



Joint WHO-FIP statement on the role of pharmacists in tobacco cessation

31 May 2024, World No-Tobacco Day

BACKGROUND

Considerable progress has been made over the past two decades in reducing the prevalence of adult tobacco use: between 2000 and 2022, prevalence of tobacco use among people aged 15 years and over reduced from 32.7% to 20.9%. However, there are still 1.25 billion adult tobacco users around the world, and more effort is needed to achieve the prevalence reduction target of 30% by 2025, as set out in the World Health Organization (WHO) Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Continued commitment to full implementation of WHO Framework Convention on Tobacco Control, including Article 14 concerning tobacco dependence and cessation is essential to protect and amplify the progress achieved to date.

Supporting current tobacco users to quit as a key component of a comprehensive tobacco control approach to reduce prevalence of tobacco use is particularly important, since 60% of the current 1.25 billion global adult tobacco users want to quit, but only around 35% of the world's population have access to comprehensive tobacco cessation services. WHO global investment case for tobacco cessation showed that tobacco cessation interventions are "best buy" interventions with significant returns. Pharmacists can play an important role in tobacco cessation because they and other professionals dedicated to health are on the frontline of tobacco epidemic and collectively reach millions of people.

WORKING TOGETHER: WHO AND FIP

The WHO and the International Pharmaceutical Federation (FIP) are committed to strengthening their collaborative efforts to fight against tobacco globally. Recognising the broad responsibilities of pharmacists in tobacco control as highlighted by WHO in 2005, this joint statement highlights the key role of pharmacists in advancing tobacco cessation.

This statement builds on WHO's mandate in public health and FIP's previous collaboration with WHO on engaging pharmacists in tobacco cessation and the development of tobacco cessation tools including the FIP handbook for pharmacists "Supporting tobacco cessation and treatment of tobacco dependence", a collaborative work under the WHO <u>Tobacco Cessation Consortium</u>.

This statement calls for pharmacists to adopt a sustainable and synergistic approach to tobacco cessation. It emphasizes the necessity for continuous innovation in strategies, particularly in enhancing the role of pharmacists, to effectively respond to the evolving landscape of public health challenges posed by tobacco use.

JOINT ACTION

- 1. WHO and FIP have jointly drawn up the basis for action-oriented collaboration between national tobacco control programmes and national pharmacy associations in the fight against tobacco.
- 2. WHO undertakes to promote the need for these collaborative actions to WHO Member States, their tobacco control programmes and drug regulatory authorities as well as tobacco control partners worldwide
- 3. FIP undertakes to promote these actions to national pharmacist organizations worldwide and to facilitate the dissemination of information and resources to individual pharmacists and relevant health authorities at country level, to advance pharmacy practice towards the integration of tobacco cessation services as part of mainstream pharmacy practice.





4. Both WHO and FIP will use this joint statement to highlight and promote the contribution of pharmacists in providing tobacco cessation services as part of a comprehensive tobacco control approach and broader efforts to strengthen health systems.

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COLLABORATIVE ACTIONS BETWEEN NATIONAL TOBACCO CONTROL PROGRAMMES AND NATIONAL PHARMACY ASSOCIATIONS

WHO and FIP urge national tobacco control programmes and national pharmacy associations, to develop and implement plans for engaging pharmacists in the fight against tobacco within the context of national tobacco control programmes and national health systems and services. These plans should take into consideration the following actions that would enable national tobacco control programmes and national pharmacy associations to work together to:

- 1. Provide joint leadership in developing policy guidance and resource mobilization to engage pharmacists in advancing tobacco cessation. The process should include consultation and collaboration with relevant stakeholders to identify educational, managerial, and regulatory approaches to systematically engage pharmacists in advancing tobacco cessation.
- Undertake orientation and training of pharmacists to enable their effective delivery of tobacco cessation interventions, considering the local context. To this effect, the training curricula of pharmacy students may require updating to incorporate current knowledge and practices in tobacco cessation.
- 3. Facilitate effective delivery of tobacco cessation interventions as part of their mainstream pharmacy practice, including brief tobacco interventions (Ask, Advise, Assess, Assist and Arrange); referring triaged patients who use tobacco to existing tobacco cessation services and tools (national toll-free quit lines, effective digital tobacco cessation tools, nearby specialized tobacco cessation services).
- 4. Promote rational use of proven over the counter and prescription tobacco cessation medicines and ensure that WHO recommendations on tobacco cessation medicines are followed.
- 5. Pursue the policies that tobacco use is not permitted in pharmacies, that tobacco products are not sold in pharmacies.
- 6. Engage pharmacists and their associations to join the tobacco control and tobacco cessation efforts at local, national, and global levels.
- 7. Develop and implement a framework and indicators to monitor, evaluate, and enhance collaboration between national tobacco control programmes and national pharmacy associations. Documentation and sharing experiences and lessons learnt should establish an evidence-base for the role of pharmacists in advancing tobacco cessation, and also help in identifying and scaling up successful best practice models.