TOBACCO PREVENTION AND CONTROL IN UTAH

SEVENTEENTH ANNUAL REPORT, DECEMBER 2017

UTAH DEPARTMENT OF HEALTH
TOBACCO PREVENTION AND CONTROL PROGRAM

way to quit

Utah Department of Health
Tobacco Prevention and Control Program

(877) 220-3466
www.tobaccofreeutah.org
www.health.utah.gov
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LETTER FROM THE EXECUTIVE DIRECTOR

The Utah Department of Health (UDOH) strives to promote safe and healthy communities where all Utahns live and thrive. One of the best ways to improve health is to quit smoking. In FY17 (July 1, 2016 to June 30, 2017), Utah saw a decrease in adult cigarette smoking rates across the state. This progress is commendable but there is still more work to do to end nicotine addiction. Collectively, Utah citizens incur an estimated $542 million in annual medical costs directly related to smoking.

The UDOH Tobacco Prevention and Control Program (TPCP) provides services for Utah residents to help them quit tobacco, including the Utah Tobacco Quit Line which provides telephone counseling and online support through waytoquit.org. The TPCP also works with partners across the state to increase access to cessation services and reduce tobacco initiation and use.

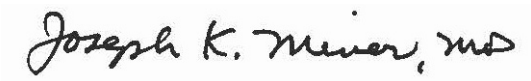
In addition to providing cessation services, the TPCP works toward preventing tobacco use among youth. Young people have historically been targeted by tobacco companies and that is still a concern. In 2016, the highest Utah cigarette smoking rate was reported by 18- to 34-year-olds. In addition, 18- to 24-year-olds were three times more likely to report vaping than older adults. Alternative tobacco products, such as e-cigarettes and vapes, often contain nicotine – like traditional cigarettes – which keep smokers addicted and increase the likelihood of youth addiction. There was also a slight increase in teen use of e-cigarettes and vaping between 2015 and 2017.

Nicotine use by Utah teens and young adults is a concern. The brain does not fully develop until age 25 and research shows that using nicotine or other substances before the brain is fully developed can re-wire the brain, resulting in difficulty learning, a greater risk for mental health disorders, and predisposing an individual to addiction for the rest of their life.

Preventing the use of nicotine, alcohol, marijuana, and other addictive substances among youth is critical to helping young people avoid addiction later in life. Zoning laws, purchase age restrictions, restrictions on flavored products, price increases, and tobacco-free policies are some ways that Utah communities can help reduce youth access to nicotine products.

It is my pleasure to present this report detailing our progress in tobacco prevention and control during the past year. We express our appreciation to the Utah State Legislature and our state and local partners for their guidance and their commitment to the health and well-being of our communities.

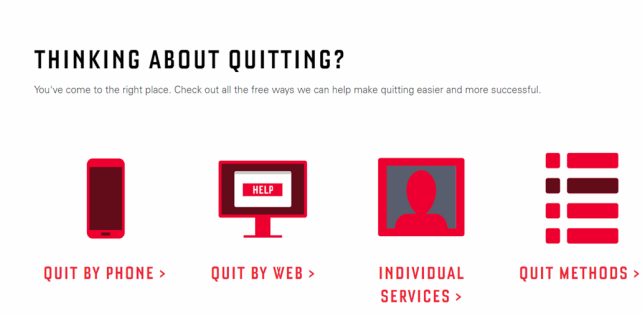
Sincerely,



Joseph K. Miner, MD, MSPH
Executive Director
Utah Department of Health

HELPING TOBACCO USERS QUIT

With 70% of Utahns who smoke cigarettes planning to quit within the next year[1], the TPCP has free services available to help. Evidence-based cessation counseling programs, quit medications, and other resources were made available in FY17 through the TPCP's way to quit program.



The Utah Tobacco Quit Line

The Utah Tobacco Quit Line (1.800.QUIT.NOW) is a free statewide telephone coaching service available to all Utah residents. This service includes:

- Five calls with an experienced tobacco cessation coach
- A customized quit program
- Free nicotine replacement therapy (NRT) patches or gum, if eligible
- 24/7 help line

Quitting Online

Online quit coaching is growing in popularity among Utah tobacco users. It offers a number of services including:

- Access to a quit coach through online chat
- A support community
- Interactive lessons and exercises
- Motivational emails
- Free nicotine replacement therapy (NRT) patches or gum, if eligible
- 24/7 live chat

Both the Utah Tobacco Quit Line and online coaching are also available in Spanish at 1-855-Dejelo-Ya or dejeloya.org.

Utah Quit Facts

In FY17 :

3,874
Calls Registered[2]

1,220
Web Enrollments[2]

1,795
Health Care Provider Referrals

15,456
Average Monthly Web Visits

13
Local Health Departments Served

144
Referring Partner Clinics

HELPING TOBACCO USERS QUIT

It takes the average tobacco user 8 to11 attempts before they quit successfully. Without help, only 7-8% are successful at quitting.[3] The TPCP works with local health departments and health care providers to reach more Utahns who are ready to quit.

Engaging Health Systems in Tobacco Cessation

In FY17, the TPCP completed an assessment of health plans to determine what tobacco cessation benefits are being offered. We wanted to understand what coverage gaps remain after working with the Department of Insurance in FY16 to release Bulletin 2015-11: Requirements for Tobacco Cessation. This also helps us to determine how to best fill those gaps in coverage while using resources efficiently. The assessment was sent to ten health plans and was returned by seven. The results of the assessment, and information about any quit line changes will be sent to health plans during FY18.

Programs to Help Youth Quit Tobacco

In FY17, 458 Utah youth participated in a group-based teen tobacco cessation program, Ending Nicotine Dependence (END), and 194 youth received services from the Teen Tobacco Quit Line. The majority of teen cessation program participants were referred by courts after receiving a citation for tobacco use or possession.

CERTIFICATE OF COMPLETION

NAME OF PARTICIPANT

has successfully completed the
ENDING NICOTINE DEPENDENCE PROGRAM

INSTRUCTOR

DATE

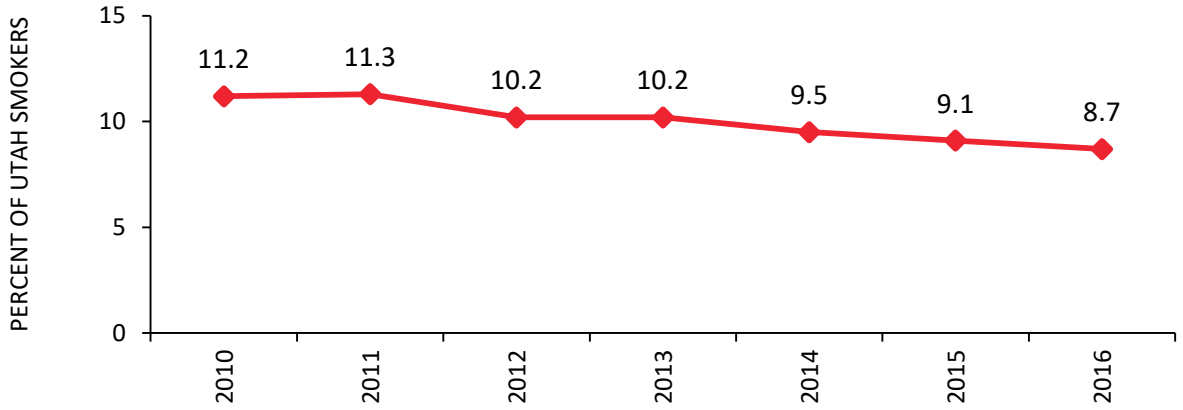
way to quit.org | END

Adult Smoking by Year

In 2016, 8.7% of Utah adults[1] (approximately 180,000 adults) reported that they currently smoked cigarettes. Utah has the lowest smoking rate in the nation.

To ensure that Utah's tobacco use rates continue to decline, tobacco users need ongoing access to evidence-based quit services. Mass media education and strong tobacco policies encourage quit attempts and enforce tobacco-free social norms.

Percent of Utah Adults (18+) Who Currently Smoke Cigarettes by Year, 2010-2016 (Age-adjusted)[1]

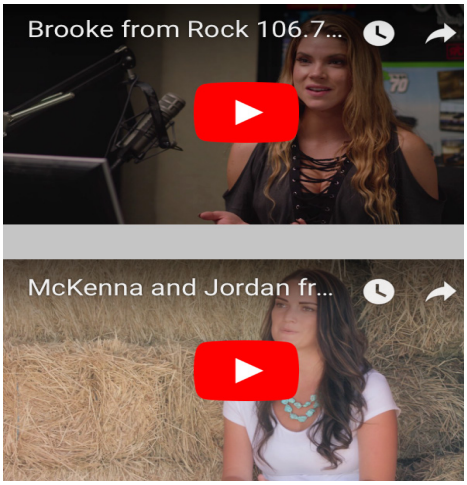


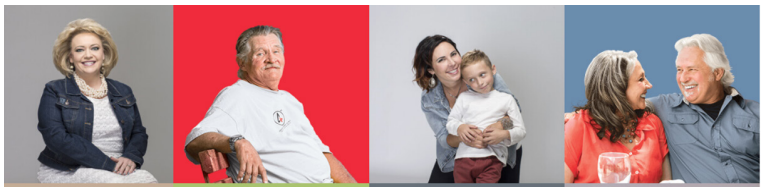
ANTI-TOBACCO ADVERTISING

In FY17, the TPCP developed a comprehensive anti-tobacco marketing plan that reached thousands of Utahns through TV, radio, print, outdoor, online, and social media. The goals of this marketing campaign are in line with the TPCP program goals:

- Promote quit resources
- Increase quit attempts
- Protect Utahns from the effects of secondhand smoke
- Eliminate health disparities among populations at greater risk for tobacco use

To accomplish these goals the marketing campaign developed new digital spots, Spanish radio ads, gas station advertising, and billboards for rural areas.

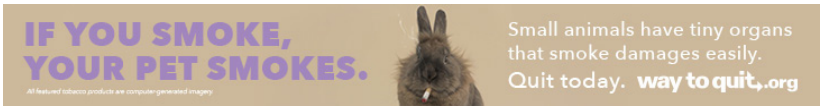




TV & Radio

Television and radio continue to offer distinct advantages through their large reach and outrank all other mediums in influencing target/consumer decisions. The average American older than 18 spends more than four hours watching live and time-shifted television and just under two hours of radio listening per day. Despite increased mobile and tablet use for online media, television and radio are highly influential in driving online searches and making these other forms of media more successful.

- In FY17, the TPCP continued to air *Darling* and *Anxiety* on TV. Both ads tested among the seven best national and state tobacco cessation ads in Utah.
- English radio continued to run *Sounds of Surgery, Mutations, Splat*, and *Who's Chewing Who*.
- New Spanish radio was developed specifically for the Spanish speaking community in Utah. Working closely with community partners, Centro Hispano and Comunidades Unidas, the TPCP developed four radio ads: *Shaving, Celebration, Dear Mom,* and *Voice of Alarm.*



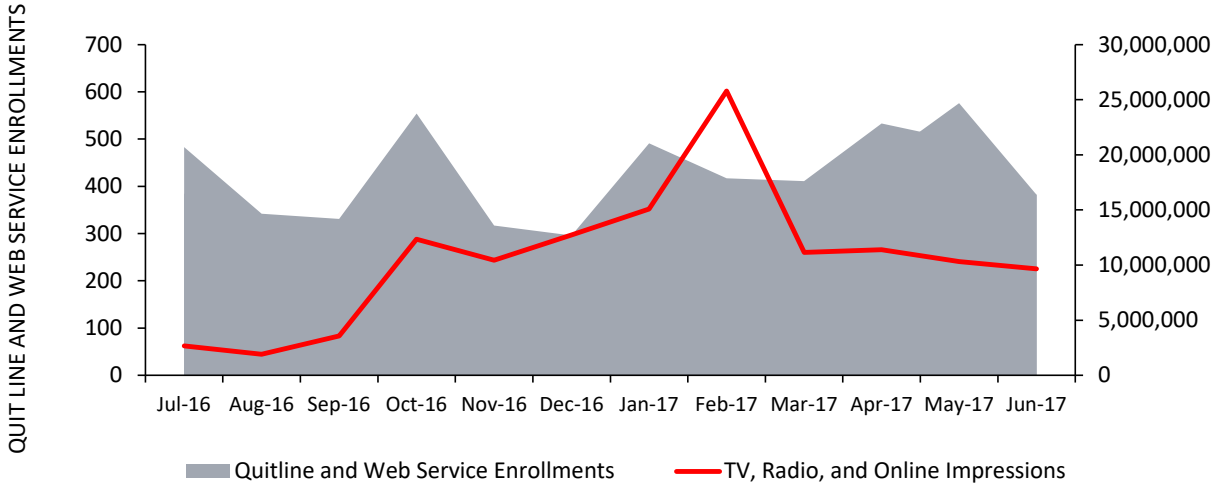
Outdoor

Outdoor statewide advertising educated about the harmful physical effects of tobacco through gas station signage and billboards. The gas station buy is designed to intercept tobacco users at the point-of-sale. Rural outdoor billboards highlighted quitters who successfully quit to encourage other Utahns to make a quit attempt.

Online

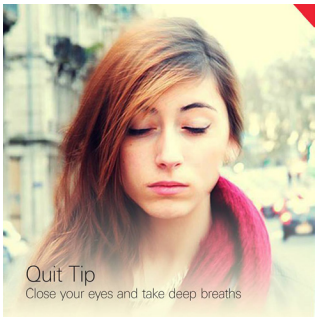
The TPCP developed two new digital campaigns for FY17. First, *If You Smoke, Your Pet Smokes*, which highlights the harmful effects of secondhand smoke on pets. The second, *Change This View*, is a 360-degree video experience depicting diagnosis, testing, and treatment of a tobacco-user experiencing a tobacco related disease. Viewers were directed to waytoquit.org. Success was measured through impressions, click-through-rates, view-completion-rates, and visits to the website. *If You Smoke, Your Pet Smokes* also ran on Pandora as a banner and audio spot.

Number of Utah TV, Radio, and Online Anti-tobacco Ad Media Impressions and Enrollment in Quit Services by Month, FY 2017



Social Media

TPCP continues to use Facebook to build a community of support for Utahns trying to quit. Weekly promoted posts highlight quit tips, campaign material and shared posts from community partners, including local health departments, extended the reach and increased engagement with all organic content. The page regularly reaches 16,000+ people weekly; 43% of those reached are between18 and 34 years old.



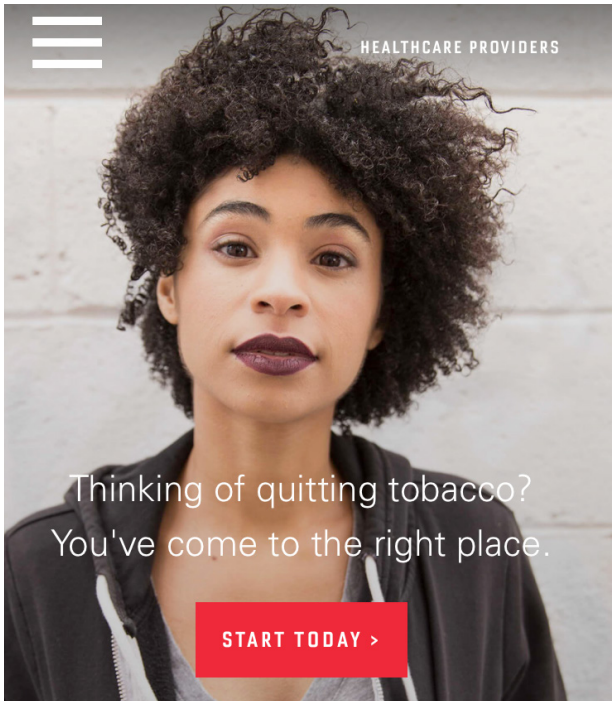
In FY17, TPCP's *Share Your Quit* campaign continued. Hooker, host of a popular morning radio show in the Salt Lake area, is one noteworthy participant. TPCP also partnered with other UDOH programs to share important messages about how tobacco use affects diabetes and asthma.

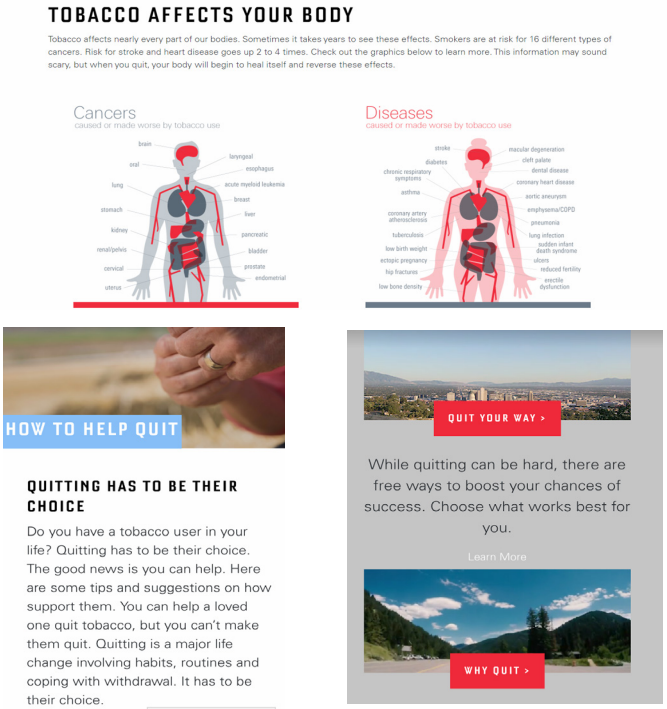
The TPCP more actively used its Twitter account in FY17 to inform the public about tobacco-related news, highlight national tobacco policy trends, promote health care-related events, and share trending news related to tobacco prevention and health.

Website

A new mobile-first website was developed in spring 2017 to provide Utahns an easy and convenient way to access quit services. The WaytoQuit.org redesign makes quit resources easy to understand, improves the homepage bounce rate, and tracks content to determine effectiveness. The site establishes an emotional connection to encourage quit attempts when Utahns are ready to quit tobacco by featuring Utah landscapes and 13 Utahns who are former smokers. The site also shares quit stories collected by the TPCP.

Individual Services, a new quit service launched at the begining of FY18, is also featured on the site. This option allows indiviudals to select any combination of nicotine replacement starter kit, texts, emails, and/or print materials.





PREVENTING YOUTH TOBACCO USE

Nicotine use during adolescence can disrupt brain development and affect attention, learning, and susceptibility to addiction.[4] To prevent youth tobacco use, the TPCP supports:

- Tobacco-free policies in schools and communities
- Youth involvement in policy development
- Enforcement of laws that restrict tobacco sales to underage youth

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OUTRAGE! - Involving Youth in Prevention

In FY17, Utah's anti-tobacco youth coalition, OUTRAGE!, educated community leaders and fellow students about electronic cigarettes and other vape products and the risks associated with nicotine addiction. They also educated about Tobacco 21, a policy that increases the tobacco purchase age to 21 to reduce youth access to tobacco products.

OUTRAGE! youth at Utah State Capitol.

Reducing Tobacco Sales to Minors

The TPCP partnered with Utah's 13 local health departments to educate tobacco retailers about Utah tobacco laws using the newly launched utahtobaccolaws.org. Local health departments also conducted compliance checks to ensure enforcement of the laws and recognized stores that have a record of not selling tobacco to underage youth. In FY17, 6.5% of Utah tobacco retailers sold tobacco or vape products to underage youth during compliance checks.

Working With High Risk Students

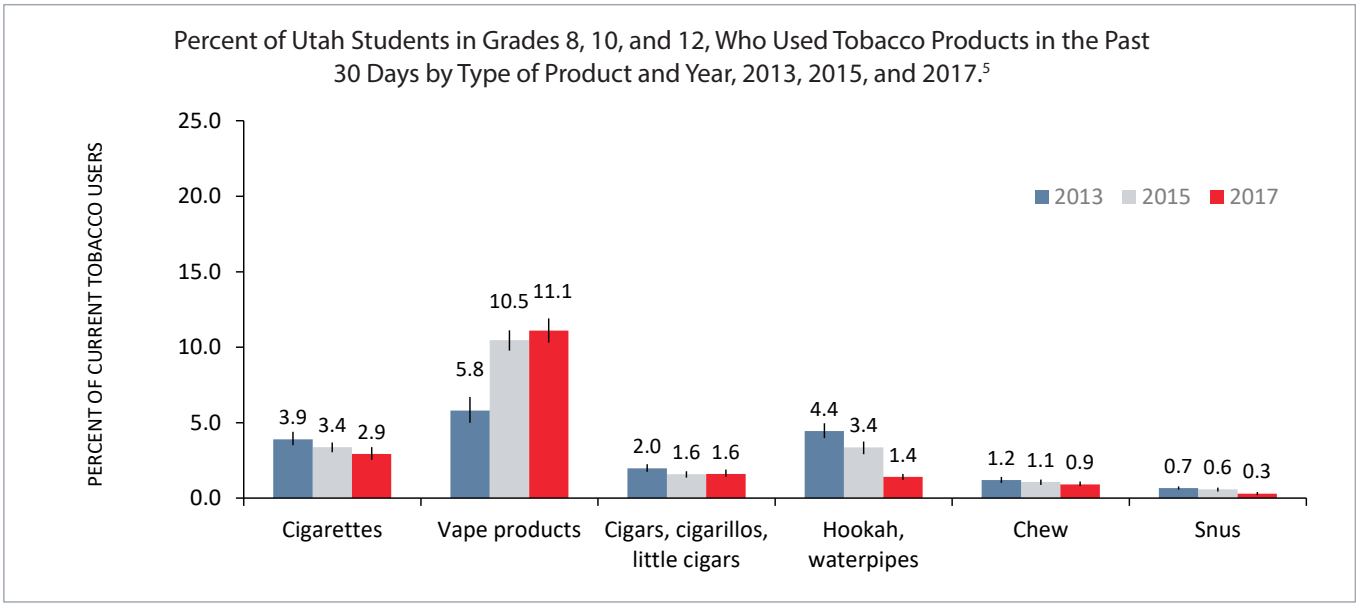
To better understand and reach youth tobacco users, the TPCP worked with its independent evaluation team at RTI International to:

- Study tobacco use and anti-tobacco advertising in Utah's alternative high schools
- Conduct focus groups with youth to learn about attitudes and beliefs regarding electronic cigarettes and other vape products

At 2.9%, the rate of current cigarette smoking among Utah students in grades 8, 10, and 12 is at its lowest recorded level.[5]

Youth Tobacco Use by Product Type

Utah students are significantly more likely to report use of electronic cigarettes or vape products than any other tobacco-related product. Use of electronic cigarettes nearly doubled from 5.8% in 2013 to 10.5% in 2015 and remained high at 11.1% in 2017. Utah students reported small declines in current use of conventional cigarettes, cigars, hookahs, chew, and snus.[5]



ELIMINATING EXPOSURE TO SECONDHAND SMOKE

Many of the 4,000 chemicals in secondhand smoke (SHS) are toxic and can cause cancer, heart disease, and respiratory diseases. Despite recent declines in cigarette smoking and restrictions on smoking in public places, exposure to SHS remains a serious health risk among Utah children and adults:

- In 2016, nearly 13,000 Utah children were exposed to SHS inside their homes during the past week[1]
- 31.2% of Utah adults reported breathing SHS in the past week at indoor or outdoor locations[1]

Policies to Reduce SHS Exposure

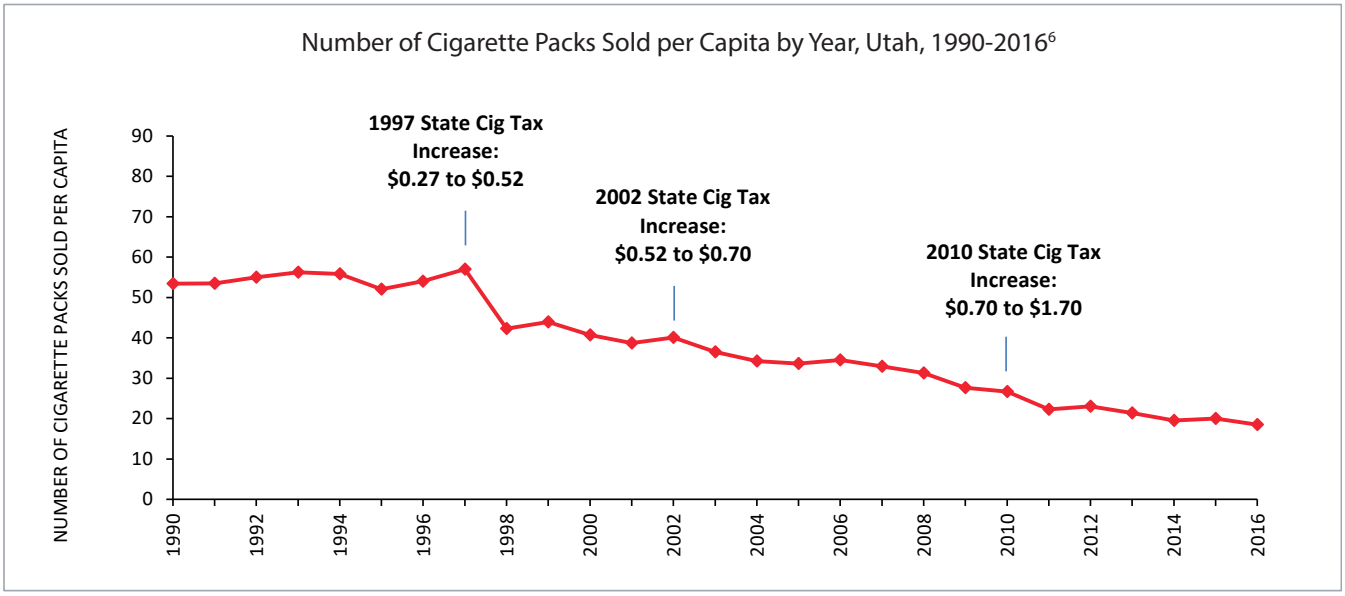
Laws and other regulations that ban smoking in public places reduce SHS-related diseases and help smokers quit. In FY17, the TPCP and its partners assisted worksites, healthcare facilities, cities, and multi unit housing complexes in passing or strengthening tobacco-free or smoke-free policies:

- Five worksites passed new tobacco-free policies
- 20 worksites strengthened their policies
- Seven healthcare sites passed new policies
- 32 outdoor venues passed new policies; nine venues strengthened their policies

In FY17, the number of smoke-free housing units in TPCP's Smoke-free Apartment and Condominium Statewide Directory increased by 7,916 to more than 43,898 units in 22 Utah counties. TPCP partners sent out a mailer to more than 100 communities/property management companies to promote smoke-free housing and the TPCP multi unit housing smoke-free policy toolkit. The toolkit and smoke-free signage were also distributed at the Utah Apartment Association Annual Fair Housing and Education Trade Show. It can be accessed at http://www.tobaccofreeutah.org/muh-intro.html.

TAX INCREASES LEAD TO DECLINES IN CIGARETTE CONSUMPTION

Since 1990, the per capita cigarette consumption in Utah has declined by 62.5%.[6] Increases in the state cigarette excise tax in 1997, 2002, and 2010 are associated with decreases in consumption in the following years. Strong tobacco-free policies, mass media education, and evidence-based quit programs also contributed to declines in smoking.



ENDING TOBACCO-RELATED DISPARITIES

The TPCP uses data to identify population groups with increased tobacco use rates. Characteristics of groups disporportionaly affected by tobacco include race, ethnicity, geographic location, income and education level, gender, and sexual orientation.

Through partnerships with community organizations, the TPCP supports the development of local policies and tobacco prevention and cessation programs that are culturally and linguistically appropriate.

Queen Center's Island Teens Against Tobacco at Utah State Capitol.

Disparities Networks

The TPCP continued to fund four community-based networks representing the African American, Native American, Hispanic/Latino, and Pacific Islander communities in Utah. In FY17, the networks created prevention and cessation messages and shared them with their communities.

Yehemy,apartnerfromComunidadsUnidas,sharedherquitstoryinSpanishforthe FY17 Share Your Quit campaign.

AUCH Partnership

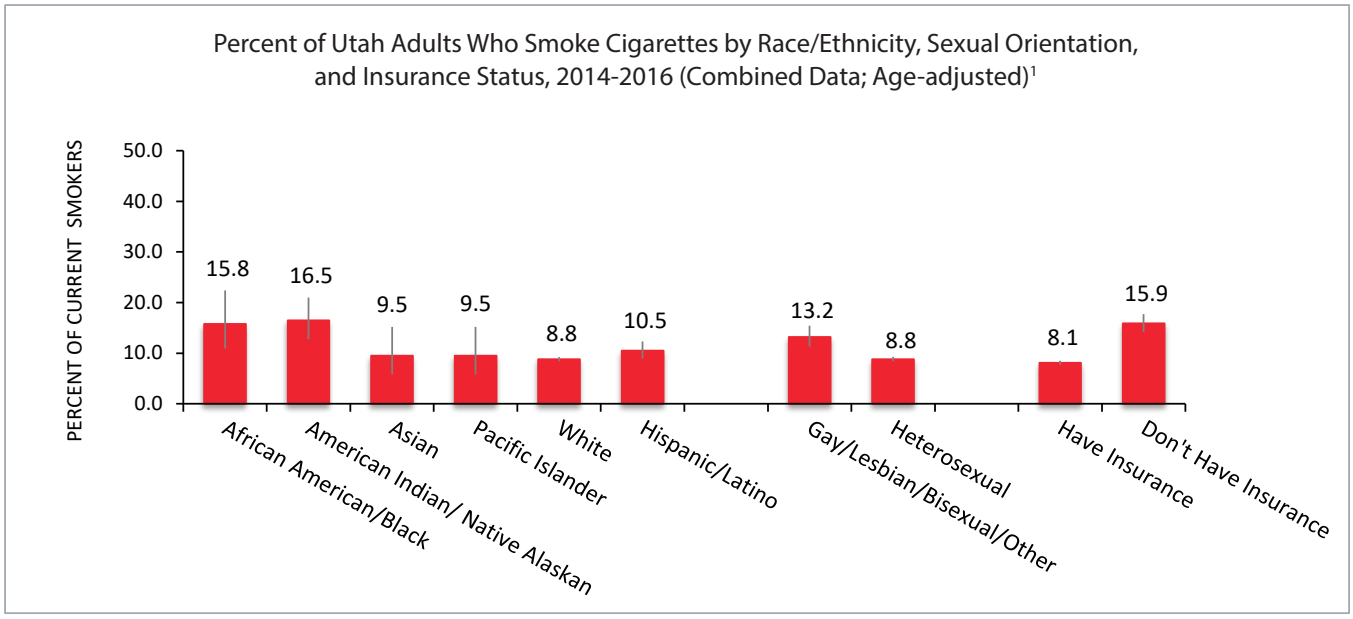
In FY17, 783 low income or uninsured tobacco users received counseling and tobacco cessation medications through the TPCP's work with the Association for Utah Community Health (AUCH).

Medicaid Partnership

In FY17, the TPCP's partnership with Medicaid provided tobacco cessation services and/or quit medications to 463 general Medicaid clients and 1,218 pregnant women on Medicaid.

Disparities in Cigarette Smoking

Among racial and ethnic groups, the risk for cigarette smoking is highest in American Indian/Native Alaskan and African American/Black communities. The smoking rates among Utahns without health insurance and members of the LGBTQ community are also significantly higher than the state average of 8.7%.[1]



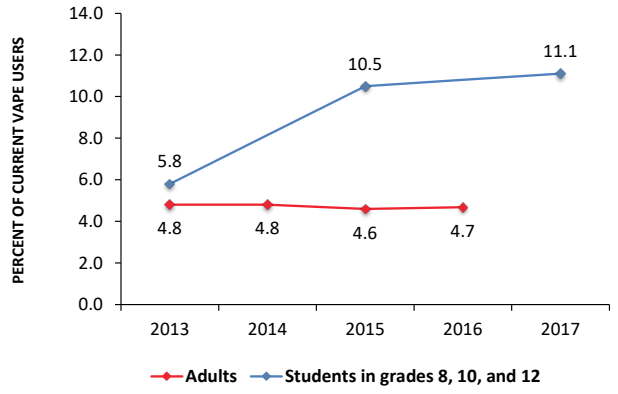
ELECTRONIC CIGARETTES AND VAPE PRODUCTS

The brain is not fully developed until the age of 25 and research shows that using substances like nicotine before the age of 25 can impact brain development resulting in difficulty learning. Compared to adults, adolescent nicotine users experience more episodes of depression and cardiac irregularities, and are more likely to become quickly and persistently nicotine-dependent. Furthermore, studies indicate that even a brief period of intermittent or continuous nicotine exposure during adolescence can lead to lasting neurobehavioral damage.[7]

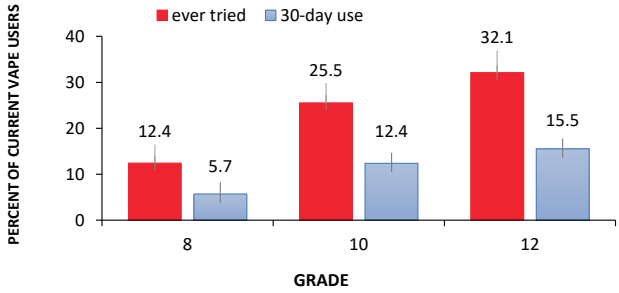
Vaping Among Utah Youth Remains High

Utah youth are more than twice as likely to report vaping in the past month compared to Utah adults.[1,5] At 15.5%, high school seniors report the highest vaping rate among all surveyed age groups.[5] In the past four years, Utah's adult vaping rate has remained stable ranging from 4.6% to 4.8%.[1]

Current Use of Vape Products Among Utah Adults and Students in Grades 8, 10, and 12, 2013-2017[1,5]



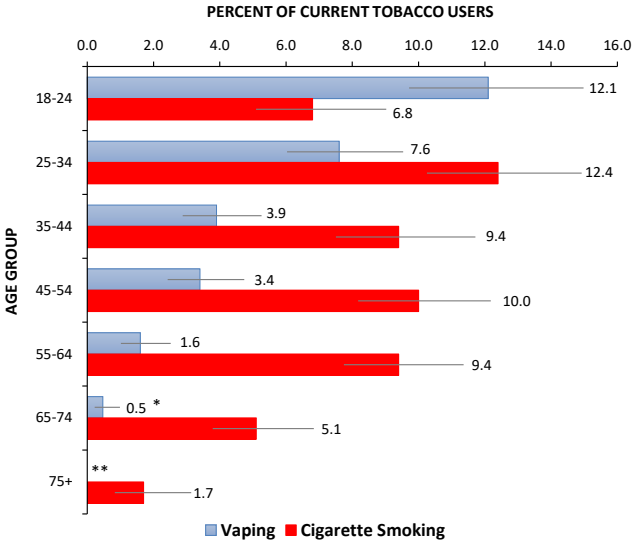
Vaping Experimentation and Current Use Among Utah Students in Grades 8, 10, and 12 by Grade, 2017[5]



Transition from Teen to Young Adult

High use of vape products among Utah youth is especially alarming since nicotine addiction may lead to use of other tobacco products like cigarettes. In 2016, Utah adults ages 25 to 34 reported the highest cigarette smoking rate among all surveyed age groups.[1] Cigarette smoking puts users at risk for a lifetime of serious health effects.

Current Vaping and Cigarette Smoking Among Utah Adults by Age Group, 2016[1]



* This estimate has a relative standard error of >30% and does not meet UDOH standards for reliability.
**This estimate has been suppressed because the relative standard error was greater than 50% or could not be determined.

Youth Access to Nicotine Products

Exposure to advertising and easy access to nicotine products are factors that contribute to increased tobacco product use among youth.

In 2017, the TPCP worked with local health departments to review the locations of tobacco specialty and vape stores in their communities. Knowing these locations can help us understand where youth are being exposed to advertising and where community specific zoning requirements may decrease exposure and access to nicotine products.

Nearly 10% of Utah teens report that they usually buy their vape products in vape shops.[5] Tobacco retailer compliance checks conducted in FY17 show that vape shops are more likely to sell to teens than other retailers.

Nearly one third of Utah teens obtain vape products by borrowing or bumming them.[5] Utah's tobacco purchase age is currently 19. Increasing the purchase age is expected to reduce social access to these products.

TPCP FUNDING, FY2017

State Funds

Utah Tobacco Settlement Account: $3,868,300
Utah Cigarette Tax Restricted Account: $3,159,700

Drawdown of Federal Funds

Federal and private revenues depend on matches with state funds.

TPCP's work with retailers to prevent underage tobacco sales protects $6.4 million in Synar block grant funding for Utah's Division of Substance Abuse and Mental Health. The Synar amendment regulates youth access to tobacco products.

TPCP secured $1,405,814 in funding from the Centers for Disease Control and Prevention.

In-kind Revenue: Campaign Added Value

Media vendors donated approximately $1.71 for every $1 spent by the TPCP on anti-tobacco media buys including ad time, news specials, and other media events. The total campaign added value was $2.51 million in FY17.

Tobacco-related Expenditures

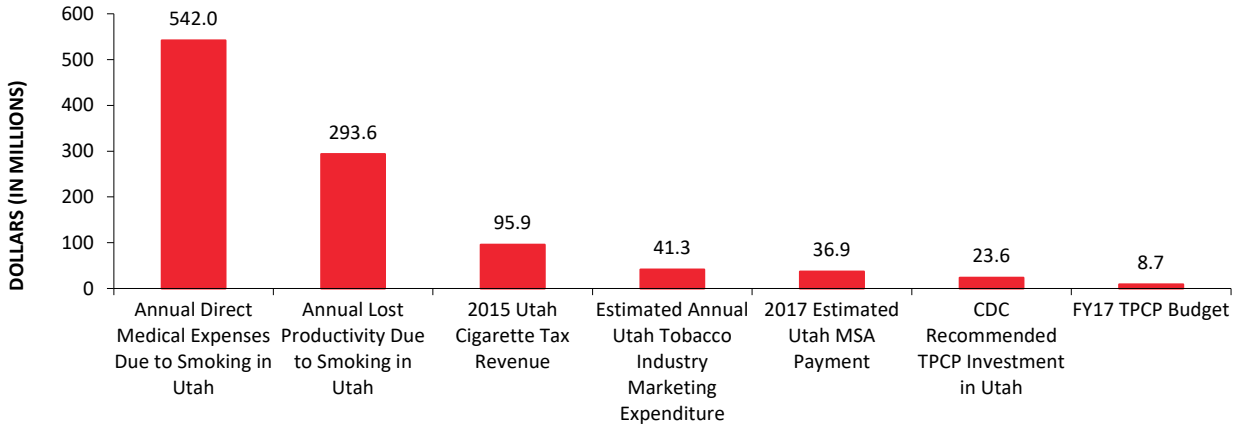
In 2014, the tobacco industry spent an estimated $38.5 million to market tobacco products in Utah and recruit new tobacco users.[8]

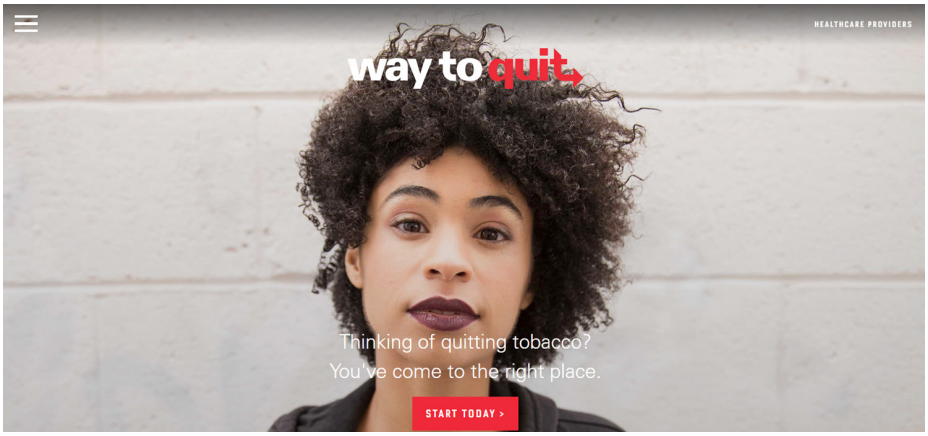
In 2015, the Utah cigarette tax revenue was $95.9 million.[9]

The Utah 2017 Tobacco Master Settlement Agreement (MSA) payment was $36.5 million.[10]

The Centers for Disease Control and Prevention recommends that Utah spend $23.6 million annually to reduce tobacco use.[10] At $8.4 million, the TPCP was funded at 35.6% of this recommended level.

Estimated Annual Cost of Smoking in Utah; Cigarette and Tobacco Tax Revenue; Tobacco Industry Marketing Expenditures in Utah; Utah Tobacco Settlement Payment; and CDC Recommended and Actual Annual TPCP Budget[8,9,10]

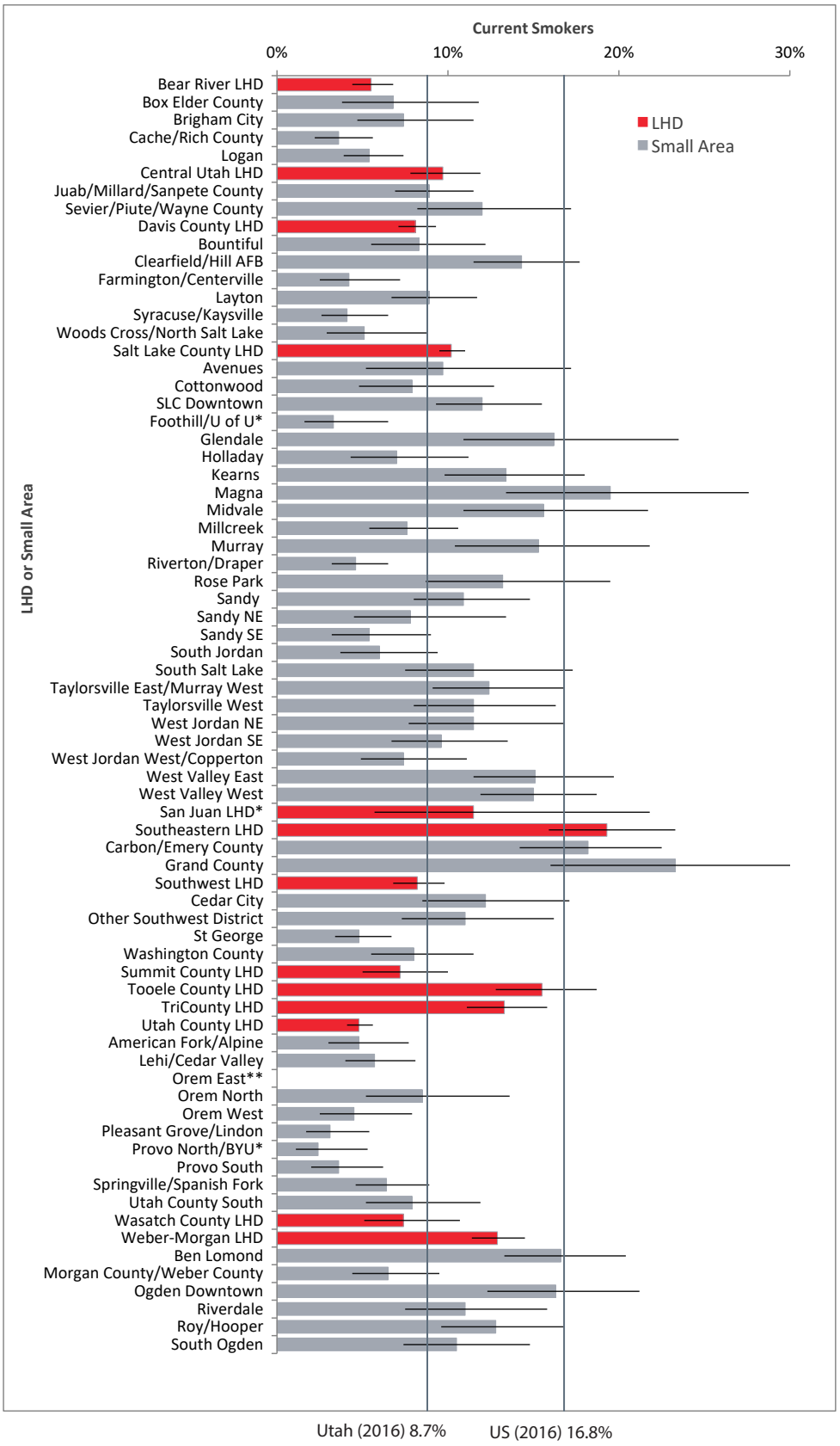




Kari is a quitter featured on the new home page or waytoquit.org.

SMOKING RATES BY LOCAL HEALTH DISTRICT AND UTAH SMALL AREA

Current Cigarette Smoking by Local Health District, Small Area, Utah, and U.S. Adults, 2014-2016 (Aggregate Data, Age-adjusted)[1]



How to Read this Graph:

Local health districts are represented by red bars. Small areas within local health districts are represented by gray bars. Small area definitions can be found at http://health.utah.gov/opha/IBIShelp/sarea/UtahSmallAreaInfo.pdf.

The horizontal lines represent 95% confidence intervals, which indicate that the given interval will contain the true measurement value 95% of the time.

We use small area data to identify and reach individuals who are at higher risk for tobacco use.

At 23.3%, Grand County has the highest smoking rate among Utah's Small Areas statewide.

At 2.4%, the Provo North/BYU area has the lowest smoking rate among Utah's Small Areas statewide.

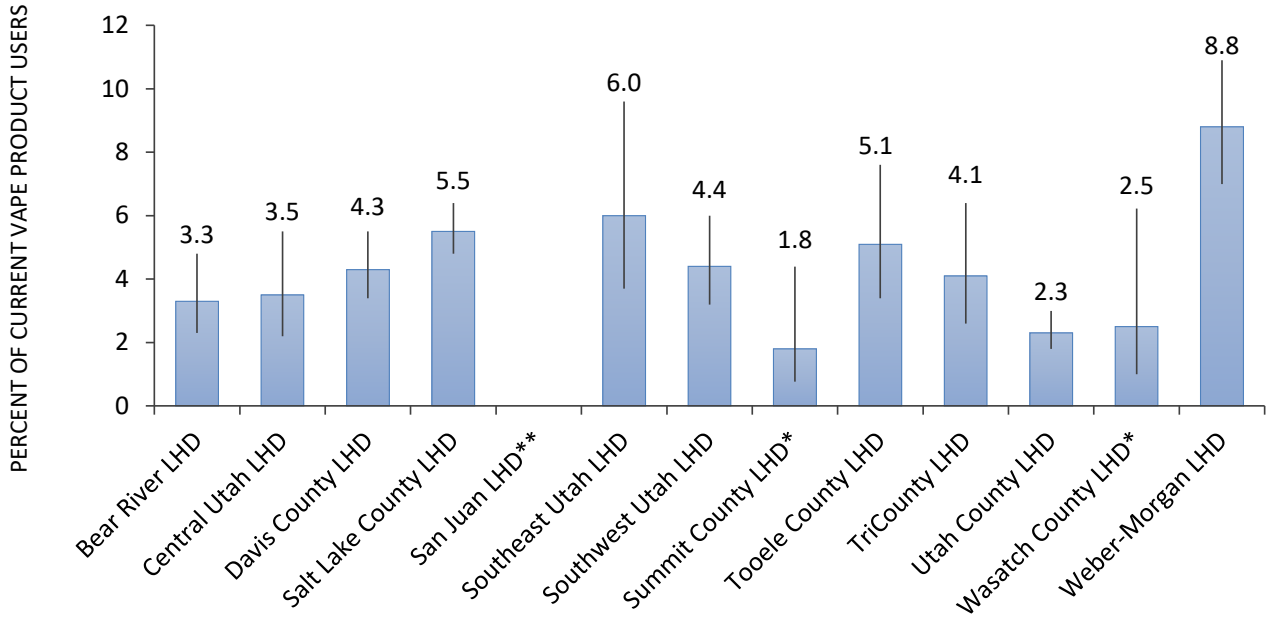
** These estimates have relative standard errors of >30% and do not meet UDOH standards for reliability.*

***The estimates for Orem East has been suppressed because the relative standard error was greater than 50% or could not be determined.*

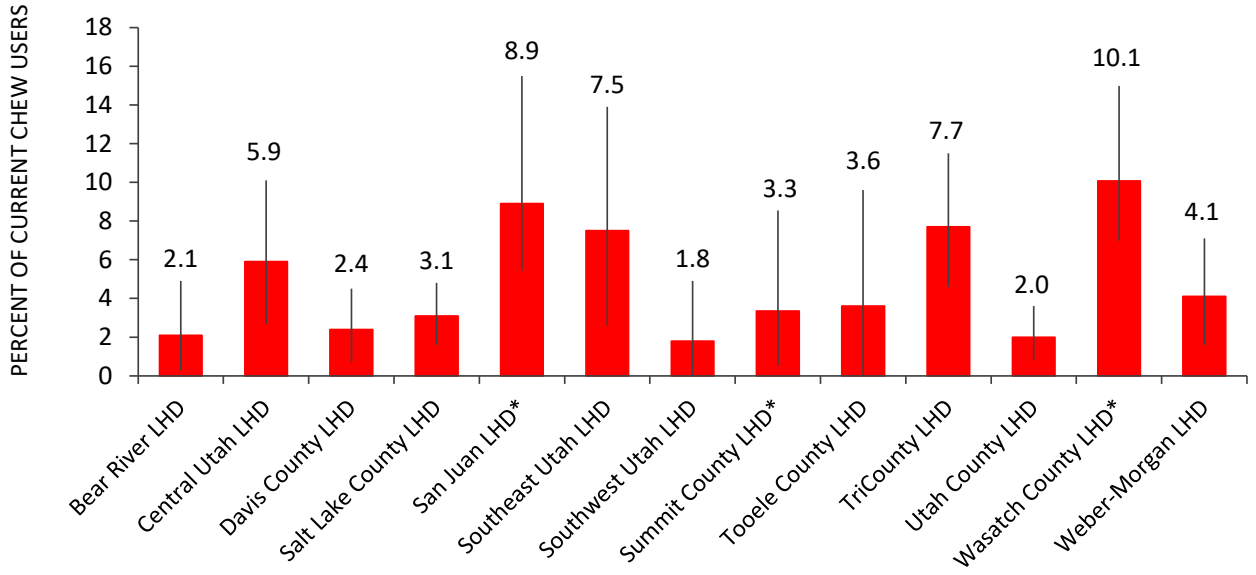
VAPE PRODUCT AND CHEWING TOBACCO USE BY LOCAL HEALTH DISTRICT

Adult vape product and chew use vary by local health district. Salt Lake County and Weber-Morgan LHDs reported significantly higher vape rates compared with the state, while Summit and Utah County LHDs reported significantly lower rates.[1] For chew use, Central, Southeast, and TriCounty LHDs reported significantly higher rates, while Southwest and Utah County showed significantly lower rates.[1]

Current Adult Vape Product Use by Local Health District, 2014-2016 (Aggregate Data, Age-adjusted)[1]

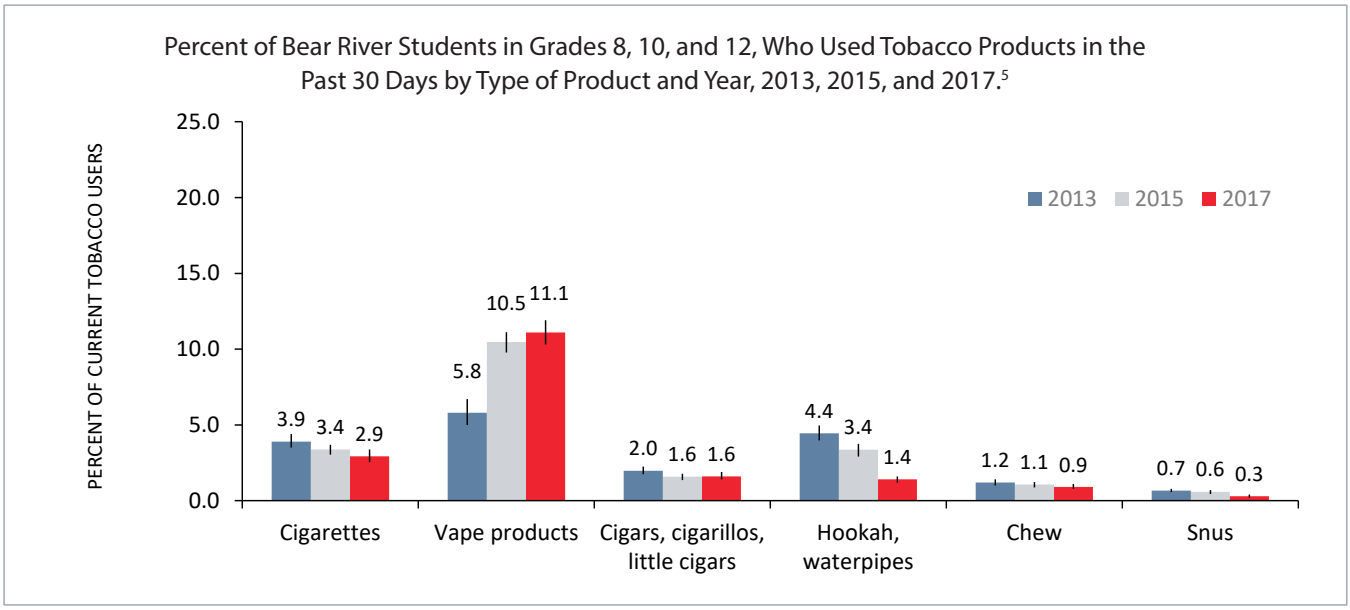


Current Adult Chewing Tobacco Use by Local Health District, 2015-2016 (Aggregate Data, Age-adjusted)[1]



* These estimates have relative standard errors of >30% and do not meet UDOH standards for reliability.

**These estimates have been suppressed because the relative standard error was greater than 50% or could not be determined.

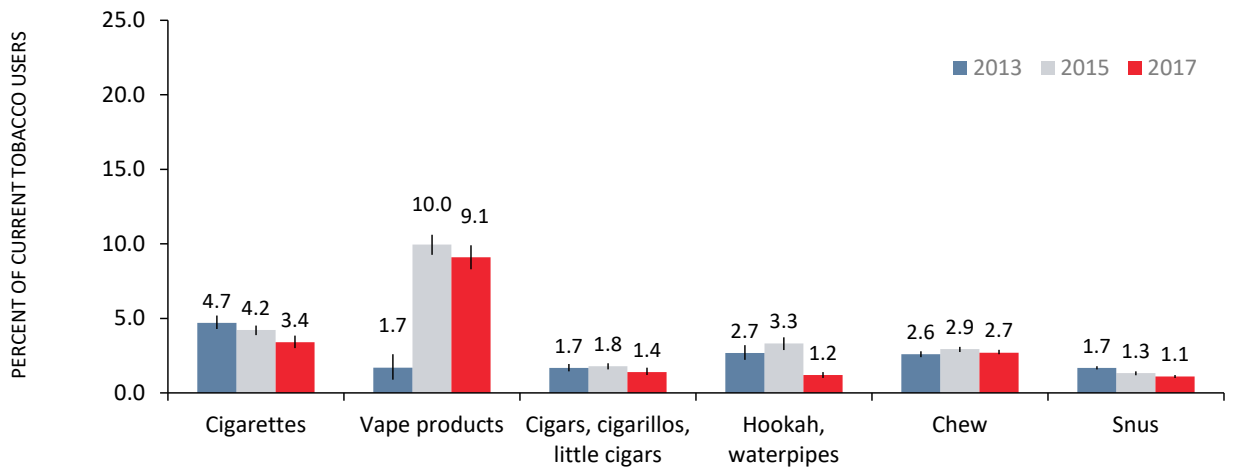


Tobacco Statistics

	BRHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	5.0%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	2.2%	2.9%
Pregnant Women Smoking (2015)[11]	5.2%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	15.9%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	7.3%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	10.5%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	3.3%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	2.1%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	29.1%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	124	3,874
Number of New Online Coaching Enrollments (FY17)[2]	43	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	67.1%	68.9%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	4.3%	6.5%

Working for Healthy Communities
www.centralutahpublichealth.com

Percent of Central Utah Students in Grades 8, 10, and 12, Who Used Tobacco Products in the Past 30 Days by Type of Product and Year, 2013, 2015, and 2017.[5]



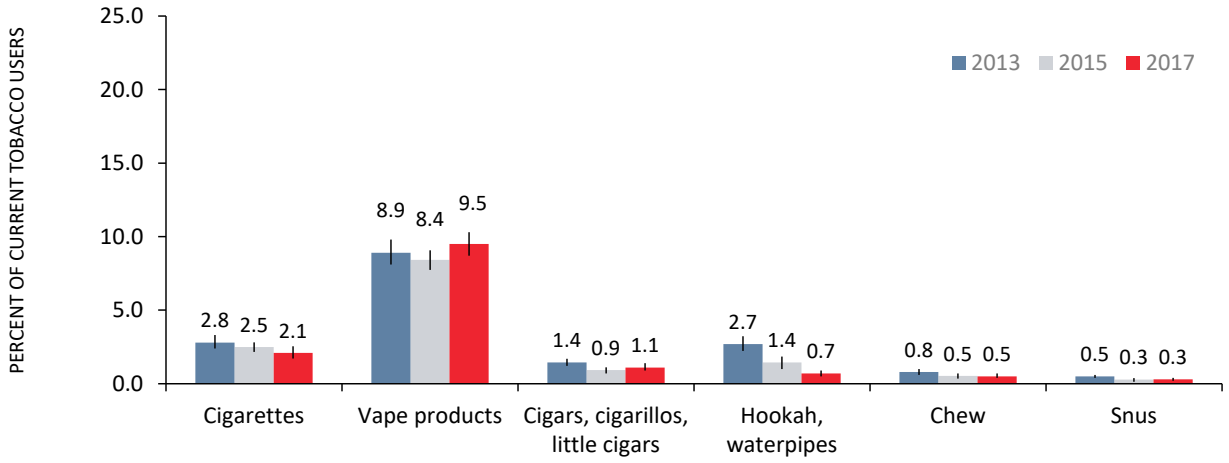
Tobacco Statistics

	CUHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	11.6%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	3.4%	2.9%
Pregnant Women Smoking (2015)[11]	9.9%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	21.4%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	9.1%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	14.7%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	3.5%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	5.9%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	29.9%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	115	3,874
Number of New Online Coaching Enrollments (FY17)[2]	46	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	70.6%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	6.2%	6.5%

Davis COUNTY

Health Department

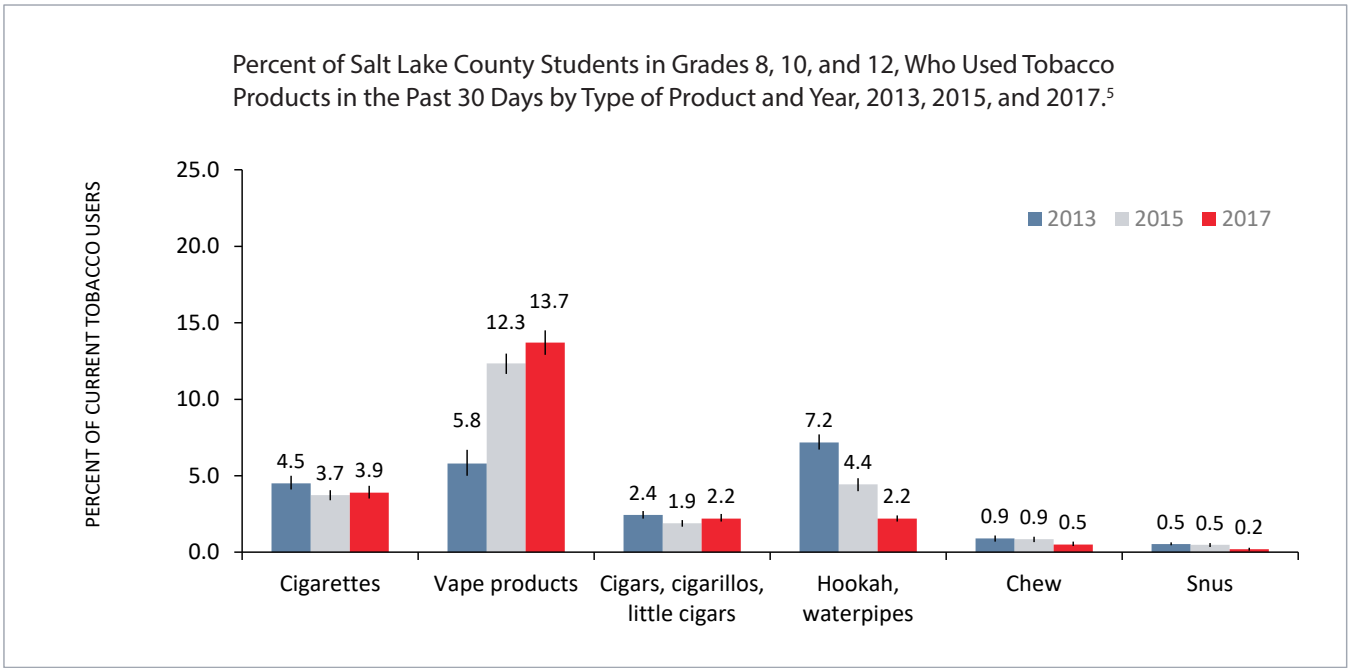
Percent of Davis County Students in Grades 8, 10, and 12, Who Used Tobacco Products in the Past 30 Days by Type of Product and Year, 2013, 2015, and 2017.[5]



Tobacco Statistics

	DCHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	6.5%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	2.1%	2.9%
Pregnant Women Smoking (2015)[11]	3.6%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	18.4%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	9.5%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	15.1%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	4.3%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	2.4%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	32.2%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	283	3,874
Number of New Online Coaching Enrollments (FY17)[2]	104	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	71.4%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	5.3%	6.5%

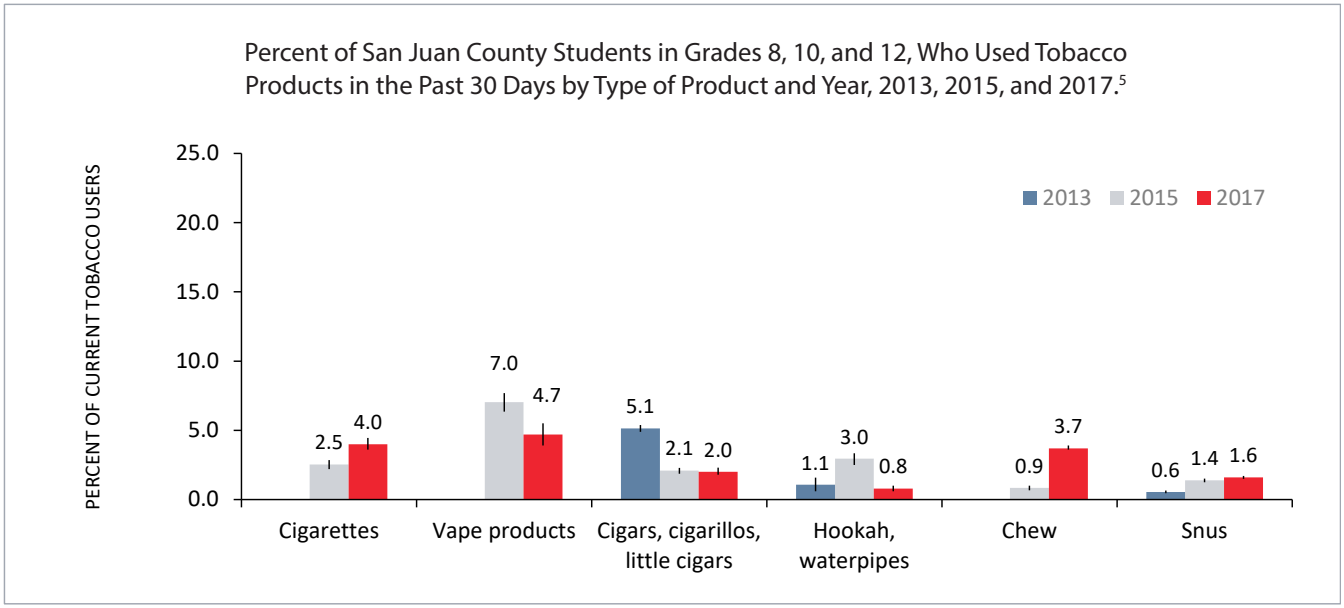
SALT LAKE COUNTY
HEALTH DEPARTMENT



Tobacco Statistics

	SLCoHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	10.1%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	3.9%	2.9%
Pregnant Women Smoking (2015)[11]	5.3%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	29.0%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	13.7%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	17.6%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	5.5%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	3.1%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	31.6%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	1,826	3,874
Number of New Online Coaching Enrollments (FY17)[2]	546	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	69.6%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	7.2%	6.5%

San Juan Public Health



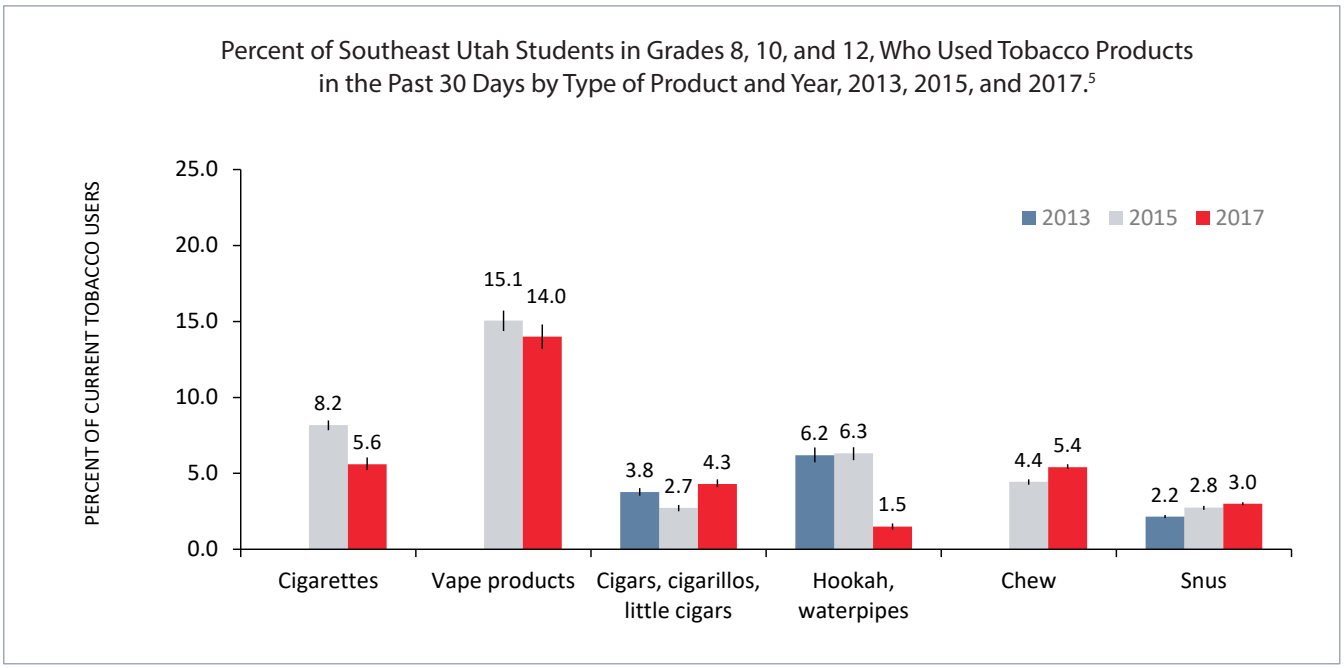
Tobacco Statistics

	SJPHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	7.0%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	4.0%	2.9%
Pregnant Women Smoking (2015)[11]	**	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	18.1%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	4.7%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	19.3%*	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	**	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	8.9%*	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	31.4%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	17	3,874
Number of New Online Coaching Enrollments (FY17)[2]	4	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	63.9	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	18.4%	6.5%

* These estimates have relative standard errors of >30% and do not meet UDOH standards for reliability.

**These estimates have been suppressed because the relative standard error was greater than 50% or could not be determined.

way to quit

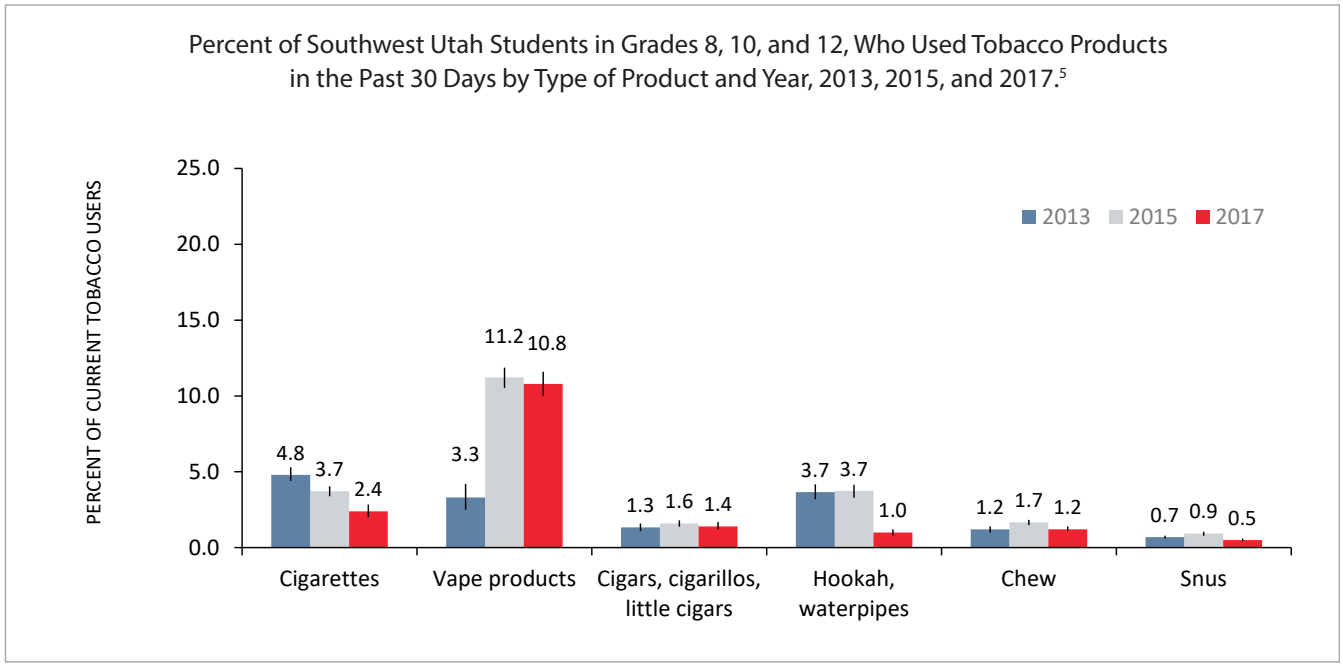


Tobacco Statistics

	SEUHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	15.9%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	5.6%	2.9%
Pregnant Women Smoking (2015)[11]	16.4%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	34.1%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	14.0%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	27.3%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	6.0%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	7.5%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	39.1%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	112	3,874
Number of New Online Coaching Enrollments (FY17)[2]	31	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	80.1%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	5.6%	6.5%

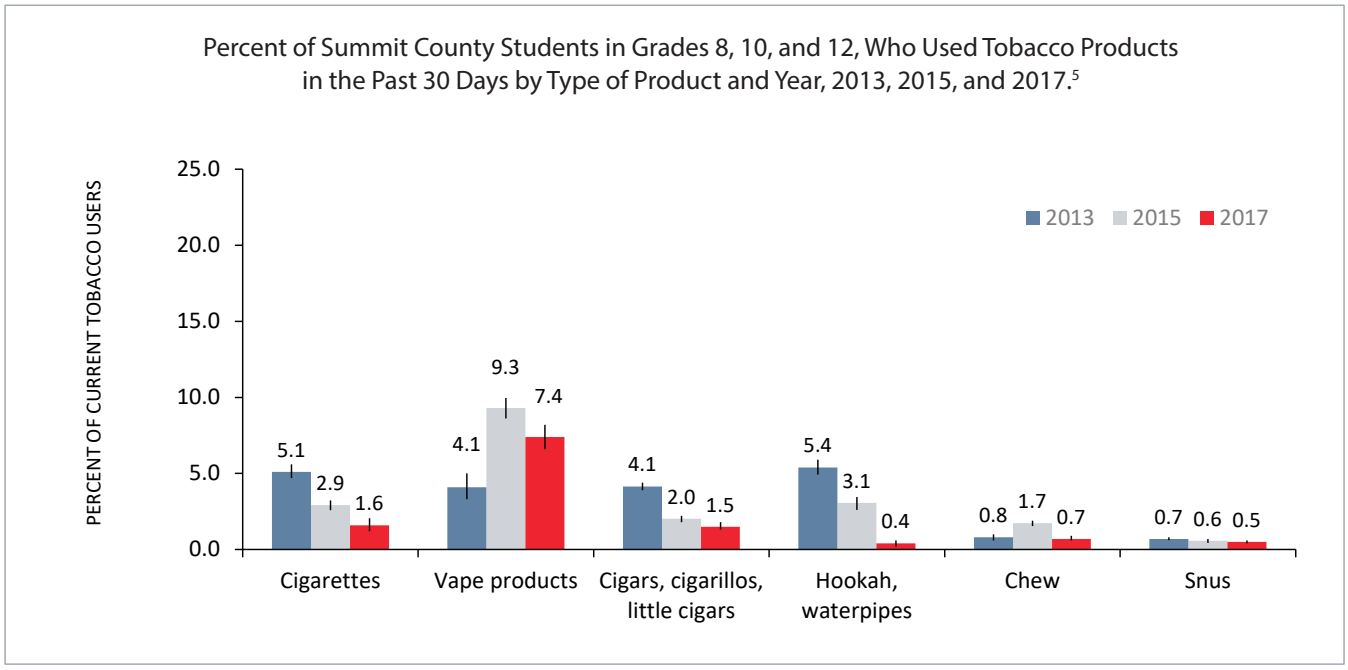
SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT

PREVENT • PROMOTE • PROTECT



Tobacco Statistics

	SWUPHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	6.8%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	2.4%	2.9%
Pregnant Women Smoking (2015)[11]	6.5%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	22.9%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	10.8%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	14.9%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	4.4%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	1.8%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	37.0%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	320	3,874
Number of New Online Coaching Enrollments (FY17)[2]	84	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	68.5%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	3.5%	6.5%

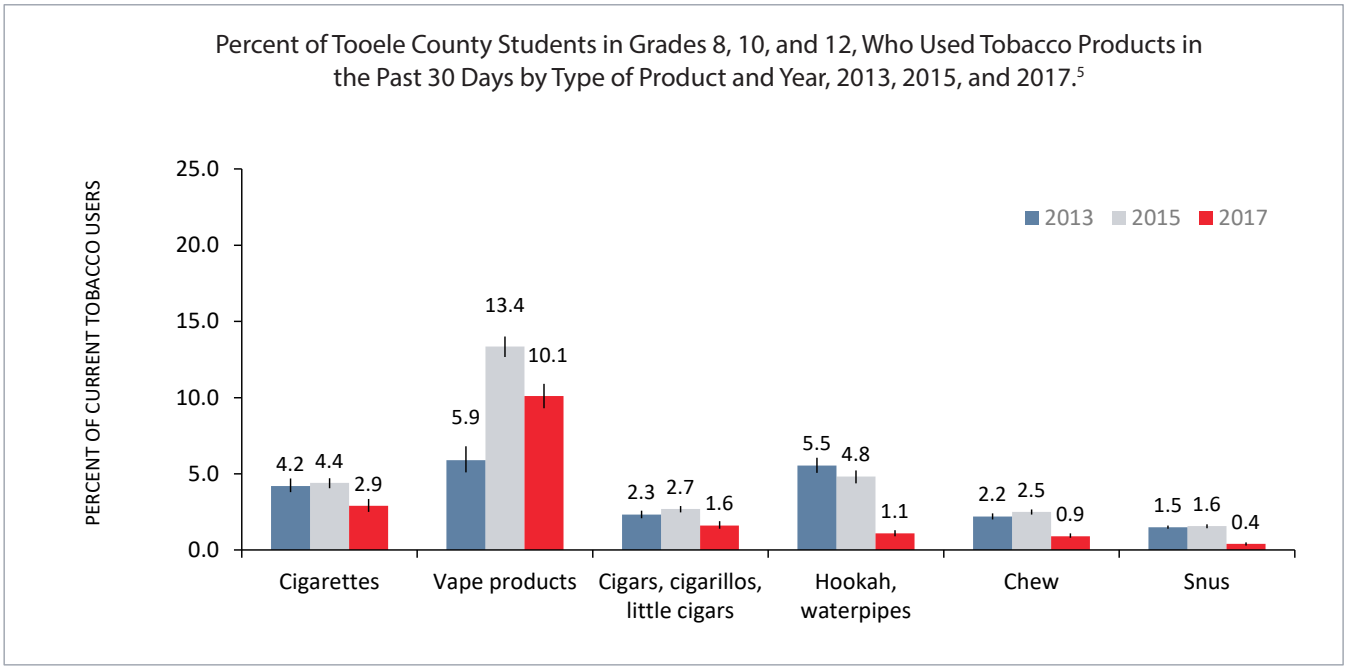


Tobacco Statistics

	SCHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	6.2%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	1.6%	2.9%
Pregnant Women Smoking (2015)[11]	3.3%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	20.4%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	7.4%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	15.7%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	1.8%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	3.3%*	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	30.9%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	27	3,874
Number of New Online Coaching Enrollments (FY17)[2]	13	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	65.8%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	12.3%	6.5%

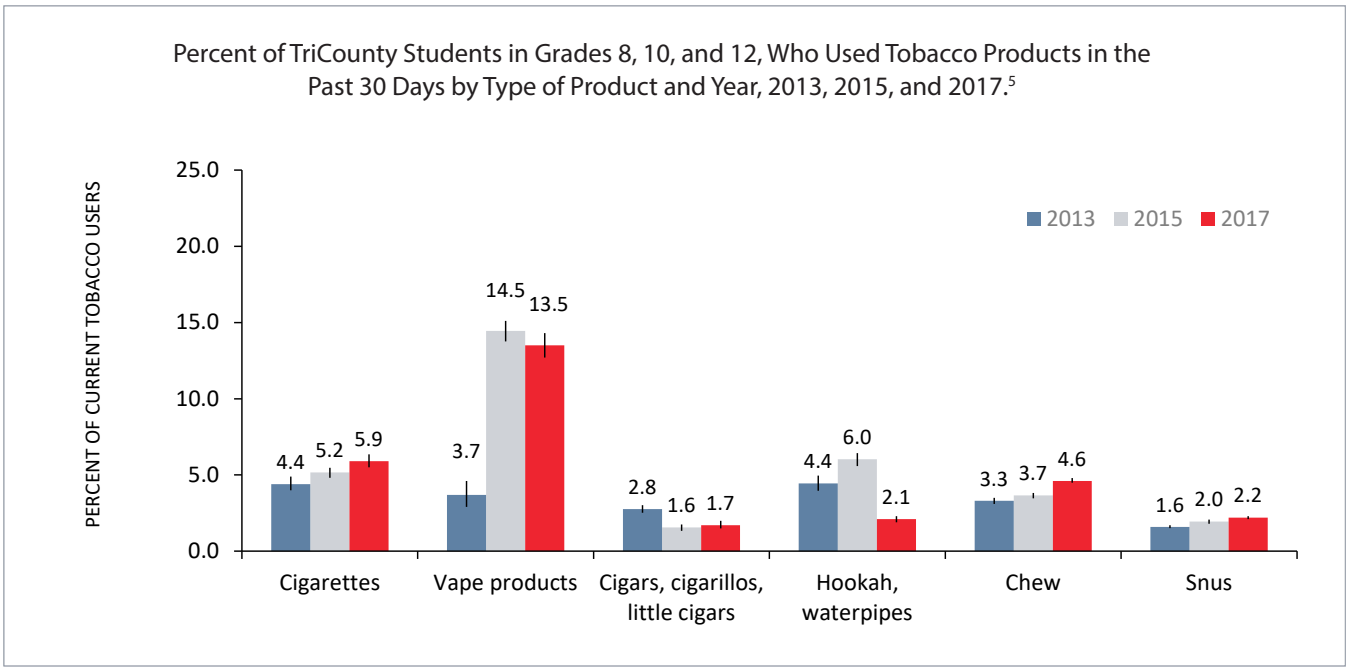
* These estimates have relative standard errors of >30% and do not meet UDOH standards for reliability.

way to quit



Tobacco Statistics

	TCHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	18.3%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	2.9%	2.9%
Pregnant Women Smoking (2015)[11]	8.2%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	21.8%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	10.1%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	19.1%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	5.1%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	3.6%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	38.1%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	111	3,874
Number of New Online Coaching Enrollments (FY17)[2]	43	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	75.6%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	6.7%	6.5%

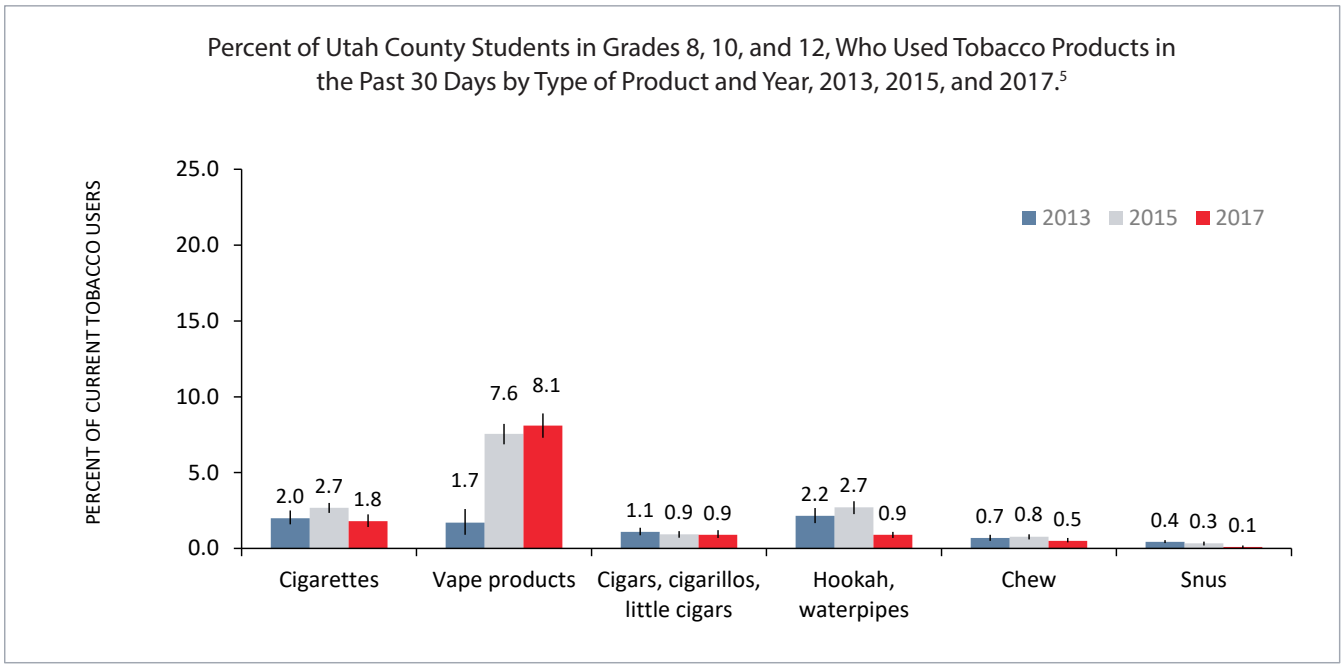


Tobacco Statistics

	TRCHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	14.1%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	5.9%	2.9%
Pregnant Women Smoking (2015)[11]	13.0%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	30.2%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	13.5%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	19.8%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	4.1%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	7.7%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	27.9%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	131	3,874
Number of New Online Coaching Enrollments (FY17)[2]	39	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	72.4%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	0%	6.5%

Utah County
HEART of UTAH

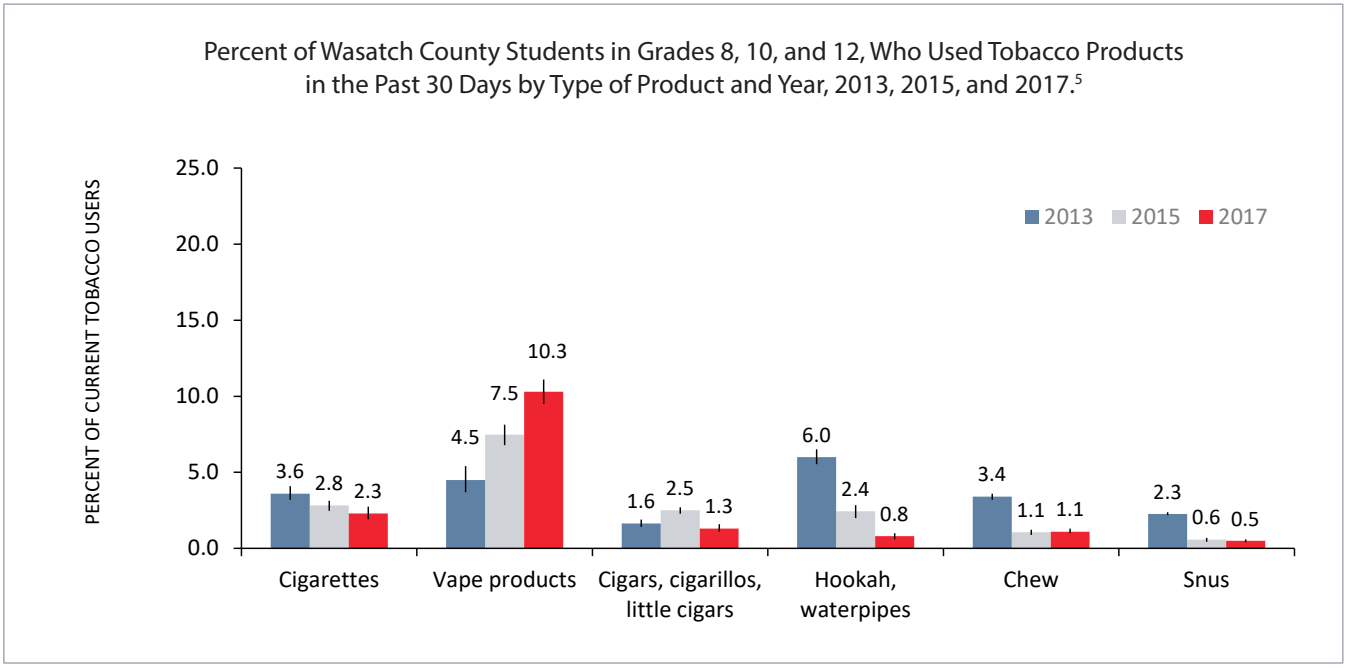
Health Department



Tobacco Statistics

	UCHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	4.9%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	1.8%	2.9%
Pregnant Women Smoking (2015)[11]	2.2%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	16.3%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	8.1%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	10.6%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	2.3%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	2.0%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	28.5%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	391	3,874
Number of New Online Coaching Enrollments (FY17)[2]	108	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	62.5%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	5.9%	6.5%

WASATCH COUNTY
HEALTH DEPARTMENT



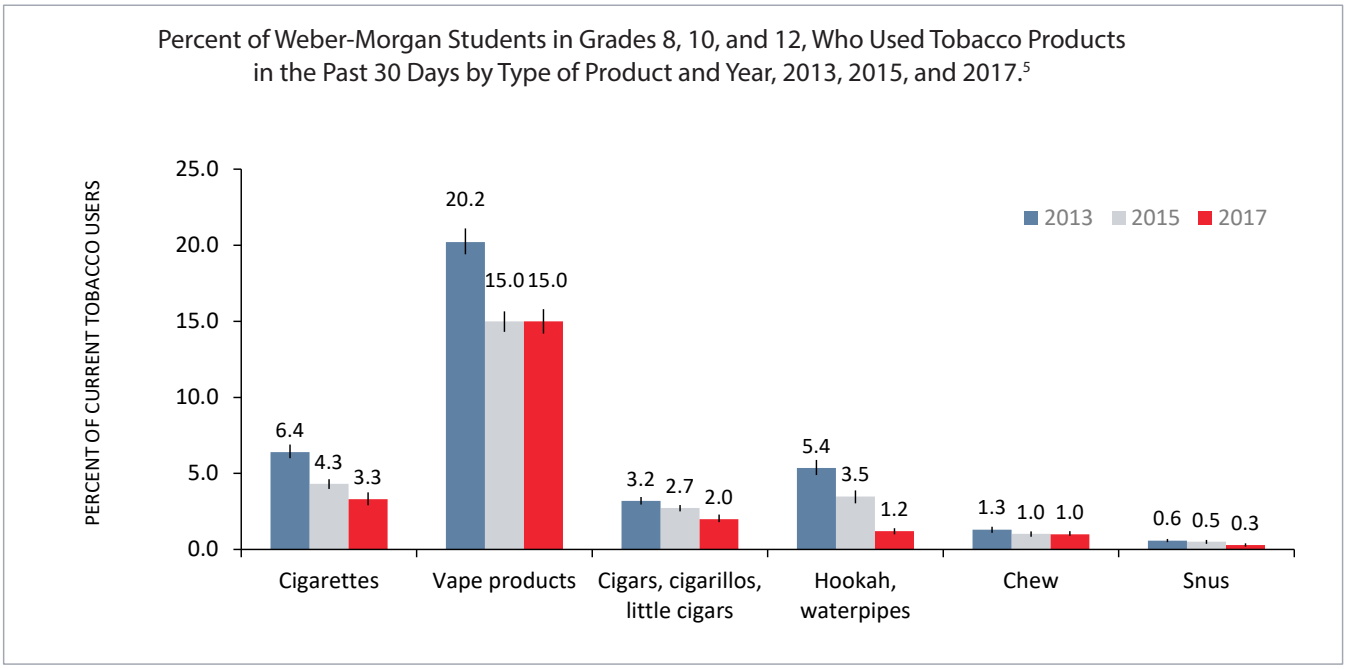
Tobacco Statistics

	WCHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	7.5%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	2.3%	2.9%
Pregnant Women Smoking (2015)[11]	3.7%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	19.3%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	10.3%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	11.5%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	2.5%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	10.1%*	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	29.0%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	36	3,874
Number of New Online Coaching Enrollments (FY17)[2]	8	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	66.4%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	2.1%	6.5%

* These estimates have relative standard errors of >30% and do not meet UDOH standards for reliability.

way to quit

WEBER-MORGAN
HEALTH DEPARTMENT



Tobacco Statistics

	WMHD	STATE
Cigarette Smoking		
Adult Cigarette Smoking (2016)[1]	11.7%	8.7%
Youth Cigarette Smoking in Grades 8, 10, 12 (2017)[5]	3.3%	2.9%
Pregnant Women Smoking (2015)[11]	7.6%	5.0%
Use of Electronic Cigarettes and Smokeless Tobacco		
Youth Experimentation with Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	29.9%	23.1%
Youth Use of Electronic Cigarettes in Grades 8, 10, 12 (2017)[5]	15.0%	11.1%
Adult Experimentation with Electronic Cigarettes (2015-2016)[1]	19.6%	15.6%
Adult Use of Electronic Cigarettes (2014-2016)[1]	8.8%	4.7%
Adult Use of Chewing Tobacco, Snuff, or Snus (2015-2016)[1]	4.1%	3.1%
Secondhand Smoke Exposure		
Adults Exposed to Secondhand Smoke Indoors or Outdoors in the Past Week (2016)[1]	30.2%	31.2%
Quit Service Utilization		
Number of New Quit Line Registrations (FY17)[2]	366	3,874
Number of New Online Coaching Enrollments (FY17)[2]	125	1,220
Anti-tobacco Ad Recall		
Anti-tobacco Ad Recall in the Past Month (2016)[1]	73.0%	68.8%
Tobacco Retailer Compliance Check Results		
Rate of Non-compliance for Cigarette, Chew, and Vape Product Checks, FY2017	9.0%	6.5%

TOBACCO PREVENTION AND CONTROL PROGRAM PARTNERS

- American Cancer Society
- American Heart Association
- American Lung Association
- Association for Utah Community Health
- Behavioral Risk Factor Surveillance System
- Bear River Health Department
- Centers for Disease Control and Prevention
- Central Utah Public Health Department
- Centro Hispano
- Communidades Unidas
- Commission on Criminal and Juvenile Justice
- Davis County Health Department
- Harambee
- HealthInsight
- Huntsman Cancer Institute
- Intermountain Healthcare
- March of Dimes
- Optum
- Pediatricians Against Secondhand Smoke
- Primary Children's Hospital
- Queen Center
- R & R Partners
- Research Triangle Institute
- Salt Lake County Health Department
- Southeast Utah Health Department
- Southwest Utah Public Health Department
- Summit County Health Department
- Tooele County Health Department
- Tri-County Health Department
- Utah Department of Health, Division of Maternal and Child Health
- Utah Department of Health, Bureau of Epidemiology
- University of Utah
- University of Utah Health Care
- Urban Indian Center of Salt Lake
- Utah Chiefs of Police Association
- Utah County Health Department
- Utah Dental Association
- Utah Department of Environmental Quality
- Utah Department of Health, Health Clinics of Utah/Family Dental Plans
- Utah Department of Health, Oral Health Program
- Utah Division of Substance Abuse and Mental Health
- Utah Health Plan Partnership
- Utah Hospital Association
- Utah Indian Health Advisory Board
- Utah Juvenile Court
- Utah Medicaid
- Utah Medical Association
- Utah Office of Health Disparities Reduction
- Utah Office of the Attorney General
- Utah Parent Teacher Association
- Utah Prevention Advisory Council
- Utah Pride Center
- Utah Society for Respiratory Care
- Utah State Office of Education
- Utah State Tax Commission
- Utah Tobacco-Free Alliance
- Wasatch County Health Department
- Weber-Morgan Health Department

REFERENCES

1 Utah Department of Health. *Behavioral Risk Factor Surveillance System (BRFSS)*. Salt Lake City: Utah Department of Health, Center for Health Data. Note: Recent changes to the BRFSS survey methodology provide more accurate estimates of the burden of smoking nationwide and in Utah (landline and cell phone (LLCP) inclusion; raking used for data weighting). The 2009 to 2016 rates of smoking are not comparable to the rates published before 2009 (no cell phone inclusion; post-stratification used for data weighting).

2 Tobacco Prevention and Control Program. Utah Tobacco Quit Line and online coaching program annual reports, FY17. Salt Lake City: Utah Department of Health. Note: The numbers listed on the local health department pages include tobacco users only. The statewide numbers listed on the quit page include tobacco users and others who registered for services to help tobacco users quit.

3 Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). Treating Tobacco Use and Dependence. Clinical Practice Guideline. U.S. Department of Human Services, Public Health Service (PHS).

4 England, L. et al. *Nicotine and the Developing Human: A Neglected Element of the E-cigarette Debate.* American Journal of Preventive Medicine Volume 49, Issue 2, August 2015, pp. 286–293.

5 Tobacco Prevention and Control Program. *Prevention Needs Assessment Tobacco Questions, SHARP SURVEY 2013, 2015, and 2017.* Salt Lake City: Utah Department of Health.

6 Orzechowski and Walker. (2016). *The Tax Burden on Tobacco - Historical Compilation.* Volume 50. Arlington, Virginia: Orzechowski and Walker Consulting.

7 Goriounova, N., Mansvelder, H. Nicotine Exposure During Adolescence Alters the Rules for Prefrontal Cortical Synaptic Plasticity During Adulthood. 2012. Frontiers in Synaptic Neuroscience.

8 Campaign for Tobacco-Free Kids. *State -Specific Estimates of Tobacco Company Marketing Expenditures 1998 to 2014.* Retrieved October 18, 2017 from http://www.tobaccofreekids.org/research/factsheets/pdf/0271.pdf.

9 Campaign for Tobacco-Free Kids. *State Cigarette Tax Rates and Ranks, Date of Last Increase, Annual Pack Sales and Revenues, and Related Data.* Retrieved October 18, 2017 from https://www.tobaccofreekids.org/research/factsheets/pdf/0099.pdf.

10 National Center for Chronic Disease Prevention and Health Promotion. (2010). *State Tobacco Activities Tracking and Evaluation (STATE) System.* Atlanta, GA: U.S. Department of Health and Human Services. Retrieved October 18, 2017 from http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_STATE.Highlights&rdRequestForwarding=Form.

11 Utah Birth Certificate Database. Retrieved August 10, 2017 from Utah Department of Health, Center for Health Data, Indicator-Based Information System for Public Health at http://ibis.health.utah.gov. Note: These smoking rates are based on pregnancies that resulted in live births

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