

## Smoking Cessation

### DATA ON SMOKING CESSATION

- In 2006, approximately 20.8% (45.3 million) of Americans over the age of 18 were current smokers.<sup>i</sup>
- In 2000, 70% of smokers said they wanted to quit, and 41% made a quit attempt of at least one day, but only 5% succeeded in quitting for three months or more.<sup>ii</sup>
- On average, former smokers made 8-11 quit attempts before succeeding.<sup>iii</sup>
- In 2004, 50.6% (45.6 million) of Americans who had ever smoked had successfully quit smoking.<sup>iv</sup>
- Forty-three percent (43%) of Hispanics who have ever smoked have quit, compared with 37% of African Americans, 41% of American Indians, 45% of Asians and 51% of whites.<sup>ii</sup>
- Smokers below the poverty level are less likely to successfully quit smoking compared to smokers at or above poverty level, although they attempt to quit at the same rate.<sup>v</sup>

### 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.<sup>iii, vi</sup>
- People who quit smoking after a heart attack are less likely to die within the next ten years than those who continued to smoke.<sup>vii</sup>
- Five to 15 years after quitting the risk of stroke returns to the level of those who have never smoked.<sup>vi, viii</sup>
- Quitting reduces the risk of lung cancer; 10 years after quitting the risk for lung cancer is 30% to 50% that of the risk of those who continue to smoke.<sup>vi</sup>
- 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.<sup>ix</sup>
- 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.<sup>ix</sup>

### SUCCESSFUL CESSATION

- The cost of cessation services may be a barrier to successful cessation for lower income people. Lowering the cost of effective treatments increases the number of people who successfully quit using tobacco products.<sup>iii</sup>
- People who combine counseling, pharmacotherapy, and social support from family, friends, and co-workers are much more likely to succeed in quitting.<sup>x</sup>
- Individual, group and telephonic counseling can dramatically increase the likelihood of success. The chances for quitting successfully increase with the number of formats utilized during a given quit attempt, the intensity and duration of a counseling session, and the number of sessions completed.<sup>x</sup>
- Pharmacotherapy (medications to aid in quitting, such as the patch) can dramatically increase the chances of quitting successfully.<sup>x</sup>
- Use of the patch, nasal spray or bupropion doubles the likelihood of success.<sup>x</sup>
- Use of gum or the inhaler increases a smoker's chances of quitting by 50%.<sup>x</sup>
- People who have social support for their quit attempt are 50% more likely to succeed than those who do not.<sup>x</sup>
- A 2002 survey of insurance plans showed an overall marked improvement in the types of smoking cessation coverage provided in health care plans as compared to coverage in 1997; however, only 41% of plans provided full coverage for bupropion in the form of Zyban, 9% of plans surveyed provided full coverage for any OTC NRT, and 41% of the surveyed plans provided full coverage for face-to-face counseling. In addition, 15% of health care plans put annual or lifetime limits for the coverage of smoking cessation interventions.<sup>xi</sup>

### MEDIA CAMPAIGNS AND SMOKING CESSATION

- Research has established that a mass media campaign can increase smoking cessation as part of a comprehensive tobacco control program.<sup>xii, xiii, xiv</sup>
- Full coverage of smoking cessation services has also been found to significantly increase quit rates, quit attempts, and use of nicotine replacement therapy, such as the patch or the gum.<sup>xv</sup>

- 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.<sup>xvi</sup>

<sup>i</sup> CDC. Cigarette Smoking Among Adults—United States, 2006. *MMWR* 2007;56(44):1157–1161

<sup>ii</sup> CDC. Cigarette Smoking Among Adults- United States. *MMWR* 2000; 51(29): 642-645.

<sup>iii</sup> U.S. Department of Health and Human Services. Women and Smoking. A Report of the Surgeon General. Rockville, MD. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2001.

<sup>iv</sup> CDC. Cigarette Smoking Among Adults- United States, 2004. *MMWR* 2005; 54(44):1121-1124

<sup>v</sup> CDC. Cigarette Smoking Among Adults- United States, 2001. *MMWR* 2003; 52(40): 953-956.

<sup>vi</sup> U.S. Department of Health and Human Services. 1990. The Health Benefits of Smoking Cessation: A Report of the Surgeon General. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

<sup>vii</sup> Wilson K, Gibson N, Willan A et al.. Effect of Smoking Cessation on Mortality After Myocardial Infarction: Meta-analysis of Cohort Studies. *Archives of Internal Medicine*. 2000; 160(7):939-944.

<sup>viii</sup> Aldoori MI, Rahman SH. 1998. Smoking and Stroke: A Causative Role. *British Medical Journal*. 1998; 317:962-963.

<sup>ix</sup> Taylor DH, Hasselblad V, Henley SJ et al. Benefits of Smoking Cessation for Longevity. *AJPH*. 2002;92:990-996.

<sup>x</sup> Fiore MC, Bailey WC, Cohen SJ, et al. Treating Tobacco Use and Dependence. Clinical Practice Guideline. Rockville, MD: U.S. Department of Public Health and Human Services. Public Health Service. June 2000.

<sup>xi</sup> McPhillips-Tangum C, Bocchino C, Carreon R, Erceg C, Rehm B. (2004). Addressing tobacco in managed care: Results of the 2002 survey. *Prev Chronic Dis* [serial online] 2004 Oct [2005 Sept 19]. Available from: URL: [http://www.cdc.gov/pcd/issues/2004/oct/04\\_0021.htm](http://www.cdc.gov/pcd/issues/2004/oct/04_0021.htm).

<sup>xii</sup> CDC. *Best Practices for Comprehensive Tobacco Control Programs – August 1999*. Atlanta GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, national Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, August 1999.

<sup>xiii</sup> Task Force on Community Preventive Services. Recommendations Regarding Interventions to Reduce Tobacco Use and Exposure to Environmental Tobacco Smoke. *Am J Prev Med*. 2001; 20(2S):10-15.

<sup>xiv</sup> Schar EH & Guitierrez KK. Smoking cessation media campaigns from around the world: Recommendations from lessons learned. Copenhagen: World Health Organization and Centers for Disease Control and Prevention, November 2001.

<sup>xv</sup> [Schauffler HH](#), [McMenamin S](#), [Olson K](#), [Boyce-Smith G](#), [Rideout JA](#), [Kamil J](#). Variations in treatment benefits influence smoking cessation: results of a randomised controlled trial. *Tob Control*. 2001 Jun;10(2):175-80)

<sup>xvi</sup> Biener L, Reimer RL, Wakefield M, Szczypka G, Rigotti N, Connolly G. Impact of smoking cessation aids and mass media among recent quitters. *Am J Prev Med*. 2006;30(3):217-224.