



## **Eliminating CDC's Office on Smoking and Health Will Undercut State Tobacco Control Programs and Increase Tobacco-Caused Death and Disease**

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Eliminating funding for CDC's Office on Smoking and Health (OSH) – whether through budget cuts or a reorganization of CDC – would have serious consequences for the nation's health. It would cut funding to states and increase the number of people who become ill and die from a tobacco-caused disease. With our nation spending \$241 billion annually treating tobacco-caused disease, the majority of which is paid by government, backtracking on efforts to protect kids from tobacco and to help adults to quit is shortsighted and will cost lives and health care dollars.<sup>1</sup> Eliminating funding for CDC OSH would:

### **Eliminate the Only Dedicated Source of Federal Funding for State Tobacco Control Programs**

CDC OSH's National and State Tobacco Control Program provides funding and technical assistance to state and territorial health departments to reduce tobacco-related death and disease. These efforts have helped save millions of lives. Comprehensive tobacco control programs have been found to be effective and generate health care cost savings.<sup>2</sup>

- State tobacco control programs are typically significantly underfunded. In FY 2025, states spent less than one quarter (23.1%) of what CDC recommends they spend on tobacco prevention and cessation programs. Just ten states provided at least half of the CDC-recommended funding.<sup>3</sup>
- Without funding from CDC OSH, states would lose approximately \$70 million in funding for their tobacco control programs. Currently, states receive funding from OSH each year, ranging from \$343,000 to \$2.3 million, based on population size, rates of tobacco use, and other state-specific factors.<sup>4</sup>
- 13 states would lose at least 30% of their funding for tobacco control programs (Alabama, Connecticut, Georgia, Kansas, Michigan, Missouri, Nevada, New Hampshire, Rhode Island, Tennessee, Texas, Vermont and West Virginia) if CDC funding were eliminated.<sup>5</sup>
- Eliminating OSH funding would impact the states' already underfunded tobacco prevention efforts, resulting in more young people using tobacco products, fewer adult tobacco users quitting, more people with tobacco-caused disease, more premature deaths, and higher future health care costs for treating tobacco-caused disease.

### **Reduce Services to Help Tobacco Users to Quit**

CDC OSH helps fund state quitlines, which provide tobacco cessation counseling and, in most states, tobacco cessation medications. 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.<sup>6</sup>

- Without funding from CDC OSH, states would lose \$15.1 million in annual funding for their state quitlines. About \$1 in \$7 spent on quitline services nationwide comes from CDC OSH.<sup>7</sup>
- 5 state and 2 territorial quitline programs (Connecticut, Guam, New Jersey, Puerto Rico, Tennessee, Virginia, and West Virginia) relied on CDC for at least 75% of their funding in FY

2024.<sup>8</sup> These quitlines would likely be unable to continue operations without the funding they receive from CDC.

- An additional 18 state quitline programs (Alaska, Alabama, Florida, Georgia, Iowa, Kansas, Louisiana, Michigan, Missouri, Mississippi, Montana, Nebraska, New Hampshire, Nevada, Rhode Island, Texas, Washington, Wyoming) relied on CDC for between 24% and 74% of their funding in FY 2024.<sup>9</sup>
- Eliminating OSH funding would have severe consequences for state quitlines. Many quitlines would likely need to reduce the level and type of services they provide, including the availability of free nicotine replacement therapy, and scale back or eliminate the promotion of quitline services, which would reduce the number of tobacco users who quit.

### **End an Effective, Cost-Saving Media Campaign**

CDC OSH runs a national public education campaign, called Tips from Former Smokers, that has proven successful at helping smokers to quit. Every year the campaign is on air there is an immediate, sustained, and dramatic spike in calls to the national [quitline](#), 1-800-QUIT-NOW, and in visits to the [campaign website](#). From 2012 through 2018, CDC estimates that more than 16.4 million people who smoke attempted to quit and approximately one million smokers quit because of the Tips campaign, preventing an estimated 129,100 smoking-related deaths and saving approximately \$7.3 billion in health care costs.

- If CDC OSH funding was eliminated, the highly effective Tips campaign would be eliminated. Given Tips' past success helping smokers to quit, eliminating Tips would likely mean hundreds of thousands of fewer quitters over the next seven years. This would mean more tobacco-caused disease and death and higher tobacco-caused health care costs.

### **Weaken Surveillance of Youth Tobacco Use and the Emergence of New Threats**

CDC OSH and FDA conduct the National Youth Tobacco Survey (NYTS), which collects data on tobacco use by high school and middle school students, including which products they are using, how often they use them, and how youth access them. As the only comprehensive source of tobacco-related data, the NYTS plays a vital role in the identification of dangerous trends in youth tobacco use and youth access to tobacco products.

- Because NYTS is currently funded jointly by CDC and FDA, the NYTS might no longer be able to be conducted annually if CDC OSH funding were eliminated, leaving gaps in the ability to identify increases in youth use of and access to particular tobacco products.
- The NYTS was the first national survey to document the dramatic growth in youth use of e-cigarettes, highlighting the need for interventions to prevent youth initiation of these novel tobacco products.<sup>10</sup>
- In recent years, we have seen a rapid rise in the sale and youth use of new tobacco products like “smart” vapes, which deliver addictive levels of nicotine with animation, games and Bluetooth capabilities, and nicotine pouches, which come in a range of nicotine levels and flavors, are easy to hide and are heavily promoted on social media.<sup>11</sup>
- Without timely surveys and other surveillance tools, CDC's ability to educate youth, parents, health professionals and others about emerging products like these would be undercut.

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<sup>1</sup> Shrestha, SS, et al., “Cost of Cigarette Smoking—Attributable Productivity Losses, U.S., 2018,” *American Journal of Preventive Medicine* 63(4):478-485, 2022. Xu, X, et al., “U.S. healthcare spending attributable to cigarette smoking in 2014,” *Preventive Medicine* 150:106529, 2021. HHS, *The Health Consequences of Smoking – 50 Years of Progress A Report of the Surgeon General, 2014*

<sup>2</sup> HHS, *The Health Consequences of Smoking: 50 Years of Progress. 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, 2014; The Guide to Community-Preventive Services, “Reducing tobacco use and secondhand smoke exposure: comprehensive tobacco control programs,” <http://www.thecommunityguide.org/tobacco/comprehensive.html>.

<sup>3</sup> Campaign for Tobacco-Free Kids, et al., *Broken Promises to Our Children: A State-by-State Look at the 1998 Tobacco Settlement 26 Years Later*, December 18, 2024. <https://www.tobaccofreekids.org/what-we-do/us/statereport/>

<sup>4</sup> CDC Office on Smoking and Health, “National Tobacco Control Program Funding.” November 18, 2024, <https://www.cdc.gov/tobacco/php/tobacco-control-programs/program-funding.html>

<sup>5</sup> Campaign for Tobacco-Free Kids, et al., *Broken Promises to Our Children: A State-by-State Look at the 1998 Tobacco Settlement 26 Years Later*, December 18, 2024. <https://www.tobaccofreekids.org/what-we-do/us/statereport/>; CDC Office on Smoking and Health, “National Tobacco Control Program Funding.” November 18, 2024, <https://www.cdc.gov/tobacco/php/tobacco-control-programs/program-funding.html>

<sup>6</sup> 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](http://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf)

<sup>7</sup> North American Quitline Consortium (NAQC), *Annual Survey of Quitlines, 2024*.

<sup>8</sup> North American Quitline Consortium (NAQC), *Annual Survey of Quitlines, 2024*.

<sup>9</sup> North American Quitline Consortium (NAQC), *Annual Survey of Quitlines, 2024*.

<sup>10</sup> National Youth Tobacco Survey.

<sup>11</sup> Park-Lee, E., et al., “E-Cigarette and Nicotine Pouch Use Among Middle and High School Students — United States, 2024,” *MMWR* 73(35):774-778, September 5, 2024, <https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7335a3-H.pdf>; CDC Foundation, “Monitoring U.S. E-Cigarette Sales: National Trends,” <https://tobacomonitoring.org/>. Data from Circana, which includes e-cigarette sales data from convenience stores, gas stations and other retail store chains. Sales from the internet and tobacco-specialty stores, including vape shops, are not included.