

SMOKING, WORK, AND HEALTH: INCREASING ACCESS TO EFFECTIVE SMOKING CESSATION TREATMENTS

Helen Halpin Schauffler, Ph.D., and Sara McMenamain, MPH
Center for Health and Public Policy Studies, University of California, Berkeley

The Problem

Cigarette smoking remains the single most preventable cause of disease and premature death in the US and California. Smoking cessation treatments that have proven to be both effective and cost-effective include nicotine replacement therapy (NRT gum and patch), Zyban, and behavioral interventions. The Agency for Health Care Policy Research (AHCPR), in its 1996 Clinical Practice Guideline on Smoking Cessation, recommended that every person who smokes should be offered one or more of these treatments. However,

- ❖ Approximately 22% of California's workforce smoked cigarettes in 1999.
- ❖ Most California workers who smoke do not have access to worksite smoking cessation programs.
- ❖ Most California workers with employer-based health insurance are not covered for effective smoking cessation treatments.

Helping smokers to quit, using effective treatments, is one of the most cost-effective interventions available to improve the health of Californians. Policy is needed to increase access to and use of effective smoking cessation treatments and to reduce the number of workers who continue to smoke.

Policy Options

- ❖ *Require HMO contracts or health insurance policies issued, amended, or renewed on or after January 1, 2001 to provide coverage for all FDA-approved pharmacotherapies for treating tobacco dependence.*
- ❖ *Provide that a defined proportion of California's settlement from the tobacco litigation Master Settlement Agreement of 1998 be used to fund population-based smoking cessation programs (including worksite programs) that have been proven to be effective in reduc-*

ing morbidity, disability, and premature mortality in the population.

The Evidence

The need for worksite smoking cessation programs and coverage for effective treatments is highest among small and midsize firms, where 22-23% of workers smoke. In the largest firms, with 1,000+ workers, 17% of workers smoke (Exhibit 1).

Worksite smoking cessation is available to only 6% of California's workforce. Access to worksite smoking cessation programs is inversely related to need. Less than 1% of workers in small firms compared to 10% in the largest firms are offered worksite smoking cessation programs.

EXHIBIT 1: PERCENTAGE OF WORKERS WHO ARE SMOKERS, WHO HAVE ACCESS TO WORKSITE SMOKING PROGRAMS, AND WHOSE HMO COVERS SOME SMOKING CESSATION BENEFITS BY FIRM SIZE, CALIFORNIA, 1999

Firm Size (workers)	Smokers	Access to worksite smoking cessation programs	HMO coverage of smoking cessation benefits
3-50	23%	<1%	29%
51-999	22%	5%	34%
1000+	17%	10%	46%

Source: California Behavioral Risk Factor Survey 1999, Kaiser/HRET/UC Berkeley 1999 California Survey of Employer-Sponsored Health Benefits.

Coverage of effective smoking cessation treatments is also inversely related to need. HMOs are the most likely to cover smoking cessation treatments, however only 29% of workers in small firms have HMO coverage for any effective treatments. In contrast, nearly half (46%) of workers in the largest firms are offered an HMO that covers effective smoking cessation treatments.

Access to worksite smoking cessation programs and HMO coverage for effective smoking cessation treatments also varies across industries (Exhibit 2). Workers in the finance and high tech industries have the lowest rates of smoking (19%), and are the most likely to have access to worksite smoking cessation (12%) and to have HMO coverage for effective treatments (62%). In sharp contrast, workers in the manufacturing, transportation, utilities, and communications industries have the highest rates of smoking (30%), but only 7% have access to worksite smoking cessation and one-third (33%) have HMO coverage for effective treatments.

EXHIBIT 2: PERCENTAGE OF WORKERS WHO ARE SMOKERS, WHO HAVE ACCESS TO WORKSITE SMOKING PROGRAMS, AND WHOSE HMO COVERS SOME SMOKING CESSATION BENEFITS BY INDUSTRY, CALIFORNIA, 1999

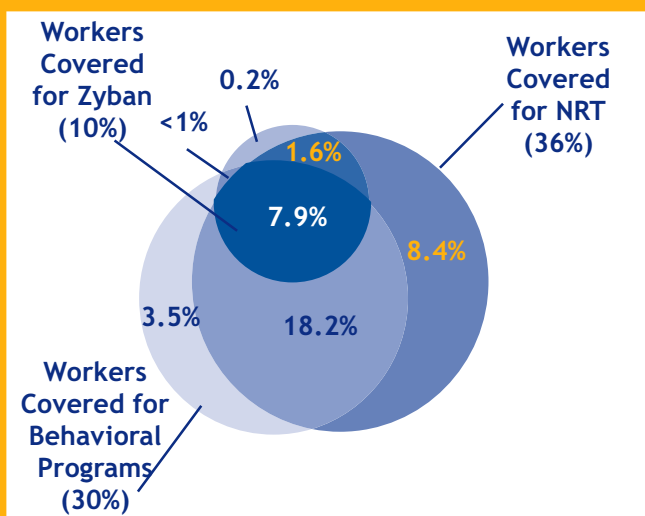
Industry	Smokers	Access to worksite smoking cessation programs	HMO coverage of smoking cessation treatments
Finance/ High Tech	19%	12%	62%
Service	22%	5%	27%
Wholesale/ Retail	22%	1%	35%
Construction/ Agriculture/ Mining	25%	3%	47%
Manufacturing/ Transportation/ Utilities/ Communication	30%	7%	33%

Source: California Behavioral Risk Factor Survey 1999, Kaiser/HRET/UC Berkeley 1999 California Survey of Employer-Sponsored Health Benefits.

The smoking cessation treatments most likely to be included in employer-sponsored HMO benefits in California in 1999 are NRT (36%), behavioral programs (30%), and Zyban (10%). The scientific evidence on smoking cessation suggests that a combination of NRT or Zyban plus a behavioral program is most effective in helping smokers to quit successfully. Exhibit 3 illustrates how these treatment benefits are packaged in HMOs. Among workers with HMO coverage, only 40% are covered for any smoking cessation treatments; approximately 26% are covered for both NRT and a behavioral program, and only 8% are covered for both Zyban and a behavioral program. Approximately 12% have coverage for only one treatment: 8.4% have coverage for NRT only;

3.5% are covered for a behavioral program only; and 0.2% are covered for Zyban only.

EXHIBIT 3: COVERAGE OF SMOKING CESSATION TREATMENTS IN HMOs, CALIFORNIA, 1999



Source: Kaiser/HRET/UC Berkeley 1999 California Survey of Employer-Sponsored Health Benefits.

Conclusion

Employers stand to gain the most from helping their employees quit smoking. Smoking cessation is the “gold standard” for cost-effectiveness in health care; quitting smoking is associated with better health status, less absenteeism, greater productivity, and lower health care costs. And yet, California employers are doing very little to increase access to effective smoking cessation treatments for their employees. At a minimum, there is a need to increase access to effective behavioral programs at the worksite and in the community, and to increase coverage for smoking cessation treatments (NRT and Zyban) through the HMOs and health insurance plans offered to California workers.

Health Insurance Policy Program

Center for Health and Public Policy Studies
 UC Berkeley School of Public Health
 Berkeley, CA 94720-7360
 Phone: (510) 643-1675 Fax: (510) 643-2340
 E-mail: chpps@uclink.berkeley.edu
 Internet: <http://chpps.berkeley.edu>

UCLA Center for Health Policy Research
 Los Angeles, CA 90095-1772
 Phone: (310) 825-5491 Fax: (310) 825-5960
 E-mail: chpr@admin.ph.ucla.edu
 Internet: <http://www.healthpolicy.ucla.edu>

HIPP is funded by a grant from The California Wellness Foundation as part of its Work and Health Initiative

Copyright © 2000 by the Regents of the University of California