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P.O. Box 4849 • Station E • Ottawa • Ontario • K1S 5J1
Phone (613) 233-4878 • Fax (613) 567-2730
www.smoke-free.ca

Public Policy and Smoking Cessation: Beyond Pharmacological Solutions

Mark C. Taylor, MD, M.Sc. FRCSC, FACS
President

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Public Forum: Nicotine Issue – New Approaches to Cessation
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Health Organization

Summary

While nicotine replacement products (NRTs) have been available for twenty years, and remain a useful option for smokers who wish to quit, no beneficial population effects of NRTs have yet been measured in Canada.

Nicotine is not a benign drug, and the long-term effects of pharmaceutical nicotine have not been established. Policy makers should exercise caution before exempting nicotine delivery devices from drug regulation.

There are more efficient and effective public policy measures available to reduce the number of smokers in Canada than promoting the use of NRTs.

The public should not view pharmaceutical solutions as a substitute for inexpensive policy measures which are proven to reduce smoking, such as high taxes, reduced promotion and smoke-free public places.

I. RECENT PATTERNS IN CESSATION

Since 1990, fewer people have quit smoking.

- The number of former smokers grew in the late 1980s and has subsequently fallen. There are fewer “former-smokers” today than there were at the beginning of the decade; the ratio of former to current smokers has also fallen.

Sources:

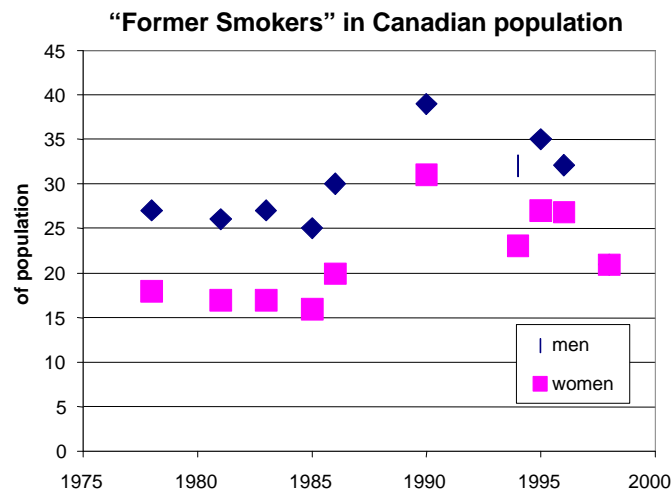
1965-1986: *A Critical Review of Canadian Survey Data on Tobacco Use, Attitudes and Knowledge*, Health and Welfare Canada, 1988.

1990: *Canada's Health Promotion Survey 1990: Technical Report*, Health and Welfare Canada, 1993

1994 (5) *National Population Health Survey*, Statistics Canada

1995, 1996 (1) *General Social Survey*, Statistics Canada

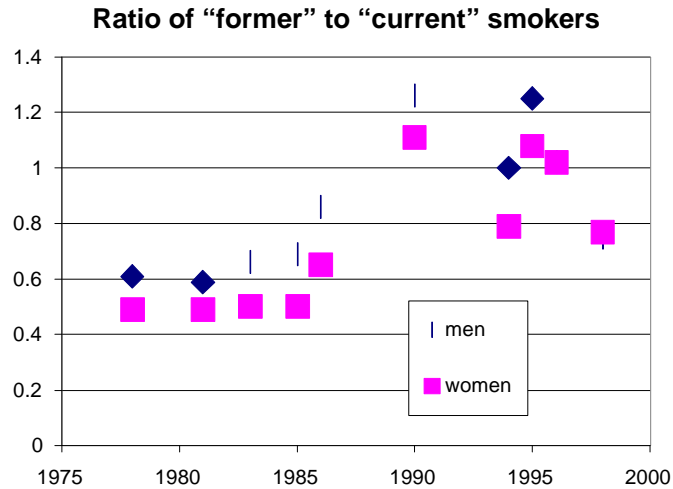
1996 (3) - *National Population Health Survey*, Statistics Canada



The decrease in ‘quitters’ may be attributable to relapse.

- There have been only two significant longitudinal studies of smokers (SOSIC and NPHS), and each of those has covered only a brief period (under 3 years). These studies indicate significant activity in smoking status among smokers, but relatively stable overall rates of smoking.
- Non-longitudinal data from comparable studies shows a falling ratio of former smokers to smokers since 1990. This seems to indicate a higher level of relapse than quitting over that period

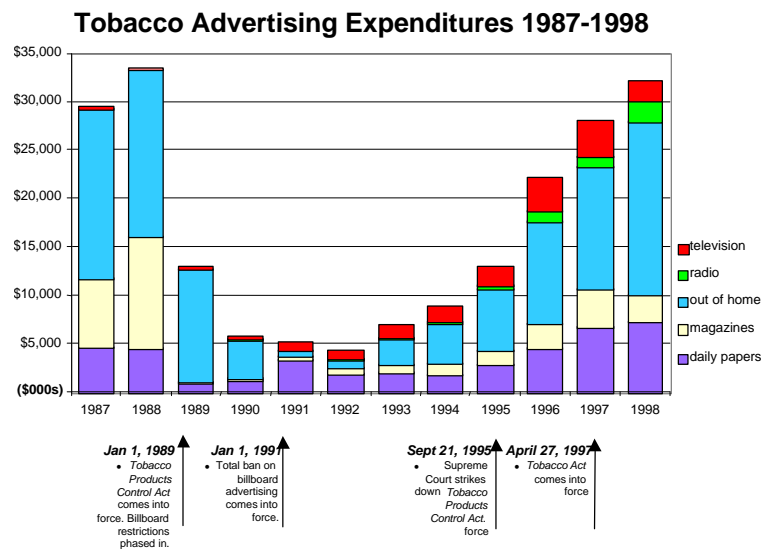
Sources: (as above)



The decrease in 'quitters' coincides with changes in public policy.

- The highest levels of former smokers occurred in the years when cigarettes were the most expensive and when tobacco advertising was at its lowest level.
- In 1994, the federal government reduced taxes on cigarettes, and the price of cigarettes for most Canadian smokers fell by 50%.
- In 1995, the Supreme Court struck down Canada's ban on tobacco advertising. Tobacco industry expenditures on advertising increased by 450% between 1994 and 1998.

Sources: ACNielsen



II. MEASURED IMPACT OF NRT'S ON CESSATION IN CANADA

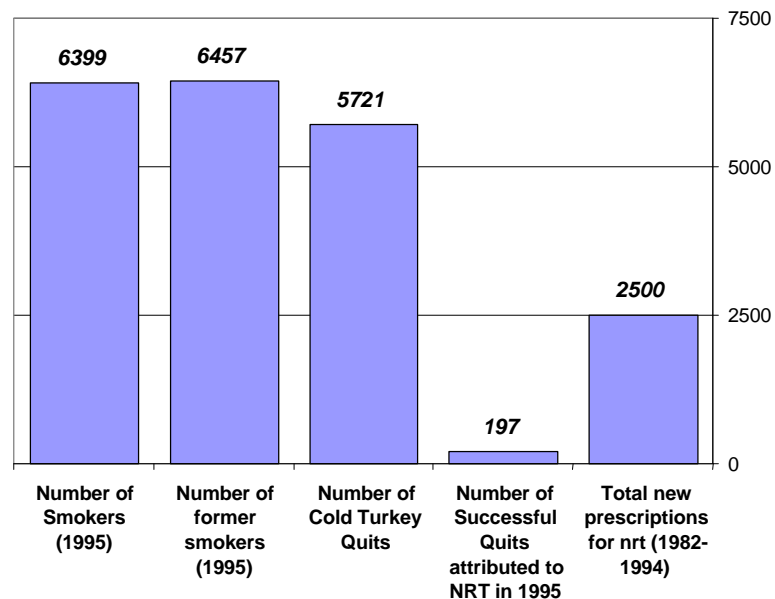
One in three Canadian smokers has tried NRTs: fewer than 200,000 former smokers said this was the method that helped them quit.

- During SOSIC, cycle 3, smokers who quit were asked what method they used. 88.6% said they went 'cold turkey.' 3.1% said they used patch or gum, 8% said they used 'other' methods.

Source: Sosis Cycle 3, Table 5BB

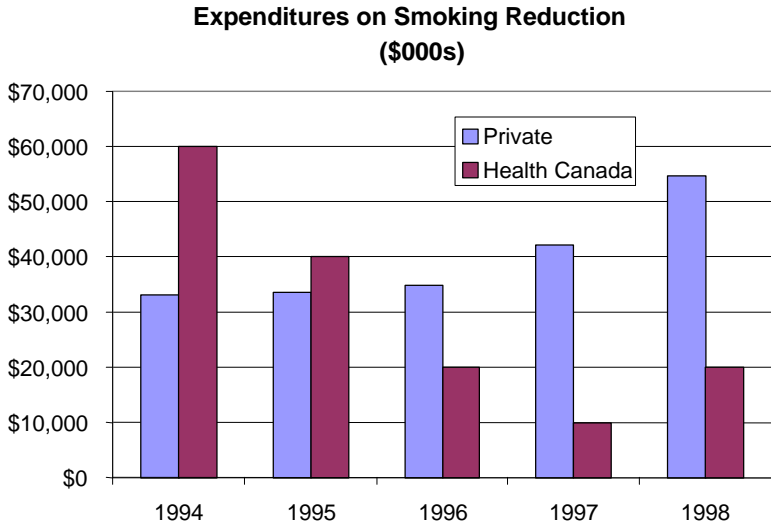
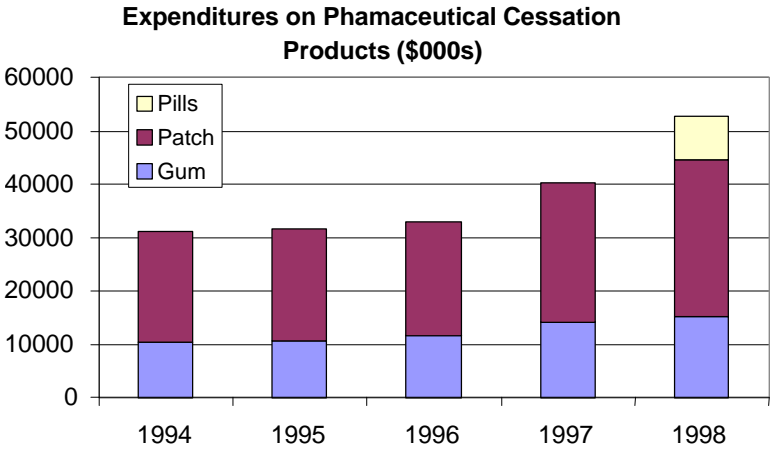
- Many of these former smokers would have quit before the introduction of NRT's (gum was introduced in 1979, patch in 1992)
- Between 1980 and 1994, an estimated 2.5 million new prescriptions were issued for nicotine patch or gum. In 1993 alone, there were sufficient new prescriptions for patches to cover 10% of Canadian smokers.

Source: data provided to the Toronto Alternative Nicotine Demand Conference, March 1997 and supplied by IMS



III. GOVERNMENT OFF-LOADING OF RESPONSIBILITY FOR TOBACCO REDUCTION

- Canadians have spent almost \$200 million over the past five years on cessation pharmaceuticals. In 1993, they spent over \$50 million on these products. By contrast, the federal government currently spends \$20 million a year on all tobacco reduction initiatives.



- **Improved package warnings and health information**

There are 2 billion cigarette packages printed and distributed each year in Canada --- there is little additional cost to manufacturer, smoker or government involved in improving the health information on these packages. Better health warnings, and more information on cigarette packages on how to quit is one of the most efficient policy tools available.



- **An end to deceptive labelling**

The labels “mild” and “light” deceive many smokers into believing that they can improve their health by changing the cigarette they smoke. Recent studies by Health Canada demonstrate that smokers are likely to breathe in roughly the same amount of poisonous substances from every brand of cigarette.

Governments could encourage quitting by prohibiting or regulating the use of words like “light” and “mild.” In a recent Canadian study, 41% of Canadians reported that should they learn that light cigarettes had the same amount of tar as regular cigarettes they would be somewhat or very likely to quit.

For more ideas on public policy measures which promote cessation, see Heather Selin, “Public Policy as a Cessation Tool: A Framework for Discussion,” paper presented at the 10th World Conference on Tobacco or Health.

V. CONSUMER PROTECTION AND PHARMACEUTICAL CESSATION PRODUCTS

On several occasions, drug regulators have expressed concerns with the marketing of pharmaceutical cessation products.

United States: Misleading Advertising

1. In March 1992, the FDA revised its guidelines on advertising of nicotine patches and requested manufacturers place more cautionary language in print ads, and to limit the use of 'certain facial expressions.'
2. In October 1992, the FDA sent a second letter to nicotine patch manufacturers stating that the agency was particularly concerned that the current advertising campaign did not communicate strongly enough the limitations of the patch.
3. In March 1993, Ciba-Geigy announced that it had settled a dispute with eleven state attorneys general by agreeing to step up warnings in its advertising and pay US\$550,000 toward legal fees.
4. On December 10th 1998, Minnesota Attorney General on behalf of 12 U.S. states announced the results of a consumer fraud investigation of SmithKline Beecham's NicoDerm CQ and Nicorette advertisements.

The States had claimed that SmithKline Beecham:

- misled consumers about the efficacy of the ads
- misled consumers about the American Cancer Society's endorsement
- misled consumers about the superiority of their products over other patches

SmithKline Beecham was required to pay \$2.5 million to the participating states.

Canada: Over-pricing

The Patented Medicine Review Board (PMRB) has held two hearings into the price of nicotine patches, and has scheduled a third.

- *1994: Ciba-Geigy and Habitrol.* The PMRB claimed that smokers were overcharged by 7 to 14%. The \$2.9 million dollar payment demanded is the highest in the PSMB's history.
- *Boeinger Ingelheim – Prostep.* The PMRB found that smokers were overcharged by 12 to 15%. A \$14,000 payment was demanded
- *Hoescht Marion Roussel – Nicoderm.* A hearing scheduled on July 5, 1999.

VI. CONFLICTING RESEARCH FINDINGS

Not all researchers have found that increased availability of NRTs is likely to result in increased quitting rates.

For example, in a recent article in the American Journal of Health Behaviour (1999:23(1) 61-69, Scott Leischow published findings which showed much lower success rates for OTC conditions than suggested by other researchers. His study found that the success rate for patients who purchased the patch for themselves was roughly the same as those who received minimal counselling along with the patch – but that both groups success was much lower than in the standard clinical trials on which many of the current estimates of success are based.

His study was designed to mimic 'real life' conditions for OTC. Unlike pharmaceutically-funded clinical trials, the subjects were not reminded to stay in the program, and had to pay for the patch themselves. Leischow concluded: "Although the efficacy of the nicotine patch has been established, this study has found that its effectiveness in a less controlled environment is questionable and requires further investigation."



British Teenagers convert their nicotine inhalers into "ciggy stardusts"