The Role of Pharmacy in Providing Pharmacotherapy for Tobacco Cessation

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Why (or Why Not) a Pharmacist?

**WHY?**
- Accessible; no insurance needed
- Pharmacotherapy sold primarily in pharmacies
- Patients purchasing non-prescription NRT might not have seen another clinician
- Patient profiles help identify patients at risk

**WHY NOT?**
- Time constraints
- Not regarded by patients as a resource for quitting
Training programs for practicing pharmacists:
1997  Washington State Pharmacists Association program
1998  SmithKline Beecham tobacco cessation (Vitale)

Training programs for pharmacy students:
1999  Rx for Change program for pharmacy schools

National initiatives:
2002  NIH funds dissemination of Rx for Change
2004  UCSF SCLC supports development of Pharmacy Partnership for Tobacco Cessation / Action Plan
2010  Pfizer funds CS2day (Purdue represents pharmacy)
Pharmacist’s role in tobacco cessation:
• < 9% received formal training; 88% interested in formal training
• 93% believed it would improve the quality of their cessation counseling; 70% believed it would increase the number patients counseled for cessation

Patient perceptions:
• 64% believe that assistance from a pharmacist will increase chances of quitting
• Pharmacies are a convenient place to receive cessation counseling

Welcome to Rx for Change!

Rx for Change: Clinician-Assisted Tobacco Cessation is a comprehensive tobacco cessation training program that equips health professional students and practicing clinicians, of all disciplines, with evidence-based knowledge and skills for assisting patients with quitting. Our program draws heavily from the U.S. Public Health Service Clinical Practice Guideline for Treating Tobacco Use and Dependence, in that it advocates delivery of tailored behavioral counseling interventions in conjunction with pharmacotherapy. We address all forms of tobacco, not just cigarettes, and our materials focus on counseling all patients—regardless of their readiness to quit. All materials have undergone extensive external review by key experts in the field.

Learn more about the Rx for Change program. We have the following versions available:

1. 5 A’s (comprehensive counseling)
2. Ask-Advise-Refer (brief counseling)
3. Psychiatry
4. Cardiology
5. Mental Health Peer Counselors
6. Respiratory Care
7. Surgical Care

UCSF openly shares the Rx for Change materials with others at no cost; however, all persons who receive any component of the Rx for Change program must complete an online registration process, which includes acceptance of our End-User Licensing Agreement. Rx for Change can be used only for non-commercial teaching and research purposes and cannot be used for profit.
U.S. Schools of Pharmacy: Implementation of Rx for Change

- **Train-the-trainer programs:**
  - 191 faculty representing all but 2 schools of pharmacy

- **End of study (3 years post-training):**
  - 85% adoption in core curriculum, median 6 hrs
  - Nearly 21,000 students trained

In the US, pharmacy is the only discipline that has attempted systematic integration of tobacco education into core curricula.

Funded by the National Cancer Institute grant R25 90720.
• 11,614 registered users
• Users have accessed the website 39,846 times
• 219,467 files downloaded
• Average of 107 new users each month

Users represent 46 countries and all 50 U.S. states.

*As of 15 May 2016
The 5 A’s:
• Insufficient time in the community setting
  Funded by NCI grant R01 093969 to A Prokhorov.

Ask-Advise-Refer:
• Feasible for integration into routine practice

• Nearly doubles calls to the tobacco quitline
  Funded by NCI grant R01 129312 to K Hudmon.

• When ASKING and documentation is required by corporate management, significant increases in the number of interventions provided
  Funded by Safeway to R Corelli and L Kroon.
AAR Pharmacy Practice Model

1. **ASK** all patients about tobacco use (pharmacist or technician)

2. **ADVISE** to quit (pharmacist or technician)

3a. If NOT ready to quit in next 30 days
   - Establish as a resource for quitting; passive referral to quitline

3b. If ready to quit in next 30 days
   - **SELECT** and **COUNSEL** on appropriate use of pharmacotherapy (pharmacist)

4. **REFER*** to other resources (pharmacist or technician)

* Active referral > passive referral
When time is limited, focus on patients who have the most to gain by quitting:

- Patients on medications that interact with tobacco smoke
- Patients with medical conditions caused or worsened by smoking, such as:
  - Cardiovascular disease
  - Diabetes
  - Respiratory disorders; parents of children with asthma
  - Cancer
  - Osteoporosis
  - Pregnancy and lactation
“Drugs don’t work...

...in patients who don’t take them.”

C. Everett Koop, M.D., former U.S. Surgeon General

The importance of adherence with the regimen should be emphasized at each encounter.
Conclusion Since becoming available over the counter, NRT appears no longer effective in increasing long-term successful cessation in California smokers.

Median duration of use: 14 days

Daily adherence not reported
To help a persistent cough go to aisle 8.

To get a persistent cough go to aisle 14.

Pharmacies shouldn’t sell products that kill. Call Rite Aid and urge them to stop selling tobacco. 1-800-Rite-Aid.
Tobacco products and ENDS* sold (n=6)
Tobacco products sold (n=1)
ENDS* sold (n=4)

Countries with FIP member organization(s) that did not respond to the survey (n=33) or who responded “do not know” (n=2)
Neither tobacco products nor ENDS* sold (n=49)

Countries with no FIP member organization(s)

* Electronic nicotine delivery systems

Corelli RL et al., in preparation.
Marlboro
Protect children: don’t make them breathe your smoke

Marlboro
Your doctor or your pharmacist can help you stop smoking

Marlboro
Smoking kills

Marlboro
Get help to stop smoking: consult your doctor or pharmacist

Marlboro
Smoking may reduce the blood flow and causes impotence

Marlboro
Get help to stop smoking: consult your doctor or pharmacist
Role of Pharmacy in Global Tobacco Cessation and Control

• Delivery of cessation programs; counseling for appropriate use of cessation medications
• Teaming with health departments / ministries of health
• Access to patients in rural areas of developed and underdeveloped countries
• International Pharmaceutical Federation (FIP):
  – “Global Network of Pharmacists Against Tobacco”
  – Launched in 2003 at the WCOTOH in Helsinki
  – Actively promoting implementation of WHO Framework Convention on Tobacco Control