

Effectiveness of intervention to implement tobacco cessation counseling in community chain pharmacies

Pallavi D. Patwardhan and Betty A. Chewning

Abstract

Objectives: To test the feasibility of implementing ask–advise–refer (AAR) tobacco cessation counseling approach in community chain pharmacies serving low socioeconomic areas and to assess the effectiveness of a multimodal intervention on short-term implementation of AAR.

Design: Randomized controlled trial.

Setting: South-central Wisconsin from July 2008 through March 2009.

Participants: Pharmacists and technicians from 16 community chain pharmacies.

Intervention: Training to implement AAR, workflow integration recommendations, tobacco cessation poster to create awareness, and a support visit.

Main outcome measures: Number of pharmacy patrons asked about tobacco use, number of tobacco users advised to quit, number of tobacco users enrolled in the quit line, and number of quit line cards given.

Results: As hypothesized, the multimodal intervention significantly predicted the number of patrons asked to quit (estimate 4.84, incidence rate ratio 127.2, $P < 0.001$), number of tobacco users advised to quit (2.12, 8.33, $P < 0.01$), number of tobacco users enrolled in the quit line (2.31, 10.13, $P < 0.001$), and number of quit line cards given (1.04, 2.82, $P < 0.05$).

Conclusion: This trial demonstrates the feasibility of implementing AAR in routine community pharmacy practice. This trial also supports the short-term effectiveness of the multimodal intervention in facilitating AAR in partnership with other public health systems. More research is needed to evaluate the generalizability, effectiveness, and sustainability of AAR, including factors influencing adoption and the impact on cessation.

Keywords: Tobacco cessation, pharmacy services, community pharmacy.

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Cigarette smoking is the leading cause of preventable mortality in the United States, with current prevalence among adults at 20%.^{1,2} Well-established evidence shows that tobacco dependence can cause and/or aggravate various health conditions, including several types of cancers.³ In addition, tobacco dependence leads to undesirable effects on society in the form of billions of dollars in financial losses.⁴

Brief tobacco cessation interventions by health care providers are effective and can be feasibly implemented.⁵ Emphasis on promoting cessation interventions among nonphysician providers,^{6,7} including pharmacists,^{8,9} has been steadily increasing. The current evidence-based clinical practice guidelines⁵ recommend that all clinicians, including pharmacists, routinely implement the five As (5As) approach. In this five-stage approach, clinicians should (1) ask all patients whether they use tobacco, (2) advise them to quit, (3) assess their readiness to quit, (4) assist with quitting efforts, and (5) arrange follow-up with those who quit. Recent evidence also suggests that interventions by more than one provider have the potential to substantially increase quit rates.¹⁰

Given their easy accessibility, community pharmacists are in a unique position to promote and assist in tobacco cessation counseling. They have regular contact with patients, often on a monthly basis. Research indicates that community pharmacist-led cessation interventions are effective¹¹; however, only 14% of pharmacies are involved in routine cessation counseling.¹² Several personal and environmental barriers to cessation counseling have been reported by pharmacists, including lack of training and self-efficacy.¹³ Lack of time has been consistently identified as a key impediment.¹³⁻¹⁵ Accepting this

crucial barrier, pharmacy advocates are now promoting a recently introduced alternative approach derived from 5As called ask–advise–refer (AAR).^{9,16} The evidence-based guidelines specifically recommend AAR in situations in which 5As might not be feasible (e.g., busy settings).⁵ In this three-stage AAR approach, pharmacists ask patrons whether they use tobacco, advise tobacco users to quit, and refer tobacco users to an intensive program (e.g., telephone quit lines that effectively offer free behavioral counseling to help tobacco users quit¹⁷). Users who are ready to quit in the next month skip the advise stage and go directly to the referral. Consistent with 5As, advising to quit involves “urging the tobacco user to stop using tobacco.”⁵ With more than 175,000 pharmacists working in community settings, each pharmacist enrolling one smoker to the quit line per month could result in more than 2 million annual enrollments. Finally, this approach furthers the potential for pharmacy to collaborate with public health systems for the referral.

Several factors have been hypothesized as potential facilitators to implementing AAR in community pharmacies, including pharmacist training, technician support, and having patients initiate cessation discussions or request services.¹⁸ Few studies have assessed the feasibility of AAR,^{6,7,19} particularly in community pharmacies,^{8,15} or the effectiveness of these facilitators in promoting AAR implementation. Purcell et al.⁸ demonstrated AAR feasibility in two independent pharmacies with low prescription volume. Baggarry et al.¹⁵ studied AAR implementation by nine community pharmacists affiliated with a state university. Although informative, both studies used weaker designs and contained a motivated sample. Therefore, a need continues to exist to evaluate the feasibility of AAR in real-world representative pharmacy settings and to identify effective interventions to facilitate implementation. In addition, emphasis on trying to reach the high-risk groups that need the most help, such as low socioeconomic groups, is increasing.²⁰ Tobacco use is more common in people living at or below the federal poverty level and people with lower levels of education.² With the goal of addressing these gaps, the current work presents findings from the first pharmacy-based randomized controlled trial evaluating the feasibility of AAR in community chain pharmacies serving low socioeconomic areas. Of important note, such trials are very resource intensive and require a strong commitment from the pharmacy staff and management. Large-scale implementation cannot be justified unless proof of feasibility is provided by studies such as the present one.

At a Glance

Synopsis: The feasibility of implementing the ask–advise–refer (AAR) approach in tobacco cessation counseling was demonstrated in this randomized controlled trial of south-central Wisconsin community chain pharmacies serving low socioeconomic areas. A multimodal intervention significantly predicted the number of patrons asked to quit, number of tobacco users advised to quit, number of tobacco users enrolled in the quit line, and number of quit line cards given.

Analysis: *This study demonstrates that community pharmacy–based quit line referrals might be a particularly good match for busy pharmacists interested in delivering brief cessation interventions to motivated tobacco users who already want to quit in the next month. This current work adds to the nascent literature on trials that systematically assess facilitators of expanded services in community pharmacies. It documents that pharmacists’ adopting programs such as AAR require more than being provided with referral cards and mechanisms of documentation.*

Objectives

We sought to assess the feasibility of implementing AAR in community chain pharmacies and to assess the impact of a multimodal intervention on short-term implementation of AAR. It was hypothesized that compared with the control group (i.e., usual care pharmacies), significantly more tobacco users visiting the experimental group pharmacies would be (1) asked whether they used tobacco, (2) advised to quit, (3) enrolled in the quit line via the Fax to Quit (FTQ) program at each pharmacy (active referral), and (4) given quit line cards (passive referral).

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