

UP IN SMOKE

Commentary: Cuts to anti-tobacco programs will cost lives

By CAROLINE COBB AND MICHELLE PEACE

May 22, 2025



According to the Virginia Department of Health, if smoking rates continue at the current state rate of 12%, approximately 152,000 children living today will ultimately die from a smoking-related disease.

Adobe Stock

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Virginia's Tobacco Control Program, funded by the Centers for Disease Control (CDC), has been **effectively defunded and dismantled** as a result of recent federal action to reduce government programs and workforce.

A conglomerate of nicotine and tobacco research scientists and physicians in Virginia have grave concerns about the impact of these closures and are urging Congress and Virginia's congressional delegation to continue supporting programs that eliminate and prevent tobacco

use.

Smoking is the leading cause of premature and preventable deaths in the United States. In Virginia, **more than 10,000 people die every year** from smoking-related causes, with an associated health care cost of \$3.6 billion annually.

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According to the Virginia Department of Health, if smoking rates continue at the current state rate of 12%, approximately **152,000 children living today will ultimately die** from a smoking-related disease. The health consequences of new tobacco products, such as vapes, will not be realized for years.

The CDC and the Food and Drug Administration established their tobacco control programs in 1999 and 2009, respectively. The United States has seen an approximate 70% reduction in tobacco use over the last 60 years. Virginia has also seen a considerable reduction in the percentage of adults who smoke, decreasing by 50% from 1989 to 2022.

This decrease in smoking has saved millions of lives and billions of dollars in health care costs. Until April 2025, programs like these have led the country in improving public health by regulating tobacco products and supporting tobacco prevention, education and cessation efforts. As an example, Virginia's free tobacco quit line has helped tens of thousands of individuals quit smoking since 2005.

Federal cuts to tobacco control programs will cost us years of progress. Because these programs save lives and money, the cuts are regressive and nonsensical.



Caroline Cobb



Michelle Peace

Our children are vulnerable and susceptible to the falsehoods promoted through tobacco marketing and investments in our communities and at the point-of-sale. This vulnerability is evident by data demonstrating alarming rates of vaping, dipping and smoking among students from fourth through 12th grades; school administrators, parents and community leaders consistently reporting the challenges of addressing tobacco use among youth; and by the pervasiveness of vape and smoke shops in our communities and near schools.

Compounding the concern, a **study performed in 2023-2024** found that at least 15% of the vapes collected in schools across Virginia contain cannabinoids. Addressing youth tobacco use is not only critical in its own right — it also plays a key role in preventing broader substance use.

The elimination of Virginia's Tobacco Control Program will reverse decades of progress, costing the commonwealth thousands of lives and billions of dollars in preventable health care expenses.

Our ability to push back against aggressive efforts to attract and retain lifelong consumers has been jeopardized. As scientists and physicians who have dedicated most of our careers to reducing the public health harms of tobacco, and as parents and concerned citizens, we urge Virginia to stand firm in its commitment to reduce the death, disease and economic burden associated with tobacco use by maintaining programs that provide education, prevention, cessation and support for healthy choices.

A rise in tobacco use threatens the future of our citizens, and the human and economic well-being of our commonwealth and our nation.

For all these reasons, we urge Congress and Virginia's congressional delegation to use their authority to appropriately fund the CDC Office on Smoking and Health.

From the Archives: Philip Morris in the 1950s and 60s

Philip Morris 60s and 70s



12-31-1961 (cutline): Milton Amos supervises Mark VIII cigarette maker at Philip Morris. Machines similar to this manufactured 114 cigarettes here in 1961.

Staff photo

Philip Morris 60s and 70s



04-15-1964 (cutline): This is the new Philip Morris Inc. operations center in South Richmond. Its dedication today followed by one day at the Annual Meeting of the company's stockholders.

Staff photo

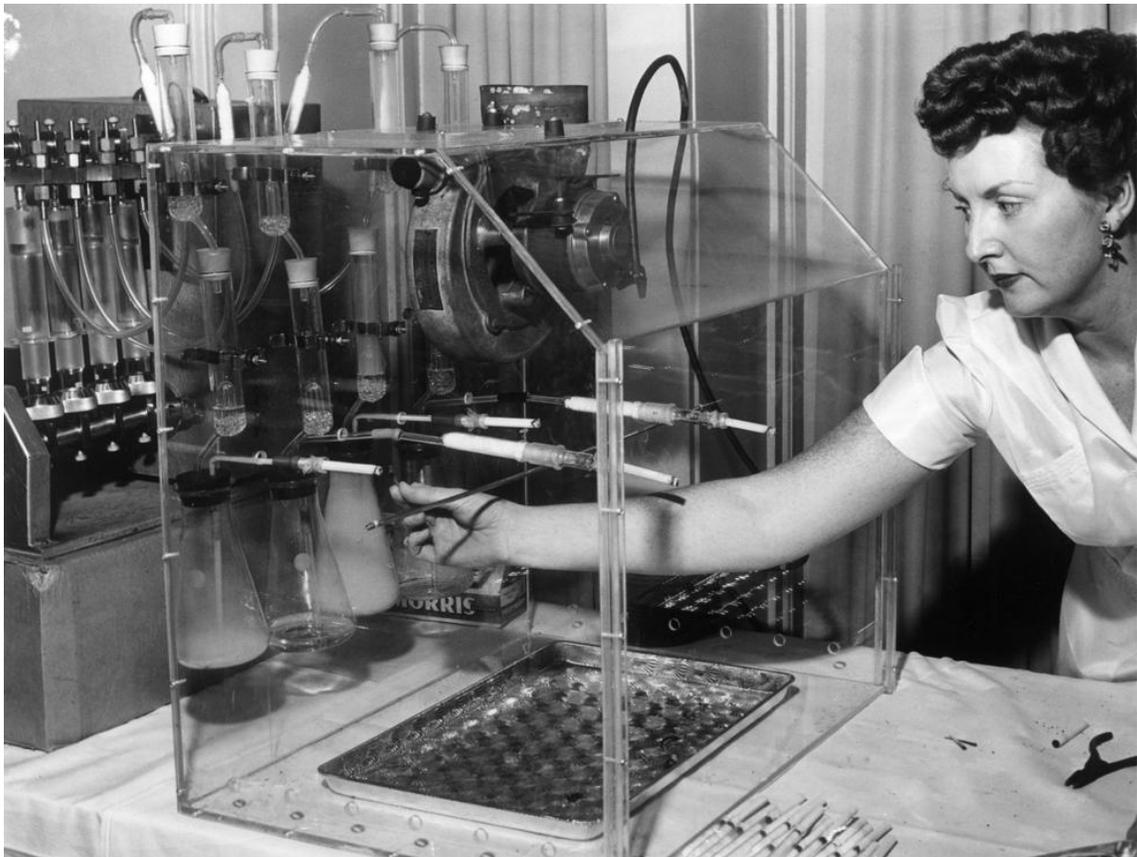
Philip Morris 60s and 70s



09-04-1959 (cutline): Sunken terrace makes coffee breaks a joy for laboratory workers. This patio opens off the employees' cafeteria of the three-million-dollar project.

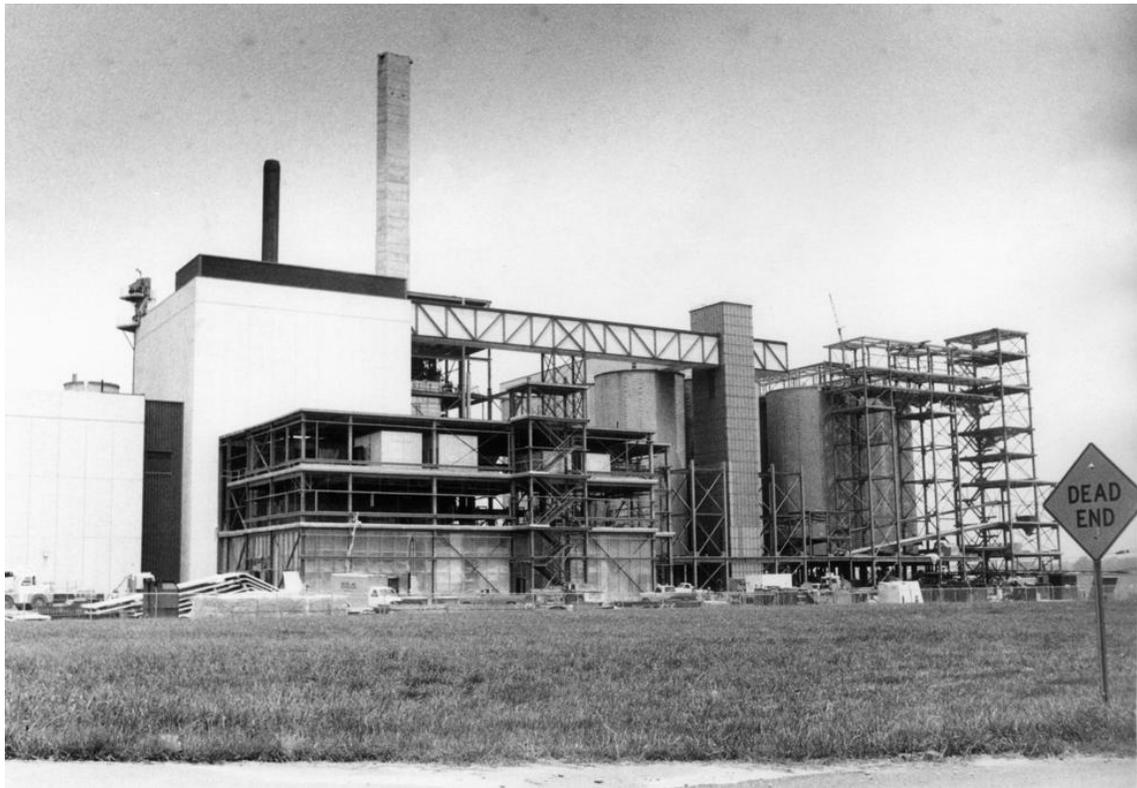
Joseph Colognori

Philip Morris 60s and 70s



07-14-1954 (cutline): Hazel Wells operates device for collecting cigarette smoke, gases for analysis. Machine was exhibited here yesterday at Philip Morris stockholders' meeting.

Philip Morris 60s and 70s



06-10-1982: Philip Morris building.

Staff photo

Philip Morris 60s and 70s



07-19-1958 (cutline): Cigarette smoke is analyzed on gas chromatograph at Philip Morris. Mrs. Phyllis Grove (left), Mrs. Alta Strickland, David Fridley.

Carl Lynn

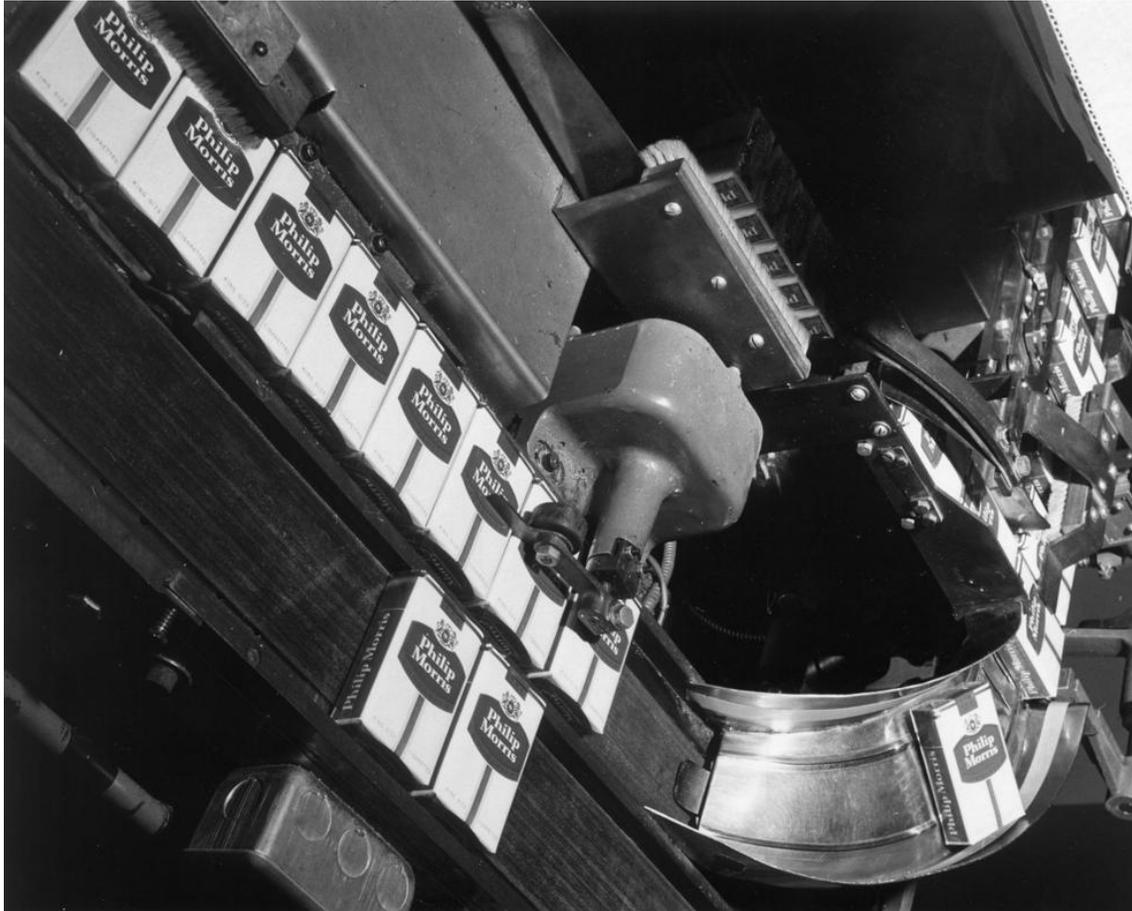
Philip Morris 60s and 70s



01-02-1969 (cutline): Philip Morris, Inc. will consolidate its Richmond engineering facilities in this building being constructed at the tobacco company's research and operations complex on Commerce Road. The 28,000-square-foot building will house the manufacturing and industrial engineering groups. The building will be connected to adjacent buildings. David Warren Hardwicke & Partners is the architects and Conquest, Moncure & Dunn Inc. is the contractor.

Staff photo

Philip Morris 60s and 70s



05-26-1963: Philip Morris

Staff photo

Philip Morris 60s and 70s



05-26-1963: Philip Morris

Staff photo



Michelle Peace

Caroline O. Cobb is an associate professor and director of the Health Psychology Program at Virginia Commonwealth University. Her areas of focus include menthol cigarette smoking and the use of other flavored tobacco products such as hookah, little cigars/cigarillos and electronic cigarettes and their effects on individual and population health. Contact Cobb at cobbco@vcu.edu.

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