

Vermont Tobacco Control Program

Annual Program Review

Fiscal year 2020 (July 1, 2019 – June 30, 2020)

March 2021



Tobacco harms everyone

But the most vulnerable carry the biggest burden



Every Vermonter pays the price of tobacco's impact on society

Each Vermont household pays

\$866 in state and federal tax burden for smoking-caused expenditures every year.¹ Vermont could save **\$35.2 million** in future healthcare spending by funding tobacco control at CDC-recommended levels.²

We all know someone affected by the harms of tobacco. **Use of tobacco contributes to four of the top five causes of death in Vermont.**³



heart disease



Alzheimer's disease



chronic lower respiratory diseases



cancer

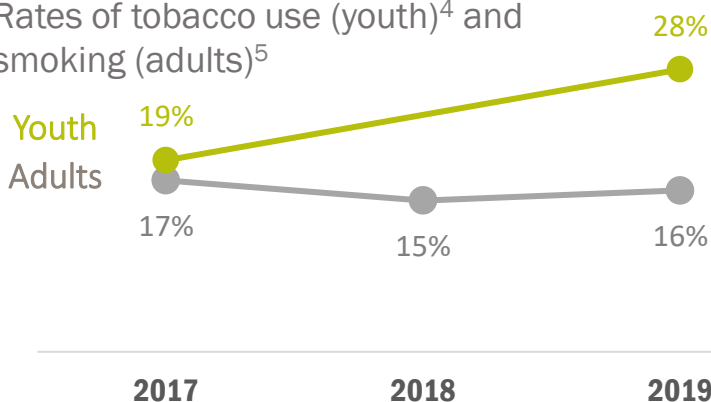


Inequities & industry targeting result in disparities

Tobacco products, menthol and flavored nicotine products in particular, are heavily marketed. Tobacco use is higher in some communities as compared to the state or national average. High school students of color are significantly more likely than White, non-Hispanic students to smoke on 20 or more days (47% for students of color, 24% for White, non-Hispanic).⁴

Disparities in access to wealth, education, health care, housing, transportation and social support explain higher tobacco use among many communities. The tobacco industry also heavily markets in these communities, further driving higher rates of prevalence.

Rates of tobacco use (youth)⁴ and smoking (adults)⁵



Smoking Disparities in Vermont

- Adult Native American: **35%**
- Adults with disabilities: **32%**
- Adult low-income (<\$25K): **31%**
- Adult users of marijuana: **30%**
- Adults with depression: **26%**
- High school students LGBT: **33%**

Franklin Grand Isle Tobacco Prevention Coalition holds its annual Cigarette Butt Clean-Up to raise awareness

Nearly 6 in 10 smokers tried to quit, in Vermont and nationally⁶

Winooski Prevention Partnership surveyed their community about tobacco advertising; results shared with Planning Commission & City Council

Battleboro Area Prevention Coalition provides 802Quits quit kits to the local soup kitchen

Northeastern VT Regional Hospital asks vape-specific questions to assess treatment needs



Changing trends require more resources

The VTCP is responsive to changing needs but limited by resource constraints



Rapid data collection indicates greater need during COVID-19

Information is power, especially during a time of rapid change. VTCP collaborates with the University of Vermont on the Policy and Communication Evaluation (PACE) research study. Real-time data on **youth and young adult attitudes and behaviors around substance use** is collected and disseminated.

Recent results indicate a **rising, urgent need** to address youth nicotine use. COVID-19 is resulting in significant mental health needs among young people and **greater depressive symptoms were associated with higher levels of past 30-day use of both cigarettes and e-cigarettes.**⁷

Research suggests that tobacco use can lead to more COVID-19-related complications. **Smokers are 2.4 times more likely to have severe COVID-19 symptoms** compared to non-smokers.⁸

Unfortunately, **surging nicotine sales** during COVID-19 indicate a greater need for support. Vaping sales in Vermont were higher in the first six months of FY21 than 11 months of FY20.⁹



VTCP responds with tailored programming and greater coordination

The **Unhyped youth vaping education campaigns** reach a vast majority of Vermont teens and young adults with nicotine prevention and health consequences messages; however, the tobacco industry repeatedly markets on social media, including on Tik Tok and through influencers, exceeding the counter-marketing resources of the VTCP.

Broader substance misuse coordination through the newly formed Substance Misuse Prevention Advisory Council maximizes strategies shown to reduce use of substances, including tobacco, alcohol, cannabis and opioids.

The VTCP effectively maximizes its resources, much of Vermont's tobacco control efforts are under-funded and are \$4.6 million short of CDC-recommended funding levels.

In 2020 **the tobacco industry spent an estimated \$15.5 million** on marketing in Vermont, compared to Vermont's \$1.1 million spending on health communications to counter messages from the tobacco industry.

Delivered three **Unhyped youth vaping campaigns** to intended audience ¹⁰

Substance Misuse Prevention Advisory Council first meets to coordinate substance misuse efforts

E-cigarette or Vaping Associated Lung Injury (EVALI) response; coordination within VDH

VDH, including VTCP, assume COVID-19 duties while continuing to implement tobacco control

Created vaping coordinator position



Policy efforts to prevent the harms of tobacco use & exposure

There is success to celebrate but more work is needed



Policy progress at Vermont's capital

The **Vermont Legislature** took steps to begin to curb the vaping epidemic

- 1** Vermont became the 14th state to raise the minimum legal age of sale of tobacco products to 21 ¹¹
- 2** Vermont became the 9th state to tax e-cigarettes, taxing at 92% of wholesale price ¹²
- 3** Vermont addressed a major access point by banning the sale of e-cigarettes by mail, phone and internet

In the six months after T21 was implemented, retailer compliance was at **95%** compared to 89% pre-policy. ¹³



VTCP is conducting a policy evaluation to assess policy compliance and impact

Though online retailer compliance was only 42% in 2020, enforcement efforts have already resulted in improvement. ¹⁴

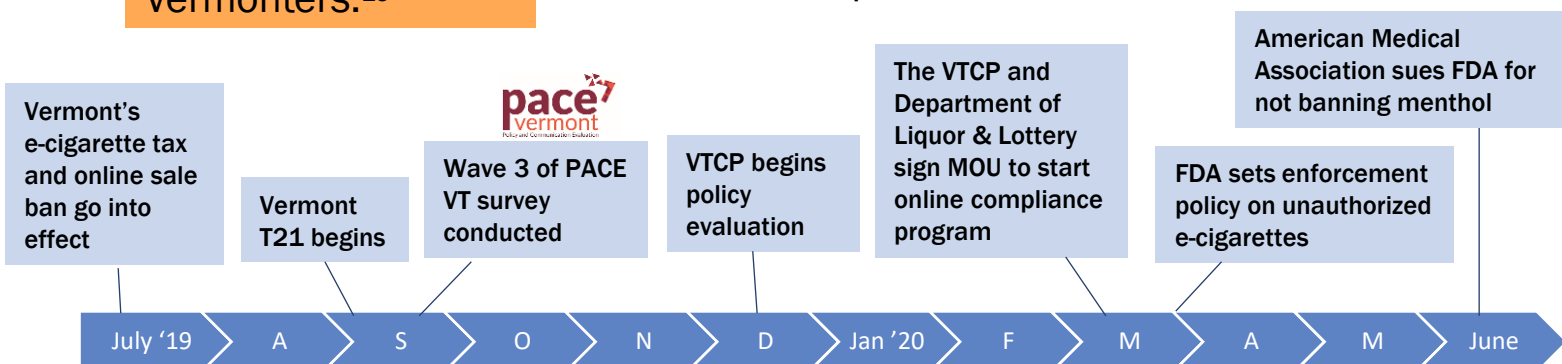
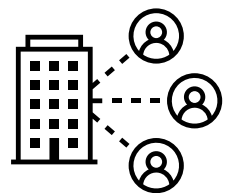


Local advocacy efforts reduce secondhand smoke exposure

VTCP-funded community coalitions made meaningful progress on creating healthier, smoke-free environments in their communities

Secondhand smoke exposure is the **#1** complaint that the VTCP receives from Vermonters. ¹⁵

Smoke-free policies in community parks, sidewalks and multi-unit housing will protect hundreds of Vermonters from secondhand smoke exposure. ¹⁶



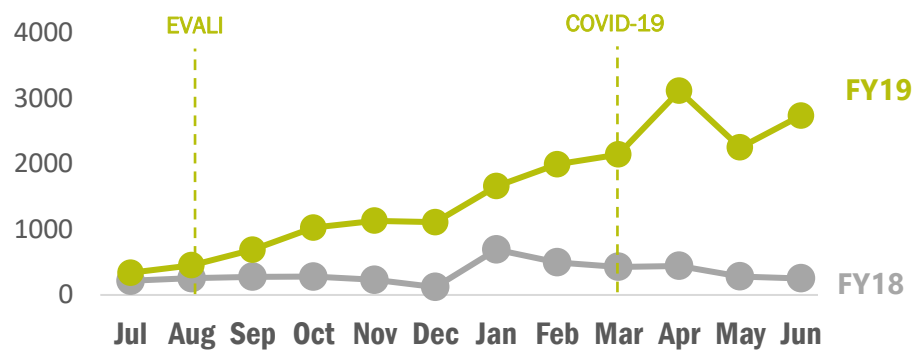
Serving Vermonters ready to quit

Statewide, evidence-based cessation resources are being utilized

802Quits web program use increased following EVALI and COVID-19

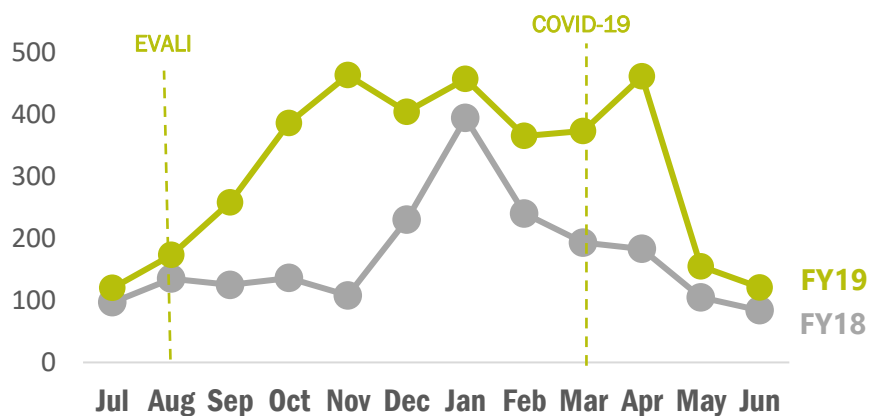
Vermonters are showing increased interest in 802Quits.

EVALI was first identified in 2019. The number of **web visits** to the Quitline increased after EVALI and COVID-19, and monthly visits were considerably higher in FY19 compared to FY18.¹⁷



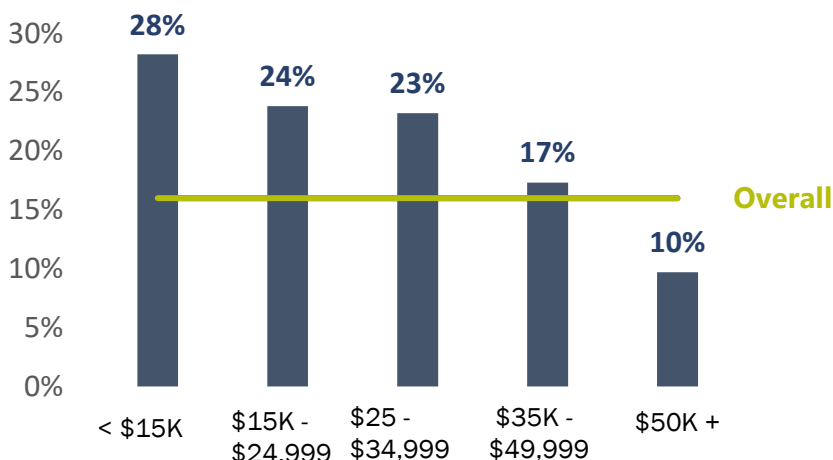
Enrollment for 802Quits greatly increased after EVALI.

The number of **online registrants** to the Quitline was higher in Aug-Nov 2019 compared to the same time in 2018.¹⁷



Lower-income and Medicaid-insured Vermonters are a priority

Smoking prevalence is higher among lower income Vermonters.⁵



Vermont is engaged with the Department of Vermont Health Access (DVHA) in a multi-year partnership effort to increase cessation activity through increasing counseling and pharmacotherapy in Vermont's Medicaid-insured population. This partnership has been in place for over a decade.

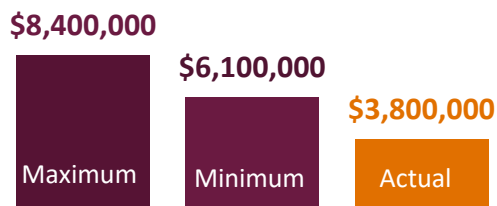
Work was conducted this fiscal year to prepare for future policy efforts to allow **pharmacists** the ability to provide NRT and counseling.

What's next?

Among the stress of FY20 and changing trends, the time to act is now

Tobacco control is underfunded, while tobacco use is increasing

Vermont is \$2.3 million short of the minimum funding recommended.¹⁸



The work moving forward is focused on increasing coordination, implementation and communication of outcomes using evidence-based strategies to address vaping of nicotine and cannabis, and poly use.

- Join the other 49 states in creating a price floor for tobacco products.
- Restrict availability of flavored tobacco
- Access to timely data to inform the program, media and policy.

Nicotine addiction due to e-cigarettes and flavors is an urgent issue

86%

of Vermont youth and young adults who have ever used an e-cigarette reported their first use was a flavored e-cigarette¹⁹

11%

of secondary students reported a level of e-cigarette use that indicates addiction (using 20+ days in the last month); most were likely flavored.^{20, 21}

15%

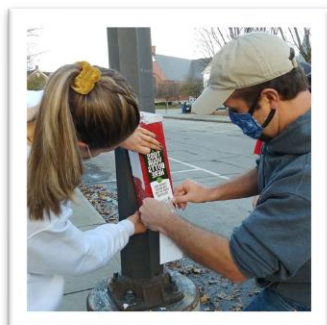
of Vermonters age 13 or younger used flavored tobacco in 2019 compared to 10% in 2017.²²

E-cigarettes are not effective cessation for Vermonters trying to quit cigarettes.

However, due to advertising by the industry, e-cigs are perceived as a more popular quit device than all FDA-approved cessation devices combined.²³

Menthol is more than a flavor.

Menthol makes it easier to start and harder to quit. Over the last decade, youth cigarette prevalence has decreased, but use of menthol cigarettes has increased from 42% in 2017 to 64% in 2019.²⁴⁻²⁵ This is especially concerning in the African-American/Black community, because twice as many Black smokers use menthol as compared to White people who smoke.²⁶



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Prepared by: Professional Data Analysts

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

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