Helping Tobacco Users Quit

Tobacco Use Imposes a Major Health and Economic Burden

- While our nation has made tremendous progress in reducing smoking among both youth and adults, tobacco use is still the number one cause of preventable death in our country – it is responsible for more than 490,000 deaths and costs the nation over $240 billion in healthcare costs each year.[1]
- 16 million Americans are currently living with a tobacco-related disease.[2]
- Over 28 million Americans still smoke cigarettes (over 35 million used a combustible/smoked tobacco product).[3]
- There are significant racial, socioeconomic and geographic disparities in who still smokes, and these disparities contribute significantly to overall health disparities.

Quitting Is One of the Most Important Actions a Smoker Can Take to Improve His or Her Health

Smokers who successfully quit immediately start to improve their health and dramatically increase their chances of leading longer and healthier lives. It's never too late to quit smoking.

- Smoking cessation reduces the risk of developing smoking-related diseases and can add as much as a decade to life expectancy.[4]
- Nearly 70% of adult cigarette smokers want to quit, and more than half (53.3%) report having made a quit attempt in the past-year.[5] However, less than 10% succeed in quitting each year.[6] Quitting is very difficult because nicotine is highly addictive and tobacco users must often make multiple quit attempts before they succeed.[7]
- Improving the coverage and reach of tobacco cessation services, such as reducing barriers to care and promoting cessation services to at-risk populations, is critical if we are to continue reducing tobacco use and in turn, tobacco-related disparities.

Effective Tobacco Cessation Treatments are Available but Underutilized

Tobacco users are more likely to successfully quit if they use evidence-based tobacco cessation treatment.[8] For example, research shows that use of any form of nicotine replacement therapy (NRT) increases the chances of successfully quitting by 50-60%.[9] Effective treatments for tobacco use include seven FDA-approved medications and individual, group, and phone-based counseling. Evidence-based clinical practice guidelines recommend that clinicians ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral counseling and FDA-approved cessation medications to non-pregnant adults.[10]

- Cessation counseling and medications are effective in increasing quit rates when used separately and even more effective when used together.[11] Smokers who use a combination of medication and counseling support can have almost three times the odds of successfully quitting compared to smokers who use neither.[12]
- Research shows that even brief advice to quit by health care providers is effective, but effectiveness increases with the intensity of counseling and length and number of counseling sessions.[13]

- Telephone quitline counseling increases quit rates, is effective with diverse populations and has broad reach.[14]

Despite the effectiveness of tobacco cessation treatments, they are underutilized.

- Fewer than 4 in 10 (38.3%) adult smokers who make a quit attempt report use of counseling and/or cessation medications.[15]
- Healthcare providers play a key role in supporting tobacco cessation, yet only about half of adults who smoke receive advice to quit from a healthcare professional (50.5%).[16]
- Several racial/ethnic subpopulations are less likely to receive advice to quit and/or use evidence-based treatments when making a quit attempt.[17] Specifically, Blacks/African Americans and Hispanics/Latinos have lower rates of both receiving advice to quit from a health professional (49.5% and 33.4%, respectively) and use of proven cessation treatments (32.6% and 28.8%), compared to their White counterparts (54.4% and 42.7%, respectively).[18]

Insurance Coverage of Tobacco Cessation Treatments Increases Their Use and Is Cost-Effective

The Affordable Care Act (ACA) improved coverage of tobacco cessation treatments under Medicaid and private health insurance, but gaps in coverage, cost-sharing requirements, and other barriers to accessing treatments may reduce utilization and present particular challenges for certain groups, such as low-income individuals and those enrolled in Medicaid.

The 2024 Surgeon General's Report, *Eliminating Tobacco-Related Disease and Death: Addressing Disparities,* emphasizes that comprehensive insurance coverage of FDA-approved tobacco cessation treatments can reduce disparities in treatment access and utilization, especially when made easily accessible.[19] Insurance coverage that is comprehensive, barrier-free and widely promoted increases use of evidence-based treatments and increases the number of tobacco users who will quit.[20]

- Comprehensive cessation treatment includes coverage of all evidence-based treatments, including counseling and all FDA approved tobacco cessation medications.
- Comprehensive cessation treatment eliminates or minimizes barriers to accessing cessation treatments such as cost-sharing, duration limits and prior authorization.
- Educating tobacco users and health care providers about existing cessation services and promoting their use is critical to maximizing quit attempts and the number of successful quits.

Cessation treatments are cost-effective.[21]

- Cigarette smoking generates substantial smoking-attributable healthcare expenditures and lost productivity.[22]
- The evidence on the cost-effectiveness of smoking cessation interventions is consistent across numerous studies – smoking cessation interventions reduce smoking-attributable expenditures.[23]
- Even brief advice to quit from a physician improves cessation rates and is highly cost-effective.[24]

Medicaid Enrollees Should Have Equal Access to Effective Tobacco Cessation Treatments

- Tobacco takes a harmful toll on Medicaid enrollees who smoke at more than twice the rate of adults with private insurance (21.5% vs. 8.6%, respectively).[25]
- Tobacco cessation coverage currently required for most Medicaid enrollees is less comprehensive than what is required for people with private health insurance coverage.[26] While all state Medicaid programs

cover some tobacco cessation treatments, many do not cover all evidence-based tobacco cessation treatments and include barriers to accessing coverage, such as cost sharing and prior authorization.

  - As of June 30, 2024, only 22 states covered all seven FDA-approved tobacco cessation medications as well as group and individual cessation counseling, and only four of these states (Colorado, Maine, Missouri, and Wisconsin) covered all treatments without barriers to access.
  - Common barriers to access include annual limits on quit attempts (n=41 states), limits on duration of treatment (n=37 states), and prior authorization requirements (n=30 states)
  - One study found that only about 10 percent of Medicaid enrollees who smoke received tobacco cessation medications in 2013.[27]

- A large analysis of Medicaid beneficiaries across all 50 US states from 2009 to 2014 found that Black, Latino, Asian, and American Indian/Alaska Native individuals had lower rates of access to smoking cessation medication and counseling compared to White beneficiaries.[28]
- Expanding coverage of tobacco cessation treatments can improve health and lower health care costs.
  - After Massachusetts expanded its Medicaid tobacco cessation coverage and implemented a broad outreach and education campaign, smoking rates among Medicaid recipients decreased from 38 percent to 28 percent over a two-and-a- half-year period.[29]
  - Every dollar the state invested in its Medicaid tobacco cessation benefit and awareness campaign resulted in $3.12 in health care savings from reduced hospitalizations.[30]

For more information on the Benefits of Tobacco Cessation,

see Benefits from Quitting Tobacco Use

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