| THE VALUE OF QUITLINES: DISCUSSION POINTS|

This document provides key talking points to help Quitline administrators educate stakeholders, partners, and decision makers about the value of quitlines in supporting commercial tobacco cessation. It outlines how quitlines deliver evidence-based services, expand access to treatment, and contribute to improved public health outcomes—especially for populations disproportionately affected by commercial tobacco. These talking points can help you communicate the value of continued investment in quitlines as a critical component of a comprehensive approach to reducing commercial tobacco-related harm.

What are the personal and economic costs of tobacco use? [1,2]

- Tobacco is the #1 preventable cause of early death, disability and chronic disease in the U.S.
- More than 490,000 lives are lost every year to smoking and secondhand smoke.
- Tobacco use results in an annual financial burden of $600 billion in the United States in direct healthcare costs and lost productivity.
- The impact of tobacco use is disproportionately felt among low-income, rural, minority, and behavioral health populations. Many of these groups rely on public services such as Medicaid for healthcare.

Why are Quitlines an effective solution? [3]

- Quitlines deliver key elements of evidence-based treatment as recommended by the 2008 PHS Clinical Practice Guideline and the 2020 Surgeon General's Report.
- Quitlines offer a combination of counseling with trained tobacco treatment specialists and FDA-approved pharmacotherapy proven to be both clinically effective and cost-effective. Quitline services are also available through web and text-based platforms.[4]
- Quitlines have broad reach, with no travel, insurance, or cost barriers—making them accessible to all.

[1] https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf
[2] https://www.cdc.gov/tobacco/campaign/tips/resources/data/cigarette-smoking-in-united-states.html
[3] https://pmc.ncbi.nlm.nih.gov/articles/PMC8189745/
[4] https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf

- Quitlines are effective. The average quit rate is 35%, compared to about 7% success without support.[5]
- Quitlines are especially effective for high-risk populations, including those in poverty, living with behavioral health conditions, or who are uninsured.

Why are Quitlines cost-effective?

- Quitlines reduce smoking rates at a low cost, comparable to other public health strategies (e.g., digital interventions, hypertension and cholesterol reduction programs).
- Quitlines provide a high return on investment by reducing smoking rates and decreasing long-term healthcare costs.
- In 2024, quitlines spent on average less than $750 per successful quit. Quitline services are significantly less costly than treating the effects of smoking. For example, one study found that the average hospital cost for treating a single heart attack was $18,300. [6]
- A study in Minnesota found that the reduction in tobacco use prevalence between 1998 and 2017 helped prevent tobacco-related diseases and hospitalizations, resulting in savings of $2.7 billion in medical costs and an increase of $2.4 billion in productivity.[7]

How do Quitlines tailor services for people who need it most?[8]

- Quitlines serve groups disproportionately affected by tobacco. Some groups and communities have a higher burden of smoking prevalence or commercial tobacco-caused health impacts, including individuals with behavioral health conditions, chronic illness, low-income populations, and rural communities.
- 44% of quitline callers report having a behavioral health condition. Three-fourths of quitlines offer tailored protocols for people with behavioral health conditions.
- 87% of quitlines have specific protocols for serving youth including help with quitting vaping.
- Many quitlines offer tailored services for adult ENDs (vaping) users, individuals who are pregnant, and American Indian/Alaska Natives. Many quitlines have tailored protocols for people who smoke menthol cigarettes.
- Around half of the quitlines outreach to groups including people who use ENDs (vaping), people with lower socioeconomic status, people who have behavioral health conditions, and youth.
- Quitlines offer multilingual support, including Spanish services, and the Asian Smokers Quitline serves people who speak Cantonese, Mandarin, Korean and Vietnamese to ensure broad reach and accessibility. Translation support is available in many languages.

How do Quitlines contribute to tobacco control overall?

- Quitlines are a key referral resource for healthcare providers offering brief tobacco cessation advice (5As; 2As + R; Ask-Advise-Connect). They complement clinical care, with about 75% of people who smoke visiting primary care providers annually, making quitlines an ideal option for follow-up support.[9]
- Integrating Quitline referrals into electronic health records, can streamline processes and help more people access cessation services.

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[5] Treating Tobacco Use and Dependence: 2008 Update Tobacco Use and Dependence Guideline Panel. Rockville (MD): US Department of Health and Human Services; 2008 May. https://www.ncbi.nlm.nih.gov/books/NBK63952/

[6] https://www.ahajournals.org/doi/10.1161/CIRCOUTCOMES.123.009999

[7] https://tobaccocontrol.bmj.com/content/29/5/564

[8] https://cdn.ymaws.com/www.naquitline.org/resource/resmgr/2023_survey/FY23_Annual_Survey_Slides_FI.pdf

[9] https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf

- Mass media campaigns paired with quitlines can further boost awareness about the importance of cessation and where people can find support to quit.
- The Tips campaign effectively drives quitline calls, generating 2.1 million additional calls to 1-800-QUITNOW between 2012 and 2023. It increases smokers' intent to quit, with repeated exposure leading to stronger commitment and lower relapse rates. The campaign and quitline work together, enhancing the chances of quitting and staying tobacco-free.[10]
- Tobacco control policies, such as higher taxes and clean indoor air laws, work alongside quitlines to boost smoking cessation. For example, a 23.5% increase in calls to quitlines in 2009 coincided with a federal cigarette tax hike. Studies show that such policies encourage the use of cessation treatments. Quitlines support these efforts by providing accessible public health services, helping individuals quit tobacco and reinforcing the impact of tobacco control policies.[11,12]

What drives Quitline results?[13]

- Funding drives impact. When promotion and services are well-funded, quitlines treat 3-5% of adult smokers annually compared to the 1% national average.
- States that increased quitline funding for services and promotion saw increases in service use and quit attempts. States with sustained funding and promotion achieve higher quitline participation and better cessation outcomes over time.
- Underfunded quitlines results in lower use and lower quit rates.
- Investing in quitlines lowers healthcare costs and improves public health.

[10] https://www.cdc.gov/tobacco/campaign/tips/about/impact/campaign-impact-results.html
[11] https://academic.oup.com/ntr/article/27/2/326/7718841?login=false
[12] https://pmc.ncbi.nlm.nih.gov/articles/PMC3356941/
[13] Ten Million Calls and Counting: Progress and Promise of Tobacco Quitlines in the U.S.
Fiore, Michael C. et al., American Journal of Preventive Medicine, Volume 60, Issue 3, S103 - S106