



PHARMACISTS, HEALTH PROMOTION AND PREVENTION

Public Health Framework





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Public Health Framework
2014



**Agence de la santé
et des services sociaux
de Montréal**

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A message from the director

Montréal's public health department identified two strategic priorities for its 2010-2015 regional action plan: chronic disease prevention and reduction of social inequalities in health. To reach our objectives, we are committed to strengthening the connections among various partners in local services networks to ensure a population-based approach is adopted.

Community pharmacists are key partners in our healthcare network. Their relationships and frequent contacts with the public make their inclusion in public health initiatives essential.

Pharmacists, Health Promotion and Prevention, Public Health Framework defines the public health role of pharmacists within local services networks. It puts forward a model that supports pharmacists' role in preventive health care and takes into account pharmacy environments as well as relationships pharmacists have with their own networks.

Implementing the model requires collaborative practice and involvement of Health and Social Service Centres. The latter play an important role, especially in creating and operating local pharmacist committees, and setting up communication mechanisms for network partners.

A strong primary care system isn't possible without the full participation of all stakeholders. As director of public health, I am convinced that this framework will optimize the role of pharmacists in clinical prevention and public health.

Finally, I would like to underline that this is an updated version of the original French publication. Every effort has been made to render this framework more accessible to our colleagues outside Québec.



Richard Massé, MD
Director of Public Health

Summary

Pharmacists are primary healthcare professionals who, through prevention activities, help local services networks attain their public health objectives. This document outlines a strategic public health position for pharmacists as well as a new framework to support pharmacy preventive services and public health practices.

This framework is intended for regional and local public health teams who want to work with community pharmacists. It is also meant for pharmacists who wish to know more about the organization of pharmaceutical services in relation to public health.

The document is divided in four sections. Section 1 portrays pharmacy practice as it relates to public health activities. Section 2 provides an overview of collaborations between community pharmacists and other actors in local services networks. Section 3 introduces an intervention/practice framework and Section 4 proposes a model for its application based on pertinence, feasibility and mobilization. Appendix 1 illustrates how to apply this model to tobacco control.

The framework is based on the *Québec Public Health Program* and on numerous interviews and consultations with pharmacists as well as key stakeholders in Health and Social Service Centres and at Montréal's public health department. It positions public health interventions with pharmacies based on three strategic orientations:

ORIENTATION 1 – Pharmacists and their patients:
One-on-one Prevention

ORIENTATION 2 – Pharmacies: Environments for prevention

ORIENTATION 3 – Pharmacists and local service networks: A collaborative practice

Concrete, flexible and dynamic, this tool can be used to plan services and guide regional and local public health actions.

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INTRODUCTION

Role of Pharmacists in Health Promotion and Prevention

Keeping the community healthy. That is the main public health mission of Montréal's health and social services agency (hereafter the Agency). The regional public health plan sets out measures to reach this goal¹, one of which specifically targets clinical preventive services and activities delivered by health professionals, especially in primary care settings.²

The public health department's Clinical Preventive Services team is responsible for implementing these measures. Its vision and intervention approach are based on the Ottawa Charter³, and aim to:

- integrate promotion and prevention activities into the practices of health professionals;
- encourage the public to adopt preventive behaviours;
- develop care models that promote health for all and contribute to reduce social inequalities in health.

Actions focus on clinical preventive services interventions with physicians, nurses, pharmacists and other health professionals, and are designed to establish a strong primary care network that integrates clinical prevention into the continuum of care and services.

Community pharmacies are easily accessible to all segments of the population. Therefore, they are ideal settings from which to provide preventive services and promote healthy behaviours, making pharmacists key partners in the local health network.⁴

This document comprises four sections: a profile of pharmacy practice as it relates to public health activities; an overview of collaborations between community pharmacists and other actors in local services networks; a framework that positions pharmacists within a health system that integrates prevention; and a model for its application. Appendix 1 provides an example of how public health strategies, such as a collective prescription for nicotine-replacement products, enhance pharmacists' contributions to tobacco control.

PART 1

Pharmacy practice and public health activities

To better assess pharmacists' current and potential contributions to public health, it is important to understand the professional, clinical and organizational contexts of pharmacies. Although this document focuses mostly on the involvement of community pharmacists in public health initiatives, hospital pharmacists also contribute to prevention and health promotion. As colleagues of community pharmacists, hospital pharmacists play key roles in ensuring continuity of pharmaceutical care and services

Pharmacists: Healthcare professionals

In 2014 in Québec, more than 8673 pharmacists were providing services, mostly in community settings (73%) and hospitals (18%). In Montréal, there were 2381 pharmacists, representing 27.4% of the province's pharmacist workforce. An estimated 1600 are community pharmacists working in 443 pharmacies throughout the metropolitan area. Pharmacies provide accessible primary care points of service⁵.

Pharmacy practice is governed by regulation and legal standards that define a pharmacist's scope of practice and extent of professional activities. Pharmaceutical care and services consist of a set of activities that aim to improve quality of life through preventive, curative or palliative medication therapy. In practical terms, pharmaceutical care and services take the following forms⁶:

- Prepare and dispense medications, whether prescribed or not
- Manage, adjust and teach drug therapy to achieve pharmacotherapeutic objectives
- Ensure safe and effective medication therapy, in collaboration with physicians and patients
- Recommend over-the-counter natural products or medications according to patients' needs and give advice regarding their appropriate use



The Code of ethics of pharmacists includes legal obligations pertaining to public health⁷.

Section 20 of the Code states that, "Pharmacists must promote measures intended to educate and inform the public. Unless they have sound reasons for acting otherwise, they must

- (1) use their professional knowledge to protect and promote public health;
- (2) support every measure aimed at improving public health;
- (3) collaborate in the dissemination of information on any policy intended to promote public health."

Practice guidelines for pharmacists describe their public health role. In addition, a position statement on promotion and prevention supports the role of pharmacists as professionals contributing to public health^{8,9}.

To enhance clinical practice, pharmacists have been asked to provide public health services to their clients. The Québec Order of Pharmacists encourages its members to take part in programs promoted and coordinated by public health departments in the province, and to opt for integrated, interdisciplinary approaches to maximize the benefits these initiatives provide⁹.

When they adopted Bill 90 (2002), *An Act to amend the Professional Code and other legislative provisions as regards the health sector*, lawmakers acknowledged the specific role of pharmacists in initiating, adjusting and supervising medication therapy. This legislation provides opportunities for optimizing pharmacists' role in preventive health care. One example of the potential for a broader role for pharmacists is the implementation, of a regional collective prescription for nicotine replacement therapy (www.oc-mtl.ca). The provincial program for emergency oral contraception is another example of pharmacists' contribution to public health.

Collective prescription in pharmacies is used by public health authorities to encourage initiation of smoking cessation therapy aimed at disease prevention. In the near future, pharmacists will be able to prescribe such pharmacotherapies. Indeed, Bill 41 (2011), *An Act to amend the Pharmacy Act*, allows pharmacists to prescribe medication when no diagnosis is required, including for preventive purposes.

Whether through legislative or regulatory action, the Québec Order of Pharmacists and Québec College of Physicians have identified situations in which pharmacists can prescribe medications for preventive purposes: smoking cessation, malaria prophylaxis, travellers' diarrhoea, hormonal contraception following consultation for emergency oral contraception, perinatal vitamin and folic acid supplementation for pregnant women, head lice, pinworm, and pregnancy-related nausea and vomiting.¹⁰

Pharmacists' public health role abroad and in Québec

The World Health Organization and a number of countries also recognize pharmacists' contribution to public health.

World Health Organization

The World Health Organization recognizes the role of pharmacy in public health and defines the concept of pharmaceutical public health as follows:

"The application of pharmaceutical knowledge, skills and resources to the science and art of preventing disease, prolonging life, promoting, protecting and improving health for all, through the organised efforts of society."¹¹

United Kingdom

It is interesting to note that the United Kingdom was one of the first countries to adopt a national public health program that sets out the contribution of pharmacy. In the program "Choosing health through pharmacy – A programme for pharmaceutical public health", the Department of Health chose to prioritize certain clinical interventions in community pharmacies:¹²

- Smoking cessation
- Cardiovascular diseases
- Strokes
- Cancers
- Chronic diseases
- Reducing health inequalities
- Safe and effective use of medicines
- Suicide
- Unintentional injuries
- Emergency hormonal contraception for those under 18 years of age
- Vaccine administration
- Drug addiction services

In the United Kingdom, it is expected that by 2015, health-promoting pharmacies will be actively engaged in public health efforts and will play an expanded role that encompasses health education, clinical preventive services delivery, surveillance, health promoting policy development and intersectoral action. Community pharmacists can also support community-based initiatives and contribute to create greater community empowerment, especially for more disadvantaged or vulnerable populations.

To do so, the Healthy Living Pharmacy (HLP) program, developed by National Health Service Portsmouth (Primary Care Trust)¹³, is now being rolled out across a number of other areas as part of an HLP pathfinder program supported by the pharmacy organisations and Department of Health.

Principles that underpin Healthy Living Pharmacy:

- Tailored to local health needs with the aim of reducing health inequalities by improving health and wellbeing outcomes in their communities

- Build on existing core pharmacy services (Essential and Advanced) with a series of Enhanced Services at three different levels of engagement
- Supported by three enablers: workforce development, engagement with others and pharmacy environment

Québec

In Québec, there are no pharmacy-specific public health programs. However, the 2008-2012 Québec Public Health Program targeted all primary care health professionals, and issues similar to those prioritized by the United Kingdom program for pharmaceutical public health.

Clinical preventive services are a set of interventions (counseling, screening, vaccination and chemoprophylaxis) delivered to patients by health professionals. These interventions aim to promote health and prevent illnesses, injuries and psychosocial problems¹⁴.

The public health program was implemented in partnership with Québec's 18 public health departments, in conjunction with their local partners. Promotion of and support for clinical practices is one of the strategies it advocates¹⁵.

Applying clinical preventive services in primary care settings and acting on health determinants show great potential for the population. Community pharmacists are among the health professionals targeted by the provincial public health program and a number of health promotion, prevention and protection interventions are delivered in pharmacies.

Community pharmacists: Key partners

Pharmacists are key partners whose expertise is appreciated as much by the population as by multidisciplinary healthcare teams. According to the results of polls commissioned in 2010 by the Québec Order of Pharmacists (CROP and IPSOS Descaries), pharmacists are frequently consulted by their colleagues in hospital settings (average of 12 to 17 calls a week, e.g. medication reconciliation), physicians (average of 6.2 calls a day) and nurses (average of 6.1 calls a day)¹⁶. This demonstrates that health professionals from many fields are open to collaboration.

Pharmacies are strategic primary care points of service for reaching and working with the public.

In Montréal in 2014

- 1600 community pharmacists
- 443 pharmacies

People think of a pharmacist as a trusted health professional to whom they can talk to about their health and especially about treatment. The frequency and nature of consultations with pharmacists are proof of this trust. Patients and the general population consult their pharmacists an average of 9.6 times a year¹⁶.

Pharmacists themselves have shown a growing interest in increasing the services they offer, particularly in the areas of promotion of healthy lifestyles, chronic disease management, screening and vaccination services.

Community pharmacies have certain characteristics that favour the contribution of pharmacists to public health:

Many points of service with flexible hours

- Located in neighbourhoods and close to work places and medical clinics
- Access on a walk-in basis
- Extended opening hours

Frequent contact with the population

- Patients with chronic diseases, because of regular monthly follow-ups for prescription refills or pharmacotherapeutic monitoring (e.g. pharmaceutical care and services, monitoring compliance, counselling and establishing trusting relationships)
- People with minor health problems who consult about over-the-counter medications or natural products (e.g. pharmacotherapeutic evaluation, counselling and referral as needed)
- People who go to pharmacies to shop for various products, such as cosmetics, schooling material, household goods, etc...
- Patients targeted by specific public health programs (e.g. methadone, directly observed treatment for tuberculosis, distribution of drug injection and protective equipment, hormonal contraception and emergency oral contraception, vaccination, smoking cessation)

A culture of interdisciplinary collaboration

- Personalized follow-up with attending physicians (e.g. pharmaceutical opinion)
- Establishment of service corridors with other professional resources (e.g. Quit-Smoking Centres, Health Education Centres, vaccination clinics)
- In some pharmacies, access to services delivered by other health professionals (e.g. follow-up by nurses, consultation with nutritionists)

A Conducive environment for preventive messages

- On site (e.g. TV screens, brochures, posters)
- Variety of communication platforms (e.g. Web site)
- Reinforcement of prevention messages when counselling patients

Barriers and facilitators to integrating prevention in pharmacies

The most commonly reported barriers to integrating prevention in pharmacies are lack of time due to the time required to carry out technical tasks such as dispensing medications; lack of training; and inadequate counselling space in the pharmacy¹⁷. Other health professionals have also pointed out these barriers¹⁴. The literature indicates that pharmacists tend to take reactive rather than proactive and systematic approaches to providing preventive services, and to be more comfortable providing public health interventions linked to medication therapy¹⁸⁻¹⁹.

The main facilitating factors reported in the literature are training, presence of other professionals working with pharmacists, remuneration, access to information technologies and access to private spaces for consultations with patients²⁰. Legislation also plays a role, for example, when Bill 41 is enacted, pharmacists will be able to prescribe certain medications and integrate additional preventive care and services into their practices.

Based on these findings, it is imperative to examine elements that facilitate and limit delivery of clinical preventive services and other public health interventions in pharmacy. Doing so will support the current movement toward pharmacists' working collaboratively in health promotion, clinical preventive services and population health protection. The framework proposed in Section 3 takes into consideration both barriers and facilitators and is based on three action levels: pharmacists and their patients; pharmacists and pharmacy settings; and pharmacists and their networks.



PART 2

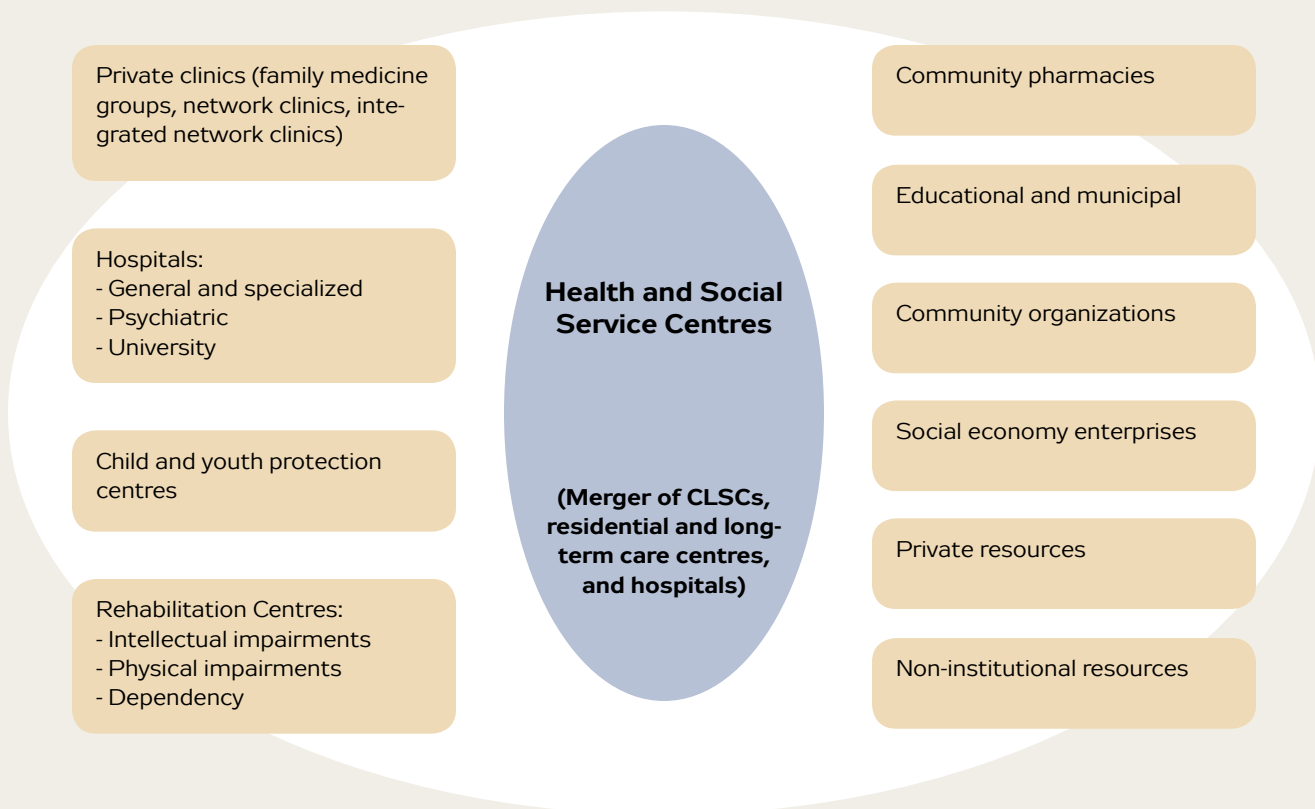
Community pharmacists and their local services networks

To establish partnerships, partners have to thoroughly understand each other's organizations. This section is intended for regional and local health teams who wish to work collaboratively with community pharmacists to attain public health goals and for community pharmacists who want to integrate more clinical preventive services in their practice. Partnerships are an essential ingredient of the local services networks which are coordinated by the CSSS

The Act respecting local health and social services network development agencies, passed in 2003, put forward the concept of "population-based responsibility", which rests on the premise that health is tied to collective wealth and must be maintained and developed.

Figure 1: Montréal's local services network

12 Health and Social Service Centres in 12 Local Services Networks



Local services networks

A new way of organizing healthcare services centred on a population-based approach has been implemented throughout the province: local services networks were created with Health and Social Service Centres (CSSS) at their heart. These networks regroup healthcare organizations, as well as partners from other sectors in a geographically defined area. The goal is to offer better coordinated, more accessible and seamless services.

Health and Social Service Centres

Twelve CSSS were created in Montréal as the result of the merging of local community services centres, general hospitals, residential and long-term care facilities and, in some cases, specialised services such as rehabilitation centers.

CSSS are mandated to promote health and well-being, assess individuals and refer the latter and their loved ones to appropriate services, and manage and support vulnerable people. CSSS must provide a variety of general health and social services as well as some specialized services such as public health services.

Each CSSS must define a local public health action plan that reflects the needs of its population and is consistent with the regional public health plan¹. Effective communication between the CSSS and all partners in the local services network is essential to carrying out its action plan.

Local pharmacist committees

The creation of local pharmacist committees is a communication structure advocated by Health and Social Service Centres and the Agency. The committees provide a forum where pharmacists can identify the population's unmet needs, propose solutions, partake in planning public health programs and activities, and collaborate with other health professionals. On the island of Montréal, all CSSS territories, with the exception of one, have a pharmacist committee.

Regional Committee on Pharmaceutical Services

The Agency has also created the Regional Committee on Pharmaceutical Services (RCPS). The committee supports the organization of pharmaceutical services, collaborates on implementing local services, and makes recommendations to the Agency's president and CEO regarding pharmacy staff and services in the city.

RCPS composition:

- 4 community pharmacists (2 owners, 2 employees)
- 4 hospital pharmacists (2 chief pharmacists, 2 clinicians)
- 1 representative from Université de Montréal's Faculty of Pharmacy
- 1 pharmacist-consultant from the public health department
- 1 pharmacist-consultant from the Agency
- President and CEO of the Agency or her representative

In fall 2010, Montréal's RCPS proposed a pharmaceutical organizational model for local services networks, which was approved by the Agency's executive committee²¹. The model clarifies the contributions of pharmacists regionally and locally. Four key positions, each with a distinct field of intervention, have also been put forward:

- A pharmacist-consultant at the Agency who coordinates model implementation
- A local network pharmacist attached to the CSSS who plays an active role in networking with community pharmacists and facilitates local pharmacist committees
- Clinical pharmacists in family medicine groups and integrated network clinics who assume clinical and strategic roles in the chronic disease prevention and management continuum
- Community pharmacists who provide pharmacotherapeutic management and follow-up of patients, in collaboration with other stakeholders in the local services network

Pharmacists, Health Promotion and Prevention, a Public Health Framework is in line with the RCSP's pharmaceutical organizational model and delineates further its health promotion and prevention components.

PART 3

Pharmacists, Health Promotion and Prevention: A Framework

The Pharmacists, Health Promotion and Prevention framework proposes a vision, three orientations and strategies to carry out this vision.

ORIENTATION 1 – Pharmacists and their patients: *One-on-one prevention*

ORIENTATION 2 – Pharmacies: *Environments for prevention*

ORIENTATION 3 – Pharmacists and local services networks: *Collaborative practice*

Vision

Health promotion and prevention are an integral part of clinical pharmaceutical practice. Other actors in local health and social services networks recognize pharmacists as partners in care and services delivery, and work with pharmacists to foster accessibility, complementarity and continuity of preventive services for the population.

Building a common vision: Planning for the future and working together to achieve this goal.



Orientations and Public Health Intervention Strategies

ORIENTATION 1 – Pharmacists and their patients: *One-on-one prevention*

Preventive activities undertaken by pharmacists include communicating prevention messages to clients, providing clinical preventive services and promoting activities that encourage patient autonomy with regards to preventive behaviours.

Pharmacists are asked to participate in a number of activities:

Lifestyle habits and chronic diseases

- Promotion of healthy lifestyle habits
- Tobacco control
- Prevention and management of chronic illnesses
- Promotion of cancer screening programs

Perinatal and early childhood

- Periconception
- Hormonal contraception
- Emergency oral contraception
- Breastfeeding
- Head lice and pinworms

Infectious diseases

- Vaccination (influenza, pneumococcus)
- Sexually transmitted and blood-borne infections (sterile injection equipment kits and needle disposal)
- Drug addiction (methadone)
- Tuberculosis
- Travel health (malaria and travellers' diarrhoea)
- Emergency measures (pandemic, etc.)

Environmental health

- Second-hand smoke
- Heat waves
- Ragweed and seasonal allergic rhinitis
- Bedbugs

Examples of Intervention Strategies

To support pharmacists' prevention efforts aimed at patients, regional and local public health teams develop and implement various initiatives:

- Knowledge transfer and continuing education activities, in collaboration with pharmacist associations and/or Health and Social Service Centres
- Dissemination of guidelines, clinical tools and awareness raising tools for the population
- Creation of a dedicated Web page for pharmacists on the Montréal Agency portal, to facilitate access to pertinent information and tools
- Training for future pharmacists (public health courses/rotations) and organizing continuing education activities, in collaboration with academic institutions.

ORIENTATION 2 – Pharmacies: Environments for prevention

Pharmacies provide front-line access to health services for the population. This is why they are ideal sites to promote public health messages using specific strategies.

Reinforce health promotion and prevention campaigns, such as those related to influenza vaccination and prevention of heat-related illness, as well as to lifestyle habits and smoking cessation campaigns.

Communicate prevention messages during counselling activities delivered by pharmacists and by technicians or nurses, dietitians and kinesiologists working in pharmacies. For example, a pharmacist could ask a technician to undertake systematic identification of smoking status when filling a patient's new prescription.

Prevention messages can also be communicated through electronic platforms such as pharmacy Web sites, TV systems in pharmacy waiting rooms, or posters and flyers.

Apply public health measures during emergency situations, epidemics or other major events

Pharmacists could be called upon to screen more vulnerable populations, answer individuals' questions and refer them to on-site resources, keep required products in stock and/or maintain appropriate services (staff and opening hours). The 2009 H1N1 flu pandemic is a good example of an event that involved the collaboration of pharmacists.

Create an environment conducive to healthy choices

Removing tobacco products from pharmacies and putting up posters offering pharmaceutical services and products for smoking cessation are concrete examples of activities where pharmacies encourage healthy choices.



Examples of intervention strategies

To support and encourage environments conducive to prevention, regional and local public health teams develop and implement various initiatives:

- Production of promotion, awareness raising and educational tools aimed at the population and targeting preventive behaviours (e.g. posters, flyers, video clips)
- Development of clinical tools to facilitate public health practice in pharmacies (e.g. collective prescriptions)
- Implementation of special communication mechanisms with pharmacies to enable rapid reaction during emergency situations (e.g.: dedicated phone line)
- Promotion of healthy public policies conducive to in-pharmacy prevention (e.g.: proposals for decision makers)



ORIENTATION 3 – Pharmacists and local services networks: Collaborative practice

To optimize collaboration between Health and Social Service Centres and pharmacists, initiatives are needed to restructure local front-line services, especially those that link pharmacists to local services network partners (see Figure 2).

Creation of local pharmacist committees

Committee members include pharmacists and partners from various clinical and community settings. Together they discuss and develop plans and strategies to improve the organization of pharmaceutical care and services in their territories. Pharmacists are well positioned to identify the public health needs of populations and to screen patients targeted by some prevention programs.

In addition, the committees encourage better structured links between community pharmacists, medical clinics, CSSS and other neighbourhood resources.

Issues covered by local committees

- Elaborating and implementing collective prescriptions
- Implementing a medication reconciliation process
- Setting up a process of referral to preventive services
- Establishing service corridors for clients who have no family doctors
- Making links with secondary care pharmaceutical services in hospital settings, etc.

Links with preventive services

CSSS and pharmacists must be knowledgeable about each others' resources and services, and build collaborative and referral mechanisms, when appropriate.

Prevention facilitators

To facilitate preventive service in primary care settings, each CSSS has integrated a clinical prevention nurse consultant into the team and are now encouraged to create a new position: network pharmacist. These two professionals work closely together to promote and support clinical preventive services delivered in pharmacies.

• Local network pharmacists

- Support the creation of and coordinate local pharmacist committees
- Facilitate contacts between local pharmacists and other partners from local services networks
- Participate in planning pharmaceutical care services in the territory, especially preventive services

• Clinical prevention nurse consultants, in collaboration with local network pharmacists

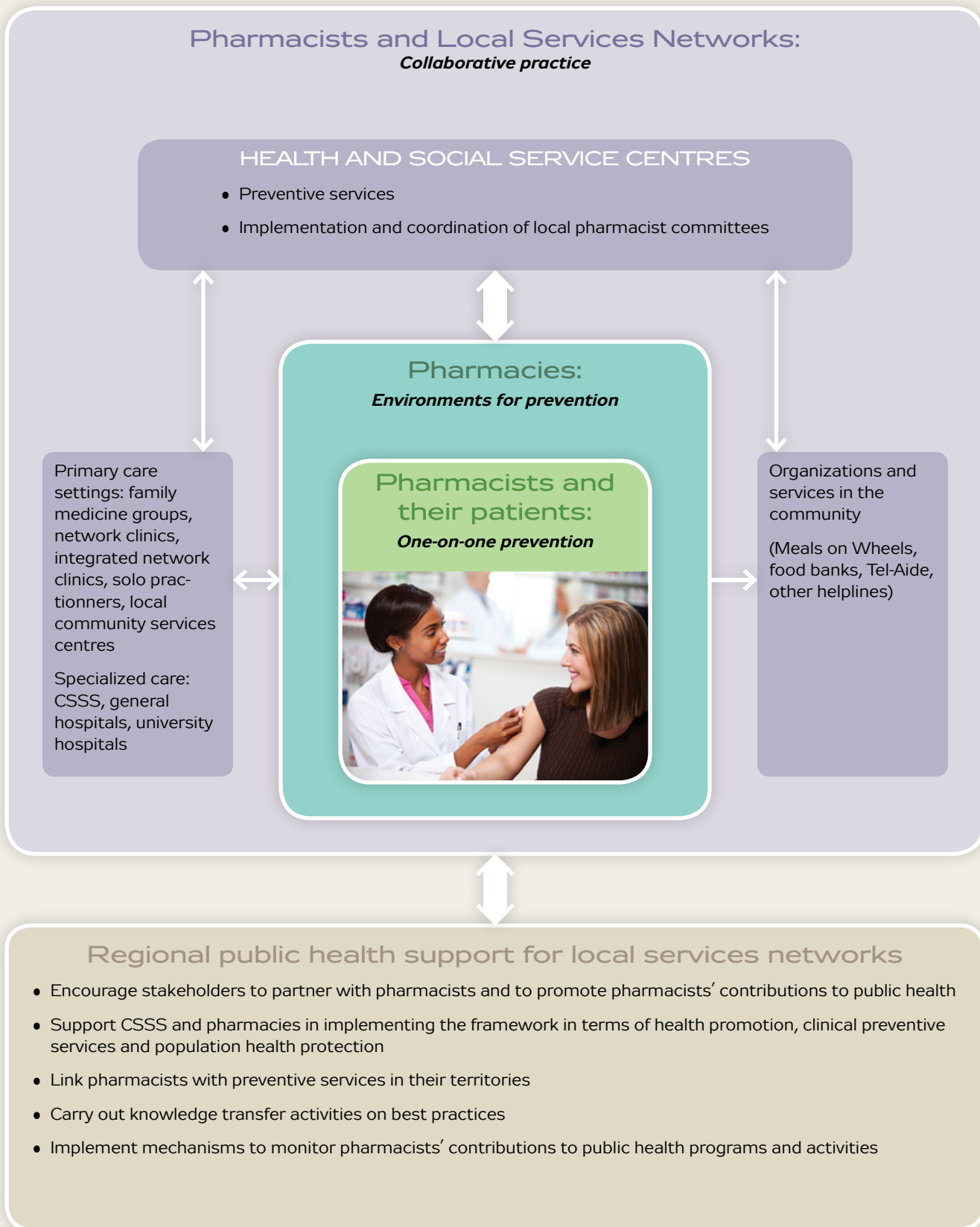
- Inform primary care professionals, including community and clinical pharmacists, about preventive services
- Support implementation of referral mechanisms between CSSS and pharmacists;
- Promote and support preventive services, mostly through dissemination of clinical prevention guidelines and clinical tools, and by planning knowledge exchange activities, training sessions and workshops on themes linked to prevention.

Examples of Intervention Strategies

Interventions to support and encourage development of collaborative practice between pharmacists and their local services networks include the following:

- Facilitating knowledge transfer and exchange activities for primary care professionals on
 - the state of the population's health
 - best practices in clinical prevention and public health activities
- Documenting organizational models for pharmacy practice that integrate prevention and public health activities
- Responding to requests for the public health pharmacist consultant's participation on local pharmacist committees to discuss issues linked to clinical prevention or public health programs
- Creating a directory of preventive services available in CSSS and pharmacies
- Implementing a referral process to clinical preventive services (Quit-Smoking Centres, Health Education Centres, designated breast cancer screening centres, vaccination clinics, etc.);
- Supporting the creation of local pharmacist committees, in collaboration with public health.

Figure 2:
Pharmacists, Health Promotion and Prevention Model



PART 4

Implementing the Model

This section describes how to apply the model and is mainly for regional and local public health stakeholders, including pharmacist committees. The model is designed to encourage and support implementation of patient services in pharmacies that wish to offer preventive and public health services

Step 1 – Prioritizing clinical preventive services

The public health department supports clinical prevention and public health activities that can be done in pharmacies based on three criteria to choose priorities: pertinence, feasibility and mobilization.

Table 1: Criteria for determining priorities for in-pharmacy clinical preventive services and public health activities

Pertinence	Feasibility	Mobilization
<p>Health issue for which</p> <ul style="list-style-type: none"> • burden and scope of a health problem are well documented; • the Québec Public Health Program recognizes the importance of taking action; • the regional public health plan and local action plans include strategies for intervention; • population access to prevention or public health activities can be facilitated by pharmacists; • the impact of a pharmacist’s intervention has been scientifically documented. 	<p>Application of activities in pharmacies, depending on whether</p> <ul style="list-style-type: none"> • the activity or intervention falls within pharmacists’ field of practice; • preventive pharmaceutical care is defined by legislators or policies; • expert advice is available from the public health department; • clinical tools adapted to the pharmacy context are accessible; • programs and services available in local services networks can be coordinated. 	<p>Factors fostering pharmacists’ mobilization such as</p> <ul style="list-style-type: none"> • interventions related to pharmacotherapy; • interventions linked to the needs identified by pharmacists and regional or local pharmacist committees; • interventions that facilitate networking between pharmacists and their local services network partners; • incentives for or acknowledgement of preventive interventions delivered in pharmacies.

Step 2 - Planning the services

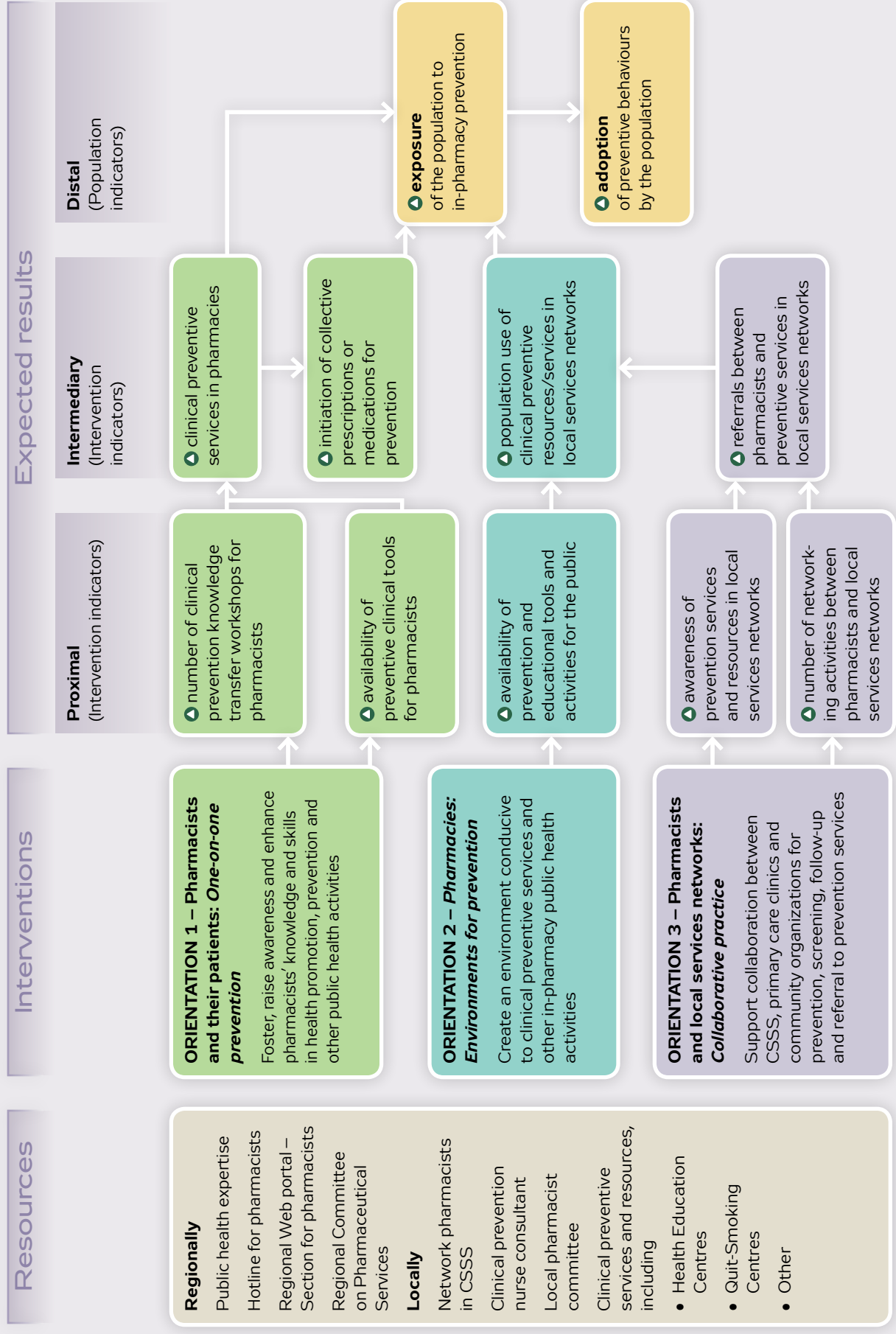
The main steps for implementing the model are based on broad, systematic public health programming processes²²⁻²³. These consist in setting out objectives, determining target populations, identifying expected results, and specifying the interventions and resources to implement, according to the three orientations. All these elements fall within the logical model, a recognized program management tool (Figure 3).

Step 3 - Evaluating and monitoring

To assess if the objectives have been achieved, it is important to identify indicators. The logical model that underpins planning is also an instrument that helps identify indicators; these must make it possible to evaluate if the implemented activities have

- increased pharmacists’ one-on-one prevention with their patients (Orientation 1);
- fostered the creation of environments for prevention in pharmacies (Orientation 2); and/or
- resulted in collaboration between pharmacies and partners from local services networks (Orientation 3).

Figure 3: Logic model – Pharmacists, Health Promotion and Prevention



CONCLUSION

This document has demonstrated the contribution of community pharmacists to public health by highlighting the scope of their primary care interventions, particularly in clinical preventive services. We can see that these interventions meet worldwide public health priorities—prevention and management of chronic illness and social inequalities in health.

To establish strong primary care networks, it is important to integrate clinical prevention into the continuum of care and services, and to encourage all health professionals, including pharmacists, to work towards achieving this goal. To do so, it is essential to set up a structure where pharmacists and other stakeholders from local services networks work collaboratively toward prevention, screening, follow-up and referral to appropriate resources.

We believe that this framework and its associated model allow stakeholders to better structure and guide regional and local public health actions that support a collaborative approach with pharmacists.

APPENDIX 1

Applying the model: Pharmacists and tobacco control

This is an example of how to apply the model explained in Section 4. It is based on pharmacists' involvement in tobacco control and focuses on a regional collective prescription for smoking cessation. When implemented, Bill 41 will give pharmacists greater autonomy to prescribe medications for preventive purposes, including nicotine replacement therapies. The example also presents past successes to build upon to maximize pharmacists' contribution to tobacco control.

This process can be adapted to other prevention services conducted in pharmacies and in partnership with local services networks.

Step 1 - Prioritizing clinical preventive services

Evaluate if a smoking cessation intervention meets the following criteria:

- A. PERTINENCE of working with pharmacists on a well-documented public health issue
- B. FEASIBILITY of conducting interventions in pharmacies
- C. MOBILIZATION of pharmacists and key partners on interventions to carry out

Table 2:
Criteria for determining priorities for in-pharmacy tobacco control

Pertinence	Feasibility	Mobilization
<ul style="list-style-type: none"> • Smoking is a public health issue whose burden and scope are well documented. • The Québec Public Health Program recognizes the importance of taking action and sets targets. • The regional public health plan and local action plans set forth tobacco control strategies that involve primary care health professionals, including pharmacists. • Pharmacists can facilitate access to pharmaceutical aids and cessation services. • The literature supports smoking cessation interventions delivered by pharmacists ^{24, 25, 26, 27}. 	<ul style="list-style-type: none"> • Regional collective prescriptions for smoking cessation can be managed in pharmacy and fall within pharmacists' scope of practice. • The public health department can provide tobacco control expertise to support pharmacists. • Training and clinical tools are accessible (collective prescription, training on pharmaceutical aids for smoking cessation, etc.). • Links have been made between pharmacists and existing smoking cessation programs and services in the local services network (Quit-Smoking Centre). 	<ul style="list-style-type: none"> • The intervention is directly related to pharmacotherapy • Fee-for-service payment is possible for personalized delivery of the collective prescription. • Pharmacists and their Regional Committee have already expressed interest in working on tobacco control. • Québec's Order of Pharmacists recognizes the role of pharmacists in tobacco control. • Smoking cessation interventions facilitate networking between pharmacists and other health professionals in their territories.

Pertinence

The health effects of smoking are disastrous^{28, 29, 30}. About half of regular smokers die from diseases linked to tobacco use and smokers lose an average of 15 years of life. Smoking is estimated to be responsible for:

- 85% of lung cancers;
- 85% of cases of chronic obstructive pulmonary disease;
- 30% of all cancers;
- 25% to 30% of cardiovascular diseases.

In Montréal, 19% of people aged 15 and over smoke cigarettes³¹. Smoking is the leading modifiable cause of premature morbidity and mortality³⁰, and about 70% of smokers want to quit smoking³². The need to address the issue of smoking is urgent. The Québec Public Health Program sets population targets and presents a plan to combat smoking³³. The public health department also proposes a series of measures, adapted to its region, to act on this problem.

A set of strategies are needed to counter tobacco use. Some of these strategies focus on public policies and environments, or on one-on-one interventions; others require the involvement of health professionals. It has been demonstrated that drug treatment combined with intensive professional counselling increases the chances of successfully quitting³⁴.

In Québec, economic access to pharmaceutical treatments for smoking cessation is guaranteed when smokers are given medical prescriptions. However, many smokers do not have easy access to a doctor and are unaware of the smoking cessation services available in Montréal.

Adoption and implementation of regional collective prescriptions in pharmacies has proven to be a promising option to facilitate and increase access to pharmaceutical treatments. There are more than 1600 community pharmacists working in over 443 pharmacies in Montréal. These pharmacies are all primary care points of service that can be used to reach out to smokers by offering one-on-one smoking cessation services.

Feasibility

With the adoption of Bill 90, pharmacists' role in initiating drug therapies using collective prescriptions makes it more feasible to implement smoking cessation services in pharmacies. In addition, a number of nicotine replacement therapies now appear on the list of medications covered by the Québec Health Insurance Board.

The strategic position of pharmacists enables them to explain the impacts of smoking and give advice to smokers about the different cessation options available. Considering that smokers who want to quit must go to the pharmacy to get pharmaceutical treatments, pharmacists are clearly key to facilitating access.

Implementing a regional collective prescription for pharmaceutical treatments is a promising strategy for tobacco control. To support pharmacists in the delivery of clinical preventive services, public health has a team of experts that provides training, clinical tools and a telephone hotline for pharmacists, for instance.

Health and Social Service Centres are also there to assist pharmacists with smoking cessation services. There are Quit-Smoking Centres in all CSSS territories. Communication tools for Quit-Smoking Centres and pharmacists are available to facilitate patient follow-up. Smokers appreciate these personalized services, which maximize their chances of quitting³⁴.

Mobilization

The position taken by the Québec Order of Pharmacists concerning the role of pharmacists in smoking cessation³⁵ and in health promotion and prevention encourages pharmacists to engage in tobacco control. In addition, the intervention is linked to pharmacotherapy, which means pharmacists' contribution to tobacco control is acknowledged and remunerated.

According to a survey report by Institut national de santé publique du Québec, pharmacists believe they have a very important role to play with smokers to encourage them to quit smoking and support them through the process³⁶. Such interest has been confirmed by Montréal's Regional Committee on Pharmaceutical Services, which supports development and implementation of collective prescriptions that enable pharmacists to initiate smoking cessation pharmacological treatment.

Smoking cessation interventions are also good opportunities for pharmacists to link up with other health professionals in their territories and adopt an interdisciplinary approach.

Step 2 - Planning the services

The framework developed by Montréal's public health department is a planning tool of choice and positions the role of pharmacists in tobacco control. Implementation of public health program for pharmacists is done in collaboration with local (CSSS, local pharmacist committees) and regional (RCPS) partners.

Collective prescription is central to this framework because it combines several strategies based on three orientations to

- support pharmacists' smoking cessation prevention efforts;
- foster the creation of an environment favourable to in-pharmacy smoking cessation interventions;
- stimulate collaboration between pharmacists and other actors from the local services network.

The main goals of implementing planned interventions are to increase: economic accessibility to nicotine replacement therapy for adult smokers; smoking cessation counselling in pharmacies; and referrals to smoking cessation services.

Ultimately, it is hoped that these interventions will help lower smoking rates in Montréal. Figure 4 presents the logic model and groups together resources and interventions to carry out for each orientation, as well as expected results. Table 3 describes the interventions by framework orientation.

To contextualize model application, Table 4 outlines a case history in which pharmacists' clinical interventions are linked to services provided by public health. Figure 5 illustrates the model.



Step 3 - Evaluating and monitoring

To assess if the objectives were met, the logic model shown in Figure 4 is used to determine monitoring indicators and evaluation targets.

Proximal and intermediary results are sources of indicators linked to pharmacists' interventions, such as number of personalized collective prescriptions issued to smokers wishing to quit, and number of these smokers referred to smoking cessation resources. Distal results are associated with population health monitoring activities such as decrease in smoking among Montrealers.

Examples of indicators:

- Number of nicotine replacement therapy collective prescriptions initiated in pharmacy (ORIENTATION 1)
- Number of workshops offered + participation (ORIENTATION 1)
- Use of poster promoting nicotine replacement therapy collective prescription for smokers in pharmacies (ORIENTATION 2)
- Number of referrals to cessation resources: Quit-Smoking Centres, cessation support groups, iQuitnow helpline (ORIENTATION 3)



Figure 4: Logical model – Pharmacists and tobacco control

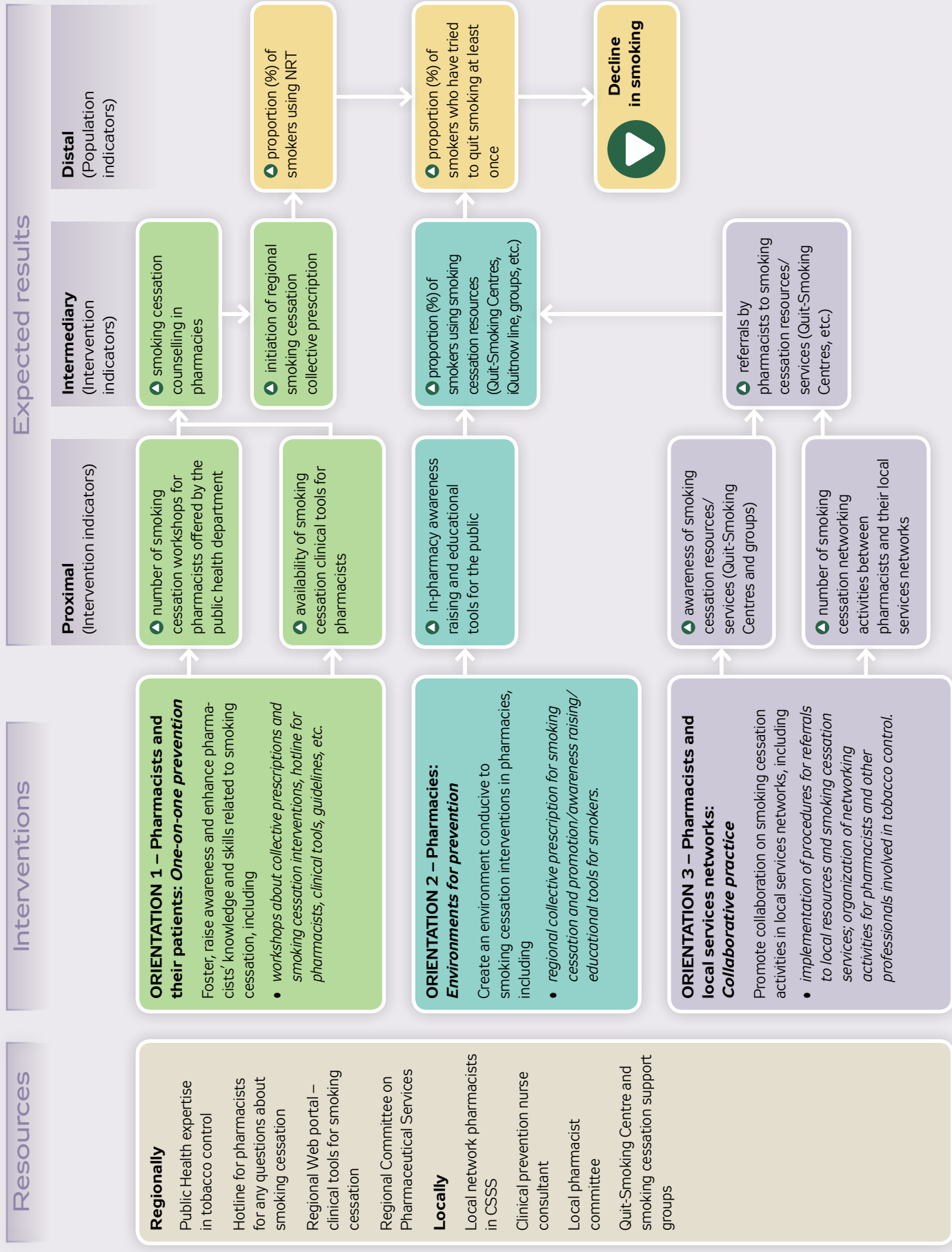


Table 3:
Orientations to support pharmacists' contribution to tobacco control

<p>Orientation 1 <i>Support prevention efforts</i></p>	<p>Orientation 2 <i>Support creation of an environment conducive to smoking cessation interventions</i></p>	<p>AXE 3 <i>Promote collaboration between pharmacists and partners from local services networks</i></p>
<p>Interventions to foster, raise awareness and enhance pharmacists' knowledge and skills related to smoking cessation</p>	<p>Interventions to create an environment conducive to smoking cessation interventions in pharmacies</p>	<p>Interventions to promote collaboration on smoking cessation activities in local services networks</p>
<ul style="list-style-type: none"> • Workshops for pharmacists on collective prescriptions, pharmaceutical treatments and smoking cessation interventions • Clinical tools for pharmacists to support smoking cessation interventions • Hotline for pharmacists who have questions about collective prescriptions or who would like clinical tools (514-528-2400, ext. 3523) • Section on the Agency portal dedicated to pharmacists to facilitate access to useful information and clinical tools, especially collective prescriptions for smoking cessation pharmacological treatments (www.oc-mtl.ca) • Public health department participates in training future pharmacists (training sessions/rotations in public health), in collaboration with the Faculty of Pharmacy, where one topic is smoking cessation 	<ul style="list-style-type: none"> • Support to implement effective mechanisms to carry out smoking cessation interventions in pharmacies • Public health department develops regional collective prescriptions to facilitate direct, in-pharmacy access to smoking cessation pharmaceutical treatments • Other useful mechanisms could be developed based on needs and practice setting: smoking cessation pharmaceutical opinion models, follow-up monitoring, use of information technology and the Internet, etc. • Support for other professionals working in pharmacies (technicians, nurses, etc.) who can contribute to smoking cessation interventions and complement the services offered at Quit-Smoking Centres • Develop promotional, awareness and educational tools in various formats (e.g. posters, flyers, video clips) for smokers who go to pharmacies 	<ul style="list-style-type: none"> • Public health department offers knowledge transfer and exchange activities for CSSS (workshops on collective prescriptions and smoking cessation interventions, etc.) • Public health pharmacist-consultant participates in local pharmacist committees to discuss topics related to clinical prevention or public health programs, particularly on smoking cessation interventions • Processes that foster two-way referrals between pharmacists and smoking cessation resources: Quit-Smoking Centres and smoking cessation and maintenance support groups • Availability of a clinical prevention nurse consultant, who acts as the liaison between CSSS and pharmacists for smoking cessation services and tools, and in collaboration with local network pharmacists

Table 4:
Case illustration – Pharmacists and tobacco control

Pharmacy case history	Services offered by regional and local public health authorities	Orientations
<p>Mr. Gilbert is 51 years old. He's been smoking a pack a day since he was 15. He's tried but failed to quit smoking on his own.</p> <p>He goes to the pharmacy to renew his metformin prescription for diabetes and sees a poster inviting smokers who want to quit to ask the pharmacist for nicotine replacement therapy.</p> <p>He asks the pharmacist a few questions, who then assesses Mr. Gilbert's motivation to quit and his clinical situation. The pharmacist proceeds with counselling and recommends the most suitable treatment. He monitors the patient's compliance with the treatment and makes adjustments if needed.</p> <p>To maximize Mr. Gilbert's chances of success, the pharmacist tells him about available resources, including the Quit-Smoking Centre, the iQuitnow helpline, smoking cessation support groups and resources available in the pharmacy, if any. He uses the collective prescription referral form for nicotine replacement therapy.</p>	→ Montréal's public health department, in collaboration with the Regional Committee on Pharmaceutical Services, implemented a regional collective prescription to encourage access to nicotine replacement therapy and smoking cessation counselling.*	2
	→ The public health department provides a poster to promote collective prescriptions for nicotine replacement therapy for smokers who go to pharmacies.	2
	→ The public health department, in collaboration with CSSS, runs a workshop on a smoking cessation intervention and guidelines for pharmacists. In addition to fostering knowledge transfer, the workshop allows pharmacists to link up with other pharmacists and health professionals from their areas.	1-3
	→ Collective prescriptions for nicotine replacement therapy and referral form for smoking cessation support services, clinical intervention tools and knowledge transfer about smoking are available on the director of public health's Web site : www.oc-mtl.ca .	1-3
	→ Each Health and Social Service Centre territory has smoking cessation resources: Quit-Smoking Centres. Pharmacists can refer patients to Quit-Smoking Centres for support, just as the Centres can refer individuals to pharmacists for pharmacological follow-up.	3
	→ A clinical prevention nurse consultant distributes smoking cessation clinical tools, and sets up smoking cessation support workshops links to smoking cessation resources.	1-2-3

* When enacted, Bill 41 will undoubtedly change the process by which NRT is accessed.



Figure 5:
Pharmacists and tobacco control model



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