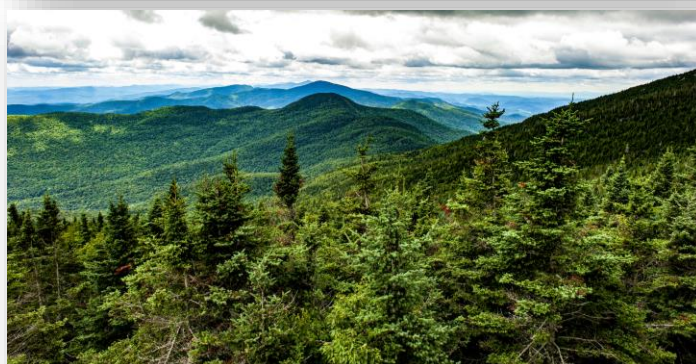


Vermont Tobacco Control Program

Annual Program Review | Fiscal year 2022 (July 1, 2021 – June 30, 2022)

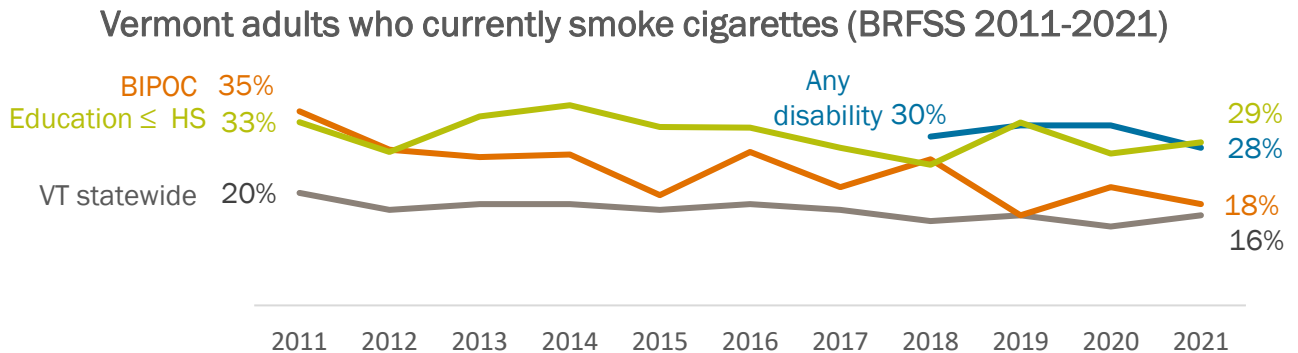


This report highlights the key successes and opportunities of the Vermont Tobacco Control Program (VTCP) and partner efforts during fiscal year 2022. For more than two decades tobacco prevention and control has developed a strong evidence base of best practices for prevention, nicotine dependence treatment, secondhand smoke policies, and social norms change that are now being applied to vaping of various substances.

Health inequities persist in cigarette and tobacco use

Critical disparities remain and are urgent to address

Tobacco remains the leading cause of preventable death in Vermont, and in the United States.¹ Even with a significant decrease over the past decade in adult cigarette smoking, due to health inequities and access issues some groups of Vermonters smoke at a higher rate, including Black, Indigenous and People of Color (BIPOC), adults with any disability and adults with or without a high school diploma or equivalent.

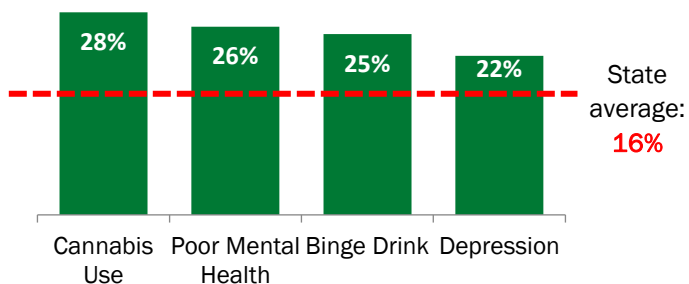


In 2021 Vermont adults in Essex (25%) and Caledonia (21%) counties are statistically more likely to smoke cigarettes as compared to Vermont adults overall. Because of the toxic impact tobacco use has on an individual, family and community level, reducing this impact is a justice issue - and it is imperative to apply a health equity framework to succeed. **Communities experiencing higher rates of tobacco use are not to blame.** Tobacco-related health disparities exist and endure due to historical and present day targeting by the tobacco industry, use of techniques including couponing to make tobacco products cheap including to youth, unequal social and economic conditions that lead to disproportionate exposure to and use of addictive tobacco products like cigarettes and e-cigarettes.

Mental health and substance use relate to smoking rates

In Vermont, adults who use cannabis, adults reporting poor mental health, adults who binge drink and adults who have depression have a higher prevalence of cigarette smoking compared to the state average.²

Smoking Rates (BRFSS, 2021)



PACE-VT highlights need to address young adult substance use

Data from PACE VT, an online cohort study of adolescents aged 12-17, found a 1-point increase in COVID Impact Score was associated with a higher odds of cigarette use and of vaping in the past 30 days.³

60%

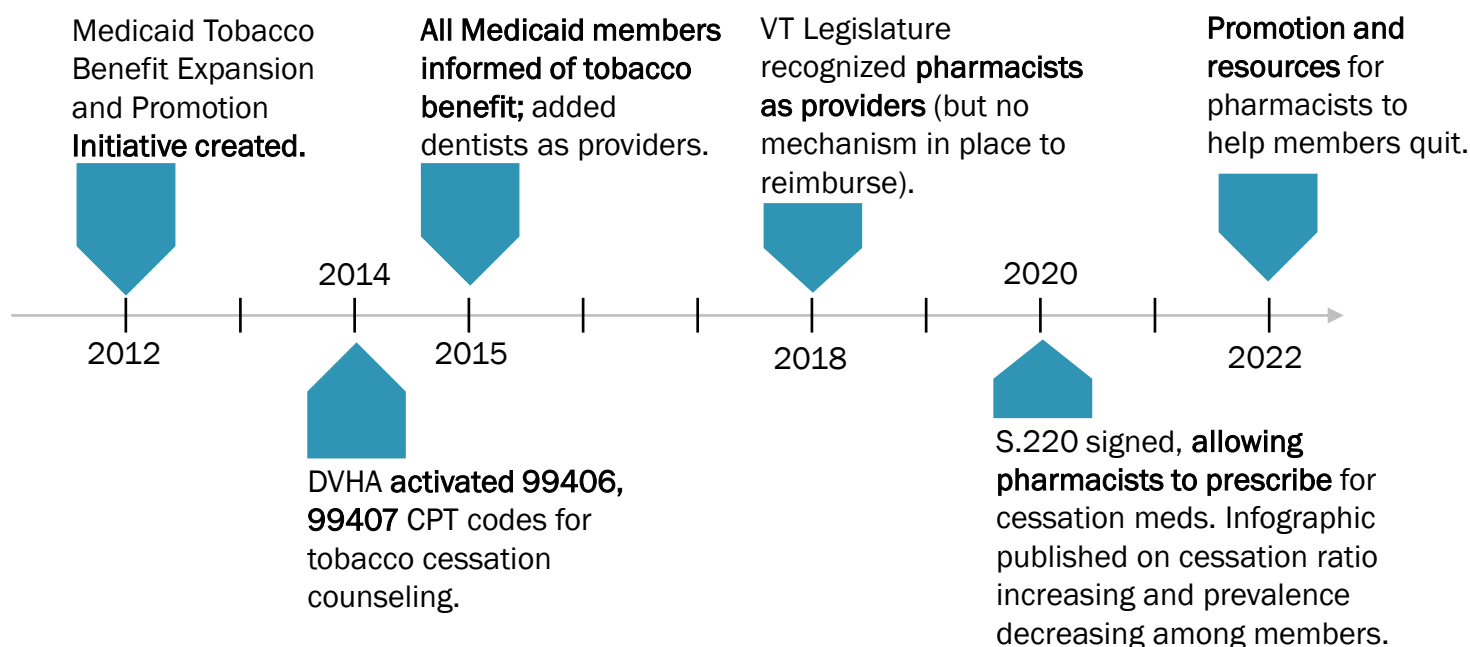
Of adults who currently or formerly smoked started smoking regularly before age 18,⁴ making it imperative to support prevention and treatment programs for youth and young adults.

A decade of progress in reducing disparities

Medicaid Tobacco Benefit and Promotion Initiative

The annual cost of tobacco-related health care in Vermont is \$404 million, and the cost for Medicaid tobacco-related expenses are \$93.7 million.⁵ Research in the Journal of the American Medical Association (JAMA) found that if 2% of people who currently smoke in Vermont quit, the state would save \$12.2 million in Medicaid costs.⁶ Collaboration is key to advancing tobacco treatment and improving health outcomes. The VTCP and the Department of Vermont Health Access (DVHA) have been working together since 2012 to increase quit behavior and reduce illness of Vermonters who are Medicaid members.

Timeline of key achievements from the VTCP and DVHA collaboration



Pharmacists are key partners in supporting patients to quit tobacco

With Act 178 and state plan amendment, since July 2021, DVHA allows reimbursement for pharmacists who provide tobacco cessation counseling, which can include referral to Vermont's quitline, 802Quits. The VTCP and DVHA developed prescribing protocols, patient forms and training opportunities, and continue to promote these to pharmacists.



Of the 634 Vermonters who enrolled in 802Quits between July 2021 – June 2022, 15% were Medicaid insured (n=634).⁷ Within this group:

35% enrolled in the Medicaid/uninsured incentives program

534 total incentives were distributed for completing counseling



Pregnant smoking rates are declining

Vermont still has one of the highest smoking rates for pregnant people

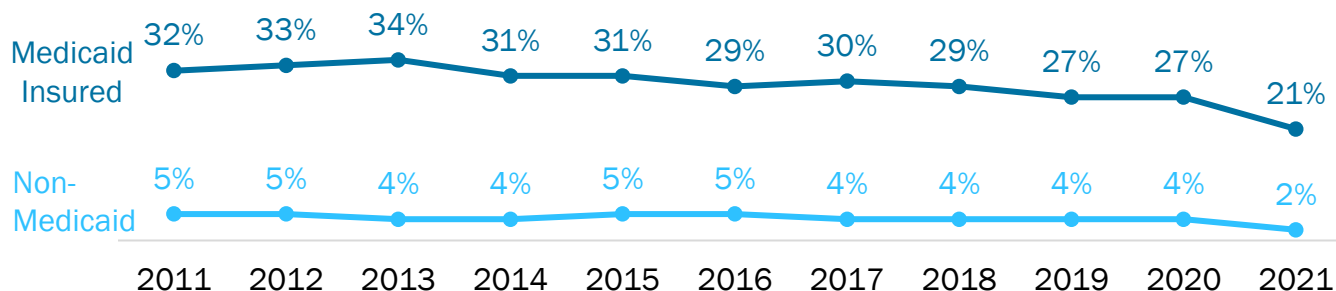
Recent data indicates 9.4% of pregnant people in Vermont used tobacco, which puts the state near the top of US states for smoking during pregnancy. Despite a decrease in smoking prevalence among pregnant Vermonters compared to previous years, the state remains among those with the highest smoking prevalence rates during pregnancy, including Missouri (9.9%), Montana (10.7%), and Kentucky (12.7%).²

In response to the high rates, the **One More Conversation** campaign in Vermont encourages health care providers, family and community members to have open and honest conversations with those pregnant about the risks and harms associated with substance use, including smoking during pregnancy. The goal is to promote the health and well being of pregnant Vermonters and their babies by sharing practical information on smoking cessation.



Medicaid-Insured Vermonters are 6 to 10 times more likely to smoke during pregnancy than those not insured by Medicaid⁸

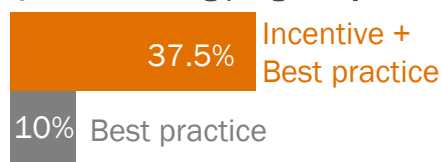
Percentage of Pregnant Vermonters who Smoked During Pregnancy



Incentives paired with counseling increases quit rate success

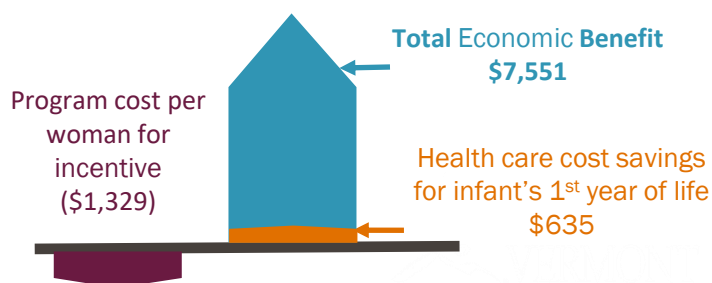
Offering evidence-based incentives for smoking cessation among pregnant people using Medicaid leads to increased success in quitting smoking, better health outcomes and cost savings. VTCP is exploring use of incentives for smoking cessation in Vermont's health systems.

Quit rate during pregnancy



Pregnant Medicaid Vermonters who receive incentives are 6 times more likely to quit smoking than with cessation best practices alone.⁹

For every dollar invested in financial incentives for cessation, the return on investment was 12 times the investment.¹⁰



802Quits incentives encourage enrollment and increased counseling

Quitting smoking is one of the most significant changes people can make to improve their health

Providing financial incentives to people is an effective strategy to improve smoking cessation rates. Offering incentives for smoking cessation increases the amount of treatment that people receive through a program, and there is strong evidence that **increased treatment leads to increased cessation rates**.

Offering incentives increases likelihood of calling a quitline

Quitline users who received incentives had higher quit rates than users without incentives.¹¹ The use of incentives is a cost-effective strategy to engage smokers, especially people who are low income or are Medicaid members,¹² with an evidence-based smoking cessation treatment, like completing a coaching call or receiving nicotine replacement therapy (NRT).¹³

About 802Quits incentives

802Quits is an evidence-based tobacco treatment program accessible by phone, online or text for Vermont residents.

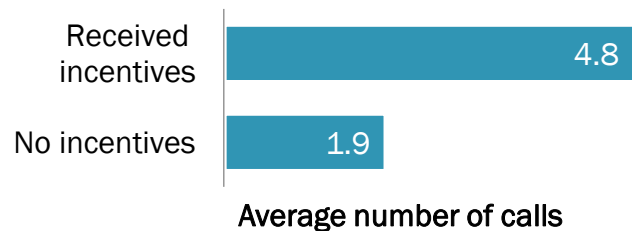
In March 2021 the quitline began offering incentives for priority populations, including Medicaid members and uninsured Vermonters, Vermonters who smoke menthol cigarettes and pregnant Vermonters.

Registrants receive:

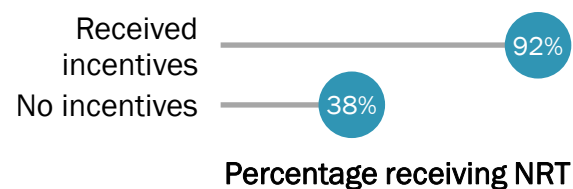
- \$20 for the first three completed calls,
- \$30 for calls four and five,
- \$30 additional for completing all five calls.

Incentives increased treatment

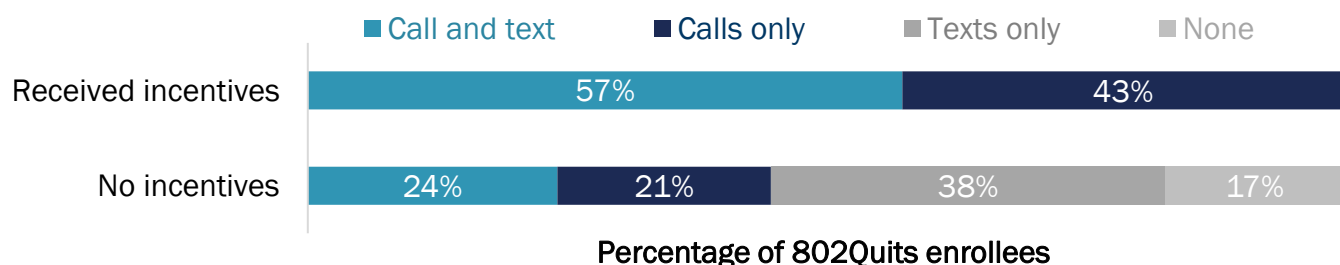
802Quits enrollees in the phone program who received incentives completed more coaching calls than those not receiving incentives.



More enrollees in the incentives program received NRT than those without incentives.



802Quits enrollees who received incentives completed more counseling phone calls, an evidence-based treatment, as compared to enrollees who did not receive incentives.



Tobacco retail control is an ongoing effort

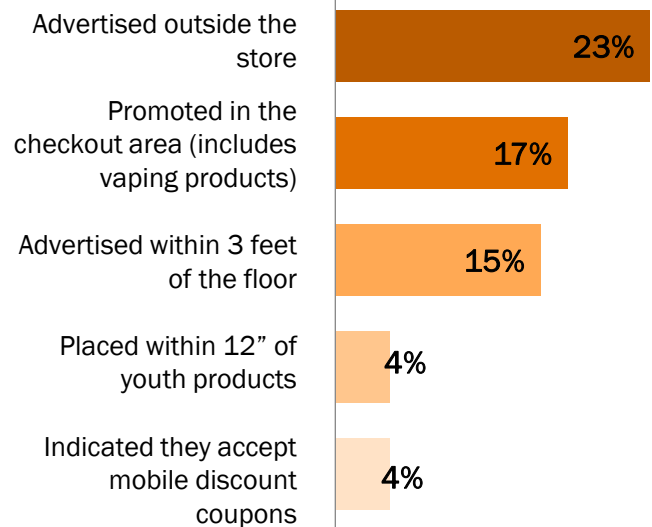
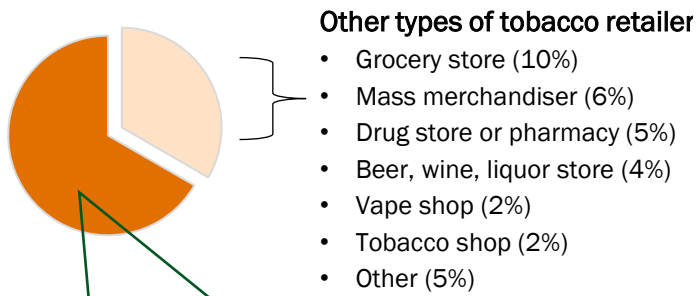
Retail environments impact youth tobacco and nicotine use


Tobacco industry marketing and advertising practices are strong correlates of youth tobacco use.¹⁴ Tobacco marketing online and in communities is designed to appeal to youth and young adults and make it a desirable behavior, despite it being a dangerous and addictive drug. Tobacco industries spend heavily on marketing, including an estimated **\$15.4 million each year in Vermont**,¹⁵ making tobacco retail and retail environment control an ongoing priority.

Audit data detail Vermont's tobacco retail landscape ¹⁶

746 retailers audited sell tobacco products across **157 Vermont cities and towns.**

Among **convenience stores who sell tobacco products**, tobacco products are:



 **67% of retailers licensed to sell tobacco products are convenience stores.**

Partnerships are vital to monitoring tobacco retail

VTCP partners with three state agencies to conduct ongoing compliance and retail checks to monitor the landscape of tobacco retail in Vermont.



Since 2020, settlements were reached with 23 online sellers of e-cigarettes for a **total of \$833,750 in civil penalties.**¹⁷



DLL led the 2022 retail audit and together with Tax is creating an interactive dashboard.



VT Tax Dept. is collecting comprehensive tobacco sales data.

Local efforts are crucial in tobacco retail efforts

Tobacco Control and Prevention Community Grantees work towards building healthier communities. A recent example of a community coalition's efforts in impacting their local retail environment is Winooski Partnership for Prevention (WPP) working with Winooski and Chittenden County planners to eliminate tobacco advertisements outside of area Winooski stores; 92% (12 of 13) of Winooski stores are now in compliance.¹⁸



Looking ahead: priorities & opportunities

Vermont's framework for action and sustainability through 2027

Vermont's strategic plan to eliminate tobacco use and vaping over the next five years was created following 18 months of partner engagement. The plan incorporates input from a broad cross-spectrum of partners across the state, including the Substance Misuse Prevention Council, local coalitions, AHS Abenaki and Equity Workgroup, and partners from other state and local agencies.

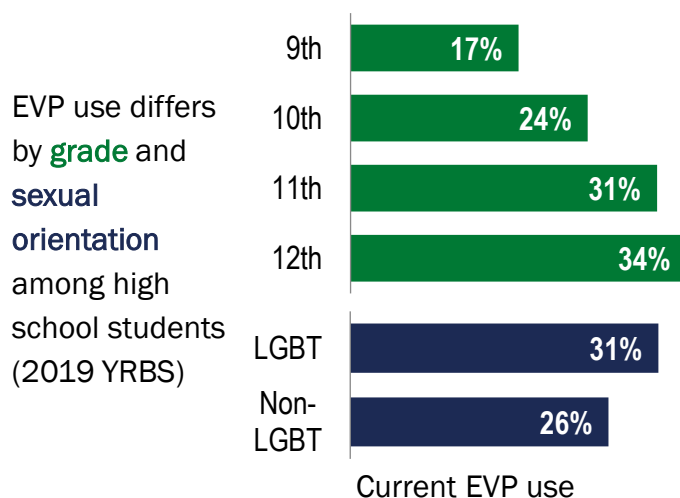
Overview of Goal Areas

- 1 Increase coordination of youth & young adult prevention, cessation and vaping
- 2 Increase adult cessation of combustible and other tobacco products and integrate tobacco into substance use treatment
- 3 Eliminate exposure, educate and protect the public from secondhand smoke (SHS) and electronic vapor product (EVP) emissions
- 4 Increase sustainability to contribute to substance use prevention and successful recovery

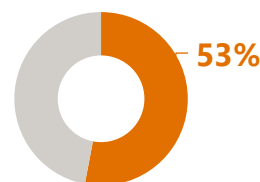


The evidence base of tobacco prevention and control has a history of success that should inform coordinated efforts around vaping

Over the past two decades, tobacco prevention and control has established a strong evidence base to successfully reduce the burden of tobacco and nicotine dependence for many Vermonters. This comprehensive, coordinated approach to prevention and cessation will be necessary as access to electronic products and other nicotine products continue to evolve to allow vaping of multiple substances, including nicotine and cannabis.



Access to tobacco and EVP products needs to continue to be reduced.



Over half of young adults in Vermont believe it is **very easy** for underage persons to buy e-cigarettes or EVP. (2022 Young Adult Survey)

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Prepared for: Vermont Tobacco Prevention and Control Program

Prepared by: Professional Data Analysts

March 2023

Learn more at <https://www.healthvermont.gov/wellness/tobacco>

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