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REGIONAL TRENDS AND CONSEQUENCES OF TOBACCO, VAPING, NICOTINE, AND THC – STATE EPIDEMIOLOGICAL OUTCOME WORKGROUP

INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION
FSSA

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ABSTRACT

This report delivers a thorough analysis of tobacco, nicotine, vaping, and THC use trends and consequences in Indiana and the United States. Utilizing current data from national and state surveys, the report examines changing consumption patterns, health and behavioral consequences, regional disparities, and public policy gaps. Indiana's landscape is shaped by persistent traditional tobacco use, the rapid emergence of new nicotine and THC products, and evolving regulatory frameworks. The findings underscore critical health and equity challenges, especially among youth and rural communities. The report concludes with actionable, evidence-based recommendations for prevention, regulation, and cross-sector coordination to advance health equity.

EXECUTIVE SUMMARY

This report examines the current landscape and consequences of tobacco, nicotine, vaping, and THC use in Indiana within the context of national trends. While traditional cigarette use is declining, rates of vaping and consumption of new THC products are rising, especially among youth and marginalized groups. Indiana continues to report above-average tobacco and vaping use, significant regional and racial disparities, and increasing strain on public health, education, and justice systems. Key drivers include policy gaps, social determinants, underfunded prevention, and limited regulation of new products like Delta-8 THC. The report offers a multi-level, equity-driven strategy for intervention, emphasizing prevention hubs, modernized regulation, targeted funding, and system integration to reduce substance-related harm and advance health equity statewide.

INTRODUCTION

Tobacco, vaping, nicotine, and tetrahydrocannabinol (THC) use and consumption is highly prevalent throughout the world. The U.S. Department of Health and Human Services has stated that tobacco is the leading cause of preventable disease, disability, and death in the U.S. (HHS, 2014). The World Health Organization found that global tobacco and nicotine use declined from 32.7 percent in 2000 to 22.3 percent in 2020 (WHO, 2021), largely due to public awareness campaigns and policy interventions. However, the total number of users globally still exceeds 1.3 billion, with tobacco killing over 8 million people annually, including 1.3 million from second-hand smoke exposure (WHO, 2023). Although smoking rates have decreased, nicotine use has shifted to alternative forms. A 2024 study from England found that e-cigarette use rose substantially from 2016 to 2023, even as traditional cigarette use declined (Tattan-Birch et al., 2024). In the U.S., similar trends are seen. According to the FDA's 2023 National Youth Tobacco Survey, 10.0 percent of high school students reported current e-cigarette use, down from 14.1 percent in 2022 (FDA, 2023). Recent data show a continued decline, with 7.8 percent of high school students reporting current e-cigarette use in 2024 (Jamal et al., 2024; FDA, 2024).

However, flavored nicotine products and pouches continue to gain popularity among youth. Stress from the COVID-19 pandemic may have contributed to increased use between 2020 and 2021 (Cornelius et al., 2023). The National Survey on Drug Use and Health (NSDUH) reported nicotine and tobacco use among Americans 12 and older increased slightly from 21.5 percent in 2018 to 22.7 percent in 2023 (SAMHSA, 2019; SAMHSA, 2024), though traditional cigarette use declined and vaping rose sharply, now accounting for one-third of all nicotine consumption. THC use has also risen nationally. From 2018 to 2023, marijuana use grew from approximately 15.9 percent to 21.8 percent among individuals aged 12 and older (SAMHSA, 2019; 2024). This rise parallels expanded legal access. As of 2024, 38 states allow medical or recreational marijuana sales, with 79 percent of Americans living in a county with at least one dispensary (Chapekis & Shah, 2024). These shifts may increase public health burdens, including mental health, addiction, and injury risks.

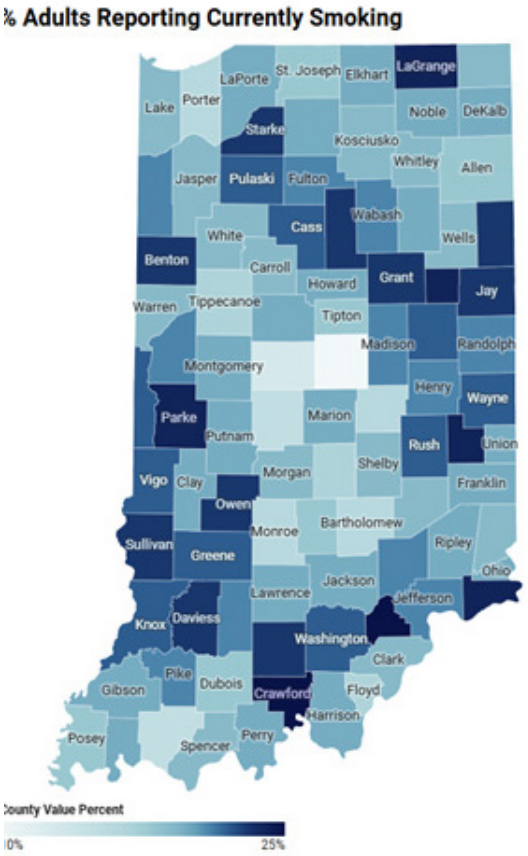
General Consequences of Tobacco, Nicotine, and Vaping

Smoking tobacco is responsible for significant health outcomes, including 87 percent of lung cancer deaths, 32 percent of coronary heart disease deaths, and 79 percent of COPD cases (HHS, 2014). Life expectancy is reduced by 7.3 to 9.1 years for adult smokers; however, cessation before age 55 recovers 3.4 to 8 years (Le et al., 2024). Despite declining smoking rates from 2011 to 2022, tobacco remains a major burden. Adults aged 18–24 saw a 14.3 percent drop in smoking, 25–39-year-olds declined 11.0 percent, and 40–64-year-olds declined 6.0 percent (Meza et al., 2023). Still, smoking imposes $300 billion in annual U.S. costs, including over $225 billion in healthcare and $156 billion in productivity loss (Shrestha et al., 2022). State costs range from $291 million to $16.9 billion (Shrestha et al., 2022). Vaping has been marketed as a safer option, yet contains harmful chemicals. A 2022 toxicology review identified links between e-cigarette use and:

- Pulmonary diseases: lung cancer, alveolar hemorrhage, respiratory failure
- Cardiovascular diseases: hypertension, arterial stiffness, endothelial dysfunction
- Neurological effects: stroke, seizure, disrupted blood-brain barrier
- Oral conditions: gingivitis, tonsillitis, oral mucosal lesions (Esteban-Lopez et al., 2022)

Spending on e-cigarette marketing rose from $6.4 million in 2011 to $115.3 million in 2014, targeting youth and young adults with flavored options (Ali et al., 2023). Public misperceptions persist despite health risks being similar to those of combustible tobacco. Smokeless tobacco, such as chewing tobacco, increases the risk of esophageal, oral, and pharyngeal cancers, stroke, and cardiovascular disease (Gil et al., 2024).

The Analysis of 2024 County Health Rankings data for Indiana demonstrates significant heterogeneity in adult cigarette smoking prevalence across counties (County Health Rankings, 2024). Counties such as Blackford, Crawford, Fayette, LaGrange, Parke, Scott, and Switzerland report adult smoking rates of 24 percent or greater. In counties like Scott, Fayette, and Jennings, rates exceed 25 percent. While both groupings reflect significantly elevated prevalence, different thresholds (≥24% vs. >25%) are used for analytical purposes. These estimates are notably higher than the statewide average of 14.5 percent, and the confidence intervals for these counties do not overlap with the state average, suggesting these differences are statistically significant (County Health Rankings, 2024). These counties are predominantly rural and face a higher burden of social and economic disadvantage, which is consistent with established epidemiologic evidence linking increased smoking prevalence to factors such as poverty, limited access to health care, and lower educational attainment. Conversely, counties including Hamilton (10 percent), Boone (13 percent), Hendricks (15 percent), and Warrick (15 percent) have adult smoking rates significantly below the state average. The upper confidence limits for these counties approach or fall below the state estimate, supporting statistical significance (County Health Rankings, 2024). These counties tend to be more suburban or urban, with stronger public health infrastructure, greater access to preventive health services, and higher socioeconomic status. This spatial analysis highlights the need for geographically targeted public health interventions. Counties with significantly elevated smoking prevalence should be prioritized for enhanced surveillance, increased resource allocation, and comprehensive cessation initiatives. Understanding the contextual and structural determinants underlying these disparities will be essential for developing effective, equity-oriented tobacco control strategies and for reducing the burden of smoking-related morbidity and mortality in Indiana (County Health Rankings, 2024).



Source: County Health Rankings, 2024

General Consequences of THC Use

THC is the most commonly used illicit drug worldwide. While cannabis has some medical benefits, recreational use poses risks. Adverse effects include:

- Respiratory harm, especially with smoked or vaped consumption
- Cardiovascular complications, including arrhythmias and heart disease
- Cannabis use disorder and dependence
- Neuropsychiatric disorders such as anxiety, paranoia, or psychosis (Chandy et al., 2024)

Oral THC (e.g., edibles) poses unique risks due to delayed onset and higher blood concentrations. These forms are associated with psychotic episodes, confusion, and motor impairment (Barrus et al., 2016). Youth are particularly vulnerable. Regular adolescent cannabis use correlates with anxiety, depression, impaired memory, and poor academic outcomes (Hadland & Harris, 2014). Inhaled THC combined with nicotine is common, further compounding health risks (Chandy et al., 2024). Due to its Schedule I classification, research on THC remains limited. Greater funding and regulatory changes are needed to assess long-term consequences.

General Trends of Tobacco, Nicotine, Vaping, and THC Use in the United States

Between 2018 and 2023, the prevalence of tobacco and nicotine use in the United States increased from 21.5 percent (approximately 58.8 million people) to 22.7 percent (approximately 64.4 million people), driven primarily by increases in e-cigarette use (SAMHSA, 2019; 2024). During this period, the number of people who smoked cigarettes fell from 47.0 million to 38.7 million, while 26.6 million individuals reported using nicotine vapes in 2023 (SAMHSA, 2024). Cigar, smokeless tobacco, and pipe tobacco use also declined nationally. Sales of e-cigarettes rose from 15.5 million units per month in January 2020 to 22.7 million per month in December 2022, representing a 46.6 percent increase (Ali et al., 2023). Among adults, e-cigarette use was highest in those aged 18–24 years at 11.0 percent (Ali et al., 2023).

Youth Tobacco and Nicotine Use

Youth data from the National Youth Tobacco Survey (NYTS) indicate that in 2023, 10.0 percent of high school students reported current (past 30-day) e-cigarette use, a decline from 14.1 percent in 2022. In addition, 4.6 percent of middle school students reported current e-cigarette use (FDA, 2023). The majority of youth who use tobacco products reported using flavored, primarily disposable e-cigarettes.

As of 2024, NYTS methodology shifted, and current use of any tobacco product is now the primary indicator. In the 2024 NYTS, 5.8 percent of high school students and 3.4 percent of middle school students reported current use of any tobacco product (FDA, 2024; Brandy, personal communication, 2025). The latest survey confirms that e-cigarettes remain the predominant form of tobacco product used among youth, with flavored disposables the most popular choice. Please note : Caution is warranted when making direct comparisons between years due to changes in NYTS survey wording and product definitions. The 2023 data reflect e-cigarette-specific use, while 2024 data represent use of any tobacco product.

Despite some improvements, youth vaping remains a prevalent risk behavior that influences trajectories of lifelong substance use. Preventing initiation and promoting cessation among youth remain national priorities.

Cannabis use also increased, growing from 43.5 million users in 2018 (15.9 percent) to 61.8 million users in 2023 (21.8 percent), reflecting expanded legal access and shifting social norms (SAMHSA, 2019; 2024). As of February 2024, 38 states allow some form of legal marijuana use, and 24 states permit both medical and recreational marijuana sales. Approximately 79 percent of Americans live in a county with at least one dispensary (Chapekis & Shah, 2024).

Demographic Trends of Tobacco, Nicotine, Vaping, and THC Use in the U.S.

Among adolescents, 74.9 percent report vaping nicotine exclusively (SAMHSA, 2024). Cigarette smoking is highest among adults aged 26 and older (15.5 percent), compared to 10.6 percent (18–25) and 1.3 percent (12–17). Vaping is common among all age groups but peaks among youth.

Tobacco/nicotine use is most prevalent among:

- Ages 18–25: 30.0 percent
- Ages 26+: 23.4 percent
- Ages 12–17: 7.4 percent

By race/ethnicity (ages 12+), tobacco/nicotine use is highest among

- Native Americans/Alaska Natives: 34.0 percent
- Multiracial: 30.6 percent
- Whites: 24.7 percent
- Blacks: 24.2 percent
- Hispanics: 17.9 percent
- Asians: 10.3 percent (SAMHSA, 2024)

Marijuana/THC use by age:

- Ages 18–25: 25.2 percent
- Ages 26+: 15.0 percent
- Ages 12–17: 6.0 percent

By race/ethnicity, marijuana/THC use is highest among:

- Native Americans/Alaska Natives: 25.2 percent
- Multiracial: 24.2 percent
- Blacks: 18.1 percent
- Whites: 16.3 percent
- Hispanics: 12.4 percent
- Asians: 5.8 percent (SAMHSA, 2024)

Demographic Trends of Tobacco, Nicotine, and Vaping Use in Indiana

According to Indiana BRFSS data from 2023,14.5 percent of Indiana adults currently smoke, higher than the national average of 12.1 percent. E-cigarette use among adults in Indiana is 8.1 percent, also higher than the national 7.7 percent, and smokeless tobacco use in Indiana is 3.4 percent (Truth Initiative, 2023).

Youth in Indiana continue to use nicotine at elevated rates, 18.7 percent of Indiana high school students used tobacco in 2021 (versus 10.1 percent nationally in 2024). 4.2 percent of Indiana high schoolers reported current cigarette use (versus 1.4 percent nationally) (Jamal et al., 2024; OSH, 2024). In Indiana, 8.3 percent of youth reported ever using Delta-8 or other THC derivatives (Indiana Department of Health, 2023). Racial and mental health disparities are also present. Non-Hispanic multiracial adults had the highest e-cigarette use at 9.4 percent, followed by Whites (8.5 percent) and Blacks (6.2 percent). Adults reporting frequent poor mental health days showed higher rates of smoking and vaping (Indiana Department of Health, 2023).

Figure 1a compares the prevalence of tobacco and nicotine use between Indiana and the United States across several key indicators. In 2023, the prevalence of current cigarette smoking among adults was higher in Indiana (14.5 percent) compared to the national average (12.1 percent). Similarly, e-cigarette use among Indiana adults exceeded the U.S. average (8.1 percent vs. 7.7 percent). Notably, smokeless tobacco use among adults was 3.4 percent in Indiana, though national data were not available for direct comparison. Among high school students, tobacco use in Indiana (18.7 percent) was substantially higher than the national rate (10.1 percent), and current cigarette use among Indiana high schoolers was three times the national average (4.2 percent vs. 1.4 percent). These findings underscore Indiana's elevated burden of both adult and youth tobacco, and nicotine use relative to national trends, highlighting a continued need for targeted prevention and cessation interventions in the state.

Figure 2

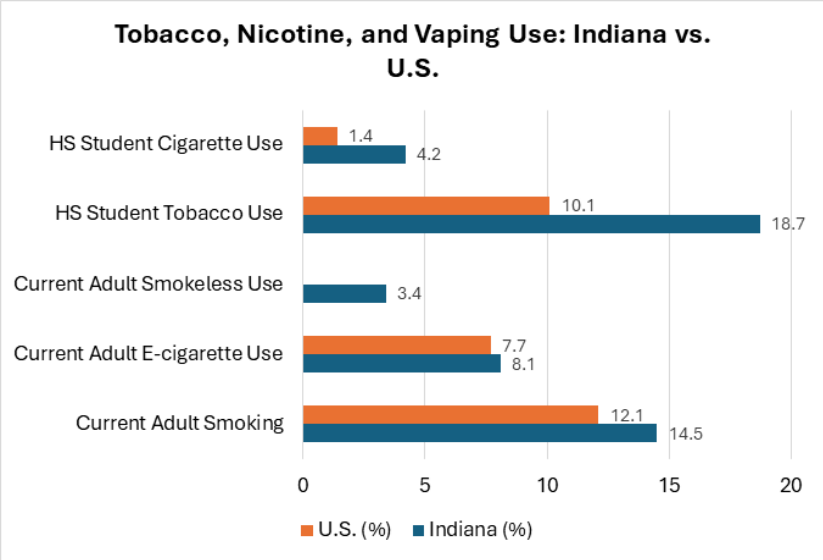
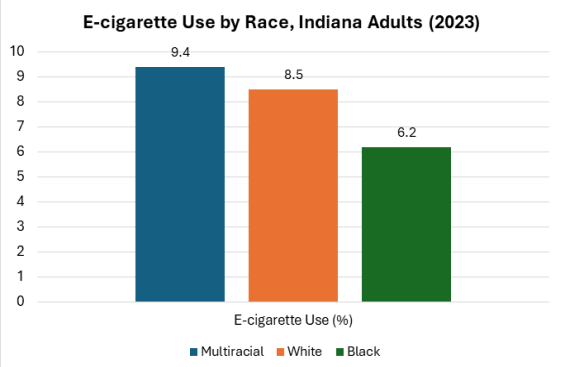


Figure 2, analysis of adult e-cigarette use by race and ethnicity in Indiana reveals marked disparities. Analysis of adult e-cigarette use by race and ethnicity in Indiana reveals marked disparities. In 2023, non-Hispanic multiracial adults reported the highest prevalence of current e-cigarette use at 14.4 percent, followed by White adults at 8.7 percent and Black adults at 7.6 percent (Indiana Department of Health, 2023 BRFSS). These differences may reflect underlying social determinants, targeted marketing practices, or variations in access to cessation resources and public health messaging. The elevated rates among multiracial and White adults indicate the importance of culturally tailored prevention strategies and further research to understand the factors driving these disparities within Indiana's adult population.

Figure 2



REGIONAL TRENDS AND CONSEQUENCES IN INDIANA

The state of Indiana presents a complex and evolving landscape when it comes to the use of tobacco, nicotine, vaping products, and THC derivatives. Though the state has made measurable progress in reducing traditional cigarette smoking, the emergence of new consumption patterns, particularly among youth and in marginalized communities, has introduced new public health, regulatory, and equity challenges. These trends do not impact all counties or populations equally.

This section provides a granular examination of Indiana's regional disparities in use, policy gaps, and associated health burdens. It also incorporates co-occurring social and mental health conditions, focusing on how these substances impact families, schools, communities, and care systems across the state.

Regional Patterns: Tobacco and Nicotine

Indiana is often ranked among the highest states for adult smoking prevalence in the Midwest and nationally. Yet even within Indiana, use rates vary dramatically across counties and regions. In counties like Scott, Fayette, and Jennings, adult smoking prevalence exceeds 25 percent, nearly double the state average of 14.5 percent. Please note, Counties listed on page 4 with rates ≥24% and those listed here with >25% overlap but reflect slight differences in threshold and emphasis. All listed counties remain well above the state average of 14.5%. These counties often have high poverty rates, limited access to healthcare, and under-resourced public health infrastructures. Marion County (home to Indianapolis) reports elevated e-cigarette use among young adults, particularly in zip codes with concentrated college student populations and racial/ethnic diversity. In rural northern and southern counties, including Knox, Orange, and LaGrange, chewing tobacco and snuff use remains disproportionately high among adult males, often tied to cultural norms and under-regulated retail availability.

According to the Indiana BRFSS, counties in Health Districts 3, 9, and 10 (serving Fort Wayne, Evansville, and surrounding areas) consistently report above-average use of both cigarettes and e-cigarettes. Notably, vape shops are more densely located near college campuses and regions with fewer smoke-free ordinances or enforcement mechanisms.

Youth Tobacco and Vaping Use by Region

Youth use of e-cigarettes and nicotine pouches is highest in school districts where:

- There is little enforcement of tobacco-free campus policies
- Parents and staff lack awareness of emerging product types
- Students report high levels of stress, anxiety, or community violence

According to the 2024 Indiana Youth Survey, 11.5% of high school seniors reported current (past 30-day) nicotine vaping, and 6.9% reported marijuana vaping. Notably, 8.2% of 12th graders reported using Delta-8 THC products, a figure that has increased from prior years. Co-use of nicotine and THC among youth is becoming more common, with 7.4% of 10th graders and 6.3% of 9th graders reporting dual use of vape products. These patterns suggest that prevention efforts must target not only tobacco and nicotine but also emerging THC derivatives that are often marketed similarly to legal nicotine products (Indiana Prevention Resource Center, 2024).

Regional Patterns: THC and Delta Derivatives

THC use, particularly Delta-8, Delta-10, and high-potency Delta-9 THC products, has grown dramatically across Indiana since 2020. The rise in these substances is directly linked to:

- Legal cannabis availability in nearby states (e.g., Illinois, Michigan)
- Loopholes in the 2018 Farm Bill that allow unregulated Delta-8/10 THC sales
- Weak enforcement of labeling, testing, and age-restriction requirements

In southeastern Indiana counties bordering Ohio and Kentucky (e.g., Dearborn, Switzerland), law enforcement officials report an influx of out-of-state Delta-8 products in gas stations and small-town smoke shops. These areas often lack proactive compliance monitoring from local health departments. Meanwhile, suburban counties like Hamilton, Hendricks, and Boone report increasing emergency department visits tied to THC edibles and vape cartridges, primarily in adolescents who underestimated potency or mixed THC with alcohol or Adderall.

Across Indiana, tobacco, nicotine, and THC use are intersecting with key public systems and creating several downstream consequences such as in education, juvenile justice, healthcare, child welfare, and workforce systems.

- Education: Teacher's report feeling unprepared to respond to students caught with vapes or THC products. Many school staff lack training in harm reduction or trauma-informed responses (Indiana State Department of Health, 2023; Truth Initiative, 2023).
- Juvenile justice: Youth caught with Delta-8 or vaping devices face unclear disciplinary protocols. Some are diverted to family court; others are suspended or expelled, rarely receiving mental health assessments or behavioral support (Indiana Department of Health, 2023).
- Healthcare: Emergency room physicians report THC-related visits among teens rising each year, with symptoms including vomiting, panic attacks, and psychosis. Most hospitals lack follow-up mechanisms to connect youth to care (Chandy et al., 2023).

These cross-sector burdens are not isolated; they interact, amplify risk, and lead to compounding costs for Indiana's families and state systems. The public health consequences of tobacco, nicotine, and THC use in Indiana are widespread, especially among youth, rural populations, and communities facing socioeconomic hardship. The widespread use of nicotine, tobacco, and THC products across Indiana, especially in youth, rural populations, and communities facing socioeconomic hardship, continues to strain local health systems and deepen preventable health inequities.

IMPACT ON POPULATION HEALTH OUTCOMES

Tobacco, Nicotine, THC, and Delta Derivatives

Tobacco use remains a major driver of premature death in Indiana. Smoking contributes to over 11,000 deaths annually in the state, mostly from heart disease, stroke, lung cancer, and chronic respiratory conditions (NCI, 2024). Communities with high adult smoking rates also see disproportionate rates of:

- Infant mortality
- Preterm birth
- Asthma-related ER visits
- Medicaid dependence on smoking-related chronic disease care

While adult cigarette use is declining in many regions, vaping is filling the gap, especially among young adults. In 2023, Indiana reported the highest adult e-cigarette use in the Midwest (8.1 percent), surpassing the national rate (Truth Initiative, 2023). Many users report dual use of cigarettes and vaporizers; a practice associated with higher nicotine dependence and prolonged cessation difficulty. Vaping has also emerged as a leading cause of teen respiratory illness. School nurses in multiple counties have reported incidents of nicotine poisoning, mouth ulcers, and severe coughing tied to high-powered vape devices, often bought from unregulated online stores or local vendors skirting ID checks.

While cannabis remains federally illegal and is fully prohibited in Indiana for both medical and recreational use, THC use continues to rise through edibles, vape cartridges, and increasingly, Delta-8 THC, a psychoactive substance derived from hemp but chemically altered to mimic marijuana's effects. Delta-8 and related THC isomers are not regulated by the FDA and often contain contaminants, excessive dosages, or mislabeled potency levels. In 2022–2023, Indiana poison control centers began reporting calls for accidental ingestion of THC gummies by toddlers, panic attacks in adolescents, and heart arrhythmias in young adults. These incidents primarily occurred in suburban and rural counties with few local prevention programs or health literacy outreach.

Mental Health and Trauma Consequences

Across Indiana, youth and young adults who use nicotine or THC products are more likely to report:

- Chronic anxiety, depression, and sleep disturbances
- Bullying and peer rejection
- Suicidal ideation or attempts
- School disengagement and failing grades

Data from the 2024 Youth Risk Behavior Survey and the Indiana Department of Health show a sharp correlation between past 30-day vaping and reports of 4+ days of poor mental health per week. In interviews conducted during juvenile diversion programming, participants frequently cited substance use as a coping mechanism for violence exposure, parental conflict, or unaddressed mental health disorders. Mental health professionals across the state warn that for youth with PTSD, ADHD, or bipolar disorder, cannabis and nicotine use can worsen mood instability, disrupt sleep cycles, and impair medication adherence. Yet few community health centers or schools are equipped with dedicated prevention counselors or trauma-informed cessation specialists.

POLICY GAPS AND SYSTEMIC BARRIERS

Current state-level policy frameworks do not adequately address the evolving nature of substance use in Indiana. Gaps include:

- No uniform statewide guidance on Delta-8/Delta-10 legality, enforcement, or retail compliance

- Limited funding for local health departments to conduct compliance checks on vape/THC vendors
- Lack of integration between school-based disciplinary actions and public health interventions (for example, no requirement to refer suspended students to counseling or cessation services)
- No centralized data-sharing between juvenile justice, child welfare, and school systems for coordinated case management related to substance use
- Minimal inclusion of substance co-use (nicotine plus THC) in public data dashboards, limiting trend visibility

In addition, Indiana remains one of the lowest-ranking states in terms of tobacco prevention spending per CDC recommendations, allocating less than 20 percent of suggested funding levels as of 2023 (Truth Initiative, 2023). This underinvestment limits the ability of counties to create sustainable, community-led prevention ecosystems.

Enforcement systems often focus on punishment rather than rehabilitation. Youth caught with vape pens or THC gummies may face in-school suspensions or even legal charges without being screened for trauma, depression, or underlying health needs. Parents in low-income counties often have few options for seeking treatment, guidance, or youth-focused cessation services. Delta-8 THC occupies a regulatory blind spot in Indiana. Although the Attorney General declared it a Schedule I controlled substance in 2023, this opinion has not yet been codified into statute. As a result:

- Law enforcement response varies widely by jurisdiction
- Retailers continue to legally sell these products without clear packaging or dosage regulation
- Youth can access Delta-8 in retail environments not required to check ID under tobacco or marijuana laws

Substance use patterns across Indiana are deeply influenced by social determinants of health. Communities with high housing insecurity, limited access to pediatric or behavioral health care, low literacy and health literacy rates, and concentrated poverty and systemic disinvestment are more likely to experience elevated youth vaping and THC exposure (CDC, 2022; Indiana Department of Health, 2023; Lee et al., 2024).

RECOMMENDATIONS

The following recommendations are structured by system, each with immediate action steps, long-term structural reforms, and guiding principles grounded in equity, trauma-informed practice, and public health.

Public Health And Local Health Departments

A. Invest in Regional Prevention Hubs

- Establish regional centers that coordinate school, healthcare, and community-based prevention efforts.
- Co-locate services such as mental health screenings, quit support, and harm reduction education.
- Prioritize counties with high youth vaping, high Delta-8 sales, or known policy enforcement gaps.

B. Launch a Delta-8 Risk Awareness Campaign

- Develop a uniform public education initiative explaining Delta-8's legal ambiguity, health risks, and how it differs from cannabis.
- Include messaging in English, Spanish, and Haitian Creole; partner with trusted local messengers (faith leaders, barbers, youth mentors).

C. Expand Surveillance and Data Reporting

- Mandate annual reporting on e-cigarette, THC derivative, and co-use trends at the county level.
- Build public dashboards showing youth substance use alongside social determinants and school discipline data.

K–12 Schools And Youth Programs

A. Embed Prevention into the School Climate Framework

- Integrate evidence-based SEL (social-emotional learning) with substance use prevention to reduce stigma and increase connection.
- Offer school-wide activities during Red Ribbon Week, National Quit Week, and Mental Health Awareness Month.

B. Replace Zero-Tolerance with Supportive Alternatives

- End punitive-only policies for vape/THC possession. Replace with restorative conversations, screening, and parent engagement.
- Implement a second chance pathway that refers students to brief intervention or counseling before discipline.

C. Train Staff in Identification and Response

- Provide annual in-service training for teachers, administrators, and classified staff on identifying youth use, engaging with empathy, and knowing referral pathways.
- Establish youth advisory boards or "prevention ambassadors" to design local campaigns, advise administrators, and shift peer norms.

State Policy And Regulation

A. Codify Delta-8 THC Legal Status

- Pass legislation that either bans Delta-8 sales or regulates them with age restrictions, manufacturing standards, and warning labels.
- Close loopholes that allow these products to be sold in convenience stores without oversight.

B. Strengthen Tobacco, THC Retail Licensing, Tax Nicotine and THC Analogues

- Require licenses for all retailers selling Delta-8, THC pouches, and synthetic cannabinoids.
- Increase compliance check funding, particularly for rural counties with vape shop growth.
- Introduce excise taxes on Delta-8 and synthetic THC products and reinvest revenue into youth mental health, trauma prevention, and family support services.
- Allocate funding to train and deploy cessation navigators into schools, federally qualified health centers (community health clinics that provide primary care), often to underserved populations, and juvenile courts.
- Ensure that cessation for youth includes both nicotine and cannabis options, and accounts for co-occurring anxiety or trauma.

Behavioral Health And Primary Care

A. Universal Screening and Brief Intervention

- Require Medicaid and commercial plans to reimburse SBIRT (Screening, Brief Intervention, and Referral to Treatment) for tobacco, vaping, and cannabis.
- Equip primary care providers, school-based health centers, and EDs with tools to assess and refer adolescents.

B. Embed Recovery Support into Pediatric Systems

- Fund peer support specialists in pediatric settings to follow up with youth post-hospitalization for THC or nicotine-related illness.
- Incorporate family therapy when adolescent use is linked to trauma, loss, or intergenerational substance use.
- Develop a Workforce for Adolescent Cessation
- Establish a statewide certification for youth cessation specialists, combining mental health first aid, trauma-informed care, and culturally responsive practice.

Justice And Child Welfare Systems

A. Create an Integrated Youth Case Review System

- Coordinate case data among courts, schools, and child welfare agencies to identify youth with multiple touchpoints and offer wraparound services.
- Divert First-Time Substance Offenses
- Implement pre-arrest diversion programs for youth caught with THC or vape products, offering education, counseling, and family support instead of adjudication.

B. Ensure Equity in Response

- Train Juvenile Justice Staff on Substance Trends
- Educate probation officers and youth detention staff on the differences between nicotine, cannabis, and synthetic cannabinoids, including mental health impacts.
- Require public reporting of school and juvenile system response by race/ethnicity and product type to monitor for discipline disparities.

Guiding Frameworks for Implementation

- Vision Zero for Substance Harm: Adapt principles from traffic safety's Vision Zero framework: no preventable harm is acceptable. Shift from reactive punishment to proactive system design.
- Equity First: Use disaggregated data to identify the most impacted and/or underserved populations. Involve community leaders, tribal representatives, and youth in planning processes.
- Interagency Coordination: Establish a standing Substance Use Prevention Cabinet across IDOH, DOE, FSSA, and juvenile courts to align goals and share progress.
- Sustainability: Avoid short-term grants. Dedicate ongoing funding from state general revenue or dedicated taxes to maintain workforce, prevention materials, and program infrastructure.

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This report was funded by the Indiana Division of Mental Health and Addiction (DMHA). The views expressed here do not necessarily reflect the views of the DMHA

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