



DEPARTMENT OF HEALTH AND HUMAN SERVICES

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**TESTIMONY IN SUPPORT OF “Pharmacists--Aids for the Cessation of Tobacco Use Products”
House Bill 28**

Submitted by the Montgomery County Alcohol and Other Drug Abuse Advisory Council
to the Maryland Health and Government Operations Committee
January 20, 2022

Chairwoman Pendergrass and Honorable Members of the Health and Government Operations
Committee:

The Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC) urges you to support HB28. AODAAC provides guidance to the County Executive and County Council for Montgomery County by identifying alcohol and other drug prevention and treatment needs and reviewing the county’s efforts in addressing those needs. We are comprised of experts in prevention and treatment, and have representatives from the legal, business, and medical communities.

This bill expands the scope of practice for a licensed pharmacist, who meets the requirements of the Maryland State Board of Pharmacy, to prescribe and dispense nicotine replacement therapy medications (NRT) approved by the U.S. Food and Drug Administration (FDA) as an aid for the cessation of tobacco products. Regulations will be established by the Board to ensure standard procedures are met, such as those concerning training, documentation, and referral of patients to a primary care practitioner for treatment as needed.

Background

Smoking, the leading cause of preventable death in the U.S, causes over 480,000 deaths per year, at a cost of 300 billion dollars per year.¹ For decades, public health experts have strongly urged cessation to achieve immediate and long-term health benefits. However, the nicotine in tobacco is highly addictive and abrupt cessation causes unpleasant physical and mental withdrawal effects that can hamper efforts to quit.² Research has shown that quit-smoking products can greatly increase the chance of cessation success. Only about 5% of people who try to quit tobacco succeed without a quit-smoking product; many more succeed when using one.³ Nicotine replacement medications are safe and effective and when taken as prescribed with planned tapered doses, they can help individuals slowly alleviate cravings and other withdrawal effects to successfully adjust to cessation.⁴ Several nicotine replacement products exist, including patches, gum, lozenges, spray and inhalers—some available without a prescription and others requiring a prescription³.

Education, support, and behavioral counselling is highly recommended in conjunction with nicotine replacement. Combined treatment with behavioral therapy and pharmacotherapy is considered the “gold standard” of smoking cessation⁵.

AODAAC supports this bill because pharmacists are in a unique position in the community to dispense, educate and monitor patients’ use of nicotine replacement medications to stop smoking. Pharmacists are (1) accessible, (2) able to offer treatment support and counselling as well as general prevention education, and (3) trusted and culturally competent entry points to the medical system, and play a growing role for health education in minority neighborhoods.

(1) Pharmacists are Accessible.

Including pharmacists on interdisciplinary smoking cessation teams is supported by pharmacists’ role and access to patients in the community setting, which enables them to fill current gaps. Among adult cigarette smokers who received a non-pharmacist healthcare professional consult in the past year, 4 out of 9 did not receive advice to quit.^{6,7} Furthermore, the median number of visits to community pharmacies was significantly higher than encounters with primary care physicians (13 vs. 7), shown in a study of over 600,000 active Medicare beneficiaries nationwide.⁸ Pharmacists are often the last health professionals to interact with patients before they begin a medication regimen, putting them in a unique position to address any lingering patient concerns and questions. With nearly 9 in 10 Americans living within 5 miles of a community pharmacy, pharmacists are often the health professionals people see most frequently⁸. Despite an increase in mail order services, a large majority of American adults prefer to get their prescription drugs from a local pharmacist, mainly because of the personal relationship, according to a recent national survey by the National Community Pharmacists Association.^{8a}

(2) Pharmacists can offer education and support to assist proper use of NRT and health in general.

Pharmacists have a long recognized and vital role in patient education. The Association of Schools of Public Health (ASHP) states that “Pharmacists should educate and counsel all patients to the extent possible, going beyond the minimum requirements of laws and regulations; [...] In pharmaceutical care, pharmacists should encourage patients to seek education and counseling and should eliminate barriers to providing it.”¹⁰

Specific services the pharmacist can perform include: Identifying smokers within the community, especially those in need of pharmacologic intervention (i.e., smokers of 10 or more cigarettes per day); recommending suitable forms of NRT; advising on correct use, dosages, contraindications, adjunctive nonpharmacologic methods, identifying potential side effects, and collaborating with primary care providers concerning plan modification.^{10a,11}

The community pharmacist’s ability to intervene varies by state of practice and by practice workflow and volume. Even in more restrictive states or at high-volume sites, when counseling patients on chronic medications and disease states, the pharmacist may use brief interventions to encourage them to consider quitting smoking.¹¹

In addition to advice and encouragement specifically about smoking cessation, pharmacists also can provide other important prevention health messages and serve as an entry point to the larger medical care system.^{5,12}

(3) Pharmacists serve as trusted and culturally competent entry points to the medical system.

Pharmacists have a long-recognized role in community education.⁹ This may be especially helpful in majority minority neighborhoods. For example, independent black-owned pharmacies fill a void for African American patients seeking care sensitive to their heritage, beliefs, and values.^{13,14} This can be attributed in part to greater trust and understanding, but also to more nuanced knowledge of the medical conditions that are more prevalent in specific community populations¹⁵. These providers can become hubs for multiple types of culturally competent care, leading to improved patient outcomes.

In conclusion, AODAAC urges passage of this bill because of the important role pharmacists can play in counseling patients on safe and effective pharmacologic treatment options for smoking cessation, for the reasons stated above. In the long run, wider access to NRT along with counselling can improve health and reduce associated costs.

Respectfully Submitted,

The Montgomery County Alcohol and Other Drug Abuse Advisory Council (AODAAC)

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