

The Health and Cost Consequences of Smoking

Although there has been a 50 percent decrease in tobacco use since its peak in 1965, there are still an estimated 70.3 million Americans age 12 or older who report current use of tobacco, confirming that tobacco is one of the most widely used substances in the United States.

Lung cancer is the leading preventable cause of death in the United States. From an economic perspective, more than \$75 billion of total U.S. healthcare cost each year is attributable directly to smoking. This, however, is a fraction of the total cost to society since it does not include burn care from smoking-related fires, prenatal care for low birth-weight infants of mothers who smoke, and medical care costs associated with disease caused by secondhand smoke. And lastly, the costs of lost productivity due to smoking effects are estimated at \$82 billion per year, bringing a conservative estimate of the economic burden of smoking to more than \$150 billion per year.

Organizations have begun to realize they can no longer ignore the impact of smoking on their bottom line. Cigarette smokers are absent from work 6.5 days per year more than nonsmokers and approximately eight percent of a smoker's working hours are spent on smoking rituals.

A broad spectrum of smoking cessation programs have found their way to the public, including individual programs of Self-care, education, five-day individual plans, group withdrawal clinics and medication. These have been studied extensively with marked variability in success (quit) rates ranging from 5 percent (self-care) to 40 percent. Of these interventions, group programs appear to have the greatest likelihood of producing favorable results; particularly when used in conjunction with Nicotine Replacement Therapy (NRT).

There is strong research support for group interventions, which tend to be twice as effective as other methods. The premise is that a group setting allows individuals to receive specific skills training related to smoking cessation, while receiving support and validation from fellow participants. Moreover, group approaches are usually standardized, ensuring consistency of intervention methods. A paramount example of such programs is the American Lung Association's "Freedom From Smoking" (FFS) program, which has considerable tenure and research support. The FFS program has one of the highest published quit rates (40%).

New programs are on the horizon for individuals who want to quit, and lead a healthier life. At Stirling Benefits, we offer strategies for employers that can make a difference.