

**Evidence-based smoking cessation treatments lower smoking rates and save lives and money. Proven effective cessation services and medications should be delivered comprehensively through population-based public health interventions, promoted by a public health-driven and adequately-funded national media campaign, and covered by public and private health insurance.**

Smoking is a powerful addiction that is extremely difficult to overcome. While more than 70% of smokers say that they want to quit, only about 5% are successful for three months or more in any given year.<sup>1</sup> This is due in substantial part to very high relapse rates. Raising this low long-term quit rate is essential in order to succeed in decreasing smoking prevalence and stemming the epidemic of tobacco-related death and disease. As the leading cause of preventable death, tobacco causes the deaths of over 400,000 Americans every year; another 8.6 million Americans suffer from tobacco-related disease.<sup>2,3</sup> Smoking costs the United States economy approximately \$193 billion annually in health care costs and lost productivity.<sup>4</sup>

The experts, backed by decades of rigorous research, already know a great deal about the specific services and supports that will help smokers successfully quit. But most smokers continue to think that quitting is simply a matter of willpower. Only one in five smokers uses an evidence-based cessation method in their quit attempts.<sup>5,6</sup> While new research is critical to further refine our knowledge and expand treatment options<sup>7</sup>, there is no time to waste in bridging the gap between smokers and the proven-effective cessation services which will actually help them quit.

**There Is A Strong Research Base For Effective Smoking Cessation Treatments.** Research confirms that a combination of behavioral counseling, medication and social support is the most effective way to treat this deadly addiction. It establishes the importance of assessments, referrals and direct interventions by a broad range of health care providers. It teaches that longer duration and multi-layered services and interventions are more successful. And it demonstrates that these services, which are relatively inexpensive to provide, will provide a strong return on investment.

- **Three-pronged approach.** The most effective approach to smoking cessation includes three elements: behavioral counseling, medication and social support.
  - Behavioral counseling delivered through telephone quitlines or in-person to groups or individuals increases quit rates. Interactive web-based programs can also be very helpful in helping smokers quit<sup>8</sup>. Web-based services show particular

promise for further development.

- Medications are an important part of effective smoking cessation treatments. Bupropion SR, Varenicline and nicotine replacement therapies (gums, inhalers, lozenges, nasal spray, and patches), both alone and in certain combinations have been shown to at least double a smoker's chance of quitting.<sup>9</sup>
- A combination of behavioral counseling and medication is more effective than either counseling or medication alone.<sup>10</sup>
- Social support as part of a cessation treatment -- non-medicinal support for a smoking cessation patient that provides personal encouragement and empathetic listening<sup>11</sup>-- results in higher quit rates.<sup>12</sup>
- **Importance of health care providers.** Health care providers, including physicians, nurses, psychologists, dentists, counselors and others, can make an important contribution toward increasing quit rates – and protecting the health and lives of their patients. All clinicians should screen patients for tobacco use, strongly advise smokers to quit and provide at least brief behavioral counseling and medication advice. Clinicians should refer smokers to other proven-effective services, including more intensive counseling, when they cannot effectively provide the services themselves.<sup>13</sup> While even minimal interventions of less than three minutes can increase quit rates, the evidence shows that more intensive interventions are more effective. The experts recommend at least four sessions for a total of 90 minutes.<sup>14</sup>

**Effective Smoking Cessation Treatments Should Be Adequately Funded and Comprehensively Delivered.** Cessation treatments should be adequately funded and comprehensively delivered through population-based public health interventions, a national, public health-driven media campaign and expanded coverage by public and private health insurance.

- **Population-Based Public Health Interventions.** Population-based services accessible to all smokers are a key part of effective, comprehensive cessation treatments. These services should include the following elements:
  - Quitlines. Quitlines are a proven-effective smoking cessation intervention. The federal 1-800-QUIT NOW line and state quitlines and infrastructure should be expanded to provide assistance to at least 6% of smokers each year.
  - Web-based Quit Assistance. Web and other technology-based interventions are an increasingly important component of the cessation tool-box.<sup>15</sup> They are particularly promising in light of their broad potential reach and cost-effectiveness. About ten million smokers, who might not otherwise access cessation services, search online for smoking cessation assistance every year.<sup>16,17</sup>

- Medication. Free and reduced cost nicotine replacement and other therapies should be provided in conjunction with both quitline counseling and web and other technology-based quit assistance.
- Funding for Population-Based Services. The CDC's 2007 Best Practices for Comprehensive Tobacco Control Programs recommends that the states, overall, spend \$1,046.2 billion annually on population-based cessation services.<sup>18</sup> This includes support for quitlines to allow them to assist 6% of smokers, medication, counseling and assessment services. We endorse the CDC's recommendation for total public funding<sup>19</sup> but offer two important qualifications. First, because tobacco-related disease is a national public health problem, the federal government should significantly expand its level of financial support to the states from the approximately \$68 million it currently provides through the CDC. Second, these funds should also be used to support the design, delivery and evaluation of web and other technology-based cessation services.
- **National Media Campaign**. A national, public-health driven media campaign is essential to educate smokers and their families about how to quit smoking and how to access proven-effective services that will help them.<sup>20</sup> Initial results from the American Legacy Foundation's EX® campaign, the only national, independent media campaign promoting smoking cessation in the U.S. in nearly forty years, confirm the importance and efficacy of a national media campaign.<sup>21</sup> A national campaign offers the most efficient way to spend limited media dollars since it is much less expensive to purchase media on a national as opposed to a regional, state or local basis. A national campaign will also achieve cost-savings by avoiding the cost duplication and inefficiencies inherent in the implementation and evaluation of fifty separate state campaigns.
- Funding for a National Media Campaign. Based on our experience with EX as well as our national youth tobacco prevention campaign, **truth®**, an effective national media campaign to promote adult cessation, including a strong evaluation component, will cost about \$100 million a year. Because it is much less expensive and more efficient to develop and evaluate a campaign and purchase media on a national as opposed to a regional, state or local basis, this estimate is considerably less than the CDC recommendation for media expenditures which is based on separate state campaigns<sup>22</sup>. The national media campaign should be funded by the federal government and amplified at the state and local level.

- **Expanding Health Insurance Coverage.** Finally, public and private health insurance programs should be expanded to cover all effective cessation services. Barriers to coverage, including, for example, requirements for prior authorizations, deductibles and co-pays, should be eliminated.
  - Medicare and Medicaid should be expanded to cover behavioral counseling and both prescription and over the counter medications for all eligible smokers.
    - Medicare currently covers cessation counseling services (up to 8 counseling sessions in a 12 month period) but only for people who have a tobacco-related illness or are taking a medication affected by tobacco use. Medicare covers prescription but not over-the-counter smoking cessation medications.<sup>23</sup> While a step in the right direction, this coverage should be expanded to provide assistance to all of the 3.1 million smokers over the age of 65.<sup>24</sup> Research shows that providing cessation services to older smokers is effective and reaps valuable health benefits.<sup>25</sup>
    - About one third of adult Medicaid recipients smoke.<sup>26</sup> Far higher than the 19.8% smoking rate for the entire U.S. adult population<sup>27</sup>, this smoking rate contributes significantly to the very high costs of the Medicaid program. If all Medicaid recipients were to quit, taxpayers would save nearly \$10 billion over five years.<sup>28</sup> Nonetheless, Medicaid coverage of smoking cessation treatments and medications remains limited. While as of 2006, 39 states offered coverage for at least one form of tobacco-dependence treatment, nearly all imposed significant restrictions on these benefits. For example, numerous states require co-payments for medication and others provide no or limited coverage for counseling. Some require prior authorizations and “stepped care.” Four more states offer coverage for pregnant women only. Only one state, Oregon, covered all medications and counseling recommended by the 2000 Clinical guidelines.<sup>29</sup>
  - Coverage for effective cessation treatments under employer-sponsored health care insurance is an important, and affordable, part of the solution. Both the extent and quality of coverage of cessation services in employer-provided health insurance is, at best, spotty.<sup>30</sup> This is in spite of the fact that expert actuaries have estimated that adding top quality smoking cessation services to a health plan would cost only 45 cents per covered employee per month, or \$5.40 per year.<sup>31</sup> Savings per quitter would amount to \$213 in the first year and \$1096 in the fifth year.<sup>32</sup> These savings would be achieved from lower rates of disease, for example, stroke, coronary heart disease and adult pneumonia among smokers and lower rates of low birth weight babies and childhood ear infections among smokers’ children.<sup>33</sup> Increasing cessation rates would also lower the high costs of lost productivity due to tobacco-related disease. Services can be delivered through traditional health insurance coverage as well as through wellness and Employee Assistance Programs.

## SOURCES

- <sup>1</sup> CDC, Cigarette Smoking Among Adults, United States, 2000. MMWR 2002; 51(29): 642-645.
- <sup>2</sup> CDC, Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses --- United States, 2000—2004. MMWR 2008; 57(45);1226-1228.
- <sup>3</sup> CDC, Cigarette Smoking-Attributable Morbidity --- United States, 2000. MMWR 2003; 52(35):842-844.
- <sup>4</sup> CDC, Smoking-Attributable Mortality, Years of Potential Life Lost, and Productivity Losses --- United States, 2000—2004. MMWR 2008; 57(45);1226-1228.
- <sup>5</sup> Cokkinides VE, Ward E, Jemal A, Thun MJ. Under-use of smoking-cessation treatments: Results from the National Health Interview Survey. American Journal of Preventive Medicine 2000; 28(1):119-122.
- <sup>6</sup> Shiffman S, Brockwell SE, Pillitteri JL, Gitchell JG. Use of Smoking-Cessation Treatments in the United States. American Journal of Preventive Medicine 2008; 34(2); 102-111.
- <sup>7</sup> This policy brief focuses on the provision of effective, comprehensive cessation treatments to smokers. The Foundation will address the need for research funding in a forthcoming policy brief.
- <sup>8</sup> Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008 ("2008 Clinical Practice Guideline"). The Guideline is available here: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.chapter.28163>.
- <sup>9</sup> Fiore et al. 2008. Chapter 6: Evidence and Recommendations. The chapter is available here: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.28372>; IOM (Institute of Medicine). Ending the Tobacco Problem: A Blueprint for the Nation. Washington, DC: The National Academies Press; 2007; 233. Of course, medication should not be used where contraindicated.
- <sup>10</sup> Fiore et al. 2008. Chapter 6. Part A3.
- <sup>11</sup> Fiore et al. 2008. Glossary.
- <sup>12</sup> Fiore et al. 2008. Chapter 6. Part A3.
- <sup>13</sup> Fiore et al. 2008. Chapter 6. Parts A1 and A3.
- <sup>14</sup> Fiore et al. 2008. Chapter 6. Part A2.
- <sup>15</sup> Fiore et al. 2008. Chapter 6. Part A2.
- <sup>16</sup> Cobb, NK, and Graham, AL. Characterizing internet searchers of smoking cessation information. Journal of Medical Internet Research, 2006; 8(3).
- <sup>17</sup> Fox S, Fallows D. Internet health resources: health searches and email have become more commonplace, but there is room for improvement in searches and overall internet access. 2003. Available here: [www.pewinternet.org/report\\_display.asp?r=95](http://www.pewinternet.org/report_display.asp?r=95)
- <sup>18</sup> CDC. Best practices for comprehensive tobacco control programs—2007 2007. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 54-55.
- <sup>19</sup> We also recommend careful consideration of the recommendations of several other organizations. The Subcommittee on Cessation of the Interagency Committee on Smoking and Health set out a comprehensive proposal in its 2003 proposal entitled "Preventing 3 Million Premature Deaths, Helping 5 Million Smokers Quit: A National Action Plan for Tobacco Cessation." While this proposal carries a higher price tag, it would be funded through the Subcommittee's proposed \$2 per pack increase in the federal excise tax on tobacco, itself a proven strategy to decrease smoking rates. See also, American Lung Association's Helping Smoker's Quit, 2008, and Partnership for Prevention's National Working Group Call for ACTION: An Action Plan to Address the Lack of Access to Tobacco-Use Treatment, 2008.
- <sup>20</sup> IOM at 235-237.
- <sup>21</sup> Vallone DM, Duke JC, Mowery PD, McCausland KM, Xiao H, Costantino JC, Asche ET, Allen JA,. The impact of 'EX': Results from a pilot smoking-cessation media campaign. Forthcoming in American Journal of Preventive Medicine.
- <sup>22</sup> The CDC recommendation for "Health Communications Interventions" is separate from its recommended expenditures for cessation interventions discussed above.
- <sup>23</sup> Centers for Medicare and Medicaid Services. Smoking Cessation – Overview. Available here: <http://www.cms.hhs.gov/SmokingCessation/>.
- <sup>24</sup> CDC. Cigarette Smoking Among Adults --- United States, 2007. MMWR 2008; 57(45):1221-1226; U.S. Census Bureau, General Demographic Characteristics: 2007 Population Estimates. Available here:[http://factfinder.census.gov/servlet/QTTable?\\_bm=y&-qr\\_name=PEP\\_2007\\_EST\\_DP1&-geo\\_id=01000US&-ds\\_name=PEP\\_2007\\_EST&-\\_lang=en&-format=&-CONTEXT=qt](http://factfinder.census.gov/servlet/QTTable?_bm=y&-qr_name=PEP_2007_EST_DP1&-geo_id=01000US&-ds_name=PEP_2007_EST&-_lang=en&-format=&-CONTEXT=qt)
- <sup>25</sup> Joyce GF, Niaura R, Maglione M, Mongoven J, Larson-Rotter C, Coan J, Lapin P, Morton S. The Effectiveness of Covering Smoking Cessation Services for Medicare Beneficiaries. Health Services Research 2008. [Epub ahead of print]
- <sup>26</sup> CDC. State Medicaid Coverage for Tobacco-Dependence Treatments --- United States, 2006. MMWR 2008; 57(5):117-122.
- <sup>27</sup> CDC. Cigarette Smoking Among Adults --- United States, 2007. MMWR 2008; 57(45):1221-1226.
- <sup>28</sup> Trogdon J, Pais J. Saving lives, saving money II: Tobacco-free states spend less on Medicaid. American Legacy Foundation Policy Report 2007. Washington DC: American Legacy Foundation.
- <sup>29</sup> State Medicaid Coverage for Tobacco-Dependence Treatments – United States, 2006, JAMA, 2008; 299(15):1766-1768; MMWR. 2008; 57(05):117-122.
- <sup>30</sup> IOM at 239-240.
- <sup>31</sup> Fitch K, Iwasaki K, Pyenson, B, Covering Smoking Cessation as a Health Benefit: A Case for Employers, Milliman, Inc. 2006. Available at [http://www.americanlegacy.org/PDFPublications/Milliman\\_report\\_ALF\\_-\\_3.15.07.pdf](http://www.americanlegacy.org/PDFPublications/Milliman_report_ALF_-_3.15.07.pdf).
- <sup>32</sup> Fitch, et al. 2006.
- <sup>33</sup> Fitch, et al. 2006.