

# Gold Standard

## The Gold Standard



November 2002

A practical guide to providing  
**smoking cessation**  
services in pharmacy



**PHARMACIA**



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**These guidelines were developed through the 'Pharmacy as a healthy destination project', a joint initiative of the Pharmaceutical Society of Australia, The Pharmacy Guild of Australia and Pharmacia Australia Pty Limited.**

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## Executive summary

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This document provides a comprehensive guide to providing smoking cessation services in pharmacy. It lists and describes the pharmacy service parameters and its six key components:

1. Setting service goals
2. Continuing education and practice development
3. Service resources
4. Action
5. Promoting the service
6. Action review

The guidelines also list specific activities and resources to enable pharmacists to meet PSA's Smoking Cessation Standard. Practical guides such as the '5A Smoking Cessation Protocol', and listings of relevant QCPP standards are provided to link the theory of smoking cessation to practice.

## Introduction

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These guidelines are a joint initiative of Pharmaceutical Society of Australia, The Pharmacy Guild of Australia and Pharmacia Australia Pty Ltd. They are a practical guide for pharmacists and pharmacy assistants in delivering smoking cessation services. Its aim is to provide practical guidance on linking the theory of evidence-based smoking cessation to pharmacy practice.

## Tobacco in Australia – the state of play

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Tobacco smoking is the single largest preventable cause of premature death and disease in Australia. Tobacco use was the major cause of drug-related deaths in Australia in 1998, where more than 19,000 deaths were attributable to tobacco smoking. Smoking was also the leading cause of drug-related hospital episodes, with 142, 525 episodes in 1997-98.

### Smoking—some more facts<sup>1</sup>

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- Estimated percentage of daily smokers in Australia in 2001, aged 14 and over: 19.5%.
- Estimated percentage of Australian adult smokers who have ever tried to quit smoking: 77%.
- Most common reason for quitting: health.
- Most common reason for difficulties in quitting: drinking alcohol and stress.
- Amount a pack-a-day smoker spends on cigarettes each year: around \$3,000.
- Number of chemicals in tobacco smoke: over 4,000.
- Estimated number of cigarettes smoked in a week by children nationally: 6,790,000.
- Smoking is the largest single cause of preventable death, with costs to the community, business and government of over \$12.7 billion per year.

## Government initiatives

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### **The National Tobacco Strategy**

The National Tobacco Strategy 1999-2002-3 is a coordinated and comprehensive national action document that expands the range of activities already implemented by Commonwealth, State, and Territory governments and non-governmental organisations. It links all other relevant national strategic documents to ensure an integrated approach.

The Strategy highlights the need for a comprehensive and multi-variate approach and national collaborative background effort to improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms. The document aims to provide an evidence-based strategy for tobacco control in Australia.

### **Strategy goal**

To improve the health of all Australians by eliminating or reducing their exposure to tobacco in all its forms.

### **Strategy objectives:**

- Prevent the uptake of tobacco use in non-smokers, especially children and young people
- Reduce the number of users of tobacco products
- Reduce the exposure of users to the harmful health consequences of tobacco products
- Reduce exposure to tobacco smoke.

The Strategy has also identified the following key strategy areas:<sup>2</sup>

- Strengthening community action
- Promoting cessation of tobacco use
- Reducing availability and supply of tobacco
- Reducing tobacco promotion
- Regulating tobacco
- Reducing exposure to environmental tobacco smoke.

## Quality Care Pharmacy Program (QCPP)

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The Pharmacy Guild of Australia supports the development of standards, protocols and guidelines for best practice smoking cessation services in community pharmacy.

The Quality Care Pharmacy Program (QCPP) is an integrated system of performance standards and supporting tools and processes based on business and professional standards that have been developed by the Guild and the PSA. It was developed to assist individual pharmacies to meet the evolving needs and expectations of customers and patients, and to compete successfully in an increasingly challenging business environment.

### **Implementation of Continuous Quality Improvement (CQI)**

Continuous Quality Improvement (CQI) is the process of demonstrating a commitment to the ongoing improvement of customer outcomes and business profitability, through the systematic review and enhancement of the pharmacy's QCPP standards, and their continuous improvement over time.

The QCPP recognises that CQI can occur in a number of different contexts. Accordingly, participation in specific activities will enable a pharmacy to claim a credit against the CQI requirement. For example, completion of a PSA Smoking Cessation Package will enable a pharmacy to claim eight (8) QCPP CQI credit points.

# Guidelines for providing smoking cessation services

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## About these guidelines

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The following guidelines are provided to assist pharmacists in meeting the PSA's Smoking Cessation Service Professional Standard for Pharmacists.<sup>3</sup> The smoking cessation service professional standard for pharmacists is the key reference point for these guidelines. All members of PSA should have a copy of this standard.

### Meeting the standard

*These points throughout the document provide practice solutions to meeting the PSA Smoking Cessation Service Professional Standard for Pharmacists*

## Pharmacy service parameters

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### Objectives

A 'Gold Standard' smoking cessation pharmacy service has the following objectives:

- To provide comprehensive pharmaceutical information to the patient regarding their smoking cessation therapies
- To provide the patient with the opportunity to discuss issues and ask questions about their medicines
- To implement the '5As' (Ask, Advise, Assess, Assist, Arrange) within a structured but flexible smoking cessation pharmacy program
- To allow the pharmacist to provide guidance and support in the implementation of an agreed 'smoking cessation plan'.

## Key elements of the service

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### Pharmacy's role in smoking cessation

Evidence from many sources shows that pharmacists and their staff can play an effective role in smoking cessation, especially when augmenting previous advice from doctors and health workers. The professional responsibility and legal duty of care of pharmacists to protect the health of patients demands an active role by pharmacists in smoking cessation.

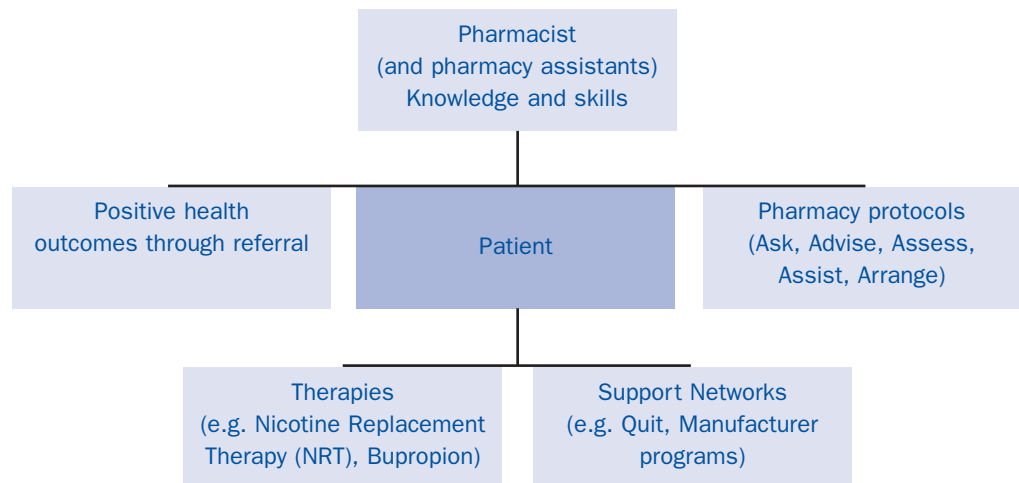
Recent research suggests that pharmacists (and pharmacy assistants) require more training and support to enable them to provide a service that is based upon:<sup>4</sup>

- Positive, primary counselling
- Countering the perceived negatives from broader anti-smoking campaigns
- Providing credible information on smoking cessation therapies (in addition to that provided by manufacturers)
- Complementing the role of general practitioners
- Informing the smoker of options and strategies in achieving cessation success.

Pharmacists also have a vital role in reducing smoking rates. The pharmacist can fulfil a number of roles in the smoking cessation process, from 'coach' to 'advisor', to providing that vital referral role to the support program or network.

Pharmacists have the central role in the 'Quality Use of Medicines' and by asking, advising, assisting and arranging the most appropriate strategy and/ or therapy, they can have an immediate and positive impact.

### Pharmacy service flowchart<sup>5</sup>



## 1. Setting service goals

### Meeting the standard

| Activities  | Available resources  |
|---|--|
| The pharmacist reviews the principles of quality use of medicines of the National Medicines Policy and the objectives of the National Tobacco Strategy. | <ul style="list-style-type: none"> <li>www.health.gov.au/pubhlth/publicat/document/metadata/tobccstrat.htm</li> <li>www.health.gov.au/hbd/qum/index.htm</li> </ul> |
| <ul style="list-style-type: none"> <li>The pharmacist lists goals and objectives of the pharmacy's smoking cessation service</li> </ul>                 |  |

## 2. Continuing education and practice development

The pharmacy has a strong commitment to staff training and practice development in the area of smoking cessation.

### Meeting the standard

| Activities  | Available resources  |
|---|--|
| All pharmacists and pharmacy assistants to have completed and submitted the <i>inPHARMation</i> <sup>6</sup> Smoking Cessation assessment questions | <ul style="list-style-type: none"> <li><i>inPHARMation</i><sup>6</sup> magazine Dec 2001, Dec 2002.</li> </ul> |

| Activities   | Available resources   |
|--|---|
| Pharmacists and pharmacy assistants to have completed/currently completing smoking cessation education modules | <ul style="list-style-type: none"> <li>PSA Smoking Cessation Package<sup>5</sup></li> <li>Smokescreen for Pharmacy “Can’t Can’t Can: How to Help Smokers”<sup>1</sup>.</li> </ul>   |
| Evidence of continuing education of pharmacists and pharmacy assistants in this specialty area                 | <ul style="list-style-type: none"> <li>This could be via formal/informal staff meeting/continuing education sessions/ staff team briefs. For example:</li> <li><i>Australian Pharmacist</i> (various articles)</li> <li>Pharmacy Self Care <i>Smoking &amp; Staying a non-Smoker</i> Fact Cards</li> <li>NPS self-audit—Smoking Cessation.</li> </ul> |
| Ensure all staff maintains a continuing education logbook and that the logbook is current and up to date       |   |

### 3. Service resources

The appropriate level of resources should be allocated to providing the service. These include:

- Staff
- Consumer health information
- Dedicated counselling/consultation area
- Service documentation.

### Meeting the standard

| Activities  | Available resources  |
|---|--|
| Appoint staff members to manage the service   | <ul style="list-style-type: none"> <li>One pharmacist and one pharmacy assistant</li> </ul>            |
| Join PSA Pharmacy Self Care Program   | <ul style="list-style-type: none"> <li>Fact Cards</li> </ul>   |
| Implement a Medication Assistance Service (MAS)                                     | <ul style="list-style-type: none"> <li>PSA Medication Assistance Service (MAS) Start-up Kit</li> </ul> |
| Utilise the documentation tools provided in the Pharmacist Smoking Cessation Module | <ul style="list-style-type: none"> <li>PSA Smoking Cessation Package</li> </ul>                        |

### 4. Action

The pharmacy provides a structured, defined service based upon evidence and practice-based protocols for pharmacy, including:

- Compliance with PSA S2/S3 standards of practice in relation to all Nicotine Replacement Therapy products
- Compliance with Federal Privacy Act
- QCPP accreditation
- Documentation systems
- Referral mechanisms
- Ensure Nicotine Replacement Therapy suitably labelled with PSA ‘shelf talkers’

- Implementing the 5A's of smoking cessation
- Test and assess for nicotine dependence using the Fagerström Test
- Provide advice on lifestyle issues affecting smoking cessation success
- Protocols for special patient groups
- Ensure adherence to Quality Use of Medicines (QUM) policies
- Implementation of practice tools provided in smoking cessation staff training and education courses/modules.

## Meeting the standard

| Activities  | Available resources   |
|---|---|
| Pharmacist ensures the patient's rights to privacy and confidentiality are respected and maintained at all times  | <ul style="list-style-type: none"> <li>• PSA "Professional Practice and the Privacy Act"</li> </ul>   |
| <ul style="list-style-type: none"> <li>• S2/S3 standards</li> </ul>   | <ul style="list-style-type: none"> <li>• "Standards for the provision of pharmacist only and pharmacy medicines in community pharmacy"<sup>7</sup></li> </ul>   |
| <ul style="list-style-type: none"> <li>• QCPP Accreditation</li> </ul>  | <ul style="list-style-type: none"> <li>• The Pharmacy Guild of Australia: <a href="http://www.guild.org.au">www.guild.org.au</a></li> </ul>   |
| <ul style="list-style-type: none"> <li>• Documentation systems</li> </ul>   | <ul style="list-style-type: none"> <li>• PSA Smoking Cessation Package</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Referral mechanisms</li> </ul>   | <ul style="list-style-type: none"> <li>• PSA Pharmacy referral form (PSA Smoking Cessation Package)</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Shelf Talkers</li> </ul>   | <ul style="list-style-type: none"> <li>• PSA Pharmacy Self Care Program</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Test for nicotine dependence</li> </ul>  | <ul style="list-style-type: none"> <li>• Fagerström test for nicotine dependence (included with PSA Smoking Cessation Package)</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Protocols for special patient groups</li> </ul>  | <ul style="list-style-type: none"> <li>• PSA Smoking Cessation Package</li> </ul>   |
| <ul style="list-style-type: none"> <li>• QUM policy</li> </ul>  | <ul style="list-style-type: none"> <li>• Commonwealth Department of Health and Ageing, PSA</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Pharmacy practice tools for smoking cessation</li> </ul>   | <ul style="list-style-type: none"> <li>• PSA Smoking Cessation Package</li> </ul>   |
| <p>Implementing the 5As for smoking cessation:</p> <p><b>Ask</b></p> <p>Ask your customer about their tobacco use at each visit. When asking your customer about their smoking, it is important to phrase questions in a way that will elicit an informative, accurate answer so as to not exclude social smokers and smokers who have just quit. Asking, "Have you had a cigarette in the past week?" can do this. Or, a good opening strategy is to raise the subject of smoking in the context of the person's medication intake with an open end question like, "How does your smoking affect your asthma?" The consumer's answer should provide the pharmacist with an indication of the customer's readiness to talk about his/her smoking.</p> <p><b>Pharmacist:</b> I understand your asthma has become a concern. How does smoking affect it? It is important to establish when your customer has quit, as providing encouragement may motivate them to stay quit.</p> | <p>Sample customer contact procedure</p> <ul style="list-style-type: none"> <li>• All customers are asked if they would like to complete a questionnaire about their smoking</li> <li>• Smokers who wish to quit are identified from their answers immediately</li> <li>• Identified customers are informed about the pharmacy's smoking cessation services (brochure/information sheet provided) to help them quit</li> <li>• They are subsequently invited to the pharmacy's information evening</li> <li>• They are offered support material</li> <li>• They are given support contact details</li> <li>• They are offered the follow-up program</li> <li>• With customer consent, their details are entered on the pharmacy card system.</li> </ul> |

| Activities   | Available resources and interventions  |
|--|--|
| <p><b>Advise</b></p> <p>Once you have determined your customer is a smoker you should advise him/her to quit based on the health effects of smoking and the benefits of quitting. Also advise/reinforce quitters to remain smoke-free.</p>   | <ul style="list-style-type: none"> <li>Quit’s booklet, “Quit Because You Can” has information on the diseases caused by smoking. This can be given out to your customers and can be ordered from Quit in each State</li> <li>Manufacturer’s information.</li> </ul>  |
| <p><b>Assess</b></p> <p>Having now asked the appropriate questions and in order to tailor your assistance, you need to establish the motivation of all smokers and quitters to quit or stay quit. This can be done by using the “Stages of Change” model to assess your customer’s motivation:</p> <p><b>STAGES</b></p> <p><u>Precontemplation</u> (not ready to change)</p> <p>These are “happy smokers” who enjoy smoking. For them the positives outweigh any costs.</p> <p><u>Contemplation</u> (thinking about change)</p> <p>These are people who feel ambivalent about their smoking. On the one hand it’s enjoyable and part of their lives, while on the other the costs are beginning to accrue.</p> <p><u>Preparation</u> (ready to change)</p> <p>This group has made the resolution that change is needed. They want to quit smoking.</p> <p><u>Action</u></p> <p>This group has attempted to quit smoking.</p> <p><u>Maintenance</u></p> <p>The individual no longer smokes.</p> | <p>To assess where the smoker is at, you could ask:</p> <ul style="list-style-type: none"> <li>Where are you at with your smoking?</li> <li>Are you thinking about quitting in the near future?</li> </ul> <p><b>INTERVENTIONS<sup>8</sup></b></p> <p>Pharmacist’s task:</p> <ul style="list-style-type: none"> <li>To raise doubt – increase the individuals perception of risks and problems with smoking.</li> </ul> <p><i>ASK: What things have stopped you from trying to quit?</i></p> <p>Pharmacist’s task:</p> <ul style="list-style-type: none"> <li>To tip the balance – elicit reasons to change, risks of not changing. Strengthen the individual’s self-efficacy for change.</li> </ul> <p><i>ASK: What is your reason for quitting? What do you want to achieve from quitting?</i></p> <p>Pharmacist’s task:</p> <ul style="list-style-type: none"> <li>To help the individual determine the best course of action to take in quitting smoking.</li> </ul> <p><i>ASK: Have you set a date to quit? Do you have a quitting plan?</i></p> <p>Pharmacist’s task:</p> <ul style="list-style-type: none"> <li>To provide reinforcement and support.</li> </ul> <p><i>ASK: How confident do you feel in remaining smoke-free? Do you see yourself as a non-smoker?</i></p> <p>Pharmacist’s task:</p> <ul style="list-style-type: none"> <li>To help the client maintain their change in behaviour. Long term relapse prevention skills.</li> </ul> |

| Activities   | Available resources  |
|--|--|
| <p><b>Assist</b></p> <p>Assistance differs depending on the stage your customer is in. The aim is to move people along the stages of change and provide some concrete quitting strategies. People took time to learn how to smoke. It takes time to learn how to become a non-smoker. However, people do not automatically move through the stages, for example, some people are chronic contemplators. They are always thinking about quitting but don't actually plan to do so.</p> <p>For people who are planning to quit in the next month, your role would be to provide some concrete strategies. For example, discuss the various quitting methods, therapies and medications such as nicotine replacement therapy.</p> <p>For customers who have quit, it is important to encourage them in their efforts and assist them to remain quit.</p> <p>Assist quitters who have relapsed. A relapse is a return to smoking. A slip up is having a couple of cigarettes but not returning to regular smoking.</p> | <ul style="list-style-type: none"> <li>• Quit's resources, including the "Quit Because You Can" booklet</li> <li>• Acknowledge that it is very difficult to quit and that 75% of smokers have attempted to quit. Many take more than one attempt.</li> </ul><br><ul style="list-style-type: none"> <li>• Cold turkey (stopping suddenly without support such as Nicotine Replacement Therapy or the Quitline)</li> <li>• Cutting down (by 3-5 cigarettes a day or by delaying a couple of hours between cigarettes)</li> <li>• Planning ahead and replacing strategies (setting a quit date, thinking of what they will do instead of having a cigarette, understanding their smoking behaviour, the three parts of addiction: addiction to nicotine; addiction to the habit; and feelings/psychological addiction)</li> <li>• Test and assess using the Fagerström Test for Nicotine Dependence</li> <li>• Bupropion (on Doctor's advice)</li> <li>• support from the Quitline (13 18 48) and Quit resources.</li> </ul><br><ul style="list-style-type: none"> <li>• Congratulating your customer on their quitting attempt</li> <li>• Encouraging use of resources – local, Quit</li> <li>• Challenging negative thoughts about being able to stay quit.</li> </ul><br><ul style="list-style-type: none"> <li>• Distinguish between a relapse and a slip up</li> <li>• Reframe slip ups as learning opportunities for better understanding of stopping smoking</li> <li>• Check support</li> <li>• Refer to other services where appropriate.</li> </ul> |



## 5. Promoting the service

In order for the service to reach its potential the pharmacy should develop a business plan outlining the 'planned' range of smoking cessation services to be provided with details of key outcomes from each of the five areas to be assessed.

### Meeting the standard

| Activities  | Available resources   |
|---|---|
| The pharmacy develops a 'Smoking Cessation Service' business plan for implementation based upon research conducted over a three month period within the pharmacy. The research based around a series of customer surveys and questionnaires to determine the key components of the service. | Australian Institute of Pharmacy Management's (AIPM) Business Plan template when developing the business plan for the new service. The plan includes the following essential elements: <ul style="list-style-type: none"> <li>• Pharmacy profile</li> <li>• Product/service &amp; market analysis</li> <li>• The marketing analysis</li> <li>• The operating analysis</li> <li>• The management &amp; personnel analysis</li> <li>• Legal matters</li> <li>• The financial plan</li> <li>• "SWOT" analysis</li> <li>• The action plan.</li> </ul> |
| Ensure all staff are aware of smoking cessation services including service protocols.   | PSA Smoking Cessation package 'Promoting your service'  |
| Ensure all staff (including new staff members) are kept up-to-date with the pharmacy's smoking cessation services at monthly staff briefings and by senior staff on a regular basis. This process should also be documented in the pharmacy's 'Policy & Procedures Manual'.                 | <ul style="list-style-type: none"> <li>• Quality Care Pharmacy Program (QCPP) refer to 'Involving Staff'</li> </ul>   |
| Utilise events such as World No Tobacco Day as a key promotional event for the service  | <ul style="list-style-type: none"> <li>• 31 May (every year)</li> <li>• New Year's resolution.</li> </ul>   |

## 6. Service review

The service should be reviewed every 12 months and/or as part of QCPP re-accreditation. Components of the service that should be reviewed include:

- Continuing education and practice development
- Resources
- Action protocols
- Service promotion.

### Meeting the standard

| Activities  | Available resources  |
|---|--|
| The pharmacist/pharmacy conducts a review of the service every 12 months. | <ul style="list-style-type: none"> <li>• QCPP</li> <li>• AIPM</li> </ul> |

## Appendix A

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### **Pharmacist DSM module smoking cessation<sup>1</sup>**

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### **Pharmacy assistant module smoking cessation<sup>1</sup>**

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1. Core components of the PSA Smoking Cessation Package

## Appendix B

### The Fagerström test for nicotine dependence

| Questions   | Answers  | Points |
|---|--|--------|
| How soon after you wake do you smoke your first cigarette?  | Within five minutes  | 3      |
|   | 6-30 minutes   | 2      |
|   | 31-60 minutes  | 1      |
|   | After 60 minutes   | 0      |
| Do you find it difficult to refrain from smoking in public places (e.g. church, cinema, library etc.) | Yes  | 1      |
|   | No   | 0      |
| Which cigarette would you most hate to give up?   | The first one in the morning   | 1      |
|   | Other  | 0      |
| How many cigarettes a day do you smoke ?  | >31  | 3      |
|   | 21-30  | 2      |
|   | 11-20  | 1      |
|   | <10  | 0      |
| Do you smoke more frequently during the first hours after waking than during the rest of the day?     | Yes  | 1      |
|   | No   | 0      |
| Do you smoke when you are so ill that you are in bed most of the day?                                 | Yes  | 1      |
|   | No   | 0      |
| Scores  | 1-3 = low dependence<br>4-5 = medium dependence<br>6-7 = high dependence<br>8 or more = very high dependence |        |

For the nicotine replacement therapies currently available in Australia, a score of:

- 1-3 (low dependence) = Nicotine Replacement Therapy not required (may consider 2mg gum)
- 4-5 (moderate dependence) = 2mg gum, nicotine patch or nicotine inhaler
- 6-7 (high dependence) = 4mg nicotine gum or nicotine patch
- 8-10 (very high dependence) = 4mg gum

## References

- Quit Victoria.
- National Tobacco Strategy.
- Standard for Pharmacists – Smoking Cessation Service, Pharmaceutical Society of Australia July 2002.
- Pedic F, Rutherford G. Pharmacy – A Healthy Destination, Smoking Cessation and Pharmacy. Pharmacia Australia Pty Limited, Pharmaceutical Society of Australia, The Pharmacy Guild of Australia, 2001.
- Pharmacist DSM Module Smoking Cessation. Pharmaceutical Society of Australia, 2001.
- Pharmaceutical Society of Australia, Pharmacy Self Care Program 2001-2002.
- Standards for the provision of pharmacist only and pharmacy medicines in community pharmacy, Pharmaceutical Society of Australia 1999.
- Neto A. Smoking cessation strategies for the pharmacy setting, inPHARMation, Pharmaceutical Society of Australia, December 2002.