

STATES OF JERSEY



A TOBACCO STRATEGY FOR JERSEY (P.109/2003): SECOND AMENDMENT (P.109/2003 Amd.(2)) – COMMENTS

**Presented to the States on 23rd September 2003
by the Employment and Social Security Committee**

STATES GREFFE

COMMENTS

In considering Deputy Breckon's amendment on the Tobacco Strategy, the Employment and Social Security Committee believe it important for members to share information provided in the following report from the Department –

“The UK's NICE (National Institute for Clinical Excellence) guidelines for the NHS indicate that NRT (Nicotine Replacement Therapy) and Bupropion (a drug which alleviates cravings) are recommended for people who have expressed a desire to quit smoking. However, these should only be prescribed as part of an abstinence-contingent treatment (ACT), in which the smoker makes a commitment to stop smoking on or before a particular date. That is, smokers also need to be offered advice and encouragement from specialist centres, to help them stop. NRT has been shown to have a 17% quit rate after 12 months compared to 10% for placebo. However, it is possible that these results are raised because participants wished to stop smoking.

The guidelines initially indicated prescriptions of NRT or Bupropion should only be for a maximum of two weeks after the target stop date: two weeks supply for NRT and four weeks supply for Bupropion. This has recently been updated to eight weeks supply. Second prescriptions should only be issued to people who have demonstrated that their attempt to quit is ongoing. As most first attempts to quit fail, then it is a waste of resources to give a longer supply. NICE also recommends that there should not be another attempt to quit until at least six months have elapsed.

Jersey's General Practitioners can prescribe both NRT and Bupropion on private prescriptions with patients paying the full cost. The Pharmaceutical Benefit Advisory Committee considered the addition of NRT products to Jersey's Prescribed List in November 2002 and concluded that while stopping smoking is the single most effective healthcare intervention, and NRT can double the chances of stopping, “treatment” is only for a short period of time and individuals can use the money they would otherwise have spent on tobacco: the cost of the NRT could be less. The PBAC felt that to offer NRT for a lesser cost could, in Jersey's private healthcare system, devalue the psychological effort involved in stopping. The PBAC also noted that NRT products (though not Bupropion) are available for sale in pharmacies where people could also access support and advice. Any subsidy for the cost of the product would be negated for the individual who had to pay for the GP consultation – and perhaps repeat consultations – to receive a prescription.

In Guernsey, patients can receive subsidy for the products if referred to a specialist “Quitline” clinic, and they participate in an agreed programme. Supply and advice through Quitline adheres to the NICE guidelines and in 2003 the projected drug cost is circa £26,000. With a larger population, costs in Jersey are likely to be higher.

To include NRT and Bupropion on the Prescribed List would have an additional cost to the Health Insurance Fund through additional subsidy for doctors visits and prescription costs. It would be impossible through this system to ensure that guidelines are followed or that patients receive appropriate support. It is likely that prescriptions would be issued more frequently and for longer periods adding to the overall cost.

Therefore, it is reasonable to suggest that if the States are minded to agree any “free” supply, it should be through a specialist programme”.

Note

The comment has been re-issued as it was originally inadvertently printed as a comment on P.109/2003 (*A Tobacco Strategy for Jersey*) instead of being printed as a comment on P.109/2003 Amd.(2) (*A Tobacco Strategy*)

for Jersey (P.109/2003): second amendment).