Smoking Cessation: A Report of the Surgeon General

2020

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Office of the Surgeon General
Rockville, MD
National Library of Medicine Cataloging-in-Publication Data


Title: Smoking cessation: a report of the Surgeon General.

Other titles: Smoking cessation (Office of the Surgeon General)


Classification: NLM WM 295

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Suggested Citation


Use of trade names is for identification only and does not constitute endorsement by the U.S. Department of Health and Human Services.
Throughout its history, the U.S. Department of Health and Human Services (USDHHS) has led efforts to prevent and reduce the devastating effects of tobacco use, especially the use of combustible tobacco products, as part of its mission to enhance and protect the health and well-being of all Americans. USDHHS has provided critical support in the fields of research and evaluation, program and policy development, public information and education, regulatory activities, systems-level change and management, and clinical practices that has contributed to a dramatic 67% decline in cigarette smoking among U.S. adults since 1965. Support from USDHHS has helped medical and healthcare organizations, government agencies at all levels, and nongovernmental partners create and sustain programs that prevent initiation; help tobacco product users quit; and foster healthy, smokefree environments.

This report is the latest of a longstanding tradition of tobacco prevention and control efforts by USDHHS. Our work includes a comprehensive tobacco control strategic action plan, Ending the Tobacco Epidemic, and coordination of tobacco control efforts with related efforts by other federal agencies through the Interagency Committee on Smoking and Health. Reports such as this one from the U.S. Surgeon General give the latest data on tobacco and health to scientists, healthcare professionals, and the public. Research leadership and grant funding through USDHHS’s National Institutes of Health contribute to growing knowledge of effective tobacco control strategies and smoking cessation tools. The National Tobacco Control Program, led by the Centers for Disease Control and Prevention (CDC), ensures that these strategies and tools are readily available to state, local, tribal, and territorial public health programs, as well as to partners serving a variety of populations that are disproportionately affected by tobacco use. The U.S. Food and Drug Administration (FDA) regulates the manufacturing, marketing, and sale of tobacco products. Medicare and Medicaid provide smoking cessation tools and support to millions of Americans. Multiple public information campaigns, such as CDC’s Tips From Former Smokers and FDA’s Every Try Counts, educate Americans about the significant health risks from smoking and the importance of quitting. Additionally, many agencies in USDHHS provide direct assistance to smokers, including the National Cancer Institute through its Smokefree.gov initiative (https://smokefree.gov), and national quitline portal, 1-800-QUIT-NOW.

These and other important efforts are critical to improving the nation’s public health. Smoking kills nearly half a million Americans every year, and millions more live with serious chronic diseases caused by smoking. We know that comprehensive interventions at all levels of government and by partners throughout the public health community are extremely effective at preventing and reducing tobacco use. We remain committed to ending the tobacco use epidemic in the United States.
Foreword

Tobacco use remains the number one cause of preventable disease, disability, and death in the United States. Approximately 34 million American adults currently smoke cigarettes, with most of them smoking daily. Nearly all adult smokers have been smoking since adolescence. More than two-thirds of smokers say they want to quit, and every day thousands try to quit. But because the nicotine in cigarettes is highly addictive, it takes most smokers multiple attempts to quit for good.

Today, we know much more about the science of quitting than ever before. Research shows that smokers who use evidence-based tools to help them quit are more likely to succeed than those who do not use such tools, and that using a combination of these tools—for example, calling 1-800-QUIT-NOW and using nicotine replacement therapy, such as the nicotine patch or gum or a prescription medication—raises success rates even higher. Studies also show that policies that prohibit smoking in indoor public places and work spaces and that increase the price of tobacco products promote smoking cessation.

This Surgeon General’s report

- Examines the effectiveness of various smoking cessation tools and resources;
- Reviews the health effects of smoking and catalogues the improvements to health that can occur when smokers quit;
- Highlights important new data on populations in which the prevalence of smoking is high and quit rates are low; and
- Identifies gaps in the availability and utilization of programs, policies, and resources that can improve cessation rates and help smokers quit.

Although the benefits of quitting are greater the earlier in life that an individual quits, this report confirms that it is never too late to quit smoking. Even persons who have smoked for many years or who have smoked heavily can realize health and financial benefits from quitting smoking.

The financial toll of smoking is substantial. Each year in the United States, annual healthcare spending attributed to smoking exceeds $170 billion. Measured against these numbers, comprehensive tobacco prevention and control strategies are extremely cost-effective investments that yield significant returns. For example, the first year of CDC’s Tips From Former Smokers national campaign prevented thousands of premature deaths in the United States, costing less than $500 for every smoker who quit.

We know what works to prevent and reduce tobacco use, including how to best help smokers quit for good. Putting this knowledge into action prevents disease, saves lives, and improves the quality of life for all Americans. At CDC, we remain committed to supporting the longstanding national effort to end the tobacco use epidemic and provide all Americans with the opportunity to live tobacco-free.

Robert R. Redfield, M.D.
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Preface
from the Surgeon General

One of the most significant public health successes in modern U.S. history has been the reduction in smoking that has occurred during the past half century. Today, the prevalence of cigarette smoking among American adults is at an all-time low, 14%. Although this overall achievement is a source of pride, there is still more work to be done. Today, 16 million Americans are living with a smoking-related disease. In addition to the human costs, smoking places a significant financial burden on Americans, as smoking-attributable healthcare spending exceeds $170 billion per year.

Research, medical advances, and years of documented experience have given us many tools to tackle the tobacco use epidemic in this country. Although quitting smoking can be a difficult process for many smokers, most say they want to quit, and every year more than half make a serious quit attempt. But only a small portion of smokers who try to quit succeed, and only a small portion use any of the tested and proven aids that will significantly increase their chances of success. This Surgeon General’s report on smoking cessation, the 34th report on smoking and health since 1964, examines the most current research on this important issue, identifies barriers to continued success in reducing the prevalence of smoking across all populations, and summarizes evidence-based solutions that can help to eliminate those barriers.

Clinical interventions for smoking cessation are critical if we are to achieve our goal of eliminating the devastating effects of smoking on public health. Primary care physicians, nurses, pharmacists, and other providers in all medical disciplines and in all healthcare environments should take advantage of these opportunities to inform and encourage smokers to quit. Doing so could enable half a million smokers to quit each year.

As a physician, I am acutely aware of the many pressing demands that healthcare providers must address to deliver the highest quality care possible to their patients. At the same time, the evidence in this report clearly points to the tremendous positive impact that healthcare professionals can have on the health and quality of life of their patients and on the public health of our nation—just by helping smokers to quit.

But healthcare professionals alone cannot solve this public health challenge. Everyone has a role in helping to continue to reduce the burden of tobacco use on our society. It is critical that clinical interventions be adopted alongside broader efforts at the health system and population levels to promote and cultivate successful cessation and tobacco-free norms. Even today, with all the gains that have been made over the past few decades, smoking remains the single largest cause of preventable disease and death in the United States. As a nation, we can and must spare no effort to reduce the completely preventable health and financial costs that tobacco smoking has on society.

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This report was prepared by the U.S. Department of Health and Human Services under the general direction of the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.


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Conflict of Interest Disclosures: All senior scientific editors and contributing authors have completed and submitted a conflict of interest disclosure form. Unless otherwise noted below, no potential conflicts of interest were reported. Dr. Glenda Lassi reports being employed by AstraZeneca, a research-based biopharmaceutical company. Dr. Marcus R. Munafò reports receiving grant funding from Pfizer and Rusan Pharma and obtaining products for use in research from GlaxoSmithKline, a company that manufactures smoking cessation products. Dr. Judith J. Prochaska reports having served as an ad hoc advisor to Pfizer Inc, a company that manufactures smoking cessation medications.
## Smoking Cessation

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