

Tobacco Prevention and Control in Utah

Annual report

FY 2022



Utah Department of
Health & Human Services
Population Health

Utah Department of Health and Human Services
Tobacco Prevention and Control Program

(877) 220-3466

www.tobaccofreeutah.org

<https://dhhs.utah.gov>

To view this report online, visit

www.tobaccofreeutah.org

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Letter from the executive director

The Utah Department of Health and Human Services (DHHS) will advocate for, support, and serve all individuals and communities in Utah. We will ensure all Utahns have fair and equitable opportunities to live safe and healthy lives. We will achieve this through effective policy and a seamless system of services and programs. We continue to see great success in tobacco prevention and control in Utah and recently celebrated the news that the Utah adult smoking rate has reached an all-time low of 7.3%.¹

Despite recent declines in smoking, commercial tobacco use remains a serious public health concern. Smoking is the leading cause of preventable death, responsible for more than 480,000 deaths per year in the United States.² If smoking among U.S. youth continues at the current rate, 5.6 million of today's Americans younger than 18 years of age are expected to die from a smoking-related illness.²

As a department, we are committed to removing barriers to quitting and reducing tobacco-related disparities in our state. Nicotine is extremely addictive and for most tobacco users quitting for good depends on repeated quit attempts and interventions such as quit medications and counseling. The Tobacco Prevention and Control Program (TPCP) offers free and confidential quit services through the waytoquit.org website and the Utah Tobacco Quitline at 1-800-QUIT-NOW. In conjunction with the 'Way to Quit' media campaign, we reach tobacco users across the state. In addition to informing Utahns about the dangers of tobacco products, we provide the tools to help them quit for good.

Vaping among younger adults and youth continues to remain a major public health concern. With support from the Utah State Legislature, we have the capacity to address the issue of vape use with our partners across the state. Our comprehensive media campaign, *See Through the Vape*, highlights the dangers of vaping. We also offer the My Life, My Quit program, a youth-oriented program that provides access to quit coaches and other effective tools to help youth quit vaping and other nicotine products.

This year, the DHHS partnered with the Utah PTA, the Department of Environmental Quality, and local health departments to highlight toxic chemicals in vape products that categorize them as hazardous waste. To ensure safe disposal of vape products, collection events were held throughout the state which resulted in the disposal of hundreds of pounds of e-cigarette/vape waste. We will continue to work with our partners to implement evidence-based initiatives to address vaping across our state.

It is my pleasure to present the FY 22 Tobacco Prevention and Control Annual report. We appreciate your support for our efforts to make Utah a healthier state by preventing tobacco use and promoting successful quitting. We hope all Utahns can find happier and healthier lives free of commercial tobacco use.

Sincerely,



Tracy S. Gruber

Executive Director

Department of Health and Human Services

Helping tobacco users quit

In 2021, 71% of Utah adults who smoked cigarettes planned to quit smoking within a year and 63% reported a serious quit attempt in the past 12 months.¹ However, nicotine is extremely addictive and for most tobacco users quitting for good depends on repeated quit attempts and interventions such as quit medications and counseling.³

The TPCP offers quit tips and comprehensive, free, and confidential quit services through the TPCP's waytoquit.org website and the Utah Tobacco Quitline at 1-800-QUIT-NOW. Tobacco users are encouraged to create their own customized quit plans. Quit services are available for cigarette smoking and for other nicotine-based vape and tobacco products.



Free services available through the Utah Tobacco Quitline




- Phone calls with a quit coach
- Membership in an online quit community
- Nicotine replacement medications for adult tobacco users (18+) if no contraindications
- Text messaging
- Email support
- Booklet to help in the quitting process





Services are provided in English and Spanish, with translation available for all other languages and special programs for pregnant women, people who are American Indian/Alaska Native, and youth.

TPCP quit services increase quit success

- Seven months after using the phone-based service, 29% of Utah Tobacco Quitline participants reported they quit commercial tobacco use; quit rates were highest for those who used multiple service options.⁴
- Ninety-six percent of participants reported being satisfied with the quit services they received.⁴

Quit service utilization, FY 22⁴

-  **2,478**
People served through the Quitline
-  **1,585**
Quitline multi-call registrations
-  **834**
Web quit service enrollments

-  **10,061**
Average monthly *waytoquit* website visits
-  **1,094**
Healthcare provider referrals
-  **89**
Partner clinics that referred to the quitline
-  **28**
Utah counties served

Helping tobacco users quit

Utah Tobacco Quitline service enhancements to increase healthcare provider referrals

Quit service referrals by healthcare providers are highly effective at increasing quit service use. Tobacco users are 13 times more likely to enroll in treatment when they are directly connected to a quit service, as opposed to being encouraged to call on their own.⁵ In FY 22, the Utah Tobacco Quitline conducted focus groups to better understand and address barriers to quit service referrals by Utah's healthcare providers.

Note:

In FY 22, Utah Quitline participants referred by their healthcare providers reported a higher quit rate (38%) than self-referred participants (28%).⁴

Goals

- Increase Quitline enrollment by improving the referral conversion rate
- Increase engagement of referred patients who do not respond to initial Quitline outreach
- Enhance referral faxback reports to providers to demonstrate Quitline value
- Increase referrals among providers with low referral numbers

Focus group findings

Focus groups with providers and patients highlighted the following barriers to Quitline referrals:

Providers—

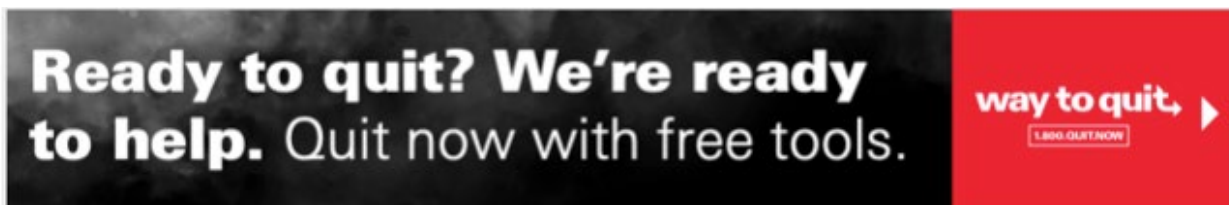
- Impact of the COVID-19 pandemic on workflows; adoption of new technologies
- Limited understanding of how the Quitline program works
- Insufficient training in how to support patients through a quit journey; lack of awareness of web-based trainings offered by the Quitline

Patients—

- Limited understanding of how the Quitline program works
- Reasons for refusing Quitline engagement after accepting referral: changing life circumstances, lack of time, cell phone barriers, discomfort with telephone services, and deciding to quit alone
- Patient experience and perception of being stigmatized by providers for their commercial tobacco use

Utah Tobacco Quitline response

- Enhance provider feedback reports to increase provider engagement
- Develop online training content for providers and a frequently asked questions document
- Provide opportunities for annual provider training
- Schedule outreach calls to patients as soon as possible after referral
- Use text messages to inform patients of an upcoming Quitline call (with permission)
- Use virtual contact cards to allow patients to input the Quitline phone number into their contact list to ensure calls are delivered with alpha numeric call displays



Anti-tobacco advertising

In FY 22, the TPCP took many exciting measures to enhance media efforts to prevent nicotine addiction and promote cessation among Utahns. Key priorities included:

- Digital media expansion to improve content engagement, and quit service enrollment
- Increased outreach to disparity populations with culturally sensitive materials
- Creation of community partnerships to increase reach
- Dissemination of information about the dangers of vaping



Digital media expansion

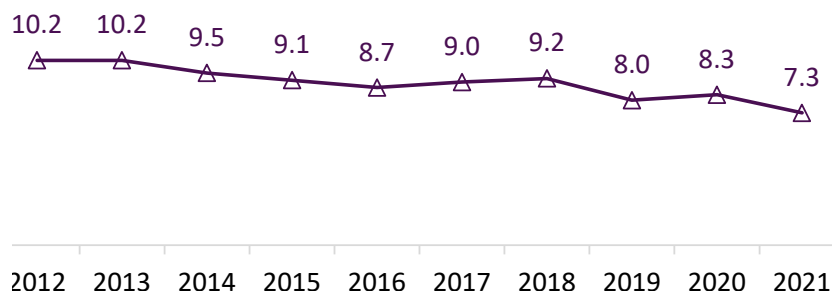
We expanded our online presence and increased digital reach and engagement tracking as a result of the pandemic. Since our 15-second video ads outperformed 30-second ads in video completion, all FY 22 ads and social-post videos were 15 seconds long. Analytics indicate this change contributed to a 205% increase in Facebook reach and a 231% increase in Instagram reach. We also found the traffic-driving Rich Media Page Grabber tool outperformed benchmark content by more than three times with a 3.26% clickthrough rate. This tool allows users to interact with ads and images through enhanced audio, dynamic visuals, and animations while linking directly to the waytoquit website and its resources. This helped increase site visits by 31.6% and sessions on the “Get Help Quitting” page by 3,855.8% from last year.



Outreach to populations with disparate health outcomes

In collaboration with the TPCP’s network partners who serve people in Utah who are African American, American Indian/Alaska Native, Hispanic/Latino, and Pacific Islander, we updated the “Determined” campaign to add Utah-specific data about each community, as well as information about preferred tobacco products and their dangers. We also created collateral items with network branding and Utah Quitline information for network events. These items include water bottles and soccer balls.

▲ Figure 1: Percentage of Utah adults who smoked cigarettes, 2012–2021¹



Note: BRFSS rates in this graph are age-adjusted to the U.S. 2000 population.

At 7.3% Utah adult smoking is at its lowest recorded level.¹

Since 2012, cigarette smoking in Utah declined by 28%.¹ In 2021, 169,400 Utah adults reported current smoking. Utah has the lowest percentage of adult cigarette smoking in the nation.

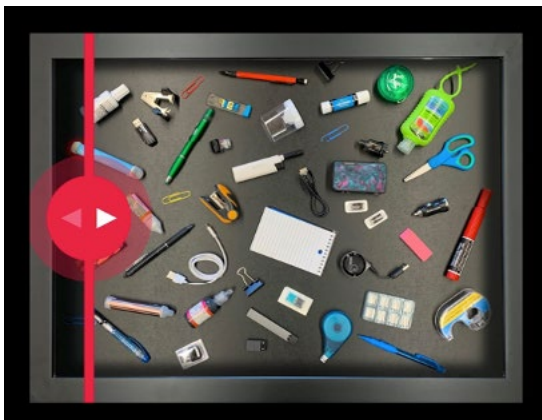
Further reductions in cigarette smoking among all population groups depend on targeted anti-tobacco media campaigns, free and comprehensive quit services, and strong tobacco policies in homes, public places, retail, and workplaces.⁶

Anti-tobacco advertising

Partnerships

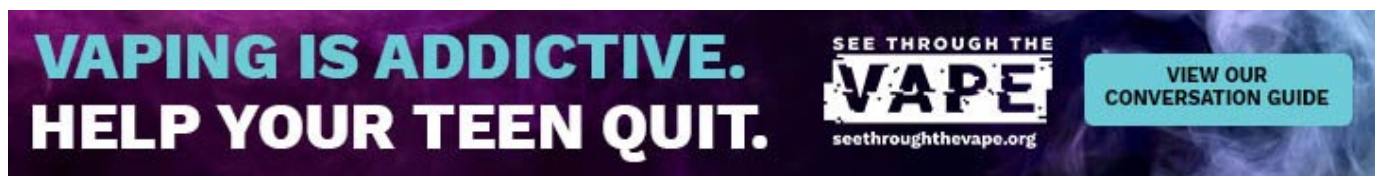
In addition to our community network partners, we formed and fostered partnerships with other community stakeholders. This not only increased reach, it also provided a more universal, whole-health approach to prevention and cessation messaging. Examples include partnerships with:

- The Department of Environmental Quality and Waste Management and the Fear Factory to highlight the dangers of vape product use through a toxic spill display. The display which consisted of hazardous waste barrels, caution tape, fog machines, a hazmat suit, and related print materials was covered in TV and radio news stories and reached more than 273,000 people. A Fear Factory photo-op that used the toxic spill display reached more than 97,000 people.
- Primary Children’s Hospital and the Utah PTA to promote messaging that e-cigarette and vape devices look similar to school supplies with ads, handouts, and shadow boxes. The shadow boxes displayed vape-related items mixed in with school supplies. Participants could scan a QR code which linked to a key highlighting the vaping products.



See Through the Vape (STTV) campaign

Created to address the rising prevalence of vaping, the STTV campaign focuses on the dangers vape products pose to youth. In addition to nicotine, vape products often contain other harmful substances, such as heavy metals, volatile organic compounds, and cancer-causing agents.⁷ Local health departments and their respective schools disseminated materials that describe chemicals in vape products and other vape-related facts. In addition, the campaign created a Parent Conversation Guide given to parents to help them in conversations with their children about vaping.



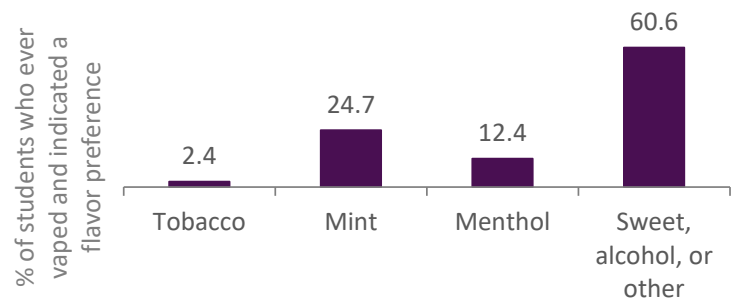
We also incorporated information about the dangers of vaping in our social media strategy. Posts linked to the STTV website resulted in a 126% increase in overall site visits and a 252% increase in sessions on the Get Help Quitting landing page.

Vaping and nicotine addiction

In the past 10 years, electronic cigarettes or vape products have contributed to significant increases in nicotine addiction among Utah’s youth and young adults. In 2021, 7.8% of Utah students in grades 8, 10, and 12 and 14.4% of adults ages 18-24 reported current use of vape products.^{1,8} Nicotine, whether smoked, vaped, or chewed interferes with brain development, and has lasting effects on cognitive abilities and mental health.⁹

Flavors are a major reason for the popularity of vape products.¹⁰ Nearly all Utah students who ever used vape products usually used mint or menthol flavors (37.1%) or sweet, alcohol, or other flavors (60.6%).⁸ In a survey conducted in 2021, TPCP found that 61.1% of Utah adults support policies banning the sale of all flavored tobacco products and 63.1% support restrictions for mint and menthol flavors.¹¹

▲ Figure 2: Flavor preference indicated by Utah students (grades 8, 10, 12) who ever vaped, 2021⁸



Youth Electronic Cigarette, Marijuana and Other Drug Prevention (YEMOP)

The Youth Electronic Cigarette, Marijuana and Other Drug Prevention (YEMOP) committee worked with Utah’s Drug-Free Schools subcommittee to conduct a review of substance use policies published on the websites of Utah’s 41 school districts. The review was needed to gain a greater understanding of school substance use policies and the consequences of substance use and/or possession on school premises.

Data collected during this policy review led the YEMOP committee to plan the following action items:

- Create a model comprehensive substance use policy for Utah school districts
- Create a best practices policy toolkit to distribute to Utah school districts
- Provide local education agency training on best practices for substance use policy violations
- Conduct future policy reviews to track progress among Utah public school districts

Please click here for the [YEMOP Committee’s FY 22 Legislative Report](#).

Educating about dangerous chemicals in vape products

During FY 22, the TPCP worked with the Utah PTA and community partners to educate about dangerous chemicals in vape products and ensure their proper disposal as hazardous waste. These efforts resulted in the collection and disposal of 242 pounds of e-cigarette/vape waste and \$17,661 in cost savings for Utah schools during waste collection events in 10 different locations across the state. More information on e-cigarettes, hazardous waste, and how to get help with quitting can be found on the TPCP’s [See Through the Vape](#) website.



Youth tobacco use prevention

Nicotine use during adolescence interferes with brain development, affects attention and learning, and increases susceptibility to addiction.¹² To prevent youth tobacco use, the TPCP supports laws that:

- prohibit tobacco and vape shops from operating near schools and community locations,
- prohibit the sale of tobacco, vape, and other nicotine products to those younger than 21, and
- reduce youth access to flavored nicotine and tobacco products.

Youth involvement in prevention

Innovative ideas and new perspectives ensure that youth are powerful tobacco prevention and control allies. The Utah Youth Advocacy Coalition is a collective effort of youth groups across the state to create healthy communities through advocacy, education, and environmental change. In FY 22, nearly 1,500 (1,455) youth from Utah’s 13 local health districts participated in tobacco prevention activities. Examples of these activities include:

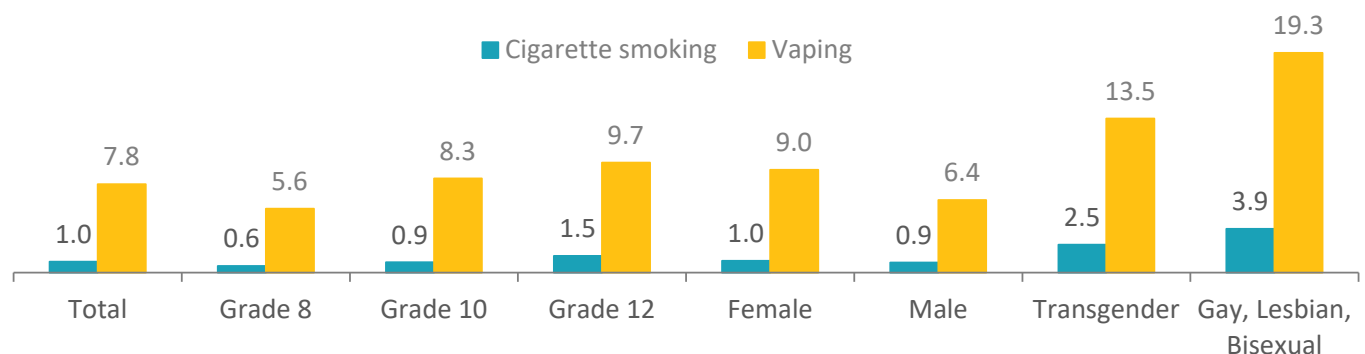
- raise awareness among community members and peers about the appeal of flavored tobacco products and the dangers of nicotine addiction,
- advocate for comprehensive tobacco and nicotine-free school policies, and
- educate local policy makers on the benefits of tobacco prevention and control measures.



Reduce the sale of tobacco and nicotine products to those younger than 21

Utah’s local health departments (LHDs) reduce youth access to tobacco products through tobacco retailer education, tobacco retail permits, and compliance checks. In FY 22, Utah’s LHDs conducted nearly 2,900 tobacco retail compliance checks. During these checks, 8.8% of tobacco retailers sold tobacco or vape products to Utahns younger than 21.¹³ In addition to assisting LHDs with reducing illegal tobacco sales in retail stores, TPCP initiated a partnership with the Utah Tax Commission and the Utah Attorney General’s office to reduce online tobacco sales to Utahns younger than 21.

▲ Figure 3: Percentage of Utah students who used cigarettes or vape products in the past 30 days by grade, sex, gender identity and sexual orientation, 2021.⁸



Cigarette smoking and vape product use increased by grade level. Higher percentages of students who identified as transgender or gay, lesbian, or bisexual reported cigarette smoking or vaping than Utah students overall.⁸

The percentage of students (grades 8, 10, 12) who smoked cigarettes declined from 2.9% (2017) to 1.0% (2021). The percentage of students who vaped declined from 11.1% (2017) to 7.8% (2021).⁸

Eliminating exposure to secondhand smoke

Despite recent declines in cigarette smoking, exposure to secondhand smoke (SHS) remains a serious health risk for many Utah children and adults. SHS contains toxic chemicals that cause or worsen numerous forms of cancer, as well as heart and respiratory diseases. In 2021:

- 2.7% of Utahns reported someone smoked cigarettes inside their home in the past week.¹
- 5.6% of Utahns who lived in rented homes were more than twice as likely to be exposed to SHS at home compared to Utahns who lived in owned homes (2.5%).¹
- 22.4% of Utah adults reported breathing SHS in the past week at indoor or outdoor locations.¹

Policies to reduce secondhand smoke exposure

Laws and other regulations that ban tobacco use in public places reduce SHS-related diseases and help tobacco users quit. During FY 22, the TPCP's local health department partners assisted:

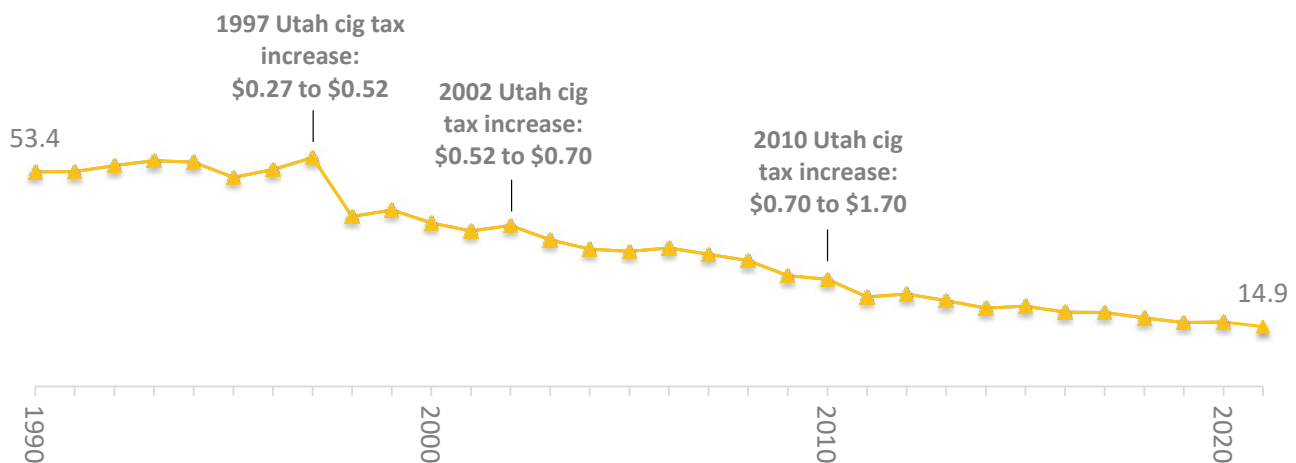
- 13 work sites,
- 10 health care facilities,
- 300 outdoor recreation venues, and
- 63 multi-unit housing complexes

through passage or strengthening of tobacco- or smoke-free policies. TPCP partners' work with the Utah Apartment Association (UAA) and their Good Landlord Program ensured that 271 housing managers and owners received education on implementing smoke-free policies. In addition, TPCP partners educated property managers and housing owners at the UAA Annual Fair Housing and Education Trade Show. In FY 22, the number of smoke-free housing units listed in the TPCP Smoke-free Apartment Housing Directory increased by 2,100.



TPCP and partners offered education about smoke-free housing at the 2022 UAA Annual Fair Housing and Education Trade Show.

▲ Figure 4: Number of cigarette packs sold per capita in Utah, 1990–2021¹⁴



Since 1990, Utah's annual per capita cigarette consumption decreased by 72% from 53.4 packs to 14.9 packs.¹⁴

State cigarette excise tax changes in 1997, 2002, and 2010 were followed by decreases in consumption in subsequent years. Strong tobacco-free policies, mass media education, and evidence-based quit programs further support declines in smoking.⁶

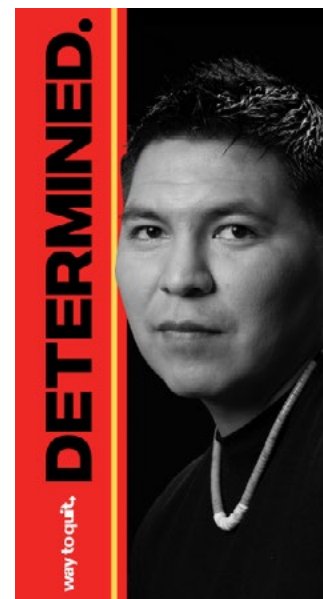
Reducing tobacco-related disparities

The tobacco-industry disproportionately targets communities of color, rural communities, and people who identify as LGBTQ+ with tobacco product advertising and discounts, promotion of flavors such as menthol, and sponsorships.⁶ Higher tobacco use rates in these communities are further exacerbated through systemic disadvantages such as lower levels of healthcare coverage as well as access to quit services, a lack of secondhand smoke- and other tobacco-related policies, and chronic stress.⁶

The TPCP works closely with community organizations and healthcare providers to better reach communities with high tobacco use and vape rates and develop policies and services to reduce inequities.

TPCP community networks

In FY 22, the networks continued to provide resources and education to strengthen and empower their communities and develop specific policy priorities. The Project Success Coalition, which serves as the network for the African American/Black community, promoted tobacco prevention and cessation resources to thousands of community members as part of a Juneteenth health and wellness expo.



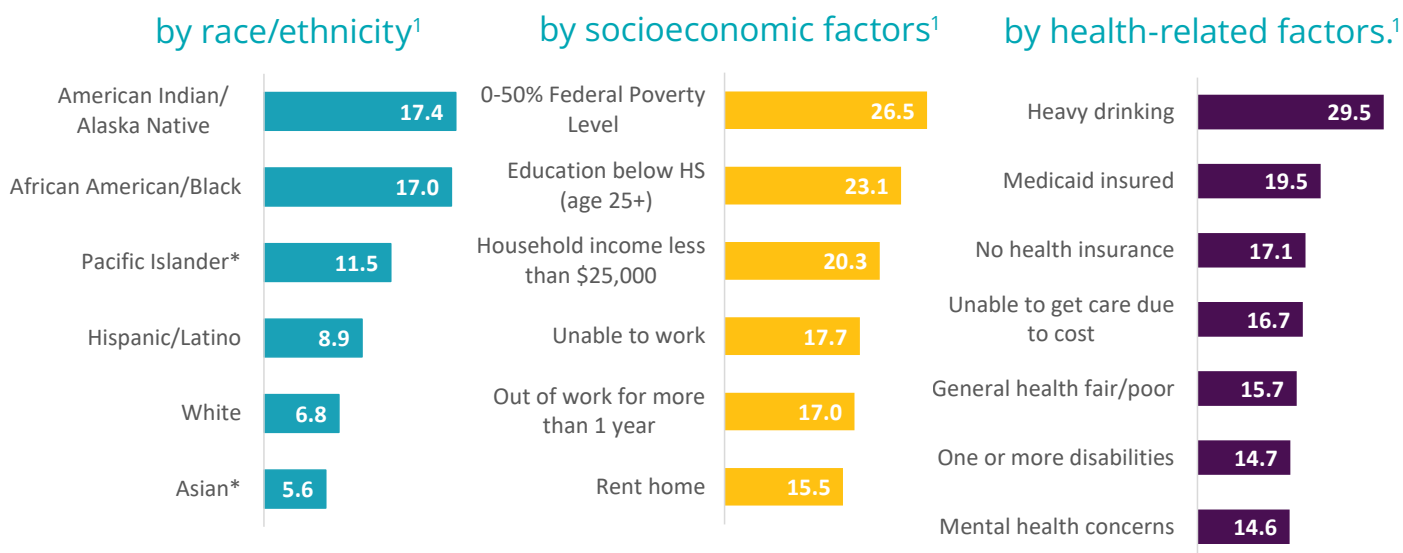
Association for Utah Community Health (AUCH) partnership

In FY 22, AUCH provided tobacco cessation prescriptions to 176 community health center patients; 547 low-income or uninsured tobacco users received referrals to the Utah Tobacco Quitline.¹⁵

Medicaid partnership

In FY 22, a partnership with Medicaid provided tobacco cessation services and/or quit medications to 981 general Medicaid clients and 557 pregnant women on Medicaid.¹⁶

▲ Figure 5: Percentage of Utah adults who smoked cigarettes, 2021—



* This estimate has a relative standard error of >30% and does not meet DHHS standards for reliability.

^ Mental health concerns refers to respondents who reported their mental health was not good for 14 or more days of the past 30 days.

TPCP funding—FY 22

TPCP FY 22 state-based funding allocations

Utah Tobacco Settlement Account: \$3,292,900; Utah Cigarette Tax Restricted Account: \$3,150,000; Utah Electronic Cigarette Substance and Nicotine Product Tax Restricted Account: \$8,154,000.

Drawdown of federal funds

The Synar amendment enacted by Congress in 1992 requires states to pass and enforce laws that prohibit the sale or distribution of tobacco products to individuals younger than age 21. The TPCP works with local health departments to educate retailers on tobacco laws and conduct annual retailer compliance checks. These efforts prevent underage tobacco sales and protect \$23.3 million in Synar block grant funding for the Utah DHHS Office of Substance Abuse and Mental Health. The TPCP secured \$1,256,406 in FY 22 CDC (Centers for Disease Control and Prevention) funding.

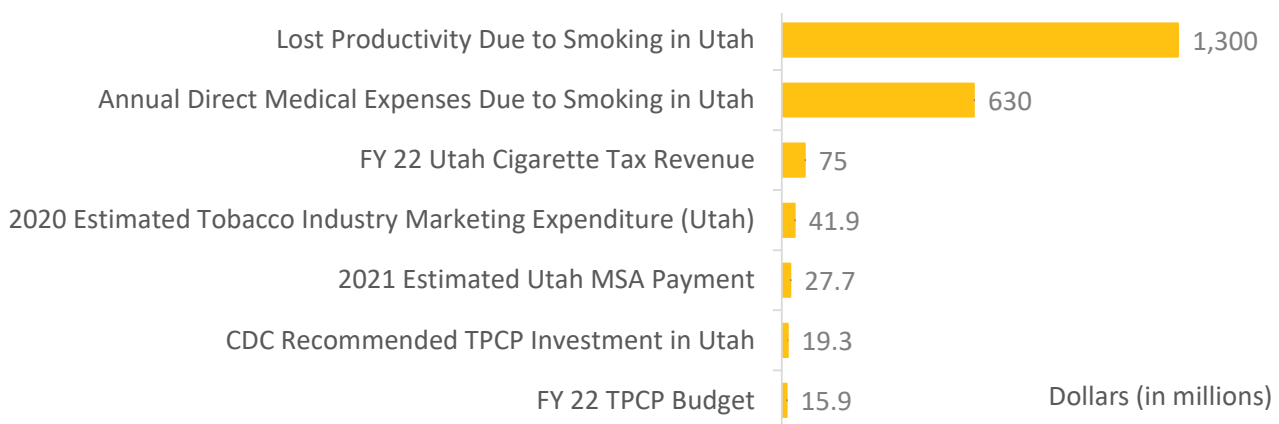
In-kind revenue: media campaign added value

Media vendors donated approximately \$1.89 for every \$1 spent by TPCP on anti-tobacco offline media buys including ad time, news interviews, streaming impressions and other media events. The total offline added value for the TPCP media campaign was \$805,976. We received additional added value of \$25,153 via digital tactics through creative production, data targeting, and analytics.

Tobacco-related expenditures

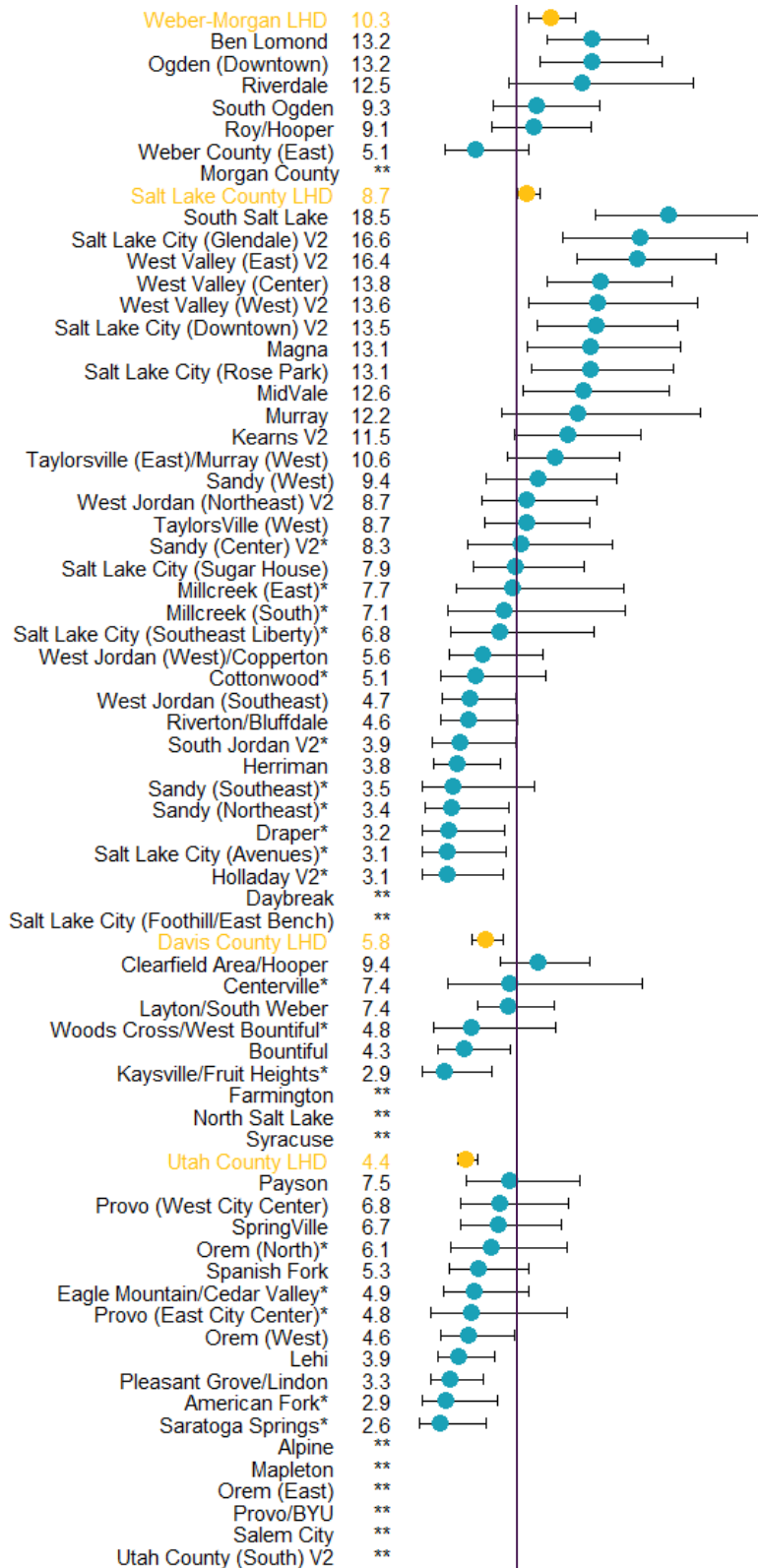
- In 2020, the tobacco industry spent an estimated \$41.9 million to market tobacco products in Utah and recruit new tobacco users.¹⁷
- In FY2022, the Utah cigarette tax revenue was \$75 million.¹⁸
- The Utah 2021 Tobacco Master Settlement Agreement (MSA) payment was \$27.7 million.¹⁹
- The CDC recommends \$19.3 million annually be spent in Utah to reduce tobacco use.²⁰ At \$15.9 million, the TPCP was funded at approximately 82% of this recommended level.
- Utah’s total annual cost for medical expenses due to smoking is estimated at \$630 million. Smoking caused productivity losses are estimated at 1.3 billion.¹⁷
- Smoking costs the Utah Medicaid program an estimated \$135.4 million per year.¹⁷

▲ Figure 6: Estimated annual cost of tobacco use in Utah, FY 22^{17,18,19,20}



Smoking by local health district and Utah Small Area, Wasatch Front, 2019–2021 (aggregated data, age-adjusted)¹

▲ Figure 7: Percentage of Utah adults who smoked cigarettes by local health district and Utah Small Area, Wasatch Front, 2019–2021 (aggregated data, age-adjusted)¹



Note:
Local health districts are represented by orange dots. Utah Small Areas within local health districts are represented by aqua-colored dots. Small area definitions can be found at <https://ibis.health.utah.gov/ibisph-view/pdf/resource/UtahSmallAreaInfo.pdf>

The TPCP uses Utah Small Area designations to identify and reach communities at greater risk for tobacco use.

At 18.5%, South Salt Lake has the highest percentage of adults who smoke among Utah Small Areas along the Wasatch Front.¹

At 2.6%, Saratoga Springs* has the lowest percentage of adults who smoke among Utah Small Areas along the Wasatch Front.¹

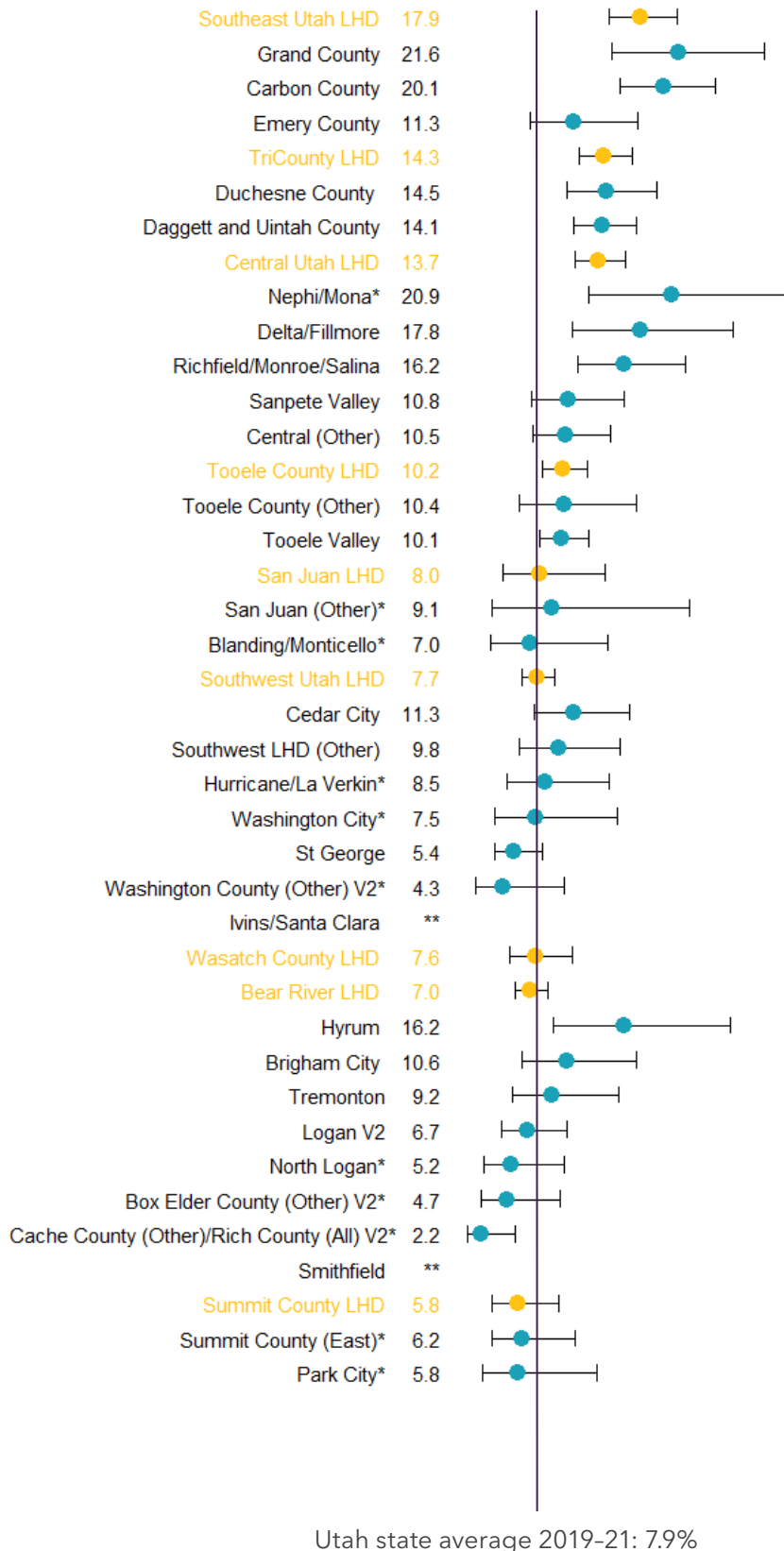
* These estimates have relative standard errors of >30% and do not meet DHHS standards for reliability.

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

Utah state average 2019–21: 7.9%

Smoking by local health district and Utah Small Area

▲ Figure 8: Percentage of Utah adults who smoked cigarettes by local health district and Utah Small Area, non-Wasatch Front, 2019–2021 (aggregated data, age-adjusted)¹



Note:
 Local health districts are represented by orange dots. Utah Small Areas within local health districts are represented by aqua-colored dots. Small area definitions can be found at <https://ibis.health.utah.gov/ibisph-view/pdf/resource/UtahSmallAreaInfo.pdf>

At 21.6%, Grand County has the highest percentage of adults who smoke among Utah Small Areas outside of the Wasatch Front.¹

At 2.2%, Cache County (Other)/Rich County* has the lowest percentage of adults who smoke among Small Areas outside of the Wasatch Front.¹

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

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

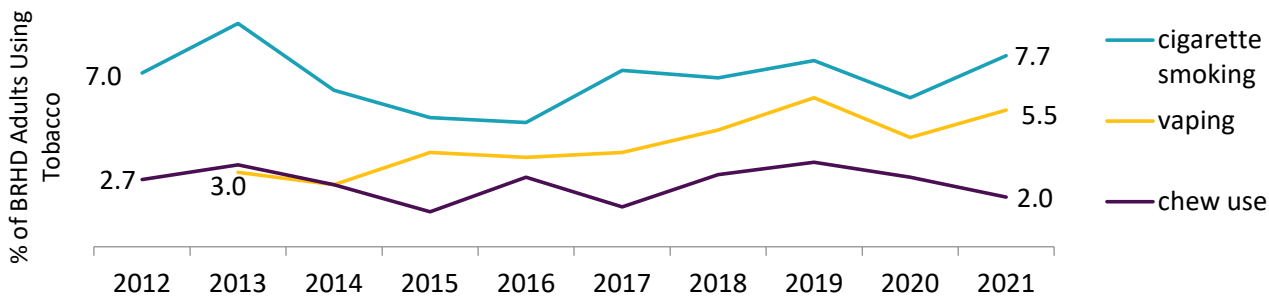


Bear River Health Department (BRHD) tobacco statistics

	BRHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	7.7%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	1.2%	1.0%
Pregnant women smoking (2021) ²¹	2.2%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	15.2%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	7.1%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	21.1%	23.9%
Adult use of electronic cigarettes (2021) ¹	5.5%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	2.0%*	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	25.0%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	66.9%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	6.0%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	146	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	97	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	58	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	18	300

*This estimate has a relative standard error of >30% and does not meet DHHS standards for reliability. **NRT: Nicotine Replacement Therapy

▲ Figure 9: Smoking, vaping, and chew use trends among BRHD adults, 2012–2021¹



Note: The following estimates in Figure 9 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates: 2013–15; chew use estimates: 2012–13, 2015–17, 2021. The vape estimate for 2012 has been suppressed because the relative standard error was greater than 50% or could not be determined.

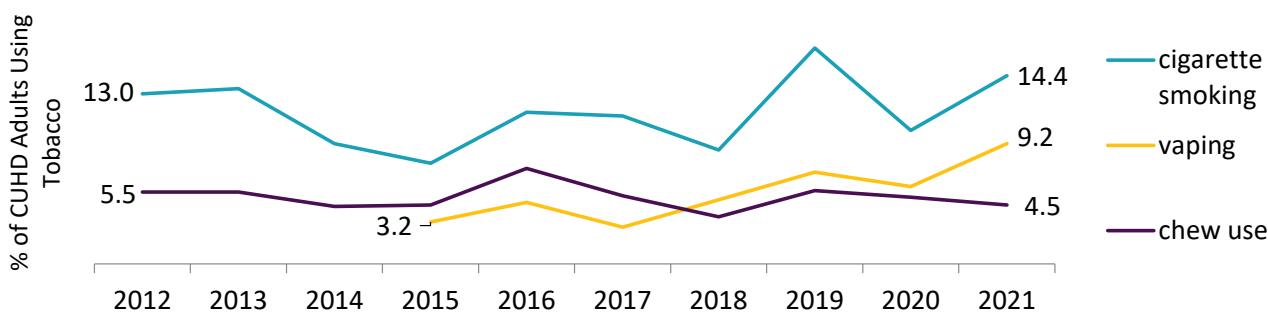


Central Utah Public Health Department (CUPHD) tobacco statistics

	CUPHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	14.4%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	1.5%	1.0%
Pregnant women smoking (2021) ²¹	5.0%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	21.0%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	9.1%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	25.6%	23.9%
Adult use of electronic cigarettes (2021) ¹	9.2%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	4.5%	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	24.4%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	69.7%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	8.7%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	82	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	51	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	39	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	^	300

**NRT: Nicotine Replacement Therapy ^Count is 10 or less and has been suppressed.

▲ Figure 10: Smoking, vaping, and chew use trends among CUPHD adults, 2012–2021¹



Note: The following estimates in Figure 10 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates 2013, 2015, 2017, 2019–20; chew use estimate: 2019. The vape estimates for 2012–14 have been suppressed because the relative standard error was greater than 50% or could not be determined.

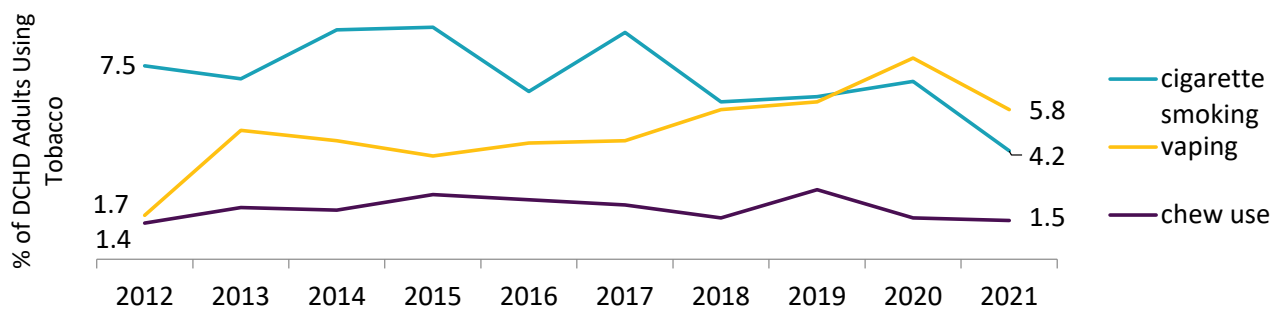


Davis County Health Department (DCHD) tobacco statistics

	DCHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	4.2%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	0.7%	1.0%
Pregnant women smoking (2021) ²¹	2.6%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	14.8%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	6.9%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	20.5%	23.9%
Adult use of electronic cigarettes (2021) ¹	5.8%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	1.5%*	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	20.1%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	64.0%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	1.8%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	189	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	128	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	92	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	26	300

*This estimate has a relative standard error of >30% and does not meet DHHS standards for reliability. **NRT: Nicotine Replacement Therapy

▲ Figure 11: Smoking, vaping, and chew use trends among DCHD adults, 2012–2021¹



Note: The following estimates in Figure 11 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates: 2020–21; chew use estimate: 2012.

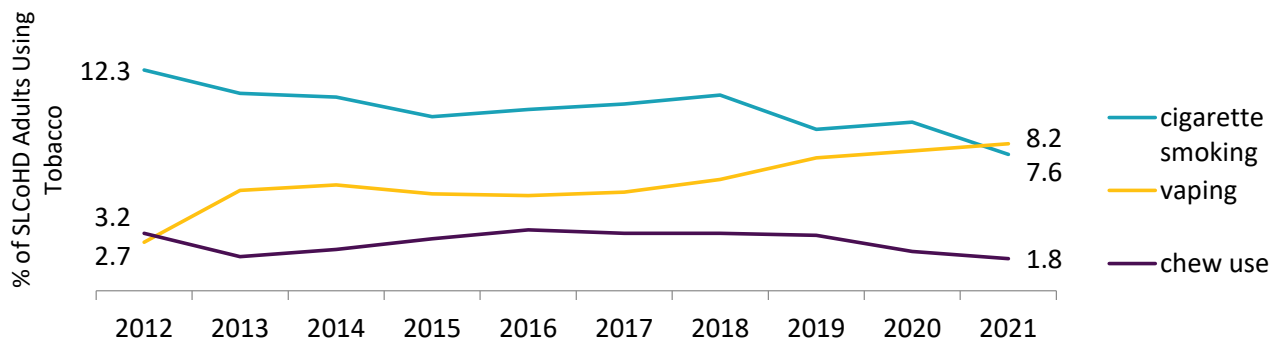


Salt Lake County Health Department (SLCoHD) tobacco statistics

	SLCoHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	7.6%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	0.8%	1.0%
Pregnant women smoking (2021) ²¹	2.7%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	21.0%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	8.4%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	27.9%	23.9%
Adult use of electronic cigarettes (2021) ¹	8.2%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	1.8%	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	23.4%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	62.8%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	11.9%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	996	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	651	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	512	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	106	300

**NRT: Nicotine Replacement Therapy

▲ Figure 12: Smoking, vaping, and chew use trends among SLCoHD adults, 2012–2021¹



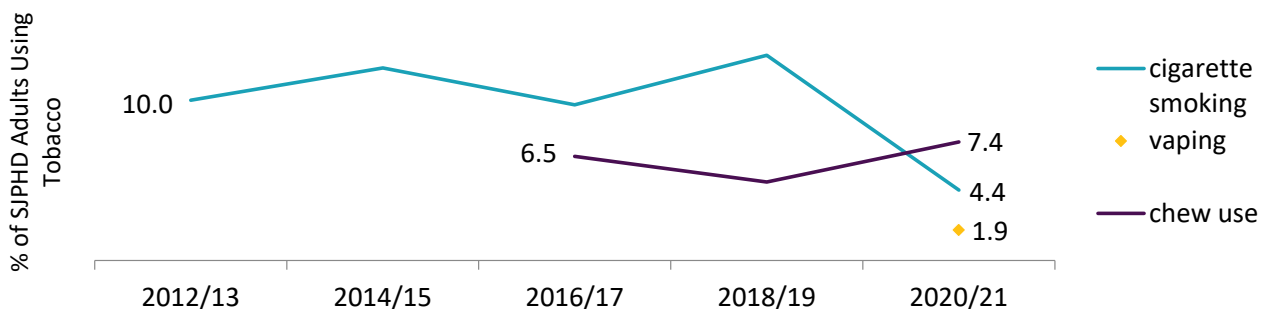


San Juan Public Health Department (SJPHD) tobacco statistics

	SJPHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	4.9%*	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	**	1.0%
Pregnant women smoking (2021) ²¹	**	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	7.4%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	2.3%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	15.8%	23.9%
Adult use of electronic cigarettes (2021) ¹	**	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	9.5%*	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	19.9%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	52.7%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	12.1%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	^	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	^	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	^	1,246
Number of quit service users who chose online-only NRT ^{***} (FY 22) ⁴	^	300

*These estimates have a relative standard error of >30% and do not meet DHHS standards for reliability. **These estimates have been suppressed because the relative standard error was greater than 50% or could not be determined. ***NRT: Nicotine Replacement Therapy ^Count is 10 or less and has been suppressed.

▲ Figure 13: Smoking, vaping, and chew use trends among SJPHD adults, 2012–2021¹



Note: The following estimates in Figure 13 above have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimate 2020/21; chew use estimates: 2016–21; cigarette smoking: 2012–15, 2018/19. The vape estimates for 2012–19 and the chew use estimates for 2012–15 have been suppressed because the relative standard error was greater than 50% or could not be determined.

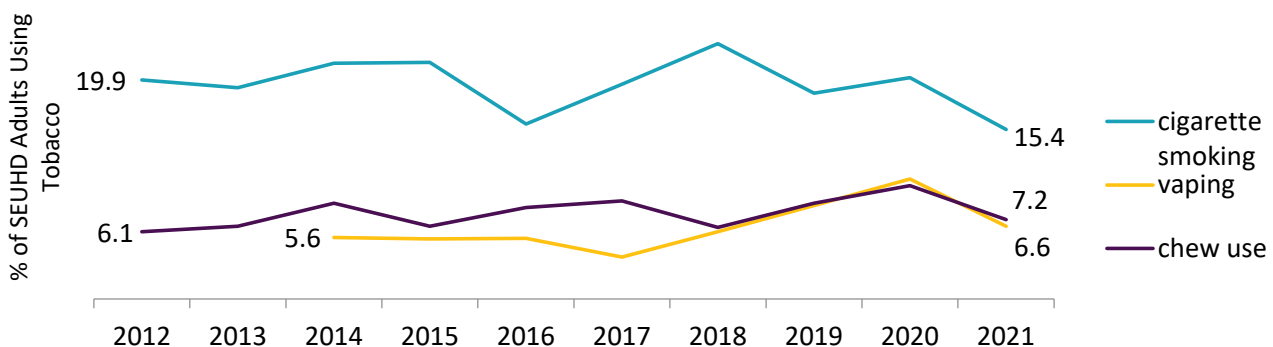


Southeast Utah Health Department (SEUHD) tobacco statistics

	SEUHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	15.4%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	2.4%	1.0%
Pregnant women smoking (2021) ²¹	12.1%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	27.2%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	12.9%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	24.6%	23.9%
Adult use of electronic cigarettes (2021) ¹	6.6%*	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	7.2%*	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	27.4%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	64.8%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	8.7%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	103	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	64	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	49	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	11	300

*This estimate has a relative standard error of >30% and does not meet DHHS standards for reliability. **NRT: Nicotine Replacement Therapy

▲ Figure 14: Smoking, vaping, and chew use trends among SEUHD adults, 2012–2021¹



Note: The following estimates in Figure 14 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates 2014–16, 2018–19, 2021; chew use estimates: 2015, 2021. The vape estimates for 2012–13 have been suppressed because the relative standard error was greater than 50% or could not be determined.

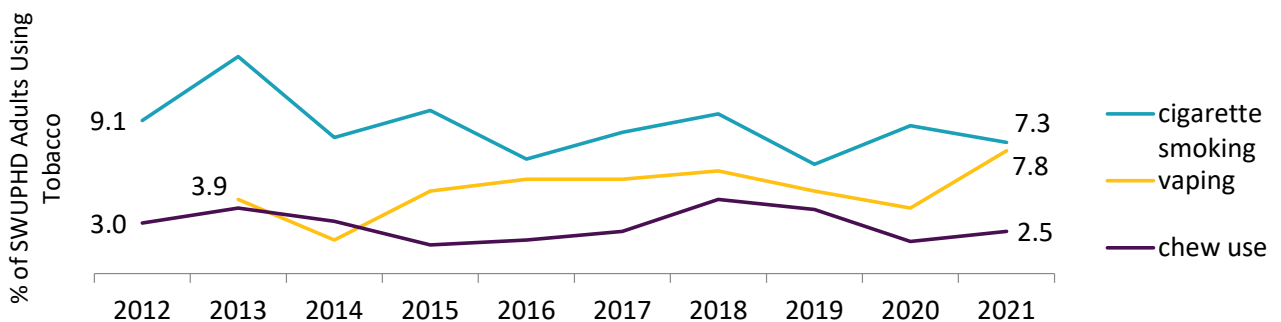


Southwest Utah Public Health Department (SWUPHD) tobacco statistics

	SWUPHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	7.8%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	1.9%	1.0%
Pregnant women smoking (2021) ²¹	3.2%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	18.0%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	8.4%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	24.1%	23.9%
Adult use of electronic cigarettes (2021) ¹	7.3%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	2.5%	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	21.2%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	58.8%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	7.6%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	210	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	131	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	115	1,246
Number of quit service users who chose online-only NRT ^{**} (FY 22) ⁴	27	300

**NRT: Nicotine Replacement Therapy

▲ Figure 15: Smoking, vaping, and chew use trends among SWUPHD adults, 2012–2021¹



Note: The following estimates in Figure 15 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates 2013–14; chew use estimates: 2012, 2015–2017. The vape estimate for 2012 has been suppressed because the relative standard error was greater than 50% or could not be determined.

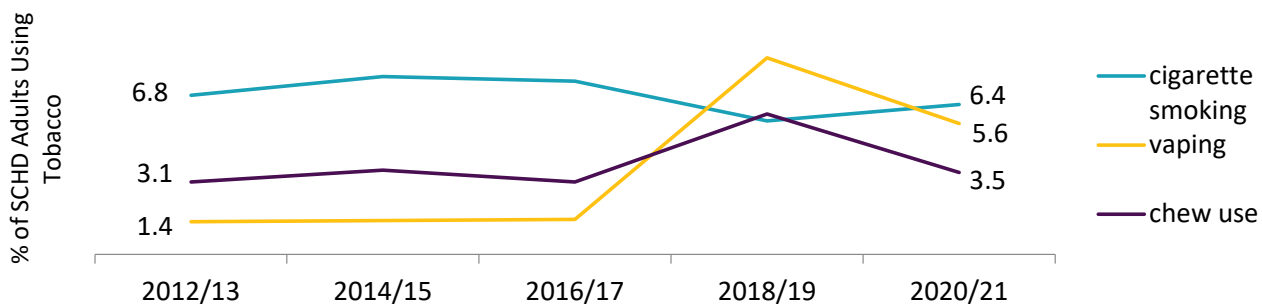


Summit County Health Department (SCHD) tobacco statistics

	SCHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	6.6%*	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	0.5%	1.0%
Pregnant women smoking (2021) ²¹	1.4%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	19.8%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	8.2%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	22.3%	23.9%
Adult use of electronic cigarettes (2021) ¹	3.6%*	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	2.7%*	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	20.1%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	59.7%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	3.3%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	15	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	11	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	^	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	^	300

*These estimates have a relative standard error of >30% and do not meet DHHS standards for reliability. **NRT: Nicotine Replacement Therapy
 ^Count is 10 or less and has been suppressed.

▲ Figure 16: Smoking, vaping, and chew use trends among SCHD adults, 2012–2021¹



Note: The following estimates in Figure 16 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates 2012/13, 2016–19; chew use estimates: 2014/15, 2020/21; cigarette smoking: 2020/21. The vape estimate for 2014/15 has been suppressed because the relative standard error was greater than 50% or could not be determined.

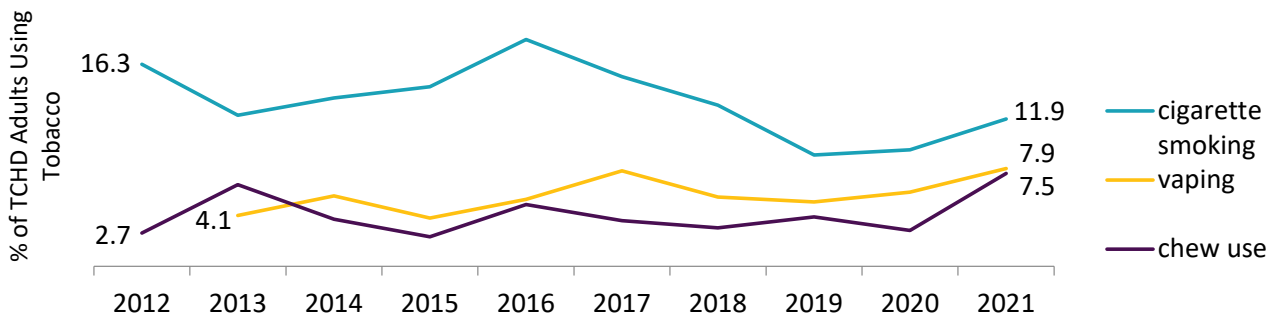


Tooele County Health Department (TCHD) tobacco statistics

	TCHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	11.9%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	1.0%	1.0%
Pregnant women smoking (2021) ²¹	5.0%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	22.3%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	9.3%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	30.6%	23.9%
Adult use of electronic cigarettes (2021) ¹	7.9%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	7.5%	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	29.5%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	67.5%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	4.9%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	94	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	58	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	46	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	13	300

**NRT: Nicotine Replacement Therapy

▲ Figure 17: Smoking, vaping, and chew use trends among TCHD adults, 2012–2021¹



Note: The following estimates in in Figure 17 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates 2013–16, 2018; chew use estimates: 2012, 2015, 2017, 2020. The vape estimate for 2012 has been suppressed because the relative standard error was greater than 50% or could not be determined.

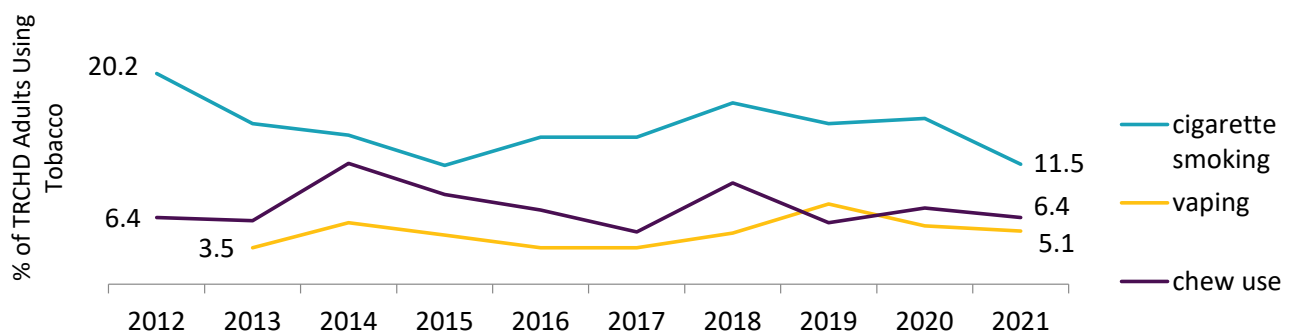


TriCounty Health Department (TRCHD) tobacco statistics

	TRCHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	11.5%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	2.4%	1.0%
Pregnant women smoking (2021) ²¹	8.6%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	26.8%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	12.2%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	24.7%	23.9%
Adult use of electronic cigarettes (2021) ¹	5.1%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	6.4%	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	22.8%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	62.3%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	27.7%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	70	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	49	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	37	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	14	300

**NRT: Nicotine Replacement Therapy

▲ Figure 18: Smoking, vaping, and chew use trends among TRCHD adults, 2012–2021¹



Note: The following estimates in Figure 18 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates 2013–15, 2019–20. The vape estimate for 2012 has been suppressed because the relative standard error was greater than 50% or could not be determined.

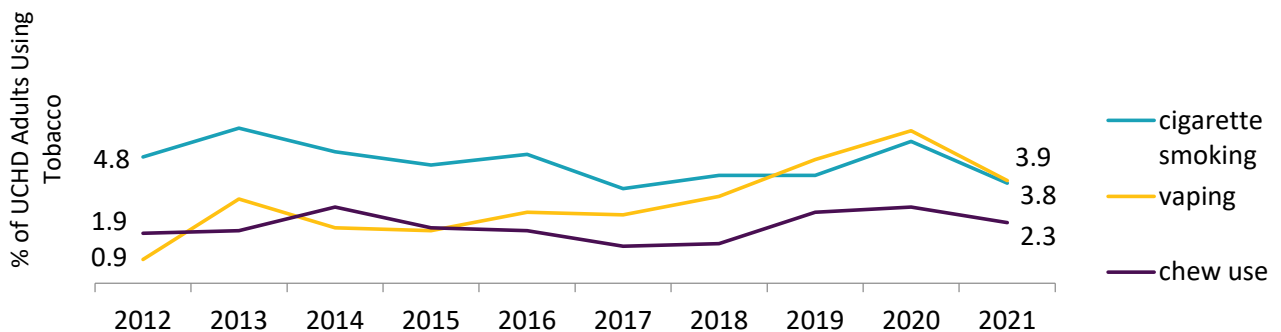


Utah County Health Department (UCHD) tobacco statistics

	UCHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	3.8%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	0.7%	1.0%
Pregnant women smoking (2021) ²¹	1.1%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	11.8%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	4.8%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	15.7%	23.9%
Adult use of electronic cigarettes (2021) ¹	3.9%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	2.3%	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	18.3%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	56.8%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	3.7%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	259	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	157	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	138	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	35	300

**NRT: Nicotine Replacement Therapy

▲ Figure 19: Smoking, vaping, and chew use trends among UCHD adults, 2012–2021¹



Note: The following estimate in Figure 19 has a relative standard error of >30% and does not meet DHHS standards for reliability: vape estimate 2012.

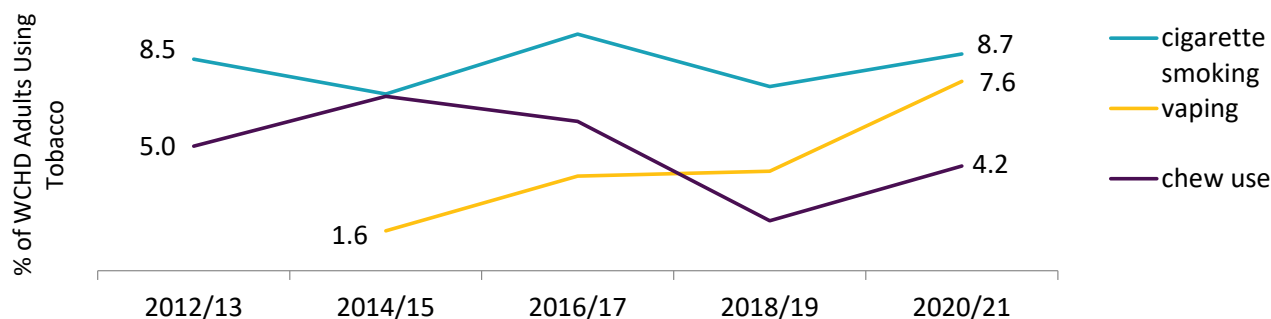


Wasatch County Health Department (WCHD) tobacco statistics

	WCHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	8.0%*	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	0.8%	1.0%
Pregnant women smoking (2021) ²¹	2.1%*	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	16.3%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	6.5%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	31.3%	23.9%
Adult use of electronic cigarettes (2021) ¹	11.8%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	4.8%*	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	19.5%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	54.2%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	15.4%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	^	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	^	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	^	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	^	300

*These estimates have a relative standard error of >30% and do not meet DHHS standards for reliability. **NRT: Nicotine Replacement Therapy
 ^Count is 10 or less and has been suppressed.

▲ Figure 20: Smoking, vaping, and chew use trends among WCHD adults, 2012–2021¹¹



Note: The following estimates in Figure 20 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimates 2014–19; chew use estimates: 2012–21. The vape estimate for 2012/13 has been suppressed because the relative standard error was greater than 50% or could not be determined.

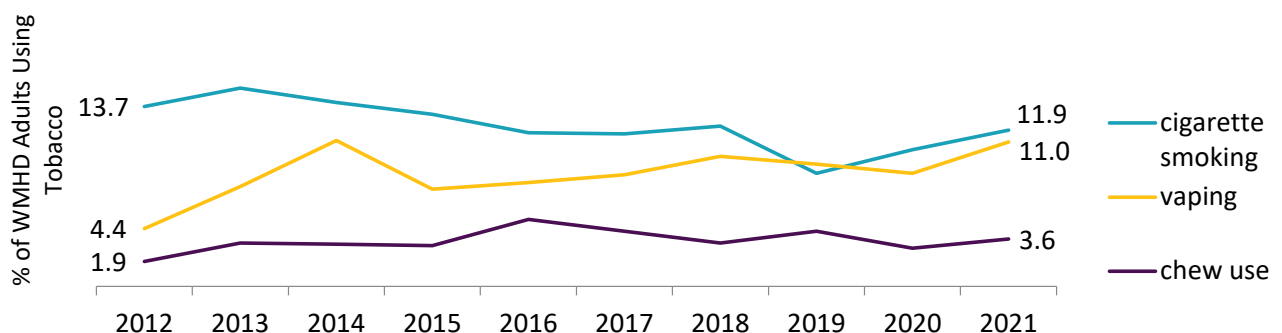


Weber-Morgan Health Department (WMHD) tobacco statistics

	WMHD	STATE
Cigarette smoking		
Adult cigarette smoking (2021) ¹	11.9%	7.3%
Youth cigarette smoking in grades 8, 10, 12 (2021) ⁸	1.2%	1.0%
Pregnant women smoking (2021) ²¹	4.2%	2.7%
Use of electronic cigarettes and smokeless tobacco		
Youth experimentation with electronic cigarettes in grades 8, 10, 12 (2021) ⁸	26.4%	17.9%
Youth use of electronic cigarettes in grades 8, 10, 12 (2021) ⁸	13.2%	7.8%
Adult experimentation with electronic cigarettes (2021) ¹	31.0%	23.9%
Adult use of electronic cigarettes (2021) ¹	11.0%	6.8%
Adult use of chewing tobacco, snuff, or snus (2021) ¹	3.6%	2.5%
Secondhand smoke exposure		
Adult exposure to secondhand smoke indoors/outdoors in the past week (2021) ¹	26.5%	22.4%
Anti-tobacco ad recall		
Anti-tobacco ad recall (TV) in the past month (2021) ¹	65.6%	62.2%
Tobacco retailer compliance check results		
Illegal tobacco/vape sales to individuals younger than 21 during checks, FY 22 ¹³	9.0%	8.8%
Quit service utilization		
Total number of people served (FY 22) ⁴	301	2,478
Number of quit service users who enrolled in the text option (FY 22) ⁴	194	1,599
Number of quit service users who enrolled in the email option (FY 22) ⁴	145	1,246
Number of quit service users who chose online-only NRT** (FY 22) ⁴	37	300

**NRT: Nicotine Replacement Therapy

▲ Figure 21: Smoking, vaping, and chew use trends among WMHD adults, 2012–2021¹



Note: The following estimates in Figure 21 have a relative standard error of >30% and do not meet DHHS standards for reliability: vape estimate 2012; chew use estimate 2012.

The burden of nicotine addiction in Utah

Commercial tobacco use remains a significant barrier to living a healthy life for many Utahns. Due to tobacco industry targeting, a lack of strong tobacco-free policies, and limitations in access to preventive care and cessation services, tobacco use rates remain high among many Utah communities. Furthermore, vape and other emerging nicotine products with innovative designs, enticing flavors, and extensive marketing through digital and social media have contributed to an increase in nicotine dependence among younger Utahns. Ongoing state and local tobacco prevention and control programs are needed to reduce tobacco use among all population groups and inform communities about new tobacco products, flavors, and the health risks associated with nicotine addiction.

Tobacco and vape product use

169,400 (7.3% of Utah adults)

Utah adults who smoke cigarettes (2021)¹

106,000 (62.6% of Utah's current cigarette smokers)

Utah adult smokers who made a serious quit attempt in the past year (2021)¹

38,200 (17.9% of Utah teens)

Utah teens who have tried vape products (2021)⁷



Social and economic burden

\$1.93 billion

Estimated annual medical expenses and lost productivity in Utah due to smoking¹⁷

\$41.9 million

Estimated annual tobacco industry marketing expenditure in Utah¹⁷

1,340

Estimated annual number of deaths in Utah due to cigarette smoking²⁰

TPCP program reach

1.44 million (62.2% of Utah adults)

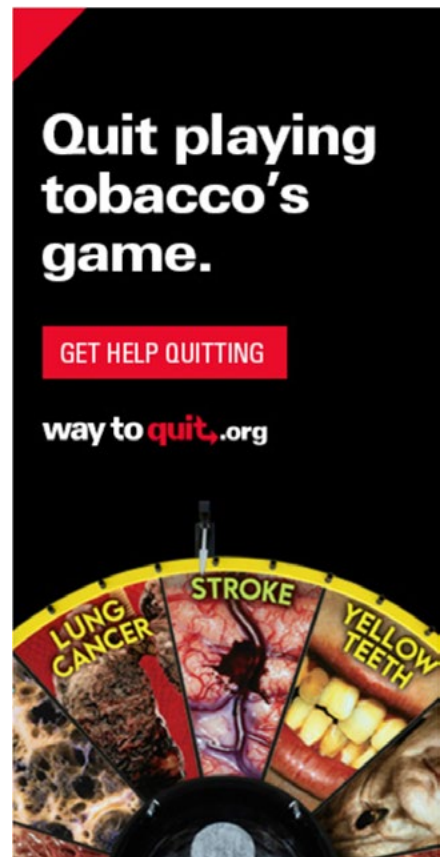
Utah adults who recall seeing anti-tobacco ads on TV in the past 30 days (2022)¹

10,061

Average monthly waytoquit website visits (FY 2022)

2,478

Tobacco users who used Utah Tobacco Quitline services (FY 2022)⁴



TPCP Partners

- American Cancer Society
- American Heart Association
- American Lung Association
- Association for Utah Community Health
- Behavioral Risk Factor Surveillance System
- Bear River Health Department
- Campaign for Tobacco-Free Kids
- Centers for Disease Control and Prevention
- Central Utah Public Health Department
- Centro Hispano
- Comagine Health
- Comunidades Unidas
- Commission on Criminal and Juvenile Justice
- Davis County Health Department
- Huntsman Cancer Institute
- Intermountain Medical Center
- March of Dimes
- Molina Healthcare
- National Jewish Health
- Primary Children’s Hospital
- Project Success Coalition, Inc.
- R & R Partners
- RTI International
- San Juan Public Health Department
- Salt Lake County Health Department
- SelectHealth
- Southeast Utah Health Department
- Southwest Utah Public Health Department
- Steward Health Choice Utah
- Summit County Health Department
- The Queen Center
- The Urban Indian Center of Salt Lake
- Tooele County Health Department
- Tri-County Health Department
- University of Utah
- University of Utah Health
- University of Utah Health Plans
- Utah Apartment Association
- Utah Association of Local Health Departments
- Utah Chiefs of Police Association
- Utah County Health Department
- Utah Dental Association
- Utah Department of Environmental Quality, Division of Waste Management and Radiation Control, Hazardous Waste Management Program
- Utah Department of Health and Human Services Division of Family Health
- Utah Department of Health and Human Services Division of Integrated Healthcare
- Utah Department of Health and Human Services Division of Population Health
- Utah Department of Health and Human Services Office of American Indian/Alaska Native Health and Family Services
- Utah Department of Health and Human Services Office of Health Equity
- Utah Department of Health and Human Services Office of Substance Abuse and Mental Health
- Utah Department of Public Safety
- Utah Indian Health Advisory Board
- Utah Juvenile Court
- Utah Local Association of Community Health Education Specialists (ULACHES)
- Utah Medical Association
- Utah Office of the Attorney General
- Utah Parent Teacher Association
- Utah Prevention Advisory Council
- Utah State Board of Education
- Utah State Tax Commission
- Utah Substance Abuse and Mental Health Advisory (USAAV+) Council
- Utah Tobacco-Free Alliance
- Wasatch County Health Department
- Weber-Morgan Health Department

References

- ¹ Utah Department of Health and Human Services. Behavioral Risk Factor Surveillance System (BRFSS). Salt Lake City: Utah Department of Health and Human Services, Division of Data, Systems, and Evaluation.
- ² Campaign for Tobacco-Free Kids. The Toll of Tobacco in the United States. Retrieved November 16, 2022 from <https://www.tobaccofreekids.org/problem/toll-us/>.
- ³ Fiore, M.C., Bailey, W.C., Cohen, S.J., et al. (2000). Treating Tobacco Use and Dependence. Clinical Practice Guideline. U.S. Department of Human Services, Public Health Service (PHS).
- ⁴ Utah Tobacco Quitline Monthly Reports FY 22 and Utah Tobacco Quitline 2021 Outcomes Report. Tobacco Prevention and Control Program. Salt Lake City: Utah Department of Health and Human Services. Note: Quit line users can select more than one service option. The numbers listed for quit line users who enrolled in quit line text or e-mail options and quit line users who enrolled in NRT services are not mutually exclusive.
- ⁵ Vidrinem J., Shete S., Cao, Y., et al. Ask-Advise-Connect: A New Approach to Smoking Treatment Delivery in Health Care Settings. *JAMA Intern Med.* 2013; 173(6): 458-464.
- ⁶ Centers for Disease Control and Prevention. Best Practices User Guide: Health Equity in Tobacco Prevention and Control. 2015. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- ⁷ Centers for Disease Control and Prevention. About Electronic Cigarettes (E-Cigarettes). Retrieved January 3, 2023 from https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigarettes.html.
- ⁸ Tobacco Prevention and Control Program. Prevention Needs Assessment Tobacco Questions, School Health and Risk Prevention (SHARP) Survey 2013-2021 (odd years). Salt Lake City: Utah Department of Health and Human Services.
- ⁹ England, L. et al. Nicotine and the Developing Human: A Neglected Element of the E-cigarette Debate. *American Journal of Preventive Medicine* Volume 49, Issue 2, August 2015, pp. 286–293.
- ¹⁰ HHS, E-Cigarette Use Among Youth and Young Adults. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2016.
- ¹¹ RTI International. 2021 Utah Adult Tobacco Survey Findings. Research Triangle Park: RTI International.
- ¹² Goriounova, N., Mansvelder, H. Nicotine Exposure During Adolescence Alters the Rules for Prefrontal Cortical Synaptic Plasticity During Adulthood. 2012. *Frontiers in Synaptic Neuroscience*.
- ¹³ Tobacco Prevention and Control Program. Utah Tobacco Retail Compliance Checks, FY22. Salt Lake City: Utah Department of Health and Human Services.
- ¹⁴ Orzechowski and Walker. (2021). The Tax Burden on Tobacco - Historical Compilation. Volume 56. Arlington, Virginia: Orzechowski and Walker Consulting.
- ¹⁵ Association for Utah Community Health (AUCH) Progress Reports, FY 22. Tobacco Prevention and Control Program. Salt Lake City: Utah Department of Health and Human Services.
- ¹⁶ Medicaid Tobacco Program Progress Reports, FY 22. Tobacco Prevention and Control Program. Salt Lake City: Utah Department of Health and Human Services.
- ¹⁷ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Utah. Retrieved November 16, 2022 from <https://www.tobaccofreekids.org/problem/toll-us/utah>.
- ¹⁸ Utah State Tax Commission. Revenue Summary, September 2022. Retrieved November 16, 2022 from <https://tax.utah.gov/esu/revenuereports/2022-revenue-summary.pdf>.
- ¹⁹ National Center for Chronic Disease Prevention and Health Promotion. Chronic Disease and Health Promotion Data and Indicators. Map of Tobacco Settlement Payments. 1999-2021. National Association of Attorneys General (NAAG). Retrieved November 16, 2022 from <https://chronicdata.cdc.gov/Policy/Map-of-Tobacco-Settlement-Payments-NAAG-Tobacco-Se/fwgf-vys6>.
- ²⁰ National Center for Chronic Disease Prevention and Health Promotion. (2010). State Tobacco Activities Tracking and Evaluation (STATE) System. Atlanta, GA: U.S. Department of Health and Human Services. Retrieved November 17, 2022 from <https://www.cdc.gov/statesystem/index.html>.
- ²¹ Utah Birth Certificate Database. Retrieved November 7, 2022 from Utah Department of Health, Center for Health Data and Informatics, Indicator-Based Information System for Public Health at <http://ibis.health.utah.gov>. Note: These smoking rates are based on pregnancies that resulted in live births.



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