



ASAM

American Society of Addiction Medicine

Public Policy Statement On Reimbursement for the Treatment of Nicotine Dependence

Background

The American Society of Addiction Medicine (ASAM) recognizes nicotine dependence is the most common form of chemical dependence in the United States. Chronic tobacco use causes much illness and disability, as well as more than 390,000 premature deaths annually in this country alone. This exceeds the number of premature deaths attributed to the use of alcohol (100,000/year) or other drugs of abuse (6,000/year). Smoking-related health care expenses, absenteeism, and lost productivity cost the nation an estimated \$65 billion per year.

About 30% of adult Americans smoke and young people continue to begin smoking. Some individuals quit smoking but it has been estimated that, unless the rate of quitting increases, in the year 2000, 22% of adults, some 40 million people, will still be active smokers and will continue to incur smoking-related expenses.

Many of the adverse health effects of smoking are common knowledge. Surveys indicate up to 90% of active smokers would quit if it were easy to do. Up to 65% of active smokers have made one or more serious attempts to quit, but relapse to smoking has been the rule rather than the exception. Such persistence of behavior, despite adverse consequences, is characteristic of addictive illnesses.

Like other addictive illnesses, nicotine dependence can be treated. Some treatment approaches are well established and newer, individualized treatment approaches are continually being developed since not all approaches work for each addicted person. Treatment methods that are reimbursed when applied to alcohol dependence and other chemical dependencies are now being applied to nicotine dependence.

Improved third-party reimbursement for the treatment of nicotine dependence would make treatment more accessible to individuals with limited resources and would facilitate treatment at earlier stages. Earlier treatment would reduce overall long-term health care costs and other expenses. Each employee who smokes costs the employer an estimated \$1,000-\$4,000 per year.

Position

ASAM supports the use of reimbursement mechanisms that promote the effective treatment of nicotine dependence. Specific recommendations include, but are not limited to, the following:

- 1. Third-party payers, whether private, not-for-profit, government insurers, or health plan administrators, are encouraged to make coverage for the treatment of nicotine dependence available to all group and individual enrollees. This should be viewed as coverage for treatment of a primary medical problem, addiction to nicotine, not a preventive service.**
- 2. Employers are encouraged to request coverage for the treatment of nicotine dependence among the health benefits they purchase for employees.**
- 3. Unions are encouraged to include coverage for the treatment of nicotine dependence among the health benefits provided for their members, either directly or through collective bargaining.**
- 4. Employers are encouraged to consider on-site programs to help employees quit smoking.**
- 5. Governments are encouraged to allow, as tax deductions, expenses for the treatment of nicotine dependence, whether the expenses be incurred by an individual or an employer.**
- 6. The Federal Government's Department of Health and Human Services is encouraged to convene a joint task force to develop standards of treatment for nicotine dependence, including standards on data collection, treatment methods, monitoring treatment outcome, and provider credentialing.**

Adopted by ASAM Board of Directors, November 1990

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