

# **WEST VIRGINIA GOVERNOR'S TOBACCO USE AND PREVENTION TASK FORCE**

Annual Legislative Report

December, 2024





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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 2024 Annual Report to the West Virginia (WV) 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 citizens, with a strong focus on the prevention of children and young adults use of tobacco, tobacco products, alternative nicotine products, and vapor products."

In accordance with WV Code §16-9G-1, this report includes results from the Task Force's annual review of DTP's 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 in WV's prevention and cessation programming.

According to the Substance Abuse and Mental Health Services Administration data, WV has the highest rates of tobacco use and substance use disorder (SUD) in the United States. This effect is increased among young people, which makes tobacco dependence treatment and prevention paramount. In addition, relapse of SUD is increased in those who continue or initiate tobacco use after stopping the use of illicit drugs<sup>1</sup>. SUD recovery outcomes and rates of tobacco use among youth are positively

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<sup>1</sup> BU-School of Public Health, [Cigarette Smoking Linked to Increased Risk of Substance Use Relapse](#), last accessed on 8/29/2024.

impacted through evidence-based tobacco cessation programs<sup>2</sup> and sustainable, multi-component prevention programs<sup>3</sup>.

Additionally, the American Lung Association 2024 State of Tobacco Control Report gave WV an “F” overall for reducing the health and economic burden of tobacco use<sup>4</sup>. Fortunately, there are many evidence-based recommendations that will reduce smoking and reduce costs for WV taxpayers. Studies

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.

American Lung Association, State Grades, [www.lung.org/research/sotc/state-grades/west-virginia](http://www.lung.org/research/sotc/state-grades/west-virginia), last access 8/27/2024.

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 2008<sup>5</sup>. 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<sup>6</sup>. 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 million<sup>7</sup>. A study in Alabama focusing on the impact of tobacco cessation education among pregnant women showed that for every dollar spent on cessation efforts, \$7 to \$17 in healthcare costs could be saved<sup>8</sup>. 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 2023 Report and has since made updates, which are reflected in this report and are to be used for consideration in the upcoming fiscal year.

<sup>2</sup> Prochaska JJ, Das S, Young-Wolff KC. Smoking, Mental Illness, and Public Health. *Annu Rev Public Health*. 2017 Mar 20;38:165-185. doi: 10.1146/annurev-pubhealth-031816-044618. Epub 2016 Dec 16. PMID: 27992725; PMCID: PMC5788573.

<sup>3</sup> [Preventing Tobacco Use Among Youths, Surgeon General fact sheet](#)

<sup>4</sup> American Lung Association, State Grades, [ALA State Grades](#), last access 8/27/2024.

<sup>5</sup> 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.

<sup>6</sup> 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.

<sup>7</sup> Glantz, S. *JAMA Network Open*.2019: 2(4):e192307. doi:10.1001/jamanetwroopen.2019.2307

<sup>8</sup> 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

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 2022<sup>9</sup>. Furthermore, e-cigarettes are the most commonly used tobacco product among youth<sup>10</sup>. This plight accentuates the need for the public health initiatives outlined in this report<sup>11</sup>.

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 products<sup>12</sup>. The tobacco industry spends \$106.2 million nationally and \$9.1 million in WV marketing these products<sup>13</sup>. 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

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<sup>9</sup> West Virginia Health Statistics Center, Behavioral Risk Factor Surveillance System

<sup>10</sup> [CDC - E-Cigarette Use Among Youth, May 15, 2024](#)

<sup>11</sup> [U.S. Department of Health and Human Services. The Health Consequences of Smoking – 50 Years of Progress. A Report of the Surgeon General.](#)

<sup>12</sup> *Ibid*

<sup>13</sup> [Oxford Academic \(2024\). Nicotine & Tobacco Research: Addressing Disparities in Tobacco Use.](#) Last accessed on 9/20/2024.

WV<sup>14</sup>), the burden of tobacco use in WV will likely remain at epic proportions.

#### WV Adult Tobacco Use<sup>15</sup>:

- 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), which is second highest in the nation (3.4%)
- 9.3% of adults currently use electronic vapor products (such as e-cigarettes, vapes/vape pens, etc.), compared to the national rate of 7.7%

#### WV Youth Tobacco Use<sup>16</sup>:

- 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

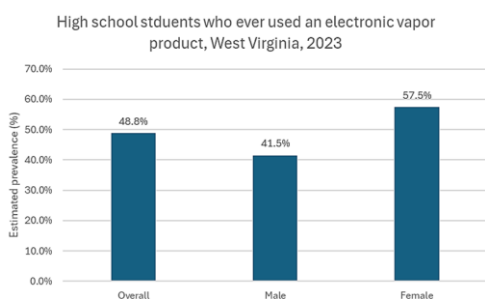
#### Health Outcomes:

- WV had the second-highest rate of tobacco-associated cancers in the U.S. at 223.1 cancers per 100,000 people<sup>17</sup>

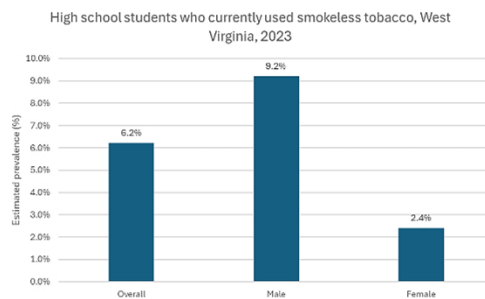
The resident maternal smoking rate is 153.4 per 1,000 live births<sup>18</sup>

#### Cost of Tobacco<sup>19</sup> :

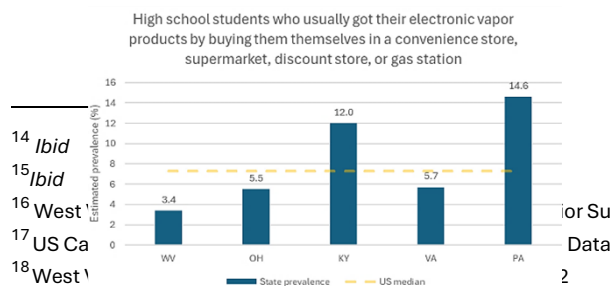
- Smoking in WV is estimated to cost over \$1 billion annually in direct healthcare costs, including \$298.1 million in Medicaid costs
- Taxpayer burden for smoking-caused government expenditures is \$1,574 per household



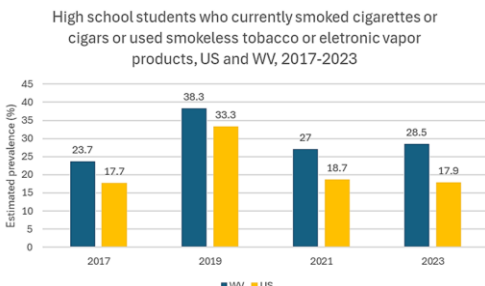
(Graph 1): Source: West Virginia Department of Education, Youth Risk Behavior Survey 2023



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

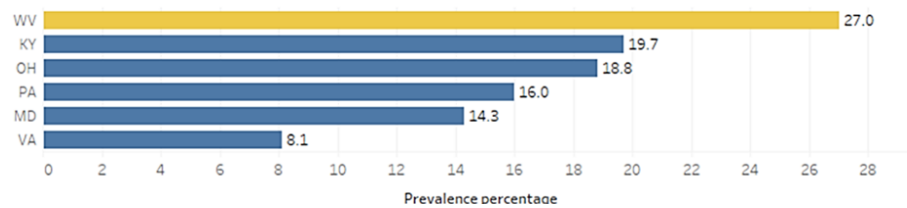


(Graph 3): Source: West Virginia Department of Education, Youth Risk Behavior Survey 2023; Centers for Disease Control and



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

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

In 2020, the WV 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 the initiation of programs that reduce tobacco, tobacco products, alternative nicotine products, and vapor products consumption in WV, and to initiate studies and processes to provide the most efficient and effective use of the funds dedicated for this purpose.

## Task Force Members

Dr. Matthew Christiansen, Chair  
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

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

### Division of Tobacco Prevention Staff

James Kerrigan - Director

Michele Bowles - Tobacco Cessation Program Coordinator

Christina Chill - Youth Program Coordinator

Dr. Kathy Danberry - Advisor to Director

## 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 meeting held in August*

January 12, 2024	May 10, 2024	September 13, 2024
February 9, 2024	June 14, 2024	October 11, 2024
March 8, 2024	July 12, 2024	November 8, 2024
April 12, 2024		

The evaluation of the programs within the DTP is conducted by the West Virginia Prevention Research



Center (WVPRC). The evaluation results for the DTP and its programs are outlined in the Year End Evaluation Report 2023-2024, which was provided to Task Force members for review<sup>20</sup>.

Taking into consideration the results of the evaluation report, 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 recommends \$27.4 million in order for WV to substantially reduce tobacco-related disease, disability, and death*<sup>21</sup>).
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*<sup>22</sup>). 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*<sup>23</sup>).
4. Ensuring clear, open, and frequent communication between the DTP, the evaluation team, 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*<sup>24</sup>).

## 2023-2024 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 provides funding and technical support to state and territorial health departments. WV is one of 50 states, plus the District of Columbia, that receives funding to support comprehensive tobacco control efforts and tobacco quitlines. Federal funds are 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.

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<sup>20</sup> Year End Evaluation Report 2023-2024, West Virginia Prevention Research Center.

<sup>21</sup> [Centers for Disease Control, Best Practices for Comprehensive Tobacco Control Programs – 2014.](#)

<sup>22</sup> *Ibid*

<sup>23</sup> *Ibid*

<sup>24</sup> *Ibid*

2. Promote quitting among adults and youth.
3. Eliminate exposure to secondhand smoke.
4. Advance health equity by identifying and eliminating commercial tobacco-related product inequities and disparities.

NTCP funding is managed through a cooperative agreement. The DTP is in year five of a five-year cooperative agreement, which includes two component awards (outlined below). The cooperative agreement requires an outcome-based work plan which aligns with state specific needs, data, and culture.

Component One is meant for program implementation and includes funding for the DTP staff salaries (2FT, 1 PT), 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 (NRT is not permitted to be purchased with these funds) and supplies for WV Tobacco Quitline promotion (brochures and other printed materials).

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

During the 2023-2024 fiscal year, 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 (both housed within the WV DH, BPH's OCHSHP).

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 2022-2024 (CDC-2022 NB01OT009488, CDC-2023 NB01TO000035, and CDC-2024 NB01PW000042). These funds supported the initial pilot project for training and implementation of the “CATCH My Breath” curriculum in WV schools, and is currently funding the second year of the multi-partner collaborative, anti-vaping initiative, WV’s Clear Future: Don’t Let Vaping Cloud It.

CDC (2022) NB01OT009488	CDC (2023) NB01TO000035	CDC (2024) NB01PW000042	Total
\$150,000	\$300,000	\$315,000	\$765,000

## Program Highlights

*\* denotes 2021 comprehensive Task Force Recommendations*

*\*\* denotes 2023 condensed Task Force Recommendations*

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, Partners in Health Network, WV American Lung Association, Claude Worthington Benedum Foundation, as well as local schools and boards of education.

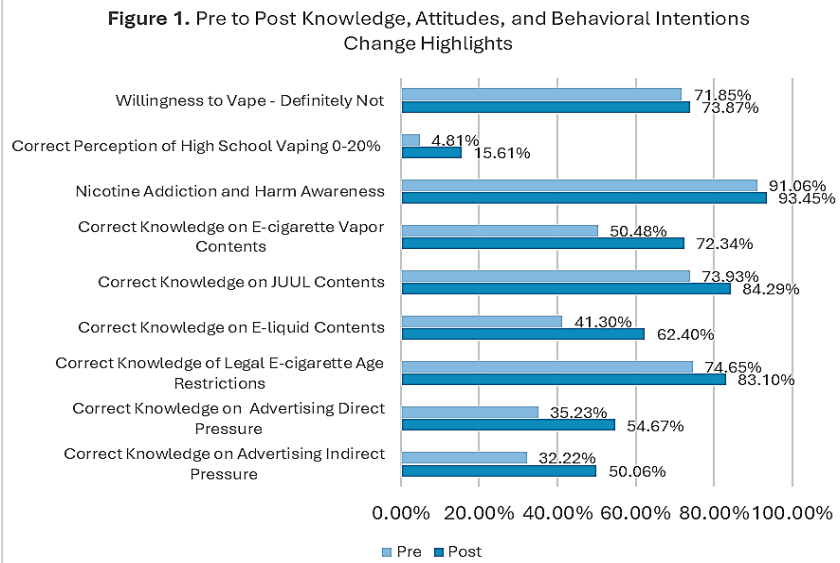


Figure 1. West Virginia's Clear Future School Year 2023-2024 Evaluation Report, September 10, 2024.

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. A multi-year investment (at least three years) will be needed to demonstrate results and build the plan to sustain the program.

### WV's Clear Future Initiative 2023-2024 school year facts

Students reached: 4,596	Implementation: 32 schools; 22 counties	Post-test completion rate: 91%	At least 1 CATCH-trained teacher in 39 counties (as of 6/10/2024)
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**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 2023-2024 school year facts:

Crew member ages: 11 – 18 years	Crew members: 1,802	# of crews: 62 # of counties with crews: 33	Completed Raze Events: 3,319
Youth exposures: 327,298	Adult exposures: 102,634	Tobacco-Free Day at the Capitol: 465 attendees	Fall Summit: 512 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\*\***

During the 2023-2024 fiscal year, 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 as well as strategies to target special and high-risk populations. Additionally, the RFP incorporated Task Force evaluation recommendations (see Process of Evaluation) that includes a plan for effective data collection with established standardized metrics, allowing for an overall stronger quitline evaluation. RVO Health was selected as the WV Tobacco Quitline Vendor in September 2024 with a contract start date of October 1, 2024. RVO Health began providing live Quitline services on November 1, 2024. It is anticipated that changes to the WV Tobacco Quitline structure will increase use of services and positively impact tobacco use and cessation in WV.

#### **Community Interventions\***

Disparate populations/health equity - African American: Advancing health equity by identifying and eliminating tobacco-related inequities and disparities is a primary goal for the DTP. This goal aligns with recommendations made in the 2021 Task Force Final Report<sup>25</sup>. Through the award of subgrantee funds, the DTP has created key partnerships to address the high prevalence rate of tobacco use among the WV African American population. The African American Tobacco Prevention Network (AATPN), a faith-based network of churches and community partners, was created in 2021 to serve as a guide and community champion. Between July 2023 and May 2024, the AATPN expanded to include 24 congregations which were in turn able to offer a total of 22 tobacco community education workshops, specifically targeting African American communities, and reaching 286 individuals. As a result of these workshops, 144 of the

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<sup>25</sup> Tobacco Use Prevention and Cessation Task Force Final Report, West Virginia Legislature December 2021.

participating individuals called the WV Tobacco Quitline to request cessation services. This is a 61% increase from the prior year.

The AATPN also partnered with the WV Tobacco Quitline to offer all African American participants an evidence-based publication that addresses tobacco related issues specific to African Americans, in addition to free counseling services and nicotine replacement therapy. The publication, *Pathways to Freedom*, highlights areas such as targeted advertising campaigns and historical, cultural, and socioeconomic influences. The DTP continues to evaluate these efforts, listen to feedback, and adjust strategies to address the needs of this population. This work was further supported by the National CDC Tobacco Control Network – Center for Black Health Equity as well as supplemental funding through a partnership with the Benedum Foundation.

Disparate populations/health equity - 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 Report<sup>26</sup>, the DTP created partnerships during 2024 to increase the awareness of and opportunities for evidence-based perinatal cessation services. Partners include the West Virginia Perinatal Partnership (WV PP), the Office of Maternal, Child, and Family Health (OMCFH), and the WV Tobacco Quitline. The WV Tobacco Quitline now 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 strengthen these activities and increase additional cessation opportunities among the WV pregnant population.

Disparate populations/health equity – Smokeless Tobacco Users: In WV, eight out of every 100 people use smokeless tobacco (the second highest rate in the nation)<sup>27</sup>. Smokeless tobacco users in WV are often of low socioeconomic status, have low educational attainment, and have limited access to healthcare. There is also a strong cultural connection between hunting, fishing, and outdoor activities associated with smokeless tobacco use. During 2024, the DTP funded a program to implement a smokeless tobacco initiative, Spit it Out WV!. The initiative established the goal of giving current smokeless tobacco users the support and skills needed to make successful quit attempts. Spit it Out WV! included the following activities:

- “Through with Chew Week” media campaign, which targeted smokeless tobacco users with detailed information about the dangers of smokeless tobacco use and advertisements consisting of resources available to tobacco users to help them quit.
- Three Community-level tobacco cessation workshops, reaching at least 30 people.
- Community organizations known for higher rates of smokeless tobacco use hosted five tobacco cessation workshops, reaching 71 people. Based on the results of the 63 participants who completed the pre- and post-training surveys, individuals who attended the workshops showed:
  - An increase in the want to quit using tobacco
  - A higher understanding of nicotine addiction and withdrawal
  - An increase in knowledge of medicines that can help them quit
  - An increase in confidence in their ability to quit tobacco and control their urges
  - An increase in feelings of support by family members and friends

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<sup>26</sup> Tobacco Use Prevention and Cessation Task Force Final Report, West Virginia Legislature December 2021.

<sup>27</sup> [Centers for Disease Control, Best Practices for Comprehensive Tobacco Control Programs – 2014.](#)

- Conducted five tobacco cessation workshops at mental health facilities, reaching 30 individuals. Based on the results of the pre- and post-training surveys of 26 participants, individuals who attended the tobacco cessation workshops showed:
  - An increase in the want to quit using tobacco
  - A higher understanding of nicotine addiction and withdrawal
  - An increase in knowledge of medicines that can help them quit
  - An increase in confidence in their ability to quit tobacco and control their urges
- Hosted 12 smokeless tobacco education workshops, garnering a total of 363 participants. Based on the results of the pre- and post-training surveys that were completed by 44 of the participants, those who attended the smokeless tobacco education workshops showed an increase in understanding of:
  - The chemicals in smokeless tobacco
  - Nicotine addiction and smokeless tobacco health effects
  - Marketing strategies used in smokeless tobacco advertising
  - The resources offered by the West Virginia Tobacco Quitline

### **Policies\***

The Coalition for a Tobacco Free West Virginia (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.

Effective policies play a vital role in protecting and expanding resources to support a statewide, comprehensive tobacco control and prevention program for WV. These policies are key components of the CDC's Best Practices for Tobacco Control Programs<sup>28</sup>.

The WV Legislature passed, and the Governor signed, three tobacco-related bills in 2023-2024:

- [SB 378](#) - The Smoking in Cars bill (passed). WV is the 12th state to ban smoking in cars and/or lighting up in cars with children present.
- [SB 755](#) - Provides safeguards for online sales of tobacco products. The bill sets parameters for an individual who is purchasing online tobacco products in WV to require age verification. The bill does not include delivery of vaping products.
- [HB 5084](#) (T21 Bill) - Require retailers to verify identification and age upon purchase of vape products. The bill bans the sale of tobacco products to persons younger than 21 years of age.

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<sup>28</sup> *Ibid*

## 2025 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 recommended by the CDC for the state of WV to address this problem. The Task Force continues to stand behind the recommendations described in the 2021 Annual Report. In alignment with the recommendations from the 2021 report, last year 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, which are presented in this 2024 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 DTP 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 who are raising the alarm. Task Force members are encouraged by the collaborative interest that has been generated over the last three years but also recognize efforts are limited by time and sustained 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 2024

Organization	Programs	Objectives	Budget
American Lung Association	Raze	Youth tobacco prevention and youth vaping prevention	\$556,025
American Lung Association	CATCH My Breath	Youth vaping prevention	\$300,000
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	\$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	CTTS training	Scholarships for CTTS training	\$50,000
First Choice Services	WV Tobacco Quitline	Support for WV Tobacco Quitline services	285,748
West Virginia Prevention Research Center	Evaluation		\$108,362

## Appendix B: 2023 Recommendations for Pilot Project Initiatives and Evaluation Process for Building a Comprehensive Investment in Tobacco Prevention and Cessation Programming in West Virginia

### 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 healthcare providers and West Virginia educators on evidence-based cessation strategies. This program equips healthcare 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 WV Tobacco 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.

### Evaluation Recommendations

The evaluation of the programs within the DTP is conducted by the WVPRC. The Task Force evaluation committee met and reviewed the 2023 End-of-Year Evaluation Report concerning funding from the DTP and concurred with the recommendations in this report stating the DTP 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.
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 BPH could aid in this process.
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.

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

## **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 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. These include: African Americans, the LGBTQIA+ population, pregnant tobacco users, and smokeless 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
<b>Total recommended funding</b>	<b>\$16,500,000</b>