

# Smoking Cessation – The Role of Payers

## Smoking in the U.S.

Since the first Surgeon General's report on smoking and health was released in 1964, cigarette smoking among U.S. adults has declined from nearly 43% to a low of nearly 14% in 2018. Despite this progress, smoking remains the leading cause of preventable disease and death in the U.S. Additionally, smoking-related illnesses continue to cost the nation more than \$300 billion every year.

## Smoking Cessation Can Improve Health and Well-Being

Tobacco dependence is a chronic, relapsing condition driven by addiction to nicotine. But cessation treatment can help people quit. The *2020 Surgeon General's Report* highlights the latest evidence on the benefits of smoking cessation. The evidence is clear – one of the most important actions people can take to improve their health is to quit smoking, no matter how old they are or how long they've been smoking.

Smoking cessation:

- ▶ Reduces the risk of premature death, improves health, and enhances quality of life. Quitting can add as much as a decade to life expectancy.
- ▶ Reduces the risk for many adverse health effects including poor reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), and 12 types of cancer.
- ▶ Benefits people who have already been diagnosed with coronary heart disease or COPD.
- ▶ Benefits the health of pregnant women and that of their fetuses and babies.
- ▶ Reduces the financial burden that smoking places on people who smoke, healthcare systems, and society.



## Key Findings from the 2020 Surgeon General's Report

- ▶ Smoking cessation reduces risk for many adverse health effects, including poor reproductive health outcomes, cardiovascular diseases, chronic obstructive pulmonary disease (COPD), and cancer. Quitting smoking is also beneficial to those who have been diagnosed with heart disease or COPD.
- ▶ More than three out of five U.S. adults who have ever smoked cigarettes have quit. Although a majority of cigarette smokers make a quit attempt each year, less than one-third use cessation medications approved by the U.S. Food and Drug Administration (FDA) or behavioral counseling to support quit attempts.
- ▶ Considerable disparities exist in the prevalence of smoking across the U.S. population, with higher prevalence in some subgroups. Similarly, the prevalence of key indicators of smoking cessation – quit attempts, receiving advice to quit from a health professional, and using cessation therapies – also varies across the population, with lower prevalence in some subgroups.
- ▶ Smoking cessation medications approved by the FDA and behavioral counseling are cost-effective cessation strategies. Cessation medications approved by the FDA and behavioral counseling increase the likelihood of successfully quitting smoking, particularly when used in combination. Using combinations of nicotine replacement therapies can further increase the likelihood of quitting.
- ▶ Insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.

## For information about:

- ▶ quitting smoking, visit [www.CDC.gov/quit](http://www.CDC.gov/quit)
- ▶ the Surgeon General's report, visit [www.CDC.gov/CessationSGR](http://www.CDC.gov/CessationSGR)



## Evidence-Based Cessation Treatments Work

Tobacco use and dependence often requires repeated intervention and long-term support to help patients quit. The *Surgeon General's Report* outlines an array of effective treatments and resources for tobacco use and dependence, including:

**Counseling**, which is available in a variety of formats, including individual, group, and by telephone.

- ▶ Proactive counseling from quitlines can increase the chances of quitting when used alone or in combination with cessation medication.
- ▶ Text messaging and web-based cessation interventions can also help people successfully quit smoking.

**Medications** that have been approved by the FDA to improve chances of quitting.

- ▶ Medications include five nicotine replacement therapies (NRTs) and two non-nicotine prescription medications.
- ▶ Compared to using a single form of NRT, combining a long-acting NRT (e.g., patch) with a short-acting NRT (e.g., lozenge) increases the chances of quitting.

**Combination of counseling and medication.** Each is effective when used alone and combining them can more than double chances of successfully quitting.

## Payers Can Contribute to a Future with Fewer Costly Tobacco-Driven Conditions

Each year, over half of adults who smoke try to quit. Yet fewer than one in 10 adults who smoke successfully quit in a given year. Opportunities exist to better connect individuals who smoke to proven strategies that can help them quit.

As outlined in the *Surgeon General's Report*:

- ▶ There is evidence that insurance coverage for smoking cessation treatment that is comprehensive, barrier-free, and widely promoted increases the use of these treatment services, leads to higher rates of successful quitting, and is cost-effective.
- ▶ Certain life events – including hospitalization, surgery, and lung cancer screening – can trigger attempts to quit smoking, increase uptake of smoking cessation treatment, and lead to successful cessation. These events are often scheduled by payers in advance and can create an opportunity to encourage smoking cessation.
- ▶ Strategies that link smoking cessation-related quality measures with payments to clinicians, clinics, or health systems increase the rate of delivery of clinical treatments for smoking cessation.
- ▶ Proactive quitline counseling, when provided alone or in combination with cessation medications, is an effective approach to increase smoking cessation.

In working toward enhancements in coverage and healthcare delivery that are rooted in these findings, payers can play an important role in helping their members achieve smoking cessation.

## Smoking Cessation Resources for Payers

- ▶ **Cessation Materials for State Tobacco Control Programs** – [www.CDC.gov/tobacco/quit\\_smoking/cessation/index.htm](http://www.CDC.gov/tobacco/quit_smoking/cessation/index.htm)
- ▶ **U.S. Preventive Services Task Force (USPSTF), Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions** – [www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1](http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventions1)

