

## Return on Investment for Tobacco Cessation

Tobacco use is the single most preventable cause of death and disease in the U.S., causing over 6,300 deaths each year in Minnesota.<sup>1</sup>

Tobacco use has substantial direct and indirect costs for the state and the public, health care providers, employers, insurers and individuals. People who smoke have estimated health care costs that average 34 percent higher than nonsmokers.<sup>2</sup> Spending on health care due to a smoking-related illness is estimated to cost Minnesota \$3.19 billion each year.<sup>1</sup> In addition, smoking costs Minnesota \$4.3 billion in lost productivity each year.<sup>1</sup> In total, annual costs to Minnesota's economy from smoking are estimated in excess of \$7 billion.<sup>1</sup>



Smoking costs  
**Minnesota**  
over **\$7 billion**  
each year.

**In Minnesota, over \$563 million of smoking-related health care costs are covered by Medicaid.<sup>3</sup>**

Tobacco dependence treatment is one of the most cost-effective preventive services, providing substantial return on investment in the short and long term.<sup>4</sup> Investments in smoking cessation lead to improved health outcomes, resulting in lower health care costs and more affordable health insurance premiums.<sup>2</sup>

### Return on Investment for Providers, Health Systems, and Clinics

An estimated 70 percent of the 40 million adult smokers in the U.S. see a health care provider each year, representing over 28 million opportunities for brief intervention and treatment. Data show that advice from health care providers increases the use of evidence-based cessation treatments and improves outcomes.<sup>5, 6</sup>

**Tobacco use screening and brief intervention is one of the three most cost-effective clinical preventive services.<sup>7, 8</sup>**

Research shows that people are much more likely to successfully quit tobacco use if they receive help.<sup>4</sup> In 2018, nearly half of Minnesota's adult smokers, reported making a quit attempt in the past 12 months.<sup>9</sup> Data show that advice from health care providers increases the use of evidence-based cessation treatments and improves outcomes.<sup>10</sup>

### Return on Investment for Insurers and Employers

For most smoking cessation treatments, the benefits of providing such treatments greatly outweigh the cost of providing them.<sup>11</sup>

## Cessation program expenditures can be fully offset in three years.

Over a three-year period, expenditures for smoking cessation programs in the range of \$144 to \$804 per smoker can be fully offset by health care cost savings.<sup>2</sup> Greater savings will likely occur within special populations, such as pregnant women (\$3 in health care costs for every \$1 invested in smoking cessation treatment<sup>12</sup>) and persons with cardiac conditions (\$47 during the first year and about \$853 over the following seven years<sup>13</sup>).

## Smoking cessation increases productivity.

It is estimated that employees who smoke will cost self-insured employers an additional \$5,816 annually, on average, including absenteeism, smoking breaks, healthcare costs and other benefits.<sup>14</sup>

## Learn more at [www.health.mn.gov/cessation](http://www.health.mn.gov/cessation).

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<sup>1</sup> Blue Cross and Blue Shield of Minnesota. 2017 Health Care Costs and Smoking in Minnesota: The Bottom Line. January 2017.

<sup>2</sup> Making the Business Case for Smoking Cessation Programs: 2012 Update” A report by Leif Associates.  
<http://www.prevent.org/data/images/report%20bcc%20of%20tobacco%20cessation%202012%20update.pdf>

<sup>3</sup> [https://www.tobaccofreekids.org/facts\\_issues/toll\\_us/minnesota](https://www.tobaccofreekids.org/facts_issues/toll_us/minnesota)

<sup>4</sup> Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.

<sup>5</sup> “The Role of Health Care Systems in Increased Tobacco Cessation,” Susan J. Curry, Paula A. Keller, C. Tracy Orleans, and Michael C. Fiore, 1/03/2008

<sup>6</sup> “A Practical Guide to Working with Health-Care Systems on Tobacco-Use Treatment,” U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2006

<sup>7</sup> Maciosek MV, Coffield AB, Edwards NM, Flottemesch TJ, Goodman MJ, Solberg LI. Priorities among effective clinical preventive services: results of a systematic review and analysis. Am J Prev Med. 2006 Jul;31(1):52-61.

<sup>8</sup> Maciosek MV, Coffield AB, Flottemesch TJ, Edwards NM, Solberg LI. Greater use of preventive services in U.S. health care could save lives at little or no cost. Health Aff (Millwood). 2010 Sep;29(9):1656-60.

<sup>9</sup> Tobacco Use in Minnesota: 2018 Update. Minneapolis, MN: ClearWay Minnesota<sup>SM</sup> and Minnesota Department of Health; January 2019.

<sup>10</sup> Curry SJ, Keller PA, Orleans CT, Fiore MC. The Role of Health Care Systems in Increased Tobacco Cessation. Annual Review of Public Health. April 2008;29:411-428.

<sup>11</sup> Rumberger, J., Hollenbeak, C., Kline, D. “Potential Costs and Benefits of Smoking Cessation for Minnesota.” Penn State University (2010).

<sup>12</sup> Ruger JP, Emmons KM. Economic evaluations of smoking cessation and relapse prevention programs for pregnant women: a systematic review. Value Health. 2008 Mar-Apr;11(2):180-90.

<sup>13</sup> Ong M, Glantz S. Cardiovascular health and economic effects of smoke-free workplaces, American Journal of Medicine. 2004;117:32-38.

<sup>14</sup> Berman M, Crane R, Seiber E, et al. Estimating the cost of a smoking employee. Tobacco Control 2014; 23(5):426-433