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\(^1\). 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\(^1\),\(^2\),\(^4\).

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.

Impact of the COVID-19 Pandemic on Smoking Cessation
Quantitative Data. Tobacco users can receive effective help in quitting through their health care provider or community-based services such as state quitlines\(^6\). 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 Guam\(^7\). 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 Medicaid\(^8\).
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 quitlines, with calls ranging from 700,000 to 900,000 annually since the campaign began (figure 2). 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.

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 2019. This increase was not expected by the industry, which revised its expectation for sales mid-year in 2020. Stress and anxiety resulting from the pandemic may be factors in the increased use of cigarettes.
tobacco, alcohol and other substances\textsuperscript{12}. NAQC suggests these factors also may have contributed to the decrease in calls to state quitlines.

\textit{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.

\textit{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 annually\textsuperscript{3}. 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\textsuperscript{3,13}. It is worth noting that these populations have higher rates of contracting COVID-19.

Smoking increases the risk of developing symptomatic COVID-19\textsuperscript{14} and of having more severe illness if the disease is contracted\textsuperscript{15}. In part, this may be due to smoking’s harmful effects on the immune system, making the body less successful in fighting disease.\textsuperscript{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.

\textit{Suggested Citation}