Global Bridges Japan Full Proposal English Translation
Request ID: 35677709 (LOI#11)
Organization: Pharmacists Committee of Japan Society for Tobacco Control
Project Title: The program to train pharmacists who can support smoking cessation to expand passive smoking prevention

C. Main Section of the Proposal

C-1. Overall Goal & Objectives:

C-1-1. Overall Goal：

In addition to hospitals and clinics, pharmacies and drug stores are medical service providers that have numerous opportunities to interact with citizens. This program aims to provide high-quality and easily approachable smoking cessation opportunities and remove barriers that prevent smoking cessation to a wide range of Japanese citizens by utilizing pharmacies and drug stores, hospital and clinics, as well as health insurance societies and pharmacists of public health centers as the source. We will train "smoking cessation support pharmacists" that are capable of providing smoking cessation counseling at hospitals, pharmacies and drugstores based on a medical professional network. This program further aims to increase the opportunities and quality of smoking cessation support instructions that are provided from smoking cessation support pharmacists to local residents. We will further develop a "smoking cessation support education program for pharmacy students" for those that participate in a 6-year pharmacist training curriculum and conduct a workshop that targets university instructors. This program aligns with the RFP of Global Bridges; a book that aims to "promote the introduction of nicotine addiction treatment based on science". The pharmacist committee of the Japan Society for Tobacco Control (general corporate judicial person) is an organization that aims to develop and disseminate smoking cessation support abilities of pharmacists based on science. Thus, this organization's objective corresponds with this application.

C-1-2 Objectives ：
This application establishes the following objectives in order to accomplish the aims mentioned above.

1. Promoting the declaration activities of zero passive smoking of the pharmacist organization: Promoting the declaration activities of zero passive smoking of the pharmacist organization that supports smoking cessation support activities of individual pharmacists. Prevent the isolation of pharmacists that are active at pharmacies/drug stores and conduct public relations that urge pharmacists to participate in zero passive smoking declaration or smoking cessation movements. Information will be disseminated to local residents and all Japanese citizens.

2. Promoting the passive smoking prevention policy settings in pharmaceutical departments nationwide: Conduct public relations that promote settings such as the smoking cessation enforcement policy and passive smoking prevention policy in universities that include 6-year pharmaceutical departments. Moreover, the information will be disseminated to local residents and all Japanese citizens.

3. Training smoking cessation support pharmacists: Train smoking cessation support pharmacists and plan the expansion of smoking cessation opportunities to local residents. For pharmacies and drug stores counters, we will train smoking cessation support pharmacists and equip them with practical smoking cessation support abilities that are effective after a short amount of time and will be applied in settings such as hospitals and health insurance societies. The training will

include activities such as workshops that are held in collaboration with the Japan Society for Tobacco Control and pharmacist organizations in each region. We will further create teaching materials for this training program after forming a professional network that includes physicians, nurses and clinical psychologists. These teaching materials will be based on smoking cessation support learning tools created by University of California, San Francisco (UC San Francisco) such as "Rx for Change". Furthermore, we will use tools such as e-Learning and the WEB meeting system for educating pharmacists. Pharmacists will incorporate familiar information-processing equipment and systems such as smart phone applications, LINE and Skype in order to educate the general public and attempt to increase smoking cessation support opportunities. We will design smoking cessation support so its quality will improve through close information exchange between hospitals/ health insurance society and pharmacies/drugstores, as well as between physicians, nurses and pharmacists.

4. Development and dissemination of the smoking cessation support education program for pharmacy students: Development and dissemination of a smoking cessation support pharmacist education program in universities that include a 6-year pharmaceutical education program. We will develop and provide a smoking cessation support pharmacist training program while collaborating with pharmaceutical departments of 73 universities nationwide. We will refer to sources including "Rx for Change" when we construct and provide smoking cessation instruction program contents that are enforceable at universities such as drug administration guidance and counseling. Further, we will train educators at universities that are deeply interested in smoking cessation support education to ensure its enforcement. This activity will lead to the increase of smoking cessation support opportunities to local residents.

5. Creating a smoking cessation support pharmacy map: We will add the indication of smoking cessation support pharmacies that employ smoking cessation support pharmacists on our map and provide this to the general public. At the same time, we will conduct public relations by providing information to entities such as the government, pharmacist organizations, educational institutions and other forms of media in order to increase the smoking cessation support opportunities of local residents.

C-2. Current Assessment of need in target area

According to the national health and nutrition examination survey of 2015 (Ministry of Health、Labor and Welfare)[1], age adjusted smoking rate was 31.4% for males, 8.3% for females and 19.1% overall. The smoking rates in 2015 was 39.6% for males, 12.0% for females and 24.9% overall. The difference has decreased by 8.2% for males, 3.7% for females and 5.8% overall. There has certainly been a decrease in the smoking rate during the past decade. The decreasing rate was 79.2% for males, 69.2% for females, and 76.7% overall; the decreasing rate for females was comparably larger than males and there were more females transitioning to non-smokers.

When you compare the Japanese smoking rate at a global scale based on WHO's World Health Statistics 2017[2], the Japanese age adjusted smoking rate is 33.7% for males and 10.6% for females; among the 194 countries participating in WHO, Japan ranked around the middle as the 60th place for

males and 58th place for females. The male rate is higher compared to countries such as France (29.8%), Italy (28.3%), U.S. (19.5%), Australia (16.7%) and other European and North American countries. On the other hand, the female rate is higher compared to the Philippines (8.5%), South Korea (4.2%), China (1.8%) and other Asian countries. This international comparison indicates the possibilities of decreasing the Japanese smoking population by enhancing smoking cessation support environments even more. The annual deaths caused by smoking in Japan are estimated to be 128,900 for active smoking[3)] and 15,000 for non-smokers/passive smoking. The disease burden for smokers is still significant in Japan[5)].

Japan has aimed to improve the health of its citizens and has established Healthy Japan 21 (secondary) in 2011[6)]. It encourages the extension of life expectancy and aims to thoroughly conduct prevention of onset and progression of lifestyle-related diseases. In particular, it upholds the prevention of cancer, cardiovascular diseases, diabetes, and COPD as priority items. Smoking has been brought up as a life-style choice that is strongly related to these non-communicable diseases. Because of this, we established a goal to decrease the smoking rate to 12% by 2022. In order to accomplish such goals, we would require around 7 million people or 7.1% of the population of age 20 and over (approximately 10 billion people) to quit smoking. This rate is equivalent to approximately 37% of the smoking population.

In order to accomplish this goal, the involvement of many health professions, related business employees and volunteers is necessary. According to the chart 2-46 of the statistics catalog of public welfare (2016) from the Ministry of Health, Labor and Welfare, the number of physicians is 311,000, dentists is 104,000, and pharmacists is 288,000. As healthcare providers, they form a primary vocational group. Furthermore, according to the statistics of medical facilities by the Ministry of Health, Labor and Welfare (approximate numbers, end of June 2017)[8)], the total number of hospitals, general practices and dental clinics is 179,151. According to chart 2-83 of the annual social welfare statistical survey (2016) [9)], the number of pharmacies is 58,000, and store distributive trades (drug stores) is 25,000. Further, some pharmacies take a commercial form of drug stores that sell other products such as daily commodities. The scale of sales in 2016 was 5.7 trillionourou yen, this is equivalent to half of convenience store sales in Japan (11 trillion yen) [10)]. In this manner, pharmacies and drug stores have many opportunities to interact with the general public in their daily lives and can be an important medical relevant facility that can provide daily smoking cessation support.

However, patients that receive smoking cessation treatment rarely receive smoking cessation support from pharmacists in pharmacies or drugstores. This indicates that, from the patient's perspective, the smoking cessation support system provided by pharmacists is insufficient[11)]. Further, doctors that are involved with smoking cessation treatment strongly hope that pharmacists are provided with good quality learning opportunities so they may obtain knowledge and skills related to smoking cessation support[12)]. In response to this, we will conduct smoking cessation support pharmacy training (target 3) that prevent pharmacies/pharmacists from being isolated and enables them to cooperate with smoking cessation conducted by pharmacist network organizations or public relation promotion activities of the declaration of zero passive smoking (objective 1), and to cooperate with other occupations. We believe it is necessary to collect information regarding smoking cessation support pharmacies nationwide and use various media to provide map information of smoking cessation support pharmacies to local residents (objective 5) in order to increase smoking cessation opportunities of Japanese citizens.

For foreign countries including the U.S., it is known that trainings related to treatment methods of

nicotine addiction and smoking cessation support by healthcare providers has high cost-efficiency[13] and such training is included in the academic curriculum for pharmaceutical education[14, 15]. On the other hand, for Japanese pharmaceutical education model curriculums (hereafter referred to as "curriculum"), as one of the learning items of the revised curriculum of 2013, mastery of knowledge related to drug treatment such as the pathology of nicotine addiction and selection of treatment drugs has been added[16]. It can be said that knowledge related to smoking cessation support and mastery of knowledge related to drug treatment has become a requirement for pharmacist's occupational ability. However, education related to smoking cessation support and smoking cessation treatment by health insurance has not been clarified in any curriculum or clinical teaching guideline before and after the revision.

Furthermore, unlike primary and intermediary education schools, colleges and universities are currently not required to make their campus non-smoking. Because of this, the ratio of universities that make their campus non-smoking is unclear even among those universities with pharmaceutical departments that train healthcare providers. For environments that have smoking areas on campus, it is possible that pharmacy students will not be able to acknowledge the health risks sufficiently.

Therefore, we think it is necessary to conduct investigation/promotion activities of the settings of smoking cessation/passive smoking prevention policies in universities that include 6-year pharmaceutical education departments (objective 2). In addition, it is required to plan for training educators as well as create smoking cessation support education programs that target pharmacy students (objective 4).

By conducting the previously mentioned activities while targeting both pharmacists and pharmacy students, we believe it is possible to significantly increase the opportunity and quality of smoking cessation support instructions that are provided to local residents by pharmacists.

C-3. Target Audience:

The smoking rates for each generation in males is highest among those in their 30s at 41.9%. This rate is also high among those in their 40s and 50s at 37% and this decreases beyond 60s at 29%. Even for females, those in their 30s and 50s were at 11% and the rate decreases at their 60s at 8% [1]. In this manner, the smoking rate of generations that are currently rearing children and in their career prime have high rates. The rate of people that want to quit smoking in Japan is 27.8%. Even if these people succeed with smoking cessation, we will still not be able to reach the 2022 goal of decreasing the smoking rate to 12%. It is necessary to create motivation in order to achieve our goals for smoking cessation.

On the other hand, the rates of people that answered there are local medical facilities that offer smoking cessation treatment is 34.6% for male and 42.9% for female. For males across all generations, more than 50% have responded, "I don't know". Even among the smokers that want to quit, approximately 50% of both men and women are not sure if there are local medical facilities that offer smoking cessation treatment. The rate of people that answered they don't know the location of smoking cessation treatment medical facilities was 47.3% for males that want to quit, and 59.85 for males that don't want to quit; there is only a 12.5% difference between these male groups. In this manner, smoking cessation treatment medical facilities are not acknowledged sufficiently. For males in their 30s (15.15%) and 40s (15.7%) that are busy with work, child-rearing and house chores, their

working hours in 2016 is 60 hours or more per week. Since this is a higher standard compared to other generations, it is inferred that they may not be able to create sufficient time to seek diagnosis for medical facilities.

For the above reasons, the final beneficiary of our program is centered on all smokers among the child-rearing generation. Pharmacies and drug stores have connections with smokers from the child-rearing generation of both males and females in their daily lives. Pharmacists that are considered as medical professional groups that provide smoking cessation support at hospitals and health insurance societies providing smoking cessation treatment as well as university instructors that educate pharmacy students that will be involved with smoking cessation support in the future are both important education target audiences. Pharmacists of both pharmacies and drug stores are also active at local educational institutions (elementary, middle and high schools) as “school pharmacists”. In addition, they have many interactions with local residents such as adolescents and pregnant mothers as “health support pharmacists” that provide health support information to local residents. We can expect a dissemination effect for smoking cessation support activities in collaboration with physicians of local medical facilities and hospital pharmacists.

Participants of this program shall be 1) pharmacists that are active in pharmacies/drugstores, hospitals, health insurance societies and health care center. The recruitment of participants will be done through public relations in cooperation with local pharmacist organizations and hospital pharmacist organizations, etc. that serve as activity bases for the Japan Society for Tobacco Control. Further we will recruit individuals passionate about smoking cessation support education such as those that connect the credit of continuing studies of academic societies related to smoking cessation and pharmacist organizations. This is expected to have those such as physicians, nurses, physical therapists and social workers as a potential audience. Further, 2) university instructors that are pharmacist members of the Japan Society for Tobacco Control will be at the core of the smoking cessation support education program that targets pharmacy students. Moreover, we will conduct public relations at societies such as the Pharmaceutical Society of Japan and the Japanese Society of Public Health in order to recruit participants that are involved in pharmaceutical education and are passionate about smoking cessation support education. For a potential audience, public health nurses, nurses and psychology counselors that work in university health supervision departments can be target trainees.

C-4. Project Design and Methods:

Medical facilities, education facilities and pharmacist organizations will create a network, utilize advanced ICT technology, and utilize public relations strategies that “visualize” smoking cessation support activities to public citizens. Based on a strategy that provides smoking cessation methods in easily accessible local areas connected to people’s daily lives to a busy child-rearing generation, we will utilize the latest education technique that combines public relations and smoking cessation support pharmacist training with e-learning and workshops. It links map information and smoking cessation support pharmacist information that pushed forward with learning while conducting public relations that widely disclose this information among public citizens online. We will develop and disseminate methods that strengthen smoking cessation support by rotating practical learning and civil service.

Based on preparations the year before program implementation, the above project design will be

materialized according to the following five items: 1. It will promote pharmacist organization activities related to the passive smoking zero declaration, 2. promote passive smoking prevention policies in pharmaceutical departments nationwide, 3. train smoking cessation support pharmacists, 4. develop and disseminate smoking cessation education programs to smoking cessation support pharmacists, and 5. create smoking cessation support pharmacy maps.

On the other hand, smoking habits are closely related to regional characteristics (culture and climate). According to the smoking rate data by prefecture in the Comprehensive Survey of Living Conditions, the national average smoking rate for adult males in 2016 was 31.1%[18]. Compared to the male smoking rate in the six prefectures of the Tohoku region, there is an approximately 4% difference between the male smoking rates in Aomori (ranked nationally in 2nd place at 36.5%) and Yamagata (ranked in 14th place at 32.6%)[19]. For this application, Yamagata's smoking cessation support activities will be positioned as the best practice of the Tohoku region and we will begin the above activities from 1 to 5 at Yamagata in the first year. We will further improve issues in this program and spread the activities in the following year among target prefectures that include Aomori, Akita and Fukushima. Similarly, Kumamoto will be positioned as the prefecture with the best practices in the Kyushu region and we will design the program so it may advance in Saga, our target prefecture in the region.

C-4-1. 2017 (previous year will be used as a preparation period)

Applicants will receive subsidies for studies by the Japan Society for Tobacco Control in 2017 and conduct "scientific research related to initiatives toward smoking cessation support education by 6-year pharmaceutical education programs nationwide". We will further investigate the settings of our passive smoking prevention policy and smoking cessation enforcement policy while also understanding the actual situation of smoking cessation support education in pharmaceutical departments and the requirements for programs that train educators. Furthermore, we will gain cooperation from members of the pharmacist committee of the Japan Society for Tobacco Control and investigate matters related to the adoption situation of those such as the declarations by regional pharmacist organizations nationwide that are related to smoking cessation/passive smoking prevention.

C-4-2. The planning design and milestones of 2018 and 2019 will be explained according to the following five targets:

1. Promoting activities related to passive smoking zero declarations by pharmacist organizations:
1) We will select key people for the smoking cessation support activities and organization characteristics for national pharmacist organizations (Japan Pharmaceutical Association, Japanese Society of Hospital Pharmacists) and its local administrative organizations (prefectural and city pharmacist organizations). 2) We will cooperate with medical related organizations according to organization characteristics and key people, promote the acceptance of the smoking cessation/passive smoking zero declaration, and confirm declaration enforcement. Target prefectures will include those with high male smoking rates including Aomori, Saga, Fukushima and Akita. The declaration of pharmacist associations will spread to pharmacies and drug stores

and we will provide support to ensure that they will be added as notices in all stores. The Japan Pharmaceutical Association and the Japanese Society of Hospital Pharmacists express guidelines related to passive smoking prevention but this has not yet permeated from a local organization level to a common citizen level. This is a significant characteristic of this program and it is important to enforce this among pharmacist organizations that are closely connected with the region.

2. Promoting and establishing passive smoking prevention policy in pharmaceutical departments nationwide: 1) We will conduct a setting circumstantial investigation of individuals in charge of educational affairs and the directors of universities that include 6-year pharmaceutical studies education program and create a standard plan that indicates contents that should be included in the standard guideline based on the results of this circumstantial investigation. Both the results of the investigation and the standard plan will be disclosed after completion. 2) Based on the investigation results list and standard plan, we will encourage universities to adopt these settings. 3) Furthermore, we will appeal the importance of setting a smoking cessation enforcement/passive smoking prevention policy at universities and the importance of smoking cessation education in evaluation mechanisms of pharmacopedia as required. As an example, there have been declarations of “the basic guidelines of smoking countermeasures” at Okayama university that includes a 6-year pharmaceutical training program[20], but there have not been any notices listed in sources such as the pharmaceutical department homepage. For the 6-year pharmaceutical department, it is expected that promoting the installment of a smoking cessation enforcement/passive smoking prevention policy will be an innovation and have a significant impact on the consciousness and actions of pharmacy students and teacher organizations.

3. Training smoking cessation support pharmacists: We will train smoking cessation support pharmacists by using the following four strategies. 1) Smoking cessation support pharmacists will establish a standard for smoking cessation skills that can be practiced in a short amount of time for smoking cessation support pharmacists that work at facilities such as pharmacy/drug store counters and hospitals. 2) We will establish an evaluation standard and education program based on the learning ability standards of smoking cessation support pharmacists. 3) We will train smoking cessation support pharmacists by holding workshops in collaboration with Japan Society for Tobacco Control and pharmacist associations of each region. Prefectures with high male smoking rates including Aomori, Saga, Fukushima and Akita will be the target for this program. 4) We will monitor the enforcement of smoking cessation support education provided by smoking cessation support pharmacists to smokers. Based on smoking cessation support learning tools such as “Rx for Change” created by UC San Francisco, we will create a network of professionals such as physicians, nurses and clinical psychologists. It is difficult for pharmacists on-site that serve patients and clients to participate in programs such as workshops that last for a long-period of time (more than a day). We will combine e-Learning and WEB meeting systems for pharmacist training and pharmacists will provide familiar information-processing equipment and systems such as smart phone apps including LINE and Skype as smoking cessation support to local residents. Furthermore, health support pharmacies and drug stores (family pharmacies) that have many opportunities to interact with local residents will draw the target audience deeply into the

project and construct a regional smoking cessation support network that can serve as an information hub between physicians, nurses and pharmacists as well as between health insurance societies, hospitals, pharmacy and drug stores in order to increase the smoking cessation support events to local residents. Development materials are supplied without fee once a user registers online and user feedback will be incorporated in order to improve such materials.

4. Development and dissemination of the smoking cessation support education program towards pharmacy students: We will attempt dissemination by developing smoking cessation support education programs to pharmacy students by implementing the following three strategies. 1) We will contact 73 universities that include 6-year pharmaceutical education programs nationwide and collaborate with university instructors that agree with our purpose in order to develop and provide a smoking cessation support education program to pharmacy students. We will convert the previously mentioned “Rx for Change” tool into contents that are enforceable at Japanese pharmaceutical education programs. In particular, we will incorporate some ideas from this tool into drug administration guidance and counseling. 2) We will attempt to improve teaching materials under development by requiring advanced university instructors that are capable of introducing smoking cessation support education to evaluate the syllabus under development (general and action goals, teaching strategies, progress details and evaluation methods). 3) In order to enable the enforcement of lectures in all universities, we will hold workshops that educate educators in charge of smoking cessation support. Development materials are supplied without fee once a user registers online and user feedback will be incorporated in order to improve such materials. Previous practical smoking cessation support education programs that target nicotine addiction treatment has not been reported to be developed in Japan yet, making this program a novel attempt in our country.

5. Creating smoking cessation support pharmacy maps: We will create a smoking cessation support pharmacy map based on the following four strategies and disseminate it to the public. 1) Smoking cessation support pharmacy information disclosed by the health and welfare office of Yokohama city will be listed on the map as reference for the “nationwide smoking cessation outpatient and smoking cessation clinic list” created by the Japan Society for Tobacco Control. 2) We will organize the steps toward disclosure and items that are required for an agreement and information management regarding the disclosure. 3) We will negotiate with local pharmacist organizations, identify areas that are capable of disclosing information, and advance the disclosure of a smoking cessation support pharmacist map. 4) This will be disclosed as map information once we gain approval from facilities with active pharmacists that have participated in the “smoking cessation support pharmacist training workshop” and we will enhance the activity range of your program nationwide. This initiative item is expected to be effective towards the improvement of the current situation of the general public that has low awareness of smoking cessation support that is available at medical relevant facilities. It is required to acquire approval from local pharmacist organizations and facilities for disclosure and it’s important for us to engage by collaborating with groups such as pharmacist organizations.

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C-5. Evaluation Design:

Below is the explanation of our target level/target value and target index explained from subject 1 to 5.

1. Promoting activities of smoking cessation/passive smoking zero declaration by pharmacist organizations: We will set "the number of pharmacist organizations that made the declaration and the number of pharmacist organizations that disclosed such declaration online" as an evaluation index.

The Japan Medical Association, The Japan Dentist School Association (日本学校歯科医師会 or Nihon Gakkou Shika Ishi Kai) and Yamagata prefecture have drawn up a declaration of zero passive smoking and/or passive smoking prevention and Akita prefecture has drawn up a "prevention and countermeasure guideline for passive smoking in Akita prefecture". Furthermore, these groups have introduced a registration system for passive smoking prevention declaration facilities. We will advance smoking cessation/passive smoking zero declaration activities by pharmacist organizations that conform to local passive smoking prevention countermeasure systems with reference to previous studies and set the number of selected organizations as an index. We will determine particular key people and important organizations as well as factual surveys of local passive smoking zero declaration activities so we may utilize them as interim appraisal indices. Further, we will set passive smoking /smoking cessation zero declaration numbers as a final evaluation index. This program aims to encourage five or more local pharmacist organizations to declare smoking cessation/passive smoking zero.

2. Promoting the establishment of passive smoking prevention policies by pharmaceutical departments nationwide: We will establish "the number of pharmaceutical department or universities that establish a smoking cessation enforcement/passive smoking prevention policy, as well as the number of pharmaceutical departments that have disclosed such policies online" as an evaluation index.

According to the Japanese association of school health project that promotes "schools with no smoking", 275 campuses enforce non-smoking as of April 2017[21]. However, there are not many universities that indicate policies such as passive smoking prevention policies at a university or department level and clarify smoking countermeasure goals and principles on campus. Even among the 73 universities that include a 6-year pharmaceutical education program, there were only around 20 that enforce non-smoking on campus. This program will simultaneously conduct research related to smoking cessation enforcement/passive smoking prevention policy while establishing its education goal for training pharmacists, selecting universities that advance passive smoking prevention, encourage the establishment and disclosure of passive smoking prevention guidelines, and use these numbers as an evaluation index. Even after establishing non-smoking on campus, there have been some examples where universities would re-install smoking areas later on. Because of this, it would be difficult to establish a target value before investigation but there have been four universities that expressed their interest in this program at present. Our goal is for five or more universities to establish and disclose a smoking cessation enforcement/passive smoking prevent policy after the program has been completed.

3. Training smoking cessation support pharmacists: We will set "the number of local smoking cessation support networks, number of smokers that received smoking cessation support by smoking

cessation support pharmacists, and the number of smoking cessation support pharmacists" as an evaluation index.

The pharmacist organization of Tokyo includes an authorization system of smoking cessation support pharmacists. In addition, the pharmacist organization of Yokohama has established a smoking cessation support pharmacy authorization system while the pharmacist organizations of both Oita and Kagoshima have established smoking cessation support pharmacist systems. The pharmacist organizations of the city of Kashiwa and Niigata, prefectures of Kyoto, Miyagi and Shimane, as well as Nerima ward have authorized smoking cessation pharmacies. We will investigate the characteristics of each organization based on aspects of interaction opportunities with local residents and network formations with medical facilities in order to select appropriate best practices. Based on this best practice, we will create a smoking cessation support pharmacy training menu for this program. We will conduct smoking cessation support pharmacist training through workshops according local circumstances. The number of enforced workshops and its participants will be the target for evaluation. In addition, the workshop quality and acquired skill level will be evaluated based on surveys and rubric. Among the smoking cessation instructors approved by the Japan Society for Tobacco Control, approximately 150 are pharmacists[22]. Since smoking cessation support pharmacists are considered to be equipped with smoking cessation support abilities equivalent to instructors approved by the Japan Society for Tobacco Control, we will establish a goal to train 50% more or 75 smoking cessation support pharmacists. Furthermore, we will conduct an investigation before and after training for pharmacists that acquire smoking cessation support abilities through participation in our workshops and clarify the enforcement ratio of smoking cessation support activities. We will disclose the workshop operational situation and attempt to disseminate information regarding the project results.

4. Development and dissemination of smoking cessation support education programs for pharmacy students: We will establish "the number of university instructors/pharmacists and pharmaceutical departments that participated in creating this program, the number of held smoking cessation support education training workshops and evaluation by participants" as the evaluation index of this program.

The pharmaceutical education curriculum will be enforced in collaboration with pharmaceutical departments that serve as training facility for pharmacists nationwide and we will attempt to standardize pharmacist training education. Even curriculums and clinical teaching guidelines revised in 2013 still do not include study goals related to smoking cessation support education. This program aims to create a smoking cessation support education program that is enforceable in pharmaceutical departments in the future by collaborating with smoking cessation support pharmacists, hospitals, pharmacies and universities. Further, we will attempt to disseminate our education program by selecting pharmaceutical departments that have high interests in passive smoking prevention and hold educator workshops in order to consult and enforce a program according to the actual situation of each education facility. There are some budget limitations but our goal is to conduct workshops for at least four universities or for five universities if possible.

5. Creation of a smoking cessation support pharmacy map: We will establish "the number of smoking cessation support pharmacies that are linked with map information" as our evaluation index.

Local governments exist in order to provide services of listing the information of pharmacies that can provide smoking cessation treatment. This information is useful for local residents that request

smoking cessation support and for local pharmacist organizations that provide smoking cessation support pharmacist training programs targeting pharmacists. However, the data provided by such organizations and local governments are isolated and lack convenience at a civil level since it is not integrated into local maps. We will prioritize the advancement of incorporating existing smoking cessation support pharmacies into local maps. Further, we will enlarge the covered area from local to regional and nationwide. For enforcement, we will consider the progress of each step of the program and engage in program improvement. Our target value will be to draw up smoking cessation support pharmacy maps including 500 pharmacy locations.

C-6. Detailed Workplan and Deliverables Schedule:

C-6-1. Detailed Workplan and Deliverables Schedule:

1. Promoting passive smoking zero declaration activities by pharmacist organizations:

We will select organizations such as pharmacist organizations of cities or prefectures within regions such as Hokkaido/Tohoku, Kanto, Chubu, Kinki, Chugoku, Shikoku and Kyushu with comparably active smoking cessation activities. We will encourage the introduction of passive smoking zero declaration, local pharmacists will lead the creation of the declaration contents, and we will proceed with consensus building. We will clarify the action principles and ideas that mainly focus on each region during the consensus building process and prioritize the convergence of the declaration contents. We will create a draft during the first half of the first year, revise this draft during the latter half, and we will finalize and disclose the details on the second year. The finalizing and disclosing time period during the second year depends on the management system of each organization.

We will find the key people during the second half of the first year among the program's target prefectures including Aomori, Saga, Fukushima and Akita. We will create a draft in the second year and attempt consensus building.

2. Promoting the establishment of passive smoking prevention policies in pharmaceutical departments nationwide:

We will encourage universities to introduce these policies by referring to the policy establishment situation studies included in the subsidy research of the Japan Society for Tobacco Control. Further, we will use the research results to create standard drafts that indicate contents that should be included in guidelines. For the creation of a standard draft, instructors from Tokyo University of Pharmacy and Life Sciences, Toho University, Nigata University of Pharmacy and Applied Life Sciences, and Tokushima Bunri University have expressed their high interest regarding smoking cessation support education to the pharmacist committee of the Japan Society for Tobacco Control. Because of this, we will consult the key people of these four universities in the first year and draw up a standard smoking cessation enforcement/passive smoking prevention policy. We will draw up a standard content draft after gathering and reviewing opinions from universities that include 6-year pharmaceutical education programs nationwide. We will urge the establishment of smoking cessation enforcement/passive smoking prevention policy for universities nationwide. Furthermore, for good examples of pharmaceutical departments that incorporated non-smoking on campus, we will advertise examples such as disclosing information on the Japan Society for Tobacco Control home page and encourage

non-smoking campus development nationwide.

3. Training smoking cessation support pharmacists:

Pharmacists with an activity base in pharmacies and hospitals in prefectures such as Yamagata, Miyagi, Tokyo, Kanagawa, Fukui, Yamaguchi, Kagawa, Ehime, and Kumamoto have expressed their proactive involvement to this program. 1) During the first half of the first year, we will consider the contents of each area that has already been creating smoking cessation support pharmacist training program with the above-mentioned members, and draw up a learning ability standard of smoking cessation support pharmacists in order to acquire practical skills that are enforceable in a short period of time at facilities such as pharmacies/drug stores and hospitals. 2) Further for the first half of the year, we will draw up evaluation standards and education programs based on acquired skill standards of smoking cessation support pharmacists. 3) For the second half of the first year, we will train smoking cessation support pharmacists by holding “smoking cessation support pharmacist training workshops” with the cooperation of pharmacist organizations in the prefectures of Yamagata, Kagawa and Kumamoto. 4) We will review the activities of the first year, attempt to improve the program, and plan and promote the opening of “smoking cessation support pharmacist training workshops in prefectures with high male smoking rates such as Aomori, Saga, Fukushima and Akita”. In addition, we will advertise “smoking cessation support pharmacist training workshop” hosting activities and organize a structure plan that targets organizations such as pharmacist organizations nationwide to enforce this workshop.

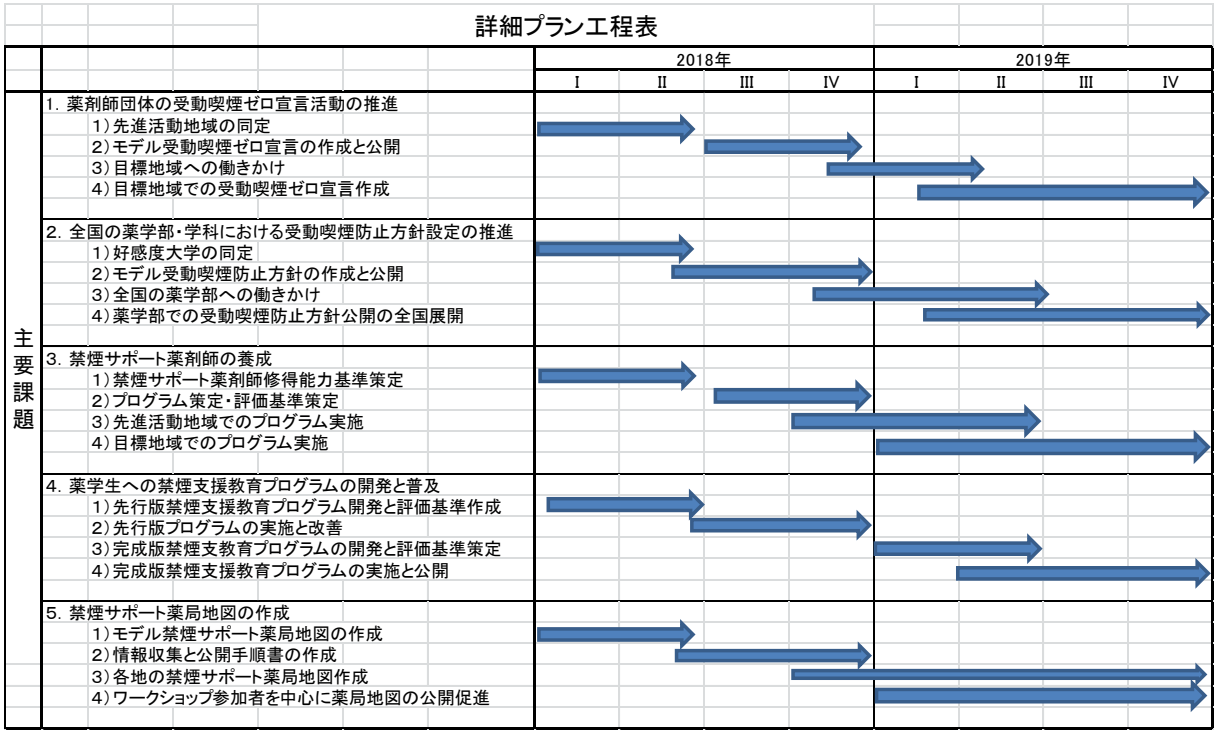
4. Development and dissemination of smoking cessation support education programs for pharmacy students:

1) As of present, instructors of universities such as Tokyo University of Pharmacy and Life Sciences, Toho University, Nigata University of Pharmacy and Applied Life Sciences, and Tokushima Bunri University have expressed strong interest regarding smoking cessation support education to the pharmacist committee of the Japan Society for Tobacco Control. We will collaborate with these four universities in the first half of the first year and develop a “smoking cessation support education program for pharmacists”. We will also create a detailed syllabus that includes the general target and action target, teaching strategies, and evaluation standards. 2) After obtaining results from the investigation during the second half of the second year by the subsidy studies of the Japan Society for Tobacco Control, we will also contact universities that are interested in smoking cessation education and attempt to improve this program with their collaboration. 3) For the first half of the second year, we will enforce a trial program among the collaborating universities and make further improvements. 4) We will summarize the activities in the second half of the second year and hold an enforceable and standard “smoking cessation support education program” in each university that includes an education workshop that targets university instructors interested in smoking cessation support. 5) We will publish teaching materials in development online so users may use it for free.

5. Creating a smoking cessation support pharmacist map:

1) We will utilize a smoking cessation support pharmacist list disclosed by the health and welfare office of Yokohama city during the first half of the first year in order to create a smoking cessation support pharmacy list and publish it on the Home Page while referring to the “list of smoking

cessation outpatient/smoking cessation clinics nationwide" created by the Japan Society for Tobacco Control. 2) For the second half of the first year, we will continue to construct systems that gather and disclose information. Further, we will gain approval required for disclosure and organize items required for information management as well as the disclosure sequence. 3) From the second half of the first year, we will discuss matters with pharmacist organizations in new regions and aim to disclose smoking cessation support pharmacy maps to multiple regions. 4) For the second year, we will obtain approval from facilities that have active pharmacists participating in the "smoking cessation support pharmacist training workshop" and disclose map information to the public. Furthermore, we will advertise smoking and expand the activity range nationwide.



C-6-2. Continuity after completion of program

Pharmacist organizations and hospital pharmacist organizations nationwide have expanded their activities as a general corporate judicial person and Public Interest Incorporated Association. In order to be transparent as an organization and fulfill their social responsibility, directors and auditors will succeed in their roles and all organization decisions will be made through negotiations among board of directors. Further, important items will be resolved by general meetings. Events such as board meetings are held around four times a year and the decision-making process of the organization is not as immediate. Therefore, in order to generalize this education program, it is important to incorporate continuous and tenacious initiatives.

As a part of information sharing, this project's research results will be posted in tobacco control journals, nicotine & tobacco research journals, and the Japanese Journal of Tobacco Control. We will supply information and developed teaching materials acquired from this program through the Japan

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Society for Tobacco Control home page and share project information with pharmacists that show interest in smoking cessation support.

In order to attempt continuous improvement for nicotine addiction treatment and education, as a part of the education program of the Japan Society for Tobacco Control, we will periodically provide education opportunities. In addition, we will provide smoking cessation support education syllabi, curriculums, class note materials, and rubrics used for performance evaluation. Further, we will conduct continuous improvement of education contents based on feedback from those such as enrollees. We will share the smoking cessation support pharmacy map information to local governments, health care centers, pharmacist organizations, medical associations and drug industries

In order to follow up and provide information immediately to the public while also stirring and maintaining motivation, we will constantly proceed with applying the latest information system to smart phone applications.