



MDDCSAM is the Maryland state chapter of the American Society of Addiction Medicine whose members are physicians and other health providers who treat people with substance use disorders.

SB 62 Pharmacists - Aids for the Cessation of Tobacco Product Use
Senate Education, Health, and Environmental Affairs. February 1, 2022

SUPPORT

This bill permits prescribing and dispensing by pharmacist who complete an approved training program and who follow standards established by the Board of Pharmacy, to prescribe and dispense nicotine replacement therapy (NRT) products for smoking cessation.

Currently, most NRT formulations are over-the-counter (OTC) including nicotine gum, lozenges, oral spray and patches. Only nicotine nasal spray and nicotine inhaler remain prescription-only.

However, there is no clear evidence of differences in safety among NRT formulations. (1)

The reason that these two NRT formulations (both manufactured by Pfizer) remain prescription-only are unclear to this writer.

Importantly, providing prescription products may have cost implications for patients. Some products are available both by prescription and over-the-counter.

The following is information from the most recent Surgeon General's report on smoking cessation. (2)

Medications for tobacco cessation have consistently increased successful quitting in Randomized Controlled Trials.

Tobacco smoking is the leading cause of preventable disease, disability and death in the United States. (pg. 3)

Four out of every nine adult cigarette smokers who saw a health professional during the past did not receive advice to quit. (pg. 7).

Although smoking cessation is more effective when medications are used with behavioral counseling, the evidence indicates that **cessation medications and behavioral counseling are independently effective in increasing cessation rates. (pg. 10).**

In any case, it is possible that the standards to be established by the Board of Pharmacy may include behavioral counseling by pharmacists.

A 6 year study of 1,437 participants who received tobacco cessation services through pharmacies showed point prevalence quit rates at 1 month (29%) and at 6 months (18%) comparable to quit rates achieved by other health professionals. (3)

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It may take weeks or longer to get an appointment with a medical provider. However, it is well known, in the context of addictions to other substances, that the desire to quit may be short lived or intermittent, and **rapid access to addiction treatment is a standard of care.**

Considering that tobacco products are the leading cause of preventable disability and death in the U.S., and that NRT products are safe and effective, we strongly request your support of HB 28.

1. Lindson N et al. Different doses, durations and modes of delivery of nicotine replacement therapy for smoking cessation. Cochrane Database Syst Rev. 2019 Apr; 2019(4)
free: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6470854/>
2. Smoking Cessation: A Report of the Surgeon General. 2020, U.S. Dept of Health and Human Services, Public Health Service. <https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf>
3. Shen X et al. Quitting patterns and Predictors of Success Among Participants in a Tobacco Cessation Program Provided by Pharmacists in New Mexico. June 2014.
2014 Journal of managed care pharmacy: JMCP 20(6):579-87

Respectfully,

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Chair, Public Policy Committee