

# What's New in Tobacco Dependence Treatment in New Jersey?

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An effective tobacco dependence treatment professional in New Jersey's Quitcenters is a hybrid: one part clinician, one part marketer, one part politician, one part insurance analyst, one part billing specialist, one part gambler, one part grant writer, one part communications specialist, one part diplomat, one part interpreter of research data, one part medical sociologist. Several recent developments in the treatment of tobacco dependence in New Jersey highlight the many hats we wear, the diversity of skill helpful to our mission of treating tobacco dependence, the "never a dull moment" reality of those of us who do this treatment.

## New Medicine

Today's Quitcenter clinician, having mastered the logic of nicotine replacement medicines and created a passable explanation of bupropion, is now fielding questions from patients about the newly FDA-approved Chantix (varenline). Patients and prospective patients are asking, "Does it work?", "When can I get it?", "How much will it cost?", "Will my insurance pay for it?" and "What are the side effects?" Clinicians are answering: "Chantix does look promising although not dramatically more so than our current medicines. Dr. Steinberg in our Clinic will be prescribing it when it is available. You could also speak to your primary care physician about it. Pfizer is expected to release Chantix at the end of the summer. New medicines are often more expensive than older effective medicines. A good guess would be \$150 a month. We don't know yet how much it will cost. There may be a delay in insurance reimbursement for the medicine. Side effects are said to be minimal. We'll know more about that as more people try the drug." A new tool in our toolbox can only be good news.

## New Prescription Drug Coverage

Medicare D has changed things, just as we were beginning to draw some conclusions. For a period of time in the young life of New Jersey Quitcenters, PAAD (Pharmaceutical Assistance to the Aged and Disabled) covered (at drug stores willing to do the paperwork!) the nicotine patch, as well as all prescription nicotine replacement medicines. Now, it depends on the plan selected. We have seen good

results with patients who have selected AARP and we are watching closely to see what other carriers offer. It shouldn't be kept a secret and we plan to collect as much information as possible and pass it on.

## New Laws

Not surprisingly, smokers in treatment expressed their opinion about New Jersey's implementation of clean air legislation. As the media covered the debate and the story, as a few impassioned citizens made the argument for smoking as a civil right, our patients were solicited for their input. Some volunteered to be interviewed. Some anxiously awaited the date. Some smoked their last cigarette in a New Brunswick bar with other smokers, with a sense of history. Few tobacco dependent people were on the GASP (Group Against Smoking Pollution) team during the debate, but a quick and dirty survey reveals that nearly everyone who is trying to quit, or even thinking about trying to quit, is quite pleased about the law. The law is clearly viewed as helpful to people trying to quit by those same people.

What *hasn't* changed: Tobacco dependent people are hungry for a dose of hope that quitting tobacco is possible. We do our best work when we offer that up.

