

# Staying Competitive in the Marketplace: Helping Employees Become Tobacco-Free



## Great for Business and Employees

Every employee that becomes tobacco-free will help reduce health care costs for your business and increase overall productivity.<sup>1</sup> Tobacco/nicotine dependence is a chronic and relapsing condition that requires evidence-based treatment. More than 70% of smokers want to quit, but few will succeed without help.

## What Tobacco Use Cost Employers?

Employees who smoke impose significant excess costs on private employers. A private U.S. company that employs a smoker will pay approximately \$6,000 in excess cost annually for that person.<sup>2</sup>

Employees who smoke tobacco have higher levels of absenteeism, presenteeism (lower on-the-job productivity) and health care costs, in comparison to employees who do not smoke.<sup>2</sup>

## How Tobacco Cessation Coverage Saves Employers Money

- ✓ Cessation treatment is the single most cost-effective health insurance benefit.<sup>3,4,5</sup>
- ✓ Coverage increases both use of effective treatment and the number of successful quit attempts.<sup>6</sup>
- ✓ Return-on-investment for tobacco cessation treatments is positive after just one year due to increases in employee productivity alone.<sup>7</sup>
- ✓ Medical cost savings begin to accrue after two years of providing a cessation benefit to your employees.<sup>7</sup>

## Annual Cost to Employer

For example, a business with 100 employees and 16% smoking rate:

16 smokers x \$6,000 = **\$96,000** in annual excess costs/year.

## Employers Can Help Employees Quit Tobacco

According to the U.S. Public Services Task Force, health care benefits for tobacco cessation should include:

- ✓ 4 sessions of individual, group or telephone counseling
- ✓ 90 days of all FDA-approved cessation medications
- ✓ 2 quit attempts per year
- ✓ No-cost sharing or prior authorization<sup>8</sup>





## Quitline Services are Effective

- ✓ Tobacco users receiving quitline counseling are **60%** more likely to quit than trying to quit on their own.<sup>10</sup>
- ✓ Quitline users taking cessation medication are **30%** more likely to quit compared to those using cessation medications alone.<sup>10</sup>

**Quitlines** are a telephone-based tobacco cessation service that help tobacco users quit. Quitlines use research-based treatments that are highly effective<sup>9</sup>. Quitlines that are members of NAQC adhere to a quality standards in tobacco cessation coaching and nicotine replacement therapy distribution that are tailored to the individual.

### A Little Bit About US

The North American Quitline Consortium (NAQC) is an international, non-profit learning organization based in Phoenix, Arizona. NAQC seeks to promote evidence-based quitline services across diverse communities in North America. NAQC works with state quitlines and quitline operators to promote evidence-based quitline services across diverse communities in all 50 states, the District of Columbia, Puerto Rico, Guam, and 10 provinces of Canada.

### NAQC Member Quitlines Offer

- ✓ Live answering
- ✓ Effective, evidence-based behavioral support from highly trained coaches
- ✓ Proactive phone coaching with text and web-based support
- ✓ Services in both English and Spanish
- ✓ Flexible billing schedules (e.g., per member per month, per service, per enrollment, etc.)
- ✓ Promotion and recruitment materials and activities
- ✓ Comprehensive data reporting program
- ✓ Over-the-counter nicotine replacement therapy delivered to the employee's home

### Resources

Quitline services: <http://www.naquitline.org>

Browse [map of state quitlines](#)

View a [list of qualified quitline operators](#).

To schedule a meeting for additional information, contact us at [NAQC@naquitline.org](mailto:NAQC@naquitline.org)

#### Sources

<sup>1</sup> Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008.

<sup>2</sup> Berman M., Crane R., Seiber E., Munur M. Estimating the cost of a smoking employee. *TobControl* 2013; 0:1-6

<sup>3</sup> Warner KE. Cost effectiveness of smoking-cessation therapies. Interpretation of the evidence and implications for coverage. *Pharmacoeconomics* 1997;11(6):538-49.

<sup>4</sup> Cummings SR, Rubin SM, Oster G. The cost-effectiveness of counseling smokers to quit. *Journal of the American Medical Association* 1989;261(1):75-79.

<sup>5</sup> Coffield AB, Maciosek MV, McGinnis JM, et al.. Priorities among recommended clinical preventive services. *American Journal of Preventive Medicine* 2001;21(1):1-9.

<sup>6</sup> Hopkins DP, Briss PA, Ricard CJ, et al. Task Force on Community Preventive Services. *American Journal of Preventive Medicine* 2001;20(2 Suppl):16-26.

<sup>7</sup> American Health Plan Insurance. Making the Business Case for Tobacco Cessation. Retrieved from <http://www.businesscaseroi.org>

<sup>8</sup> United States Department of Labor. Frequently Asked Questions about Affordable Care Act Implementation. May, 2014.)

<sup>9</sup> Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs — 2014. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.

<sup>10</sup> Fiore MC, Jaen CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update*. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008.