



West Virginia Tobacco Use Prevention and Cessation Task Force

Annual Legislative Report

December 2025



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Executive Summary

The West Virginia Division of Tobacco Prevention (DTP), housed within the West Virginia Department of Health (DH), Bureau for Public Health's (BPH) Office of Community Health Systems and Health Promotion (OCHSHP), is pleased to provide the Tobacco Use Prevention and Cessation Task Force 2025 Annual Report to the West Virginia (WV) Legislature. The Task Force was created in 2020, with the passage of [House Bill 4494](#) on March 7, 2020 for "the purpose of recommending and monitoring the establishment and management of programs that are found to be effective in the reduction of tobacco..." The bipartisan bill amended the West Virginia Code by adding a new article relating to expanding tobacco use reduction and cessation initiatives by creating a Task Force to undertake studies, monitor and advise the DTP, and recommend policies to the Legislature.

The Task Force meets monthly to monitor and recommend funding and the initiation of programs that reduce tobacco, tobacco products, alternative nicotine products, and vapor products consumption in WV, as well as to initiate studies and processes to provide the most efficient and effective use of the funds dedicated for this purpose.

In accordance with WV Code §16-9G-1, this report includes results from the Task Force's annual review of DTP's tobacco prevention and cessation programming, a description of the current rates of consumption of tobacco/alternative nicotine/vapor products, and recommendations for improving the application of evidence-based practices as a part of WV's tobacco control program.

Tobacco Prevention and Cessation Funding	Smokefree Air	Tobacco Taxes	Access to Cessation Services	Flavored Tobacco Products
F	D	F	D	F
The American Lung Association calls for the following actions to be taken by West Virginia's elected officials to reduce tobacco use and exposure to secondhand smoke:				
<ol style="list-style-type: none">1. Increase funding for tobacco prevention and cessation programs aligned with the Centers for Disease Control and Prevention (CDC)-recommended level;2. Preserve local control of smokefree laws throughout the state; and3. Enact a significant tobacco tax increase and equalize taxes for all tobacco products, including e-cigarettes, with the cigarette tax.				

The American Lung Association 2025 State of Tobacco Control Report gave WV an "F" overall for reducing the health and economic burden of tobacco use¹. Fortunately, there are many evidence-based recommendations that will reduce smoking and reduce costs for WV taxpayers. Studies have consistently shown that tobacco prevention and cessation programs are some of the most cost-effective health improvement programs available. For example, a 2013 study found that California's tobacco control program saved more than \$55 in healthcare cost savings for every \$1 invested from 1989 to 2008². A 2011 study showed that Washington's program saved the state

\$5 in tobacco-related hospitalization costs for every \$1 spent from 2000 to 2009³. According to a study published in the Journal of the American Medical Association in 2019, states can see significant savings in Medicaid spending from just a one percent reduction in tobacco prevalence. The study found estimated Medicaid savings in the year following a one percent reduction of smoking prevalence would total \$2.6 billion, with median state savings of \$25 million⁴. A study in Alabama focusing on the impact of tobacco cessation education among pregnant women showed that for every dollar spent on cessation

¹ American Lung Association, State Grades, [ALA State Grades](#), last access 8/21/2025.

² Lightwood, James, and Stanton A. Glantz. "The effect of the California tobacco control program on smoking prevalence, cigarette consumption, and healthcare costs: 1989–2008." PLoS one 8.2 (2013): e47145.

³ Dilley, Julia A., et al. "Program, policy, and price interventions for tobacco control: quantifying the return on investment of a state tobacco control program." American Journal of Public Health 102.2 (2012): e22-e28.

⁴ Glantz, S. JAMA Network Open.2019: 2(4):e192307. doi:10.1001/jamanetworkopen.2019.2307

efforts, \$7 to \$17 in healthcare costs could be saved⁵. When tobacco prevention and cessation programs are implemented with fidelity, they improve health and produce a measurable return on health investment.

The conclusions and recommendations provided in this document are the result of ongoing efforts to study how tobacco control is funded, coordinated, and evaluated in WV. The Task Force continues to support the comprehensive recommendations outlined in the 2021 Report as a first step to strategic change in effectively addressing and reducing tobacco use. The Task Force prioritized key areas of concentration in the subsequent reports and has since made updates, which are reflected in this report and are to be used for consideration in the upcoming fiscal year.

⁵ Windsor, Richard A., et al. "Health education for pregnant smokers: its behavioral impact and cost benefit." *American Journal of Public Health* 83.2 (1993): 201-206.

Important Note Regarding the Former Division of Tobacco Prevention

The Division of Tobacco Prevention (DTP) was operated under the West Virginia Department of Health (DH), Bureau for Public Health's (BPH) Office of Community Health Systems and Health Promotion (OCHSHP). Federal funding for tobacco and nicotine control for states, including West Virginia (WV), was funded through National and State Tobacco Control Program (NTCP) Five-Year Cooperative Agreements administered by the Centers for Disease Control (CDC), Office on Smoking and Health (OSH). The NTCP agreement provided financial support to state health departments, with the most recent five-year agreement period spanning from April 2020 to April 2025 and totaling approximately \$1.2 annually.

OSH served as the leading federal agency responsible for supporting comprehensive tobacco control initiatives, including national media campaigns (e.g., Tips from Former Smokers), financial and technical support for state tobacco control programs, and tobacco-related research. In April 2025, OSH was dissolved as part of the Department of Health and Human Services' (HHS) initiative to restructure the federal public health framework. The dissolution of OSH has resulted in the uncertainty of access to federal financial and technical support specifically designated for state tobacco control efforts. Below is the sequence of events which has led to the current funding and program situation for state tobacco control programs.

→ The 2020-2025 NTCP cooperative agreement expired in April 2025. Rather than releasing a Notice of Funding Opportunity (NOFO) for the next five-year cooperative agreement (as done in previous years), states were instead requested to apply for an "extension year" (year 6, from April 2025 to April 2026), while awaiting the NOFO for the subsequent five-year agreement. The DTP submitted this application in March 2025.
→ A Notice of Award (NOA) was not released for the "extension year" however, in April 2025, all states were instead offered a no cost extension (with an end date of October 2025) that would allow states to expend any remaining funds from the 2020-2025 agreement.
→ The CDC requested states to resubmit their "extension year" applications in July 2025 (Three months past the start of the grant cycle).
→ An NOA was released in September 2025 (Five months past the start of the grant cycle) for the "extension year." This funding expires on April 28, 2026 and replaces the no cost extension.
→ No future funds from the CDC for tobacco control are anticipated beyond April 2026.

The NTCP cooperative agreement was responsible for over 80% of the DTP's dedicated budget. The potential loss of federal funding has already begun to impact the program's efforts.

- ❖ *As of September 2025, the DTP was dissolved.*
- ❖ *One staff member retired while the DTP's two remaining staff members were placed under a different OCHSHP division, the Division of Health Promotion and Chronic Disease (HPCD).*
- ❖ *The restructure only allows for one staff person to focus on tobacco control efforts.*
- ❖ *Most of the programs supported by the DTP were forced to end, such as Raze, a peer to peer youth prevention program. Many others have been reduced to offering limited services.*
- ❖ *Beyond April 2026, tobacco control efforts in WV are expected to be primarily supported by a portion of monies from the Healthy Lifestyles line item located within the State budget. This too was recently decreased from \$455,000 to \$305,000.*

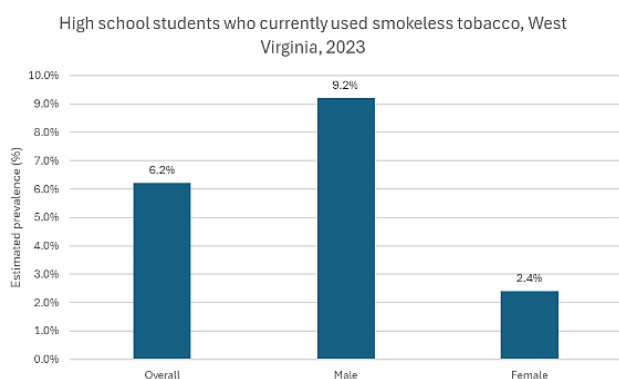
Introduction

While the use of traditional tobacco products in the United States (US) has declined in the past five decades, tobacco use levels in WV continue to rank among the highest in the nation. Conversely, use of electronic vaping devices (e-cigarettes) has been rising. In WV, 10.1% of adults reported current use in 2023 compared to 9.3% in 2022⁶. Furthermore, e-cigarettes are the most commonly used tobacco product among youth⁷. This plight accentuates the need for the public health initiatives outlined in this report⁸.

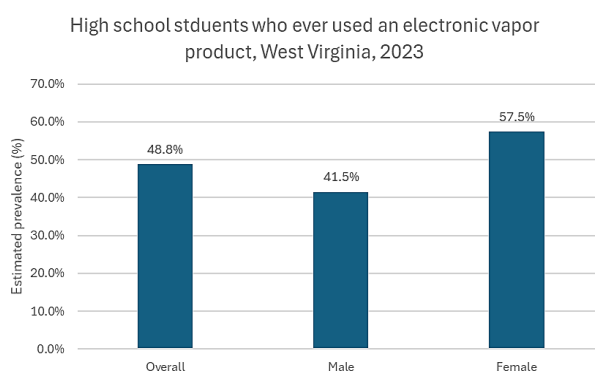
Commercial tobacco products are manufactured by companies for recreational and habitual use in the form of cigarettes, e-cigarettes, smokeless tobacco, pipe tobacco, cigars, hookahs, and other products⁹. The tobacco industry spends \$8.6 billion nationally and \$106.2 million in WV marketing these products¹⁰. Given that the state of WV is only able to provide a fraction of this amount in tobacco prevention and cessation efforts (about 7% of the CDC's recommended budget of \$27.4 million for WV¹¹), the burden of tobacco use in WV will likely continue to rise to epic proportions.

WV Youth Tobacco Use¹²:

- 6.2% of high school students reported currently using smokeless tobacco products
- 9.7% of high school students reported currently smoking cigarettes or cigars
- 48.8% of high school students reported ever using an electronic vapor product
- 27.0% of high school students reported currently using electronic vapor products
- 13.0% of high school students reported daily use of electronic vapor products
- 28.5% of high school students reported currently smoking cigarettes or cigars or using smokeless tobacco or electronic vapor products
- Among high school students who reported using any tobacco products during the 12 months before, 55.6% reported they tried to quit using all tobacco products in the past year
- Among high school students who reported past month use of electronic vapor products, 3.4% reported buying them themselves in a convenience store, supermarket, discount store, or gas station



(Graph 2): Source: West Virginia Department of Education, Youth Risk Behavior Survey 2023



(Graph 1): Source: West Virginia Department of Education, Youth Risk Behavior Survey 2023

⁶ West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System

⁷ CDC - E-Cigarette Use Among Youth, August 21, 2025

⁸ U.S. Department of Health and Human Services. [The Health Consequences of Smoking – 50 Years of Progress. A Report of the Surgeon General.](#)

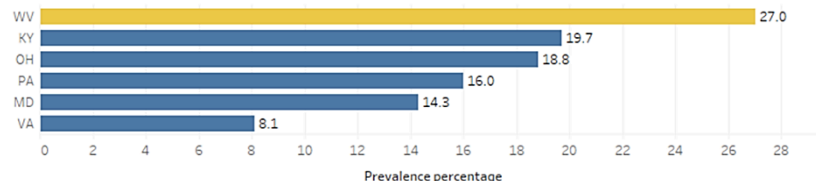
⁹ Ibid

¹⁰ https://www.tobaccofreekids.org/problem/toll-us/west_virginia. Last accessed on 8/21/2025.

¹¹ Ibid

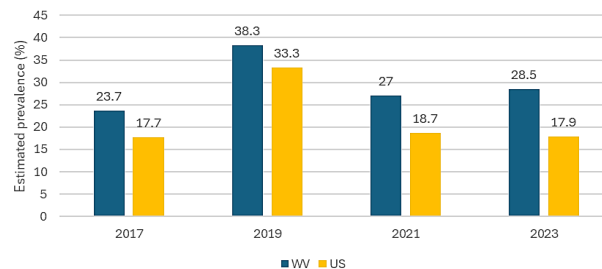
¹² West Virginia Department of Education, Youth Risk Behavior Survey 2023.

Prevalence of high school students who currently used electronic vapor products, 2023



(Graph 5): Source: West Virginia Department of Education, Youth Risk Behavior Survey 2023; Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2023

High school students who currently smoked cigarettes or cigars or used smokeless tobacco or electronic vapor products, US and WV, 2017-2023



(Graph 4): Source: West Virginia Department of Education, Youth Risk Behavior Survey 2023; Centers for Disease Control and Prevention, Youth Risk Behavior Survey, 2023

WV Adult Tobacco Use¹³:

- 20.4% of adults are current smokers, compared to the national rate of 12.1%
- 7.6% of adults use smokeless tobacco products (chewing tobacco, snuff, or snus), which is second highest in the nation (3.4%)
- 10.1% of adults currently use electronic vapor products (such as e-cigarettes, vapes/vape pens, etc.), compared to the national rate of 7.7%

Health Outcomes:

- WV had the second-highest rate of tobacco-associated cancers in the U.S. at 228.2 cancers per 100,000 people¹⁴
- The resident maternal smoking rate is 153.4 per 1,000 live births¹⁵

Cost of Tobacco¹⁶ :

- Smoking in WV is estimated to cost more than \$1 billion annually in direct healthcare costs, including \$298.1 million in Medicaid costs
- Taxpayer burden for smoking-caused government expenditures is \$1,587 per household

¹³CDC BRFSS Prevalence and Trends Tool

¹⁴US Cancer Statistics Working Group, US Cancer Statistics Data Visualization Tool, September 2025.

¹⁵West Virginia Health Statistics Center, Vital Statistics 2022

¹⁶Tobacco Free Kids, [The Toll of Tobacco in WV](#). Last accessed on 8/21/2025.

Task Force Members

Dr. Mark McDaniel, DO, FAAFP, Chair (beginning August 2025)
Bureau for Public Health State Health Officer

Dr. Susan Morgan, Vice Chair
Dental Profession Representative

Teresa Mills, Secretary
Citizen Member

Juliana Frederick Curry
WV Perinatal Partnership and Maternal Smoking Representative

Melissa (Suann) Gaydos
WVU/Certified Tobacco Treatment Specialist Program Training Representative

Dr. Timothy Lefeber
Physician - Medical Profession Representative

Greg Puckett
West Virginia Prevention First Network Representative

Emily Hanna
American Heart Association Representative

Katelyn Rose Garden
American Cancer Society Representative

Chaste Barclay
American Lung Association Representative

Dr. Donald Reed
Citizen Member

Staff

James Kerrigan - Director (retired)

Michele Bowles - Tobacco Cessation Program Coordinator

Christina Chill - Youth Program Coordinator

Process of Evaluation

The Task Force met monthly, between January and November, for 10 sessions. Meetings were conducted according to the Open Governmental Proceedings Act with notices made on the Secretary of State's website. The DTP programs and activities were discussed and reviewed during each meeting.

The Task Force meetings were virtual and scheduled for 90 minutes each:

**No meetings were held in April and November*

January 10, 2025	May 9, 2025	September 13, 2025
February 14, 2025	June 27, 2025	October 8, 2025
March 14, 2025	August 8, 2025	December 11, 2025

The West Virginia Prevention Research Center (WVPRC) conducted a partial year of evaluation of the DTP's programs. Because of funding limitations and instability, the final evaluation of the DTP was not conducted.

Taking into consideration historical program reports, current trends, and CDC's *Best Practices for Comprehensive Tobacco Control Programs*, the Task Force encourages the following:

1. The DTP should leverage existing funding wherever possible to increase funding streams that would address the high rates of tobacco and nicotine use in the state (*the CDC has historically recommended \$27.4 million in order for WV to substantially reduce tobacco-related disease, disability, and death*¹⁷).
2. The DTP should establish standardized metrics statewide. These metrics would help assess the reach of programs, referrals to the WV Tobacco Quitline vendor, and quit rates, providing a clearer picture of the impact of tobacco prevention and control efforts in WV (*effective evaluation is a critical factor for tobacco control programs to produce successful outcomes*¹⁸). Adding an epidemiologist or statistician to the DTP team through a direct hire, consultant or partnering with another agency inside the BPH could aid in this process.
3. The Task Force also believes that the state should ensure all grants for the DTP programs are established and funds are provided to grantees in a timely manner (*a fully functioning infrastructure must be in place in order to achieve the capacity to implement effective interventions*¹⁹).
4. Ensuring clear, open, and frequent communication between the DTP, any internal or external evaluators, and all state partners would help to bolster successful outcomes and increase the level of program impact. Furthermore, the DTP should use this method of communication to draft logic models that will establish clear connections between activities, outcomes, and ultimately the impact that the DTP programs have on West Virginians (*several components for comprehensive tobacco control programs include: surveillance and evaluation systems that monitor and document outcomes; strategic collaboration on national, state, and local levels; and a formal and effective communications system for communicating data, evaluation results, program operations, and goals and objectives*²⁰).

¹⁷ Centers for Disease Control. *Best Practices for Comprehensive Tobacco Control Programs – 2014*.

¹⁸ *Ibid*

¹⁹ *Ibid*

²⁰ *Ibid*

2024-2025 Funding

Federal funding to address tobacco and nicotine use was awarded to the DTP through the CDC-RFA-DP20-2001: National and State Tobacco Control Program (NTCP). The NTCP provided funding and technical support through a cooperative agreement to state and territorial health departments. WV was one of 50 states, plus the District of Columbia, that received funding to support comprehensive tobacco control efforts and tobacco quitlines. Federal funds were awarded to accomplish the following goals (using evidence-based policy, systems, and environmental strategies):

1. Prevent initiation of commercial tobacco product use (including emerging products and e-cigarettes) among youth and young adults.
2. Promote quitting among adults and youth.
3. Eliminate exposure to secondhand smoke.
4. Identify and eliminate commercial tobacco-related product disparities.

The DTP is currently receiving funds through a one year extension of the cooperative agreement, which ends April 28, 2026. The agreement includes two component awards (outlined below) and requires an outcome-based work plan that should align with state specific needs, data, and culture.

Component One is meant for program implementation and includes funding for the DTP staff salaries, program contracts and activities (subrecipient grants, WV Tobacco Quitline support, nicotine replacement therapy (NRT), etc.), travel, miscellaneous administration costs (rental/lease/licenses, etc.), supplies, and indirect costs.

Component Two is meant for WV Tobacco Quitline support and supplies for the WV Tobacco Quitline, promotional materials, counseling fees, and the cost of NRT, among other items.

CDC Component One	CDC Component Two	Total
\$1,083,616	\$145,380	\$1,228,996

During 2025, the State budgeted \$902,808 for Healthy Lifestyles funding, which was equally divided between the WV Division of Health Promotion and Chronic Disease and the DTP.

Healthy Lifestyles (State) – Funding Purpose	The DTP Total Allocation
WV tobacco prevention and cessation programming	\$451,404

Additionally, the DTP was able to leverage federal Preventive Health and Health Services Block Grant funds for fiscal years 2022-2025. These funds have supported the initial pilot project for training and implementation of the “CATCH My Breath” curriculum in WV schools, and is currently funded for the third year of the multi-partner collaborative, anti-vaping initiative, WV’s Clear Future: Don’t Let Vaping Cloud It (\$315,000). The Block Grant further funded a portion of the Baby and Me Tobacco Free Program in order to increase reach and impact among the pregnant population (\$500,000).

CDC (2022)	CDC (2023)	CDC (2024)	Total
\$150,000	\$300,000	\$815,000	\$1,065,000

Program Highlights

The DTP is committed to the goals of the Task Force and strives to address the findings and recommendations presented. Although funding remains limited, the DTP uses Task Force recommendations as a framework for resource allocation of existing federal and state funding and leverages multi-stakeholder partnerships, including the Task Force, to begin addressing key issues.

Youth Community Programs

WV's Clear Future: Don't Let Vaping Cloud It: The DTP has been leading a school-based, statewide anti-vaping campaign with alignment, coordination, and support from private and public funding sources. This initiative aims to bring the evidence-based CATCH My Breath curriculum to middle schools in all 55 counties. Partners include the WV Department of Education, Pallottine Foundation, Appalachian Pulmonary Health Project, WV American Lung Association, Claude Worthington Benedum Foundation, as well as local schools and boards of education.

The vision of WV's Clear Future is that WV's young people understand the health consequences of vaping, encourage and support their peers in choosing a vape-free life, and choose a vape-free life for themselves.

This summary report reflects classroom delivery of the CATCH My Breath vaping-prevention curriculum for grades 5-8 delivered through West Virginia's Clear Future (WVCF), beginning Fall 2023 through October 27, 2025.

Definitions: "Students reached" reflects the number of course deliveries reported by schools. "Counties delivering" refers to counties in which students received the curriculum in class, not just counties with a trained teacher. By the end of School Year 2024-2025 (Year 2), at least one trained teacher was in place in all 55 West Virginia counties.

Table 1. Statewide Reach by Year, Grades 5-8

School Year	Students Reached	Schools Delivering	Counties Delivering
2023-2024 (Year 1)	4,596	32	22
2024-2025 (Year 2)	9,138	72	31
2025-2026 (to date)	1,567	16	10
Cumulative since Fall 2023	15,301	96 (unduplicated)	40 (unduplicated)

Note: Cumulative values reflect unique schools and counties delivering at least once since Fall 2023, and total reported course deliveries counted as students reached. As of October 27, 2025, curriculum has been delivered in 40 of West Virginia's 55 counties, and trained teachers are in place in all 55 counties to support continued expansion.

Summary Statement: Since Fall 2023, West Virginia's Clear Future has delivered the CATCH My Breath vaping-prevention curriculum to 15,301 middle-grade students (grades 5-8), with classroom delivery in 40 of the state's 55 counties. Trained teachers are now in place in all 55 counties to support continued expansion.

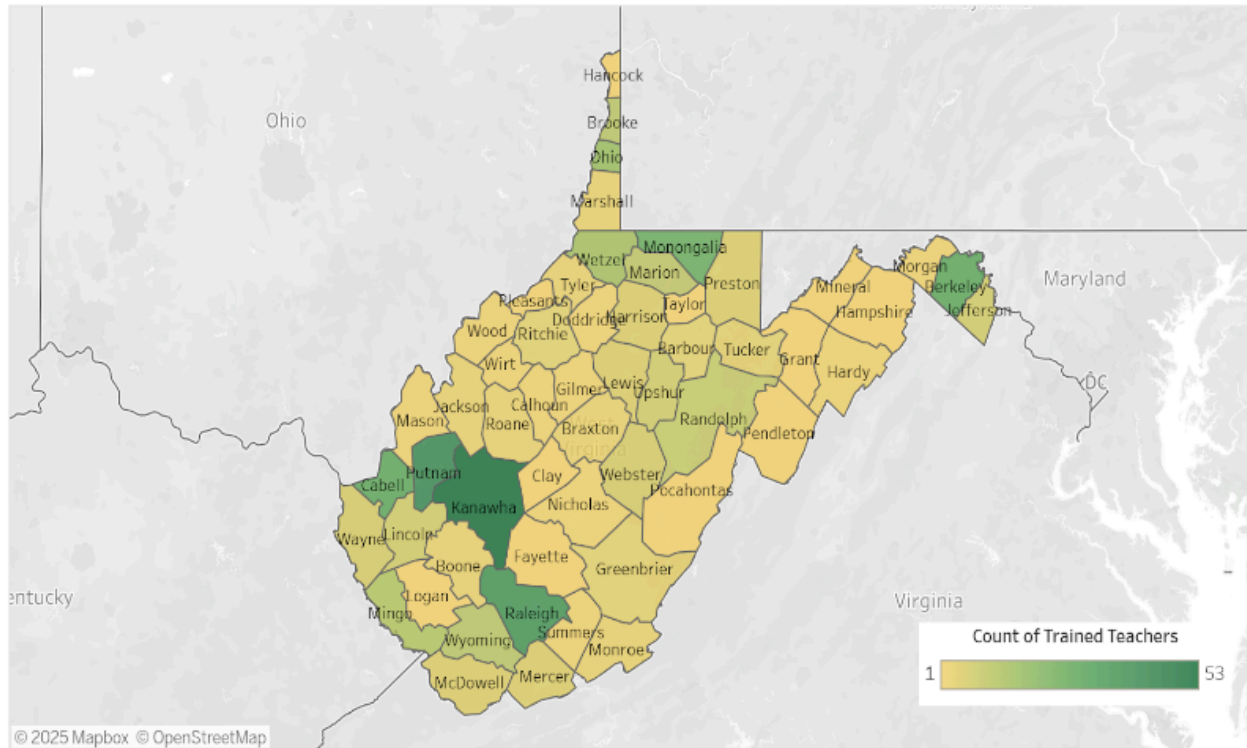


Figure 1. Map displaying counties with at least one CATCH My Breath trained teacher.

Raze: Youth are critical and powerful voices for addressing tobacco use. Raze is a WV youth-led movement against the tobacco industry and its negative influence on the health of our state. Raze uses crews (groups of youth) to encourage their peers to be tobacco-free, serve as positive role models, stand up to the tobacco industry and its deceptive marketing, and urge elected leaders to take action. One method to accomplish these goals is through Raze events, designed to provide education and organize interactive and attention-grabbing activities. Presentations to elementary school students, educating local and state officials, and promoting cessation resources are a few examples of Raze events.

Raze 2024-2025 school year facts:

Crew member ages: 11 – 18 years	Crew members: 1,545	# of crews: 52 # of counties with crews: 33
Youth exposures: 327,298	Adult exposures: 102,634	Tobacco-Free Day at the Capitol: 465 attendees

Certified Tobacco Treatment Training Program

Tobacco Treatment Specialist certification training improves healthcare providers' tobacco treatment knowledge, confidence, and skill. Successful participants provide effective, evidence-based tobacco treatment interventions to those with Tobacco Use Disorder to reduce the number of WV residents who smoke/use smokeless/or vape, improving their overall health and reducing state expenditures toward Medicaid.

Since May 2023, the DTP has continued to allocate funding to support registration and travel fees for the West Virginia University (WVU) School of Dentistry's Certified Tobacco Treatment Training Program. The

DTP staff have worked closely with the WVU School of Dentistry to recruit participation and were able to register 63 participants in 2024, for a total of 117 participants since 2023. Of these, 92 were successful and attained tobacco treatment specialist certificates. Participant representation included healthcare professionals, faith-based leaders, social workers, counselors, educators, and more.

Beginning in 2022, the Tobacco Treatment Specialist training was integrated into the curricula of WVU's dental, dental hygiene, pharmacy and physician assistant programs and Bridge Valley's Community Technical dental hygiene program. Since its inception, 465 healthcare students attained tobacco treatment specialist certificates upon graduation from their various programs. Additionally, during 2024, administrative leaders further worked with the WVU Potomac State's Nursing Program and WVU Medical Degree Program to offer the tobacco treatment training program as an elective course. The elective course will be offered beginning with the 2024 Fall semester for nursing students and 2025 Fall semester for medical students.

West Virginia Tobacco Quitline

In 2024, the DTP was able to finalize and release a Request for Proposals (RFP) for continuation of WV Tobacco Quitline services. In response to ongoing challenges and Task Force recommendations, staff sought input from multiple key stakeholders and consultants with the goal of building a strong, effective resource to support WV residents who want to quit using tobacco. The final RFP included a comprehensive set of requirements, ensuring use of evidence-based approaches and best-practices, effective data collection and evaluation, as well as strategies to target high-risk populations. RVO Health was selected as the Quitline Vendor in September 2024 and began providing services on November 1, 2024.

Between January 2025 and August 2025 (the most recent Quitline data available at the time of this publication), the Quitline has served 1,045 West Virginians with specialized counseling services, resources, digital support, and if chosen, Nicotine Replacement Therapy.

During the same period of time, the DTP learned that more than half of those enrolled for Quitline services reported having one or more behavioral health conditions; and of the Medicaid participants, this number jumps to 78.6%. Almost 40% of all cigarettes smoked by United States (US) adults are consumed by people with behavioral health conditions. The most common causes of death among people with behavioral health conditions are heart disease, cancer, and lung disease, which can all be caused by smoking²¹.

Coinciding with these health risks, more than 67% of the Quitline participants reported having one or more chronic health conditions. Chronic diseases are the leading cause of illness, disability, and death in America and smoking is a leading cause of several chronic conditions²².

Community Interventions

African American Population: Through the award of subgrantee funds, the DTP created key partnerships to address the high prevalence rate of tobacco use among WV African American population. The African American Tobacco Prevention Network (AATPN), a faith-based network of churches and community partners, was created in 2021 by the McDowell County Commission on Aging to serve as a guide and community champion.

²¹ [CDC Tobacco and behavioral health](#) last accessed 9/26/2025

²² [CDC About Chronic Disease](#) last accessed 9/26/2025

The purpose of this project was to:

- Build the capacity of the African American community to address tobacco prevention and cessation efforts at the grassroots level by partnering with a faith-based and community-based organization to carry out evidence-based programming that targets explicitly high population areas with African Americans; and
- Increase tobacco cessation attempts among African American tobacco users.

Between July 2024 and June 2025, the AATPN expanded to include 26 congregations which were in turn able to offer at least 22 tobacco community education workshops, specifically targeting African American communities and offered 21 cessation workshops, reaching in total 504 individuals.

Perinatal Tobacco Users: WV has the highest rate of women who use any type of tobacco product while pregnant. Because of this high prevalence, as well as recommendations made in the 2021 Task Force Final Report²³, the DTP strengthened partnerships during this reporting period with the purpose of increasing the awareness of and opportunities for evidence-based perinatal cessation services. Partnering with West Virginia Perinatal Partnership (WV PP) and with their collaboration with the WV Tobacco Quitline, the DTP was able to bolster their services. The WV Tobacco Quitline provides pregnant participants with referrals to the Baby and Me Tobacco Free Program (BMTFP). Additionally, the DTP allocated funds to assist with implementation of BMTFP. BMTFP is a proven, evidenced-based prenatal/postpartum cessation program, effective in reducing premature births and low birth weights, including reducing exposure to second and thirdhand smoke. The DTP and partners are currently working to enhance these activities among the WV pregnant population by creating stronger program activities and evaluation services.

Smokeless Tobacco Users:

In WV, eight out of every 100 people use smokeless tobacco (the second highest rate in the nation). Smokeless tobacco users in WV are often of low socioeconomic status, have low educational attainment, and limited access to healthcare. The purpose of this project was to:

- Give current smokeless tobacco users the support and skills needed to successfully quit.
- Increase knowledge about the dangers of smokeless tobacco use among blue-collar workers, senior citizens, and college-age students.

The following work was done to increase the knowledge about the harms of tobacco use as well as to decrease overall use of smokeless and other tobacco products in WV:

- Ninety-one invitations for organizations to host tobacco cessation workshops were sent out.
- Six tobacco cessation workshops were conducted at local organizations with a total of 33 participants.
- Seven tobacco cessation workshops were conducted within the mental health facilities with a total of 35 participants.
- Five community-based tobacco education workshops and two community events were conducted with a total of over 400 participants.
- Through partnerships with dental offices, media campaigns were conducted that reached 31,846 citizens.
- Disseminated the tobacco control work done in WV by publishing a journal article in an open access journal (<https://www.frontiersin.org/journals/public-health/articles/10.3389/fpubh.2025.1503858/full>).

Policies

The Coalition for a Tobacco Free WV (CTFWV) has been an integral part of the DTP for more than 20 years. The mission of the CTFWV is to educate the public about tobacco-related issues and policies that reduce, with the intent to eliminate, tobacco use in WV. Those policies include but are not limited to increasing the cost of tobacco products by raising the state excise tax on those products and decreasing exposure to secondhand smoke. Secondhand smoke exposure causes heart disease and lung cancer in adults and numerous health problems in infants and children, including severe asthma attacks, respiratory infections, ear infections, and sudden infant death syndrome. Policies like smoke-free laws, marketing restrictions, and educational campaigns are effective in preventing youth uptake, promoting cessation, and protecting the public from the harmful effects of tobacco.

The WV Legislature introduced 22 bills this year related to tobacco use, none of which were passed into law.

2026 Prevention and Cessation Task Force Recommendations

The Task Force developed the first Annual Report in 2021, outlining a comprehensive, evidence-based investment plan to support tobacco prevention and cessation programming. Notably, the 2021 plan recommended \$10.9M less than the amount historically recommended by the CDC for the state of WV. The Task Force continues to stand behind the recommendations described in the 2021 Annual Report. In alignment with the recommendations from the 2021 report, the Task Force developed the 2023 Annual Report to recommend pilot program initiatives as a first step in a series of building blocks toward a comprehensive investment in tobacco reduction programming. Through ongoing program monitoring and assessment, the Task Force updated the 2023 recommendations in 2024 and again in 2025, which are presented in this 2025 Annual Report.

Total Amount: \$4.5 million

1. **WV Tobacco Quitline:** \$1.5 million investment in the WV Tobacco Quitline to allow for combination NRT and extension of treatment time for clients. This request will provide for nicotine pharmacotherapy with gradual reduction resulting in a higher probability of cessation success, support data collection, and add a comprehensive evaluation component.
2. **Certified Tobacco Treatment Training Program (CTTTP):** \$500,000 investment in expansion of the Certified Tobacco Treatment Program to certify WV-based healthcare providers and WV educators on evidence-based cessation strategies. The investment would also support data collection, evaluation, and proper tracking of CTTTP activities beyond the initial training. State funding toward healthcare providers tobacco treatment training will help WV residents quit tobacco use. Ultimately, this will reduce the state's \$1 billion costs toward tobacco related healthcare and Medicaid and the \$1,574 per household taxpayer burden for smoking-caused government expenditures.
3. **Youth Community Programs:** \$1.5 million investment for the CATCH My Breath Program, the only school-based vaping prevention program proven to reduce the likelihood of vaping among youth. The WV DH, BPH launched an anti-vaping campaign in 2023 which will offer evidence-based, peer-led CATCH My Breath vaping prevention curriculum in every county in the state over the next three years. Additional funding would support expansion of this program in middle and high schools statewide.
4. **Evaluation:** \$1 million investment to support a comprehensive and independent evaluation of tobacco prevention and cessation program efficacy, data storage and outreach, and increased data and feedback from the WV Tobacco Quitline. As groups in WV move toward successful implementation of tobacco and vaping cessation and prevention efforts, data collection and evaluation, especially among priority and disparate populations, will be a critical component to determine the impact of interventions and effective tailoring to programs to meet the state's needs.

Conclusion

The Bureau for Public Health's Tobacco Control Program through HPCD remains committed to reducing tobacco and nicotine use in the state and will continue to support prevention and cessation efforts to the best of its abilities. Increased vaping rates, especially among WV youth, is of great concern with multiple partner organizations, stakeholders, educators, parents, and medical professionals raising the alarm. Task Force members are encouraged by the collaborative interest that has been generated over the last four years but also recognize efforts are limited by time and decrease in funding. As such, we hope that consideration and approval of the Task Force funding recommendations will be given.

Appendix A

WV DTP Funded Partners for FY 2025

Organization	Programs	Objectives	Budget
American Lung Association	Raze	Youth tobacco prevention and youth vaping prevention	\$315,028
American Lung Association	CATCH My Breath	Youth vaping prevention	\$315,000
Covenant House	LGBTQ+ Population Tobacco Prevention/Cessation	Messaging to LGBTQ+ population on tobacco prevention and cessation	\$75,000
McDowell County Commission on Aging	African American Population Tobacco Prevention/Cessation	Messaging to African American population on tobacco prevention and cessation	\$75,000
McDowell County Commission on Aging	Smokeless Tobacco Prevention/Cessation	Messaging to the population in southern counties on smokeless tobacco prevention and cessation	\$25,000
Cabell County Health Department	Coalition for Tobacco Free WV	Support the statewide tobacco prevention and clean indoor air regulation coalition	\$50,000
WV Perinatal Partnership	Baby and Me Tobacco Free	Support for the prevention and cessation of tobacco use among pregnant women	\$335,000
WVU School of Dentistry	CTTS training	Scholarships for CTTS training	\$50,000
RVO Health	WV Tobacco Quitline	Support for WV Tobacco Quitline services	\$539,077
WV Prevention Research Center	Evaluation		\$108,362

Appendix B: 2021 Key Recommendations for a Comprehensive Investment in Tobacco Prevention and Cessation Programming in West Virginia

Cessation Interventions

- In light of West Virginia's high levels of nicotine addiction, DTP should continually adjust tobacco cessation treatment protocols to reflect the most up-to-date, evidence-based best practices, as needed.
- Tobacco cessation quitlines are the cornerstone of every state's tobacco control program. In a rural state like ours-- with a high prevalence rate for tobacco use-- offering online and phone cessation services is critical. The Task Force recommends a realignment of goals/objectives in the next request for proposals to potential tobacco quitline managers that include a much more robust data collection and evaluation component. Additionally, the WV Tobacco Quitline funding needs to be increased to extend the time that patients are on NRT, providing adequate combinations of medications when necessary (not only dual therapy but triple therapy if indicated). The [WV Tobacco Quitline investment should be a minimum of \\$2.14 per tobacco user](#). **Suggested funding for the WV Tobacco Quitline: \$1,655,600**
- DTP should fund Certified Tobacco Treatment Training Programs' training of 150 providers per year on evidence-based cessation strategies for the highly addicted tobacco user and promote awareness of both patients and providers for the potential need for combination medication treatment. **Suggested funding for trainings per year for five years: \$99,000**
- West Virginia should recognize and reimburse tobacco treatment services by Medicaid and other third-party payers to all providers whose licensing board permits tobacco cessation counseling/pharmacotherapy or are certified tobacco treatment specialists.
- West Virginia should address its contract with the WV Tobacco Quitline Vendor that limits NRT to every two weeks for a total of eight weeks, according to the BPH. It should revise this contract to allow a minimum of 16 weeks of NRT to our heavily addicted population.
- DTP should establish Tobacco Treatment Central Clinics that function as an arm of its programming. These clinics should partner with the WV Tobacco Quitline for counseling and evidence-based pharmacotherapy provision to decrease barriers to patients and clients interested in cessation. **Suggested funding for clinics: \$964,000.**
- DTP should extend pharmacotherapy provision for heavily addicted tobacco users for a longer time period, in order to titrate an adequate level to match nicotine addiction level and allow enough time for gradual reduction of dosage to improve abstinence rates.

Community Interventions

DTP should re-establish a community-based network with a minimum of 10 positions across the state like its previous Regional Tobacco Prevention Coalition Network. These community efforts should focus on:

- Education and prevention of tobacco use, with a focus on young adult usage
- Education on policies affecting environmental air and youth access to tobacco and vaping products
- Promotion of smoke-free workplaces, homes, worksites, and public places.
- Suggested funding for the community-based network: \$5.7 million
- A youth-specific community intervention, coupled with a youth-specific media intervention, has incredible potential to ensure all children, regardless of where they live, are exposed to anti-tobacco messaging and education. Community youth-based outreach and intervention programs should continue to offer a cessation component and incorporate vaping cessation. These programs should

be available in multiple settings, not just in public schools. Leaders should collaborate with the adult community-based network and media interventions to promote and disseminate shared messaging that markets to multiple populations. Suggested funding for the youth prevention and cessation program: \$1.5 million

- DTP should continue to support community interventions targeted at populations disproportionately affected by tobacco use, most notably pregnant tobacco users. We emphasize the need for subcontractors to work with evaluators to ensure data collection is a key component of the grant work. Suggested funding for targeted interventions: \$881,400

Media Interventions

- Mass-reach health communication interventions should be a cornerstone of DTP programming. These interventions are effective in countering pro-tobacco advertising and promotion, especially among youth and young adults.
- A comprehensive media intervention strategy should “brand” all education, prevention, and cessation messaging under the same umbrella, meaning that it should look to consumers as a cohesive communication intervention. Similarly, all DTP messaging and programming should be marketed as a unified strategy.
- DTP should invest in a media intervention strategy that prevents the onset of tobacco use by our youth and navigates those who want to quit to the WV Tobacco Quitline and local cessation services. The subcontractor of DTP’s media intervention data should work with evaluators to measure the efficacy of the campaign’s reach across the state, such as media impressions, social media followers, and connections between media messaging and referrals to the WV Tobacco Quitline and RAZE program. Other organizations contracted with DTP for prevention and cessation services should be educated on the media intervention strategy and ways to cross-promote. **Suggested funding for media interventions: \$3.7 million**

Evaluation

- Data collection should be a critical component of the DTP program to determine the impact of interventions and how to effectively tailor the program to meet the needs of the State. There have been consistent gaps and lags in data collection, making it unclear if programming is effective or strategies modified.
- A request for proposal or quotation should be advertised nationally and promoted to encourage a variety of applications for funding to evaluate DTP's programming. Experience and expertise in evaluating the state tobacco program should be a priority. Evaluations should occur promptly, and results should be shared publicly.
- West Virginia should require an independent evaluation of DTP to evaluate the efficacy of programming and ensure appropriate data is collected and used to inform the strategic planning of future programming and appropriately stored.
- An evaluation plan should include innovative strategies to improve data collection and utilization. Funding should include creating a “process evaluation” to quantify how campaigns/interventions were implemented (vs. goals) and what their costs were.
- Evaluation of the WV Tobacco Quitline is a critical component to understanding the efficacy of quitline and media and cessation interventions. Data collection should include specific data sets that are reported consistently, on at least an annual basis, but optimally every month. DTP should be required to consistently store years of data and use this information to form a baseline to evaluate future programming.
- DTP should create a process for storing evaluation data and a plan for utilizing it to inform strategic planning. Funding should be included in the state budget to ensure this process is in DTP’s next

strategic plan. Suggested funding for evaluation: **10% of total funding for DTP is recommended for the cost of a comprehensive evaluation plan.**

Policy

- The West Virginia Legislature should increase the cigarette tax to \$2.20 per pack and 43% for all other tobacco products to make access more difficult, reduce youth/adult tobacco use and smoking during pregnancy while providing substantial revenue to West Virginia.
- **The Legislature should increase funding for Tobacco Control Programs to \$16.5 million annually as current funding is well below the CDC-recommended level of \$27.4 million.**
- West Virginia and DTP should support and defend comprehensive coverage for tobacco cessation services under Medicaid, Medicare, and both public and private insurance, and support health systems change to incorporate tobacco cessation.
- West Virginia should support removing all flavored tobacco products (including menthol) from the market.
- Localities must maintain local control of smoke-free air laws in order to protect and strengthen current laws or implement new, comprehensive smoke-free indoor air laws to protect public health.
- The West Virginia Legislature should pass legislation to further enforce federal Tobacco 21 legislation. While a federal Tobacco 21 law passed in 2019, state and local jurisdictions should also limit sales of all tobacco products, including e-cigarettes and their components, to those 21 and older, with the onus on the retailer to comply.

Projected Costs of Comprehensive Investment in Tobacco Programming

West Virginia Tobacco Quitline	\$1,655,600
Certified Tobacco Treatment Training Program	\$99,000
Tobacco Treatment Clinics	\$964,000
Mass Reach Health Communication Interventions:	
• Community Programs/ Outreach	\$5,700,000
• Youth Community Programs	\$1,500,000
• Targeted Community Interventions	\$881,400
Media	\$3,700,000
Surveillance/Evaluation:	\$1,500,000
Administration/Staffing:	\$500,000
Total recommended funding	\$16,500,000