

Reducing cigarette smoking continues to be a major public health priority, as approximately 1,000 Vermont adults die from a smoking-related illness each year.<sup>1</sup> In addition, the use of electronic vaping products (EVP) is increasing. EVPs are battery powered devices, such as e-cigarettes, vape pens, and e-cigars that usually contain nicotine and flavors such as fruit, mint or candy.<sup>2</sup> The Behavioral Risk Factor Surveillance System (BRFSS) uses the term “e-cigarette” to refer to all EVPs; we do the same. Smokeless tobacco includes chew, snuff and snus tobacco.

This brief summarizes tobacco measures from the 2022 Vermont BRFSS, a phone survey of Vermont adults 18 and older.<sup>3</sup> Prevalence of current cigarette smoking, e-cigarette use, and smoking quit attempts are presented by key demographic subgroups.

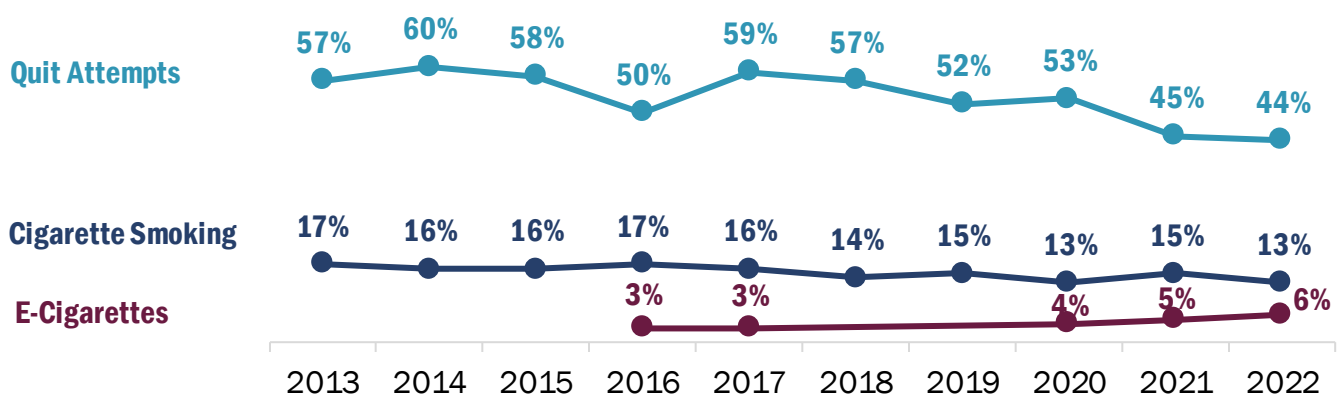
### 2022 KEY POINTS

- **13% of VT adults smoke cigarettes, similar to the U.S. rate of 13%.**
- **Attempts to quit smoking cigarettes in VT have decreased to their lowest level in the past decade (44%).**
- **One in 20 adults currently use e-cigarettes (6%), double the rate in 2016 (3%).**
- **Young adults ages 18-24 use e-cigarettes at four times the statewide rate (22% vs. 6%).**

### 2022 Adult Tobacco Use

Currently, 13% of adult Vermonters smoke cigarettes, 6% use e-cigarettes, and 3% use smokeless tobacco. Among adults who currently smoke cigarettes, 44% tried to quit smoking in the past 12 months. The rates of cigarette use, e-cigarette use, and smoking quit attempts in 2022 are statistically similar to 2021 rates but statistically different from their respective baseline rates of 2013 or 2016.

### Cigarette smoking and quit rates are decreasing while e-cigarette use rises.



Data Source: VT BRFSS 2013-2022

### Any Tobacco Use and Menthol-Flavored Tobacco Use

One in five (19%) adults, an estimated 89,500 Vermonters, currently smoke cigarettes, use e-cigarettes or use smokeless tobacco. One in five (18%) adults who smoke cigarettes usually smoke menthol cigarettes. One in five (20%) adults who use e-cigarettes usually use a menthol e-cigarette.

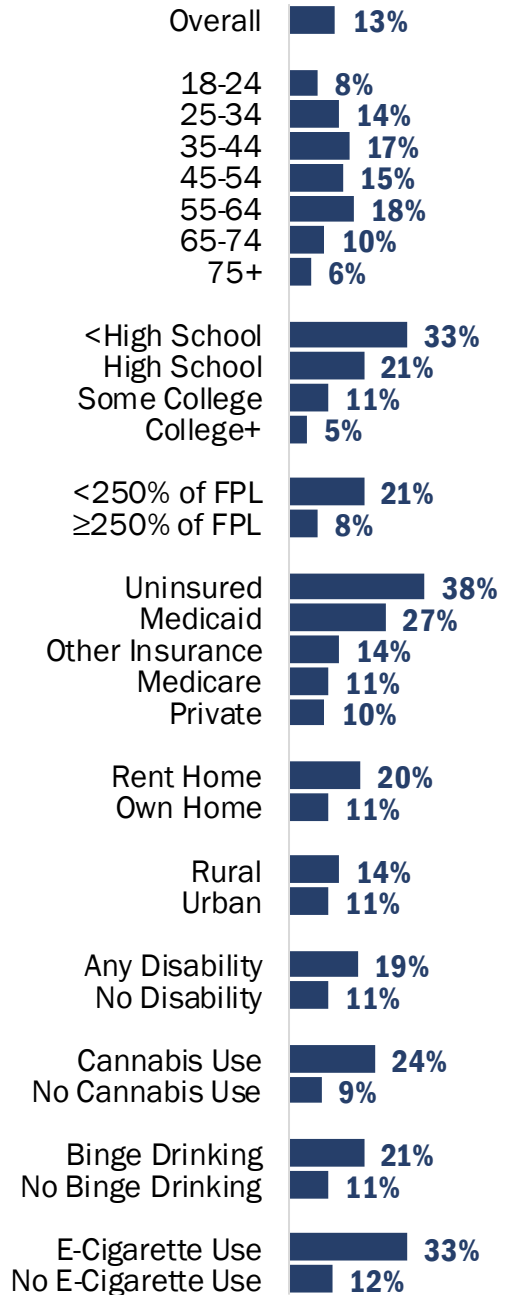
## Cigarette Smoking - Demographics

**Defining who currently smokes cigarettes: Adults who have smoked at least 100 cigarettes and who now use them every day or some days are classified as “currently smoke cigarettes.”**

Cigarette smoking rates among Vermont adults statistically differ by age, education, income, insurance type, home ownership, geography, disability status, cannabis use, binge drinking, and e-cigarette use.

- Current smoking is higher in adults ages 55-64 (18%) than those 18-24 (8%), 65-74 (10%) and 75 and older (6%).
- Adults with less than a high school education smoke at the highest rate (33%), while adults with a college education smoke at the lowest rate (5%).
- Adults living in households with income below 250% of the FPL smoke at higher rates than those living in households at or above 250% of the FPL (21% vs. 8%).
- Uninsured Vermonters (38%) and those insured by Medicaid (27%) smoke at higher rates than those with any other insurance type.
- Vermonters who rent their home (20%) smoke at a higher rate than those who own their home (11%).
- Adults who live in a rural area smoke at a higher rate than those who live in an urban setting (14% vs. 11%).
- Adults with any disability smoke at a higher rate than those without a disability (19% vs. 11%).
- Those who use cannabis smoke at nearly three times the rate than adults who do not use cannabis (24% vs. 9%).
- Vermonters who binge drink (21%) smoke at a higher rate than those who do not binge drink (11%).
- Vermonters who use e-cigarettes smoke at three times the rate of those who do not use e-cigarettes (33% vs. 12%).
- There are no statistical differences in smoking rates by sex, race and ethnicity, sexual orientation and gender identity, or veteran status. Rates can be found on page 5.

## Adult Cigarette Smoking Prevalence



Data Source: VT BRFSS 2022

## Quit Attempts - Demographics

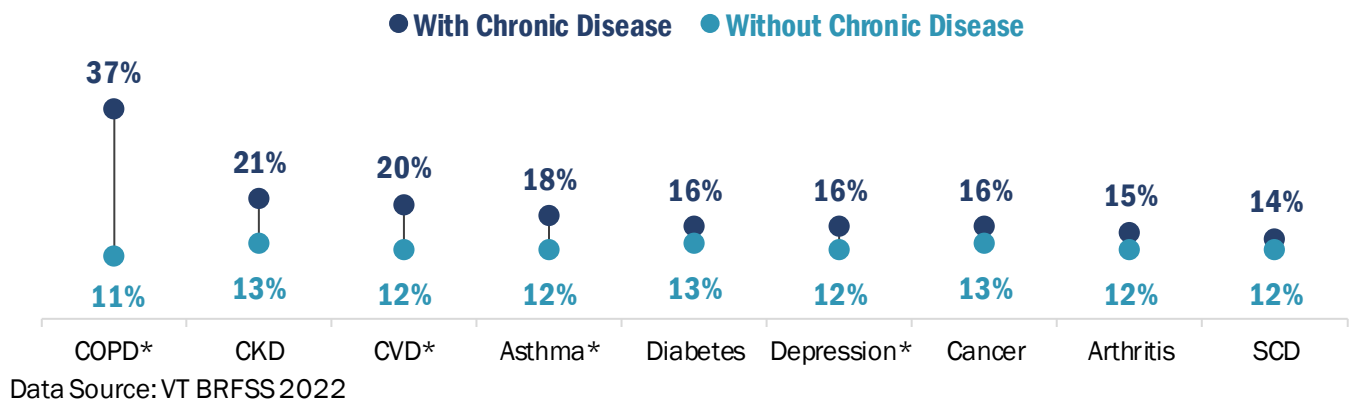
There are no statistical differences in quit attempt rates by age, education, income, insurance status, home ownership, geography, disability status, cannabis use, binge drinking, e-cigarette use, sex, race and ethnicity, sexual orientation and gender identity, or veteran status. Rates can be found on page 5.

## Chronic Conditions and Health Status

In 2022, adults with certain chronic diseases smoke at higher rates than those without these chronic conditions.

- Adults with chronic obstructive pulmonary disease (COPD) smoke at three times the rate of those without COPD.
- Adults with cardiovascular disease (CVD), asthma, or depression smoke at statistically higher rates than those without these conditions.
- Smoking does not statistically differ by chronic kidney disease (CKD), diabetes, cancer, arthritis, or subjective cognitive decline (SCD).

### Adults with COPD smoke cigarettes at the highest rate.

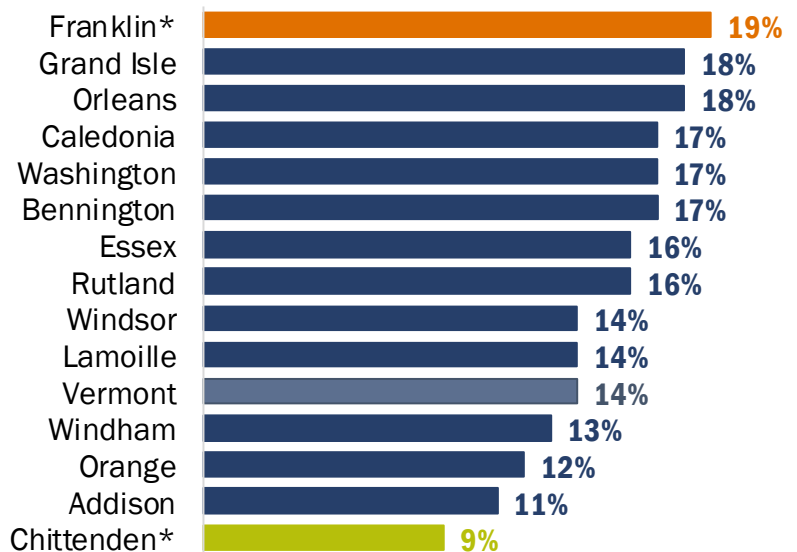


Adults who currently smoke are significantly more likely to report fair or poor general health (30% vs. 12%), poor physical health (20% vs. 10%), or poor mental health (27% vs. 14%) compared to adults who do not smoke.

## Tobacco Use by County

Adult cigarette smoking rates range from 9% in Chittenden County to 19% in Franklin County. The smoking rate in Chittenden County (9%) is **significantly lower** than the 2021-2022 state average, while the rate for Franklin County (19%) is **statistically higher** than the VT rate. There are no differences by county for e-cigarette use, smokeless tobacco use, and smoking quit attempts.

### Adults living in Franklin County smoke at the highest rate.



Data Source: VT BRFSS 2021-2022

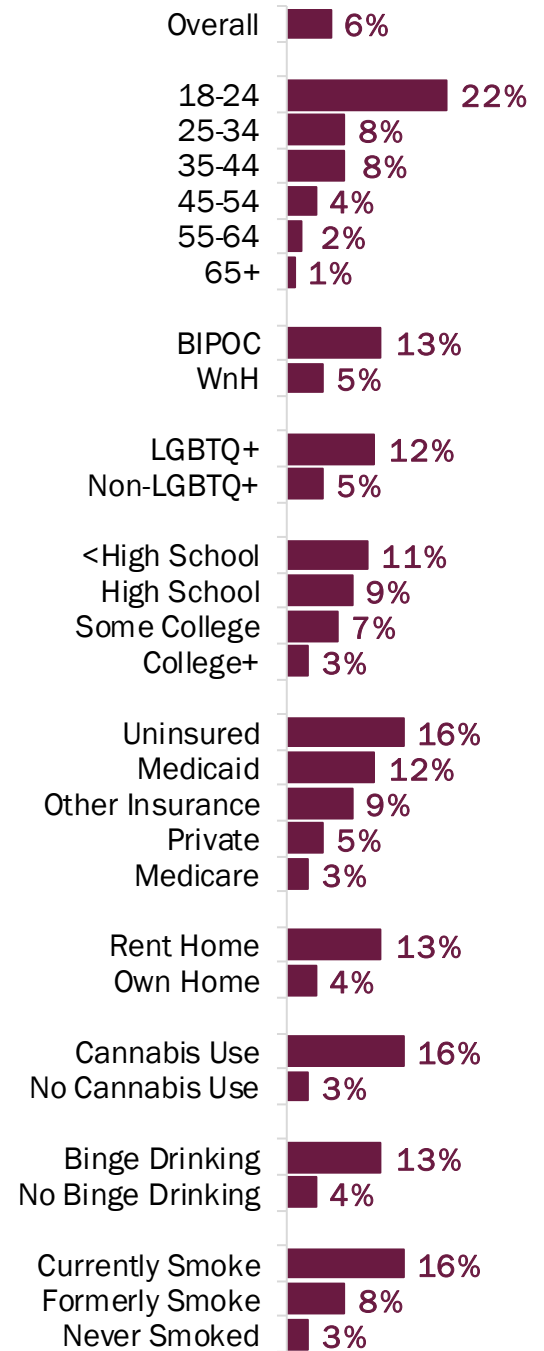
\* Indicates statistically significant difference.

## E-Cigarette Use - Demographics

In the BRFSS survey, adults are asked if they have ever used e-cigarettes and if so, whether they currently use them some days or every day. The question focuses on consumption of e-cigarettes containing nicotine, not cannabis.

- Use of e-cigarettes among Vermont adults differs significantly by age, race and ethnicity, sexual orientation and gender identity, education, insurance status, home ownership, cannabis use, binge drinking, and smoking status.
- E-cigarette use declines with increasing age. Adults ages 18-24 use e-cigarettes at a significantly higher rate than all other age groups (22%).
- Black, Indigenous, and people of color adults (13%) use e-cigarettes at nearly three times the rate of white, non-Hispanic adults (5%).
- LGBTQ+ Vermonters use e-cigarettes at twice the rate of non-LGBTQ+ Vermonters (12% vs. 5%).
- Adults with at least a college education use e-cigarettes at a lower rate than all other education levels (3%).
- Uninsured adults (16%) and those insured by Medicaid (12%) use e-cigarettes at a higher rate than those insured privately (5%) or by Medicare (3%).
- Adults who rent their home use e-cigarettes at three times the rate of those who own their home (13% vs. 4%).
- Adults who use cannabis use e-cigarettes at five times the rate of those who do not use cannabis (16% vs. 3%).
- Adults who binge drink (13%) use e-cigarettes at a higher rate than those who do not binge drink (4%).
- Adults who *currently* smoke cigarettes use e-cigarettes at the highest rate (16%), while those who *never* smoked cigarettes use e-cigarettes at the lowest rate (3%).
- E-cigarette use does not statistically differ by sex, income, veteran status, geography, or disability status. Rates can be found on page 6.

## Adult E-Cigarette Use Prevalence



Data Source: VT BRFSS 2022

# Adult Smoking Prevalence and Quit Attempts by Demographic Characteristics (VT BRFSS, 2022)

	Smoking Prevalence			Quit Attempts		
	%	Estimated Vermonters	Diff from State Rate?	%	Estimated Vermonters	Diff from State Rate?
<b>Overall</b>	13.0	62,100		43.8	26,900	
<b>Age Group</b>						
18-24 years	8.4 <sup>AB</sup>	4,900	✓	–	–	
25-34 years	13.9 <sup>BCD</sup>	9,700		52.6 <sup>A</sup>	5,100	
35-44 years	17.2 <sup>D</sup>	11,700	✓	42.9 <sup>A</sup>	4,900	
45-54 years	15.3 <sup>CD</sup>	9,900		49.7 <sup>A</sup>	4,800	
55-64 years	17.7 <sup>D</sup>	14,600	✓	44.7 <sup>A</sup>	6,500	
65-74 years	10.3 <sup>AC</sup>	7,900		32.1 <sup>A</sup>	2,500	
75+ years	6.0 <sup>A</sup>	3,000	✓	53.8 <sup>A</sup>	1,600	
<b>Education</b>						
Less than high school	33.4 <sup>A</sup>	10,900	✓	35.0 <sup>A</sup>	3,800	
High school	20.6 <sup>B</sup>	27,400	✓	42.7 <sup>A</sup>	11,500	
Some college	11.3 <sup>C</sup>	14,900		48.0 <sup>A</sup>	7,200	
College or higher	5.0 <sup>D</sup>	8,800	✓	51.5 <sup>A</sup>	4,400	
<b>Federal Poverty Level</b>						
<250% of FPL	21.5 <sup>A</sup>	24,100	✓	50.1 <sup>A</sup>	11,900	
≥250% of FPL	8.0 <sup>B</sup>	16,900	✓	43.2 <sup>A</sup>	7,200	
<b>Insurance Status</b>						
Uninsured	38.2 <sup>A</sup>	7,100	✓	30.4 <sup>A</sup>	2,100	
Medicaid	26.8 <sup>A</sup>	12,400	✓	46.4 <sup>A</sup>	5,700	
Medicare	10.5 <sup>B</sup>	12,100		50.7 <sup>A</sup>	6,100	
Other insurance	14.4 <sup>B</sup>	5,900		54.0 <sup>A</sup>	3,100	
Private	9.7 <sup>B</sup>	22,300	✓	42.2 <sup>A</sup>	9,300	
<b>Housing Status</b>						
Rent home	19.8 <sup>A</sup>	24,200	✓	46.6 <sup>A</sup>	11,100	
Own home	10.8 <sup>B</sup>	37,700		42.0 <sup>A</sup>	15,700	
<b>Geographic Status</b>						
Rural	14.1 <sup>A</sup>	42,200		46.4 <sup>A</sup>	19,300	
Urban	10.8 <sup>A</sup>	17,500		41.0 <sup>A</sup>	7,100	
<b>Disability Status</b>						
Any disability	18.6 <sup>A</sup>	23,200	✓	47.6 <sup>A</sup>	10,900	
No disability	11.0 <sup>B</sup>	38,300		41.4 <sup>A</sup>	15,600	
<b>Cannabis Use</b>						
Cannabis	24.5 <sup>A</sup>	24,600	✓	41.9 <sup>A</sup>	10,300	
No cannabis	9.0 <sup>B</sup>	28,800	✓	45.1 <sup>A</sup>	13,000	
<b>Binge Drinking</b>						
Binge drink	21.0 <sup>A</sup>	17,300	✓	43.9 <sup>A</sup>	7,500	
No binge drink	10.8 <sup>B</sup>	40,100		43.3 <sup>A</sup>	17,200	
<b>E-cigarette Use</b>						
E-Cigarettes	33.0 <sup>A</sup>	9,700	✓	45.9 <sup>A</sup>	4,400	
No e-cigarettes	11.6 <sup>B</sup>	51,200		42.4 <sup>A</sup>	21,500	
<b>Sex</b>						
Male	13.6 <sup>A</sup>	32,000		45.8 <sup>A</sup>	14,500	
Female	12.5 <sup>A</sup>	30,100		41.7 <sup>A</sup>	12,400	
<b>Race/Ethnicity</b>						
BIPOC	16.2 <sup>A</sup>	8,200		39.2 <sup>A</sup>	3,200	
White, non-Hispanic	12.7 <sup>A</sup>	53,000		44.9 <sup>A</sup>	23,500	
<b>Sexual Orientation/Gender Identity</b>						
LGBTQ+	13.9 <sup>A</sup>	7,600		38.1 <sup>A</sup>	2,900	
Heterosexual/Cisgender	12.9 <sup>A</sup>	51,800		45.0 <sup>A</sup>	23,200	
<b>Veteran Status</b>						
Veteran	12.6 <sup>A</sup>	5,600		49.0 <sup>A</sup>	2,700	
Non-veteran	13.1 <sup>A</sup>	56,400		43.3 <sup>A</sup>	24,200	

A, B, C, D Groups within demographic categories that share a common letter are statistically similar to each other. For example, smoking among adults who own their home and rent their home is significantly different, while quit attempts is similar.  
 -- Indicates data has been suppressed due to small numbers.

## Adult E-Cigarette Prevalence by Demographics (VT BRFSS, 2022)

	%	Estimated Vermonters	Diff from State Rate?
<b>Overall</b>	6.2	29,500	
<b>Age Group</b>			
18-24 years	21.8 <sup>A</sup>	12,600	✓
25-34 years	8.4 <sup>B</sup>	5,800	
35-44 years	7.6 <sup>B</sup>	5,100	
45-54 years	4.3 <sup>BC</sup>	2,800	
55-64 years	2.0 <sup>CD</sup>	1,600	✓
65+ years	1.2 <sup>D</sup>	1,500	✓
<b>Race-Ethnicity</b>			
BIPOC	13.0 <sup>A</sup>	6,600	✓
White, non-Hispanic	5.4 <sup>B</sup>	22,200	
<b>Sexual Orientation/Gender Identity</b>			
LGBTQ+	12.5 <sup>A</sup>	6,800	✓
Heterosexual/Cisgender	5.4 <sup>B</sup>	21,800	
<b>Education</b>			
<High school	10.6 <sup>A</sup>	3,400	
High School	8.9 <sup>A</sup>	11,800	
Some college	6.9 <sup>A</sup>	9,100	
College or higher	3.0 <sup>B</sup>	5,300	✓
<b>Insurance Status</b>			
Uninsured	16.2 <sup>A</sup>	3,000	✓
Medicaid	12.4 <sup>A</sup>	5,800	✓
Other insurance	8.7 <sup>AB</sup>	3,500	
Private	5.1 <sup>BC</sup>	11,600	
Medicare	2.9 <sup>C</sup>	3,300	✓
<b>Housing Status</b>			
Rent home	13.3 <sup>A</sup>	16,300	✓
Own home	3.8 <sup>B</sup>	13,200	✓

	%	Estimated Vermonters	Diff from State Rate?
<b>Cannabis Use</b>			
Cannabis	16.4 <sup>A</sup>	16,600	✓
No cannabis	2.6 <sup>B</sup>	8,500	✓
<b>Binge Drinking</b>			
Binge drink	13.4 <sup>A</sup>	11,000	✓
No binge drink	4.2 <sup>B</sup>	15,700	✓
<b>Cigarette Smoking</b>			
Currently smoke	15.9 <sup>A</sup>	9,700	✓
Formerly smoked	8.3 <sup>B</sup>	11,200	
Never smoked	3.0 <sup>C</sup>	8,400	✓
<b>Sex</b>			
Male	6.3 <sup>A</sup>	14,900	
Female	6.1 <sup>A</sup>	14,600	
<b>Federal Poverty Level</b>			
<250% of FPL	8.3 <sup>A</sup>	9,200	
≥250% of FPL	5.9 <sup>A</sup>	12,400	
<b>Veteran Status</b>			
Veteran	4.6 <sup>A</sup>	2,100	
Non-veteran	6.4 <sup>A</sup>	27,200	
<b>Geographic Status</b>			
Rural	6.0 <sup>A</sup>	17,800	
Urban	5.9 <sup>A</sup>	9,500	
<b>Disability Status</b>			
Any disability	8.5 <sup>A</sup>	10,500	
No disability	5.4 <sup>A</sup>	18,600	

<sup>A, B, C, D</sup> Groups within demographic categories that share a common letter are statistically similar to each other. For example, e-cigarette use among Vermonters who do or do not use cannabis is significantly different while use among male and female Vermonters is not.

-- Indicates data has been suppressed due to small numbers.

### Data Notes

Sex refers to sex assigned at birth; WnH is White, non-Hispanic; BIPOC is Black, Indigenous, or people of color; LGBTQ+ is lesbian, gay, bisexual, transgender and other sexual orientations; FPL is Federal Poverty Level; Urban is those living in Chittenden, Grand Isle and Franklin counties; Renting home includes those with other accommodations; Cannabis use is in past 30 days; Binge drinking is defined as having 5 or more drinks in one sitting for a male or a 4 or more drinks in one sitting for a female in the past 30 days; Estimated counts of Vermonters have been rounded to the nearest hundred; Cancer does not include non-melanoma skin cancer; Subjective cognitive decline is among adults ages 45 and older.

### References

<sup>1</sup> Extinguishing the Tobacco Epidemic in Vermont: <https://www.cdc.gov/tobacco/stateandcommunity/state-fact-sheets/vermont/index.html>

<sup>2</sup> Vermont State Health Improvement Plan 2019-2023: [https://www.healthvermont.gov/sites/default/files/documents/pdf/ADM\\_State\\_Health\\_Improvement\\_Plan\\_2019-2023.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/ADM_State_Health_Improvement_Plan_2019-2023.pdf)

<sup>3</sup> Vermont Behavioral Risk Factor Surveillance System (BRFSS): [www.healthvermont.gov/brfss](http://www.healthvermont.gov/brfss)

### For More Information

Contact: [AHS.VDHTobaccoData@vermont.gov](mailto:AHS.VDHTobaccoData@vermont.gov)

Vermont Tobacco Data:

[www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/tobacco](http://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/tobacco)

Vermont Tobacco Control Program:

[tobaccovt@vermont.gov](mailto:tobaccovt@vermont.gov); [www.healthvermont.gov/wellness/tobacco](http://www.healthvermont.gov/wellness/tobacco)