



# Annual Report State Fiscal Year 2023



**Tobacco Prevention  
and Cessation**



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The Indiana Department of Health Tobacco Prevention and Cessation's State Fiscal Year 2023 Report highlights the successes and achievements across the four priority areas of the 2025 Indiana Tobacco Control Strategic Plan. The 2023 report also reviews the areas of change and development in the commercial tobacco control landscape.



## Vision

An Indiana where all are free from tobacco addiction and exposure to commercial tobacco products.

## 2025 Indiana Tobacco Control Strategic Plan

Tobacco Prevention and Cessation (TPC) continues to support implementation of the 2025 Indiana commercial tobacco control strategic plan. The plan is supported by statewide stakeholders, healthcare organizations, tobacco prevention and cessation experts, community coalition partners, as well as TPC.

The [2025 plan](#) is based on the following priorities:

- **Decreasing tobacco use rates among youth and young adults**
- **Increasing the proportion of Hoosiers not exposed to secondhand smoke**
- **Decreasing Indiana adult smoking rates**
- **Maintaining state and local infrastructure necessary to lower tobacco use rates**

## About Indiana Tobacco Prevention and Cessation

The Hoosier model for comprehensive tobacco prevention and cessation is based on Centers for Disease Control and Prevention (CDC) Best Practices for comprehensive tobacco control programs, which is an integrated program structure for implementing evidence-based interventions. The approach also relies on numerous scientific resources, which provide evidence on the effectiveness of community-based tobacco interventions within three areas of tobacco use prevention and control: 1) preventing tobacco product use initiation; 2) increasing cessation; and 3) reducing exposure to secondhand smoke. The following program components must work together to produce the synergistic effects of a comprehensive tobacco control program, which include:

- **Community-based and statewide programs**
- **Cessation interventions, including the Indiana Tobacco Quitline**
- **Statewide public education**
- **Evaluation and surveillance**
- **Infrastructure, administration, and management**



## Executive Summary and Key Successes in SFY 2023

- **Decreasing Youth and Young Adult Tobacco Use Rates**
  - The [2022 Indiana Youth Tobacco Survey](#) was administered in the fall 2022 to more than 5,400 students enrolled in Indiana public middle schools and high schools.
  - More than 240 [VOICE](#) youth leaders and Adult Allies from across the state participated in the 2023 Youth Day at the Statehouse in January 2023, a day of leadership training with an opportunity to meet with state decision makers.
  - The partnership with the Indiana High School Athletic Association (IHSAA) continued to share the [Don't Puff This Stuff](#) campaign to help end vaping among Hoosier teens. The IHSAA's social media channels generated a total of 20 million impressions across all flights in state fiscal year (SFY) 2023.
  - The Behind the Haze campaign focusing on youth and young adults implemented two new ads in SFY 2023, each averaging 13 million impressions across all social media platforms.
- **Increasing Secondhand Smoke Protections for Hoosiers**
  - Currently, 32% of all Indiana residents are protected by a local community smoke-free air law
  - 254 school districts in Indiana, or 88%, cover e-cigarettes in their district policies.
  - Among behavioral health and substance use treatment facilities, 132 (approximately 75% of all facilities in the state) have a tobacco-free campus.
  - More than 40 college and university campuses in Indiana have implemented tobacco-free campus policies. About 25 of these college policies include restrictions on e-cigarettes and vaping.
- **Decreasing Adult Smoking Rate**
  - The percentage of Indiana adults who currently smoke cigarettes has declined significantly from 25.6% in 2011, to 17.3% in 2021.
  - On Feb. 1, 2023, [Quit Now Indiana](#) transitioned to a digital platform (Rally Health), offering multiple interactive tools to enhance the consumer experience. Quit Now Indiana served

approximately 10,400 registered participants in SFY 2023.

- Quit Now Indiana (QNI) has a high satisfaction rate of 80% among participants, and 93% of respondents would recommend QNI to another person who was trying to quit tobacco. The 30-day quit rate among participants across all QNI programs was 37.4%
- Approximately 48% of people who enrolled in Quitline services indicated they were Medicaid members.
- Ten Health Systems Change partners focused on implementing Best Practices for Tobacco Dependence Treatment, quality improvement, and utilization of the Electronic Health Records (EHR) systems. An additional nine Tobacco Free Recovery partners are focusing on implementing tobacco-free grounds and treatment strategies, in partnership with the Division of Mental Health and Addiction.
- **Maintaining State and Local Infrastructure to Reduce Indiana’s Tobacco Burden**
  - TPC funded 48 community and capacity-building partnerships in 39 counties, reaching approximately three-fourths of Indiana’s population. Coalitions implemented over 7,500 program activities during SFY 2023, ranging from Quitline outreach to community presentations to delivery of training.
  - TPC held its biennial Partner Information X-Change Meeting in August 2022. During this two-day conference with over 100 attendees, TPC staff and several state and national experts presented content related to the meeting’s theme: “Defending our Communities.”
  - Improved data collection procedures to gain better insight into tobacco use during pregnancy and to better serve Hoosier pregnancy outcomes.

# Decrease Indiana Youth and Young Adult Tobacco Use Rates



Tobacco Prevention  
and Cessation

Preventing tobacco companies from aggressively marketing their products to youth should be a priority for everyone. Early use of cigarettes or other combustible tobacco products including cigars, cigarillos, pipe or hookah has been shown to lead to nicotine addiction.<sup>1</sup> About half of adults who smoke report starting before the age of 18.<sup>2</sup> Each year, approximately 11,100 Indiana youth younger than 18 try cigarettes for the first time.<sup>3,4</sup> Early tobacco use leads young people to a lifelong addiction and can cause specific health problems, such as early cardiovascular damage, reduced lung function and decreased lung growth, and a reduced immune function.



New tobacco and nicotine products, coupled with targeted marketing, have contributed to tobacco and nicotine use among youth in the past decade.<sup>5</sup> Some popular electronic-cigarette (e-cigarette/vape) companies have made nicotine more palatable to youth by combining flavors with nicotine salts that allow users to intake higher levels of nicotine. Despite the more recent declines, e-cigarettes are still the most commonly used tobacco product among Indiana youth and young adults.

The 2022 Indiana Youth Tobacco Survey (IYTS) found that 9.2% of high school youth and 2.2% of middle school youth reported past 30-day e-cigarette use. Among youth who reported current e-cigarette use, 20.5% of middle school students and 16.9% of high school students also reported currently smoking cigarettes. More than 3 in 10 (31.1%) Indiana high school youth who used tobacco reported using two or more tobacco products. Additionally, 5.3% of middle school students and 18.0% of high school students reported vaping substances other than nicotine, such as marijuana, THC, CBD, synthetic marijuana, or another substance. Nationally, 14.1% of US high school students reported current use (past 30 days) of e-cigarettes. Similar to Indiana, e-cigarettes/vapes remain the most commonly used tobacco product among youth in the United States.<sup>6</sup>

Young adults in Indiana ages 18-24 also had a higher rate of e-cigarette use of 20.0% compared to adults overall (8.1%) in 2021.<sup>7</sup> Cigarette smoking among young adults has declined since 2011 at a rate quicker than what is seen among adults overall. However, poly-tobacco use continues to remain largely unchanged. With the continued marketing of new products containing addictive nicotine, it is expected that the concurrent use of multiple types of tobacco products will remain a concern. Use of several tobacco products is a known risk for adverse health outcomes and sets up youth and young adults for a future addiction to nicotine. Nicotine use can have adverse effects on adolescent brain development, and therefore nicotine use by youth in any form is unsafe. Efforts are warranted to educate youth about the dangers of the use of all forms of tobacco products, regardless of whether they are combustible, noncombustible, or electronic.<sup>8</sup>

The 2022 IYTS asked high school students about their mental health. The majority of high school students (69.9%) reported mild or no psychological distress. However, nearly 1 in 5 high school students reported moderate psychological distress and more than 1 in 10 students reported severe psychological distress. Those experiencing psychological distress were more likely to use tobacco. In addition, the most common reason reported for using e-cigarettes among both middle and high school students was feeling anxious, stressed, or depressed. These findings heighten the need for interventions that promote healthy choices, such as limiting unhealthy product displays and offering connections and an easy path to healthy living, such as youth-led anti-tobacco peer engagement programs. Finally, for youth struggling with the effects of addiction, it is important to have simple, effective cessation support, such as text to quit services.

## Key Outcomes

### Vape-Free Indiana

Vape-Free Indiana implements prevention, public education, and cessation strategies to address the high rates of e-cigarette use among youth and young adults. The Vape-Free Schools Toolkit provides resources for school staff who are working to address the use of tobacco products, especially e-cigarettes, in schools. The toolkit was updated with new data and resources for SFY 2023.

Additional resources for parents, youth, educators, and healthcare professionals are available on the Vape-Free Indiana website.

### Vape-Free Schools Toolkit

The Vape-Free Schools Toolkit provides resources for school staff who are working to address the use of tobacco products, especially e-cigarettes, in schools. The toolkit was updated with new data and resources for SFY 2023. The updated toolkit includes guidance for schools on alternatives to punitive measures of enforcement for youth found in possession of tobacco. Incorporating positive and restorative practices is an opportunity to support students in remaining or becoming tobacco-free. In addition to strong smoke-free grounds policies, local coalitions have started working with school districts on restorative measures to address tobacco/nicotine addiction in students, rather than suspension or expulsion when youth are caught using tobacco products on school grounds.

The Behind the Haze public education campaign, directed at Indiana youth and young adults, continued through SFY 2023. Behind the Haze is a campaign that delivers compelling and evidence-based health education that motivates young people (ages 13-21) to rethink their vaping behaviors and/or intentions. Rather than use ambiguous scare tactics, Behind the Haze delivers specific facts that counter teens' knowledge, attitudes, and/or beliefs that are associated with vaping behaviors to curb vape use long-term. Two ads were implemented this year:

- "Sharing Addiction" ran from October to December 2022.
- "Toxicland" ran during the months of March through May 2023.

Social media continued to be the biggest traffic driver, with each campaign averaging over 13 million impressions across all media platforms (Instagram, Facebook, Snapchat, YouTube, TikTok). The campaign is specifically designed to reach youth susceptible to start vaping or those who already are vaping.

- In SFY 23, two ads were implemented, resulting in 18 million and nearly 23 million impressions, respectively. Active engagement among those seeing the ads has been increasing, from 60% to 69% of survey respondents.
- In 2022, evaluation results from the BTH campaign showed that 71% of respondents were aware of the campaign, with 78% of youth who are vaping or susceptible to vaping had seen the ads; 79% of respondents, reported the ads were relevant.
- Shifts in perceived risks of vaping have increased since 2019; interested in quitting vaping has increased.



**Sharing Addiction**



**Toxicland**

TPC continued its partnership with the Indiana High School Athletic Association (IHSAA) in SFY 2023, coinciding with back to school time, followed by a flight during the fall sports tournament season. The campaign returned during the boys' basketball tournament in March and was followed by spring sports finals. The IHSAA's social media channels generated over 20 million impressions across all flights in SFY 2023.



All social media content contains links to the campaign website, [dontpuffthisstuff.com](http://dontpuffthisstuff.com), where users can learn more about the dangers of vaping and share messages to social media. The 2022-2023 school year has resulted in over 20 million social media impressions; total since the launch of the campaign in March 2021 has been nearly 56 million impressions.



***Don't Puff This Stuff Social Media Graphics***

Youth and young adults who are struggling with nicotine addiction need resources to help them combat their addiction. The third component of the Vape-Free Indiana initiative provides free resources for quitting vaping, including text-based quit services designed for youth who want to quit vaping.



**This is Quitting** from the Truth Initiative, has served hundreds of Hoosiers.



**Live Vape-Free**, is a youth friendly interactive texting program with a live coach to support the youth's quit attempt.

Both programs also have tools for supporting parents and caregivers concerned about a teen's vaping addiction.

## Educating and Empowering Youth



Indiana's youth empowerment model, VOICE, seeks to engage, educate, and empower youth to celebrate a tobacco-free lifestyle. As a statewide movement and youth empowerment program, VOICE is actively building a network of youth leaders to assist with the design and implementation of initiatives that will educate the community and empower their peers to avoid tobacco use. Through positive youth development, youth leaders are trained to take action at the local level to create sustainable

change in their communities and to partner with adult allies to implement youth-designed activism activities addressing prominent and emerging tobacco issues.

The VOICE website ([VoiceIndiana.org](http://VoiceIndiana.org)) is the primary source for VOICE campaigns, resources, and messaging. VOICE is also active on social media platforms, including Instagram, Facebook, and Twitter.

During SFY 2023, VOICE engaged with Indiana teens through a collection of initiatives and special events, including:

- VOICE groups actively participated in five National Days of Action: Red Ribbon Week, Great American Smokeout, Taking Down Tobacco, Truth Initiative's Day of Action, and World No Tobacco Day, successfully implementing activism activities throughout Indiana with the support of their adult allies.
- More than 240 youth leaders and their adult allies from all over the state attended a training and rally at the Indiana Statehouse. VOICE youth participated in leadership training to build up their efficacy, confidence, advocacy and leadership skills, then met with their local decision-makers to discuss key issues.
- Four statewide adult ally trainings were held, designed to build skills for adult allies to utilize the positive youth development model and authentic youth-adult partnerships.

VOICE is active in 21 counties, including two statewide VOICE groups with the Indiana Latino Institute and Indiana Black Expo. There are over 120 core team leaders, 342 action squad members, and 60 members in the VOICE Alumni Network. There are two youth leadership mechanisms for engagement: the Statewide VOICE Youth Ambassador Program and The VOICE Alumni Network.

- Statewide VOICE Youth Ambassadors are high school students who have demonstrated leadership in celebrating tobacco-free lifestyles in their communities as active VOICE Core Team Leaders. These Youth Ambassadors are chosen annually as representatives of their

local counties through a competitive application process. They receive training at the state level and participate in statewide activities throughout the year. They serve as brand ambassadors for our statewide program and inform and design all statewide campaigns and initiatives within the VOICE Indiana brand.

#### 2023 VOICE Youth Ambassador Statewide Events: Inspiring Youth to Live Tobacco Free

- The VOICE Youth Ambassadors, along with County Core Leaders and their adult tobacco control allies, planned and executed a statewide activity, *Link Up to Live Tobacco and Nicotine Free*. These young leaders engaged with and encouraged their peers to link up in their own communities, they educated their peers about the harmful effects of tobacco and empowered youth to pledge to live tobacco free.
- The VOICE Youth Ambassadors also led a statewide poster contest for Take Down Tobacco, an initiative of Campaign for Tobacco-Free Kids. They designed and promoted and inspired their peers to participate in the contest. They reviewed all submissions and selected the top three finalists. The VOICE Youth Ambassadors allowed all VOICE youth to be engaged by allowing them to select the winner by creating a social media poll. Then they announced the winner on Campaign for Tobacco Free Kids National Day of Action - Take Down Tobacco. These young leaders are opening the door and welcoming other young people to share their passion and make an impact by addressing tobacco and nicotine use.
- VOICE earned the honor of being named the Group Youth Advocates of the Year in 2023 through Campaign for Tobacco Free Kids and was honored in a ceremony held in Washington, D.C.

The VOICE Indiana Alumni Network comprises graduating seniors who have aged out of traditional VOICE programming. These youth will transition into our young adult programming, where they will receive training, resources, and support from national partners who have committed to supporting the Alumni Network, such as Campaign for Tobacco-Free Kids and Truth Initiative. Together we will invest time, professional development training and resources for ongoing advocacy work around FDA and local smoke-free air ordinance and policy change. These young adults will also serve as mentors to the VOICE Core Team members still active on the local level and will be invited to present and speak at special events and recruitment activities on behalf of VOICE Indiana.

### **Tracking Tobacco Marketing in the Community**

The tobacco industry spends approximately \$308 million to market and advertise its products in Indiana each year, and the vast majority of this money is spent on point-of-sale marketing strategies such as price discounts and in-store advertising.<sup>9,10</sup> Studies have shown that point-of-

sale tobacco marketing increases the likelihood that youth will start using tobacco products, makes quitting tobacco more difficult, and targets communities that are already disparately impacted by tobacco.<sup>11,12,13</sup> TPC community partners educate on the impact of tobacco point-of-sale marketing. All local tobacco control partners worked with teams of local volunteers, including coalition members, youth, and other community members, to complete these retail assessments using an instrument based on the Standardized Tobacco Assessment for Retail Settings (STARS). Over the past eight years, local tobacco control coordinators and volunteers have collected more than 9,000 tobacco retail assessments. Following the completion of tobacco retail audits, TPC provided local partners with presentation slides summarizing tobacco retail assessment results in their county, as well as county fact sheets and educational packets that outline the impact of tobacco point-of-sale advertising on local communities. In SFY 2023, partners used these materials to engage in over 400 activities to educate about the impact of tobacco point-of-sale marketing in their communities.

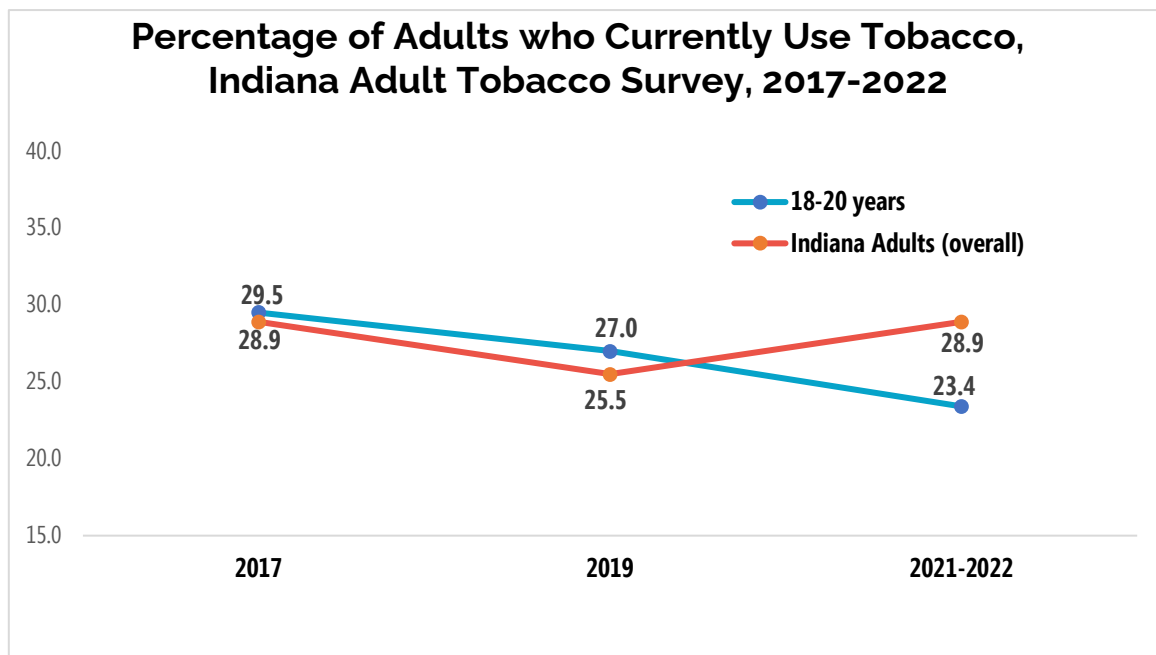
In addition to smaller educational events using local point-of-sale data to raise awareness of the impact that tobacco marketing can have on a community, partners held “Community Conversations” on tobacco point-of-sale. Like a town hall meeting, the Community Conversation would begin with a presentation of local data on tobacco point-of-sale and include a panel of community leaders to react to the information presented. In SFY 2023, 28 partners hosted Community Conversations. The Community Conversations raised awareness on how tobacco point-of-sale may be negatively affecting the community, especially youth.

### **Indiana Tobacco 21 Law outcomes**

The Federal Tobacco 21 law took effect in December 2019. Indiana’s Tobacco 21 law took effect on July 1, 2020, increasing the legal tobacco purchasing age in Indiana from 18 to 21. When the T-21 law passed in 2020, TPC developed an evaluation plan with short-term, intermediate, and long-term outcomes. Three years later, here is a summary of outcomes to date:

- According to the 2021-2022 Indiana Adult Tobacco Survey, two-thirds (67%) of Indiana adults were aware the legal age to purchase tobacco products in the state was raised from 18 to 21 in 2020.
  - Adults aged 18-24 were most aware of the new law (87%), with awareness decreasing with age.
  - Adults who currently smoked (84%) reported a higher level of awareness than adults who were nonsmokers (63%), as did adults who currently used any tobacco (84%) compared to adults who did not use tobacco (60%).

- The Indiana Adult Tobacco Survey also assessed awareness on the Indiana Tobacco 21 law. Most adults in Indiana favored the law, with 48% of adults strongly favoring the change, 18% somewhat in favor, 14% somewhat opposed, and 6% unsure of how they feel.
  - Adults who were nonsmokers (70%) favored the law more than those that currently smoke (53%). Likewise, adults who did not currently use any tobacco (72%) favored the law more than adults who currently used tobacco (51%).<sup>14</sup>
  - Indiana cigarette consumption has decreased 13% from SFY 2020 (379 million packs) to SFY 2023 (330 million packs).<sup>15</sup>
  - Current tobacco use among Indiana adults aged 18-20 years has declined from 29% in 2017 to 23.4% in 2021-2022.<sup>16</sup>



# Increase the Proportion of Hoosiers Not Exposed to Secondhand Smoke

Some Hoosiers are exposed to more secondhand smoke than others, due to differences in smoke-free protections. Until everyone is protected from secondhand smoke from combustible tobacco and secondhand aerosol from e-cigarettes, we must keep working for fairness. Exposure to secondhand smoke is one of the leading causes of preventable death and has been shown to cause heart disease, cancer, respiratory problems, and eye and nasal irritation. Exposure to secondhand smoke takes place in the home, public places, worksites, and vehicles. Secondhand smoke is classified as a Group A carcinogen (cancer-causing agent) under the U.S. Environmental Protection Agency's (EPA's) carcinogen assessment guidelines and contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.<sup>17</sup>



The 2006 U.S. Surgeon General's Report, *The Health Consequences of Involuntary Smoking*, stated there is no safe level of secondhand smoke, and the only way to provide protection against secondhand smoke is to eliminate it.<sup>18</sup> The 2016 Surgeon General's Report, *E-cigarette Use among Youth and Young Adults*, concluded that e-cigarette aerosol is not harmless "water vapor" and may contain several chemicals, including nicotine, carbonyl compounds, and volatile organic compounds, known to have adverse health effects.<sup>19</sup> Smoke-free air policies protect people from the death and disease caused by exposure to secondhand smoke and have an immediate impact on public health. By decreasing secondhand smoke exposure, we can prevent coronary heart disease, asthma, and lung cancer cases. A recent study found that Indiana counties with stronger smoke-free air ordinances have lower smoking prevalence rates and fewer new lung cancer cases per year.<sup>20</sup> Smoke-free policies and clean air environments also increase the demand for cessation and support people in quitting tobacco.

Aerosol from e-cigarettes/vaping devices is a source of pollution and toxins being emitted into the environment.<sup>21</sup> Secondhand aerosol is made up of a high concentration of ultrafine particles, and the particle concentration is higher than in conventional tobacco smoke. Exposure to fine and ultrafine particles may exacerbate respiratory ailments, such as asthma, and constrict arteries, which could trigger a heart attack.<sup>22</sup> Given the popularity of e-cigarettes and other vaping devices, there is also a need to protect non-users from secondhand e-cigarette aerosol, which can contain harmful ingredients, including nicotine, ultrafine particles, flavorings, volatile organic compounds, and heavy metals.<sup>23,24</sup>

Approximately 1,770 Hoosiers die each year from others smoking, such as exposure to secondhand smoke or smoking during pregnancy.<sup>25</sup> Exposure to secondhand smoke increases

the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS).<sup>26</sup> Preventing infants' exposure to secondhand smoke is an important strategy to reduce Indiana's infant mortality rate, which was 6.7 per 1,000 live births in 2021, compared to the U.S. rate of 5.4 per 1,000 live births.<sup>27</sup> Secondhand smoke costs Indiana approximately \$2.1 billion annually in excess medical expenses and premature loss of life, or about \$328 per person each year.<sup>28</sup>

Approximately one in four (58 million) nonsmokers in the U.S. is exposed to secondhand smoke, including 15 million children ages 3 to 11 years. Research shows that, although secondhand smoke exposure rates have dropped, some groups continue to be exposed at much higher rates than others. In addition to children, Black nonsmokers, people who live below the poverty level, and those who rent housing have higher rates of secondhand smoke exposure.<sup>29</sup>

## **Key Outcomes**

### **Increasing Smoke-free Air Protections**

Indiana's state smoke-free air law (2012) protects workers in restaurants and most worksites. The law protects employees and patrons of these businesses from the health hazards of secondhand smoke. Communities are providing greater protections to workers in their communities by adopting local smoke-free air ordinances. Currently, 32% of all Indiana residents are protected by a local community smoke-free air law, which covers at minimum non-hospitality workplaces, restaurants, and bars. Several local laws also cover membership clubs.

Several healthcare facilities, businesses, and schools have included e-cigarettes in their tobacco-free policies. Local tobacco control coalitions have made progress working with school districts to amend their tobacco-free school policies to include e-cigarettes in the definition of tobacco products that are prohibited. Currently, 254 school districts in Indiana, or 88%, cover e-cigarettes in their district policies.

A total of 19 communities — Austin, Bloomington, Carmel, Columbus, Fort Wayne, Franklin, Goshen, Greencastle, Greenfield, Greenwood, Hope, Indianapolis, Kokomo, Lafayette, Munster, North Manchester, South Bend, Winfield, and Zionsville — and three counties — Grant, Hancock, and Howard — have ordinances that include e-cigarettes/vaping devices. Five Indiana communities celebrated 10-year anniversaries of smoke-free air protections in the past year, including Terre Haute and Vigo County (7/1/2022), the Town of Hope, Indiana (7/23/2022), Lawrence (10/1/2022), and Columbus (12/5/2022).

Several Indiana communities implemented strong smoke-free air laws over a decade ago and are still seeing the benefits of the important protections they offer to residents. Hancock County is one of those communities, having implemented a strong smoke-free air law in 2009. TPC collaborated with the local commercial tobacco control coalition coordinator in Hancock County, Professional Data Analysts, and Transform Consulting Group to illustrate the impact of the smoke-free air law in Hancock County through qualitative storytelling.

While quantitative methods to assess health outcomes of municipal smoke-free air laws are common and have yielded valuable evidence on the effectiveness and importance of smoke-free air laws, qualitative evaluation can tap into community members' lived experiences and allow for more nuanced details to emerge. In addition, in smaller communities, qualitative evaluation is more feasible when there may not be consistent population-level health and behavior survey data over time. To document the story of county-wide implementation of the policy and long-term effects, such as economic growth and residents' health and quality of life improvements, impact and effectiveness were explored primarily through key informant interviews with community stakeholders including hospitality employees, youth residents, health care providers, elected officials, and employers. These stories were then turned into a video and infographics to be shared with the Hancock County community, as well as other similar communities looking to make changes in their smoke-free air laws.

Many local organizational policies are also in effect addressing secondhand tobacco smoke exposure:

- Among behavioral health and substance use treatment facilities, 132 (approximately 75% of all facilities in the state) have a tobacco-free campus.
- More than 40 college and university campuses in Indiana have implemented tobacco-free campus policies. About 25 of these college policies include restrictions on e-cigarettes and vaping.

Demand for smoke-free multifamily housing is high as more people become aware of the dangers of secondhand smoke. In addition to protecting residents from secondhand smoke, smoke-free air policies for multifamily housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multifamily housing owners estimate that it costs \$500 to \$8,000 extra to restore a housing unit that had a smoking tenant versus a nonsmoking tenant. The U.S. Department of Housing and Urban Development's (HUD's) Multifamily Housing Section has increased its support to landlords, owners, and public housing authorities to assist with implementing smoke-free air policies as required. The smoke-



free public housing authority policies in Indiana cover over 15,000 units and protect approximately 17% of households in Indiana receiving federal rental assistance.<sup>30</sup>

TPC partners with the American Lung Association in Indiana (ALA) to increase the number of smoke-free policies in multiunit housing. ALA provides technical assistance for smoke-free multiunit housing through developing partnerships with major public and private housing providers in Indiana, identifying community partner needs and providing relevant training opportunities, and increasing public awareness and community education. A Smoke-Free Housing Indiana Toolkit includes information regarding the different parts of the HUD smoke-free ruling, including secondhand smoke, enforcement, and legality of the policy. The toolkit includes sample lease language, as well as handouts and posters about smoking cessation. ALA maintains a website with relevant resources for property managers, community partners, and individuals seeking smoke-free housing.

TPC community partners also work with property managers to collect information about current smoke-free policy status and aid property managers and residents interested in passing and implementing smoke-free multiunit housing policies.

Everyone deserves an opportunity to be as healthy as possible, free from the harm that commercial tobacco can cause. While the rate of smoking among all Indiana adults has declined significantly over the last decade, tobacco use remains disproportionately high in some marginalized communities. The tobacco industry advertises, discounts, and displays commercial tobacco products in some communities more than others.



Tobacco use directly causes a majority of chronic diseases, including heart diseases, stroke, respiratory diseases, asthma, type 2 diabetes, and cancer. Every year, approximately 11,100 Hoosiers die from tobacco use. For every one of those deaths, another 30 Hoosiers are living with a tobacco-related illness that inhibits their quality of life. Indiana's adult smoking rate has historically been, and continues to be, higher than other states. Indiana ranks among the top 10 states in adult smoking and is in the Tobacco Nation, a group of states in a report by the national Truth Initiative that has grouped Midwest and Southern states as having higher smoking rates and poor health outcomes similar to that of developing countries.

Quitting smoking at any age can improve one's health. Treating tobacco use doubles the rate of successfully quitting.<sup>31</sup> Public education through strong media messages leads to increased quit attempts and increased demand for cessation services and directs tobacco users where to seek help.

The 2020 Surgeon General's Report on cessation stressed the critical importance of quitting and using proven treatments and the need for all healthcare providers and systems to provide these treatments that include counseling and medications, as well as the significant role that tobacco plays in illness and potential death.

The percentage of Indiana adults who currently smoke cigarettes has declined significantly from 25.6% in 2011. Still, Indiana's 2021 adult smoking rate of 17.3% is higher than the U.S. median of 14.4%. Indiana consistently places in the top 10 states with the highest adult smoking rates, ranked 8th highest adult cigarette smoking rate and 7th highest adult e-cigarette use rate (8.1%) in 2021. Among adults who currently smoke cigarettes, about half (51.1%) reported making at least one attempt to end their tobacco addiction in the past year. Among those reporting ever smoking cigarettes in 2021, 7.3% reported that they quit tobacco in the past year and hadn't smoked since.

CDC's Best Practices for Tobacco Control recommend state programs work in the following areas to support state Quitline capacity: promote system changes and increase access to cessation benefits. Quitlines have been shown to be a highly cost-effective intervention that deliver high value relative to their cost when compared with other common disease prevention interventions and medical treatments.

## Key Outcomes



### Quit Now Indiana

Quit Now Indiana (QNI) provides tobacco treatment services to Hoosiers ages 13+ who want to stop smoking or using other commercial tobacco products, offers information on tobacco dependence for health professionals and families or friends of persons who use tobacco, and provides information on local or national cessation resources. The Indiana Tobacco Quitline, now Quit Now Indiana, was established in 2006, and since that time, the Quitline has received over 200,000 enrollments.

In February 2023, Quit Now Indiana transitioned to a digital platform (Rally Health), offering multiple interactive tools to enhance the consumer experience. QNI is available to all Hoosiers, offering support in quitting tobacco use through online, text-based, and telephone-based counseling. Highly trained coaches provide tailored counseling support to help people who use tobacco end their nicotine dependence. QNI is central to Indiana's tobacco cessation network of state and local partners. In SFY 2023, QNI served nearly 10,400 registered participants. QNI has a high satisfaction rate of 80% among participants, and 93% of respondents would recommend QNI to another person who was trying to quit tobacco. The 30-day quit rate among participants across all QNI programs was 37.4%<sup>32</sup> at seven-month follow-up using the North American Quitline Consortium (NAQC) standard calculation method for quit rates.<sup>33</sup>

In the first quarter of 2023, Quit Now Indiana launched a paid media campaign to promote the individual services program, Pick Quit, as well as menthol cessation messaging targeted to the Black population. Paid media channels included radio, digital video, and digital and social media ads, which ran from December 26, 2022, to March 26, 2023. The digital ads resulted in over 29 million impressions and a 14% increase in Quit Now Indiana enrollments compared to the weeks prior to the campaign.

## **Tobacco Use during Pregnancy**

Use of commercial tobacco products impacts even the youngest Indiana residents, as smoking during pregnancy can harm the health of both pregnant people and their unborn children. In 2021, 9.8% of pregnant individuals in Indiana smoked cigarettes and 10.7% of pregnant individuals in Indiana, nearly 8,600 people, used some form of tobacco during their pregnancy (including cigarettes, e-cigarettes, cigars, cigarillos, smokeless tobacco, or hookah/water pipe).<sup>34</sup> Smoking during pregnancy is associated with poor health outcomes, including low birth weight, sudden infant death syndrome (SIDS), and miscarriage. After pregnancy, exposure to secondhand smoke can increase the risk for additional complications for the baby, including sudden infant death syndrome and health problems due to weakened lungs. Services through Quit Now Indiana offers support to those who use tobacco and are pregnant, planning a pregnancy, or nursing. The treatment plan is tailored to meet their needs and offers additional postpartum contact to prevent relapse. Indiana's infant mortality rate (the number of babies who die before their first birthday) is above the national average, and smoking during pregnancy is a significant risk factor for infant mortality. Encouraging smoke-free pregnancies can support efforts to reduce Indiana's infant mortality rate, a top priority of the Indiana Department of Health.

Quit Now Indiana is a referral partner for all 145 Indiana Women, Infants, and Children (WIC) clinics. In SFY 2023, there were 269 enrollments in QNI's program for women who are pregnant, planning pregnancy, or postpartum.

## **Quit Now Indiana Referral Partners**

Healthcare systems provide many opportunities for motivating tobacco users to quit. Approximately 3,000 fax referrals and 8,000 electronic referrals (including EHRs, e-referral/SFTP, and secure email) were made to Quit Now Indiana from providers in SFY 2023. Quit Now Indiana's suite of services also includes the Online Provider Referral Portal, [QuitNowReferral.com](https://QuitNowReferral.com). Healthcare providers and employers can quickly and easily refer tobacco users to the Quitline through the web. In SFY 2023, 1,811 referrals were submitted through the portal.

In SFY 2023, four healthcare systems integrated electronic health record-based Quit Now Indiana e-Referrals: Deaconess (Evansville), an acute care facility; Fort Wayne Medical Education Program, a physicians' training program affiliated with Parkview Health; LifeSpring, an integrated behavioral health and primary care facility; and Columbus Regional Health, an acute care facility. Electronic referral improves continuity of care, simplifies the referral process, provides patient outcome reports to referring providers, and is a sustainable method of referral to tobacco quitlines. These efforts include engaging key stakeholders within hospitals, community health

centers, and individual practices to discuss Quit Now Indiana services and strategies to integrate tobacco dependence treatment best practices, including electronic health records (EHRs) utilization.

### **Indiana Medicaid Supports Tobacco Cessation**

Individuals primarily insured through Medicaid smoked at a higher rate (35.4%) than the general population (17.3%) in 2021.<sup>35</sup> Indiana Medicaid has a robust set of benefits for tobacco treatment, including all FDA-approved medications for smoking cessation and individual, group, and phone counseling. Increasing awareness among Indiana Medicaid providers and members of the services available to help in quitting tobacco is important to ensure that those who need services receive them.

TPC's partnership with the Office of Medicaid Policy and Planning (OMPP) provides support for Quitline services and connects TPC with the Indiana Medicaid health plans to train staff on tobacco treatment intervention and referrals to the Indiana Tobacco Quitline. In SFY 2023, approximately 48% of people who enrolled in Quitline services indicated they were Medicaid members. The TPC staff shares resources and provides data to each health plan.

Tobacco control work with Indiana Medicaid focuses on the barriers to the billing and reimbursement of tobacco dependence treatment. The aim was to remove barriers to the Medicaid reimbursement methodology for practitioners and clinicians and to expand tobacco treatment coverage in Indiana.

### **Health Systems Change Partnerships**

Systems change within healthcare organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. Systems change leads to improvements or modifications in the way healthcare systems operate to enhance or improve clinician interventions and integrate tobacco into healthcare delivery using various strategies. The U.S. Public Health Service (PHS) Treating Tobacco Use and Dependence Clinical Practice Guideline stresses that healthcare systems changes, including Quitline services and promotion of and referral to services, effectively reduce the health burden of tobacco.

TPC Health Systems Change Partnerships seek to build sustainable, integrated solutions at the organizational level to support clinicians to address tobacco use consistently and effectively. This collective work is targeting the following focus areas:

- Implementing best practices for tobacco dependence treatment and care coordination

- Quality improvement
- Utilization of Electronic Health Record (EHR) system

TPC partners for evaluation support from the IU Richard M. Fairbanks School of Public Health, Center for Health Policy.

The Center for Health Policy is responsible for evaluating the grant program. While not a formal partner on the TPC Health Systems Change initiative, TPC-funded local coalitions have partnered with Health System Change grantees for technical assistance and guidance in reaching their cessation goals.

SFY 23 marked the end of the fifth year of the Health Systems Change Partnerships, with 10 funded partners collecting and providing outcome metrics to track the impact of their systems change projects.

In SFY 2023, partner organizations provided healthcare services to over 60,422 Hoosiers. Of these individuals who received healthcare services, 72% were asked if they currently used tobacco products. Organizations determined that among individuals asked about their tobacco use, 26% were current tobacco users. Partner organizations referred 343 individuals to a Tobacco Treatment Specialist (TTS) or other form of one-to-one tobacco cessation counseling and referred 1,320 individuals to the Indiana Tobacco Quitline for help with their use of tobacco.

#### *Facilitators of and Barriers to Success*

Previous health systems change evaluation reports outlined facilitators of and barriers to success, as documented through qualitative interviews from each of the Health Systems Change partners. Eleven general themes were identified as facilitators that enhanced or supported the TPC Health Systems Change efforts:

- |                                    |  |
|------------------------------------|--|
| • Leadership buy-in                | • Teams/teamwork                         |
| • Funding                          | • Aligns with/is organizational Priority |
| • Technical assistance             | • Champions, COVID-19                    |
| • Staff/frontline buy-in           | • IT support/EHR                         |
| • External collaborators/partners  |  |
| • Specialized skills/trained staff |  |

The most reported challenge was staffing issues (noted by 6/8 organizations interviewed). Most partners emphasized that staff turnover and staffing issues were the biggest barrier to

conducting the work and achieving their goals. Some partners cited executive level leadership buy-in was a barrier and impacted the ability of the team to advance their efforts. Other barriers included competing priorities by the health system and integrating Quit Now Indiana into the electronic health records.

The qualitative interviews were also assessed to determine overarching themes related to barriers that complicated the TPC Health Systems Change efforts, which included:

- Staffing issues
- COVID-19
- Lack of provider/staff buy-in
- Tracking impact
- Lack of patient buy-in
- IT/EHR data-related challenges
- Time constraints
- Uncertainty/lack of focus
- Process barrier
- Not an organizational priority

The most common barrier that came up was that staffing issues, due to turnover, changes in key positions, or having insufficient staff or staff time committed to the health systems change efforts, impeded progress. The second-most-common barrier was related to EHR or IT issues. Health Systems Change annual evaluation reports can be found on the [TPC website](#).

### **Tobacco-Free Recovery**

Smoking prevalence remains significantly higher among individuals with behavioral health conditions and substance use disorders. Adults with behavioral health conditions or substance use disorder smoke nearly 40% of all cigarettes smoked in the United States.<sup>36</sup> About one in five adults in the U.S. (19.9%) and in Indiana (22.3%) have any mental illness.<sup>37</sup> Additionally, nearly 39% of Indiana adults with any mental illness smoke.<sup>38</sup>

Opioid use is part of a larger substance abuse problem, including tobacco use and dependence. Smoking rates tend to be very high among patients receiving treatment for opioid addiction — upward of 95% or more.<sup>39</sup> In addition, tobacco users may be more prone to long-term opioid use. Research has shown that patients with a history of tobacco use are more likely to be given longer-term or more frequent opioid prescriptions than patients without a history of tobacco use.<sup>40</sup> Treating tobacco use along with other addictions can increase abstinence rates.

Conversely, continued tobacco use can increase the odds of substance use disorder relapse.<sup>41,42</sup> To better support people who use tobacco and have behavioral health conditions, the Indiana Tobacco Quitline offers the intensive Tobacco Cessation Behavioral Health Program (TCBHP) to meet the needs of this population. The program includes higher intensity behavioral and pharmacological support, consisting of up to seven calls and a 12-week regimen of combination

Nicotine Replacement Therapy (NRT). In SFY 2023, approximately 57% of all Quit Now Indiana participants reported currently having one or more behavioral health conditions.<sup>2</sup>

Although research shows that tobacco users with behavioral health conditions and substance use disorders want to quit and can quit, tobacco treatment may not always be considered a priority in mental health treatment settings.<sup>43</sup> To help reduce tobacco use among individuals with mental illness, mental health providers and facilities should be educated to integrate tobacco treatment into overall mental health treatment strategies, as well as to refer patients to an evidence-based tobacco treatment resource for extra support, such as the Indiana Tobacco Quitline or a Trained Tobacco Specialist (TTS). Tobacco-free environments in treatment facilities also support recovery.

### **ReThink Tobacco Indiana**

This TPC partnership provides training, technical assistance and policy implementation for community mental health centers, addiction treatment centers, recovery treatment centers, recovery residences, and substance abuse treatment programs. The educational components include information on Clinical Practice Guideline for Treating Tobacco Use and Dependence, instituting and enforcing tobacco-free campus policies and enhancing tobacco treatment practices through use of electronic health records.

Ongoing training and education have also been provided to behavioral health providers across the state in partnership with the Indiana Counselor's Association on Alcohol and Drug Abuse (ICAADA), including 12 tobacco treatment trainings offering continuing medical education and continuing education units for eligible providers. Additionally, two continuing education opportunities were offered via live webinar on Tobacco Use Disorder and Pharmacists Prescribing for Tobacco Cessation: The Indiana Protocol. Rethink Tobacco Indiana has successfully offered three Tobacco Treatment Specialist (TTS) trainings to expand tobacco treatment among the behavioral health workforce by providing knowledge and skills regarding evidence-based treatment.

Rethink Tobacco conducted a series of trainings for Genoa Pharmacy pharmacists, pharmacy technicians and other clinicians to expand access to cessation support through Indiana's standing order issued by the State Health Commissioner.

### **Indiana Tobacco Recovery Partnership**

Indiana convened approximately 70 stakeholders across the state to discuss cessation strategies within the behavioral health population. In addition to convening behavioral health partners,



primary care and health system partners were invited to the summit. New partners joined three existing working committees that focused on policy and advocacy, provider education, and data. The plan of the Indiana Leadership Academy for Wellness and Tobacco Free Recovery since its inception in 2019 was to rally tobacco control experts and supporters around two goals to achieve by 2025 according to BRFSS data:

- Reduce the smoking prevalence of adults with poor mental health days from 38.7% to 25%
- Reduce the smoking prevalence with adults who drink heavily from 39.1% to 25%

As a result of the action of the Leadership Academy, TPC has a partnership with the DMHA to support providers that implement tobacco treatment strategies.

**Tobacco Free Recovery Grants:** The grant priorities are to increase the amount of tobacco use assessments, referrals to the Indiana Tobacco Quitline/Quit Now Indiana services, quit attempts, and treatment capacity for clinical teams. This partnership between Tobacco Prevention Cessation and Division of Mental Health and Addiction funds nine behavioral health and healthcare agencies that focus on the following strategies:

**The grant focuses on tiered strategies:**

TIER ONE – Tobacco-Free Grounds

Create tobacco-free/smoke-free air policies to reduce secondhand smoke and secondhand aerosol exposure for patients and staff, encouraging those who smoke or vape to quit. Strong clinic/center policies protect everyone and can decrease use of all forms of tobacco.

TIER TWO – Tobacco Use Assessment and Dependence Treatment

Incorporate tobacco use screening and brief intervention treatment within the organization’s clinical practices. Creating strong workflow and treatment practices will achieve the systems change necessary for effective tobacco dependence treatment.

TIER THREE – E-Integration

The Quitline EHR integration is an efficient referral provision for clinical treatment settings such as clinics and hospitals. Quit Now Indiana has the capacity to receive electronic referrals, and the integration process supports referrals from EHR systems via fax, secure email, and secure FTP site.

## **Working with Employers**

Employers play an important role in protecting the health and safety of their workforce. The Quit Now Preferred Employer Network is a program that Indiana employers can become involved with to promote the Indiana Tobacco Quitline to their employees. Employers also receive guidance from local tobacco control partners on ways to best address tobacco use in their workplaces through tobacco-free policies and tobacco treatment benefits. Over 1,500 employers are enrolled in the Preferred Employer Network. TPC and its partners have focused outreach efforts on employers in Indiana to implement changes to their benefits structures and grounds policies. Specifically, they are encouraged to: A) Pass and implement tobacco-free campus or grounds policies; B) Offer robust coverage for tobacco cessation as part of a comprehensive employee benefits package, and C) Promote the Indiana Tobacco Quitline as a resource for employees who use tobacco. In SFY 2023, local partners reported 476 activities related to outreach with Indiana employers.

In addition, statewide partner, the Wellness Council of Indiana (WCI) is a statewide organization dedicated to workplace and community well-being in Indiana. Through a partnership with TPC, WCI builds on the current tobacco control programs and deepens the reach to employers across Indiana. The approach includes promotion of Quit Now Indiana services to Indiana employers, consultations with employers to educate and implement best practice for tobacco cessation and prevention in the workplace, and hosting employer-facing trainings through a variety of formats. In addition, they serve as a technical expert for local community-based partners and advisors to TPC on employer trends. WCI designed employer-facing trainings and workshops on a variety of cessation-related topics, with a strong emphasis on the promotion of the Indiana Tobacco Quitline, employer smoke-free air policies, and employer cessation benefits. WCI developed an employer tobacco prevention and cessation tool using existing materials as a leave-behind tool for employer-based wellness and human resource professionals.

# Maintaining State and Local Infrastructure to Reduce Indiana's Tobacco Burden



Tobacco Prevention and Cessation



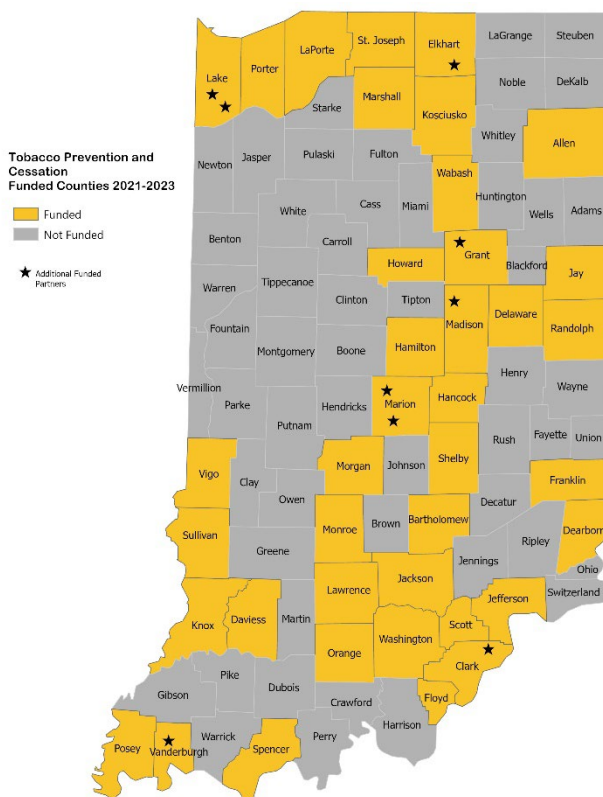
Indiana's tobacco control program implements the Centers for Disease Control and Prevention (CDC) Best Practices for Comprehensive Tobacco Control programs. State and community-based programs are critical components of best practices. These programs are central to TPC's work as community coalitions implement policy change and other population-based, evidence-based strategies that encourage tobacco-free communities. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding, training and technical assistance to local programs produce measurable progress toward statewide tobacco control objectives.

## Key Outcomes

### Community Partnerships

In SFY 2023, TPC funded 48 community and capacity-building partnerships in 39 counties, reaching approximately three-fourths of Indiana's population. Their work in the local

communities is key to the success of the statewide program. TPC supports the local community programs by providing training, technical assistance, and resources.



TPC also implements a capacity-building grant program opportunity open to any county that had not received TPC funding in the past grant cycle to get started on core interventions. The capacity-building grant program currently funds five capacity-building grantees.

Tobacco prevention and cessation is part of Health First Indiana's core services for local health departments that opt-in to funding in SFY 2024. TPC has been involved in the development of these local public health core services and is incorporating the existing local community-based tobacco prevention and cessation infrastructure

and resources to provide guidance for these core services. The addition of these local public health core services allows for more local communities to develop, maintain, or expand their community-based health and wellness coalitions to promote tobacco treatment services, such

as Quit Now Indiana, as well as work more closely with the schools within the county in order to provide comprehensive tobacco prevention messaging and services.

To raise awareness of the impact of tobacco use at the local level, communities must maintain coalition efforts through the priority area of maintaining a state and local infrastructure. These activities include training adult and youth coalition and community members, developing relationships with key stakeholders and decision makers, and building diverse coalitions in their community. TPC grant partnerships provide the resources to hire staff, purchase educational materials and resources, conduct training programs, and recruit and maintain local coalitions. The formation of coalitions has been a powerful and effective tool to mobilize communities to make changes that support tobacco control efforts.

Coalitions implemented 8,088 program activities during SFY 2023, ranging from Quitline outreach to community presentations to delivery of training. This included:

- Over 400 activities providing education on tobacco point-of-sale marketing and advertising.
- Nearly 600 activities in communities worked on decreasing exposure to secondhand smoke.
- Approximately 1,260 activities helping Hoosier adults to quit tobacco use.

Community program progress is tracked by monitoring the implementation of activities, as well as evaluating their effectiveness in working toward program objectives through a program reporting system. In addition, local grantees submit fiscal reports to ensure appropriate use of funds. The TPC staff communicates regularly with grantees to ensure the local activities support and advance the goals and objectives of a tobacco control plan. Regional program directors, as well as other staff, work with grantees each month to provide tailored technical assistance.

TPC released the Request for Applications for the SFY 2023-2025 grant cycle in January 2023. Substantial changes were made to the number of requirements for local partners, based on feedback gathered from surveys and focus groups conducted in the previous year. In addition, a new type of partnership – a regional grant – was introduced, providing the opportunity for communities with 50,000 residents or less to combine efforts and resources and receive funding for commercial tobacco control work under one Lead Agency. The requirements for the regional grant are similar to the capacity-building grant. Changes to the RFP were made to emphasize health equity – such as encouraging applicants to write SMART-IE objectives, adding Inclusion and Equity to objectives on work plans. In addition, the application scoring guidelines and rubric were updated to include a separate score for Potential for Impact, with the intention to take a

more equitable approach to evaluating applications.

### **Health Disparities**

There is a great need to reaffirm and reflect on the collective commitment to commercial tobacco control practices that reach all Hoosiers, especially marginalized communities within the state of Indiana. TPC made some intentional changes to the community partnership grants to better address these needs with these expectations:

- Partners to focus on a specific community during the grant cycle
- Outreach to organizations, key individuals, or stakeholders from a marginalized population and identification and recruitment of that person or organization to the coalition
- Education to the general community on the burden of commercial tobacco products on marginalized populations
- Conduct ongoing assessments of authentic engagement with marginalized populations as a part of the coalition growth plan

TPC staff have also participated in training on the history of marketing by tobacco companies. Staff have used resources from the Frameworks Institute and ChangeLab Solutions to reframe fact sheets and other communications tools, highlighting the causes or drivers of disparities in tobacco use and secondhand smoke exposure.

TPC's approach to tobacco control includes internal and external activities that increase support for organizations that serve marginalized communities, address marketing practices, and bring voices to the table from the communities most impacted by tobacco.

### **Statewide Partnerships**

The tobacco industry has historically targeted and marketed to the LGBT community, the Indiana LGBT adult smoking rate is nearly 1.5 times higher compared to those who did not identify as LGBT. As a result, Indiana began a partnership with Indy Pride in 2018, helping the organization take the Indy Pride Festival smoke-free for the first time. TPC staff have provided technical assistance and feedback on policy implementation, and Indy Pride continues to host their events as tobacco free and promotes Quit Now Indiana through their social and website platforms.

Breathe: Healthy Steps to Living Tobacco Free is an educational program directed to Head Start Centers and other similar organizations serving low-income families in Indiana. Breathe includes education on the dangers of secondhand and thirdhand smoke, ways to minimize exposure, the

financial burden of tobacco use, and resources available to quit using tobacco products. Breathe uses a variety of educational tools, including a comprehensive flip chart, parent handouts, educational videos, parent activities/worksheets, children’s activities/worksheets, social media posts, and a monthly newsletter to reach families and teachers at Head Start and other organizations. Many Breathe materials are also available in Spanish. Health Ed Pros, a TPC statewide grantee, provides training and technical assistance to local funded partners and Head Start and similar agencies covering counties that do not have a local TPC community coalition. Health Ed Pros is responsible for the development, implementation, evaluation, and improvement of the Breathe tools and trainings. In SFY 2023, 33 Breathe trainings were conducted (including 12 Breathe refresher sessions), reaching 639 people in 52 of the 92 Indiana counties.

### **Providing Evidence-based Training and Tailored Technical Assistance**

TPC implements a comprehensive training plan for staff and partners, which includes mandatory training sessions, elective training topics, a biennial conference, monthly webinars, regional workshops, weekly newsletter to all funded partners, and other communication tools. TPC held its biennial Partner Information X-Change in August 2022. During this three-day conference with over 100 attendees, state and national experts presented on the following topics and more:

- 20 Years of Community-Driven Tobacco Control in Indiana: How Far We’ve Come; Where We Need to Go
- Panel Discussion: Providers share successes & barriers to tobacco-free recovery
- Bridging Silos: Understanding the Overlap of Teen Nicotine and Marijuana Vaping

Maintaining tobacco prevention and cessation expertise is critical to our state program’s infrastructure.

Many of the TPC staff are sought out to speak and participate at state and national training workshops and events.

### **Looking Ahead**

Recommendations outlined in the [Governor’s Public Health Commission report](#) have been moved forward with the passing of SEA 4 and HEA 1001 in the 2023 Indiana legislative session, including a historic investment in public health in the State of Indiana. The addition and establishment of core services for local health departments includes tobacco prevention and

cessation. For the first time in many years, there will be the potential to have a level of tobacco prevention and cessation services in all 92 Indiana counties. The first year of funding for local health departments will begin on Jan. 1, 2024.

A surveillance and evaluation program is one of the five components recommended for state-based tobacco control programs in the CDC's Best Practices for Comprehensive Tobacco Control programs. It is important for tobacco control programs to be accountable and demonstrate effectiveness, as well as have access to relevant and timely data for use in program improvements and decision-making.<sup>44</sup>

TPC maintains an outcome-based evaluation of tobacco control efforts in Indiana by managing state-level surveillance systems, including the Indiana Adult Tobacco Survey (ATS) and Youth Tobacco Survey (YTS), and contributing resources to the Behavioral Risk Factor Surveillance System (BRFSS). In addition, Indiana Tobacco Quitline service reports, cigarette tax stamp data, and tobacco policy tracking are incorporated into evaluation measures. TPC also manages an electronic reporting system for local partners that monitors process measures through local tobacco control coalition monthly program reports. See previous sections for additional examples of the Indiana tobacco control program's surveillance and evaluation.

### **Nativity/Birth Certificate Update**

The Indiana Department of Health has made several changes in recent years to how Vital Records data is handled, including birth data. One of these changes included adding more questions about tobacco to the birth worksheet that parent(s) and/or medical personal fill out after a birth occurs. This worksheet contains pages of questions about the newborn, labor, pregnancy, and other factors related to the birth.

Prior to the aforementioned changes, Indiana had tracked cigarette use three months prior to pregnancy, during the first trimester, during the second trimester, and during the third trimester. However, we now track several other variables along with those. The transition was instituted on Jan. 1, 2021. The TPC Evaluation Team had the opportunity to suggest changes and expansion to the questions pertaining to tobacco on the birth certificate, and we are pleased that there will be more data on tobacco use during pregnancy in the coming years.

**Smoking during  
Pregnancy in Indiana, 2021**

Number of live births in Indiana	<b>79,953</b>
Number of births to those who reported smoking during their pregnancy	<b>7,849</b>
Smoking During Pregnancy estimate	<b>9.8%</b>

**Tobacco Use during  
Pregnancy in Indiana, 2021**

Number of births to those who reported any tobacco use during their pregnancy	<b>8,570</b>
Tobacco Use During Pregnancy estimate	<b>10.7%</b>

Due to the transition and its impact on data collection, smoking during pregnancy variables prior to 2021 should not be directly compared to the same variables in and after 2021.

**38 counties** had estimates significantly higher than the state estimate

**12 counties** had estimates significantly lower than the state estimate

County estimates ranged from 1.2% (Hamilton County) to 26.7% (Crawford County)

**39 counties** had estimates significantly higher than the state estimate

**12 counties** had estimates significantly lower than the state estimate

County estimates ranged from 1.3% (Hamilton County) to 29.4% (Blackford County)



## Indiana Youth Surveillance

### Indiana Youth Tobacco Survey

The Indiana Youth Tobacco Survey (IYTS) has been administered biennially since 2000 and collects data on youth tobacco use, access to tobacco, exposure to tobacco advertising, secondhand smoke exposure, social influences, and attitudes and beliefs related to tobacco. Results are representative of public middle school and high school students in Indiana and provide the most comprehensive statewide source of tobacco-related behavior among Indiana youth. The 2022 IYTS was administered in the fall of 2022 to over 5,400 students.

## Tobacco Use

In 2022, over **1 in 10 high school students** (10.5%) in Indiana reported **current tobacco product use** (*current use is defined as use on at least one day in the past 30 days*).

### Demographic differences and social determinants

- High school youth who identified as transgender reported a significantly higher rate of current tobacco use than students who did not identify as transgender.
- Youth who reported current use of tobacco and e-cigarettes tended to have lower family affluence.
- Youth who currently used tobacco products or e-cigarettes were more likely to report experiencing moderate or severe psychological distress.

- Of those who currently used tobacco, about **one-third** (24.6% of middle school students and 30.6% of high school students) reported **using more than one tobacco product**.
- Of those who currently used tobacco, the vast majority - nearly **2 in 3** (64.7%) middle school youth and **3 in 4** (74.5%) high school youth - reported **using flavored tobacco** including menthol.
- Of those who currently used tobacco, 74.6% of middle school students and 55.9% of high school students **made at least one quit attempt in the past year**.

## E-Cigarette Use

E-cigarette prevalence rates have decreased since 2018\* similar to patterns observed among youth throughout the U.S., however, e-cigarettes were still the **most commonly used tobacco product among Indiana youth** in 2022.

9.2% of Indiana high school and 2.2% of middle school youth reported current e-cigarette use

*(current use is defined as use on at least one day in the past 30 days).*

- Among middle and high school students who reported current e-cigarette use, the majority were female, white, and in higher grade levels
- Youth who used e-cigarettes were more likely to report experiencing **moderate or severe psychological distress**
- Youth who used e-cigarettes generally had lower grades in school
- Among high school youth who currently used e-cigarettes, **44.0%** used an e-cigarette on 20 or more of the past 30 days (**frequent use**)
- Among youth who currently used e-cigarettes, two-thirds (64.4%) started using e-cigarettes before the age of 15.
- Among youth who currently used e-cigarettes, **66.7%** of middle school students and **53.9%** of high school students made at least one quit attempt in the past year
- Over **27,000 Indiana high school youth** and nearly **5,000 Indiana middle school youth** currently used e-cigarettes\*\*
- Among youth who have never used e-cigarettes, approximately **1 in 5 middle school and high school youth** (19.6% middle school, 20.4% high school) were **susceptible\* to e-cigarette use**. \*Susceptibility is a construct that can help to identify future tobacco product experimentation or use.

## Cigarette Use

**Current cigarette smoking** among Indiana youth was the **lowest measured** in the past two decades.\* (*current use is defined as use on at least one day in the past 30 days*)

- Under 2% of Indiana high school youth (1.8%) and less than 1% of middle school youth (0.8%) reported **current cigarette smoking**.
- The percentage of middle school and high school youth who did not currently smoke cigarettes, but were susceptible\* to smoking, was 26.7% among middle school youth and 25.0% among high school youth. \**Susceptibility is a construct that can help to identify future tobacco product experimentation or use.*

Continued surveillance, sustained implementation of commercial tobacco prevention and control strategies, and efforts to address disparities are warranted to prevent and reduce youth tobacco use in Indiana and the U.S. The 2022 IYTS Highlights and additional resources are available [here](#).

### Indiana Youth Online Survey

With the significant increase in youth e-cigarette use and vaping in the past 5 years, TPC sought to assess youth tobacco use, including cigarette use and vaping of nicotine and marijuana, using an innovative and rapid data collection approach. The first online survey was administered in December 2020 – January 2021, and the sample consisted of over 800 youth. The survey was repeated in February – April 2023, and the age group included youth and young adults ages 13-21. There were numerous challenges with recruitment in 2023, and the total number of participants was just over 300. Due to the sample size achieved, some subcategories of results had a limited number of respondents, and therefore should not be shared. However, the survey still provided helpful insights into youth and young adults' behaviors.

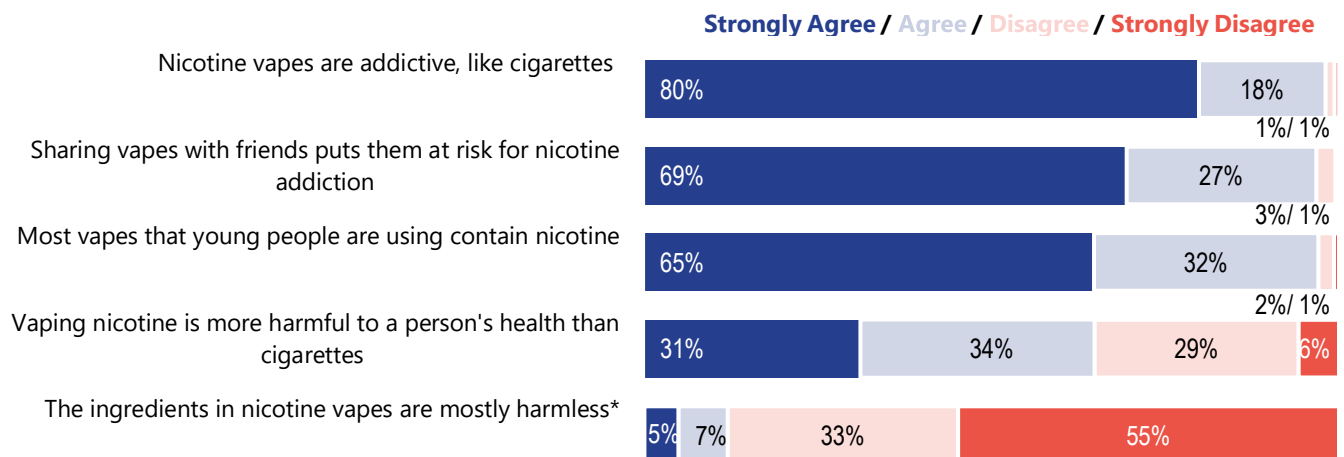
## Nicotine Vapes

**34.2%** of respondents reported ever using nicotine vapes

**16.5%** of respondents reported currently using nicotine vapes

Among youth who currently used nicotine vapes:

- Over **30%** used nicotine vapes on 20 or more of the past 30 days (frequent use)
- Nearly **45%** used nicotine vapes within 30 minutes of waking
- **45%** reported using because they felt anxious, stressed, or depressed
- **70%** used nicotine vapes that were fruit flavored
- **77%** tried to reduce nicotine vaping over the past few months



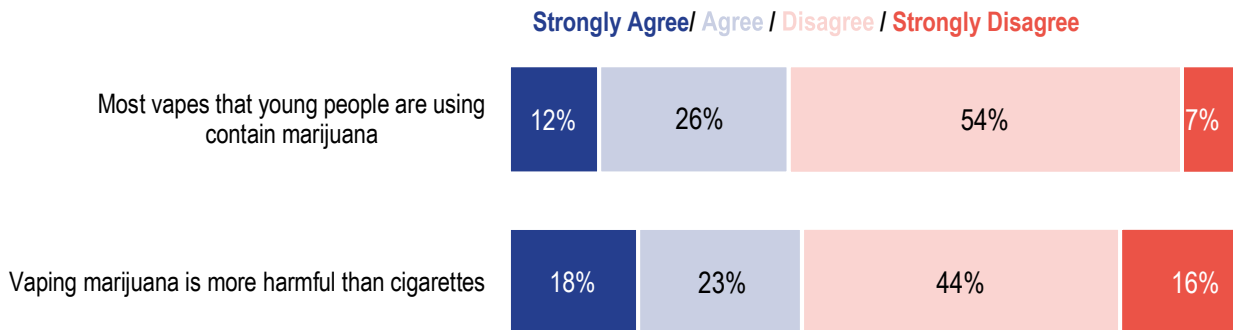
## Marijuana Vapes

**31.3%** of respondents reported ever using marijuana vapes

**14.4%** of respondents reported currently using nicotine vapes

Among youth who currently used marijuana vapes:

- Over **10%** used marijuana vapes on 20 or more of the past 30 days (frequent use)
- The most popular product type used was **Delta 8, 9, or 10**, with **1 in 4** (26.0%) youth who currently used marijuana vapes reporting use of this type
- About half (49.8%) of respondents reported that they got marijuana vapes from someone who gave it to them or shared it with them
- The majority of respondents (61.9%) used unflavored marijuana vapes
- **54%** tried to reduce marijuana vaping over the past few months



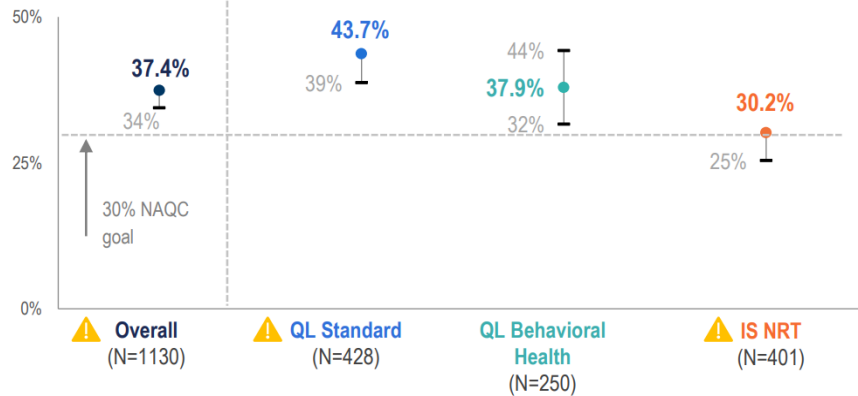
### Quit Now Indiana Evaluation

The Quit Now Indiana follow-up survey is a survey of adult participants seven months after enrollment in services that gathers information on quit outcomes and program satisfaction, among other topics. Findings from the most recent round of data collection throughout 2022 indicate high satisfaction rates and strong abstinence rates among Quit Now Indiana participants. The overall 30-day point prevalence abstinence rate across programs was 37.4%, which exceeds the North American Quitline Consortium (NAQC) goal of 30%. By program, 30-day quit rates were highest among the Quitline Standard program, followed by the Quitline Behavioral Health program and Individual Services program.



Nearly **40%** of adult ITQL respondents had **successfully quit conventional tobacco** at follow-up.

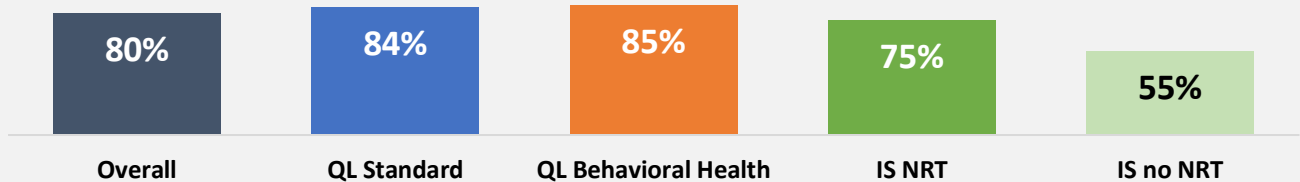
30-day point prevalence abstinence from conventional tobacco, overall and by program



This symbol indicates the follow-up survey response rate for a program is below 50% but at or above 40%. When the response rate is less than 50%, we are less confident in the generalizability of the findings and only report the lower end of the confidence interval with the quit rate estimate.

When asked how satisfied they were with the Quitline, 80% of respondents were very or mostly satisfied with the program, while 93% of respondents would recommend the program to a friend who was trying to quit tobacco.

Percent who were very or mostly satisfied with the services they received, overall and by program



### External Evaluation Services

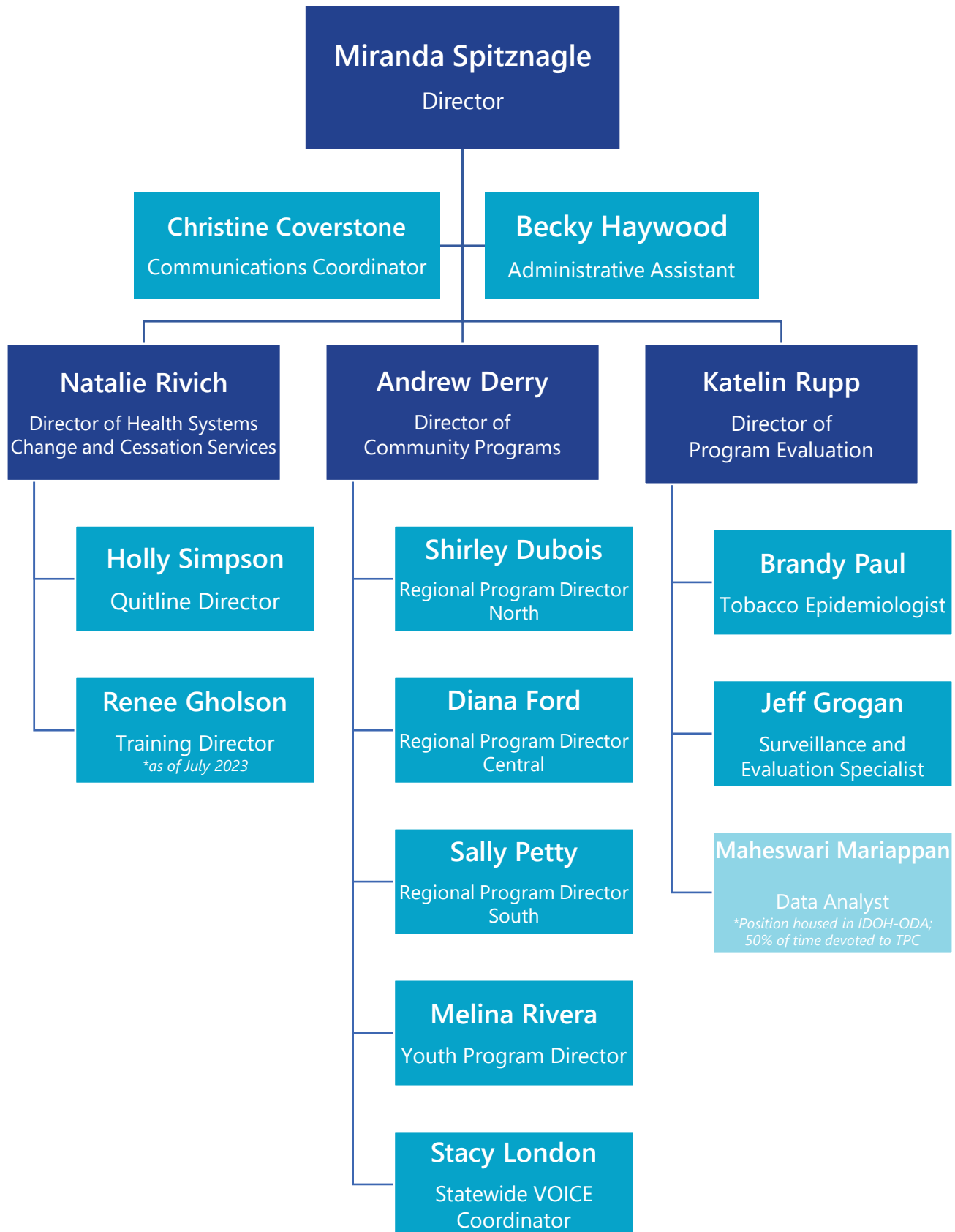
TPC has a partnership with an external evaluator, Professional Data Analysts (PDA), which began in June 2021. PDA's work supports, complements, and improves TPC's internal evaluation capacity. PDA works closely with TPC's Evaluation Team and provides an impartial perspective on several elements of Indiana's Tobacco Control program and evaluation activities. Their current work includes translating the 2025 Indiana Tobacco Control Strategic Plan into an actionable evaluation plan, a report on TPC Overall Impact and Effectiveness, Adult Tobacco Survey, Quitline Evaluation, Online Youth Survey, and ad hoc projects to address emerging needs.

Tobacco use continues to be the single most-preventable cause of death and disease in Indiana. A diverse network of organizations and individuals at the state and local levels works collaboratively each day to reduce this burden and improve the health of Hoosiers.

Youth use of tobacco products, especially e-cigarettes, continues to be a concern, as youth who are using these products are reporting higher levels of addiction. More community smoke-free air laws that protect workers on the job and Hoosiers in their communities from secondhand smoke exposure and secondhand aerosol are needed. Efforts to increase smoke-free housing for all Hoosiers have made great strides, and demand is expected to increase. Indiana has nearly 900,000 adults who smoke cigarettes, so we must continue to implement best practices to impact vulnerable populations across the state.

As we work toward a tobacco-free Indiana, multiple components must continue to work together to reach all Hoosiers. The Indiana Commercial Tobacco Prevention and Cessation program provides the leadership for this work that can be accomplished with many partners. Every organization, business, school, healthcare provider, and citizen has a role to play in creating a healthier Indiana. Our success depends on our collective ability to come together to impact the state's critical public health challenge.

# Appendix 1: Organizational Chart





# Appendix 2: SFY 2023 Budget



Tobacco Prevention and Cessation

Budget Item	SFY 23 State July 1, 2022 to June 30, 2023	CDC grant- NSBTC April 29, 2022 to April 28, 2023	FSSA/OMPP MOU Quitline Medicaid July 1, 2022 to June 30, 2023	FSSA/DMHA MOU Tobacco Free Recovery Grants Oct. 1, 2022 to Sept. 30, 2023	ITPC Trust Fund	TOTAL
<b>STATE AND COMMUNITY INTERVENTIONS</b>						
Local Community Based Partnership Grants	\$4,399,340					
Statewide Partnership Grants	\$920,000					
Training and Technical Assistance	\$212,178					
						<b>\$5,531,518</b>
<b>CESSATION INTERVENTIONS</b>						
Indiana Tobacco Quitline	\$944,551	\$312,937	\$300,000		\$300,000	
Health systems change partnership grants	\$771,237			\$375,000		
						<b>\$3,003,725</b>
<b>HEALTH COMMUNICATIONS INTERVENTIONS</b>						
Public Education Campaign		\$300,000				
Quitline Education Materials					\$75,000	
Vape-Free Indiana Initiative					\$756,000	
						<b>\$1,131,000</b>
<b>SURVEILLANCE AND EVALUATION</b>						
Surveillance and Evaluation		\$405,306				
						<b>\$405,306</b>
<b>INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT</b>						
Infrastructure, Administration and Management	\$252,694	\$814,566			\$462,747	
						<b>\$1,530,007</b>
<b>TOTAL</b>	<b>\$7,500,000</b>	<b>\$1,832,809</b>	<b>\$300,000</b>	<b>\$375,000</b>	<b>\$1,593,747</b>	<b>\$11,601,556</b>

### Community-Based Grants

County	Lead Agency	2021-2023 Funding
Allen County	Parkview Health	<b>\$485,000</b>
Bartholomew County	Columbus Regional Health Foundation	<b>\$175,000</b>
Clark County	LifeSpring	<b>\$80,000</b>
Clark County	Community Action of Southern Indiana	<b>\$160,000</b>
Daviess County	Hoosier Uplands	<b>\$94,000</b>
Dearborn County	Dearborn County Health Department	<b>\$110,000</b>
Delaware County	Little Red Door Cancer Agency	<b>\$180,000</b>
Elkhart County	Elkhart County Health Department	<b>\$319,000</b>
Elkhart County	Minority Health Coalition	<b>\$120,000</b>
Floyd County	Our Place Drug & Alcohol Education Services, Inc.	<b>\$160,000</b>
Grant County	Marion General Hospital	<b>\$125,000</b>
Grant County	Minority Health Coalition of Grant County, Inc.	<b>\$90,000</b>
Hamilton County	Good Samaritan Network	<b>\$350,000</b>
Hancock County	Hancock Regional Hospital	<b>\$160,000</b>
Howard County	Kokomo YMCA	<b>\$175,000</b>
Jackson County	Schneck Medical Center	<b>\$98,000</b>
Jay County	Jay County Drug Prevention Coalition, Inc.	<b>\$115,000</b>
Jefferson County	King's Daughters' Health	<b>\$116,000</b>
Knox County	Hoosier Uplands Economic Development Corp	<b>\$122,680</b>
Kosciusko County	The Healthy Community Coalition of Kosciusko County, Inc.	<b>\$181,000</b>
Lake County	Franciscan Health Foundation	<b>\$120,000</b>
Lake County	NWI Health Department Cooperative	<b>\$110,000</b>
LaPorte County	Healthy Communities of La Porte County	<b>\$225,000</b>



Lawrence County	Hoosier Uplands	<b>\$90,000</b>
Madison County	Intersect, Inc.	<b>\$320,000</b>
Marion County	Marion County Public Health Department	<b>\$640,000</b>
Marion County	Latino Health Organization	<b>\$202,000</b>
Marion County	Indianapolis Urban League	<b>\$180,000</b>
Marshall County	Saint Joseph Health System	<b>\$191,000</b>
Monroe County	IU Health - Bloomington Community Health	<b>\$130,000</b>
Porter County	Valparaiso University	<b>\$277,000</b>
Posey County	MSD of Mt. Vernon	<b>\$75,000</b>
Scott County	Scott County Partnership, Inc.	<b>\$135,000</b>
Shelby County	Drug Free Shelby County	<b>\$180,000</b>
Spencer County	North Spencer County School Corporation	<b>\$146,000</b>
St. Joseph County	Saint Joseph Health System	<b>\$450,000</b>
Sullivan County	Chances And Services for Youth	<b>\$107,000</b>
Vanderburgh County	CAPE	<b>\$50,000</b>
Vanderburgh County	University of Evansville	<b>\$340,000</b>
Vigo County	Chances And Services for Youth	<b>\$230,000</b>
Wabash County	85 Hope Inc	<b>\$115,000</b>
Washington County	Hoosier Hills PACT	<b>\$120,000</b>



<b>Capacity Building Grants</b>		
<b>County</b>	<b>Lead Agency</b>	<b>2021-2023 Funding</b>
Franklin	Franklin County Community Foundation	<b>\$100,000</b>
Lake	Community Advocates of Northern Indiana	<b>\$100,000</b>
Madison County	Minority Health Coalition of Madison County	<b>\$100,000</b>
Morgan County	IU Health - Bloomington Community Health	<b>\$100,000</b>
Orange County	IU Health - Bloomington Community Health	<b>\$90,000</b>
Randolph County	Community Foundation of Randolph County	<b>\$100,000</b>

<b>Statewide Grants</b>	
<b>Lead Agency</b>	<b>2021-2023 Funding</b>
American Lung Association (ALA)	<b>\$430,000</b>
Health Ed Pros	<b>\$270,000</b>
Indiana Black Expo	<b>\$400,000</b>
Indiana Latino Institute	<b>\$400,000</b>
Indy Pride	<b>\$200,000</b>
Wellness Council of Indiana	<b>\$140,000</b>



<b>Health Systems Change Grants</b>	
<b>Lead Agency</b>	<b>2021-2023 Funding</b>
Community Health Network Foundation, Inc.	<b>\$200,000</b>
Indiana Chapter of the Academy of Pediatrics (INAAP)	<b>\$249,615</b>
Indiana University, Fairbanks School of Public Health, Center for Health Policy	<b>\$200,000</b>
Methodist Hospitals (Gary)	<b>\$12,400</b>
Purdue University College of Pharmacy (ReThink Tobacco Indiana project)	<b>\$302,860</b>
Southwestern Behavioral Healthcare	<b>\$171,078</b>

<b>Tobacco Free Recovery Grants</b>
<b>Lead Agency</b>
St. Martin's Healthcare Inc.
Life Treatment Center
Three20 Recovery
Memorial Hospital and Healthcare
Through the Gate
Good Samaritan/Samaritan Center
Harrison County Substance Prevention Coalition dba Genesis House
Lafayette Transitional Housing Center
Lighthouse Recovery



# Appendix 4: References



- <sup>1</sup> Sharapova, S., Reyes-Guzman, C., Singh, T., Phillips, E., Marynak, K. L., & Agaku, I. (2020). Age of tobacco use initiation and association with current use and nicotine dependence among US middle and high school students, 2014–2016. *Tobacco control*, 29(1), 49–54. <https://doi.org/10.1136/tobaccocontrol-2018-054593>
- <sup>2</sup> Ali FRM, Agaku IT, Sharapova SR, Reimels EA, Homa DM. (2020). Onset of Regular Smoking Before Age 21 and Subsequent Nicotine Dependence and Cessation Behavior Among US Adult Smokers. *Prev Chronic Dis* 2020;17:190176. <http://dx.doi.org/10.5888/pcd17.190176>external icon
- <sup>3</sup> New underage daily smoker estimate based on data from U.S. Dept of Health and Human Services (HHS), “Results from the 2018 National Survey on Drug Use and Health,” with the state share of national initiation number based on CDC data on future youth smokers in each state compared to national total.
- <sup>4</sup> 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: U.S. Department of Health and Human Services, CDC; 2014.
- <sup>5</sup> World Health Organization: Tobacco: Industry tactics to attract younger generations. Accessed 10/4/2022. <https://www.who.int/news-room/questions-and-answers/item/tobacco-industry-tactics-to-attract-younger-generations>
- <sup>6</sup> 2022 National Youth Tobacco Survey
- <sup>7</sup> 2021 Indiana Behavioral Risk Factor Surveillance System
- <sup>8</sup> 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: U.S. Department of Health and Human Services, CDC; 2014.
- <sup>9</sup> Campaign for Tobacco-free Kids. *The Toll of Tobacco in Indiana*. Accessed 6/3/2022 from <https://www.tobaccofreekids.org/problem/toll-us/indiana>
- <sup>10</sup> U.S. Federal Trade Commission (FTC), *Cigarette Report for 2020, October 2021*; see also, *FTC, Smokeless Tobacco Report for 2020, October 2021*; State total is a prorated estimate based on cigarette pack sales in the state.
- <sup>11</sup> Paynter J, Edwards R. The impact of tobacco promotion at the point of sale: a systematic review. *Nicotine Tob Res*. 2009; 11(1): 25-35. doi: 10.1093/ntr/ntn002.
- <sup>12</sup> Lee JGL, Henriksen L, Rose SW, Moreland-Russell S, Ribisl KM. A systematic review of neighborhood disparities in point-of-sale tobacco marketing. *Am J Public Health*. 2015; 105(9): e8-e18. doi: 10.2105/AJPH.2015.302777.
- <sup>13</sup> Lee JGL, Henriksen L, Rose SW, Moreland-Russell S, Ribisl KM. A systematic review of neighborhood disparities in point-of-sale tobacco marketing. *Am J Public Health*. 2015; 105(9): e8-e18. doi: 10.2105/AJPH.2015.302777.
- <sup>14</sup> 2021-2022 Indiana Adult Tobacco Survey
- <sup>15</sup> Indiana Department of Revenue Cigarette Tax Data
- <sup>16</sup> 2021-2022 Indiana Adult Tobacco Survey
- <sup>17</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- <sup>18</sup> U.S. Department of Health and Human Services. *The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
- <sup>19</sup> U.S. Department of Health and Human Services. *E-cigarette Use Among Youth and Young Adults: A Report of the Surgeon General*. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016
- <sup>20</sup> Nguyen RH, Vater LB, Timsina LR, Durm GA, Rupp K, Wright K, et al. (2021) Impact of smoke-free ordinance strength on smoking prevalence and lung cancer incidence. *PLoS ONE* 16(4): e0250285.
- <sup>21</sup> Excerpts from Americans for Nonsmokers’ Rights Fact Sheet Electronic Smoking Devices and Secondhand Aerosol <http://no-smoke.org/pdf/ecigarette-secondhand-aerosol.pdf>
- <sup>22</sup> Fuoco F.C., Buonanno G., Stabile L,; Vigo P. “Influential parameters on particle concentration and size distribution in the mainstream of e-cigarettes,” *Environmental Pollution* 184: 523-529, January 2014. Grana R, Benowitz N, Glantz S. “Background Paper on E-cigarettes,” Center for Tobacco Control Research and Education, University of California, San Francisco and WHO Collaborating Center on Tobacco Control. December 2013.

# Appendix 4: References



- <sup>23</sup> U.S. Department of Health and Human Services. E-Cigarette Use among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016
- <sup>24</sup> Americans for Nonsmokers Rights: Electronic Smoking Devices and Secondhand Aerosol. <https://no-smoke.org/electronic-smoking-devices-secondhand-aerosol/> Accessed 8/11/19.
- <sup>25</sup> Lewis C, Zollinger T. Estimating the economic impact of secondhand smoke in Indiana in 2018.
- <sup>26</sup> U.S. Department of Health and Human Services (USDHHS). *Women and Smoking: A Report of the Surgeon General*. Atlanta: USDHHS, 2001.
- <sup>27</sup> Indiana Department of Health, Maternal and Child Health Epidemiology Division [January 9, 2023].
- <sup>28</sup> Lewis C, Zollinger T. Estimating the economic impact of secondhand smoke in Indiana in 2018.
- <sup>29</sup> Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke — United States, 1999–2012.
- <sup>30</sup> 88,300 households received federal rental assistance in 2019, according to the Department of Housing and Urban Development's Region v 2019 Annual Report, accessed on 6/26/2020. <https://www.hud.gov/sites/dfiles/State/documents/RegV-2019-Annual-Report.pdf>
- <sup>31</sup> Fiore MC et al. *Treating Tobacco Use Dependence: Clinical Practice Guidelines*. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.
- <sup>32</sup> Indiana Tobacco Quitline 2022 Evaluation Report, Professional Data Analysts, May 2023.
- <sup>33</sup> Indiana Tobacco Quitline 2022 Evaluation Report, Professional Data Analysts, May 2023.
- <sup>34</sup> Indiana Department of Health, 2021 Indiana Natality Data.
- <sup>35</sup> 2021 Indiana Behavioral Risk Factor Surveillance System
- <sup>36</sup> Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (March 20, 2013). The NSDUH Report Data Spotlight: Adults with Mental Illness or Substance Use Disorder Account for 40 % of All Cigarettes Smoked. Rockville, MD.
- <sup>37</sup> Centers for Disease Control and Prevention. Vital signs: current cigarette smoking among adults aged ≥18 years with mental illness – United States, 2009–2011. *MMWR* 2013; 62(05): 81–87.
- <sup>38</sup> Centers for Disease Control and Prevention. Vital signs: current cigarette smoking among adults aged ≥18 years with mental illness – United States, 2009–2011. *MMWR* 2013; 62(05): 81–87.
- <sup>39</sup> Gudyish J et al. Smoking prevalence in addiction treatment: a review. *Nicotine & Tobacco Research*. 2011; 13(6): 401–411.; Chun J et al. Cigarette smoking among opioid-dependent clients in a therapeutic community. *Am J Addict*. 2009 Jul–Aug; 18(4): 316–320.; Pajusco B et al. Tobacco addiction and smoking status in heroin addicts under methadone vs. buprenorphine therapy. *Int J Environ Res Public Health*. 2012; 9: 932–942.
- <sup>40</sup> Hooten WM et al. Incidence and risk factors for progression from short-term to episodic or long-term opioid prescribing. *Mayo Clinic Proceedings*. 2015; 90(7): 850–856.
- <sup>41</sup> Prochaska JJ, Delucchi K, Hall SM. A meta-analysis of smoking cessation interventions with individuals in substance abuse treatment or recovery. *J Consult Clin Psychol*. 2004 Dec;72(6):1144–56.
- <sup>42</sup> Weinberger AH et al. Cigarette smoking is associated with increased risk of substance use disorder relapse: a nationally representative, prospective longitudinal investigation. *J Clin Psychiatry*. 2017; 78(2): e125–e160.
- <sup>43</sup> Centers for Disease Control and Prevention. CDC features: smoking among adults with mental illness. Accessed July 21, 2015, from <https://www.cdc.gov/vitalsigns/smokingandmentalillness/index.html>.
- <sup>44</sup> CDC Office on Smoking and Health, National Center for Chronic Disease Prevention and Health Promotion. *CDC's Best Practices for Comprehensive Tobacco Control Programs – 2014*.