

Mass Distribution of Heavily Subsidised NRT: the New Zealand Experience

Nick Wilson* (Otago University, Wellington, NZ)

Michele Grigg (The Quit Group, Wellington, NZ)

Chris Bullen (Auckland University, Auckland, NZ)

Thanks for funding support from:

U.S. National Institute on Drug Abuse, U.S. National Cancer Institute, Robert Wood Johnson Foundation, and National Heart Foundation of New Zealand

*nick.wilson@otago.ac.nz

Background – tobacco control & NRT in New Zealand

- NZ population 4 million
- Adult smoking prevalence: 24% total, 45% Māori, 37% Pacific peoples, 11% Asian
- Moderately comprehensive tobacco control policies since early 1990s
- During 1980s and 1990s NRT available to smokers only by purchasing from community pharmacies & NRT sales were at very low levels

Development of the subsidised NRT Program

- Late 1990s – NGO pressure on government to invest more in smoking cessation
- 1999 National Quitline established
- 2000 (May) – surprise tobacco tax increase
- To obtain the parliamentary votes for this tax increase, the minority government negotiated with a minor party for support (linked to increased smoking cessation funding)

Development of the Program - Contd

- 2000 (November) – launch of subsidised NRT via vouchers ('Quitcards') issued
- 2000 (December) – Quitline service overloaded. Staff levels increased and backlog cleared by Feb 2001
- 2001 – local healthcare provider organisations able to join program
- 2003 – new NRT supply agreement allows for expansion up to a ceiling of vouchers for 66,000 smokers/year

Program description: NRT via the Quitline

- Callers to the free phone Quitline are assessed for eligibility for NRT (18+ years, 10+ cigarettes/day)
- Callers are mailed a voucher redeemable at any pharmacy for 4-week supply of NRT patches or gum
- Further 4-week voucher usually sent
- Subsidy of around 95% of the retail price of NRT (user fee = \$NZ 5 or \$US 3.45 per 4-weeks supply)

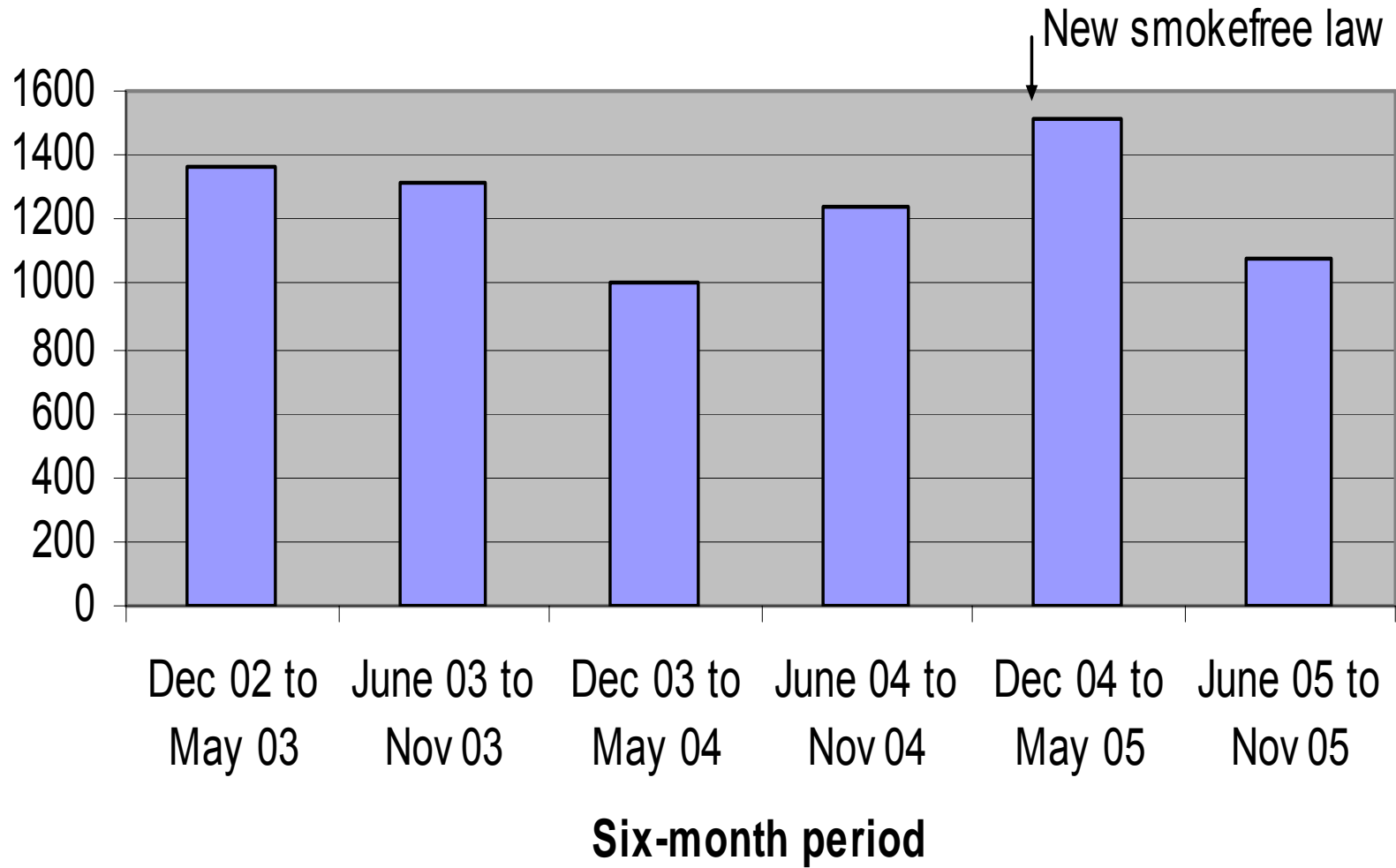
Program description - Contd

- Free on-going telephone counselling via trained Quit Advisors (average = 3 support calls)
- Vouchers also from health providers registered with the program (20% of total)
- Cost of NRT provided through this program: \$3.3 million / year
- Since 2000 – an additional program for Māori women smokers (face-to-face support and 100% subsidized NRT at n=38 sites)

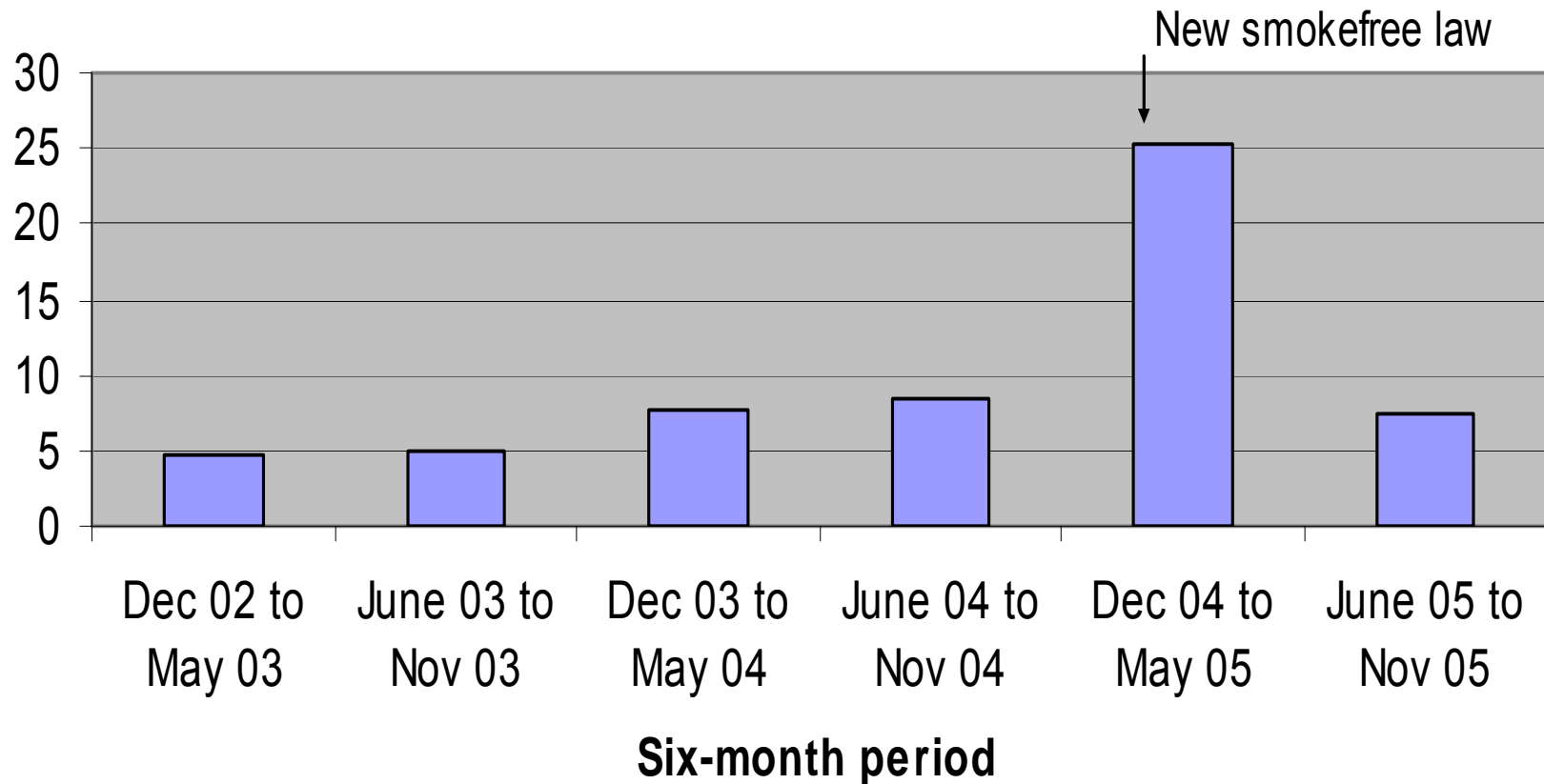
Uptake of the Subsidized NRT Program

- First month (Nov 2000): 70,500 calls to the Quitline (>10 x normal monthly call rate)
- 1.3% of all smokers register with the Quitline every 6-month period (2003-05 data) (n=30,000 to 33,000 / year)
- 17% of callers sent a 1st NRT voucher
- Callers & NRT dispensing – responsive to paid advertising (including for Māori & Pacific people)
- Response to smokefree law – increased NRT provision

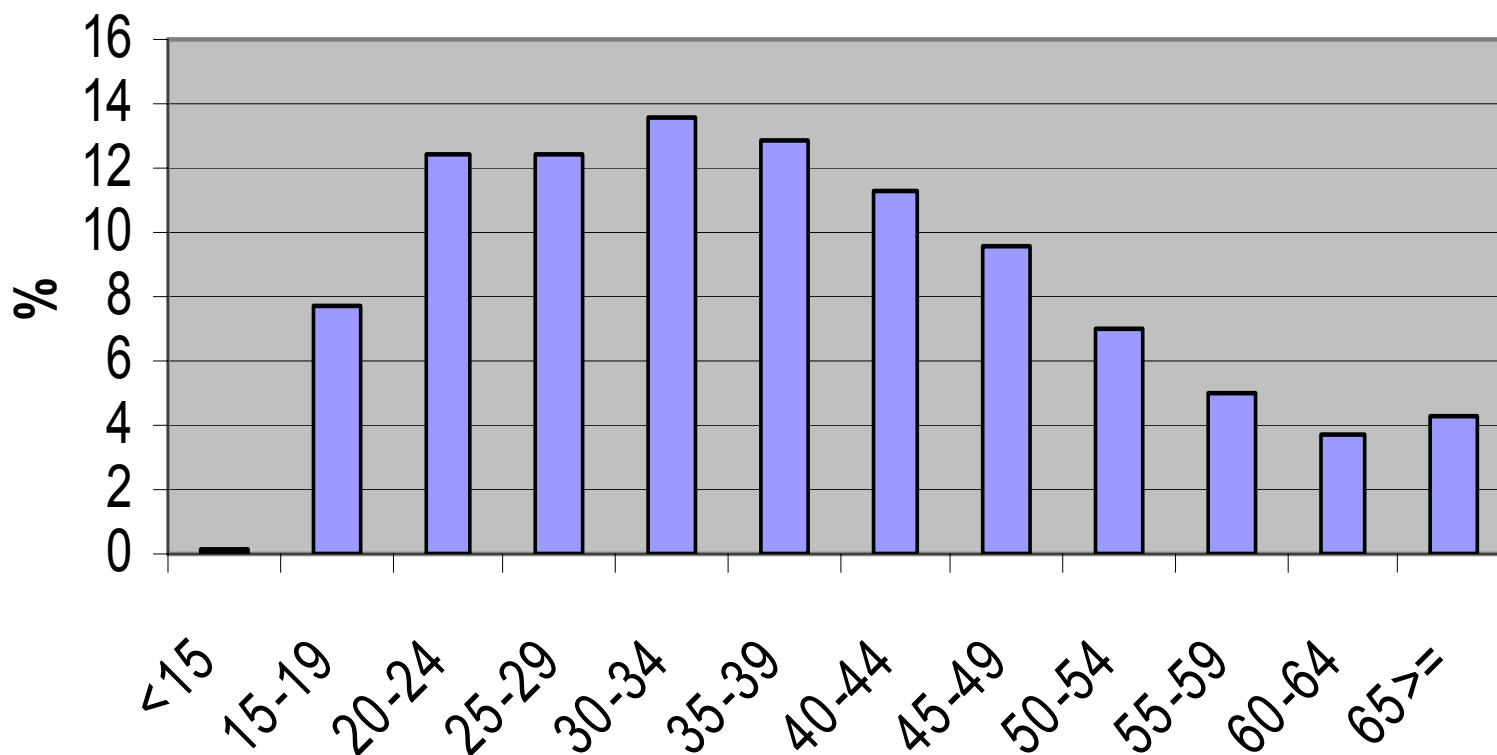
First NRT voucher issue rate per 100,000 smokers



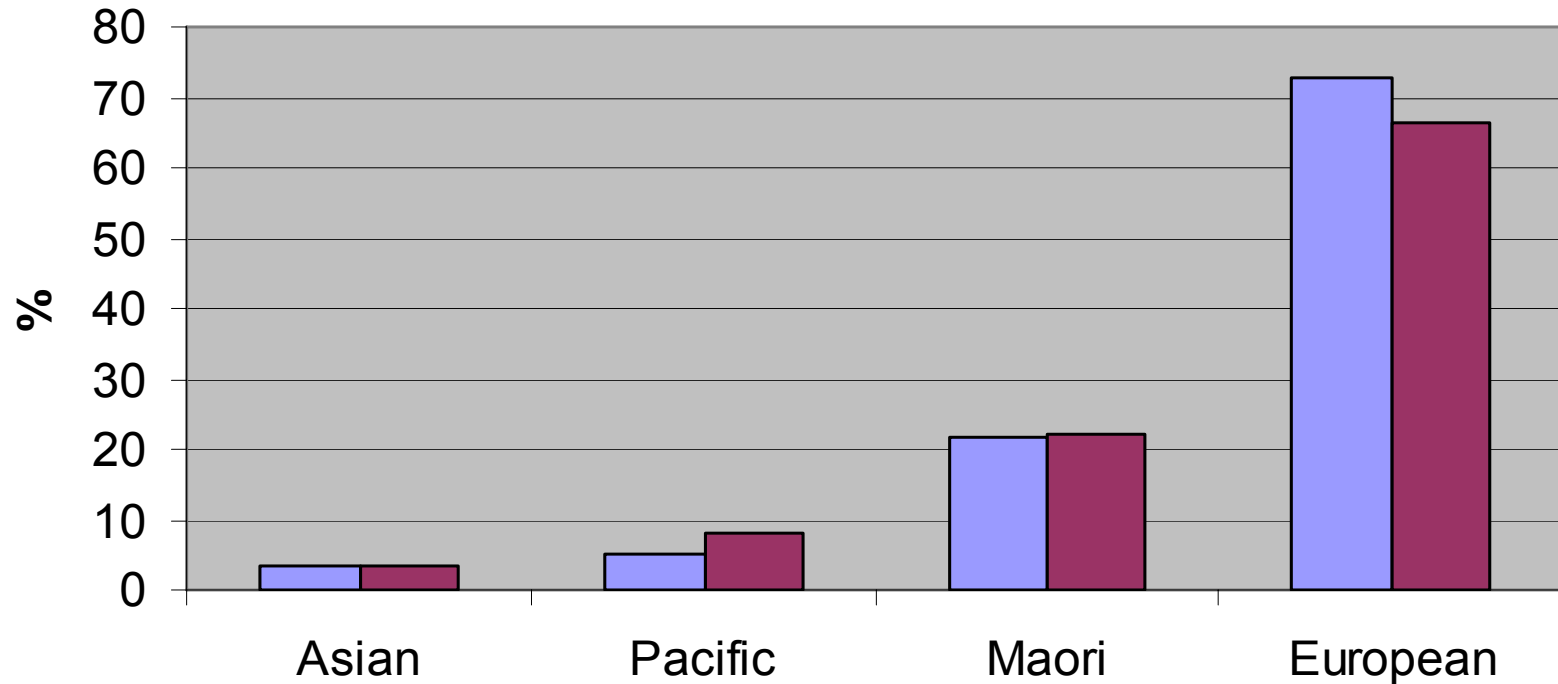
First NRT voucher issue rate per \$1000 advertising expenditure on the Quitline



Age distribution of callers sent NRT vouchers (July 05 to June 06)



Ethnicity of callers sent NRT vouchers and ethnicity of all smokers (July 2005 to June 2006)



- Ethnicity of callers sent NRT (1st voucher)
- Distribution of smokers by ethnicity (census & survey data)

Evaluation of Program Components

- Access nationwide & to all ethnic groups (but Pacific smokers under-represented)
- 2002/03 evaluation: Processes well accepted - 70% used whole 4 week course.
- Voucher redemption rate (≥ 1 voucher):
76% of Māori; 87% of non-Māori ($p < 0.001$)
- Quitline satisfaction survey 2005:
Improvements in speed of voucher distribution found but need better information on NRT

For full details see <http://www.quit.co.nz>

Acceptability (print media analysis)

- Articles in major NZ newspapers referring to “nicotine patches” from July 2000 to Dec 06 using Factiva.com (n=159)
- Majority were favourable towards NRT
- 16% of items with mixed (positive/negative) messages
- 3% overall negative message eg, “nightmares” / dependency

Effectiveness

- 2002/2003 evaluation – 18% 12-month self-reported quit rate
- 6-month self-reported quit rates: 17% for Māori, 22% non-Māori (intention-to-treat analysis)
- Māori NRT redemption associated with increased quitting at 6 months: OR=1.78 (1.00–3.16)

For full details see <http://www.quit.co.nz>

Cost-effectiveness

Including counselling + NRT costs:

- Cost per smoker who quit for a year:
\$NZ 2099 - 4272 (\$US 1448 – 2948)
- Cost / lifetime quitter: \$NZ 3198 – 7120
- Cost / QALY gained: \$NZ 2449 – 6794

NB: Conservative assumptions (ignored short-term health gains, work productivity etc).

Program strengths

- Accessibility good – nationwide reach & low price
- High user acceptability
- Political acceptability
- Effective (quit rates) & cost-effective (per quitter, per QALY)
- Sustainable investment that continues to develop
- Treatment protocols based on evidence-based, regularly revised cessation guidelines

Program weaknesses

- Lack of secure funding
- Relatively under-promoted
- “Subsidised access to NRT” not included in pre-2006 marketing themes
- Majority of smokers unaware of the program
- Pacific smokers under-represented
- Quitline promotion not synchronised with demand surge (eg, new smokefree law) due to funding constraints and response capacity

Summary

- Mass subsidisation of NRT and Quitline distribution is a successful public health intervention in NZ
- Scope for improvements exist, especially increased program funding to allow greater and more effective promotion