

Smoking Cessation: A Report of the Surgeon General

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Message from Alex M. Azar II

Secretary, 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.

Jerome M. Adams, M.D., M.P.H.
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Smoking Cessation

Chapter 1 Introduction, Conclusions, and the Evolving Landscape of Smoking Cessation 1

Introduction	3
Organization of the Report	4
Preparation of the Report	5
Scientific Basis of the Report	5
Major Conclusions	6
Chapter Conclusions	7
The Evolving Landscape of Smoking Cessation	12
References	26

Chapter 2 Patterns of Smoking Cessation Among U.S. Adults, Young Adults, and Youth 35

Introduction	37
Data Sources	37
Key Epidemiologic Measures	42
Trends in Current and Former Cigarette Smoking	43
Changing Characteristics of Current Cigarette Smokers	47
Key Disparities in Current Cigarette Smoking Among Adults and Youth	57
Cigarette Smoking Cessation Among Adults and Youth	59
Other Tobacco Products: Use and Cessation	80
Clinical Interventions for Smoking Cessation: Prevalence and Trends	86
Key Disparities in Cessation Among Adults	100
Summary of the Evidence and Implications	102
Conclusions	104
References	105

Chapter 2 Appendices 111

Appendix 2.1: Sources of Data	113
Appendix 2.2: Measures of Cessation	116
References	121

Chapter 3 New Biological Insights into Smoking Cessation 123

Introduction	125
Cell and Molecular Biology of Nicotine Addiction	125
Vaccines and Other Immunotherapies as Treatments for Nicotine Addiction	137
Insights into Smoking Cessation from the Field of Neurobiology	139
Genetic Studies of Smoking Phenotypes	147
Summary of the Evidence	155
Conclusions	157
References	158

Chapter 4 The Health Benefits of Smoking Cessation 173

Introduction	177
Methodologic Challenges	177
Cancer	177
Smoking Cessation After a Cancer Diagnosis	206

Cardiovascular Disease	214
Smoking Cessation After a Diagnosis of Coronary Heart Disease	270
Chronic Respiratory Disease	305
Reproductive Health	320
References	402
Chapter 5 The Benefits of Smoking Cessation on Overall Morbidity, Mortality, and Economic Costs	437
Introduction	439
Benefits of Smoking Cessation on Overall Morbidity	439
Benefits of Smoking Cessation on All-Cause Mortality	461
Benefits of Smoking Cessation on Economic Costs	465
Summary of the Evidence	485
Conclusions	485
References	486
Chapter 6 Interventions for Smoking Cessation and Treatments for Nicotine Dependence	493
Introduction	495
Literature Review Methods	496
Behavioral and Psychological Treatments	496
Pharmacologic Treatments	509
Teachable Moments	532
Considerations for Subpopulations	537
Emerging Intervention Approaches	544
Summary of the Evidence	546
Conclusions	547
References	549
Chapter 7 Clinical-, System-, and Population-Level Strategies that Promote Smoking Cessation	577
Introduction	579
Literature Review Methods	579
Clinical- and Health System-Based Strategies on Smoking Cessation	581
Population-Based Strategies on Smoking Cessation	598
Modeling to Assess the Impact of Policy and Regulatory Changes on Cessation	613
Limitations and Methodologic Gaps	617
Summary of the Evidence	618
Conclusions	619
References	620
Chapter 8 A Vision for the Future	641
Introduction	643
Past: Historical Perspective	643
Present: Health Benefits of Cessation	649
Future: Ending the Tobacco Use Epidemic	651
References	661
List of Abbreviations	665
List of Tables and Figures	671