NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

POSITION PAPER ON

COVERAGE FOR NRTS AND TOBACCO CESSATION MEDICATIONS

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NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION
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Introduction

The Newfoundland and Labrador Medical Association (NLMA) applauds the Government of Newfoundland and Labrador for enacting policies proven to reduce tobacco use, including prevention initiatives that discourage smoking, as well as legislation to protect people from the harmful effects of second-hand smoke. Interventions such as enforcement of public smoking bans and comprehensive awareness campaigns have been successful in reducing smoking prevalence over the past decade. However, there has been no significant decline in smoking rates since 2003.[i] We must now turn our attention to cessation initiatives if progress is to be made towards reducing the health and economic burden of tobacco-related disease in the province.

Tobacco smoke contains more than 4,000 chemicals, of which more than 70 are known carcinogens[ii], 103 have been identified as poisonous and more than 1,200 are known to be harmful to humans.[iii] Despite the serious health risks, a considerable number of people in the province continue to smoke. Many have attempted or are interested in quitting, but most cessation attempts are unsuccessful.[iv] Unaided, an individual's chances of quitting are low, but success rates increase dramatically when nicotine replacement therapies (NRTs) and smoking cessation medications are used.[v]

Counseling smokers to quit smoking and providing them with cessation aids are among the most beneficial interventions that physicians can offer to patients.[vi] They are also cost-effective when compared to other routine health care interventions associated with treating tobacco-related diseases. However, smoking cessation therapies are not currently subsidized by provincial drug programs in Newfoundland and Labrador. The province joins New Brunswick as the only provinces in Canada that do not offer some form of financial assistance for NRTs or cessation medication.

Research suggests that two of the major barriers preventing smokers from using pharmacological therapies are availability and cost.[vii] For many low-income residents of the province, the cost of purchasing these therapies is expensive and unaffordable. It is the position of the NLMA that smokers, regardless of their socio-economic circumstances, should have full access to smoking cessation treatments to help them quit permanently. Nicotine addiction must be treated as a serious chronic condition and low-income smokers in Newfoundland and Labrador who are ready to quit should have access to subsidized NRTs and smoking cessation medications if they are not able to afford them. This position paper demonstrates how subsidizing cessation therapies for low-income smokers will not only reduce smoking rates and prevent the onset of preventable tobacco-related diseases, but will also save millions of dollars in costs to the province's health care system.

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).

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 (SHL) is a toll-free confidential telephone service administered by the Newfoundland and Labrador Lung Association and funded by the Government of Newfoundland and Labrador. Anyone in the province may call the SHL to receive free support and motivational counseling to quit smoking. The NLMA believes the SHL would be an ideal organization to manage the distribution of NRTs to smokers given that behavioral counseling can dramatically increase cessation rates when used in combination with pharmacotherapies.

The NLMA proposes that 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. An SHL counselor will then follow up with the individual to provide information on the benefits and limitations of each of the various types of NRT products and assist them in choosing a 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. This strategy is based on the current model used in British Columbia, where smokers call HealthLink BC to register for its smoking cessation program.[viii]

In addition to the pharmacotherapy, physicians will also be encouraged to submit the Smokers' Helpline CARE Fax Referral on behalf of their patients who need help quitting. This approach ensures the patient has access to information and support between visits with their physician and increases the likelihood that they will be successful with their quit attempt.

Health effects of smoking in Newfoundland and Labrador

The tobacco use rate in Newfoundland and Labrador is currently around 20% of the population.[ix, x] Since 1999, smoking prevalence declined steadily from 28% until 2005, and has fluctuated at around 20% since then.[xi] At present, there are more than 87,000 tobacco users in the province aged 15 and up.[xii]

According to the most recent statistics from the Newfoundland and Labrador Centre for Health Information (NLCHI), there were approximately 4,702 acute care hospitalizations in the province in 2010/11 which were directly attributable to smoking. The NLCHI also reports that approximately 725 Newfoundlanders died in 2009 due to smoking-related illness.[xiii] In 2003, the Genuine Progress Index for Atlantic Canada (GPI Atlantic) reported that second-hand smoke also kills an estimated 112 people in the province every year, (approximately 78 from heart disease and 34 from cancers).[xiv]

Tobacco use has been linked to virtually all the major causes of death and disease, including many types of cancer, heart disease, lung diseases, and recently Type 2 diabetes.[xv] Heart disease, which includes acute myocardial infarction, ischemic heart disease and congestive heart failure, is the leading cause of death in Newfoundland and Labrador. One of the main risk factors for developing heart disease is smoking.[xvi] Lung cancer is the second leading cause of death in the province and is the leading cause of death due to cancer. In 2000, the provincial mortality rate due to lung cancer was 51.9 per 100,000 population.[xvii] Smoking tobacco is the single most important preventable cause of lung cancer, accounting for 85% of all new cases of lung cancer in the country.[xviii]

Smoking has also been linked to a number of respiratory diseases. In fact, chronic obstructive pulmonary disease (COPD) is the next leading cause of death in the province after diseases of the circulatory system and lung cancer.[xix] More than 25% of the province's residents who died in 2008 had a respiratory condition present at the time of death.[xx]

Nicotine Replacement Therapy (NRT)

Although many smokers report that they quit unaided, most smokers who try to quit without assistance are unsuccessful in the long term.[xxi] Nicotine replacement therapies (NRTs) have been proven to double the chances of long-term cessation[xxii] and success rates increase when NRTs are used in combination with other therapies.[xxiii]

In Canada, NRTs include nicotine gums and lozenges, patches and inhalers. They are widely available and can be obtained over the counter, usually at a cost to the consumer.[xxiv] NRTs are formulated to provide nicotine to the body in controlled doses, replacing the nicotine the body no longer receives from smoking tobacco.[xxv] They are designed to lessen exposure to cigarette carcinogens and other toxins, while easing withdrawal. Once the initial withdrawal symptoms have lessened, smokers typically feel more confident in their ability to quit.[xxvi]

Smoking cessation medications

Prescription medications for smoking cessation include **bupropion hydrochloride** and **varenicline tartrate**. Smoking cessation medications do not contain nicotine but work on the brain to manage withdrawal symptoms and cravings.[xxvii]

Bupropion comes in a pill form and, while initially developed to treat depression, it has been approved by Health Canada for use as a smoking cessation aid. Bupropion affects the balance of chemicals that occur naturally in the brain, reducing cravings and other withdrawal symptoms.[xxviii]

Varenicline is also available in pill form. It affects the nicotine receptor in the brain by reducing cravings, decreasing the pleasurable effects of tobacco and preventing withdrawal symptoms of quitting.[xxix]

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 compared with not using any drug therapy.[xxx, xxxi]

Health benefits of quitting smoking

The most important benefits of quitting smoking is the reduction of risk for all major forms of tobacco-attributable disease and improved life expectancy.[xxxii] After a smoker quits, the body begins to immediately cleanse itself of tobacco toxins.[xxxiii] This includes the immediate reduction of blood pressure and improved lung capacity and circulation. Within one year, the chance of dying from smoking-related heart disease is cut in half. After 15 years, the risk will be nearly that of a non-smoker. Within 10 years, the risk of dying from lung cancer is cut in half.[xxxiv, xxxv]

Quit Intentions of NL Smokers

The New Brunswick Lung Association recently commissioned Thinkwell Research to test general attitudes about smoking in Atlantic Canada. Between May 18 and 22, 2012, the views of 1,053 Atlantic Canadians, 421 residents of Newfoundland and Labrador, 315 from New Brunswick and 317 from Nova Scotia were surveyed. An overwhelming majority of smokers living in Newfoundland and Labrador (86.6%) admitted to having tried to quit smoking at least once and 30.7% claimed to have done so six or more times.[xxxvi] A 2008 survey conducted by the Canadian Lung Association

revealed similar results, with 87% of the province's smokers claiming to have tried to quit in the past, averaging six quit attempts in total.[xxxvii]

The Canadian Lung Association survey asked respondents to rate themselves on a scale where 10 meant they definitely wanted to be smoke-free and 0 meant they definitely did not. Smokers from this province scored an average of 8.8—the highest rating of any province.[xxxviii] Eighty-seven per cent also said they were concerned about the impact smoking will have on their long-term health. When smokers from the province were asked why they would quit, future health concerns (84%) topped the list, followed by the high cost of cigarettes (50%) and present health concerns (37%).[xxxix]

The survey also found that "cold turkey" was the most frequently used quit method for smokers from this province.[xl] Likewise, the New Brunswick study found that unlike the majority of other Atlantic Canadians who reported medication as their preferred quit method, the majority of smokers from Newfoundland and Labrador (42.8%) said they preferred quitting cold turkey.[xli] Given that most smokers from the province report more than one unsuccessful quit attempt, it is clear that quitting cold turkey is not the most effective option.

Experience from many jurisdictions demonstrates that a combination of various smoking interventions is far more effective than any single method alone. Smokers who get professional help to quit, through counseling, nicotine replacement therapy, or cessation medications, have higher long-term cessation rates than those who quit without such help.[xlii]

Barriers to accessing smoking cessation aids

Access to pharmacological smoking cessation therapies is not universal for all people living in Newfoundland and Labrador. Nicotine patches and gum can cost consumers more than $100 per month, enough to discourage some potential users in low-income groups. Making cessation services more affordable and widely available would increase access and reduce smoking among groups with the highest smoking rates.

Generally, low socio-economic status, as measured by education and income, is one of the strongest predictors of smoking.[xliii] Smokers with a lower socio-economic status have higher smoking rates, are less likely to try to quit, and achieve lower abstinence rates when they do.[xliv] According to recent statistics, 30% of Newfoundlanders and Labradorians earning less than $20,000 a year use tobacco on a daily basis, compared to 18% among those earning $60,000 a year or more.[xlv]

Data from the 2011 Canadian Tobacco Use Monitoring Survey (CTUMS) indicates that the number of smokers in Canada with less than high school education outnumber smokers who have completed university by more than double.[xlvi] Smokers with higher education levels are also more likely to use smoking cessation agents compared to those with low education attainment [xlvii] and are also less likely to relapse.[xlviii] Those at an increased risk of relapse are mostly young adults and those with less education who tend not to use formal cessation methods. Reasons most often reported for not using cessation aids were doubt that the products work (21%) and cost (18%).[xlix]

Smokers with private drug insurance coverage for NRTs are also more likely to use cessation aids.[l] However, insurance programs in Canada rarely cover the cost of NRTs.[li] Likewise, medications like varenicline and bupropion are classified as "lifestyle" drugs and are often excluded from many health insurance plans.[lii]

Financial burden of tobacco addiction in Newfoundland and Labrador

In 2003, a report by GPI Atlantic estimated that smoking costs Newfoundlander and Labrador $79 million (2001$) annually in medical care costs. It also estimated that smoking costs the province $139.2 million (2001$) in productivity losses due to sickness and premature deaths of smokers.[liii] In 2006, the Canadian Centre on Substance Abuse estimated the costs to be even higher. It determined that 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 drugs combined.[liv]

The cost of acute care hospitalizations attributable to tobacco was $68,048,813, while the cost of ambulatory care services attributable to tobacco was $2,376,974.[lv] The costs of family physician visits attributable to tobacco use was $3,061,778 and the costs of prescribed drugs attributable to tobacco was $21,730,237. All of these costs were greater than the combined health care costs associated with alcohol and illicit drugs.

At the request of Health Canada, the Conference Board of Canada prepared a report detailing the costs to employers of workers who smoke. In its 2006 report *Smoking and the Bottom Line*, the Conference Board reported that an employee who smoked cost an employer $3,396 more per year than a non-smoking employee due to absenteeism, productivity loss, insurance premiums and designated smoking facilities.

Insurance companies give an average 35% discount for non-smokers to reflect their lower sickness and disability rates and their increased life expectancy relative to smokers. In 2002, there were 209,060 employed people in Newfoundland and Labrador with a 25.7% smoking rate (CTUMS 2001). This yields about 53,728 smoking employees. The Conference Board of Canada estimated that each smoking employee costs an employer $84 per year in increased life insurance premiums. This amounts to $4.5 million for Newfoundland and Labrador employers.[lvi] Yet, many fail to recognize that offering NRT and cessation medication coverage may actually reduce the number of smokers, resulting in lower insurance premiums associated with treating tobacco-related diseases.

Cost-effectiveness of subsidized smoking cessation

A reimbursement drug policy for smoking cessation treatments is a cost-effective intervention over the long term.[lvii] The approximate cost of NRTs in Canada varies from $2.50 per day for nicotine gum to $4.50 per day for nicotine inhalers or $210 and $370 for 12 weeks, respectively. The approximate cost for bupropion is $1.60 per day or $134.40 for the 12-week therapy, while the approximate cost of varenicline is $3.37 per day or $278.03 for the12-week therapy.[lviii]

While cigarette purchase is a long-term expense, the cost of NRTs and cessation medications is incurred over a limited period of time as the smoker attempts to quit. This one-time cost compares favorably with the annual medical costs of treating smoking-related illnesses like heart disease and hypertension, which can persist over the lifetime of the patient.[lix] If just 10% of the province's smokers managed to quit, they would over their lifetimes save the provincial economy more than $594 million (2001$) in avoided medical care costs and productivity losses.[lx] Money not spent on tobacco-related illness could then be invested in other initiatives to improve population health.[lxi]

Funding for subsidized cessation aids

The NLMA recognizes that the Government of Newfoundland and Labrador faces barriers to providing subsidized smoking cessation. Exhausted health care budgets limit the potential to add new benefits or programs. However, the NLMA proposes that Government can potentially subsidize the cost of cessation aids for low-income smokers through revenues of increased tobacco sales tax. As of May 1, 2012, provincial tobacco taxes per carton of 200 cigarettes in Newfoundland and Labrador was $44.16. The rate is comprised of $38 in direct tobacco taxes and $6.16 in other provincial taxes. The province currently charges less than Saskatchewan, Manitoba, PEI and Nova Scotia.[lxii]

In 2000-2001, the Government of Newfoundland and Labrador collected approximately $65 million in tobacco sales tax. A decade later, in 2010-2011, it collected an astounding $135 million in provincial tobacco tax revenues.[lxiii] It is time for the province to now begin directing these revenues to publicly-funded cessation initiatives. A tax increase incurs "zero or minimal costs" to implement[lxiv] and would help pay for cessation subsidization. It would also contribute to decreased smoking rates since increased pricing has been proven to be the most effective way to reduce demand for tobacco products.[lxv]

Public Support for subsidized cessation aids

In 2012, Thinkwell Research found that 66.4% of 1,053 surveyed Atlantic Canadians would support more provincial spending on tobacco cessation.[lxvi] When asked if they would support the province increasing funding to help people quit smoking, 71.2% of Newfoundlanders and Labradorians said yes, higher than both New Brunswick and Nova Scotia (14.6% of people from the province said maybe and 14.3% said no).[lxvii]

The survey also asked participants about where they felt the province could source funding if it were to increase the amount of money it spends to support cessation therapies. 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 (18.88% said allocate more money from existing revenues to the Department of Health; 8.2% said reallocate spending within Department of Health; and, 10.7% didn't know).[lxviii]

According to a recent Canadian Lung Association report, *Making Quit Happen*, 74% of smokers from Newfoundland and Labrador believe that an increase in the availability of affordable cessation medications would help motivate them to quit.[lxix] Virtually all of the physicians surveyed from the Atlantic Provinces agree. When asked what could be done to lower smoking rates, "access to affordable cessation medications" was identified most often by physicians.[lxx, lxxi]

Conclusion

There is simply no better way to avert smoking-related illness or reduce the economic costs of smoking than by quitting. As long as NRTS and tobacco cessation medications are not available through NLPDP, the retail cost of these therapies will remain prohibitive to people on the lowest incomes. Government can assist physicians in making effective smoking cessation treatments available to their patients by subsidizing the cost of NRTs and by including smoking cessation medications as part of the province's NLPDP. Important advances in reducing tobacco use have been made in recent years, but continued decline rates will only be achieved by reducing the barriers that low-income residents face in accessing affordable smoking cessation therapies.

APPENDIX: Subsidized Smoking Cessation Comparisons by Province

Provinces	Free NRT/ Meds	Description
NL	NO	No subsidization.
NS	YES	One course of NRT is available to the public in conjunction with Addiction Prevention and treatment services tobacco intervention programs. Some districts also provide subsidized varenicline.
NB	NO	No subsidization.
PEI	YES	Smokers who enroll in the quit care program are offered a $75 rebate for NRTs.
QC	YES	The patch, nicotine gum, lozenges and bupropion and varenicline, are covered under the provincial drug plan. NRTs and cessation medications are covered as limited use for 12 consecutive weeks per 12-month period; reimbursement of chewing gum limited to 840 pieces for those 12 weeks.
ON	YES	Through the Ontario Drug Benefit Program, more than 300,000 smokers in Ontario benefit from 12 weeks of reimbursement of varenicline or bupropion. NRTs are also provided free of charge to smokers through Family Health Teams, Community Health Centres and via addiction treatment centres .
MB	YES	Varenicline is covered by Manitoba Pharmacare as a General Benefit (Part I of the Manitoba Pharmacare Drug Benefit Formulary) for 12 weeks of treatment per person, during a one-year period.
SK	YES	The provincial formulary listing added varenicline and bupropion for coverage for 12 weeks of treatment per person, during a one-year period.
AB	YES	Nicotine gum, patch, and inhaler are covered as limited use (lifetime maximum of $500 per participant; not eligible for coverage for Alberta Seniors and Community Supports participants). Bupropion (150 mg sustained release) is covered as regular benefit status. Coverage of varenicline is offered according to eligibility criteria as a Restricted Benefit of the Alberta Health and Wellness Prescription Drug Program or through the Alberta Health and Wellness Special Authorization mechanism.
BC	YES	The provision of a 100% subsidized course of NRT for any resident who wants to quit is available by calling HealthLink BC at 8-1-1 and registering for the smoking cessation program. Residents have the choice of either nicotine gum or patches to help quit tobacco with a free supply for up to 12 weeks, or obtaining coverage of prescribed smoking cessation drugs through PharmaCare. Any resident who wants to quit also has 100% coverage of bupropion and varenicline under the provincial drug plant.

YT	YES	Bupropion is covered for seniors on Pharmacare. Aboriginal people may be covered for both NRT and bupropion. Persons on social assistance may also be covered for NRT and bupropion. Varenicline has exception drug status for Pharmacare and Extended Benefits (for adults who have failed to quit smoking and want pharmacologic help; limited to 12-week course [165 tablets] in 12-month period and combined with intensive counseling).
NWT	YES	NRT is available to all, and smoking cessation prescription drugs are covered under NWT health benefits.
NU	YES	Coverage of varenicline according to criteria established by the Non-Insured Health Benefits Program.

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