VII Cessation Programs

Justification

Programs that successfully assist young and adult smokers in quitting can produce a quicker and probably larger short-term public health benefit than any other component of a comprehensive tobacco control program. Smokers who quit smoking before age 50 cut in half their risk of dying in the next 15 years.[1] In addition, the cost savings from reduced tobacco use resulting from the implementation of moderately-priced, effective smoking cessation interventions would more than pay for these interventions within 3–4 years.[6] One smoker successfully quitting reduces the anticipated medical costs associated with acute myocardial infarction and stroke by an estimated $47 in the first year and $853 during the next 7 years.[2] Smoking cessation is more cost-effective than other commonly provided clinical preventive services, including mammography, colon cancer screening, PAP tests, treatment of mild to moderate hypertension, and treatment of high cholesterol.[3–5]

The Agency for Health Care Policy and Research (AHCPR) evidence-based clinical practice guideline on cessation states that brief advice by medical providers to quit smoking is effective.[7] More intensive interventions (individual, group, or telephone counseling) that provide social support and training in problem-solving skills are even more effective. FDA-approved pharmacotherapy (e.g., nicotine patch, gum, nasal spray and inhaler, and bupropion hydrochloride) can also help people quit smoking, particularly when combined with counseling and other interventions.

The AHCPR-sponsored guideline stresses that system changes (e.g., implementing a tobacco-use screening system, providing clinician training and feedback, designating staff to be responsible for the treatment program, and providing insurance coverage for proven treatments) are critical to the broad-based success of cessation interventions. Model programs in large managed care plans show that full implementation of the AHCPR-sponsored guideline, in conjunction with efforts to minimize access and cost barriers to treatment, increases the use of proven treatments and decreases smoking prevalence.[8] The Agency for Health Care Policy Research (AHCPR) Smoking Cessation Clinical Practice Guideline will be updated in 1999 as a Public Health Service document. This process will be completed in conjunction with the Robert Wood Johnson Foundation and the Center for Tobacco Research and Intervention at the University of Wisconsin. The updated guideline will reflect new advances in smoking cessation practice including new treatment options for tobacco dependence and addiction. State action on tobacco-use treatment should include the following elements:

- Establishing population-based counseling and treatment programs, such as cessation helplines.
- Making the system changes recommended by the AHCPR-sponsored cessation guideline.
- Covering treatment for tobacco use under both public and private insurance.
- Eliminating cost barriers to treatment for underserved populations, particularly the uninsured.

Although no State has yet implemented this comprehensive approach, several States (California, Massachusetts, Arizona, and Oregon) have started tobacco treatment initiatives, and others (e.g., Minnesota, Texas, and Washington) are planning to do so in the near future. Most States with tobacco treatment initiatives offer a clearinghouse and telephone helpline as part of their statewide programs' (See element V.) However, each State also has unique features that could be adopted by other States. For example, the California Medicaid program pays for nicotine replacement therapy if the beneficiary receives at least one telephone counseling session.[9] Massachusetts is investigating the credentialing of cessation service providers.[10] Arizona's statewide cessation plan requires linkage between cessation services and the telephone helpline.[11] Oregon's program is a public/private collaboration that links the clinical sector to community-based programs.[12] Texas' plan specifies working with insurance companies to offer cessation as a covered benefit.

Budget

Funding may be awarded to government agencies, managed care organizations, and public and private organizations. The manner in which funds are provided to the private sector (e.g., matching grants to providers versus grants to purchasers of services) should be considered. The annual budget for the various levels of services can be estimated based on the costs of identifying smokers, counseling smokers, and reimbursing providers for cessation services. To identify smokers during clinical visits and chart their tobacco use as a vital sign (similar to blood pressure, height, and weight) would cost an estimated $1 per person older than age 18. To provide brief counseling to

these smokers during each clinical visit would cost $2 per smoker. To provide a full range of cessation services, including FDA-approved pharmaceutical aids, behavioral counseling, and follow-up visits, would cost $275 per smoker served per year. For those with private insurance, private and public funds can each be expected to cover approximately 50% of the total cost; therefore, public costs would be $137.50 per smoker served. However, only 10% of all smokers aged 18 years and older would be expected to use full cessation services each year.

Core Resources

Agency for Health Care Policy and Research. Smoking Cessation: Clinical Practice Guideline, No. 18, Information for Specialists. April 1996. AHCPR Publication No.: 96–0694. (Consumer and Provider resources also available—http://www.ahcpr.gov/clinic/).

American Medical Association. How to Help Patients Stop Smoking, Guidelines for Diagnosis and Treatment of Nicotine Dependence. Chicago: American Medical Association, Division of Health Science. January 1994. Publication No.: AA41: 93–668: 275M.

National Cancer Institute. How to Help Your Patients Stop Smoking: A National Cancer Institute Manual for Physicians. Revised November 1991, Reprinted September 1993. NIH Publication No.: 93–3064.

National Cancer Institute. How to Help Your Patients Stop Using Tobacco: A National Cancer Institute Manual for the Oral Health Team. August 1993. NIH Publication No.: 93–3191.

National Heart, Lung, and Blood Institute. Nurses: Help Your Patients Stop Smoking. January 1993. NIH Publication No.: 92–2962.

Oregon Health System Task Force. Tobacco Cessation: An Opportunity for Oregon's Health Systems. Guideline Implementation Kit for Health System Experts. February 1998.

U.S. Preventive Services Task Force. Guide to Clinical Preventive Services, 2nd ed. Baltimore: Williams & Wilkins, 1996.

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10 Hamilton WL. Independent evaluation of the Massachusetts Tobacco Control Program. Fourth annual report: Summary January 1994 to June 1997. Cambridge, MA: Abt Associates, Inc., 1997.

11 http://www.tepp.org/atin/

12 Oregon Health Division. Tobacco cessation & the 4A's. *CD Summary*. 1998;47(11):1–2.