TREATMENT

Washington State Department of Health

WASHINGTON STATE COMMERCIAL TOBACCO PREVENTION AND CONTROL

DOH: 340-371

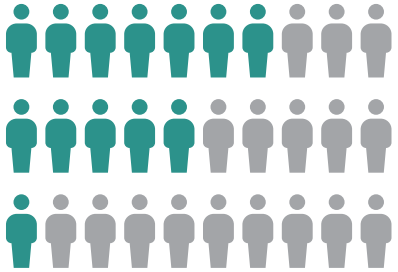
Commercial Tobacco Use and Dependence Treatment in Washington State

THE NEED FOR USE + DEPENDENCE TREATMENT

Commercial tobacco* use remains the leading cause of preventable death and disease in Washington, killing approximately 8,300 Washingtonians per year.[1] Commercial tobacco-related death and disease disproportionately impacts underserved communities, particularly people with behavioral health conditions, people of color, and sexual and gender minorities. This is, in part, due to the ongoing lack of access to evidence-based, treatment-centered, and culturally appropriate resources for commercial tobacco cessation in Washington state.

Although Washington's adult smoking prevalence decreased from at least 15.2% in 2010 to 12.6% in 2019, the state's adult population has increased by over 13% since 2010. Consequently, Washington has nearly the same number of adults who smoke now as there were 10 years ago—and the new generation of young adults who are becoming addicted to nicotine has sparked a reversal of the state's progress in reducing commercial tobacco-related morbidity and mortality.

750,000 WASHINGTON ADULTS USE TOBACCO PRODUCTS



ON AVERAGE, ADULTS WHO QUIT BY THE AGE OF 44 INCREASE THEIR LIFE EXPECTANCY BY 9 YEARS.[2]

$2.8 HEALTH CARE COSTS ASSOCIATED WITH SMOKING ARE ESTIMATED TO BE $2.8 BILLION IN WASHINGTON

ACCESS TO USE + DEPENDENCE TREATMENT

IN 2020, THE AMERICAN LUNG ASSOCIATION GAVE WASHINGTON STATE AN 'F' FOR ACCESS TO CESSATION SERVICES.[3]

**Commercial tobacco includes any product that contains tobacco and/or nicotine, such as cigarettes, cigars, electronic cigarettes, hookah, pipes, smokeless tobacco, heated tobacco, and other oral nicotine products. Commercial tobacco does not include FDA-approved nicotine replacement therapies.*

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ACCESS TO USE + DEPENDENCE TREATMENT

Although several proven treatments exist, insurance coverage and lack of dedicated state funding limit equitable access to services. Health plans are in compliance with the Affordable Care Act when they cover the following services, without cost sharing or prior authorization, twice per year:

- Tobacco use screening
- Four 10+ minute counseling sessions (individual, group, and phone)
- A 90-day supply of FDA-approved medications (over-the-counter nicotine replacement therapy [NRT], prescription NRT, and non-nicotine prescriptions)

Privately insured individuals are generally able to be counseled by their health care providers and immediately prescribed medications to treat their nicotine dependence. Meanwhile, Medicaid clients, who are twice as likely to smoke and include individuals from underserved communities, are typically referred for telephone counseling and face barriers to accessing some FDA-approved medications. This represents a mismatch of need and intervention.

The Washington State Quitline (WAQL) is one of the most efficient approaches for reducing commercial tobacco-related health complications and costs. A 2019 evaluation of WAQL services estimated that nearly 35% of participants quit using commercial tobacco after receiving free telephone counseling and medication, and for every $1 spent on the WAQL, Washington state saves $5 in medical expenditures, lost productivity, and other costs.

The WAQL is funded entirely by the Centers for Disease Control and Prevention and, as of state fiscal year 2019, is ranked last in the nation on quitline spending, at $0.33 per Washington adult who smokes. Consequently, the WAQL is able to reach only one third of one percent of all adults who use commercial tobacco in the state, and DOH restricts WAQL medication eligibility to uninsured and underinsured individuals. Further, the WAQL is not meeting the needs of all commercial tobacco users; communities of color, men, and adults in their 20s and 30s use the WAQL at disproportionately low rates.

To increase the reach of its services and better address the needs of youth and young adults, DOH offers free access to the 2Morrow Health app, which uses Acceptance and Commitment Therapy to help people commit to a personalized quit plan rooted in their values and concerns about quitting, learning to recognize nicotine cravings and allowing urges to pass. DOH also partnered with 2Morrow, Inc. to create a tailored commercial tobacco cessation module for pregnant women, *Quitting While Pregnant*, as well as an e-cigarette cessation program for youth.

In 2020, DOH began partnering with Truth Initiative to promote an innovative text-to-quit e-cigarette program, *This is Quitting*.

IMPROVING USE + DEPENDENCE TREATMENT

Health insurance carriers should:

- Reimburse all providers for counseling
- Contract for telephone counseling
- Cover all seven FDA-approved medications
- Remove all barriers to access

Health systems should:

- Integrate screening and treatment protocols
- Participate in the WAQL referral program
- Adopt clinical quality measures
- Adopt tobacco-free campus policies

Any health care provider can:

- Implement the Clinical Practice Guidelines
- Refer patients/clients to the WAQL
- Promote Tips From Former Smokers®
- Seek treatment training and certification

PATCHWORK OF COVERAGE IN WASHINGTON STATE

		MEDICARE	MEDICAID[4]	PRIVATE PLAN	UNINSURED
COUNSELING	INDIVIDUAL	Y	V - Y, IF PREGNANT	V	N
	GROUP	N	N	V	N
	PHONE	N*	Y	V*	Y*
MEDICATION	OTC NRT	N*	Y - W/BARRIERS	V*	Y*
	RX NRT	Y	Y - W/BARRIERS	V	N
	RX NON-NICOTINE	Y	Y - W/BARRIERS	V	N

Y=YES
N=NO
V=VARIES BY PLAN
* = WAQL ELIGIBLE

references:

1. *https://www.doh.wa.gov/DataandStatisticalReports/HealthBehaviors/Tobacco*
2. *Jha, P, MD, et al. (2013) 21st-century hazards of smoking and benefits of cessation in the United States. N Engl J Med 2013; 368:341-350*
3. *https://www.lung.org/research/sotc/state-grades/state-rankings/access-to-cessation-services*
4. *https://www.cdc.gov/mmwr/volumes/69/wr/mm6906a2.htmTreatments and Barriers to Accessing Treatments — United States, 2008–2018*