

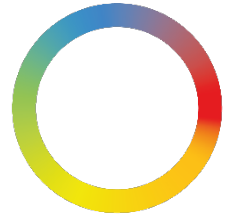
Brief interventions for tobacco cessation

A toolkit for pharmacists

2024



Tobacco cessation
FIP Practice
Transformation
Programme on NCDs



Colophon

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Recommended citation

International Pharmaceutical Federation (FIP). Brief interventions for tobacco cessation: A toolkit for pharmacists. The Hague: International Pharmaceutical Federation; 2024

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1 Introduction

Tobacco use is one of the most significant preventable causes of death globally, responsible for more than eight million deaths each year. Of these, over seven million are directly linked to tobacco use, while 1.3 million are caused by exposure of non-smokers to second-hand smoke.¹ There are 1.25 billion tobacco users worldwide and around 80% of them live in low- and middle-income countries where the burden of tobacco-related disease and death is heaviest and where access to cessation services remains limited.^{2,3} As public health efforts increase, 60% of tobacco users want to quit,⁴ but around 70% of them have no access to comprehensive tobacco cessation services due to the challenges faced by health systems, such as limited human and financial resources, and limited capacities of tobacco cessation services at the country level.⁵⁻⁷ Patients' willingness to quit underlines the importance of expanding access and making tobacco cessation a priority in health systems.⁸

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. Worldwide, 14% of all NCD-related deaths of adults aged 30 years and over are attributable to tobacco.⁹ Tobacco cessation significantly reduces the risk of various diseases, mainly NCDs.

Although the consequences of tobacco use go beyond health and affect the economic stability and social well-being of tobacco users and their families, quitting remains a challenging process.¹⁰ Due to the highly addictive nature of tobacco, many users find it difficult to quit on their own and require professional support from healthcare providers to successfully achieve cessation. Only 4% of users are able to quit on their own.¹ However, with support, individuals can achieve a tobacco-free life. Pharmacists, as trusted and highly accessible healthcare professionals, are ideally positioned to provide evidence-based advice, medication, and support for individuals seeking to quit tobacco. Their availability in communities, combined with their expertise, makes pharmacists essential in the global effort to combat tobacco use.

In 2003, World Health Organization (WHO) member states adopted the WHO Framework Convention on Tobacco Control (FCTC) with the aim of addressing the global tobacco epidemic,^{11,12} which has been supported by FIP ever since. The WHO FCTC requires parties to implement measures to promote tobacco cessation and treat tobacco dependence.¹³ In the WHO report on the global tobacco epidemic, published in 2019, offering help to quit tobacco use is emphasised, and member states are highly encouraged to act upon this. The report revealed that offering help to smokers through the quitting process had an impact, especially when combined with other tobacco control strategies.⁴ Pharmacists, either individually or collectively through pharmacy associations, can contribute to promoting tobacco control and cessation by mobilising the pharmacy profession to support the WHO MPOWER measures.¹⁴ MPOWER is an acronym for:^{15,16}

- Monitor tobacco use and prevention policies;
- Protect people from tobacco use;
- Offer help to quit tobacco use (cessation);
- Warn about the dangers of tobacco;
- Enforce bans on tobacco advertising, promotion and sponsorship; and
- Raise taxes on tobacco.

These strategies, aligned with the WHO FCTC guidelines, have demonstrated effectiveness in saving lives and reducing healthcare costs.¹ Tobacco use 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.^{15,16} For the WHO, health professionals, including pharmacists, have the greatest potential of any group in society to promote the reduction of tobacco use.¹⁷

The World Health Organization and the International Pharmaceutical Federation have recognised the critical role of pharmacists in promoting tobacco cessation and preventing tobacco-related diseases in a [joint WHO-FIP statement on the role of pharmacists in tobacco cessation](#), signed on World No Tobacco Day 2024. This statement calls for pharmacists to adopt a sustainable and synergistic approach to tobacco cessation and nicotine dependence. It also emphasises the need for continuous innovation in enhancing the role of pharmacists to effectively respond to the public health challenges posed by tobacco.

In September 2024, the FIP Council adopted a new FIP Statement of Policy on “[The role of the pharmacist in establishing a future free from tobacco and nicotine dependence](#)”. Through this statement of policy, FIP urges pharmaceutical organisations to actively support tobacco cessation services in pharmacies by developing guidelines and implementation tools. Pharmacists should take a more active role in preventing people from ever starting tobacco use and are encouraged to utilise digital technologies and other support measures to increase the uptake of effective cessation treatments. Educational institutions should incorporate knowledge on tobacco use prevention and cessation into their curricula and competency frameworks, while governments and policymakers are called on to ensure sustainable remuneration for cessation services.

In recent years, FIP has actively supported pharmacists in their mission to empower patients to quit tobacco use and has played a pivotal role in advancing tobacco cessation efforts. Through its initiatives, FIP provides pharmacists with the tools and resources necessary to deliver effective tobacco cessation interventions, reinforcing the critical role of pharmacists in promoting healthier, tobacco-free lives.

This new publication serves as a practical guide for pharmacists, offering clear guidance on how to support individuals in their efforts to quit tobacco. It presents the latest evidence-based practices and techniques that pharmacists can use to help patients break their addiction through brief tobacco cessation interventions. Recognising the fast-paced and time-constrained nature of modern healthcare settings, the toolkit emphasises the need to provide brief, yet impactful interventions to support patients on their tobacco cessation journey, even in the midst of busy daily routines. These brief interventions can be the starting point for more comprehensive tobacco cessation strategies supported by pharmacists, for which guidance is provided in FIP’s publication [Supporting tobacco cessation and the treatment of tobacco dependence: A handbook for pharmacists](#), and its companion guide [FIP knowledge and skills reference guide for tobacco cessation and other risk factors in NCDs](#), both published in 2023.

This toolkit underscores the importance of pharmacists playing an active role in providing holistic care. Pharmacists are encouraged to integrate tobacco cessation brief interventions into their routine practice, ensuring that tobacco cessation services are part of broader healthcare efforts to combat non-communicable diseases.

By using this toolkit, pharmacists can contribute significantly to public health by helping reduce the prevalence of tobacco use, improving patient outcomes, and alleviating the burden of tobacco-related diseases on healthcare systems. By equipping pharmacists with the knowledge and skills needed to provide effective tobacco brief interventions, this toolkit serves as a vital resource for improving the health and well-being of communities worldwide.

2 Pharmacy-led tobacco cessation interventions

Pharmacy-led tobacco cessation interventions, which refer to the role of pharmacists in assisting patients who want to quit tobacco use, can be found worldwide.¹⁸⁻²⁴ These interventions can range from brief advice to more intensive programmes, depending on the needs and preferences of the patient. Pharmacy-led tobacco cessation interventions are cost-effective in saving lives and reducing the burden of tobacco-related disease, including the prevention of NCDs.^{19, 23, 25-27}

Effective tobacco cessation strategies should primarily involve behavioural counselling to increase motivation and provide support throughout the quitting process. These interventions can take the form of advice, discussion, encouragement and other actions that help the patient succeed in their quit attempt.²⁸ Pharmacological interventions may also be recommended to help reduce the reinforcing effects of nicotine and alleviate withdrawal symptoms commonly associated with quitting.⁷

The key objective of a pharmacy-led intervention should be to prevent relapses and offer support to the individual in the event of a relapse, and encouraging them to make future quit attempts.^{29, 30} It is important to note that motivation plays a significant role in the success of tobacco cessation, and a combination of both behavioural counselling and pharmacological approaches can significantly increase the chances of achieving long-term abstinence.^{31, 32}

The [WHO clinical treatment guideline for tobacco cessation](#) in adults further supports these strategies by providing comprehensive, evidence-based recommendations for health professionals, including pharmacists, to enhance the effectiveness of tobacco cessation interventions and improve patient outcomes.⁷

As mentioned earlier, the WHO has included tobacco cessation as one of the six MPOWER measures (offer help to quit tobacco use).^{15, 16} This means that the WHO encourages offering support to quit tobacco use¹⁷ and believes that health professionals, including pharmacists, have a remarkable potential to promote the reduction of tobacco use in society.

The 2023 FIP publication "[Supporting tobacco cessation and the treatment of tobacco dependence: A handbook for pharmacists](#)" and the 2024 publications "[Pharmacist-led tobacco cessation services: Evidence of impact and country highlights](#)" and the "[Pharmacist-led tobacco cessation services: Global intelligence report](#)" (this last publication is only available to FIP members) showcased successful, evidence-based tobacco cessation interventions by pharmacists worldwide, demonstrating improved health outcomes and economic benefits. However, the latter publication also identified several common barriers to pharmacists' involvement in tobacco cessation services. In many countries, lack of knowledge and skills, and lack of training of pharmacists in tobacco cessation was recognised as the main barrier to the provision of these services.

The [FIP knowledge and skills reference guide for professional development in tobacco cessation and other risk factors in NCDs](#), complements the FIP handbook for pharmacists. This publication outlines the knowledge and skills necessary for delivering pharmacist-led interventions that support tobacco cessation, as well as addressing other modifiable risk factors for NCDs, such as physical inactivity, unhealthy diets, and harmful alcohol use.

To help train health professionals in tobacco cessation, the WHO has created a self-learning course that is available online, free of charge for primary care practitioners and other health professionals.³³ This resource is particularly helpful for pharmacists interested in providing brief tobacco interventions as part of their routine practice. More information on WHO's e-learning course "Training for primary care providers: brief tobacco interventions" is available [here](#). The European Network for Smoking and Tobacco Prevention also offers an [Accredited Curriculum on Tobacco Treatment](#). This online training programme provides healthcare professionals with the opportunity to be trained in the latest evidence-based practices to help their patients quit tobacco use.

2.1 Brief tobacco interventions

According to the WHO, brief tobacco interventions (also called brief advice) refers to "advice to stop using tobacco, usually taking only a few minutes, given to all tobacco users, usually during the course of a routine consultation or interaction".³⁴ Brief interventions are recognised by WHO as an effective measure to help people quit tobacco.³⁵ The primary goal of brief tobacco interventions is to help the patient understand the risk of tobacco use

and the benefits of quitting, and to motivate them to make quit attempts.³⁴ Brief tobacco interventions can also be used to encourage heavy tobacco users to pursue or agree to undertake more intensive treatments available in their community, either from the pharmacist or another healthcare professional (through referral). Brief tobacco interventions in clinical settings are feasible, effective and efficient, and can have a significant population impact if they are delivered routinely and widely across a healthcare system.¹⁰

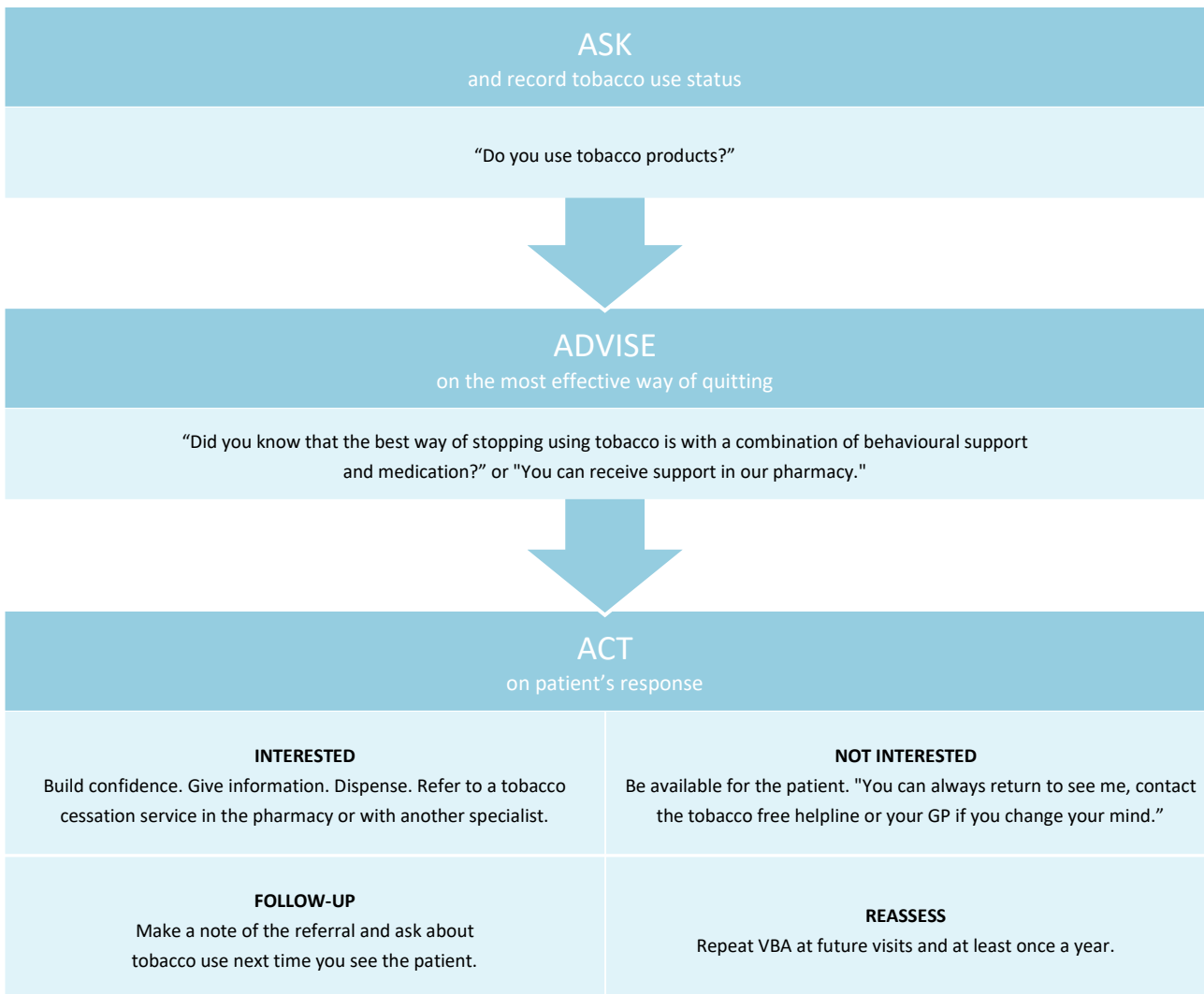
Brief advice: advice to stop using tobacco, usually taking only a few minutes, given to all tobacco users, usually during the course of a routine consultation or interaction.³⁴

Pharmacists in the community setting have a great advantage in guiding patients in their tobacco cessation attempts. They are easily accessible to the public and provide a spectrum of preventive services to help improve the health outcomes of patients. Pharmacists in the hospital setting also help patients by advising inpatients with special medical conditions or complications. Hospital pharmacists provide an advantage in terms of direct contact with patients' relatives and caregivers during hospitalisation. This is a great time for pharmacists to provide patients and their families with advice and necessary support in promoting cessation. Counselling on the importance of quitting, the impact on health outcomes and the prevention of other risks and diseases provides tobacco users with the resources they need to quit tobacco.¹⁹

Primary healthcare professionals, including pharmacists, can assist in helping patients practise tobacco cessation by asking them about their tobacco use status. If primary healthcare providers consistently enquire about tobacco use and encourage tobacco users to quit, they can potentially reach over 80% of all tobacco users annually. This approach can prompt 40% of users to attempt to quit and assist 2–3% of those who receive brief advice to successfully quit tobacco.¹⁰

Pharmacists can assist in changing people's behaviour by utilising different evidence-based tools designed for this purpose. Therefore, pharmacists must ask about tobacco use regularly and offer support. The simplest approach is the [Very Brief Advice \(VBA\)](#) or the 3As model (Ask, Advise, Act).³⁶ VBA is a 30-second intervention that can be delivered by any healthcare professional during almost any consultation with patients who use tobacco. VBA involves asking about the patient's current tobacco use, advising them on the most effective ways to quit, and helping them to access cessation services. The original VBA model aimed to refer tobacco users to local stop smoking services for further support.³⁷ [VBA+](#) is a more extensive option that may be recommended by pharmacists who have the opportunity to suggest pharmacological interventions³⁷ (see Figure 1, p8).

Figure 1. Algorithm for Very Brief Advice³⁷



When more time is available, pharmacists should encourage their team to utilise the WHO's 5As and 5Rs approach to effectively deliver tobacco cessation interventions.¹⁰

2.1.1 Brief tobacco interventions for those who are ready to quit (5As model)

The 5As model (Figure 2) is a valuable tool that pharmacists can use to assist patients who are ready to quit tobacco use by offering advice within three to five minutes of a patient entering the pharmacy. The pharmacist should enforce this model when any patient approaches the pharmacy counter to ensure the correct process is followed to guide the patient towards a positive behaviour change. The model includes five steps: **Ask, Advise, Assess, Assist, and Arrange**.¹⁰ By using the 5As model, pharmacists can provide comprehensive tobacco cessation support to their patients, ultimately helping them to quit tobacco use and improve their health.^{10, 38}

Pharmacists can help patients quit tobacco use by providing interventions as brief as three minutes long.

Ask: The "ask" step involves asking patients about their health behaviours. Pharmacists should routinely ask all patients at every encounter if they are tobacco users, and their answers should be documented. Asking about tobacco status should be done in a friendly way, not as an accusation. For example, "**Do you use any tobacco products?**" or "**Do you smoke?**". In addition, tobacco use status should be included in all patient records to encourage communication about cessation between healthcare practices.¹⁰

Ask all patients if they use tobacco.

Advise: The “advise” step involves providing clear and concise advice on the behaviour that needs to be changed and why it is important. Pharmacists should advise all individuals on the importance of quitting and, when talking to them, ensure that their advice is clear, strong and personalised. Clear advice can include statements such as **“It is important that you understand you should stop using tobacco now, and I can help you”** or **“Occasional or light tobacco use is still considered dangerous for your health”**. A firm tone can show that the pharmacist intends to help the patient and build patient-provider credibility. An example can include **“As your pharmacist, I need you to know that tobacco use can cause many future problems and the best way to protect your health is to stop now. We are here to help you”**. Personalising the advice is another way to gain trust from an individual. The advice can be patient-specific based on their demographics, health concerns, or social factors. For example, adult women may be more likely to participate in tobacco cessation than men due to increased fertility risks. Many of the patients a pharmacist may encounter will have different health concerns, so encouraging them with advice tailored to address their needs can help promote cessation. For example, asthma patients might benefit from learning how tobacco use impacts their respiratory function, while individuals with gum disease may be more concerned about the effects of tobacco on their oral health. Social determinants such as having children or financial considerations may be motivators to quit, and formulating individualised questions and statements is highly recommended. In other cases where a pharmacist is not able to construct advice for the patient, it may be helpful to ask **“What do you not like about using tobacco?”** to allow them to self-reflect, and for the pharmacist to gain more understanding to continue guiding the conversation.¹⁰

Advise tobacco users to quit. The advice should be clear, strong and personalised.

Assess: The “assess” step allows the pharmacist to determine how ready the patient is to make a quit attempt and whether the patient thinks he/she has a chance of quitting successfully. Readiness to quit consists of two dimensions: firstly, the patient should believe that quitting is important, and secondly, that they feel confident in their ability to quit (a high ‘self-efficacy’ in relation to quitting). Here, the pharmacist should ask the patient two essential questions: **“Would you like to be a non-tobacco user?”** and **“Do you think you have a chance of quitting successfully?”**. These questions will focus on the patient’s desire and ability to quit. If the answer to question one is “unsure” or “no” and the answer to question two is “no”, this implies the patient is not ready to quit and the pharmacist should intervene using the 5Rs model (see below). If both answers are “yes” then the patient is ready to begin with a quit attempt, and the pharmacist should implement questions from the “assist” and “arrange” examples.¹⁰ To assess a patient's readiness to quit, you can also ask a simple question: **“Would you like to quit tobacco within the next 30 days?”**. If the answer is “no”, the tobacco user is not ready to quit and the 5Rs intervention should be delivered.¹⁰

Determine the patient’s readiness to make a quit attempt.

Assist: The “assist” step involves working with the patient to develop a quit plan that they are willing to commit to. Pharmacists can aid the patient in developing a quit plan, provide useful counselling, social support, supplementary materials and other helpful resources, and recommend the use of approved medication if needed. Pharmacists can assist patients in developing a quit plan using the STAR method.³⁸ This method allows the patient to:¹⁰

Assist the patient with a quit plan.

- Set a quit date within two weeks;
- Tell their family, friends, and co-workers about quitting and ask for additional support;
- Anticipate the challenges that may occur during the quit journey; and
- Remove all tobacco products from the patient’s environment to create a tobacco-free space.

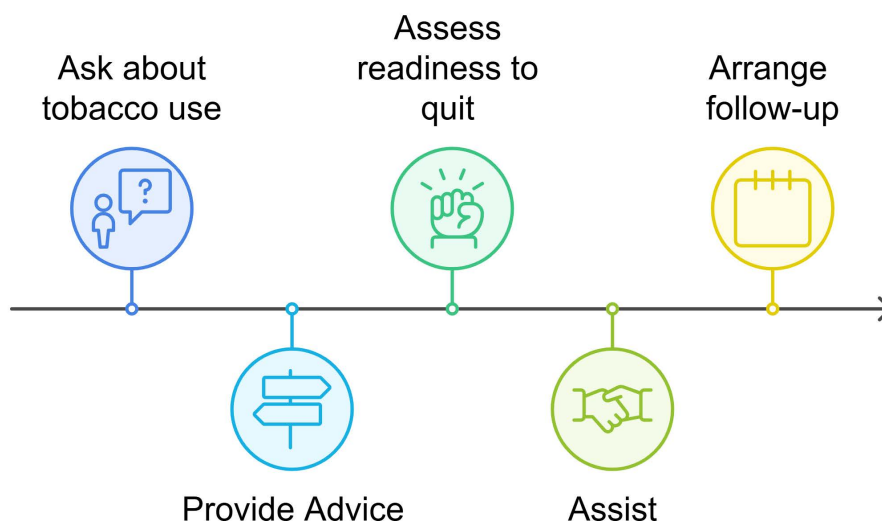
Pharmacists should also provide counselling that focuses on helping the patient identify and practise cognitive and behavioural coping strategies to manage any risk situation, as some events or activities may increase the risk of tobacco use or relapse (e.g., negative affect and stress, being around other tobacco users, drinking alcohol, experiencing urges, smoking cues and availability of tobacco products). The patient should learn how to anticipate and avoid temptation and trigger situations, and how to make lifestyle changes that reduce stress, improve quality of life and reduce exposure to tobacco products. Pharmacists should proactively educate patients about the many health benefits of tobacco cessation, emphasising the positive outcomes of quitting. They should also engage patients in open discussions about potential withdrawal symptoms, offering reassurance and evidence-based strategies to manage them effectively. In this

way, pharmacists can empower patients to overcome the challenges of quitting while reinforcing the long-term health benefits of a tobacco-free lifestyle. Pharmacists should communicate with care and concern, reassuring patients that they should talk about their cessation journey. Pharmacists are encouraged to have a list of services they can easily provide to patients to encourage quitting attempts. These may include resources such as quitlines, tobacco cessation clinics or support groups.¹⁰

Arrange: The “arrange” step involves establishing a follow-up plan to monitor the patient’s progress and provide ongoing support as needed. Pharmacists should organise an in-person or telephone contact with the patient for a follow-up visit, and referral to a specialist may be considered if additional assistance is needed. The initial follow-up contact needs to be scheduled during the week before the quit date, and a second one can be completed within a month after the quit date. The pharmacist should help all patients recognise and anticipate current or future challenges and the additional resources and support available. The pharmacist should also evaluate the patient’s medicines usage and address any concerns and plans for their next follow-up contact. Patients who remain abstinent should be congratulated to promote encouragement. In case of relapse, pharmacists should remind patients they can learn from their experience and apply it towards future quit attempts. If necessary, pharmacists may also suggest additional intensive treatment or specialists for more support.¹⁰

Arrange follow-up contact with your patient or referral to specialist support.

Figure 2. The 5As model to help patients ready to quit¹⁰



The 5As model is designed to be a brief, effective, and practical approach to behaviour change. It is often used in primary care settings and other healthcare environments to help individuals improve their health behaviours and prevent or manage chronic conditions. The pharmacist is encouraged to practise this model at every patient interaction. If time is limited, the pharmacist should consider asking a couple of questions from each category to address any concerns.¹⁰

This model is also a simple way to approach any patient who comes to the pharmacy who has been exposed to second-hand smoke. Ask all non-tobacco users if anyone around them smokes or uses tobacco products, and then educate them to avoid the exposure. Determine the patient’s willingness to reduce vulnerability and assist them in transforming their environment into a tobacco-free space. Lastly, ensure arranging a follow-up contact after one week to support the patient.¹⁰

Examples of brief advice can be found in the FIP publication [Supporting tobacco cessation and the treatment of tobacco dependence: A handbook for pharmacists.](#)

2.1.2 Brief tobacco interventions for those who are not yet ready to quit (5Rs model)

The 5Rs model (Figure 3) is a brief intervention model based on the principles of motivational interviewing - a direct, patient-centred counselling approach - to help those who are not ready to change a behaviour. The core principles of motivational interviewing include expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy. Pharmacists can express empathy by understanding the patient's perspective without judging, criticising or blaming. Change is driven by a perceived discrepancy between current behaviours and personal goals or values. Pharmacists should implement strategies to help the patient in identifying discrepancy and move toward change. As many patients may be reluctant to stop using tobacco, the pharmacist must develop strategies for dealing with resistance. Pharmacists should also promote self-efficacy. For example, if a patient says, "I've tried to quit ten times," the pharmacist could respond, "That's impressive! You've demonstrated a strong commitment by trying to quit multiple times, and the best part is that you're ready to try again".

The 5Rs model increases motivation to quit tobacco use and includes five essential elements of the motivational counselling intervention: **relevance, risks, rewards, roadblocks, and repetition**. Pharmacists can use this model to personalise the message and help patients recognise the relevance of quitting tobacco for their health, identify the risks associated with tobacco use, highlight the rewards of quitting, anticipate roadblocks to success, and reinforce the message through repetition. By using the 5Rs model, pharmacists can effectively increase motivation to quit tobacco and help individuals achieve long-term success in tobacco cessation.¹⁰ The 5Rs stand for:

Relevance: The "relevance" step involves identifying why the behaviour change is important and how it relates to the individual's goals and values. Motivational information is an effective strategy that can be implemented by pharmacists when addressing disease status, risks, health concerns, prior quitting experience, or personal barriers to cessation. A question such as "**How is quitting most personally relevant to you?**" is an example of how pharmacists can encourage patients to share their thoughts on tobacco cessation.¹⁰

Relevance: Of why behaviour change is important in relation to patient goals and values.

Risks: In the "risks" step, the pharmacist should assist patients in identifying and recognising the negative impacts of tobacco use that are relevant to them individually. Here, the pharmacist can ask "**What do you know about the risks that can occur due to tobacco use?**" and "**What specifically worries you?**" to evaluate their concerns. Risks can be either acute, long-term or environmental. Acute risks can be classified as shortness of breath, asthma exacerbation, increased risk of respiratory infections, harm to pregnancy, and infertility. Long-term risks may include heart attacks, strokes, cancers, COPD and the need for continued care. Environmental risks such as increased risk of lung and heart disease in partners, low birthweight, sudden infant death syndrome, asthma and respiratory infections in children of tobacco users are examples of negative consequences of tobacco use.¹⁰

Risks: To identify and recognise negative impacts of tobacco use.

Rewards: The "rewards" step involves identifying the benefits and positive outcomes that the individual will experience with the behaviour change. The pharmacist should ask the patient to recognise the advantages of tobacco cessation by asking questions such as "**Do you know what quitting tobacco can do for your health?**" or "**What would be the benefits of quitting in that regard?**". Common examples of rewards may include improved health outcomes, financial savings, becoming a role model for children and family members, improved sense of smell and taste, and increased performance in physical activities. Tobacco cessation also benefits physical appearance by reducing wrinkles and the effects of ageing, and having whiter teeth, which may result in feeling better about oneself. A pharmacist should encourage tobacco users to quit by helping them understand the significance of cessation.¹⁰

Rewards: To identify benefits and positive health outcomes as a result of behaviour change.

Roadblocks: In the "roadblocks" step, the pharmacist may challenge the patient to identify particular barriers to quitting and provide solutions that could help manage these. Common barriers may include withdrawal symptoms, weight gain, depression, lack of support and fear of failure. Questions like "**What would be hard about quitting tobacco use for you?**" can

Roadblocks: Challenge the patient to identify barriers in quitting and provide solutions to manage them.

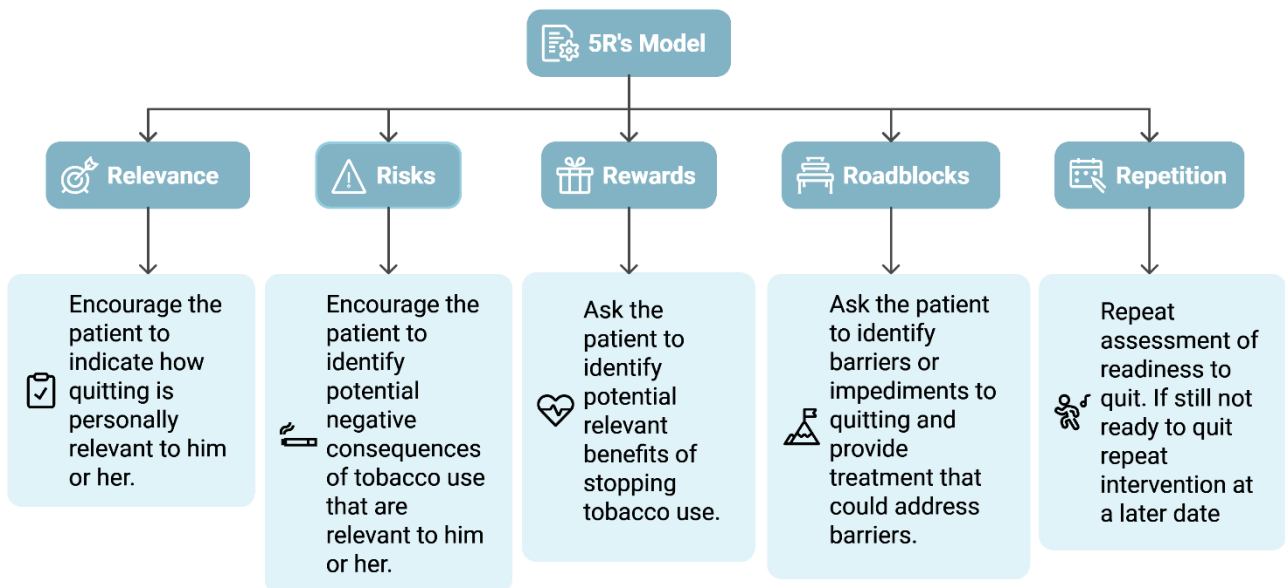
help patients recognise their barriers and pharmacists can help guide patients by providing counselling and medication management.¹⁰

Repetition: The “repetition” step involves establishing a plan for regularly practising the new behaviour until it becomes a habit. The pharmacist should continue evaluating the patient’s readiness to quit tobacco use. Repetition is encouraged to be performed at every visit when an unmotivated patient approaches the pharmacy counter. The pharmacist may say **“Now that we’ve talked about this, let’s see if you feel differently”**.

Repetition: Involves setting a plan to regularly practice a new behaviour until it becomes a habit.

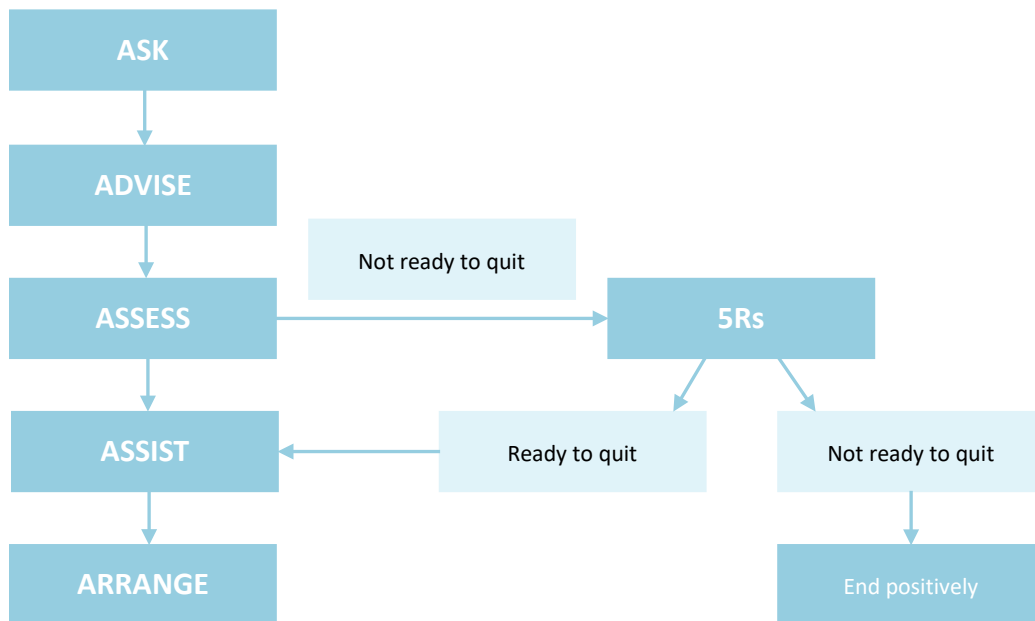
Here, the pharmacist should reflect on the 5As model where we assess the readiness of the patient to make a quit attempt. The pharmacist should ask the patient the two necessary questions to determine willingness and, if the patient is ready to quit, follow the 5As model and implement those strategies to assess quitting. If the patient is not ready, end the interaction with positive comments such as **“I understand this is a difficult process, but I know you can do this, and we are here to help you”**. Ending with positive words will encourage the patient to come back to you if they decide to change their behaviour.¹⁰

Figure 3. The 5Rs model to increase motivation to quit¹⁰

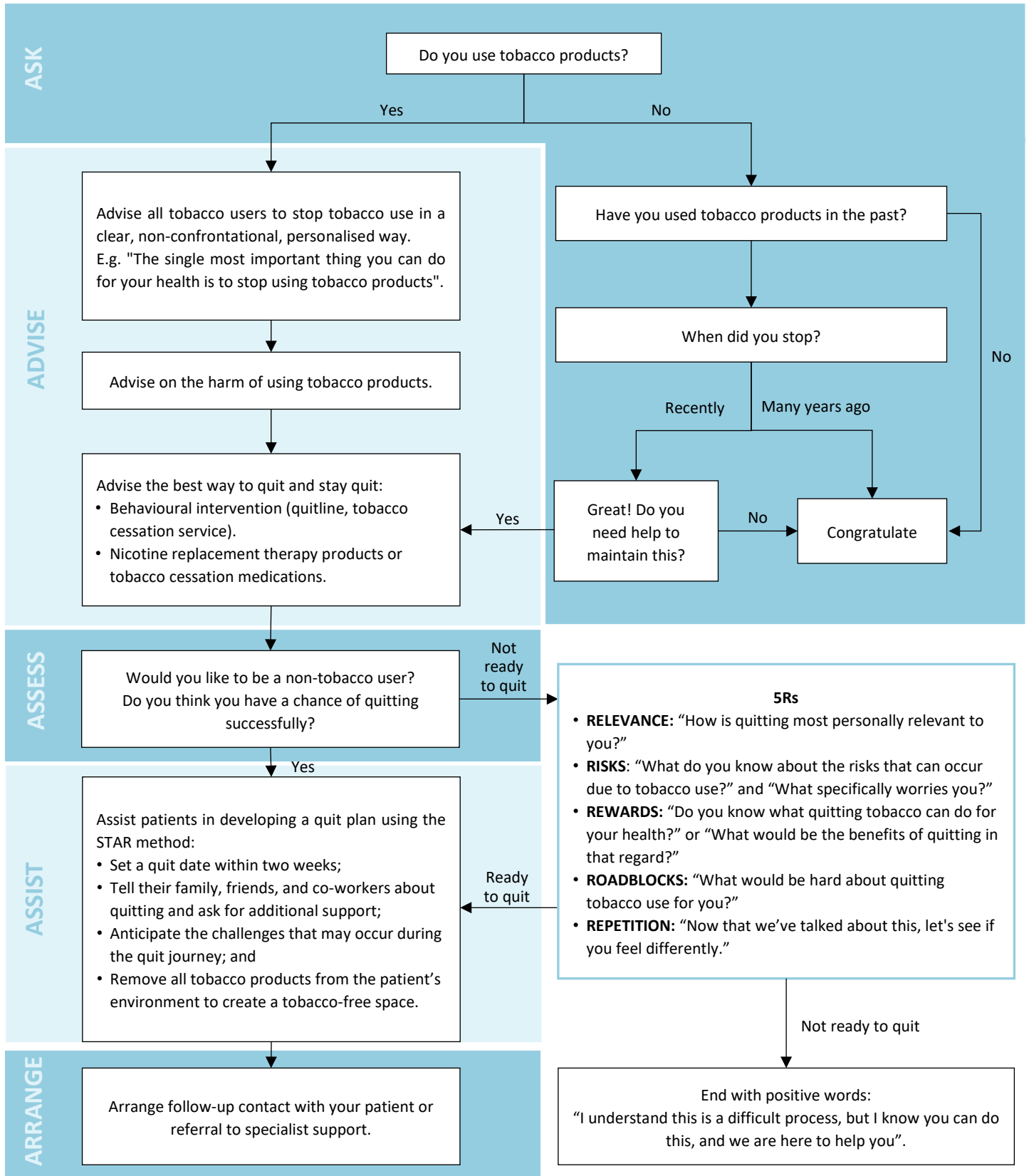


Overall, the 5Rs model is a practical and flexible approach to behaviour change that can be applied to a wide range of habits and behaviours, including health-related behaviours, lifestyle habits and personal development. By addressing the key factors that influence behaviour change, the 5Rs model can help individuals increase their motivation and confidence and, ultimately, achieve their goals. The pharmacist should apply this model and strategies in those patients who are not ready to quit (Figure 4). In addition to talking to the patient, the pharmacist could also use some tools to motivate and support tobacco users to quit. Several examples of resources and tools to support tobacco cessation can be found in the FIP publication [Supporting tobacco cessation and the treatment of tobacco dependence: A handbook for pharmacists](#).

Figure 4. When do pharmacists deliver the 5Rs?



3 Brief tobacco cessation interventions flowchart



4 Conclusion

Tobacco use is a major public health problem worldwide, with a profound impact on the health of individuals and healthcare systems. As healthcare costs rise and demands on healthcare professionals increase, it is vital to recognise the unique contribution that pharmacists can make to improving health outcomes. With their accessibility and trusted role in the community, pharmacists are well placed to lead tobacco cessation efforts.

By using brief interventions such as the 5As and 5Rs models, pharmacists can provide practical, evidence-based support to help patients quit tobacco use. This toolkit equips pharmacists with the necessary strategies to effectively guide patients through tobacco cessation, ultimately contributing to better public health outcomes. By integrating these services into their routine practice, pharmacists can play a vital role in reducing the global burden of tobacco-related disease and improving patients' quality of life.

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