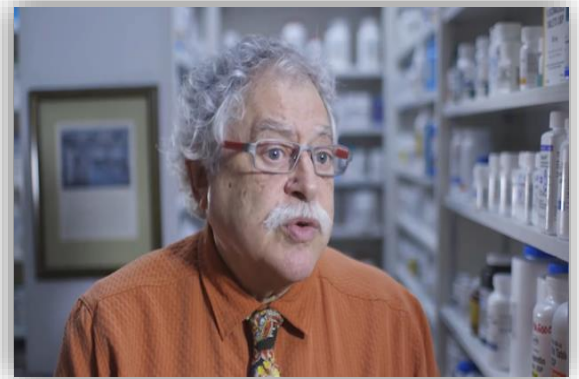


Annual Progress on Eliminating Tobacco Use and Vaping in Vermont

Fiscal Year 2023





“

...I started smoking (menthol) when I was 16. It was generally known that menthol and Newports were targeted to folks of color. A lot of my smoker friends were BIPOC (Black, Indigenous, People of Color) and we all smoked Newports. I had a lot of trouble quitting. There is something about the kick and smoothness (of menthol) that you don't find in normal cigarettes that makes it that much more addictive.

”

– **Wichie Artu**

President at NAACP of Windham County

ABOUT THIS BRIEF

This is a report on Vermont's progress and opportunities for eliminating addiction to nicotine and tobacco products. While there has been an explosion of products and flavors, the work of tobacco control is built on over 50 years of evidence from practice and research. The **progress of this steady, evidence-based work and its impact on Vermont's workers, youth, and communities** is summarized in this document.

The sections of this brief include:

*Addiction to tobacco or other nicotine products disproportionately impacts the **most vulnerable***

Page 4-5



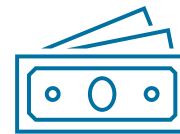
*Evidence-based nicotine dependence **treatment** is available to all Vermonters*

Pages 6-8



*Treating this addiction **has short- and long-term cost savings,** including for Medicaid*

Page 9



*Opportunities to further support Vermonters in the **retail environment** and other systems*

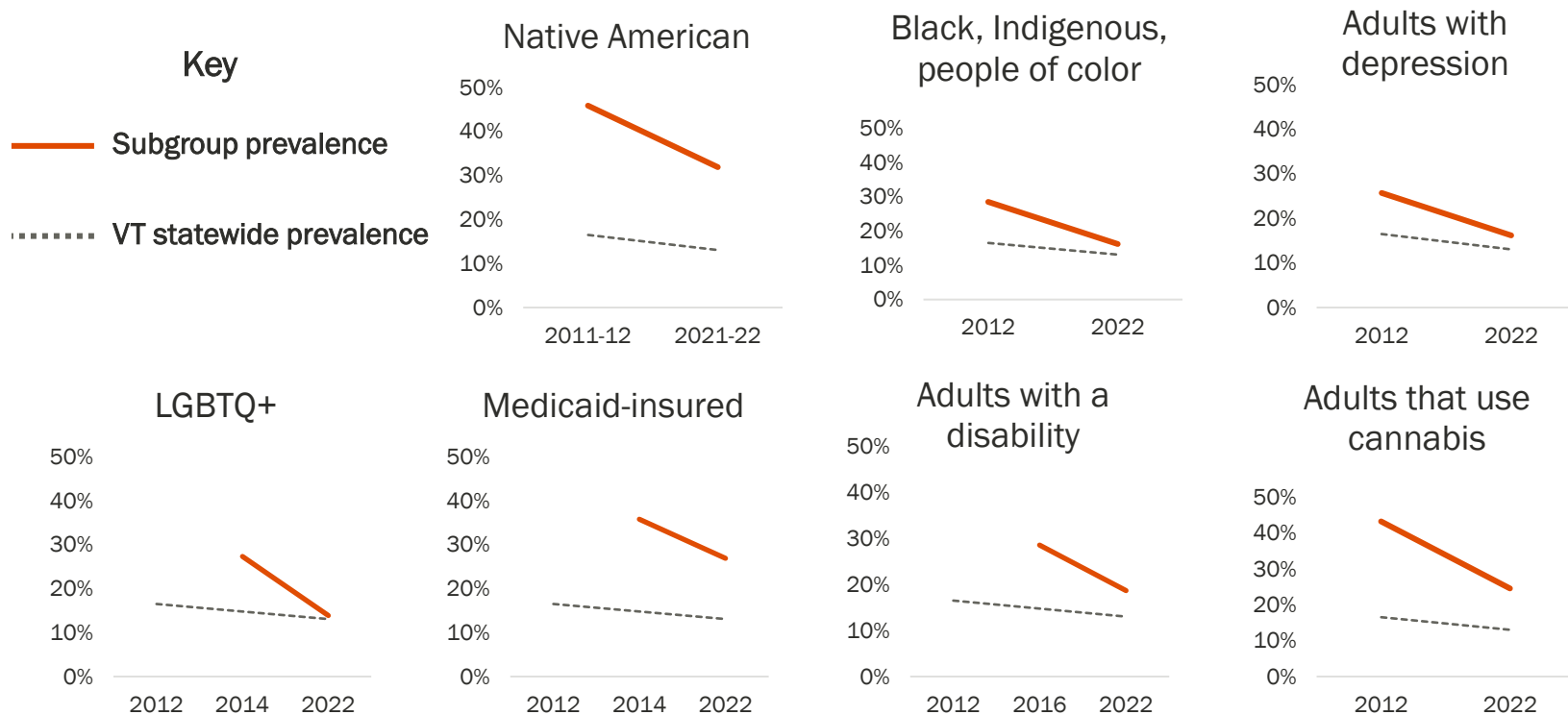
Pages 10-11



PROGRESS AND OPPORTUNITIES TO REDUCE ADULT SMOKING DISPARITIES

The dangers of smoking combustible cigarettes have been well-documented, specifically increased rates of **respiratory and cardiovascular diseases, cancer, and diabetes**.^{1,2,3} Vermont has seen a slight, but significant **decrease** in adult smoking prevalence over the past decade, and many **sub-populations** have seen an even greater decline in use than the overall adult population. There remains a higher prevalence from the overall Vermont population for Vermont's Native Americans, Medicaid members, individuals who use cannabis, and individuals with a disability.

Cigarette smoking prevalence among sub-populations of adult Vermonters (data from VT BRFSS ⁴)



MOMENTUM AND BARRIERS TO ENDING ADDICTION TO NICOTINE PRODUCTS AMONG YOUTH

Over the past decade, prevalence of smoking cigarettes among Vermont's high schoolers has sharply decreased; however, the use of electronic vapor products (EVPs) has increased.

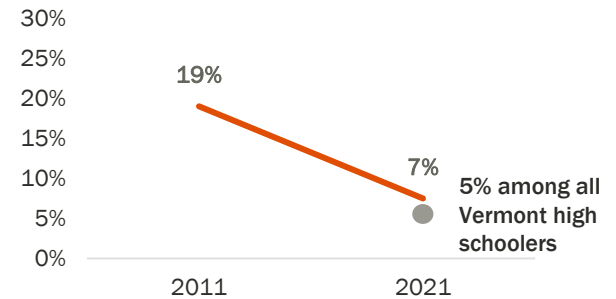
Progress has been made in decreasing cigarette use among youth. In 2021, **fewer than 1 in 5** high school students have ever tried a cigarette.⁵ However, **disparities persist**. Vermont high schoolers who are Black, Indigenous, people of color (**BIPOC**) or identify as **LBGTQ** are significantly more likely than their white, non-Hispanic or heterosexual, cisgender counterparts to have smoked cigarettes in the past 30 days.⁵

Despite this progress, the rise of electronic vapor products (EVP) has created new challenges. The **amount of nicotine** in these products varies and can be as much or more than cigarettes. In 2021, 18% of youth reported tobacco or EVP use in the past 30 days and **1 in 3 high schoolers had ever tried an EVP**. Also, 18% of high schoolers report having used a flavored tobacco product.⁵

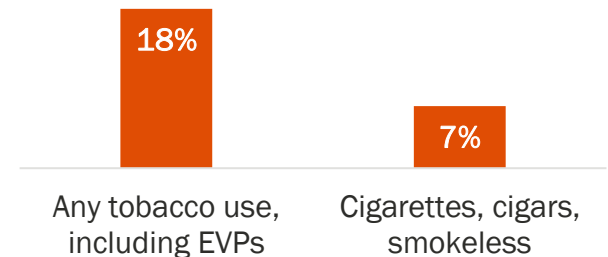
Addressing youth use of nicotine products is critical, as use of these products increase the likelihood of addiction into adulthood.⁶

a. Caution should be used when comparing the 2021 YRBS results to other years, as estimates have likely been impacted by the COVID-19 pandemic and the delay of the administration of the survey.

Past 30 day cigarette use among BIPOC youth (YRBS)^a



Youth past 30 day use (YRBS 2021)

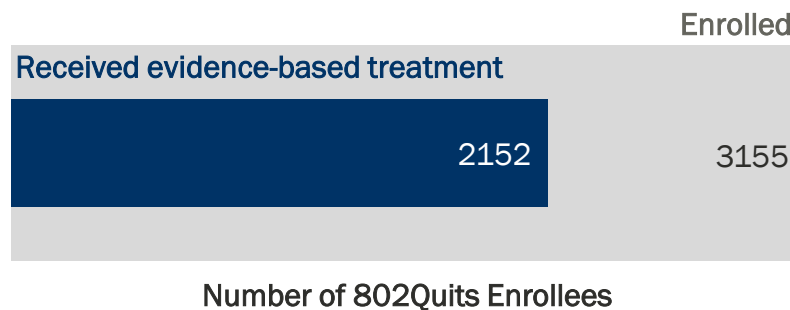


NICOTINE DEPENDENCE TREATMENT

The *majority of individuals addicted to tobacco would like to quit, and about half try to quit each year.*⁷ 802Quits is a free service that serves all Vermonters seeking treatment for cessation of tobacco and nicotine use. Data on income are not reported, but low educational attainment, lack of health insurance, and enrollment in Medicaid serve as proxy measures for low socioeconomic status.

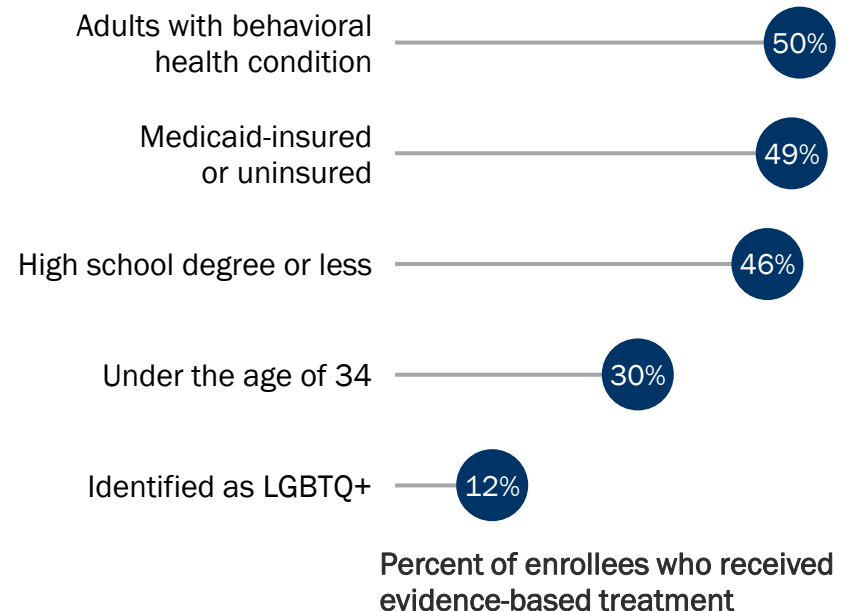
Tobacco quit lines are available in all 50 states and services can be provided in several formats. Evidence-based treatment, which consists of completing one counseling call or receiving nicotine replacement therapy (NRT), was received by 68% of 802Quits enrollees. In FY23, **802Quits provided NRT to 2,075 Vermonters.**

Enrollment and utilization of 802Quits services in FY23



802Quits served as a resource for Vermont priority populations in FY23

Almost **half** of Vermonters who received treatment through 802Quits were **Medicaid-insured or uninsured**. Half reported a behavioral health condition.

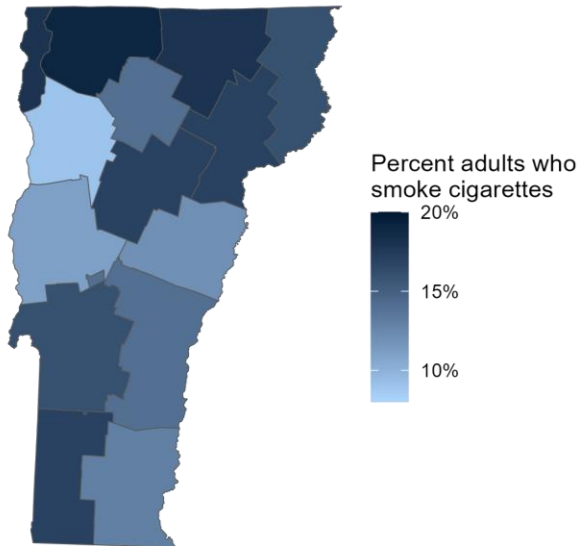


802QUITS SERVICES REACHED THE AREAS OF VERMONT WITH THE HIGHEST TOBACCO BURDEN

802Quits is being utilized in areas with a high burden of tobacco use, though there are still regions of the state where reaching more individuals seeking nicotine treatment is needed.

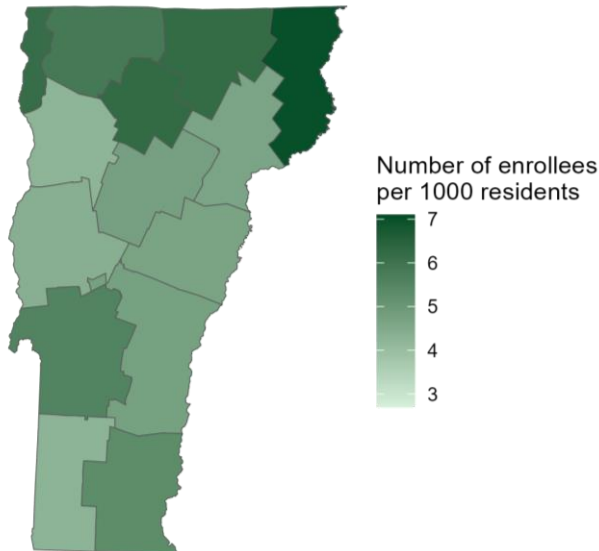
Smoking prevalence

Chittenden County has the lowest smoking prevalence among adults (9%) and Franklin County has the highest smoking prevalence (19%) (2022 BRFSS).



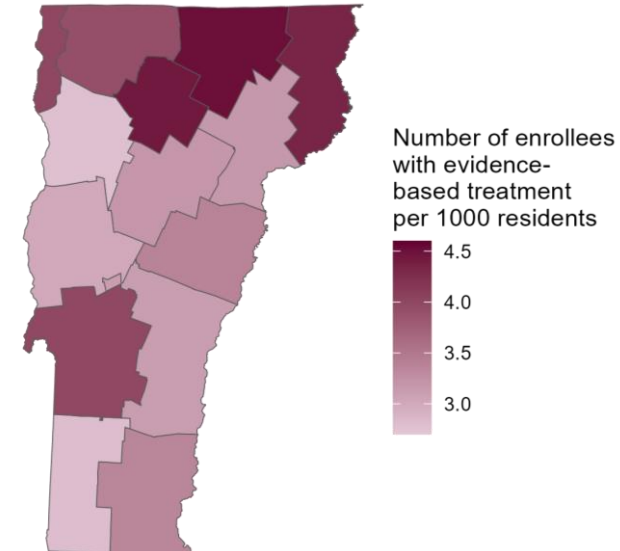
802Quits enrollment

The three Vermont counties with the highest smoking prevalence (Franklin, Grand Isle, and Orleans) are in the top five counties for enrollment per capita (FY23 802Quits).



Evidence-based treatment

Orleans, Lamoille, and Essex counties has the highest number of enrollees who completed a counseling call or received nicotine replacement therapy per capita (FY23 802Quits).



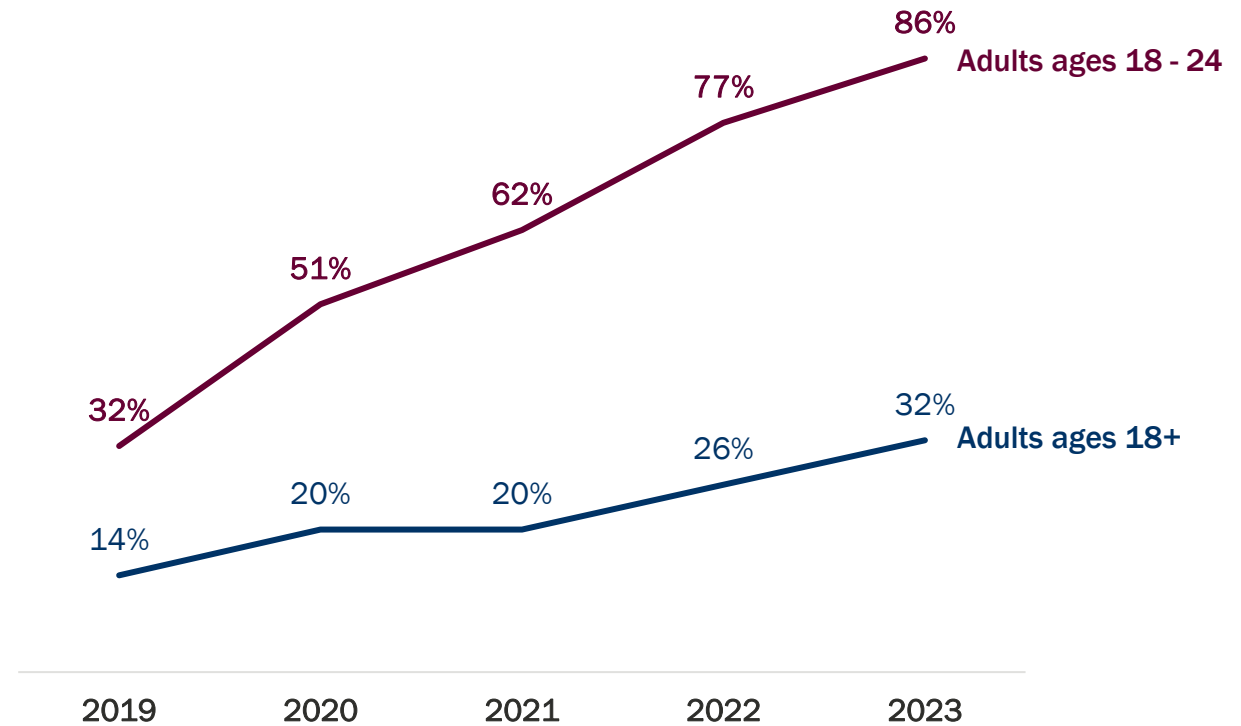
THE PERCENT OF YOUNG ADULTS VAPING WHEN ENROLLING IN 802QUITS HAS NEARLY TRIPLED OVER FIVE YEARS

The percent has more than doubled for all adults; Vermont's web and phone support treats addiction to all types of tobacco products, including vapes.

Nicotine is a highly addictive drug and the type of nicotine used in most vaping devices absorbs into the body quicker.

There is growing evidence that **use of nicotine before the age of 25 increases risk for addiction to other drugs.**⁸ 802Quits treats addiction to any type of nicotine product, including EVPs.

Percent of 802Quits enrollees who report vaping at intake



THE HIGH COSTS OF SMOKING OUTWEIGHS ANNUAL TAX REVENUE

The costs of smoking are steep and include lost productivity due to illness and increased health care costs, given that smoking affects nearly every organ in the body.⁶ Some of the short-term as well as the longer-term costs due to smoking are highlighted here.

In Vermont **\$404 million in annual health care costs** is directly caused by smoking in 2023. Medicaid costs were \$93.7 million of that cost.⁹ The 2022 **tobacco tax revenue was less than the costs of just Medicaid**, at \$76 million.¹⁰ A recent return on investment estimated that Vermont saved \$2.3 million in Medicaid spending, based on \$1.7 billion of spending in 2021 and a 1% decrease in prevalence among Medicaid-insured between 2018-2021.¹¹

In addition to direct health care costs, smoking is related to numerous chronic diseases, including many types of cancer and Chronic Obstructive Pulmonary Disease (COPD):

29%

Of all cancer deaths in Vermont can be attributed to tobacco.⁹

80%

Of COPD is due to tobacco use. This disease accounts for 1.5 million emergency department visits annually.¹²

\$2.3 million



Estimated Medicaid cost savings from a 1% decrease in smoking between 2018-2021.

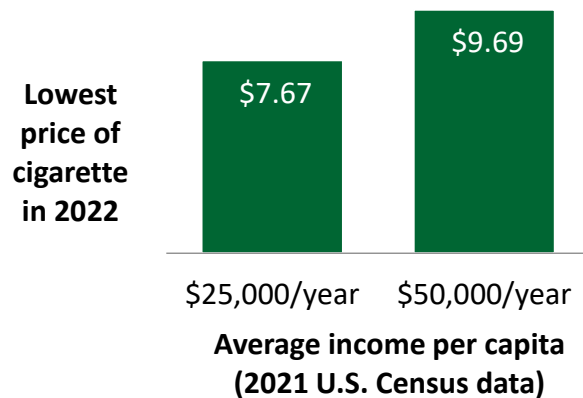
THE TOBACCO INDUSTRY NEGATIVELY SHAPES THE RETAIL ENVIRONMENT

The tobacco industry uses tactics to make and keep consumers addicted. Tobacco retailer strategies promote cessation by reducing access to tobacco products and exposure to tobacco marketing.

Price

The tobacco industry employs **price discrimination**, where they reduce prices for consumers who are most price-sensitive (such as youth and low-income individuals) while selling products at a higher price to less price-sensitive consumers.¹³ The lowest price for a pack of non-menthol cigarettes in Vermont is \$4.66 (2022 VT Tobacco Retail Audit).

In Vermont, cigarettes are sold for lower prices in areas with lower income



Coupons

Coupons are a key point of contact between the tobacco industry and Vermonters and can give an indication of the **reach and effects of tobacco marketing**.¹⁴ The tobacco industry spends a significant amount of money on marketing and coupons are a major component of that spending.

\$15.8 million

Estimated annual tobacco industry marketing spending in Vermont⁹

Among Vermonters who currently report use of tobacco products, **27% have used a coupon** in the last 12 months, indicating a noteworthy reach of the tobacco industry (2022 ATS).

POLICIES THAT ADDRESS TOBACCO PRODUCT AVAILABILITY

Limiting the tobacco products that are available in the retail environment is another strategy to counter the impacts of the tobacco industry on the most vulnerable populations.

There are several national and state-level policies that seek to limit the types of tobacco products that are available:



2009 – the federal Family Smoking Prevention and Tobacco Control Act banned flavored cigarettes, with the exception of menthol.



2023 – five states have enacted laws to restrict the sale of flavored e-cigarettes, including four Northeastern states – Massachusetts, New Jersey, New York, and Rhode Island.



While Vermont does not currently have a policy limiting the sale of flavored tobacco products, **68% of Vermont voters support ending the sale of all flavored tobacco products.** ¹⁵

ACTION AT THE LOCAL LEVEL:

A new business, located across the street from a high school in St. Albans, decided to remove all exterior alcohol and tobacco signs.

Partnership between retailers and public health is essential.

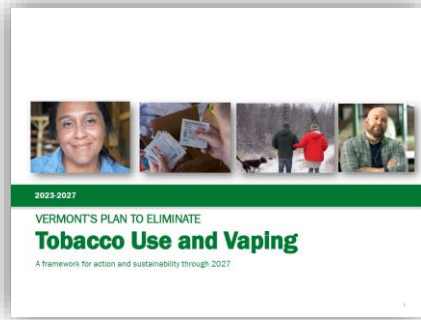
The store owner said, “I realize the socially responsible aspect of being a business owner. I thought, being right across from the high school, it was kind of the time and place to do it, and so I stand strong with my conviction to take down the signs.”

From Scratch owner Mike Rooney. Photo by Jackie DiBartolomeo, Saint Albans Messenger

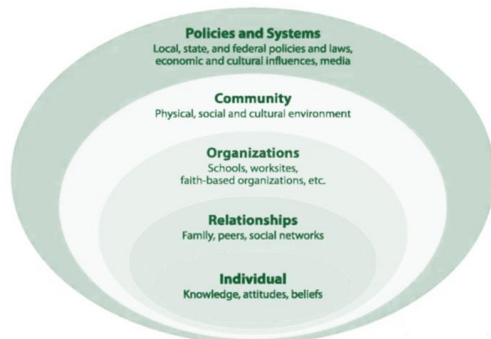


WHAT'S NEXT

This is the first brief summarizing progress on Vermont's 2023-2027 strategic plan to eliminate tobacco use and vaping. The intended use of this report is for accountability and sharing progress and opportunities to realize the vision of healthy Vermonters living in healthy communities from tobacco-related death and disease.



Vermont's Plan to Eliminate Tobacco Use and Vaping, is the strategic roadmap. The approach is multilevel and multicomponent, following the levels of the Vermont Prevention Model (below).



Three priorities to improve the health of Vermonters and the financial interests of the state are:

- 1 Address disparities** – Addressing multiple levels of Vermont’s prevention model is vital to further reduce prevalence to all types of tobacco and vaping products, particularly for subgroups disproportionately impacted by tobacco, including BIPOC, LGBTQ, Medicaid, youth and young adults.
- 2 Expand access to treatment** – most individuals addicted want to quit. Expanding use of 802Quits, provider engagement, and continued partnership with other state agencies is essential.
- 3 Consider policies that protect Vermont’s most vulnerable** - Tobacco control policies and programs have a long history of protecting the most vulnerable, including youth. Policies that address price and flavors have been shown to effectively reduce youth initiation of these products.

Questions about this report can be directed to Melissa Chapman Haynes, PhD, mchapman@pdastats.com. Questions about VCTP can be directed to tobacco@vermont.gov.

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