



State of Wisconsin
Department of Health Services

Scott Walker, Governor
Kitty Rhoades, Secretary

May 20, 2016

Jeffrey Renk
Senate Chief Clerk & Director of Operations
Room B20 Southeast
Madison, Wisconsin 53702

Patrick E. Fuller
Assembly Chief Clerk
12 West Main Street, Room 401
Madison, Wisconsin 53703

Dear Mr. Renk and Mr. Fuller:

The Department of Health Services (DHS) is pleased to submit the 2015 annual report to the Governor and the Legislature on tobacco use in Wisconsin. The report is required by 2003 Wis. Act 33, SB 44, § 2462, 255.15 (4).

Tobacco contributes to the deaths of nearly 8,000 Wisconsin citizens every year and costs an estimated \$4.6 billion in annual health care costs (\$3.0 billion) and lost worker productivity (\$1.62 billion). The DHS Tobacco Prevention and Control Program (TPCP) is responsible for providing leadership, facilitating diverse partnerships around the state, and managing funding and prevention program activities. The TPCP continues to invest in evidence-based strategies within a comprehensive effort to effectively reduce tobacco use and exposure.

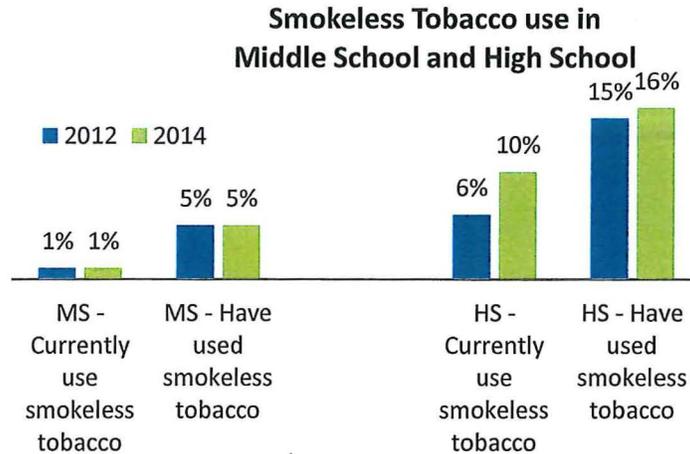
Wisconsin continued its success during 2015 in preventing youth/young adult tobacco use and promoting tobacco addiction treatment, eliminating tobacco-related disparities, and eliminating exposure to secondhand smoke. Highlights and ongoing challenges include:

Youth/Young Adults

- Middle school students who are identified as current cigarette smokers have declined from 12% in 2000 to 1.6% in 2014, an 87% change.¹
- High school students who identified themselves as current cigarette smokers have declined from 32.9% in 2000 to 10.7% in 2014, a 74% change.²
- Youth access to tobacco products has declined substantially from 24.6% of establishments selling to youths in 2000 to 6.8% selling to youth in 2015, a 72% change.³
- Spark, a TPCP-funded program, offers young adults a platform and an opportunity to be involved with and have a voice on their campus. Since Spark's inception in 2011, the program has worked with 24 colleges throughout Wisconsin. Spark groups have provided information on the harms of secondhand smoke and Other Tobacco Products (OTP) and the importance of tobacco-free campuses. Because of Spark's efforts, 12 campuses have

gone tobacco-free and additional campuses are working toward or implementing tobacco-free policies.

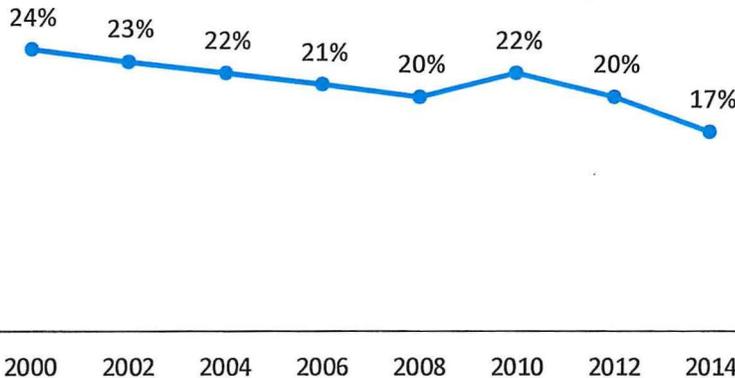
- In 2014, 7% of middle school students and 29% of high school students tried cigars, cigarillos, or little cigars.^{1,2}
- E-cigarette use was reported by middle (1%) and high school (8%) students in 2014.^{1,2}
- In 2014, youth use of smokeless tobacco increased for both middle school and high school students for current and past use.^{1,2}



Adults

In 2014, the cigarette smoking rate among Wisconsin adults was 17%.⁴ Weighting of the data changed in 2009-2013 and it cannot be compared to trend data from 2000-2008. For the first time in 2009, cell phone responses were added to the survey methodology along with landline phone responses in order to obtain a better representative population sample. Past surveys were collected via landline phones only. The new methodology used to calculate the prevalence rates does a better job of reflecting the characteristics of the state's population.

Wisconsin: Adult Smoking Prevalence



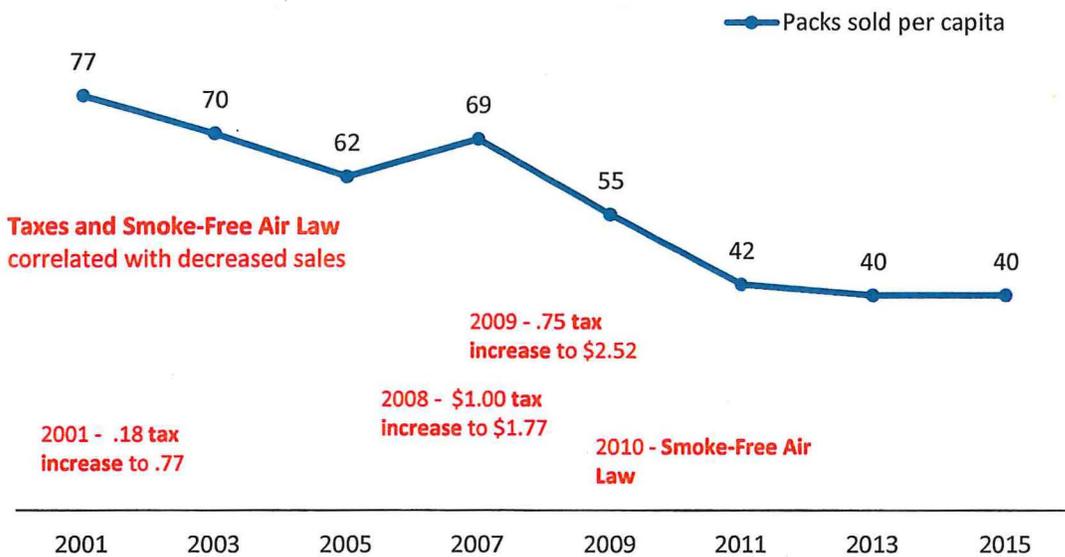
Note: Weighting of the data changed in 2009-2014, which affected the rates and does not allow comparison to trend data from 2000-2008.

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Per capita consumption has declined from 77 packs sold in 2001 to 40 packs sold in 2015.⁵

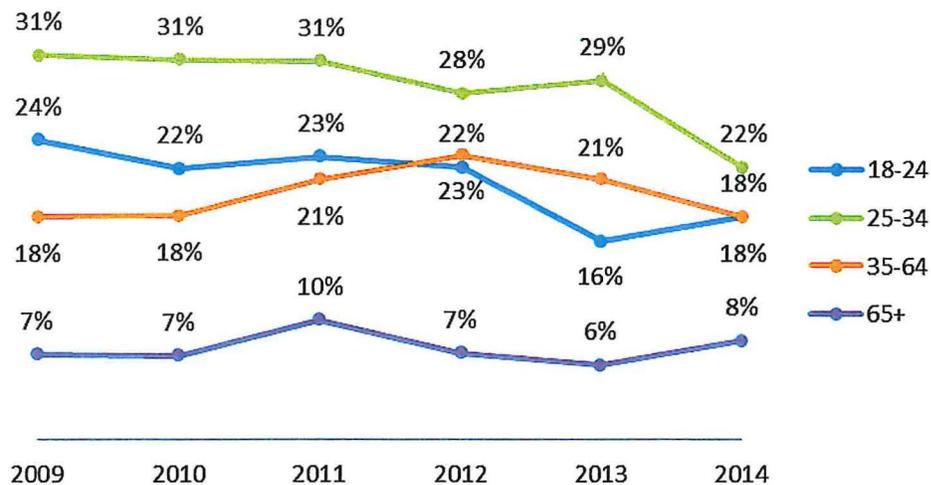
Packs of Cigarettes Sold Per Capita Have Decreased Over Time



In 2014, 18-24-year-olds had a smoking rate of 15%; ages 25-34, 27%; ages 35-64, 20%; and 65+ years of age, 6%.⁴ As previously stated, because weighting of the data changed in 2009-2014, the recent trend cannot be compared to trend data from 2000-2008.

The following table depicts cigarette smoking by age from 2009-2014.

Smoking Prevalence by Age



Each year, 6,678 Wisconsin residents die from smoking related illnesses, with an additional 678 deaths of non-smokers indirectly related to secondhand smoke.⁶

Treating Tobacco Dependence

- The Wisconsin Tobacco Quit Line (1-800-Quit-Now) received 23,161 calls in 2015. Total registered callers was 10,755. Total registered tobacco users was 10,234. Callers that are trying to quit receive a two-week supply of no-cost nicotine replacement therapy (NRT) and free counseling. The University of Wisconsin Center for Tobacco Research and Intervention (UW-CTRI) coordinates the program with funding and administrative support from TPCP.⁷
- Since 2001, First Breath, a program of the Wisconsin Women's Health Foundation, has helped more than 17,000 pregnant women who want to quit smoking. Last year, over 1,250 women enrolled in First Breath. Upon completion of the program, 35% of women quit smoking and an additional 48% reduced their tobacco use by the end of their third trimester. First Breath is offered at 158 sites in 64 Wisconsin counties.⁸
- Through collaborations with UW-CTRI, Alere Wellbeing (the largest Quit Line vendor in the nation), and Epic (the largest electronic health records [HER] vendor in the country), eReferral 2.0 was created to use EHRs to refer patients to the Wisconsin Tobacco Quit Line (QL). This latest iteration, eReferral 2.0, is web-based and uses HL7, the EHR industry standard for specifications, protocols, and interoperability. These standards are particularly important to QL eReferral as the patient data are being sent to a provider (the QL) outside the healthcare system and EHR ecosystem in real time. In addition, QL service data are electronically and securely sent back to the referred patient's EHR, showing counseling engagement (e.g., the outcome of a referral to a specialist) and medications sent to the patient by the QL (i.e., the patient's medication list, with a start and end date).

Secondhand Smoke Exposure

- Exposure to second-hand smoke continues to be high in homes for middle school (28%) and high school (20%) students.^{1,2}
- TPCP provided technical assistance support and funding to the Clear Gains Network, Wisconsin's smoke-free housing initiative.

Cigarette Smoking Among Medicaid Beneficiaries

- The smoking rate for Wisconsin Medicaid members is about 36%.⁴
- TPCP is working with the DHS Division of Health Care Access and Accountability to help Medicaid beneficiaries quit smoking. Wisconsin will be able to claim a 50% federal administrative match rate from the Centers for Medicare & Medicaid Services (CMS) for tobacco quit line services when a proposal is approved by CMS.

Looking Ahead

Research indicates that there are many populations that are disproportionately impacted by the burden of tobacco and TPCP plans to take a more dedicated and focused approach on addressing the unique needs of these populations. Two such efforts are highlighted below. TPCP will continue to dedicate time and resources to these efforts as we believe this will have a significant impact on the burden of tobacco in Wisconsin.

- Wisconsin Integration Nicotine Tobacco Initiative Program (WiNTiP) works with behavioral health providers to help their patients and staff quit. Increasing the reach of WiNTiP will allow us to reach individuals with behavioral health struggles (mental illness and or substance abuse), a population whose smoking rates are at 50%, which is

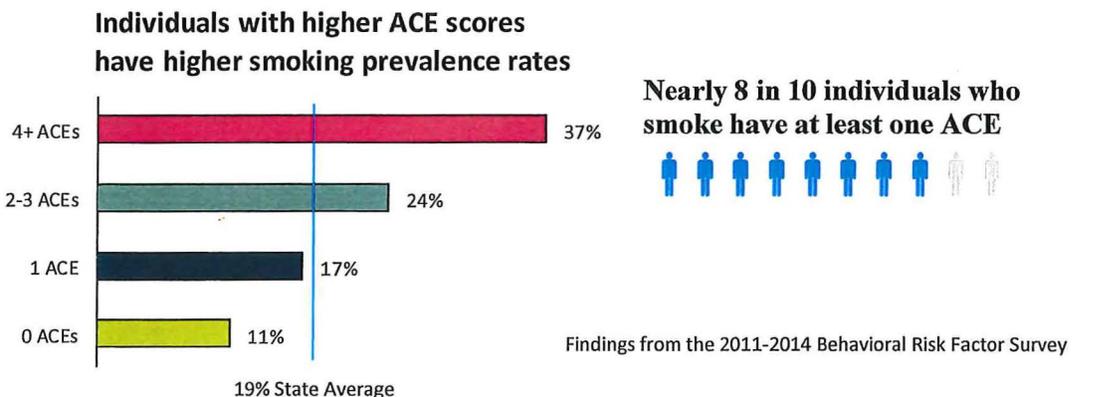
nearly three times that of the general population. This would also allow us to better reach behavioral health care providers, who also have high smoking prevalence rates (30-35%), which is twice as high as that of the general population.⁹ WiNTiP has had great success in educating mental health/AODA clinicians on the importance of addressing tobacco dependence and how to treat it. In the past year, WiNTiP completed a statewide survey of behavioral health treatment programs to measure their current level of integrating both tobacco policy and providing tobacco dependence treatment into their clinical operations. The typical treatment program complies with 40% of the integration standards, but many complied with 20% or fewer of the standards. This indicates an ongoing need for better integration.

This past year, the most commonly identified barriers to integration included lack of training, resources, and technical support. In partnership with UW-CTRI, TPCP plans to address these barriers by working with practioners and providing training to integrate tobacco cessation into clinical practices. UW-CTRI is in the process of finishing an online tobacco cessation integration training for practitioners to be able to access this information more readily.

- Adverse Childhood Experiences (ACEs) are negative life events or experiences that occur during childhood (prior to the age of 18) and have the potential to hinder healthy child development. ACEs are associated with risk behaviors, including tobacco use, and negative health outcomes in adulthood—both of which are leading causes of public health costs. There are various efforts occurring locally and nationally to prevent the intergenerational transmission of ACEs, and support those who have experienced ACEs.

Fifty-eight percent of Wisconsin residents have at least one ACE, and 77% of smokers in Wisconsin have at least one ACE. Specific ACEs, such as sexual abuse, living with a household member who abuses drugs, and experiencing homelessness while growing up, correlate with smoking prevalence rates over twice that of the state average.

TPCP plans to examine the correlation between childhood adversity and tobacco use by forming new partnerships, both locally and nationally. TPCP has started conversations with UW-CTRI to examine how to incorporate trauma-informed care into cessation efforts across the state. Learning more about ACEs, and how they contribute to risk factors like tobacco use, is imperative to better understand how to provide resources and support to both those using tobacco and the individuals who provide care for them (doctors and mental health professionals).



TPCP and DHS are committed to continuing all the efforts mentioned in this report to decrease tobacco usage prevalence rates in Wisconsin, eliminate exposure to secondhand smoke, and educate individuals on prevention and best practice intervention initiatives.

Sincerely,



Kitty Rhoades

Secretary

Data Sources

1. Wisconsin 2014 Youth Tobacco Survey—Middle School.
2. Wisconsin 2014 Youth Tobacco Survey—High School.
3. State Fiscal Year 2015 Wisconsin Synar Report.
4. 2014 Wisconsin Behavioral Risk Factor Surveillance Survey (BRFSS).
5. Wisconsin Department of Revenue Cigarette Tobacco Tax Report—January 2016.
6. Burden of Tobacco in Wisconsin: 2015 Edition. Each year, approximately 15% of all deaths in Wisconsin are directly attributable to smoking; these include lung cancer, other smoking-related cancers, cardiovascular disease, and respiratory disease. Nearly 700 Wisconsin deaths are indirectly related to secondhand smoke exposure, maternal smoking, and fires.
7. Wisconsin Tobacco Quitline Demographic Report, January 1 to December 31, 2015.
8. Wisconsin Women's Health Foundation—First Breath Program (<https://www.wwhf.org>).
9. National Council for Behavioral Health (2015). Tobacco cessation. Retrieved from: <http://www.thenationalcouncil.org/topics/tobacco-cessation/>