

UC Report Studies Smoking Cessationⁱ

“Analysis of Senate Bill 24: Tobacco Cessation A Report to the 2007–2008 California Legislature,”
The California Health Benefits Review Program

Death and Disease

Tobacco kills one in five Americans and is the leading cause of preventable death and disease in CA.

One in three cancers is attributable to tobacco.

In 2001, smoking caused over 37,000 deaths in CA resulting in lost-productivity costs of more than \$8 billion.

Smoking accounts for approximately 440,000 deaths nationwide each year and generates costs of approximately \$157 billion in annual health-related economic losses.

African Americans experience higher incidence of cardio vascular disease, cancer, and infant death, all of which are smoking related diseases.

Native Americans experience the highest rate of infant mortality due to Sudden Infant Death Syndrome (SIDS), which is also casually linked to tobacco use.

Men and women with incomes less than 200% the federal poverty level are more likely to smoke than those who have higher incomes.

Smoking Cessation Interventions Work

Counseling or drug therapy or a combination of both help people quit smoking and stay quit. Smokers who have tobacco cessation coverage are more likely to stay quit at six months after treatment.

60% of smokers try to quit every year, but only 25% participate in formal assistance programs.

People with full coverageⁱⁱ for medications and counseling services for tobacco cessation are more likely to use tobacco cessation medications than those who do not have coverage. 18% of smokers with full or partial coverage use smoking cessation services, only 10% without coverage use such services.

Persons with coverage for 100% of the costs of Nicotine Replacement Therapy were over three times as likely to use it than persons who had 50% coverage of the costs.

Today, the privately insured, as well as CalPERS, and Healthy Families Members currently have only partial or no coverage for smoking cessation medications and counseling services.

Reductions of Tobacco use is Cost Effective over the Long Term

Studies have shown that the long term cost consequences of reductions of tobacco use make smoking cessation efforts cost effective.

Quitters gain an average of 7.1 years of life at a net cost of \$3,417 per year.

9% of pregnant women in California smoke. But for every \$1 spent on tobacco cessation services for pregnant women, over \$3 in savings are achieved in reduced need for medical care of both low weight babies and in reduced perinatal mortality.

Smoking cessation efforts reduce the same levels of morbidity and mortality rates as do commonly prescribed pharmaceutical interventions for heart disease patients.

The cost of treating high-blood pressure patients ranges between \$5000 and \$45,000 per life year saved vs. whereas tobacco cessation efforts cost a few hundred dollars per life year saved. By comparison mammography screening is estimated to cost \$20,000 per life year saved.

ⁱ *"The California Health Benefits Review Program (CHBRP) responds to requests from the State Legislature to provide independent analyses of the medical, financial, and public health impacts of proposed health insurance benefit mandates and proposed repeals of health insurance benefit mandates. . . . A small analytic staff in the University of California's Office of the President supports a task force of faculty from several campuses of the University of California, as well as Loma Linda University, the University of Southern California, and Stanford University, to complete each analysis.."* ***Analysis of Senate Bill 24: Tobacco Cessation A Report to the 2007-2008 California Legislature,*** April 20, 2007; The California Health Benefits Review Program (CHBRP).

ⁱⁱ *For purposes of the CHBRP report, full coverage for tobacco cessation services is defined as "coverage of 100% of costs associated with tobacco cessation medications and counseling without a deductible, copayment, or coinsurance."* (CHBRP).