Centers for Disease Control and Prevention's Office on Smoking and Health

Tobacco use remains the leading cause of preventable death in the United States, killing more than 490,000 Americans every year, more than the total number killed by AIDS, alcohol, motor vehicles, homicide, illegal drugs, and suicide combined.[1] Currently, over 2 million youth are current tobacco users, and every day, over 1,100 kids try their first cigarette.[2] The financial toll of tobacco use on our nation is just as staggering, with annual tobacco-related health care costs totaling $241.4 billion.[3]

Further, unacceptably high rates of youth use of e-cigarettes and disparities in tobacco use present new and persistent challenges. E-cigarettes have been the most commonly used tobacco product among youth since 2014. In 2024, more than 1.6 million kids used e-cigarettes with an alarming 42.1% of high school users reporting using e-cigarettes at least 20 days a month, including 29.7% reporting daily use.[4] In addition, tobacco use has become more concentrated among certain groups and regions of the country. Individuals with a lower socioeconomic status; American Indians/Alaskan Natives; people living in rural communities; individuals with behavioral health conditions; and lesbian, gay, and bisexual individuals have higher rates of tobacco use.[5] Smoking rates are also higher in the South and Midwest regions of the U.S. compared to other regions, and Black Americans have higher rates of smoking-caused death.[6]

Fortunately, we know what it takes to reduce tobacco use. Tobacco control policies and programs have helped to reduce smoking rates over the past 50+ years by more than seventy percent (from 42.4 percent in 1965 to 9.9 percent in 2024).[7] Further progress is needed to reduce the preventable disease and premature death from tobacco use and will require more aggressive implementation of evidence-based policies and programs such as education campaigns, higher prices for tobacco products, smokefree policies, access to cessation treatments, enhancement of surveillance and research on youth e-cigarette use, and funding for comprehensive statewide tobacco control programs.

The Office on Smoking and Health (OSH) is the office at the Centers for Disease Control and Prevention (CDC) responsible for reducing the health and economic toll of tobacco use. It plays a critical role in advancing comprehensive tobacco prevention and cessation efforts. In this role, OSH conducts the following activities:

- Provides funding and technical support to states to implement effective programs and policies
- Conducts a national mass media campaign to encourage smokers to quit
- Supports tobacco cessation quitlines
- Measures tobacco use, conducts research on a range of tobacco-related issues, and facilitates information exchange to effectively expand the science base.

Through these activities, OSH reduces the number of young people who start using tobacco, helps adult tobacco users to quit, works to protect everyone from secondhand smoke, and advances health equity by identifying and eliminating tobacco product-related disparities.

OSH is an example of how the federal government can address underlying risk factors before they lead to costly chronic disease. We are investing billions to develop better treatments and to provide medical care for many tobacco-related diseases; we should also be making cost-effective investments to prevent them. Tobacco prevention and cessation programs can reduce smoking, save lives and save money. Every scientific authority that has studied the issue, including the Institute of Medicine, the CDC and the Surgeon General, has concluded that when properly funded, implemented and sustained, tobacco prevention programs reduce smoking among both kids and adults.[8] The Community Preventive Services Task Force, an

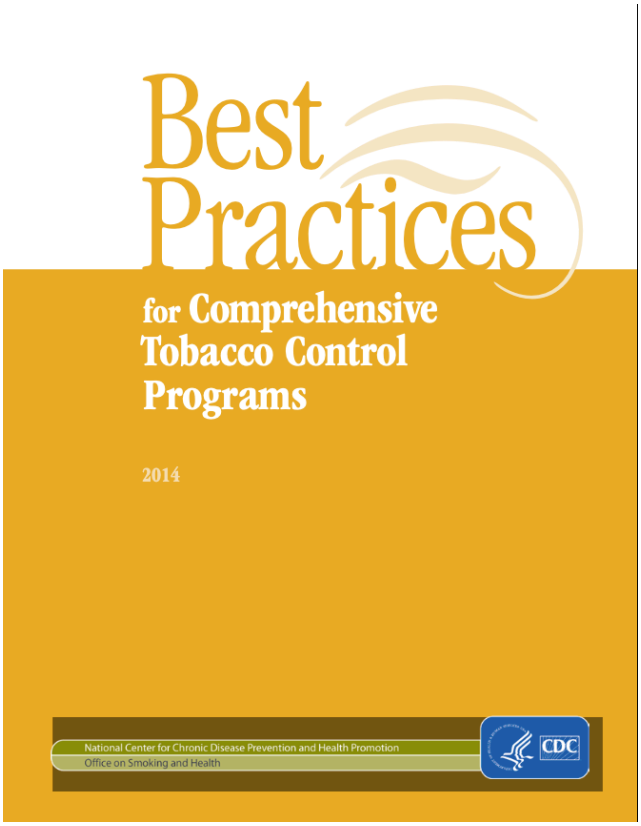
independent expert advisory committee created by CDC, found that comprehensive tobacco control programs are cost-effective, and savings from averted healthcare costs exceed intervention costs.[9]

Funding and Technical Assistance for States and Territories

CDC provides grants to all 50 states and the territories to establish and maintain tobacco prevention and cessation activities at the state level. In this role, OSH provides considerable technical assistance, training, and support to states for the planning, development, implementation, and evaluation of state comprehensive tobacco control programs. OSH helps states incorporate science-based recommendations into their program planning to ensure that states implement effective programs.

Specifically, OSH:

- Develops materials to assist states in implementing comprehensive, evidence-based, tobacco control programs. OSH's *Best Practices for Comprehensive Tobacco Control Programs* continues to be the definitive resource on how to plan and implement effective tobacco control programs to prevent and reduce tobacco use.
- Provides counter-marketing materials and technical assistance to help state and local programs conduct effective media campaigns, educating youth, parents, health professional and others about tobacco products and harms associated with their use. OSH's Media Campaign Resource Center helps states stretch their media budgets by providing effective tobacco prevention ads that states can adapt rather than create new ones.
- Provides a basic level of support to all states for tobacco prevention and cessation activities, including providing resources to ensure that every state has a staff person dedicated to tobacco prevention and cessation efforts.



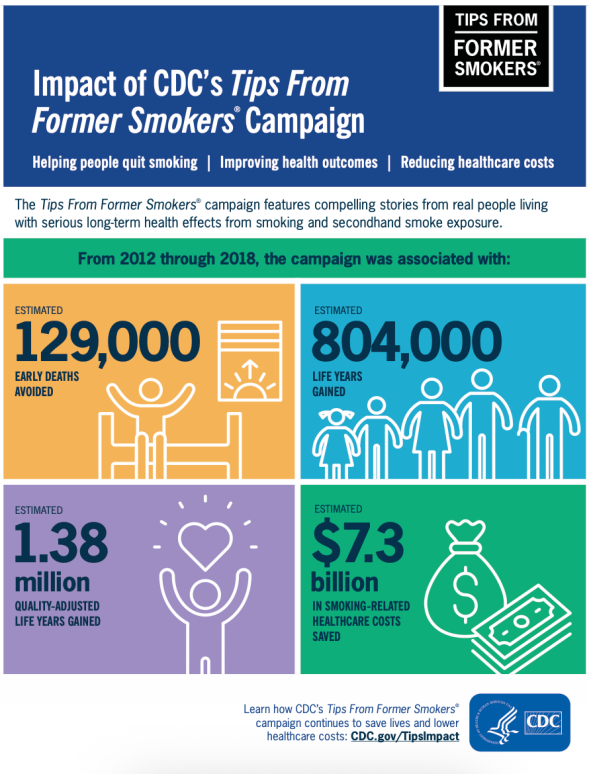
- Provides grants to support a consortium of national organizations focused on tobacco- and cancer-related health disparities in special populations. The partnership, , includes the following groups: Asian Pacific Partners for Empowerment, Advocacy, & Leadership (APPEAL), Community Anti-Drug Coalitions of America (CADCA), The Center for Black Health & Equity, National Council for Mental Wellbeing, National LGBT Cancer Network, Rocky Mountain Tribal Leaders Council, National Alliance for Hispanic Health (Nuestras Voces), and Patient Advocate Foundation.[10]

Conducting Mass Media Public Education Campaigns, *Tips From Former Smokers*

In 2012, CDC launched the first ever federally-funded national media campaign aimed at reducing smoking. The campaign, *Tips from Former Smokers (Tips),* depicts former smokers coping with devastating diseases and disabilities caused by their tobacco use. By highlighting the harsh reality of living with a disease caused by smoking, the media campaign motivates tobacco users to quit and helps counter the $8.6 billion the tobacco industry spends each year promoting their products.[11]

Studies continue to demonstrate that the *Tips* campaign is not only effective at reducing tobacco use but is also cost-effective.

- CDC estimates that between 2012 and 2018 the *Tips* campaign motivated more than 16.4 million smokers to make a quit attempt and helped approximately one million smokers to quit for good.[12]
- The *Tips* campaign is also cost-effective. A 2020 analysis estimated lifetime healthcare costs and benefits associated with the campaign and concluded that public education campaigns like *Tips* help smokers to quit, improve health outcomes and can reduce health care costs.[13] Specifically, from 2012 – 2018, the campaign was found to help prevent 129,100 smoking-related deaths and reduce healthcare spending by $7.3 billion. Other cost-savings include: $11,400 per lifetime quit; $9,100 per LY (life-year) gained; and $56,800 per premature deaths avoided.
- Another 2020 study that estimated the budgetary impact of a national year-long anti-tobacco media campaign found that running a sustained media campaign like Tips would reduce Medicaid spending by $3.6 billion, Medicare spending by $1.37 billion, and private insurer spending by $180 million over 10 years.[14]



- A recent study provided additional evidence that the *Tips* campaign supports continued abstinence from cigarette smoking.[15] The analysis evaluated the impact of exposure to the *Tips* campaign from 2014 to 2019 (excluding 2017) and found that higher levels of exposure to *Tips* ads (as measured by GRPs) was associated with lower odds of smoking relapse among U.S. adult former cigarette smokers.

The *Tips* campaign, which focuses on encouraging adult smokers to quit, complements the FDA's *Real Cost* campaign which targets youth who are at risk of starting to smoke or experimenters at risk of becoming regular smokers.

Support for Tobacco Cessation Quitlines and Promotion

OSH provides funding to states to enhance their quitline services. Quitlines are a telephone-based tobacco cessation counseling service to help tobacco users quit. The Community Preventive Services Task Force recommends quitline interventions, particularly proactive quitlines (i.e. those that offer follow-up counseling calls), based on strong evidence of their effectiveness in increasing tobacco cessation.[16] Further, economic evidence indicates that quitline services are a cost-effective way to help tobacco users quit.[17] With the supplemental funding provided by OSH, states are able to help more tobacco users who want to quit by expanding quitline hours of operation, hiring additional counselors, assisting with handling surges in calls while *Tips* is running, and offering expanded benefits (e.g., nicotine gums and patches), among other services.

Unfortunately, even with OSH funding, quitlines remain severely under-funded and many smokers who want to quit cannot access this critical and effective service. Many states lack the resources to meet the demand for these services, resulting in an enormous, missed opportunity in the fight against tobacco use.[18]

Expanding the Science Base

CDC is responsible for conducting and coordinating research, surveillance, and evaluation activities related to tobacco and its impact on health. These functions help to ensure that tobacco prevention and cessation activities are well planned and evaluated. For example, OSH:

- In collaboration with the FDA, conducts the National Youth Tobacco Survey, which provides data critical to monitoring tobacco use initiation and emerging use patterns among youth. Measure how tobacco use affects population groups to reduce health disparities and advance health equity.
- Develops and disseminates Surgeon General's Reports, which evaluate the state of the science on emerging issues, such as e-cigarettes, and provides timely and relevant information and guidance to states and key stakeholders.
- Develops and disseminates additional materials that describe the health impacts of tobacco use for both consumers and clinicians.
- Develops and disseminates state-specific statistics on the prevalence of tobacco use, its health impact and medical costs, and other economic issues related to tobacco production and sales.

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