Data on Smoking Cessation

- In 2009, approximately 20.6% (46.6 million) of Americans over the age of 18 were current smokers.[1] In 2008, nearly 45.3% of current smokers had quit for one day or longer during the previous year because they were trying to quit smoking.[2]

- Currently, there are more former smokers than current smokers in the United States. In 2008, among the 94 million adult ever smokers (those who had smoked at least 100 cigarettes in their lifetime) 51.1% had quit smoking.[2]

- Many subpopulations met the Healthy People 2010 goal to reduce adult cigarette smoking to 12% or less, including Hispanic (10.7%) and Asian (4.7%) women; women and men with graduate degrees (5.9% and 5.6% respectively); and women and men aged 65 years and older (8.4% and 10.6%).[2] Healthy People 2020 maintains the goal of reducing overall adult smoking to 12% or less.[3]

- 31.1% of adults living below the poverty level were smokers in 2009.[1] These smokers are less likely to successfully quit smoking compared to smokers at or above poverty level, although they attempt to quit at the same rate.[4]

Health Benefits of Cessation

- The excess risk of developing heart disease as a result of smoking may be reduced by as much as half in the year or two after quitting.[5, 6]

- People who quit smoking after a heart attack are less likely to die within the next ten years than those who continued to smoke.[7]

- Five to 15 years after quitting the risk of stroke returns to the level of those who have never smoked.[5, 8]

- Quitting reduces the risk of lung cancer; ten years after quitting the risk for lung cancer is 30% to 50% that of the risk of those who continue to smoke.[5]

- Men who quit at age 35 increase their life expectancy by 7 to 8 years. Women who quit at age 35 increase their life expectancy by 6 to 7 years.[9]

- Quitting at age 45 increases life expectancy by 5 to 7 years. Quitting at age 55 increases life expectancy by 3 to 4 years. Quitting at age 65 increases life expectancy by 2 to 3 years.[9]

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Evidence-Based Cessation Interventions for the Individual

- The vast majority of smokers report a desire to quit smoking; however, data indicate that there are low utilization rates of effective cessation interventions among smokers.[10]

- Among smokers who quit without any cessation treatment, only 3-5% of them will be able to quit smoking long-term.[11]

- Behavioral interventions (i.e. Individual, group and telephonic counseling) can dramatically increase the likelihood of success. The number of different forms of counseling used, intensity and duration of a counseling session, and the number of sessions completed all increase the chances for quitting successfully.[12]

- Pharmacotherapy can double the chances of quitting successfully.[12]

- People who combine counseling and pharmacotherapy are much more likely to succeed in quitting.[12]

- Emerging technologies may provide the public health community the ability to offer evidence-based interventions with a broad reach. Studies investigating web-assisted technology interventions show that this may be a promising modality in which to offer cessation services.[12]

Barriers to Cessation

- Many smokers, particularly women, report delaying quit attempts or relapsing once they have quit due to a fear of weight gain. Studies show that most former smokers gain less than ten pounds; however, some medications and nicotine replacement therapies have been shown to reduce or delay weight gain.[12]

- Similar to other drug addictions, nicotine dependence is a chronic, relapsing disorder and may require repeated treatment and multiple quit attempts.[12,18]

    - On average, smokers made 8-11 quit attempts before succeeding.[6]

    - The first two weeks of a quit attempt are often a critical period for recent quitters. The majority of smokers relapse within the first eight days of a quit attempt.[11]

- The cost of cessation services may be a barrier to successful cessation for lower income people. Lowering the cost and increasing accessibility of effective treatments could increase the number of people who successfully quit using tobacco products.[19]

    - In 2009, only 38 state Medicaid programs offer coverage for at least one form of tobacco-dependence treatment (i.e., medication or counseling) for all members.[20]

    - Only five states offer coverage for all recommended pharmacotherapies (medications to aid in quitting, such as the nicotine patch) and individual/group counseling for all members.[20]

    - 34 programs covered the nicotine patch and 33 programs covered bupropin or Zyban for all enrollees.[20] Both the nicotine patch and bupropin have been shown to almost double the likelihood of long term (greater than 5 months) abstinence.[12]

Population-Based Interventions to Promote Cessation

Policy Interventions

- Full insurance coverage of smoking cessation services has been found to significantly increase quit rates, quit attempts, and use of nicotine replacement therapy, such as the patch or the gum.[21]

- Recent changes in federal policy are making smoking cessation treatments more accessible.

    - Starting January 1, 2011, even if you have not been diagnosed with an illness caused or complicated by tobacco use, smoking cessation counseling will be covered as a preventive service by Medicare.[22]

    - The Patient Protection and Affordable Care Act of 2010 requires all Medicaid programs to cover tobacco-dependence treatments with no cost sharing for pregnant women as of October 1, 2010.[23]

    - Also under this act, all A and B grade level recommendations of the U.S. Preventative Services Task Force are permitted coverage by Medicaid; this includes cessation counseling and all tobacco-dependence treatments approved by the Food and Drug Administration.[23]

- Numerous studies show that tax increases and smokefree policies reduce adult smoking rates and, indirectly, impact youth uptake by changing social norms. Tax increases and smokefree policies have been more effective in reducing smoking rates than any other interventions.[24]

- In a recent study examining the impact of state-level tobacco control policies on reducing adult smoking, tobacco control program expenditures were independently found to be an effective means in reducing adult smoking prevalence rates. Furthermore, program expenditures had a stronger effect in reducing smoking prevalence among adults aged 25 years or older than for those aged 18 to 24 years. An increase in cigarette price, however, was a more effective strategy among the younger adults (ages 18-24).[25]

Media Campaigns

Research has established that a mass media campaign can increase smoking cessation, particularly when it is created as part of a comprehensive tobacco control program.[26-29]

Television

- In one study, a sample of smokers reported high awareness of anti-tobacco advertisements on television (91%), and 30.5% of recent quitters indicated that these advertisements contributed to their quitting.[30]

- In another study, smokers perceived television advertisements that used graphic images to show the physical consequences of smoking to be the most effective in promoting smoking-cessation.[31]

- A person's desire to quit and previous attempts at cessation were also linked with perceived effectiveness of the advertisements. Smokers who had less desire to quit or had not attempted to quit in the last 12 months responded significantly less favorably to all types of cessation ads than those who had a stronger desire to quit.[31]

Phone and Internet

- In 2005, approximately 70% of US adults reported using the internet,[32] and it is estimated that by 2004 over eight million people had searched the internet for assistance in quitting smoking.[33]

- Early evidence shows that Internet-based smoking cessation interventions can help people quit smoking, especially if the website is capable of tailoring to the individual, and if users are actively engaged with the program.[34]

- Telephone Quitlines significantly increase abstinence rates when compared to interventions that provide little to no counseling.[12]

- Supplementing medication with Quitline counseling also significantly improves abstinence rates.[12]

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