

Smoking Cessation: General Facts

Smoking cessation is the “gold standard” of cost effective interventions. In ranking preventive services, the American Journal of Preventive Medicine has found smoking cessation to be the highest ranked second only to children’s vaccines. Smoking is the number one most preventable cause of death. Not only does smoking cessation improve longevity, reduce morbidity and mortality from respiratory disease, it is highly cost effective.

- Nicotine dependence is the most common form of chemical addiction in the United States, and therefore the number one most preventable cause of death.¹
- Tobacco dependence often requires repeated intervention and often multiple attempts to quit.²
- One’s risk of dying prematurely is vastly reduced by ending the deadly habit of smoking – cessation is beneficial at all ages.³
- Smoking cessation lowers the risk for lung and other cancers.⁴
- Smoking cessation lowers the risk for coronary heart disease, stroke, and other respiratory ailments therefore reducing morbidity and mortality from such diseases.⁵
- Among current U.S. adult smokers, 70% report their desire to quit completely.⁶
- More than half our current U.S. high school smokers tried to quit within the preceding year.⁷
- Successful cessation can be increased by brief clinical interventions by a health care provider, as well as counseling and behavioral therapies – in-person contact is more effective.⁸
- The most effective smoking cessation includes nicotine replacement therapies, non-nicotine pharmacotherapy like Zyban and Chantix, and a behavioral component.⁹
- The U.S. Public Health Service and the U.S. Preventive Services Task Force recommend health care providers screen for tobacco use and provide strong messages regarding tobacco abstinence and cessation.¹⁰

1 Centers for Disease Control and Prevention. National Center for Health Statistics; Health, United States, 2004 With Chartbook on Trends in the Health of Americans. Hyattsville, MD: U.S. Department of Health and Human Services, CDC, 2004 [cited 2006 May 23]. Available from: http://www.cdc.gov/nchs/data/health_tables/2003/03hus031.pdf

2 Centers for Disease Control and Prevention. Annual Smoking-Attributable Mortality, Years of Potential Life Lost, and Economic Costs—United States, 1995–1999. Morbidity and Mortality Weekly Report. 2002. Available from: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5114a2.htm>

3 Centers for Disease Control and Prevention. The Health Benefits of Smoking Cessation. Atlanta, GA: U.S. Department of Health and Human Services, CDC, Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 1990

4 Id

5 Id

6 Centers for Disease Control and Prevention. Cigarette Smoking Among Adults—United States, 2000. Morbidity and Mortality Weekly Report.

7 Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance System. Youth Online: Comprehensive Results (2005) .

8 Fiore MC, Bailey WC, Cohen SJ, Dorfman SF, Goldstein MG, Gritz ER, et al. Treating Tobacco Use and Dependence: Quick Reference Guide for Clinicians: U.S. Department of Health and Human Services, Public Health Service (June 2000).

9 Id

10 Fiore MC, et al., Treating Tobacco Use and Dependence, U.S. Public Health Service Clinical Practice Guideline, (June 2000).