

# **Indiana Tobacco Control Annual Report 2017**

Indiana State Department of Health  
Tobacco Prevention and Cessation Commission  
August 2017



Indiana State  
Department of Health  
Tobacco Prevention and Cessation

# INTRODUCTION

The Tobacco Prevention and Cessation Commission's 2017 Report was created to highlight the successes and achievements across the four priority areas of the 2020 Indiana Tobacco Control Strategic Plan. The 2017 report also reviews the areas of change and development in the tobacco control landscape.

## Vision

The Tobacco Prevention and Cessation Commission's (TPC) vision is to significantly improve the health of Hoosiers and to reduce the disease and economic burden that tobacco use places on Hoosiers of all ages.

## Mission

The Tobacco Prevention and Cessation Commission exists to prevent and reduce the use of all tobacco products in Indiana and to protect citizens from exposure to tobacco smoke. The TPC will coordinate and allocate resources to:

- Change the cultural perception and social acceptability of tobacco use in Indiana
- Prevent initiation of tobacco use by Indiana youth
- Assist tobacco users in cessation
- Assist in reduction and protection from secondhand smoke
- Eliminate health disparities related to tobacco use and emphasize prevention and reduction of tobacco use by minorities, pregnant women, youth and other at-risk populations

## 2020 Indiana Tobacco Control Strategic Plan

The 2020 Indiana Tobacco Control Strategic Plan is a State of Indiana plan coordinated by TPC. TPC convened a group of stakeholders, including local tobacco control coalition coordinators, public health researchers, and health care providers, to weigh in on focus areas and priorities for the next five years. TPC seeks the input and collaboration of many partners, from state agencies to grassroots community organizations, in implementing this plan to reduce Indiana's burden from tobacco.

## Priority Areas

- Decrease Indiana youth tobacco use rates
- Increase the proportion of Hoosiers not exposed to secondhand smoke
- Decrease Indiana adult smoking rates
- Maintain state and local infrastructure necessary to lower tobacco use rates

## **About the Tobacco Prevention and Cessation Commission**

The Hoosier Model for comprehensive tobacco prevention and cessation is derived from the Best Practices model outlined by the Centers for Disease Control and Prevention (CDC). Best Practices describes an integrated programmatic structure for implementing interventions proven to be effective. The Hoosier Model also relies on The Guide to Community Preventive Services for Tobacco Control Programs, which provides 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. In addition to the Community Guide, the Institute of Medicine (IOM) report, *Ending the Tobacco Problem: A Blueprint for the Nation*, and the update of the *Clinical Practice Guideline for Treating Tobacco Use and Dependence* have shaped the tobacco control interventions being implemented in Indiana.

The Tobacco Prevention and Cessation Commission incorporates the program elements recommended by the CDC. It is important to recognize that these individual components must work together to produce the synergistic effects of a comprehensive tobacco control program, which include:

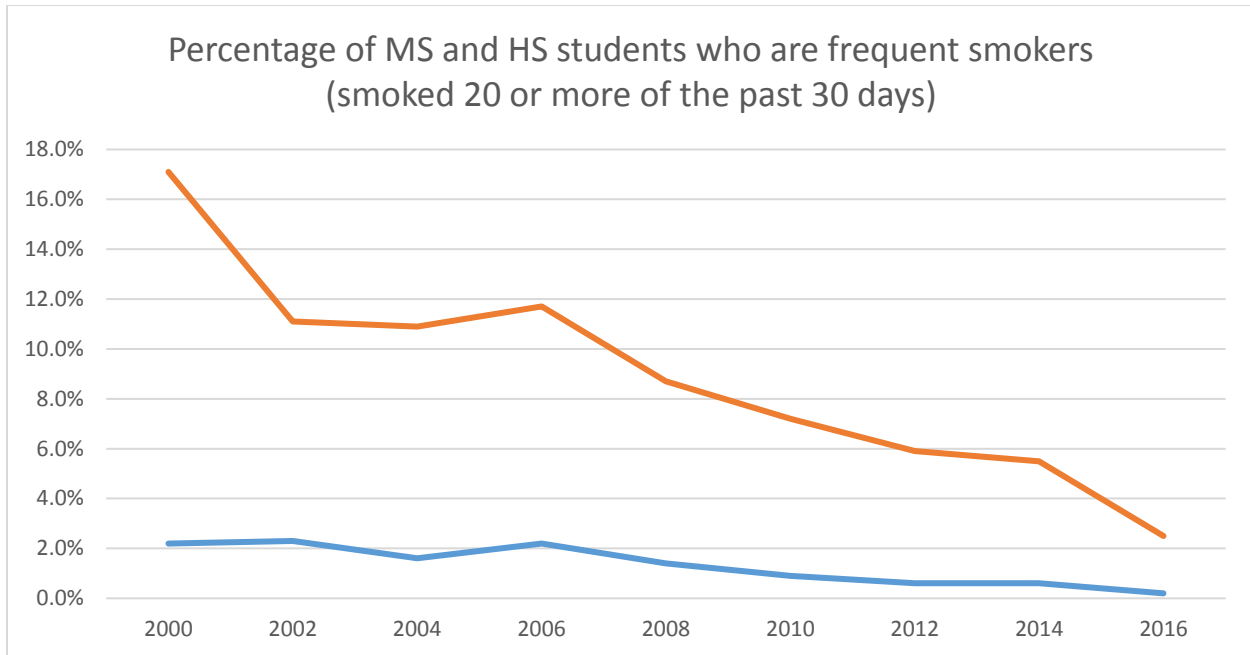
- Community-based programs
- Cessation interventions, including the Indiana Tobacco Quitline
- Statewide public education
- Evaluation and surveillance
- Infrastructure, administration and management

## **IN-DEPTH LOOK AT PROGRAMS AND AREAS OF EFFORT**

### **Decrease Indiana Youth Tobacco Use Rates**

Preventing youth from using tobacco products can save lives and money and improve the future of our state. Each year, more than 4,100 Hoosier youth become new regular, daily smokers, and an estimated 151,000 Indiana youth currently under age 18 will ultimately die prematurely from smoking.<sup>i,ii</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.

Current cigarette smoking among Indiana youth has significantly decreased. Among high school students, the smoking rate declined from a high of 31.6 percent in 2000 to 8.7 percent in 2016. Current smoking rates among middle school students declined from 9.8 percent in 2000 to just over 1.8 percent in 2016. Dramatic gains have been made in reducing “frequent” smoking (smoking on 20 or more of the last 30 days) among youth. In 2016, an estimated 2.5 percent of high school youth and 0.2 percent of middle school youth were established, frequent smokers who will likely become addicted adult smokers, a significant decline from 17.1 percent and 2.2 percent, respectively, in 2000.<sup>iii</sup> While cigarette smoking among youth has declined steadily, the rates of use of other tobacco products have not changed as significantly.



In 2016, among Indiana high school youth, 10.5 percent reported past 30 day e-cigarette use. Current e-cigarette use among high school students has declined from 15.1 percent in 2014; however, these products were still the most commonly used tobacco product among Indiana youth. Among those reporting current e-cigarette use in 2016, 46 percent were also current cigarette smokers.<sup>iv</sup> E-cigarette use is strongly associated with use of other tobacco products among youth, including cigarettes and other combustible tobacco products.<sup>v</sup>

Combustible tobacco use causes the most tobacco-related disease and death in the United States.<sup>vi</sup> However, noncombustible products also pose health risks. Smokeless tobacco is not a safe alternative to combustible tobacco because it causes cancer and nicotine addiction.<sup>vii</sup> Nicotine use can have adverse effects on adolescent brain development. Therefore, nicotine use by youth in any form is unsafe, and efforts are warranted to educate youth about the dangers of use of all forms of tobacco products, regardless of whether they are combustible, noncombustible, or electronic.<sup>viii</sup>

### **Key Outcomes**

Indiana’s youth engagement model, Voice, seeks to engage, educate, and empower youth to celebrate a tobacco-free lifestyle. 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 break tobacco companies’ influence. A partnership with Vincennes University’s Indiana Teen Institute (ITI) is reshaping how youth are involved in local community efforts. ITI has been an instrumental partner in reinvigorating the youth advocacy movement, Voice. During state fiscal year 2017, ITI expanded Voice’s social media presence to include YouTube and Snapchat, better aligning with where Indiana teens are online. In February 2017, ITI partnered with the national organization, the Campaign for Tobacco-free Kids, to provide a boot camp for teens across the state, offering Tobacco 101, leadership, and advocacy skills in a fun and interactive environment. Through this event, and other capacity building “meet-ups,”

Voice's first Action Squad grew its core team. The Action Squad is responsible for educating and empowering their peers to join the VOICE movement. With the successful engagement of Hoosier teens by ITI and the Action Squad, Voice concluded June 2017 with 866 followers on Facebook, 286 followers on Instagram, and 311 Twitter followers.



The tobacco industry spends nearly \$285 million to market and advertise its products in Indiana each year, the vast majority of which is spent on point-of-sale marketing strategies such as price discounts and in-store advertising.<sup>ix,x,xi</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>xii,xiii</sup> TPC has incorporated point-of-sale education as a key component in all of its community partnerships. Indiana was among the initial state programs that piloted the Standardized Tobacco Assessment for Retail Settings (STARS) in 2013 and 2014. State staff and partners provided feedback on the instrument and training tools to Stanford University researchers, and our contributions were featured in a [State and Community Tobacco Control Research report](#). Beginning in 2016, all community and minority based partners completed retail assessments. Local tobacco control coordinators worked with teams of local volunteers, including coalition members, youth, and other community members, to complete these audits using an instrument based on STARS. Over the last two years, local tobacco control coordinators and volunteers collected over 2,300 tobacco retail assessments. Following the completion of systematic tobacco retail audits, TPC provided local partners with presentation slides summarizing tobacco retail assessment results in their county. Between July 2016 and June 2017, partners used these materials to engage in nearly 200 activities to raise awareness of point-of-sale issues in their communities.

## **Increase the Proportion of Hoosiers Not Exposed to Secondhand Smoke**

Exposure to secondhand smoke is one of the leading causes of preventable death. Secondhand smoke is a mixture of side stream smoke from burning cigarettes or other combustible products and exhaled smoke in the air. Secondhand smoke 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 Environmental Protection Agency's (EPA) carcinogen assessment guidelines and contains over 7,000 chemicals, including more than 70 carcinogens and other irritants and toxins.<sup>xiv</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. The report also stated that exposure to secondhand smoke has immediate adverse effects on the cardiovascular system and causes coronary heart disease and lung cancer. Smoke-free air policies protect nonsmokers 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.

Approximately 1,300 Hoosiers die each year from others' smoking, such as exposure to secondhand smoke or smoking during pregnancy.<sup>xv</sup> Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS).<sup>xvi</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>xvii</sup>

Despite falling smoking rates, 1 in 4 nonsmokers in the U.S. is exposed to secondhand smoke (58 million), including 15 million children ages 3 to 11 years. Research shows that although secondhand smoke exposure rates had dropped, some groups continue to be exposed at much higher rates than others. In addition to children, these groups include black nonsmokers, people who live below the poverty level, and those who rent housing.<sup>xviii</sup>

The U.S. Department of Housing and Urban Development's (HUD) Multi-Family Housing Section has increased its support to landlords, owners, and public housing authorities to assist with implementing smoke-free air policies. HUD published a final rule in December 2016 for each Public Housing Agency administering low-income, conventional public housing to initiate a smoke-free policy. Policies must be implemented by August 2018. In addition to protecting residents from secondhand smoke, smoke-free air policies for multi-family housing help landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Multi-family 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.

## **Key Outcomes**

Today, more Hoosiers are protected from secondhand smoke than ever before. Indiana's state smoke-free air law protects workers in restaurants and most worksites. On July 1, 2012, the enclosed areas of Indiana restaurants and most other workplaces became smoke-free under a new Statewide Smoke-Free Air Law. The law protects employees and patrons of these businesses from the health hazards of secondhand smoke. TPC and local partners continue to provide education on this law and distributed 5,687 materials, including window clings, table tents and posters, in SFY 2017. Where there are gaps, local community ordinances are providing greater protections to workers in their communities. Smoke-free environments have become the norm in most settings, from healthcare to schools. Currently, 31 percent of all Indiana residents are protected by a comprehensive local community smoke-free air law, which covers workplaces, restaurants, and bars.

Community coalitions continue to educate and build public awareness about the dangers of secondhand smoke. Here are a few key highlights:

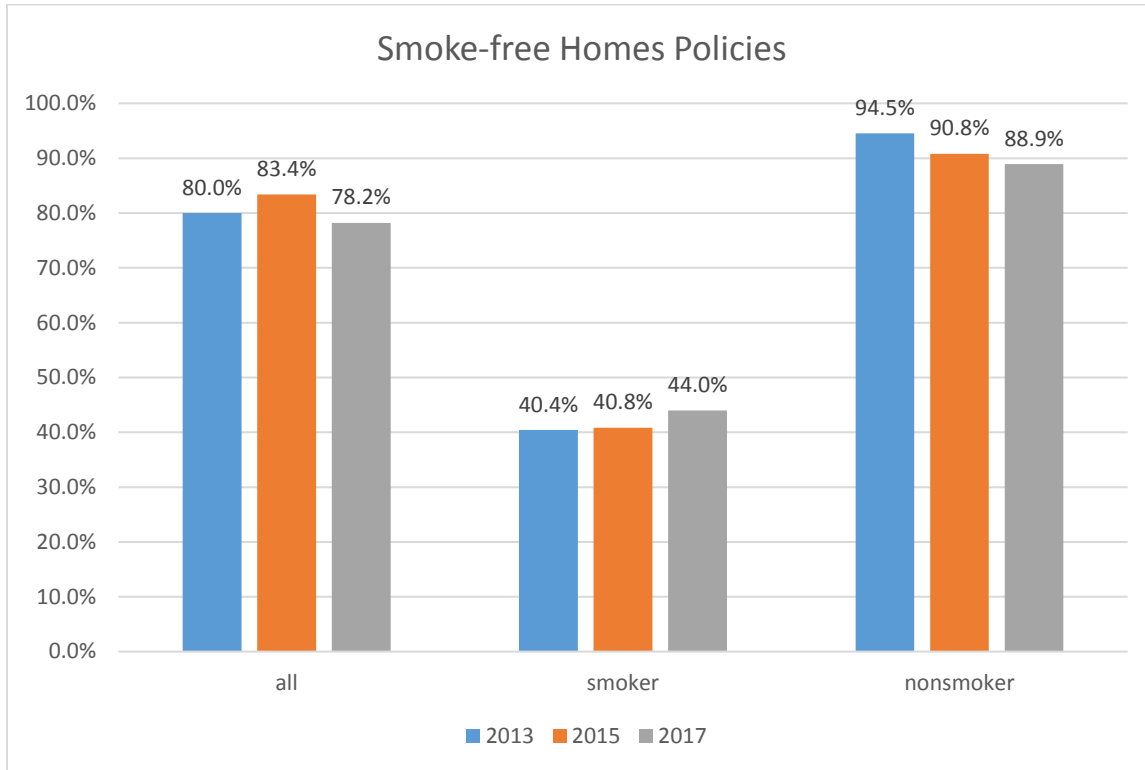
- South Bend: Prior to the January 2, 2017, implementation of the South Bend ordinance, the Smoke Free St. Joe coalition street teams visited local bars and restaurants to inform the patrons and business owners about the changes to the law. A series of radio and social media informational ads educated the public about the upcoming smoke-free air ordinance. In June 2017, Smoke-Free St. Joe released an air monitoring study that found local bars had significantly lower levels of air pollution after the implementation of the South Bend smoke-free air law.
- Salem: Breathe Easy Salem collected approximately 1,000 smoke-free air supporter cards by attending multiple community events throughout last summer. They generated earned media through Letters to the Editor, news coverage of city council meetings, and community page photos of coalition members' activities. Coalition members also made presentations to community boards, stakeholders, and the city council.
- Howard County/Kokomo: The Breathe Easy Howard County coalition partnered with county commissioners to educate the community about the new smoke-free air law that passed on March 6, 2017, and provide cessation resources. Coalition members attended events that would be affected by the new smoke-free air law to inform both staff and attendees about the upcoming changes.
- Indianapolis: Indianapolis enacted a comprehensive smoke-free air law in June of 2012, prohibiting smoking in workplaces, restaurants and bars. On the fifth anniversary of the Indianapolis law, Smoke Free Indy released a study on heart attack admissions in Marion County and Indianapolis hospitals before and after the Indianapolis smoke-free air law took effect. The study found that heart attack admissions decreased overall by 20 percent in Marion County, and by 25 percent in Indianapolis, after the smoke-free air law was implemented.

Many local voluntary policies are also in effect. Currently, 144 hospitals and healthcare facilities have 100 percent smoke-free campuses, including all 35 critical access hospitals in the state. Among behavioral health and substance use treatment facilities, 102 have a tobacco-free campus. In partnership with the Division of Mental Health and Addiction and Purdue University College of Pharmacy, all state-funded Community Mental Health Centers (CMHCs) were asked to complete an assessment, which included questions about tobacco-free grounds in addition to tobacco treatment integration. All agencies indicated that a formal policy was in place to support a tobacco-free workplace environment. In their responses, the agencies claimed that these policies included: facility buildings (100%), grounds (97%), and vehicles located on the property (88%), designated smoking areas (63%), and vaping/e-cigarettes (81%). Bringing Indiana Along, a TPC statewide partner, will be responsible for providing technical assistance to strengthen CMHC grounds policies and eliminate designated smoking areas.

Indiana public school districts throughout the state have implemented comprehensive tobacco-free school campus policies. The school's buildings, grounds, athletic fields and any campus property must be tobacco-free. The policy must apply to all students, staff and visitors at all times. In 82 of Indiana's 92 counties, all school districts are tobacco-free, protecting approximately 95 percent of public school students in the state from exposure to secondhand smoke at school. In addition, 42 college and university campuses in Indiana have implemented tobacco-free campus policies. This stance against

tobacco use shows concern for students and staff and also prepares students for a workplace with a tobacco-free policy.

Most Hoosier adults believe that breathing secondhand smoke is very (65 percent) or somewhat (31 percent) harmful. This knowledge is translating into behavior change, as more and more Hoosier households are smoke-free. In 2017, 78 percent of Hoosier adults reported living in a smoke-free home.<sup>xix</sup>



Demand for smoke-free multi-family housing is on the rise. As more property managers and owners become aware of the dangers of secondhand smoke and implement smoke-free air policies for their buildings, tenants are becoming increasingly aware of the dangers of living in a building without a smoke-free air policy. In Indiana, public housing authorities in Indianapolis, Mishawaka, Fort Wayne, Greencastle, Kokomo, Charlestown, Gary, and South Bend have implemented smoke-free housing policies. These policies protect over 10,000 residents from exposure to secondhand smoke in their homes. This number is expected to grow substantially over the next year, as all public housing authorities will be required to enact smoke-free air policies by August of 2018, per HUD rule.

In partnership with the American Lung Association in Indiana (ALA), TPC has been working to increase the number of smoke-free policies in multi-unit housing. ALA provides technical assistance for smoke-free multi-unit housing in Indiana through developing partnerships with major public and private housing providers in Indiana.

### **Addressing Electronic Nicotine Delivery Systems (ENDS)**

Electronic nicotine delivery systems (ENDS) are battery-powered devices that provide doses of nicotine and other additives to the user in an aerosol. Electronic cigarettes, or e-cigarettes, are one of the many



products within the ENDS category. Aerosol from ENDS is a source of pollution and toxins being emitted into the environment.<sup>xx</sup> This 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>xxi</sup> Many healthcare facilities, businesses and schools have included ENDS in their tobacco-free policies. A total of six communities – Bloomington, Franklin, Greenwood, Indianapolis, Kokomo and South Bend – and two counties – Hancock and Howard – have ordinances that include ENDS.

## **Decreasing Adult Smoking Rates**

Quitting tobacco use is one of the best ways to improve health. Tobacco use screening and brief intervention for treatment is one of the most effective clinical preventive services with respect to health impact and cost effectiveness, behind aspirin use among adults at high risk of a heart attack, and immunizations for children.<sup>xxii</sup> Tobacco use treatments that include counseling and medications are recommended.<sup>xxiii</sup>

Treating tobacco use doubles the rate of successfully quitting.<sup>xxiv</sup> Although quitting smoking at any age can improve one's health, smokers who quit by the time they are 35 to 44 years of age avoid most of the risk of dying from a smoking-related disease. Also, supporting consumer education through strong media messages leads to increased quit attempts and increased demand for cessation services and directs tobacco users where to seek help.

System changes within healthcare organizations complement interventions in state and community settings by institutionalizing sustainable approaches that support individual behavior change. The U.S. Public Health Service (PHS) Treating Tobacco Use and Dependence Clinical Practice Guideline stresses that comprehensive statewide healthcare system changes, including Quitline services and promotion of and referral to services, throughout the healthcare service structure are needed to effectively reduce the health burden of tobacco.

### **Key Outcomes**

#### ***Indiana Tobacco Quitline***

The Indiana Tobacco Quitline provides support for adults who want to stop smoking or using other tobacco products; offers information on tobacco dependence for health professionals and families or friends of tobacco users; and provides information on local or national cessation resources. The Indiana Tobacco Quitline was established in 2006, and since that time, the Quitline has received over 139,000 calls.

The Indiana Tobacco Quitline (ITQL) is available to all Hoosiers, offering support in quitting tobacco use through telephone-based counseling. Highly trained quit coaches provide tailored counseling support to help tobacco users quit. The ITQL is central to Indiana's comprehensive tobacco cessation network of state and local partners. In SFY 2017, the ITQL received over 13,000 calls, an average of over 1,090 calls

per month. The Quitline served over 900 more Hoosiers in FY 2017 than in FY 2016. The ITQL has a high satisfaction rate of 93 percent, indicating participants would recommend the Quitline to another tobacco user. The 30-day quit rate was 30 percent at a 7-month follow-up study. Participants who completed three or more calls reported higher tobacco abstinence rates than participants who completed only one call.

Along with the traditional 1-800-Quit-Now phone-based counseling, the Indiana Tobacco Quitline also offers a web-based counseling program called Web Coach<sup>®</sup>, and the supplementary texting service called Text2Quit.<sup>®</sup> The Indiana Tobacco Quitline also provides extra support for pregnant smokers by offering up to 10 calls, emphasizing the importance of tobacco-free lifestyle for the mother and baby, and encouraging partners to quit as well. Additionally, the Indiana Tobacco Quitline is available to youth tobacco users. The youth program is designed to help youth ages 13 to 17 quit using tobacco permanently and provides up to five intervention calls.

The newest component of the Indiana Tobacco Quitline's suite of services is the Online Provider Referral Portal, [QuitNowReferral.com](http://QuitNowReferral.com). Healthcare providers and employers can now quickly and easily refer tobacco users to the Quitline through the web. Since the portal launched in January 2017, 359 referrals have been submitted by approximately 55 health care providers.

### ***Quit Now Indiana Preferred Networks***

Community-based and minority-based partners are implementing strategies based on The Guide to Community Preventive Services for Tobacco Control Programs, such as establishing cessation networks and changing policies throughout the community. These networks serve as the referral system for the Indiana Tobacco Quitline. TPC and its partners have focused outreach efforts to healthcare providers to implement a system change within their practices. Specifically, they are encouraged to: 1) ASK about tobacco use; 2) ADVISE to quit, and 3) REFER patients to cessation services, specifically the Indiana Tobacco Quitline. As of June 30, 2017 4,767 healthcare providers were enrolled in the Quit Now Indiana preferred provider network.

Healthcare professionals must be equipped with the skills to provide tobacco cessation counseling. Efforts were enhanced to provide this necessary training to other types of healthcare providers. TPC partners with the Indiana Rural Health Association (IRHA) to provide Indiana Tobacco Quitline provider education and ongoing tobacco treatment technical assistance to the 65 Rural Health Clinics (RHCs) and 35 Critical Access Hospitals (CAHs) in Indiana. During SFY 2017, IRHA provided 81 Indiana Tobacco Quitline trainings and ongoing follow-up technical assistance to 19 Indiana counties that did not have a local TPC partner, which accounted for over 400 referrals to the Indiana Tobacco Quitline. Based on the foundation IRHA has established with the RHCs and CAHs, their work will focus on systems change strategies that integrate the U.S. Public Health Service Clinical Practice Guideline on Treating Tobacco Use and Dependence within targeted locations around the state.

This year saw an increase in health care systems integrating Indiana Tobacco Quitline (ITQL) referrals into their electronic health records. Electronic referral improves continuity of care, simplifies the referral process, provides patient outcome reports to referring providers, and is the most sustainable long-term method of referral to tobacco quitlines. These efforts include engaging key stakeholders within

hospitals, community health centers, and private practices to discuss services through the ITQL and the need to integrate tobacco dependence treatment into electronic health records (EHR) and workflows. Since approximately 79 percent of adult smokers in Indiana reported seeing a healthcare professional in the past year<sup>xxv</sup>, the healthcare system provides multiple opportunities for motivating and helping smokers to quit. Over 6,100 fax referrals and 3,350 electronic referrals were made to the Indiana Tobacco Quitline from healthcare providers in SFY 2017.

### ***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 workforce. They also receive guidance from local partners on how best to address tobacco use in their workplace through smoke-free air policy and tobacco treatment benefits. As of June 30, 2017, more than 1,600 employers were enrolled in the Preferred Employer Network.

### ***Quit4Life***

The Indiana Tobacco Quitline piloted a partnership promotion, Quit4Life, with employers from May 2016 to June 2017. The program established working partnerships with employers to help thousands of Hoosiers quit tobacco. The Quit4Life promotion was part of the 10-year anniversary celebration for the Indiana Tobacco Quitline.

Participating employers received promotional kits, marketing support, and cessation training from local tobacco control partners. Employers used the materials to promote the Quitline to their employees, and some engaged with their employees through workplace activities, such as quit challenges. As an example, two employers, NTK Precision Axle and Tech Group North America, used Quit4Life to help support their recent smoke-free grounds policies and to help interested employees connect with human resources to receive health insurance benefit information for tobacco cessation treatment. TPC and its partners worked with over 225 employers across Indiana.

### ***Populations of Focus***

Tobacco use directly causes a majority of the chronic diseases, including heart diseases, stroke, respiratory diseases, asthma, type 2 diabetes, and cancer. Every year, 11,100 Hoosiers die from tobacco use. For every one of those deaths, another 30 Hoosiers are living with a tobacco-related illness inhibiting their quality of life.

As smoking rates in the general population have declined, the gaps in rates among some sub-populations have widened. The 2014 *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General* states, “Although cigarette smoking has declined significantly since 1964, very large disparities in tobacco use remain across groups defined by race, ethnicity, educational level, and socioeconomic status and across regions of the country.” Specific emphasis is needed on addressing the high rates of smoking among these populations.

### ***Smoking among pregnant women***

Approximately 14.3 percent of women in Indiana smoked during pregnancy in 2015<sup>xxvi</sup>, a significant decline from 18.5 percent in 2007<sup>xxvii</sup>. The national average rate of smoking during pregnancy was 7.8 percent in 2015<sup>xxviii</sup>. Smoking during pregnancy is associated with poor health outcomes, including low birth weight, sudden infant death syndrome (SIDS), and miscarriage. Prenatal exposure to secondhand

smoke is also harmful to a child's mental development. Children of mothers who were exposed to secondhand smoke when pregnant have lower scores on cognitive development tests at age two compared to children of mothers living in smoke-free homes during pregnancy. Pregnant smokers who are ready to quit should know that it's never too late to quit smoking during pregnancy. The Indiana Tobacco Quitline offers pregnant smokers greater intensity of support. The treatment plan is tailored to meet their needs, and for those who quit, offers additional postpartum contact to prevent relapse. Encouraging smoke-free pregnancies can support reducing Indiana's infant mortality rate, a top priority of the Indiana State Department of Health.

In SFY 2017, 2,830 women of child-bearing age (15 to 44 years) called the Indiana Tobacco Quitline, including 7 percent who were currently pregnant, 2 percent who were planning pregnancy, and 1 percent currently breastfeeding. The Indiana Tobacco Quitline is a referral partner for the 26 Baby and Me Tobacco-free sites in Indiana as well as all 145 Indiana Women, Infants and Children (WIC) clinics. Baby and Me Tobacco-free and WIC sites refer participants to the Indiana Tobacco Quitline, and the Quitline Quit Coaches refer interested callers to local programs if applicable.

#### *Individuals with any mental illnesses and substance use disorders*

Smoking prevalence remains significantly higher among individuals with mental illness and substance use disorders. Individuals with mental illness or substance use disorder smoke nearly 40 percent of all cigarettes smoked in the United States.<sup>xxxix</sup> About 1 in 5 adults in the U.S. (19.9 percent) and in Indiana (22.3 percent) have any mental illness.<sup>xxx</sup> Additionally, nearly 39 percent of Indiana adults with any mental illness smoke.<sup>xxxi</sup>

The use of heroin and prescription opioid painkillers has increased across the U.S. in the past decade. Indiana has taken steps to improve prevention, treatment, and recovery efforts for this growing epidemic. 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 – upwards of 95 percent or more.<sup>xxxii</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>xxxiii</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>xxxiv,xxxv</sup>

Although research shows that tobacco users with mental illness 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>xxxvi</sup> To help reduce smoking 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 refer patients to an evidence-based tobacco treatment resource for extra support, such as the Indiana Tobacco Quitline. Tobacco-free environments in treatment facilities also support recovery.

A statewide partnership with Purdue University, College of Pharmacy, supports the project Bringing Indiana Along (BIA), which provides technical assistance and policy implementation for community mental health centers, addiction treatment centers, and substance abuse treatment programs. The educational components include information on Clinical Practice Guidelines (successfully infusing tobacco treatment into mental health, addiction treatment, and substance misuse treatment programs), and instituting and enforcing tobacco-free campus policies. Bringing Indiana Along provides technical assistance to behavioral healthcare providers to address tobacco use, understanding that there is

overwhelming evidence that tobacco inhibits recovery and is the leading cause of death and poor outcomes in this population.

Bringing Indiana Along provides the following:

- Webinars for employee/staff, consumer, and administration presentations
- Policy development & implementation technical assistance
- Tobacco treatment integration technical assistance
- Trainings for behavioral health professionals
- Model policies, timelines, and implementation plans

During SFY 2017, BIA worked closely with Meridian Health Services, a behavioral health treatment system that serves 40 counties in Indiana. Meridian implemented a system-wide approach to treating tobacco use, as well as implementing tobacco-free grounds policies in facilities across the state. BIA also created and administered a survey to all state-funded community mental health centers, with questions regarding tobacco use screening and treatment and tobacco-free policies. One contact per CMHC completed the assessment, and results were as follows: 94% screen for tobacco use as part of initial clinical assessments; 65% screen for tobacco use as part of ongoing clinical assessments. Approximately 44% routinely incorporate tobacco dependence treatment into the treatment planning process. CMHCs also had an opportunity to request technical assistance and training from BIA on tobacco treatment integration and tobacco-free grounds policies.

#### *Those enrolled in Medicaid health plans*

Individuals primarily insured through Medicaid smoked at a higher rate (47 percent) than the general population (22.9 percent) in 2014.<sup>xxxvii</sup> The positive news is that Indiana Medicaid has a strong benefits plan for tobacco treatment. This coverage includes access to all seven FDA-approved medications for smoking cessation and individual, group and phone counseling. Increasing awareness among providers and members of the services available to help in quitting tobacco is important to ensure that those who need services receive them.

TPC works with the Indiana Medicaid health plans to train provider staff and to discuss tobacco treatment and referral to the ITQL. In SFY 2017, 42 percent of callers indicated they were Medicaid members. TPC staff shares resources and provides data to each health plan, including the dental plan providers. Six trainings to provider relations and case management staff were given in SFY 2017.

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

Indiana's tobacco control program implements the Centers for Disease Control and Prevention (CDC) best practices for tobacco control programs. Critical components of best practices are state- and community-based programs. These programs have been central to the work that we do through supporting community coalitions to implement policy change and other population-based, evidence-based strategies that encourage tobacco users to quit at the local level. Effective community programs involve people in their homes, worksites, schools, places of worship, entertainment venues, civic organizations, and other public places. Funding local programs produces measurable progress toward

statewide tobacco control objectives.

### **Key Outcomes**

In SFY 2017, TPC funded coalitions in 36 counties, with six state and local minority-based partners, reaching 73 percent 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.

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 funding provides 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 over 3,500 program activities during SFY 2017, 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 950 activities in communities working on decreasing exposure to secondhand smoke
- Over 1,000 activities helping Hoosier adults to quit tobacco use

Community program progress is tracked through a variety of mechanisms. This includes monitoring the implementation of activities, as well as evaluating their effectiveness in working toward program objectives. TPC staff tracks how local coalitions implement activities through a program reporting system. In addition, local grantees submit fiscal reports each quarter to ensure appropriate use of funds. TPC staff communicates regularly with grantees to ensure the local activities support and advance the goals and objectives of a tobacco control plan. TPC staff reviews the program and fiscal reports submitted for timeliness, accuracy, and appropriate use of resources as described in the work plan. When questions arise, staff follow up with grantees by delivering technical assistance to the grantee and attending local grantee events. Regional program directors, as well as other staff, work with grantees each month to provide tailored technical assistance.

TPC implements a comprehensive training plan for staff and partners, which includes mandatory training sessions, elective training topics, a biennial information exchange, monthly conference calls, cluster meetings, and numerous communication tools. TPC is committed to providing its partners with the training needed to implement local tobacco control programs by adapting content and material to meet the experience level of the communities. Various training methods allow TPC to disseminate the latest evidence-based research and applications in tobacco control.

The launch of a new two-year grant cycle for local partnerships takes significant planning and preparation. Staff began planning the release of a Request for Applications (RFA) for local community-based and minority-based grantees in the fall of 2016. They revised and updated the application materials and redesigned the format to be more user-friendly for applicants. TPC for the first time also released a capacity-building grant application to ensure that as many counties as possible conduct

tobacco control programs in Indiana. The capacity-building grant opportunity was open to any county that had not received TPC funding in the past grant cycle.

To supplement the application documents, staff designed a resource guide for prospective community, minority, and capacity-building applicants and included a variety of tools to help strengthen the quality of applications, including Tobacco Control Best Practices guidelines, county-level data, and information on writing work plans. TPC staff conducted three regional trainings for prospective partners to review both applications. Applications were evaluated by a review team comprised of TPC staff, ISDH colleagues, state public health professionals, and national tobacco control experts. TPC funded six capacity-building grantees and 41 community-based and minority-based partners for the 2017-2019 grant cycle, to start on July 1, 2017.

#### *TPC staff presentations at state and national events*

Maintaining tobacco prevention and cessation expertise is critical to our state program's infrastructure. In addition, many of the TPC staff are sought out to speak and participate at national events. The following summarizes these opportunities for our staff development.

- Staff presented at the Indiana Rural Health Association Fall Forum on cessation outreach, including referral to the Indiana Quitline.
- TPC staff were able to participate in 2016 Infant Mortality Conference, 2017 North American Quitline Consortium Meeting, and the 2017 National Conference on Tobacco or Health, where staff presented six posters on topics including Tobacco Use Patterns among Youth, WIC and Quitline, Coalition Building, Point-of-Sale, E-cigarettes, and Youth Engagement.

## **SURVEILLANCE AND EVALUATION**

### **Indiana Youth Tobacco Survey**

The Indiana Youth Tobacco Survey 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. The 2016 IYTS was administered in the fall of 2016 to over 4,700 students enrolled in Indiana public middle and high schools. An analysis of the 2016 Indiana Youth Tobacco Survey indicated some progress in reducing youth tobacco use and secondhand smoke exposure but also revealed ongoing challenges in protecting youth from the harmful effects of tobacco.

#### **Positive trends:**

- Declines in youth smoking: Between 2014 and 2016, the prevalence of past 30 day cigarette smoking declined from 12.0 percent to 8.7 percent among high school students and from 2.9 percent to 1.8 percent among middle school students. Overall, between 2000 and 2014, youth smoking declined 72 percent among high school students and 82 percent among middle school students.
- Decline in youth electronic cigarette (e-cigarette) use: After increasing four-fold between 2012 and 2014, the prevalence of past 30 day e-cigarette use declined from 15.1 percent in

- 2014 to 10.5 percent in 2016 among high school students, and from 4.9 percent in 2014 to 2.8 percent in 2016 among middle school students. Declines in both groups were statistically significant.
- Increased protections from secondhand smoke: Between 2014 and 2016, the percentage of students who report that smoking is never allowed inside their home increased from 74.6 percent to 77 percent among high school students and from 77.7 percent to 81.5 percent among middle school students.

#### **Ongoing challenges in youth tobacco prevention:**

- Electronic cigarettes: In spite of the decline in past 30 day e-cigarette use, e-cigarettes remained the most commonly used tobacco product among both middle and high school students in 2016.
- Concurrent use of multiple tobacco products: In 2016, approximately 10.5 percent of high school students (52 percent of tobacco users) and 2.2 percent of middle school students (44 percent of tobacco users) reported past 30 day use of two or more tobacco products.
- No significant change in smokeless tobacco use among high school students: While use of cigarettes and cigars has declined among youth, use of smokeless tobacco (chewing tobacco, snuff, or dip) has not significantly changed since 2000. In 2016, 5.3 percent of high school students reported past 30 day use of smokeless tobacco, a slight decrease from 8.0 percent in 2014 (the decline was not statistically significant).
- Exposure to secondhand smoke: In 2016, 27.6 percent of high school students and 23.7 percent of middle school students reported being exposed to secondhand smoke at home at least once in the seven days preceding the survey. Among students who live with smokers, 59.1 percent of high school students and 57.2 percent of middle school students reported past 7 day secondhand smoke exposure at home.
- Exposure to tobacco marketing: Youth continue to be exposed to tobacco marketing through a variety of channels, including the retail environment, internet, print media, and television or movies. In 2016, the retail environment and television and/or movies were the most common source of exposure. Approximately 73.9 percent of high school students and 70.7 percent of middle school students reported seeing advertising or promotions for tobacco products at least some of the time while in convenience stores, gas stations, or grocery stores. Additionally, 72.3 percent of high school students and 67.2 percent of middle school students reported seeing actors using tobacco products at least some of the time when watching television or movies.

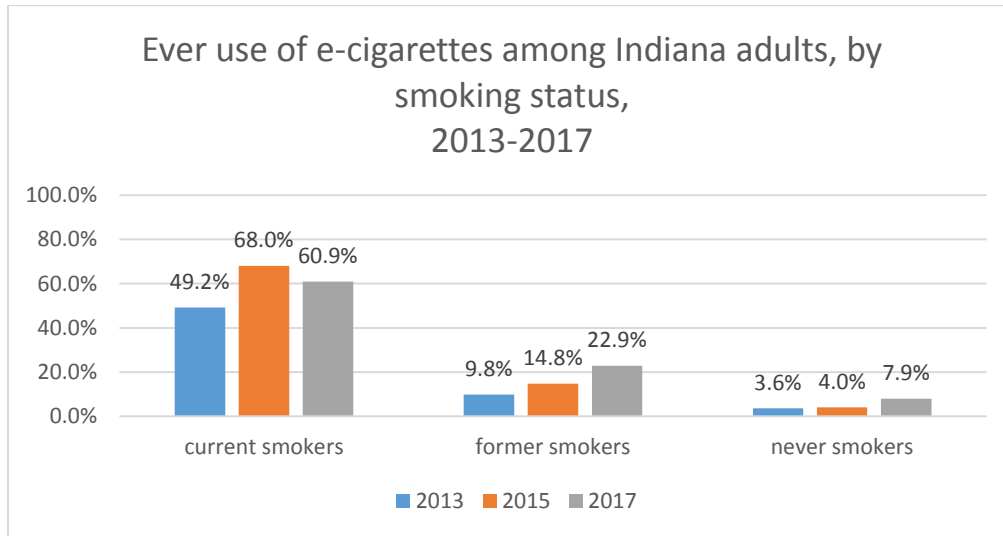
### **Indiana Adult Tobacco Survey**

The Indiana Adult Tobacco Survey is administered biennially and provides detailed data on adult tobacco use, secondhand smoke exposure, attitudes and beliefs related to tobacco, and tobacco cessation.

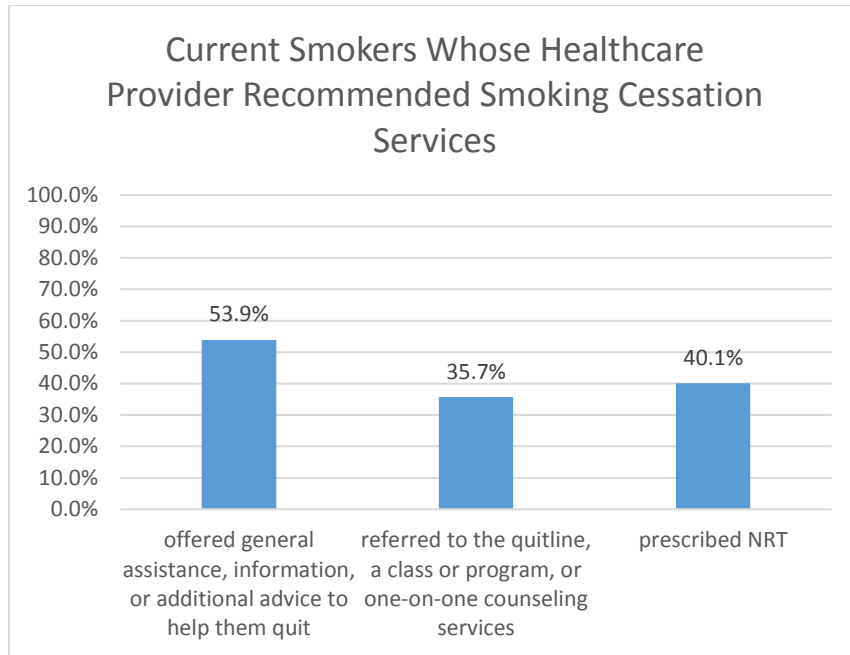
#### **Key findings from the 2017 Indiana Adult Tobacco survey:**



- Rise in ever use of e-cigarettes: Between 2015 and 2017, the percentage of Hoosier adults who reported ever trying an e-cigarette rose from 16.4 percent to 23.7 percent. In 2017, ever use of e-cigarettes was significantly higher among current smokers (60.9 percent) than among former smokers (22.9 percent) and never smokers (7.9 percent). However, the proportion of former and never smokers who ever tried e-cigarettes increased slightly between 2015 and 2017.



- Increased protections from secondhand smoke exposure: In 2017, 94.3 percent of Hoosier adults reported having a smoke-free indoor work environment, an increase from 85 percent in 2013. The overwhelming majority of adults, 84 percent, think that smoking in indoor workplaces should never be allowed.
- Tobacco cessation: In 2017, about 72 percent of Hoosier adults who reported currently smoking cigarettes wanted to quit, and 21.7 percent indicated that they intended to quit in the next 30 days. Among current tobacco users, approximately 73.4 percent indicated that they were aware of the Indiana Tobacco Quitline, an increase from 65.4 percent in 2015. Additionally, 67.9 percent of current smokers indicated that the provider advised them to quit smoking



### **Medicaid Benefit Analysis**

Since the Medicaid program in Indiana provides robust coverage for smoking cessation for enrollees who smoke, it is important to evaluate the cost-benefit of the Medicaid coverage plan for tobacco treatment. Dr. Hsien-Chang Lin, Associate Professor of Health Policy and Management at the IU School of Public Health in Bloomington, analyzed the effect of the Indiana Medicaid tobacco cessation benefit program. Dr. Lin estimated total smoking-attributable health expenditures and total Medicaid payment for smoking cessation between 2011 and 2015. Based on the analysis of National Ambulatory Medical Care Survey data, 66.5 percent of the Indiana Medicaid study sample were current smokers. The estimated smoking-attributable total health expenditure of the Indiana Medicaid population was approximately \$835 million in 2015 dollars. The estimated per capita annual avoidable smoking-related total health expenditure was \$2,322.09 per person in 2015 for Indiana Medicaid patients, whereas the estimated per capita Indiana Medicaid payment for smoking cessation treatment per person was only \$186.26, demonstrating a high return on investment for the robust cessation benefit.

### **Indiana Tobacco Quitline Evaluation**

Findings from the most recent evaluation report on the Indiana Tobacco Quitline indicate high satisfaction rates and strong quit rates. In the 7-month follow up study, 36 percent of Indiana Tobacco Quitline callers reported being tobacco abstinent for seven days or more, while 30 percent reported not using tobacco for 30 days. There was an overall satisfaction rate of 93 percent among callers.

The ITQL program also had a measurable impact on participants who were not abstinent at follow-up. Survey respondents who reported any cigarette use within the 30 days prior to follow-up were considered continued smokers.

- Among Quitline callers who were continued smokers, 6 out of 10 ITQL callers reported smoking fewer cigarettes per day at follow-up than at the time of enrollment.
- Continued smokers also reduced their level of dependence on tobacco, as measured by time to first cigarette after waking and daily smoking. Among continued smokers, 52 percent reported smoking within 5 minutes after waking at the time of enrollment, compared to only 35 percent at the time of the 7-month follow-up survey.
- Continued cigarette users also reported slightly less frequent smoking at follow-up compared to enrollment. Among those who had smoked a cigarette in the 30 days prior to their follow-up survey, 96 percent of ITQL callers had reported smoking every day at enrollment. At follow-up, 72 percent reported smoking every day.

## **Grant Program Report Improvement**

TPC requires funded partners to submit monthly program reports, which help link their everyday work to their work plans and TPC priorities. The program reports also inform TPC program staff on local progress and determine technical assistance and training needs of partners. Evaluation staff began working on transferring the program report to a new platform in the fall of 2016. The new platform was piloted with a small group of partners in the spring and rolled out to all at the beginning of the 2017-19 grant cycle.

## **PUBLIC EDUCATION CAMPAIGNS**

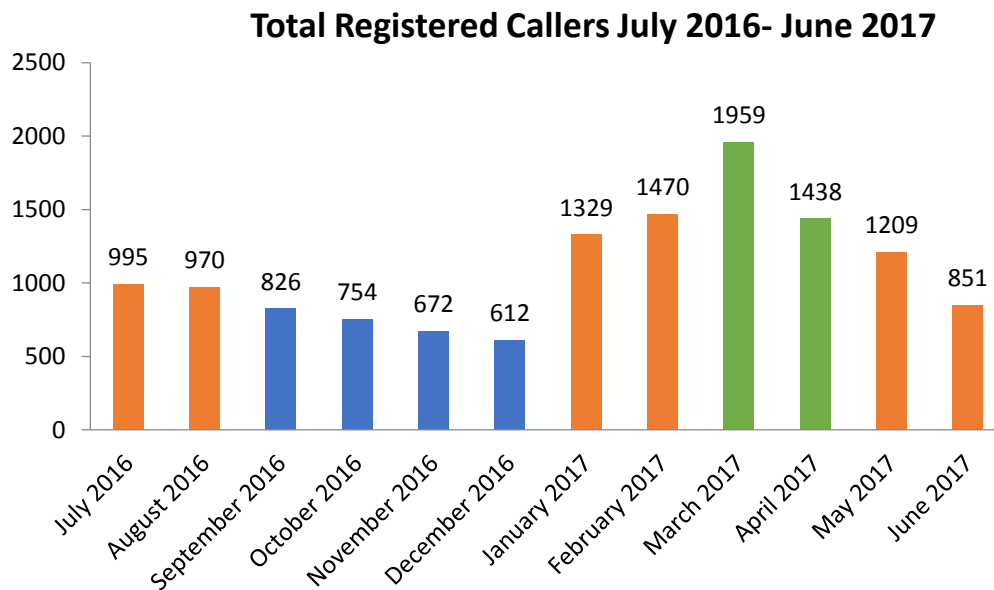
Media communications play a key role in shaping tobacco-related knowledge, opinions, attitudes and behaviors among individuals and within communities. Cigarettes are one of the most heavily marketed products in the United States and in Indiana. Changing smoking behavior is an incredibly tough job that requires hard-hitting messages that make smokers uncomfortable enough to take action to stop their addiction. The CDC Best Practices for Comprehensive Tobacco Control program recommends that states deliver “strategic, culturally appropriate, and high-impact messages in sustained and adequately funded campaigns. ...”

Quit Now Indiana is Indiana’s anti-tobacco brand that promotes the 1-800-QUIT-NOW Indiana Tobacco Quitline and encourages tobacco users to quit, now. Every additional cigarette is doing the user harm. Promotion of the Indiana Tobacco Quitline is executed on an ongoing basis with grassroots outreach, provider education and community engagement. During SFY 2017, two paid media campaigns were implemented, one occurring from July to September 2016, and the second from January to March 2017.

Outreach audiences in SFY 2017 included smokers, employers, and healthcare providers. TPC educates and informs smokers on the urgency to quit smoking and the resources available to help them quit successfully. Through the Quit Now Indiana Preferred Network, healthcare providers and employers learn how to utilize the Indiana Tobacco Quitline to encourage and motivate smokers to try to quit.

Promotion of the ITQL as a service supports all Hoosiers trying to break their addiction to tobacco. Whether the tobacco user calls the Quitline for help or uses other resources, media promotion of the ITQL and the overall messaging of quitting tobacco are important in creating a supportive environment to end the tobacco burden.

In addition to Indiana state-sponsored media, the CDC *Tips from Former Smokers™* national campaign also occurred during SFY 2017, from January to June 2017. This campaign reaches all media markets in the United States and includes television, digital and print advertising. The CDC also determines areas that will receive increased advertising placement and mediums, and the media markets in Indiana include Terre Haute, Evansville and Louisville, Ky. During the 2017 *Tips™* campaign, the Indiana Tobacco Quitline had the opportunity to provide a 2-week free nicotine replacement therapy promotion during the CDC's designated timeframes in March, when free medication-tagged *Tips™* ads were running. A news release was distributed by the Indiana State Department of Health to help further promote the free NRT period to news outlets throughout the state. The Quitline saw some of the highest March call volumes since its conception, reaching nearly 2,000 calls compared to about 1,400 during the same period in the previous year.



Beyond traditional media campaigns, the Quitline also piloted a partnership promotion, Quit4Life, from May 2016 to June 2017. As was mentioned earlier, the program established working partnerships with health systems, employers and other organizations to help thousands of Hoosiers, who are ready, quit tobacco. The Quit4Life promotion was part of the 10-year anniversary celebration for Indiana Tobacco Quitline.

Quit4Life was designed to be a turn-key promotion to mobilize people to support those who use tobacco to make a quit attempt within the next 90 days. This was intended as an internal promotion aimed at reducing tobacco use. Participating organizations received promotional kits, marketing support

and cessation training from local tobacco control partners. ISDH-TPC and its partners worked with over 225 employers and 15 health systems across Indiana. Examples of successful case studies with health systems include Hancock Regional, who used the internal promotion to help educate and inform hospital staff about Quitline electronic referral integration, and Franciscan Alliance, who participated in the internal promotion and also invested \$15,000 in outdoor boards in the corresponding state media campaign. Partnering employers used the materials to promote the Quitline to their employees and some engaged with their employees through workplace activities, such as quit challenges. Two employers, NTK Precision Axle and Tech Group North America, used Quit4Life to help support their recent smoke-free grounds policies and to help interested employees connect with human resources to receive health insurance benefit information for tobacco cessation treatment.

TPC and its partners also leveraged the use of earned media. Over the course of SFY 2017, TPC partners submitted over 350 letters to the editor and nearly 200 news releases to local community news outlets, and had 139 pieces of earned media published as a result of local partner activity.

## **GOALS FOR NEXT YEAR**

### **Decrease Youth Tobacco Use Rates:**

Efforts will support youth empowerment in educating their peers about tobacco, surveillance of tobacco marketing, and comprehensive clean air environments that protect all non-users. Local partners will continue to educate their communities on why point-of-sale matters and incorporate local retail data into presentations.

### **Increase Protections from Secondhand Smoke:**

Ensure tobacco-free environments among hospitals and health care settings, behavioral health care providers, colleges and universities and other workplaces, as well as smoke-free housing. Many settings that are tobacco-free will incorporate electronic smoking devices into their policies. All Public Housing Authorities in Indiana will implement smoke-free policies per the HUD rule, with the support of local tobacco control coalitions.

### **Decrease Adult Smoking Rates:**

Health systems throughout Indiana will implement a systems-wide approach to treating tobacco use in patients. The U.S. Public Health Service (PHS) Guideline, *Treating Tobacco Use and Dependence, A Clinical Practice Guideline* (2008), stresses that comprehensive health care system changes, including promotion of and referral to Quitline services, throughout the health care service structure are needed to effectively reduce the health burden of tobacco.

### **Maintain State and Local Infrastructure:**

Continue to support growth among existing local tobacco control coalitions, and help facilitate formation of new tobacco control coalitions through the new capacity-building grantees.

## BUDGET

| TOBACCO PREVENTION & CESSATION COMMISSION BUDGET          |                                |                                   |                                  |                     |
|---|--------------------------------|-----------------------------------|----------------------------------|---------------------|
| SFY 2017  |                                |                                   |                                  |                     |
| Budget Item   | SFY 17 State                   | CDC grant-collaborative           | CDC grant-quitline               | TOTAL               |
|   | July 1, 2016, to June 30, 2017 | March 30, 2016, to March 29, 2017 | August 1, 2016, to July 31, 2017 |                     |
| <b>STATE AND COMMUNITY INTERVENTIONS</b>                  |                                |                                   |                                  |                     |
| Local Community Based & Minority Based Partnership Grants | \$ 3,295,000                   |                                   |                                  | \$ 3,295,000        |
| Statewide Partnership Grants                              | \$ 420,000                     |                                   |                                  | \$ 420,000          |
| Training and Technical Assistance                         | \$ 85,000                      |                                   |                                  | \$ 85,000           |
|   |                                |                                   |                                  | <b>\$ 3,800,000</b> |
| <b>CESSATION INTERVENTIONS</b>                            |                                |                                   |                                  |                     |
| Indiana Tobacco Quitline                                  | \$ 950,600                     |                                   | \$ 209,000                       | \$ 1,159,600        |
| Cessation systems partnerships                            |                                | \$ 71,000                         |                                  | \$ 71,000           |
|   |                                |                                   |                                  | <b>\$ 1,230,600</b> |
| <b>HEALTH COMMUNICATIONS INTERVENTIONS</b>                |                                |                                   |                                  |                     |
| Public Education Campaign                                 | \$ 650,000                     | \$ 168,000                        | \$ 91,847                        | \$ 909,847          |
| Outreach and Education materials                          | \$ 55,000                      |                                   |                                  | \$ 55,000           |
|   |                                |                                   |                                  | <b>\$ 964,847</b>   |
| <b>SURVEILLANCE AND EVALUATION</b>                        |                                | \$ 227,500                        | \$ 28,181                        | <b>\$ 255,681</b>   |
| <b>INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT</b>      | \$ 444,400                     | \$ 518,568                        | \$ 86,900                        | <b>\$ 1,049,868</b> |
| <b>TOTAL</b>  | <b>\$ 5,900,000</b>            | <b>\$ 985,068</b>                 | <b>\$ 415,928</b>                | <b>\$ 7,300,996</b> |

## CONCLUSION

Tobacco use continues to be the single-most-preventable cause of death and disease in Indiana. Hoosiers at the state and local levels work each day to reduce this burden and improve the health of Hoosiers.

While cigarette smoking among high school students has dropped below 9 percent, the trends with other tobacco products are concerning and must be monitored. There has been an increase in protections from secondhand smoke, with more municipal smoke-free air laws and many workplaces providing smoke-free air for workers, yet the hard work continues to protect more Hoosiers from secondhand smoke exposure on the job. Increasing smoke-free housing for all Hoosiers will be critical in the coming years. Indiana has also experienced a decline in adult cigarette smoking rates in recent

years; however, more than 1 million adults in Indiana still smoke cigarettes.

As we work toward a tobacco-free Indiana, multiple components must continue to work together in order to reach all Hoosiers. The Tobacco Prevention and Cessation Commission 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.

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<sup>i</sup> New underage daily smoker estimate based on data from U.S. Dept of Health and Human Services (HHS), "Results from the 2004 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>ii</sup> US Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.

<sup>iii</sup> 2000-2016 Indiana Youth Tobacco Survey

<sup>iv</sup> 2014 and 2016 Indiana Youth Tobacco Survey

<sup>v</sup> U.S. Department of Health and Human Services. *E-Cigarette Use among Youth and Young Adults: A Report of the Surgeon General – Executive Summary*. 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>vi</sup> US Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.

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<sup>viii</sup> US Department of Health and Human Services. *The Health Consequences of Smoking: 50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US Department of Health and Human Services, CDC; 2014.

<sup>ix</sup> Campaign for Tobacco-free Kids. *The Toll of Tobacco in Indiana*. Accessed 4/19/2017 from [https://www.tobaccofreekids.org/facts\\_issues/toll\\_us/indiana/](https://www.tobaccofreekids.org/facts_issues/toll_us/indiana/).

<sup>x</sup> Federal Trade Commission. *Federal Trade Commission Cigarette Report for 2014*. Issued 2016.

<sup>xi</sup> Federal Trade Commission. *Federal Trade Commission Smokeless Tobacco Report for 2014*. Issued 2016.

<sup>xii</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.

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<sup>xiv</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.

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<sup>xvi</sup> U.S. Department of Health and Human Services (USDHHS). *Women and Smoking: A Report of the Surgeon General*. Atlanta: USDHHS, 2001.

<sup>xvii</sup> Economic Impact of Secondhand Smoke, 2014. Zollinger et al.

<sup>xviii</sup> Vital Signs: Disparities in Nonsmokers' Exposure to Secondhand Smoke — United States, 1999–2012.

<sup>xix</sup> 2017 Indiana Adult Tobacco Survey

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- <sup>xx</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>xxi</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.
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- <sup>xxv</sup> 2017 Indiana Adult Tobacco Survey
- <sup>xxvi</sup> Indiana State Department of Health. *Indiana Natality Report, State and County Data 2015*. Published December 2016. [www.in.gov/isdh/19095](http://www.in.gov/isdh/19095)
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