

**Speaking Notes – Dr. Tony Gabriel**  
**Tobacco Position Paper News Conference**  
**November 8, 2012**

Good afternoon.

We're here today to talk to you about the release of the NLMA's position paper on the need for publicly-funded nicotine replacement therapies and tobacco cessation medications for low-income residents of the province.

My name is Dr. Tony Gabriel. I'm a family physician in Gander and the President of the Newfoundland and Labrador Medical Association. With me today is Kevin Coady, executive director of the Alliance for the Control of Tobacco and Mary-Lynn Pender, Director of the Smoker's Helpline.

I want to begin by applauding the Government of Newfoundland and Labrador for implementing a number of tobacco prevention initiatives in recent years, such as enforcement of public smoking bans and comprehensive awareness campaigns, all of which have helped reduce the number of smokers over the past decade.

However, while we have been successful in deterring people from smoking, 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.

Evidence clearly shows the most effective way to help smokers quit is by recommending a combination of interventions, such as counseling, cessation medications and nicotine replacement therapies or "NRTs".

NRTs include nicotine gums, lozenges, patches and inhalers, all of which are available over the counter. Tobacco cessation medications include such drugs as **bupropion** (*bew-PRO-pee-on*) and **varenicline** (ver-EN-e-kleen), and require a prescription from a physician.

All smokers in the province, regardless of their socio-economic circumstances, should have full access to these treatments to help them quit smoking. 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.

People who come from lower socio-economic circumstances also have the highest smoking rates and are less likely to quit.

Now, some may ask, if they can buy cigarettes, why can't they afford the cost of 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.

We know that many smokers in the province make numerous quit attempts using the cold turkey method but are unsuccessful. We need to help them break the cycle, just as we would provide methadone for someone with an opioid addiction.

We can do this by making smoking cessation therapies available to low-income smokers who are ready to quit but unable to afford it. When smokers use NRTs and cessation medications, they increase their odds of quitting by as much as threefold.

As it stands, Newfoundland and Labrador and New Brunswick are the only provinces in Canada that do not offer some form of financial assistance for tobacco cessation therapies.

Part of having a universal health care system means having equitable access to treatments that can improve quality of life.

That's why today we are recommending that the Government of Newfoundland and Labrador subsidize the cost of tobacco cessation medications for low-income residents as a benefit under the Newfoundland and Labrador Prescription Drug Program, also known as the NLPDP.

We're recommending that varenicline and bupropion be covered by NLPDP and distributed through pharmacies for smokers who have a prescription from a physician.

Smokers who meet the criteria of NLPDP coverage should also be eligible to receive a free supply of NRT in a method of their choice for up to 12 consecutive weeks in a single calendar year.

The NLMA believes the Smokers' Helpline would be an ideal organization to manage the distribution of NRTs to smokers.

What we're proposing is that once NLPDP approves cessation therapy for a smoker, a Smokers' Helpline CARE Fax Referral will be automatically sent to the Smokers' Helpline, who will then follow up with the individual for ongoing, proactive counseling.

A Smokers' Helpline counselor would then provide information on the benefits and limitations of each of the various types of NRT products and would assist the individual in choosing a product that is best for them.

They would 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 by British Columbia's smoking cessation program.

The NLMA worked closely with our partners in developing this strategy, and it has been endorsed by:

- The Alliance for the Control of Tobacco
- The Smoker's Helpline
- The Association of Registered Nurses of Newfoundland and Labrador
- The Newfoundland and Labrador chapter of the Canadian Cancer Society
- The Newfoundland and Labrador Public Health Association;
- The Heart and Stroke Foundation of Newfoundland and Labrador; **AND,**
- The Newfoundland and Labrador Lung Association

We believe that government can potentially subsidize the cost of this strategy by increasing tobacco sales tax. This will have an added benefit, as evidence shows that increasing tobacco sales tax is the most effective way to reduce demand for tobacco products.

In May, the Lung Association of New Brunswick conducted a representational survey of more than 1,000 Atlantic Canadians about their attitudes on smoking.

The survey found that more than 70 per cent of respondents from Newfoundland and Labrador support an increase in government funding to help people quit smoking. The majority from this province also felt that government should fund tobacco cessation by raising tobacco taxes.

Last year, the Government of Newfoundland and Labrador collected approximately \$135 million in revenue from tobacco sales tax. We believe it is time for government to begin directing this money to fund cessation initiatives that will help people quit permanently.

Subsidizing cessation therapies will also have huge savings for the province's health care system. The cost of tobacco cessation therapies compares favorably to the millions of dollars we spend each year treating smoking-related heart disease, cancer, Type-2 diabetes and numerous respiratory illnesses.

The cost of NRTs is also incurred over a limited period of time as a smoker attempts to quit, while the cost of treating smoking-related diseases persists over the smoker's lifetime. 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.

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 treatments.

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