

RESEARCH ARTICLE

Knowledge, attitudes, and willingness of community pharmacy staff in Mures County, Romania, to provide the brief advice to stop smoking: A cross-sectional study

Ingrid Nădășan, Loránd Ferencz, Geanina Moldovan, Zoltán Ábrám, Valentin Nădășan*

George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures, Romania

Background and objective: Providing brief advice to stop smoking (BASS) can significantly increase motivation to quit, long-term smoking cessation rates, and substantially impact public health. The study aimed to evaluate knowledge, attitudes, and willingness of community pharmacy staff in Mures County, Romania, to provide BASS to smokers. **Methods:** The observational, cross-sectional study included a sample of 96 professionals working in community pharmacies in Mures County, Romania. Data were collected using an online questionnaire. Descriptive statistics were calculated. **Results:** Generally, more than 90% of the respondents acknowledged that smoking is addictive, represents a health hazard, and increases the risk of lung and laryngeal cancer, chronic obstructive pulmonary disease, heart attack, and stroke. Up to 70% of the respondents recognized the most common scientifically proven quit medications, such as nicotine replacement therapy, bupropion, and varenicline. Most pharmacists agreed that they should regularly ask the patients about their smoking status and encourage smokers to quit. They also declared they should receive continual education regarding quit services, medications, and techniques. BASS was credited with very high efficacy by 17.1%, high efficacy by 26.8%, and moderate efficacy by 46.3% of the respondents. The most common perceived barriers to providing BASS in community pharmacies were lack of demand from smokers (78.0%), lack of time (73.2%), and lack of educational materials (39.0%). About 70% of the pharmacists received no formal training regarding quit services, but more than 75% were interested in earning such a qualification. About 65% of the respondents estimated they could dedicate 10-15 minutes of their daily working time to provide BASS to interested customers. **Conclusions:** Overall, the study found an acceptable level of knowledge and willingness of the participants in offering BASS, suggesting that a program to provide BASS in Mures County community pharmacies may be feasible and useful.

Keywords: brief advice to stop smoking, community pharmacy, knowledge about smoking, smoking cessation aids, barriers to implementation

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Introduction

Smoking is known to be the primary cause of premature death in Europe, with as many as 700.000 Europeans losing their lives yearly due to complications and illnesses associated with tobacco use [1]. Moreover, the life expectancy of smokers is reduced by ten years compared to that of non-smokers, with the quality of life being highly diminished [2,3]. Smoking has significant social and economic consequences for smokers and society as a whole, imposing a great burden both systemically and at a personal level [4,5]. Quitting tobacco smoking is usually challenging due to the highly addictive nature of nicotine. Smoking is considered a dangerous physical and psychological dependence rather than a voluntary lifestyle choice. Therefore, medical professionals and healthcare providers should treat it as a pathology and offer relief accordingly [6].

Treating smoking dependence requires offering a combination of medical advice, pharmacotherapy, supportive psychotherapy (e.g., CBT), and relapse prevention [7]. However, one of the fastest and most readily-available smoking cessation interventions is the brief advice to stop

smoking (BASS) provided by medical professionals. BASS involves a minimum amount of advice and counseling offered to smokers, which can considerably increase their motivation and will to quit smoking [8]. All healthcare professionals should provide such brief advice to smokers. However, pharmacists have a certain closeness to patients and counseling abilities that can be highly useful when applying this method. It is well known that community pharmacists are very accessible to citizens. Studies show that a large majority of the population in Europe has access to a community pharmacy within a 20-minute walk, making them more accessible than clinics, hospitals, and general practitioners [9]. Therefore, pharmacists are well-positioned and have great potential to offer brief advice, services, and support for smoking cessation, considering they largely interact with communities and the general public [10,11]. Moreover, smoking cessation supplements and products, nicotine replacement therapy and smoking cessation pharmacotherapy, such as bupropion and varenicline are all available in community pharmacies, placing the pharmacist in a key position to be able to offer additional smoking cessation support [12]. Additionally, pharmacists may be able to help increase adherence to the various smoking cessation methods [13].

* Correspondence to: Valentin Nadasan
E-mail: valentin.nadasan@umfst.ro

Stop smoking brief interventions can have significant health benefits and substantial cost savings per person [14,15]. While most studies regarding the efficacy and cost-effectiveness of brief smoking cessation advice were performed in primary healthcare institutions, clinics, and hospitals, there are some investigations conducted in community pharmacies with promising results [16,17].

The study aimed to assess the feasibility of implementing a BASS program in community pharmacies by evaluating knowledge, attitudes, and willingness to provide BASS among Mures County, Romania, community pharmacists.

Methods

The research was designed as a cross-sectional observational study. The study population consisted of community pharmacy staff in Mureş County, Romania. The invitation to participate was emailed in May 2019 to all the community pharmacies in Mureş County, with the logistical support of the Mureş County College of Pharmacists (227 pharmacies comprising 516 pharmacists and approximately 1000 pharmacy assistants).

The online questionnaire was completed anonymously and included 20 closed and semi-closed questions addressing basic socio-demographic, professional characteristics, smoking status, knowledge about the health consequences of smoking, knowledge about evidence-based quit smoking products recommended by the current national and international guidelines, attitudes regarding the roles, responsibilities, and involvement of pharmacy personnel in smoking cessation activities, opinion about the efficacy of the BASS, perceived opportunities and barriers of implementing BASS in pharmacies, interest and willingness of the participants to get specific training and dedicate time to apply the method during working time. The complete questionnaire is available as online supplementary material (Annex).

The absolute and relative frequencies of the main variables were calculated. Scores were computed to assess the level of knowledge regarding the consequences of smoking and the knowledge of scientifically proven medication for smoking cessation. For the question regarding the health consequences of smoking, the selection of "strongly agree" and "agree" in the case of true statements was awarded one point, while selecting any other answer choice was equated with an incorrect answer (zero points). Regarding smoking cessation products, one point was awarded when "yes" was checked for products with scientifically proven efficacy, and zero points when "no" was checked. The scores consisted of the total computed from the points awarded for each component of the particular question.

Comparison tests were conducted to identify differences in responses to the most relevant questions based on professional status (pharmacist vs. pharmacy assistants), age (below 35 years vs. to above 35 years), and smoking status (non-smoker vs. smoker). Student t-test was applied for numerical variables, and the Chi-square or, when the expected cell frequencies were less than 5, Fisher exact test

was used for nominal variables. The statistical significance threshold was set at 0.05.

The study was conducted in May 2019 with the approval of the Ethics Committee for Scientific Research from George Emil Palade University of Medicine, Pharmacy, Science, and Technology of Targu Mures (Decision no. 55/02.04.2019).

Results

The study sample included 96 respondents (overall response rate 6.2%), 91 (94.8%) females, and 5 (5.2%) males. The average age was 36.6 years (SD 10.1). Regarding professional qualifications, 63 (65.6%) of the respondents were pharmacists with graduate studies, 11 (11.5%) were pharmacists with postgraduate training or studies, and 22 (22.9%) were pharmacist assistants. A number of 60 (62.5%) respondents were chief or deputy chief pharmacists. Chain pharmacies were represented by 49 (51%) respondents, while independent pharmacies by 47 (49%) respondents. Most subjects, 75 (78.1%), worked in urban pharmacies, and 21 (21.9%) in rural pharmacies. Finally, based on the self-defined smoking status, 66 (68.8%) were never smokers, 13 (13.5%) were ex-smokers, 5 (5.2%) were occasional smokers, and 12 (12.5%) were daily smokers consuming less than 20 cigarettes a day.

The participants were asked to express their agreement with ten statements evaluating knowledge about the health consequences of cigarette smoking. The answers are presented in Figure 1.

Participants' knowledge was further assessed by asking the subjects to check the smoking cessation products with proven scientific efficacy. The answers are presented in Figure 2.

The participants' opinions regarding the role, responsibilities, and involvement of pharmacy personnel in smoking cessation training and programs are presented in Figure 3.

Concerning the efficacy of the BASS method applied in a community pharmacy setting, 13 (13.5%) believed it was very high, 20 (20.8%) high, 51 (53.1%) moderate, 7 (7.3%) low, and 5 (5.2%) very low.

The participants' answers about what could prevent them from providing the BASS in the pharmacy where they are employed are displayed in Figure 4.

The factors that the participants believed could positively influence their decision to get actively involved in a counseling program providing the BASS in community pharmacies are represented in Figure 5.

When specifically asked about the importance of financial incentives when deciding on the active participation in providing BASS in pharmacies, 12 (12.5%) disclosed they were very important, 25 (26.0%) important, 36 (37.5%) moderately important, 11 (11.5%) slightly important, and 12 (12.5%) not at all important.

A number of 22 (22.9%) respondents declared that they had previously received some type of formal training in

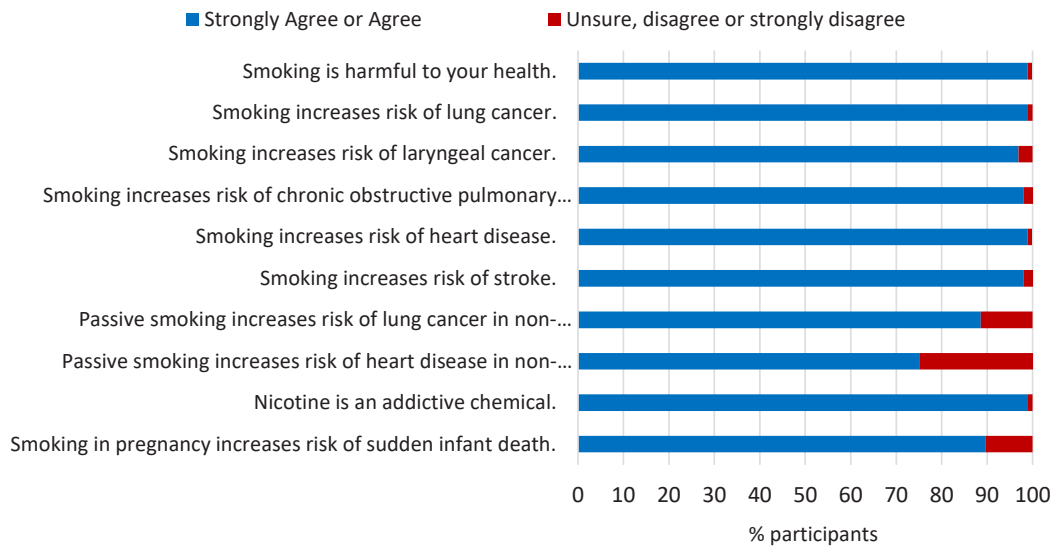


Fig. 1. Participants' agreement with statements regarding the health consequences of smoking

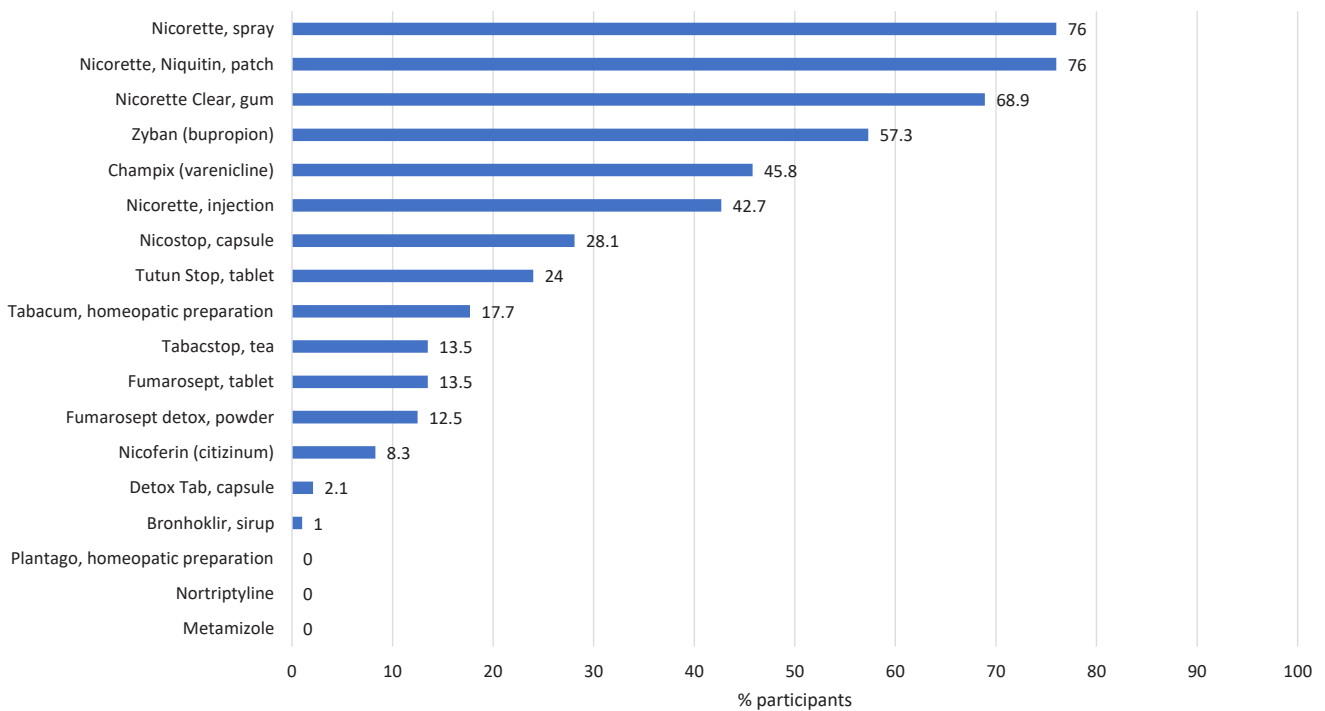


Fig. 2. The proportion of respondents considering specific products to have scientifically proven efficacy in smoking cessation

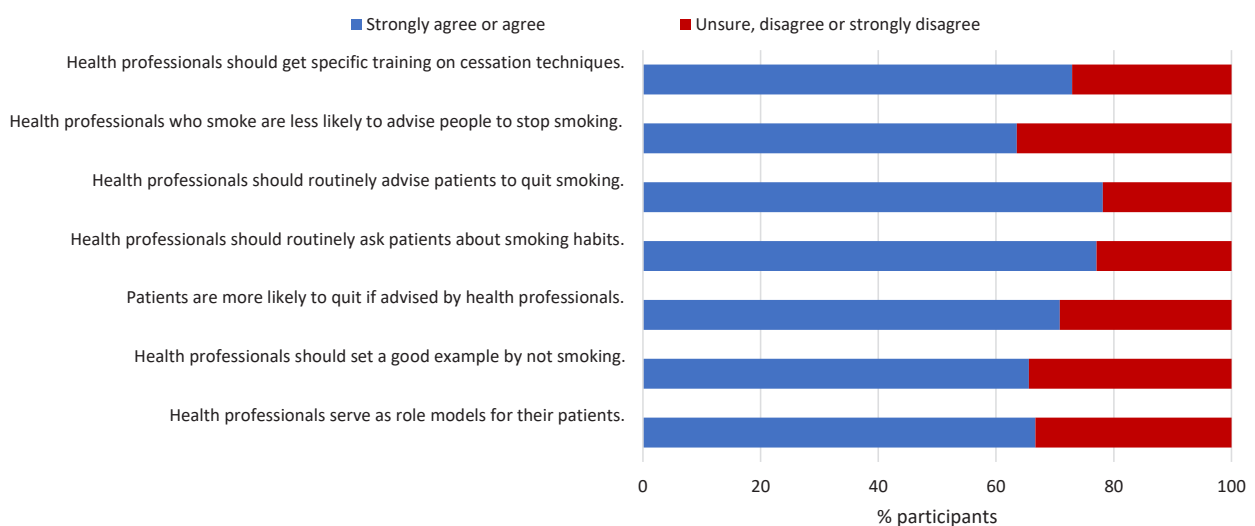


Fig. 3. The participants' opinions regarding the role, responsibilities, and involvement of pharmacy staff in smoking cessation training and programs

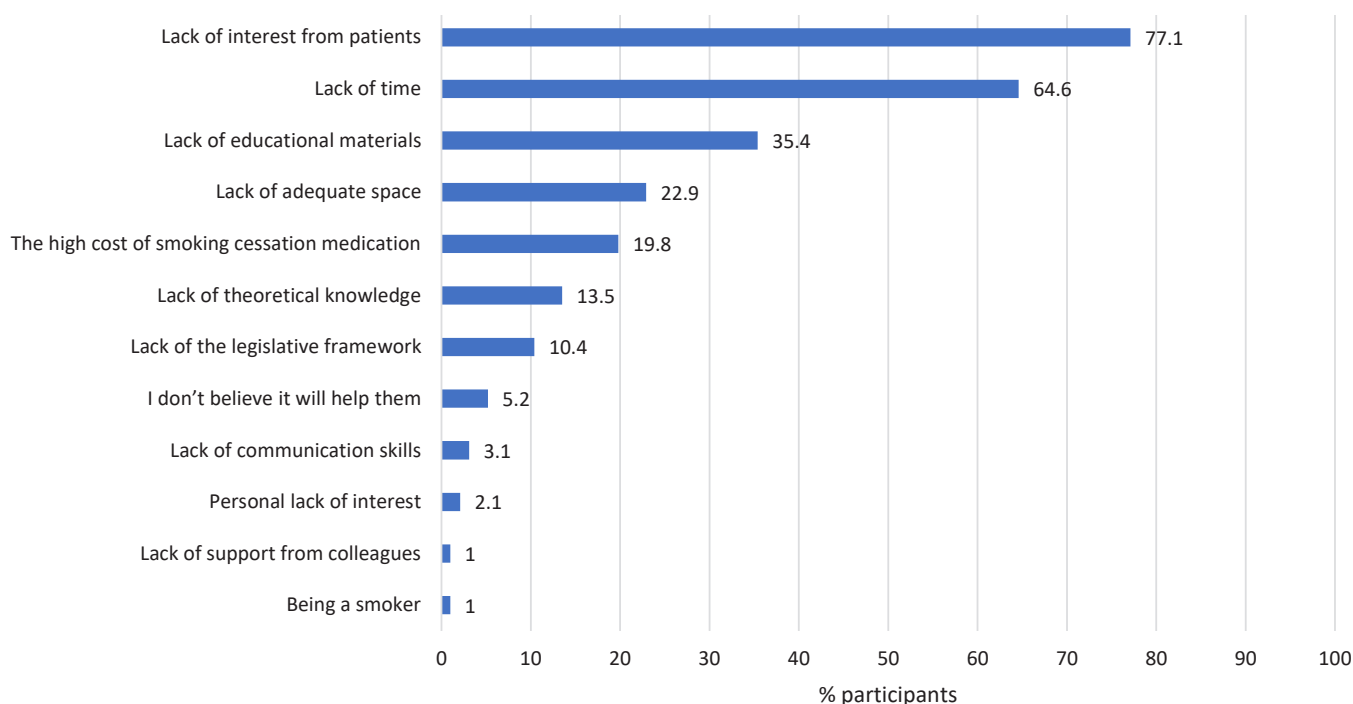


Fig. 4. The proportion of participants concerned about various barriers that could prevent them from providing stop-smoking assistance in the community pharmacy

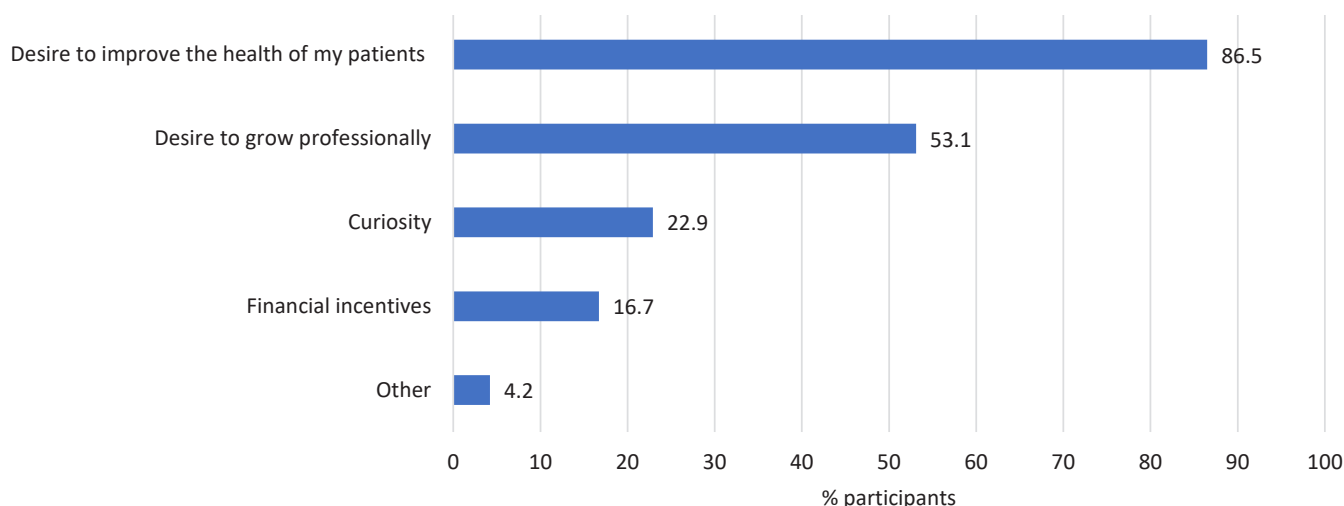


Fig. 5. The proportion of participants believing specific factors could motivate them to get involved in providing brief tobacco cessation interventions in community pharmacies

smoking cessation approaches. Among these, 12 (12.5%) specified receiving such training during continuing pharmaceutical education sessions, 9 (9.4%) during scientific conferences or workshops, and 5 (5.2%) during graduate studies. When participants were asked to declare their present interest in attending a training session on how to provide BASS, 9 (9.4%) were very interested, 65 (67.7%) interested, 20 (20.8%) were undecided, 1 (1.0%) not interested, and 1 (1.0%) not at all interested. Regarding the most convenient setting for the training sessions, scientific conferences and workshops were preferred by 33 (34.4%), online training sessions by 30 (31.3%), continued pharmaceutical education sessions by 28 (29.2%), and reading books, manuals, and journals by 5 (5.2%) of the respondents.

On the practical side, participants were asked how much time they were willing to spend on offering BASS during a usual work day. A breakdown of the respondents' time investment preferences revealed that 28 participants (29.2%) were willing to allocate 10 minutes, 27 (28.1%) 15 minutes, 20 (20.8%) 30 minutes, 9 (9.4%) 5 minutes, 8 (8.3%) 20 minutes, and 4 respondents (4.2%) were willing to commit more than 30 minutes. The pharmacists estimated that the most reasonable hourly intervals during which they could deliver brief interventions for smoking cessation were 2 to 3 p.m. (27.1% of the respondents), 8 to 9 a.m. (26.0%), 9 to 10 (25.0%), 6 to 7 p.m. (16.7%), 7 to 8 p.m. (14.6%), 1 to 2 p.m. (13.5%), 10 to 11 a.m. (12.5%), and 3 to 4 p.m. (11.5%).

Finally, the participants expressed their opinion regarding the most suitable methods of delivering information and counseling to smokers in the community pharmacies. Face-to-face counseling at the counter was preferred by 49 (51.0%) of the respondents, face-to-face counseling in the counseling room was indicated by 43 (44.8%) of the participants, active distribution of leaflets was chosen by 42 (43.8%) persons, passive distribution of leaflets (printed material available on the counter) was selected by 17 (17.7%) people, the use of a digital counter with interactive display located in the waiting area was considered by 16 (16.7%) of the subjects, online counseling was mentioned by 6 (6.3%) individuals, and telephone counseling by 1 (1.0%) pharmacist.

The results of the comparison tests to identify differences in responses to the most relevant questions are reported in table 1.

Discussions

This is the first study to investigate community pharmacy staff's knowledge, attitudes, opinions, and practical insights about implementing a BASS program in Romania.

Overall, the study suggests a very high level of awareness regarding the health consequences of smoking on the one hand and the need to improve knowledge regarding smoking cessation aids. The vast majority of pharmacists and pharmacist assistants were aware that Overall, the study suggests a very high level of awareness regarding the health consequences of smoking on the one hand and the need to improve knowledge regarding smoking cessation aids. The vast majority of pharmacists and pharmacist assistants knew that smoking is harmful to a person's health and that nicotine causes addiction. They also correctly identified the major illnesses directly attributed to tobacco smok-

ing (chronic obstructive pulmonary disease, lung cancer, laryngeal cancer, heart disease, and stroke). However, the harmful impact of passive and gestational smoking was not acknowledged by a solid majority. A similar pattern of knowledge regarding the consequences of active vs. passive smoking recognized by a larger vs. smaller majority of respondents was reported in Indonesia and Nigeria [18,19].

As far as knowledge about cessation aids, the analysis brought up some matters of concern. While the basic nicotine replacement therapies (nicotine spray, patch, and gum) were identified as having scientifically proven efficacy by 70-75% of the respondents, bupropion and varenicline were recognized by only 45-60%. In addition, around 30% of the participants considered several dietary supplements or homeopathic preparations as evidence-based effective cessation aids in the absence of such merits. These observations are consistent with the results of a previously published investigation conducted in community pharmacies in Targu Mures, Romania, using the simulated client method showing that the most frequently recommended smoking cessation aids were nicotine replacement products, while bupropion and varenicline were recommended less frequently [12]. Studies assessing pharmacists' knowledge regarding smoking cessation products in Jordan and Thailand have found a moderate level of knowledge in one-third and almost half of the respondents, respectively [20,21].

Half of the respondents had a realistic understanding of BASS's impact, stating it had moderate efficacy. Nevertheless, a third expressed overly optimistic views, while a tenth was too skeptical.

Generally, the surveyed subjects indicated positive attitudes, opinions, and motivations regarding their involvement in a BASS program. Approximately 70% of

Table 1. Comparison tests by age, professional status, and smoking status of the respondents

	Age (years)		P	Professional status		P	Smoking status		P
	<35	>35		Pharmacist	Assistant		Non-smoker	Smoker	
Knowledge about smoking									
Health consequences knowledge score (mean)	9.43	9.4	0.879	9.51	9.09	0.061	9.43	9.35	0.688
Quit medication knowledge score (mean)	12.7	12.55	0.567	12.64	12.64	0.906	12.56	13	0.257
Respondents' perception regarding the efficacy of the brief advice to stop smoking									
High	35.2	33.3	0.85	75.8	77.8	0.823	34.2	35.3	0.93
Low	64.8	66.7		24.2	22.2		65.8	64.7	
Professional development as motivation to get involved in providing the brief advice to stop smoking									
Yes	59.3	45.2	0.172	54.1	50.0	0.738	55.7	41.2	0.276
No	40.7	54.8		45.9	50.0		44.3	58.8	
Financial incentives as motivation to get involved in providing the brief advice to stop smoking									
Yes	16.7	16.7	1	17.6	13.6	1*	17.7	11.8	0.729*
No	83.3	83.3		82.4	86.4		82.3	88.2	
Desire to help smokers as motivation to get involved in providing the brief advice to stop smoking									
Yes	85.2	88.1	0.679	90.5	72.7	0.068*	87.3	82.4	0.696
No	14.8	11.9		9.5	27.3		12.7	17.66	
Importance of financial incentives									
Important	37.0	40.5	0.731	33.8	54.5	0.079	41.8	23.5	0.161
Not important	63.0	59.5		66.2	45.5		58.2	76.5	
Interest in receiving training									
Interested	77.8	76.2	0.854	78.4	72.7	0.58	79.7	64.7	0.208*
Not interested	22.2	23.8		21.6	27.3		20.2	35.3	

* Fischer exact test

the pharmacists and pharmacy assistants considered they serve as role models for patients, felt they should set a good example by not smoking, and believed smokers were more likely to quit if advised to do so by health professionals. Routinely asking about smoking habits and advising patients to quit smoking was recognized by almost 80% of the respondents as a professional duty. More than 70% of the participants also acknowledged that getting specific training on smoking cessation techniques was a professional responsibility. The most frequently stated motivations for actively providing BASS in the community pharmacies were the desire to help patients (almost 90% of the respondents) and the desire to grow professionally (more than 50%). Financial incentives were mentioned by only 15% of the respondents. Surveys conducted in other countries reported similar overall results indicating that a large majority of pharmacists and health care providers were motivated to provide smoking cessation advice as a professional duty (80% in Jordan, 87% in China) [20, 22]. However, when Mures County pharmacists were specifically asked about the importance of financial rewards, more than three quarters declared they were moderately important, important, or very important, while less than a fourth disclosed that financial incentives were slightly or not at all important. Inadequate economic reward as a demotivating factor was mentioned also by pharmacists from Jordan and Nigeria [20,23].

The top two potential barriers to implementing BASS in community pharmacies were insufficient demand from smokers (more than 75% of the respondents) and lack of time (almost 65%). These observations are compatible with the results of research from other countries. Among the most frequent perceived obstacles in implementing BASS or other short interventions in community pharmacies were lack of time, patient demand, training, informational materials, private space, and reimbursement [20, 21, 24-26].

The survey pointed out that most of the pharmacists and pharmacy assistants (approx. 75%) had no previous training in how to provide BASS but, at the same time, revealed that most participants (approx. 75%) were interested or very interested in enrolling in a training course specifically designed to address the implementation of BASS in community pharmacies. The three most convenient ways to get the training were through scientific conferences and workshops, online sessions, and continued pharmaceutical education sessions (each setting was chosen by about a third of the respondents).

Finally, the participants shared valuable practical information regarding the average time they could dedicate daily to provide BASS to smokers, the hourly intervals they would be available, and also the best place within community pharmacies where BASS should be offered.

The statistical analysis of data collected in Mures County, Romania, detected no differences in knowledge, attitudes, and motivations among respondents by age, professional

status, and smoking status. This suggests a homogeneity of the study sample allowing a convenient, uniform provision of training needs. However, other authors have reported higher levels of knowledge among pharmacists with longer working experience, higher academic degrees, and working in a chain pharmacy but less willingness to provide BASS in smoker pharmacists [20].

The study has several limitations. First, as a cross-sectional study, it provides a snapshot of the participants' knowledge, attitudes, and practices but does not allow for establishing causal relationships or determining changes over time. Second, the data collected relied on participants' self-reported information, which may be subject to recall bias or social desirability bias. Third, the researchers used convenience sampling by inviting all community pharmacies in Mures County to participate. However, this method may introduce selection bias, as the employees who chose to participate might differ from those who did not. Fourth, considering the modest response rate, a possible non-response bias may also affect the representativity. While these limitations should be taken into account when interpreting the results, the findings of the study, corroborated with the results of the previously published simulated client investigation [12], provide a basic, necessary situational analysis for planning a BASS program in community pharmacies in Mures County, Romania.

Conclusions

The study suggests that participants' knowledge and motivation level was more than acceptable, ensuring a good starting point for the training activities necessary before implementing a BASS program.

Respondents expressed a realistic perception of the effectiveness of BASS intervention and were aware of the most plausible barriers to implementing such a program.

A substantial majority of respondents have yet to benefit from specific training on BASS but expressed positive interest in participating in such activities.

The respondents' estimates regarding the time available for assisting smokers in the community pharmacies suggest that implementing a BASS program Mures County, Romania may be feasible.

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Author contributions

IN (Writing – original draft; Writing – review & editing)
LF (Investigation; Methodology; Writing – review & editing)

GM (Investigation; Methodology; Writing – review & editing)

ZA (Conceptualization, Investigation; Funding acquisition; Methodology; Writing – review & editing)

VN (Conceptualization, Data curation; Analysis; Methodology; Visualization; Writing – review & editing)

All authors approved the final version of the manuscript for publication.

Conflict of interest

None to declare.

References

- European Network for Smoking and Tobacco Prevention, Guidelines for treating tobacco dependence. ENSP, Brussels, 2020, 14.
- Jha P, Ramasundarahettige C, Landsman V, et al. 21st-century hazards of smoking and benefits of cessation in the United States. *N Engl J Med*. 2013;368(4):341-350.
- Goldenberg M, Danovitch I, IsHak WW. Quality of life and smoking. *Am J Addict*. 2014;23(6):540-562.
- Philip KE, Bu F, Polkey MI, et al. Relationship of smoking with current and future social isolation and loneliness: 12-year follow-up of older adults in England. *Lancet Reg Health Eur*. 2022;14:100302.
- Do YK, Bautista MA. Tobacco use and household expenditures on food, education, and healthcare in low- and middle-income countries: a multilevel analysis. *BMC Public Health*. 2015;15:1098.
- Benowitz NL. Nicotine addiction. *N Engl J Med*. 2010;362(24):2295-2303.
- European Network for Smoking and Tobacco Prevention, Guidelines for treating tobacco dependence. ENSP, Brussels, 2020, 26-28.
- Stead LF, Buitrago D, Preciado N, Sanchez G, Hartmann-Boyce J, Lancaster T. Physician advice for smoking cessation. *Cochrane Database Syst Rev*. 2013;2013(5):CD000165.
- Todd A, Copeland A, Husband A, Kasim A, Bamba C. The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England. *BMJ Open*. 2014;4(8):e005764.
- Valliant SN, Burbage SC, Pathak S, Urick BY. Pharmacists as accessible health care providers: quantifying the opportunity. *J Manag Care Spec Pharm*. 2022;28(1):85-90.
- Dent LA, Harris KJ, Noonan CW. Tobacco interventions delivered by pharmacists: a summary and systematic review. *Pharmacotherapy*. 2007;27(7):1040-1051.
- Luca RD, Nădășan A, Jerca A, et al. The availability of tobacco cessation products and services in community pharmacies in Târgu Mureș, Romania. *Farmacia*. 2020;68: 766-770.
- Condinho M, Ramalinho I, Sinogas C. Smoking Cessation at the Community Pharmacy: Determinants of Success from a Real-Life Practice. *Pharmacy (Basel)*. 2021;9(3):143.
- Maciosek MV, LaFrance AB, Dehmer SP, et al. Health Benefits and Cost-Effectiveness of Brief Clinician Tobacco Counseling for Youth and Adults. *Ann Fam Med*. 2017;15(1):37-47.
- Feenstra TL, Hamberg-van Reenen HH, Hoogenveen RT, Rutten-van Mölken MP. Cost-effectiveness of face-to-face smoking cessation interventions: a dynamic modeling study. *Value Health*. 2005;8(3):178-190.
- Thavorn K, Chaiyakunapruk N. A cost-effectiveness analysis of a community pharmacist-based smoking cessation programme in Thailand. *Tob Control*. 2008;17(3):177-182.
- Phillips LCE, Nguyen H, Genge TL, Maddigan WJ. Effectiveness and cost-effectiveness of an intensive and abbreviated individualized smoking cessation program delivered by pharmacists: A pragmatic, mixed-method, randomized trial. *Canadian Pharmacists Journal*. 2022;155(6):334-344.
- Kristina SA, Thavorncharoensap M, Pongcharoensuk P, Prabandari YS. Indonesian pharmacists' knowledge, perceived role, and self-efficacy toward smoking cessation, a preliminary survey for training development. *International Journal of Pharmacy Teaching & Practices*. 2014;5(4):1553-1560.
- Poluyi EO, Odukoya OO, Aina BA, Faseru B. Tobacco related knowledge and support for smoke-free policies among community pharmacists in Lagos state, Nigeria. *Pharmacy Practice*. 2015;13(1):486.
- Sakka S, Al-Shatanawi TN, Bataineh DZ, et al. Knowledge, attitude, practice and perceived barriers towards smoking cessation services among community pharmacists. *Pharm Pract (Granada)*. 2022;20(1):2637.
- Taha NA, Guat Tee O. Tobacco cessation through community pharmacies: Knowledge, attitudes, practices and perceived barriers among pharmacists in Penang. *Health Education Journal*. 2015;74(6), 681–690.
- Yan J, Xiao S, Ouyang D, Jiang D, He C, Yi S. Smoking behavior, knowledge, attitudes and practice among health care providers in Changsha city, China. *Nicotine Tob Res*. 2008;10(4):737-44.
- Odukoya OO, Poluyi EO, Aina B, Ejekam C, Faseru B. Pharmacist-led smoking cessation: The attitudes and practices of community pharmacists in Lagos state, Nigeria. A mixed methods survey. *Tobacco Prevention & Cessation*. 2016;2:2.
- Hiits KE, Corelli RL, Prokhorov AV, Zbikowski SM, Zillich AJ, Hudmon KS. Implementing Brief Tobacco Cessation Interventions in Community Pharmacies: An Application of Rogers' Diffusion of Innovations Theory. *Pharmacy (Basel)*. 2022;10(3):56.
- Dent LA, Harris KJ, Noonan CW. Tobacco treatment practices of pharmacists in Montana. *J Am Pharm Assoc*. 2010;50(5):575-9.
- Eades CE, Ferguson JS, O'Carroll RE. Public health in community pharmacy: A systematic review of pharmacist and consumer views. *BMC Public Health*. 2011;11:582.