CAMPAIGN for TOBACCO-FREE Kids®

TREATING TOBACCO ADDICTION AND OTHERWISE HELPING PEOPLE QUIT REDUCES TOBACCO USE

While prevention programs can prevent young people from ever becoming addicted to nicotine, approximately 48 million Americans are already regular smokers. In fact, 10 to 20 million current smokers will die from tobacco-related diseases unless efforts to help smokers beat their tobacco addiction are substantially increased. Helping people to stop using tobacco produces significant and immediate health benefits. Fifteen years after they have quit smoking, the risk of death for ex-smokers is similar to the risk for people who have never smoked. More importantly, helping adults to quit smoking protects their children from the dangers of secondhand smoke, and can reduce the number of newborn babies who suffer and even die because their mothers smoked during pregnancy and after giving birth.

In addition to saving lives and improving public health, quitting smoking reduces medical costs significantly. A 1995 study published in the *Archives of Internal Medicine* found that continuing smokers experienced a 7 to 15 percent increase in hospital visits and a 30 to 45 percent increase in hospital admissions, compared to those who quit, in the 5 to 6 years of follow-up.[1]

Existing Barriers to Quitting Smoking

Although half of all Americans who have ever smoked have quit -- and most current smokers want to stop -- an established addiction to nicotine is difficult to escape. To quit, smokers must not only overcome their physiological dependence on nicotine but also cut their strong psychological and social ties to smoking or otherwise using tobacco. Doing that without outside help is extremely difficult, and getting effective assistance is not easy.

The following are just some of the many barriers to the effective delivery of smoking cessation services.

- Doctors and other health care workers do not consistently assess whether their patients use tobacco, nor do they offer smoking cessation advice, much less treatment, to their patients who use tobacco.
- Health care organizations often do not include smoking assessment and cessation in the performance expectations of clinicians, and they often do not provide clinicians with an environment that supports systematic intervention with smokers.
- Smoking cessation treatments are not consistently provided as paid services for subscribers of health insurance packages -- despite the fact that smoking cessation is a highly cost effective service. Even Medicare and Medicaid do not routinely cover smoking cessation services.
- Smokers of low socioeconomic status tend to be under served by smoking cessation programs. They are less likely to have health insurance; less able to afford over-the-counter smoking cessation products; and often live in areas where cessation products and programs are less readily available.

New programs to help smokers quit can eliminate these barriers and dramatically increase the numbers of tobacco users who are able to escape their addiction.

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What Are Smoking Cessation Programs?

The three most effective components of smoking cessation treatment are pharmacologic treatments (such as nicotine gum and patches), clinician-provided social support and advice, and skills training regarding techniques to achieve and maintain abstinence.[2] In general, more inclusive treatments are more effective in producing long-term abstinence from tobacco, and combined therapies raise the absolute percentage of smokers who remain abstinent.

Studies published in the *New England Journal of Medicine* and the *Journal of the American Medical Association* have documented increased quit rates using the nicotine patch.[3,4] According to another study published in *JAMA*, nicotine gum can also increase long-term smoking cessation rates, especially when used in conjunction with assistance from a physician.[5] Researchers have also found that the recently-approved drug bupropion increases quit rates when used alone or in combination with nicotine replacement products.[6]

Because of these kinds of research findings, the U.S. Food and Drug Agency has approved over-the-counter sales of a number of nicotine replacement products, including transdermal patches, chewing gum, and nasal sprays. The FDA has also approved one non-nicotine drug available by prescription to help people stop smoking.

To improve the clinical efforts that are also needed to help tobacco users quit, the U.S. Agency for Health Care Policy and Research has issued smoking cessation clinical practice guidelines that recommend that clinicians record the tobacco-use status of every patient and offer smoking cessation treatment to every smoker at every office visit.

Smoking cessation programs are most effective when done in coordination with other tobacco control efforts that can increase smokers' readiness and willingness to quit. Individuals may be more likely to want to quit smoking if, for example, they work in companies with strong work site smoking policies or if they are exposed to repeated anti-smoking messages in the media.

Demonstrated Effectiveness of Smoking Cessation Programs

Numerous studies have documented the effectiveness of tobacco addiction treatment programs. Some are particularly noteworthy.

- Several studies, including one from 1997 in the *Journal of the American Medical Association*,[7] and another from 1992 in *The American Journal of Medicine*[8] found that smoking cessation interventions are much more cost effective than other current healthcare interventions meant to improve the public health.

- A 1998 study in the *New England Journal of Medicine* found that full health insurance coverage of cessation services resulted in over twice as many smokers who would quit per year than would quit under the standard plan coverage. The increase in the annual rate of cessation from offering full coverage would be achieved at a cost of $328 per benefit user, which compares favorably to the average annual costs of medical treatment for hypertension ($5,921) or heart disease ($6,941).[9]

- Data from Massachusetts state tobacco prevention program shows that efforts to encourage smokers to quit and help them do it can be successful.[10]
  - From 1993 to 1997, the proportion of Massachusetts smokers who were advised to quit by their doctor increased from 46 to 56 percent.
  - From 1993 to 1997, the proportion of smokers who quit during the previous year and were still not smoking when interviewed, increased from 8 to 14 percent.

Key Elements of State Programs to Help Smokers Quit

A comprehensive tobacco control program should not only encourage smokers to quit but also help them do it. In fact, most smokers want to quit but have a very difficult time because nicotine is so powerfully addictive. To help these smokers, the barriers outlined above must be addressed. Clinicians must be encouraged and trained to assess patients' smoking status and deliver appropriate interventions. Cessation products and services should be made more readily available and more affordable, either through encouraging coverage by public and private insurers, or by direct provision of the services to those unable to map. Cessation services can be provided through primary health care providers, schools, government agencies, community organizations, and telephone "quitlines." Staff training and technical assistance should be a part of all programs to treat tobacco addiction, and following the cessation guidelines from the Agency for Health Care Policy and Research will increase the effectiveness of any cessation efforts in clinical settings.

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Related Campaign for Tobacco-Free Kids Factsheets (www.tobaccofreekids.org)

Tobacco Cessation: An Overview

Tobacco Cessation Works: An Overview of Best Practices and State Experiences

Benefits from Tobacco Use Cessation

Resources for Quitting Smoking

Key Tobacco-Cessation Findings and Recommendations from the U.S. Public Health Service and U.S. Preventive Services Task Force

State Cessation-Related Statistics & Potential Savings from Reducing Smoking by One Percentage Point

Medicare and Medicaid Costs & Savings From Covering Tobacco Cessation

What Kind of Tobacco Cessation Might Medicare, Medicaid, and Private Health Insurors Cover?

[These other Campaign for Tobacco-Free Kids factsheets on cessation are on the TFK website at: http://tobaccofreekids.org/research/factsheets/index.php?CategoryID=25.]

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[1] Wagner EH et al. "The Impact of Smoking and Quitting on Health Care Use." *Archives of Internal Medicine* 1995;155: 1789-1795.
[2] National Institute on Drug Abuse, NIH, *Addicted to Nicotine: A National Research Forum*. July 27-28, 1998
[3] Tonnesen P. Norregaard J, Simonsen K, et al. "A double-blind trial of a 16-hour transdermal nicotine patch in smoking cessation." *N Engl J Med* 1991;325:311-315.
[4] Transdermal Nicotine Study Group. "Transdermal nicotine for smoking cessation: six-month results from two multicenter controlled clinical trials." *JAMA* 1991;266:3133-3138.
[5] Oster G, Huse DM, Delea TE, et al. "Cost-effectiveness of nicotine gum as an adjunct to physician's advice against cigarette smoking." *JAMA* 1986;256:1315-1318.
[6] Hurt RD et al., "A comparison of sustained release bupropion and placebo for smoking cessation." *N Engl J Med* 337:1195-1202, 1997
[7] Cromwell J et al. "Cost effectiveness of the Clinical Practice Recommendations in the AHCPR Guideline for Smoking Cessation." *JAMA* 1997; 278: 1759-1766.
[8] Tsevat J. "Impact and Cost Effectiveness of Smoking Interventions." *The American Journal of Medicine* 1992; 93: 1a-43S – 47S.
[9] Curry SJ et al. "Use and cost effectiveness of smoking cessation services under four insurance plans in a health maintenance organization." *N Engl J Med* 1998; 339:673-9
[10] *Independent Evaluation of the Massachusetts Tobacco Control Program: Fourth Annual Report, January 1994 to June 1997.* Abt Associates, Inc.