

U.S. Cessation Landscape Assessment, 09/2025, *Executive Summary*

Introduction

Comprehensive commercial tobacco* prevention and control includes efforts to increase cessation. Recent changes in federal funding and infrastructure have disrupted tobacco control efforts. CDC-Foundation conducted a rapid landscape assessment in September '25 to assess the state of tobacco cessation efforts, including changes since April '25, and identify current needs. Information was gathered from 61 individuals across 35 states and organizations.

State Tobacco Control Programs

State tobacco control programs are critical infrastructure to advancing commercial tobacco prevention and control, including increasing cessation. State programs have been supported by a federal infrastructure through funding, subject matter support, and technical assistance.

Current Status

- Many state tobacco control programs have lost staff, including cessation-focused staff; in some states, no cessation-focused staff remains
- In a few states, all tobacco program staff have been let go or reassigned
- Cessation-related technical assistance (TA) remains partially available:
 - CDC-OSH is no longer available
 - CDC's cessation-TA cooperative agreements remain funded in FY'26 (NAQC, NACDD)
 - SAMHSA's Center of Excellence for Tobacco-Free Recovery remains funded in FY'26
 - CDC's National Network cooperative agreements remain funded in FY'26
 - Other organizations (e.g., universities) that have historically provided cessation TA are also struggling with funding and are unlikely to be able to provide robust support

Identified Gaps

- Loss of staff in state tobacco control programs is very disruptive to the work
- Many states report a sense of being “unmoored” without a trusted centralized hub for coordination, communication and information dissemination, and technical assistance
- Some states report feeling unsure of what information to trust (and from whom) and are uncertain about where to go if they have questions or need help

Surveillance

Public health surveillance is critical to monitoring the current state of tobacco use, detecting emerging trends, and identifying opportunities for public health intervention and support.

Current Status

Several national surveillance systems include tobacco-related questions for different population

* CDC Foundation recognizes a distinction between commercial tobacco products—products made to be sold for profit by tobacco companies—and traditional tobacco which is used for cultural purposes in some Indigenous communities.

groups. These surveys, and their current status, are shown in Table 1. Most of these surveys are likely to be fielded per usual protocols, with the tobacco-related questions intact, in 2026.

TABLE 1. Public Health Surveillance Systems for Tobacco Use

Surveillance System	Agency	Scope and Level	Status
National Health Interview Survey (NHIS)	CDC	Adults, National	Will likely occur in '26*
NHIS – Cancer Control Supplement	CDC	Adults, National	'26 likely to include tobacco cessation*
National Health and Nutrition Examination Survey (NHANES)	CDC	Adults and Kids, National	Current cycle extending an additional year (2026); unclear status after*
Tobacco Use Supplement to the Current Population Survey (TUS-CPS)	NCI	Adults, National	Unclear status due to funding
Behavioral Risk Factor Surveillance System (BRFSS)	CDC	Adults, State	Will likely occur in '26*
Pregnancy Risk Assessment Monitoring System (PRAMS)	CDC	Adults, State	Will likely occur in '26*
National Survey on Drug Use and Health (NSDUH)	SAMHSA	Adults and Teens, National	Will likely occur in '26*
National Substance Use and Mental Health Services Survey (N-SUMHSS)	SAMHSA	Facilities, National	Will likely occur in '26*
Youth Risk Behavior Surveillance System (YRBSS)	CDC	Teens, State	Will likely occur in '27* (normal cycle)
National Youth Tobacco Survey (NYTS)	CDC & FDA	Teens, National	Transitioned to FDA; Will likely occur in '26
Monitoring the Future (MTF)	NIDA	Teens, National	Will occur in '26 (no cessation questions)
Annual Survey of Quitlines	NAQC	Quitlines, State	Occurring in '25*
National Quitline Data Warehouse	CDC	Quitlines, National, State	No longer collecting data

*Status of survey, or tobacco-related questions in survey, is unclear after the next survey cycle

Identified Gaps

- The status of these surveys, and the tobacco-related questions in them, is unclear after 2026 for two key reasons: 1) several of these systems received CDC-OSH funding to support inclusion of tobacco-related questions; and 2) federal staff that supported several of these systems were subject to reduction-in-force, including at CDC and SAMHSA.

Service Provision

Cessation treatments (behavioral counseling and FDA-approved cessation medication) are proven to help adults quit smoking. Evidence on helping adolescents quit tobacco use is still developing; the AAP recommends providing behavioral counseling and suggests medication when indicated. Tobacco quitlines and digital interventions (text, web) are effective at helping people quit.

Quitlines are available in all 50 states, DC, Guam, and Puerto Rico; these state-based services are linked via a national infrastructure through national phone and text portals. Several organizations provide quitline services in contract with states in multiple languages; there is also a national line for services in Asian languages (the Asian Smokers Quitline or ASQ). Digital cessation services are

additionally available to the public or in contract with states through various organizations. State quitlines are funded via a mix of state, federal, and cost-sharing sources; ASQ is funded by CDC.

Current Status

- Most states have been able to maintain stability in quitline services
 - Many anticipate service reduction in the next 1-6 months, depending on funding
 - Some are running on contract “autopilot” with no state tobacco staff to manage
- Several states have had to reduce quitline services due to budget shortfalls:
 - ~1/3 of 31 states where info was available from a direct source had service reductions
 - A few states have reduced to 1 phone call only
 - A few states are at risk of closing their quitline altogether
- Service reduction strategies include reduction or removal of: medication support; tailored protocols for specific population groups; digital services; proactive calls or number of calls in protocol(s); population groups that can receive services (e.g., providing service to only those uninsured or with Medicaid); evaluation activities; and promotion activities
- Federal quitline infrastructure has changed
 - National telephone portals are secure for now; text portals likely to close by October ‘25
 - No more surge capacity or federal “safety net” for state quitlines
 - If a state quitline closes, callers will receive a “closed message”
 - NCI digital services are anticipated to be maintained through at least FY’26
 - ASQ remains functional at this time

Identified Gaps

- Most state quitlines are likely sustainable through mid-2026, though many have reduced services. Some are at immediate risk of substantial service reduction or outright closure.
- Sustainability of state quitlines after mid-2026 is much less clear
- Federal quitline infrastructure is likely sustainable through mid-2026, though the loss of the text portal is likely to cause disruption in digital service reach

Health Communication

Mass media campaigns increase calls to quitlines and increase smoking cessation. Quitline promotion through earned or paid media is important to increasing quitline reach.

Current Status

- Many states have needed to make significant cuts to health communications work, including quitline promotion. A few states have been able to maintain these activities.
- Some states plan to use remaining communications budget to focus on cessation/quitline promotion. Some are hoping to lean more heavily on unpaid quitline promotion.
- The federal *Tips from Former Smokers*® campaign, a significant driver of calls to state quitlines, will stop at the end of September ‘25.

Identified Gaps

- Decreased cessation-related health communications, particularly decreased promotion of quitlines, is likely to result in decreased utilization of the quitlines which could, in turn, be problematic for future quitline sustainability
- The loss of *Tips* is likely to impact all states, but may be especially problematic in states with few communications resources

Health Systems Change

Healthcare settings are a critical for identifying and providing treatment for tobacco dependence. Public health can partner with healthcare to integrate and routinize screening and treatment.

Current Status

- Most states have needed to scale back health systems work and some have needed to stop this work altogether. Most have been able to retain at least some of the work.
- Many states have needed to scale back, pause, or cease work with groups experiencing tobacco-related disparities (e.g., behavioral health populations, AI/AN groups)
- States continuing health systems and/or disparities-focused work often report concern about further scaling back or ceasing the work as budget cycles end

Identified Gaps

- Diminishing health systems change work has potential to slow progress in integrating tobacco use screening and treatment into routine care, particularly in behavioral health care settings where progress has been slowly gaining momentum
- Diminished attention to tobacco use in health systems has potential to result in regression of clinical screening, treatment, and referral practices, including reduced quitline referral

Insurance Coverage

Comprehensive, barrier-free insurance coverage of cessation treatments increases the availability and utilization of these treatments and additionally leads to higher rates of successful quitting.

Current Status

- Some states report work in insurance coverage has been halted or significantly scaled back
- A few states have retained work and/or partnership with the state Medicaid program
- No state reported concerns about changes to state Medicaid cessation coverage
- While ALA is continuing annual surveillance of Medicaid treatment coverage and barriers, the sustainability of this is unclear

Identified Gaps

- Insurance coverage of cessation treatments appears, for now, to remain status-quo
- Shifting federal policies (e.g. those regarding Medicaid and USPSTF) have potential to impact treatment coverage; continued monitoring remains important

Summary of Immediate Gaps

Immediate gaps in the cessation ecosphere largely center on threats to state quitlines, including:

- Risk of some quitlines closing in the immediate or near term
- Reductions in quitline services
- Significant decreases in quitline promotion
- Threats to health systems changes which support treatment delivery and quitline referrals
- Loss of state cessation-focused staff
- Risk to national quitline infrastructure, with the text portal at imminent threat of closure

Prioritization in the Current Cessation Ecosphere

Cessation-related strategies identified as priority for retention by at least 5 key informants included:

- Quitlines (identified as the top priority for investment by all but one key informant)
- Coordination of information dissemination, “best practices”, and technical assistance from a “trusted source” of information, including preservation of subject knowledge across the public health tobacco control community
- Promotion of evidence based-treatments, including quitlines
- Insurance coverage of cessation treatments (particularly Medicaid)
- Tobacco control program infrastructure, including cessation-focused staff

Recommendations for Next Steps

This assessment suggests the tobacco control community largely agrees on current priorities in the cessation ecosystem. Immediate next steps could include:

- Meetings between key partners and states at the most immediate risk of losing cessation infrastructure (including quitlines) to strategize potential stop-gap solutions
- Developing funding proposals to meet the most immediate needs of the states
- Meetings of key partners to identify potential mechanisms and strategies to fill the immediate and medium-term gaps in the cessation ecosystem
- Periodic information gathering on the current state of tobacco control via a single, coordinated, and brief survey of state programs disseminated through a common trusted partner (e.g., the Tobacco Control Network) and shared among all relevant parties