
FIP STATEMENT OF POLICY

The role of the pharmacist in establishing a future free from tobacco and nicotine dependence

Preamble

Tobaccoⁱ use is a major public health problem that imposes a heavy burden on individuals, communities and economies around the world. It is one of the most preventable causes of death worldwide. It contributes to a variety of diseases and is a leading cause of premature death.¹ This statement of policy updates a 2003 FIP policy statement. It reflects evolving issues in tobacco use and provides appropriate recommendations. This statement also builds on a [joint statement by FIP and the World Health Organization on the role of pharmacists in tobacco cessation](#), adopted on 31 May 2024.

Pharmacists can support the cessation of tobacco and nicotine use through:

- 1. Health promotion and education** Pharmacists disseminate information about the health risks of tobacco and nicotine use and the benefits of cessation, empowering individuals to make informed health decisions.
- 2. Asking about tobacco and nicotine use** Pharmacists are proactive in asking about tobacco and nicotine use, thus providing a critical touchpoint for identifying individuals who would benefit from cessation interventions. Such inquiries can also evaluate need to adjust any medication.
- 3. Assessment of readiness to stop using tobacco and nicotine** Pharmacists assess a patient's readiness to stop using tobacco and nicotine by asking questions to ascertain motivation and ability to quit.
- 4. Structured tobacco and nicotine cessation programmes that include user monitoring and management** Pharmacists provide brief intervention and intensive support counselling to follow up with users to increase cessation success and prevent relapse.
- 5. Engagement with prospective quitters** Through direct interaction, pharmacists provide personalised support to individuals expressing a desire to quit tobacco and nicotine use, tailoring cessation strategies to meet their needs.

ⁱ For the purpose of this statement, any references to tobacco include all forms of tobacco and tobacco-related products.



Pharmacists should follow up with patients regularly to monitor progress, provide encouragement, and address any challenges or concerns that arise.

6. Support for behavioural change Pharmacists offer evidence-based behavioural change strategies and validated tools to address the psychological aspects of nicotine addiction, facilitating the adoption of healthier habits and coping mechanisms.

7. Pharmacological interventions, including prescribing medicines, monitoring, and optimising treatment Pharmacists are instrumental in recommending, prescribing and managing pharmacotherapy for tobacco and nicotine use cessation, optimising treatment regimens to enhance efficacy and minimise adverse effects.

8. Referral and interprofessional collaboration Recognising the complex and multifactorial nature of tobacco and nicotine dependence, pharmacists refer patients to other healthcare professionals as needed and collaborate closely with the broader healthcare team to ensure a coordinated approach to tobacco and nicotine cessation.

9. Influence on public health policies Pharmacists contribute expertise to the development and implementation of public health policies aimed at tobacco and electronic nicotine delivery system (ENDS) control, leveraging their position to advocate for effective regulatory measures.

10. Empirical research and clinical trials Engaging in research, pharmacists contribute to the evidence base regarding the effectiveness and outcomes of various tobacco and nicotine cessation interventions, enhancing the scientific understanding of best practices in this domain.

11. Economic evaluation of interventions Through analysing cost-effectiveness, pharmacists provide valuable insights into the economic impact of tobacco and nicotine use cessation strategies, informing resource allocation decisions in healthcare settings.

By integrating these components into their practice, pharmacists significantly enhance tobacco and nicotine use cessation efforts, contributing to the reduction of tobacco and nicotine use-related morbidity and mortality and the promotion of public health.

FIP RECOMMENDS THAT:

A. Pharmaceutical organisations should:



1. Actively develop, promote and support the implementation of tobacco and nicotine use cessation services delivered by pharmacists, by providing guidelines, implementation tools, training and coordinated support to practising pharmacists.
2. Include tobacco and nicotine use prevention, cessation and related disease-management activities in Good Pharmacy Practice standards and core competency frameworks that are used at the national level.
3. Participate in national or international coalitions and policy-making activities — including those involving patient advocacy groups — against tobacco and nicotine use.
4. Participate in initiatives to produce national or international guidelines on evidence-based practices for the treatment of tobacco and nicotine dependence.
5. Pursue and uphold policies that the use of tobacco products is not permitted in pharmacies and that tobacco products are not sold in pharmacies.
6. Collaborate with educators to provide both basic and continuing education to pharmacists, pharmacy students, and pharmacy staff on tobacco and nicotine use, associated health risks, and tobacco and nicotine use cessation interventions.
7. Align education with current evidence, offer a variety of training opportunities, and investigate new training methodologies.
8. Develop comprehensive internal policies that discourage tobacco and nicotine use within the organisation, while expanding support services to help staff members overcome tobacco and nicotine dependence.
9. Disseminate information and raise public awareness regarding the health and environmental risks linked to the use of tobacco and nicotine, including through participation in population-based programmes, campaigns such as World No Tobacco Day, and other initiatives. Organisations should also consider including tobacco and nicotine-harm awareness and cessation campaigns in their corporate social responsibility activities.
10. Conduct surveys on and evaluate the tobacco and nicotine use cessation activities and services of pharmacists.
11. In coordination with other stakeholders, develop and implement strategies for effective oversight and monitoring of cessation services.
12. Advocate to policy makers to strengthen tobacco and nicotine control policies in their country.



13. Advocate to third-party health payers to reimburse tobacco and nicotine use-cessation programmes and medicines.

B. Pharmacists should:

1. Participate in accredited, quality-assured continuing education programmes on tobacco use, associated health risks and tobacco and nicotine use cessation interventions, to equip them to lead cessation programmes.
2. Ask patients about any tobacco and nicotine use, provide education and promote awareness of the health risks associated with use, in particular among vulnerable groups (including pregnant individuals, young people, older people, disadvantaged populations, and people with underlying medical conditions, such as cardiovascular diseases, cancer, chronic respiratory diseases, diabetes, or mental illness). The benefits of tobacco and nicotine cessation should be emphasised and help (e.g. brief intervention) offered.
3. Take a more active role preventing people from ever starting tobacco use. Develop and participate in activities to prevent tobacco consumption/ other forms of smoking, vaping and nicotine use, especially among children and young people.
4. Provide services to people who wish to stop using tobacco and nicotine, and to those who have tobacco-induced disease. Services can be provided to groups or individuals, and should also focus on prevention of relapse.
5. Incorporate counselling on tobacco and nicotine use cessation during pharmaceutical care of patients with tobacco and nicotine use-related ailments.
6. Lead and participate in multidisciplinary professional group cessation programmes.
7. Provide comprehensive support to people who use tobacco and nicotine products, in particular to vulnerable groups (such as pregnant individuals, young people, older people, disadvantaged populations, and people with underlying medical conditions, such as cardiovascular diseases, cancer, chronic respiratory diseases, diabetes or mental illness), including education about the health risks associated with use, behavioural strategies for quitting, and pharmacological interventions such as nicotine replacement therapy.
8. Participate in national and public awareness campaigns and other health promotion campaigns against tobacco and nicotine use. Participate in



media, digital and social media campaigns designed to highlight the risks of tobacco and nicotine use, the risks of exposure to second-hand and third-hand smoke and the benefits of stopping use and avoiding exposure.

9. Promote cessation interventions delivered through digital technologies, such as mobile-optimised websites, text messaging services and mobile applications (apps), to increase the uptake of effective cessation treatments.
10. Lead by example by keeping pharmacies tobacco-free. This not only reinforces their role as healthcare establishments but also serves as a model of healthy behaviour for the community.
11. Include tobacco and nicotine use habits in patients' health records, as use can interfere with the metabolism of certain medicines and increase the risk of developing various diseases. Such records support necessary pharmacotherapy adjustments, before, during and post-cessation.
12. Mitigate the harms of electronic nicotine delivery systems (ENDS) by informing and guiding patients on their potential health risks. Pharmacists can also play a role in monitoring and managing potential adverse effects of ENDS use, such as nicotine addiction or lung injury.
13. Address the broader social determinants of health that influence tobacco and nicotine use, including targeting interventions for specific populations disproportionately affected by their use and related diseases.
14. Stock, manage, and ensure accessibility of tobacco and nicotine use cessation medicines and remedies.
15. Refer patients with severe nicotine dependence that requires interventions beyond the scope of services or medicines that can be provided by pharmacists.
16. For community pharmacists: Publicise to the public that the pharmacy offers tobacco and nicotine use cessation services (e.g., through announcements/posters/flyers/social media and in interactions with members of the public), as allowed by regulations and the code of professional conduct.
17. For hospital pharmacists: Offer tobacco cessation services, for example at respiratory clinics, and promote continuity of cessation after hospital discharge.

C. Pharmacy education programme leaders, continuing professional development providers and academic pharmacists should:



1. Include tobacco and nicotine use prevention, cessation, and disease-related competencies in the competency framework they use.
2. Develop specific initial and continuing education activities and programmes related to tobacco and nicotine use prevention and cessation, and tobacco/nicotine-related disease management.
3. Conduct research related to tobacco and nicotine use prevention, cessation, and related disease management.
4. Take into account, in research and education, specific context of tobacco and nicotine use, such as the product types (e.g., cigarette, waterpipe, ENDS, and smokeless tobacco forms, such as chewing tobacco) and vulnerable populations (e.g., children, young adults, people with occupational exposure to tobacco, in waterpipe lounges/restaurants).
5. Promote tobacco and nicotine-free institutions and campuses. Involve students in anti-tobacco campaigns.

D. Governments, policy makers, medicines regulatory agencies and healthcare funders in consultation with pharmacist professional organisations, as applicable, should:

1. Develop and implement comprehensive strategies against tobacco and nicotine use, including establishing and enforcing anti-tobacco regulations. Develop and implement comprehensive strategies against tobacco and nicotine-use.
2. Improve health coverage to include tobacco cessation management by pharmacists and other healthcare professionals, in hospitals, clinics, tobacco cessation centres, and community pharmacies.
3. Develop and implement policies to ensure adequate remuneration for pharmacists who engage in tobacco and nicotine use prevention, cessation, and disease management.
4. Promote and ensure available, affordable and accessible tobacco and nicotine use cessation medicines.
5. Promote the enhancement of regulatory systems for quality assurance and post-marketing surveillance of tobacco and nicotine use cessation medicines in order to combat substandard and falsified medicines.
6. Facilitate and encourage the consideration of tobacco and nicotine use cessation information by regulatory agencies during the registration of tobacco and nicotine use cessation medicines.
7. Develop and support educational campaigns on the responsible use of tobacco and nicotine use cessation medicines, aimed at the general



public, healthcare professionals and other stakeholders involved in tobacco and nicotine control efforts, with the use of social media and digital technologies as appropriate to maximise reach and impact.

8. Promote responsible production and supply of tobacco and nicotine use cessation medicines, including correct waste disposal and wastewater handling, and encourage the selection and procurement of medicines produced in an environmentally acceptable way.
9. Reinforce the principle that tobacco and nicotine use cessation medicines be supplied on the authority of a licensed healthcare professional alone, and in accordance with country legislation and regulation.
10. Advocate for pharmacists with the appropriate training and certification in advanced tobacco and nicotine use cessation services to be authorised to prescribe prescription-only tobacco and nicotine use cessation medicines.
11. Raise awareness of the impact of tobacco on the environment and climate change.
12. Advocate initiatives such as a global ban on tobacco and nicotine sponsorship in sport.

FIP COMMITS TO:

1. Raise awareness of the need for a tobacco and nicotine dependence free future among all public health, healthcare and community stakeholders.
2. Support the development of pharmacist-led tobacco and nicotine use cessation strategies by FIP member organisations, other pharmacy-related stakeholders, and individual pharmacists.
3. Support the work of the World Health Organization towards a tobacco and nicotine free future.
4. Promote cooperation among countries and professional organisations in the development and use of quality indicators to monitor pharmacist-led cessation practices, including counselling, behavioural interventions and pharmacotherapy.
5. Promote the discovery, development and access to new, cost-effective tobacco and nicotine use cessation medicines.
6. Advocate for the reform of reimbursement systems for tobacco and nicotine use cessation medicines and services.



7. Promote the role of the pharmacist in patient education, surveillance data generation and sharing, and the sustainable production of, access to and responsible use of tobacco and nicotine use cessation medicines, including selection, procurement, distribution, compounding, use and disposal.
8. Support scientific research and evidence-based information to advance knowledge on the effective, safe, and responsible use of tobacco and nicotine use cessation medicines in communities and other healthcare settings.
9. Support the development of the healthcare workforce through education and continuing professional development in tobacco and nicotine use cessation and tobacco and nicotine—control efforts, empowering pharmacists to act as champions and advocates in the fight against tobacco and nicotine dependence.

KEY POLICY MESSAGES:

1. Comprehensive collaboration between healthcare providers and patient advocacy groups is needed to develop an effective tobacco and nicotine use cessation strategy.
2. Cultural sensitivities and socioeconomic aspects that influence tobacco and nicotine use and cessation attempts should be addressed by promoting personalised treatments for different communities.
3. Recognition and promotion of the use of technology, such as mobile apps or telemedicine, is essential in supporting cessation efforts.
4. Encouraging pharmacists to advocate for tobacco and nicotine control measures is necessary at the local, national, and international levels, as well as to actively participate in community-based projects.

Rationale and supporting evidence

There are 1.3 billion tobacco users around the world and around 80% of them live in low-and middle-income countries. Tobacco use kills more than eight million people every year, including an estimated 1.3 million non-smokers who are exposed to second-hand smoke.²

Tobacco use is a significant public health problem as it continues to have a negative impact on both individuals and society. Tobacco use has been reported as a major risk factor common to various non-communicable diseases (NCDs), especially chronic respiratory diseases, cardiovascular diseases, cancer and diabetes — four of the five main United Nations defined NCDs of concern. One in six deaths by NCDs are related to tobacco.³ Exposure to second- and third-hand



smoke can have detrimental health effects especially in high-risk populations including children, the elderly and people with pre-existing health conditions. The best way to reduce health risks and improve overall health is to completely stop using all tobacco products. Studies show that lung function and circulation improve within two to 12 weeks of quitting smoking, and the risk of coronary heart disease drops by 50% after one year of cessation. The sooner tobacco use is stopped, the more health benefits can be gained. Moreover, families of tobacco users can also benefit from lower healthcare costs as second-hand smoke exposure can cause reproductive health defects in women and increase respiratory illnesses in children.⁴

Tobacco use has serious negative impacts on both human health and the environment. The production and consumption of tobacco has significant environmental consequences. Production requires large amounts of land, water, and pesticides, resulting in deforestation, soil degradation and pollution of water sources.⁵ It also generates a substantial amount of waste, contributing to plastic pollution and releasing toxic chemicals into the environment⁶ as well as substantial CO₂ emissions annually, particularly affecting regions with limited resources needed for food production.^{6, 7} Furthermore, disposable vapes are difficult and expensive to recycle.⁸

Quitting tobacco use not only has a positive effect on health but also has a positive impact on finances, healthcare burden, and social life. Money saved due to quitting can make a significant impact, especially in low-income areas where most smokers are located. Healthcare costs are significantly higher for smokers than for non-smokers.^{4, 9}

There is a large range of tobacco and tobacco-related products that includes cigarettes, cigars, roll-your-own cigarettes, pipes and water pipes, as well as smokeless tobacco products such as chewing tobacco, dry snuff, moist snuff and dissolvable tobacco products and heated tobacco products.^{10, 11}

There are also two kinds of electronic delivery system product: electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS). They function by heating a liquid to produce an aerosol that the user inhales. These “e-liquids” can contain a range of potentially harmful additives, including flavours and other chemicals, but they do not contain tobacco. ENDS and ENNDS may be difficult to differentiate from each other since they both frequently feature flavours, such as menthol, various fruits and sweets, that appeal to youngsters and are commonly perceived to be non-addictive and safer than conventional tobacco products.¹²

For some products, the same device can be used for nicotine-containing liquids and non-nicotine-containing liquids, and some look similar in appearance. ENNDS



are designed to be nicotine-free, but in reality, some e-liquids labelled as “zero-nicotine” have been discovered to contain nicotine upon testing.¹³ The most common ENDS are electronic cigarettes, also known as e-cigarettes, vapes, or vape pens. Other categories of ENDS include e-hookahs, e-pipes and e-cigars.¹⁰

ENDS are battery-operated devices that deliver nicotine in the form of an aerosol, which is inhaled into the lungs. E-liquids for e-cigarettes typically contain nicotine, flavourings, and other chemicals like glycerol and propylene glycol. The user inhales the aerosol produced when the device heats the e-liquid, commonly called vapour, hence the term “vaping”. E-liquids also feature chemical compounds different from conventional tobacco products and which have yet to be studied to determine their health effects. However, it is important to note that vaping has been associated with serious lung conditions, demonstrating that vaping can carry substantial health risks.^{14, 15}

Often, the tobacco and related industries advertise and promote ENDS as a safer alternative to conventional cigarettes (because they do not contain tobacco), leading many users to believe that they are significantly less harmful to health than tobacco products, particularly cigarettes.¹⁰ Although there is some evidence to support the use of e-cigarettes for smoking cessation (including a Cochrane review from January 2024),¹⁶ the European Respiratory Society (ERS) warned in February 2024 that there is not enough evidence to support their use in “harm reduction”.¹⁷ On the contrary, there is growing evidence that e-cigarettes may contribute to the development of chronic respiratory and cardiovascular diseases.¹⁷ In addition, all nicotine products are highly addictive and carry the risk of relapse (in tobacco abstinent patients), thus perpetuating addiction/use.¹⁷⁻²²

The addictive potential of these products among young people and the lack of regulation (they are neither medicines nor medical devices) must also be considered. Use has increased at an alarming rate.^{18, 23, 24} There is also evidence that the use of e-cigarettes contributes to the renormalisation of smoking.¹⁸

Tobacco cessation (and particularly smoking cessation) is one of the most important interventions to reduce the prevalence of NCDs. The WHO has incorporated smoking cessation as one of the six key cost-effective and high impact measures to help countries reduce demand for tobacco under the MPOWER framework.^{25, 26} For the WHO, health professionals, including pharmacists, have the greatest potential of any group in society to promote the reduction of tobacco use.²⁷

In the past two decades, considerable advancements have been made to reduce the prevalence of adult tobacco use. Between 2000 and 2022, the incidence of tobacco use among individuals aged 15 years and above declined from 32.7% to 20.9%.²⁸ In 2000, about one in three adults worldwide was a tobacco user. By



2022, however, this figure had fallen significantly, with only about one in five of the world's adult population using tobacco, reflecting considerable progress in reducing global tobacco consumption.^{28, 29} Nevertheless, the progress varies among countries and global regions, necessitating increased endeavours to attain the overarching reduction goal of 30% by 2025, as outlined in the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020.³⁰

Sustaining the comprehensive implementation of the WHO Framework Convention on Tobacco Control, particularly Article 14 which addresses demand reduction measures concerning tobacco dependence and cessation, is imperative to safeguard and enhance the achievements in tobacco control.^{28, 31}

Although stopping the use of tobacco can be a challenging process, the journey towards a tobacco-free life can be made easier with the right support. Pharmacists have an important role to play in helping tobacco users stop and remain abstinent. Pharmacists' expertise and accessibility ensure they are ideal providers of evidence-based advice, treatments, and support to those who want to break their dependence on tobacco.

Like all health professionals, pharmacists have a responsibility to help individuals live a tobacco- and nicotine-dependence free life. This includes actively preventing tobacco and nicotine initiation, promoting and supporting tobacco and nicotine cessation, and preventing relapse. This is essential to prevent the development and aggravation of NCDs such as cancer, cardiovascular disease and chronic respiratory disease. To this end, pharmacists fully support the WHO Tobacco Free Initiative and the WHO Framework Convention on Tobacco Control.³¹⁻³³

Considering the global prevalence and burden of tobacco use, especially as a risk factor for NCDs, it is important that the role of pharmacists is consolidated, and that professional organisations, including FIP, support practitioners in implementing and providing a range of services and products in this area. FIP has published several documents related to tobacco cessation including evidence-based recommendations and guidelines for pharmacists' interventions. In 2003, the FIP Council approved the [FIP Statement of policy on the role of the pharmacist in promoting a tobacco free future](#). The important contribution of pharmacists in tobacco use cessation services was also highlighted in the 2009 FIP publication [Curbing the tobacco pandemic: The global role of pharmacy](#), and the 2015 FIP publication [Establishing tobacco-free communities: A practical guide for pharmacists](#). This 2015 publication described successful pharmacy interventions in tobacco cessation around the world and provided an overview of different tobacco cessation activities where pharmacists are involved.



The FIP Practice Transformation Programme on NCDs initiated in 2021, ultimately helps patients avoid risk factors for NCDs, such as tobacco use. For that purpose, FIP has published a comprehensive handbook for pharmacists entitled “[Supporting tobacco cessation and the treatment of tobacco dependence](#)”. This invaluable resource is actively promoted to pharmacists gives key guidance on addressing tobacco related challenges and facilitating the implementation of tobacco cessation services. The handbook presents multiple evidence-based practices, techniques and strategies — including pharmacological and behavioural approaches — that pharmacists can deploy to provide comprehensive and coordinated care to patients seeking to stop tobacco use. It is complemented by the [FIP knowledge and skills reference guide for professional development in tobacco cessation and other risk factors in NCDs](#). In 2024, FIP published a global intelligence report on "The role of pharmacists in tobacco cessation" and supported member organisations and their pharmacists in implementing tobacco cessation services at country level, for example, in India and Jordan.

Through the provision of people-centred pharmaceutical services, pharmacists play a key role in healthcare systems to ensuring healthy lives and well-being, as well as promoting more effective, rational and economical use of medicines by people suffering from NCDs. Pharmacists can contribute to the prevention of NCDs by supporting people avoid risk factors, including tobacco use, as part of their routine practice. Moreover, particularly in low- and middle-income countries, pharmacists can bridge disparities in access to tobacco cessation services by developing strategies to improve the availability and affordability of cessation aids and services.

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