



## Pre-Budget Submission 2015

**July 2014**

42-43 Amiens St, Dublin 1 – 01 817 8886 – [office@asthmasociety.ie](mailto:office@asthmasociety.ie)

## Executive Summary

### Asthma in Ireland

- ✓ 470,000 people in Ireland have asthma.
- ✓ Ireland has the fourth highest prevalence of asthma in the world.
- ✓ 60% of people in Ireland have uncontrolled asthma, meaning they are at risk of an asthma attack.
- ✓ More than 1 person dies every week in Ireland from asthma.
- ✓ 90% of asthma deaths are preventable
- ✓ 1 in every 10 adults has asthma.
- ✓ 1 in every 5 children has asthma.
- ✓ Adults miss an average of 12 days at work each year due to asthma.
- ✓ Children miss an average of 10 days at school each year due to asthma.
- ✓ The economic burden of asthma in Ireland estimated €500m per year.

### Our Position

As the most common chronic disease in Ireland, asthma has a massive impact on our health. Asthma also has a hugely negative financial impact; both on people's monthly outgoings and on the State's finances. A recent survey found that 40% of our members spend €100-144 on their medication each month, with 27% spending more than €400 per year in visits to their GP. With many households having multiple asthma sufferers, it is placing an insurmountable pressure on Irish families. Furthermore, we estimate that asthma costs the Irish economy more than half a billion Euro in health costs and loss of productivity each year.

We are recommending steps for the Government to take in Budget 2015 to improve asthma control by providing equitable access to medication, better care and by limiting the impact of dangerous asthma triggers by taking a tough stance on tobacco and pollution.

### We are calling on the Government to:

1. Take immediate measures to address the high cost of medication from being a barrier to asthma control.
2. Fund the annual structured review of asthma in primary care in order to improve health outcomes for people with asthma and reduce the cost of treating asthma in hospitals.
3. Continue to take a strong stance on tobacco control by increasing taxation and capping tobacco profits.
4. Improve Ireland's air quality by raising the carbon tax and supporting people to switch to cleaner energy sources.

## Who we are

The Asthma Society of Ireland is the national charity dedicated to advocating for and empowering the 470,000 people in Ireland with asthma. Asthma cannot be cured but it can be controlled. We are working to reduce the number of deaths and hospital visits caused by asthma and to increase the number of people receiving the right information and support, to help them control their asthma. We support people with asthma and their families by providing a wide range of high quality information and education services- all completely free of charge. We provide a strong, unified voice, and strive to improve the health and quality of life of everyone with asthma in Ireland, driving change nationally by raising awareness and supporting innovative research. We actively work with health care professionals, industry and government bodies to provide expert information and to keep asthma high on the national agenda. We are the patient representative on the HSE National Asthma Programme. Smoking cessation is one of the main interventions recommended by the HSE National Asthma Programme in reducing asthma mortality and morbidity and we are actively campaigning on tobacco and are very supportive of government policy in this area.

### 1. Remove Cost of Medication as a Barrier to Asthma Control

Asthma cannot be cured but it can be controlled with medication. Most people with asthma require a reliever and a controller inhaler, with some more severe cases requiring additional medication. Asthma medication is expensive, and cost is preventing people from taking their life changing, and often life saving, medication as prescribed. A recent survey we conducted of our members highlighted the affect that the removal of medical cards and the personal cost of treating asthma was having on people's daily lives. It found that;

- 18% have had their medical card removed
- 40% spend between €100-144 on their medication each month
- 40% don't take some of their medication as prescribed due to cost
- 20% don't take their reliever and controller medication
- 24% travel outside of Ireland to buy their medication
- 66% spend more than €250 on GP visits for asthma each year.
- 96% believe that asthma should be included in the Long Term Illness Scheme.

The rise of the Drugs Payment Scheme threshold in recent years has put immense pressure on people with asthma, with 40% of our members saying they spend €100-€144 on their medication each month. Furthermore asthma is a disease that commonly runs in families, meaning many households in Ireland have several family members requiring asthma medication, making the cost of treating their condition a massive burden to bear. Many families simply can't afford to buy their medication or to attend their GP for an annual structured review. Asthma, unlike most chronic diseases, is not included in the Long Term Illness Scheme.

We regularly receive feedback from our members and service users about the affect the cost of medication is having on their health and wellbeing. One of the most common and disturbing trends is that people are increasingly foregoing controller medication to control their symptoms, and

instead depending on cheaper reliever medication. Dependence on reliever medication is an extremely dangerous practice reducing quality of life and increasing the risk of asthma attack, hospitalisation and death. Our member survey confirmed this trend and found that cost prevents 40% of people taking their medication as prescribed, with 20% saying they forego both their controller and reliever medication. Around a quarter of those surveyed said they travel outside of the Republic of Ireland to buy medication because it is cheaper elsewhere. Lack of adherence to medication is a leading cause of poor asthma control and tackling this problem is a key goal of the HSE National Clinical Programme for Asthma.

Cost of medication is also affecting equity of access to treatment for patients with the most severe asthma. Xolair (Omalizumab) is a treatment for severe allergic asthma. The treatment is life changing for the 450 or so patients in Ireland for whom it is suitable. Xolair must be administered in a hospital setting, and whilst it was licensed for use in Ireland in 2005, it is not reimbursable under any government scheme. This means that access to the medication is extremely limited and patients rely on the discretionary allocation from individual hospital pharmacy budgets if they are to have access to the best possible treatment for their condition. While the manufacturers of Xolair, Novartis, offer hospitals a refund for patients who are unaffected by the drug, still some hospitals fund the treatment, whereas others don't. The result is that access to this life changing treatment is largely geographical, with around half of the suitable patients being denied treatment because of where they live.

We are urging the Government to take action to prevent the cost of asthma treatments being a barrier for health.

### **1.1 Recommendation: Resource asthma medication**

The Asthma Society of Ireland and our members firmly believe that financial support should be made available to fund asthma medication. A situation in which a high proportion of the largest chronic disease group in the country are unable to afford medication to keep them well is simply unacceptable. Inclusion in the Long Term Illness Scheme, Medical Card Scheme or the basic UHI package would reduce hospitalisations and eliminate the need for more expensive secondary care. Furthermore, State resourced asthma medication would undoubtedly help stop the one preventable death each week in Ireland from asthma.

### **1.2 Recommendation: Ensure equity of access to medication for asthma**

The Government must take action to stop the outrageous practice of patients being afforded access to medication arbitrarily based on their proximity to a particular hospital. A national ring-fenced budget for Xolair must be provided to ensure that inequity of access is addressed and that all 450 eligible asthma patients can avail of this life changing medication.

## 2. Fund Better Asthma Care

We are calling on the Government to ensure that asthma care is properly resourced to allow for the implementation of the HSE's National Clinical Programme for Asthma (NCPA). The Programme objectives are to improve the standard of patient care across all sectors of the health services, to improve asthma control, reduce exacerbations and ensure that everyone with asthma is enrolled in a structured asthma programme. Yet, for a variety of reasons we are still some way from achieving these goals.

Using the best available Irish data, as well as a number of research studies on the direct and indirect costs associated with asthma our recent report, *The Case for Change*, built a reliable picture of the economic burden of asthma in Ireland. The report exposes the massive financial burden of uncontrolled and under treated asthma in Ireland under the headings of Primary Care (€41.8 million); Combined Asthma and other Respiratory Drugs (€120.8million); Hospital Inpatient Care (€6.5 million); Hospital Day Case Care (€0.6 million), Hospital Outpatient Care (€2.5 million); Private Costs (€59.9 million); as well as examining the Production Costs due to Mortality and Morbidity (€262.1 million). In the report we estimate that that asthma costs the Irish State an astonishing €501.3 million each year.

Similar approaches to asthma care were taken in Finland and Australia, with both countries experiencing a substantial improvement in patient outcomes. Both countries implemented structured, guideline-based programmes and developed action plans, which included regular structured asthma reviews for patients in primary care and a focus on patient empowerment, education and guided self management. As a result of the Finnish programme, hospital bed days fell by 86% and there are now very few deaths from asthma and virtually no deaths in lower age groups. In Australia, the burden of asthma also decreased considerably. Australia saw a 60% reduction in asthma deaths, from 964 in 1989 to 378 in 2011. Hospitalisations due to asthma reduced by 32% in adults and 47% in children between 1993 and 2003. Public awareness of asthma was greatly increased and asthma control by patients improved.

The cost of implementing the first phase of the NCPA is estimated at €2.5 million. This will involve the enrolment of the most severe 25,000 asthma patients who are attending ED and hospital. When one considers that asthma attendances at outpatient clinics alone cost approximately the same amount in 2011 as funding phase one of the NCPA, the benefit is clear to see. Taking the direct and indirect costs of hospital care and lost productivity into account, an investment of €2.5 million to implement the first phase of the NCPA makes a great deal of economic sense, as well as improving the lives of a large number of asthma patients.

### **2.1 Recommendation: Resource the implementation of the first phase of the National Clinical Programme for Asthma.**

Funding should be made available to implement the first phase of the HSE's National Clinical Programme for Asthma. Recent years has seen massive cut backs in spending on health. Investment in preventative public health measures, such as the NCPA, would mean long term savings and the ability to reallocate resources currently being used to treat uncontrolled asthma.

## 2.2 Recommendation: Inclusion of asthma treatment in the basic UHI health package

Asthma is a disease best treated in primary care. The NCPA should be included as part of the basic Universal Health Insurance package. By treating the 470,000 adults and children with asthma well in primary care we can prevent deaths, improve public health and wellbeing, and save the State millions of euro in unnecessary health cost and loss of productivity.

## 3. Continue to Take a Strong Stance on Tobacco Control

Tobacco kills half of its users. Each year tobacco is responsible for at least 5,200 deaths in Ireland, with 25% of these being caused by respiratory disease.<sup>1</sup> In addition to the diseases and conditions caused by tobacco, breathing tobacco creates additional challenges and dangers for people with asthma. Tobacco smoke is one of the most common and dangerous causes of asthma symptoms and attacks. Breathing tobacco smoke increases the risk of developing asthma and reduces the efficacy of asthma medication. Babies born to mothers who smoke while pregnant are more likely to develop asthma. Tobacco reduces the effectiveness of asthma medication and can increase a person's sensitivity to other asthma triggers. People with asthma who smoke have poorer lung function, more severe symptoms, and worse asthma control. In the UK, an analysis of admissions from over 8,000 GP practices found that for every 1% increase in smoking prevalence in a local area, asthma admissions rise by 1%, creating an additional burden on the health services.<sup>2</sup> Passive smoking is particularly dangerous for people with chronic lung conditions such as asthma. Passive smoking has the same affect on asthma as smoking and is a very common trigger of asthma attacks. Children whose parents are smokers are more likely to develop asthma. In short, there is no safe level of tobacco smoke exposure for people with asthma.

The Asthma Society of Ireland fully supports the measures contained in the Government's *Tobacco Free Ireland* policy, including the banning of branding on tobacco packages. In order to achieve the goals outlined in the policy, we recommend that the Government implement the following measures in the 2015 Budget:

### 3.1 Recommendation: Increase taxation and link future tax increases to inflation.

Raising taxes on tobacco is a core part of the policy framework contained in *Tobacco Free Ireland*. High tobacco taxation and price is one of the single most effective tobacco control measures available. Higher tobacco prices encourage cessation among existing tobacco users, prevent initiation among potential users, and reduce the quantity of tobacco consumed by continuing users.<sup>3</sup> We believe that the Government should take a long term approach by setting a tobacco tax escalator in line with inflation. In addition to VAT, increases in excise duty on tobacco should be set at a rate that ensures that the price of tobacco rises by a minimum of 5% above inflation each year.

---

<sup>1</sup> Howell F, Shelley E, (2011) "Mortality attributable to tobacco use in Ireland", The Faculty of Public Health Medicine RCPI Winter meeting: Dublin

<sup>2</sup> Purdy S et al Emergency respiratory admissions: influence of practice, population and hospital factors J Health Ser Res Policy Vol 16 No 3 July 2011

<sup>3</sup> [http://www.fctc.org/images/stories/success\\_UK\\_en.pdf](http://www.fctc.org/images/stories/success_UK_en.pdf)

Similar schemes in other EU countries, such as the UK and France, have resulted in a decrease in smoking prevalence and a reduction in deaths.<sup>4</sup>

### **3.2 Recommendation: Establish a tobacco regulator and place a cap on tobacco profits.**

*Tobacco Free Ireland* recommends the introduction of an industry levy with funds ring-fenced for health promotion and tobacco control initiatives. We are calling on the Government to go further and cap tobacco industry profits. A fund should be created with the excess revenue and a regulator established to oversee the capping of profits and the administration of the fund.

### **3.3 Recommendation: Use revenue from profit cap to fund anti- tobacco measures.**

A fund set up under the introduction of profit capping should be used to fund health promotion and tobacco control initiatives, such as;

- regulation of e-cigarettes
- enhanced smuggling prevention measures
- monitoring and evaluation of existing tobacco control measures
- research into new and innovative tobacco control campaigns and policies
- awareness and education programmes, particularly targeting young people.

## **4. Reduce the Impact of Air Pollution on Lung Health**

Poor air quality harms our health and our environment. Breathing in pollution is bad for everyone's health, but is particularly damaging to people with respiratory diseases such as asthma. Every year, 1,387 die prematurely in Ireland because of air pollution.<sup>5</sup> Particulate matter, pollution and carbon emissions are common asthma triggers, preventing people from breathing well and causing asthma attacks. People with asthma suffer more on or after days with higher pollution levels. They suffer increased wheezing, cough and attacks of breathlessness, accompanied by a lower lung function and need for additional relief medications.<sup>6</sup> Air pollution may cause exacerbations among COPD patients and is significantly worsening allergy symptoms too. Worryingly, children are disproportionately affected by harms of air pollution. Around one in every five children in Ireland has asthma, compared with one in every ten adults. Add to this high incidence of asthma the fact that children breathe more air per unit body weight than adults and they are usually more active than adults. These factors make them more susceptible to the adverse effects of air pollution.<sup>7</sup>

Health damages are estimated to be €1 billion -€3 billion in 2010 alone in Ireland.<sup>8</sup> In addition to health problems, air pollution causes harm to large areas of our wildlife, landscape, farm land as well as buildings and monuments. We are calling on the Government to implement a national ban on

---

<sup>4</sup> World Health Organisation, 'Raising Tax on Tobacco', [www.who.int/tobacco](http://www.who.int/tobacco)

<sup>5</sup> Cost-benefit Analysis of Final Policy Scenarios for the EU Clean Air Package, March 2014, pages 48-49, available at: <http://ec.europa.eu/environment/air/pdf/review/TSAP%20CBA%20corresponding%20to%20IIASA11%20v2.pdf>.

<sup>6</sup> European Respiratory Society (ERS), The European Lung White Book – Respiratory Health and Disease in Europe, November 2013, pages 64-75.

<sup>7</sup> Lockwood, A., (2012) The Silent Epidemic: Coal and the Hidden Threat to Health, MIT: Cambridge MA

<sup>8</sup> Op. cit. note 1, page 52.

smoky coal. The banning of smoky coal in the Dublin area in the 1990 resulted in 350 fewer deaths each year, and we estimate that a nationwide ban could result in a further 2,000 lives saved every year. Furthermore, the EU-funded APHEKOM study found out that living near polluted roads could be responsible for about 15-30% of all new cases of asthma in children, and of COPD in adults 65 years of age and older.<sup>9</sup> Continued action on carbon emissions is required if we are to tackle this public health time bomb.

#### **4.1 Recommendation: Increase the Carbon Tax in Budget 2015**

The establishment of a carbon tax and the increase in the rate this year demonstrate the Government's commitment to cleaner, more sustainable energy. To further increase the impact the carbon tax will have on public health taxation should be raised to €30 per tonne of carbon emissions in 2015.

#### **4.2 Recommendation: Support people in switching to cleaner energy**

Disadvantaged groups, such as people living in poverty and the elderly, are often dependent on solid fuel to heat their home and can be disproportionately affected by carbon tax. Burning of solid fuel not only worsens outdoor air quality but also indoor ambient air, meaning people with asthma and other respiratory conditions in homes where solid fuel is burned are at greater risk of asthma and attacks. Lack of funding to switch to cleaner fuel, therefore, is an additional health risk for people living in poverty. It is important that a subsidy arrangement be put in place which is available to people experiencing disadvantage and poverty to support them in switching to cleaner energy. We propose that this be run in tandem with an awareness campaign, targeting specific groups, educating about the supports available and encouraging people to switch to cleaner fuel which should also be funded.

---

<sup>9</sup> Available at: <http://www.aphekom.org/web/aphekom.org/home>.