This is an opportune time for pharmacists to get involved in smoking cessation. With the Great American Smokeout just behind us, and the new year approaching, many smokers will be trying to quit.

More than 46 million Americans have kicked the habit, and 21,000 pharmacies no longer sell tobacco products. But the Food & Drug Administration estimates that three out of every five pharmacies, or 30,875, still carry these hazardous products.

The Pharmacy Council on Tobacco Dependence (PCTD), a Sausalito, Calif.-based group working to increase the number of tobacco-free pharmacies and reduce cigarette sales to minors, has a few suggestions for pharmacies still purveying the product, including this tip:

As of Jan. 1, 1997, if you must sell cigarettes, how about making them available only by the carton? The price alone ($25) would automatically deter many young people from buying these addictive substances.

In any case, as of Feb. 28, all pharmacies will have to comply with a new FDA ruling aimed at making it more difficult for young people to light up. The rule prohibits the sale of cigarettes to people under age 18, requires a photo ID with the bearer’s date of birth for purchasers under age 26, and bans self-service displays.

Since complying with this rule will entail not only extra costs for pharmacies but also more hassle, why not just give up the category—especially since so many pharmacies that dropped cigarettes saw no loss in their business?

Another thing pharmacists can do is replace tobacco sales with smoking cessation programs. Check with your state pharmaceutical association for information on these programs. The American Pharmaceutical Association has a continuing education publication on smoking cessation strategies adapted from the Agency for Health Care Policy & Research guidelines. This special report can give pharmacists some guidance.

The June issue of Business and Health contained information on smoking quit rates and costs. As the following table shows, pharmacist intervention is associated with high quit rates. Pharmacists should take the lead in identifying patients interested in quitting and then set up a program with a psychologist or a social worker to lend behavioral support. R.Ph.s can counsel patients about avoiding relapses and weight gain and offer referrals to other community tobacco withdrawal resources.

As the most trusted professionals, pharmacists can do a lot to help smokers, 70% of whom want to quit.

To that end, PCTD has developed a kit that is designed to help R.Ph.s get started in developing a smoking cessation program. The kit can be ordered by writing to: PCTD, P.O. Box 1336, Sausalito, CA 94966, and sending $5 for promotional items and postage, or call (415) 332-1832.

Becoming involved in smoking cessation programs makes sense and could be profitable for pharmacists. What’s more, your customers will recognize your commitment to their health.

The author is director of consumer affairs, Pharmacy Council on Tobacco Dependence.