Introducing a pharmacy-supply model for tobacco:

A qualitative analysis of pharmacists' perspectives

Janet Hoek and Charika Muthumala
ASPIRE Centre
University of Otago, Wellington
New Zealand

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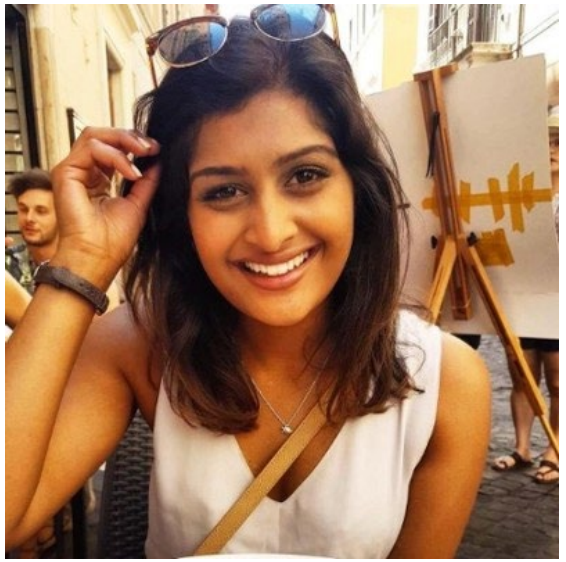
Disclosures and acknowledgement

- Funding sources
  - The work presented was funded by:
    - The Health Research Council of New Zealand (grant 19/641)

- None of the authors has received any funding from any industry source in the last five years

- No off-label medication uses are discussed

- Co-author Charika Muthumala
  - Registered and practising pharmacist
  - Currently entering Y5 of medical programme at UoO



Why reduce supply?

Strong research evidence indicating likely impact

- Density (outlet concentration in a given area)
  - Greater smoking initiation and prevalence among youth
  - More widespread and frequent tobacco use among adults
  - Lower cessation rates
  - Higher relapse risk

- Proximity (distance between an individual's home and outlet)
  - Positive associations between with adult tobacco use
  - Some inverse associations with quitting

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Background

What alternative outlets could be used?

- Supermarkets (better security arrangements)
- Pharmacies (could offer cessation support)

Modelling suggests pharmacy supply could:

- Increase rate of smoking cessation
- Increase compliance

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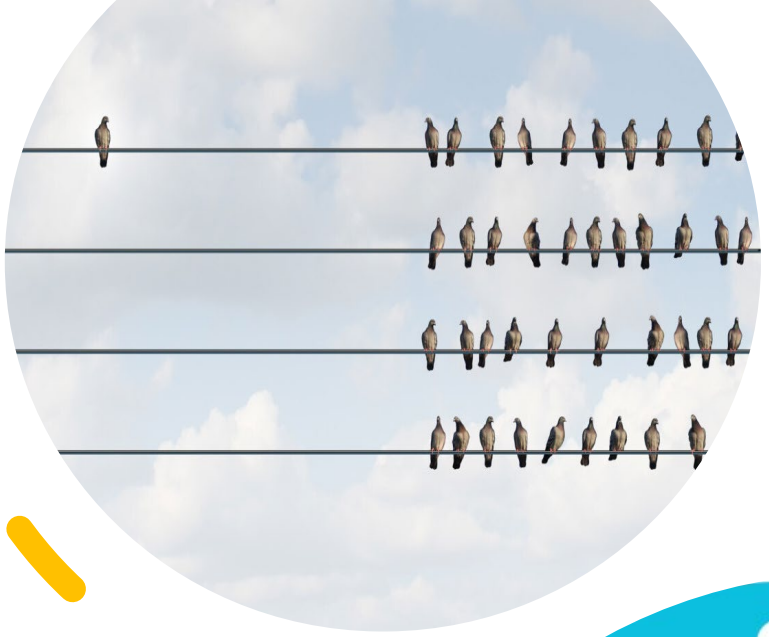
Pharmacy only supply



May seem counter-intuitive

- Tobacco recently removed from some US pharmacies

BUT

NZ pharmacies smaller, more limited product array, focus on health and wellbeing

- Already operate a similar model through methadone supply

HOWEVER

Survey of pharmacists found mixed support

- But did not elicit detailed responses

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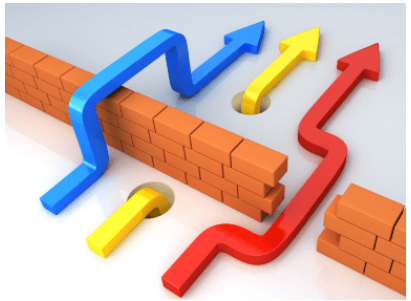
Research questions

- How do pharmacists perceive supplying tobacco and providing cessation support, to realise the smokefree 2025 goal?
- What are the potential benefits and risks of this approach?
- What barriers could impede implementation of such a policy?



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Methods

Sample and recruitment

- Initial recruitment via CM's professional contacts (nine participants)
- Snowball sampling and purposive selection (eight participants)

Eligibility

- Held current annual practising certificate (APC)
- Practised as community pharmacist ≥ 1 day/week

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Methods: Interview guide

- Views on smokefree 2025 goal

- Pharmacy supply
  - Functional factors (e.g., safety, resources)
  - Ethical factors
    - Utilitarian (“greater good”)
    - Deontological (beliefs in means not ends)

- Participants received a $40 gift
- Interviews lasted between 27 and 60 minutes

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Two phase analysis

- Qualitative description to examine functional factors
- Time, space, training

- Inductive approach to explore ethical factors
  - Focus on recurring metaphors
  - Used a social constructionist epistemology
  - Reflexive thematic analysis approach

Results: Functional factors

Time

"I don't believe that we've [got time] for pharmacy to do that... we're under the gun already... in every sense, in terms of time pressure, in terms of dispensing pressure, in terms of expectation… and in terms of…adequate reimbursement for our time".

"I don't think that I'd be able to do a good job of it… unless it was funded well so that there was enough staff and enough good, trained staff to make sure that the service was being provided as it should be…unless it can be done properly, pharmacists shouldn't be putting a hand up to do it".

Results: Functional factors

Safety

“it puts, it takes away from that safe space at the pharmacy. Because of course, you're now putting your pharmacist and your wider pharmacy staff in a lot of danger. And we see that it's reported in the news, we see it in the media all the time, you know, robberies happening in dairies and all of that.”

Results: Functional factors

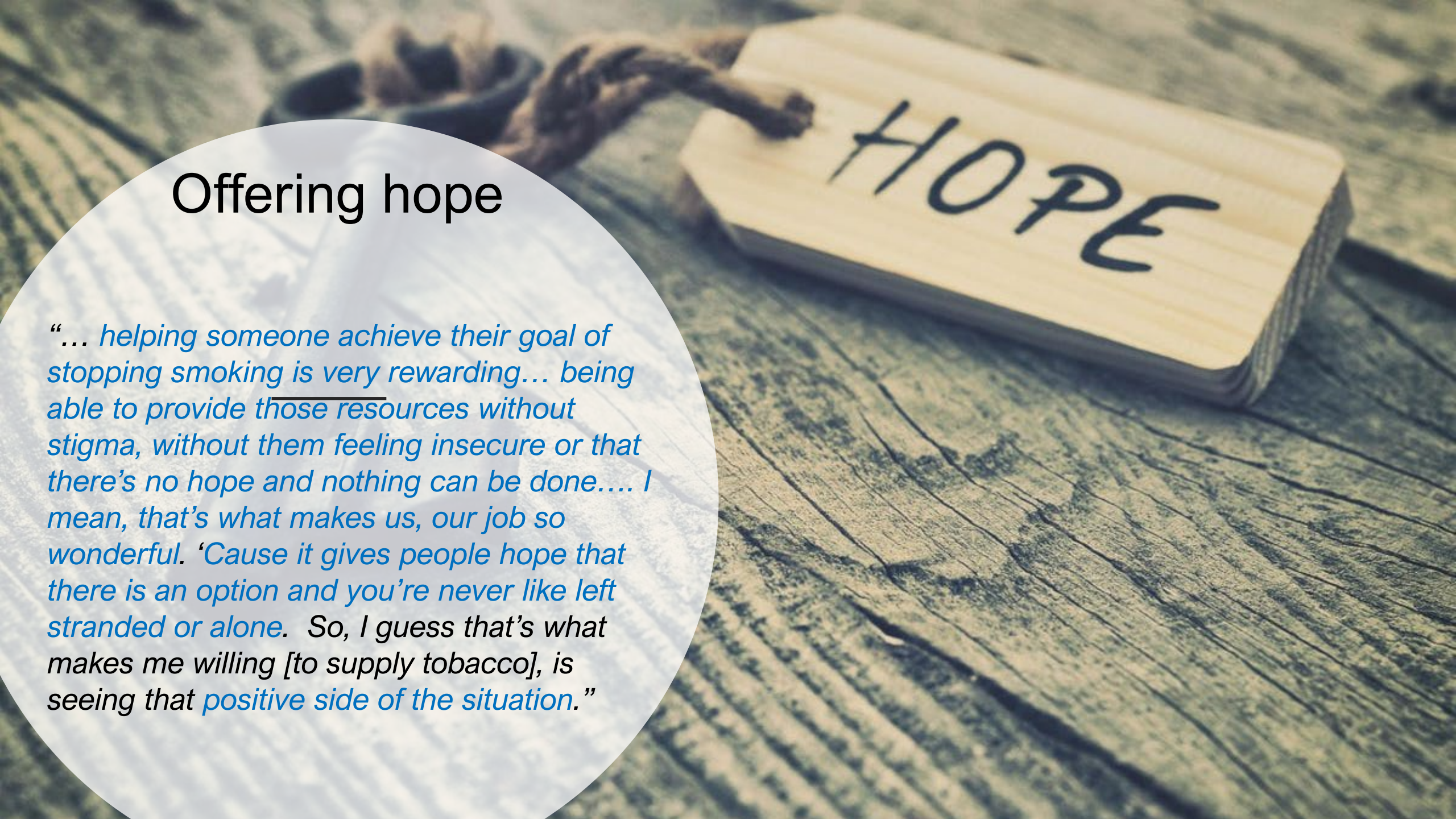
Physical store design

"*a lot of pharmacies operate in kind of very limited space, like, physical space.... So it's difficult to, um, juggle quite a few different activities in- in that small area*"

"*you need the staff and the training, the space to do it as well. To store the product and to have conversations, if it was a busy dispensary going on, you'd need a separate place to be having these conversations alongside whatever other services are being provided in the pharmacy. … it's difficult* [in his current pharmacy] *to have kind of more intimate conversations with people, that are kind of required for that level of care.*"

Training

“I think the staff need to be trained. So, I'm thinking pharmacist, technicians, interns... rather than retail staff. I feel like if it was just a transaction with the retail staff... then it's no different from supplying from the service station or... a supermarket.”



Offering hope

"… helping someone achieve their goal of stopping smoking is very rewarding… being able to provide those resources without stigma, without them feeling insecure or that there's no hope and nothing can be done…. I mean, that's what makes us, our job so wonderful. 'Cause it gives people hope that there is an option and you're never like left stranded or alone. So, I guess that's what makes me willing [to supply tobacco], is seeing that positive side of the situation."

Making a difference

"…pharmacy is primary health so it's easily accessible. So I think from a point of view of a person who's smoking, they can still get tobacco but they're also being offered options when they purchase those. And from a pharmacy point of view, it's an extra service that we provide, we can make a difference to the health of the community"

Threat to identity and status

“In an ideal world... the ideal patients that come in will be very happy to have a conversation... And in the real world… I think there's just that pressure to make another transaction... I suppose [it depends on how] they [customers] view… the value that we bring as pharmacists ... if their view is "You're just a glorified, um, check out chick", then- then that would be different as well”

what would make that any different from getting it from a supermarket? … [I hope] That moving tobacco into pharmacies, would create more relational interactions, rather than transactional interactions”

Morally repugnant

“First of all, if you look at what a pharmacy is, it's often the gateway to health care... that [supplying tobacco] would go against the principle of not harming your patient. Because the moment a pharmacist was to supply that that's the pharmacist saying, "I consent to this patient being in the possession of something that will harm them with my own knowledge that it will harm them”.

Implications

Important physical limitations need to be considered

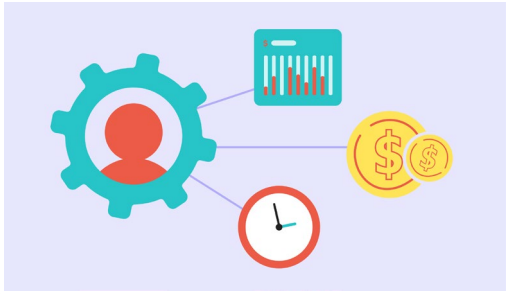
- Not all pharmacies could accommodate tobacco

Resourcing also important

- Time, training

Respecting the role and identity of pharmacists as health professionals

- Health counsellors cf. “checkout chicks"



Implications

Pharmacy only supply model likely to face barriers

- May not be viable as first stage measure

As prevalence falls

- May have key role as second stage measure
- Parallel model to methadone
- Limit outlets with facilities and interest

Supports framing of tobacco products

- Not normal consumer products
- Recognises people need on-going support
- Utilise strengths of health professionals

Questions

Janet Hoek

Janet.hoek@otago.ac.nz