

Smoking Cessation: A Sound Investment

A policy change, such as a cigarette tax increase or smoking ban, may encourage employees to quit smoking. Even without a policy change, more than 70 percent of smokers want to quit, but when patients try to quit without treatment or counseling, only three to five percent remain quit for up to one year.^{1,2}

The recent <<insert policy change>> is an opportunity to encourage more employees who are smokers to quit smoking.² Comprehensive coverage of smoking cessation treatments can help. Revisit your smoking cessation benefit to ensure it is aligned with current public health guidelines.³ Then communicate with employees to encourage them to quit and inform them of coverage available to help.

A comprehensive smoking cessation benefit includes:³

- Covering at least four counseling sessions of at least 30 minutes each, including telephone and individual counseling sessions
- Covering all FDA-approved smoking cessation prescription and over-the-counter treatments
- Providing counseling and medication coverage for at least two smoking cessation attempts per year
- Eliminating or minimizing co-pays or deductibles for counseling and medications

Smoking Cessation Coverage Provides Value for Employers

- Smoking cessation benefits are as cost-effective as childhood immunizations and daily aspirin use in high-risk adults, and are more cost-effective than many commonly covered preventive treatments, including those for hypertension and high cholesterol.⁴
- According to a recent Milliman report, employers who implement comprehensive smoking cessation coverage see an annual decrease in medical and life insurance costs of at least \$210 for each employee or dependent who quits smoking.⁵

Impact of Smoking on Employee Productivity⁶

	Non-smokers	Former smokers	Current smokers
Mean total hours lost per year (absenteeism and presenteeism)	78	95.2	130.1
Estimated cost of health-related productivity loss per year	\$2,623	\$3,246	\$4,430

Smokers cost employers about \$1,800 more per year than nonsmokers due to health-related productivity loss.⁶

Encouraging Smoking Cessation Attempts Among Employees

- Smoke-free workplaces and coverage of smoking cessation therapies have been demonstrated to increase quit attempts and reduce smoking.⁷
- According to the National Business Group on Health (NBGH), 70 percent of employers feel that offering smoking cessation benefits is the most effective way to encourage employees to stop smoking, but only two percent have a comprehensive smoking cessation benefit as outlined by the CDC and AHRQ.⁸
- Reducing or eliminating out-of-pocket costs for patients who wish to quit smoking increases the use of effective cessation therapies and increases the number of people who attempt to quit.⁷

Online Resources

- Purchaser's Guide to Clinical Preventive Services (National Business Group on Health): www.businessgrouphealth.org/benefitsttopics/topics/purchasers/fullguide.pdf
- eValue8 program (National Business Coalition on Health): www.nbch.org/eValue8/
- *Saving Lives, Saving Money* Medicaid Report (American Legacy Foundation): www.americanlegacy.org/PDFPublications/saving_lives_saving_money.pdf
- Keeping Pace with Treatment Trends: A Look at Smoking Cessation Benefits, session on smoking cessation coverage (America's Health Insurance Plans): www.ahiphewire.org/Wellness/LearningCenter/Feature.aspx?doc_id=220936

¹ Foulds J, Burke M, Steinberg M et al. Advances in pharmacotherapy for tobacco dependence. *Expert Opin Emerg Drugs*. 2004;9(1):39-53.

² Hughes JR, Keeley J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. *Addiction*. 2004;99:29-38.

³ Centers for Disease Control and Prevention. Coverage for tobacco use cessation treatments: why, what, and how. Available at: www.cdc.gov/tobacco/quit_smoking/cessation/00_pdfs/reimbursement_brochure.pdf.

⁴ Partnership for Prevention. Priorities for America's Health: Capitalizing on life-saving, cost-effective preventive services: Executive Summary. www.prevent.org/images/stories/clinicalprevention/executive%20summary.pdf. Accessed December 18, 2006.

⁵ Fitch K, Iwasaki K, Pyenson B. Milliman Report – Covering smoking cessation as a health benefit: a case for employers. New York, NY: Milliman, Inc.; December 2006.

⁶ Bunn WB III, Stave GM, Downs KE, Alvir JM, Dirani R. Effect of Smoking Status on Productivity Loss. *J Occup Environ Med*. 2006; 48:1099-1108.

⁷ Hopkins DP, Briss PA, Ricard CJ, Husten CG, Carande-Kulis VG, Fielding JE, et al. Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke. Task Force on Community Preventive Services. *Am J Prev Med*. 2001;20(2 Suppl):16-66.

⁸ Finch R. National Business Group on Health. Smokers in the workplace: exploring employers' understanding and perceptions of the business impact of smoking. www.businessgrouphealth.org/meetings/forum2007/presentations/plenary/plenary6.pdf. Accessed August 26, 2008.