



Annual Report State Fiscal Year 2025



**Tobacco Prevention
and Cessation**



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Executive Summary and Key Successes

The Indiana Department of Health Tobacco Prevention and Cessation's State Fiscal Year 2025 Report highlights the achievements of the past year.

The [2025 Indiana commercial tobacco control strategic plan](#) is also supported by statewide stakeholders, healthcare organizations, tobacco prevention and cessation experts and community coalition partners. The 2025 plan is based on the following priorities.

Decreasing Youth and Young Adult Tobacco Use Rates

- [VOICE](#) is active in 21 counties with more than 1,200 engaged members
- Results from the [2024 Youth Tobacco Survey](#) showed continued declines in youth tobacco use, with high school e-cigarette use at its lowest since 2012
- The [Behind the Haze](#) campaign implemented two ads with 31.7 million impressions; IHSAA's Don't Puff This Stuff had 7.1 million impressions during the 2024-25 school year
- [Quit the Hit](#) enrolled 281 in the program, and vaping rates were cut by more than half

Increasing Secondhand Smoke Protections for Hoosiers

- 32% of all Indiana residents are protected by a strong [local smoke-free air law](#)
- 261 [school districts](#) (90%), cover e-cigarettes in their policies, and 12 school districts, (4%), have non-punitive enforcement measures for youth who use tobacco
- 119 [hospitals](#) (97% of all hospitals in the state) and 88 [behavioral health facilities](#) (60% of all facilities in the state) have a tobacco-free grounds policy

Decreasing Adult Smoking Rates

- The percentage of Indiana adults who smoke cigarettes has significantly declined from 16.2% in 2022 to 13.9% in 2024, the lowest recorded rate
- The 30-day quit rate among respondents across all Quit Now Indiana programs was more than 32%, and 80% of respondents were satisfied with Quit Now Indiana services
- TPC health systems change partners referred 983 people to one-on-one counseling and 127 people to Quit Now Indiana. Twelve Tobacco Free Recovery providers are implementing tobacco free grounds and treatment strategies to serve their clients

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

- TPC funded 43 community, capacity-building, and regional partnerships in 41 counties, reaching approximately three-fourths of Indiana's population, a [county level and TPC program dashboards](#) demonstrate impact of commercial tobacco on communities
- TPC held its biennial Partner Information X-Change Meeting, "Hoosier Crossroads: A Roadmap for Connecting Communities" in October 2024 with more than 100 attendees

2025 Goals and Outcomes

Goals for Decreasing Youth and Young Adult Tobacco Use	2025 Goal	Current Measure
Overall tobacco use – Middle School	5%	3.4%
Overall tobacco use – High School	17%	5.8%
E cigarette use – High School	10%	5%
E cigarette use – Young Adults (18–24)	10%	20%
Flavored tobacco use – Middle School tobacco users	40%	56.4%

Goals for Increasing Proportion of Hoosiers Not Exposed to Secondhand Smoke	2025 Goal	Current Measure
Smokefree home (adults who smoke, with children present)	85%	86%
Smokefree indoor workplace (adults)	95%	93.7%
Hoosiers protected by comprehensive smokefree local laws	100%	32%

Goals for Decreasing Indiana Adult Smoking Rates	2025 Goal	Current Measure
Adult smoking rate	15%	13.9%
Smoking rate among pregnant women	6%	3.8%
Smoking rate among Indiana Medicaid members	25%	25.9%
Adults who smoke reporting ≥ 1 quit attempt in past year	70%	51.9%
Adults reporting coverage for cessation services	85%	86.7%

Goals for Maintaining State & Local Infrastructure to Support Tobacco Control	2025 Goal	Current Measure
Training attendance among TPC local & state grantees	100%	94%
Indiana Tobacco Quitline participant 30-day quit rate	35%	32%

2025 Goal Met: 



Decrease Youth and Young Adult Tobacco Use Rates

Early tobacco use leads young people to lifelong addiction and can cause specific health problems, such as early cardiovascular damage, reduced lung function and decreased lung growth, and reduced immune function. About

half of adults who smoke, report starting before the age of 18.ⁱ New tobacco and nicotine products, coupled with targeted marketing, have contributed to tobacco and nicotine use among youth.ⁱⁱ E-cigarettes/vaping devices are the most used tobacco product among Indiana youth and young adults. For more information, see TPC’s fact sheet on [Addressing Youth E-Cigarette Use](#).

Youth tobacco objectives in the 2025 Strategic Plan show that 2025 goals have been surpassed for youth smoking and e-cigarette use, as well as young adult smoking. However, young adult e-cigarette use has not met the 2025 goal of 11%. Additional youth prevention metrics can be found on the [Youth Vaping Dashboard](#).

Key Outcomes

Figure 1:

Current Smoking & E-cigarette Use Rates among Indiana Middle and High School Youth

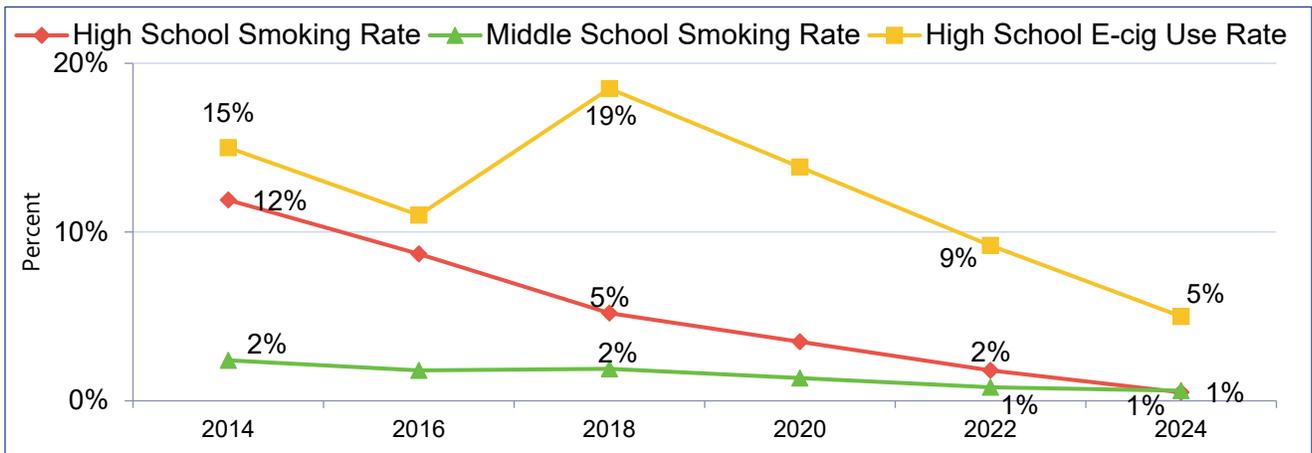
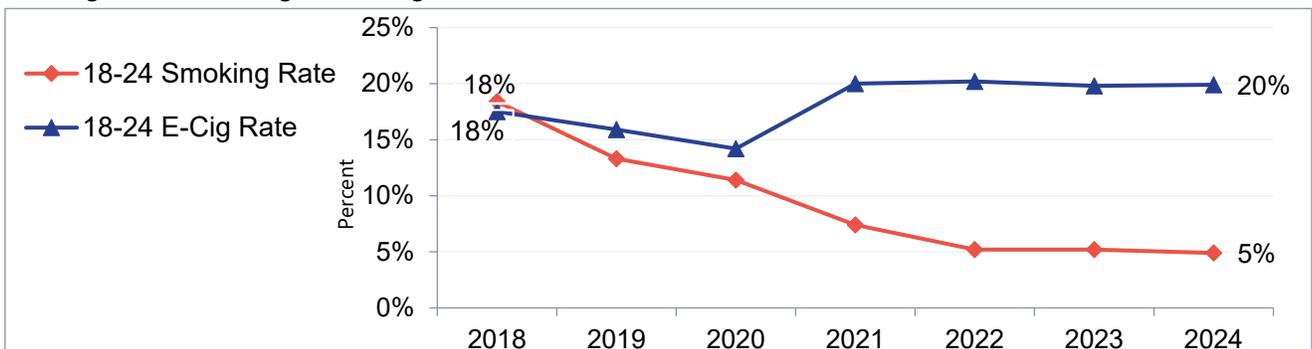


Figure 2:

Young Adult Smoking and E-Cigarette Use Rates



Youth tobacco use rates drop, but concerns remain

TPC conducts the [2024 Indiana Youth Tobacco Survey](#) that shows continued declines in youth tobacco use, with high school e-cigarette use at its lowest since 2012. Despite this progress, concerns remain as flavored tobacco products, frequent e-cigarette use among youth that currently use e-cigarettes, and the rising popularity of oral nicotine pouches indicate risks for nicotine addiction among youth. Additionally, many youths who have never used tobacco products are susceptible to future use, reinforcing the importance of continued prevention efforts. More on the 2024 IYTS can be found in the appendix pages 24-25.



Vape-Free Indiana

Vape-Free Indiana is a multi-pronged statewide strategy that implements prevention, public education and cessation strategies to address e-cigarette/vape use among youth and young adults. Resources for parents, youth, educators, and healthcare professionals are available on the Vape-Free Indiana [website](#).

Prevention Education

Programs like [Catch My Breath](#) reached thousands of students, while tobacco-free policies expanded across 88% of public school districts and 26 colleges. Schools are integrating alternatives to suspension into their tobacco-free policies, prioritizing cessation support over punishment when students are using tobacco products on campus.

Public Education

Public education campaigns such as *Behind the Haze* and *Don't Puff This Stuff* generated more than 375 million impressions combined since 2020, successfully combating misinformation and raising awareness about vaping's dangers.

In SFY 2025, [Behind the Haze](#), delivered compelling and evidence-based health education that motivates young people (ages 13-21) to rethink their vaping behaviors and intentions. *Behind the Haze* delivers facts that counter teens' knowledge, attitudes, and beliefs that are associated with

vaping behaviors to curb vape use long-term. Two ads were implemented this year included “Mess with You” (September to October 2024) and “Your Skin Takes a Hit” (March to May 2025). Social media reach resulted in nearly 32 million impressions. Active engagement among those seeing the ads exceeded 3,100 for both ads. The campaigns are specifically designed to reach young people susceptible to start vaping or those who already were vaping. Evaluation data report that 69% of survey participants were aware of the *Behind the Haze* campaign, with 68% of those who vape and 77% of susceptible youth reporting awareness.

[Don't Puff This Stuff](#), in partnership with the Indiana High School Athletic Association (IHSAA), provides anti-vaping messages that are shared coinciding with back-to-school and key sports tournament seasons. All social media content contains links to the campaign website, dontpuffthisstuff.com, where Hoosiers can learn more about the dangers of vaping and share messages. The 2024-2025 school year resulted in 7.1 million impressions and since the launch of the campaign in March 2021, there have been nearly 77million impressions.

Resources for quitting

Youth and young adults struggling with nicotine addiction need resources to help them combat their addiction. Cessation efforts included layered support from a variety of tools. [Live Vape Free](#), an interactive texting program with a live coach to support the young person’s quitting journey serving 253 youth and young adults in FY 2025, as well as tools for supporting parents and caregivers concerned about a teen’s vaping addiction. Quit Now Indiana served 342 youth and young adults in FY 2025.

Another program, [Quit the Hit](#), supports young adults who are ready to quit vaping. In FY 2025, the second year of the program, there were 281 participants compared to 262 in FY 2024. Past 30-day vaping rates among participants were cut in half (100% to 46%).

Vape-Free Indiana continues to lead with youth voices, data-driven messaging, and dynamic partnerships that keep young Hoosiers vape free. As new threats like oral nicotine pouches emerge, the initiative remains a proactive effort in youth tobacco control, powered by strong partnerships and adaptive programming.

Educating and Empowering Youth

[VOICE Indiana](#) seeks to engage, educate, and empower youth to celebrate a tobacco and nicotine-free lifestyle. As a statewide movement and youth empowerment program, VOICE actively builds 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 and nicotine use.



In SFY 2025, VOICE was active in 21 counties, including two statewide VOICE groups with the Indiana Latino Institute and Indiana Black Expo. There are 139 core team leaders, 1,201 action squad members, and 341 members in the VOICE Alumni Network.

The VOICE Youth Ambassadors led a statewide campaign that engaged youth across the state and concentrated on two National Days of Action. They promoted a storytelling project for Red Ribbon Week and used the stories to create REWIND, a thought-provoking film that exposed the realities of youth vaping in Indiana's communities. The red-carpet premiere of the film for Take Down Tobacco Day included a Young Hoosier's art show and encouraged youth to submit artwork educating on the dangers of tobacco. The show had 42 art submissions that included oil paintings, watercolor, charcoal sketches, ceramics, digital art and AI inspired art. These young leaders hosted a panel where panelists shared their passion to make an impact by addressing tobacco and nicotine use.



The VOICE Youth Ambassadors implemented a statewide training, "I'm an Advocate – What's Your Superpower?" These leaders educated their peers about the harmful effects of tobacco and empowered youth to pledge to live tobacco free and share that commitment with members of the state legislature. They designed the "Working Together to Save Hoosier Lives" campaign along Tobacco Free Indiana to depict photos of Hoosiers that have been impacted by tobacco and shared how losing 11,000 Hoosier lives each year has empowered them to act.

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. They serve as ambassadors for our statewide program and inform and design all statewide campaigns and initiatives within the VOICE Indiana brand. This leadership group included eight high school youth during the 2023-24 school year and increased to 12 youth leaders for the 2024-25 school year.



Increase the Proportion of Hoosiers Not Exposed to Secondhand Smoke

Some Hoosiers are exposed to more secondhand smoke than others, due to differences in community smoke-free air protections. Exposure to secondhand smoke is one of the leading causes of preventable death costing 19,000 lives nationally each year, 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 aerosol is made up of a high concentration of ultrafine particles which can contain harmful ingredients, including nicotine flavorings, volatile organic compounds, and heavy metals, with particle concentration higher than in conventional tobacco smoke^{iii,iv}. Exposure to ultrafine particles may exacerbate respiratory ailments, such as asthma, and constrict arteries, which could trigger a heart attack.^v Smoke-free policies not only protect those who do not use tobacco or vaping products, they increase the demand for cessation and support people in quitting tobacco.

Approximately 1,770 Hoosiers die each year from others smoking, such as exposure to secondhand smoke or smoking during pregnancy.^{vi} Exposure to secondhand smoke increases the risk of premature birth, low birth weight, pregnancy complications, and sudden infant death syndrome (SIDS).^{vii} Preventing infants' exposure to secondhand smoke is an important strategy to reduce Indiana's infant mortality rate.^{viii} 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.^{ix}

Secondhand smoke exposure objectives in the 2025 Strategic Plan show that 2025 goals were met for smoke free homes and adults reporting a smoke free workplace.

Key Outcomes

Figure 3:

Percentage of Adults Living in Smoke-Free Homes

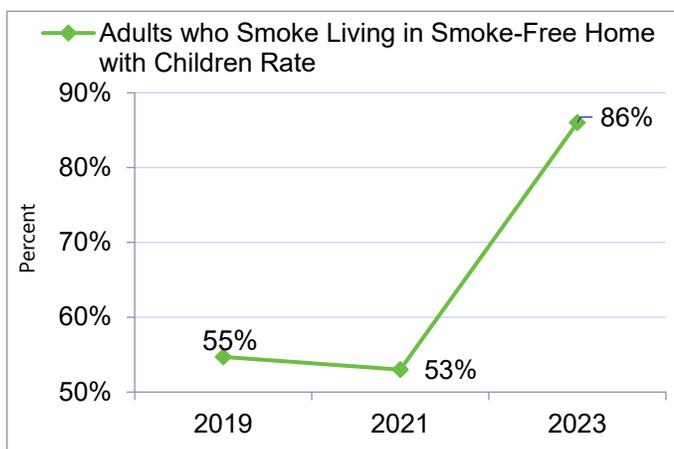
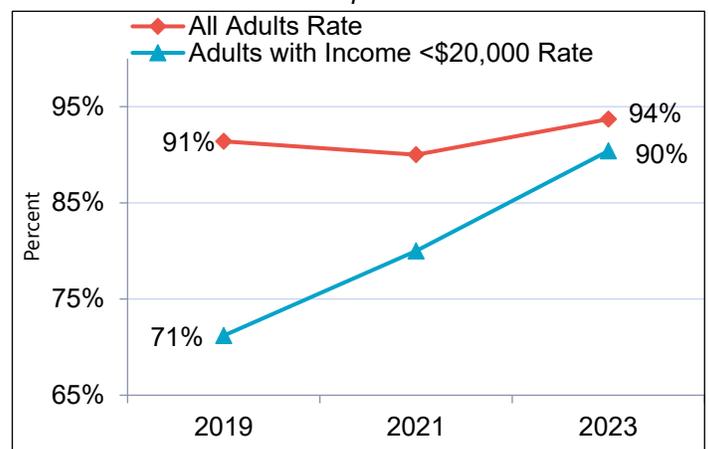


Figure 4:

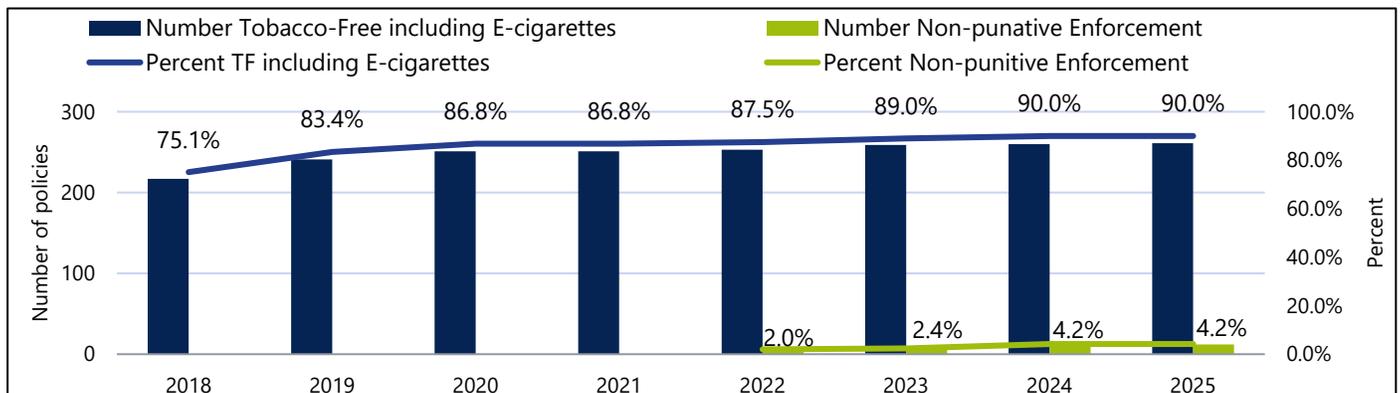
Proportion of Indiana Adults Reporting a Smoke-Free Indoor Workplaces



[Indiana’s state smoke-free air law \(2012\)](#) protects workers and patrons in most worksites and restaurants from the health hazards of secondhand smoke. However, a revision to the state law during the [2025 legislative session](#) will allow for cigar smoking in a room connected to a patio of a restaurant. Some Indiana communities are providing greater protections to workers by adopting local smoke-free air ordinances. Currently, 32% of all Indiana residents are protected by a local smoke-free air law that includes non-hospitality workplaces, restaurants, and bars. Several local laws also cover membership clubs. A [total of 24 communities](#) have ordinances that prohibit e-cigarettes/vaping devices. TPC partners with the American Lung Association and the Americans for Nonsmoker’s Rights to support training and technical assistance for community partners to education on the importance of smoke free air protections.

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. Currently, 261 school districts in Indiana, or 90%, cover e-cigarettes in their district policies. TPC tracks schools and districts that included non-punitive or restorative measures as part of the enforcement policy for students who use tobacco on school grounds. The number of school districts with at least one nonpunitive measure has increased from six in 2022 to 12 in 2025.

Figure 5:



Indiana School Districts with Tobacco-Free Policies and Non-Punitive Enforcement

Note: Left vertical axis reflects the total number of TF polices whether it is those that include e-cigarettes or those that include non-punitive enforcement measures. The right axis reflects the percent of TF grounds polices that include e-cigarettes out of all policies on file. Similarly, the right axis also reflects the percent of policies including non-punitive enforcement measures among all policies on file.

Many local organizational policies are reducing secondhand tobacco smoke exposure:

- Among behavioral health and substance use treatment facilities, 88 (60% of all facilities in the state) have a [tobacco-free campus](#).
- More than 100 college and university campuses in Indiana have implemented [tobacco-free campus policies](#). Most of these college policies include restrictions on e-cigarettes and vaping.

Smoke-free multifamily housing (MUH) not only protects residents from secondhand smoke but also helps landlords and owners reduce maintenance costs of their facilities and save money on cleaning and painting expenses. Among Indiana adults who live in multi-unit housing, 14% are regularly exposed to secondhand smoke that enters their home from somewhere else in the building.

TPC community partners engage with property managers using the American Lung Association's [Smoke-Free Housing Indiana Toolkit](#) includes information regarding the different parts of the Housing and Urban Development (HUD) smoke-free ruling, including secondhand smoke, enforcement, and legality of the policy. For more information, see TPC's fact sheet on [smoke-free multi-unit housing](#).



Decrease Adult Smoking Rates

Everyone deserves an opportunity to be as healthy as possible, free from the harm that commercial tobacco can cause. Tobacco use remains disproportionately high in some communities. The percentage of Indiana adults who currently smoke cigarettes declined significantly from 16.2% in 2022 to 14.5% in 2023. Still, Indiana’s 2023 adult smoking rate is higher than the U.S. median of 12.1%. Indiana ranked 11th highest in adult cigarette smoking rate and 13th highest in adult e-cigarette use rate (8.5%) in 2023. Among adults who currently smoke cigarettes, about half (51.2%) reported making at least one attempt to end their tobacco addiction in the past year, an important indicator showing readiness to quit.

Quitting smoking at any age can improve one’s health. Treating tobacco use doubles the rate of successfully quitting.^x 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. TPC’s work includes support of state Quitline capacity: promotion system changes and increasing access to cessation benefits.

The adult smoking rate objectives in the 2025 Strategic Plan show that 2025 goals have been exceeded for smoking rates, however goals have not been met for quit attempts and successful quits.

Key Outcomes

Figure 6:
Current Smoking Rates among Adults

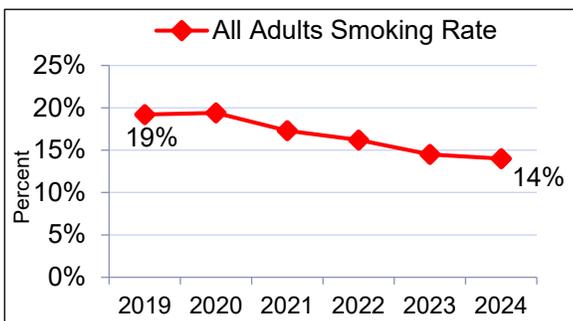


Figure 7:
Smoking Prevalence Among Pregnant Women and Medicaid Status

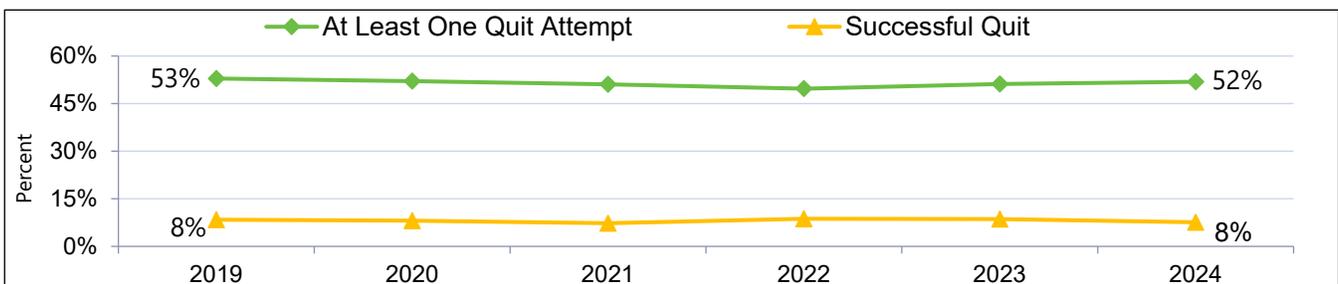
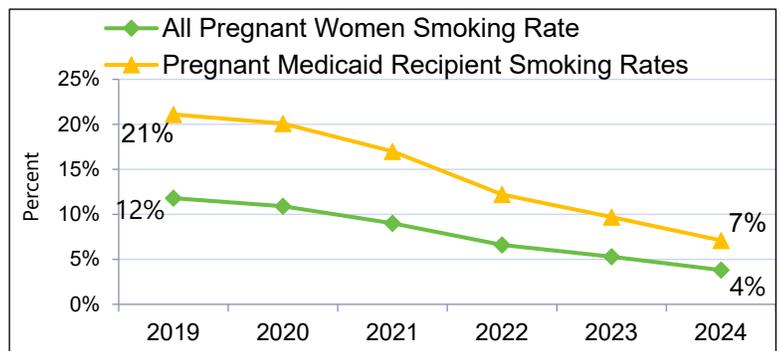


Figure 8:

Successful Quits and Quit Attempts Among Adults Who Smoke Cigarettes

Quit Now Indiana



Quitlines have been shown to be highly cost-effective interventions that deliver high value relative to their cost when compared with other common disease prevention interventions and medical treatments. Indiana’s Tobacco Quitline, Quit Now Indiana (QNI), provides tobacco treatment services to Hoosiers who want to stop using any commercial tobacco product and offers information for health professionals and families or friends. The Indiana Tobacco Quitline, Quit Now Indiana, has received more than 222,000 enrollments since 2006, and 8,353 in SFY 2025.

Quit Now Indiana offers interactive tools including online text-based and telephone-based counseling. Highly trained coaches provide tailored counseling support to help people who use tobacco end their nicotine dependence. Quit Now Indiana is central to Indiana’s tobacco cessation network supporting state and local partners.

The Quit Now Indiana annual evaluation follows up with adult participants seven months after enrollment in services and gathers information on quit outcomes and program satisfaction using the North American Quitline Consortium (NAQC) standard calculation method for quit rates.^{xi} Findings from the most recent data collection (2023-2024) indicate high satisfaction rates and strong abstinence rates among Quit Now Indiana participants. More than 32% of Quit Now Indiana participants quit tobacco (including e-cigarettes) in the past year. Comparatively, of those who try to quit without help, only 4-7% are successful. Approximately 92% of Quit Now Indiana participants would recommend the program to others.

Quit Now Indiana Champions

Guidance from healthcare providers can empower patients to end nicotine dependence. Quit Now Indiana [Champion Providers](#) receive monthly e-blasts, materials to educate patients, status reports on referred patients, and information for local tobacco prevention and cessation coalitions. Healthcare systems provide many opportunities for motivating people who use tobacco to quit. Approximately 3,250 fax referrals, 8,250 electronic health record referrals, and 2,800 [online portal](#) referrals were made to Quit Now Indiana from providers in SFY 2025.

Quit Now Indiana Menthol Program

To better support [people who are addicted to menthol tobacco products](#), Quit Now Indiana launched a Menthol Enhancement Program in SFY 2025 with personalized coaching focusing on how to quit highly addictive menthol products, along with nicotine replacement therapy medications. In SFY 2025, 2,058 people enrolled in the menthol program.

Quit Now Indiana Pregnancy Program

The use of commercial tobacco products impacts even the youngest Indiana residents, as [smoking during pregnancy](#) can harm the health of the pregnant woman and the unborn child. Quit Now Indiana is a referral partner for all 145 Indiana Women, Infants, and Children (WIC) clinics in Indiana. In SFY 2025, WIC clinics submitted 509 referrals to Quit Now Indiana. In

addition, there were 321 enrollments in Quit Now Indiana's program for women who are pregnant, planning pregnancy or postpartum. The annual Quitline evaluation showed that among Pregnancy Program participants, the overall 30-day quit rate was 36%. In addition, 89% of respondents were satisfied with the program, 92% of respondents would recommend the program to a friend.

Indiana Medicaid Supports Tobacco Cessation

Individuals primarily insured through Medicaid smoked at a higher rate (25.7%) than the general population (14.5%) in 2023.^{xiii} It is estimated that smoking costs the Indiana Medicaid program \$590 million annually. Indiana Medicaid provides coverage for tobacco treatment, including all FDA-approved medications for smoking cessation and individual, group, and phone counseling. Increasing Indiana Medicaid providers' and members' awareness 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. Indiana Medicaid health plans provide member incentives for those who complete the Quit Now Indiana programs. In SFY 2025, 46% of the 8,353 people who enrolled in Quitline services indicated they were Medicaid members.

Health Systems Change Partnerships

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

TPC health systems change partnerships build sustainable, integrated solutions at the organizational level to support clinicians in addressing tobacco use consistently and effectively. This collective work focuses on implementing best practices for tobacco dependence treatment and care coordination; quality improvement; and utilization of electronic health record (EHR) systems.

The IU Richard M. Fairbanks School of Public Health's Center for Health Policy supports TPC with evaluation of the health systems change partnerships. In SFY 2025, these [partner organizations](#) provided healthcare services to 24,319 Hoosiers where 99.5% were asked about tobacco use. Among those 3,075 were identified as patients who use tobacco, partner organizations referred 983 individuals to a Tobacco Treatment Specialist (TTS) for tobacco cessation counseling and referred 127 individuals to Quit Now Indiana.

Health Systems Change Grants		
Lead Agency	SFY 2025 Funding	Project description and outcomes
Community Health Network Foundation	\$112,500	<ul style="list-style-type: none"> • Community Health Network Foundation's (CHN) grant is dedicated to standardizing evidence-based tobacco use and dependence treatment throughout the system. The goal is to use strategic development to foster widespread adoption for evidence-based tobacco treatment, provider education, employee-focused cessation strategies and standardize workflow in the electronic medical record (EHR) to enhance care and provide analytical feedback and outcome management. • CHN expanded their Nicotine Dependence Program (NDP) to centralized and specialty practices and developed the NDP webpage offering educational seminars. CHN conducted a pilot to determine tobacco treatment billing policies. They trained four Tobacco Treatment Specialists, formalized the NDP onboarding protocols and developed a mentoring program. • CHN has a 52% program completion rate with a total of 1441 unique patients participating in the program with a total of 4,676 total visits.
Franciscan Health Foundation	\$70,000	<ul style="list-style-type: none"> • Franciscan Health Foundation's (Lafayette) grant focuses on increasing staff education for evidence-based tobacco treatment, standardizing patient care interventions, increasing referrals for post-acute tobacco cessation support, and improving EMR (electronic medical record) integration. • Franciscan Health developed a multidisciplinary team to develop tobacco treatment protocols, training seven Tobacco Treatment Specialists. • They increased the number of persons receiving "Ask, Advise, Refer" from their oncology unit to all patient units. Tobacco treatment information and early detection lung cancer screening information was provided to 70% of those patients who screened positive for tobacco use. Quit Now Indiana was integrated into their electronic health system to reduce barriers to refer patients to cessation services.
Indiana Chapter of the American Academy of Pediatrics (INAAP)	\$140,000	<ul style="list-style-type: none"> • The Indiana Chapter of the American Academy of Pediatrics (INAAP) operates the Clinical Efforts Against Secondhand Smoke (CEASE) program in 26 pediatric offices including dental and women's health providers. • They hosted three "Ask, Counsel, Treat" webinars to over 90 school personnel and recruited pediatrician champions for each region. • INAAP screened 30,065 families for tobacco use of which 12% screened positive. Of those screening positive for tobacco use, 29% were

		provided with nicotine replacement therapy and referred nearly 18% to Quit Now Indiana.
Indiana Rural Health Association (IRHA)	\$39,385	<ul style="list-style-type: none"> • Indiana Rural Health Association (IRHA) provides technical assistance, training, quality improvement, and evaluation support for tobacco treatment practices. • IRHA assists in building tobacco dependence treatment plans using evidence-based practices and quality improvement through monthly outreach to 12 Rural Health Clinics and 33 Critical Access Hospitals. • IRHA hosted Lunch and Learns, presented at the Critical Access Hospitals Convening Rapid Fire Sessions, and the Indiana Statewide Rural Health Network (InSRHN), as well as reaches 1,500 members with tobacco treatment updates through quarterly newsletters.
Covering Kids & Families of Indiana (CFK)	\$50,500	<ul style="list-style-type: none"> • Covering Kids and Families (CKF) uses the existing network of health coverage application organizations to “Ask, Advise and Refer” persons using tobacco to treatment. CFK has collaborative agreements with 19 nonprofit organizations throughout the state and provides training and technical assistance to those organizations to identify persons using tobacco and provide cessation education. • CKF created and supported a referral network for clients that included 5 outreach attempts to clients screening positive for tobacco use. • CKF developed materials specific to their client population and created presentations on healthcare coverage and tobacco and cessation to 20 community-based organizations.
Purdue University - College of Pharmacy	\$152,500	<ul style="list-style-type: none"> • Purdue supports Rethink Tobacco Indiana (RTI) is a statewide technical assistance partner to reduce the prevalence of tobacco and nicotine use among persons with mental health conditions, substance use disorders, or co-occurring disorders through technical assistance, policy development, education, and training. • RTI partnered with ASPIN, Volunteers of American, Indiana Alliance on Prenatal Substance Abuse Exposure, Indiana Pregnancy Promise Program and Damien Center conducting 47 trainings and presentations to 184 peer recovery coaches and community health workers; 165 employees in behavioral health and substance use disorder agencies; 37 pharmacists and 513 other professionals. • They provided two Tobacco Trained Specialist (TTS) training sessions and trained 116 TTSs throughout Indiana. • RTI provided technical assistance to 15 new behavioral health organizations resulting in 8 tobacco free grounds policies, 10 tobacco treatment policies or workflows and integrated Quit Now Indiana into four electronic records systems reducing referral barriers. • They surveyed 30 Division of Mental Health and Addiction’s Community Mental Health Centers to assess efforts to maintain tobacco-free environments and treatment services.

Indiana University Fairbanks School of Public Health	\$125,000	<ul style="list-style-type: none"> • The Center for Health Policy (CHP) is located within Indiana University 's Richard M. Fairbanks School of Public Health leads the evaluation of the Health Systems Change Partnership activities using a mixed - methods approach. • Annual evaluation reports produced by the CHP summarize the achievements of Health Systems Change Partnerships. Ongoing evaluation topics include obtaining and sustaining leadership support, accessing process and outcome data necessary for tracking the impact of these activities, and establishing long-term sustainability of health systems change tobacco cessation practices. • CHP collected evaluation data from funded health systems change partners and tobacco free recovery partners monthly and compiled that into two evaluation reports. CHP conducted key informant interviews at Community Health Network and Indiana Chapter of the American Academy of Pediatrics.
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Tobacco-Free Recovery

Smoking prevalence remains significantly higher among individuals with behavioral health conditions and substance use disorders. About one in five adults in the U.S. (19.9%) and in Indiana (22.3%) have any mental illness.^{xiii} Additionally, nearly 39% of Indiana adults with any mental illness smoke.^{xiv} For more information, see TPC's fact sheet on [tobacco use, mental health, and substance use disorders](#).

To better support people who use tobacco and have behavioral health conditions, Quit Now Indiana offers the intensive Tobacco Cessation Behavioral Health Program (TCBHP). The program includes higher intensity behavioral and pharmacological support, consisting of seven counseling sessions and nicotine replacement therapy medications. In SFY 2025, 3,584 individuals enrolled in this program, while approximately 42% of all Quit Now Indiana participants reported currently having one or more behavioral health condition.² The annual Quitline evaluation showed that among Behavioral Health Program participants, the overall 30-day quit rate was 32%. In addition, 83% of respondents were satisfied with the program.

The Indiana Tobacco Recovery Partnership built from the [Indiana Leadership Academy for Wellness and Tobacco Free Recovery](#) (2019) has been a forum to rally tobacco control experts and supporters around two goals to achieve by 2025:

- Reduce the smoking prevalence of adults with poor mental health days from 38.7% to 25%. As of data from 2024, smoking prevalence of adults with poor mental health days is 22.1%, thus meeting that goal.
- Reduce the smoking prevalence with adults who drink heavily from 39.1% to 25%. As of data from 2024, smoking prevalence with adults who drink heavily is 28.9%.

TPC partners with the FSSA's Division of Mental Health and Addiction (DMHA) to support providers implementing tobacco treatment strategies. These Tobacco Free Recovery Grants work to increase the amount of tobacco use assessments, referrals to Quit Now Indiana services, quit attempts, and treatment capacity for clinical teams. The Tobacco Free Recovery

grant program funded 13 agencies in 2024, and 12 agencies in 2025 to work on tobacco treatment strategies.

To support these providers, TPC partners with [Rethink Tobacco Indiana](#) to provide training, technical assistance and policy implementation. The components include information on U.S. Clinical Practice Guidelines for Treating Tobacco Use and Dependence, instituting and enforcing tobacco-free campus policies and enhancing tobacco treatment practices through use of electronic health records. Tools are tailored for community mental health centers, addiction treatment centers, recovery treatment centers, recovery residences and substance treatment programs.

Over time, more DMHA-funded behavioral health agencies have integrated delivery of tobacco dependence treatment as measured through a biennial survey. In 2025, 100% of these agencies screen for tobacco use as part of clinical assessments. Indiana was highlighted for this work in a [CDC MMWR](#).

Tobacco Free Recovery Grants Grant funding is based on the components selected in the work plan		
Lead Agency	2024 Funding (10/1/23-9/30/24)	2025 Funding (10/1/24- 9/30/25)
AWOLL House		\$33,000
Biblical Recovery dba Lighthouse Place	\$22,000	
Choices Counseling Center	\$40,000	\$12,000
Damien Center		\$18,000
Franciscan Health	\$20,000	\$12,000
Gennesaret	\$25,000	\$10,000
Genesis House	\$10,000	\$4,000
Hope Alive	\$20,000	\$23,000
Indiana Teen Challenge	\$40,000	
Neighborhood Health Center		\$48,000
Spiritual and Personal Adjustment	\$40,000	\$12,000
Ruth House		\$33,000
Saint Martin's Health Care, Inc.	\$10,000	
Three 20 Recovery	\$10,000	\$10,000
Through the Gate	\$22,000	\$10,000
Trinity Free Clinic	\$17,000	
Tulip Tree	\$17,000	



Maintain State and Local Infrastructure to Reduce Indiana's Tobacco Burden

Indiana's commercial tobacco control program implements [best practices](#) for comprehensive tobacco control programs. State and community-based programs are critical components of best practices and are central to TPC's work. Community coalitions implement 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 and have supported the implementation of the Health First Indiana core services.

Key Outcomes

In SFY 2025, TPC funded 43 [community, capacity-building, and regional partnerships](#) in 41 counties, reaching approximately three-fourths of Indiana's population. TPC implements capacity-building and regional grant program opportunities open to any counties that have not received TPC funding in the past grant cycle to get started on core interventions. Throughout the two-year grant, TPC provides a robust training plan along with customized technical assistance. Of the required trainings 94% of community grantees participated. TPC held its biennial Partner Information X-Change in October 2024. During this three-day conference with more than 100 attendees, state and national experts presented on topics including supportive actions to address youth vaping, community partnerships, tobacco and vapes in the environment, and more.



With the implementation of Health First Indiana's core services for local health departments, TPC is incorporating local community-based tobacco prevention and cessation resources to provide guidance. The addition of these local public health core services has led to more local communities promoting tobacco treatment services and working more closely with the schools to provide comprehensive tobacco prevention resources. TPC staff have provided workshops and tools for local health departments, as well as contributed tobacco-related county data to the [county health scorecard](#) and key outcomes for measuring the impact of Health First Indiana at the state and local levels. [Tools for health care organizations and hospitals](#) that have pledged to support HFI implementation have also been shared.

TPC community-based coalitions implemented 5,658 program activities during SFY 2025

ranging from Quitline outreach to community presentations on youth prevention and delivery of training including:

- 350 activities providing education on tobacco point-of-sale marketing and advertising
- 500 activities in communities worked on decreasing exposure to secondhand smoke
- 950 activities helping Hoosier adults quit tobacco use

Additional evaluation measures from the grantees and program impact overall can be found on page 27.

Community-Based Partnership Grants

Local coalitions implement Indiana’s tobacco prevention and cessation program’s goals that address youth tobacco prevention, secondhand smoke education, and adult tobacco treatment outreach and services through community indicators. The Lead Agency is responsible for supporting the coalition and is an active member of the coalition. Coalitions build and maintain partnerships across sectors of the community to sustain a broad-based coalition of support for commercial tobacco control.

County	Lead Agency	SFY 2025 Funding	County	Lead Agency	SFY 2025 Funding
Allen	Parkview Health	\$250,000	Lake	Franciscan Health Foundation	\$150,000
Bartholomew	Columbus Regional Health Foundation	\$100,000	Lawrence	Hoosier Uplands	\$55,000
Clark	Community Action of Southern Indiana	\$120,000	Madison	Intersect, Inc	\$160,000
Clark	LifeSpring	\$80,000	Madison	Minority Health Coalition	\$100,000
Daviess	Hoosier Uplands	\$65,000	Marion	Marion County Public Health Department	\$320,000
Dearborn	Dearborn County Health Department	\$75,000	Marion	Latino Health Organization	\$112,500
Delaware	Little Red Door	\$140,000	Marshall	Saint Joseph Health Department	\$110,000
Elkhart	Elkhart County Health Department	\$175,000	Monroe	IU Health Bloomington Community Health	\$65,000
Floyd	Our Place	\$80,000	Morgan	IU Health Bloomington Community Health	\$60,000
Franklin	Franklin County Community Foundation	\$50,000	Orange	IU Health Bloomington Community Health	\$65,000
Grant	Minority Health Coalition	\$50,000	Porter	Valparaiso University	\$150,000
Hamilton	Good Samaritan Network	\$150,000	Scott	Scott County Partnership	\$67,500
Hancock	Hancock Regional Hospital	\$120,000	Shelby	Drug Free Shelby County	\$90,000

Howard	Kokomo YMCA	\$100,000	Spencer	North Spencer County School Corporation	\$120,000
Jefferson	King's Daughters' Health	\$120,000	St. Joseph	Saint Joseph Health Department	\$230,000
Knox	Hoosier Uplands Economic Development Corp	\$70,000	Vanderburgh	University of Evansville	\$172,500
Kosciusko	The Healthy Community Coalition of Kosciusko Co., Inc	\$110,000	Vigo	Chances and Services for Youth	\$140,000
Lake	Community Advocates of Northern Indiana	\$125,000	Wabash	85 Hope	\$60,000
			Washington	Hoosier Hills PACT	\$65,000

Capacity Building Grants

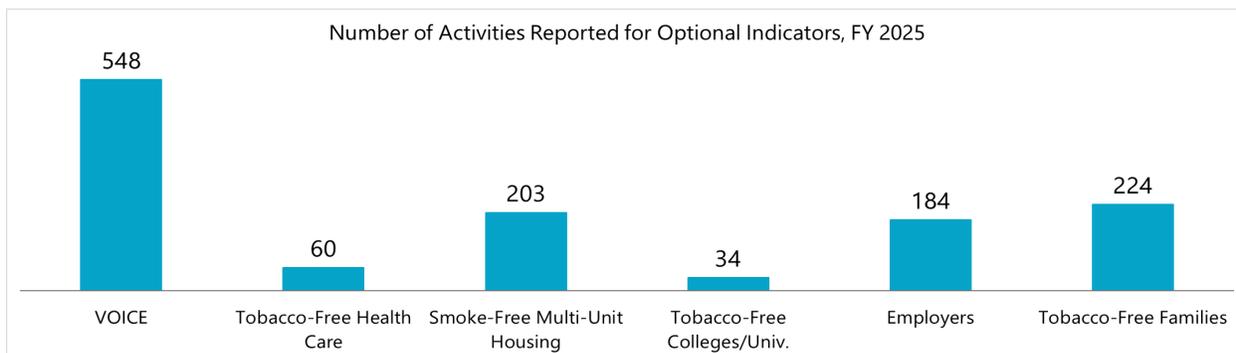
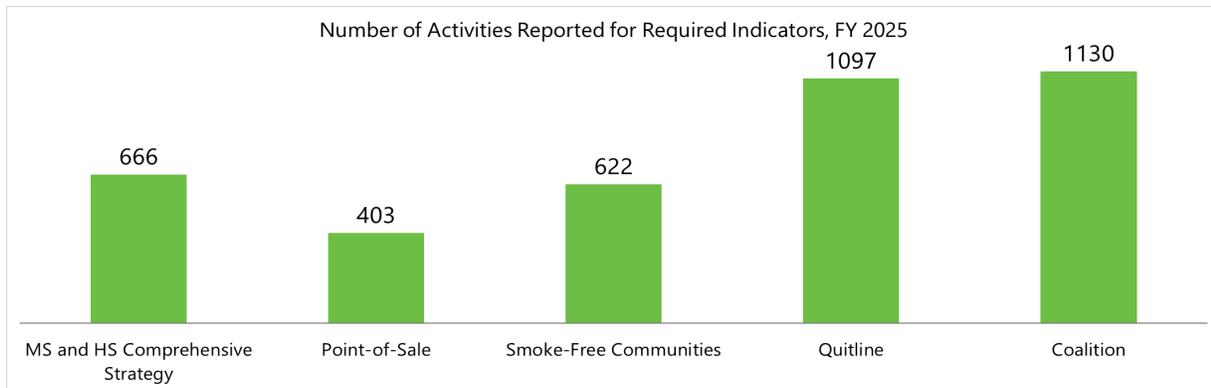
Capacity building grants bring in new local partnerships to areas that are not currently funded by TPC. The two-year grant allows for new partnerships to fully develop a coalition and learn evidence-based commercial tobacco control practices. Coalitions are developing and implement Indiana's tobacco prevention and cessation program's goals that addressing youth tobacco prevention, secondhand smoke education, and adult tobacco treatment outreach and services, with fewer community indicators.

County	Lead Agency	SFY 2025 Funding
Blackford	Drug Free Blackford County	\$50,000
Clinton	Healthy Communities of Clinton County	\$46,750
Pike	Pike County School Corporation	\$60,000

Regional Partnership Grants

The vision of the regional partnerships is to build community education, awareness, and capacity for commercial tobacco control with a focus on rural areas of the state where TPC partnerships do not currently exist. Coalitions transition to local capacity-building partnerships at the end of the two-year funding cycle.

Counties	Lead Agency	SFY 2025 Funding
Owen, Parke, Putnam, Vermillion	Mental Health American of West Central Indiana	\$120,000



100% of Community Partners completed activities for all required indicators

96% of Community Partners completed activities for all the 10 required deliverables

Grantees, Fiscal Year 2025					
Indicator and Key Deliverables	Due date	Percent of Community based partners reporting activities	Total Activities	Percent of Capacity building partners reporting activities	Total Activities
Middle and High School Comprehensive School Strategy		100%	666	100%	68
Provide messages (articles, fact sheets, and other resources) to communicate with the school community on tobacco prevention and cessation	Quarterly	100%	337	100%	37
Point-of-Sale		100%	403	100%	26
Youth and adult-focused educational activities on how tobacco products are priced and	Quarterly	97%	328	100%	22

marketed to teens and marginalized populations.					
Smoke-Free Communities		100%	622	N/A	N/A
Conduct activities to achieve the goals for level selected and strategy chart	Monthly	100%	567	N/A	N/A
Quit Now Indiana (QNI)		100%	1097	100%	89
Conduct ongoing outreach with healthcare providers and organizations, including those serving marginalized populations	Monthly	100%	381	100%	32
Track referrals by providers and organizations and user volume by county	Monthly	100%	332	67%	22
Promote and distribute QNI resources and materials	Quarterly	100%	387	100%	35
Coalition Building		100%	1130	100%	73
Conduct ongoing coalition development	Monthly	95%	350	67%	16
Educate state and local policy makers about your program	Quarterly	84%	142	100%	7
Conduct relational conversations with an organization, an individual, or stakeholder and identify a contact person for coalition recruitment.	Quarterly	89%	163	67%	17
Engage and work in partnerships with organizations serving marginalized populations	Quarterly	92%	319	100%	24

Statewide Grants		
Lead Agency	SFY 2025 Funding	Project Description and outcomes
American Lung Association (ALA)	\$150,000	<ul style="list-style-type: none"> • ALA works with TPC partners to increase smoke-free policies in multi-unit housing, as well as supports coalition development, capacity building and communications on secondhand smoke. • ALA piloted in five counties a new tool, the Community Preparedness Assessment, and developed community toolboxes and training based on readiness for smoke free air policy by leading quarterly cohort meetings with local partners to advance their readiness. • Through partnership with Breathe Easy Beech Grove, ALA advanced community education and readiness to protect residents from secondhand smoke exposure and defended the smoke free air ordinance in Zionsville.
Health Ed Pros LLC (HEP)	\$144,282	<ul style="list-style-type: none"> • HEP implements the Breathe: Healthy Steps to Living Tobacco Free educational program by working with Head Start Centers and similar organizations. Breathe includes education on the dangers of secondhand and thirdhand smoke, ways to minimize exposure, the financial burden of tobacco, and resources to quit. • HEP provides training and technical assistance to TPC partners and to Head Start (or similar) agencies. HEP serves as a liaison to Head Start and other state organizations serving low-income families. • In SFY 2025, 53 Breathe training sessions were conducted reaching 893 people in 83 counties. HEP conducted Breathe for local health departments reaching 114 people representing 56 counties. All participants said they would recommend this training to others, and 98.7% reported being either "extremely prepared" or "somewhat prepared" to discuss tobacco/vaping with parents.
Indiana Black Expo, Inc. (IBE)	\$150,000	<ul style="list-style-type: none"> • IBE focused on preventing initiation of tobacco use by youth; help with cessation; protection from secondhand smoke, and tobacco control infrastructure. • IBE worked with county IBE chapters and convened a statewide tobacco coalition. • IBE hosted a summer youth leadership summit at IBE's Summer Celebration where over 250 youth received information about

		<p>tobacco prevention and VOICE. IBE worked with VOICE core leaders to deliver presentations on VOICE initiatives to local youth, and each IBE chapter received VOICE educational toolkits to aid with implementation efforts.</p> <ul style="list-style-type: none"> Quit Now Indiana was promoted at annual events including Summer Celebration and Circle City Classic reaching over 88,000 attendees.
Indiana Latino Institute, Inc. (ILI)	\$150,000	<ul style="list-style-type: none"> ILI focuses on preventing initiation of tobacco use by youth; help with cessation; protection from secondhand smoke and tobacco control infrastructure. ILI hosted three education summits (Indianapolis, South Bend, Evansville) which attracted over 4,000 students providing VOICE information, tobacco prevention and cessation materials, and recruitment information for local VOICE groups. ILI developed relationships with colleges, and began a pilot <i>Quit It, U Program</i> at Marian University with the goal of developing student advocates to promote tobacco prevention and cessation information in a peer-to-peer format. ILI partnered with five Marion County schools to conduct presentations on the dangers of tobacco and e-cigarettes and available resources for students.
Indy Pride, Inc.	\$60,000	<ul style="list-style-type: none"> Indy Pride focused on protections from secondhand smoke, helping with cessation and tobacco control infrastructure. Indy Pride promoted Quit Now Indiana through their social and website platforms, reaching over 47,000 on Facebook and 24,000 on Instagram. Indy Pride hosted the annual Pride Festival and events as tobacco free, which attracted 80,611 attendees sharing information on Quit Now Indiana. Indy Pride partnered with key festivals to support tobacco free events including Indy Pride of Color and Fort Wayne Pride and utilized its networks including the Indiana Pride Network and Pride Employee Resource Group Forum to gather stakeholder input and promote tobacco prevention and cessation information.

Strategic Planning

TPC started the process of developing the next five-year Indiana Commercial Tobacco Control Strategic Plan. The plan is intended to be a tobacco control roadmap for the entire State of

Indiana, coordinated by TPC. Input has been gathered from many stakeholders, from state agencies to grassroots community organizations, to ensure that Indiana's commercial tobacco control movement is best positioned to serve the needs of our communities and stakeholders. Thought leader interviews and community engagement sessions were facilitated in the spring, from which several primary themes were identified. Goal setting and strategic mapping will take place in the summer of 2025, and the 2030 Strategic Plan is expected to be finalized in late 2025.

Tobacco Tax Increase

The Indiana State Legislature passed a [bill](#) that included a \$2 increase in the cigarette tax and proportional tax increases on other tobacco products and e-cigarettes, effective July 1, 2025. This is an evidence-based policy strategy that aims to improve health outcomes across our state and help reduce tobacco use and initiation, especially among youth. In addition, higher tobacco prices are one of the most effective ways to encourage people to quit using. It is estimated this price increase will prevent approximately 10,000 youth and 2,200 young adults from smoking cigarettes, and prompt 38,600 Hoosier adults to quit tobacco^{xv}. Reducing tobacco use will improve lives, lower healthcare costs, and strengthen our workforce for years to come.

Conclusion

Tobacco use continues to be the single most preventable cause of death and disease in Indiana. A 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 e-cigarettes and vaping devices continues to be a concern, as young people who are using these products are reporting higher levels of addiction. Use of new and emerging products must be monitored.

There is an opportunity for more smoke-free air laws to protect communities from secondhand smoke exposure and secondhand aerosol and workers on the job. Indiana has nearly 750,000 adults who use tobacco products and whose interest in quitting is strong. Offering a variety of strategies including population level, cost-effective interventions, like Quit Now Indiana is necessary. We must continue to implement effective best practices to serve all communities across the state.

As we work toward a vision of a tobacco-free Indiana, multiple strategies are needed to reach all Hoosiers. 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. Addressing commercial tobacco use is critical to achieve better health outcomes for all Hoosiers.

SFY 2025 Budget

Budget Item	SFY 25 State July 1, 2024 to June 30, 2025	CDC grant- NSBTC April 29, 2024 to April 28, 2025	FSSA/DMHA MOU Tobacco Free Recovery Grants Oct. 1, 2024 to Sept. 30, 2025	TOTAL
STATE AND COMMUNITY INTERVENTIONS				
Local Community Based Partnership Grants	\$4,283,000			
Capacity Building Partnership Grants	\$156,750			
Regional Partnership Grant	\$120,000			
Statewide Partnership Grants	\$667,845			
Training and Technical Assistance	\$221,000			
Vape-Free Indiana Initiative	\$1,350,000			
				\$ 6,798,595
CESSATION INTERVENTIONS				
Indiana Tobacco Quitline	\$1,000,000	\$211,910		
Health systems change partnership grants	\$689,885		\$300,000	
				\$2,201,795
HEALTH COMMUNICATIONS				
Public Education Campaign		153,750		
Quitline Education Materials	50,000			
				\$203,750
SURVEILLANCE AND EVALUATION				
Surveillance and Evaluation	\$41,760	\$535,871		
				\$577,631
INFRASTRUCTURE, ADMINISTRATION AND MANAGEMENT				
Infrastructure, Administration and Management	\$910,991	\$989,747		
				\$1,900,738
TOTAL	\$9,491,231	\$1,891,278	\$300,000	\$11,682,509

Appendix

Surveillance and Evaluation

It is important for commercial 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. A [surveillance and evaluation](#) program is a key component of comprehensive state tobacco control programs. 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 supports the Behavioral Risk Factor Surveillance System (BRFSS). In addition, the Indiana Tobacco Quitline/Quit Now Indiana service reports, tobacco tax stamp data from the Indiana Department of Revenue, and tobacco policy tracking are incorporated into evaluation measures. TPC manages a monthly web-based reporting system that monitors process measures through local tobacco control coalition monthly program reports.

2024 Indiana Behavioral Risk Factor Surveillance System

The [Behavioral Risk Factor Surveillance System](#) (BRFSS) is a system of health-related telephone surveys that collect state data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. Established in 1984 with 15 states, BRFSS now collects data in all 50 states as well as the District of Columbia and three U.S. territories. The Indiana BRFSS provides an annual estimate of adult smoking in Indiana, plus additional variables on tobacco product use and cigarette cessation. BRFSS data are shared in many TPC [fact sheets](#) on adult smoking, priority populations, and tobacco treatment.

In 2024, 13.9% of Hoosier adults reported current use of cigarettes (at least once in the past 30 days), a significant decline from 2022 (16.2%), however, cigarette smoking rates vary by subpopulation. Adults with less than a high school education had a significantly higher rate of smoking than any other level of education attained. In general, the rate of smoking decreases as the reported household income levels and educational attainment levels increase. Indiana adults experiencing 14 or more poor mental health days reported smoking at a significantly higher rate than those experiencing fewer than 14 poor mental health days, adults diagnosed with depression (depressive disorder) reported smoking at a significantly higher rate than those

never diagnosed with depression, and adults that reported having a disability smoked at a significantly higher rate than those without a disability.

2024 Smoking During Pregnancy Rates

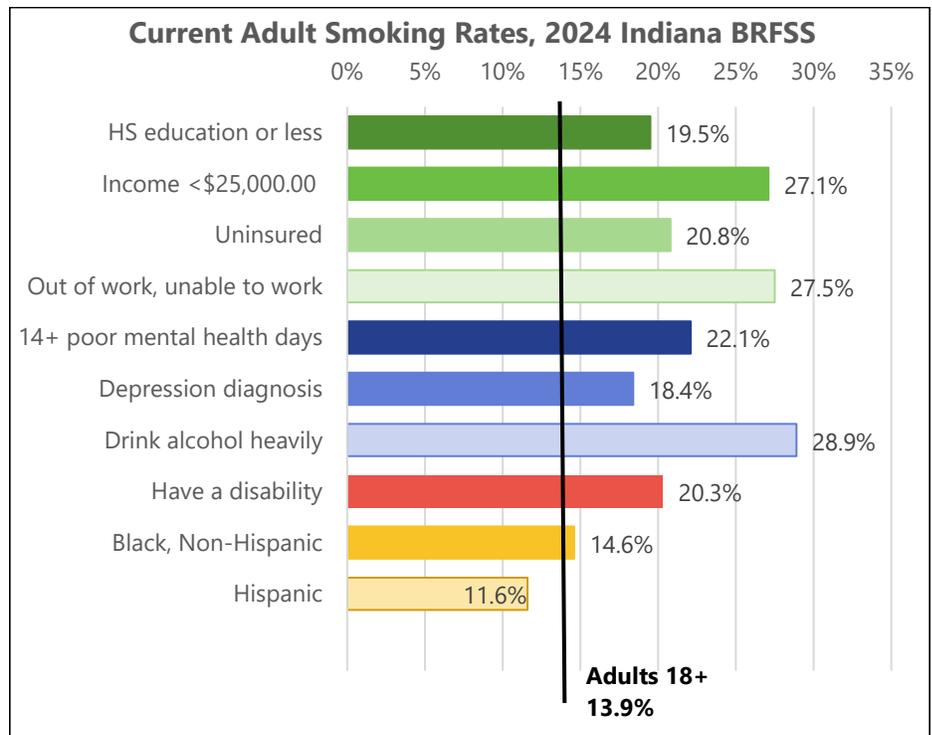
Cigarette smoking during pregnancy in Indiana is measured by data collected on the birth worksheet that the parents fill out after a birth occurs. This worksheet contains pages of questions about the newborn, labor, pregnancy, and other factors related to birth. Cigarette smoking is tracked on the

birth worksheet three months prior to pregnancy, during the first trimester, during the second trimester, and during the third trimester of pregnancy. Note that in 2021, Indiana transitioned to a new platform for recording vital records data, Database for Registering Indiana’s Vital Records Events (DRIVE), which impacted data collection, and smoking during pregnancy data collected and rates generated prior to 2021 should not be compared to the same variables in and after 2021.

2024 birth certificate data summary:

- Smoking during pregnancy rate: 3.8%
- Smoking during pregnancy rate among Medicaid members: 7.1%
- 23 counties had rates significantly higher than the state rate
- Five counties had rates significantly lower than the state rate
- Smoking during pregnancy was significantly higher among non-Hispanic white women than Hispanic women and non-Hispanic Black women.
- The rates of smoking during pregnancy among the general population and among Medicaid members both exceed the targets for 2024 in the [Indiana Tobacco Control Strategic Plan](#).

For more details, including county-level smoking during pregnancy rates, see TPC’s fact sheet on [smoking during pregnancy](#).



2024 Indiana Youth Tobacco Survey

[The Indiana Youth Tobacco Survey](#) (IYTS) has been administered biennially since 2000 and collects data on youth tobacco and cannabis use, access to tobacco, exposure to tobacco advertising, secondhand smoke exposure, social influences, and attitudes and beliefs related to tobacco. Coordination of survey administration and the data analysis and the development of survey dissemination materials is done in-house by TPC staff. Results are representative of public middle school and high school students in Indiana and provide the most comprehensive statewide source of tobacco-related behavior. The 2024 IYTS was administered in the fall of 2024 to more than 5,400 students.

Highlights from the 2024 Youth Tobacco Survey:

- **Tobacco and e-cigarette use rates continue to drop**
 - Youth cigarette use (MS and HS) and high school tobacco use are the lowest measured in the past two decades.
 - High school e-cigarette use significantly declined between 2022 and 2024, and the rate is the lowest measured since 2012. Middle school e-cigarette use rate is slightly higher than 2022, but not a significant increase.
 - Even though fewer youth are using tobacco products, including e-cigarettes, e-cigarettes remain the most popular tobacco product among high school and middle school youth.

- **Nicotine pouches are gaining popularity among high school students**
 - [Oral nicotine pouches](#) are gaining popularity among youth, and are available in many fruity, sweet and candy-like flavors. Youth use of nicotine in any form is unsafe and has negative effects on developing brains.
 - Ever (lifetime) use rate of nicotine pouches among high school students significantly increased from 2.3% in 2022 to 5% in 2024

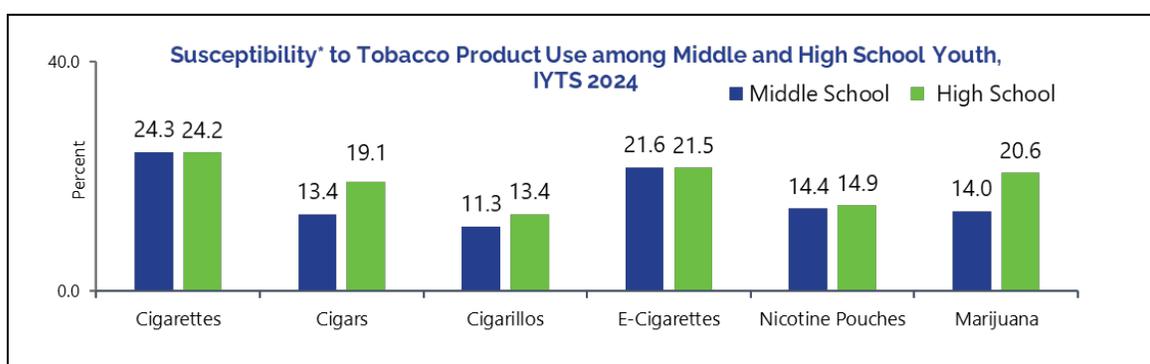
- **Concerns remain with flavored products and nicotine addiction among young people who currently use tobacco products**
 - Among youth currently using tobacco, the majority are using flavored tobacco products. Flavors increase the appeal of tobacco products to youth, promote youth initiation, and can contribute to lifelong tobacco use.
 - Among youth who currently use e-cigarettes, nearly half (46%) of high school students frequently used e-cigarettes (at least 20 of the past 30 days), an indication of nicotine dependence

- **Tobacco addiction and attempts to quit**
 - More than a quarter of youths who currently use tobacco exhibit nicotine dependence, and about one-third of high school students had a strong craving or felt like they really needed to use a tobacco product during the past 30 days
 - Most students who currently use tobacco want to quit. Among middle school students who currently use tobacco, the majority (70.3%) made at least one attempt to quit tobacco in the past 12 months (past year). Among high school

students, about half of those who currently use tobacco (50.5%) made at least one quit attempt in the past 12 months.

- **Youths who have never used tobacco products are still vulnerable**

- Even though the current cigarette smoking rates are the lowest measured in recent history, approximately one in four youths who have never used cigarettes are susceptible to cigarette smoking. Susceptibility is a construct that can help identify future tobacco product experimentation or use.
- Among youth who have never used e-cigarettes, approximately one in five middle school and high school youth were susceptible to e-cigarette use
- Nearly one in seven middle school and high school youth who have never used nicotine pouches were susceptible to nicotine pouch use

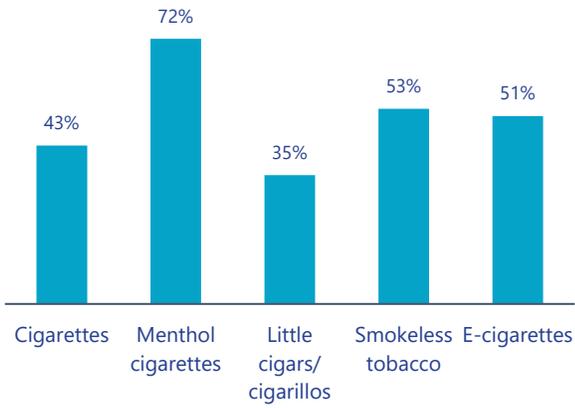


Tracking Tobacco Marketing in the Community

The tobacco industry spends approximately \$293 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.^{xvi,xvii} 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.^{xviii,xix,xx} TPC community partners educate on the impact of tobacco point-of-sale marketing. All local tobacco control partners worked with teams of local volunteers to complete retail assessments. Throughout the last 10 years, more than 12,000 tobacco retail assessments have gathered data on product availability, advertising and price discounts. Retail assessments included questions on alcohol, soda, and food availability and advertising.

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 in their communities. In 2025, TPC staff also worked with two local health departments to collect tobacco retailer audit data.

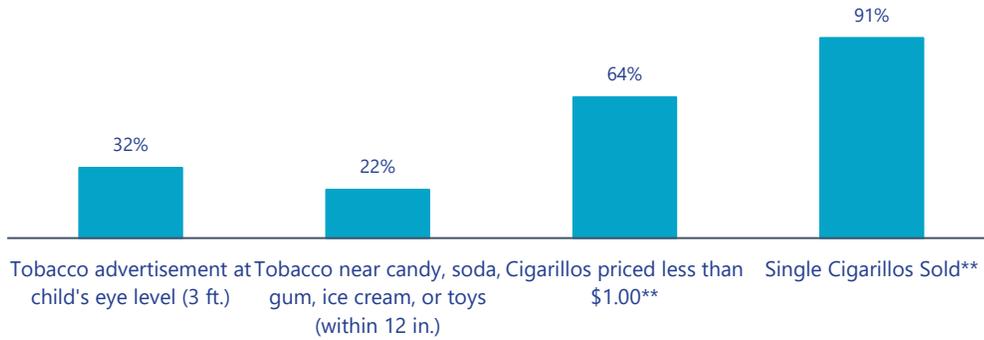
Percentage of Tobacco Retailers with Price Promotions on Tobacco Products*



Fresh Fruit and Vegetable Availability	All counties* (n=43)
Selling Fresh Fruit/Vegetables	28%
Selling a Fresh Fruit/Vegetables* (6 or more types)	33%
Selling Good Quality of Fresh Fruit/Vegetables*	4%
Selling Frozen Fruits/Vegetables*	18%

*Among tobacco retailers selling fruits/vegetables; Includes 43 counties with completed store assessments. Data are not representative of Indiana statewide.

Percentage of Retailers with Child-Targeted Advertising and Youth-Appealing Products*



Evaluation Advisory Group

Engaging those impacted by an evaluation is a best practice and cornerstone of evaluation planning. Convening an advisory group is one way of engaging individuals with a vested interest in the evaluation and amplifying the voices of groups who may not otherwise be involved. TPC brought together stakeholders to provide input and feedback on the Youth Tobacco Survey. Participants gathered in January 2024 to discuss the 2024 survey questions, as well as school communication materials. Youth were also convened and asked to provide feedback on question wording, products used and how they would like to see the results shared. The Evaluation Advisory Group reconvened to discuss the analysis and dissemination plans for the 2024 Youth Tobacco Survey.

Evaluating Indiana's Local Commercial Tobacco Control Partnerships

Nearly half of Indiana's 92 counties have a local commercial tobacco control coalition. TPC manages an electronic reporting system for local partners that monitors process measures through tobacco control coalition monthly program reports. These monthly program reports consist of outreach to health care providers, activity reports corresponding to contract deliverables in partners' two-year contracts, policy activity, earned media, trainings attended and coalition meetings. The data collected is aggregated into a Quarterly Dashboard Report for IDOH-TPC staff and partners, and individual deliverable completion reports for each local partner, to share actionable data with TPC staff and local communities. This data provides insight into the community's activities and progress and is helpful for staff who regularly provide technical assistance. Data is then aggregated to the state level and shared on a [public dashboard](#), which is also updated quarterly.

A partner feedback survey is administered every two years, and about two-thirds of TPC partnership grants typically respond. Results are reviewed among TPC staff, and if feedback is given on something that can be changed when feasible. Results are also taken into consideration when planning for the next two-year grant.

Beginning in 2023, TPC has administered an annual "end of year" VOICE evaluation survey among participants. Questions are asked about reasons for joining VOICE, new skills learned by participating, and rating scales assessing participants' experiences. Results are shared internally and inform future VOICE program planning.

County Data Dashboard

TPC collects and shares a variety of county-level tobacco related data with local partners through County Pages. In the past year, with support from the IDOH Office of Data and Analytics, TPC converted the County Pages to an interactive [county data dashboard](#). Now, stakeholders can access the dashboard online and query by Indiana county. County demographics are shared, along with county estimates of tobacco-related economic burden, mortality, adult smoking rate, smoking during pregnancy, and health outcomes such as lung cancer cases and asthma-related emergency room visits. If there is a funded partner in the county, the local commercial tobacco control coalition contact information and two-year funding amount.

External Evaluation Support

TPC had a partnership with an external evaluator, Professional Data Analysts (PDA), which began in June 2021 and ended in May 2025. PDA's work supported, complemented, and improved TPC's internal evaluation capacity. PDA worked closely with TPC's Evaluation Team and provides an impartial perspective on several elements of Indiana's Commercial Tobacco Control program and evaluation activities. PDA's projects in SFY 2025 included summarizing the 2023-2024 Indiana Adult Tobacco Survey, weighting data and generating frequency tables for the 2024 Youth Tobacco Survey, conducting the annual Quitline Evaluation, conducting the Youth Perspectives Survey, and ad hoc projects to address emerging needs.

References

- ⁱ 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
- ⁱⁱ 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>
- ⁱⁱⁱ 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
- ^{iv} Americans for Nonsmokers Rights: Electronic Smoking Devices and Secondhand Aerosol. <https://no-smoke.org/electronic-smoking-devices-secondhand-aerosol/> Accessed 6/3/2025.
- ^v 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.
- ^{vi} Lewis C, Zollinger T. Estimating the economic impact of secondhand smoke in Indiana in 2018.
- ^{vii} U.S. Department of Health and Human Services (USDHHS). *Women and Smoking: A Report of the Surgeon General*. Atlanta: USDHHS, 2001.
- ^{viii} Indiana Department of Health, Maternal and Child Health Epidemiology Division.
- ^{ix} Lewis C, Zollinger T. Estimating the economic impact of secondhand smoke in Indiana in 2018.
- ^x 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.
- ^{xi} Indiana Tobacco Quitline 2025 Evaluation Report, Professional Data Analysts, May 2025.
- ^{xii} 2023 Indiana Behavioral Risk Factor Surveillance System
- ^{xiii} 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.
- ^{xiv} 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.
- ^{xv} New Revenues, Public Health Benefits & Cost Savings from a \$2.00 Cigarette Tax Increase in Indiana. Campaign for Tobacco-free Kids and American Cancer Society Cancer Action Network and Tobacconomics.
- ^{xvi} Campaign for Tobacco-free Kids. The Toll of Tobacco in Indiana. Accessed 6/3/2025 from <https://www.tobaccofreekids.org/problem/toll-us/indiana>

^{xvii} U.S. Federal Trade Commission (FTC), *Cigarette Report for 2022, October 2023*; see also, *FTC, Smokeless Tobacco Report for 2022, October 2023*; State total is a prorated estimate based on cigarette pack sales in the state.

^{xviii} 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.

^{xix} 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.

^{xx} 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.