

## COMMUNITY PHARMACISTS' ATTITUDE, HABITS AND ACTUAL ACTIVITIES REGARDING SMOKING AND HEALTH PROMOTION IN THE 1. REGION OF ANKARA CHAMBER OF PHARMACISTS

Zeynep ÇALGAN<sup>1\*</sup>, Emel TAHİR<sup>2</sup>, Selen YEĞENOĞLU<sup>1</sup>, Nazmi BİLİR<sup>3</sup>

<sup>1</sup>Hacettepe University, Faculty of Pharmacy, Department of Pharmacy Management, 06100 Sıhhiye-Ankara, TURKEY

<sup>2</sup>Hacettepe University, Faculty of Medicine, Intern student, 06100 Sıhhiye-Ankara, TURKEY

<sup>3</sup>Hacettepe University, Faculty of Medicine, Department of Public Health, 06100 Sıhhiye-Ankara, TURKEY

### Abstract

Since smoking is a considerable public health problem, in this study community pharmacists' attitude, habits and actual activities were investigated. In order to collect data, a questionnaire was designed and conducted among 83 pharmacists in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists. It was found that 38.6 % of the pharmacists are active smokers and 57.8 % think that pharmacists should not smoke in front of patients. 68.7 % of the pharmacists do not smoke at their pharmacy, 72.3 % think that pharmacists should ask smoking status of their patients who have a disease which can be affected by smoking, 73.5 % of the pharmacists advice the patients who wants to quit smoking and seek their advice to be determined about quit smoking, and 71.1 % of them would like to learn more about smoking cessation methods. It can be concluded that initiatives to increase pharmacists' tobacco-related knowledge as well as skills and to enhance their sense of responsibility of health promotion may promote pharmacists providing consultancy services with accuracy and effectiveness.

**Keywords:** Community pharmacist(s), smoking, health promotion.

### TEB II. Bölge Ankara Eczacı Odası 1. Bölge Serbest Eczacılarının Sigara Hakkındaki Tutum, Alışkanlık ve Aktiviteleri ve Sağlık Geliştirilmesi

Bu araştırmada sigaranın toplum sağlığını tehdit eden önemli bir sorun olması nedeniyle serbest eczacıların sigara ile ilgili tutum, alışkanlık ve günlük faaliyetleri incelenmiştir. Verileri toplamak için oluşturulan anket formu, TEB II. Bölge Ankara Eczacı Odası 1. Bölge'sindeki 83 eczacıya uygulanmıştır. Sonuçta eczacıların % 38.6'sının sigara içtiği, %57.8'inin hastaların önünde sigara içilmemesi gerektiğini düşündüğü, % 68.7'sinin eczanede sigara içmediği, % 72.3'ünün eczacıların sigaradan olumsuz etkilenecek hastalığı olan kişilere sigara içip içmediklerinin sorulması gerektiğini düşündüğü, % 73.5'inin sigarayı bırakmak isteyen ve kendilerinin önerisini almaya gelen hastalara sigarayı bırakma konusunda kararlı olmaları gerektiğini tavsiye ettikleri ve % 71.1'inin sigara bırakma yolları hakkında daha fazla bilgi edinmek istedikleri belirlenmiştir. Sonuç olarak, eczacıların sigara ve sigarayı bırakma ile ilgili bilgi ve yeteneklerini artırıcı ve halkın sağlığını geliştirme konusundaki sorumluluk duygularını geliştirici girişimler, eczacıların hastalarına doğru ve etkili bir danışmanlık yapmasını sağlayabilir.

**Anahtar kelimeler:** Serbest eczacı(lar), sigara, sağlık geliştirilmesi.

\*Correspondence : Tel: +90 312 305 42 26, Fax: +90 312 311 47 77  
E-mail: zcalgan@hacettepe.edu.tr

## INTRODUCTION

### *Health Promotion*

According to Ottawa Charter for Health Promotion, health promotion is the process of enabling people to increase control over and to improve their health. The Ottawa Charter identifies three basic strategies for health promotion. These are advocacy for health to create the essential conditions for health; enabling all people to achieve their full health potential; and mediating between the different interests in society in the pursuit of health (1).

### *Pharmacists, Smoking and Health Promotion*

First of all, community pharmacists should be good role models to the community by not smoking themselves. Furthermore, pharmacies are recognized as highly suitable health promotion sites (2). Common reasons given are their respected position within the community and the high volume of people that use their services (3,4). Community pharmacies are widely visited by both healthy and sick people (5). Besides, pharmacies are the most accessible of all health providers (6). As health educators and influential community members, there are many health issues that pharmacists can address (7). A systematic review of the literature concluded that there was strong evidence for pharmacist involvement in smoking cessation, lipid management, emergency contraception and immunization (8). There are good possibilities to health promotion and sharing information about health hazards of smoking in connection with other counselling (5).

Smoking has been accepted as a worldwide cause of ill health for decades (9). Also, various health problems such as cancer, cardio-vascular diseases, chronic pulmoner diseases, gastrointestinal diseases are all related to tobacco consumption. (10-15). In addition, tobacco consumption continues to be the leading preventable cause of death in the world. As research and findings continue to show the negative effects of tobacco consumption on health and the number of affected people increases, the list of conditions caused by tobacco consumption has grown (16).

In Turkey, smoking is a common habit and a significant public health problem. According to a nationwide study conducted in 1988, the prevalence of smoking was found to be 62.8% among males and 24.3% among females (17). In another study conducted in 2002, the prevalence of smoking was 35.8% (50,9% among males and 25.5% among females) (18).

On the other hand, community pharmacists have a prominent role to play in tobacco control. At the individual level, they can educate the population on the harms of tobacco use and exposure to second-hand smoke. They can also help tobacco users overcome their addiction (16). It has been shown that pharmacists can play a role in offering counselling to smokers (19). It has been shown that health promotion advice on smoking cessation from trained community pharmacists is valued by their consumers (20), that community pharmacists who counsel patients can improve smoking cessation rates (21,22), that a pharmacist-based smoking cessation programme can improve the health-related quality of life of patients during their cessation attempt (23), and that pharmacy interventions can be cost-effective (24-26).

### *Aim and Novelty of the Study*

Community pharmacists are key persons to be good role models, to prevent smoking and to counsel community members about smoking cessation as a health professional. However, studies examining community pharmacists' attitude, habits and activities concerning smoking both in Ankara and within Turkey were not encountered in the scientific literature.

With this study, it is aimed to find out attitudes of community pharmacists towards tobacco dependence and their actual activities in this field, and to obtain information on their smoking habits in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists. After designing the four-section

questionnaire, a sample consisted of 83 community pharmacists were visited and the data was collected by a self-administrative questionnaire. Thus, pharmacists' awareness, knowledge and their educational needs concerning smoking and health promotion were determined. In the light of these findings, Ankara Chamber of Pharmacists can initiate a nonsmoking service policy in community pharmacies.

## **EXPERIMENTAL**

### *Study Design*

Study was designed as a cross-sectional survey. Therefore, it was a descriptive study.

### *Participants*

83 community pharmacists in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists were included in the study. Participants were randomly selected from the Ankara Chamber of Pharmacists' 2006 Agenda. Using a random number generator (27), each pharmacist in the region had an equal chance of being selected in the study. Of 178 community pharmacists in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists, 83 pharmacists (47%) participated in the study.

### *Materials*

A self-administered questionnaire consisting of four sections was designed to investigate community pharmacists' attitude, habits and actual activities concerning smoking.

At the initial part of the questionnaire, a brief explanation concerning the aim of the study and the departments where the researchers work were placed.

Section 1 searched for demographic data including pharmacist's age, gender, education level, marital status, graduation year from faculty of pharmacy, and time period working as a community pharmacist.

Section 2 covered attitudes towards smoking. The items included pharmacists' attitude towards community pharmacists' smoking, smoking in the pharmacy, and asking people about their smoking status.

Section 3 of the questionnaire required the participants to provide their smoking status as a smoker, trier, former smoker or always a nonsmoker.

In the Section 4, pharmacists' actual counseling activities regarding smoking cessation and topics they want to learn more about on smoking were asked.

### *Procedure*

First of all, written permission for the survey was got from Ankara Chamber of Pharmacists. Next, the questionnaire was pretested among 20 community pharmacies in Ankara. In the light of the results and pharmacists' comments, the questionnaire was redesigned.

Two researchers (who are also the first two authors of this article) visited the community pharmacists within working hours. The aim of the study was briefly explained to the participants by researchers. The data was collected between 15 April-15 May 2006.

## **RESULTS**

Of the 83 community pharmacists, 56 (67.5 %) were female and 27 (32.5 %) male. Median of the participants' age was 40, average number of years as a community pharmacist was 12.69. 83.1% of the pharmacists had a Bachelor of Science degree, 7 (8.4 %) participants had a M.S. degree and 2 (2.4 %) had a PhD degree. 64 (77.1 %) pharmacists were married, 14 (16.9 %)

single and 3 (3.6 %) divorced. Pharmacists' sociodemographic characteristics can be seen at Table 1.

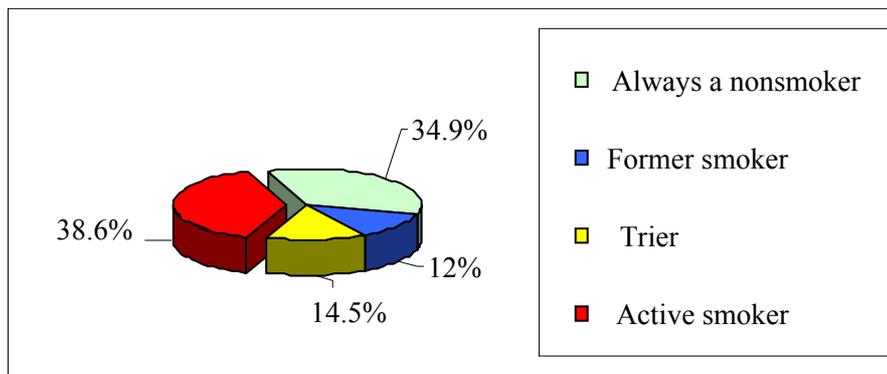
**Table 1.** Pharmacists' Sociodemographic Characteristics

	Median	Max	Min
<b>Age</b>	40	65	24
<b>Number of years as a community pharmacist</b>	12	38	1
<b>Gender</b>	<b>n</b>	<b>%</b>	
Female	56	67.5	
Male	27	32.5	
<b>Education</b>	<b>n</b>	<b>%</b>	
Bachelor of Science	69	83.1	
Master of Science	7	8.4	
Doctor of Philosophy	2	2.4	
Missing data	5	6.1	
<b>Marital Status</b>	<b>n</b>	<b>%</b>	
Married	64	77.1	
Single	14	16.9	
Divorced	3	3.6	
Missing data	2	2.4	
<b>Total</b>	<b>83</b>	<b>100</b>	

Findings of the study indicated that pharmacists do not smoke at the portion of 61.4%, 38.6 %, 12.0 %, 14.5 % and 34.9 % of the participants were active smokers, former smokers, triers and always nonsmokers respectively (Table 2, Graph 1).

**Table 2.** Pharmacists' smoking status

Smoking status	Pharmacists	
	n	%
Active smoker	32	38.6
Always a nonsmoker	29	34.9
Trier	12	14.5
Former smoker	10	12.0
<b>Total</b>	<b>83</b>	<b>100</b>



**Figure 1.** Pharmacists' Smoking Status

The community pharmacists' smoking status differences in terms of gender were examined and found statistically different at 0,05 level of significance. It was found that 66.7 % of the male community pharmacists were smoker while 75 % of female pharmacists were a nonsmoker (Table 3).

**Table 3.** Pharmacists' smoking status in terms of gender

Gender	Smoker		Nonsmoker <sup>a</sup>		Total	
	n	%	n	%	n	%
Female	14	25	42	75	56	100
Male	18	66.7	9	33.3	27	100
<b>Total</b>	<b>32</b>	<b>38.6</b>	<b>51</b>	<b>61.4</b>	<b>83</b>	<b>100</b>

p=0.001,  $\chi^2=13.350$

<sup>a</sup>: Always a nonsmoker, former smoker or trier.

The participants' smoking status differences in terms of their education level were also examined. It was found that smoking prevalence of the pharmacists who have B.S. degree was 39.1%, M.S. degree was 14.3% and PhD degree was 50% (Table 4).

**Table 4.** Pharmacists' smoking status in terms of education

Education	Smoker		Nonsmoker <sup>a</sup>		Total	
	N	%	n	%	n	%
Bachelor of Science	27	39.1	42	60.9	69	100
Master of Science	1	14.3	6	85.7	7	100
Doctor of Philosophy	1	50.0	1	50.0	2	100
<b>Total</b>	<b>29</b>	<b>37.2</b>	<b>49</b>	<b>62.8</b>	<b>78</b>	<b>100</b>

<sup>a</sup>: Always a nonsmoker, former smoker or trier.

Besides, the community pharmacists' smoking status differences in terms of marital status were examined. Married pharmacists' smoking prevalence was 37.5% while single pharmacists' was 42.9% and divorced ones' 33.3% (Table 5).

**Table 5.** Pharmacists' smoking status in terms of marital status

Marital Status	Smoker		Nonsmoker <sup>a</sup>		Total	
	n	%	n	%	n	%
Married	24	37.5	40	62.5	64	100
Single	6	42.9	8	57.1	14	100
Divorced	1	33.3	2	66.7	3	100
<b>Total</b>	<b>31</b>	<b>38.3</b>	<b>50</b>	<b>61.7</b>	<b>81</b>	<b>100</b>

<sup>a</sup>: Always a nonsmoker, former smoker or trier.

In addition to these findings, pharmacists stated their opinions about community pharmacists' smoking as following: 57.8 % of the pharmacists stated that "Pharmacists can smoke but should not smoke in front of patients.", 36.1 % of them "Pharmacists should not smoke.", and 2.4 % of them "There is no problem at pharmacists' smoking." (Table 6).

**Table 6.** Participants' attitudes towards community pharmacists' smoking

Participants' attitudes	Pharmacists	
	n	%
Pharmacists can smoke but should not smoke in front of patients.	48	57.8
Pharmacists should not smoke.	30	36.1
I do not see any problem with pharmacists' smoking.	2	2.4
Missing data	3	3.6
<b>Total</b>	<b>83</b>	<b>100</b>

Also, the community pharmacists' attitude differences in terms of smoking status were examined. In the Chi-square test, a statistical difference was found between smoker and nonsmoker pharmacists at 0.05 significance level. 80.0 % of the pharmacists stated that "Pharmacists can smoke but should not smoke in front of patients." (Table 7).

**Table 7.** Participants' attitudes towards community pharmacists' smoking

Participants' attitudes	Smoker		Nonsmoker <sup>a</sup>		Total	
	n	%	n	%	n	%
Pharmacists can smoke but should not smoke in front of patients.	24	80.0	24	48.0	48	60.0
Pharmacists should not smoke.	4	13.3	26	52.0	30	37.5
I do not see any problem with pharmacists' smoking.	2	6.7	0.0	0.0	2	2.5
<b>Total</b>	<b>30</b>	<b>100</b>	<b>50</b>	<b>100</b>	<b>80</b>	<b>100</b>

$p=0.001$ ,  $\chi^2=14.009$

<sup>a</sup>: Always a nonsmoker, former smoker or trier.

Smoking by the pharmacists, their personnel, patients and friends in the pharmacy were surveyed. 57 (68.7 %) pharmacists stated that "I do not smoke at my pharmacy.", 41 (49.4 %) participants stated "If patients smoke at my pharmacy, I warn them not to smoke.", 37 (44.6 %) pharmacists indicated "If my friends smoke at my pharmacy, I warn them not to smoke." and 59 (71.1 %) pharmacists stated that "I do not allow my personnel to smoke at my pharmacy." (Table 8).

Differences between pharmacists' smoking status and attitudes towards smoking at their pharmacy were examined in terms of their smoking status and found statistically significant ( $p=0.05$ ) excluding pharmacists' attitudes towards patients' and personnel's smoking in their pharmacy. 38.7 % of the smoking pharmacists do not smoke in their pharmacy while 100% of the nonsmokers do not smoke. 27.8% of the smokers allow patients to smoke in the pharmacy while 31.7% of nonsmokers allow them to smoke. 58.3% of smokers allow their friends to smoke in the pharmacy while 27.0% of nonsmokers allow them to smoke in the pharmacy. Lastly, 27.3 % of smokers allow their personnel to smoke in the pharmacy while 2.1% of nonsmokers allow them to smoke in the pharmacy. Community pharmacists' attitudes towards smoking in their pharmacy are presented in Table 9.

Pharmacist's attitude towards patients with respect to smoking was asked and 72.3 % of participants stated that "Pharmacists should ask smoking status of the patients with a disease which can be affected by smoking.", also 57.8 % of the pharmacists indicated "Pharmacists should warn the smoking patients about harmful effects of smoking at least once." and 10.9 % of the participants said "It is not necessary for pharmacists to be interested in the patients' smoking status.". The attitude pharmacists adopt towards patients' smoking is presented in Table 10.

**Table 8.** Community pharmacists' smoking status and attitudes towards smoking in the pharmacy

<b>In pharmacy</b>		
<b>Pharmacist</b>	<b>n</b>	<b>%</b>
I do not smoke.	57	68.7
I smoke.	19	22.9
Missing data	7	8.4
<b>Total</b>	<b>83</b>	<b>100</b>
<b>Patient</b>		
<b>n</b>	<b>%</b>	
If patients smoke I warn them not to smoke.	41	49.4
Patients can smoke freely.	18	21.7
Missing data	24	28.9
<b>Total</b>	<b>83</b>	<b>100</b>
<b>Pharmacists' Friends</b>		
<b>n</b>	<b>%</b>	
If my friends smoke I warn them not to smoke.	37	44.6
My friends can smoke freely.	24	28.9
Missing data	22	26.5
<b>Total</b>	<b>83</b>	<b>100</b>
<b>Personnel</b>		
<b>n</b>	<b>%</b>	
I do not allow my personnel to smoke.	59	71.1
Personnel can smoke freely.	7	8.4
I do not have a personnel.	3	3.6
Missing data	14	16.9
<b>Total</b>	<b>83</b>	<b>100</b>

**Table 9.** Community pharmacists' smoking status and attitudes towards smoking in the pharmacy

<b>In pharmacy</b>	<b>Smoker</b>		<b>Nonsmoker<sup>a</sup></b>		<b>Total</b>	
<b>Pharmacist<sup>b</sup></b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
I do not smoke.	12	38.7	45	100	57	75.0
I smoke.	19	61.3	0	0	19	25.0
<b>Total</b>	<b>31</b>	<b>100</b>	<b>45</b>	<b>100</b>	<b>76</b>	<b>100</b>
<b>Patient<sup>c</sup></b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
If patients smoke I warn them not to smoke.	13	72.2	28	68.3	41	69.5
Patients can smoke freely.	5	27.8	13	31.7	18	30.5
<b>Total</b>	<b>18</b>	<b>100</b>	<b>41</b>	<b>100</b>	<b>59</b>	<b>100</b>
<b>Pharmacists' Friends<sup>d</sup></b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
If my friends smoke I warn them not to smoke.	10	41.7	27	73.0	37	60.7
My friends can smoke freely.	14	58.3	10	27.0	24	39.3
<b>Total</b>	<b>24</b>	<b>100</b>	<b>37</b>	<b>100</b>	<b>61</b>	<b>100</b>
<b>Personnel</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
I do not allow my personnel to smoke.	15	68.2	44	93.6	59	85.5
Personnel can smoke freely.	6	27.3	1	2.1	7	10.1
I do not have a personnel.	1	4.5	2	4.3	3	4.3
<b>Total</b>	<b>22</b>	<b>100</b>	<b>47</b>	<b>100</b>	<b>69</b>	<b>100</b>

<sup>a</sup>: Always a nonsmoker, former smoker or trier, <sup>b</sup>: p=0.001,  $\chi^2=36.774$ , <sup>c</sup>: p=0.763,  $\chi^2=0.091$ , <sup>d</sup>: p=0.014,  $\chi^2=5.979$

**Table 10.** The attitude of smoker and nonsmoker pharmacists towards patients' smoking (Percentage is relative to total number of participants)

Pharmacists' attitudes		
	n	%
Pharmacists should ask smoking status of their patients who have a disease which can be affected by smoking.	60	72.3
Pharmacists should warn their smoking patients about harmful effects of smoking at least once.	48	57.8
It is not necessary for pharmacists to be interested in the patients' smoking status.	9	10.9
<b>Total</b>	<b>83</b>	<b>100</b>

Cases which the pharmacists ask their patients about smoking status was searched. 73.5 % of the participants stated that "I ask smoking status of the patients with a cardiovascular disease.", 72.3 % of them "I ask smoking status of the patients with asthma.", 67.5 % of them "I ask pregnant patients' smoking status.", 31.3 % of them "I ask smoking status of patients with diabetes.", and 13.3 % of them "I do not ask patients about their smoking status in any case." (Table 11).

**Table 11.** Cases which the pharmacists ask the patients about their smoking status (Percentage is relative to total number of participants)

Some cases that smoking can be a risk factor		
	n	%
Patients with a cardiovascular disease	61	73.5
Patients with asthma	60	72.3
Pregnant patients	56	67.5
Patients with diabetes	26	31.3
I do not ask patients about their smoking status in any case.	11	13.3
<b>Total</b>	<b>83</b>	<b>100</b>

Nicotine replacement therapy (NRT) products can be sold without prescription in community pharmacies in Turkey in order to help patients quit smoking. It was found that 78.3 % of the community pharmacies in the study, sold NRT products (Table 12).

**Table 12.** Selling the products that help patients quit smoking by pharmacists

	Pharmacists	
	n	%
Selling NRT products	65	78.3
Not selling NRT products	6	7.2
Missing data	12	14.5
<b>Total</b>	<b>83</b>	<b>100</b>

The way of the pharmacists to help the patients who want to quit smoking was asked. As a reply, participants stated that; "I advice the patients to be determined about quit smoking." (73.5%), "I make people aware of quit smoking products." (59.9%), "I give information about effects of smoking on health and ingredients of a cigarette." (36.1%), "I refer patients to a physician." (34.9%), "I give a booklet explaining smoking cessation methods." (12.0%), and "I share my own experience on quit smoking." (1.2%) (Table 13).

**Table 13.** Pharmacists' ways to help patients who seek their advice on quit smoking (Percentage is relative to total number of participants)

Pharmacists' way to help patients	n	%
I advice the patients to be determined about quit smoking.	61	73.5
I make people aware of quit smoking products.	49	59.9
I give information about effects of smoking on health and ingredients of a cigarette.	30	36.1
I refer patients to a physician.	29	34.9
I give a booklet explaining smoking cessation methods.	10	12.0
I share my own experience on quit smoking.	1	1.2
<b>Total</b>	<b>83</b>	<b>100</b>

Finally, community pharmacists stated the topics they would like to learn more about smoking which were: "Smoking cessation methods" (71.1%), "Tobacco control activities in the world." (39.8%), "Regulations about smoking in Turkey" (37.4 %), "Effects of smoking on health" (32.5%), and "Ingredients of cigarette" (25.3 %) (Table 14).

**Table 14.** Topic the pharmacists like to have information regarding smoking

Topics	n	%
Smoking cessation methods	59	71.1
Tobacco control activities in the world	33	39.8
Regulations about smoking in Turkey	31	37.4
Effects of smoking on health	27	32.5
Ingredients of cigarette	21	25.3
<b>Total</b>	<b>83</b>	<b>100</b>

## DISCUSSION

In the literature, it is indicated that health professionals are the first ones among other professionals in terms of smoking prevalence (17). In this study, the ratio of smoking pharmacists was found 38.6 % in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists (Table 2, Graph 1). Since 38.6 % of the pharmacists are active smokers, 12 % of them are former smokers and 14.5 % of them are trier (Table 2, Graph 1), the reasons for pharmacists' smoking would be investigated and some motivational and educational interventions would be assessed. It should be emphasized that pharmacists can have an active role in health promotion and should be good role models for society.

WHO reported that the number of women who smoke increases in developing countries like Turkey (16). However, smoking prevalence between male pharmacists was found higher than smoking prevalence between female pharmacists in this study. 66.7 % of the male community pharmacists were smoker while 75 % of the female pharmacists were a nonsmoker (always a nonsmoker, former smoker or trier) (Table 3). It can be suggested that female pharmacists in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists were more sensitive to smoking.

Since pharmacists are the role models for community members, their attitude towards smoking is of great importance. In this context, pharmacists should be good role models for society. Parallel to this principle, most of the pharmacists in the study had an idea suggesting pharmacists should not smoke in front of the patients (Table 6).

It is interesting that, 80.0 % of the smoker pharmacists stated "Pharmacists can smoke but should not smoke in front of patients." (Table 7). Also, only 2 pharmacists indicated that "I do not see any problem with pharmacists' smoking." These can show that community pharmacists

in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists are aware of their responsibility as a pharmacists for being role models for community members.

According to Sundsvall Statement on Supportive Environments for Health, supportive environments for health offer people protection from threats to health and enable people to expand their capabilities and develop self-reliance in health (1). Community pharmacies should be tobacco-free areas in order to provide a supportive environment for health through preventing people from hazards of passive smoking. During the 64<sup>th</sup> International Pharmaceutical Federation (FIP) Congress, the FIP also issued a press release entitled “FIP calls for ban on tobacco sales and smoking in pharmacies”. In Turkey, there are no tobacco sales in the pharmacies but smoking can be observed (28). During the press conference, the panel pointed out that pharmacists are health professionals committed to improving the health of their customers. The elimination of tobacco products from pharmacies is an achievable tobacco control strategy that will benefit public health (16). According to our study, 68.7% of the community pharmacists in 1<sup>st</sup> Region of Ankara Chamber of Pharmacists do not smoke at their pharmacy, 49.4% of them warn their patients if they smoke at the pharmacy, 44.6% of them warn their friends if they smoke at the pharmacy, and 71.1% of them do not allow their personnel to smoke at the pharmacy (Table 8).

While 80.0 % of the smoker pharmacists stated “Pharmacists can smoke but should not smoke in front of patients.” (Table 7), 61.3% of the smoker pharmacists smoke at their pharmacy (Table 9). Even they do not smoke in front of patients, a patient coming into the pharmacy can easily get the odour of smoking. So, it is a bad impression for community pharmacies and pharmacists.

The difference between smoker and nonsmoker pharmacists’ attitude towards their friends’ smoking at the pharmacy was found statistically significant. While 27% of the nonsmoker pharmacists allow their friends to smoke at the pharmacy, 58.3% of the smoker pharmacists allow them to smoke at the pharmacy (Table 9). Besides, 2.1% of the nonsmoker pharmacists allow their personnel to smoke at the pharmacy while 27.3% of the smoker pharmacists allow them to smoke at the pharmacy (Table 9). These data show that the more community pharmacists do not smoke the more community pharmacies are tobacco-free places.

Pharmacists’ another role is being health professionals responsible for their patients’ well being. Likewise, pharmacists in this study think that asking and warning patients about smoking is essential. 72.3 % of the participants stated that “Pharmacists should ask the patients who have a disease which can be affected by smoking whether they smoke or not.”, and 57.8 % of the pharmacists indicated that “Pharmacists should warn their smoking patients about harmful effects of smoking at least once.” (Table 10).

Smoking cessation activities and activities for preventing smoking can be viewed as disease prevention activities within health promotion. According to Glossary of Terms used in “Health for All” Series (WHO, 1984), disease prevention covers measures to prevent the occurrence of disease, such as risk factor reduction, to arrest its progress and reduce its consequences once established (1). Smoking is a risk factor or aggravating factor for many diseases such as cardiovascular diseases, diabetes mellitus, and asthma and a risky behavior for pregnant women (11-15). Also, the tobacco epidemic has recently expanded among women worldwide. In developing countries like Turkey, the number of women who smoke increases. Babies born to these women are on average 200 grams lighter than those born to comparable mothers who do not smoke. Furthermore, the more cigarettes a woman smokes during pregnancy, the more likely the baby’s lower birth weight. Low birth weight is the main cause of infant mortality; a baby born with low weight has a higher risk of dying, especially in low-income countries. In addition to this, research has shown that cigarette smoking may contribute to inadequate breast milk production, as well as to other increased health risks to the newborn child (16). In this concept, whether community pharmacists ask the patients about their smoking status which is a risk factor due to their illness or pregnant status was asked. According to the findings, 73.5% of

the pharmacists ask smoking status of the patients with a cardiovascular disease, 72.3% of them ask smoking status of the patients with asthma, 67.5% of them ask smoking status of the pregnant women, and 31.3% of them ask smoking status of the patients with diabetes (Table 11).

Community pharmacist can be a source of information and supporter for people trying to quit smoking. They may have a role because NRT, an effective cessation pharmacotherapy, is available without prescription in Turkey. People also come to pharmacy with prescriptions to help them quit smoking (29). According to these results, 78.3% of the pharmacists in the 1<sup>st</sup> Region of Ankara Chamber of Pharmacists sell NRT products (Table 12). Therefore, pharmacists' advice on the NRT products and their use is important. As well as advising on the correct use of NRT products, pharmacists should also provide behavioral support to aid smoking cessation (29). In this study, participants were asked about their consultancy activities on smoking cessation. It was found that 73.5% of community pharmacists advice the patients to be determined about quit smoking, 59.9% of them make people aware of quit smoking products, 36.1% of them give information about the effects of smoking on health and the ingredients of a cigarette, 34.9% of them refer patients to a physician, 12.0% of them give a booklet explaining smoking cessation methods and 1.2% of them share their own experience on quit smoking when they help people who want to quit smoking and seek pharmacist's advice (Table 13).

Community pharmacists' knowledge and skills about smoking is of great importance in terms of their advisory role. While it is important that all current and future health care providers receive specialized tobacco cessation training, it is particularly important for pharmacists, who are uniquely positioned within the community to provide care to all patients, including medical underserved, must be equipped with the necessary skills to assist patients with quitting (30). In this study, pharmacists were also asked which topics regarding smoking they want to obtain information. It was found that community pharmacists generally want to learn about smoking cessation methods (71%), following tobacco control activities in the world (39.8%), regulations about smoking in Turkey (37.4%), effects of smoking on health (32.5%) and ingredients of a cigarette (25.3%) (Table 14).

## **CONCLUSION**

Pharmacists should be aware of their health promotion potential and necessity of being good role models for the community. Initiatives to increase pharmacists' tobacco-related knowledge as well as skills and to enhance their sense of responsibility of health promotion may promote pharmacists providing consultancy services with accuracy and effectiveness.

## **ACKNOWLEDGEMENT**

We thank Ayfer Aslan, Müfide Okay and Yasemin Taş, the members of Tobacco-Free Hacettepe Group for their contributions to the data collection. We thank The Scientific and Technological Research Council of Turkey (TÜBİTAK) for their financial support.

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Received: 20.02.2007

Accepted: 01.05.2007

