

Ensuring Quitline Sustainability

Snapshot of 2024

Quitlines in the United States achieved significant progress on key metrics in fiscal year 2024. For more details, visit naquitline.org/survey.

Key takeaways from FY24:

- Quitlines received **516,720 direct calls**;
- Providers sent **231,203 referrals** for follow up treatment;
- 250,954 individuals** received evidence-based treatment.



Key Metrics

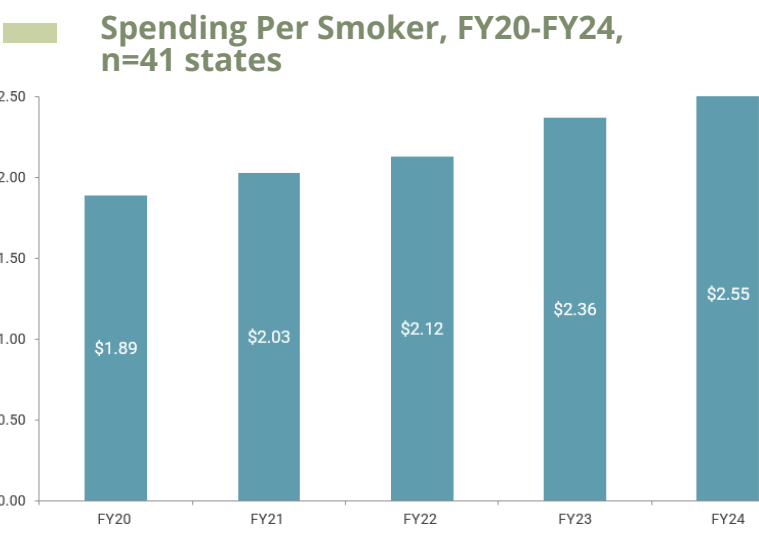
	FY24	NAQC Goal
Spending Per Smoker	\$2.72	\$10.53
Treatment Reach	0.90%	6%
Quit Rate (conventional tobacco)	35%	30%



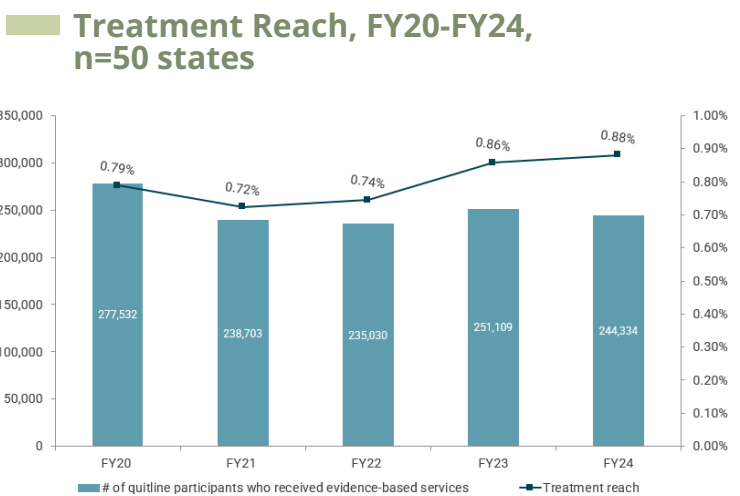
Sustained investment in quitlines helps individuals quit smoking and improves public health.

The Power of Quitlines

- >17 million calls to quitlines from 2004-2024.
- 100% of U.S. quitlines provided proactive counseling in FY24.
- 100% of U.S. quitlines provided at least one free cessation medication in FY24.
- 100% of U.S. quitlines accepted provider referrals for continuing care in FY24.
- 96% of U.S. quitlines provided web & text interventions in FY24.
- 90% of U.S. quitlines offered tailored support for youth and pregnant callers in FY24.



An investment of **\$10.53 per adult** is recommended to reach **6% or 1.7 million people** who smoke annually in U.S.



Note: The treatment reach trend chart reflects data from the 50 quitlines that reported the number of individuals receiving evidence-based services for all five years.

Treatment Reach for Specific Groups

American Indian/Alaska Native	0.79% (41)
African American/Black	0.77% (44)
Asian*	0.32% (50)
Hispanic/Latino	0.45% (49)
White	0.69% (50)
<HS Education	0.53% (51)

*Includes data from Asian Smokers' Quitline.

Note: The reach by group includes data from the number of quitlines included in parentheses. Race and ethnicity data may not be available for all quitlines.

Overall Treatment Reach is 0.90%



Note: Overall treatment reach values is higher than specific group reach because of limited race data for all quitline participants, exclusion of certain states with small BRFSS sample sizes, and differences in calculation methods. Specific group reach uses a three-year BRFSS prevalence average, while overall treatment reach uses a single-year estimate.



Funding Impacts Quitline Reach

- Higher funding levels **increases accessibility**.
- More funding for **promotion** increases awareness.
- Ensures **long-term sustainability** for life-saving programs.

NAQC has conducted the *Annual Survey of Quitlines* in the United States since 2004. National data are shared each year with the quitline community and partners. Data help achieve NAQC's mission of promoting evidence based quitline services across diverse communities in North America.

Information in this report is from the 2024 annual survey. For more information about the survey or to view data from previous years, visit naquitline.org/survey.

