

# Post market review of smoking cessation medicines

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## Introduction

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Lung Foundation Australia is Australia's only peak consumer informed organisation focused on strengthening the lung health of all Australians and supporting those experiencing a lung disease.

Everything we do is informed by our members: Australians living with a lung disease, their families and carers and respiratory clinicians dedicated to serving their community.

Lung Foundation Australia believes Australians want to, and will, achieve a tobacco-free and nicotine-free society. In reaching that goal, we support people who wish to, and find it difficult to, end their nicotine addiction, and we advocate for human centred, evidence-based smoking cessation methods to empower individuals to make informed health choices.

We welcome the Pharmaceutical Benefits Advisory Committee's post market review of smoking cessation medicines and consider this an opportunity to further support Australians wishing to quit nicotine dependence, with best-practice and evidence-based therapies.

Our submission is the result of qualitative interviews with our members and review by internal experts.

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## Response to terms of reference

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### **1. Collate the current clinical guidelines for medicines for smoking cessation and compare these to the Therapeutic Goods Administration (TGA) and PBS restrictions for these medicines.**

On behalf of our members we provide the following principles, which we believe create a framework to review and ensure national consistency of clinical guidelines for medicines for smoking cessation.

Clinical guidelines must be:

- consistent with whole-of-government strategies, including tobacco and nicotine control strategies and laws, such as the Policy and Regulatory Approach to electronic cigarettes, and the National Tobacco Strategy;
- must be consistent with well-established evidence, that is, guidelines must not promote or use speculative therapies. Such approaches are best tested in robust clinical trials;
- must only recommended the use of medicines and therapies for smoking cessation that meet clear standards of quality, safety, and efficacy;

- must be patient-focused, wholistic and acknowledge the whole human being, this includes consideration of the circumstances faced by First Nations Australians and individuals experiencing mental health concerns;
- must provide a range of safe, evidence-based medicines or therapies to meet unique circumstances;
- acknowledge that General Practitioners and other clinicians need access to smoking cessation training and support, and individuals and clinician must have adequate, cost free, time to develop solutions in partnership; and
- must be easy to read and implement in individual cases.

**2. Review the utilisation of PBS-listed medicines for smoking cessation including but not limited to patient demographics, time on treatment, and the proportion using PBS subsidised combination treatment.**

While, there is no one-size-fits-all approach to quitting smoking or any form of nicotine dependence, there are **four key elements Australian need to successfully quit** – *options, time, support and opportunity*.

## Options

I had been smoking for 45 years when I went to my GP seeking advice on how to quit. He recommended Champix. I knew about side effects and I knew how Champix was supposed to take over craving. I gave it a go and it worked exactly as they said it would work. I did not have any bad side effects. It was very successful for me. But each to his own. Champix doesn't work for everyone. - Kevin

I tried Zyban, hypnosis, patches, Champix and some counselling. Hypnosis was hopeless; I had bad nightmares on Champix; but for a time some of the other therapies worked. Eventually though, I successfully quit on Nicorette/Nicobate – at first I had one batch per year, but then I could get a second batch. I went through a few batches of that. I eventually quit with the patches. A person really needs to find what works for the individual and stay with that for the period that works. GP's really need to step with this and offer more support. - Mick

I think, what makes quitting so hard, is that everyone is different. What works for one person, may not work for another. For me, while I used the patches, they did not really have much of a benefit at all. I was not relying on the nicotine. I was reliant on the crutch of a cigarette and the habit. The counselling helped me the most. - Richard

I tried patches and the sprays and gum – mostly it was all ineffective. I am not a gum chewer, and I found that the tablets had no effect on the cravings I was experiencing; I didn't notice any difference. Although they were on the PBS they did not do anything for me. I eventually quit with willpower. - Geoff

The first time I tried to quit smoking I used hypnosis and it worked well for two years. But I ended up on small cigars – I was really going through them - so, then I went back to cigarettes. Then I tried Nicorette gum – that was no good, it made me feel sick. So, I gave that up and went back to smokes. In the end I gave up on willpower alone. One day I just stopped smoking and never started again. - David

Patches worked for me. It took three attempts, but in the end they worked. That and willpower. - Margaret

## Time

Over the time I was smoking, almost every couple of years, I would give quitting a go. I never really liked smoking and I could feel it was doing harm. It had also become a very expensive habit/hobby; dictating what I did and when I did it. I didn't like that.

I tried Zyban a few times, it slowed the smoking down, but not a lot. It was prescribed by the Doctor and I got it only once a year under the PBS. If could have had a follow on, quite possibly I could have succeeded earlier. The Government gave that initial support and then cut you off. Sometimes you need more doses. - Mick

I had three goes with the patches. I did not purchase them on prescription. I would have liked them to be subsidised, because, it is pretty common for people not to necessarily quit on the first attempt. - Margaret

I was fortunate to go on two courses of Champix in a 12month period. The first course I started on tablets, but still smoked for a few weeks, then it got less and less. By the time I got to 3rd and 4th week, I was down to 2/3 smokes. However, the first course had run out, but I really need something to finish the job. So, I went back to my GP and got authority for second course. He had to work really hard to get that second course. I quit smoking after 45 years on 28 September 2013. But if you can get people off the smoking in a realistic way and they are not going back – it is cheaper overall for the community in the long run. If we can avoid people with smoking related illness being in out of the hospital system all the time, then that is better for the community. - Kevin

I tried lozenges, patches and gum. None of them worked for me. In the end, I devised my own scheme and it worked. If I wanted to have a smoke, I would wait for 5 minutes, then drag out to ten minutes and then further. I kept putting it off, deferring the cigarette, and distracted myself. Within one or two minutes of the initial decision, I forgot about the smoke; this system worked for me. But then it would go a couple of weeks and something would happen e.g. a social event and I would light up again. It took three attempts at this but it and finally succeeded in 2005. - John

## Support

Look, nicotine is a damned addictive drug. And you have to keep yourself busy and distracted during some really hard times. On at least two occasions I found myself in tears. I do recall at some points calling the Quit line. I found it useful; talking about what I was doing. I believe the access to free counselling is a great support to anyone who is trying to quit. - Margaret

Over the years, I had tried quite a few methods to give up smoking – cold turkey, Zyban, patches. None of these attempts were successful. When I reached a settled point in my life, I told my GP I wanted to quit, and he referred me to the Cancer Council's Fresh Start program. I had come across a fair bit of that counselling style; I had completed the lifeline telephone counselling course and was a volunteer counsellor and trainer for 5 -6 years with Lifeline. I was feeling pretty confident when I went to Fresh Start – and wow – that was the thing that turned the lights on in my head: understanding the nature of addiction and the habits involved in that. Eight sessions of group therapy with around 8/10 people. The first thing that triggered it was learning that nicotine is extremely addictive, but it only lasted in the bloodstream for 24 hours. It was all the other habits that surrounded the smoking. The smoking was crutch. If I could get off the nicotine, and I used patches for that, then I had to deal with all the other addictions involved in that; all the other habits. So, over the 8 sessions, we discussed on all of things and methods of dealing with it. The explanation of how it all worked – the three addictions – the fact that you could sort that out in the brain by alternative mechanisms – that really kicked it. - Richard

Counselling support in some small way would be quite useful for people who want to quit. But not all people will be able to do that, due to personal circumstances, especially face-to-face support

groups. If it is not possible to attend a face-to-face service, then there should be options for a telephone service or buddy system. There should be something as well as a prescribed medication – most definitely there needs to be more support and monitoring for people who are trying to quit. - Mick

I had the support of my wife for the quit attempts. She helped me make rules and stick to them! John, 74, retired Auditor.

I was not referred to a Quit line and I didn't have any counselling per say. It was just Champix, my GP and my thoughts – and that worked. - Kevin

I didn't have any external support when I tried to quit. I actually found that I needed to stop people asking me about smokes. Part of my strategy was that I carried a packet and a lighter in my pocket for three months. I didn't tell anybody, I was quitting, because I would have found people reminding me, asking me how it was all going. Talking would have been unhelpful to me. The fact that people could see the packet in my pocket they didn't question or check up on me. They didn't notice the fact I wasn't smoking. - David

## Opportunity

My first attempt to quit smoking was at the end of 2001, when found out I had emphysema. I had been smoking for about 33 years. I had not tried to quit before then. I had two failed attempts on patches, but eventually I did succeed in January 2003. I don't think I was ready mentally the first two times I tried to quit. I used to just live for smoking. You've really got to want to quit; you've got to have will and intent. By the third attempt I had the will power and was determined to succeed. I also found the tv adds of the early 2000s a great motivation in my efforts. To see what damage the product actually does to the body - to tell it like it is - was a big part in my success. - Margaret

Whilst I had tried to quit many times before my final attempt, by that last attempt I knew things were starting to get bad with lungs; I was going through a lot Ventolin and using cough mixture a lot. So, I went to my GP. I was really lucky I had a really good GP. - Richard

I had tried to quit several times over the years. But I just knew I had to give it up, right after the conversation with the specialist about my lung capacity – so I got back to the philosophy that got me started: one at a time. I thought I would give that a go; reducing the number of cigarettes I smoked over a period of time; from 25, down to 1 day. It took me 3 months to quit. - Geoff

I wasn't successful at quitting until I got crook with COPD (Chronic Obstructive Pulmonary Disease). With COPD, things sink into the back of your mind, and you start having a conversation with yourself; you can't lie to yourself. I quit with patches and willpower, no counselling support, but pulmonary rehab was a great help. I went there twice a week. It was spaced far enough apart during the week, but close enough, so that you could renew that to that spirit, that determination to succeed, that often gets crushed when the cravings take effect. - Mick

I had seen doctor in Alice Springs, wanting to quit – but I never followed it up until April 2013, when I had serious chest illness – permanent phlegm, nasty cough. - Kevin

After I turned 50, there was an occasion when I went to beach. I huffed and puffed the whole time I was there, and I thought: "God, I have to do something about these bloody cigarettes". Next morning, I had three cigarettes left in one packet and another two packets unopened. I lit one and smoked it before I got out of bed; and I wonder how long can I go before having another one. I had reached that point where I was ready to give up. The fact that was so short of breath was the motivator. - David

My first attempts to quit started in the mid-1990's because every time I lit a smoke, I would start coughing. - John

## Recommendations/considerations:

All Australians seeking to quit smoking or end a nicotine dependence must have awareness of and access to low cost or free mental health support. There are creative and encouraging ways to achieve this, for example, packaging on NRT etc can have information on support services or access or barcodes for Apps and testimonials.

All Australians seeking to quit should have access to **at least** two courses of PBS subsidised NRT during a twelve-month period. These therapies must be monitored by a medical practitioner. The opportunity to access more than one course of treatment in a twelve-month period may lead to more successful quit outcomes and a reduction in individuals demanding/accessing/considering highly dangerous and addictive alternative "quit" such a liquid vaping.

All Australians, regardless of location or demographic, at risk of smoking related illness require access to lung health screening programs, ongoing medical/health surveillance and well trained/supported health professionals.

General Practitioners, nurse practitioners and other health professionals, who may engage with individuals during times when a teachable moment will occur, should be well trained and equipped with knowledge, resources - including knowledge of best practice, evidence based cessation medicines and therapies - and time to support an individual wishing to quit.

### **3. Review the efficacy and safety of nicotine replacement therapy, varenicline and bupropion for smoking cessation including combination therapies not currently PBS subsidised.**

This is a matter for the PBAC and the TGA. Patient experiences on particular therapies vary – see comments above.

### **4. Subject to the findings of Terms of Reference 1, 2 and 3, review the cost-effectiveness of medicines for smoking cessation.**

This is a matter for the PBAC and TGA. However, we draw your attention to the Cancer Council resource [Tobacco in Australia](#).