



**A**lthough most employers know that reducing tobacco use among employees and dependents would provide health and productivity gains, many do not cover treatment for tobacco use. Evidence shows, however, that most smokers want to quit and that many more would do so if they had full coverage for a smoking-cessation program.<sup>1</sup>

Potential, savings, while not immediate, are significant. Smoking costs the nation \$96 billion in health care costs annually.<sup>2</sup> Beyond causing nearly 90 percent of all lung cancers, cigarette smoking leads to numerous other forms of cancer, cardiovascular disease, aneurysms, stroke, chronic obstructive pulmonary disease (COPD), asthma, adverse maternal birth complications and other illnesses. An estimated 8.6 million smokers currently live with at least one smoking-related illness, most commonly COPD, which is becoming increasingly prevalent. According to the American Cancer Society, tobacco use is responsible for nearly one in five deaths in the U.S. Because cigarette smoking and tobacco use are acquired behaviors — activities that people choose to do — smoking is the most preventable cause of death in the U.S.

### **Barriers to Employer Participation**

The most common reason employers refrain from offering smoking-cessation coverage remains the cost and the difficulty in accepting the delayed return on investment (ROI) for these programs. Developing ROI for any health initiative is not easy and only partially sells the essential benefits of implementing a program.

Employers need to be patient with respect to ROI. Although results vary, Sibson Consulting finds most employers will not break even until the fifth to seventh year. When the increase in employee productivity is included, however, the typical ROI will shorten by two or more years. A common argument against the results of an ROI model is that high employee turnover diminishes the return and eliminates employer interest in sponsoring such programs. While high turnover does lengthen the time investment for smoking-cessation programs, it does not eliminate their importance and overall effectiveness.

### **Principles for Smoking-Cessation Success**

The most important factor driving behavior change is communication and support from senior management. A multifaceted approach that targets smokers who are at various stages of wanting to quit is the best way to succeed. (See the figure on the next page.)

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**FIGURE: COMMUNICATING WITH SMOKERS IN  
FOUR STAGES OF READINESS FOR CHANGE**

<b>Not Ready for Change</b>	These employees need information and statistics that raise their awareness about health issues and deliver messages that get them thinking about their behavior.
<b>Considering Change</b>	These employees need specific targeted communications and resources that will help them translate thinking into action.
<b>Ready for Change</b>	These employees need policies, programs and benefits at the worksite to help them overcome obstacles and focus on being able to quit. This includes providing personalized, tailored programs and resources to inspire employees to take action.
<b>Practicing and Sustaining Change</b>	These employees need materials that reinforce their positive behavior and sustain their interest in and commitment to maintaining a healthy lifestyle. The goal is to help them develop a lifelong desire to stay healthy.

Source: Sibson Consulting

In considering the adoption of a smoking-cessation program, it is always prudent to survey employees to get an estimate of the total population of tobacco users (those who chew as well as those who smoke) and the level of interest of those who would like to quit. The program should then be tailored to the benefits currently available through the organization’s medical, prescription drug, substance abuse and employee assistance program (EAP) to integrate these services. Of course, the workplace should be a model of health, with firm no-smoking/chewing policies. (For a list of best practices of smoking-cessation programs, see the sidebar “**Successful Smoking-Cessation Programs: Lessons Learned**” on page 3.)

**Types of Treatment and Efficacy**

In designing a smoking-cessation program, it is important to consider what form and structure the program will take. Will it include medications to relieve addiction symptoms; reimbursement for other smoking-cessation products; face-to-face, phone-based or online counseling; coordination with an EAP counseling service? The most highly effective smoking-cessation programs include:

- Medications to help relieve the symptoms of nicotine withdrawal,
- Counseling to address psychological addiction, and
- Web-based learning and support tools.

Industry statistics indicate that individuals appear to prefer phone counseling to face-to-face counseling. Group programs (e.g., those offered by community hospitals) have proven less effective than programs that offer individual support.

The success of smoking-cessation programs is mixed, depending on the type of program used and the desire of the user to quit. Results range from quit attempts where the person uses willpower alone (only 3 to 5 percent succeed) to programs that combine medication<sup>3</sup> and counseling support. One group of studies found that counseling alone had an estimated success

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rate of 14.6 percent. A separate group estimated that medication alone had a success rate of 21.7 percent, compared to rates as high as 27.6 percent for medication and counseling together.<sup>4</sup>

### Smoking-Cessation Programs' Costs

Costs for a smoking-cessation program will vary depending on the following variables:

- Duration of the program,
- Number and length of counseling sessions available to member,
- Type and duration of coverage of covered nicotine-replacement therapy medications,
- Number of smoking-cessation attempts covered per year, and
- Whether the program is offered to employees only or employees and family members.

Such programs are typically charged on a case rate (per smoker enrolled) or per-employee-per-month, with the employee number based on the number of employees covered, not on the number of employees receiving benefits under the smoking-cessation program. When considering costs, it is important to remember that the Centers for Disease Control and Prevention states that implementing a smoking-cessation program is the most cost-effective employee benefit an organization can offer.

### Conclusion

Employers need to recognize that it will take a team effort within the health care system, the community and among individuals to overcome the barriers to smoking cessation. Employers must look beyond their short-term economic benefits and make a business case for covering smoking-cessation programs as a

### Successful Smoking-Cessation Programs: Lessons Learned

- Use a health-risk assessment as a starting point,
- Offer coverage for at least four 30-minute counseling sessions per individual,
- Cover the cost of over-the-counter and prescription smoking-cessation drugs for at least two quit attempts,
- Use pharmacotherapy\* and behavioral counseling approved by the Food and Drug Administration,
- Identify leverage points by capturing and analyzing data and creating customized reports that provide benchmarks,
- Get the organization's health care vendor to agree to monitor claims areas that cost more than normal and commit to goals for savings or effectiveness of any programs that they sell to reduce claims costs,
- Institute workplace policies and communications consistently support a tobacco-free work place (*i.e.*, frequent executive voicemails/broadcasts/communications),
- Offer easy access to treatment services and making them available at time of need,
- Include tobacco-dependence treatments as covered services in all medical plan options,
- Track patients' tobacco-use status,
- Target dependent participation (because dependents are just as important as employees), and
- Incorporate community intervention to encourage employees to quit and stay tobacco-free.

Successful programs use a healthy workplace culture with a tobacco-free environment as a focal point. They also celebrate their achievements company-wide when targeted milestones are met (*e.g.*, every 100 employees who quit).

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\* Pharmacotherapy is that area of pharmacy practice that is responsible for ensuring the safe, appropriate and economical use of drugs in patient care.

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long-term investment. The positive extra outcome is that society, as a whole will profit from the reduced tobacco dependence, which could have a profound impact on our quality of life and our economic health.

*About the author:*

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<sup>1</sup> ["Use and Cost Effectiveness of Smoking-Cessation Services under Four Insurance Plans in a Health Maintenance Organization,"](#) Susan J. Curry, Ph.D.; Louis C. Grothaus, M.A.; Tim McAfee, M.D., M.P.H.; and Chester Pabiniak, M.S, *New England Journal of Medicine*, Sept. 3, 1998.

<sup>2</sup> The Centers for Disease Control and Prevention's 2008 National Health Interview Survey.

<sup>3</sup> Medications include nicotine-replacement therapy products such as patches, gum, lozenges, inhalers and nasal sprays. Patches and gum are available over the counter while inhalers and nasal sprays may require a prescription.

<sup>4</sup> [Trends in Tobacco Use.](#)" American Lung Association, Research and Program Services, Epidemiology and Statistics Unit, July 2008.