



PGEU Statement

COMMUNITY PHARMACISTS' CONTRIBUTION TO CANCER PREVENTION & CONTROL IN THE EU

Approved by the General Assembly on 17 November 2009

Community Pharmacists committed to act against cancer

The **Pharmaceutical Group of the European Union (PGEU)**¹ is well aware that cancer remains a key public health concern and represents a significant burden to our society, notwithstanding the many efforts and the progress that has been achieved in the past years. The PGEU warmly welcomes the several initiatives that have been undertaken in this particular area by Member States and the EU Institutions, particularly the creation of ***The European Partnership for Action Against Cancer***.

As emphasised by the Commission in its Communication on Action Against Cancer: European Partnership, of 24 June 2009, long-term and sustainable actions are needed to tackle cancer and these need to move beyond the health area in order to adopt a cross-sectoral approach, integrating health into policy areas such as education, environment, taxation, research, and social and external affairs. Whilst we can only support such a course of action, the purpose of this statement is to highlight action that can be undertaken within the scope of our core activity - Community pharmacy practice; we feel that our field of expertise and practice allied to a unique capacity of population outreach can bring an additional resource to reinforce the multi-stakeholder collaboration envisaged by the Partnership to effectively and collectively act against cancer.

Community pharmacists in Europe, through PGEU members, are committed to making a major contribution in improving public health by seeking to ensure that people derive maximum therapeutic benefit from prescribed medication dispensed in pharmacies; providing high quality advice to ensure safe and responsible self-care including, where appropriate, self-medication; encouraging healthy lifestyles through effective health promotion and health education strategies. This can be best achieved if pharmacists are fully recognised within the multidisciplinary health team.

Community pharmacies are widely distributed in the heart of communities including deprived communities, and offer an informal environment where objective advice from a knowledgeable health professional is available without the need to make an appointment.² Pharmacies are effective community centres for health promotion and many have developed consultation areas where counselling can be provided respecting the patients' privacy.

Because community pharmacies are widely accessible, with extended opening hours, from urban to rural areas, in prosperous or poor regions, pharmacists can more easily be reached by the population than any other healthcare professional.

With the current statement, PGEU draws attention to activities community pharmacists can develop or have already in place to promote prevention (both primary and secondary) and assist in the provision of care to people already suffering of a specific form of cancer and their families (concrete examples are provided in annex 1).

¹ PGEU represents around 400,000 community pharmacists from 30 European Countries, including EU Members States, EU candidate countries and EFTA members. The members of PGEU are national associations and professional bodies of community pharmacists. PGEU's objective is to promote the role of the pharmacists as key actors in public health. Furthermore, PGEU aims to ensure that the views of the pharmacy profession are taken into account in the EU decision-making process. PGEU provides to its members an ideal platform to exchange information, and collect and disseminate best practices. Additionally, it also encourages its members to further develop new projects aiming at anticipating and responding to society's needs, in the broader context of Public Health.

² Several European wide and national surveys show that pharmacists are highly trusted for their professional services (i.e. Reader Digest's Most trusted Professional services, 2005-6). Moreover, the Council of Europe Resolution ResAP(2001)2 concerning the pharmacist's role in the framework of health security recognizes that pharmacists provide added value to the healthcare system both through their scientific and pharmaceutical expertise and in term of ethics.

Prevention – How can Community Pharmacists contribute?

Health promotion

Considering their role within the communities they serve, community pharmacists are an important resource at the disposal of those communities for promoting and improving health promotion and education. In contrast to other healthcare settings, pharmacies are visited both by people enjoying of good health and people suffering from ill-health. And it is also well known that mothers with children are high users of community pharmacies. This creates many opportunities for community pharmacists to communicate preventive measures to healthy citizens, including the provision of information to parents and caregivers about how to improve their children's hygiene, nutrition and overall health.

As for all communication strategies, the best results are obtained by a combination of verbal and non-verbal approaches. Community pharmacies are equipped to display posters, make leaflets available, show clips or films, etc.

Community pharmacists have an active role in increasing public knowledge about key healthy lifestyles messages. These lifestyle messages such as eating a healthy diet, taking regular exercise, stopping smoking and reducing alcohol intake, not only improve general health but can also reduce the risk of developing different types of cancer, as recognised in the European Code Against Cancer³. In addition to health information and education, many pharmacies offer smoking cessation and weight management programmes, accompanied or not by appropriate medication.

Besides the provision of information and promotion of health campaigns at pharmacy level, health promotion in schools and other community organisations can be another effective way of improving overall health education for children, adolescents and other population groups. In some of the member states, pharmacists, with support from their professional organisations, visit schools and community support groups to convey health messages.

Another example is that the community pharmacy is an ideal place for the public to obtain information on skin cancer. Pharmacy-based information, such as touch-screen technology, appears to be effective in raising awareness of sun risks, and trained pharmacists are more likely to be proactive in counselling people. However, the effect of this advice on individual behaviour requires further research.⁴

Furthermore, community pharmacy is a good place to provide information to men who are often reluctant to visit their GP but visit a pharmacy quite regularly. Research shows that community pharmacists have a significant impact on motivating men to see a physician for follow-up care once a potential health risk was identified. The risk assessment and the pharmacist recommendation or patient education were the motivating factors and not follow-up telephone interventions by the pharmacist.⁵ Involvement of community pharmacists in health communication could assist in ameliorating disparities in early detection of prostate and other cancers in patients.

Early detection – screening

The potential of the community pharmacy network to become involved in population-based screening is often overlooked. Community pharmacies are the most accessible of all of the healthcare settings and are ideally placed to support population screening and the provision of public health advice.

³ European Code Against Cancer (2003), available at: <http://www.cancercode.org>

⁴ Anderson C, Blenkinsopp A, Armstrong M. Evidence relating to community pharmacy involvement in health development: A critical review of the literature 1990-2001. RPSGB/PHLink. Available at www.pharmacyhealthlink.org.uk

⁵ Boyle TC, Coffey J, Palmer T. Men's health initiative risk assessment study: effect of community pharmacy-based screening. Journal of the American Pharmacist Association. Vol 44, No 5. September/October 2004, pp. 569-577.

For example, in the UK, the charity Beating Bowel Cancer, along with the Royal Pharmaceutical Society of Great Britain, has produced guidance for community pharmacists to help them when advising on suspected, or diagnosed, bowel cancer. People visit pharmacies to buy medicines or seek advice for conditions like irritable bowels syndrome or haemorrhoids so it is important that pharmacists are aware of symptoms that might indicate something more serious. There are many opportunities for community pharmacists to raise awareness of, and to identify, the early warning signs of bowel cancer. For example, during medicines use reviews, when giving advice on non prescription medicines and when counselling on prescription medicines.⁶

Due to existing social and cultural barriers, many women from minorities feel reluctant to go for breast cancer screening. Language barriers further worsen the issue. An effective way of increasing the screening rates for breast cancer in women belonging to minority groups can be achieved through proper counselling. Considering that community pharmacists are the healthcare professional that most often interacts with these patients, one can conclude that they can play an important role in increasing awareness of breast cancer screening among women from minorities. They can provide information to these women regarding mammography, clinical breast examination, and breast self-examination. This can be done by either providing individualised counselling or by organising community-based education programmes. Through this type of interventions, community pharmacists can assist in decreasing screening inequalities among specific groups of the population.^{7,8}

Furthermore, because pharmacies are widely and evenly distributed in the majority of EU Member States, this enables accessing rural populations with regards cancer screening. Interestingly, research in the USA shows that using community pharmacists to educate and enrol low to moderate income and medically under-served women into breast and cervical cancer screening programmes, can be an effective method of recruiting women into public health programmes.⁹

Community pharmacists can also help raising public awareness and early detection of lung cancer. In November 2007, for example, on the occasion of the November Lung Cancer Awareness Month in the UK, the Royal Pharmaceutical Society of Great Britain published practice guidance urging pharmacist to: be alert to possible lung cancer symptoms, such as the worsening of a longstanding cough, especially in high risk patients; increase public awareness of the signs and symptoms of lung cancer and the importance of early detection; take all opportunities to offer advice on smoking cessation. The guidance aims to help pharmacists to be extra vigilant in detecting early signs and symptoms of lung cancer, offer advice and refer people to a GP when appropriate.¹⁰

Another interesting example comes from Canada (Ontario), where following an initiative from the Ministry of Health and Long-Term Care together with Cancer Care Ontario to launch a province-wide, population-based colorectal cancer screening program (ColonCancerCheck), community pharmacists started to distribute Faecal Occult Blood Test kits to average risk participants, age 50 years and over, who do not have a primary care provider (April 2008).

⁶ Dawn Connelly. Community pharmacists can play a key role in raising awareness of bowel cancer. The Pharmaceutical Journal (Vol 278). 19 May 2007.

⁷ Sumesh Kachro. Pharmacists should assume a larger role in overcoming the racial/ethnic barriers to breast cancer screening. Journal of Managed Care Pharmacy, June 2006, Vol. 12, No. 5.

⁸ Giles JT, et al. Results of a community pharmacy-based breast cancer risk-assessment and education program. Pharmacotherapy. 2001 Feb;21(2):243-53.

⁹ McGuire TR et al. Accessing rural populations: role of the community pharmacist in breast and cervical cancer screening programme. Journal of Evaluation in Clinical Practice, Vol. 13, No. 1, February 2007, pp. 146-149(4). DOI: 10.1111/j.1365-2753.2007.00677.x

¹⁰ Lumb J. How community pharmacists can help raise public awareness of lung cancer. The Pharmaceutical Journal. Available at www.pjonline.com/Editorial/20071103/articles/p504lungcancer.html

The role of screening in community pharmacies is not to take over the role of the GP. Screening in community pharmacies is designed to provide access to screening services to members of the public who may not access or source this intervention through their GP.¹¹

In addition, community pharmacies could be seen as an additional setting for performing screenings whenever possible, without the need to look for or set up ambulatory facilities to perform population-based screenings. It is worth noting that it is becoming more common to see private areas or consultation rooms in pharmacies, allowing screening can be done in respect of patients' privacy.

Another area where community pharmacists can play a significant role is, for example, in HPV vaccination. Pharmacists can promote the vaccine, provide information and education to public, make referrals or even, where this is possible under national law, vaccinate people, either in schools or in pharmacies.¹²

Treatment – How can Community Pharmacists contribute?

Cancer Care

Over the past decade, increasing numbers of cancer patients have received treatment at day-case chemotherapy clinics. New chemotherapy regimens have been designed specifically for day-case administration. Moreover, the increasing use of ambulatory pumps means that, for example, a five-day course of 5-fluorouracil for colorectal cancer can be delivered at home. In addition, the availability of oral chemotherapy has increased.¹³

Community pharmacists' role in the provision of pain treatment, special nutrition, and management of chemotherapy side-effects is common. In the future, however, more cancer patients may be managed in the community due to the availability of oral chemotherapy drugs. Such developments imply however a good coordination between hospital and ambulatory care and good collaboration among the healthcare team. To support such interventions, community pharmacists' knowledge of the disease and its treatment has to follow current developments and anticipate such possibility, which in some cases is already a reality. Switching from intravenous to oral chemotherapy may allow increased access to treatment and convenience for patients.

Moreover, community pharmacists are consulted by patients to discuss alternative, non-approved therapies. When in 2008 the product dichloroacetate (DCA) was proposed as a 'miracle' cure to often desperate patients, community pharmacist informed patients that at that date, there was no therapeutic use, and that self-medication should be discouraged.

In the UK, for example, chemotherapy is being offered from a community pharmacy consultation room in Clerkenwell in a bid to improve access to cancer care. The Greenlight Pharmacy has teamed up with the Whittington hospital and Macmillan Cancer Support as part of a study into cancer services in North London.¹⁴

About 50% of pharmaceutical care issues identified in patients receiving chemotherapy require follow-up in the community in order to provide best quality of care. Both the family doctor and the community pharmacist need to be aware of the therapeutic plan so that they can participate in monitoring for adverse events and ensure optimal therapeutic adherence. Awareness of supportive treatments can allow community pharmacists to identify situations where chemotherapy is being poorly tolerated and prompt referral back to the hospital clinic. For example, a request for further

¹¹ [Health screening in community pharmacy: an update](#). Australian Pharmacist. Vol 25, No 11, November 2006

¹² Prajapati A. [Getting ready for HPV vaccination: an excellent opportunity for pharmacists](#). The Pharmaceutical Journal (Vol 279), 24 November 2007

¹³ [Community pharmacists continue cancer care](#). The Pharmaceutical Journal (Vol. 279), 24 November 2007.

¹⁴ Extracted from Steve Simmonds (Community Pharmacy Wales) response to the consultation on the Review of Cancer Services for the People of Wales carried out between April and July 2006.

supplies of loperamide for chemotherapy-induced diarrhoea could indicate poorly tolerated treatment, a referral could be made, and the treatment could be modified avoiding additional discomfort for the patient. An interesting example comes from the Edinburgh Cancer Centre, Western General Hospital, where a referral form has been developed containing a patient medication profile comprising a list of the pharmaceutical care issues and suggested actions for the community pharmacist.⁸

Palliative Care

Palliative care services are generally provided by a multidisciplinary team who work with the patient who is dying and their carers. Adequate and timely provision of services and medicines is vitally important in the provision of high quality care at the end of life. Community pharmacists working in a collaborative manner with other healthcare professionals can ensure that patients in the community who require palliative care can access it in a timely fashion.

Research shows that when community pharmacists are appropriately trained and included as integrated members of the team, they can intervene effectively to improve pharmaceutical care for palliative care patients.¹⁵

Community pharmacists can provide a prompt and continuous service to patients, whose comfort depends on such a service, by ensuring that a supply of specialist palliative care medicines, including unlicensed medicines, are in stock in the pharmacy in order that prescriptions can be dispensed in a timely manner.¹⁶ Effective communication between the specialist palliative care nurse, general practitioner and the community pharmacist should try to anticipate a patient's need for medication and plan accordingly. Furthermore, community pharmacists play a central role in ensuring that the patient and their carers remain informed and supported as the disease enters end of life stage.

Conclusion

PGEU is committed to continuously promoting the pharmacists' contribution to public health in this essential area. In particular, PGEU is committed to

- ensuring that pharmacists are fully engaged in preventive action;
- promoting the rational and safe use of oral chemotherapy and supportive treatments;
- encouraging training of pharmacists and health professionals in general in order to build multidisciplinary teams for cancer care;
- promoting and sharing the best professional practice;
- engaging in multi-stakeholder debates at European and national levels;
- collaborating with the Commission and Member States in the set up of systems to ensure access to and quality delivery of service for cancer prevention, screening and care.

PGEU believes that community pharmacists, through the broad network of pharmacies throughout all EU Member States, are a useful and highly accessible resource that should be used to its full potential in the development and implementation of governmental policies and strategies to prevent and control cancer.

PGEU considers that community pharmacists have an important role to play in improving the health capital of the population by preventing illness and disease, promote health information and education, and reducing drug-related damage. The expertise of pharmacists and the existing

¹⁵ Needham DS, Wong ICK, Campion PD, [Evaluation of the Effectiveness of UK community pharmacists' interventions in community palliative care](#). Palliative Medicine, Vol. 16, No. 3, 219-225 (2002). DOI: 10.1191/0269216302pm5330a

¹⁶ Lucey M et al. [Access to medications in the community by patients in a palliative setting. A systems analysis](#). Palliat Med. 2008 Mar;22(2):185-9.

network of pharmacies throughout national territories are ready available and should be fully utilised.

We are convinced that by facilitating the process leading to community pharmacists becoming an integral part of a multidisciplinary response to cancer prevention and management of cancer patients, pharmacists' contribution to this serious public health problem can be significantly enhanced

END

Annex E Concrete examples

In **Belgium**, focus has been given to pharmacists training, with the organization of ex-cathedra lessons for pharmacist about different types of cancer and their treatment. The training is also based on interactive lessons regarding the medication and communication with cancer patients. Through different role plays based on real situations, the pharmacist is trained on how to communicate with cancer patients (or their relatives) and on how to apply the theoretical knowledge from the ex-cathedra lessons in his/her daily practice.

In **Denmark**, pharmacies have worked with smoking-cessation since 1992. Today every second pharmacy provides smoking-cessation activities in groups or to individuals. A new service is a brief consultation to motivate and inform smokers who aren't quite ready to quit the habit. Trained personnel at the pharmacy advise the customer about the advantages of quitting smoking. In 2001, 2003 and 2009 the pharmacies have had extra focus on smoking, each time with advertisements in newspapers and magazines.



In **France**, the National Institute for Cancer, in partnership with the National Council of the Pharmaceutical Society (Ordre des Pharmaciens) launched on 8 June 2009 a national awareness campaign for cervical cancer screening in 23.000 community pharmacies all over the country.

Through the mobilization of community pharmacists and their teams a nationwide effort to inform young women about vaccination and screening has been developed with the support of Cespharm (Comité d'éducation sanitaire et sociale de la pharmacie française). The campaign is supported by windows displays and educational materials for pharmacists.



Breast cancer screening campaign

In France, women aged 50 to 74 can make a breast cancer screening test for free every two years. Each year, in October, a national campaign aimed at promoting breast cancer screening tests is led (it is called "pink October").

In 2009, the National Council of Pharmacists and Cespharm joined the National Cancer Institute (INCA) on this occasion to rally pharmacists around this campaign. A "Memo Card" gathering key information for patients has been specifically issued for pharmacists use. In late September 2009, all French pharmacies received this document, together with a poster and leaflets for patients. The posters were displayed in community pharmacies throughout the month of October 2009.



Skin cancer prevention campaign (2006)

The National Institute on Cancer (INCa) brought together several partners to take part of a skin cancer prevention campaign. Various tools have been designed by the Ordre des Pharmaciens and the INCa, including:

- practical memo for the pharmacist (to support pharmacists in their educative mission in the fields of sun protection). It gathers the main recommendations on skin protection.
- a reference folder for the pharmacists on sun protection (extended information on skin cancer prevention and updated every year).
- posters and educative tools to be given to the publics (posters, leaflets, postcards)

Key messages: sun filter creams are not sufficient to protect against the damaging effect of sun exposure, an effective photo-protection can only be accomplished through the use of complementary methods (creams, protective clothing, limitation of sun exposure).

Results achieved:

- 50 000 practical memos sent to pharmacists in 2007-2008
- 4 000 reference folders sent to pharmacists on their request between 2006 and 2008
- 15 000 posters, 210 000 leaflets and 6 500 post cards distributed between 2006 and 2008

In **Italy**, a prevention activity made by community pharmacies in the prevention of colon rectum cancer was launched in January 2006 by Federfarma Milan. Following this initiative, the Federfarma local Associations of some Italian Regions decided to launch additional campaigns for the prevention of colon rectum cancer, targeted to people within an age class from 50 to 69 years. The main features of the campaign included:

- Initial specific training supplied by the Local Health Unit (LHU) to community pharmacists.
- Every community pharmacy had to get in its stock a screening kit for the detection of fecal occult blood.
- In parallel, the LHU would send a letter to the target population inviting them to go to the closest pharmacy to get the kit.
- Community pharmacists had to give the kit to the patient after having recorded his/her consent and registering the patient's name and the screening kit barcode into the specific

software provided by the LHU in order to afford both the quick traceability of the operation and following direct contacts with patients.

- Then the pharmacy had to collect the screening kits from patients in order to send it, through the logistical help of wholesalers, to the LHU.
- Finally the community pharmacies had to dispense free of charge non-reimbursable OTC prescribed by LHU's general practitioners with the objective of colon preparation for following a more accurate analyses. Community pharmacists had also to record this dispensation and to provide all the necessary pharmaceutical and health advices to their patients in this very sensitive situation.

By the end of 2008, the LHU communicated the first official results of this important screening activity made in collaboration with community pharmacists. According to these results, in 2007, 40% of the target population (22,580 individuals) accepted to participate in the screening leading to the identification of 3.3 % cases of patients affected by colon rectum cancer and 7% of cases with a positive screening result requesting follow up care. Of these, 45% of the results detected intestinal polyps. The early identification of these cases of intestinal polyps represented a real added value of the screening activity, as the scheme managed to guarantee a hugely useful prevention of colon rectum cancer, given that 90 % of this cancer is caused by a degeneration of the intestinal polyps.

In **Ireland**, the Palliative Care Community Pharmacy Network is an initiative developed by the Specialist Palliative Care Services and Primary Care HSE DNE in consultation with Community Pharmacists to promote shared care using an interdisciplinary approach, for Patients in the community with palliative needs. The initiative is an adaptation of the Scottish, pharmaceutical care model scheme for palliative care in the community. The network consists of fourteen pharmacies geographically spread over the counties Louth, Meath, Cavan and Monaghan, an area of 6, 498 sq kilometres. Each network pharmacy holds an approved stock of essential palliative medicines and has a nominated pharmacist with training in Palliative care. The aims of this network are to:

- Help support the concept of palliative care in the community
- Act as an information resource in the community for patients, carers and other healthcare professionals
- Liaise with other healthcare professionals on issues related to patients pharmaceutical care
- Provide timely access to essential palliative drugs for patients cared for at home

Many patients with palliative needs may not ever be referred to a Specialist Palliative Care Service. Community pharmacists are a likely primary point of contact with these patients and potentially have a key role in helping to support patients and carers, manage symptoms and medication side-effects, avoid medication adverse effects and poly-pharmacy and contribute to overall medication safety and quality control.

It is anticipated, the network will not only benefit the patient and their family but also, other community based health professionals, promoting the concept of shared care, and an interdisciplinary approach to palliative care complementing Specialist Palliative Care Services in the region.

In **Portugal**, several initiatives have been developed.

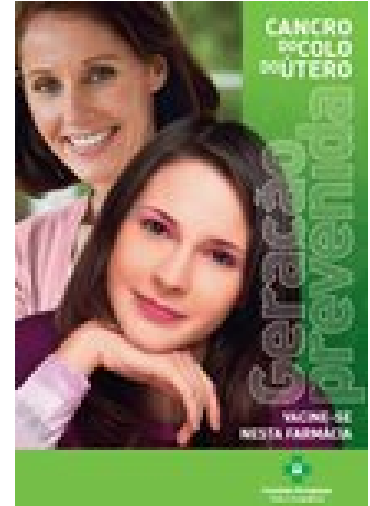
Vaccination campaign against HPV in pharmacies (April-May 2009)

The Human Papillomavirus (HPV) is responsible for one of the most common sexually transmitted infections. The most relevant disease caused by this virus is cancer of the cervix, the second type most common cancer in women worldwide, with approximately 100% of cases due to HPV.

The Portuguese National Vaccination Plan (NVP) includes a vaccine against infections caused by HPV, which is administered routinely to girls who complete 13 years old in the respective calendar

year. In addition to the adolescents within the NVP, the vaccine can be given, by prescription, to women between 19 to 26 years old.

With the publication of the Governmental decree No. 1429/2007, pharmacies were able to provide a service of administration of vaccines not included in the NVP. This service is considered of convenience for the patient and a guarantee that the cold chain is kept stable from the production of the vaccine to its administration. In this context, the vaccine against HPV infections can be administered in the pharmacy, by prescription, to women between 19 to 26 years old.



With the aim to contribute to the prevention of HPV infections and to the fight of cervix cancer, the Portuguese National Association of Pharmacies (ANF) has launched a Campaign entitled "Get vaccinated against HPV in your pharmacy", which took place from the 27th of April to the 2nd of May 2009. The Campaign has also counted with the support of several entities such as medical societies, wholesalers and a pharmaceutical company.

An information leaflet was distributed to young women with information about the vaccine and advice was given on other preventive measures against infections caused by HPV.

In this campaign, 844 community pharmacies (30.4% of Portuguese pharmacies) have received the promotional material in order to inform the public. There is no data available concerning the number of pharmacies that have administered the vaccine.



European Week of Prostate Diseases . Information Campaign

In recent decades, with the increase of life expectancy, the incidence of prostate diseases has increased, including benign prostatic hyperplasia (BPH) and Prostate Cancer.

Prostatitis, BPH and prostate cancer are the most prevalent diseases in men living in the developed countries. In the European Union, it is estimated that 85,000 new cases of prostate cancer are diagnosed each year. In terms of incidence in Portugal, the prostate cancer is on the third place in the ranking of cancer diseases and on the second in mortality, accounting for approximately 1,800 deaths per year.

These diseases can be present for long periods of time without symptoms or with very mild symptoms. Thus, it is recommended that after 45 years old, all men carry out the screening to prevent the disease progression and benefit from an effective treatment.

The pharmacist is an important element of the health care team with a direct contact with the target population, and with a role in advising and disseminating information on prostate diseases, as well as promoting awareness for early diagnosis.

Thus, in 2007, the ANF has started a partnership with the Portuguese Association of Urologists (APU) that resulted in the publication of information leaflets to distribute to the public by pharmacists and of a practical guide for the pharmacy team. In 2007, conferences were also held on the subject for pharmacists in several Portuguese cities with the support of the APU. Since then, the information leaflets are distributed in community pharmacies during the European Week of Prostate Diseases, which in 2009 ran from 14 to 20 September.

Some community pharmacies also provide to the public the possibility of doing a PSA screening test (point of care measurement).

Smoking Cessation National Campaign . Portuguese Pharmacies help smokers quit

The National Association of Pharmacies (ANF) developed a model and tools for a national pharmacy-based campaign targeted to individuals willing to quit smoking, in association with 3 medical societies in the fields of cardiovascular and asthma diseases. Tools provided included a Manual on Smoking Cessation Pharmacy Service©, Fagerström Test, Personal Plan of Action, non prescription treatment guidelines and a spreadsheet to document care provided.

The Campaign was launched on the World No Tobacco Day in 2006 and was preceded by evening sessions for pharmacists held in three major cities.

In this Campaign, 1,430 community pharmacies (53% of Portuguese pharmacies) have participated, of which 162 (11.3%) followed individuals and documented this intervention for at least three months. There were 1,202 smokers enrolled (between May and September 2006) and an average of seven smokers per pharmacy.

The success rate, considering smokers who remained without smoking at a period of three months, was 69.3%. These results suggest that the provision of a smoking cessation service in pharmacies may have a positive impact on success rates.

Visits to schools - Ateliês do Museu da Farmácia

In Portugal, in the area of health prevention, the Pharmacy Museum has developed an educational programme *Cuidados de Saúde com Cápsula, Ampôla, Cãoprimido e Sara*, which is composed by workshops and several contents about health issues intended for children and teenagers between 6 and 14 years old. This programme has 12 health issues, one of those in the area of smoking prevention with the title *Smoking is bad*. Community pharmacists usually use the multimedia content (CD Rom Clube da Sara - Sara's Club) and promotional material (leaflets, stickers, posters) when they visit schools to talk about smoking prevention and cessation. In addition, pharmacists can ask the museum to organize a workshop, entitled *Tobacco Brigade* where several activities are developed with the students to show the dangers of smoking.



Moreover, there is also another educational programme with a workshop and promotional material regarding sun protection, which aims to educate children about the dangers of exposure to sunlight and preventive measures against skin cancer.



In **Spain**, several initiatives have been developed.

Sun, skin and protection: educational programme for school children (2001-2004)

Educational sessions were organised in schools to inform children from 8 to 12 years old, on sun protection and the danger of sun. These educational sessions were made by pharmacists, supported by educational materials with a Guide for pharmacists, as well as didactic sheets and with videos. These educational sessions were 1 hour sessions and they were handled by pharmacists on the basis of a protocol developed by the Consejo General de Colegios Oficiales de Farmacéuticos. These educational sessions were organised in 2001, 2002 and 2004.



Add years to your life (sun protection) (2003)

In 2003, the Consejo General de Colegios Oficiales de Farmacéuticos de España and the Ministry of Health organised a joint campaign to raise awareness on the importance of sun protection to avoid skin cancer.

This campaign consisted of poster displayed in community pharmacies and of patient leaflets.



Protect your skin. Protect it from cancer (since 2005)

This communication campaign aimed to educate patients to better understand the information available on the labels of sun protection creams/products.

This campaign was run by the Consejo General de Colegios Oficiales de Farmacéuticos de España, the Ministry of health and consumer and the Spanish association against cancer. Two different patients leaflets (general advice with regards to sun exposure; education of patients about sun protection) were available



Breast cancer Day (2007)

To celebrate the October 19th Day against breast cancer, the General Council of Official Colleges of Pharmacists organised a communication campaign in collaboration with the Spanish Association Against Cancer (AECC). It consists of the disseminating of patient leaflets and displaying posters in community pharmacies. The topic of this campaign is "If early detected, easily treated". The Leaflet of the campaign on breast cancer explains what a mammogram is, how it's done, who should have one and what are its main advantages.

