



The We CAN Program aims to reduce smoking among people utilising specialist alcohol and other drug non-government organisations in the ACT by providing subsidised access to all-types of nicotine replacement therapy.

Rationale

People experiencing disadvantage often want to quit (or reduce) smoking, and can do so with the right support.

NRT is effective at supporting nicotine dependent smokers to quit or reduce their smoking.²

Best practice in NRT use includes:

- » providing 8–12 weeks worth of NRT as a course²
- » using combination therapy that combines patches with an intermittent form of NRT (e.g. gum, strips, inhalator, lozenges, spray)²
- » offering comprehensive multi-session counseling and support³

All forms of NRT are available over-the-counter at community pharmacies.

Access to affordable NRT is limited to patches through the Pharmaceutical Benefits Scheme (PBS), and only with a prescription.⁴

For many smokers who access AOD services:

- » intermittent (and therefore un-subsidised) forms of NRT are unaffordable
- » low levels of contact with general health services means low access to scripts for NRT patches

Limited access to subsidised NRT is available to service users of the government AOD service, but not (until now) through AOD NGOs.

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National data identifies high smoking rates among people accessing drug treatment services,¹ and anecdotally workers in the alcohol and other drug (AOD) sector in the Australian Capital Territory (ACT) report smoking rates among service users of between 80–100%. These workers have identified lack of access to affordable nicotine replacement therapy (NRT) as a significant barrier to smoking cessation for service users.

Key enabling factors

The Program is evidence based and has broad and strong support from:

AOD sector

- » Initiated by the ACT ATOD Worker's Group
- » Endorsed by Executive Directors
- » Widespread support from front-line workers to implement and evaluate the Program

Community Pharmacies

- » Pharmacies keen to strengthen collaborative relationships with the AOD sector
- » Community pharmacies engaged with smoking cessation activities, including through the ACT Pharmacy Guild Smoking Cessation Project⁵

ACT Government

- » Commitment to evidence based drug policy and to fund, support and expand the Program

Builds on the Under 10% Project that developed capacity within health and community services to prioritise and better manage tobacco, including:⁶

- » Implementing organisational tobacco management policies and procedures
- » Supporting the workforce to quit or reduce smoking, including by providing subsidised NRT
- » Smoking cessation training for workers

The **We CAN Program—Communities Accessing all-types of NRT** facilitates equity in access by this group of disadvantaged smokers to a successful but costly smoking cessation treatment (i.e. all forms of NRT), complemented by smoking cessation advice. The Program is managed by the Alcohol Tobacco and Other Drug Association ACT (ATODA), and is being implemented in partnership with specialist AOD non-government organisations (NGOs) and community pharmacies. The Program is being independently evaluated by LeeJenn through the collection of operational data and surveys with participating service users, and workers in AOD NGOs and pharmacies.

How the We CAN Program works

Service users of AOD NGOs are screened by workers for nicotine dependence and are offered the option of participating in the Program.

If eligible (aged over 12, nicotine dependent), the worker provides the service user with a voucher with a unique identifier.

The service user attends the local community pharmacy and presents the voucher to the pharmacist or his/her staff.

The pharmacy establishes an account for the service user that enables him/her to access 8–12 weeks worth of all-types of NRT over multiple visits.

The service user receives smoking cessation advice from both the AOD worker, and from the pharmacy, including on the most appropriate NRT for their needs.