

Proactively offering smokers free treatment to quit smoking is cost-effective

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Quitting smoking is difficult and quit attempts are less likely to be successful without treatment. Many smokers want to quit and nearly half make a quit attempt each year, but most do so without the benefit of proven treatments.

Proactive outreach programs directly connect smokers to treatments such as [nicotine replacement therapy](#) (NRT) and telephone quit coaching. Clinical trials of proactive outreach have proven they help smokers quit smoking, even those not initially planning to quit, but the [costs](#) of these programs need further study.

To learn more about the costs of proactive outreach, University of Minnesota researchers analyzed the Offering Proactive Treatment Intervention (OPT-IN) clinical trial that was conducted with smokers who have [public health insurance](#) (e.g., Medicaid) in Minnesota. The analysis used a population perspective in order to help state Medicaid programs decide on high value public health investments. The findings were

recently published in the journal *Addiction*.

The study found:

- one year after starting the program, the population quit rate was 16.5% in the proactive outreach group compared to 12.1% in the usual care group;
- the OPT-IN program costs an average of \$84 per participant more than usual care;
- the OPT-IN program costs \$4,231 per gained Quality Adjusted Life Year (QALY)—a measure of both the quality and the quantity of life gained by the program. This is far less than the \$100,000 to \$150,000 per QALY U.S. economists consider as reasonable costs and what the public is typically willing to pay for health care interventions.

"Taken together with prior research, population-level proactive tobacco cessation outreach programs are judged to be highly cost effective over the long term," said the study's principal investigator Steven Fu, M.D., a professor in the Medical School on the Twin Cities campus and a Masonic Cancer Center member. "State Medicaid programs and [health systems](#) should consider implementing proactive outreach cessation programs, a high value investment, to enhance engagement in evidence-based smoking cessation treatment and improve population [health](#) outcomes."

More information: Viengneesee Thao et al. Cost?effectiveness of population?level proactive tobacco cessation outreach among socio?economically disadvantaged smokers: evaluation of a randomized control trial, *Addiction* (2019). [DOI: 10.1111/add.14752](https://doi.org/10.1111/add.14752)

Provided by University of Minnesota

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