

The pharmacist's role in tobacco cessation: Overview and introduction to the series

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More than four decades have elapsed since the publication of the first U.S. Surgeon General's report on smoking and health¹; yet, more than 1 in 5 adult Americans continue to smoke,² and nearly 440,000 Americans die annually due to tobacco-related disease.³ The list of proven methods for treating tobacco use and dependence continues to lengthen, yet these methods are largely underutilized by all segments of the population. Most tobacco users attempt to quit without assistance, and more than 95% of unassisted attempts at quitting result in relapse.⁴

Although the literature is inconclusive regarding the pharmacist's effectiveness in helping patients quit,⁵ meta-analyses indicate that health care providers in general have a proven, positive effect on patients' ability to quit.^{6,7} The vast majority of pharmacists cite interest in assisting patients with quitting⁸; however, few pharmacists routinely engage in tobacco-cessation counseling activities. Only 5–7% of patients report that a pharmacist has ever inquired about their tobacco use.^{9,10} Similarly, pharmacists themselves report low levels of participation in tobacco-cessation activities in clinical practice.^{8,11-14} We, as a profession, must do better in addressing the primary known preventable cause of morbidity and mortality in the United States (Table 1).¹⁵

More so than other clinicians, pharmacists have a unique and unparalleled ability to interact with the public. Advice from a pharmacist does not require an appointment or medical insurance; as such, pharmacists are capable of reaching and assisting underserved populations, which often exhibit a higher prevalence of tobacco use and incur a disproportionately higher incidence of tobacco-related disease.¹⁶ Given that medications approved by the Food and Drug Administration for smoking cessation are available primarily through pharmacies, and several of these medications are available without a prescription, it seems imperative that pharmacists become active and recognized resources for tobacco-cessation assistance.

As delineated in the Clinical Practice Guideline for Treating Tobacco Use and Dependence, comprehensive tobacco-cessation counseling encompasses a series of five steps (referred to as the 5 A's): *Ask* patients whether they use tobacco, *advise* tobacco users to quit, *assess* readiness to quit, *assist* with quitting, and *arrange* follow-up counseling.⁶ When lack of time or expertise precludes the ability to provide more comprehensive counseling, pharmacists can—at a minimum—ask patients about tobacco use, advise patients to quit, and provide a referral to other resources (e.g., the toll-free telephone number

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Table 1.
Health Consequences of Smoking¹⁵

Cancers
Acute myeloid leukemia
Bladder
Cervical
Esophageal
Gastric
Kidney
Laryngeal
Lung
Oral cavity and pharyngeal
Pancreatic
Cardiovascular diseases
Abdominal aortic aneurysm
Coronary heart disease (angina pectoris, ischemic heart disease, myocardial infarction, sudden death)
Cerebrovascular disease (transient ischemic attacks, stroke)
Peripheral arterial disease
Pulmonary diseases
Acute respiratory illnesses (pneumonia)
Chronic respiratory illnesses (chronic obstructive pulmonary disease, respiratory symptoms [cough, phlegm, wheezing, dyspnea], poor asthma control, reduced lung function in infants exposed in utero to maternal smoking)
Reproductive effects
Reduced fertility in women
Pregnancy and pregnancy outcomes (premature rupture of membranes, placenta previa, placental abruption, preterm delivery, low infant birth weight)
Infant mortality (sudden infant death syndrome)
Other effects
Cataract
Osteoporosis (reduced bone density in postmenopausal women, increased risk of hip fracture)
Periodontitis
Peptic ulcer disease (in patients who are infected with <i>Helicobacter pylori</i>)
Surgical outcomes (poor wound healing, respiratory complications)

of the national quit-line, 1-800-QUIT NOW). With even minimal allocated effort (as few as 30 seconds per patient to ask, advise, and refer to other resources), pharmacists could substantially affect the health of their patients and reduce the rate of tobacco use across the country.

In 2006, LaCivita and I¹⁷ described the formation of the Pharmacy Partnership for Tobacco Cessation and presented an outline of activities through which the Partnership will foster advocacy, build awareness (both within and outside of the pharmacy profession), and provide

education for licensed pharmacists, pharmacy students, and patients. Toward these goals, *AJHP* presents a series of articles addressing the topic of the pharmacist's role in the cessation of tobacco use. In combination with an updated ASHP Therapeutic Position Statement on tobacco cessation and ASHP-sponsored continuing-education programs, the articles in this series are designed to equip practicing pharmacists in all settings with the necessary knowledge and skills to assist patients with tobacco cessation. The articles in this series includes

- A comprehensive overview of varenicline, the newest agent approved for smoking cessation,¹⁸
- An overview of the latest developments in pharmacotherapy for smoking cessation,
- A review of the numerous pharmacokinetic and pharmacodynamic drug interactions with smoking,
- A description of comprehensive, pharmacist-facilitated tobacco-cessation intervention programs developed in inpatient and outpatient settings,
- A discussion of feasible mechanisms by which pharmacists can facilitate tobacco-cessation services within the health-system environment, and
- A discussion of how to promote smoking cessation through brief interventions, which particularly applies to busy practice environments.

Pharmacists should find this series useful and practical for integrating tobacco-cessation counseling as part of routine patient care. Pharmacists are encouraged to take an active role as our profession moves forward in assisting our nation in reaching the Healthy People 2010 goals of an adult smoking prevalence of no more than 12% and an adult smoking cessation attempt rate of 75%.¹⁹

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