

Pharmacists have a global opportunity to help abolish tobacco-related harm

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The success of NHS community pharmacy and allied smoking reduction services and policies demands recognition. Adults smoking in the UK today amount to about 25 per cent, compared with a figure of 80 per cent among men 50 years ago. With the ban on smoking in public places and workplaces in England coming into effect on 1 July, the UK, arguably, now enjoys the most comprehensive set of tobacco control and smoking reduction policies and provisions to be found world-wide.

But politicians and health care providers must not be complacent: Britain still has a higher percentage of smokers than countries such as the US, and an increasing proportion of them are both heavily addicted and socially or psychologically vulnerable. In the years ahead the NHS is almost certainly going to have to spend more on smoking cessation support and allied services to avoid the trap of tobacco use becoming an “underclass” disease, and perpetuating gross health inequalities well into the 21st century.

The School of Pharmacy report “Ending the global tobacco pandemic” (see p757) highlights the central role that community pharmacists and pharmacies can cost-effectively play, both nationally and internationally, in further helping individuals and populations to stop smoking. Based on two linked School of Pharmacy surveys of recent service advances (with the international version facilitated through the International Pharmaceutical Federation), it shows that pharmacists contribute valuably to tobacco-related harm reduction not only through their mainstream involvement in giving advice and supplying nicotine-replacement therapy and other medicines, but also via specialised service provision.

The latter include the level 2 and 3 services funded as enhanced services by English primary care trusts, together with schemes such as Glasgow’s “Starting Fresh” pharmacy stop smoking project and Northern Ireland’s recently established nation-wide model. The data we have gathered indicate that pharmacists facilitate at least a fifth of the 500,000 quit attempts that specialist NHS services promote in England each year, in addition to the many more self-managed quit attempts they support.

Authorities such as Terry Maguire, who has played a key role in the evolution of the

Northern Ireland model, have suggested that the approach being pioneered there in the smoking cessation context could open the way to more extensive developments. It could perhaps lead to the establishment of independent pharmaceutical care and prescribing budgets like those traditionally enjoyed by

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GPs. Such opportunities reflect this week’s All-Party Pharmacy Group call for an extended range of advanced pharmaceutical care services to be funded on a national basis. This would be less vulnerable to local postcode variation in standards of care for the public than are the current arrangements.

However, the main findings of our research — while pointing generally to the fact that building further pharmacy services for smoking cessation offers a template for future role extensions in other forms of chronic and

acute disease management — are focused on more immediately achievable goals and pharmacy practice improvements. For example, we find that in many parts of England it would be desirable to simplify the pharmacy payment structures underpinning specialised smoking cessation service delivery, and increase the size of schemes to a regional rather than PCT level. This would decrease the amount of varying paperwork to be completed, and help improve service efficiency.

Our analysis also points to the need to increase the proportion of community pharmacies that take a robustly informed and active interest in supporting smoking reduction, and psychologically facilitating other forms of behavioural change with regard to health and medicine-taking. As well as needing appropriate funding structures, this is likely to demand long-term interventions aimed at building pharmacists’ sense of success in this context and raising public expectations of the health care that pharmacists should offer.

Another illustration of an area where pharmacy may need a strengthened internal debate relates to resolving professional uncertainties about the safety and overall value of NRT and other stop-smoking medicines. Not only can these increase quit attempt success rates (by up to four times when combined with effective psychological support) but they also allow addicted individuals to reduce their use of hazardous tobacco products.

There may be doubts in the minds of some pharmacists about the probity of supplying medicines like NRT for any purpose other than supporting quit attempts. But, as organisations such as ASH have noted, if smoking proves impossible to eliminate at a whole population level then revised approaches to tobacco-related (as opposed to nicotine-related) harm reduction could prove vital for achieving public health improvement goals.

Looking beyond UK concerns, global smoking rates are continuing to rise. It is striking, for instance, that a third of all today’s smokers live in China and that, if current trends continue, tobacco use will cause about a billion premature deaths world-wide in the coming century. To some observers such stark statistics may seem to have little relevance to the work of pharmacy in countries such as modern Britain. Yet, if the profession wishes to play a leading role in a more unified and interdependent world economy, its leaders cannot afford to ignore such problems. Rather, there is an opportunity for pharmacy to play a central part in their solution.

This week delegates at a major conference in Bangkok have been considering the ongoing implementation of the WHO’s Framework Convention on Tobacco Control (FCTC). To date, this has primarily served to focus policy makers’ attention on traditional public measures such as raising the price of tobacco products, limiting their advertising, and stopping smoking in contexts where it could harm non-smokers. But our research suggests that as such measures become established they must — if they are to be optimally effective — be complemented by better support for vulnerable smokers who are seeking to quit, but find it difficult or impossible to do. This may perhaps be because of social and psychological stresses or mental health problems. Only one frequently overlooked Article of the FCTC, Article 14, covers this area. It can be concluded, therefore, that pharmacy, as a global profession with an important interest in 21st century health improvement, should work to promote greater investment in smoking cessation services.

This will involve raising governments’ awareness of Article 14 of the FCTC and promoting its robust implementation. Providing stop-smoking support is one of the most cost-effective interventions that any health care provider can make. Pharmacists everywhere would be well advised to make it a central part of their role, not only to enhance health in their communities but also to help ensure the future of their own profession.