

## FACT SHEET

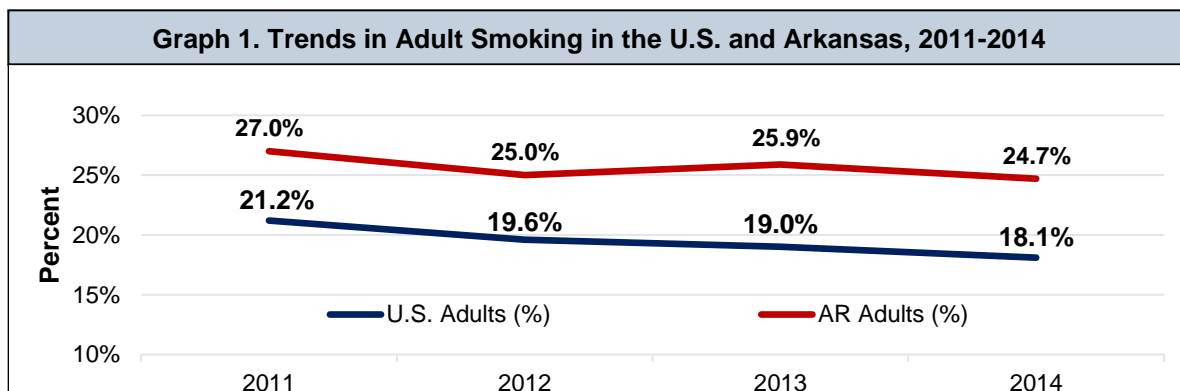
• November 2016

Although the rates of tobacco use among adults and youth in the U.S. and in Arkansas have declined considerably in the last half century, rates in Arkansas still exceed those at the national level, particularly among minority groups.<sup>1</sup> A recent report ranks Arkansas second only to Kentucky for deaths attributable to cigarette smoking.<sup>2</sup> Since 2001, efforts to reduce tobacco use rates have been assisted by the Arkansas Tobacco Quitline (“Quitline”), which is funded through the Arkansas Department of Health’s (ADH) Tobacco Prevention and Cessation Program with dollars dedicated to health improvement by the Arkansas Tobacco Settlement Proceeds Act of 2000.<sup>a</sup> Despite the Quitline’s documented cost-effectiveness,<sup>3</sup> Arkansas legislators have raised questions about its continued funding, citing the availability of tobacco cessation coverage through Medicaid and private health plans including those providing coverage to Medicaid beneficiaries.<sup>4</sup> This fact sheet provides information on smoking trends and demographic differences, the economic impact of smoking, and tobacco cessation programs in Arkansas.

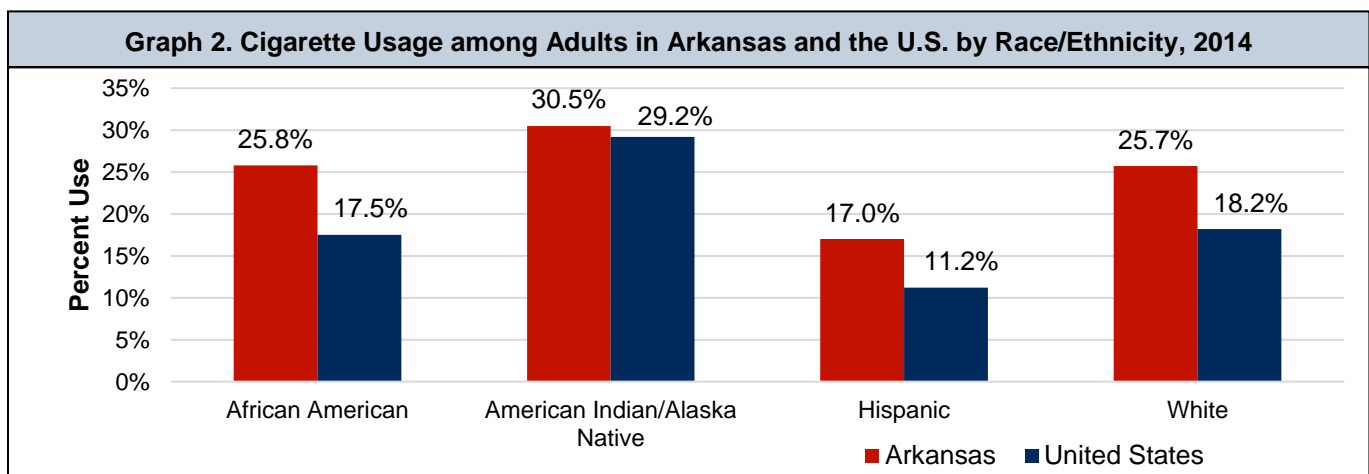
## TRENDS IN CURRENT CIGARETTE SMOKING

### Adult Smoking Trends

Adult smoking rates in the United States and in Arkansas have noticeably declined between 2000 and 2014. In 2011, 21.2 percent of U.S. adults were current smokers, declining to 18.1 percent in 2014. Over the same period, the adult smoking rate in Arkansas declined from 27 percent to 24.7 percent.<sup>5</sup> Graph 1 reflects the difference in smoking rates between U.S. and Arkansas. From 2011 to 2014, Arkansas had higher adult smoking rates compared to the U.S.<sup>5</sup>



In 2014, adult Arkansans showed higher cigarette usage compared to that of adults in the U.S. when viewed by race and ethnicity.<sup>1</sup> Graph 2 reflects that Arkansas showed a greater percentage of cigarette usage compared to U.S. rates of use in four racial and ethnic groups.<sup>1</sup>



<sup>a</sup> Examples of programs funded by Arkansas Tobacco Settlement proceeds include Prevention and Cessation Program Account, Targeted State Needs Program Account and Program, Arkansas Biosciences Institute Program Account and Institute, and Medicaid Expansion Program Account and Program.

## Youth Smoking Trends

From 2001 to 2013, cigarette smoking rates among youth in grades 9-12 declined nationally from 28.5 percent to 15.7 percent (12.8 percentage points) and from 34.7 percent to 19.1 percent (15.6 percentage points) in Arkansas.<sup>b</sup> However, the Arkansas youth cigarette smoking rate (19.1 percent) still remains higher than the national youth smoking rate (15.7 percent).<sup>c,5</sup>

**On average, the first time a young person in Arkansas has his/her first cigarette is 12.5 years of age.<sup>5</sup>**

## IMPACT OF TOBACCO USE

The impact of tobacco use is extensive not only in the number of deaths caused by it but also in direct and indirect healthcare expenditures that result from it. Cigarette smoking kills more than 480,000 Americans each year with more than 41,000 of these deaths attributed to secondhand smoke.<sup>6</sup> Tobacco use has shortened life expectancy by more than 10 years among current smokers, as compared to those who had never smoked.<sup>7</sup> In 2014, tobacco use cost the U.S. more than \$300 billion per year including \$170 billion in direct medical costs for adults and \$156 billion in lost productivity.<sup>8</sup> In Arkansas, tobacco-related healthcare expenditures are approximately \$1.2 billion per year with almost \$300 million from the Medicaid program.<sup>3</sup> Table 1 highlights the differences in smoking rates among adults based on source of coverage.

**Table 1. Smoking Among Adults by Insurance Status, 2014<sup>8</sup>**

Uninsured	27.9%
Medicaid	29.1%
Private Insurance	12.9%
Medicare	12.5%

Smoking is more concentrated among individuals with lower incomes and fewer years of education. In fact, low-income individuals smoke almost twice the rate of the highest income individuals.<sup>9</sup>

If smoking continues at the current rate among U.S. youth, 5.6 million of today's Americans younger than 18 years of age are expected to die prematurely from a smoking-related illness. This represents about one in every 13 Americans aged 17 years or younger who are alive today.<sup>6</sup>

## ARKANSAS TOBACCO CESSATION PROGRAMS

### The Tobacco Prevention and Cessation Program

The Tobacco Prevention and Cessation Program (TPCP) began in 2001 with Master Settlement Agreement funds to address the almost \$3 billion annual cost of tobacco in Arkansas, of which \$293 million comprises direct medical expenses to Medicaid. Since 2001, TPCP has been funded annually and has incorporated the CDC's recommended focus areas: cessation services, state and community grassroots education/prevention, media counter-marketing, and surveillance/evaluation.<sup>3</sup>

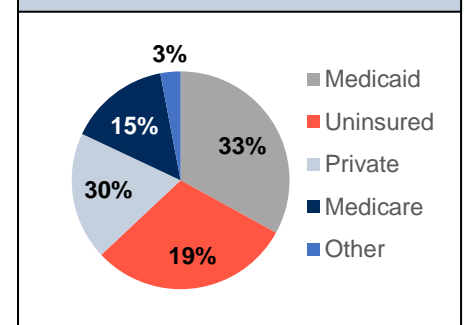
### The Arkansas Tobacco Quitline

All states have incorporated tobacco quitlines to enable tobacco users to receive counseling support and other services that vary by state. The Arkansas Tobacco Quitline has been funded annually since 2001 as a component of the TPCP with current funding of \$1.8 million.<sup>4</sup>

Each year more than 3,000 Arkansas Tobacco Quitline users successfully quit.<sup>3</sup> In fiscal year (FY) 2015, the Arkansas Tobacco Quitline was utilized by individuals with varied health insurance coverage types, shown in Graph 3.<sup>5</sup> The Arkansas Quitline ranks ninth among all state quitlines and thirteenth in cost-effectiveness.<sup>4</sup>

For every \$1 invested in the Arkansas Tobacco Quitline, Arkansas saves \$28 in direct healthcare costs.<sup>3</sup> To date, the Arkansas Tobacco Quitline has not billed individuals or payers for services rendered. In Arkansas, Medicaid beneficiaries may have access to tobacco cessation services either through Medicaid directly or indirectly through private plans in addition to the Arkansas Tobacco Quitline.

**Graph 3. Tobacco Quitline Utilization by Source of Coverage for FY2015<sup>5</sup>**



### Arkansas Tobacco Quitline Components

- One-on-one counseling
- Nicotine replacement therapy (NRT)
- Web-based program
- Text messaging
- Smartphone app

<sup>b</sup> Youth data source: Youth Risk Behavior Survey (YRBS)

<sup>c</sup> From 2005 to 2013, the national and Arkansas levels were not statistically different.

## TOBACCO CESSATION PROGRAM COMPARISON

Table 2 describes the availability of tobacco cessation programs by coverage type in Arkansas and delineates components based on treatment sessions, quitline number, counseling, nicotine replacement therapy (NRT), treatment cost, and known patient challenges or program limitations. These are criteria advanced in the federal tobacco cessation program guidance from U.S. Public Health Service, Centers for Medicare and Medicaid Services, and U.S. Preventive Services Task Force for program comparison.<sup>10-12</sup> Each state establishes the features of its tobacco cessation program. Due to this implementation variability, assessing comparative efficacy of state-based tobacco cessation programs is challenging.

**Table 2: Tobacco Cessation Programs by Coverage Type in Arkansas**

Provider & Program Name	Treatment Sessions	Quitline	Counseling	NRT	Cost	Patient Challenges/Program Limitations
Arkansas Department of Health: Arkansas Tobacco Quitline	Two enrollments per year; no lifetime limit	Yes	24-hour motivational coaching	Yes	Free medications; supplies limited	Limited supplies
Medicaid: Tobacco Cessation Program	Two 93-day sessions per year	Toll-free number to Arkansas Medicaid	Individual from Medicaid Provider	Yes	Free meds (after reimbursement); no copays	Prior authorization for treatment; limiting treatment duration; placing an annual limit on quit attempts; medication reimbursement
ARBenefits: Breathe Programs (State and Public School Employees)	Four per year	Toll-free number to Member Services	Individual and group by phone	Yes	No copays	Enroll in tobacco cessation program; prior authorization; coverage may be different for higher-income Medicaid members enrolled in plans through the Arkansas Health Insurance Marketplace
BlueCross BlueShield: Standard and Basic Option Members	One 12-week session per year		With primary care provider in routine wellness office visit	Yes	No copays or deductible when provided by a preferred provider	Prior authorization and prescription; copays and deductible when not provided by a preferred provider
QualChoice: Kick the Nic!	12 week program	Yes	Access to health coach	Yes	Free medications	Prior authorization & voucher for medication; program may not be available for all group and benefit plans
Ambetter Health Management Services	One per year	Toll-free number	Individual with lifestyle coach	Yes	No copays	Members self-refer or are referred to the program by a health plan physician or case manager

## CONCLUSION

Despite the success of tobacco control efforts in reducing premature deaths in the United States, smoking remains a significant public health problem.<sup>8</sup> Although there has been significant improvement in tobacco cessation programs offered for insured individuals, these programs are not as comprehensive as the Arkansas Tobacco Quitline—a service available for all individuals regardless of health insurance status.<sup>4</sup> For example, the Quitline is the only tobacco cessation program in Arkansas offering 24-hour access to a coach in multiple formats including the internet, phone calls, texting, mobile phone applications, and a two week starter kit for nicotine replacement therapy.<sup>4</sup> Opportunities exist to improve the other cessation programs offered, but until improvements are implemented, the Arkansas Tobacco Quitline provides a cost-effective program available to all Arkansans attempting to address their tobacco addiction.<sup>4</sup> Efforts by the ADH to explore billing mechanisms for insured individuals are key for long-term sustainability.

## REFERENCES:

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