Comprehensive Tobacco Control Programs Work

Best practices for comprehensive Tobacco Control programs recommend that **U.S. States spend at least $3 billion a year** across all 50 states on Tobacco Control programs. This is the minimum recommended amount, adjusted for inflation.

Tobacco Use is Still the Leading Cause of Death

Tobacco use is still the leading preventable cause of death and disease in the United States.[1,2] Nearly half a million Americans die early from tobacco use or secondhand smoke exposure each year, and more than 16 million Americans suffer from a disease caused by smoking.[3] The economic costs of smoking are also substantial — over $600 billion in 2018 alone in health care costs and lost productivity.[2,4]

Tobacco Prevention and Control is a Best Buy

There is a "dose-response" relationship between investment in proven tobacco control programs and reductions in tobacco use: The more states spend, the greater the reductions in smoking — and the longer states invest, the greater and faster the impact.[2,5]

For example:

- **California** is home to the first and longest-running state tobacco control program in the country, and we estimate that the program has saved more than one million lives and reduced health care costs by at least $500 billion, with a return on investment of $55 saved for every $1 spent.[6]
- In **Florida**, for every $1 spent on the state's tobacco control program, smoking-attributable health care expenditures decreased by almost $11.[7]
- **Minnesota's** 20 years of tobacco control programming led to significant impacts. Minnesota prevented approximately 4,500 cancer cases and 4,100 smoking-related deaths, saving the state over $5 billion.[8,9]

An Uphill Battle

State spending on proven tobacco control programs — even at CDC-recommended levels — is a fraction of what the tobacco industry spends annually on marketing their products.

The tobacco industry spends more than $9 billion every single year to market its products, largely to youth and young adults.[3,11,12,13]

Unfortunately, tobacco control programs remain underfunded. States collect over $20 billion in revenue from the Master Settlement Agreement and tobacco tax revenue every year but spend only 3.4% of those resources on tobacco prevention and control efforts.[10]

If each state implemented and sustained the recommended level of funding, millions fewer people would smoke.[1] We can prevent hundreds of thousands of deaths every year, in every state.

Challenges to Tobacco Control Programs

Loss of Core Federal Funding and Access to Expert Guidance

- For 25 years, CDC's Office on Smoking and Health supported the National Tobacco Control Program, which provided funding to all 50 states for comprehensive tobacco control programs, as well as access to experts to learn what works best and to coordinate so states can learn from each other.
- In April 2025, CDC's Office on Smoking and Health was eliminated.

Despite substantial progress, there is more work to be done. If we don't sustain Tobacco Control investments, we reisk reversing our progress – at the expense of our young people.

Diversification of the Tobacco Product Landscape and Tobacco Use Patterns

- There is no safe tobacco product.[2] Core tobacco control program goals include preventing youth from starting to use any tobacco product (including pouches and vapes) and to increase complete cessation from all tobacco products.[2,11,12]
- State programs need stable funding to address these complex issues quickly.

Youth Continue to Use Tobacco Products — Potentially Priming a New Generation of Users

- Millions of middle and high school students continue to use tobacco, including cigarettes, nicotine pouches, cigars, e-cigarettes, heated tobacco products, and hookah.[11,13,14]
- Nicotine exposure in adolescence can harm the developing brain, especially areas of the brain that help youth develop memory, attention, and decision-making. It can also lead to addiction and prime the brain for addiction to other drugs.[11]
- Youth use of nicotine pouches is on the rise. Data indicate that current use of nicotine pouches by youth and young adults increased nearly fourfold between 2022 and 2025.

---

[1] Adapted from: Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs. Atlanta, GA: 2014. Evidence-Based Guides for States | Smoking and Tobacco Use | CDC

[2] U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress—A Report of the Surgeon General. Atlanta (GA): 2014.

[3] U.S. Department of Health and Human Services. Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General. Atlanta (GA): 2024.

[4] Shrestha SS, et al. Cost of Cigarette Smoking-Attributable Productivity Losses, U.S., 2018. Am J Prev Med. 2022;63(4):478–485.

[5] U.S. Community Preventive Services Task Force. Tobacco Use: Comprehensive Tobacco Control Programs. Atlanta, GA: 2014.

[6] Lightwood JM, et al. Smoking and Healthcare Expenditure Reductions Associated with the California Tobacco Control Program, 1989 to 2019: A Predictive Validation. PLOS One (2023) https://doi.org/10.1371/journal.pone.0263579.

[7] Nonnemaker J, et al. Estimating the Return on Investment of the Bureau of Tobacco Free Florida Tobacco Control Programme from 1999 to 2015. BMJ Open (2021). doi: 10.1136/bmjopen-2020-040012.

[8] Maciosek MV, et al. The 20-Year Impact of Tobacco Price and Tobacco Control Expenditure Increases in Minnesota, 1998-2017. PLOS One (2020). https://doi.org/10.1371/journal.pone.0230364.

[9] Maciosek, MV et al. "Projecting the Future Impact of Past Accomplishments in Tobacco Control." Tobacco Control (2021): doi:10.1136/tobaccocontrol-2019-055487.

[10] Campaign for Tobacco-Free Kids. Broken Promises to Our Children: A State-by-State Look at the 1998 Tobacco Settlement 27 Years Later. Washington, DC: 2026. Broken Promises to Our Children | Campaign for Tobacco-Free Kids

[11] U.S. Department of Health and Human Services. E-Cigarette Use Among Youth and Young Adults—A Report of the Surgeon General. Atlanta (GA): 2016.

[12] U.S. Department of Health and Human Services. Smoking Cessation—A Report of the Surgeon General. Atlanta (GA): 2020.

[13] Jamal A, et al. Tobacco Product Use Among Middle and High School Students — National Youth Tobacco Survey, United States, 2024. MMWR Morb Mortal Wkly Rep 2024;73:917–924. DOI: http://dx.doi.org/10.15585/mmwr.mm7341a2.

[14] CDC Foundation. Monitoring Tobacco Product Use Among Youth and Young Adults in the United States: February-June 2025. Tobacco-Epidemic-Evaluation-Network-Data-Brief-Issue-2.pdf.

This resource was supported by the American Cancer Society Cancer Action Network.