



| Report on the Impact of the COVID-19 Pandemic on Smoking Cessation |

Background

In 1999 the Centers for Disease Control and Prevention (CDC) identified tobacco control as one of the 10 greatest public health achievements of the century based on decreases in adult smoking prevalence rates from 42.4% in 1965 to 24.7% in 1997^{1,2}. Since 2000, adult smoking rates have continued to decline and are now at 14% (figure 1)³. This exceptional success has resulted from implementation of effective state and federal policies that increase tobacco tax and enact smoke-free air laws along with effective programs that make smokers aware of tobacco cessation services and encourage them to use these services^{1,2,4}.

Smoking Prevalence of US Adults, 1965-2019

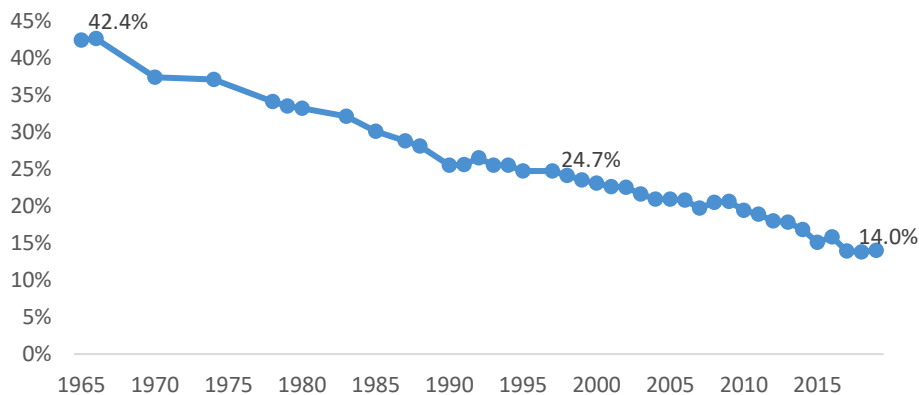


Figure 1. Source: [National Health Interview Survey](#). National Center for Health Statistics. Centers for Disease Control and Prevention. Adult Tobacco Use Statistics.

NAQC assessed the impact of the COVID-19 pandemic on smoking cessation using quantitative data and qualitative information. The quantitative data source was the record of calls to the national portal, 1-800-QUIT-NOW. The national portal was established in 2004 by the National Cancer Institute (NCI) at the National Institutes of Health to route callers to their state or territorial quitline. NCI publishes data on the number of calls to each state and territorial quitline monthly and NAQC makes these reports available on its website.⁵ The qualitative information source was a Zoom presentation and discussion of the data and state activities to promote the quitlines on February 10, 2021. State quitline funders and service providers attended this meeting.

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Quantitative Data. Tobacco users can receive effective help in quitting through their health care provider or community-based services such as state quitlines⁶. State quitlines offer information and treatment services via telephone and online at no cost to residents in all 50 states, the District of Columbia, Puerto Rico and Guam⁷. In 2019, 45% of callers reported having a mental health condition such as anxiety, depression or addiction; 52% of callers were uninsured or enrolled in Medicaid⁸.

In 2012, the CDC began a national media campaign, *Tips from Former Smokers*, to promote state quitline services to tobacco users using the national portal, 1-800-QUIT-NOW. The campaign has been highly effective in increasing calls to the quitlines⁴, with calls ranging from 700,000 to 900,000 annually since the campaign began (figure 2)⁹. However, in 2020 calls to the state quitlines decreased by over 190,000 (-27%) compared to 2019 (525,609 compared to 715,624). The decrease in calls to state quitlines was not uniform over the year. Instead, the decrease mirrored the timeline of the pandemic, showing a 6% decrease in the first quarter of 2020, followed by decreases of 39%, 30%, and 21% in quarters two, three and four respectively, compared to 2019 (figure 3). The 2020 call volume was the lowest since 2007. These data indicate that the COVID-19 pandemic has had a large and negative impact on smoking cessation in 2020.

Calls to State Quitlines Through 1-800-QUIT-NOW, 2012-2020

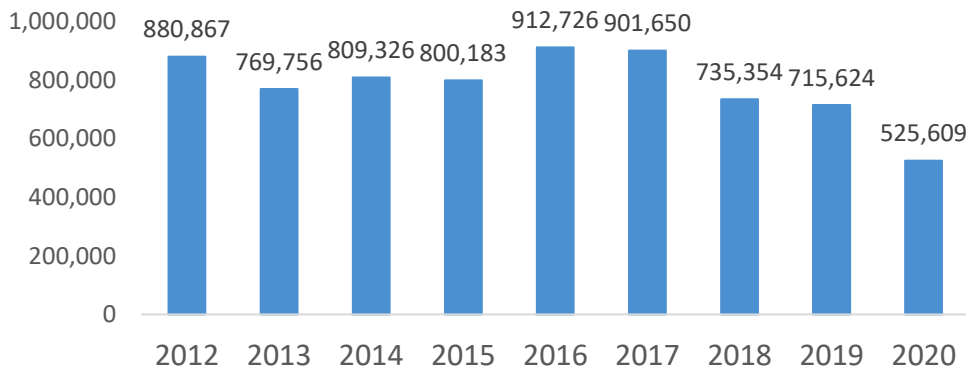


Figure 2. Source: [National Cancer Institute, National Institutes of Health](#). 1-800-QUIT-NOW monthly report on call attempts.

Calls to State Quitlines Through 1-800-QUIT-NOW by Quarter, 2019 Compared to 2020

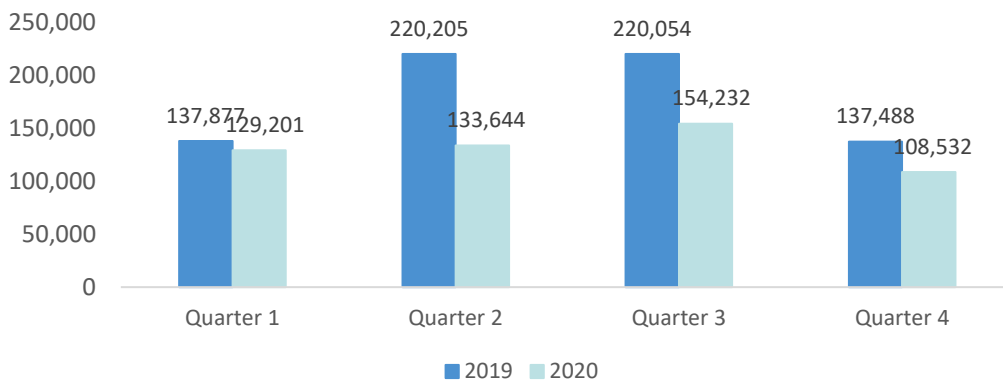


Figure 3. Source: [National Cancer Institute, National Institutes of Health](#). 1-800-QUIT-NOW monthly report on call attempts.

Cigarette sales have been impacted by the pandemic as well. Although cigarette sales have shown a steady decline of 4-5% annually since 2015, sales increased 1% in the first 10 months of 2020 compared to the same time frame for 2019¹⁰. This increase was not expected by the industry, which revised its expectation for sales mid-year in 2020¹¹. Stress and anxiety resulting from the pandemic may be factors in the increased use of

tobacco, alcohol and other substances¹². NAQC suggests these factors also may have contributed to the decrease in calls to state quitlines.

Qualitative Information. During a February 10, 2021 meeting with state quitline funders and service providers, NAQC discussed the decrease in call volume and state activities to promote the quitlines. Although most public health media messaging in 2020 focused on prevention of COVID-19, 24 state quitlines reported conducting some promotional activities related to COVID-19, mostly digital and social media efforts, in the first six months of the year. State representatives suggested scientific, fact-based messages that are empathetic rather than fear-based and that offer free services such as medication and counseling were well-received. They emphasized the importance of partnerships with community groups such as public housing agencies, behavioral health care services, Native American organizations and Medicaid.

Implications for Smokers, Public Health and the Health Care System

Changes in smoking cessation and cigarette sales during the pandemic have implications for smokers, public health and the health care system. Tobacco use continues to be the leading cause of preventable death in the United States, accounting for an estimated 480,000 deaths annually³. Smoking rates tend to be higher among American Indians/Alaska Natives, people with lower income and lower education, those who are uninsured or enrolled in Medicaid, and those who report addiction and mental health conditions, especially severe anxiety^{3, 13}. It is worth noting that these populations have higher rates of contracting COVID-19.

Smoking increases the risk of developing symptomatic COVID-19¹⁴ and of having more severe illness if the disease is contracted¹⁵. In part, this may be due to smoking's harmful effects on the immune system, making the body less successful in fighting disease.¹⁶ It is more important than ever to make smokers aware of their increased risk for severe illness with COVID-19 and the availability of tobacco cessation programs that can help them quit.

Messaging on the importance of smoking cessation during the pandemic needs to be amplified. By increasing efforts to implement such messaging while offering effective tobacco cessation services, public health and health care professionals can ensure that the health gains from tobacco cessation continue. The COVID-19 pandemic has challenged progress on smoking cessation in 2020, but this does not need to be the case in 2021.

Suggested Citation

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- ¹ MMWR, Achievements in Public Health, 1900-1999: Tobacco Use – United States, 1900-1999. Atlanta, GA. Nov 5, 1999. 48(43); 986-993. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm4843a2.htm>.
- ² MMWR, Ten Great Public Health Achievements – United States, 1900-1999. Atlanta, GA, April 2, 1999. 48(12); 241-243. <https://www.cdc.gov/mmwr/preview/mmwrhtml/00056796.htm>
- ³ Office on Smoking and Health. National Center for Chronic Disease Prevention. Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults in the United States. https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm
- ⁴ Cost Effectiveness of the Tips from Former Smokers Campaign—United States, 2012–2018external icon. American Journal of Preventive Medicine; 2021
- ⁵ National Cancer Institute, National Institutes of Health. 1-800-QUIT-NOW monthly report on call attempts. [1-800-QUIT-NOW Stats - North American Quitline Consortium \(naquitline.org\)](https://www.naquitline.org)
- ⁶ www.naquitline.org.
- ⁷ <https://map.naquitline.org/default.aspx>
- ⁸ North American Quitline Consortium. 2019. Results from the 2019 NAQC Annual Survey of Quitlines. C. Clements Stein, editor. Available at <https://www.naquitline.org/page/2019survey>
- ⁹ [Survey of Quitlines - North American Quitline Consortium \(naquitline.org\)](https://www.naquitline.org)
- ¹⁰ National Revenue Center. Alcohol and Tobacco Tax and Trade Bureau. Tobacco Statistics. <https://www.ttb.gov/tobacco/tobacco-statistics>.
- ¹¹ Charles Norton. Why Cigarette Sales Are Outperforming Expectations Despite A Pandemic. Forbes. July 6, 2020. <https://www.forbes.com/sites/charlesnorton/2020/07/06/why-cigarette-sales-are-outperforming-expectations-despite-a-pandemic/?sh=34db80a446a6>
- ¹² Lee BP, Dodge JL, Leventhal A et al. Retail alcohol and tobacco sales during COVID-19. Annals of Int Med 2020; 10.7326/M20-7271. <https://doi.org/10.7326/M20-7271>.
- ¹³ Bose J, Hedden SL Lipari RN et al. Key substance use and mental health indicators in the United States: Results from the 2017 National Survey on Drug Use and Health (HHS Publication No. 18-5068, NSDUH series H-53). Published 2018; <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/NSDUHFFR2017/NSDUHFFR2017.htm>.
- ¹⁴ Hopkinson NS, Rossi N, El-Sayed Moustafa J, et al. Current smoking and COVID-19 risk: Results from a population symptom app in over 2.4 million people. Thorax 2021; 0: 1-9, doi: 10.1136/thoraxjnl-2020-216422. <https://thorax.bmj.com/content/thoraxjnl/early/2021/02/07/thoraxjnl-2020-216422.full.pdf>
- ¹⁵ Centers for Disease Control and Prevention webpage. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html#smoking>
- ¹⁶ U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. 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, 2014. Printed with corrections, January 2014.