



## Benefits of Tobacco Use Cessation

### HEALTH BENEFITS

Currently in Connecticut, an estimated 429,500 adults (15.9%) and 43,000 middle and high school students (20.8%) smoke. Seventy percent of all smokers want to quit and over 50% try to quit every year. (CT BRFSS, YTS)

Tobacco use accounts for 30% of all cancer deaths and 82% of all lung cancer deaths, as well as 86% of all emphysema deaths and 40% of coronary heart disease deaths. Quitting smoking reduces the risk of cancer and other diseases, such as heart disease and COPD, caused by smoking. People who quit smoking are less likely than those who continue to smoke to die from smoking-related illness:

- **Quitting at age 30:** Studies have shown that smokers who quit at about age 30 reduce their chance of dying prematurely from smoking-related diseases by more than 90 percent
- **Quitting at age 50:** People who quit at about age 50 reduce their risk of dying prematurely by 50 percent compared with those who continue to smoke.
- **Quitting at age 60:** Even people who quit at about age 60 or older live longer than those who continue to smoke.
- On average, a smoker can add 13-15 years onto his or her life by quitting. (CDC)

Quitting smoking also reduces exposure of others to secondhand smoke and the toxins associated with environmental tobacco smoke. This is particularly important in the home where children are most exposed to secondhand smoke and a major location of secondhand smoke exposure for adults. Almost 60 percent of U.S. children aged 3-11 years—or almost 22 million children—are exposed to secondhand smoke. Former smokers' children have less risk for asthma attacks and related emergency room visits.

Voices for Children reported that pregnant Connecticut women on Medicaid (HUSKY A and fee-for-service) were more likely to smoke than all other pregnant mothers giving birth in 2005. Among Medicaid mothers, 15.5% of HUSKYA mothers and 6.5% of fee-for-service mothers smoked compared to 2.7% of all other mothers who smoked. Successful treatment of tobacco dependence can achieve a 20% reduction in low birth weight babies, a 17% decrease in preterm births, and an average increase in birth weight of 28 grams. According to the American College of Obstetricians and Gynecologists, a woman is more likely to quit smoking during pregnancy than at any other time in her life.

Medicaid cessation is a proven success. Massachusetts offers a Medicaid cessation benefit that includes all FDA-approved medications to quit smoking and behavioral counseling. A recent study of the benefit reported that 40% of smokers in Medicaid took advantage of the services (75,000 people). Over the two-year study period, 33,000 smokers quit. In addition, the yearly rate of hospital admissions for heart attacks fell by 46% for Medicaid clients and 49% fewer of them were hospitalized for other coronary complications.

Smoking Cessation Programs are effective. According to the DHHS Clinical Practice Guidelines (2008), 27.6 % of smokers who receive both counseling and medications are able to quit. There are currently 183,050 adult Medicaid clients aged 18-64 (DSS 2/10) of whom almost 66,000 (36%) are smokers. If 25% of them used the smoking cessation benefit, there would be about 4,500 fewer Medicaid smokers each year, based on this quit rate. If the program was as successful as the Mass Health program and reached 40% there would be over 7,000 fewer smokers.

## ECONOMIC BENEFITS

Currently a pack of cigarettes in Connecticut costs \$7.85 with state and local taxes. A one-pack per day smoker will spend \$2,865.25 annually for cigarettes. Cost for a week's worth of cigarettes is \$55 vs. \$13-23 for seven days of nicotine replacement therapy. A pack-a-day smoker who successfully quits will save about \$240 dollars every month.

Tobacco use treatment is more cost-effective than such commonly provided clinical preventive services as mammography, PAP tests, colon cancer screening, treatment of mild to moderate hypertension, and treatment of high cholesterol. In a 2008 study, the state of Florida reported that "the ratio of benefits to cost varies from \$1.90 to \$5.75 saved per dollar spent on smoking cessation programs, depending on the type of intervention.

Under the Health Reform Act, all states will be required to provide smoking cessation benefits for pregnant women, effective October 2010. Massachusetts reported 17% fewer claims for adverse maternal birth complications since benefit was implemented; claims fell from 31.1 to 25.7 per 1,000 benefit users.

The Massachusetts Health study found that the yearly rate of hospital admissions for heart attacks fell by 46% for Medicaid clients and 49% fewer of them were hospitalized for other coronary complications. Emergency department visits for asthma symptoms decreased from 22.7 to 18.7 per 1,000 benefit users in the first year after individual access to the benefit.

The projected number of reduced hospitalizations in the first two years after using tobacco cessation medications was calculated. Average cost of hospitalization were derived from tables developed by the Healthcare Utilization Project and are based on national figures. The average hospitalization costs are \$54,412 for heart attack and \$48,692 for coronary atherosclerosis.<sup>1</sup> The total savings was calculated as \$10,153,077.

From July 2009 through November 2010, 6,590 smokers used the services of the CT Quitline, the statewide, telephone smoking cessation program offered through the Department of Public Health. The Quitline offers behavioral counseling (up to 5 sessions) and Nicotine Replacement Therapy (NRT). Medicaid clients accounted for 54.9% of all participants, while 21.6% reported being uninsured. At 7-month follow-up, 28% of all participants reported they had not smoked in the last month, and at 13 months 26% were not smoking.

The cost to treat an acute heart attack is about \$50,000. The cost of smoking cessation treatment is less than \$500.

Currently Connecticut's total annual health care costs associated with smoking are nearly \$2 billion in 2008 dollars. Of these costs over \$507 million were for Medicaid recipients; costs primarily borne by Connecticut taxpayers. The American Legacy Foundation estimated that within five years, Connecticut would see annual Medicaid savings of \$91 million (2005 dollars) with a 50 percent decrease in smoking rates, and \$18 million (2005 dollars) annually in Medicaid savings with a ten percent reduction in smoking.

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<sup>1</sup> Hospital costs based on Healthcare Utilization Project estimates, accessed 12/8/2010: <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb42.jsp>