

# WISCONSIN'S COMMERCIAL TOBACCO PREVENTION AND TREATMENT PLAN, 2020-2025 MIDTERM REPORT 2023

## EXECUTIVE SUMMARY

### Introduction

Cigarette smoking remains the leading cause of preventable death in the United States, claiming over 480,000 lives each year (Centers for Disease Control and Prevention, 2021). In Wisconsin, commercial tobacco use remains the leading cause of preventable death and costs the state about 3 billion dollars a year in direct healthcare costs (Center for Urban Population Health, n.d.). This issue is further compounded by the rising use of e-cigarettes and their unknown long-term health consequences. In Wisconsin, 4% of middle school students and 20% of high school students consider themselves current e-cigarette users (Wisconsin Department of Health Services, 2024). Because the long-term effects of using e-cigarettes are not well known, use among youth especially is a growing concern (American Heart Association News, 2023).

The Centers for Disease Control and Prevention (CDC) requires that each state develop a five-year tobacco control plan with short-term, intermediate, and long-term objectives and allows for monitoring of progress. In 2019, a core planning group developed a five-year plan for The Wisconsin Tobacco Prevention and Control Movement (TPCM). The plan outlined objectives and goals to reduce commercial tobacco use in Wisconsin from 2020 through 2025. This midterm report analyzes progress towards the plan's goals and objectives and proposes any necessary adjustments to ensure the plan effectively reduces commercial tobacco use across Wisconsin. This plan has four different group focus areas: prevention, secondhand smoke, treatment, and disparities. Disparities objectives are interwoven into the three other focus areas and denoted by green text. The plan incorporated short-term, intermediate, and long-term goals with objectives that closely align with each goal.

The overarching goals of the Commercial Tobacco Prevention and Treatment Plan of 2020-2025 are as follows:

- Goal 1: Obtain additional financial resources
- Goal 2: Develop targeted secondhand smoke, prevention and cessation interventions for youth and communities of color, pregnant women, and individuals with mental illness
- Goal 3: Establish recruitment, engagement, and retention strategies that reflect diversity at all levels of the movement
- Goal 4: Improve timeliness, accuracy, relevance, and usefulness of data
- Goal 5: Increase and maintain visibility of political and community support for the movement at all levels
- Goal 6: Increase two-way communication within the movement
- Goal 7: Optimize training and accountability around health equity
- Goal 8: Actively involve authentic voices disparately impacted by tobacco in the development and execution of strategic goals and plans

## Background

This report focuses on commercial tobacco, mass-produced products sold for profit that contain chemical additives. Native Americans have used traditional tobacco in sacred ways for centuries. By focusing on tobacco prevention and treatment on commercial tobacco, we acknowledge and respect sovereign tribal nations' relationship with sacred tobacco.

In 2020, the COVID-19 pandemic disrupted the progress of the Wisconsin Tobacco Prevention and Control Movement. For example, healthcare systems and public health personnel that had previously been focusing on tobacco control efforts were forced to shift their focus toward COVID-19 control efforts. Because of this, there was delayed initiation of prenatal care and medical visits shifted away from routine care. This impacted referrals to tobacco cessation programs like First Breath and the Wisconsin Tobacco Quit Line. While a new eReferral system was implemented, overall enrollment rates have decreased. Calls decreased across the country by about 25% during the pandemic. The COVID-19 pandemic also affected data collection for this midterm report. The Youth Tobacco Survey (YTS) cannot be reliably measured due to suspension while in the field in 2020 and poor participation in 2022. Because of this, progress on some objectives cannot be evaluated. Despite the challenges posed by COVID-19, the TPCM achieved some inspiring successes in tobacco control.

## Key Findings

Many successes have occurred over the last three years in the TPCM. The following are key achievements that helped make progress toward the overarching goals:

- **American Indian QuitLine Launched:** The American Indian Quitline launched in 2021, enrolling 192 participants into a commercial tobacco cessation program. This success is aligned with goal 2 (targeted interventions).
- **NEOLA Updated Their Policies To Include Comprehensive Tobacco-Free School Policies:** The Commercial Tobacco Prevention and Treatment Program (CTPTP) fostered a relationship with NEOLA. NEOLA is an education consultancy that aids schools in developing policies, materials, and guidelines. This relationship resulted in 75% of school policies in Wisconsin updating their policy to include a comprehensive tobacco-free school policy. This success is aligned with goal 2 (cessation interventions for youth) and goal 3 (diversity and engagement).
- **Strong Community Support on Smoke-Free Ruling In Milwaukee:** A published study on the impact of HUD's smoke-free ruling on multi-unit residents in Milwaukee found strong support for the policy, reduced exposure to tobacco smoke, continued education on the policy, and provided on-site culturally tailored tobacco cessation programs. This success is aligned with goal 5 (visibility and support).
- **Milwaukee Passed Tobacco Retailer Zoning Ordinance:** Milwaukee passed a tobacco retailer zoning density ordinance in 2023. This success is aligned with goal 5 (visibility and support).
- **DHS 75 Rule Implemented:** The DHS 75 rule was implemented in 2022. This rule requires all Wisconsin behavioral health providers who treat substance use disorders to have plans in place to assess and treat tobacco use and to have a policy about smoke-free environments.

Additionally, the following objectives were achieved:

- **Reduced Secondhand Smoke Exposure:** By December 31, 2025, the percentage of adults who live in a home with a smoker and report exposure to secondhand smoke at home will decrease from 44.1% in 2017 to 42.1%. Source: BRFSS. This objective was met in 2021, the percentage of adults who live in a home with a smoker and report exposure to secondhand smoke at home decreased to 38.4%.
- **Decrease in Maternal Smoking:** By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. Source: WISH. This objective was met in 2020, and the prevalence of maternal smoking decreased to 8.4%.
- **Lower Smoking Rates For Adults With ACEs:** By December 31, 2025, the prevalence of cigarette smoking for adults with four or more ACEs will decrease from 30.6% in 2017 to 26.9%. Source: BRFSS. This objective was met in 2020, the prevalence of cigarette smoking for adults with four or more ACEs decreased to 25.5% and continued to decrease in 2021 to 24.4%.
- **Decreased Adults With Depression Reporting Exposure to Secondhand Smoke at Home:** By December 31, 2025, the percentage of adults with diagnosed depression who report exposure to secondhand smoke at home will decrease from 20.4% in 2017 to 15.4%. Source: BRFSS. This objective was met in 2020, the percentage of adults diagnosed with depression who report exposure to secondhand smoke at home decreased to 9.1% but rose to 15.1% in 2021.
- **Increase In Clinicians and Staff Completing The Wisconsin Nicotine Treatment Integration Program:** By December 31, 2021, the number of 150 Wisconsin behavioral health clinicians and affiliated administrative/management staff who earned continuing education (CE) credit by completing the Wisconsin Nicotine Treatment Integration Program (WiNTiP) free on-line training about how to integrate tobacco dependence treatment into their behavioral health practice will increase from 80 in 2019 to 225. Source: WiNTiP. This objective was met in 2021 with 250 behavioral health clinicians or affiliated staff earning continued education credit by completing the Wisconsin Nicotine Treatment Integration Program (WiNTiP) and has continued to grow with over 540 staff completions in 2023.
- **Decreased number of cigarette packs sold in Wisconsin:** By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older in Wisconsin will decrease from 37.1 in 2018 to 34. Source: WI Dept. of Revenue. This objective was reached in 2022.

Although breakthroughs occurred in the last three years, the workgroup and steering committee members agreed that some emerging issues need additional focus. The following are emerging issues:

- **Smoke-free multi-unit housing:** Further efforts are needed to promote smoke-free policies in multi-unit housing units.
- **Alternative to Suspension:** Further education should be provided to school leaders on the importance of implementing alternative to suspension policies and programs in schools surrounding tobacco use instead of issuing fines or suspensions.
- **Young Adult E-cigarette Use:** The Prevention Work Group discussed adding an objective around e-cigarette use amongst young adults (18-24). They noted that the Surgeon General declared a youth e-cigarette epidemic in 2018; those youth are now adults.

Additionally, the following are objectives that are currently moving away from progress and require additional attention:

- **Increase in Retailers Selling Tobacco Products To Youth:** By December 31, 2023, the percentage of retailers selling tobacco products to youth will remain under 10%. Source: Synar. This objective is trending upward, in 2019 the percentage of retailers selling tobacco products to youth was 5.5% and in 2021 it increased to 14.1%.
- **Increase In Prevalence Of Tobacco Product Usage Among Ages 18-24:** By December 31, 2025, the prevalence of current tobacco use among 18-24-year-olds will decrease from 12.6% in 2017 to 10.1%. Source: BRFSS. This objective is trending upward, in 2020, 21.1% of youth were using vapes, while 33.4% were using cigarettes, cigars, and vapes. This percentage decreased a bit for 2021 to 17.6% and 18.7%.

## Conclusion

This midterm report is significant because it highlights key successes and provides an opportunity to revisit objectives, review current data, target interventions to impact objectives, assess the completion of short-term goals, and track progress on the intermediate and long-term goals. This plan highlighted major public health wins and areas for improvement. The findings from the midterm report will help to guide future plans. This plan ensures continued progress towards a tobacco-free future for the state and continues to serve as a guideline for future efforts.

## Finalized Objectives (For a full tracking document [see here](#))

Objective	Baseline	Mid-term Report Measure	Target
<b>Prevention</b>			
<b>Prevention-Short Term Schools</b>			
1. By December 31, 2021, the percentage of middle school youth who have been taught in any of their classes about why they should not use tobacco products will increase from 50.9% in 2018 to 61.0%. Source: YTS	50.9% (2018)	N/A Insufficient sample size	61%
2. By December 31, 2021 the percentage of high school youth who have been taught in any of their classes about why they should not use tobacco products will increase from 36.9% in 2018 to 45.0%. Source: YTS	36.9% (2018)	N/A Insufficient sample size	45%
<b>Prevention-Intermediate Policies</b>			

1. By December 31, 2023, the number of jurisdictions with policies that control the density of tobacco retail outlets will increase from 1 to 5. Source: CTPTP Policy Coordinator	1 (2019)	3 (2023)	5
<b>Prevention-Perceptions</b>			
1. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 19.2% in 2018 to 15.4%. Source: YTS	19.2% (2018)	N/A Insufficient sample size	15.4%
2. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are cool, fun, or in style will decrease from 27.0% in 2018 to 21.6%. Source: YTS	27% (2018)	N/A Insufficient sample size	21.6%
3. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 57.9% in 2018 to 46.3%. Source: YTS	57.9% (2018)	N/A Insufficient sample size	46.3%
4. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because a friend or family member used them will decrease from 54.1% in 2018 to 43.3%. Source: YTS	54.1% (2018)	N/A Insufficient sample size	43.3%
5. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 17.6% in 2018 to 14.1%. Source: YTS	17.6% (2018)	N/A Insufficient sample size	14.1%
6. By December 31, 2023, amongst high school youth who	31.1% (2018)	N/A Insufficient	24.9%

have ever used e-cigarettes, the percentage who report using them because they are available in flavors, such as mint, candy, fruit, or chocolate will decrease from 31.1% in 2018 to 24.9%. Source: YTS		sample size	
7. By December 31, 2023, amongst middle school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 16.1% in 2018 to 12.9% Source: YTS	16.1% (2018)	N/A Insufficient sample size	12.9%
8. By December 31, 2023, amongst high school youth who have ever used e-cigarettes, the percentage who report using them because they are less harmful than other forms of tobacco, such as cigarettes will decrease from 25.6% in 2018 to 20.5%. Source: YTS	25.6% (2018)	N/A Insufficient sample size	20.5%
<b>Prevention-Schools</b>			
1. By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. Source: SPARK	25 (2019) (29.4%)	28 (32.94%) *Would be 30 if UWM 2-year campuses are confirmed	30%
2. Increase K-12 schools with a comprehensive tobacco-free school policy (Baseline: Oct 2023 316/443 public school districts). Source: TPCP Policy Coordinator	64% 268/419 (2020)	74% 312/420 (2022)	83% 350/421
<b>Prevention-Youth Access</b>			
1. By December 31, 2023, the percentage of retailers selling tobacco products to youth will remain under 10%. Source: Synar	5.5% (2019)	11.9% (2022) 2023 Not available yet	Remain under 10%
<b>Prevention-Long-Term Youth Use</b>			

1. By December 31, 2025, the percentage of middle school youth who report ever using any form of tobacco will decrease from 13.7% in 2018 to 11.0%. Source: YTS	13.7% (2018)	N/A Insufficient sample size	11.0%
2. By December 31, 2025, the percentage of high school youth who report ever using any form of tobacco will decrease from 37.8% in 2018 to 30%. Source: YTS	37.8% (2018)	N/A Insufficient sample size	30% The objective is no longer trackable
3. By December 31, 2025, the prevalence of current tobacco use among middle school youth will decrease from 4.6% in 2018 to 3.7%. Source: YTS	4.6% (2018)	N/A Insufficient sample size	3.7%
4. By December 31, 2025, the prevalence of current tobacco use among high school youth will decrease from 23.6% in 2018 to 18.9%. Source: YTS	23.6% (2018)	N/A Insufficient sample size	18.9%
5. By December 31, 2025, the prevalence of current tobacco use among non-Hispanic African-American high school youth will decrease from 8.1%, 95% CI [4.3%, 15.0%] in 2017 to 7.0%.  Source: YRBS (Currently use of cigarettes, cigars, smokeless tobacco, or electronic vapor products)	8.1% (2017)	7.9% (2021)	7.0%
6. By December 31, 2025, the prevalence of current tobacco use among Hispanic/Latino high school youth will not go above 19.0%. Source: YRBS (Currently use of cigarettes, cigars, smokeless tobacco, or electronic vapor products).	9.8% (2017)	19.3% (2021)	Remain under 19%
7. By December 31, 2025, the prevalence of current cigarette use among LGBT high school youth will decrease from 17.3% in 2017 to 14%. Source: YRBS	17.3% (2017)	Gay, lesbian, bisexual (7.0%) Other/Questioning (7.9%) Heterosexual (3.3%) (2021)	14%

8. By December 31, 2025, the prevalence of current tobacco use among 18-24-year-olds will decrease from 12.6% in 2017 to 10.1%. Source: BRFSS	12.6% (2017)	17.6% for e-cigs 18.7% for cigs, cigars, vapes, smokeless tobacco (2021)  2022 & 2023 not available yet	10.1%
9. By December 31, 2025, the prevalence of ever using e-cigarettes among middle school youth will decrease from 11.0% in 2018 to 8.8%. Source: YTS	11.0% (2018)	N/A Insufficient sample size	8.8%
10. By December 31, 2025, the prevalence of ever using e-cigarettes among high school youth will decrease from 45.5% use in 2019 to 27.8%. Source: YRBS	45.5% (2019)	32.4% (2021)	27.8%
11. By December 31, 2025, the prevalence of menthol cigarette use among high school current smokers will decrease from 62.1% in 2018 to 49.7%. Source: YTS	62.1% (2018)	N/A Insufficient sample size	49.7%
<b>Prevention-Miscellaneous</b>			
1. By December 31, 2025, the percentage of middle school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from middle school 5.0% in 2018 to 4.0%. Source: YTS	5.0% (2018)	N/A Insufficient sample size	4.0%
2. By December 31, 2025, the percentage of high school students who report having had an episode of asthma or an asthma attack during the past 12 months will decrease from 5.4% in 2018 to 4.3%. Source: YTS	5.4% (2018)	N/A Insufficient sample size	4.3%
<b>Secondhand Smoke</b>			
1. By December 31, 2021, one smoke-free policy will pass	0 (2019)	Awaiting Tribal Review	1



in tribal housing on the land of Wisconsin's eleven tribes. Source: WNATN/ GLITC		(2023)	
2. By December 31, 2025, the percentage of Wisconsin's population covered by a smoke-free workplaces ordinance that includes e-cigarettes/vaping will increase from 34.8% in 2019 to 52.5% Source: municipal e-cigarette policy tracker	34.8% (2019)	39.8% (2022)	52.5%
3. By December 31st, 2021, cannabis will be prohibited in all indoor workplaces. Source: state statute	N/A	Not achieved yet (2023)	All indoor workplaces
4. By December 31, 2023, complaints of noncompliance with the statewide smoke-free workplaces law that the public health system addresses will decrease 40% from 2019 (57 to 34 complaints). Source: WI clean indoor air compliance system	57 (2019)	39 (2023)	34
5. By December 31, 2023, 30% of colleges and universities in Wisconsin that are listed under the Carnegie Classification of Institutions of Higher Education will implement a 100% tobacco-free policy. Source: Spark/TPCP Policy Coordinator	N/A (2019)	28 (32.94%) *Would be 30 if UWM 2-year campuses are confirmed (2023)	30%
6. By December 31, 2025, the prevalence of women who received First Breath services that report maintaining a smoke-free home at six months postpartum will increase from 71.4% in 2019 to <b>81.0%</b> . Source: First Breath.	71.4% (2019)	81.3% (2023)	81%
7. By December 31, 2023, the percentage of individuals who enroll in the WTQL and are public housing residents will increase from 63% in 2019 to 65%. Source: WTQL Data Report	63% (2019)	11.7% (2022) 10.4% (Not all data in yet-2023)	65%
8. By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older will decrease from	37.1 (2018)	32.7% (2022) 2023 Not available yet	30

37.1 in 2018 to 30. Source: WI Dept. of Revenue			
9. By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at home will decrease from 53.2% in 2018 to 45.2%. Source: YTS	53.2% (2018)	N/A due to COVID-19	45.2%
10. By December 31, 2025, the percentage of middle school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in vehicles will decrease from 50.4% to 42.4%. Source: YTS	50.4% (2018)	N/A due to COVID-19	42.4%
11. By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke at home will decrease from 58.9% in 2018 to 50.9%. Source: YTS	58.9% (2018)	N/A due to COVID-19	50.9%
12. By December 31, 2025, the percentage of high school students who live in a home with a smoker of combustible tobacco and report exposure to secondhand smoke in vehicles will decrease from 53.4% in 2018 to 45.4%. Source: YTS	53.4% (2018)	N/A due to COVID-19	45.4%
13. By December 31, 2025, the percentage of adults who live in a home with a smoker and report exposure to secondhand smoke at home will decrease from 44.1% in 2017 to 42.1%. Source: BRFSS	44.1% (2017)	38.4% (2021) 2022 & 2023 Not available yet	42.1%
14. By December 31, 2025, the adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. Source: BRFSS	16.4% (2017)	13.3 (2021) 2022 & 2023 Not available yet	13%
15. By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. Source: BRFSS	28.2% (2013-2017)	23.8% (2017-2021) 2022 & 2023 Not available yet	23%

16. By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to 32.0%. Source: BRFSS	36.9% (2013-2017)	32.5% (2017-2021) 2022 & 2023 not available yet	32%
17. By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% in 2013-2017 to 21.0%. Source: BRFSS	25.7% (2013-2017)	21.5% (2017-2021) 2022 & 2023 Not available yet	21%
18. By December 31, 2025, the prevalence of adults who earn less than \$25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. Source: BRFSS	28.5% (2017)	24.2% (2021) 2022 & 2023 Not available yet	24%
19. By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. Source: WISH	11.1% (2017)	8.4% (2020) 2021-2023 Not available yet	9.0%
20. By December 31, 2025, the prevalence of cigarette smoking for adults with four or more ACEs will decrease from 30.6% in 2017 to 26.9%. Source: BRFSS	30.6% (2017)	24.4% (2021) 2022 & 2023 Not available yet	26.9%
21. By December 31, 2025, the prevalence of pregnant smokers living in a home with other smokers that report exposure to secondhand smoke at home will decrease from 53.8% in 2017 to 48%. Source: First Breath	53.8% (2017)	47.5% (2022)	48%
22. By December 31, 2025, the percentage of adults with diagnosed depression that report exposure to secondhand smoke at home will decrease from 20.4% in 2017 to 15.4%. Source: BRFSS	20.4% (2017)	15.1% (2021) 2022 & 2023 Not available yet	15.4%
23. By December 31, 2025, the percentage of adults with frequent mental health distress that report exposure to secondhand smoke at home will decrease from 21.9% in 2017 to 16.9%. Source: BRFSS	21.9% (2017)	15.4% (2021) 2022 & 2023 Not available yet	16.9%

<b>Treatment</b>			
1. By December 31, 2021, the number of calls to the Wisconsin Tobacco Quit Line will average 12,000 annually. Source; WTQL	14,000 (2017)	12,841 (2022) 5,995 (Jan-Jun 2023)	12,000
2. By December 31, 2021, the number of health systems in Wisconsin with the capacity to refer patients to WTQL services via their electronic health record (EHR) will increase from 4 systems in 2018 to 6 systems. Source: WTQL	4 (2018)	5 (2023)	6
3. By December 31, 2021, the percentage of adult current smokers who received care from a healthcare provider in the last 12 months that are advised to quit smoking will increase from 66.9% in 2017 to 72.0%. Source: BRFSS	66.9% (2017)	60.6% (2020) 2021-2023 Not available yet	72%
4. By December 31, 2021, the number of Wisconsin healthcare systems that have the capacity to refer patients to the First Breath Program via their electronic health record will increase from 1 to 3. Source: First Breath	1 (2019)	1 (2023)	3
5. By December 31, 2021, the number of 150 Wisconsin behavioral health clinicians and affiliated administrative/management staff who have earned continuing education (CE) credit by completing 80 the Wisconsin Nicotine Treatment Integration Program (WiNTiP) free on-line training about how to integrate tobacco dependence treatment into their behavioral health practice will increase from 80 in 2019 to 225. Source: WiNTiP	80 (2019)	540 (2023)	225
6. By December 31, 2021, the percentage of women in WI who report smoking on their baby's birth certificate that are referred to First Breath will increase from 13.7% in	13.7% (2017)	17% (2022)	18%

2017 to 18.0%. Source: WISH; First Breath			
7. By December 31, 2021, the number of support people (partners and other caregivers) who receive services from First Breath will increase from 180 in 2018 to 225. Source: First Breath texting data	180 (2018)	56 (2022)	225
8. By December 31, 2021, the percent of behavioral health treatment programs that assess patient tobacco use that provide cessation medications to patients who use tobacco will increase from 62% in 2014 to 70%. Source: WiNTiP Statewide Survey of Tobacco Integration (data only available to closest whole number)	62% (2014)	60% (2021)	70%
9. Increase First Breath's reach rate from 33% to 40% for NH African American tobacco users (total number of referrals for pregnant people who identify as NH Black over the total # of pregnant tobacco users who identify as NH Black [based on First Breath referral numbers and birth certificate data])	33% (250/752) (2018)	44% (153/351) (2022)	40%
10.. Increase First Breath's reach rate from 20% to 21% for AIAN tobacco users (total number of referrals for pregnant people who identify as AIAN over the total # of pregnant tobacco users who identify as AIAN (based on birth certificate data) Source: First Breath	20% (2018)	16% (2022)	21%
11. By December 31, 2023, the number of tobacco users/vapers who enroll in Wisconsin Tobacco Quit Line services will average 6,000 annually. Source: WTQL	N/A due to modification of objective	5112 (2022) 3,241 (Jan-Jun 2023)	6,000
12. By December 31, 2023, 15% of patients referred to the Wisconsin Tobacco Quit Line by their health care provider (Fax-to-Quit and eReferral) will enroll in services. Source: WTQL (data only available to closest whole number)	25% (2018)	15% 2023	15%

13. By December 31, 2023, the percentage of adults who have stopped smoking cigarettes in the past year for one day or longer because they were trying to quit will increase from 50.9% in 2017 to 65.0%. Source: BRFSS; also in MMWR 7-19-2019	50.9% (2017)	46.0% (2021) 2022 & 2023 Not available yet	65%
14. By December 31, 2025, the number of cigarette packs sold per adult aged 18 years and older in Wisconsin will decrease from 37.1 in 2018 to 31. Source: WI Dept of Revenue	37.1 (2018)	32.7 (2022)	31
15. By December 31, 2025, adult cigarette smoking prevalence will decrease from 16.4% in 2017 to 13.0%. Source: BRFSS	16.4% (2017)	13.3% (2021) 2022 & 2023 Not available yet	13%
16. By December 31, 2025, the percentage of adults who use e-cigarettes or other vaping products every day or some days will decrease from 4.3% in 2017 to 3.5%. Source: BRFSS	4.3% (2017)	6.2% (2021) 2022 & 2023 Not available yet	3.5%
17. By December 31, 2025, the percentage of adult males who currently use smokeless tobacco (chewing tobacco, Snuff, or Snus) will decrease from 7.8% in 2017 to 6.0%. Source: BRFSS	7.8% (2017)	7% (2021) 2022 & 2023 Not available yet	6.0%
18. By December 31, 2025, the prevalence of maternal cigarette smoking will decrease from 11.1% in 2017 to 9.0%. Source: WISH	11.1% (2017)	8.4% (2020) 2021-2023 Not available yet)	9.0%
19. By December 31, 2025, the prevalence of maternal cigarette smoking for non-Hispanic American Indian/Alaska Natives will decrease from 38.5% in 2017 to 33.5%. Source: WISH	38.5% (2017)	32.1% (2020) 2021-2023 Not available yet	33.5%
20. By December 31, 2025, the prevalence of maternal smoking for non-Hispanic Multiracial women will	19.3% (2017)	17.6% (2020) 2021-2023 Not available	15.3%

decrease from 19.3% in 2017 to 15.3%. Source: WISH		yet	
21. By December 31, 2025, the prevalence of maternal smoking for rural mothers will decrease from 13.1% in 2017 to 10.1%. Source: WISH	13.1% (2017)	10.2% (2020) 2021-2023 Not available yet	10.1%
22. By December 31, 2025, the prevalence of maternal smoking for non-Hispanic African Americans will decrease from 12.9% in 2017 to 10.9%. Source: WISH	12.9% (2017)	8.7% (2020) 2021-2023 Not available yet	10.9%
23. By December 31, 2025, the maternal smoking rate for teen mothers (19 and younger) will decrease from 12.3% in 2017 to 9.3%. Source: WISH.	12.3% (2017)	9.1% (2020) 2021-2023 Not available yet	9.3%
24. By December 31, 2025, the percent of Medicaid/BadgerCare Plus adults who report smoking during pregnancy will decrease from 21.3% in 2017 to 18.0%. Source: WISH, Birth Counts Module	21.3% (2017)	17.2% (2020) 2021-2023 Not available yet	18.0%
25. By December 31, 2025, the percent of pregnant women living with a smoker will decrease from 14.1% in 2017 to 11.0%. Source: WISH, Birth Counts Module	14.1% (2017)	12% (2020) 2021-2023 Not available yet	11.0%
26. By December 31, 2025, the percent of pregnant women who quit smoking cigarettes during their pregnancy will increase from 20.8% in 2017 to 24.0%. Source: WISH, Birth Counts Module	20.8% (2017)	19.6% (2020) 2021-2023 Not available yet	24.0%
27. By December 31, 2025, the adult non-Hispanic African American cigarette smoking prevalence will decrease from 28.2% in 2013-2017 to 23.0%. Source: BRFSS	28.2% (2013-2017)	23.8% (2017-2021) 2022 & 2023 Not available yet	23.0%
28. By December 31, 2025, the adult non-Hispanic American Indian/Alaska Native cigarette smoking prevalence will decrease from 36.9% in 2013-2017 to	36.9% (2013-2017)	32.5% (2017-2021) 2022 & 2023 Not available yet	32.0%

32.0%. Source: BRFSS			
29. By December 31, 2025, the LGB+ adult cigarette smoking prevalence will decrease from 25.7% from 2013-2017 to 21.0%. Source: BRFSS	25.7% (2013-2017)	21.5% (2017-2021) 2022 & 2023 Not available yet	21.0%
30. By December 31, 2025, the prevalence of adults who earn less than \$25,000 annually who smoke cigarettes will decrease from 28.5% in 2017 to 24.0%. Source: BRFSS	28.5% (2017)	24.2% (2021) 2022 & 2023 Not available yet	24.0%
31. By December 31, 2025, the smoking prevalence for adults with four or more ACEs will decrease from 30.6% in 2017 to 24%. Source: BRFSS	31.9% (2017)	24.4% (2021) 2022 & 2023 Not available yet	24%
32. By December 31, 2025, the rural adult smoking prevalence will decrease from 20.7% in 2017 to 12.0%. Source: BRFSS	20.7% (2017)	13% (2021) 2022 & 2023 Not available yet	12.0%



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