

Tobacco Free Nebraska Quitline Summary

Since 2010, Tobacco Free Nebraska has helped **16,283** users quit tobacco.

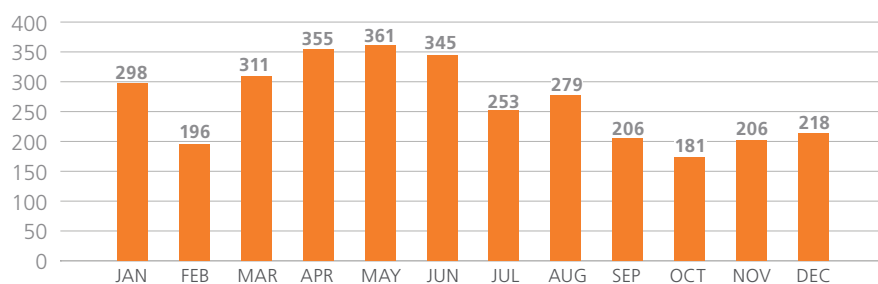
27.9% average quit rate

87% participant satisfaction rate

Quitline overview

- Quitlines have been recognized as a good investment and best practice for comprehensive evidence-based state programs.¹
- Is a no cost, confidential resource available to Nebraska residents with a variety of individualized services including counseling support available 24/7 and translation services in 170 different languages.
- Designed to increase a tobacco user's chances of successfully quitting by helping overcome some of the barriers to seeking tobacco treatment, such as transportation, child care, financial or geographical barriers.

2017 registrations



\$3.16 million

in cost savings based on **530** projected quits for 2017

4,240 years of life

added in 2017

No Cost Nicotine Replacement Therapy Promotion*

	2017	2018
Number of people who received gum, patch or lozenge	890	1404
Satisfaction rate	92%	

*NRT was available for participants (January–June)

Return on investment*

	Additional tobacco users who would receive proven counseling and medication	Additional tobacco users who would succeed at quitting	Years of life added with additional funding	Medical costs prevented
Additional \$100,000 in annual funding	1,395	389	3,112	\$2.31 M
Additional \$500,000 in annual funding	6,975	1,946	15,568	\$11.59 M
Additional \$1,000,000 in annual funding	13,950	3,892	31,136	\$23.18 M

Evidence of nationwide quitline effectiveness:

- The Community Preventive Services Task Force has concluded that quitlines are **cost-effective**, based on a review of 27 studies.²
- The United States Community Preventive Services Task Force recommends quitline interventions, based on **71 study trials** of telephone counseling across the U.S. that show their effectiveness.²
- State quitlines **eliminate barriers** that may be present with in-person cessation interventions because they are free to callers and convenient — often available evenings and weekends. They provide services that many not be available locally and reduce disparities in access to care.³
- **Three strategies** have been proven to be especially effective in promoting quitline use:²
 - Wide-reaching health communications campaigns through channels such as television, radio, newspapers and cigarette-pack health warning labels that provide tobacco cessation messaging and the quitline phone number
 - Tobacco cessation medication and nicotine replacement therapy through the quitline
 - Referral to the quitline by a health care provider



Tobacco users who receive medications and quitline counseling have a **30% greater chance of quitting** compared to using medications alone.⁴

Tobacco users who receive quitline services are **60% more likely to successfully quit** compared to tobacco users who attempt to quit without assistance.³

Sources:

1. Quitline FAQs for Health Care Providers. Retrieved from: <https://www.cdc.gov/tobacco/campaign/tips/partners/health/hcp-quitline-faq.html>.
2. Community Preventive Services Task Force. Reducing Tobacco Use and Secondhand Smoke Exposure: Quitline Interventions. 2015. Retrieved from: thecommunityguide.org/tobacco/quitlines.html.
3. Anderson CM, Zhu SH. (2007). Tobacco quitlines: Looking back and looking ahead. *Tobacco Control*. 2007; 16 (Suppl 1): i81–86.
4. NCBI (National Center for Biotechnology Information), Treating Tobacco Use and Dependence: 2008 Update, Section 6 Evidence and Recommendations, [ncbi.nlm.nih.gov/books/NBK63952](https://www.ncbi.nlm.nih.gov/books/NBK63952), Originally published by the US Department of Health and Human Services, 2008 May. Accessed 1/30/19.

*Results are not a guarantee and individual plan results will vary.

Annual Savings based on the following citations:

"U.S. Census Bureau, Population Division. Table 1. Estimates of the Resident Population by Selected Age Groups for the United States, States, and Puerto Rico: July 1, 2009 (SC-EST2009-01). Retrieved December 12, 2016, from: [https://www.census.gov/popest/data/historical/2000s/vintage_2009/Centers for Disease Control and Prevention. Smoking-Attributable Mortality, Morbidity, and Economic Costs \(SAMMEC\) 2005-2009: Adult Smoking-Attributable Expenditures for Utah](https://www.census.gov/popest/data/historical/2000s/vintage_2009/Centers%20for%20Disease%20Control%20and%20Prevention.%20Smoking-Attributable%20Mortality,%20Morbidity,%20and%20Economic%20Costs%20(SAMMEC)%202005-2009.%20Adult%20Smoking-Attributable%20Expenditures%20for%20Utah). Retrieved from: [https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Economic-Costs/ezab-8sq50pens.State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—United States, 2009, CDC MMWR 2010; 59\(43\):1400-1406](https://chronicdata.cdc.gov/Health-Consequences-and-Costs/Smoking-Attributable-Mortality-Morbidity-and-Economic-Costs/ezab-8sq50pens.State-Specific%20Prevalence%20of%20Cigarette%20Smoking%20and%20Smokeless%20Tobacco%20Use%20Among%20Adults-United%20States,%202009,%20CDC%20MMWR%202010%2059(43):1400-1406). Retrieved December 12, 2016, from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5943a2.htm#tab1>"

Berman M, Crane R, Seiber E, et al.: Estimating the cost of a smoking employee. *Tob. Control* 2014; 23(5):428-433

Sherman B, Lynch W. The Relationship between Smoking and Health Care, Workers Compensation, and Productivity Costs for a large Employer JOEM 2013 Vol 55 No 8, August 2013

*Secondhand Smoke — CDC (2002) - \$384



For more information, go to QuitNow.ne.gov or call 1-800-QUIT-NOW (784-8669) or 1-855 DÉJELO-YA (355-3569)