

Increasing Tobacco Use Cessation: Reducing Client Out-of-Pocket Costs for Cessation Therapies (2000 Archived Review)

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Review Summary

Intervention Definition

These interventions include efforts to reduce the financial barriers that may keep people from using cessation therapies such as nicotine replacement, other pharmacologic therapies, or behavioral therapies including cessation groups. Services may be provided through the healthcare system or clients may be reimbursed for their expenses.

Summary of Task Force Finding

The Community Preventive Services Task Force recommends reducing client out-of-pockets costs for effective cessation therapies based on sufficient evidence of effectiveness in:

- Increasing use of the effective therapy
- Increasing the total number of tobacco-using clients who quit

Results from the Systematic Reviews

Five studies qualified for the review of this intervention.

- Use of cessation therapies: median increase of 7 percentage points (range: 6.5 to 28 percentage points; 3 studies)
- Tobacco use cessation rate (median follow-up time—9 months): median increase of 7.8 percentage points (range: 2.1 to 11 percentage points; 3 studies)
- All five studies evaluated interventions that reduced the cost of nicotine gum/replacement or provided it free-of-charge; three studies also provided access to a behavioral program for tobacco use cessation but differed in the involvement of this component in the intervention evaluated.
- Three studies provided nicotine gum/replacement free-of-charge while in one study the out-of-pocket costs to clients was less than one-fifth in the intervention group as compared to the control group.

These findings were based on a systematic review of all available studies, conducted on behalf of the Task Force by a team of specialists in systematic review methods, and in research, practice and policy related to tobacco use and secondhand smoke exposure.

Publications

Hopkins DP, Briss PA, Ricard CJ. [Reviews of evidence regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke](http://www.thecommunityguide.org/tobacco/tobac-AJPM-evrev.pdf) [www.thecommunityguide.org/tobacco/tobac-AJPM-evrev.pdf]. *Am J Prev Med* 2001;20(2S):16–66.

Task Force on Community Preventive Services. [Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke](http://www.thecommunityguide.org/tobacco/tobac-AJPM-recs.pdf) [www.thecommunityguide.org/tobacco/tobac-AJPM-recs.pdf]. *Am J Prev Med* 2001;20(2S):10–5.

Hopkins DP, Husten CG, Fielding JE. [Evidence reviews and recommendations on interventions to reduce tobacco use and exposure to environmental tobacco smoke: a summary of selected guidelines](http://www.thecommunityguide.org/tobacco/tobac-AJPM-recs-evrev-ets.pdf) [www.thecommunityguide.org/tobacco/tobac-AJPM-recs-evrev-ets.pdf]. *Am J Prev Med* 2001;20(2S):67–87.

Task Force on Community Preventive Services. [Tobacco](http://www.thecommunityguide.org/tobacco/Tobacco.pdf) [www.thecommunityguide.org/tobacco/Tobacco.pdf]. In: Zaza S, Briss PA, Harris KW, eds. *The Guide to Community Preventive Services: What Works to Promote Health?* Atlanta (GA): Oxford University Press;2005:3-79 (Out of Print).

Task Force Finding

Intervention Definition

This intervention includes efforts to reduce the financial barriers to patient use of cessation therapies that have previously demonstrated evidence of effectiveness. Techniques include providing the services within the health care system, or providing coverage or reimbursement to patients for expenditures on cessation groups or on nicotine replacement or other pharmacologic therapies.

Task Force Finding (May 2000)*

Reducing patient out-of-pockets costs for effective cessation therapies is recommended by the Task Force on the basis of sufficient scientific evidence of effectiveness in (1) increasing use of the effective therapy, and (2) increasing the total number of tobacco-using patients who quit.

*From the following publication:

Task Force on Community Preventive Services. [Recommendations regarding interventions to reduce tobacco use and exposure to environmental tobacco smoke](http://www.thecommunityguide.org/tobacco/tobac-AJPM-recs.pdf) [www.thecommunityguide.org/tobacco/tobac-AJPM-recs.pdf]. *Am J Prev Med* 2001;20(2S):10–5.

Supporting Materials

Evidence Gaps

What are Evidence Gaps?

Each Community Preventive Services Task Force (Task Force) review identifies critical evidence gaps—areas where information is lacking. Evidence gaps can exist whether or not a recommendation is made. In cases when the Task Force finds insufficient evidence to determine whether an intervention strategy works, evidence gaps encourage researchers and program evaluators to conduct more effectiveness studies. When the Task Force recommends an intervention, evidence gaps highlight missing information that would help users determine if the intervention could meet their particular needs. For example, evidence may be needed to determine where the intervention will work, with which populations, how much it will cost to implement, whether it will provide adequate return on investment, or how users should structure or deliver the intervention to ensure effectiveness. Finally, evidence may be missing for outcomes different from those on which the Task Force recommendation is based.

Identified Evidence Gaps

Effectiveness

The effectiveness of increasing the unit price for tobacco products and mass media campaigns (when implemented with other interventions) is established. However, research issues regarding the effectiveness of these interventions remain.

- What intervention components contribute most to effectiveness of multicomponent interventions? What components contribute the least?
- What are the minimum and optimal requirements for the duration and intensity of mass media campaigns?
- What are the most effective combinations of messages for mass media campaigns?
- Do tobacco users respond differently to changes in product price that result from excise tax increases than to industry-induced increases?
- How long do the effects of a single excise tax increase last? Because the effectiveness of mass media cessation series and smoking cessation contests has not been established, basic research questions remain.

Because the effectiveness of mass media cessation series and smoking cessation contests has not been established, basic research questions remain.

- Are these interventions effective in increasing tobacco use cessation in the population?
- Do recruited tobacco users exposed to these interventions quit at a greater rate than recruited tobacco users not exposed to these interventions?
- What are the rates of participation in these interventions?

Applicability

The effectiveness of increasing the unit price and of mass media campaigns in reducing tobacco use in the population is established. However, identifying differences in the effectiveness of each intervention for specific subgroups of the population remains important.

- Do significant differences exist regarding the effectiveness of these interventions, based on the level of scale (i.e., national, state, local) at which they are delivered?
- What are the effects of mass media campaigns among populations that differ by race and ethnicity?

Other Positive or Negative Effects

Several potential negative effects of tobacco product price increases were reviewed in this evaluation. Although further research on the potential negative effects is warranted, evaluating the effect of potential positive effects of reductions in tobacco use should also be investigated to provide a complete picture of the effects of increases in state and federal excise taxes.

- What are the effects of these interventions on reducing smoking-related fires? What are the effects on secondhand smoke exposure?
- What proportion of smokers substitute tobacco products, modify their smoking habits, or both in response to an increase in the price of tobacco products? How much of the potential health benefit of a price increase is reduced by these behaviors? How can these potential problems be reduced?
- Do mass media campaigns that focus on tobacco have additional effects on other drug use?

Economic Evaluations

The available economic information on mass media campaigns was limited. Considerable research is, therefore, warranted regarding the following questions:

- What are the costs of mass media campaigns, especially campaigns that achieve an effective intensity over an extended duration?
- How do the costs per additional quitter compare with other interventions intended to reduce tobacco use?
- What is the cost-benefit, cost-utility, or cost per illness averted of these interventions?

Barriers

Implementation of these interventions requires political action and support. Research issues generated in this review include the following:

- What components of successful legislative and referendum campaigns are most effective? What components are least effective?
- What information is most important in gaining public support for these interventions? In gaining legislative support?

What are the most effective ways to maintain adequate funding levels for mass media campaigns?

Included Studies

Cox JL, McKenna JP. Nicotine gum: does providing it free in a smoking cessation program alter success rates? *Journal of Family Practice* 1990;31:278-80.

Curry SJ, Grothaus LC, McAfee T, Pabiniak C. Use and cost effectiveness of smoking-cessation services under four insurance plans in a health maintenance organization. *New England Journal of Medicine* 1998;339:673-9.

Hughes JR, Wadland WC, Fenwick JW, Lewis J, Bickel WK. Effect of cost on the self-administration and efficacy of nicotine gum: a preliminary study. *Preventive Medicine* 1991;20:486-96.

Johnson RE, Hollis JF, Stevens VJ, Woodson GT. Patterns of nicotine gum use in a health maintenance organization. *DICP, The Annals of Pharmacotherapy* 1991;25:730-5.

Schauffler H. A randomized controlled trial to assess the impact of first dollar coverage of a comprehensive smoking cessation treatment benefit on smokers in IPA model HMOs. Final report to the Robert Wood Johnson Foundation. 2000.

Disclaimer

The findings and conclusions on this page are those of the Community Preventive Services Task Force and do not necessarily represent those of CDC. Task Force evidence-based recommendations are not mandates for compliance or spending. Instead, they provide information and options for decision makers and stakeholders to consider when determining which programs, services, and policies best meet the needs, preferences, available resources, and constraints of their constituents.

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