

Quitlines Increase Tobacco Cessation



Quitlines help people quit using tobacco by offering a range of evidence-based, tobacco cessation services, such as counseling, practical information on how to quit, referrals to other local cessation resources, and access to (for some states) free tobacco cessation medications.

Quitlines help people quit using tobacco and remain abstinent, effectively reducing tobacco use.¹

- Smokers who use quitlines are at least two to three times more likely to succeed in quitting compared to those who try to quit on their own.²
- According to data from the North American Quitline Consortium (NAQC) annual survey of state quitlines, between 2023-2024, quitlines provided tobacco cessation counseling and medications to more than 500,000 people across the United States. Based on evaluation data from the same time period, NAQC also estimates that quitlines helped more than 175,000 people quit smoking.³
- Since 2004, quitlines have helped more than 1.8 million people to quit smoking, generating billions of dollars in healthcare savings.⁴

Leading public health authorities have consistently affirmed that quitlines are effective in helping people quit smoking.

- According to the **2024 Surgeon General's report, Eliminating Tobacco Related Disease and Death: Addressing Disparities**, "quitlines can increase access to cessation treatments among population groups affected by tobacco-related disparities, particularly when quitline promotion and services are developed, delivered, and evaluated with attention to their reach and relevance to these groups."⁵
- The **2020 Surgeon General's Report on Smoking Cessation** concluded that proactive quitline counseling, either alone or in combination with cessation medications, increases smoking cessation. Specifically, "adequately funding and promoting tobacco quitlines enable their operations and services to function at levels sufficient to maximize their reach and impact."
- The **2008 Public Health Service's Clinical Practice Guideline: Treating Tobacco Use and Dependence** found strong evidence to support the use of quitline counseling to help people quit.⁶ Subsequently, the **2015 United States Preventive Services Task Force (USPSTF)** clinical guideline and the **2016 Community Preventive Services Guideline** reinforced these findings.⁷

Quitlines are highly cost-effective.

- According to the CDC's Best Practices for Comprehensive Tobacco Control Programs, "State quitlines are one of the most accessible cessation resources and can efficiently reach large numbers of smokers. ... Quitlines are highly cost-effective relative to other commonly used disease prevention interventions."⁸
- The Community Preventive Services Task Force found that the economic evidence shows quitline services "are cost-effective".⁹
- Due to their low implementation costs and tremendous reach, quitlines have a high return on investment by reducing smoking rates and decreasing long-term healthcare costs.
- According to an evaluation of all NAQC surveys since 2004, 6 million people have received counseling or medication through quitlines, at a cost of about \$325 per person served.¹⁰

Quitlines save lives and money by breaking down barriers, increasing access to cessation services, and engaging underserved populations.

Quitlines have extraordinary reach and engage key populations as there are few barriers to their use: flexible to the caller's schedule, typically require no travel, no insurance, and are free to the user. Quitlines are especially accessible to populations that have a high smoking prevalence through culturally tailored services that meet the needs of members of underserved groups and provide services in multiple languages, including Spanish and languages spoken by Asian American people.¹¹

- 90% of quitlines have specific protocols for serving **youth**, including help with quitting vaping.¹²
- Just under half of quitline callers (44.6%) report having a **behavioral health condition**.¹³ About 4 out of 5 quitlines offer tailored protocols for people with behavioral health conditions. An evaluation of tailored programs offered by the two largest quitline providers suggest that callers with mental health conditions benefit from both standard and tailored programs, with higher engagement in tailored services.¹⁴
- Quitlines offer **multilingual support**. The Asian Smokers' quitline (ASQ), a free nationwide Asian-language quit smoking service, offers counseling and additional information in Chinese (1-800-838-8917), Korean (1-800-556-5564), and Vietnamese (1-800-775-8440).¹⁵ Quitline services are also available in Spanish (1-855-DÉJELO-YA).
- Many quitlines train counselors in cultural competency, including training regarding **American Indian and Alaska Native (AI/AN)** cultures and ceremonial tobacco use.¹⁶
- Research shows promising, benefits of quitlines for smoking cessation among people who smoke and have lower incomes.¹⁷ Some states prioritize **lower socioeconomic status (SES)** populations, offering additional services and financial incentives.

For more information on the Benefits of Tobacco Cessation,
see [Benefits from Quitting Tobacco Use](#)

¹ North American Quitline Consortium (NAQC), "Quitline Services: Current Practice and Evidence Base," NAQC Quality Improvement Initiative, 2016; Siu, Albert L. "Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: US Preventive Services Task Force Recommendation Statement." *Annals of internal medicine* 163.8 (2015): 622-634; Zhu, S-H, et al., "Evidence of Real-World Effectiveness of a Telephone Quitline for Smokers," *New England Journal of Medicine* 347(14):1087-1093, October 2002.

² Fiore, MC, et al., *Treating Tobacco Use and Dependence: 2008 Update – Clinical Practice Guideline*, U.S. Public Health Service, May 2008, http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.

³ NAQC, *CDC Cuts Will Devastate State Quitlines and Efforts to Help Tobacco Users Quit*, 2025. NAQC Media Release. Available at https://www.naquitline.org/general/custom.asp?page=release_482025. Accessed on April 23, 2025.

⁴ NAQC. 2025. FY25 Annual Survey of State Quitlines: Results. K. Mason, editor. Available at <https://www.naquitline.org/page/survey>.

⁵ U.S. Department of Health and Human Services (HHS). *Eliminating Tobacco-Related Disease and Death: Addressing Disparities—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, 2024. <https://www.cdc.gov/tobacco-surgeon-general-reports/about/2024-end-tobacco-disparities.html>.

⁶ Fiore, MC, et al., *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline*, U.S. Public Health Service, May 2008, http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf.

⁷ Siu, Albert L. "Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: US Preventive Services Task Force Recommendation Statement." *Annals of internal medicine* 163.8 (2015): 622-634; Task Force on Community Preventive Services. *Reducing Tobacco Use and Secondhand Smoke Exposure: Quitline Interventions*, October 5, 2016, <https://www.thecommunityguide.org/sites/default/files/assets/Tobacco-Quitlines.pdf>.

⁸ Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs—2014*. 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; <<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>>; accessed: November 23, 2023.
- ⁹ The Community Preventive Services Task Force (CPSTF). Reducing Tobacco Use and Secondhand Smoke Exposure: Quitline Interventions. The Community Guide [www.thecommunityguide.org]. The Community Preventive Services Task Force, Atlanta, Georgia, 2012. <https://doi.org/10.15620/cdc/168605>
- ¹⁰ North American Quitline Consortium. 2024. FY24 Annual Survey of State Quitlines: Results. K. Mason, editor. Available at <http://www.naquitline.org/page/2024survey>.
- ¹¹ HHS. Eliminating Tobacco-Related Disease and Death: Addressing Disparities—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, 2024.
- ¹² NAQC. 2025. FY25 Annual Survey of State Quitlines: Results. K. Mason, editor. Available at <https://www.naquitline.org/page/survey>.
- ¹³ NAQC. 2025. FY25 Annual Survey of State Quitlines: Results. K. Mason, editor. Available at <https://www.naquitline.org/page/survey>.
- ¹⁴ Morris CD, et al. Quitline programs tailored for mental health: initial outcomes and feasibility. American Journal of Preventive Medicine 2021;60 (3 Suppl 2):S163–S171.
- ¹⁵ <https://www.asiansmokersquitline.org/about-asq/>.
- ¹⁶ Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. 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; <<https://www.cdc.gov/tobacco/stateandcommunity/guides/pdfs/2014/comprehensive.pdf>>; accessed: November 23, 2023.; NAQC. Quitline profiles, n.d.c; <<https://www.naquitline.org/page/quitlinepro-files>>; accessed: June 28, 2023.
- ¹⁷ HHS. Eliminating Tobacco-Related Disease and Death: Addressing Disparities—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, 2024.