



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Karen E. Timberlake, Secretary

July 12, 2022

Mr. Michael J. Queensland
Senate Chief Clerk
Post Office Box 7882
Madison, WI 53707-7882

Mr. Edward A. Blazel
Assembly Chief Clerk
17 West Main Street, Room 401
Madison, WI 53703

Dear Mr. Queensland and Mr. Blazel:

The Department of Health Services is pleased to submit the 2021 Annual Commercial Tobacco Use Cessation Report to the Governor and the Legislature per Wis. Stat. § 255.15(4). The Wisconsin Tobacco Prevention and Control Program (TCP) first wishes to acknowledge the sacred and medicinal use of traditional tobacco by American Indian communities. Unless otherwise noted, the tobacco referenced within this report refers to *commercial tobacco*, rather than *traditional tobacco*. Commercial tobacco products are tobacco products manufactured and sold by the tobacco industry, including cigarettes, e-cigarettes, cigars, and chewing tobacco. Commercial tobacco is different from the traditional or sacred tobacco that has been used by American Indian communities for sacred purposes for generations.

Everyone in Wisconsin deserves to live their best and healthiest life. TCP protects and promotes the well-being and safety of all Wisconsinites by ensuring that the best practices in commercial tobacco prevention and control are applied equitably throughout the state. The COVID-19 pandemic has only emphasized the necessity of this work as smoking-related chronic health conditions like heart disease, diabetes, and lung disease increase the risk for serious illness or death from COVID-19. Additionally, smoking and secondhand smoke exposure suppress immune system function and cause many to have a harder time recovering from COVID-19.

Report Highlights

Tobacco causes the preventable deaths of approximately 7,900 Wisconsinites annually and costs an estimated \$2.66 billion in annual health care expenses, \$581.4 million in Medicaid claims, and \$2.06 billion in lost worker productivity.¹ Nearly 30 percent of Wisconsin's cancer deaths are attributable to smoking.² Nationally, smoking is deadlier than alcohol, AIDS, car crashes, illegal drugs, murders, and suicides combined.³

Tobacco companies perpetuate these staggering morbidity and mortality statistics by targeting youth with their products and promoting addiction, therefore ensuring a steady market of smokers to exploit for profit throughout their lifetime. The newest generation of addictive

¹ Campaign for Tobacco-Free Kids, The Toll of Tobacco in Wisconsin, 2022

² Ibid.

³ Ibid.

tobacco products emphasize products that are sleek and modern and appeal to youth, like electronic nicotine delivery systems (ENDS), or e-cigarettes.

Predatory marketing practices employed by the tobacco industry are not new. For centuries, these companies have targeted certain vulnerable communities to exploit, such as communities of color, low-income communities, rural communities, LGBTQ+ communities, and those with behavioral health conditions or low educational attainment. TPCP commits to approaching all its work through a health equity lens to ensure that those most impacted by commercial tobacco are provided with assistance to become their healthiest selves.

Raising the legal tobacco purchase age to 21 is just one piece of that puzzle. By implementing best practice policies that prevent smoking initiation at the source—including establishing clean indoor air policies, restricting flavors, and making tobacco products less affordable—Wisconsin can address the epidemic of youth tobacco use and improve the health of communities who have been disproportionately impacted by the adverse outcomes caused by the tobacco industry.

TPCP continues to invest in comprehensive, evidence-based strategies to prevent tobacco-related morbidity and mortality. Successes during this past year include that statewide about 72% of local school districts have updated their tobacco-free policies to include e-cigarettes. The Youth Tobacco Survey was converted from a paper version to a digital format and administered in schools after not taking place in 2020 due to COVID-19. A new round of Tobacco Is Changing media ads were created and run statewide and since the campaigns launch in 2018, 50 million impressions have occurred. Per capita cigarette consumption has declined from 35 packs in 2020 to 34.1 packs in 2021. WiNTiP was involved in ensuring that language was added to the most recent revision of the Wisconsin Department of Health Services (DHS) Administrative Code ch. DHS 75 to include requirements that substance use providers outline tobacco use disorder treatment and smoke-free environment policies at their facilities. In 2021, 20 new sites and 117 new providers joined the First Breath network, and First Breath maintained 100 percent county coverage with at least one site in each of Wisconsin’s 72 counties.

Supporting Analysis

This report outlines 2021 highlights and challenges related to Wisconsin’s efforts to prevent youth and young adult commercial tobacco use, promote addiction treatment, eliminate exposure to secondhand smoke, and eliminate tobacco-related disparities.

External Funding and Donations for Tobacco Prevention

Funder	Contract Totals
Centers for Disease Control and Prevention Cooperative agreement	\$1,323,901.00
Food and Drug Administration (FDA) Contract	\$1,543,761.00
Department of Care and Treatment Services (DCTS) SAMSHA MOU	\$310,790.00

Tobacco Program Budget Breakdown

Fundee	Contract Totals
Cessation Services	
Center for Tobacco Research and Intervention (CTRI) (Quitline)	\$672,792
CTRI	\$194,000
CTRI (WiNTiP)	\$42,680
WI Women's Health Foundation—First Breath	\$300,000
WI Wins	
Chippewa County Health Department	\$4,350
Clark County Health Department	\$2,400
Eau Claire City/County Health Department	\$4,350
Fond du Lac County Health Department	\$9,375
Juneau County Health Department	\$ 8,625
La Crosse County Health Department.	\$16,650
Lodi School District—Columbia County	\$3,525
Marathon County Health Department	\$15,225
Oneida County Health Department	\$15,038
Ozaukee Health Department	\$2,625
Public Health Madison and Dane County	\$19,050

Richland County Health Department	\$825
Winnebago County Health Department	\$7,200
City of Franklin Health Department	\$900
American Lung Association (Dodge, Jefferson, Waukesha Counties)	\$20,850
American Lung Association (NW)	\$12,825
Arbor Place (Dunn County)	\$2,250
Community Action Healthy Living	\$32,700
Family Services of Rock County	\$15,450
Hope Council	\$23,475
Jump At the Sun (Suburban Milwaukee County)	\$12,000
Medical College of Wisconsin—City of Milwaukee	\$35,625
Northeastern WI Area Health Ed Center (NEWAHEC)	\$10,275
Elevate—Washington County Agency	\$5,025
Youth Programs	
American Lung Association (N-O-T)	\$38,800
American Lung Association (FACT)	\$189,344
American Lung Association—(SPARK) 18-24 (OTP)	\$96,000
Department of Public Instruction	\$60,000

Media & Counter Marketing	
Knupp & Watson & Waldman	\$325,800
Community Interventions	
Eau Claire City/County Health Department	\$50,000
Fond du Lac County Health Department	\$121,000
Juneau County Health Department	\$121,000
LaCrosse County Health Department	\$121,000
Marathon County Health Department	\$121,000
Oneida County Health Department	\$121,000
Polk County Health Department	\$121,000
Public Health Madison and Dane County	\$121,000
American Lung Association (NW)	\$121,000
American Lung Association—FACT Menomonee Falls	\$ 3,500
Building a Safer Evansville—FACT	\$3,500
City of Franklin Health Department—FACT	\$3,500
Community Action Healthy Living	\$121,000
Family Services of Rock County	\$121,000
Focus on Community—FACT	\$3,500
Great Lakes Inter Tribal Council	\$250,000

Hope Council	\$121,000
Jump At the Sun (Suburban Milwaukee County) —FACT	\$3,500
Lodi School District (PARCC)	\$50,000
Medical College of Wisconsin	\$500,000
Northeastern WI Area Health Ed Center (NEWAHEC)	\$50,000
Training & Technical Assistance	
American Lung Association [HSV1] [HV2]	\$90,000
UW Population Health	\$300,000
Surveillance Evaluation & Research	
UW Milwaukee—S & E	\$432,000
Total Tobacco Program GPR Budget	\$5,273,154

Youth and Young Adults

Approximately 106,000 Wisconsin youth currently under 18 will die prematurely from smoking.⁴ With the emergence of new tobacco products like disposable or refillable e-cigarettes, nicotine pouches, heated tobacco, and other devices, Wisconsin risks backsliding on its hard-won progress in youth tobacco prevention.

The COVID-19 pandemic spotlights the importance of tobacco prevention and cessation services due to the emerging evidence linking severity of COVID-19 illness and e-cigarette use. Inhaling any kind of smoke or vapor into the lungs damages lung function and decreases immune responses. It is likely that e-cigarette use, like conventional cigarette use, will be conclusively associated with more negative outcomes for users diagnosed with COVID-19. In fact, a study conducted at Stanford University School of Medicine showed that young people who vaped were five to seven times more likely to be infected by the COVID-19 virus than those who did not use e-cigarettes.⁵

⁴ Campaign for Tobacco-Free Kids, The Toll of Tobacco in Wisconsin, 2022

⁵ Wisconsin 2018 Youth Tobacco Survey

Between 2014 and 2018, current high school youth conventional cigarette use hit an all-time low of 4.7 percent, but current e-cigarette use skyrocketed from 7.9 percent to 20.1 percent.⁶ This alarming trend is compounded by the continued marketing of menthol and other flavored tobacco products that are particularly enticing to Wisconsin's youth. In 2018, more than half of current high school smokers used menthol-flavored products, and 89 percent of high school youth reported that they would not use tobacco products that are not flavored.

Though the biennial Youth Tobacco Survey (YTS) scheduled for 2020 was canceled due to the pandemic and school closures across the state, the Department of Public Instruction also collects a small amount of data regarding youth and tobacco use in the Wisconsin Youth Risk Behavior Survey (YRBS). According to the most recent YRBS data from 2019, conventional cigarette use among Wisconsin high schoolers was at 5.6 percent, e-cigarette use was at 20.6 percent, and 29.7 percent of e-cigarette users report also smoking conventional cigarettes.⁷ Further, nearly half (45.5 percent) of all Wisconsin high schoolers report having tried an e-cigarette at least once. During 2021, the 2022 YTS has been converted to a digital format and is currently being administered in selected Wisconsin schools. Data from this survey is anticipated to arrive for analysis in later summer 2022.

Schools play an important role in youth tobacco prevention efforts. As of 2022, 336 school districts (about 72 percent) throughout Wisconsin have comprehensive tobacco-free school policies, which also include e-cigarettes.

Wisconsin's purchasing age for cigarettes, other tobacco products, and products containing nicotine (including e-cigarette products containing nicotine) is still 18, despite the federal age limit being raised to 21 over a year ago. This creates confusion around enforcement statewide, while at the same time state statute prevents local municipalities from increasing the age to 21. A media campaign was launched to increase the awareness of the federal Tobacco 21 law among tobacco retailers and consumers. The media buy included social and online ads. There were also ads at tobacco retail outlets to include gas pump toppers and outdoor posters. Despite these efforts, the retailer violation rate from the 2021 Synar Survey was 14.1 percent, a significant increase from 2019 at 5.5 percent, reinforcing the confusion around the law.

Approximately 1 in 4 high school students who have used e-cigarettes first tried them before the age of 16.⁸ Ninety-six percent of middle school students who have used e-cigarettes first tried them before the age of 13.⁹ It is common for 18-year-old high school students to provide their younger friends with tobacco products, an occurrence that becomes less common with a purchasing age of 21. The confusion surrounding legal purchasing age in Wisconsin, and confusion over who enforces the legal purchase age of 21, allows youth continued access to tobacco products.

To further educate parents and those who teach, mentor, or work with youth, TPCP developed and ran new ads as part of its Tobacco is Changing media campaign in 2021. The campaign works to educate parents, guardians, and other adults about the candy and fruity-flavored tobacco products that are popular with teens. For the campaign's latest round of ads, it informed audiences of new products, including e-cigarettes that look like other objects such as makeup,

⁶ Wisconsin 2019 Youth Risk Behavior Survey

⁷ Ibid.

⁸ Wisconsin 2018 Youth Tobacco Survey

⁹ Ibid.

and hoodies and backpacks that hide e-cigarette devices. The campaign also included information on menthol products and targeted advertising on the part of the tobacco industry. Campaign ads ran across a variety of media, including TV, digital, social media (Facebook, Twitter, Instagram, and Pinterest), and radio.

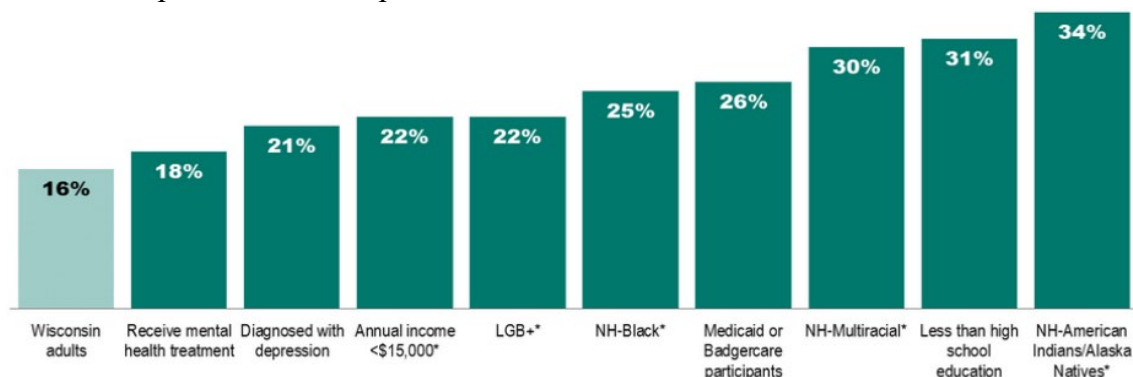
The campaign's results since its launch in 2018 show that its message is getting through to Wisconsin parents and caregivers in a meaningful way:

- Fifty million campaign impressions
- One hundred and eleven thousand webpage visits, with website page views increasing every year
- Parents and caregivers who saw Tobacco Is Changing ads over the first three years clicked through to the website 98 percent of the time
- Pre- and post-campaign surveys found the number of parents who said they would talk to their kids about e-cigarette increased by 29 percent over the course of the campaign

Current e-cigarette use among ages 18-24 rose from 17 percent in 2019 to 29 percent in 2020.¹⁰ This age group remains having the highest percentage of e-cigarette use among any other age group of adults in the state.¹¹ Another TPCP-funded program, SPARK, offers young adults, faculty, and staff on college and university campuses a platform and an opportunity to have a voice in tobacco-free campus policy change. Since SPARK's inception in 2011, the program has worked with 28 college campuses throughout Wisconsin. SPARK groups have educated college students and campus administration/leadership on the harms of secondhand smoke and other tobacco products, especially e-cigarettes, and the importance of tobacco-free campuses. Because of SPARK's efforts, twelve Wisconsin campuses have gone tobacco-free, protecting over 80,000 students from exposure to secondhand smoke. In addition, many other campuses are working toward or implementing similar tobacco-free policies.

Adults

- In 2020, the Wisconsin adult smoking prevalence remained around 16 percent, above the national prevalence of 14 percent.¹²



* denotes that data is aggregated from 2016-2020;

LGB+ data excludes individuals who identify as trans because those sample sizes did not meet the required data threshold for release

¹⁰ 2020 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS)

¹¹ Ibid.

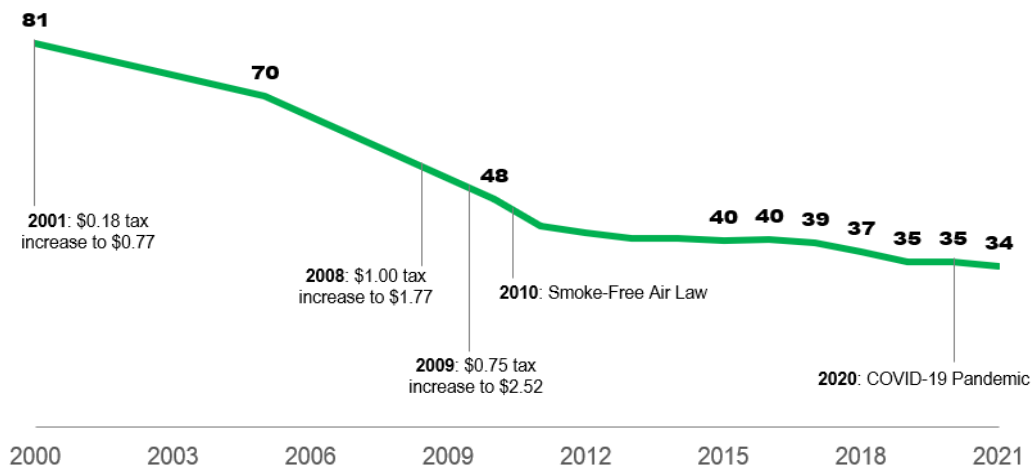
¹² Ibid.

- Due to predatory industry targeting, a lack of comprehensive tobacco-free policies, societal pressures, retail density, and other factors, specific populations have a higher smoking prevalence than the statewide average in Wisconsin.¹³
- Wisconsin’s smoke-free air law does not apply to sovereign Tribal land. There are 11 federally recognized American Indian Tribes, one non-federally recognized Tribe, and approximately 70,000 people who identify as American Indian or Alaska Native in Wisconsin. At 36 percent, Wisconsin non-Hispanic American Indian or Alaska Native people have the highest prevalence of commercial cigarette use, and thus are at elevated risks of experiencing tobacco-related morbidity and mortality.¹⁴ As of 2018, 34 percent of non-Hispanic American Indian or Alaska Native birthing parents reported smoking during pregnancy, which contributes to Wisconsin’s American Indian or Alaska Native infant mortality rate being 13.8 per 1,000 live births—more than double the state average.¹⁵

Consumption

- Per capita cigarette consumption has declined from 80 packs in 2000 to 34.1 packs in 2021.

Packs of **cigarettes sold per capita** have decreased over time, related to **increased taxes** and the **Smoke-Free Air Law**.



- No Menthol Sunday, an international event, is an important opportunity to engage faith leaders and their communities in a discussion about how to improve health outcomes for African Americans. Led by the Wisconsin African American Tobacco Prevention Network, Wisconsin’s No Menthol Sunday 2021 efforts were a major success and helped increase awareness about the impact of menthol and other tobacco products on the

¹³ 2020 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS)

¹⁴ Ibid.

¹⁵ Annual Wisconsin Birth and Infant Mortality Report, 2017

African American community. Again in 2021, the campaign engaged communities outside of Milwaukee to include Beloit, Fond du Lac, Kenosha, Madison, Racine, and Walworth County. Churches in these communities participated, reaching congregants through online sermons, Sunday school classes, church announcements, newsletters, and other activities. Some local mayors participated in the kick-off event and others recorded personal videos encouraging their constituents to support No Menthol Sunday. In total, including media and other activities, No Menthol Sunday had a reach of more than 50,000 Wisconsinites and was featured on radio interviews, newspaper and online stories, and through television news coverage.

- SPARK, Wisconsin's tobacco-free college campus policy initiative, collaborated with the Nicotine Prevention Alliance of Central Wisconsin, and the University of Wisconsin-Stevens Point at Marshfield. The collaboration resulted in the passage of a tobacco-free campus policy impacting 628 students.

Treating Tobacco Dependence

- The Wisconsin Tobacco Quit Line (1-800-Quit-Now) received 11,366 inbound calls in 2021. Total registered callers were 5,268. Callers who are trying to quit receive a two-week supply of no-cost nicotine replacement therapy (NRT) and free counseling. The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) coordinates the program with funding and administrative support from TPCP.¹⁶
- The WTQL's American Indian Tobacco Cessation program enrolled 51 people of American Indian descent who use commercial tobacco in 2021.
- First Breath is Wisconsin's program to help pregnant, postpartum, and caregiving individuals become and stay tobacco-free. First Breath, a program of the Wisconsin Women's Health Foundation, celebrated its 20th-anniversary last year and since its inception has provided critical tobacco treatment services to nearly 24,000 pregnant and postpartum individuals.¹⁷ First Breath has undergone two randomized controlled trials, establishing it as an evidence-based intervention, and a cost-effectiveness study, showing potential cost savings to Wisconsin Medicaid. First Breath is guided by a Participant Advisory Group, a dedicated, passionate group of current and past participants who shape and inform the program. First Breath partners with 281 prenatal care agencies. In 2021, 20 new sites and 117 new providers joined the network. First Breath maintained 100 percent county coverage with at least one site in each of Wisconsin's 72 counties. In 2021, First Breath reached 862 pregnant, postpartum, and caregiving individuals. Of the referred individuals 331 individuals received intensive tobacco treatment services and 852 people participated in the texting program. Of the participants who completed services in 2021, 80 percent achieved smoke-free homes and 82 percent achieved zero

¹⁶ Wisconsin Tobacco Quitline Demographic Report, 1/1/2018–12/31/2018.

¹⁷ Wisconsin Women's Health Foundation First Breath 2018 Annual Report

infant exposure to tobacco smoke. At seven months pregnant, 45 percent of participants were tobacco-free (self-report) and an additional 18 percent reported cutting down. At one month postpartum, 54 percent of participants were tobacco-free, and 33 percent had cut down. At six months postpartum, 57 percent were tobacco-free, and 14 percent had cut-down. Ninety-seven percent of participants who completed a satisfaction survey said they would recommend First breath to others.

- Individuals with behavioral health conditions, including mental illness and substance use disorders, are at a higher risk for tobacco use and its associated morbidity and mortality. In Wisconsin, 21 percent of current smokers have been told, at some time during their life, that they had/have a depressive disorder, and 18 percent are currently taking medication or receiving treatment for some type of mental health or emotional condition.¹⁸ Of those having been told they had or have a depressive disorder, 55 percent have tried a cigarette and 40 percent have tried an e-cigarette. Of people who are currently taking medication or receiving treatment for some type of mental health or emotional condition, 56 percent have tried a cigarette and 40 percent have tried an e-cigarette.¹⁹ Unfortunately, Wisconsin also has the highest prevalence of binge drinking in the nation at 26 percent, and it has been shown that drinking alcohol and smoking work in tandem to harm health more than the use of either one substance alone, leaving these Wisconsinites at an even higher risk for cancers and other harmful health impacts.
- The Wisconsin Nicotine Treatment Integration Project (WiNTiP) is coordinated by the University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) and is funded by and receives support from TPCP. WiNTiP works with behavioral health systems and providers across Wisconsin to adopt evidence-based tobacco prevention and control policies to help behavioral health patients and staff quit using tobacco and help these facilities make their organizations and campuses tobacco-free. WiNTiP has had great success in helping several behavioral health facilities in Wisconsin implement these policies. Notable examples include Journey Mental Health Center in Madison, the Beacon House in Fond du Lac, and residential substance use treatment programs under contract with Milwaukee County. In 2021, WiNTiP was involved in ensuring that language was added to the most recent revision of the Wisconsin Department of Health Services (DHS) Administrative Code ch. DHS 75 to include requirements that substance use providers outline tobacco use disorder treatment and smoke-free environment policies at their facilities. UW-CTRI staff will continue to provide training and technical assistance through 2022 and beyond to these providers as they implement these standards. WiNTiP continues to promote the Bucket Approach Training, which was developed by WiNTiP and UW-CTRI staff in 2019. [The Bucket Approach Training](#) is a free on-line training that provides the skills behavioral health clinicians need to engage in interventions to effectively help their patients quit using tobacco. Through February

¹⁸ 2020 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS)

¹⁹ Ibid.

2022, a total of 1,367 people had enrolled in the training, including 702 people from Wisconsin.

Secondhand Smoke Exposure

- Exposure to secondhand smoke continues to be high in homes for middle school (19.4 percent) and high school (19.3 percent) students.²⁰ Exposure to secondhand smoke in vehicles is even higher for middle school (20.4 percent) and high school (24.2 percent) students.²¹
 - As of 2022, 65 municipalities in Wisconsin have passed local smoke-free air ordinances to include e-cigarettes.
 - The number of complaints of noncompliance with the statewide smoke-free workplaces law decreased from 73 in 2020 to 39 in 2021.

Cigarette Smoking Among Medicaid Beneficiaries

- The smoking rate for Wisconsin Medicaid members is 26 percent.²²
- TPCP worked with the Department of Health Services Division of Medicaid Services and the UW-Center for Tobacco Research and Intervention to promote the Medicaid cessation benefit. Medicaid created a tobacco dependence treatment landing/homepage that contains all the information about Wisconsin Medicaid coverage for quitting smoking/using tobacco. The benefit is also promoted by Medicaid providers and TPCP state and local partners through advertising and promotional materials. Of note, in 2021–2022, two marketing campaigns targeted low-income neighborhoods and zip codes in Wisconsin to promote awareness and utilization of the free tobacco cessation services provided by the Wisconsin Tobacco Quit Line (800-QUIT-NOW).

Looking Ahead

TPCP is proactively strategizing how best to address the unique needs of Wisconsin. This is continually done by working closely with local and state partners to reduce the significant impact that tobacco use has on the people of Wisconsin. It also involves incorporating tobacco prevention (best practices, data, health equity experience, etc.) into intersecting spaces.

- Healthy Wisconsin, the State of Wisconsin Health Improvement Plan, highlights five priority areas for improving health, one of which is tobacco. TPCP has used this opportunity to collaborate and identify intersections with the other identified priority areas, including alcohol, suicide and depression, opioids, and nutrition and physical activity.

²⁰ Wisconsin 2018 Youth Tobacco Survey

²¹ Ibid.

²² 2020 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS)


- A five-year tobacco prevention and control movement state plan was developed with statewide partners to ensure that strategic and measurable efforts are made to decrease tobacco-related disparities related to secondhand smoke, youth prevention, and cessation and treatment services.
- TPCP funds 16 local Alliances, 13 Tobacco Prevention and Control Alliances, and 3 Catalyst Alliances. The Alliances are groups of individuals and organizations that implement tobacco prevention and control best and promising practices. Each Alliance has a lead agency that serves as the fiscal agent and supports the capacity of the group to achieve contract objectives. TPC Alliances focus solely on tobacco prevention and control activities to decrease tobacco-related disparities, while Catalyst Alliances integrate tobacco prevention and control activities into established public health coalitions in communities across Wisconsin to decrease tobacco-related disparities.

In addition to the above strategies, TPCP is committed to promoting best practice policy options that reduce tobacco and e-cigarette use, initiation, dependence, and disparities. These recommended policy options include:

- Restricting flavors, including menthol
- Licensing e-cigarette retailers
- Including e-cigarette in the smoke-free air law
- Moving all tobacco products behind the counter (or in a locked case)
- Making all Wisconsin schools tobacco-free, including e-cigarette use
- Making all Wisconsin state-funded college campuses (two-year, four-year, and tech colleges) tobacco-free, including e-cigarette use
- Restricting sales to those under 21
- Increasing the tax on e-cigarette
- Closing the tax loophole on little cigars
- Increasing Wisconsin's overall tax on all tobacco products

In conclusion, TPCP is committed to continuing all efforts mentioned throughout this report to decrease tobacco use prevalence rates in Wisconsin, reduce exposure to secondhand smoke, and educate Wisconsinites on prevention and intervention best practice initiatives.

Sincerely,



Karen E. Timberlake
Secretary-designee