

Indiana Adult Tobacco Survey Summary of Findings

July 2024



Tobacco Prevention
and Cessation



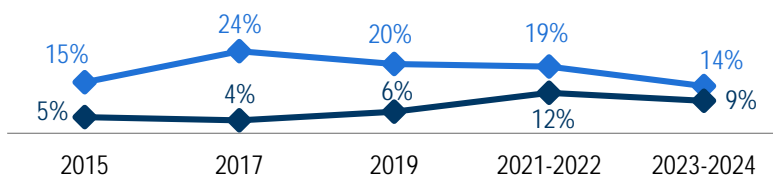
Professional
Data Analysts

Current tobacco use

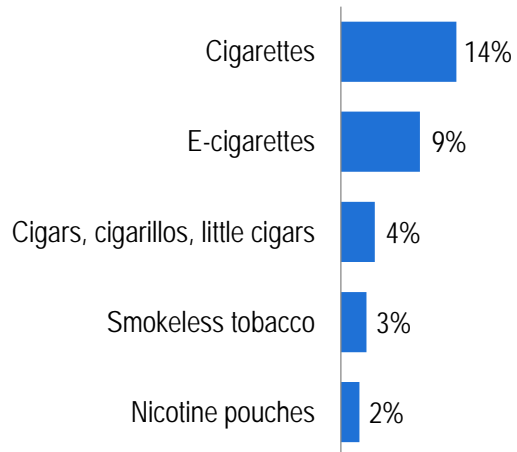
Combustible cigarettes remain the most used tobacco product, though use continues to decline.

Nearly 1 in 4 (24%) Indiana adults currently use tobacco. Combustible cigarettes are the most used tobacco product, followed by e-cigarettes. Cigarette use has gradually declined among Indiana adults since 2017. E-cigarette use increased steadily from 2017 to 2021-2022 and has remained relatively constant since then.

Current use of **cigarettes** and **e-cigarettes** among Indiana adults



Current use of tobacco products among Indiana adults



Current use estimates for heat-not-burn products, pipes, and hookah were suppressed. See page 6 for suppression criteria.

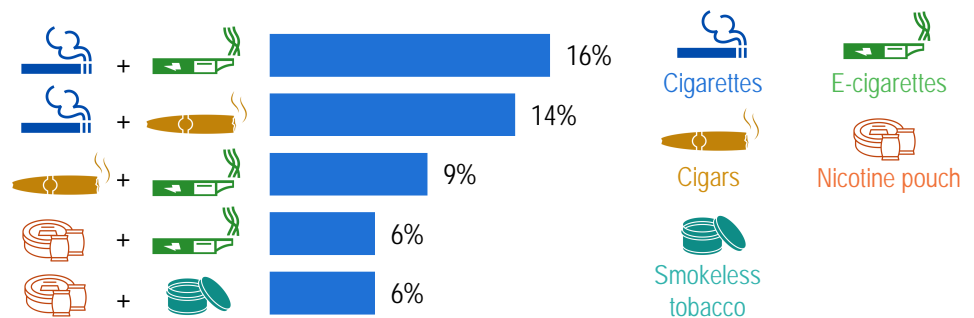


33% of adults who currently use e-cigarettes are using them to quit other tobacco products.

Among adults who currently use tobacco, 31% use multiple products.

The top five most frequent combinations of tobacco products are shown in the chart to the right. These combinations reflect the tobacco use of approximately half (51%) of adults who use multiple products.

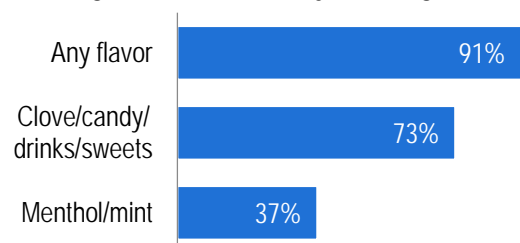
Top 5 combinations of tobacco products among adults who use multiple products



Use of flavored products is common, especially for e-cigarettes.

Flavoring in tobacco products masks the taste and harshness of tobacco and increases the risk of initiation of tobacco use among youth and young adults.¹ Among adults who currently smoke, 30% reported they usually smoke menthol flavored cigarettes. Flavored product use is even more common among adults who use e-cigarettes and cigars: 91% of adults who use e-cigarettes and 70% of adults who use cigars have used a flavored product within the past 30 days.

Flavored product use in the past 30 days among those who currently use e-cigarettes

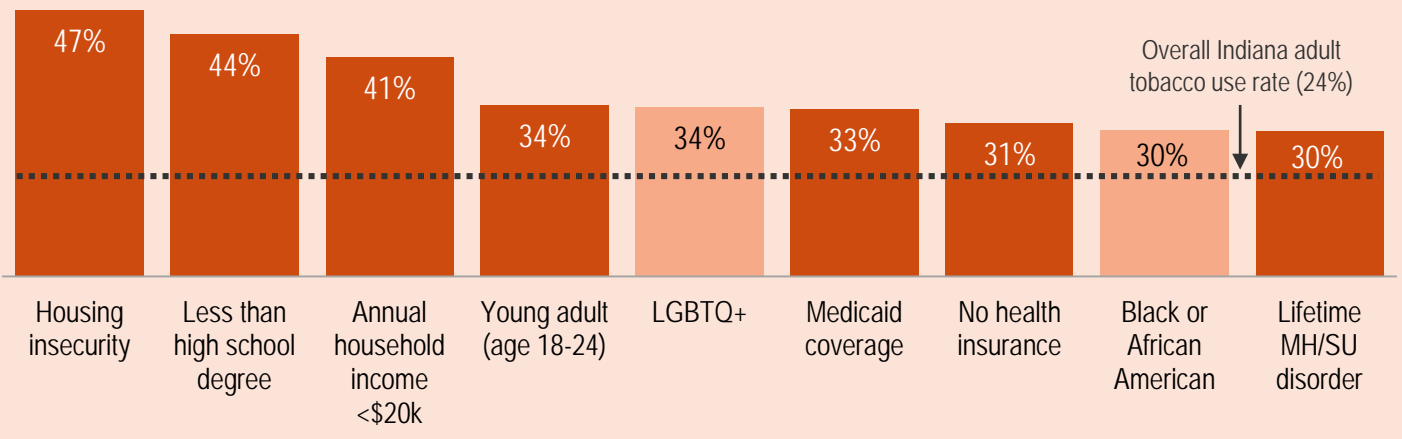


Disparities in who is impacted by tobacco

Although tobacco use has declined among Indiana adults, certain populations are still disproportionately impacted by tobacco.

The tobacco industry advertises, discounts, and displays tobacco products in some communities more than others.² Historically, they have disproportionately targeted people of color and the LGBTQ+ community, among others, with tailored ads and flavored products. At the same time, societal stressors like discrimination, living in poverty, and stressful life events can make it more likely a person will start using tobacco and make it harder to quit. The resulting disparities in tobacco use and burden of tobacco-related diseases prevent some Hoosiers from having the opportunity to be as healthy as possible. The chart below shows tobacco use rates among some groups that are disproportionately targeted by the tobacco industry.

Rates of adult tobacco use in Indiana among groups targeted by the tobacco industry.



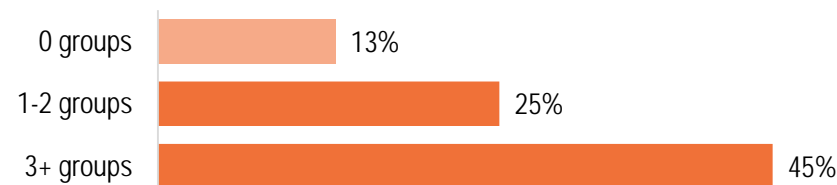
Dark orange bars indicate groups of adults that have significantly higher tobacco use rates than their counterparts (e.g., adults who have experienced housing insecurity use tobacco at a significantly higher rate than adults who have not). Some specifications are noted below.

- Adults without a high school degree vs. those who attended some college or more.
- Adults with annual household incomes of <\$20,000 vs. \$70,000+ (18% of respondents said "don't know" or refused to provide income).
- Young adults ages 18-24 vs. those ages 65+.
- Adults enrolled in Medicaid or without health insurance vs. those with employer-based insurance or Medicare.

Housing insecurity: Inability to pay mortgage, rent, or utility bills at some point in the past 12 months.
 Lifetime MH/SU disorder: Told by a health professional that they have a mental health or substance use disorder at any point in their life.

We know these identities don't exist in isolation. Individuals who use tobacco can fall into more than one of these categories (e.g., a young adult who identifies as LGBTQ+ and has Medicaid coverage).

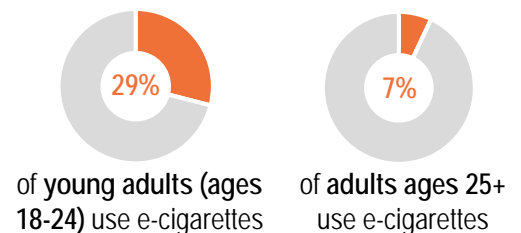
Tobacco use increases significantly when adults are members of one or more groups targeted by the tobacco industry



The differences between each of these groups are statistically significant.

45% of adults who fall into any combination of three or more groups listed in the chart above use tobacco, compared to only 13% of those who don't fall into any of these groups.

The charts above examine trends in tobacco use overall, but disparities also exist for specific nicotine and tobacco products. Young adults (ages 18-24) use e-cigarettes at a significantly higher rate than adults who are 25 years old or older.



Tobacco cessation

Indiana adults who use tobacco are trying to quit, and many are using proven supports to help them.

More than one third of Indiana adults who currently use cigarettes, e-cigarettes, or other tobacco products tried to quit in the past year. Among those who tried to quit smoking or using other tobacco products (excluding e-cigarettes) in the past year, 36% used nicotine replacement or prescription medications; 12% used a Quitline, counseling from a healthcare professional, or a class to help them during their most recent quit attempt.

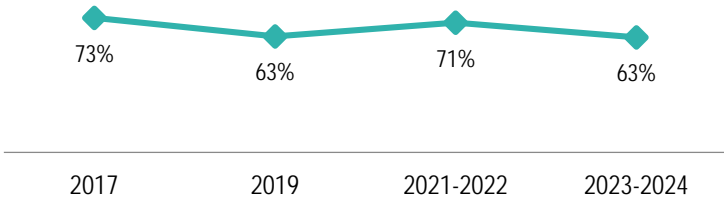
Despite relatively low use of counseling, awareness of the Indiana Tobacco Quitline (ITQL) remains high among adults who currently use tobacco.

Brief interventions by health care providers can help motivate adults who use tobacco to quit and connect them to effective treatment.

Percent of adults who tried to quit in the past year among those who currently use...



Percent of adults who are aware of the ITQL among those who currently use tobacco



80% of adults who use tobacco saw a health professional in the past year.



60% of adults who use tobacco and saw a health professional were advised to quit.

Secondhand smoke and aerosol

Most Indiana adults live in homes that are smoke-free.

Tobacco smoke contains harmful chemicals and metals, some of which are toxic or carcinogenic. Limiting secondhand smoke exposure is critical in preserving health and preventing lung disease. Though nearly 90% of adults live in homes where smoking indoors is never allowed, 18% live with another adult who smokes (cigarettes, cigars, pipes, or hookah). Even with smoke-free indoor rules, these individuals are still at risk of being exposed to secondhand smoke that enters the home when others are smoking outside.



86% of all Indiana adults live in smoke-free homes.



8% of all Indiana adults were exposed to secondhand smoke at home in the past 7 days

Some adults are exposed to secondhand smoke at home more than others. Adults who currently smoke are less likely to live in smoke-free homes than those who don't (59% versus 90%) and are more likely to be exposed to secondhand smoke in their homes (23% versus 5%).

Some populations that are unfairly targeted by the tobacco industry are also disproportionately impacted by secondhand smoke at home. Indiana adults who don't have a college degree, have an annual household income of less than \$40,000, and those who are Black or African American* are less likely to live in smoke-free homes and are 2 to 3 times as likely to be exposed to secondhand smoke at home.

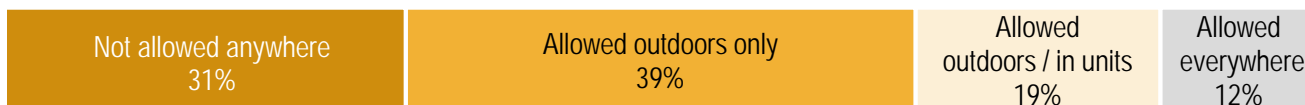
*Compared to adults who are white. Data for other racial groups were suppressed. See page 6 for suppression criteria.

Secondhand smoke and aerosol

1 in 7 residents who live in multiunit housing are regularly exposed to secondhand smoke; most residents favor smoke-free indoor environments.

Residents who live in multiunit housing (MUH) such as apartment buildings, townhomes, and condominiums can be exposed to secondhand smoke that enters common areas and private residences from somewhere else in the building. Secondhand smoke can travel through ventilation ducts, gaps in walls and pipes, as well as open doorways and windows. Among Indiana adults who live in MUH, 14% are regularly exposed to secondhand smoke that enters their home from somewhere else in the building. Smoke-free buildings can help reduce harmful secondhand smoke exposure. Most adults who live in MUH want smoking to be allowed outside only or banned completely.

A majority (70%) of Indiana adults living in MUH want smoking banned completely or confined to the outdoors



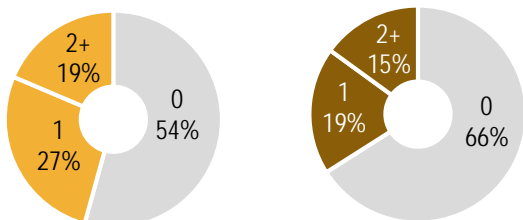
Most indoor work settings are smoke-free.

Most (94%) Indiana adults who primarily work indoors report working in places that do not allow smoking in any indoor areas. In the past 7 days, 4% of indoor workers were exposed to secondhand smoke while indoors at work, and 4% were exposed to e-cigarette aerosol while indoors at work.

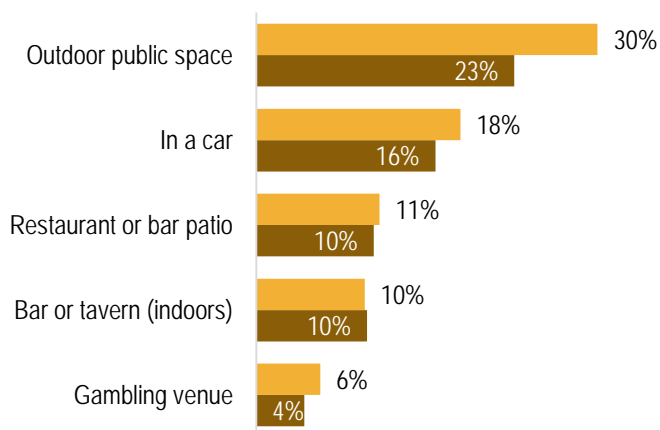
Community exposure to secondhand smoke and aerosol is common.

Nearly half (46%) of adults were exposed to secondhand smoke in a community setting (i.e., besides at home or work) in the past 7 days, and one third (34%) were exposed to secondhand aerosol from e-cigarettes or vaping devices in the community.

Percent exposed to **secondhand smoke** and **aerosol** in 0, 1, or 2+ community locations



Places in the community where people were exposed to **secondhand smoke** and **aerosol** in the past seven days



The most common place for secondhand smoke or aerosol exposure in the community was in an outdoor public place like a park, stadium, bus stop, outdoor shopping center, or building entrance.

Most Indiana adults favor the smoke-free air law.

Most Indiana adults want smoking banned or limited in public indoor spaces. Overall, 85% of adults are in favor of Indiana's smoke-free air law, which prohibits smoking inside most public places including workplaces, public buildings, offices, restaurants, and bowling alleys. Most people also support smoke-free indoor environments or restricting smoking to certain places or times in workplaces (98%) and restaurants (98%) as well as bars, casinos, and clubs (92%).



85% favor Indiana's smoke-free air law

Cannabis

About 1 in 8 Indiana adults currently use cannabis.

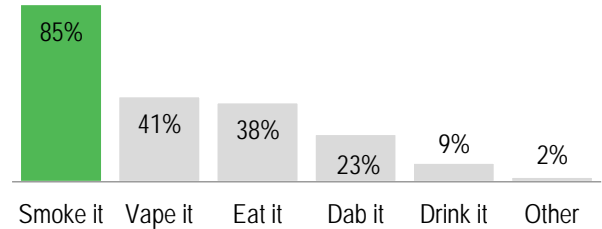
Smoking is the most common method of cannabis use, but many adults who currently use cannabis consume it in multiple ways.



55% of adults have tried cannabis

12% of adults currently use cannabis

Smoking is the most common method of cannabis use



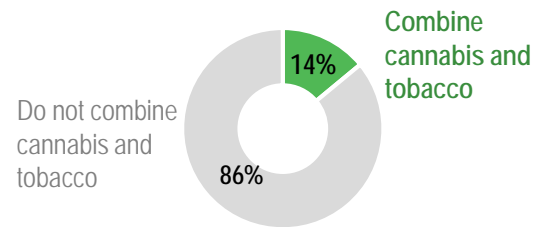
Co-use of cannabis and tobacco is common.



61% of adults who use cannabis also use tobacco

Among adults who currently smoke or vape cannabis, 14% have mixed tobacco in with their cannabis in the past 30 days.

Some adults who currently use cannabis mix in tobacco to use at the same time



3 in 4 Indiana adults believe frequent cannabis use poses some risk to health, but opinions are mixed.

While most (76%) believe frequent use risks harming health to some extent, 24% are unsure or believe there is no risk of harm with cannabis use.

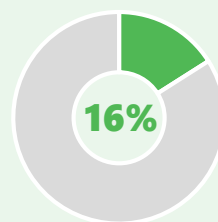
Opinions regarding the risk that daily or near daily use of cannabis poses to the average adult's health



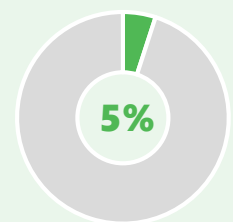
*DK = Don't know/not sure

About 1 in 6 Indiana adults have tried delta-8, -9, or -10 products.

Delta-9 tetrahydrocannabinol (THC) is the main psychoactive compound that produces the "high" associated with cannabis. In Indiana, it is illegal to sell or consume products with a concentration of THC greater than 0.3%. Delta-8, delta-9, and delta-10 THC products purport to contain less than 0.3% THC, but these claims are not closely regulated. Due to the legal loophole and widespread availability, delta products have quickly gained popularity among Indiana adults.



adults who **have tried** delta products



adults who **currently use** delta products

Additional information

About the survey

The Indiana Adult Tobacco Survey (IN ATS) is the most comprehensive source of data on adult tobacco use and attitudes in the state. Indiana Tobacco Prevention and Cessation (TPC) first administered the IN ATS in 2002 and has administered it biennially since 2013 to monitor tobacco trends among adults in Indiana. This report summarizes key results from the 2023-2024 IN ATS.

IN ATS survey methods

TPC and Professional Data Analysts (PDA) worked collaboratively to develop the 2023-2024 IN ATS questionnaire. The final questionnaire contained sections on cigarette smoking and other tobacco use (including e-cigarettes and emerging products), cannabis use and exposure, Quitline awareness, cessation attempts and intentions to quit, health care provider interventions, health insurance coverage, secondhand smoke and aerosol exposure, smoking policies in the home and workplace, media awareness, tobacco industry marketing, attitudes and beliefs about smoking and policy, and demographics. The questionnaire was available in English and Spanish.

The survey was conducted by phone between November 2023 and January 2024. A representative sample was purchased from a consumer research group. Of the 2,000 Indiana adults who participated, 600 were reached on a landline phone and 1,400 were reached on a cell phone. The data are weighted to be representative of the adult population of Indiana. Unless otherwise noted, estimates exclude don't know and refused responses. Data was suppressed if the number of observations in the denominator was less than 50 or if the relative standard error of the estimate was greater than 0.3. Statistical significance used overlapping 95% confidence intervals.

References

1. Villanti, AC et al. (2019). Association of flavored tobacco use with tobacco initiation and subsequent use among US youth and adults, 2013-2015. *JAMA Network Open*. 2019;2(10):e1913804. doi:10.1001/jamanetworkopen.2019.13804. Accessed 7/28/2022.
2. ChangeLab Solutions, & FrameWorks Institute. (2021). Pointing Out Inequity: Curated talking points on tobacco-related health disparities. www.changelabsolutions.org/sites/default/files/2022-03/Pointing-Out-Inequity-Curated-Talking-Points-on-Tobacco-Related-Health-Disparities_FINAL_20220310A.pdf.