|  |  |  |  |
| --- | --- | --- | --- |
| ***NAQC developed this fact sheet for states who are working with employers on cessation coverage. The information in this fact sheet helps make the case to employers about covering the costs of tobacco cessation treatment. The fact sheet introduces important facts and references about the financial impact of smoking and cessation on employers. The fact sheet may be tailored to include a state’s logo and contact information. The fact sheet content may be tailored and paired with fact-sheet templates that may also be edited to include information specific to your state and employers. Please click*** [***here***](http://www.naquitline.org/?page=PPP) ***to access additional resources.*** | | | |
|  |  |  |
|  | ***Tobacco Cessation Treatment – Saving Money and Improving Employee Health*** |  |

|  |
| --- |
| Tobacco cessation saves lives, improves health and reduces health care costs. Employees who smoke have higher absenteeism rates, lower productivity and higher health care use. The good news: within one year of quitting, a former smoker’s overall health improves, productivity increases and a trend towards lower health care costs begins.  Tobacco cessation treatment is one of the most “cost-saving” benefits an employer can provide to its employees.[[1]](#endnote-1), [[2]](#endnote-2) In other words, tobacco cessation treatment returns more in health care and other savings over time than the cost of delivering it.  **TOBACCO USE COSTS EMPLOYERS**   * + - * The CDC estimates that companies spend $3,856 per smoker per year in direct medical costs and lost productivity.[[3]](#endnote-3) * Smokers who successfully stop smoking reduce potential medical costs associated with cardiovascular disease alone by about $47 during the first year and by about $853 during the following 7 years.[[4]](#endnote-4) * On average, smokers miss 6.16 days of work per year due to illness (including acute and chronic conditions), compared to non-smokers who miss 3.86 days of work per year.[[5]](#endnote-5) * Employees who take four 10-minute breaks a day actually work one month less per year than workers who do not take smoking breaks. [[6]](#endnote-6) * Businesses pay an average of $2,289 in workers’ compensation costs for smokers, compared with $176 for nonsmokers.[[7]](#endnote-7)   **EFFECTIVE CESSATION TREATMENTS**   * Face-to-face counseling and interactive telephonic (quitline) counseling are more effective than providing educational and self-help materials .[[8]](#endnote-8) * Tobacco users who receive quitline counseling are 60% more likely to quit than tobacco users quitting on their own.9 * Smokers who receive quitline counseling and take cessation medications are 30% more likely to quit compared to those only using cessation medications.9 * Health insurance coverage of medication and counseling increases the use of effective treatments. 9   **TOBACCO CESSATION TREATMENTS ARE COST-EFFECTIVE and COST-SAVING**   * Studies have shown that tobacco treatment is more cost–effective than other common and covered prevention interventions, such as the treatment of hypertension and high blood cholesterol.[[9]](#footnote-1)0 * Cost analyses have shown that tobacco cessation benefits, from an employers perspective, are cost-saving.2   **RETURN-ON-INVESTMENT (ROI)**   * The ROI for an employer is based on savings from reduced medical expenses, productivity loss, and costs of employer-provided benefits, such as life insurance. * Research finds the ROI for tobacco cessation treatments is positive after just one year due to increases in employee productivity alone. 11 * Medical cost savings begin to build after two years of providing a cessation benefit to employees.11 |
| ***To access additional resources and tools, go to:*** [*http://www.naquitline.org/?page=PPP*](http://www.naquitline.org/?page=PPP) |

**REFERENCES**

1. 1 Partnership for Prevention. *Why Invest? Recommendations for Improving Your Prevention Investment.* June 2007. [↑](#endnote-ref-1)
2. 2 Campbell KP, Lanza A, Dixon R, Chattopadhyay S, Molinari N, Finch, RA, editors. *A purchaser’s guide to clinical preventive services: moving science into coverage.* Washington, DC: National Business Group on Health; 2006. [↑](#endnote-ref-2)
3. 3 Centers for Disease Control and Prevention. *Smoking-attributable mortality, years of potential life lost, and productivity losses: United States, 2000-2004*. Morbidity and Mortality Weekly Report, 2008; 57(45): 1226-8. [↑](#endnote-ref-3)
4. 4 Lightwood J, Glantz S. Short-term economic and health benefits of smoking cessation. *Circulation* 1997;96(4):1089-1096. [↑](#endnote-ref-4)
5. 5 Halpern M, Shikiar R, Rentz A, Khan Z. Impact of smoking status on workplace absenteeism and productivity. *Tob Control.* 2001:10(3):233-238 [↑](#endnote-ref-5)
6. 6 Americans for NonSmokers’ Rights*. Business costs in smoke-filled environments.* Retrieved from <http://no-smoke.org/document.php?ID=209> [↑](#endnote-ref-6)
7. 7 Musich S, Napier D, Edington D. the association of health risks with workers’ compensation costs. *JOEM*. 2001;43 (6):534-541. [↑](#endnote-ref-7)
8. 8 Fiore MC, Bailey WC, Cohen SJ, et.. al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline*. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service; 2000.

   9 Hopkins, DP, Briss, PA, Ricard CJ, et al. *Task Force on Community Preventive Services*. American Journal of Preventive Medicine 2001; 20(2 Suppl):P16-66.

   10Cummings SR, Rubin SM, Oster G. The cost-effectiveness of counseling smokers to quit. JAMA.. 1989 ;261 (1): 75-79.

   11American Health Plan Insurance. *Making the Business Case for Tobacco Cessation*. Retrieved from <http://www.businesscaseroi.org> [↑](#endnote-ref-8)
9. [↑](#footnote-ref-1)