

First, Let's Help Smokers Quit

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(708 words)

New laws to ban smoking are important tools to protect against second hand smoke and deter people from starting to smoke and falling into addiction. And these laws are sure fire ways to make headlines as the tobacco industry always loudly fights back. But there is another important component that must be tackled — creating effective ways to help people quit.

Seventy percent of current smokers want to quit, but fewer than seven percent can stay smoke-free for an entire year. Here's why: nicotine addiction is stronger than logic and reason. Raising taxes on cigarettes and banning smoking in public places are critical steps, but more must be done to help smokers go tobacco-free.

In California, more people die from the effects of smoking than of guns. But breaking nicotine addiction still isn't a priority. Perhaps that is because we think of smokers as choosing a dirty "habit" rather than as victims trapped in a deadly addiction. Nonetheless, the science is clear--nicotine addiction is a chronic, relapsing medical condition with a similar effect on the brain as that of cocaine.

Within seconds smoking sends nicotine to the brain starting biochemical reactions releasing dopamine, giving a feeling of pleasure and calm and creating a vicious cycle of craving, smoking, calming, and craving. Within hours of the last cigarette withdrawal symptoms begin, including: lightheadedness, anxiety, sleep disturbance, poor concentration, increased appetite, depression, restlessness, irritability or aggression, and of course craving for nicotine.

To break the dependence policymakers need to go at it from the front-end with prevention efforts and the back-end by ensuring that patients and employees have the tools and assistance they need to quit smoking. We can start by following the Centers for Disease Control (CDC) guidelines to use counseling as well as behavioral therapies and FDA approved pharmacotherapies. Use of these evidence-based interventions can more than double a person's chance at successfully quitting.

With those improved chances, all seven out of ten smokers that want to quit should use these interventions. Yet today, only about 20% and 10% use pharmacotherapy and counseling respectively. Why so low? Because of lack of access, which strongly correlates to a lack of insurance coverage. According to the CDC, only 24% of employers offer any coverage for tobacco-use treatment. (Sixty-six percent of people get health insurance through their employer.)

And guess who foots the bill for smoking costs? We all do. Californians are paying more than \$8 billion annually in healthcare costs related to smoking and lose over \$7 billion in lost productivity costs. All while smoking remains the number one cause of preventable death and disease: 42,000 Californians annually die of smoking-related diseases.

Any health care reform package should require insurance coverage to help people quit. Specifically, that means: Coverage for evidence-based and linguistically-appropriate counseling services and Food and Drug Administration-approved medications; Coverage should include multiple treatments per year and no lifetime limit (because most people make multiple quit

attempts before succeeding); And, importantly, coverage must include adequate reimbursement to doctors and health care provider who deliver the treatment.

Many Californians, despite their best intentions and the support of their family members, cannot quit on their own. The bottom line is that they should be able to get help from their doctor. Many of us who don't smoke might think that smokers are somehow lacking in character- with an inability to make hard choices and a lack of concern for the future. Make no mistake: most smokers want to quit but can't; and many smokers have tried to quit but failed. Research shows that smokers who do end up quitting do so only after trying to quit at least seven times.

As we focus our legislative energies on reforming our health care system, let us be sure that any funding package include an increase in the tobacco tax to continue to drive down smoking rates and fund tobacco prevention efforts. But let us also demand that employers, the Legislature, and the Governor make helping people quit a priority in any effort to drive costs down in the health care system. We can save money and lives by giving those who are currently addicted to nicotine the tools to breathe free from cigarette smoking once and for all.

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