



WV DIVISION OF TOBACCO PREVENTION ANNUAL TOBACCO TASK FORCE LEGISLATIVE REPORT

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Executive Summary

The West Virginia Division of Tobacco Prevention (DTP) within the West Virginia Department of Health and Human Resources, Bureau for Public Health's Office of Community Health Systems and Health Promotion is pleased to provide the Tobacco Use Prevention and Cessation Task Force Annual Report to the West Virginia Legislature. The Task Force was created in 2020 with the passage of [House Bill 4494](#) for "the purpose of recommending and monitoring the establishment and management of programs that are found to be effective in the reduction of tobacco, tobacco products, alternative nicotine products, and vapor products, used by all state residents, with a strong focus on the prevention of childrens' and young adults' use of tobacco, tobacco products, alternative nicotine products, and vapor products."

In accordance with W. Va. Code §16-9G-1, this report describes results from the Task Force's annual review of the West Virginia Department of Health and Human Resources' DTP prevention and cessation programming, description of the current rates of consumption of tobacco and alternative nicotine and vapor products, and recommendations for improving the application of evidence-based practices in West Virginia's prevention and cessation programming.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA) data, West Virginia has the highest rates of tobacco use and substance use disorder (SUD) in the United States. This statistic is increased among young people, which makes tobacco dependence treatment paramount. In addition, relapse of SUD is increased in those who continue or initiate cigarette use after stopping the use of illicit drugs. Therefore, incorporating tobacco cessation treatments and tobacco use prevention efforts into SUD treatment may be one way to improve long-term substance use outcomes.

The American Lung Association 2023 State of Tobacco Control Report gave West Virginia an "F" overall for reducing the health and economic burden of tobacco use. Fortunately, there are many evidence-based recommendations that will reduce smoking and reduce costs for West Virginia taxpayers. Studies have consistently shown that tobacco prevention and cessation programs are some of the most cost-effective

Tobacco Prevention and Cessation Funding	Smokefree Air	Tobacco Taxes	Access to Cessation Services	Flavored Tobacco Products
F	D	F	F	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:

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; and
3. Eliminate punitive youth possession, use and purchase laws and implement evidence-based policies that deter youth initiation of tobacco products.

West Virginia Information
Learn more about your state specific legislation regarding efforts toward effective Tobacco Control.

[HIGHLIGHTS](#)
[LAWS & POLICIES](#)

ACCESSIBILI

2023 State of Tobacco Control. American Lung Association. [West Virginia | State of Tobacco Control | American Lung Association](#). Accessed 11/21/2023.

health improvement programs available. For example, a 2013 study found that California's tobacco control program saved more than \$55 in health care cost savings for every \$1 invested from 1989 to 2008¹. A 2011 study showed that Washington's program saved the state \$5 in tobacco-related hospitalization costs for every \$1 spent from 2000 to 2009.² According to a study published in the Journal of the American Medical Association in 2019, states can see significant savings in Medicaid

¹ 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.

² 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.

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 million.³ A study in Alabama showed tobacco cessation education among pregnant women showed a six to 17 times return on investment.⁴ 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 West Virginia. The Task Force continues to support the comprehensive recommendations outlined in the 2021 report and referenced in this report but has also prioritized key areas for consideration in the upcoming fiscal year.

West Virginia consistently has one of the highest rates of tobacco use in the nation – causing high health care costs, reduced employee productivity, high rates of tobacco related cancers, and lifelong addiction. West Virginia must do better for its children, parents, employers, workforce, and economy. The Task Force believes these actions are critical in addressing and reducing tobacco use, the single, most preventable cause of death and disease in our state. The time to act is now.

³ Glantz, S. JAMA Network Open.2019; 2(4):e192307. doi:10.1001/jamanetwroopen.2019.2307

⁴ 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.

Introduction

Tobacco use is the single most preventable cause of death and disease in West Virginia. Smoking rates by adults and youth in West Virginia is among the highest in the nation, costing the state millions in health care costs annually.

In West Virginia:

- 4,300 deaths are caused by smoking each year;
- 21.0% of adults are current smokers, compared to the national rate of 14.0%;
- 7.7% of adults use smokeless tobacco products (chewing tobacco, snuff, or snus), compared to the national rate of 3.4%;
- 18.2% of mothers reported smoking cigarettes during pregnancy, compared to the national rate of 4.6%;
- 1 in 10 (10.0%) of high school students currently smoke cigarettes or cigars, or use smokeless tobacco products, compared to the national rate of 6.0%;
- 27.5% of high school students currently use electronic vapor products (such as e-cigarettes, vapes/vape pens, etc.), compared to the national rate of 18.0%;
- Since the Centers for Disease Control and Prevention (CDC) Youth Risk Behavior Survey began tracking electronic vapor product usage in 2015, daily use of these products among high school students has increased over 168%; and
- Nearly half (49.6%) of all high school students reported ever using electronic vapor products, compared to the national rate of 36.2%.

Tobacco costs every West Virginian. Smoking is estimated to cost over \$1 billion annually in direct health care costs, including \$277.3 million in Medicaid costs. The taxpayer burden for smoking-caused government expenditures is \$1,212 per person. (*See sources in appendices.*)

In 2020, the West Virginia Legislature passed [House Bill 4494](#), *Tobacco Use Cessation Initiative*. 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 bill passed on March 7, 2020. It was signed on March 24, 2020, and became law on June 5, 2020.

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

Dr. Matthew Christiansen, State Health Officer and Commissioner for the West Virginia Department of Health and Human Resources, Bureau for Public Health serves as the chair. Task Force members elected Dr. Susan Morgan as vice-chair and Teresa Mills as secretary.

Task Force Members

Dr. Matthew Christiansen, Chair
Bureau for Public Health/Commissioner & State Health Officer

Dr. Susan Morgan, Vice Chair
West Virginia University School of Dentistry Faculty - Dental Profession Representative

Teresa Mills, Secretary American Lung Association Representative
Citizen Member Cabell-Huntington Health Department/American Lung Association Representative

Juliana Frederick Curry
Citizen Member

Melissa Gaydos
West Virginia University Certified Tobacco Treatment Training Program (CTTTP)

Dr. Timothy Lefeber
Physician - Medical Profession Representative

Dr. Kevin McLaughlin
Physician - Medical Profession Representative

Greg Puckett
West Virginia Prevention First Network Representative

Julie Thomm
American Heart Association Representative

Katelyn Rose Garden
American Cancer Society Representative

Chaste Barclay
Youth Representative American Lung Association

Dr. Donald Reed
Citizen Member

Process of Evaluation

The Tobacco Use Prevention and Cessation Task Force met monthly between January and November for 11 sessions. Meetings were conducted according to the Open Governmental Proceedings Act and published on the Secretary of State’s website.

The Task Force met virtually with each meeting scheduled for 90 minutes:

January 10, 2023	June 13, 2023
February 14, 2023	July 11, 2023
March 14, 2023	August 8, 2023
April 11, 2023	September 12, 2023
May 9, 2023	October 10, 2023
June 13, 2023	November 14, 2023

The evaluation of the programs within the Division of Tobacco Prevention is conducted by the West Virginia Prevention Research Center (WVPRC). The Task Force evaluation committee met and reviewed the 2023 End-of-Year Evaluation Report concerning Funding from the Division of Tobacco Prevention and concurred with the recommendations in this report stating the Division should:

1. Leverage existing funding wherever possible to increase funding streams that would address the high rates of tobacco and nicotine use in the state.⁵
2. Establish standardized metrics statewide. These metrics would help assess the reach of programs, referrals to First Choice Services, and quit rates, providing a clearer picture of the impact of tobacco prevention and control efforts in West Virginia. Adding an epidemiologist or statistician to the DTP team through a direct hire, consultant, or partnering with another agency inside the Bureau for Public Health (BPH) could aid in this process.⁶
3. The Task Force also believes that the State needs to ensure grants are established and funds are provided to grantees in a timely manner. The WVPRC notes that delays at the state level in distributing funds to grantees creates barriers to program implementation and is especially challenging to smaller community organizations that do not have funding reserves to meet project deadlines.⁷

⁵ *Ibid.*

⁶ *Ibid.*

⁷ *Ibid.*

2023 Funding

Federal funding to address tobacco and nicotine use was awarded through the CDC-RFA-DP20-2001: National and State Tobacco Control Program (NTCP).

This funding opportunity supports four primary goals:

1. Prevent initiation of commercial tobacco use among youth and young adults;
2. Eliminate exposure to secondhand smoke (SHS);
3. Promote quitting among adults and youth; and
4. Advance health equity by identifying and eliminating commercial tobacco product-related inequities and disparities.

The Division is currently in year four of a five-year agreement and requires an outcome-based workplan that aligns with state specific needs, data, and culture, and includes two component awards.

Component One includes funding for DTP staff salaries (2FT, 1 PT), program contracts (subrecipient grants and WV Tobacco Quitline support such as nicotine replacement therapy (NRT)), travel, miscellaneous administration costs (rental/lease/licenses, etc.), supplies, and indirect costs.

Component Two is for Quitline support (NRT is not permitted to be purchased with these funds), and supplies for Quitline promotion (brochures and other printed materials)

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

Additionally, the Division was able to leverage federal PHHS Block Grant funds for both fiscal year 2022-2023 (CDC-RFA-OT22-2202) and 2023-2024 (CDC-RFA-TO23-2304). These funds supported a pilot project for training and implementation of the “Catch My Breath” curriculum in West Virginia schools, and is currently funding year one of the multi-partner collaborative anti-vaping initiative *WV’s Clear Future: Don’t Let Vaping Cloud It*.

CDC-RFA-OT22-2202	CDC-RFA-TO23-2304	Total
\$150,000	\$300,000	\$450,000

2023 Highlights

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

1. The Division is currently leading a school-based, statewide anti-vaping campaign with alignment, coordination, and support from private and public funding sources. This initiative, titled *WV's Clear Future*, aims to bring the evidence-based "Catch My Breath" curriculum to middle schools in all 55 counties. Partners include the West Virginia Department of Education, Pallottine Foundation, Partners in Health Network, West Virginia 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 West Virginia'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. A multi-year investment (at least three years) will be needed to demonstrate results and build a plan to sustain the program.

As of November 2023, teachers have been trained to provide the "Catch" program to their students in 28 counties and 47 schools. The curriculum has been taught to 1,939 middle school students.

2. In May 2023, the Division allocated funding to support registration and travel fees for the WVU School of Dentistry's Certified Tobacco Treatment Training Program. Division staff worked closely with the School of Dentistry to recruit and register 54 participants that included health care professionals, faith-based leaders, social workers, counselors, educators, and more.
3. The Division worked with the current Quitline vendor to ensure that recommended tools such as the Fagerström Test for Nicotine Dependence and the Penn State Nicotine Dependence Index are applied to each Quitline enrollee so that nicotine addiction levels can be adequately addressed.
4. The Division is currently concentrating efforts on creating a request for proposal (RFP) for continuation of Quitline services. In response to ongoing challenges and Task Force recommendations, staff are seeking input from multiple key stakeholders and consultants with the goal of building a strong, effective resource to support West Virginia residents who want to quit smoking. Additionally, efforts are being taken to recognize and address special population needs as well establish more effective data collection and an overall stronger Quitline evaluation.

Recommendations

Monumental health care problems exist in West Virginia due to tobacco use rates being an estimated 45% higher than national estimates.⁸ The Governor's Tobacco Use Prevention and Cessation Task Force developed the first Annual Report in 2021 laying out a comprehensive, evidence-based investment plan to support tobacco prevention and cessation programming. Notably, the 2021 plan recommended \$10.9 million **less than** the amount recommended by the CDC for the State of West Virginia to address this problem. The Task Force stands behind the 2021 annual report recommendations. In alignment with the recommendations in the 2021 annual report, the Task Force recommends the following pilot program initiatives as the first in a series of building blocks toward a comprehensive investment in tobacco prevention and cessation programming (as revised to include funding for the “Catch My Breath” program and additional funding for the Certified Tobacco Treatment Training program).

Tobacco and Vaping Prevention and Cessation Recommendations for 2024

Total Amount: \$4.5 million

- 1. West Virginia 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:** \$500,000 investment in expansion of the Certified Tobacco Treatment Training program to certify West Virginia-based health care providers and West Virginia educators on evidence-based cessation strategies. This program equips health care providers and educators with skills and tools necessary to assist with cessation efforts for those in our state who are addicted to nicotine through all forms of tobacco use (including the use of e-cigarettes or vaping).
- 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. 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 Quitline. As groups in West Virginia move toward successful implementation of tobacco and vaping cessation and prevention efforts, data collection and evaluation will be a critical component to determine the impact of interventions and effective tailoring to programs to meet the state’s needs.

⁸ End of Year Evaluation Report Fiscal Year 2023 Funding from the Division of Tobacco Prevention West Virginia Prevention Research Center. Dated: September 6, 2023.

Conclusion

The West Virginia Division of Tobacco Prevention 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 West Virginia teens, is of great concern with multiple partner organizations, stakeholders, educators, parents, and medical professionals raising the alarm. The team is encouraged by the collaborative interest that has been generated over the last year but also recognizes that efforts are limited by time and sustained funding.

Appendix A

West Virginia Division of Tobacco Prevention Programming Budget for FY2023

Organization	Programs	Objectives	Budget
American Lung Association	Raze and Catch My Breath	Youth tobacco prevention and youth vaping Prevention	\$806,026
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	\$50,000
Ritchie County Family Resource Network	Coalition for Tobacco Free WV	Support the statewide tobacco prevention and clean indoor air regulation coalition	\$50,000
West Virginia Perinatal Partnership	Baby and Me Tobacco Free	Support for the prevention and cessation of tobacco use among pregnant women	\$35,000
WVU School of Dentistry	Certified Tobacco Treatment Specialist (CTTS) training	Scholarships for CTTS training	\$50,000
First Choice Services	WV Tobacco Quitline	Support for Quitline services	285,748
West Virginia Prevention Research Center	Evaluation		\$108,362

Appendix B Sources of Statistics and CDC Recommendations

Sources of Statistical Information and CDC Recommendations

[Campaign Tobacco-Free Kids - The Toll of Tobacco West Virginia](#)

[CDC Best Practices for Comprehensive Tobacco Control Programs](#)

[CDC Recommended Annual Investment in Tobacco Control - West Virginia](#)

[CDC Behavioral Risk Factor Surveillance System Prevalence & Trends Data](#)

[CDC High School Youth Risk Behavior Survey Data](#)

[America's Health Rankings, Smoking During Pregnancy in West Virginia](#)

[West Virginia | 2023 State of Tobacco Control | American Lung Association](#)

State proportion of cancer deaths attributable to smoking from Islami F, *et al.*, "Person-years of life lost and lost earnings from cigarette smoking-attributable cancer deaths, United States," *International Journal of Cancer*, 2019. [PubMed](#)

Appendix C: 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 West Virginia -- 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, WV Tobacco Quitline funding needs to be increased to extend the time that patients are on NRT, and provided adequate combinations of medications when necessary (not only dual therapy but triple therapy if indicated). [The 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**
- The State of 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.
- The State of 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 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 provisions 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 (RTPC) 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; and
- 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. These include African Americans, the LGBTQIA+ population, pregnant tobacco users, and smokeless tobacco users. There is a great 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 West Virginia 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.

- The State of West Virginia should require an independent evaluation of DTP to evaluate the efficacy of programming and ensure appropriate data is collected and stored and used to inform the strategic planning of future programming.
- 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 the 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 West Virginia 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.**
- The State of 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.
- The State of 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