



2022 Vermont Adult Tobacco Survey Report

Division of Health Statistics and Informatics

February 2024

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Executive Summary

The Vermont Adult Tobacco Survey (ATS) is a representative, population-based survey of non-institutionalized adults 18 and older in Vermont. The ATS provides data on key tobacco measures including: all tobacco product use, flavored tobacco use, quit behavior, perceptions of harm, secondhand smoke exposure and attitudes toward tobacco policies. The Vermont Tobacco Control Program and partners use the ATS to evaluate the effectiveness of interventions, campaigns and programming to reduce tobacco initiation and use in Vermont.

The ATS has been conducted annually from 2001 to 2008, biannually from 2010 to 2016, and, due to budget constraints, most recently in 2022. Historically, the ATS was administered as a telephone survey. In 2022 the methodology was revised with respondents completing the questionnaire online or on paper through the mail.

Current Tobacco Use

Cigarette smoking has decreased over the past decade while e-cigarette use has doubled since 2016. Nearly one-quarter (23%) of Vermont adults currently use a tobacco product, with over one-third (37%) of these individuals concurrently using two or more types of tobacco products. Adults who use e-cigarettes are more likely to use other tobacco products and are, on average, 10 years younger than those who smoke cigarettes.

Flavored Tobacco Use Is Increasing

Among Vermont adults who currently use tobacco, 53% use a flavored product, an increase from 31% in 2016. Mint/menthol is the most commonly-used flavor of tobacco products and used by 41% of those who currently use tobacco. Among adults who currently use e-cigarettes, nearly nine in ten (87%) use a flavored product, up from 51% in 2016.

Executive Summary, continued

Tobacco Cessation

Four in ten Vermont adults who currently use tobacco tried to quit in the past year, with a third trying to quit two or more times. Most of these adults tried to quit on their own (63%), while also incorporating other quit tools. Notably, adults advised to quit or recommended a medicine or program by a physician are twice as likely to try to quit. Use of quit methods have increased since 2016; specifically, talking to a health care professional (48% vs. 39%), using nicotine replacement therapy (43% vs. 34%), or using state Quitline services (21% vs. 8%). However, opportunities remain to increase awareness of quit tools among Vermonters.

Perceptions Around Tobacco Are Changing

Perceptions of harm: More Vermonters feel vaping tobacco is somewhat or very harmful compared to 2016 (90% vs. 63%). Vermonters continue to feel use of tobacco is very harmful. More adults feel smoking tobacco is more harmful than vaping (90% vs. 66%).

Tobacco-related policies: More than half of Vermont adults support banning the sale of flavored tobacco in the state and nearly half of adults who use tobacco support restricting tobacco advertising on the outside of stores.

Secondhand Smoke/Vapor Exposure

Past week exposure to secondhand smoke/vapor in a public space is most common among those who currently use tobacco (49%) or live in multi-unit housing (38%).

Tobacco Purchasing and Promotions

Convenience stores are the most common source for Vermonters to purchase tobacco products (72%). More than one in four (27%) Vermonters who used tobacco in the past year utilized coupons or other tobacco product promotions, with most directly mailed from tobacco manufacturers.

Methodology

The 2022 Vermont Adult Tobacco Survey was conducted July 11 to October 21, 2022. Data was collected primarily through online surveys and supplemented with mail surveys. Initially, a probability address-based sample (ABS) of Vermont households was conducted, stratified by county. Following this sample, propensity score matching was used to calculate the probability that each Vermont household had an adult who smokes, vapes, or recently quit tobacco use and surveys were sent to a sample of these individuals. The targeted frame was derived from ABS but additional, appended information about lifestyles, characteristics and behaviors of the household residents were used to help predict the likely presence of smoking behavior. A second non-probability sample was obtained from online panels and through recruitment flyers distributed throughout Vermont communities.

The sample included 2,888 Vermont adults 18 years and older, with 2,255 from the initial probability sample and 696 being adults who currently smoke cigarettes, use e-cigarettes, or quit tobacco use in the past five years. Respondents were provided monetary incentives ranging from \$10-20 for completing the survey. Higher incentives were provided later in the survey fielding period specifically for those who currently use tobacco or quit in the past five years. The survey was available in English.

All data were cleaned and processed by our vendor, Market Decisions Research. Data are weighted by age, gender, race/ethnicity, county, income, education, health, veteran status, mental health, disability status, and smoking and e-cigarette use status to be representative of the Vermont adult population and allow comparison to survey results from prior years. Even so, changes in the sample and adapting the survey from a telephone-based survey to paper or online format may contribute to the differences between 2016 and 2022 results.

The survey questionnaire and methodology report are available upon request.

Questionnaire

The 2022 Vermont Adult Tobacco Survey examined:

- Demographics
- General health
- Tobacco use status
- Use of other substances
- Smoking practices for those who currently use tobacco
- Smoking practices for those who formerly used tobacco
- Quit behaviors
- Health care engagement
- Perceptions of Harm of Smoking and Vaping Tobacco
- Exposure to Secondhand Smoke and Vapor
- Attitudes toward tobacco policy

Demographics of Respondents

Demographic details of survey respondents are displayed in the table below. When the demographics of survey respondents are compared to the VT population, the 2022 VT ATS sample is more female, older and higher educated. Data are weighted to be representative of the Vermont adult population.

Demographic Characteristics, 2022		Percent	Count
Sex Assigned at Birth	Male	37%	1,058
	Female	63%	1,830
Age	18-24	3%	101
	25-34	12%	338
	35-44	14%	415
	45-54	13%	380
	55-64	20%	585
	65+	37%	1,069
Education Level	Less Than High School	2%	70
	High School	20%	576
	Some College	25%	709
	College or More	53%	1,533
Disability	Any Disability	27%	747
	No Disability	73%	2,019

Demographic Characteristics, 2022		Percent	Count
Insurance Status	Private	47%	1,349
	Medicare	35%	994
	Medicaid	13%	368
	Other Insurance	3%	85
	Uninsured	2%	65
Race/Ethnicity	White, non-Hispanic	96%	2,771
	Black, Indigenous and people of color	4%	117
Sexual Orientation/ Gender Identity	Heterosexual/cisgender	90%	2,480
	LGBTQ+	10%	263
Mental Health	Good	87%	2,547
	Poor	13%	326

Data note: The number of sampled adults of each race (other than white, non-Hispanic) does not allow for analysis with strong statistical confidence. In order to have enough confidence for analysis in this report, all Black, Indigenous and people of color were grouped into a “BIPOC” category to compare to white, non-Hispanic. For similar reasons, lesbian, gay, bisexual, other sexual orientation and transgender adults were grouped into a “LGBTQ+” category to compare to heterosexual and cisgender adults.

Data Analysis and Reporting

Reportable estimates include a numerator of at least five adults and a coefficient of variation less than 0.3. For some measures, not enough adults responded to be able to report an estimate. In those instances, we note data is not reportable for the given analysis.

Other tobacco use, multiple tobacco use and flavored tobacco use were all analyzed by the following demographics: sex, age, education level, insurance status, disability status, race/ethnicity, sexual orientation/gender identity, and mental health status. These demographic groups were strategically chosen to align with the priority populations outlined in the [2023-2027 Vermont Tobacco State Plan](#) and the [2019-2023 State Health Improvement Plan](#). Only the demographic groups with statistically significant differences are displayed.

Statistical significance is calculated by comparing the 95% confidence intervals of two or more values. If the confidence intervals do not overlap, there is a statistical difference between the two groups. If the confidence intervals overlap, the percentages are not different.

Key Terms

Terms used throughout the 2022 Vermont Adult Tobacco Survey Report include:

- **Current tobacco use:** use of tobacco every day or some days in the past 30 days.
- **Multiple tobacco product use:** concurrent use of two or more tobacco products in the past 30 days.
- **Vaping:** refers to nicotine-containing tobacco products unless otherwise specified.
- **Cigars:** includes cigars, cigarillos and little cigars.
- **Other tobacco products:** all tobacco products other than cigarettes and e-cigarettes, this includes: cigars, smokeless tobacco, nicotine pouches, heat-not-burn tobacco, pipe, hookah, bidi and others.
- **Miscellaneous tobacco products:** pipe, hookah, bidi and other types of tobacco not specifically named. Prevalence of these products is low among Vermonters and not reportable unless grouped together.

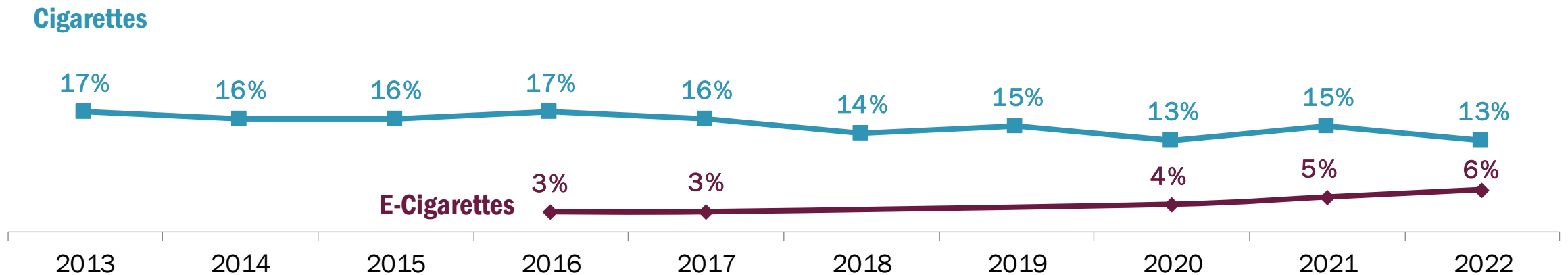
- **Cannabis use:** use in the past 30 days.
- **Binge drinking:** defined as having five or more drinks in one sitting for a male or four or more drinks in one sitting for a female in the past 30 days.

- **BIPOC:** Black, Indigenous, and people of color.
- **WnH:** White, non-Hispanic.
- **HS:** High school education.
- **LGBTQ+:** Lesbian, Gay, Bisexual, Transgender and other sexual orientations.
- **Poor mental health:** 14 or more days with poor mental health in the past 30 days.

Current Tobacco Use

Current Tobacco Use among Vermont Adults: Cigarettes and E-Cigarettes

Cigarette smoking has statistically decreased over the past decade while e-cigarette use has doubled since 2016.

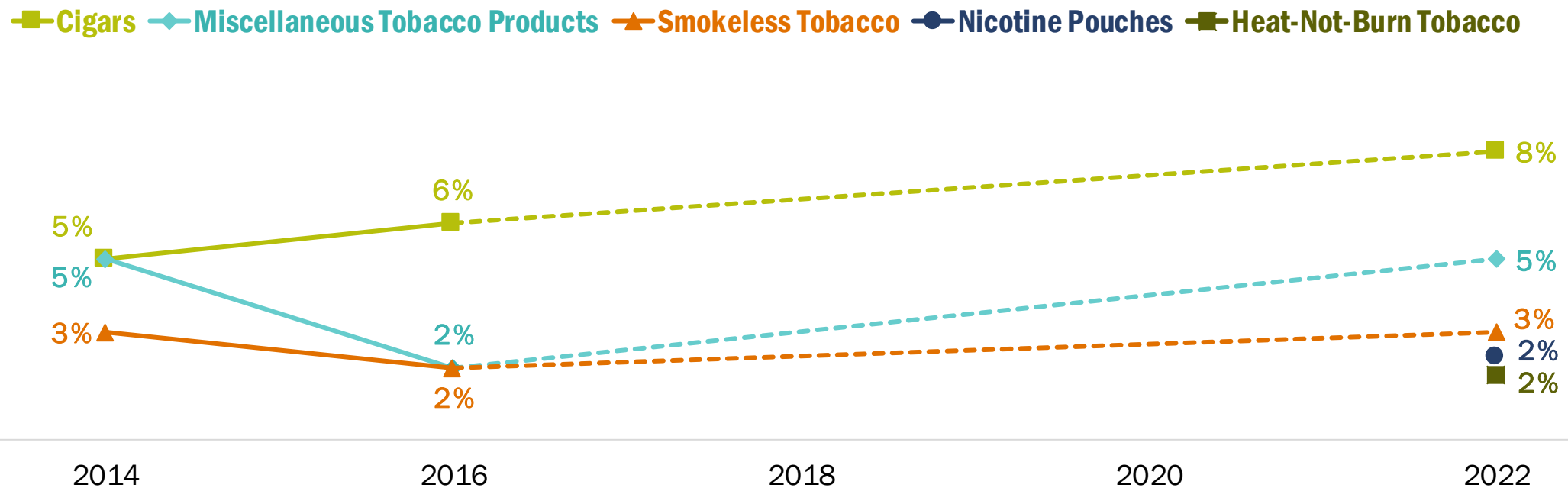


Cigarette smoking rates presented here are crude rates and not age-adjusted to be consistent with the 2022 VT BRFSS Report.

Data Source: Vermont Behavioral Risk Factor Surveillance System.

Current Tobacco Use among Vermont Adults: Other Tobacco Products

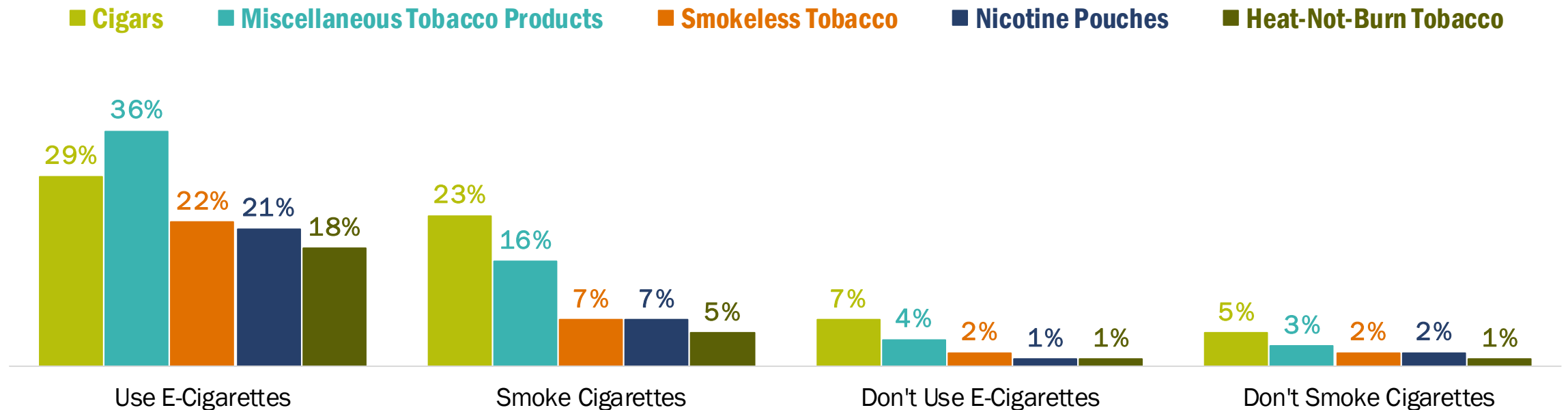
Use of cigars has increased since 2014, with additional tobacco products and smokeless tobacco used at similar rates.



Cigars includes cigars, cigarillos, and little cigars. Nicotine pouches and heat-not-burn tobacco are new and emerging products that were first asked about on the VT ATS in 2022. The 2022 ATS was conducted using a web-based or paper-based survey, while the ATS in prior years was a telephone survey. A dotted line is used to indicate this methodology change.

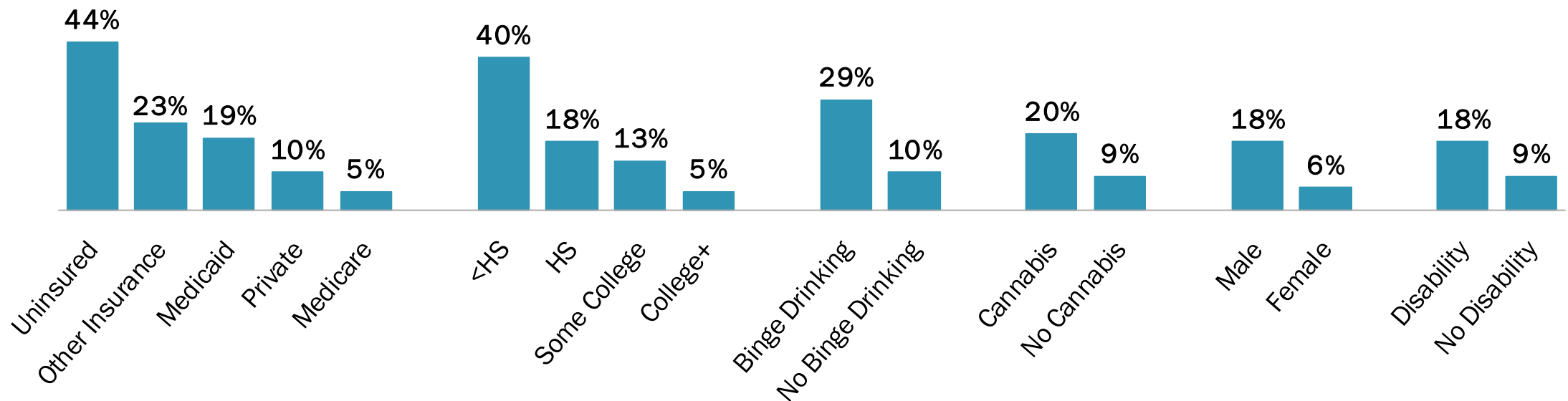
Current Tobacco Use by Current Smoking and E-Cigarette Use Status

Adults who use e-cigarettes are more likely to concurrently use other tobacco products than those who smoke cigarettes. For instance, 29% of adults who use e-cigarettes also smoke cigars, significantly higher than the 7% of adults who do not use e-cigarettes and smoke cigars.



Current Other Tobacco Product Use by Demographic Populations and Risk Factors

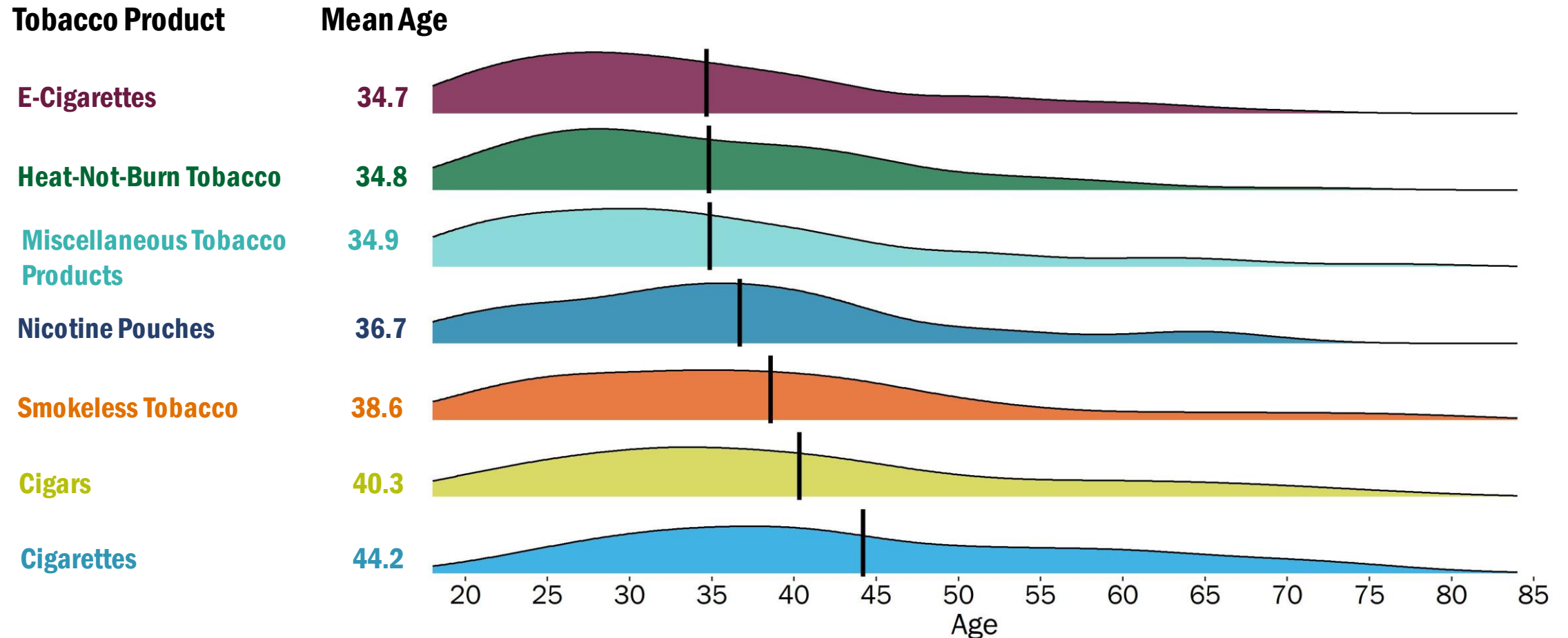
Adults who are uninsured, those with less than a high school education, and those who binge drink use other tobacco products at the highest rates.



All groups shown on this page have statistically significant differences. All education levels use tobacco at a higher rate than those with at least a college education while those with less than a high school education use tobacco at a higher rate than those with some college education. Uninsured adults use tobacco at a higher rate than all additional insurance types except those with other insurance while those insured by Medicaid or with other insurance use tobacco at a higher rate than those insured by Medicare.

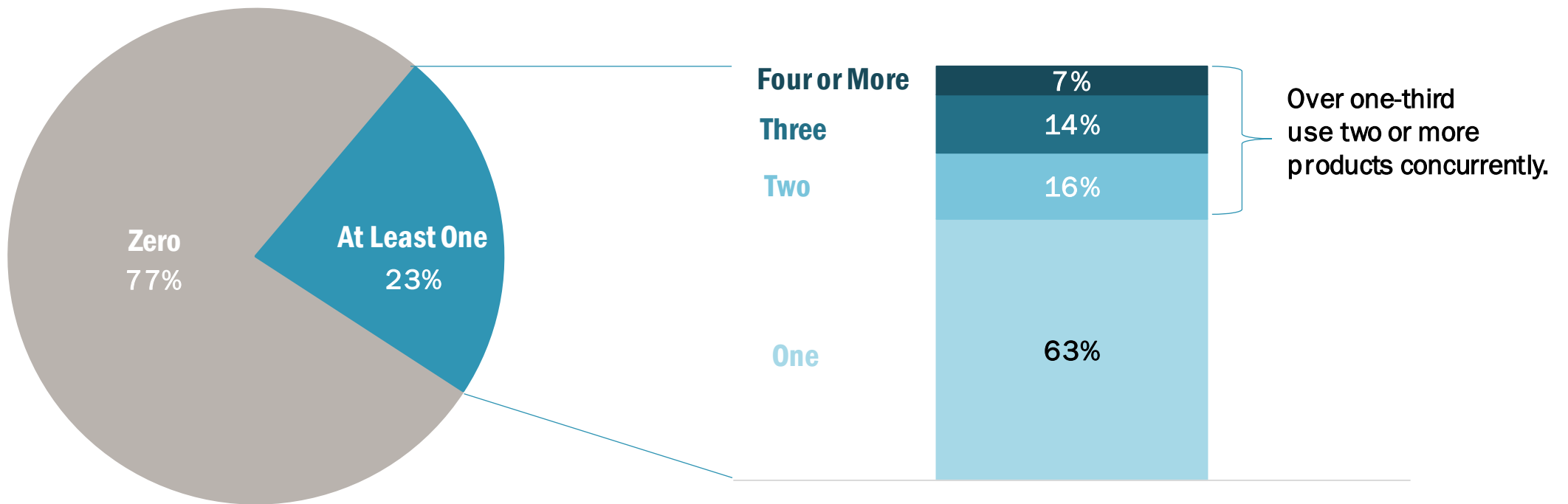
Distribution of Ages of Current Tobacco Use with Mean Age Indicated

On average, adults who **smoke cigarettes** are 10 years older than those who **use e-cigarettes**.



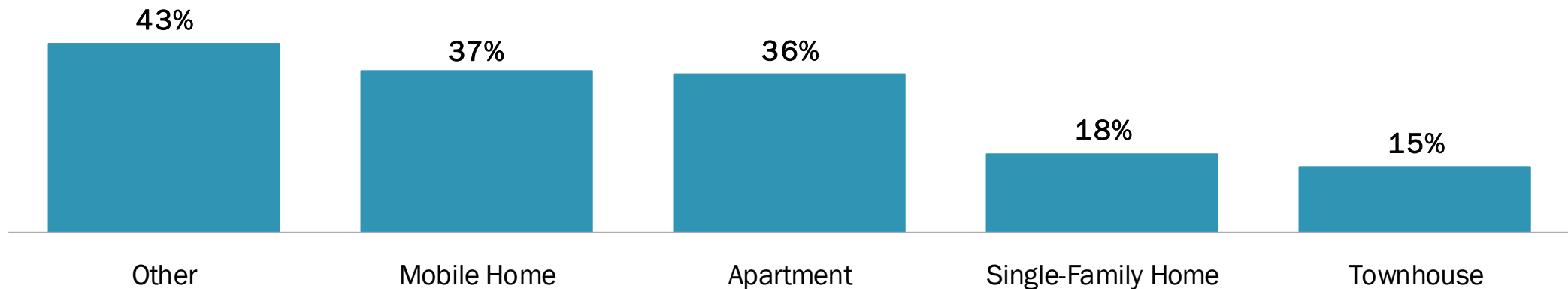
Any Current Tobacco Use and Number of Tobacco Products Used

Nearly one-quarter of VT adults **currently use a tobacco product**; among them, over one-third use two or more products concurrently.



Any Current Tobacco Use by Housing Type

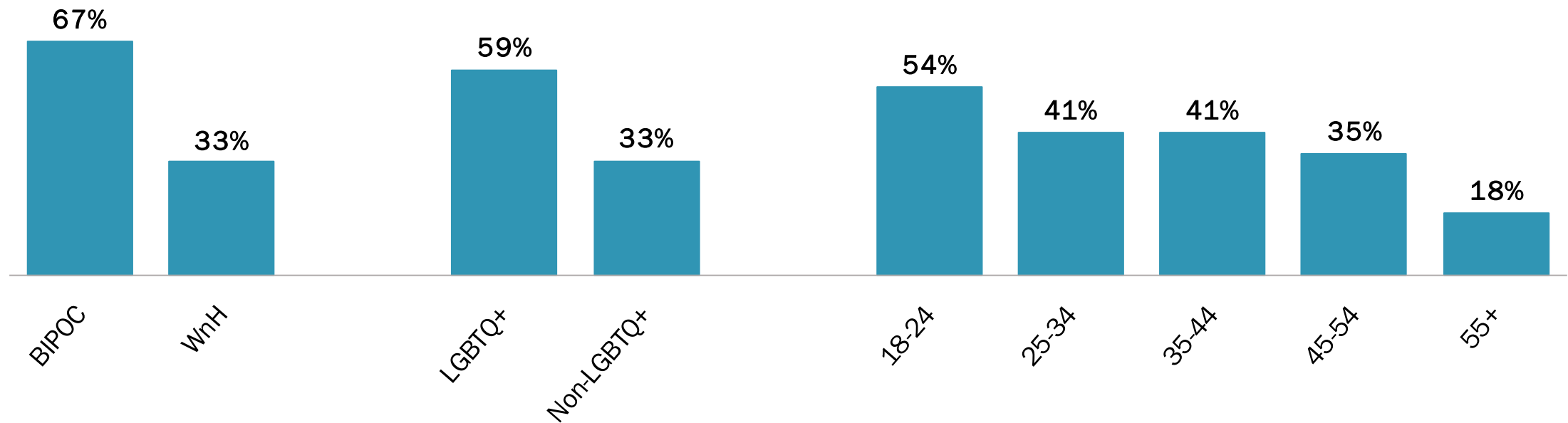
About four in ten adults who live in a mobile home, apartment or other housing setup use any tobacco product, statistically higher than those who live in a single-family home or a townhouse.



Other includes those who do not live in a home, among other situations.

Multiple Tobacco Product Use by Demographic Populations

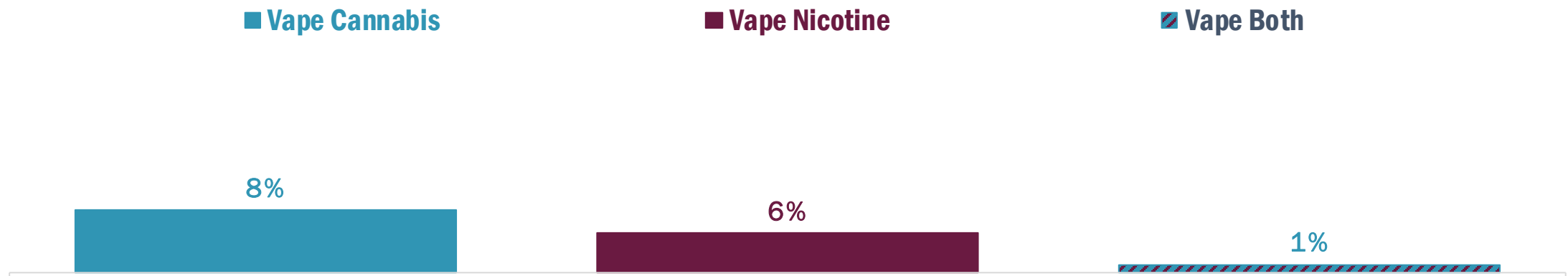
Among adults who currently use tobacco, Black, Indigenous and people of color, LGBTQ+, and those ages 18-44 use multiple tobacco products at the highest rates.



All groups on this page have statistically significant differences between sub-categories. Adults ages 18-44 use multiple tobacco products at a higher rate than those 55+.

Current Nicotine and Cannabis Vaping

Adults currently vape cannabis (8%) at a statistically higher rate than nicotine (6%). Only 1% of Vermont adults currently vape both substances.

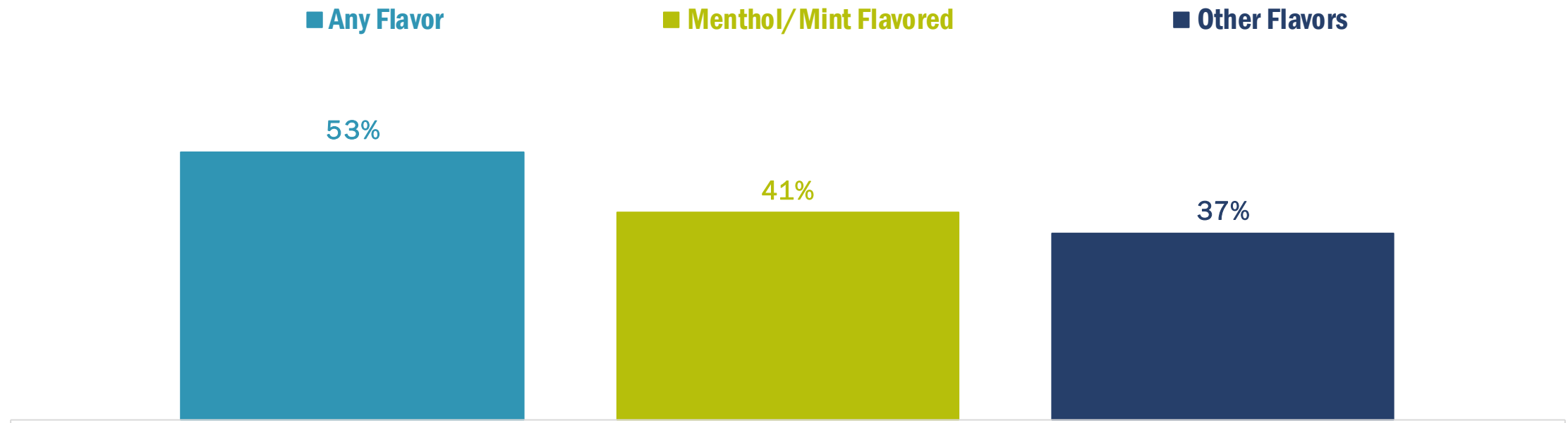


Data Note: respondents were asked if they currently vape cannabis or nicotine, we are unable to quantify if they vape both substances simultaneously or on separate occasions.

Flavored Tobacco Use

Current Flavored Tobacco Use

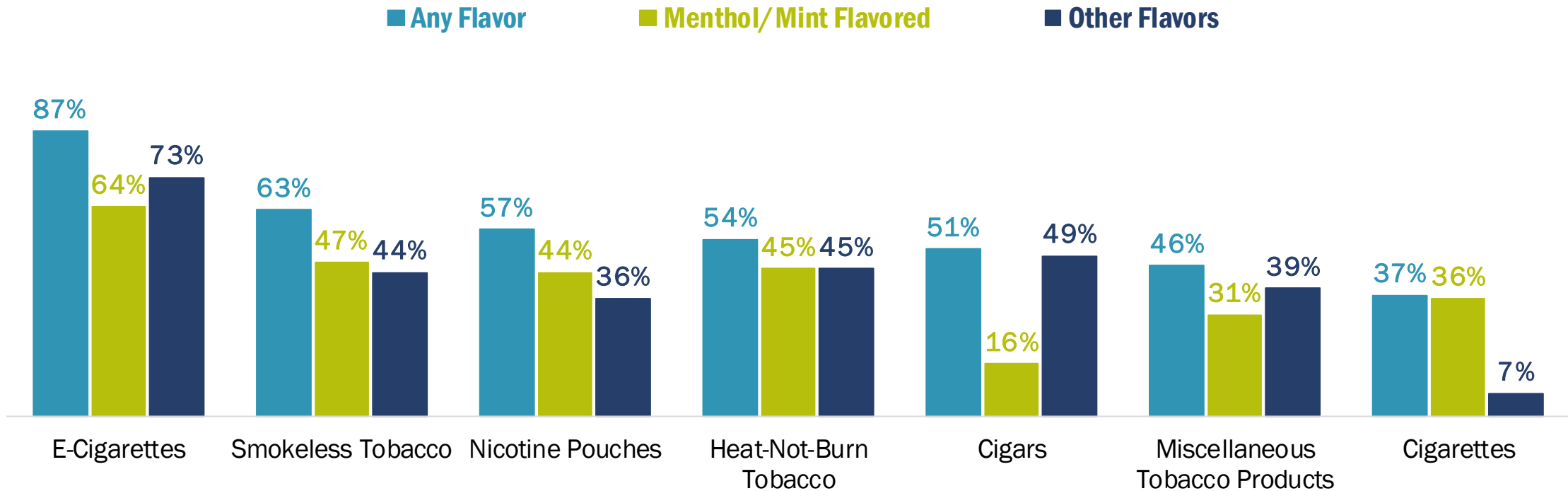
Half of all Vermonters who currently use tobacco use a **flavored product**, with four in ten using a **menthol/mint flavored** product and over a third using a product with a **flavor other than menthol/mint**, such as fruit, clove, or chocolate, among others.



Many respondents use both a menthol/mint flavored tobacco product in addition to other flavors. Therefore, the sum of the percentage who use **Menthol/mint** and the percentage who use **Other Flavors** exceeds the percentage who use **Any Flavor**.

Current Flavored Tobacco Use by Tobacco Product Type

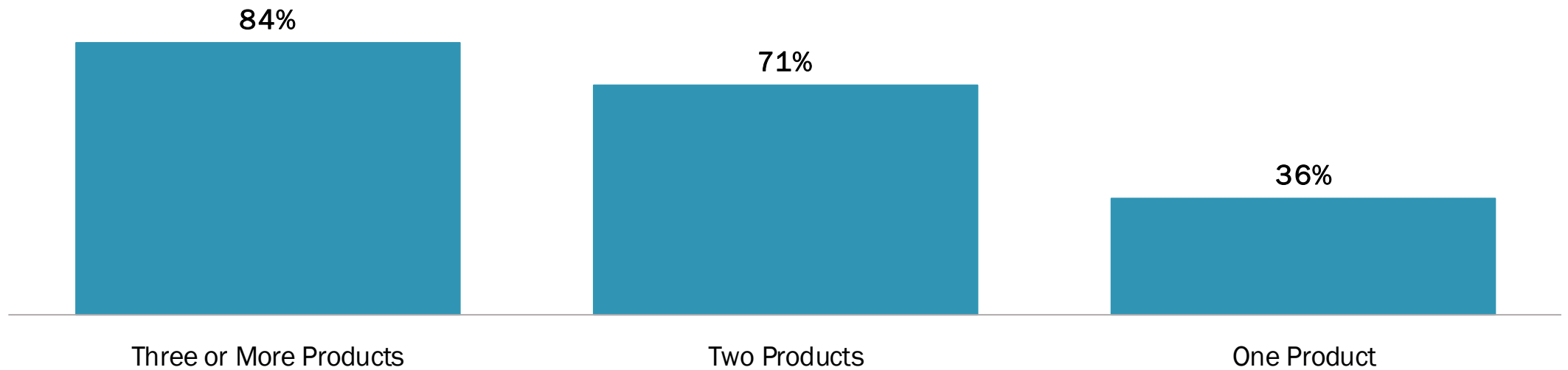
Nearly nine in 10 adults who currently use e-cigarettes use **a flavored e-cigarette**. Flavors other than **menthol/mint**, such as fruit, clove, or chocolate, are more popular among those who use e-cigarettes while one-third of those who smoke cigarettes use **a menthol/mint flavored product**.



Many respondents use a menthol/mint flavored tobacco product in addition to other flavors. Therefore, within a product type, the percentage who use **Menthol/mint** and the percentage who use **Other Flavors** exceeds the percentage who use **Any Flavor**.

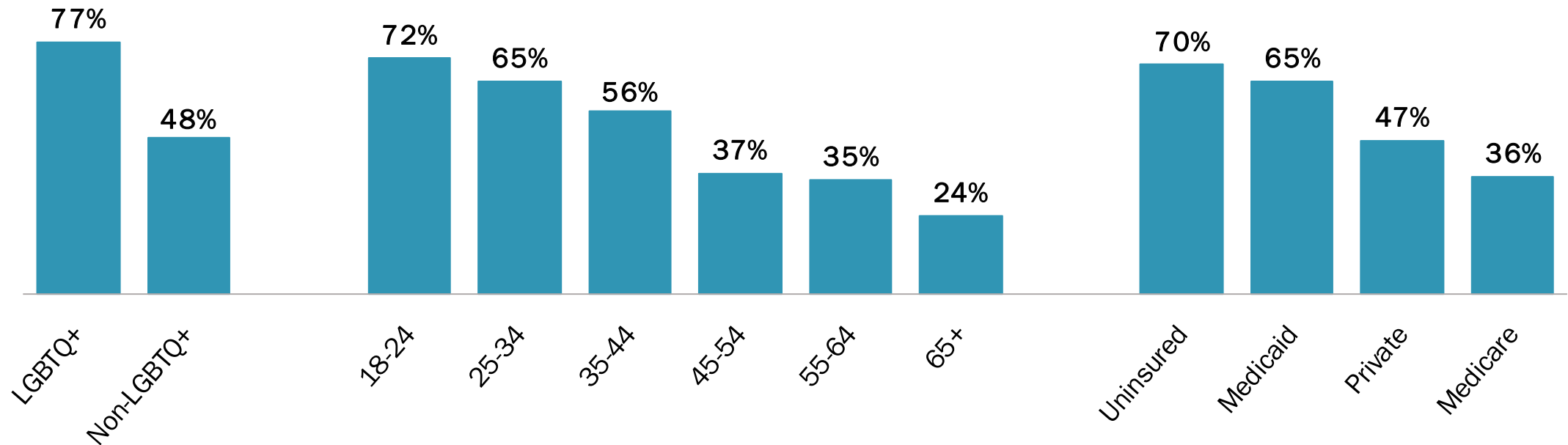
Current Flavored Tobacco Use by Number of Tobacco Products Currently Used

Adults who use multiple tobacco products are significantly more likely to use flavored tobacco.



Current Flavored Tobacco Use by Demographic Populations

Among adults who currently use tobacco, LGBTQ+ Vermonters, adults ages 18-34, and uninsured or Medicaid-insured Vermonters use flavored tobacco at the highest rates.



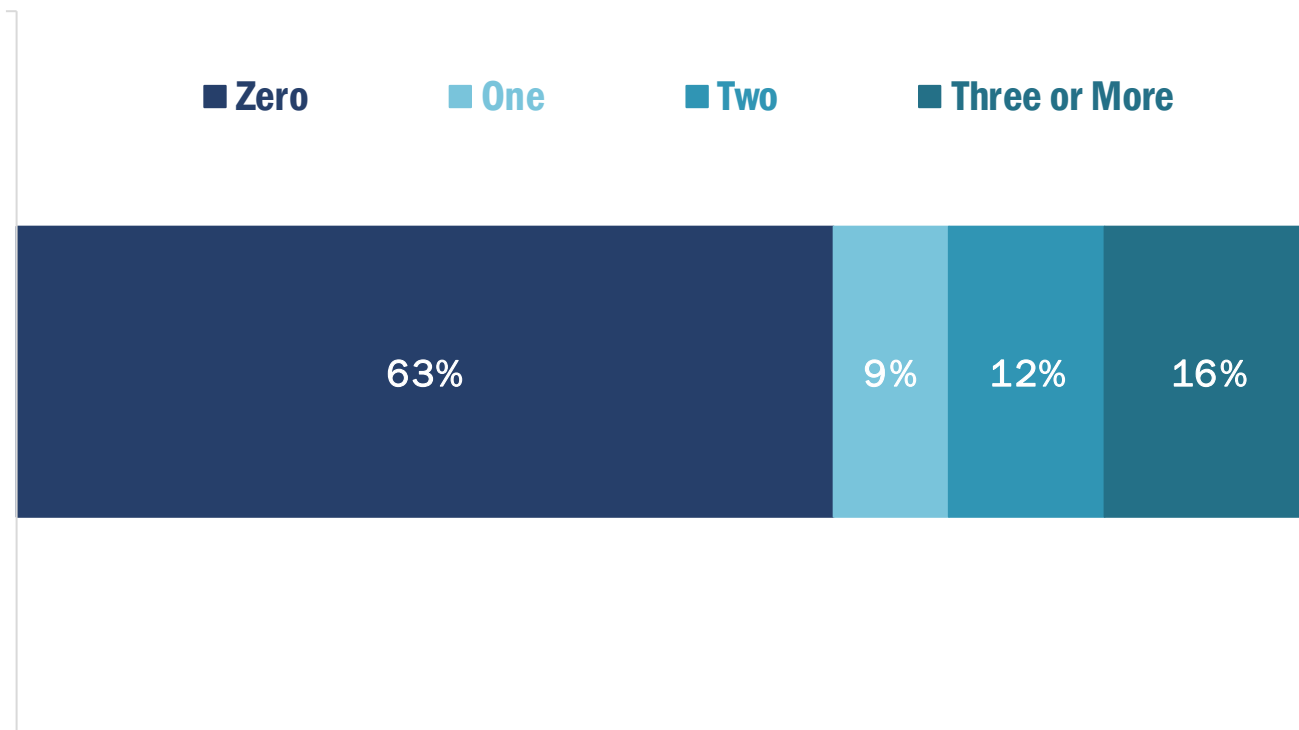
All groups shown on this page have statistically significant differences within categories. Adults ages 18-44 use flavored tobacco at a higher rate than those 65+. Additionally, adults ages 25-34 use flavored tobacco at a higher rate than those 45-64. Uninsured adults and those insured by Medicaid use flavored tobacco at a higher rate than those insured by Medicare. Current flavored tobacco use is not reportable among adults with other insurance due to small sample size.

Quit Behavior among Adults Who Currently Use Tobacco

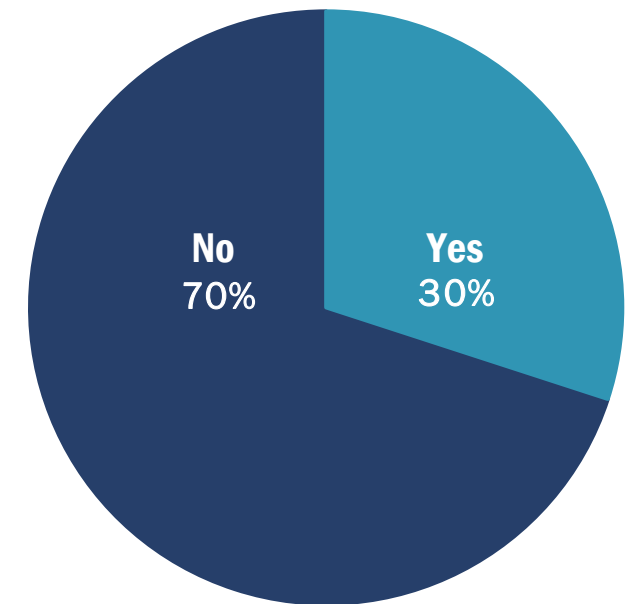
Number of Quit Attempts and Trying to Quit Use of All Tobacco Products

Among adults who currently use tobacco, four in ten tried to quit in the past year. Among those with a quit attempt, most tried to quit three or more times. Three in ten adults who currently use tobacco tried to quit use of all tobacco products in the past year.

Number of Quit Attempts



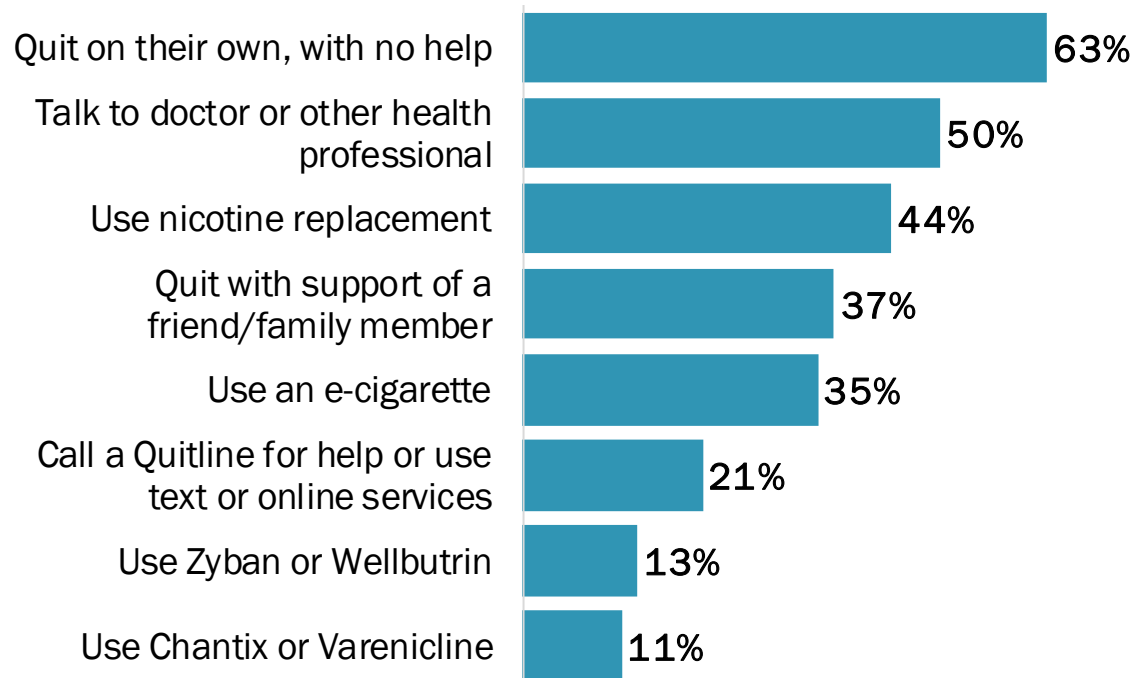
Tried Quitting Use of All Tobacco Products



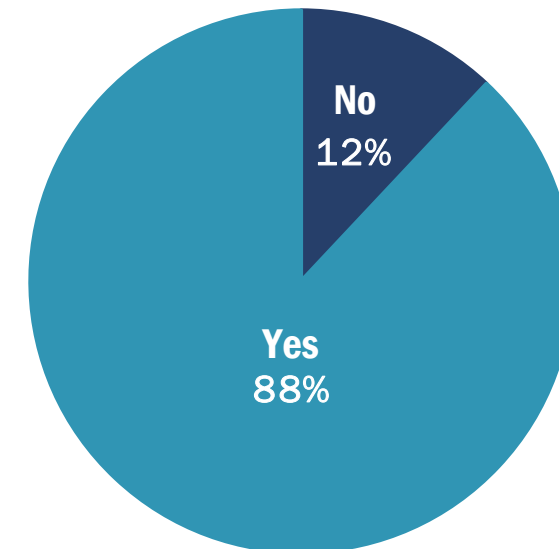
Methods Used in Most Recent Quit Attempt

Among adults who currently use tobacco and tried to quit in the past year, two-thirds tried to quit on their own. Other top quit methods include talking to a health care professional and nicotine replacement. Nine in ten adults who cited trying to quit on their own used additional quit methods.

Quit Methods Used



Use of Other Quit Methods among Those Who Cited They Tried to Quit on Their Own

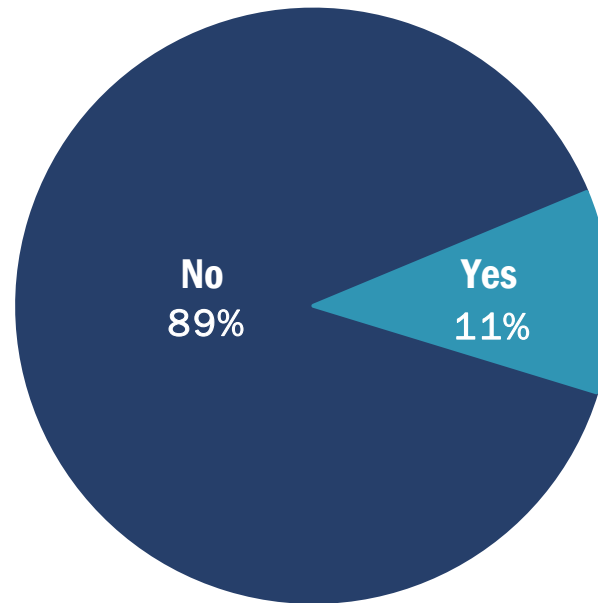


Total is greater than 100% as respondents were able to select multiple cessation methods.

Use of group sessions or classes as well as individual counseling as quit methods are not reportable due to small sample size.

Completely Switched From Using Cigarettes to E-Cigarettes

One in ten adults who currently smoke cigarettes completely switched to using e-cigarettes at some time in the past year.

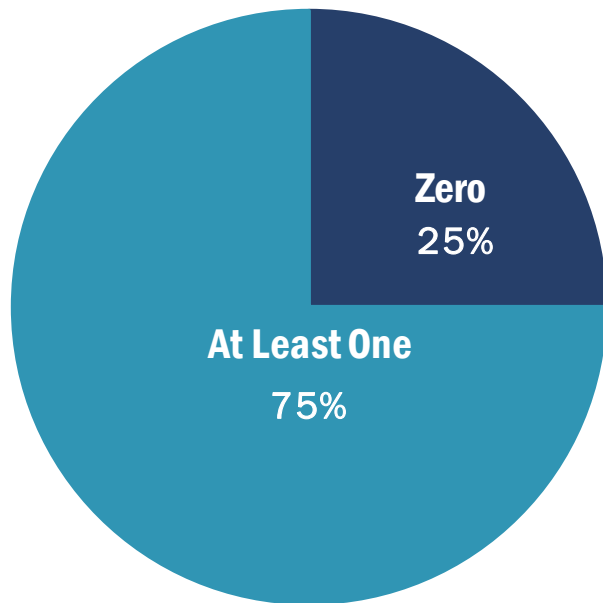


Data Note: Respondents answered as to whether they switched from smoking cigarettes to using e-cigarettes at some point in the past year, we are unable to quantify the duration of this change.

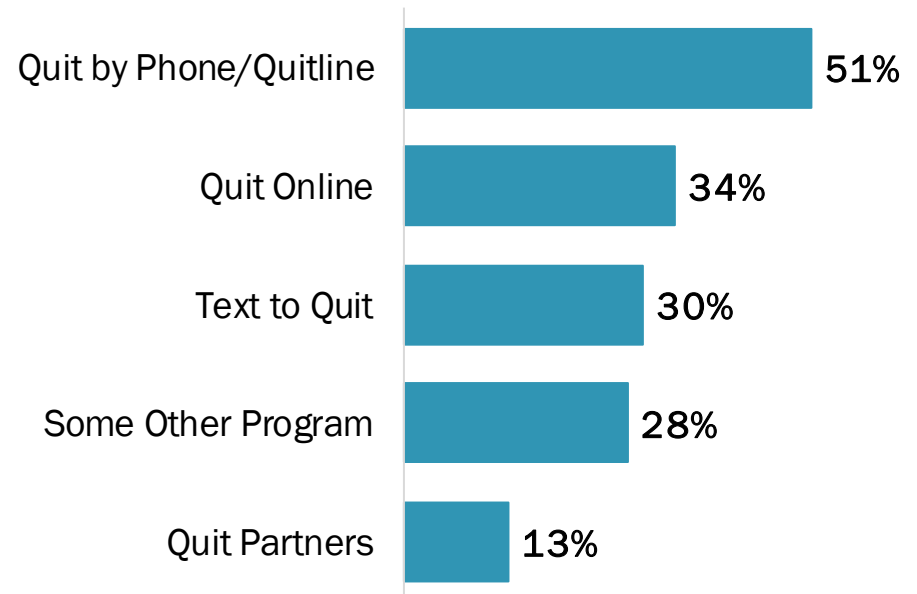
Awareness of 802Quits Services

Among adults who currently use tobacco, three-quarters have heard of **at least one 802Quits service**. Among those who heard of at least one service, the Vermont Quitline has the highest awareness.

Awareness of 802Quits Services



Familiarity of 802Quits Services

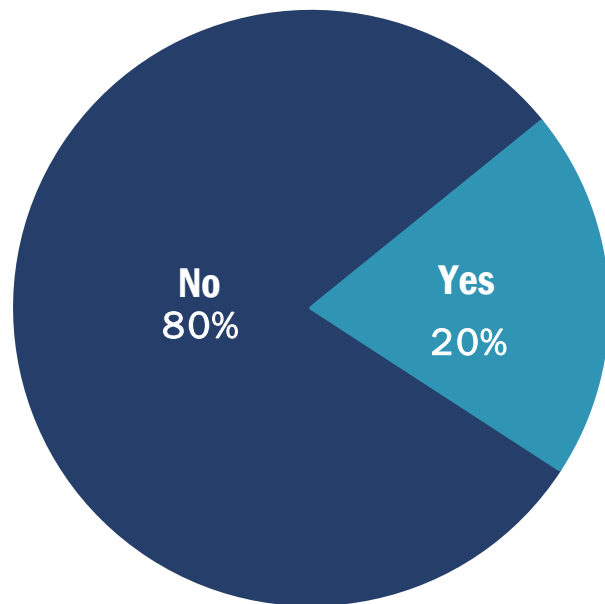


Total is greater than 100% as respondents were able to select multiple 802Quits services.

Use of 802Quits Services and Reasons Why Not Used in Most Recent Attempt

Among adults who currently use tobacco and tried to quit tobacco use in the past year, **one in five used 802Quits in their most recent attempt**. Those who did not use 802Quits cited wanting to quit on their own as the top reason for not using the service.

Use of 802Quits



Reasons 802Quits Not Used

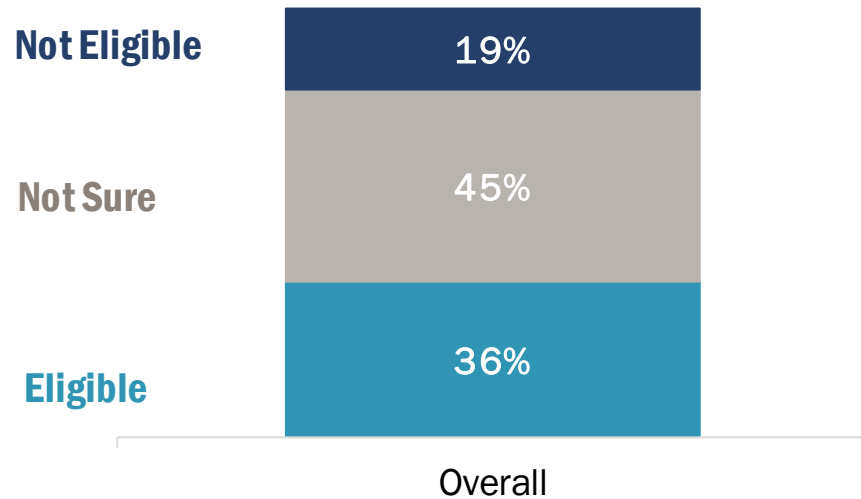


Total for reasons not using 802Quits is greater than 100% as respondents were able to select multiple reasons.

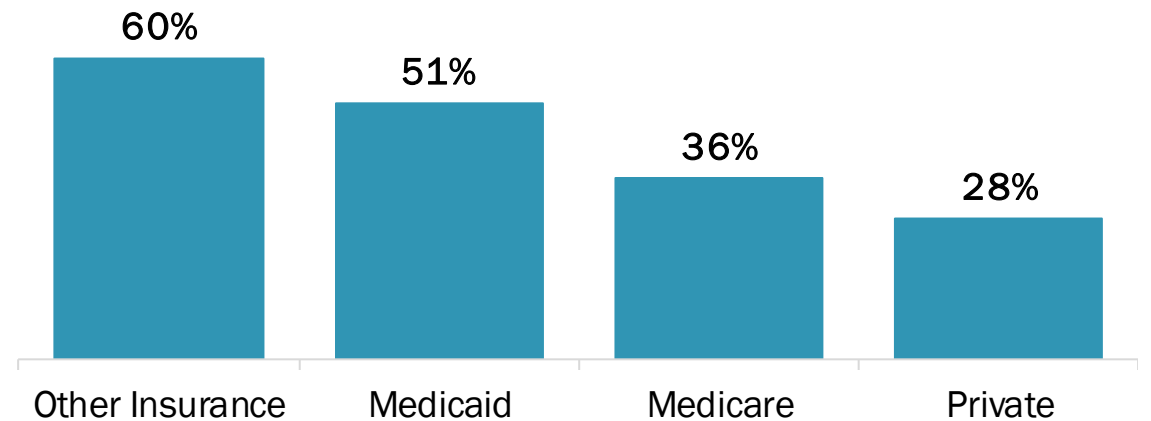
Perceived Eligibility for Free or Reduced Cost Nicotine Replacement Therapy

Among adults who currently use tobacco, three in ten believe they are **eligible** for free or reduced cost nicotine replacement therapy (NRT), while half are **not sure** about their eligibility. Adults insured by Medicaid are over twice as likely to believe they are eligible for free or reduced cost NRT than those with private insurance. In Vermont, all adults are eligible for free NRT through 802Quits. Additionally, some health insurance providers also provide free NRT.

Perceived Eligibility for NRT



Adults Who Believe They Are Eligible for Free or Reduced Cost NRT by Insurance Type

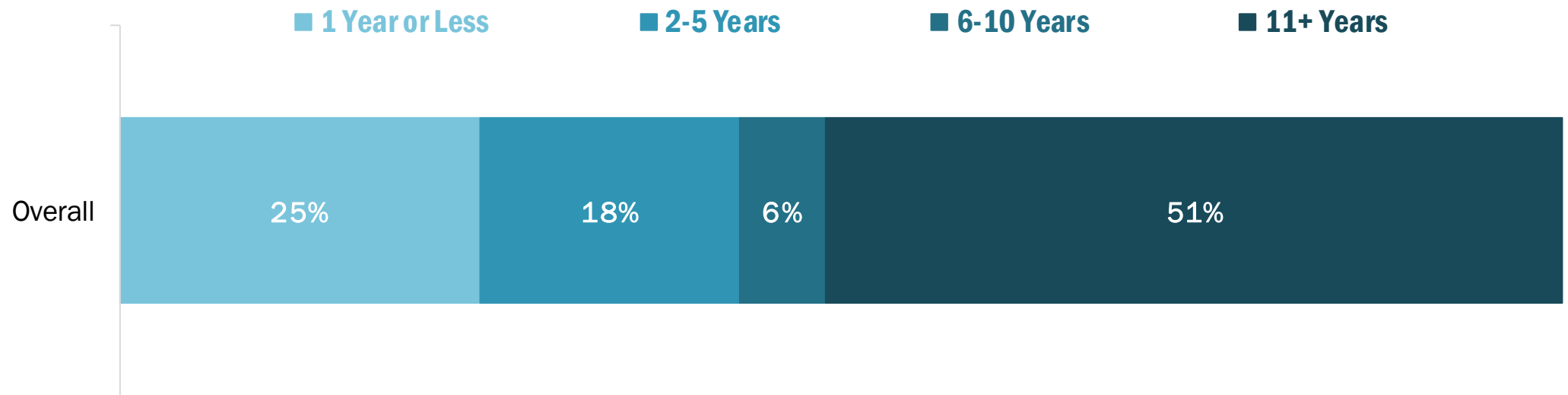


Other insurance includes those with TRICARE or Alaska Native Services, among others. Eligibility for free or reduced cost NRT is not reportable among uninsured adults due to small sample size.

Quit Behavior among Adults who Formerly Smoked Cigarettes or Used E-Cigarettes: Understanding What Works

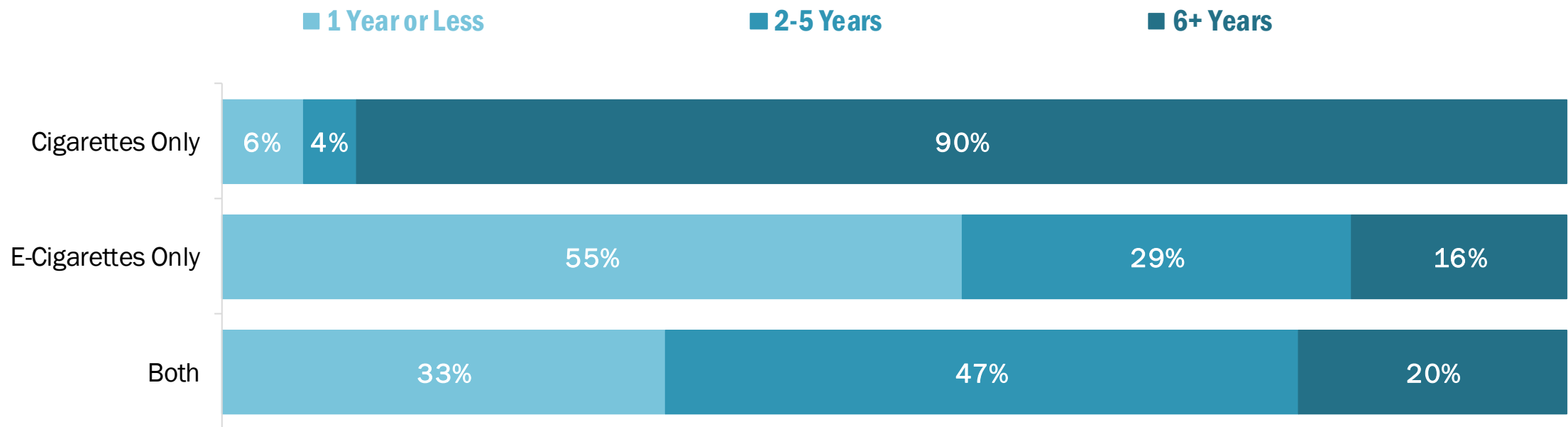
Length of Time Since Last Used Tobacco

Half of adults who formerly smoked cigarettes or used e-cigarettes **quit 11 or more years ago**, while one-quarter **quit in the past year**.



Length of Time Since Last Used Tobacco by Tobacco Product Type

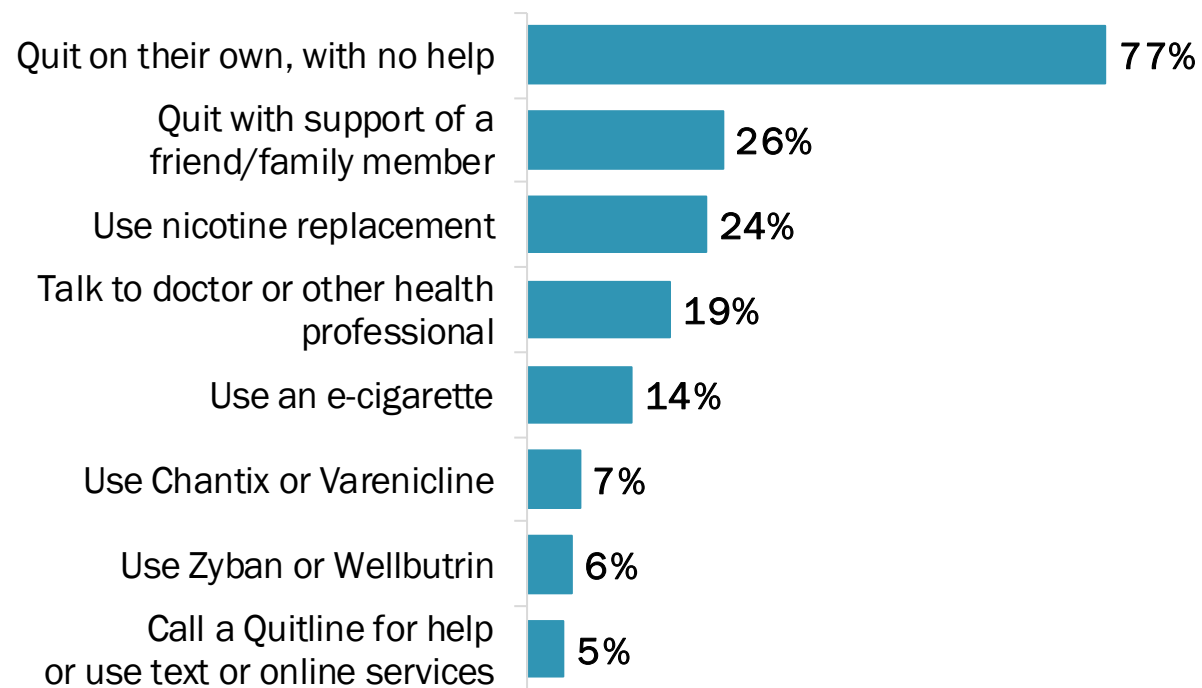
Nine in 10 adults who only smoked cigarettes last used tobacco six or more years ago. Those who used e-cigarettes or used both products report shorter times since last use.



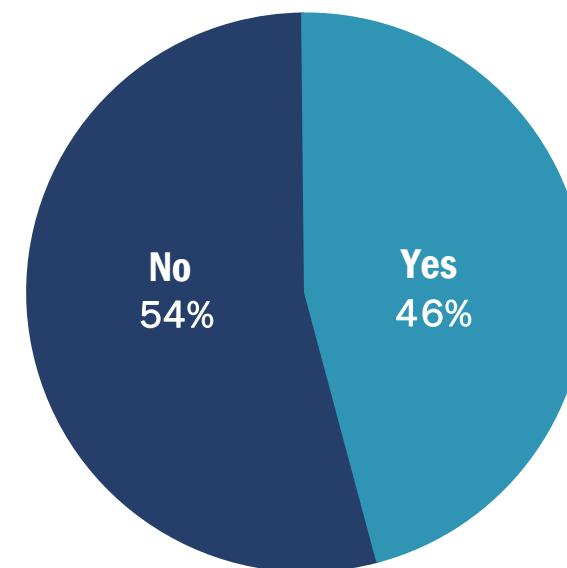
Methods Used to Quit Cigarettes or E-Cigarettes Among Those Who Recently Quit

Among adults who quit cigarette smoking or e-cigarette use in the past five years, about three-quarters quit on their own and one-quarter quit with the support of a friend or family member. Nearly half of adults who cited they quit on their own used additional quit methods.

Quit Methods Used



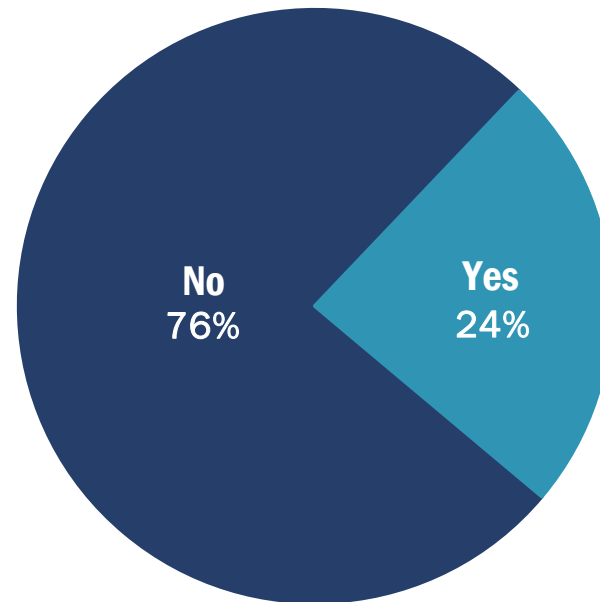
Use of Other Quit Methods among Those Who Cited They Quit on Their Own



Total is greater than 100% as respondents were able to select multiple cessation methods.
Use of group sessions/classes and individual counseling are not reported due to small sample size.

Completely Switched from Using Cigarettes to E-Cigarettes in Their Lifetime

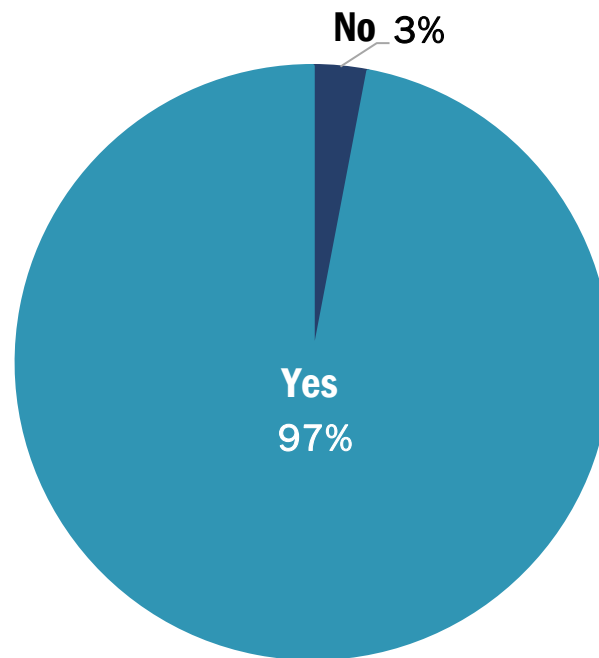
Among adults who formerly smoked cigarettes or used e-cigarettes, one-quarter completely switched from using cigarettes to e-cigarettes at some time in their life.



Data Note: Respondents answered whether they switched from smoking cigarettes to using e-cigarettes at some point in their lifetime, we are unable to quantify when this change occurred or for what duration.

Quitting Use of All Tobacco Products

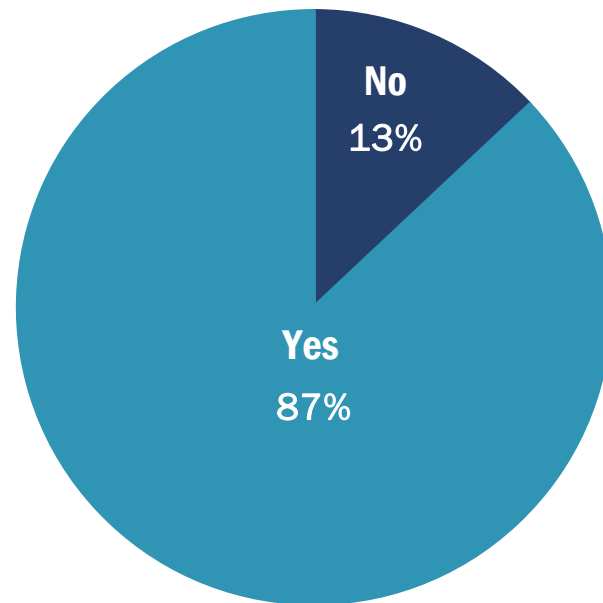
Among adults who formerly smoked cigarettes or used e-cigarettes, nearly all have quit use of all tobacco products.



Health Care Engagement to Support Tobacco Cessation

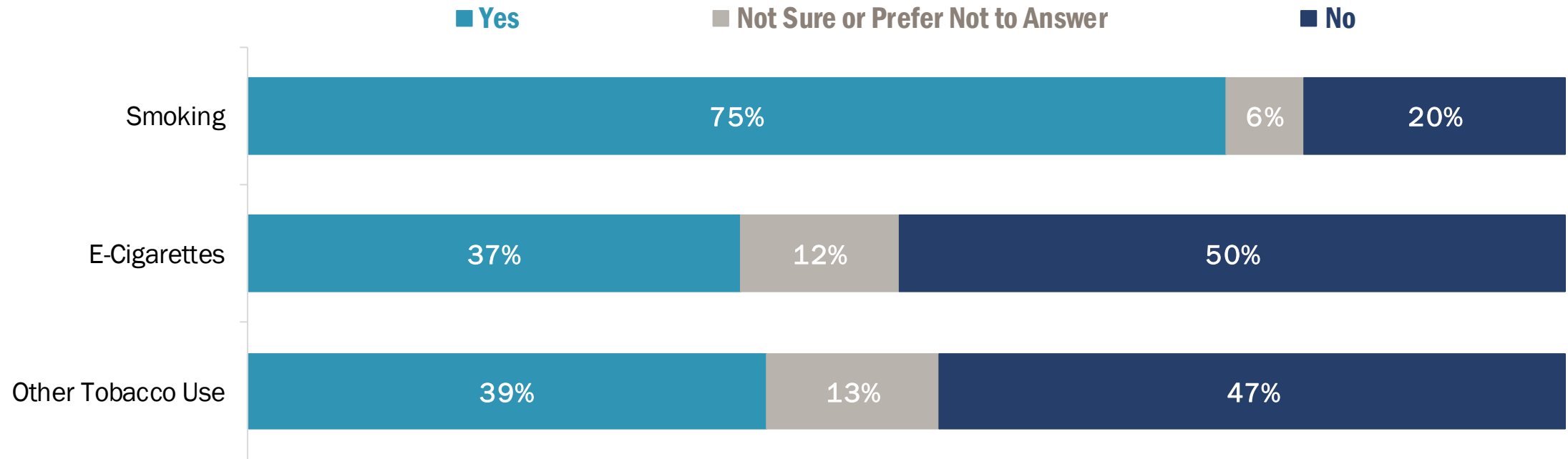
Adults Who Visited a Health Care Professional in the Past Year

Nearly nine in ten adults report visiting a health care professional in the past year.



Adults Who Were Asked about Tobacco by a Health Care Professional

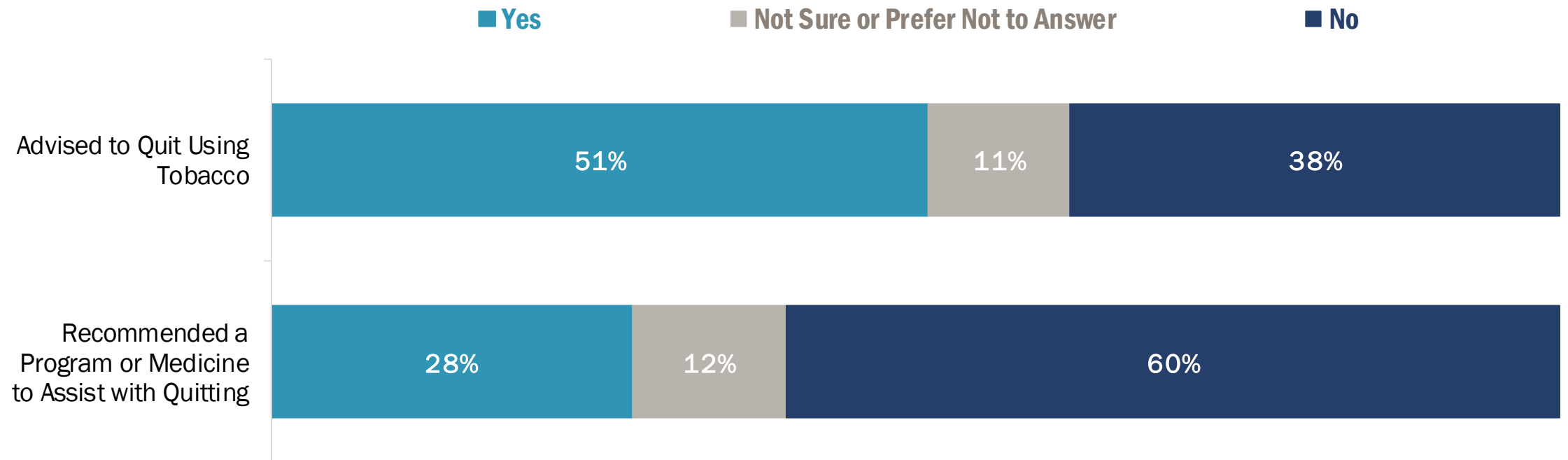
Among adults who visited a health care professional in the past year, three-quarters were asked if they smoked cigarettes while only four in ten were asked if they used e-cigarettes or other tobacco products.



Note: Percents may not add up to 100% due to rounding.

Health Care Professional Support with Tobacco Use

Among adults who visited a health care professional and used tobacco in the past year, over half were advised to quit using tobacco while one-third were recommended a program or medicine to assist with quitting.



Trying to Quit Tobacco with Support from a Health Care Professional

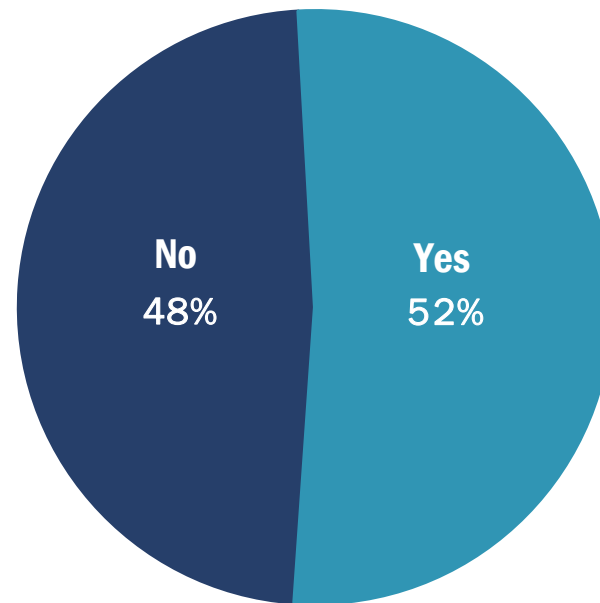
Among adults who visited a health care professional and currently use tobacco, adults who were **advised to quit or recommended a medicine or program to quit** are about twice as likely to try quitting use of tobacco in the past year.

Percentage of Adults who Tried to Quit Tobacco



Health Care Professional Awareness of Tobacco Use around Children

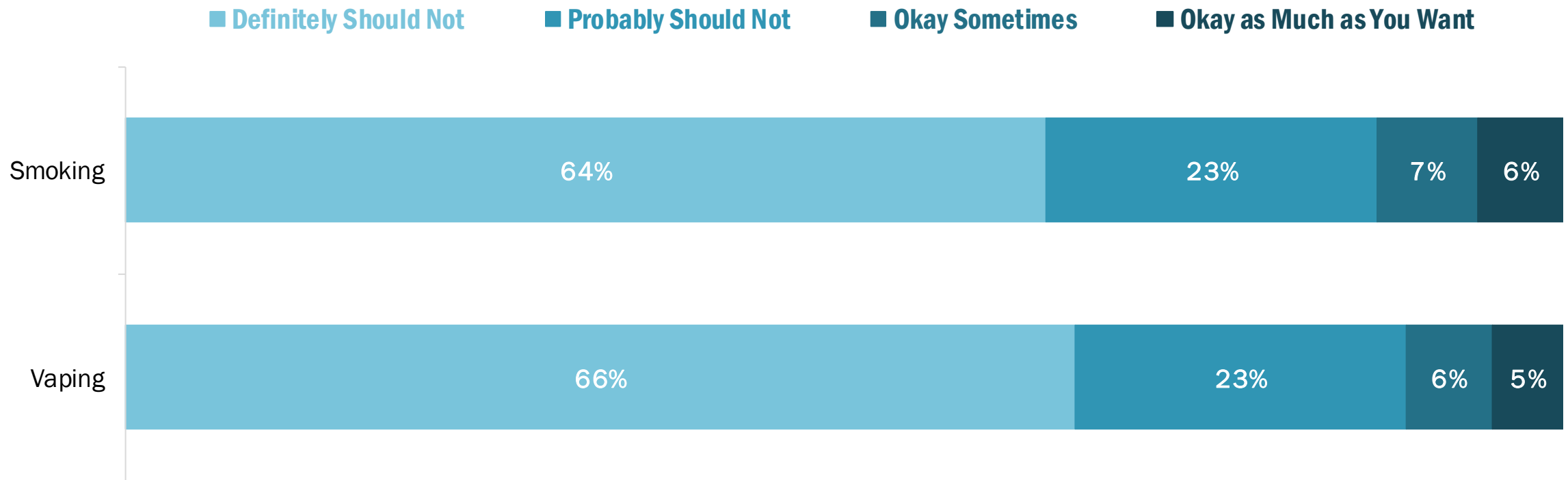
Among adults who visited a health care professional in the past year, used tobacco in the past year and have one or more children in the home, half were asked by a health care professional if they use tobacco around their children.



Perceptions of Harm of Smoking and Vaping Tobacco

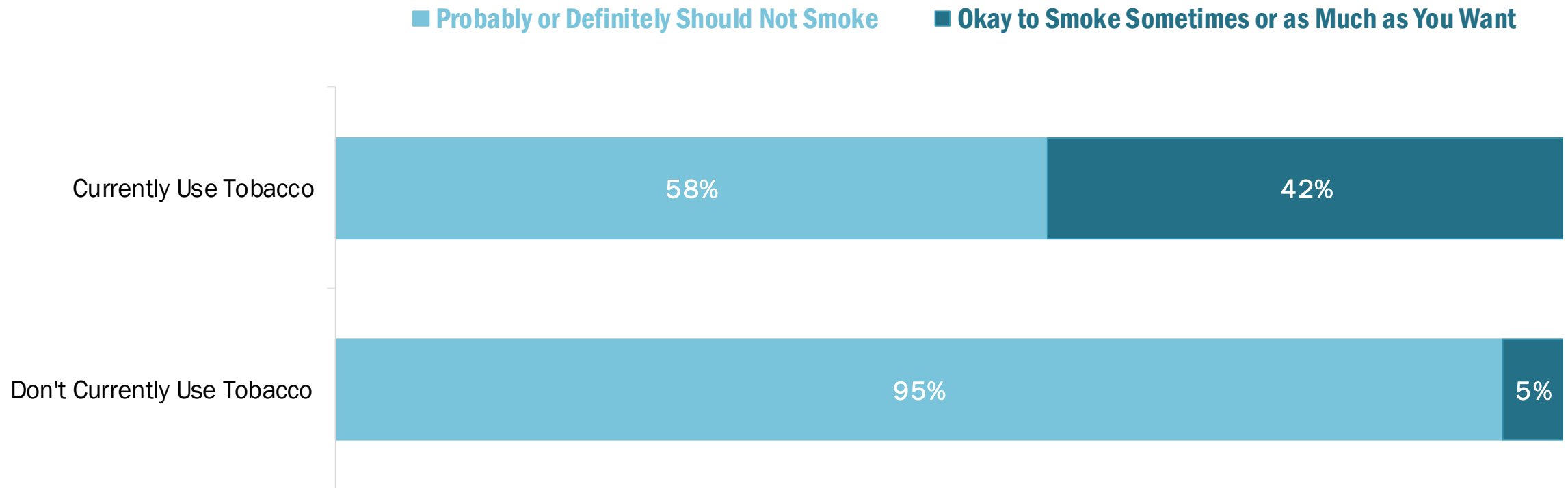
Perceptions of Smoking and Vaping Tobacco

Two-thirds of adults feel that Vermonters **definitely should not** smoke or vape tobacco.



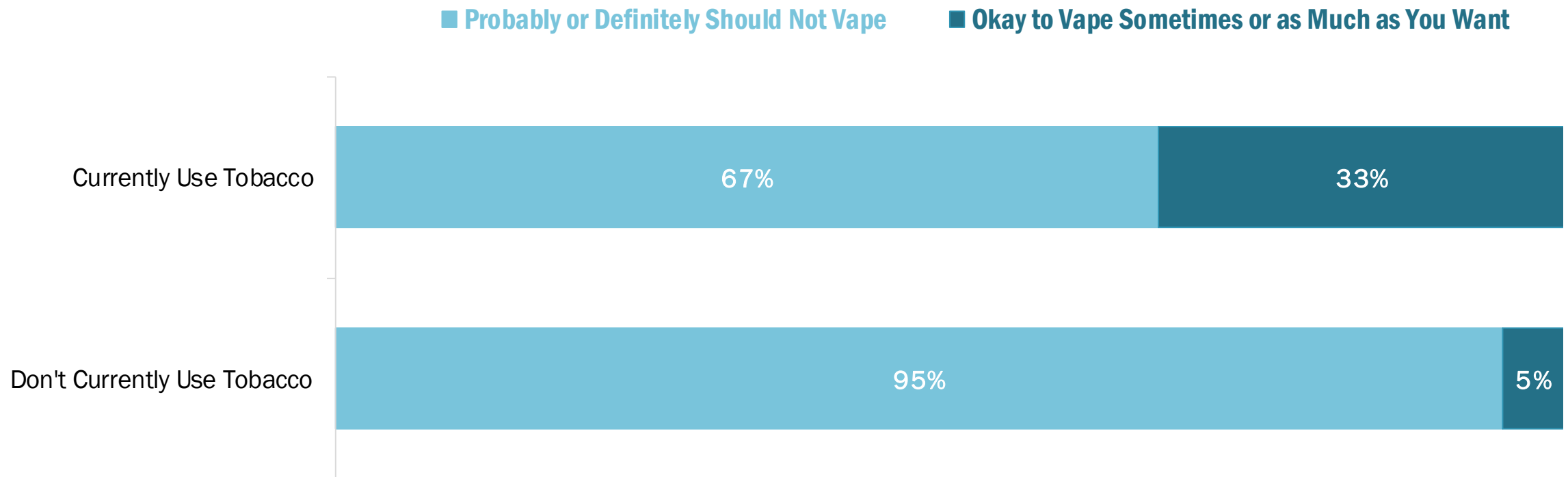
Perceptions of Smoking Tobacco by Current Tobacco Use Status

Nearly all adults who do not currently use tobacco feel Vermonters **probably or definitely should not smoke tobacco**, statistically higher than adults who currently use tobacco.



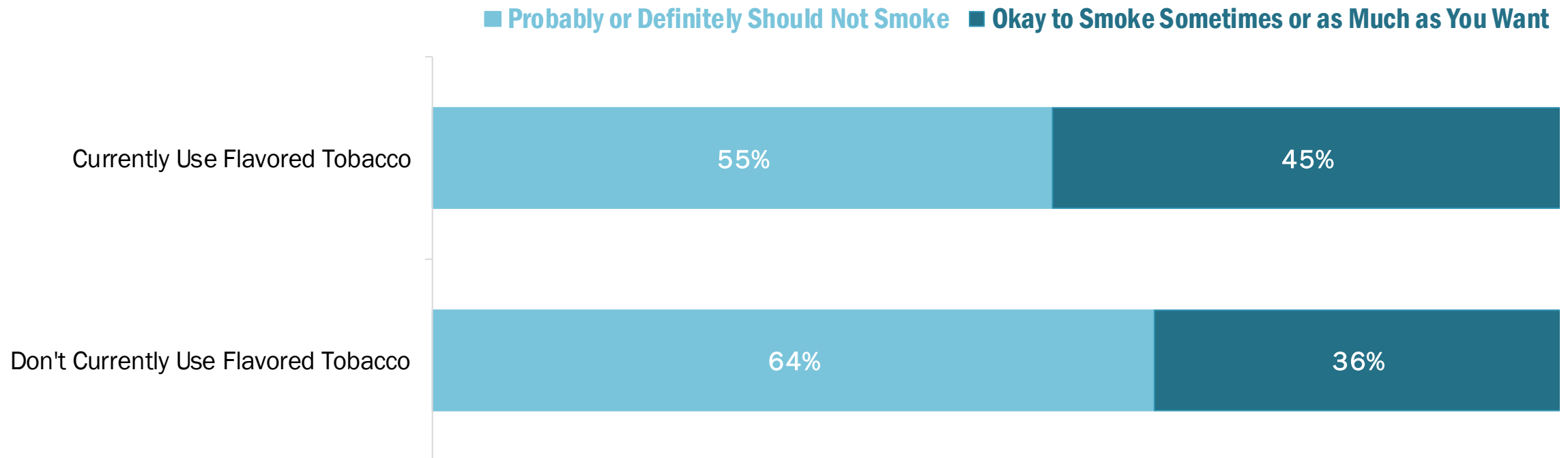
Perceptions of Vaping Tobacco by Current Tobacco Use Status

Nearly all adults who do not currently use tobacco feel Vermonters **probably or definitely should not vape tobacco**, statistically higher than adults who currently use tobacco.



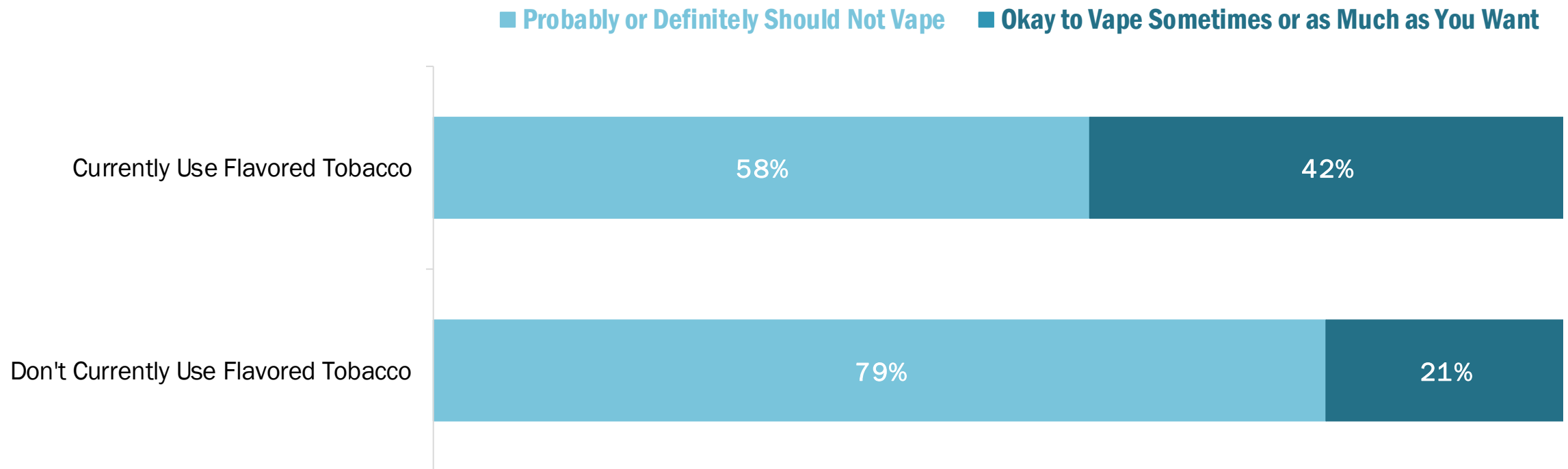
Perceptions of Smoking Tobacco by Current Flavored Tobacco Use Status

Adults who do not currently use flavored tobacco are more likely to feel Vermonters **probably or definitely should not smoke tobacco** than those who currently use flavored tobacco.



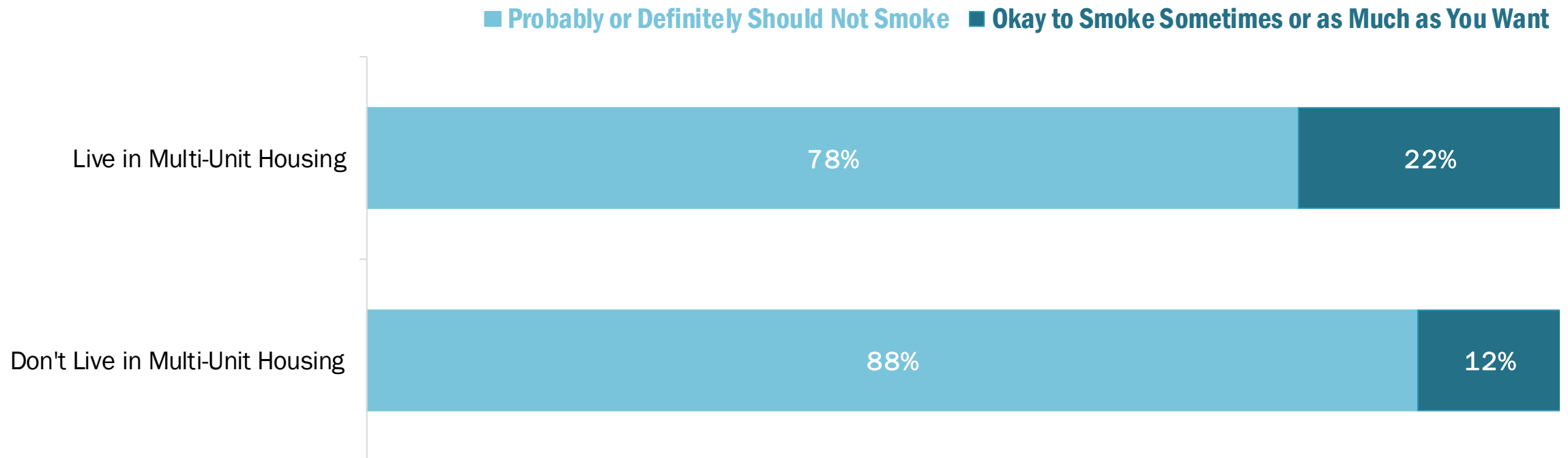
Perceptions of Vaping Tobacco by Current Flavored Tobacco Use Status

Adults who currently use flavored tobacco are twice as likely to feel it is **okay for Vermonters to vape sometimes or as much as they want**.



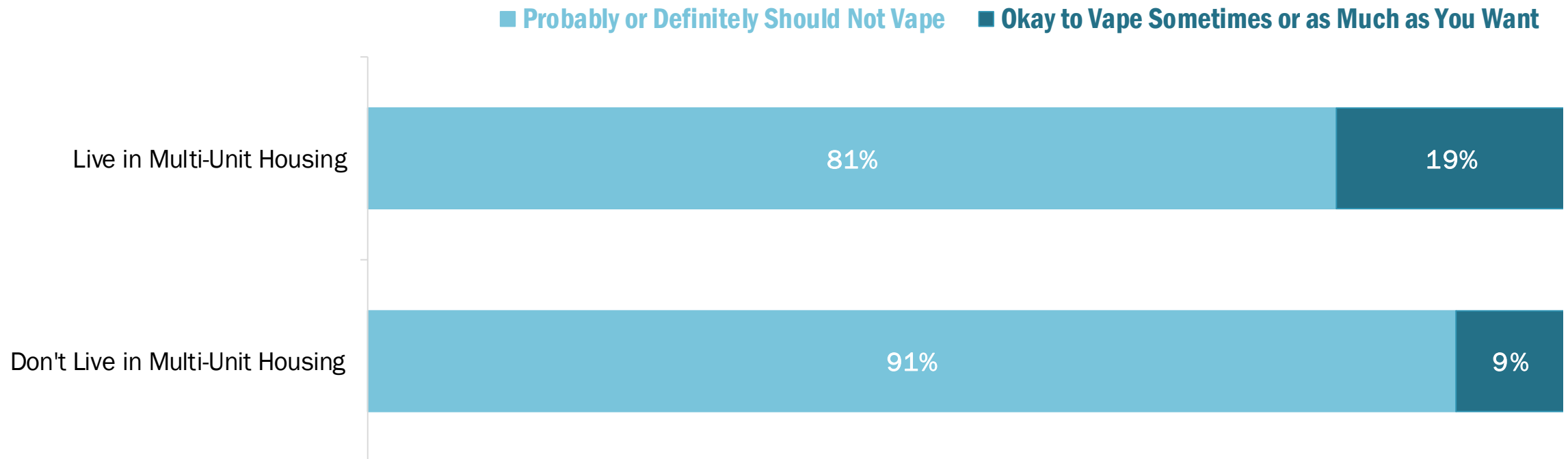
Perceptions of Smoking Tobacco by Housing Status

Adults who live in multi-unit housing are statistically more likely to feel it is **okay for Vermonters to smoke sometimes or as much as they want**.



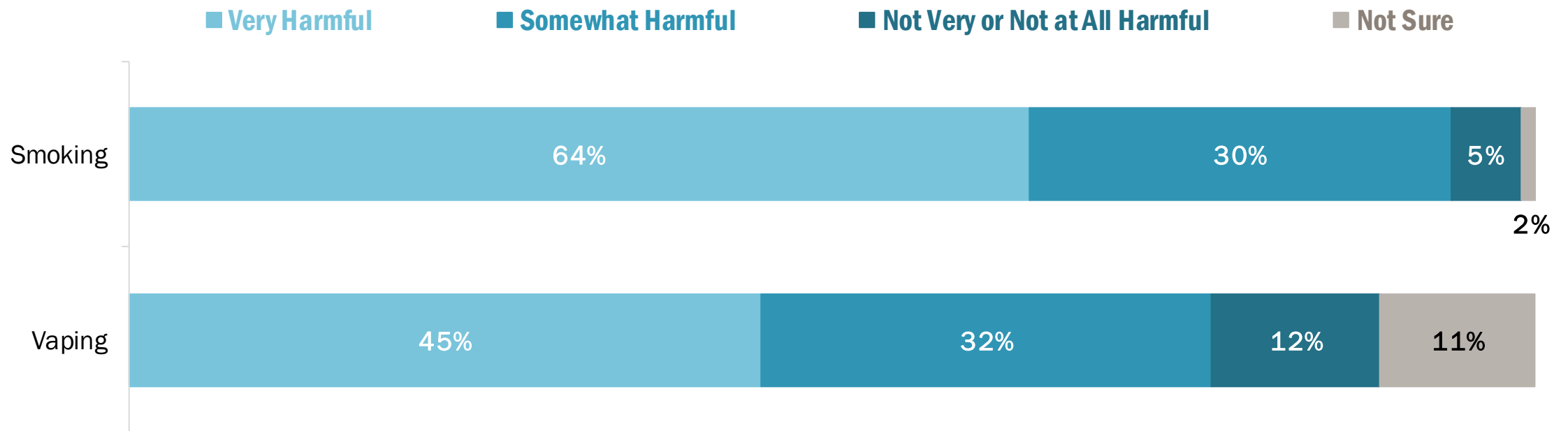
Perceptions of Vaping Tobacco by Housing Status

Adults who live in multi-unit housing are statistically more likely to feel it is **okay for Vermonters to vape sometimes or as much as they want**.



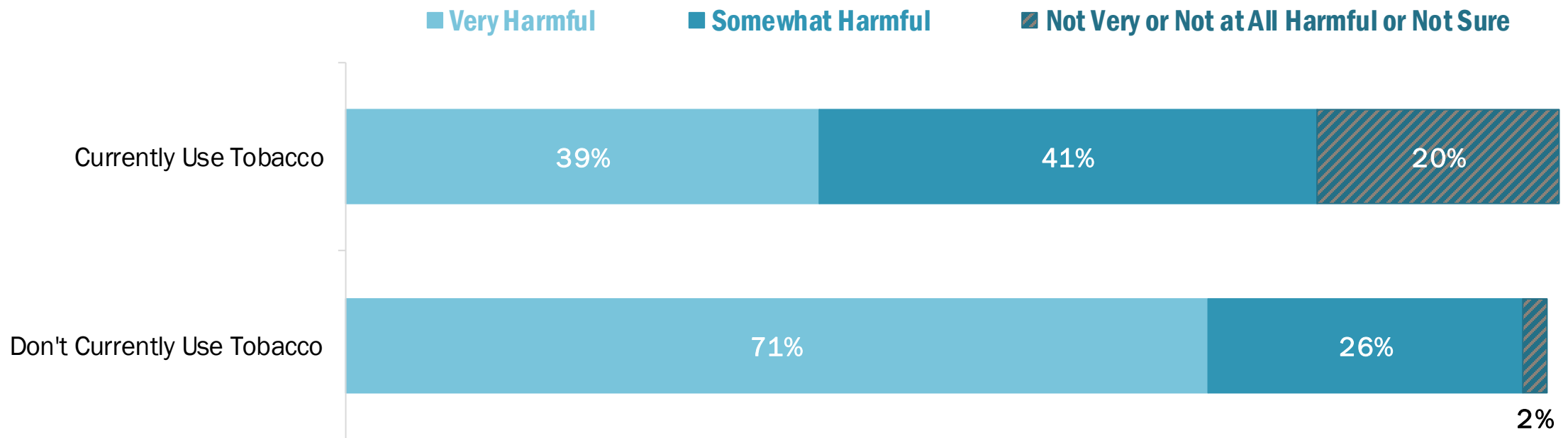
Perceptions of Breathing in Other People's Tobacco Smoke or Vapor

Most adults feel that breathing in other's tobacco smoke or vapor is **very harmful**. However, Vermonters are significantly more likely to feel breathing in other people's tobacco vapor is **not very or not at all harmful** than breathing in other's tobacco smoke. Additionally, **greater uncertainty** exists with the harms of breathing in other's tobacco vapor than smoke.



Perceptions of Breathing in Other People's Tobacco Smoke by Current Tobacco Use Status

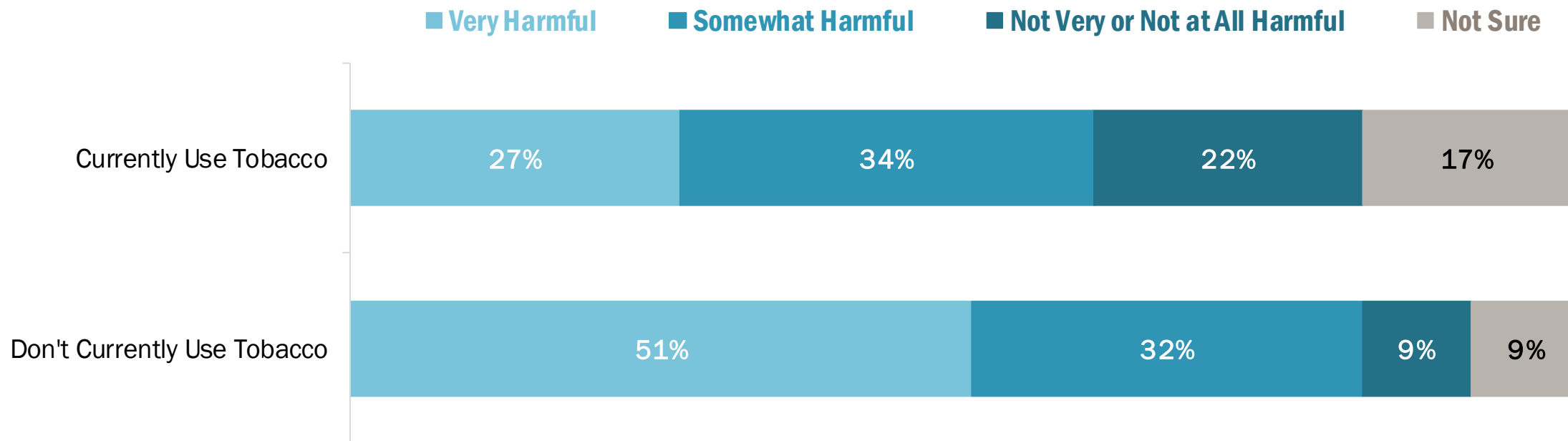
Adults who currently use tobacco are statistically less likely to feel breathing in other people's tobacco smoke is **very harmful** compared to those who do not use tobacco.



Striping indicates that not very harmful, not at all harmful, and not sure are combined for this analysis due to small sample size.

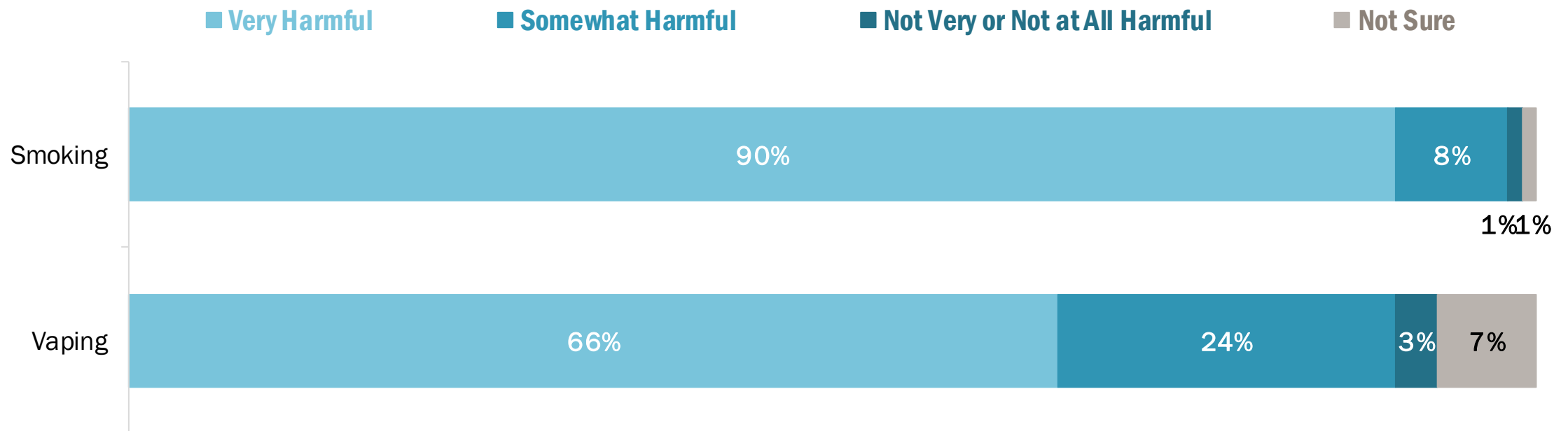
Perceptions of Breathing in Other People's Tobacco Vapor by Current Tobacco Use Status

Adults who currently use tobacco are significantly more likely to feel breathing in other people's tobacco vapor is **not very or not at all harmful**. Additionally, those who use tobacco report **greater uncertainty** about these harms.



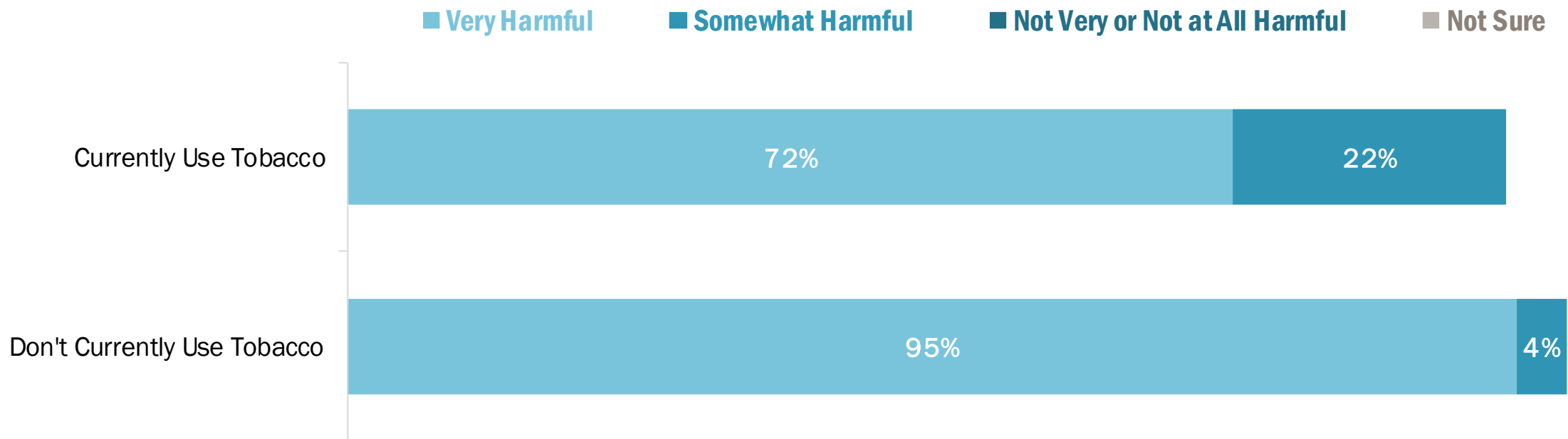
Perceptions of How Harmful Smoking or Vaping Tobacco is to a Person's Health

Most adults feel smoking and vaping tobacco are **very harmful** to a person's health. However, Vermonters are significantly more likely to feel smoking is **very harmful** than vaping tobacco.



Perceptions of How Harmful Smoking Tobacco is to a Person's Health by Current Tobacco Use Status

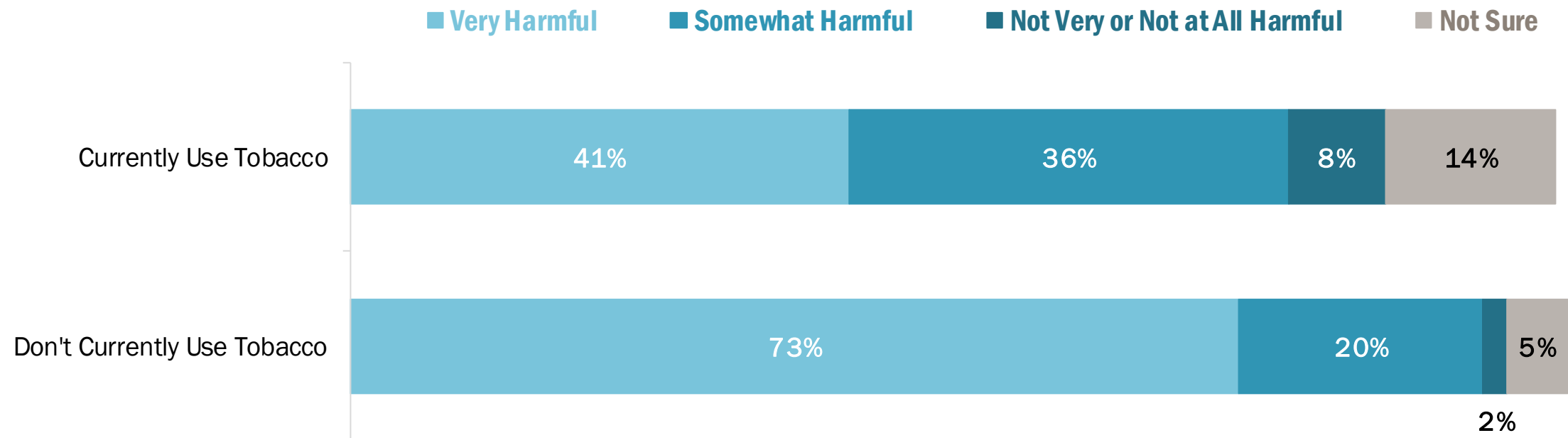
Adults who do not currently use tobacco are statistically more likely to feel smoking tobacco is **very harmful** to a person's health.



Not very or not at all harmful as well as not sure are not reportable due to small sample size.

Perceptions of How Harmful Vaping Tobacco is to a Person's Health by Current Tobacco Use Status

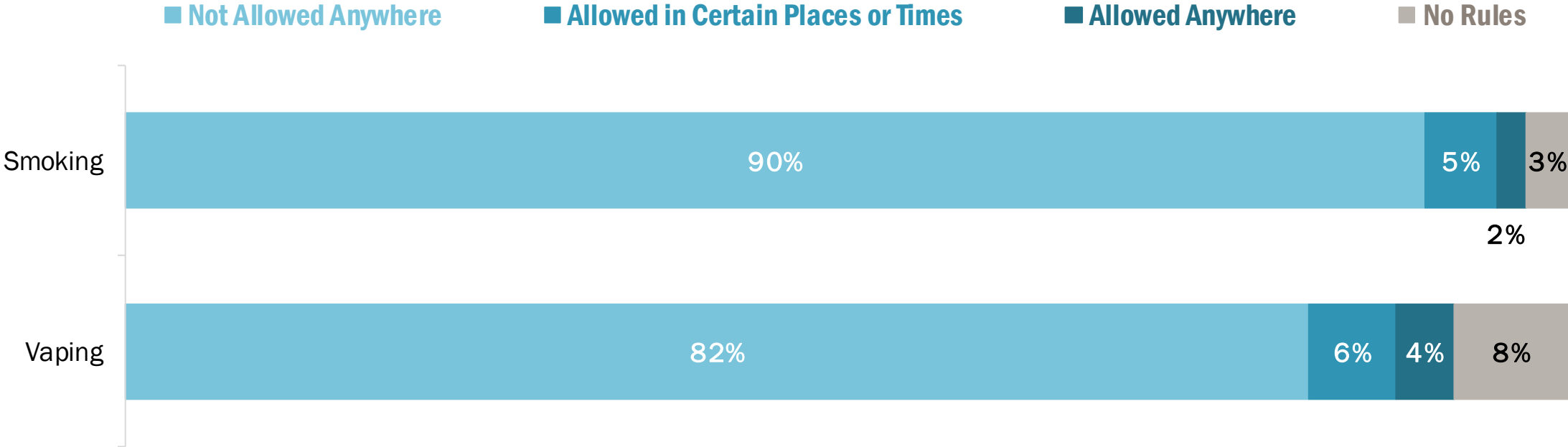
Adults who currently use tobacco are statistically more likely to feel vaping tobacco is **not very or not at all harmful** or to be **unsure** about its harms compared to those who do not use tobacco.



Exposure to Secondhand Smoke and Vapor

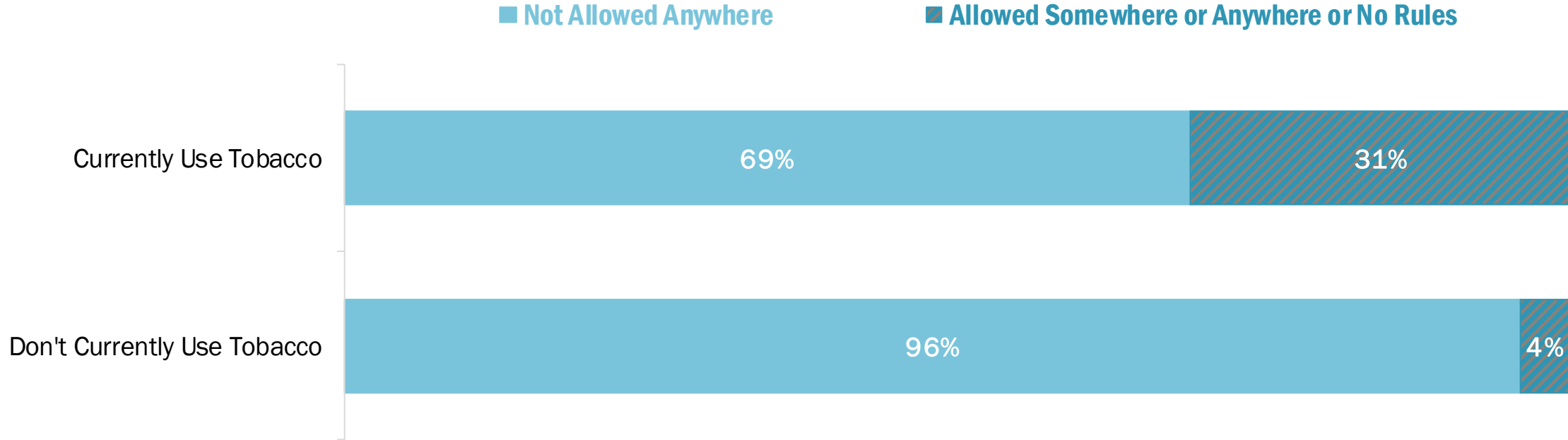
Rules of Allowing Smoking and Vaping Tobacco in the Home

Most Vermonters **do not allow smoking or vaping anywhere** in their home, with a statistically higher rate not allowing smoking anywhere than vaping.



Rules of Allowing Smoking Tobacco in the Home by Current Tobacco Use Status

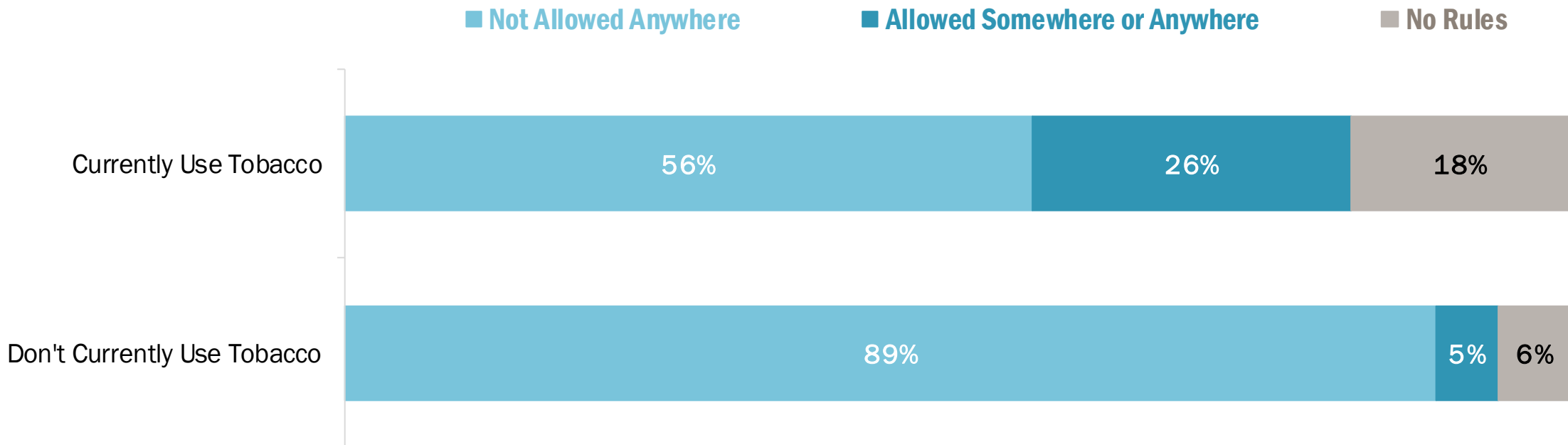
Adults who do not currently use tobacco are statistically more likely to **not allow smoking anywhere** in their home.



Striping indicates that allowed somewhere or anywhere and no rules were combined for this analysis.

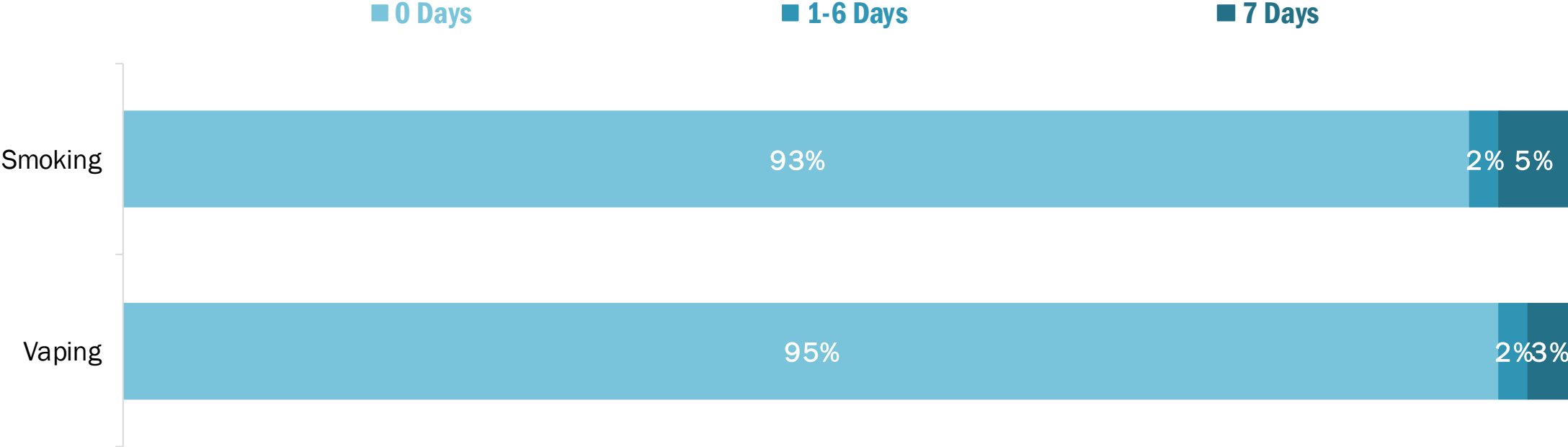
Rules of Vaping Tobacco in the Home by Current Tobacco Use Status

Adults who currently use tobacco are five times as likely to **allow vaping somewhere or anywhere in their home** and three times as likely to have **no rules** around vaping in their home.



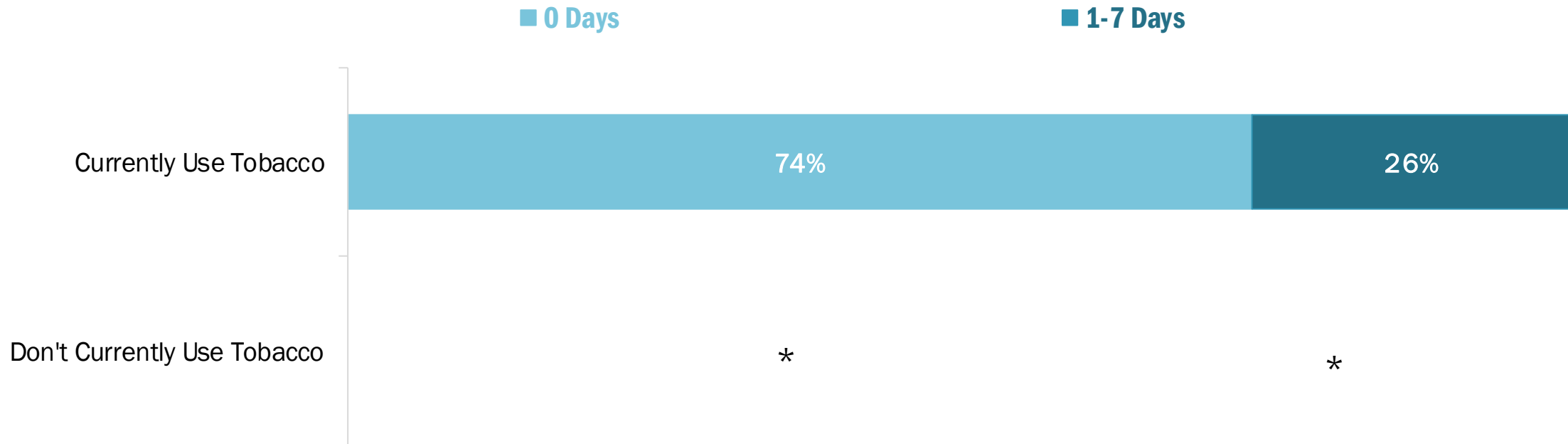
Days Anyone Smoked or Vaped Tobacco in the Home in the Past Seven Days

Most adults did not have any smoking or vaping in their home in the past week.



Days Anyone Smoked Tobacco in the Home in the Past Seven Days by Current Tobacco Use Status

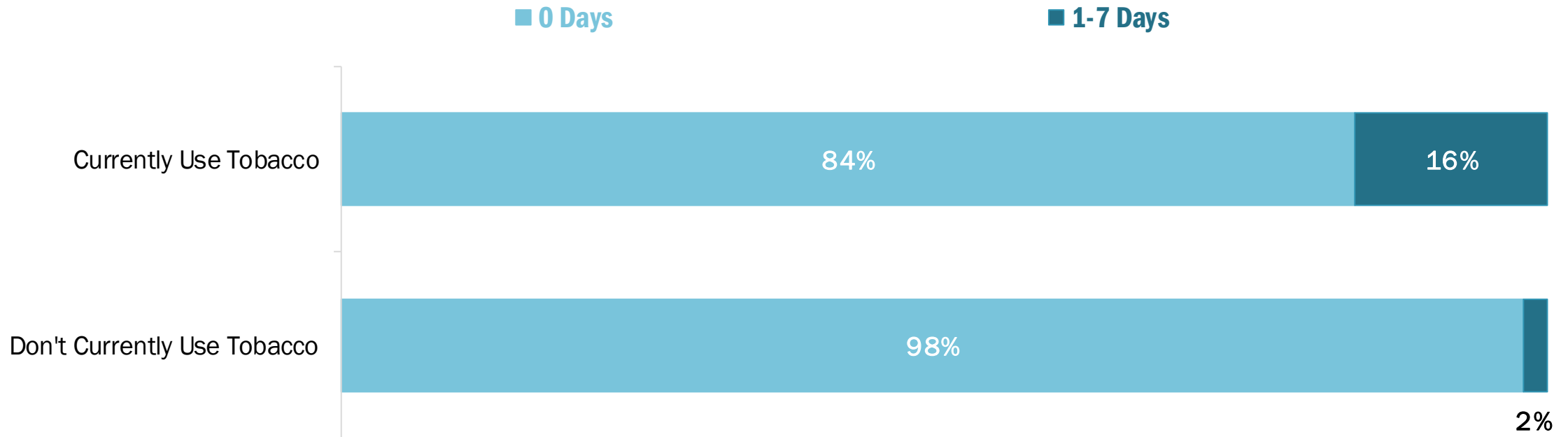
One-quarter of adults who currently use tobacco report anyone smoking tobacco in their home **one or more days** in the past week.



* Days anyone smoked tobacco in the home is not reportable among those who do not currently use tobacco due to small sample size for one or more days.

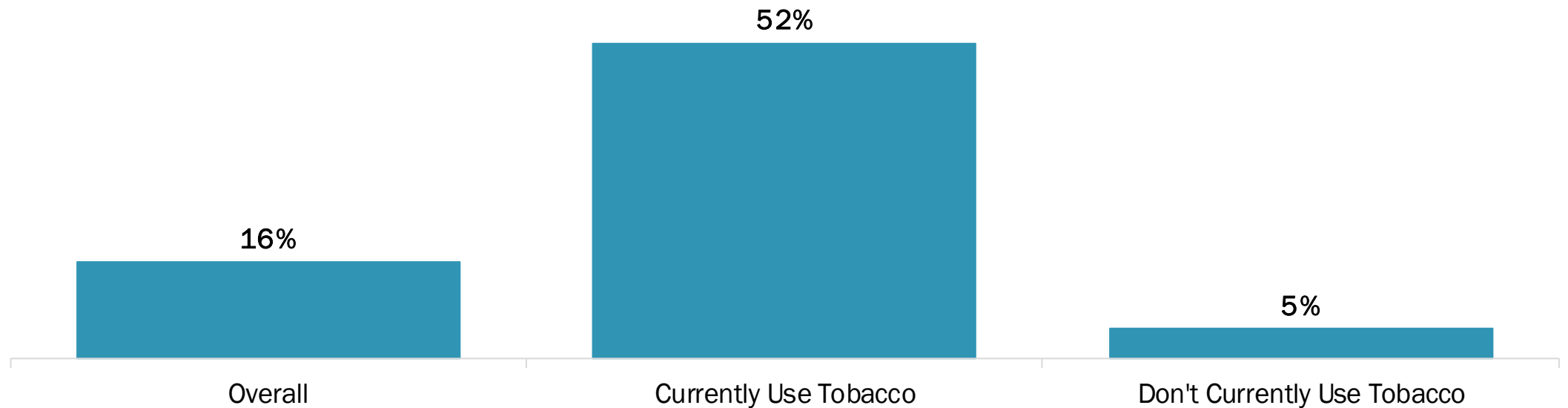
Days Anyone Vaped Tobacco in the Home in the Past Seven Days by Current Tobacco Use Status

Adults who currently use tobacco are statistically more likely to report anyone vaping tobacco in their home **one or more days** in the past week.



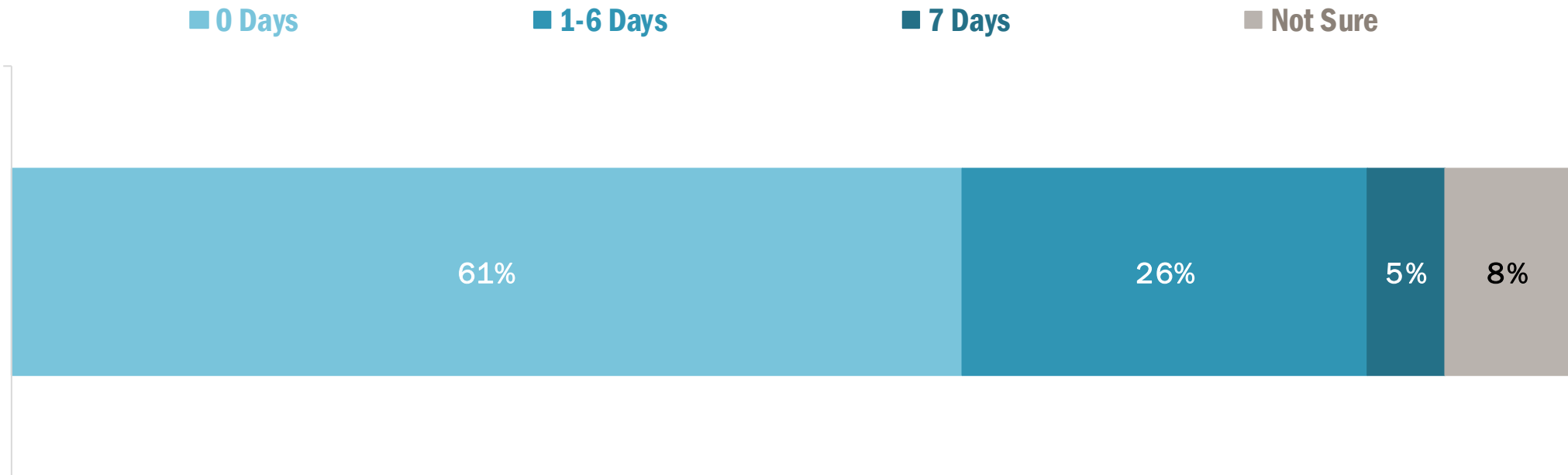
Secondhand Smoke or Vapor Exposure in the Car in the Past Seven Days

One in six adults (16%) were exposed to secondhand smoke or vapor in the car in the past week, with adults who currently use tobacco exposed 10 times more than those who do not use tobacco.



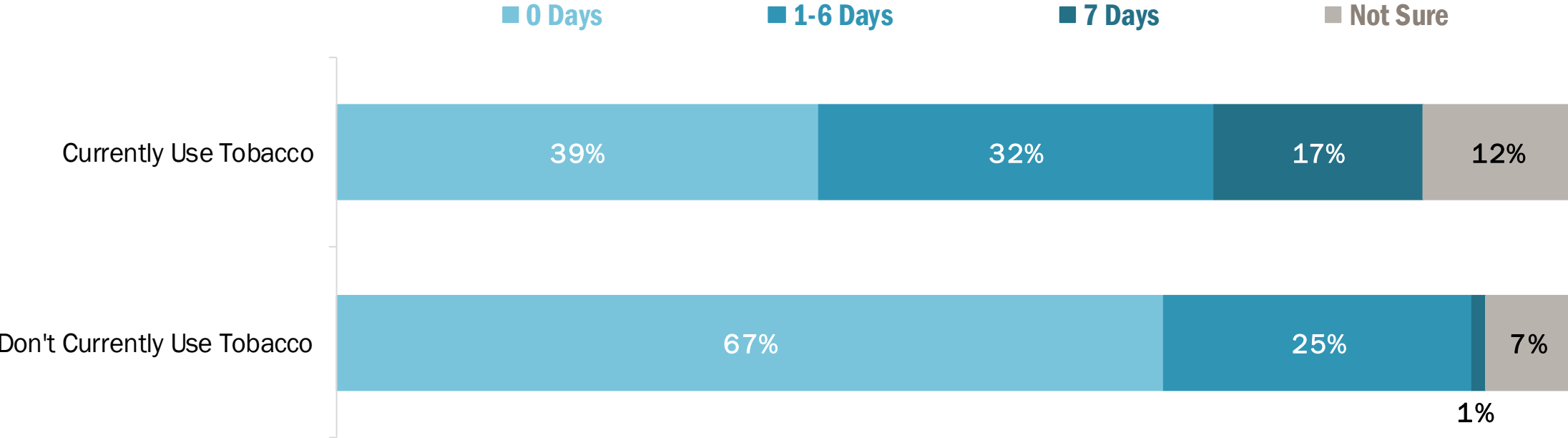
Days Exposed to Secondhand Smoke or Vapor in a Public Setting, Past Week

About one-third of Vermont adults **report exposure to secondhand smoke or vapor in a public setting in the past week**, with one in 12 being **unsure** of their exposure.



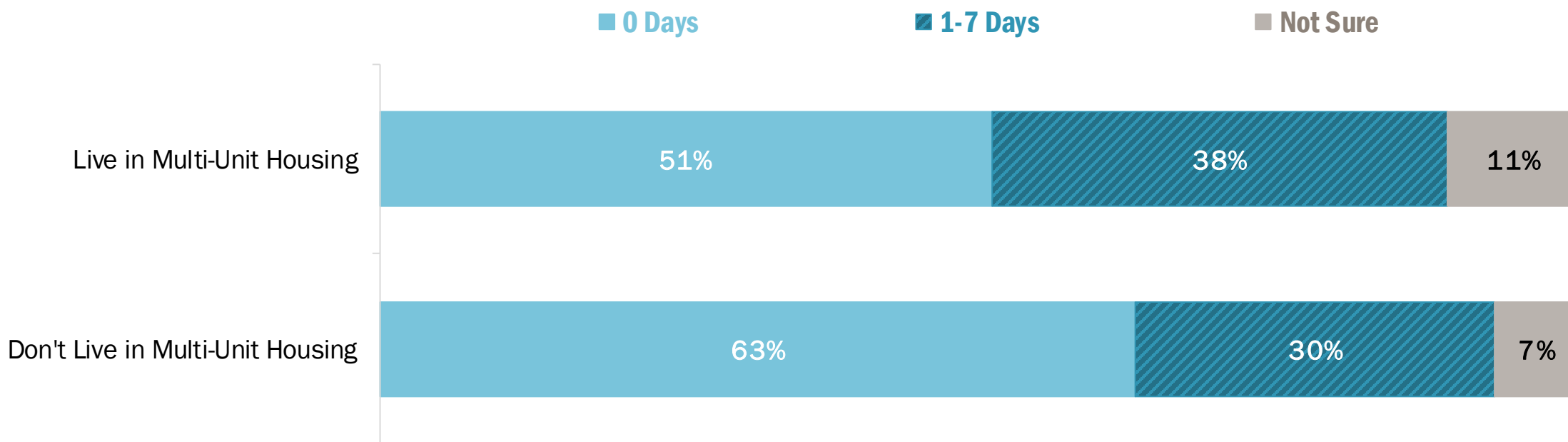
Days Exposed to Secondhand Smoke or Vapor in a Public Setting by Current Tobacco Use Status, Past Seven Days

Adults who currently use tobacco are twice as likely to report exposure to secondhand smoke or vapor in a public setting every day in the past week than those who do not use tobacco. However, a quarter of those who don't currently use tobacco report being exposed on at least one day in the past week.



Days Exposed to Secondhand Smoke or Vapor in a Public Setting by Housing Type, Past Seven Days

Adults who live in multi-unit housing report higher rates of exposure to secondhand smoke or vapor in a public setting during the past week.

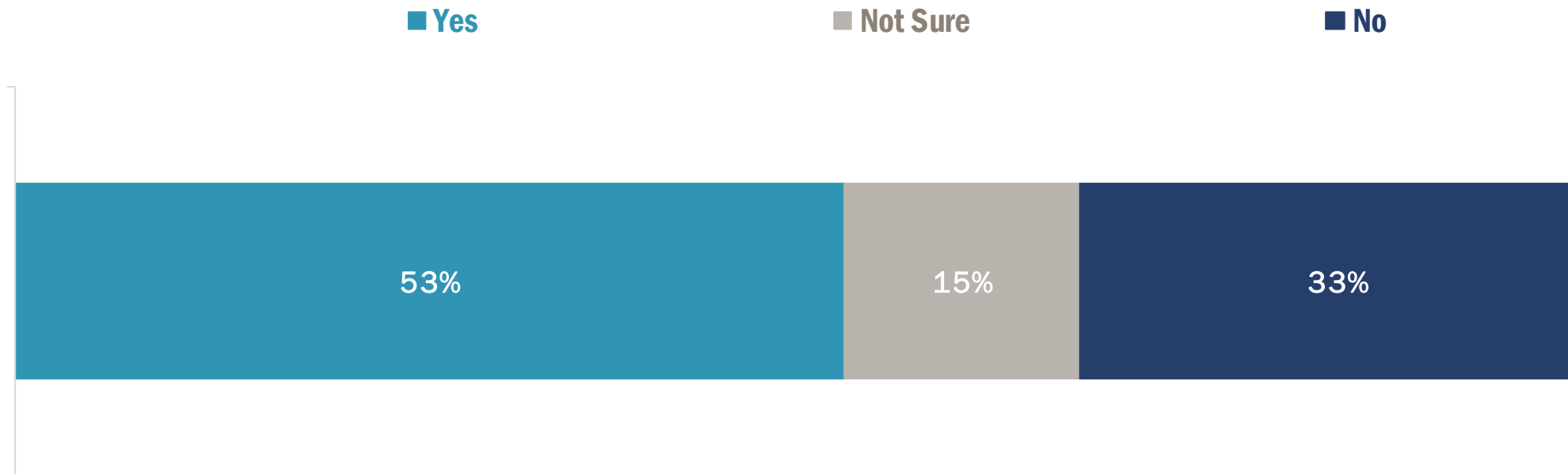


Striping indicates that 1-6 days and 7 days are combined for this analysis due to small sample size.

Tobacco-Related Policy

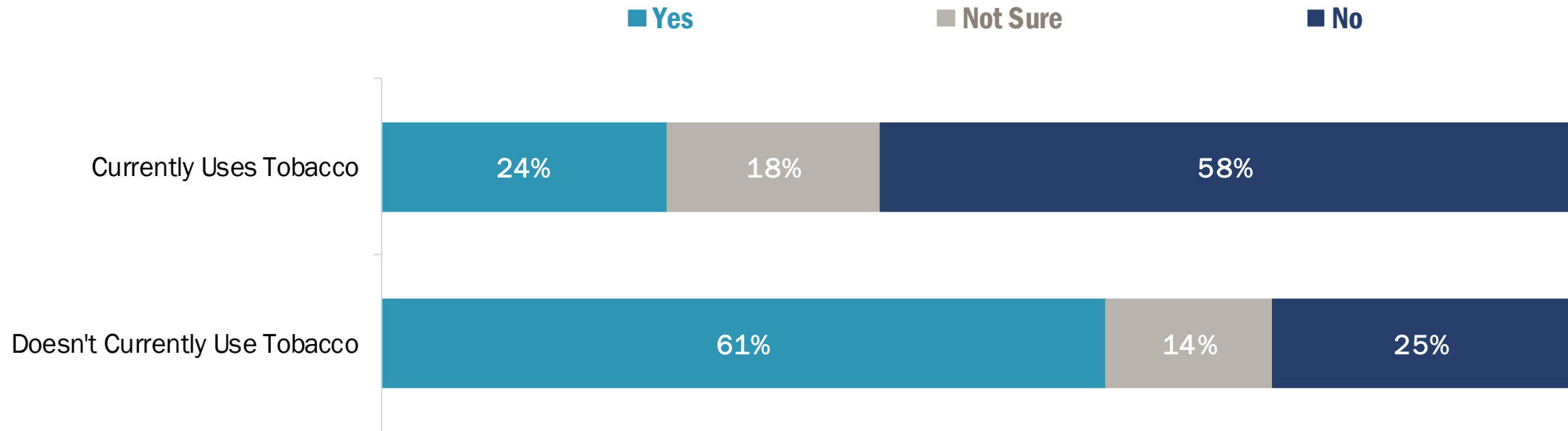
Support of Flavored Tobacco Ban

More than half of adults (53%) **support** banning the sale of all flavored tobacco products in Vermont.



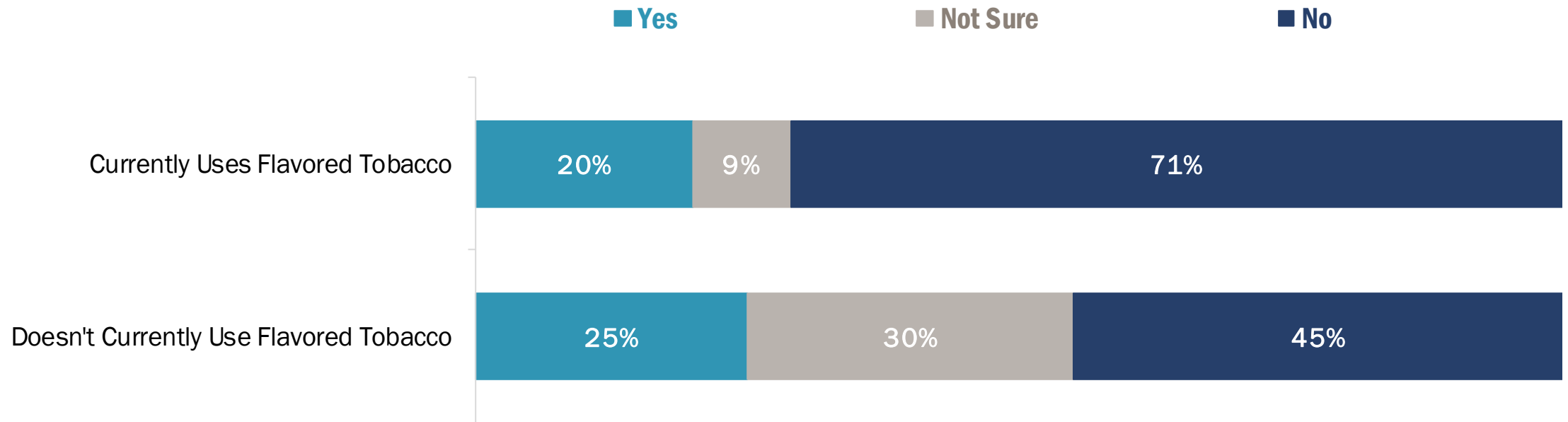
Support of Flavored Tobacco Ban by Current Tobacco Use Status

Adults who do not currently use tobacco are more in **favor** of a flavored tobacco ban in Vermont.



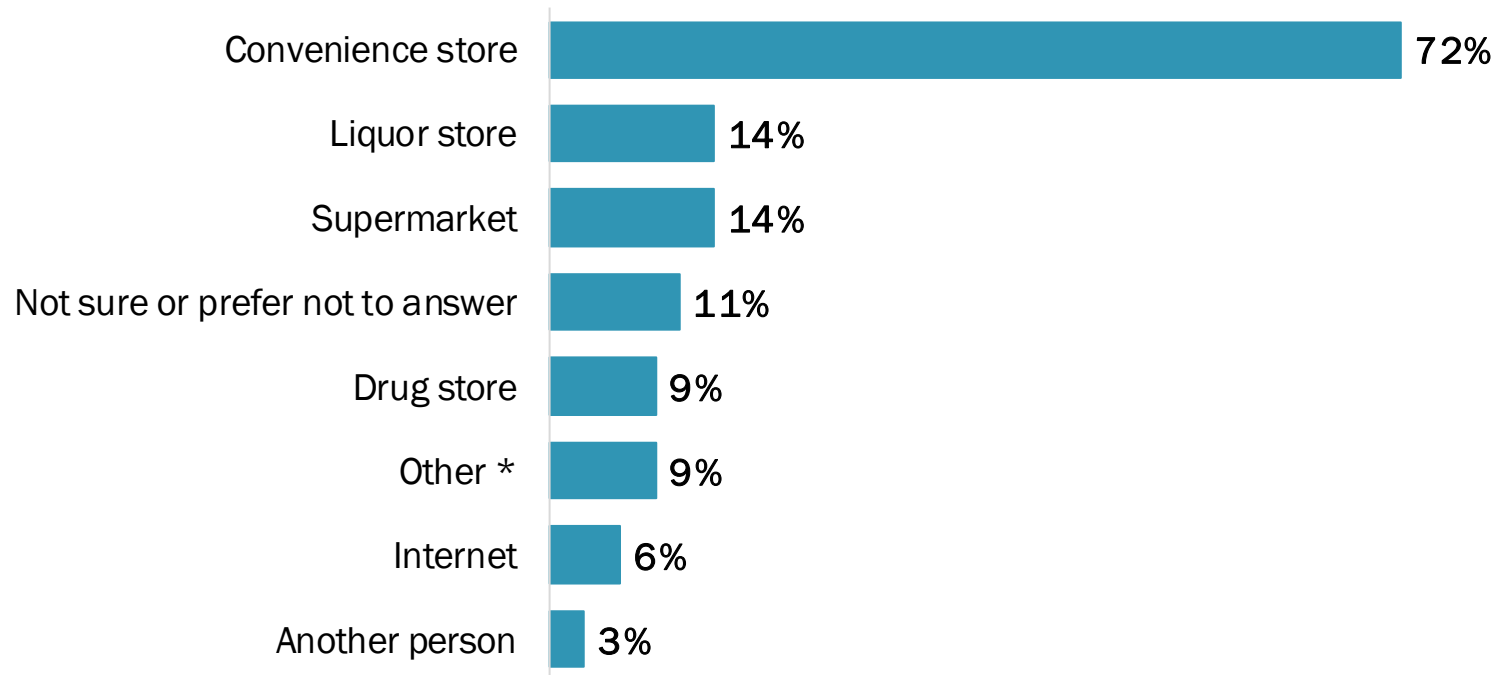
Support of Flavored Tobacco Ban by Current Flavored Tobacco Use Status

Adults who currently use flavored tobacco are more **against** banning the sale of flavored tobacco products in Vermont. Those who do not currently use flavored tobacco are more **unsure** about the ban.



Location of Tobacco Purchase

Among adults who currently use tobacco, most bought their tobacco from convenience stores. Although the online sale of tobacco products, e-cigarettes, and nicotine substitutes is banned in Vermont, one in 16 adults who use tobacco report getting products online.

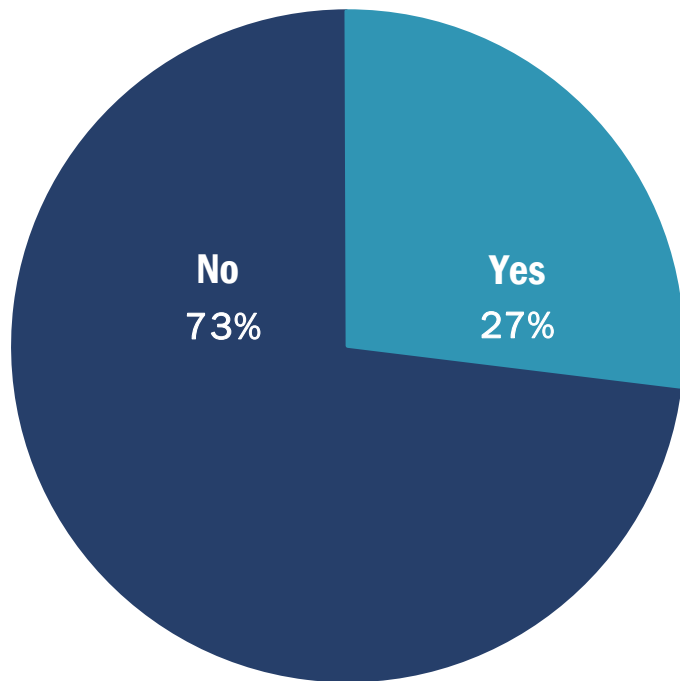


* Other includes buying tobacco at volume discount stores, Indian reservations, or smoke or vape shops, among others.

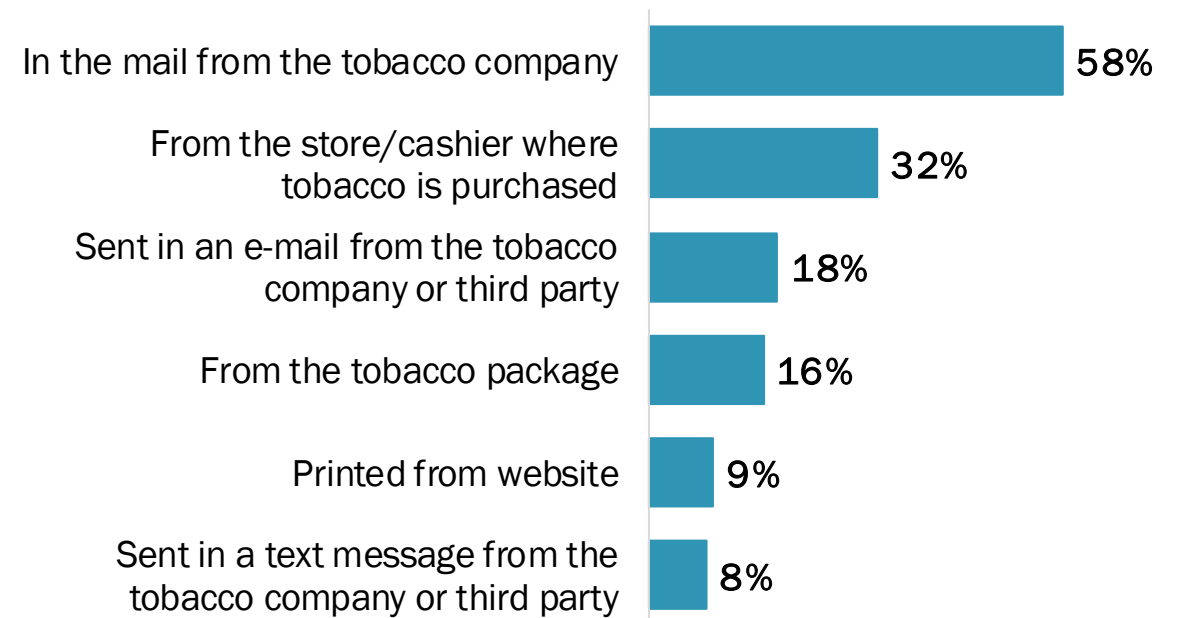
Use and Source of Tobacco Coupons or Promotions

Among adults who used tobacco in the past year, **one-quarter took advantage of coupons or other special promotions when purchasing tobacco products**; among them, most received their coupons in the mail or from the store where they purchased tobacco.

Use of Coupons



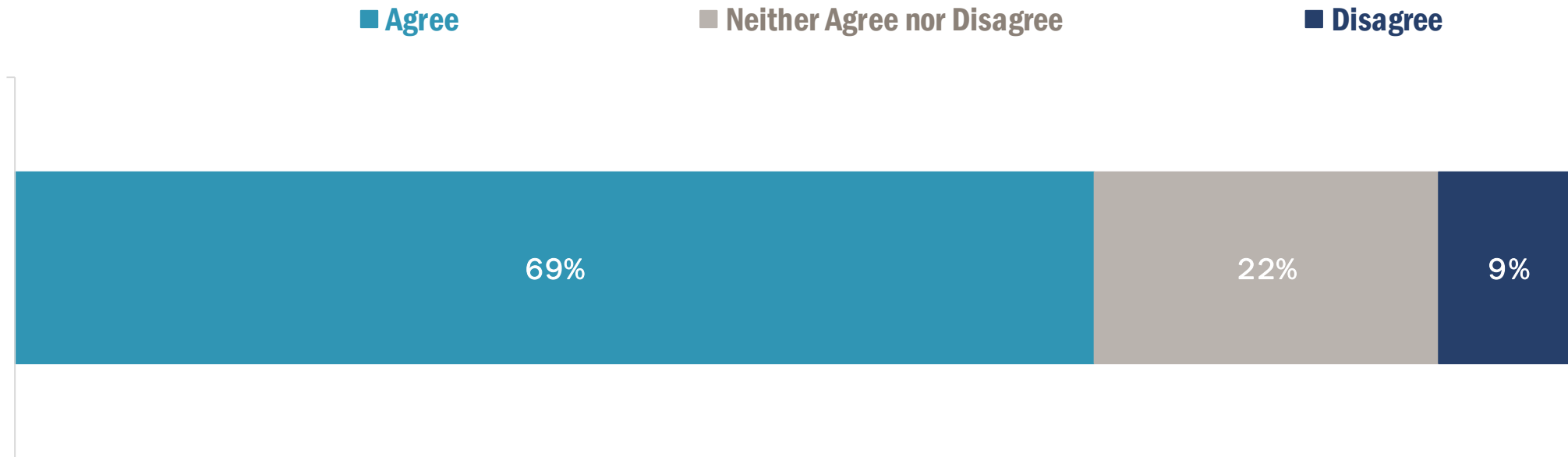
Source of Coupons



Total is greater than 100% as respondents were able to select multiple coupon sources.

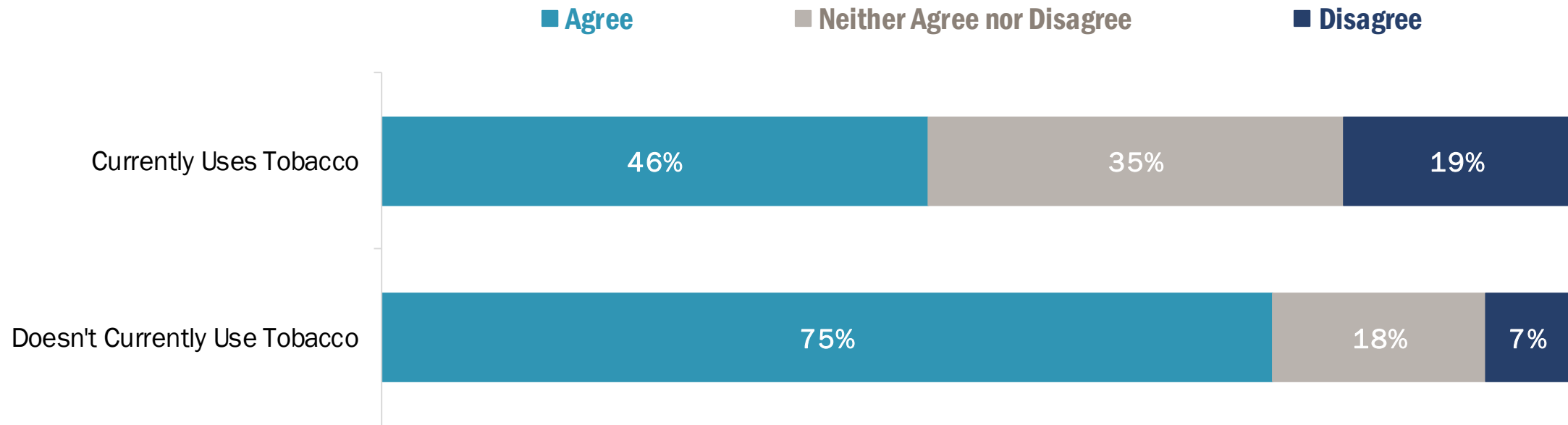
Support of Tobacco Advertising Ban on Outside of Retail Stores

Two-thirds of adults **agree** that tobacco advertising should be banned on the outside of stores.



Support of Tobacco Advertising Ban on Outside of Retail Stores by Current Tobacco Use Status

Nearly half of those who currently use tobacco **support** an advertising ban on the outside of retail stores with over a third being **neutral**. Support is highest among those who do not use tobacco.



Additional Information

Vermont Tobacco Surveillance Data:

<https://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/tobacco>

Learn about the Work of the Vermont Tobacco Control Program:

<https://www.healthvermont.gov/wellness/tobacco>

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