% of pharmacy-based programs).<sup>7</sup></p> <p>Literature suggests that brief advice from a health professional is more effective than no advice in helping smokers to quit and that, however effective the advice is, success rates are doubled with the use of NRT.<sup>8</sup> Research shows that even brief cessation advice from a pharmacist can help increase long-term quitting rates for customers, with 10 per cent abstinence rates resulting from brief advice, and 20-36 per cent abstinence rates for longer interventions.<sup>9</sup></p>

<sup>1</sup> Australian Institute of Health and Welfare. 2007 National Drug Strategy Household Survey: first results. PHE 98. Canberra: AIHW; 2008.

<http://www.aihw.gov.au/publications/index.cfm/title/10579>

<sup>2</sup> Doll, R. *Mortality in relation to smoking: 50 years' observations on male British doctors*. *BMJ* 2004;328:1519 (26 June), doi:10.1136/bmj.38142.554479.AE (published 22 June 2004)

<http://www.bmj.com/cgi/content/full/328/7455/1519>

<sup>3</sup> Australia: The Healthiest Country by 2020- National Preventative Health Taskforce Discussion Paper, October 2008 p19.

<http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/discussion-healthiest>

<sup>4</sup> Australian Institute of Health and Welfare. Indicators for chronic diseases and their determinants. Cat. no. PHE 75. Canberra: AIHW; 2008.

<http://www.aihw.gov.au/publications/index.cfm/title/10385>

<sup>5</sup> Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD. The burden of disease and injury in Australia. PHE 82. Canberra: Australian Institute of Health and Welfare; 2003.

<http://www.aihw.gov.au/publications/index.cfm/title/10317>

<sup>6</sup> Baul and Chesteman, *Addiction* 2009

<sup>7</sup> *Ibid.*

<sup>8</sup> Silagy C, Lancaster T, Stead L, Mant D, Fowler G. Nicotine replacement therapy for smoking cessation. *Cochrane Database of Systematic Reviews* 2004, Issue 3.

Abstract available at <http://www2.cochrane.org/reviews/en/ab000146.html>

<sup>9</sup> *Ibid.*

Evidence supports the wider provision of smoking cessation through community pharmacy.<sup>10</sup> It has been shown that:

- pharmacists can play a role in offering counselling to smokers<sup>11</sup>
- health promotion advice on smoking cessation from trained community pharmacists is valued by their customers<sup>12,13</sup>
- community pharmacists who counsel patients can improve smoking cessation rates<sup>14</sup>
- a pharmacist-based smoking cessation programme can improve the health-related quality of life of patients during their cessation attempt<sup>15</sup>; and
- pharmacy interventions can be cost-effective.<sup>16,17,18,19</sup>

During the period of 2005-2006, the Pharmacy Guild conducted a smoking cessation project to increase the number of consumers undertaking smoking cessation strategies and to assist those consumers to successfully quit smoking. This involved the use of retail navigation display boards on smoking cessation products, quit plans and referral services, and by providing ongoing advice and support.

Project evaluation showed the project resulted in an increase in the number of consumers commencing a smoking cessation program<sup>20</sup>. Findings indicated the following positive outcomes:

- consumers were more likely to remain quit
- fewer cigarettes were smoked per day, if 'not quit' at 12 months; and
- there was significantly better self-rated health and wellbeing.

The process indicators also clearly demonstrated the significant intervention impact on outcomes, such as increased positive regard for pharmacy and likelihood of repeat purchase from the same pharmacy.

A Cochrane review published in 2005<sup>21</sup> concluded that “the limited number of studies to date suggests that trained community pharmacists, providing a counselling and record keeping support programme for their customers, may have a positive effect on smoking cessation rates.”

<sup>10</sup> Blenkinsopp A, Anderson C, Armstrong M. Systematic review of the effectiveness of community pharmacy- based interventions to reduce risk behaviours and risk factors for coronary heart disease. *Journal of Public Health Medicine* 2003;**25**:144-53  
<http://pubhealth.oxfordjournals.org/cgi/content/short/25/2/144>

<sup>11</sup> Babar ZU, Bukhari NI, Sarwar W, Efendie B, Pereira R, Mohamed MH. A preliminary study on the effect of pharmacist counselling on awareness of and willingness to quit smoking in Malaysian population. *Pharmacy World & Science* 2007;**29**(3):101-103.  
Abstract available at <http://www.springerlink.com/content/c334q47252vi1462/>

<sup>12</sup> Blenkinsopp A, Tann J, Platts A, Allen J. Evaluation of feasibility and acceptability of a community pharmacy health promotion scheme - Views of users and providers. *Health Education Journal* 2002;**61**:52-69  
Abstract available at <http://hej.sagepub.com/content/61/1/52.abstract>

<sup>13</sup> Hudmon KS, Hemberger KK, Corelli RL, Kroon LA, Prokhorov AV. The pharmacist's role in smoking cessation counselling: perceptions of users of non-prescription nicotine replacement therapy. *Journal of the American Pharmacists Association (JAPhA)* 2003;**43**:573-82.  
Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/14626749>

<sup>14</sup> Smith MD, McGhan WF, Lauger G. Pharmacist counselling and outcomes of smoking cessation.. *American Pharmacy* 1995;**NS35**(8):20-9, 32.  
Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/7677052>

<sup>15</sup> Zillich AJ, Ryan M, Adams A, Yeager B, Farris K. Effectiveness of a pharmacist-based smoking-cessation program and its impact on quality of life. *Pharmacotherapy* 2002;**22**:759-65.  
Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/12066966>

<sup>16</sup> McGhan WF, Smith MD. Pharmacoeconomic analysis of smoking-cessation interventions. *American Journal of Health System Pharmacy* 1996;**53**(1):45-52.  
Abstract available at <http://www.ajhp.org/cgi/content/abstract/53/1/45>

<sup>17</sup> Crealey GE, McElroy JC, Maguire TA, O'Neill C. Costs and effects associated with a community pharmacy-based smoking- cessation programme. *Pharmacoeconomics* 1998;**14**:323-333.  
Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/10186470>

<sup>18</sup> Sinclair HK, Silcock J, Bond CM, Lennox AS, Winfield AJ. The cost-effectiveness of intensive pharmaceutical intervention in assisting people to stop smoking. *International Journal of Pharmacy Practice* 1999;**7**:107-12. Abstract available at <http://www.pharmj.com/IJPP/Abstracts/199906/sinclair.html>

<sup>19</sup> Tran MT, Holdford DA, Kennedy DT, Small RE. Modeling the cost-effectiveness of a smoking-cessation program in a community pharmacy practice. *Pharmacotherapy* 2002;**22**:1623-31.  
Abstract available at <http://www.atypon-link.com/PP/doi/abs/10.1592/phco.22.17.1623.34118?cookieSet=1&journalCode=phco>

<sup>20</sup> Pedic Dr F, Goldfried J. Evaluation of the smoking cessation total retail model, 2006

<sup>21</sup> Sinclair et al, Cochrane Review, 2005

	Positive results have also been seen in a project funded in 2008 by the Rural Pharmacy Workforce Program Small Project Funding Scheme titled “It’s Coolah to Quit”. The objective of this project was to encourage smokers in the small community of Coolah (population 900) to quit smoking. Over half of the participants in the program have quit smoking.
b) Brief Description	This program would implement an effective smoking cessation management program in community pharmacy to assist consumers to quit smoking. It could include the following components: <ul style="list-style-type: none"> <li>• retail navigation boards (stands) on smoking cessation products</li> <li>• training for pharmacists and pharmacy assistants</li> <li>• brief interventions</li> <li>• quit management plans</li> <li>• health promotion</li> <li>• ongoing advice and support</li> <li>• referral services</li> </ul>
c) Alignment with Government Policy	This program links to the Australian Government’s National Tobacco Strategy which aims to improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms. The program will also align with QUIT Australia, which is another initiative of the Australian Government. The program also aligns with calls from The National Preventative Health Taskforce who have stated Australia should strive to reduce smoking rates to 9% or less by 2020.
d) Expected Outcomes for Government and Community Pharmacy	Outcomes for government include further reducing the social and economic cost of smoking-related morbidity and mortality, through: <ul style="list-style-type: none"> <li>• an increase in identification and engagement of smokers in smoking cessation strategies</li> <li>• an increase in quit rates in smokers participating in pharmacy-based smoking cessation</li> <li>• an increase in the numbers of smokers referred to advanced smoking cessation services</li> </ul> <p>Outcomes for community pharmacy include an increased public recognition of the role of pharmacy as a provider of primary health care services. This is consistent with increasing business viability by moving towards the provision of programs/services as an adjunct to the traditional dispensing and product supply model. This role expansion also provides viable career paths for the increasing numbers of pharmacy graduates.</p>
e) Consumer Benefits	For consumers wishing to quit smoking this program would provide extensive support mechanisms, including face-to-face discussions and referrals to GPs and QUIT networks.
f) Who Performs the Service	<ul style="list-style-type: none"> <li>• Pharmacists</li> <li>• Pharmacy Assistants</li> </ul>
g) Collaboration with Other Healthcare Professionals	<i>Will service delivery require any formal collaboration with other health care professionals?</i> Yes. This involves referrals to GPs and ongoing communication with treating GPs.
<b>2. Implementation and Enablers</b>	
a) Stakeholder Consultation	<i>Representative bodies from the following areas will need to be consulted in order to fully develop and implement a program:</i> <ul style="list-style-type: none"> <li>• Consumer Organisations</li> <li>• Pharmacy Organisations</li> <li>• GP Organisations</li> <li>• Government Bodies</li> </ul>
b) IT Requirements	<i>Is pharmacy software required to deliver this program?</i> IT solutions may assist in the delivery of smoking cessation services. Program software ideally

	<p>should be integrated with pharmacy software, streamlined for ease of use and consistent with pharmacy workflow. Existing pharmacy software would be adapted to support pharmacist-initiated interventions and to enable the collection of de-identified data for monitoring and evaluation of the programs.</p>
c) Infrastructure and Staffing	<p><i>Is a private consultation area required to deliver this Program?</i> Yes. A consultation area meeting patients' privacy requirements is required.</p> <p><i>Is the program within the pharmacist's/pharmacy assistant's normal scope of practice?</i> Yes- noting that some additional training may be required/beneficial.</p> <p><i>Is an additional pharmacist likely to be needed?</i> To be determined, according to particular pharmacy's business model. In developing professional services that require extended pharmacist consultations, consideration needs to be given to staffing resources. An additional pharmacist could be required to ensure other professional services remain appropriately resourced.</p>
d) Training	<p><i>What additional formal training is likely?</i> Pharmacy graduates should be trained to a level where they can confidently provide support services upon registration.</p> <p>Training for pharmacists and pharmacy assistants should include on-line training where possible to maximise participation. Refresher training should also be available for registered pharmacists to ensure services remain aligned with current clinical guidelines.</p> <p><i>Does any suitable training exist?</i> Yes. A number of programs designed to enhance the knowledge and skills of pharmacists in providing Smoking Cessation programs are available.</p>
e) Supporting Standards, Procedures and Templates/ Checklists	<p><i>Will a QCPP standard be required?</i> Yes A Smoking Cessation Service checklist (T3 checklist) already exists as part of QCPP, edition 3.</p> <p><i>Will professional guidelines and/or standards be required?</i> Yes Relevant professional standards for smoking cessation services are included in Professional Practice Standards, version 4, 2010.</p> <p><i>Are there any national guidelines which need to be taken into account in developing the program to ensure consistency with best practice?</i> Yes Any programs will need to be consistent with existing national guidelines in this area. These could include National Tobacco Strategy guidelines, NHMRC guidelines, National Heart Foundation Guidelines and Therapeutic Guidelines.</p>
f) Legislation/ Regulation Implications	<p>It will be necessary to ensure all elements are aligned with relevant legislation.</p>
<b>3. Funding</b>	
Funding Options	<p><i>Possible funding options include:</i></p> <ul style="list-style-type: none"> <li>• Community Pharmacy Agreement</li> <li>• Alternative Commonwealth Program (National Tobacco Strategy)</li> <li>• User-pays (Review GST implications )</li> </ul> <p><i>Has any funding for this Program been secured?</i> No.</p>

#### 4. Timelines

Timelines	<ul style="list-style-type: none"><li>√ Established community pharmacy practice</li><li>√ Immediate to short-term implementation (&lt; 30 June 2015)</li><li><input type="checkbox"/> Medium-term implementation(1 July 2015 to 30 June 2020)</li><li><input type="checkbox"/> Longer-term implementation (&gt; 1 July 2020 )</li></ul>
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