

FIP GLOBAL TOBACCO CESSATION SURVEY FINDINGS

65.4%

of countries offer pharmacist-led tobacco cessation services.



in 43 countries

(84.3%)

pharmacists offer advice to reduce smoke exposure.



pharmacists are involved in tobacco cessation awareness campaigns in



76.5%

(n=39)

of the countries.

Pharmacists engage in tobacco cessation discussions using techniques like:



Very Brief Advice (VBA) or the 3As model (Ask, Advise, Act). This approach is adopted in **42 countries (82.4%)**.



Tailored support based on the individual's readiness level utilised in **34 countries (66.7%)**.



Motivational interviewing is utilised in **33 countries (64.7%)** to inspire behavioural change.



A patient follow-up approach is utilised in **28 countries (54.9%)**.

Pharmacists utilise a diverse range of tools and interventions such as:



The Fagerström Test for nicotine dependence in **21 countries (41.2%)**,



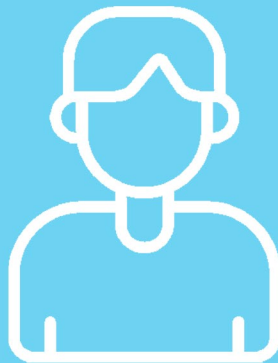
The Stages of Change Assessment tool for motivation or readiness assessment in **19 countries (37.3%)** and



Carbon monoxide (CO) concentration assessment for abstinence verification in **17 countries (33.3%)**.

78.4%
(n=40)

of countries reported that pharmacists are actively involved in recommending and guiding tobacco users on the proper use, administration, and dosage adjustment of nicotine replacement therapy products.



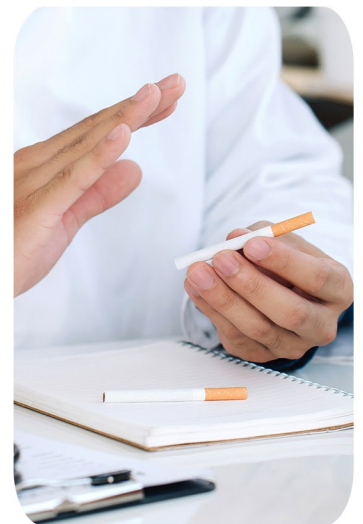
54.9%
(n=28)

of countries reported that pharmacists also provide recommendations and guidance regarding non-nicotine medications such as bupropion, varenicline, or nortriptyline.



47.1% (n=24) of respondents reported that **pharmacists can prescribe nicotine replacement products**.

17.6% (n=9) of respondents reported that **pharmacists can prescribe non-nicotine medicines such as bupropion, varenicline or nortriptyline**.



Approximately **72.5%** (n=37) of countries reported that pharmacists provide advice to tobacco users to **seek additional support and resources from other healthcare professionals**. However, there is **no standardised documentation** of this intervention.



29.4% (n=15) of countries have established protocols where pharmacists **provide written advice for referral**, and this intervention **is routinely documented**.

In **17**
countries (33.3%)



pharmacies are paid directly by the patient or customer.

In **12**
countries (23.5%)



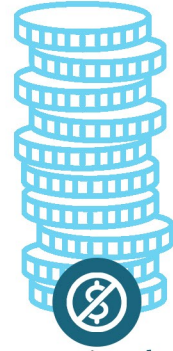
pharmacies are reimbursed by public health systems.

In **2**
countries



pharmacies receive reimbursement from private health insurance companies.

In **35**
countries (68.6%)



pharmacies do not receive remuneration for any professional services provided for tobacco cessation.

39
(76.5%)



respondents reported that pharmacists providing tobacco cessation services are not required to undergo additional education or training.

In **25**
(49%)



countries, organisations or employers offer education and training courses on tobacco cessation.



82.4% (n=42) of countries with pharmacist-led tobacco cessation services reported **insufficient remuneration as a barrier**.

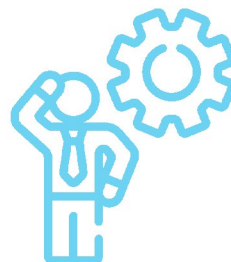
This financial constraint was also highlighted by **59.3% (n=16) of countries** where pharmacists did not provide tobacco services.

A lack of supportive regulations or healthcare policies for pharmacists in tobacco cessation was cited as an obstacle by **88.9% (n=24) of countries** where pharmacists did not provide these services.



66.7%
(n=34)

of countries where pharmacists provide tobacco services reported **operational difficulties**, such as **time constraints and high workload**.



51.9%
(n=14)

of countries where pharmacists do not provide tobacco services reported **inadequate infrastructure**, including **space for private consultations**, as a barrier.