



Pharmacists Against Tobacco

How to get started?



FIP
Global Network of Pharmacists
Against Tobacco

TO THE READER

In May 2003, the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) was adopted. The WHO FCTC in its preamble especially emphasizes *'the special contribution of nongovernmental organizations and other members of civil society not affiliated with the tobacco industry, including health professional bodies, women's, youth, environmental and consumer groups, and academic and health care institutions, to tobacco control efforts nationally and internationally and the vital importance of their participation national and international tobacco control efforts'* (WHO FCTC, 2003).

During the Annual FIP Congress in Sydney in 2003, the Council of the International Pharmaceutical Federation (FIP) adopted a *Statement of Policy on the Role of the Pharmacist in Promoting a Tobacco Free Future* (Annex 1). This policy paper gives recommendations to pharmaceutical organisations and individual pharmacists on how to help eliminate tobacco use in the communities they serve.

Pharmacists, in common with all other health professionals, have a responsibility to help people to give up smoking or other forms of tobacco use as well as to encourage the rest of the population to do so. Studies have shown that brief counselling by health professionals on the dangers of smoking and the importance of quitting is one of the most cost-effective methods to reduce tobacco use.

Pharmacists fully support the Tobacco Free Initiative of the World Health Organization and the establishment of a comprehensive Framework Convention on Tobacco Control.

WHO convened a meeting in January 2004 gathering representatives of international health professionals' organisations to explore new ways to increase health professionals' participation in the WHO FCTC process and their contribution to tobacco control/public health goals. A Code of Practice on Tobacco Control for Health Professionals Organisations was adopted at this meeting (Annex 2).

FIP has prepared this booklet in order to give pharmaceutical organisations and individual pharmacists examples of pharmacists' success stories and best practices in smoking cessation and tobacco control. Additional examples are available on the website of the FIP Global Network of Pharmacists Against Tobacco. The website also includes other resources, such as guidelines and policy statements.

With this initiative, FIP is encouraging pharmacists and pharmaceutical organisations worldwide to initiate and take part in tobacco control activities, together with other health professionals. In order to assist in the implementation process, FIP has, together with the WHO EuroPharm Forum, prepared a document entitled “Pharmacists Against Tobacco – 10 steps to get started”.

Finally, FIP is very grateful to all those pharmacists who have provided us with their success stories for this booklet.

March 2005, The Hague, The Netherlands

Jean Parrot, FIP President
A.J.M. (Ton) Hoek, FIP General Secretary

International Pharmaceutical Federation (FIP)
Global Network of Pharmacists Against Tobacco
www.pharmacistsagainsttobacco.org

PHARMACISTS AGAINST TOBACCO



10 STEPS TO GET STARTED

1. GET ENOUGH INFORMATION ABOUT:

- TOBACCO USE
- QUITTING TOBACCO USE
- WHAT PHARMACISTS CAN DO TO HELP

Relevant material is available in many languages, from different national and international organisations. Start by visiting the website of the International Pharmaceutical Federation (FIP), the World Health Organization (WHO) and its regional offices, as well as the website of your own national pharmaceutical organisation.

National and international guidelines do exist – they are good tools to update your knowledge, obtain information on different aspects of tobacco use and plan your activities.

The text for the WHO Framework Convention on Tobacco Control is available on the WHO website. It will be a legally binding document to those WHO member states that have ratified.

2. EDUCATE YOUR STAFF

All those working in the pharmacy should be aware of what you are doing and be familiarized with your motivation and the goals for your activities.

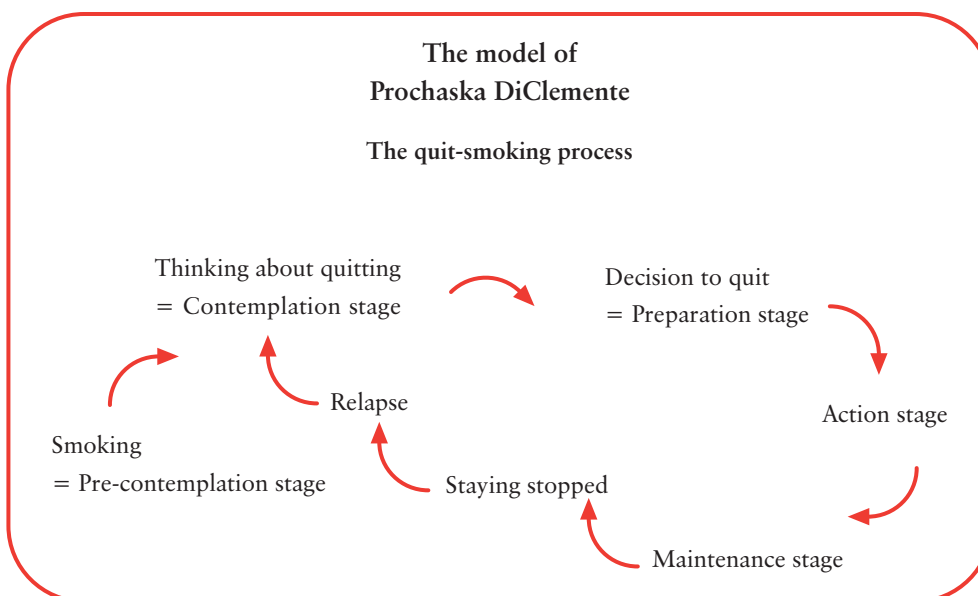
3. BUILD LOCAL NETWORKS AND COLLABORATION

Look for partners and alliances to share the workload with. It might be a heavy burden for your pharmacy, when standing alone. Inform others on the benefits and remain open to suggestions. People can easily visit a pharmacy without a prior appointment, therefore making pharmacies very suitable for information exchange and educational activities in the area of public health. Your local nurse, dentist and general practitioner can encourage their patients to quit tobacco use and select the medical treatment, which can then be dispensed and followed up under your supervision. The form of collaboration depends on local circumstances and working conditions.

Find out which types of activities are already in place locally and nationally and, if possible, participate actively in these.

4. ORGANIZE SERVICES ACCORDING TO THE NEEDS

This model is suitable for different purposes; it allows you not only to understand your own changing process but also to be aware of other people's problems in changing their behaviour. You should tailor your services to different needs and to different people in different stages of change.



5. USE WINDOW DISPLAYS

Decorate the pharmacy windows accordingly to encourage people to think about the health hazards of using tobacco. Use the window as a tool to deliver relevant information

to those in Pre-contemplation Stage. Participate in population-based quit smoking campaigns such as the “Quit and Win Competition”.

6. PROVIDE SUITABLE INFORMATION

Provide your customers, especially those in the contemplation stage, with knowledge and oral and/or written information on quitting.

7. PROVIDE PERSONAL SUPPORT

Provide personal support to those customers in the Action Stage and in the Maintenance Stage. Those quitting smoking might need nicotine replacement therapy or cognitive help. While many of them might need both, others will manage without any support merely following their own decision. Accept different solutions.

8. ORGANISE FOLLOW UP VISITS TO YOUR PHARMACY

In order to ensure continuing follow-up visits, make sure that the customer has the possibility to visit the pharmacy and talk to you again.

9. DOCUMENT YOUR ACTIVITIES AND RESULTS

Documenting the results of your efforts is important and provides you with useful information on the effectiveness of the methods used in tobacco cessation.

10. REPORT YOUR RESULTS TO YOUR PARTNERS AND TO YOUR PROFESSIONAL ASSOCIATION

Sharing the results of your work with other colleagues and learning from them and from your own experiences will help to keep your motivation up.

Useful web links:

International Pharmaceutical Federation	www.fip.org/pharmacistsagainsttobacco
WHO EuroPharm Forum	www.euro.who.int/europharm
WHO Tobacco Free Initiative	www.who.int/tobacco
Quit and Win Competition	www.quitadwin.org

AUSTRALIA

Quit Victoria's Pharmacy Programme

Stavroula Zandes, Australia

Pharmacies and pharmaceutical organisations can play a very active role in health promotion and in encouraging smokers to quit. Pharmacies are one of the most frequently visited health professional settings in Australia. Pharmacists and their staff can provide health care advice to their customers and relevant information to help their customers succeed in quitting.

Quit Victoria has developed strong partnerships with pharmacies at the local level via mail outs encouraging them to participate during key times of the year where smokers are more likely to think about their smoking and decide to quit, for example the New Year period and around World No Tobacco Day (WNTD) on the 31 May.

Currently there are over 1,000 pharmacies on Quit's database that are mailed information about campaign themes. Pharmacies are offered a display kit with free resources and information as well as promotional items such as fridge magnets, postcards, balloons and Quitline posters. This helps the pharmacies to promote the smoke free themes in their pharmacies and to encourage and support their customers through the quitting process.

Every year the number of pharmacies participating in New Year and WNTD activities increases. In 1998, 62 pharmacies responded to the WNTD mail out; in 2003, this number increased to 273 pharmacies.

Partnerships have also been developed with pharmaceutical organisations at the national and state level, such as the Pharmaceutical Society of Australia (and Victoria), the Pharmacy Guild of Victoria, Amcal Chemists, SIGMA and other like organisations.

For example, Quit Victoria has worked in partnership with the Pharmaceutical Society of Australia since 1997 in their development of the Smoking Cessation Training Package, which is a guide that pharmacists can follow to offer a more professional service. Once the pharmacist or the pharmacy assistant participates in the Specialty Pharmacy Practice 'distant learning' training program, the pharmacy is accredited in the area of smoking cessation. Quit has contributed significantly to the training materials.

Further information: www.quit.org.au

Smoking Cessation Programmes for the Defence Force

Lynette Baucia, Australia

I have been conducting smoking cessation programmes for the Australian Defence Force in Brisbane, Queensland for the past 2 years. The first programme commenced in 2003 and involves a weekly individual consultation over a period of at least 8 weeks. The second programme established 1 year ago is a group program, but still focuses on individual needs.

In both programmes the patients are given support, education and information on the health effects of smoking. As well as understanding why they smoke, they are taught strategies, behaviour modification and relaxation. Innovative use of NRT where appropriate and close monitoring insures correct individual dosing is achieved. Individual counselling is very successful but group counselling allows the patients to set up their own support networks, which can continue after the course. Both programmes have a follow-up phase where patients are contacted at regular intervals over 12 months. This has proven to be very useful in assisting patients to remain smoke free.

The success rate for the individual counselling at 12 months is 72%. There is not sufficient data for the group counselling at 12 months, but at 3 months the success rate is 90% and I envisage a similar 12-month rate. Most patients that don't give up completely reduce their smoking by more than 50% and many of these go on to give up on their own at a later date. I am very fortunate to be able to monitor my patients closely and working in the hospital pharmacy gives me the opportunity to discuss their progress whenever they visit the hospital for prescriptions or doctor's appointments. I encourage patients to keep in touch as this reinforces their support network.

Giving up smoking changes a person's life. As well as the short and long term health benefits, it increases fitness, which in a military context is very important. Most patients agree that their personal and family lives improve, especially where partners and children don't smoke and are concerned with passive smoking. They become more confident and learn strategies that they can utilise in other aspects of their lives. Money is also a positive aspect that cannot be overlooked and in some cases can alleviate stress and hardship.

With the new legislations that have been introduced in our State and more workplaces wanting to become smoke free, it is important that as pharmacists we take on this rewarding and satisfying challenge.

Further information: Lynette Baucia, Email: Lynette.Baucia@defence.gov.au

CANADA

Clinical Tobacco Intervention Program

Sherrie Hertz, Canada

The Clinical Tobacco Intervention (CTI) Program is a cooperative effort between the Ontario Pharmacists' Association, the Ontario Medical Association and the Ontario Dental Association to recruit and support pharmacists, physicians and dentists to perform tobacco cessation interventions with patients. This is done through the dissemination of education materials, joint training programmes and special projects.

CTI uses an evidence-based approach to smoking cessation interventions. Collaboration forms the cornerstone of programme delivery to health care practitioners. CTI is the first programme of its kind to have the active, ongoing participation of these three professional organisations. The cooperation among the associations reflects the interests of each organisation to address common goals and objectives on multiple levels. Programme development, delivery and evaluation are conducted collaboratively between the professional associations in conjunction with local and regional services.

The Program's primary target group includes physicians, dentists and pharmacists. Research shows that 70% of smokers want to quit. Each year 46% of people who smoke attempt to quit smoking on their own, and 7% are able to achieve long-term success. Success rates increase significantly when there is even brief clinical intervention, and increases further when combined with pharmacotherapy and/or intensive behavioural counselling.

Approximately 70% of smokers visit a physician annually, in 2003 69.3% of people over age 12 have consulted with a dental professional, and on average the public has 30 contacts a year with pharmacists. Given the prevalence of interactions between people who smoke and health care professionals, there are many opportunities for trained physicians, pharmacists and dentists to play key roles in identifying tobacco users, assisting them to quit, providing information and education to patients, and practicing prevention with non-smokers, the young, and high-risk patient populations. The Program's secondary target group is tobacco users, who become the beneficiaries of health care professionals being trained and educated in CTI.

CTI has been funded, in part, by the Government of Ontario since January 2000. Since January 2000, the CTI Program has trained over 4,600 health care professionals and distributed more than 8,700 education kits. Program evaluation incorporates surveys, pilot projects, focus groups and market research.

As a collaborative effort, CTI works to build on the strengths of the distinct professions by focusing on the common goals and objectives of supporting patients in their attempts to become and remain smoke free.

For more information, please visit: www.ctica.org

JAPAN

Smoking Cessation Campaigns by the Japan Pharmaceutical Association (JPA)

In recognition of the fact that pharmacists are specialists who promote public health, the Japan Pharmaceutical Association (JPA) has been evaluating and implementing anti-smoking programmes in order to play an active role in the promotion of smoking cessation and prevention of passive smoking.

As one aspect of its efforts in this field, the JPA prepared 12 panels for smoking cessation education to the patients and the general public in 2001 and supplied them in CD-ROM to regional pharmaceutical associations. These panels have been lent free of charge to regional pharmaceutical associations which then to use them in the residents events.

The JPA board of directors also unanimously approved the Smoking Cessation Campaign Declaration (shown below) at its meeting on April 9, 2003 and notified regional associations about it on April 10 asking them to inform their members accordingly and urgently consider stopping smoking in regional pharmaceutical associations' buildings.

Smoking Cessation Campaign Declaration

The Japan Pharmaceutical Association (JPA) will carry out the following in order to protect people's health and contribute to the promotion of smoking cessation and prevention of passive smoking.

1. The JPA will actively support people in their effort to stop smoking.
2. The JPA will carry out smoking cessation education campaigns aiming at pregnant women and minors in particular.
3. Pharmacists will be strongly asked to stop smoking.
4. Smoking will be prohibited in pharmacies and drugstores.
5. Smoking will be prohibited in every part of the regional pharmaceutical association's building.

A poster showing the Smoking Cessation Campaign Declaration was prepared to be posted in pharmacies, and a copy was sent to all members as a JPA journal insert. In addition, the background for this declaration was explained in the JPA News Column in the same issue. This issue featured different anti-smoking activities carried out by various regional associations as to increase members' awareness.

In addition, JPA prepared two brochures to educate residents on the need to stop smoking: one on “smoking and health” targeting general public and the other entitled “I hate cigarette smoke!” targeting pregnant women, minors, their parents, and schools. These brochures are supplied free of charge to regional associations to be used in seminars and other events.

Some regional pharmaceutical associations have introduced their own programmes such as the certification of pharmacists who have undergone designated training and met designated requirements as “smoking cessation guidance pharmacists”.

JPA also actively cooperates with the Ministry of Health, Labour and Welfare, which conducts various events on the World No Tobacco Day and during the Non-smoking Week (May 31 through June 6). JPA is one of the organisations, which actively support and participate in these campaigns.

A recommendation entitled the “Basic Policy for Anti-tobacco Measures in the Future”, which includes statements related to the role of pharmacies and pharmacists, was presented to Chikara Sakaguchi, Minister of Health, Labour and Welfare, by the Health Sciences Council on December 25, 2002.

The Council was prompted to present this recommendation to show the basic policy regarding anti-tobacco measures in Japan in response to the WHO Framework Convention for Tobacco Control, which was being prepared by the WHO for adoption in May 2003. This recommendation includes the following statements: “In order to eliminate smoking among minors, it is necessary for schools, families, medical institutions, pharmacies and other members of regional communities to make concerted efforts to prevent smoking among minors. For this purpose, for example, school physicians and other healthcare professionals working with school children and regional healthcare providers should educate school children about the harmful effects of smoking”; and “Stopping smoking on one’s own free will is difficult once a smoking habit is contracted. Because of this nature of smoking, it is necessary for medical institutions, pharmacies and other parties to promote and expand smoking cessation support programmes such as individual health guidance services and smoking cessation classes.”

Further information: JPA, Email: jpa@nichiykau.or.jp

MALAYSIA

Engaging Community Pharmacists as Certified Smoking Cessation Service Providers (CSCSP)

M. Haniki Nik Mohamed, Malaysia

Community pharmacists are ideally positioned to provide effective access to tobacco dependence treatment. Currently there are about 4.6 million smokers in Malaysia, with 3.26 million (78.4%) males above 18, while another 11.2% of them were 18 and below. More importantly, there were almost half a million female smokers, with 7.3% above 18 years of age, and 3.1% aged 18 and below. It is expected that in 2025 there would be about 5 million smokers, with 30% males and 10% females.

However, most pharmacists in Malaysia are not properly trained to provide smoking cessation services. This is due to the fact that almost all local universities do not include extensive tobacco control in the pharmacy curricula.

Thus, an intensive programme tailored to train community pharmacists as certified smoking cessation service providers (CSCSP) was initiated in January 2004, in collaboration with the Ministry of Health (MOH) Malaysia, Malaysian Pharmaceutical Society (MPS) and Clearinghouse for Tobacco Control (C-Tob). This programme is delivered via three methods: education (one month self-study of the CSCSP manual), hands-on workshop (1 day session with experts) and training (1 day attachment at a government-run quit smoking clinic). We also assessed their knowledge, attitude and practice (KAP) before each workshop.

So far, 8 workshops were held and 291 community pharmacists have participated. An assessment of the KAP shows that most pharmacists do not have adequate knowledge required for effective smoking cessation intervention. However, all agreed that it is something that should do. Despite of this, less than 50% admitted to actually providing complete smoking cessation intervention using the 5A's technique. More detailed analysis is currently carried out and a post-training KAP assessment will be conducted.

Immediate feedbacks from the participants of the CSCSP programme include improvement in their knowledge regarding smoking cessation intervention using behavior and pharmacotherapy and renewed enthusiasm in their role as health professionals in tobacco control.

We also developed a flip chart on quit smoking service to be used by health professionals during smoking cessation intervention. Most of these activities are made possible by a seed grant from the UICC-ACS (USD9,000).

Further information: M. Haniki Nik Mohamed, Email: haniki@usm.my

SINGAPORE

Smoking Cessation Programme in Guardian 2003

See Yen Theng, Singapore

The smoking cessation programme in Guardian was launched in May 2003 and this is a tie-up with Health Promotion Board. 16 pharmacists were selected to attend a training programme at Youngberg Wellness Center. The patients are being referred to the respective stores by the Quit helpline. The pharmacist may also recruit patient at the store level if there is a request for nicotine replacement therapy (NRT) or when the patient indicate an interest in seeking more information on smoking cessation.

The patient will be requested to fill up the Patient follow-up form, Fagerstorm questionnaires and Temptation scale. The information obtained will allow the pharmacist to tailor her counselling and pharmacotherapy recommendations to suit the needs and lifestyle of the patient.

The pharmacist will also discuss the various pharmacotherapy options eg. inhalers, patches, lozenges with the patient. The common adverse effects of the drug therapy and the withdrawal symptoms will be explained in detail to the patient. This allows the pharmacist to discuss coping strategies and methods with the patient, thus better preparing the patient for the smoking cessation program.

The pharmacist will utilize the smokerlyser to assess the nicotine dependence level and monitor the progress of the patient during follow-up appointments. Each counselling session may last approximately half an hour, based on the needs and time constraint.

Follow-up calls will be conducted at a 3-day or weekly interval, to monitor the progress of the patient. The patient can then report any adverse effects or temptations that may arise. The pharmacist will then be able to motivate the patient and focus on the relapse prevention counselling. When the patient has shown progress in quitting, the pharmacist may reduce the frequency of the follow-up calls (once every month). It is important to note that relapse rate is highest during the first three months and hence it is crucial to continue to motivate and monitor progress of patient.

All information will be duly recorded and kept in the follow-up file/cabinet in the pharmacy. It is aimed to hold regular meetings with the rest of the team, to gather feedback and discuss strategies.

In order to encourage the patients to be forthcoming and diligent in keeping up with the follow-up calls and appointments, Guardian provides free health screening package, which includes blood glucose, cholesterol and blood pressure checks to these patients.

At the end of the program, the smokers who have successfully kicked the habit will be entitled to a lucky draw whereby they will stand a chance to win attractive prizes.

SWEDEN

Swedish Pharmacists against Tobacco

Monica Ribohm, Sweden

Over 90% of Sweden's pharmacists are contracted within Apoteket AB (The national cooperation of Swedish Pharmacies), which has 80 million customer visits per year. These visits give the pharmacists an altogether unique opportunity to start a conversation about tobacco with customers. In Sweden during the start and in the middle of the 1990s, four professional organisations were grounded. These were, Physicians, Nurses, Dentists and Teachers against Tobacco. These founding organisations, inspired the health professional group Pharmacists against Tobacco in the fall of 1996. Psychologists against Tobacco, was thereafter started. Today, all six health professional groups work together in a national network under a common secretariat. Groups also work regionally and locally in different constellations. In order to spread information to the members, The Health Professionals against Tobacco produce four issues each year of the news-magazine *Tobacco or Health*. The six health professional groups award a prize to recognize work done in tobacco control within the Swedish society. Furthermore, each group grants a scholarship to a colleague in recognition of a job well done.

Pharmacists against Tobacco aim to contribute to a tobacco-free society through:

- Giving advice and support to those wishing to be tobacco-free
- Spreading knowledge about tobacco prevention work to colleagues
- Supporting colleagues wishing to become tobacco-free
- Supporting local tobacco work through the network
- Inform colleagues about frontline research
- Offering colleagues continued education
- Offering consultation to enrich curriculum of university pharmacy courses related to tobacco control
- Taking part in seminars and conferences internationally, nationally, regionally and locally

The work of the Pharmacists against tobacco is financed by membership fees and grants from the Swedish National Institute of Public Health.

Apoteket AB is the largest employer of pharmacists in Sweden. For a little over 10 years, Apoteket AB has coordinated different tobacco prevention activities. These activities

are a natural complement to the verbal information provided by pharmacists about over-the-counter nicotine replacement therapy (NRT). In Sweden, all NRT products are available without a prescription with the exception of the spray. Annual campaign launches in local pharmacies across the country include among other things, posters and brochures to support the smoker that wishes to stop smoking. The campaigns are often supported by mass media components. Apoteket AB also financially supports the national stop smoking phone line and through pharmacists, refers clients to call the phone line.

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ANNEX 1

FIP Statement of Policy on the role of the pharmacist in promoting a tobacco free future

Introduction

Tobacco is the cause of serious illnesses and many premature deaths in both developed and developing countries. Dependence on tobacco is a chronic condition, which is difficult to overcome. The treatment of medical conditions induced by tobacco use is a major cost factor in health care.

Pharmacists, in common with all other health professionals, have a responsibility to help people who wish to do so, to give up smoking or other uses of tobacco and to encourage others to do so.

To this end, pharmacists fully support the Tobacco-free Initiative of the World Health Organization and its establishment of a comprehensive Framework Convention on Tobacco Control. FIP has created the Global Network of Pharmacists Against Tobacco. This network provides a good opportunity to collect information and promote the role of pharmacists and offers a possibility for pharmaceutical organisations and individual pharmacists to exchange their experiences of smoking cessation work in different practice settings.

In the knowledge that pharmacists are committed to taking relevant action to eliminate tobacco use in the communities they serve, the FIP recommends that:

Pharmaceutical organisations should:

- participate in the Tobacco Free Initiative of the World Health Organization through the FIP and regional pharmaceutical forums
- participate in other international coalitions and policy-making activities against tobacco
- participate in national coalitions with initiatives against tobacco
- participate in initiatives to produce national or international guidelines on evidence-based practices on the treatment of tobacco dependence and diligently pursue the policies that smoking is not permitted in pharmacies, that tobacco products are not sold in pharmacies, and that licensing bodies should not license pharmacies that are located in premises in which such products are sold
- provide both basic and continuing education to pharmacists, pharmacy students and pharmacy assistants on tobacco use, associated health risks and quitting processes

- develop internal policies banning the use of tobacco within the organisation and provide support services to help staff members of the organisation to quit
- raise public awareness of health problems linked to use of tobacco by taking part in population-based programmes such as the ‘Quit and Win’ campaign and World No Tobacco Day
- conduct surveys and research projects on the anti-tobacco activities of pharmacists and the services they provide to encourage people to quit.

Individual pharmacists should:

- participate in accredited continuing education programmes on tobacco use, associated health risks and quitting processes, to equip them to lead cessation programmes
- take a more active role by providing services to those who wish to quit the use of tobacco and to those who have tobacco induced disease, the services to include group and individual cessation programmes, and
- lead and participate in multidisciplinary professional group cessation programmes where they are initiated in their local areas
- participate in media campaigns designed to highlight the dangers of use of tobacco and to help people to quit
- provide an example and leadership by being free of tobacco themselves
- include smoking habits in patient medication records, as smoking can interfere with the effect of medications.

ANNEX 2

Code of practice on tobacco control for health professional organizations

Preamble: In order to contribute actively to the reduction of tobacco consumption and include tobacco control in the public health agenda at national, regional and global levels, it is hereby agreed that health professional organizations will:

1. Encourage and support their members to be role models by not using tobacco and by promoting a tobacco-free culture.
2. Assess and address the tobacco consumption patterns and tobacco-control attitudes of their members through surveys and the introduction of appropriate policies.
3. Make their own organizations' premises and events tobacco-free and encourage their members to do the same.
4. Include tobacco control in the agenda of all relevant health-related congresses and conferences.
5. Advise their members to routinely ask patients and clients about tobacco consumption and exposure to tobacco smoke –using evidence-based approaches and best practices–, give advice on how to quit smoking and ensure appropriate follow-up of their cessation goals.
6. Influence health institutions and educational centres to include tobacco control in their health professionals' curricula, through continued education and other training programmes.
7. Actively participate in World No Tobacco Day every 31 May.
8. Refrain from accepting any kind of tobacco industry support – financial or otherwise –, and from investing in the tobacco industry, and encourage their members to do the same.
9. Ensure that their organization has a stated policy on any commercial or other kind of relationship with partners who interact with or have interests in the tobacco industry through a declaration of interest.
10. Prohibit the sale or promotion of tobacco products on their premises, and encourage their members to do the same.
11. Actively support governments in the process leading to signature, ratification and implementation of the WHO Framework Convention on Tobacco Control.
12. Dedicate financial and/or other resources to tobacco control – including dedicating resources to the implementation of this code of practice.
13. Participate in the tobacco-control activities of health professional networks.
14. Support campaigns for tobacco-free public places.

Adopted and signed by the participants of the WHO Informal Meeting on Health Professionals and Tobacco Control; 28-30 January 2004; Geneva, Switzerland

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