

Patient satisfaction with a smoking cessation program in community pharmacies

Smoking is the leading cause of preventable death in Canada. Approximately 45,000 fatalities each year can be attributed to cigarettes and other forms of tobacco¹ yet 25% of the population — more than six million people — continue to smoke.²

Many health-care providers have been effective in helping smokers quit, including pharmacists.^{1,3} Pharmacists are also one of the more accessible health-care providers. Patients see their pharmacist more than any other health-care professional and thus, pharmacists often act as a primary contact for smoking cessation medications and information.

Some pharmacists have reported their involvement in smoking cessation.^{4-8a} In Ontario, a program led to pharmacists being paid by the Ministry of Health to help patients quit smoking.⁹ At the national level, the Canadian Pharmacists Association has developed a program called *Helping Your Patients Quit Smoking*. As a measure of quality assurance, the extent and quality of advice given by community pharmacists has also been examined.¹⁰

While there is no question as to the importance of this health promotion and disease prevention issue with cessation, the AHCPR Smoking Cessation Guidelines

indicate that health-care professionals do not routinely initiate cessation discussions with patients.¹¹ When this study was initiated, most pharmacists did not routinely provide cessation follow-up and support programs. Although evaluation of the reasons for not routinely being involved in this therapeutic area have not been reported, one can hypothesize that issues in addition to time constraints and lack of remuneration are involved.⁴ These may include lack of formalized training in assessing patient motivation to quit, addressing behavior change, conducting follow-up counseling or dealing with addiction.

To assist pharmacists in overcoming potential hesitation to help patients stop smoking, we offered a full-day, interactive workshop on assessment and follow-up of smoking cessation patients. In this paper we report on patient satisfaction associated with this community pharmacist-directed cessation program.

METHODS

Pharmacist Recruitment and Training

Pharmacists from one pharmacy firm operating in the province of Saskatchewan were invited to participate and be responsible for patient accrual. Thirty-four pharmacists agreed to participate. These pharmacists were subsequently trained in smoking cessation skills during a one-day session at the University of Saskatchewan, College of Pharmacy and Nutrition's *EduLab* practice facility. The pharmacists were responsible for a number of pre-course reading assignments. Education and training included background information on available therapies (pharmacology, clinical efficacy and monitoring, etc), the behavioral aspects of smoking and the quitting process, motivational interviewing techniques, dealing with smoking triggers, application of the *Why Test* (an assessment tool), conducting smoking, medical and medication histories, and telephone follow-up techniques. A substantial portion of the one-day session (2.5 hours) involved role-playing situations with student actors.

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Patient Recruitment

Between January and April 2001, patients who presented a bupropion (Zyban) prescription to a study pharmacist were invited to participate in the study. Each pharmacist was asked to attempt to recruit one smoker per week over a 16-week study period. The pharmacist explained the nature of the follow-up program to each potential subject and obtained written consent to participate.

Follow-up and Support Program

An initial assessment session (conducted either in the pharmacy or via telephone) lasted 10–15 minutes and included: possible contraindications to bupropion, smoking history (amount, frequency, previous cessation attempts, methods used and relapse information), social drug use, a health risk assessment (cardiovascular risk factors, respiratory disease, cancer history), and review of the pros and cons of smoking as described by the patient. While the prescription was being filled, patients completed two brief questionnaires — one that assessed the patient's readiness for cessation and another aimed at identifying the person's triggers for smoking. The pharmacist and the patient then negotiated a quit date, ensuring at least seven to 10 days of therapy would be completed before cessation. Also negotiated at this time was the time of day for the follow-up calls. Follow-up telephone calls were planned for days 3, 7 and 14 post-quit date. Patients were encouraged to contact the pharmacist at any time if they experienced a problem, or had questions or concerns. The final step of the initial assessment was the notification of the prescribing physician via fax. The follow-up program was outlined so that the physician knew what to expect from the trained pharmacist.

Counseling and follow-up stressed the safe and effective use of bupropion in an effort to minimize the risk of adverse events and maximize therapeutic effect. During each phone call, the patient was asked whether they had continued to abstain from smoking and whether they were adherent with drug therapy. In an effort to ensure an adequate duration of therapy (seven to 12 weeks), subsequent follow-up with the three planned callbacks was encouraged if subjects failed to obtain their refills at monthly intervals. Pharmacists conveyed the importance of the calls as a means of providing encouragement, support and an opportunity to discuss potential problems during the cessation attempt.

At an investigator meeting during the study, pharmacists reported that follow-up calls lasted approximately five minutes. When patients could not be reached, pharmacists documented this and tried again when it was convenient to their dispensary workflow. Most patients were assessed more than the required three times.

These additional interactions occurred commonly at refill intervals. The pharmacist attempted to speak directly to patients who presented for their refills, and contacted others by telephone when prescriptions were not filled.

The program was granted ethical approval by the applicable ethics board.

Satisfaction Evaluation

The program had several outcomes, including the point-prevalence of abstinence at six months, but only patient satisfaction data is presented in this report.

Measuring patient satisfaction with the program was based on a report involving telephone counseling by Orleans *et al* and a community pharmacy program as described by Isacson *et al*.^{6,13} A five-point Likert scale used the following gradations: Strongly Disagree = 1, Disagree = 2, Uncertain = 3, Agree = 4, and Strongly Agree = 5. Surveys were mailed to each subject three to six months after s/he had completed the program, accompanied by a cover letter and a stamped, self-addressed envelope. Non-responders were not sent reminder cards due to limited funds.

RESULTS

A total of 173 surveys were mailed to patients participating in the study. Eight were returned undelivered, one was returned blank, and one respondent stated s/he could not recall the pharmacist making any follow-up calls. Of the 165 assumed to have been received by program participants, 57 were returned in a completed form for a response rate of 34.5 percent. More women (n=38) responded than men (n=19).

At the time they completed their evaluation forms, 35 participants (62.5%) indicated that they had indeed quit smoking and were still abstinent; 21 (37.5%) had resumed smoking. One person left the section blank.

Table 1 reports patients' rating of the program. Perhaps as an indication of the emotional aspect associated with smoking and trying to quit, a substantial number of participants exercised their option of forwarding personal comments (see Appendix).

DISCUSSION

From January to April of 2001, 34 pharmacists in Saskatchewan assisted 173 patients using bupropion to break the smoking habit. This assistance was accomplished via supportive follow-up phone calls. A similarly designed program has recently been reported.⁷

One-third of patients participating in the program responded to the satisfaction survey. Of these individuals, the majority were satisfied and felt their pharmacist cared that they succeeded in the cessation attempt.

Table 1. Responses to Individual Items on Satisfaction Questionnaire (N=57)

Item	Mean Score
The pharmacist seemed to care that I succeed in breaking the habit	4.5
The telephone calls were made at inconvenient times	2.1
The telephone calls helped me quit (if even for only a short time)	3.4
I feel it should be my physician that should make such calls	2.4
Problems I was having during my quit attempt were not resolved by the calls	2.8
I was clear on why these calls were being made	4.3
I would have preferred to receive more than three calls during the program	3.0
Overall, I was satisfied with the telephone callback program	4.2

Scale: Strongly Disagree (1); Disagree (2); Uncertain (3); Agree (4); Strongly Agree (5)

Participants valued the attention given them by their pharmacist. They appeared to understand why the calls were being made and felt the timing of the calls was reasonable. Overall, satisfaction on a five-point scale was rated as 4.2. Men and women tended to have similar overall evaluations of the program.

It was less clear whether patients attributed a tremendous amount of benefit to the calls in helping them quit. Some who submitted comments felt that will power was responsible for their cessation, while the follow-up calls provided much needed support and perhaps someone they felt accountable to. A relatively neutral score of 2.8 was also garnered for calls (not) helping to solve problems during the cessation attempt. Although clinical practice guidelines suggest that telephone follow-up is appropriate,¹¹ reports in the literature still debate the value of telephone interactions.^{12,14} Nevertheless, a number of respondents took the time to add comments. This is atypical in survey research and perhaps indicates the importance of the program and support to the patients.

During the program, pharmacists attempted, although not always successfully, to call each patient at least three times. Documentation of the callbacks indicated that patients were often not at home when the pharmacist was instructed to call. This makes the interpretation of one item — *suitability of the number of calls* — difficult to assess. The average response to this item was 3.0, indicating some indecision as to whether more calls would be well received. The raw numbers

on this survey item were as follows — 24 respondents disagreed that more calls should take place, 13 were unsure, two did not select a response, and 18 agreed that more calls would be appropriate. One should realize that had this program not been in place, it is unlikely that any of the 173 patients would have received follow-up.

Given that almost two-thirds of patients in the program did not respond to the survey, there is potential for bias. It is possible that many of the non-responders did not succeed in stopping or were dissatisfied with the overall program. A number of responders (21; 36.8%) however, indicated their lack of success in quitting, yet went on to offer explanations. Considering that responses were received from both successful and unsuccessful quitters, the risk of non-response bias may be somewhat lessened. Another potential source of bias may be that these patients were in a stage of readiness to quit smoking. Although presenting with a prescription for a cessation aid does not necessarily make a person ready to quit, the study pharmacists were trained and provided with tools to help ascertain whether the patient was ready for a cessation attempt. This may have made patients more willing to accept pharmacist intervention.

CONCLUSION

Success in breaking the smoking habit is an elusive goal for many patients. It requires a lot of motivation and strong support. Even for the motivated quitter, structured support programs from health-care professionals and/or agencies such as the Lung Association or the Cancer Society can be difficult to access. Community-based cessation programs are unavailable in many Canadian towns and cities.

Despite recommendations to health-care professionals to actively encourage and support cessation, many are uncomfortable in broaching the subject with patients. Their reluctance to intervene may be attributed to time constraints, frustration with the high rate of relapse, a perceived lack of skills to assist patients or the belief that their efforts are better spent managing other health issues.¹¹ The smoking cessation program described here required interested pharmacists to participate in an interactive training program designed to help them assist their patients to quit. These pharmacists reached out to their patients and overall, the patients were satisfied with the program. Such a program provides an opportunity for pharmacists to reinforce their caring relationship with their patients, assist them in living healthier lives and also addresses an unfulfilled need in the community. Patients presenting with a prescription for anti-smoking medication appear to be receptive to feedback, follow-up and support from their pharmacist during

their cessation attempt. Pharmacists should be encouraged to carry out more intensive smoking cessation interventions with their patients.

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Appendix: Patient Comments on the Program

- The phone calls did not help me quit so much as it gave me support. I felt like someone cared and was encouraging my will power. My doctor and I are doing a slow, gradual withdrawal. She's great in the office (after I remind her of what we're doing), phone calls from her would be supportive, but I think doctors are too busy. Bottom line, having support is great, however, the success really has to come for the person's will power and dedication to quit smoking. I'm still trying.
- The program is very good but one really has to want to kick the habit. Unfortunately, some have to try over and over before complete success.
- With all the "hype" about quitting smoking, I find that there are few sources of educated information and help. I am grateful for the calls I received from the pharmacist — and for all the questions she answered. Those calls served as an "accountability" factor, as well. Due to some inconvenient problems, I have completed only two of the three months of Zyban. I consider my attempt as successful in that cigarettes have no real appeal to me, but I have had one or two on occasion. I will complete the program and I will be smoke free!
- I felt like the pharmacist was a support person. He really made me feel proud of my progress and answered all my questions professionally.
- My pharmacist has excellent people skills, very positive, not guilt-inducing, threatening, etc. Once, a pharmacist filled my Rx and was very indifferent, cool, "no time" for a smoker. Whereas my pharmacist [this time] had been interested, encouraging and upbeat. Very good explanations and teaching, and good with follow-up.
- It was nice to know someone else out there seemed to be rooting for me to succeed in my attempts. Thanks.
- The program worked well. More calls and more frequent at the start of the quitting, I feel, would be beneficial. Overall, I'm very impressed with the program. DO NOT STOP.
- When you first quit is when everyone is so happy for you. That fades off so quickly! It was like a pat on the back every time my pharmacist called me. If it wasn't for that, I don't know if I would have succeeded. Thank you for all of your help and time studying programs like this! In a way, you have saved my life.

- The program was good. I just have to have more will power.
- I feel as though the pharmacist calling was an incentive to remain quit. It was almost like a challenge and I hate failing or not being able to rise to the challenge. The program was excellent. Thanks.
- I am glad there is a program to help people who want to stop smoking. There was nothing like it before and now there is at least some help available for people who have difficulty stopping to smoke.
- My pharmacist was a tremendous help to me. I relied on her encouragement. Unfortunately, I broke out in a nasty rash and she advised me to stop taking Zyban at once. As I am 80 years old, and been smoking for 65 years, I took her advice. I am not on any medication and am very healthy for my age. I just wanted to stop a nasty habit.
- Excellent support system.
- The pharmacist always asked if it was a good time to call. It was a great program. I had to quit taking Zyban after my first prescription because [it] made me ill, so right now I'm doing it all on will power.
- I thought the program was excellent. It helped me figure out why I was smoking and my trigger points. I think it is a great program and it made me feel that someone was giving me the extra support I needed to help me quit. Thank you, this is a wonderful program you are running. My pharmacist was so supportive.
- It's a great program. However, I just wasn't ready to make the commitment to quit for good. I will try again and hopefully, I can do it at that time.
- I think the calls were okay, but being able to call someone at almost anytime, who knew about quitting, was a big help.
- I think the program helped in my success. It became a team effort. [I am] free from smoking forever. Thank you.
- Zyban is an excellent product as it really helped to decrease my urge to smoke. However, my wife still smoked and the continual smell of smoke was a problem. I will try again and succeed!
- Highly recommended for motivated people.
- I will try it again.
- I only took Zyban for four weeks. Had I taken it longer, the results would have been more positive. Next time I take Zyban, I will take it longer and I will quit.
- I actually only took one tablet/day because of the lack of sleep and my ears ringing (incredibly loud). Was really hard to cope, but cravings never returned, even with half the dose. Thank you.
- I believe it would have been more helpful if the advice was given by someone who understands the pull of smoking — not just the physical ones but the social and behavioral ones as well. Also, it has only been just shy of two months since my last cigarette. I'm not sure that I consider myself an ex-smoker yet.
- Quitting is a lonely business. The calls provided renewed positive thoughts. Zyban (the second time) seemed to have little or no effect. In fact, I was more agitated than the first time, which was very successful. I plan to quit again, but will probably attempt this without "aids", just misery.
- I was one of the few who had adverse reactions to Zyban. I broke out in a rash on my face and had extreme difficulty breathing, as well as a resting heart rate of approximately 100 beats per minute. I therefore did not quit smoking because I had to quit Zyban after one week.
- The program is a good idea, but I still think Zyban is not the best product for quitting smoking. It changed me in a way that started to scare me!
- For me, it's been about a month now. Smoking is on my mind 24 hours a day. It's not the habit — it's the nicotine I miss. I think there should or could be something else available to help. And, I found coming off Zyban was a little ugly. A person eases into the drug, and [then] cuts off all of a sudden.
- I quit the program after only two weeks as I had a reaction to the drug. The pharmacist encouraged me to go back to my doctor and also recommended the patch as an alternative. As a result, I received only one phone call.
- I did not break the habit. I think my big problem was taking Zyban every eight hours. I was always forgetting to take the pill and I was very moody for the month I was on it.
- I took the Zyban for only one month. I became very constipated while on the pills. Nothing seemed to help the constipation until I was off Zyban for a few days. I have still quit smoking, even though I am not taking Zyban any longer.
- It's hard enough to quit, the more support people you have, the better. It was nice that the pharmacist called, but she wasn't always available to talk when I called her.
- I had a major allergic reaction ... was only on Zyban for two weeks.
- Felt it helped somewhat — liked the ambition it induced. However, [I] experienced great difficulty in sleeping.