



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

**NLMA calls on province to fund tobacco cessation therapies
for low-income people**

For immediate release – November 8, 2012

St. John's, NL – The Newfoundland and Labrador Medical Association (NLMA) today released a position paper calling on the provincial government to fund tobacco cessation medications and nicotine replacement therapies (NRTs) for low-income residents as a benefit under the Newfoundland and Labrador Prescription Drug Program (NLPDP).

“There has not been a significant decline in the province’s smoking rate since 2003. It currently stands at about 20 per cent of the population or about 87,000 people over the age of 15. If we want to see our smoking rate decline, than we must turn our attention to helping current smokers quit,” said NLMA President Dr. Tony Gabriel.

“When smokers use NRTs and cessation medications, they increase their odds of quitting by as much as threefold... Unfortunately, access to these therapies is not universal for everyone. Low income, lack of education and other socio-economic factors are all barriers to accessing tobacco cessation aids.”

The NLMA’s *Position Paper on Coverage for NRTs and Tobacco Cessation Medications* recommends that the tobacco cessation medications varenicline and bupropion be covered by NLPDP and distributed through pharmacies for smokers who have a prescription from a physician. The NLMA also proposes that smokers who meet the criteria of NLPDP should receive a free supply of NRTs for up to 12 consecutive weeks in a single calendar year.

The NLMA proposes that NRTs be distributed by the Smokers’ Helpline, a toll-free confidential telephone service that anyone in the province can call and receive free support and counseling to quit smoking. Once a smoker is approved for coverage, a Smokers’ Helpline CARE Fax Referral would be automatically generated by NLPDP and sent to the Smokers’ Helpline. A counselor would then follow up with the smoker and assist them in choosing an appropriate method of NRT. They would receive the NRT either by mail or at their local pharmacy.

“The evidence clearly indicates that use of pharmacotherapy combined with counseling is the most effective approach to treating tobacco addiction and is the key to maximizing quit rates,” said Mary Lynn Pender, director of the Smokers’ Helpline.

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“Every day we hear individual clients talk about the financial barriers which prevent them from availing of these very effective medications. As an established, successful service with over 10 years of experience in providing programs, consultation and leadership in smoking cessation, the Smokers’ Helpline is ideally positioned to partner on this initiative.”

Kevin Coady, executive director of the Alliance for the Control of Tobacco (ACT), explained that the call to subsidize tobacco cessation therapies was also included in ACT’s *2009-2011 Tobacco Reduction Strategy* and will continue to be a key action item outlined in the soon to be released 2013-2017 strategy.

“The Newfoundland and Labrador Alliance for the Control of Tobacco is anxious to see government offer cessation help to people who meet the criteria for coverage under the province’s Prescription Drug Program,” said Coady.

“ACT believes now more than ever is the time to focus on cessation. Every possible step must be taken to help those who use tobacco find a way to beat this addiction,” he added.

The NLMA contends that the cost of subsidized tobacco cessation therapies could potentially be funded by increasing provincial tobacco sales tax.

Dr. Gabriel said helping smokers quit would mean huge savings for the province’s health care system, given that the cost of cessation therapies pales in comparison to the millions of dollars spent each year treating smoking-related heart disease, cancer, Type-2 diabetes and numerous respiratory illnesses.

“As long as NRTs and tobacco cessation medications are not available through NLPDP, the retail cost of these therapies will remain prohibitive to people with the lowest incomes and the highest smoking rates,” said Dr. Gabriel.

“If we want to reduce our smoking rate, lessen the economic burdens of tobacco use and prevent smoking-related illness in our province, then we must eliminate the barriers people face in accessing affordable cessation therapies.”

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FAQs : Coverage for NRTs and Tobacco Cessation Medications

• **What is the difference between NRTs and tobacco cessation medications?**

Nicotine replacement therapies or “NRTs” provide nicotine to the body in controlled doses to lessen exposure to tobacco. They include nicotine gum, lozenges, patches and inhalers and are available over the counter. Prescription medications like bupropion (*bew-PROP-e-on*) and varenicline (*ver-EN-e-kleen*) do not contain nicotine but affect nicotine receptors in the brain to manage cravings and withdrawal symptoms.

• **Are NRTs and cessation medications covered by private health insurance plans?**

Sometimes, but not always. Smokers with private drug insurance coverage for cessation medications and NRTs are more likely to use cessation aids. However, not all insurance plans cover the cost of cessation therapies because they are classified as “lifestyle” drugs.

• **Do other provinces cover the cost of NRTs and tobacco cessation medications?**

Yes. Newfoundland and Labrador and New Brunswick are the only provinces in Canada that do not offer some form of financial assistance for NRTs or tobacco cessation medications. Refer to the appendix of the NLMA’s *Position Paper on Coverage for NRTs and Tobacco Cessation Medications* for a list of programs in other provinces and territories.

• **Why is the NLMA advocating for subsidized tobacco cessation therapies?**

Part of the NLMA’s mission is to provide leadership in the provision of excellent health care in Newfoundland and Labrador. As such, the Association has established partnerships with a number of health advocacy groups in the province. A year ago, the NLMA Board of Directors endorsed the Alliance for the Control of Tobacco’s *Tobacco Reduction Strategy* and the NLMA’s position paper stems from recommendations in that strategy.

• **Why are you only targeting low-income smokers and not all smokers?**

The NLMA is not opposed to universal coverage of NRTs and tobacco cessation medications for all residents in the province. However, the Association acknowledges that adding new benefits to the province’s health care budget may be a challenge for government. The NLMA and its partners had to determine where the need for these therapies is most urgent and where it will have the greatest impact. Research shows that smokers with lower socio-economic status have higher smoking rates and are less likely to quit. Part of the reason is that for many, the cost of purchasing tobacco cessation therapies is expensive and unaffordable. The NLMA and its partners believe that by making cessation therapies more accessible, the province will begin to see a reduction in tobacco use among groups with the highest smoking rates.

- **If smokers can afford cigarettes why can't they afford cessation therapies?**

The answer is simple. They are addicted to nicotine. Nicotine addiction is no different than the addiction to any drug and people will use whatever resources they have to feed it. As a society, we must begin to realign our perception of nicotine addiction as a serious chronic condition, not a lifestyle choice. Government has a responsibility to help them break the cycle, just as they would provide methadone for someone with an opioid addiction.

- **How much will it cost to include tobacco cessation therapies under the NLPDP?**

It is not the job of the NLMA to determine how much money is needed to fund tobacco cessation therapies. As patient advocates, it's the NLMA's job to highlight where the gaps are in the province's health care system and what government can do to address them. The NLMA believes the cost for this strategy is something government will have to work out. Keep in mind that although there are 87,000 smokers in the province, they do not all meet the criteria for NLPDP coverage and there will not be 100 per cent uptake from everyone who meets the criteria.

If a province like British Columbia can pay for nicotine therapies for ALL its residents, than Newfoundland and Labrador should be able to subsidize these therapies for its low-income residents who want to quit smoking but can't afford cessation therapies.

- **What is the Smokers' Helpline?**

The Smokers' Helpline (SHL) is a toll-free confidential telephone service (1-800-363-5864) administered by the Newfoundland and Labrador Lung Association and funded by the provincial government. Anyone in Newfoundland and Labrador can call the SHL to receive help to quit smoking. Since 2000, the SHL has offered a variety of services to support individuals in quitting including motivational telephone counseling, self-help materials, group programs, and innovative web-based supports such as e-counseling. Individuals are also eligible to receive proactive telephone counseling, whereby a Helpline counselor calls them to check in, address concerns or questions and offer support in moving through the stages of quitting.

- **Will the Smokers' Helpline recommend specific brands of NRTs to smokers?**

No. The Smokers' Helpline will only provide advice on the different types of available NRTs, not specific brands. Ultimately, it is up to the smoker to decide what method they want to use be it the patch, gum, lozenges or an inhaler.

- **What are the brand names of prescription tobacco cessation medications?**

Bupropion is commonly marketed in Canada as Zyban or Wellbutrin.
Varenicline is commonly marketed in Canada as Champix.

- **Hasn't Champix been linked to side effects like depression and suicide?**

Health Canada has approved Champix as being safe to prescribe based on scientific evidence from controlled clinical studies. There is potential for any medication to result in adverse side effects. You have to contrast that by the thousands of cases where the drug has been successful in treating patients. Physicians have to determine the benefits and the risks of any medication they prescribe, as well as the medical history of the individual patient.



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FACT SHEET- Coverage for NRTs and Tobacco Cessation Medications

NLMA Recommendation:

- The NLMA recommends that the Government of Newfoundland and Labrador improve accessibility to quit smoking therapies by subsidizing the cost of NRTs and tobacco cessation medications for low-income residents who meet the criteria for coverage under the Newfoundland and Labrador Prescription Drug Program (NLPDP).
- Tobacco cessation medications Varenicline and Bupropion should be covered by the NLPDP and be distributed by pharmacies to smokers who meet NLPDP criteria and have a prescription from a physician.
- Smokers who meet NLPDP criteria should also receive a free supply of NRT in a method of their choice (nicotine gum, lozenges, inhalers or patches) for up to 12 consecutive weeks (provided only once in a single calendar year).
- The Smokers' Helpline is an ideal organization to manage the distribution of NRTs to smokers. Once NLPDP approves tobacco cessation therapy for an individual, a Smokers' Helpline CARE Fax Referral will be automatically generated and sent to the Smokers' Helpline.
- A Smokers' Helpline counselor will then follow up with the individual to help them select an NRT product that best suits their needs. The smoker will receive the NRT either by mail or at their local pharmacy once they receive proof of enrolment in the program.
- Government can potentially subsidize the cost of cessation aids for low-income smokers through revenues of increased provincial tobacco sales tax. In 2010-11, the province collected approximately \$135 million from tobacco sales tax revenues.

The Health and financial impact of tobacco use

- Since 1999, the tobacco use rate in Newfoundland and Labrador has fluctuated at around 20% of the population or more than 87,000 people aged 15 and up.
- Tobacco use has been linked to all the major causes of death and disease, including heart disease, cancer, respiratory diseases, and recently Type 2 diabetes. Heart disease is the leading cause of death in the province, while lung cancer is the second leading cause.
- According to the Newfoundland and Labrador Centre for Health Information (NLCHI), approximately 725 Newfoundlanders died in 2009 due to smoking-related illness.
- There were approximately 4,702 acute care hospitalizations in the province in 2010/11 which were directly attributable to smoking.
- In 2006, the Canadian Centre on Substance Abuse determined the overall health care cost (2002\$) attributable to tobacco use in the province was \$95,217,802, higher than the health care costs from alcohol abuse and illegal drug use combined.

Smoking Cessation Therapies

- Nicotine replacement therapies (NRTs) have been proven to double the chances of long-term cessation. Quit rates increase when NRTs are used in combination with other therapies like counseling and cessation medications.
- NRTs can be obtained over the counter and include nicotine gums, lozenges, patches and inhalers. They provide nicotine to the body in controlled doses to lessen exposure to cigarettes and ease withdrawal.
- Prescription tobacco cessation medications include bupropion and varenicline. They do not contain nicotine but control nicotine receptors in the brain to lessen cravings and withdrawal.
- The use of NRT and bupropion generally doubles the odds of a smoker quitting successfully. The use of varenicline can increase the odds of quitting by between twofold and threefold.

Barriers to accessing smoking cessation therapies

- Smokers with a lower socioeconomic status, as measured by education and income, have higher smoking rates, are less likely to try to quit, and achieve lower abstinence rates when they do.
- According to Statistics Canada, 30% of Newfoundlanders and Labradorians earning less than \$20,000 a year use tobacco daily, compared to 18% among those earning \$60,000 or more.
- The 2011 Canadian Tobacco Use Monitoring Survey (CTUMS) indicates that those with less than high school education are twice as likely to smoke as those who complete post-secondary.
- Research suggests that two of the major barriers that prevent low-income smokers from using tobacco cessation therapies like NRTs and prescription medications, are availability and cost.
- Private health insurance plans rarely cover the cost of NRTs. In addition, tobacco cessation medications are considered “lifestyle” drugs and are excluded from most health insurance plans.
- Newfoundland and Labrador and New Brunswick are the only provinces in Canada that do not offer some form of financial assistance for NRTs or cessation medications as part of their provincial drug programs (see Position Paper Appendix).

Cost-effectiveness of subsidized smoking cessation

- The average cost of NRTs varies from \$2.50 per day to \$4.50 or between \$210 and \$370 for 12 weeks. The approximate cost for bupropion is \$1.60 per day or \$134.40 for the 12-week therapy, while varenicline costs about \$3.37 per day or \$278.03 for the 12-weeks.
- In 2012, Thinkwell Research conducted a survey of 1,053 Atlantic Canadians and found that 71.2% of Newfoundlanders and Labradorians support more provincial spending on tobacco cessation. A majority of 59.2% of respondents from Newfoundland and Labrador, more than any other province, said government should fund tobacco cessation by raising tobacco taxes.
- If just 10% of the province’s smokers quit, they would over their lifetimes save the provincial economy more than \$594 million (2001\$) in avoided medical care costs and productivity losses.