Jockey Club PHARM+ Community Medication Service Network - Roundtable Meeting on Development of Smoking Cessation Service in Community Pharmacy in Hong Kong

LEE, Tommy Ka-Ho[a]; CHEUNG, Gladys Daphne[a]; LAW, Kitty Kit-Ki[a]; LEE, Marco Tsun[a]; CHENG, Franco Wing-Tak[a]; WAN, Eric Yuk-Fai[a,b]; WONG, Ian Chi-Kei[a]*

[a] Department of Pharmacology and Pharmacy, L02-56, 2/F, Laboratory Block, Li Ka Shing Faculty of Medicine, The University of Hong Kong, 21 Sassoon Road, Pokfulam, Hong Kong SAR, China

[b] Department of Family Medicine and Primary Care, Li Ka Shing Faculty of Medicine, The University of Hong Kong, 3/F., Ap Lei Chau Clinic, 161 Main Street, Ap Lei Chau, Hong Kong SAR, China

*(*Corresponding author)*

INTRODUCTION

In support of the strategic development of primary healthcare in Hong Kong, the Hong Kong Jockey Club Charities Trust has initiated and funded Jockey Club PHARM+ Community Medication Service Network Project. In this project, the Department of Pharmacology and Pharmacy, The University of Hong Kong (HKU) is committed in building the capacity of community pharmacies, evaluating service effectiveness and enhancing professional standards to ensure service quality, efficiency and consistency.

HKU regularly convenes roundtable meetings with different stakeholders and creates a collaborative network among providers of community pharmacy services to foster knowledge exchange, collaborative learning and stakeholder engagement. These forums foster knowledge exchange and harmonise clinical practice, as well as strengthening interprofessional collaboration to meet the goals of a more robust primary healthcare system.

Roundtable Meeting on Development of Smoking Cessation Service in Community Pharmacy in Hong Kong (the Roundtable) was successfully held on 11 March 2026 in campus of The University of Hong Kong. This article presents the summary, key insights and consensus made in the Roundtable.

OBJECTIVES OF THE ROUNDTABLE

In light of Hong Kong's ongoing public health challenges related to tobacco use, community pharmacies represent a strategic and accessible platform for delivering effective smoking cessation services. Despite their potential, there is a recognised need to develop standardised service models, enhance pharmacists' training, and foster collaborative efforts with other healthcare providers and policymakers to maximise the impact. This meeting aims to convene a roundtable of pharmacy professionals, public health experts, service providers and other stakeholders to assess the current landscape, identify resource and training requirements, and collaboratively brainstorm a sustainable, people-centred service model. Strengthening the role of community pharmacies and pharmacists in smoking cessation could ultimately contribute to improved public health outcomes across Hong Kong.

Here are the key objectives of the Roundtable:

- To learn about the latest landscape, opportunities and challenges for developing a structured smoking cessation service in community pharmacy
- To explore resource needs in developing smoking cessation service
- To foster collaboration among different stakeholders such as academics, non-governmental organisation (NGO) partners and healthcare providers to build a robust and accessible model for smoking cessation in community pharmacies

ROUNDTABLE HIGHLIGHTS

The Roundtable convened over 30 representatives from a broad spectrum of stakeholders in the pharmacy and primary healthcare sectors. Participants included pharmacists from community pharmacies, NGOs, as well as District Health Centres (DHC) and DHC Express. The meeting also integrated perspectives from academia, smoking cessation service providers, and representatives of other professional bodies.

Three featured presentations offered practical insights into development of smoking cessation service in community pharmacy:

- Smoking Cessation Service in DHC – presented by Ms Dilys Chow, Pharmacist and Allied Health Team Leader of Sha Tin DHC Express
- Transforming Community Pharmacy Practice: Insights from Frontline Smoking Cessation Experience – shared by Mr John Lee, Programme Coordinator of Smoking Cessation Programme, United Christian Nethersole Community Health Service
- Latest Research Insights on Smoking Cessation and Tobacco Control - delivered by Professor Derek Cheung, Assistant Professor, School of Nursing, The University of Hong Kong

Throughout the Roundtable, participants and speakers engaged in a dynamic exchange of insights, offering critical perspectives on defining the professional roles of pharmacists and community pharmacies within the context of smoking cessation services and public health promotion.

Photo 1: Overview of the Roundtable regarding development of smoking cessation in community pharmacy in Hong Kong

EXECUTIVE SUMMARY FROM PRESENTATIONS

Smoking Cessation Service in DHC

Ms. Chow provided an in-depth review of the smoking cessation initiatives with the DHC framework. DHC serves as a primary resource hub for disease prevention and chronic disease management, with smoking cessation identified as one of the key functional priorities.

Since mid-2022, Sha Tin DHC Express has obtained the Listed Sellers of Poisons license, enabling pharmacists to provide free nicotine replacement therapy (NRT) alongside professional counselling. The service follows a structured five-step clinical pathway:

1. Identification: Active engagement and screening via health risk assessments and community outreach
2. Referral: Utilising internal, external, and self-referral mechanisms
3. Assessment and counselling: Applying the 5A/5R/5D frameworks and the Fagerström Tolerance Scale to evaluate nicotine dependence and readiness to quit
4. Follow-up: Continuous monitoring (face-to-face or via phone) for withdrawal symptoms and NRT adherence
5. Clinical referral: Escalating cases requiring medical attention or other interventions such as Chinese Medicine and acupuncture, psychosocial support

Ms Chow highlighted that one of the critical aspects of this clinical role is the management of complex comorbidities. Recognising that smokers often present with concurrent conditions such as hypertension, diabetes mellitus, and mental health disorders, pharmacists perform vital medication reconciliation. They ensure that smoking cessation pharmacotherapy is safely integrated with existing chronic medication regimens, mitigating potential drug-disease or drug-drug interactions while supporting patients through the physiological and psychological challenges of nicotine withdrawal. During the case-sharing session, Ms Chow particularly emphasised that pharmacists play a pivotal role in reinforcing medication adherence and optimising the use of appropriate pharmacological interventions, including nicotine patches, gums, and lozenges.

Beyond individual clinical care, strategic public engagement is crucial to expanding the reach of smoking cessation services within the DHC framework. To this end, Sha Tin DHC Express actively participates in community-wide campaigns such as hosting interactive booths in shopping mall for 'World No Tobacco Day' organised by the Hong Kong Council on Smoking and Health to raise public awareness.

During the 'Quit in June' initiative organised by Department of Health, pharmacists take a proactive lead in providing free counseling and distributing one-week NRT trial packs to both registered DHC members and the general public, effectively fostering a community-wide 'readiness to quit' through a better accessibility of services.

The success of smoking cessation is fundamentally rooted in a collaborative approach and the provision of robust psychosocial support. The DHC smoking cessation service exemplifies a multidisciplinary management approach, integrating social support, pharmacological expertise, and community resources to enhance the public's 'readiness to quit' and improve long-term health outcomes.

Photo 2: Ms Dilys Chow presents on the DHC smoking cessation service model

Transforming Community Pharmacy Practice – Insights from Frontline Smoking Cessation Experience

Mr Lee shared valuable insights from his extensive frontline experience in United Christian Nethersole Community Health Service smoking cessation programme. Established in 2013, this comprehensive 'one-stop' community model serves diverse population, including local residents, ethnic minorities and new immigrants. The programme offers integrated care through clinic-based face-to-face counselling and treatment, alongside an innovative 'Mail-to-Quit' service that facilitates the delivery of NRT to selected participants' homes.

Drawing from years of frontline service, Mr Lee highlighted several critical challenges when delivering smoking cessation services.

A primary obstacle identified was the widespread misuse and misunderstanding of NRT. These misconceptions are frequently identified during the initial client intake, often before the formal cessation programme begins. Despite the accessibility of over-the-counter smoking cessation products in Hong Kong, many service users struggle with complex dosing regimens, leading to poor compliance and suboptimal outcomes. Mr Lee pointed out that clients often get confused with different NRT formulations or dosages. For example:

- Ambiguity in 'as needed' usage of short-acting NRT such as chewing gums: Clients are often unclear on the timing, whether to use it at the first urge or only when they are already at a smoking spot, as well as the maximum daily dosage or duration of use.
- The high-dose fallacy: There is a common misconception among users that starting with the higher, if not the highest dose of NRT patch automatically yields better results. Mr Lee stressed that education on individualised titration based on their nicotine dependence levels rather than a one-size-fits-all high-dose approach is critical.
- Patch efficacy and duration (e.g. every 16 hours, every 24 hours): Users frequently question the comparative efficacy of different patch formulations, such as whether a 25mg/16h patch offers superior outcomes over a 21mg/24h patch.
- Harm reduction versus absolute cessation: Many smokers struggle with the transition, often attempting to smoke less while using NRT rather than achieving total abstinence from the beginning.

The suboptimal usage and poor understanding of smoking cessation medication create a significant psychological barrier to quit, which diminishes their self-efficacy and motivation to continue the cessation journey.

Another challenge discussed was how pre-existing mental health conditions, psychiatric disorders, and other substance use disorders complicate smoking cessation. Mr Lee emphasised a fundamental shift in clinical perspective: smoking is not merely an isolated addiction, but also a life-correlated behavior. In many cases, smoking is the result of underlying life difficulties and psychological distress rather than the root problem itself. For pharmacists looking to develop smoking cessation services, this necessitates a more empathetic, integrated and multidisciplinary approach.

The rising trend of alternative smoking products (ASPs) such as e-cigarettes and heated tobacco presents a new clinical frontier. Mr Lee shared that many service users perceive ASPs as 'safer' alternatives or effective tools for quitting traditional cigarettes, often leading to a prolonged nicotine addiction. While existing smoking cessation services in Hong Kong are primarily designed for conventional tobacco smokers, there is a service gap for ASP users seeking to quit.

Mr Lee offered key strategic recommendations for community pharmacy to develop the unique service model. He emphasised the impact of medical professionalism on addressing the pharmacological complexities of cessation. Community pharmacists should leverage their expertise to provide individualised medication and health education that directly addresses the client's specific needs. Furthermore, there is a critical need to integrate mental health awareness in pharmacy practice. Pharmacists should be prepared to engage with a client's broader mental state and life context, as underlying stressors are often the primary triggers for relapse. By adopting this holistic approach, pharmacists can effectively identify potential clients who require further psychosocial support from other healthcare professionals or social service units, alongside their pharmacological treatment.

Photo 3: Mr John Lee shares his insights of smoking cessation programme

Latest Research Insights on Smoking Cessation and Tobacco Control

Professor Cheung shared critical insights into the latest research and clinical guidelines, emphasising the transformative role of healthcare professionals in tobacco control through brief

interventions and technological integration in primary healthcare. He highlighted that even a less than 30-second intervention from a healthcare professional can significantly motivate quit attempts, making the implementation of Very Brief Advice (VBA) a pragmatic strategy for busy clinical settings.

To standardise this approach for frontline pharmacists, he introduced the AWARD model (Ask, Warn, Advise, Refer, and Do-it-again). Professor Cheung specifically underscored the importance of professional delivery during these potent 30-second encounters: the practitioners make eye contact, speak solemnly and gesticulate to warn the absolute risk of smoking (e.g. 1 in 2 smokers will be killed by tobacco), advise immediate cessation, and refer to professional services with leaflets. Given that community pharmacies are one of the highly accessible primary healthcare facilities, pharmacists are uniquely positioned to integrate these high-impact, brief interventions into their routine patient encounters.

Apart from VBA, Professor Cheung highlighted the importance of active referral models. Unlike conventional methods where smokers are only given information, active referral involves the proactive transfer of a client's contact information to a smoking cessation service provider at the precise moment when their motivation to quit is highest. The sooner a client is referred, the higher the intention of quitting. Utilising the established referral channels like Integrated Smoking Cessation Hotline 1833183, community pharmacy can streamline the referral process with minimal time burden and reduce the attrition rate.

The session also explored the frontiers of digital and artificial intelligence (AI)-driven smoking cessation interventions. Professor Cheung presented robust evidence supporting chat-based instant messaging and generative AI chatbot as effective tools in smoking cessation.

The final theme from the sharing emphasised a strategic shift toward proactive outreach, delivering timely interventions directly to smokers rather than waiting for them to seek professional help. Smoking hotspots, such as the exits of railway stations, shopping malls, and large commercial buildings, present critical opportunities for healthcare professionals or service providers to engage individuals in their natural environments. Professor Cheung highlighted a successful outreach example targeting construction sites during workers' break times. Utilising carbon monoxide analyser as a tangible physiological assessment tool, practitioners can immediately demonstrate the impact of smoking on the body. This proactive engagement not only raises health awareness in hard-to-reach populations but also provides a low-barrier entry point for smokers to receive brief advice and initiate their cessation journey within the primary healthcare network.

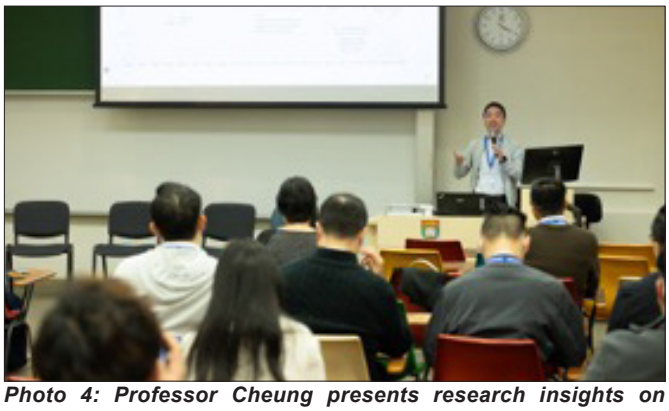

Photo 4: Professor Cheung presents research insights on smoking cessation

KEY INSIGHTS FROM THE DISCUSSION

The interactive panel discussion between speakers and the participants synthesised the challenges and opportunities for integrating smoking cessation into routine pharmacy practice, focusing on three strategic pillars:

- Tailored capacity building: Participants suggested that resources for clinical shadowing or case-based simulations are essential to build the confidence needed for managing complex and co-morbid cases.
- Sustainability: There was a shared recognition that while pharmacists are committed to public health, smoking cessation is an effort-intensive intervention. The discussion explored the necessity of future reimbursement models or financial subsidies to ensure professional and financially viable clinical services.
- Proactive client engagement: Participants discussed strategies for engaging pre-contemplative smokers during routine encounters such as chronic disease medication dispensing, utilising VBA as a low-barrier tool to initiate the conversation without overwhelming the pharmacy's daily workflow.

Photo 5: Panelists discuss the development of smoking cessation in community pharmacy

SUMMARY OF THE ROUNDTABLE OUTCOMES

The Roundtable served as a dynamic platform for knowledge exchange, synthesising evidence-based strategies and common

consensus within pharmacy service providers:

- Collaborative framework: The sharing facilitated a clearer understanding of the active referral pathway, positioning the community pharmacy as a vital access point to the broader primary healthcare network and smoking cessation resources.
- Consensus on brief interventions: There was a strong resonance among participants regarding the feasibility of VBA in a busy community pharmacy setting.

INSIGHTS AND NEXT STEPS

To translate these insights into practice, the following strategic actions were proposed:

- Community pharmacies might establish formal active referral pathways with Integrated Smoking Cessation Hotline 1833183 to strengthen interdisciplinary collaboration. By leveraging the unique accessibility and professional characteristics of community pharmacy, pharmacists can provide a seamless, holistic care that bridges the gap between community encounters and specialised clinical support.
- Community pharmacies are strongly encouraged to participate in the 'Quit in June' campaign. This initiative empowers pharmacists to provide free one-week NRT trial packs following a brief clinical assessment.
- Proactive community engagement is a key approach to maximise the utilisation of smoking cessation resources.
- Recognising that smoking cessation is a clinically effort-intensive service, the Roundtable emphasised the need for ongoing policy advocacy. To ensure the long-term sustainability of smoking cessation services in community pharmacy, it is essential to explore reimbursement models and funding schemes. Despite the resource-intensive nature of this clinical service, the pharmacy profession remains committed to supporting these initiatives for the overarching benefit of public health.

CONCLUSION

The roundtable underscores a pivotal paradigm shift in the provision of smoking cessation services in community pharmacies in Hong Kong. By integrating the systemic framework of local and international guidelines, the clinical insights from frontline service providers, and the latest evidence-based research from academia, this collaborative dialogue has established a comprehensive roadmap for the pharmacy profession.

The successful evolution of smoking cessation services in community pharmacy will hinge on interdisciplinary collaboration. These initiatives will not only enhance population health outcomes but also play a critical role in fostering a tobacco-free culture across the city. By aligning pharmacy practice with the government's vision of a Smoke-free Hong Kong, the profession remains a steadfast partner in the collective effort to safeguard public health and achieve a sustainable tobacco-free future.

SOURCE OF FUNDING

The Roundtable, under the Jockey Club PHARM+ Community Medication Service Network, was initiated and funded by the Hong Kong Jockey Club Charities Trust.

Author's background

LEE, Tommy Ka-Ho *is the Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is tkhlee@hku.hk*

CHEUNG, Gladys Daphne *is the Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. Her email is gdcheung@hku.hk*

LAW, Kitty Kit-Ki *is the Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. Her email is kittylkk@hku.hk*

LEE, Marco Tsun *is the Senior Pharmacist at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is marcolt@hku.hk*

CHENG, Franco Wing-Tak *is the Lecturer at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is francowt@hku.hk*

WAN, Eric Yuk-Fai *is the Associate Professor at the Department of Family Medicine and Primary Care and the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is yfwan@hku.hk*

WONG, Ian Chi-Kei *is the Professor at the Department of Pharmacology and Pharmacy, Li Ka Shing Faculty of Medicine, The University of Hong Kong. His email is wongick@hku.hk*