



# 2019 Tobacco Data Pages

Division of Health Surveillance

April 2022

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# Introduction

The Tobacco Data Pages are designed as a quick reference for the most pertinent data on tobacco use among adults and youth in Vermont. The field of tobacco control and prevention relies on data to establish baselines, identify trends and quantify the burden of tobacco use and associated disease and mortality. This document combines several Vermont data sources, including:

- 2019 Behavioral Risk Factor Surveillance System (**BRFSS**)
- 2019 Youth Risk Behavior Survey (**YRBS**)
- 2016 Adult Tobacco Survey (**ATS**)
- 2018 and 2019 Vermont Vital Records (**Vitals**)
- 2019 Medicaid Medical Claims
- 2020 Policy and Communication Evaluation Vermont (**PACE VT**)

Information on data sources and notes can be found on pages 64 and 65 of this document.

# Definitions

<b>Current Smoker</b>	Adult	Smoked at least 100 cigarettes in life and now smokes every or some days.
	High School/young adult	Smoked at least one cigarette during the past 30 days.
<b>Former Smoker</b>	Adult	Smoked at least 100 cigarettes in life but does not currently smoke.
<b>Quit Attempt</b>	Adult/High school	Made at least one quit attempt in the last 12 months.
<b>Other Tobacco Product/Tobacco Substitute User (OTP)</b>	Adult	Uses OTP/tobacco substitute every day or some days.
	High school	Used OTP/tobacco substitute during the past 30 days.
<b>Home Smoking Ban</b>	Adult	Does not allow any smoking anywhere in the home (considered to allow smoking if smoking was permitted in some places/times in the home or if there were no rules about smoking in their home).
<b>Secondhand Smoke Exposure</b>	Adult	Someone other than yourself smoked tobacco in your home or you were in a car with someone smoking tobacco or you breathed the smoke from someone who was smoking tobacco in an indoor or outdoor public space during the past seven days.
	High school	In the same room or car as someone who was smoking during the past seven days.
<b>Disability Types</b>	Adult	Mobility: serious difficulty walking or climbing stairs. Cognitive: serious difficulty concentrating, remembering, or making decisions. Visual: blindness or serious difficulty seeing, even when wearing glasses. Hearing: deafness or serious difficulty hearing. Self-care: difficulty dressing or bathing. Independent Living: difficulty doing errands alone.

# Executive Summary: Tobacco Use among Adult Vermonters

Sixteen percent of adult Vermonters smoke cigarettes, representing a significantly higher rate than the 2019 U.S. rate (14%). At the same time, 51% of Vermonters attempted to quit smoking in the last 12 months. Since 2011, smoking rates have trended downward from 20% while quit attempts have remained steady at around 55%.

Compared to the state rate, adults in Orleans County smoke cigarettes at a statistically higher rate while adults residing in Chittenden County smoke at a lower rate. The smoking rate for Black, Indigenous and people of color (BIPOC) Vermonters has decreased significantly from 35% in 2011 to 16% in 2019, leading to a statistically similar rate compared to white, non-Hispanic Vermonters (17%). These data are encouraging given the historic disparity in smoking rates between these populations. The decrease in smoking prevalence for BIPOC Vermonters can be attributed to the significant increase in quit attempts since 2011, reaching 74% in 2019.

The smoking rates among young adults ages 18-34 have decreased significantly during the last decade, contributing to the overall decrease in the statewide smoking rate. While the smoking prevalence for LGBT Vermonters trended downward since 2014, so has their quit attempt rate, decreasing significantly from 75% in 2014 to 31% in 2019.

# Executive Summary: Tobacco Use among Vermont High School Youth

One-quarter of Vermont high school youth use electronic vapor products (EVP) (26%), a significantly lower rate than the U.S. rate of 33%. However, Vermont EVP use among youth has nearly doubled since 2015, increasing significantly from 15%. Eighty percent of current EVP users use JUUL/rechargeable pods. Youth in Bennington and Orleans Counties use EVPs at a statistically higher rate than Vermont youth overall, while youth in Chittenden and Windsor Counties use EVPs at lower rates. Youth who use cigarettes, cannabis, binge drink or who have mental health issues use EVPs at two to eight times the rate of youth who do not use these substances or who do not have mental health issues.

Seven percent of high school youth smoke cigarettes, a statistically similar rate to the U.S. (6%). Youth smoking prevalence has steadily decreased since 2011, when 15% of youth smoked cigarettes. Youth residing in Lamoille, Orleans, Essex and Bennington Counties smoke cigarettes at a significantly higher rate, while youth in Chittenden and Windsor Counties smoke cigarettes at a lower rate compared to the state rate. Black, Indigenous and people of color (BIPOC) as well as male youth smoke cigarettes at significantly higher rates than white, non-Hispanic or female youth. Those who use cannabis, binge drink or who have mental health issues smoke cigarettes at two to 22 times the rate of youth who do not use these substances or who do not have mental health issues.

There are also differences in frequency of EVP use and cigarette smoking. Three in ten youth use EVPs every day while only a quarter use cigarettes daily. On the other hand, only 19% of youth used EVPs one or two days out of the past 30 compared to 37% of youth who smoke cigarettes that infrequently. Thus, youth are more likely to use EVPs frequently while cigarettes are used at a less frequent rate.

# **Tobacco Use among Adults and Youth**

# Who is smoking cigarettes in Vermont?



**1 in 6 adults (≈ 73,000 Vermonters) currently smoke.\***



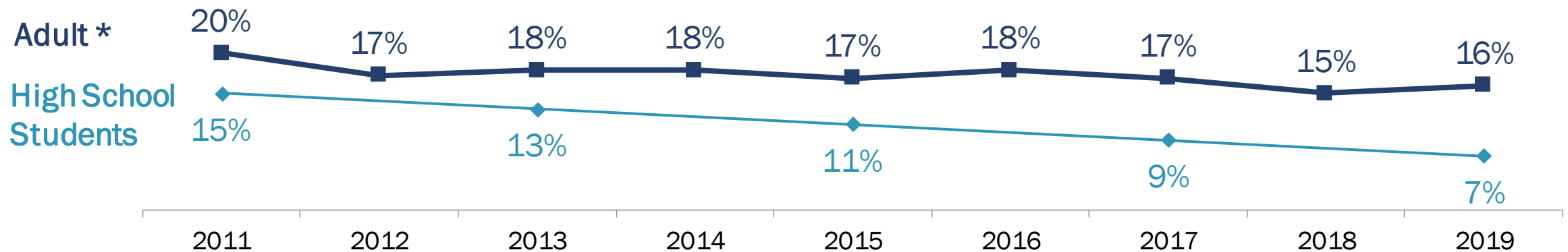
**1 in 14 high school students (≈ 1,700 Vermonters) currently smoke.**



# Rates of cigarette smoking in Vermont have trended downward since 2011.

- Although the adult smoking prevalence decreased significantly from 2016 to 2018, there was no significant change between 2018 and 2019.
- The rate of smoking among VT youth has steadily declined over time and is now less than half the 2011 rate.

## Current Smoking Prevalence among VT Adults & Youth



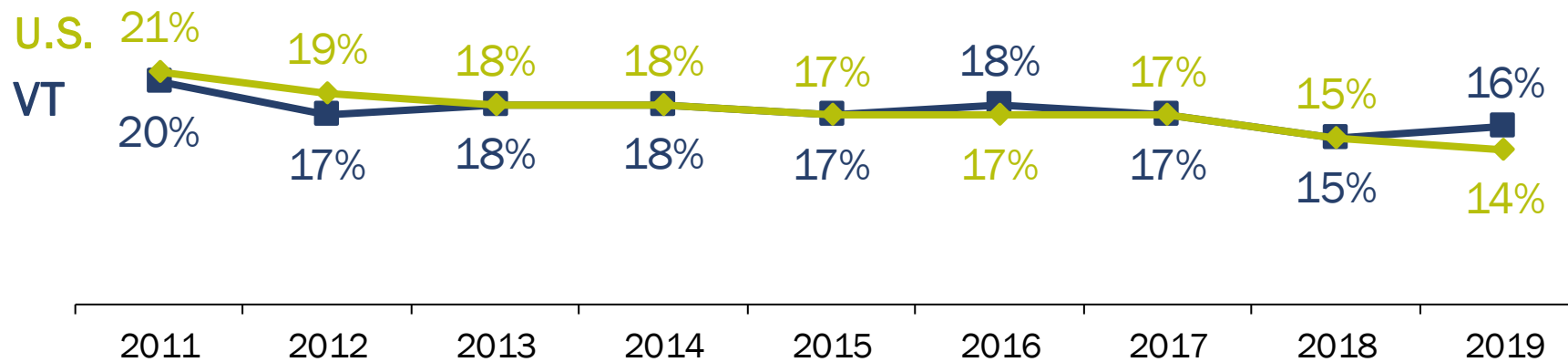
Source: VT BRFSS 2011-2019 & VT YRBS 2011-2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

# How does adult smoking in Vermont compare to the U.S.?

- Adult smoking rates in the U.S. and VT have decreased since 2011. The 2019 Vermont smoking prevalence is significantly higher than the U.S. rate.
- Vermont smoking prevalence ranks 20<sup>th</sup> among all states, meaning 19 states have lower smoking rates than Vermont. †

**Current Smoking Prevalence among VT and U.S. Adults, 2011-2019\***



Source: VT & U.S. BRFSS 2011-2019.

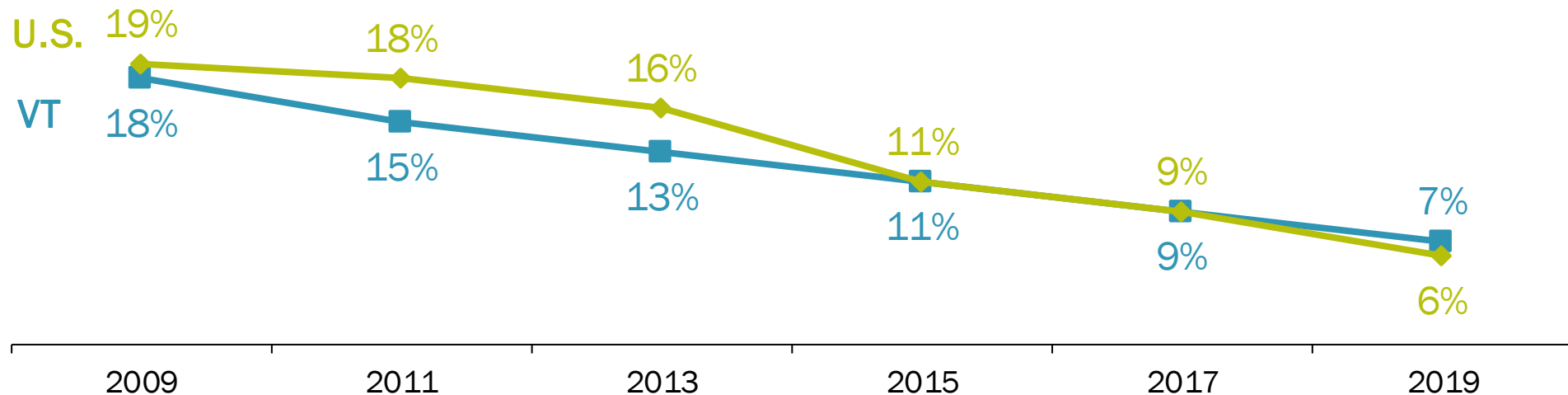
\*Adult data on this page are age adjusted to the U.S. 2000 population.

† Vermont ranking based on 2019 U.S. BRFSS Data: <https://www.tobaccofreekids.org/assets/factsheets/0176.pdf>.

# How does smoking among Vermont youth compare to the U.S.?

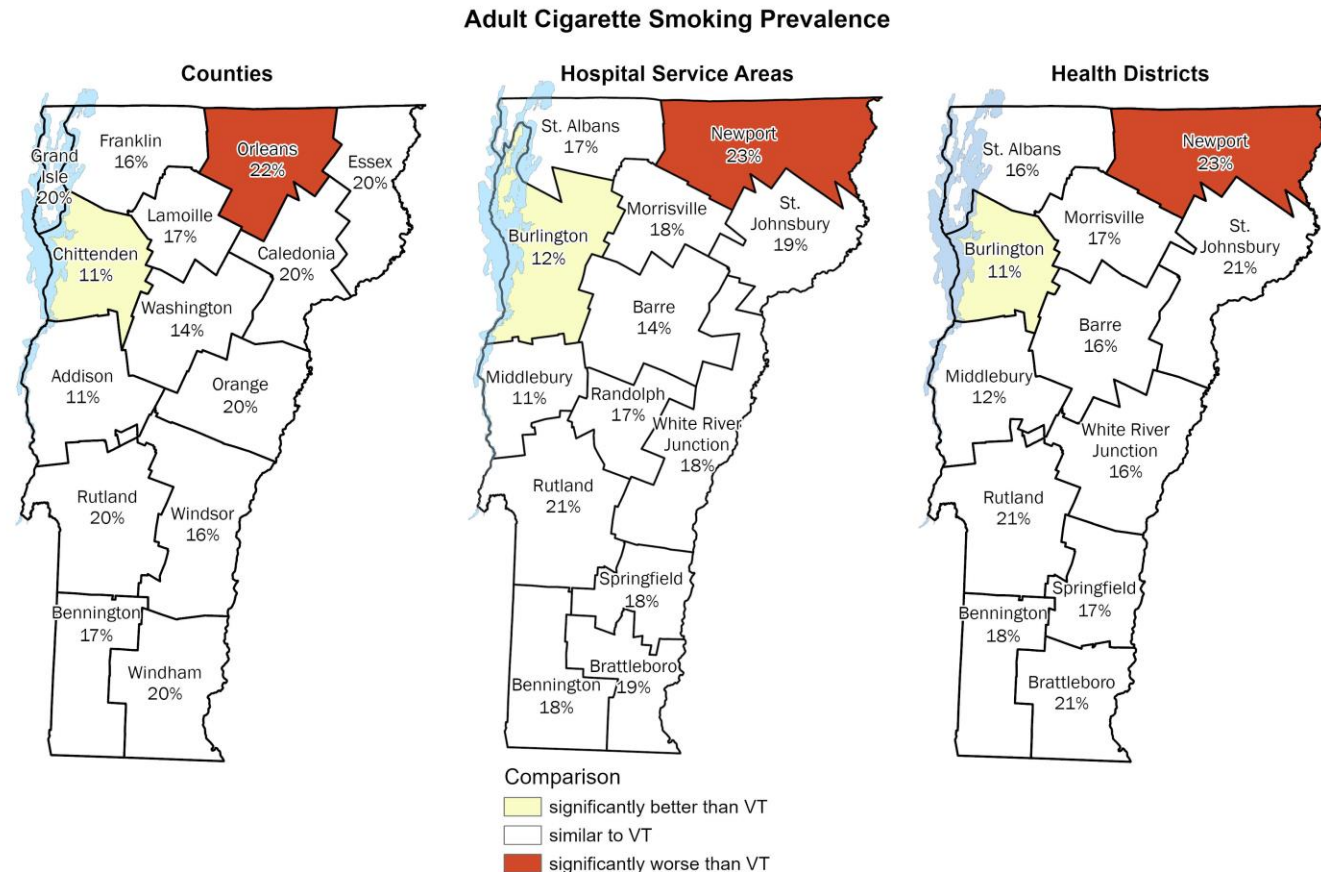
- From 2013-2019, the smoking prevalence for Vermont youth was similar to the U.S. rate.

## Current Smoking Prevalence in VT and U.S. Youth, 2009-2019



# Current Smoking Prevalence by Sub-Geography: Adults

- Smoking rates for Chittenden County, along with the Burlington Hospital Service Area (HSA) and Health District (DO), continue to be lower than the state average.
- Smoking rates for Orleans County, along with the Newport HSA and DO, are higher than the statewide rate, a change from 2017-2018 when they were similar to the state rate.
- The smoking rate for the St. Johnsbury DO is similar to the state rate, a change from 2017-2018 when the rate was higher than the state average.

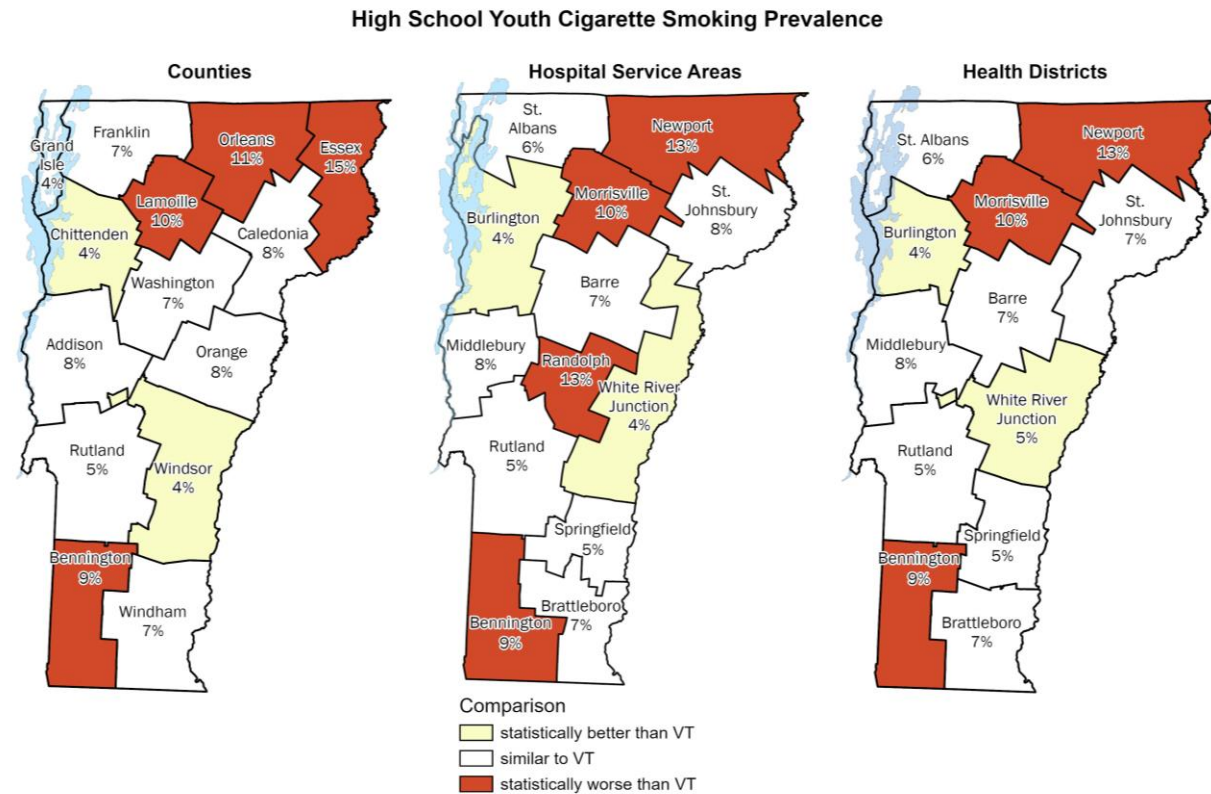


Source: VT BRFSS 2018–2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

# Current Smoking Prevalence by Sub-Geography: High School Youth

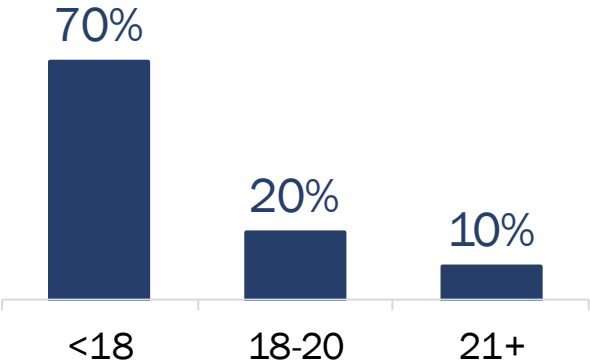
- Smoking rates in Orleans and Essex Counties, along with Newport Hospital Service Area (HSA) and Health District (DO), continue to be statistically higher than the state rate.
- Bennington and Lamoille Counties, along with the Morrisville HSA and DO, Randolph HSA, and Bennington HSA and DO, are higher than the state average, a change from 2017 when they were similar to the state rate.
- The smoking rates for Windsor County, along with the White River Junction Hospital Service Area (HSA) and Health District (DO), are lower than the state average, a change from 2017 when the rates were similar to the state rate.
- The Springfield HSA and DO smoking rates are similar to the state rate, a change from 2017 when the rates were higher than the state average.



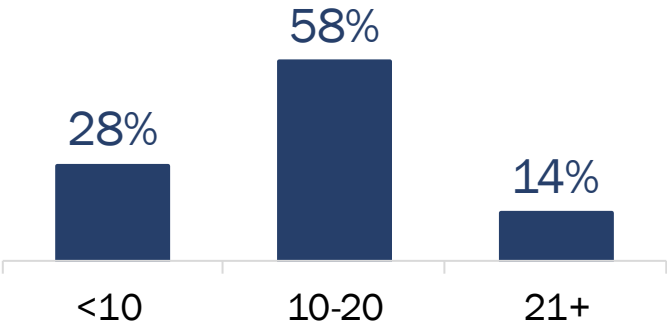
# Smoking Patterns among Current and Former Adult Cigarette Smokers

- Nine in 10 current smokers started smoking regularly before the age of 21, and 70% started before they were 18 years old.
- Fourteen percent of current smokers smoke more than a pack a day of cigarettes, while more than half smoke 10-20 cigarettes (58%) and a quarter smoke less than 10 a day (28%).
- Adults who started smoking before age 18 are two to three times more likely to smoke at least a pack a day compared to current or former smokers who started smoking at age 18-20 and 21 or older, respectively.

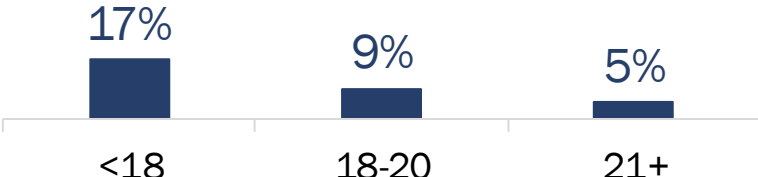
**Age of Smoking Initiation**  
**among Current Smokers**



**Number of Cigarettes**  
**Smoked per Day among**  
**Current Smokers**



**Percentage Who Smoked**  
**at Least a Pack a Day by**  
**Age of Smoking Initiation**

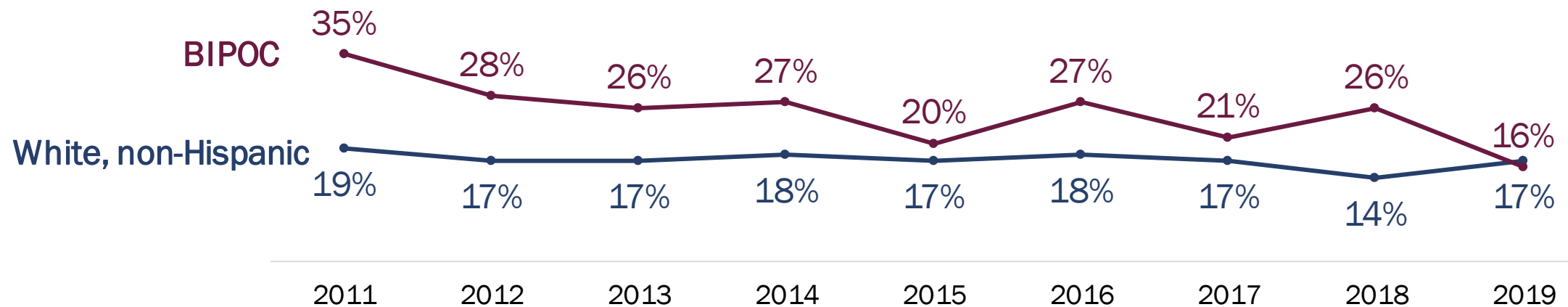


Source: VT BRFSS 2019.  
Note: A pack of cigarettes is 20 cigarettes.

# Trend in Smoking by Race/Ethnicity: Adults

- The prevalence of cigarette smoking among Black, Indigenous and people of color (BIPOC) Vermonters has significantly decreased since 2011, dropping from 35% to 16% in 2019.
- Prevalence of cigarette smoking among white, non-Hispanic adults has remained statistically similar since 2011.

Current Smoking among Vermont Adults by Race/Ethnicity  
2011 – 2019\*



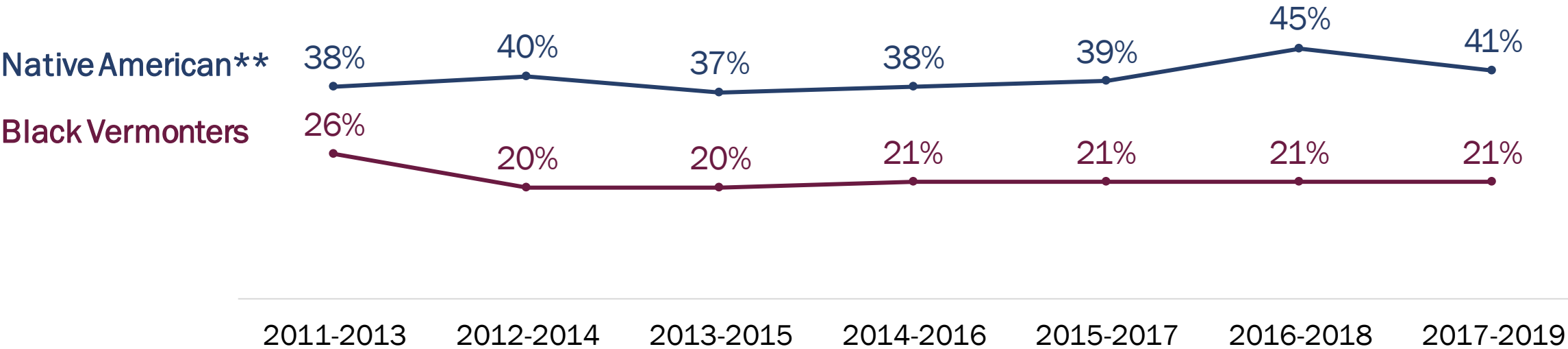
Source: VT BRFSS 2011-2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

# Trend in Smoking among Adult Native American and Black Vermonters

- There were no significant changes in smoking rates among Native Americans and Black Vermonters over the past decade.

### Current Smoking Prevalence among Racial Minorities in Vermont 2011-2019\*



Source: VT BRFSS 2011-2019.

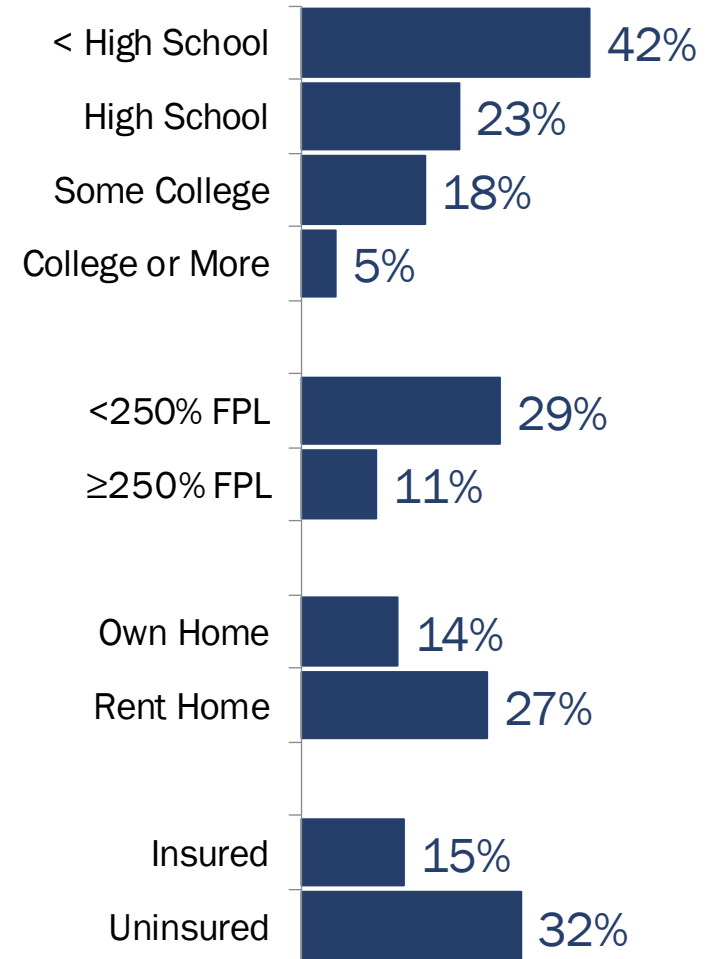
\*Adult data on this page are age adjusted to the U.S. 2000 population.

\*\*Some of the data sources referenced in these data pages use the term “American Indian/Alaska Native” to refer to Native Americans. We have used “Native American” in the data pages to reflect updated terminology.



# Current Adult Smoking by Social Determinants of Health

- Cigarette smoking rates are significantly higher in adults with less than a high school education (42%) compared to adults with a college education (5%).
- Adults living in households with an income below 250% of the federal poverty level (FPL) have a significantly higher smoking rate (29%) than those in households with an income above 250% of the FPL (11%).
- Vermonters who rent their home smoke at a significantly higher rate than those who own their home (27% vs. 14%).
- Adults with no health insurance have significantly higher smoking rates than those with health insurance (32% vs. 15%).



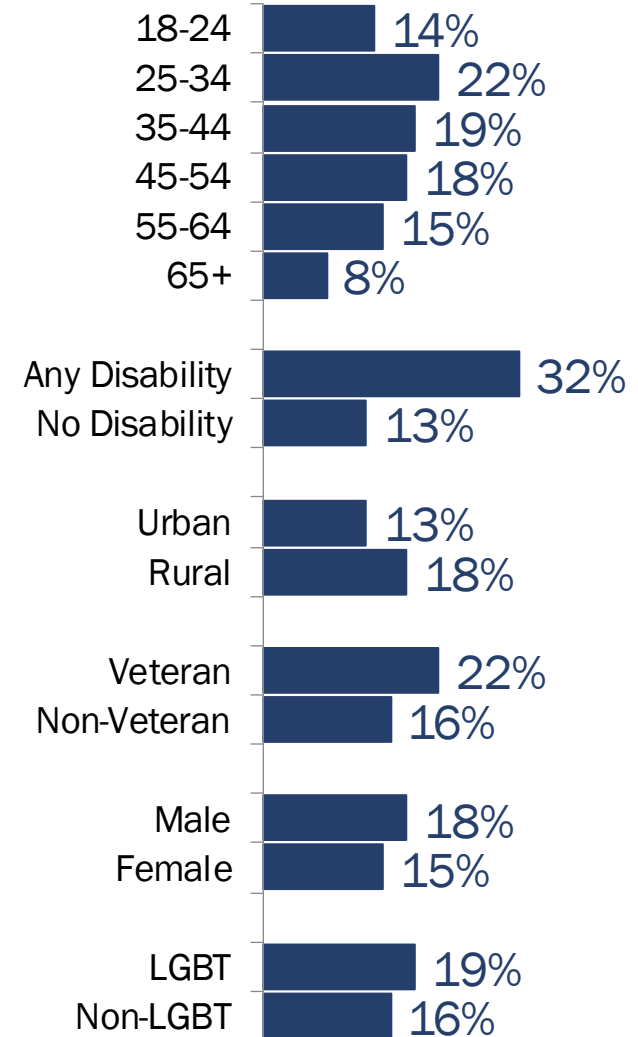
Source: VT BRFSS 2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

Note: Renting home also includes those who had other living arrangements.

# Current Adult Smoking by Demographic Characteristics

- Cigarette smoking is significantly higher in adults ages 25-34 (22%) and 35-44 (19%) years compared to adults 65 years and older (8%).
- The smoking rate among adults with any disability is more than twice that of adults with no disability (32% vs. 13%).
- Vermonters living in rural areas smoke at a significantly higher rate than Vermonters living in urban areas (18% vs. 13%).
- Smoking prevalence does not significantly differ by veteran status, sex, or sexual orientation.



Source: VT BRFSS 2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

Note: Male/Female represents the sex assigned at birth. LGBT = Lesbian, Gay, Bisexual, and Transgender.

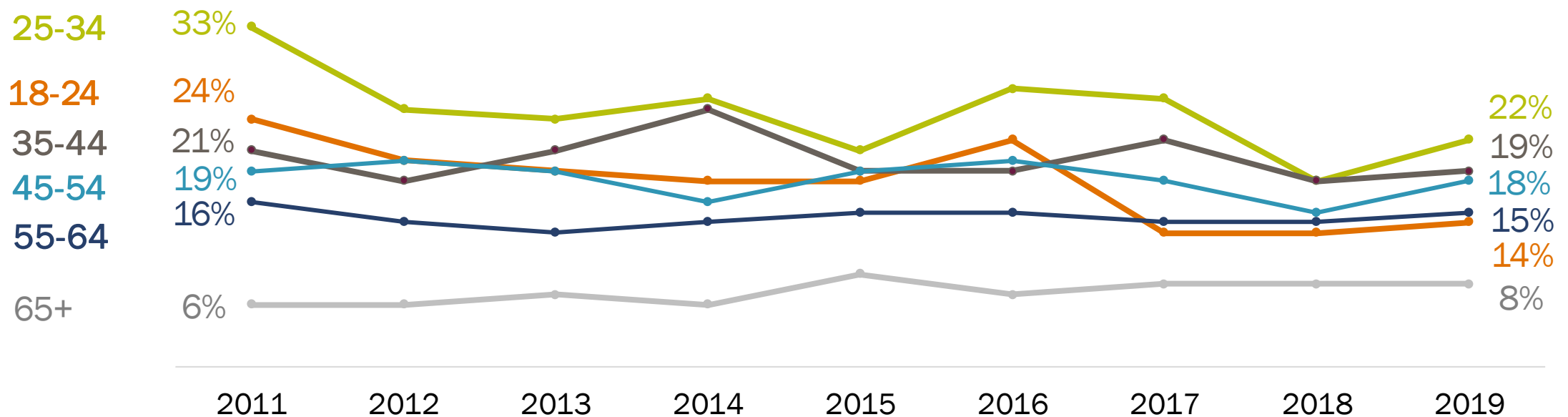
Disability = visual, cognitive, independent living, self-care, mobility, or hearing.

Note: The BRFSS survey only allows assessment of LGBT. We acknowledge this definition does not allow us to fully represent the other ways in which people identify.

# The decreasing statewide smoking prevalence trend is driven by decreased cigarette use among Vermonters 18-34 years of age.

- The prevalence of cigarette smoking among young adults (ages 18-24) significantly decreased from 24% in 2011 to 13% in 2017. Similarly, the prevalence of cigarette smoking among those 25-34 significantly decreased from 33% in 2011 to 22% in 2019, despite trending upward from 18% in 2018.
- Smoking rates among other age groups are statistically unchanged since 2011.

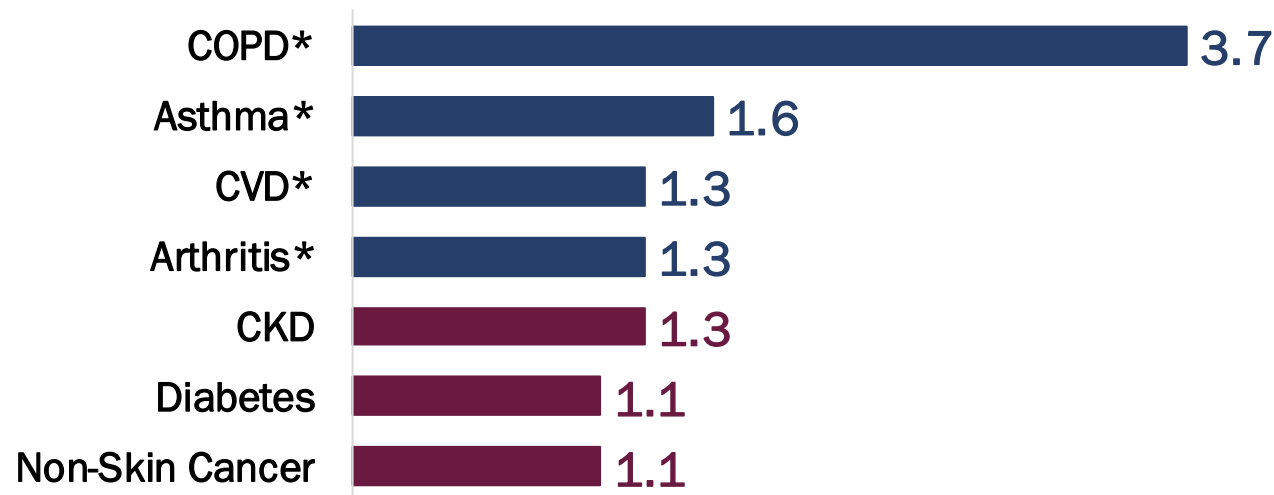
## Current Smoking among Vermont Adults by Age 2011-2019



# Vermonters who smoke have higher rates of COPD, asthma, cardiovascular disease, and arthritis.

- Vermonters who smoke are significantly more likely to be living with chronic obstructive pulmonary disease (COPD; 3.7x), asthma (1.6x), cardiovascular disease (CVD; 1.3x), and arthritis (1.3x) compared to Vermonters who do not smoke.
- There are no significant differences in rates of chronic kidney disease (CKD), diabetes, and non-skin cancers between Vermonters who smoke and those who do not smoke.

Ratio of Chronic Disease Rates by Smoking Status among VT Adults



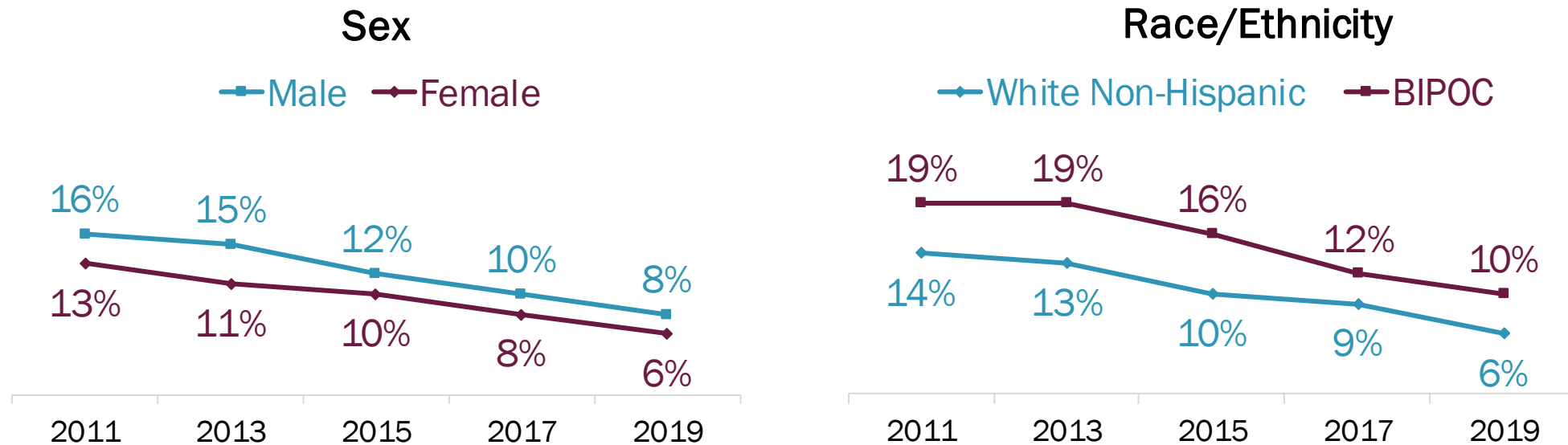
Source: VT BRFSS 2019.

- Indicates a significant difference between smokers and non-smokers.
- Note: Ratio of chronic disease = rate of chronic disease among smokers/rate among non-smokers.

# Trend in Youth Cigarette Smoking by Gender & Race/Ethnicity

- Current smoking among Vermont youth remains significantly higher among male students and BIPOC students compared to female students and white, non-Hispanic students.
- Between 2017 and 2019, the decline in current smoking prevalence among BIPOC youth was similar to that among white, non-Hispanic adolescents.

## Prevalence of Cigarette Smoking Among High School Students, 2011-2019



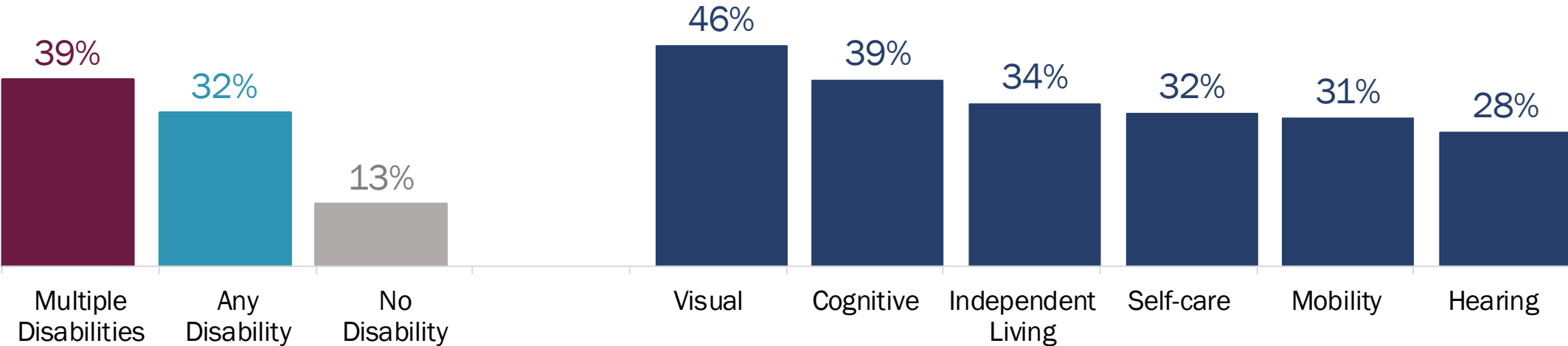
Source: VT YRBS 2011-2019.

Note: Male/Female represents the sex assigned at birth; BIPOC = Black, Indigenous and people of color.

# Smoking among Vermonters with Disabilities

- Adults with disabilities smoke at three times the rate of those without any disability. The rate of current smoking increased among those with multiple disabilities.
- Adults with a visual (46%) or cognitive (39%) disability have the highest smoking prevalence compared to Vermont adults with other types of disability.

### Current Cigarette Smoking Prevalence



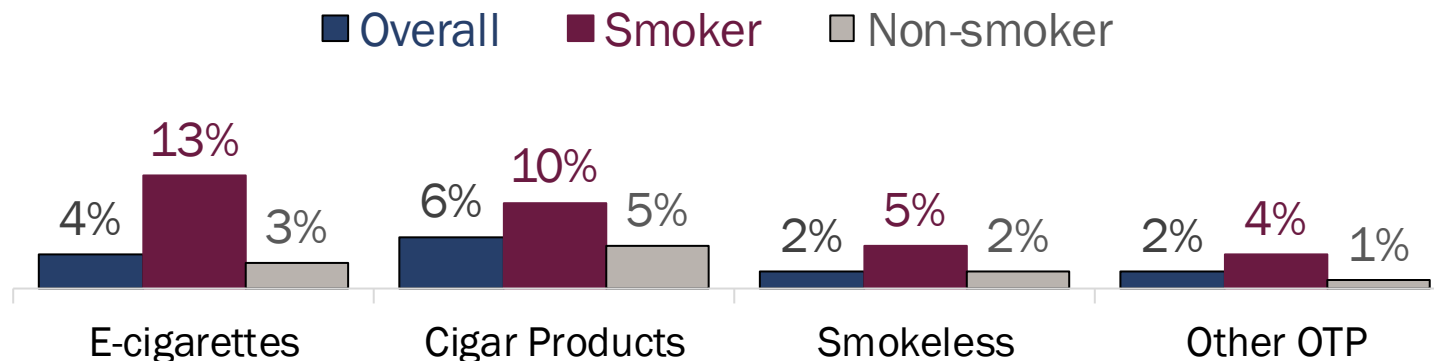
Source: VT BRFSS 2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population. Mobility: serious difficulty walking or climbing stairs. Cognitive: serious difficulty concentrating, remembering or making decisions. Visual: blindness or serious difficulty seeing, even when wearing glasses. Hearing: deafness or serious difficulty hearing. Self-care: difficulty dressing or bathing. Independent Living: difficulty doing errands alone.

# Other Tobacco Product Use: Adults

- There are 22,000 adults in Vermont who use e-cigarettes (4%), 28,000 who use cigar products (6%) and 12,000 who use smokeless tobacco (2%).
- Adults who smoke are significantly more likely to use other tobacco products (OTP) compared to adults who do not smoke.
- Of the 24% of Vermont adults who use any type of tobacco product, including cigarettes, 22% report currently using at least two products (data not shown).

## Other Tobacco Product Use among Adults by Smoking Status, 2016\*



Source: VT ATS 2016. ATS was last conducted in 2016 and will next be conducted in 2022.

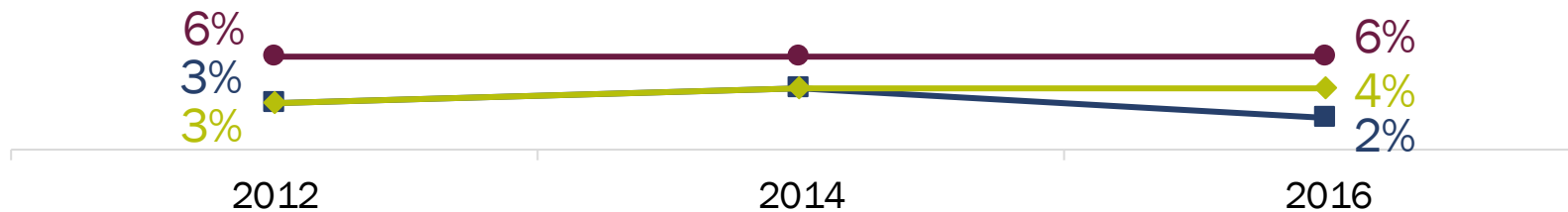
\*Adult OTP use defined as current use every day or some days. Estimated counts are rounded to the nearest thousand and not age-adjusted.

# Trend in Other Tobacco Product Use: Adults

- Use of other tobacco products among adults, including electronic cigarettes, cigars and smokeless tobacco, remained stable from 2012 to 2016. This is true regardless of smoking status (data not shown).

## Other Tobacco Product Use among Adults 2012-2016

■ Smokeless    ◆ E-Cigarettes    ● Cigar Products

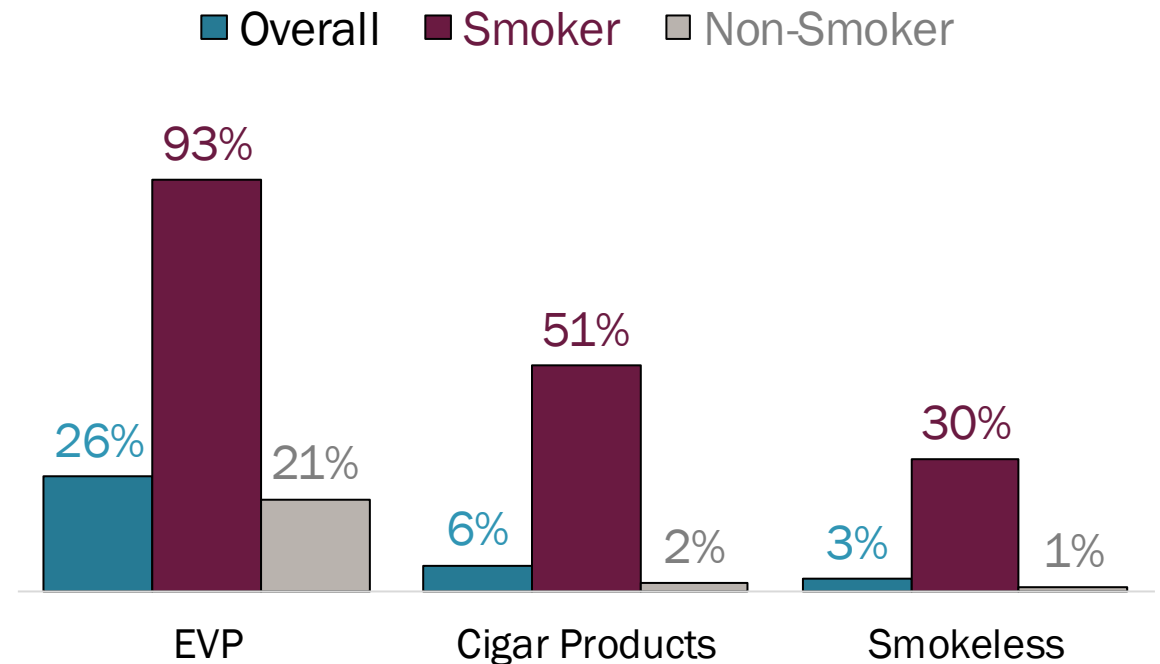




# Other Tobacco Product Use: Youth

- Among high school youth in Vermont, 5,900 (26%) use electronic vapor products (EVP; includes e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods), 1,500 (6%) use cigar products and 900 (3%) use smokeless tobacco in the past 30 days.
- High school youth who smoke are significantly more likely to use other tobacco products (OTP) compared to youth who do not smoke.
- Vermont youth EVP prevalence is significantly lower than the U.S. rate (26% versus 33%).
- Prevalence of youth cigar and smokeless tobacco use is similar in Vermont and the U.S. (U.S. data not shown).

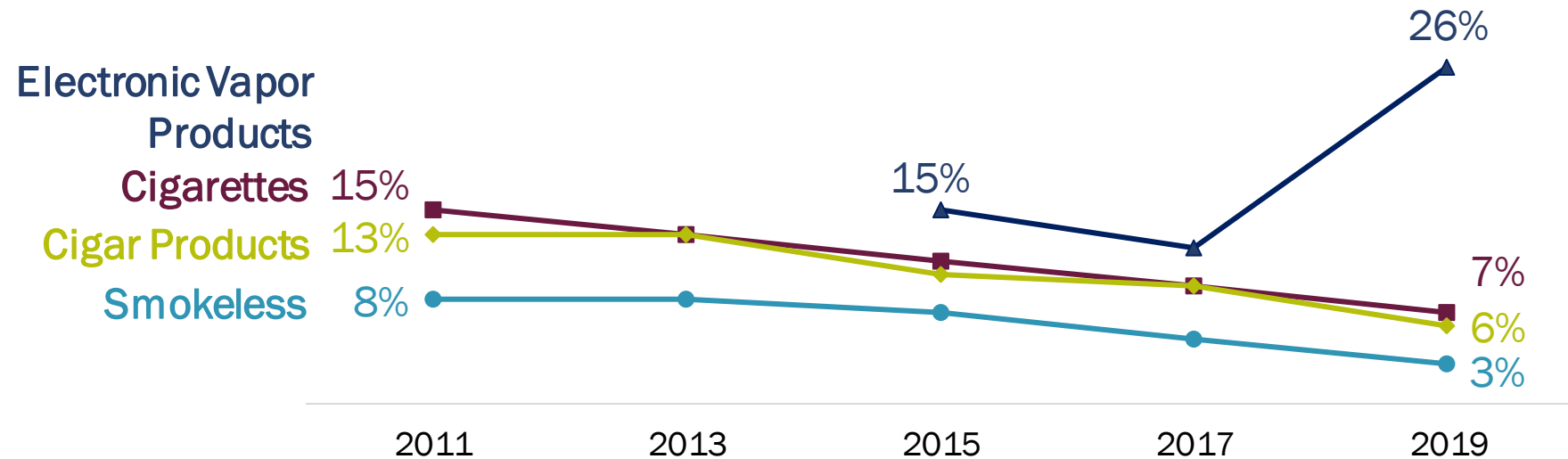
## Current Tobacco Product Use among VT High School Youth



# Trend in Tobacco Product Use among VT Youth

- Electronic vapor product\* use increased significantly from 15% in 2015 to 26% in 2019.
- There are significant decreases in the use of cigarettes, cigar products and smokeless tobacco over time\*\*.

## Tobacco Product Use among VT High School Youth, Past 30 Days (2011 – 2019)



Source: VT YRBS 2011-2019.

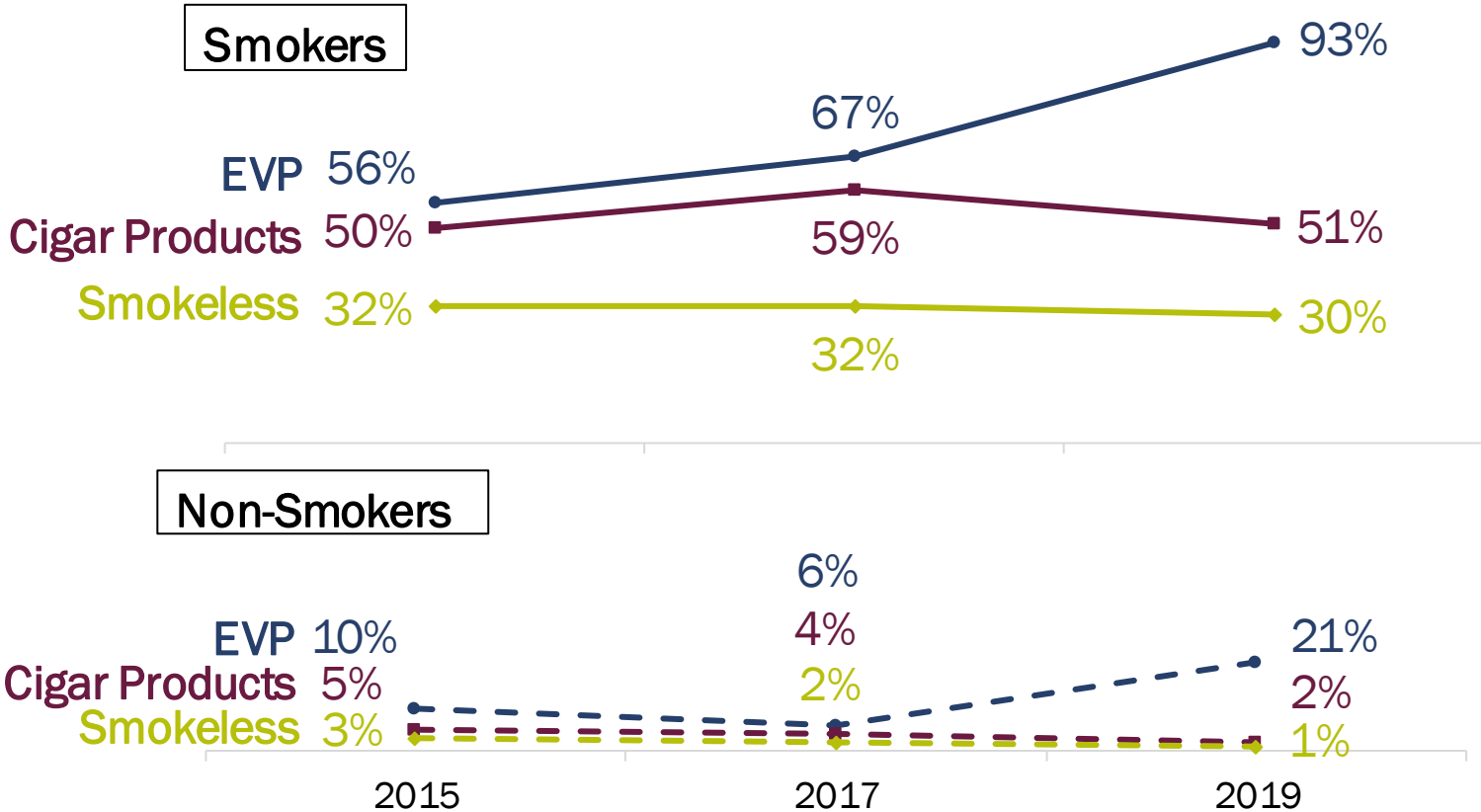
\*E-cigarette use was a new question in 2015. In 2019, electronic vapor products included: e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.

\*\*Caution should be used when comparing smokeless tobacco use in 2017 and previous years because the number of products and brand names listed in the question were revised to reflect emerging forms of smokeless tobacco.

# Trend in Other Tobacco Product Use among Youth Smokers and Non-Smokers

- Among youth who smoke, EVP use increased significantly from 56% in 2015 to 93% in 2019, while the use of cigars and smokeless tobacco remained unchanged.
- Among non-smoking youth, EVP use doubled between 2017 and 2019, while the use of cigars and smokeless tobacco use continued to significantly decrease.

Other Tobacco Product Use among Youth by Smoking Status, Past 30 Days (2015 – 2019)

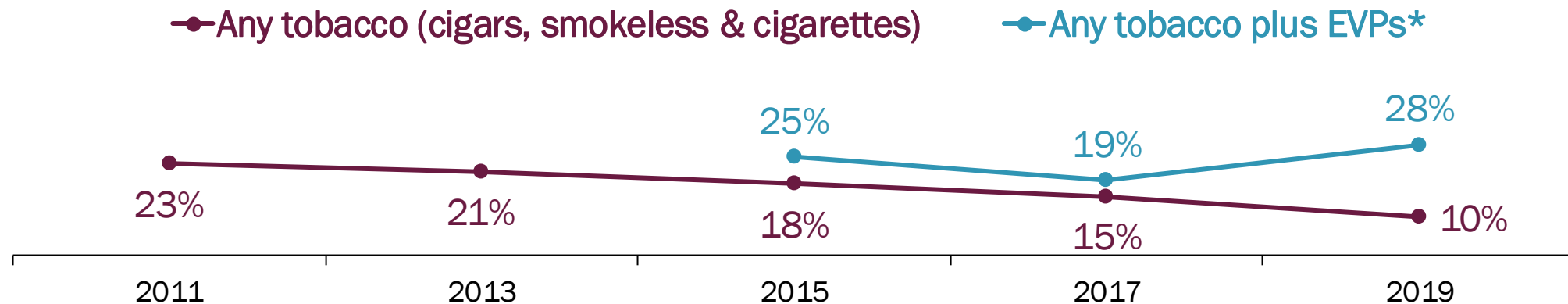


Source: VT YRBS 2015-2019. In 2019, electronic vapor products included: e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.

# Trend in Any Tobacco Product Use among Vermont Youth

- Current use (past 30 days) of any tobacco product (cigarettes, cigar products, and smokeless tobacco) among high school youth significantly decreased from 2011 to 2019. If electronic vapor products (EVPs) are included in any tobacco product use, current use significantly increases. The rate of any tobacco product use in Vermont (28%) is significantly lower than the national rate (37%).
- During the past year, a third of students reported using any tobacco product (33%). Therefore, most students who have used any tobacco product in the past year currently use tobacco.

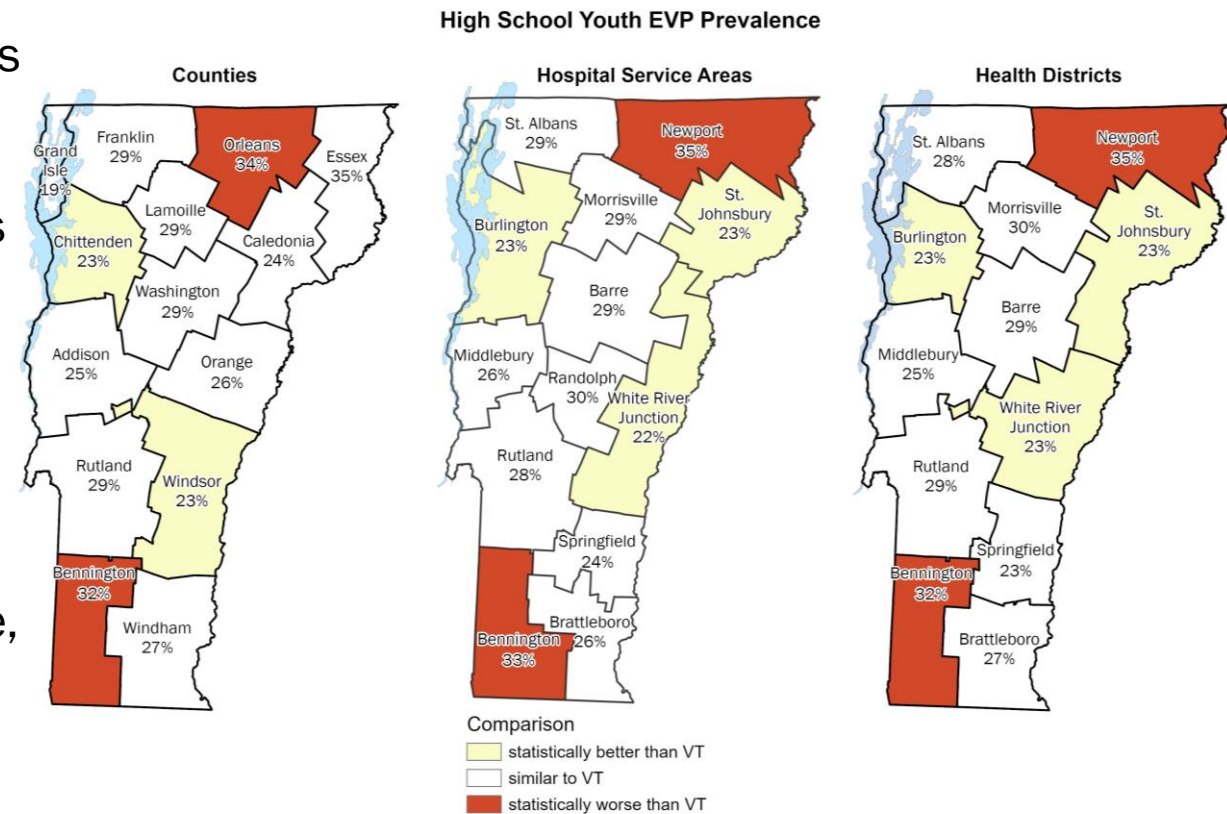
## Any Tobacco Product Use Among High School Youth, Past 30 Days



Source: VT & U.S. YRBS, 2011–2019. Caution should be used when comparing smokeless tobacco use in 2017 and previous years because the number of products and brand names listed in the question were revised to reflect emerging forms of smokeless tobacco. E-cigarette use was a new question in 2015. In 2019, electronic vapor products included: e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.

# Youth Electronic Vapor Product (EVP) Prevalence: Sub-Geographies

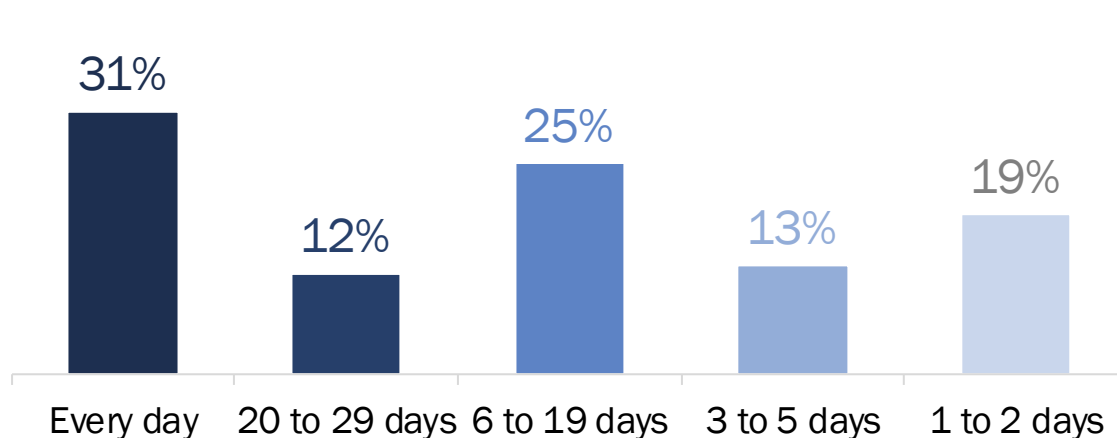
- Orleans and Bennington Counties, along with the Newport and Bennington Hospital Service Areas (HSA) and Health Districts (DO), continue to have statistically higher EVP rates than the state.
- Chittenden County, along with the Burlington and St. Johnsbury HSAs and DOs, continue to have lower EVP rates than the statewide average.
- Youth EVP rates in Windsor County and the White River Junction HSA and DO are lower than the state rate, a change from 2017 when the rates were similar to the statewide average.
- Youth EVP rates in Essex County and the Brattleboro Hospital Service Area (HSA) are similar to the state average, a positive from 2017 when the rates were higher than the state rate.
- Caledonia County along with the Middlebury HSA and DO have similar EVP use rates to the state rate, a change from 2017 when their rates were lower than the state average.



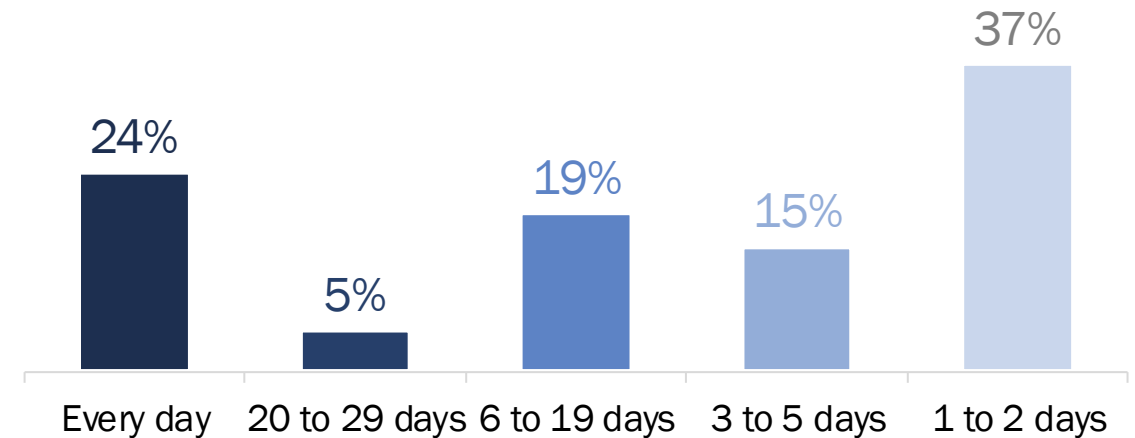
# Youth Cigarette and Electronic Vapor Product (EVP) Use among Current Users: Frequency of Use

- Daily use of electronic vapor products (EVP) is more common than daily use of cigarettes.
- Among students who currently use electronic vapor products, about a third use them every day (31%) and a little less than a quarter used them once or twice during the past month (19%).
- Among students who currently use cigarettes, a quarter use them every day (24%) and more than a third used them once or twice during the past month (37%).

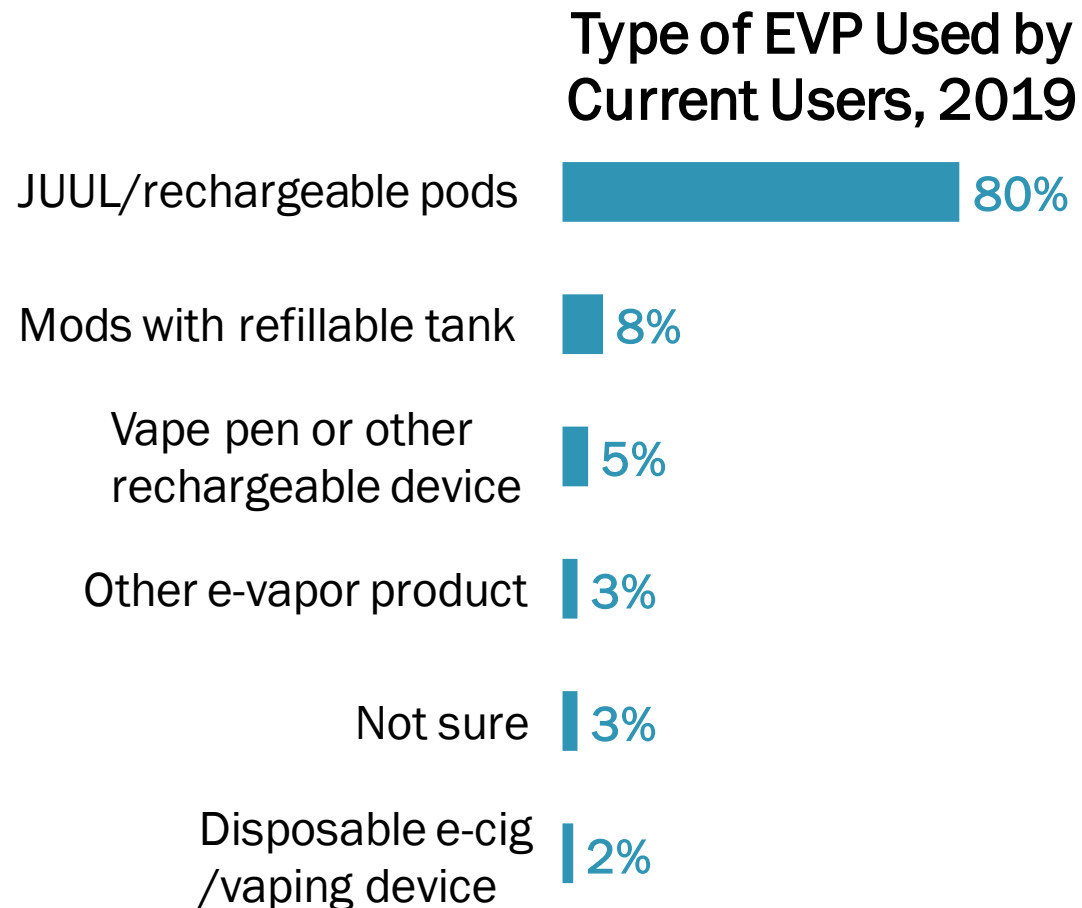
Days Used EVPs, among Current Users



Days Smoked Cigarettes, among Current Users



# The majority of youth using electronic vapor products (EVPs) use JUUL/rechargeable pods.

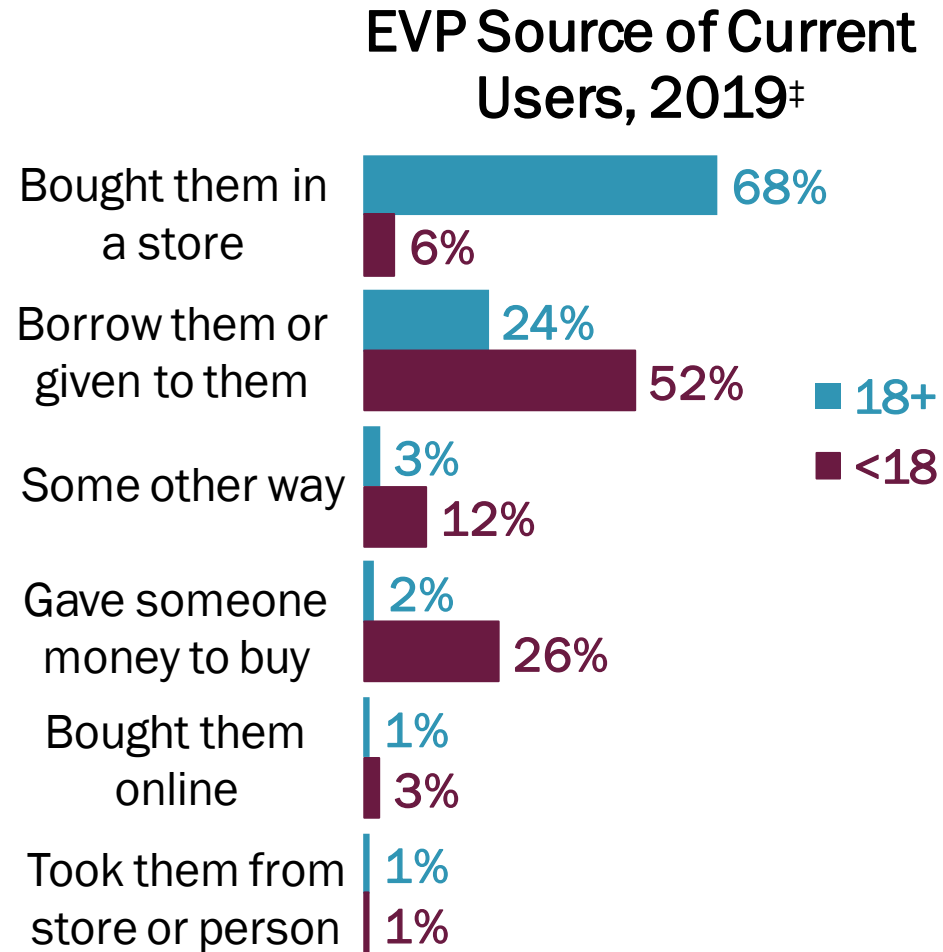


Source: VT YRBS 2019.

‡ The current legal age to purchase tobacco products, including EVP, was 18 at the time this survey was conducted.

In 2019, electronic vapor products included: e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.

# Youth less than 18 are most likely to borrow or be given EVPs while older youth primarily buy EVPs in a store.



Source: VT YRBS 2019.

<sup>‡</sup> The current legal age to purchase tobacco products, including EVP, was 18 at the time this survey was conducted.

In 2019, electronic vapor products included: e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens and mods.

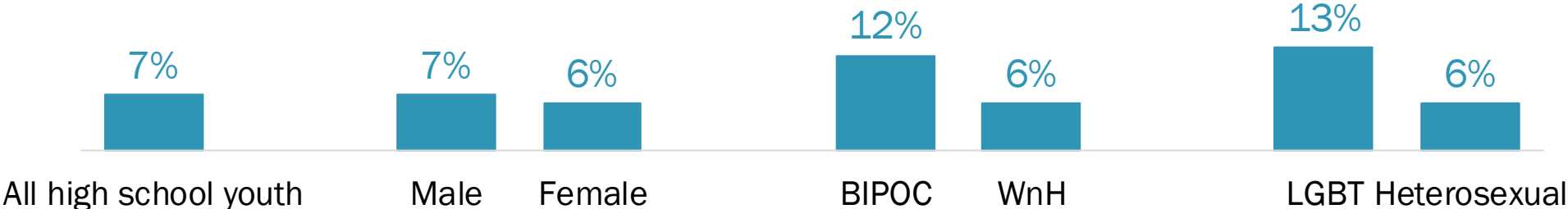


# **Tobacco Use Initiation**

# Cigarette Use before Age 13

- Overall, 7% of high school students report trying a cigarette, even one or two puffs, before age 13. Vermont prevalence of initiation of tobacco use before age 13 is statistically similar to the national average of 8%.
- High school males, BIPOC and LGBT students are significantly more likely to try a cigarette before age 13 compared to females, white, non-Hispanic and heterosexual students.

## Cigarette Use before Age 13, Even 1 or 2 Puffs



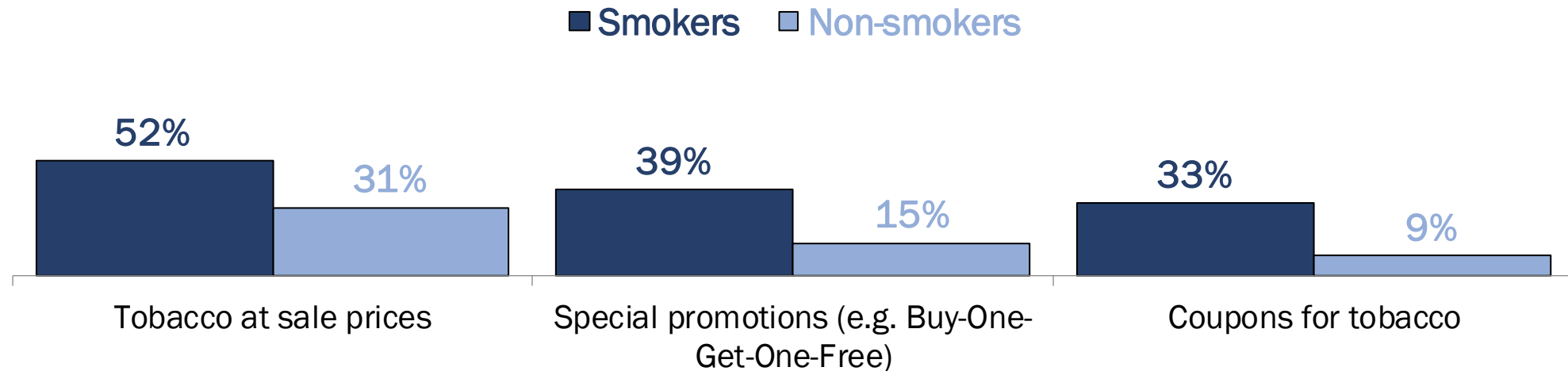
Source: VT & U.S. YRBS 2019.

NOTE: In 2017, questions about lifetime cigarette use were modified from ever smoked a whole cigarette to ever tried cigarette smoking, even one or two puffs. Lifetime cigarette use now captures students who may have experimented with cigarette smoking without ever smoking an entire cigarette. Data on lifetime cigarette use cannot be compared with results prior to 2017. Note: BIPOC = Black, Indigenous, and people of color; WnH = White, non-Hispanic; Male/Female represents the sex assigned at birth. The YRBS survey only allows assessment of LGBT. We acknowledge this definition does not allow us to fully represent the other ways in which people identify.

# Exposure to Tobacco Promotions

- Adults who smoke are significantly more likely to notice tobacco at sale prices, special promotions and coupons for tobacco products compared to adults who do not smoke.
- Over half of high school students (55%) report seeing an ad for cigarettes or other tobacco products every time or most of the time they go to a convenience store, supermarket or gas station (data not shown).

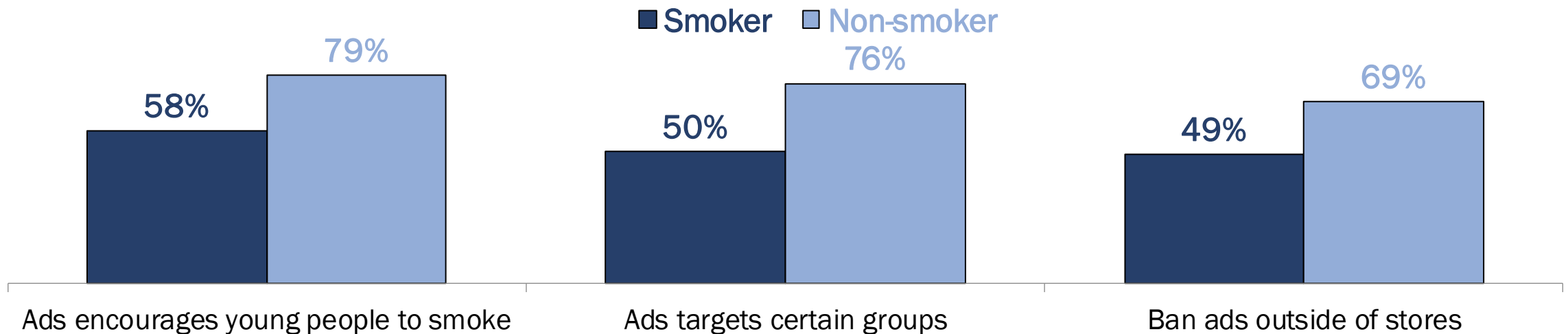
## Adult Exposure to Tobacco Promotions



# Adult Attitudes on Cigarette Advertising

- In comparison to adults who smoke, adults who do not smoke are significantly more likely to believe that tobacco advertising encourages young people to smoke and targets certain groups such as young adults, low-income groups and specific ethnic groups. Adults who do not smoke are also more likely to agree that cigarette ads should be banned from the outside of stores.
- The largest difference in agreement is whether tobacco advertisements target certain groups: three-quarters of adults who do not smoke agree compared to only half of adults who smoke\*.

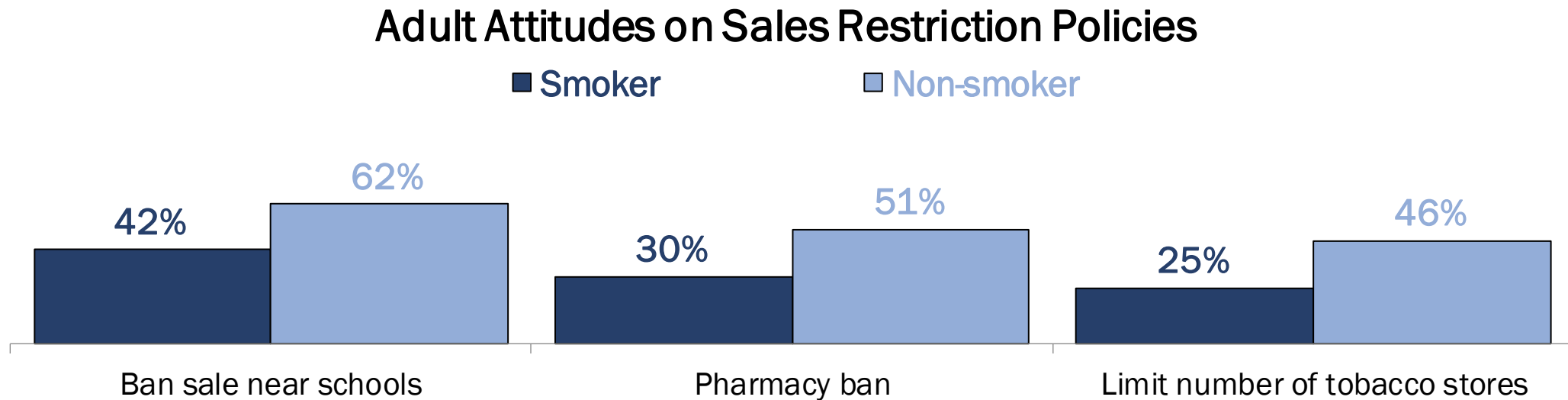
## Adult Attitudes on Cigarette Advertising



Source: VT ATS 2016. ATS was last conducted in 2016 and will be conducted in 2022. \*Adults who smoke includes adults who currently smoke or smoked in the past year.

# Adult Attitudes on Sale Restriction Policies

- Among adults, non-smokers are significantly more likely to be in favor of requiring warning labels on cigarette packs, banning tobacco sales near schools, banning tobacco sales from pharmacies, banning tobacco product displays and limiting the number of stores that sell tobacco.
- Among people who smoke, banning tobacco sales near schools is the most supported policy.

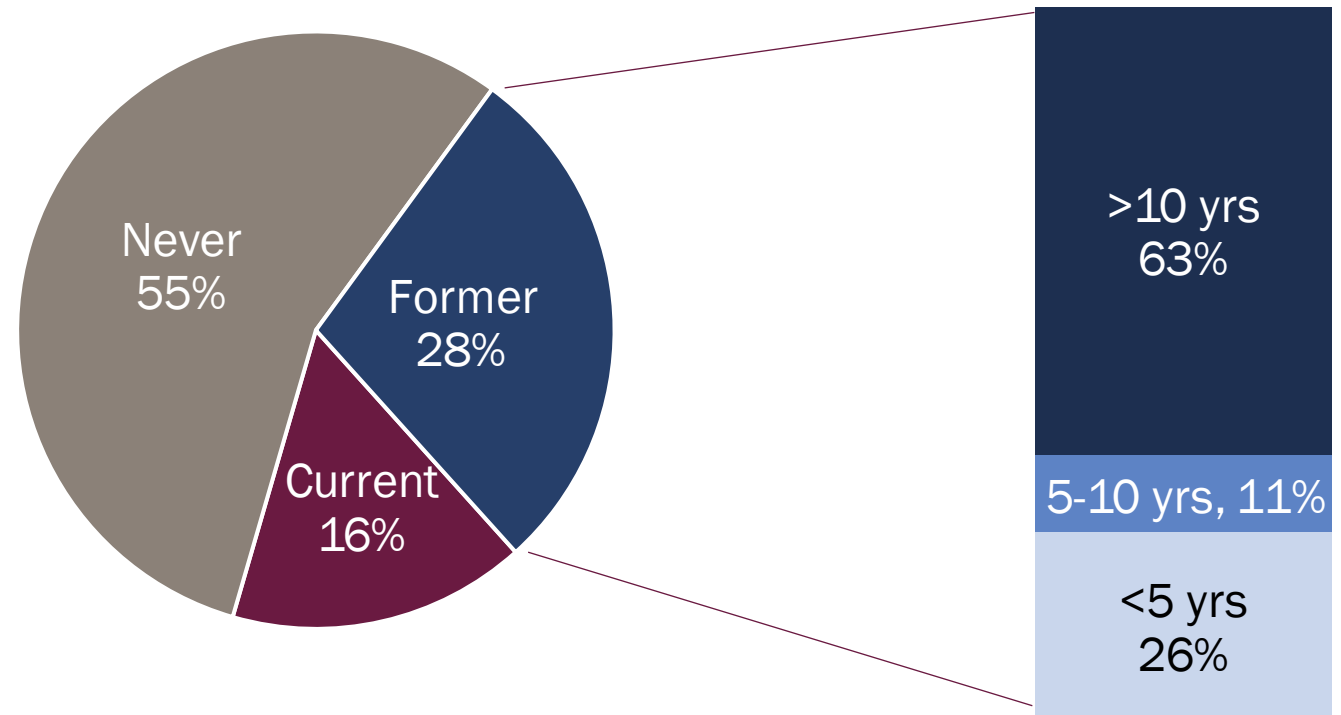


# Smoking Cessation

# Former Smokers & Length of Quit: Adults

- Among Vermont adults, 55% have never smoked and 28% formerly smoked cigarettes.
- Of those who successfully quit, two thirds did so more than ten years ago. A little over a quarter quit within the last five years.

## 2019 Vermont Adult Smoking Status\* Length of Time Since Quit



Source: VT BRFSS 2019.

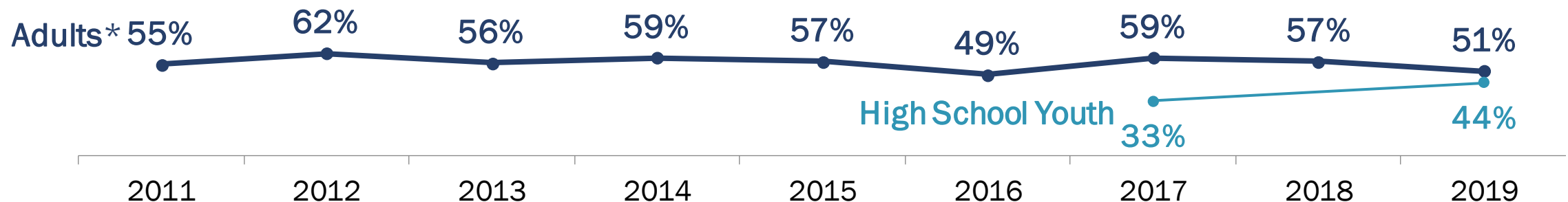
\*Adult smoking status is age adjusted to the U.S. 2000 population.

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

# Adult & Youth Quit Attempts

- Among adults who smoke, 51% say they made a quit attempt in the past 12 months. Quit attempts in 2019 are statistically lower than 2012 (62%) but similar to all other years.
- Among students who used any tobacco product during the past year, 44% tried to quit using all products, a significant increase from 2017 when 33% of youth attempted to quit.\*\* The proportion of students with a quit attempt in Vermont is statistically similar to the U.S. (48%, data not shown).

## Prevalence of Quit Attempts among Adults who Smoke and Youth Tobacco Users



Source: VT BRFSS 2011-2019, U.S. BRFSS 2019, VT YRBS 2017-2019, U.S. YRBS 2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

\*\*Youth data (YRBS) prior to 2017 is not available due to question changes.

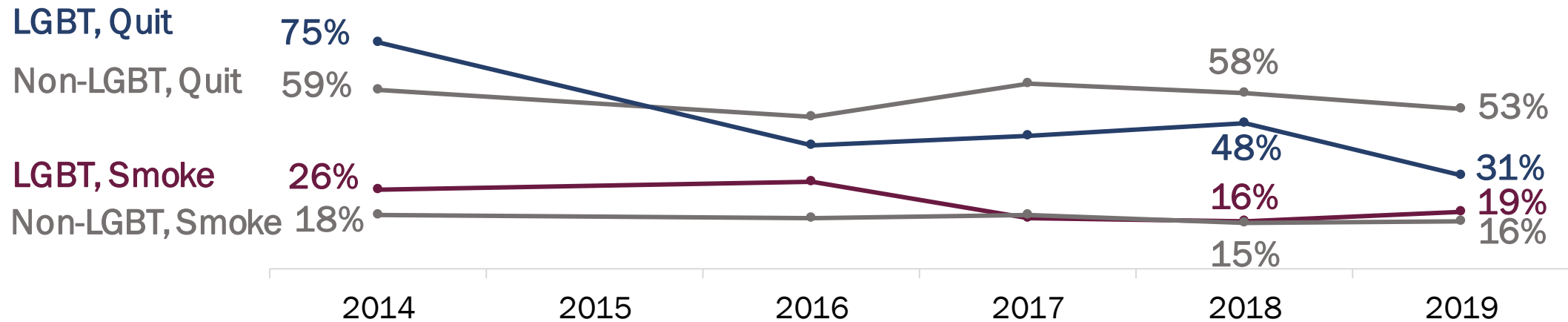
Note: The 2019 U.S. quit attempt rate was not available at the time of publishing these data pages.



# Trend in Cigarette Smoking Prevalence and Quit Attempts by Sexual Orientation/Gender Identity

- Since 2017, the smoking prevalence between LGBT and non-LGBT Vermonters has been similar.
- Quit attempts among LGBT Vermonters have decreased significantly from 75% in 2014 to 31% in 2019.

Adult Smoking Prevalence and Quit Attempts by Sexual Orientation/Gender Identity, 2014 – 2019\*



Source: VT BRFSS 2014-2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

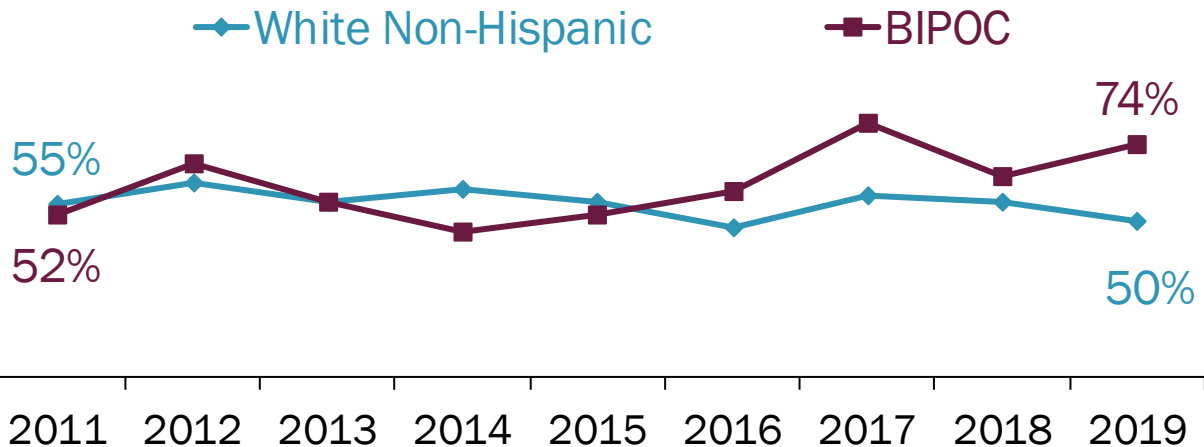
No data was collected about sexual orientation and gender identity in 2015. LGBT = Lesbian, Gay, Bisexual, or Transgender.

Note: The BRFSS survey only allows assessment of LGBT. We acknowledge this definition does not allow us to represent the other ways in which people identify.

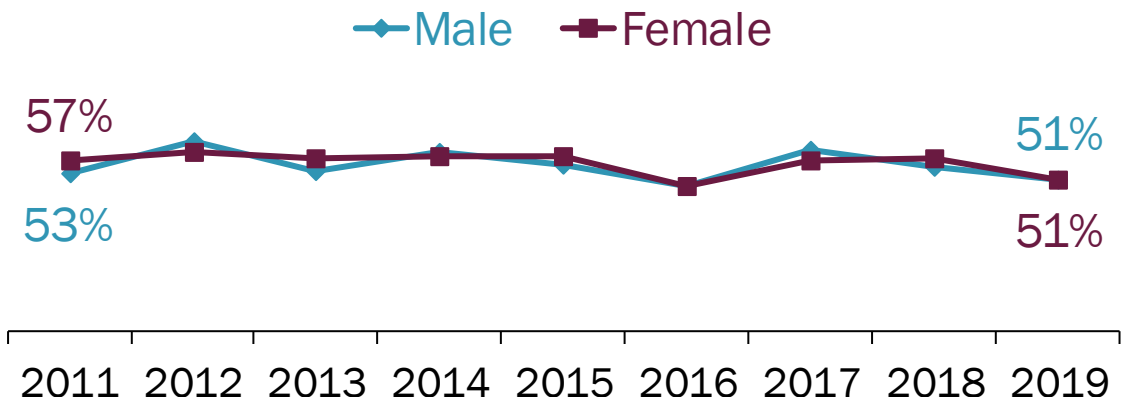
# The rate of past-year quit attempts among BIPOC Vermonters has increased since 2014, reaching 74% in 2019.

- BIPOC Vermonters who smoke are more likely to report attempting to quit cigarettes in the 12 months compared to white, non-Hispanic adults who smoke.
- There is no statistical difference in past-year quit attempts by sex in 2019, nor since 2011.

Quit Attempts Among Adult Smokers by Race/Ethnicity\*

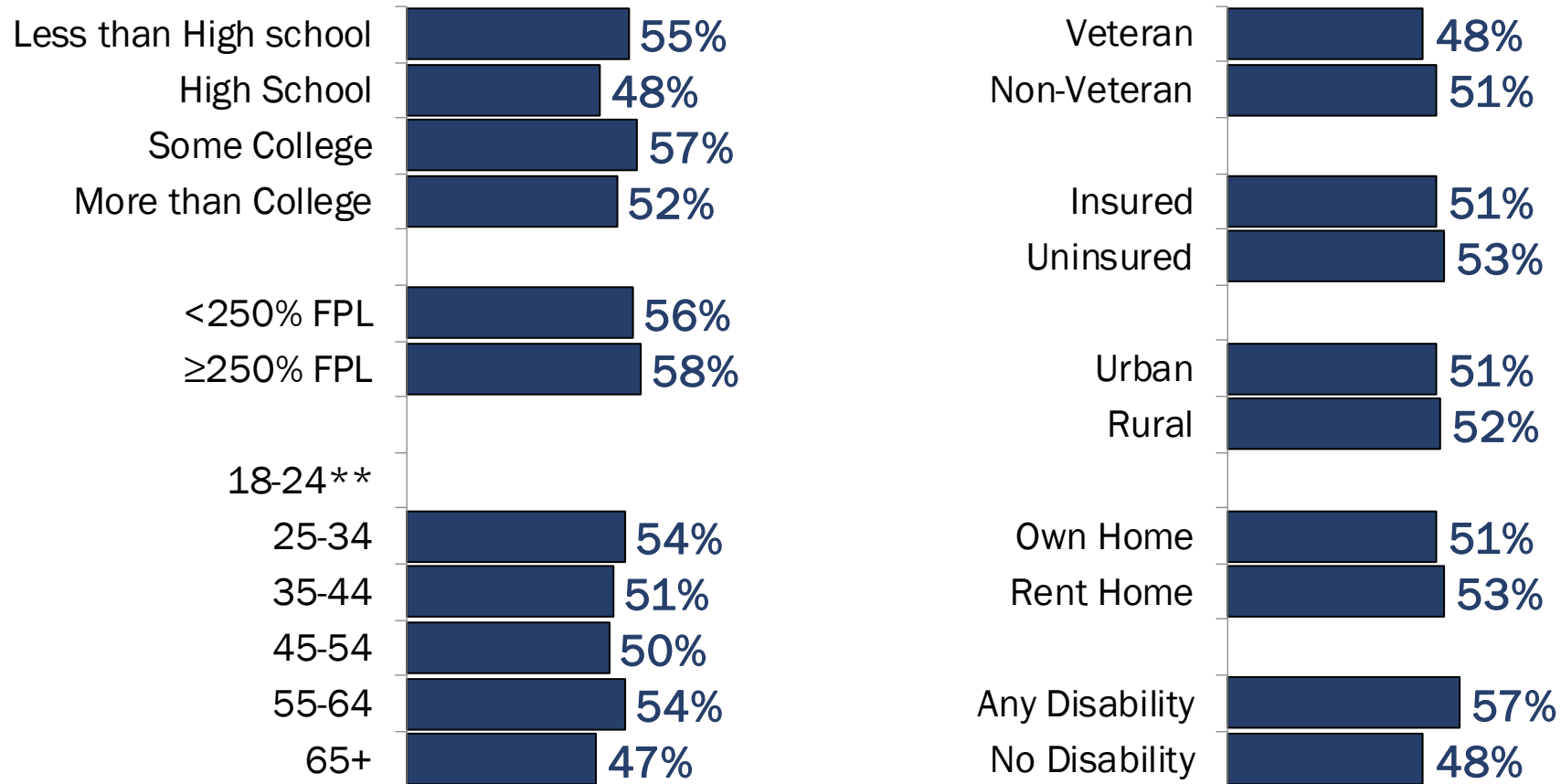


Quit Attempts Among Adult Smokers by Sex\*



Source: VT BRFSS 2011-2019.  
 \*Adult data on this page are age adjusted to the U.S. 2000 population.  
 Note: BIPOC = Black, Indigenous, and people of color.

# The rates of smoking quit attempts among Vermont adults in 2019 are similar across remaining demographic groups.



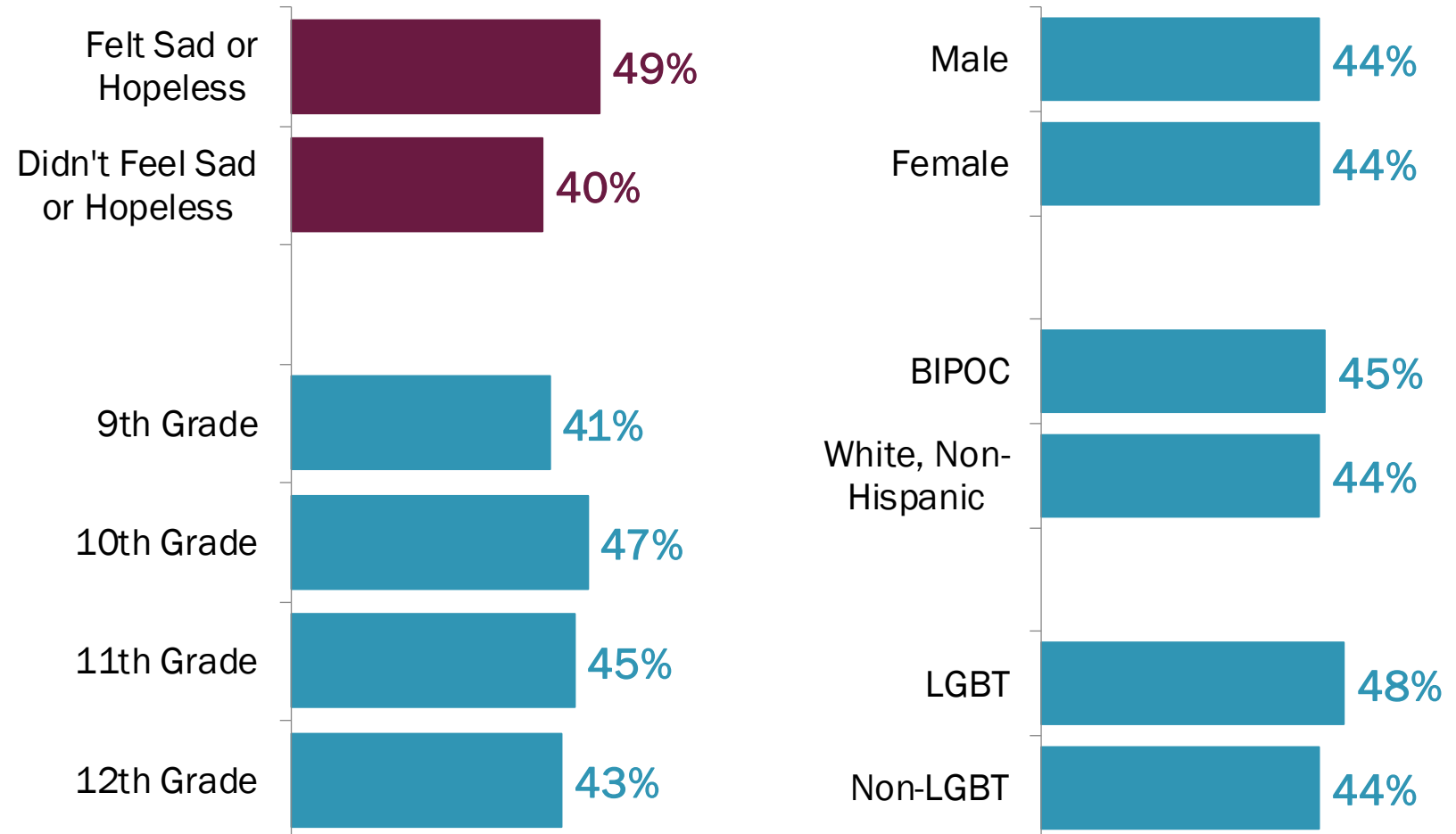
Source: VT BRFSS 2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.

\*\* sample size too small to report.

# A higher proportion of youth who felt sad or hopeless in the last two weeks attempted to quit use of any tobacco product compared to those who did not feel sad or hopeless.

- Tobacco quit attempts did not differ by grade, sex, race/ethnicity or sexual orientation in 2019.



Source: VT YRBS 2019.

Note: BIPOC = Black, Indigenous, and people of color; Male/Female represents the sex assigned at birth; LGBT = Lesbian, Gay, Bisexual, or Transgender.

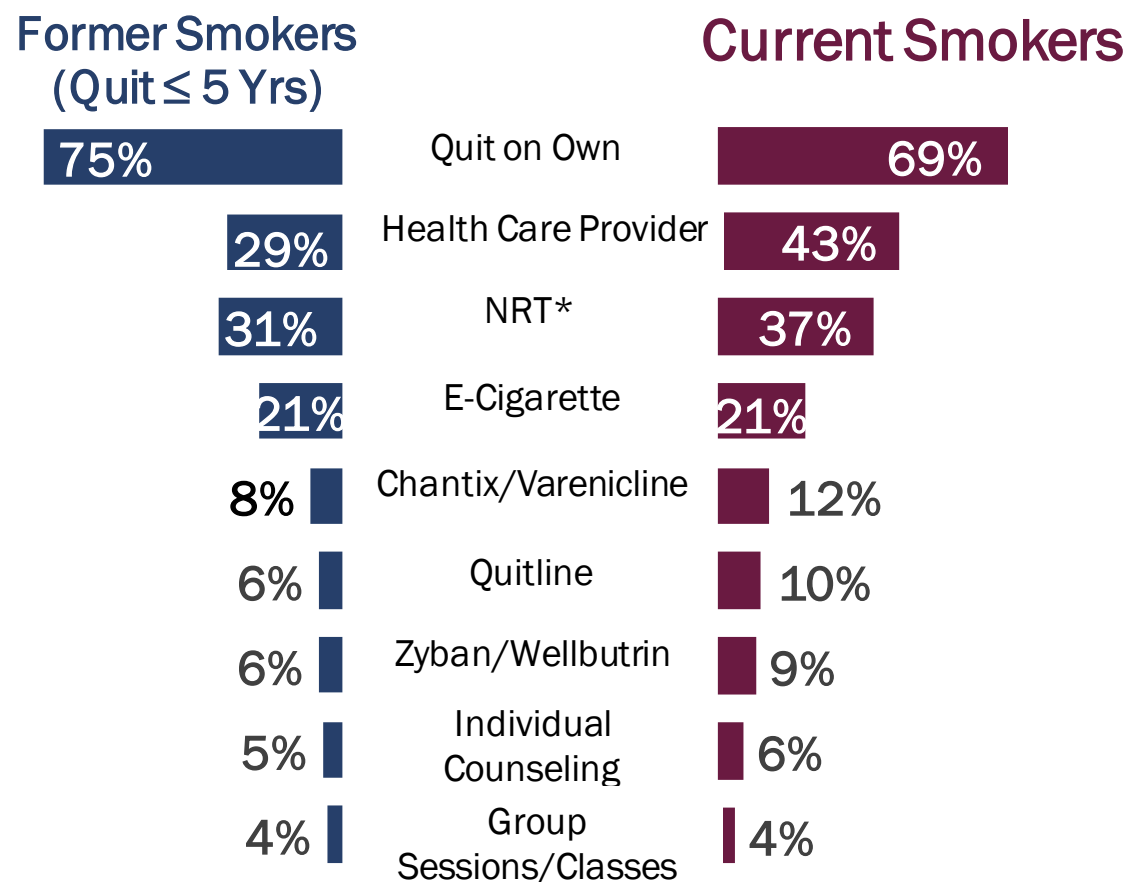
The YRBS survey only allows assessment of LGBT. We acknowledge this definition does not allow us to represent the other ways in which people identify.

Note: Feeling sad or hopeless is defined by youth who felt so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities in the past 12 months.

# Cessation Methods Used by Current Smokers

- During their most recent quit attempt, 69% of current adult smokers tried to quit without help. In comparison, a slightly higher percentage (75%) of those that quit smoking within the last five years reported that they quit on their own.
- The most common cessation methods among both current and former smokers are quitting on your own, talking with a health care provider and using NRT or e-cigarettes.
- The proportion of current smokers who report use of an e-cigarette as a cessation method has remained statistically stable since 2012 (from 19% to 21%).

## Cessation Methods Used in Most Recent Quit Attempt Among Former & Current Smokers



Note: Total is greater than 100% because respondents could choose multiple cessation methods.

\*Nicotine Replacement Therapy (NRT), includes use of nicotine patch, gum, or lozenges.

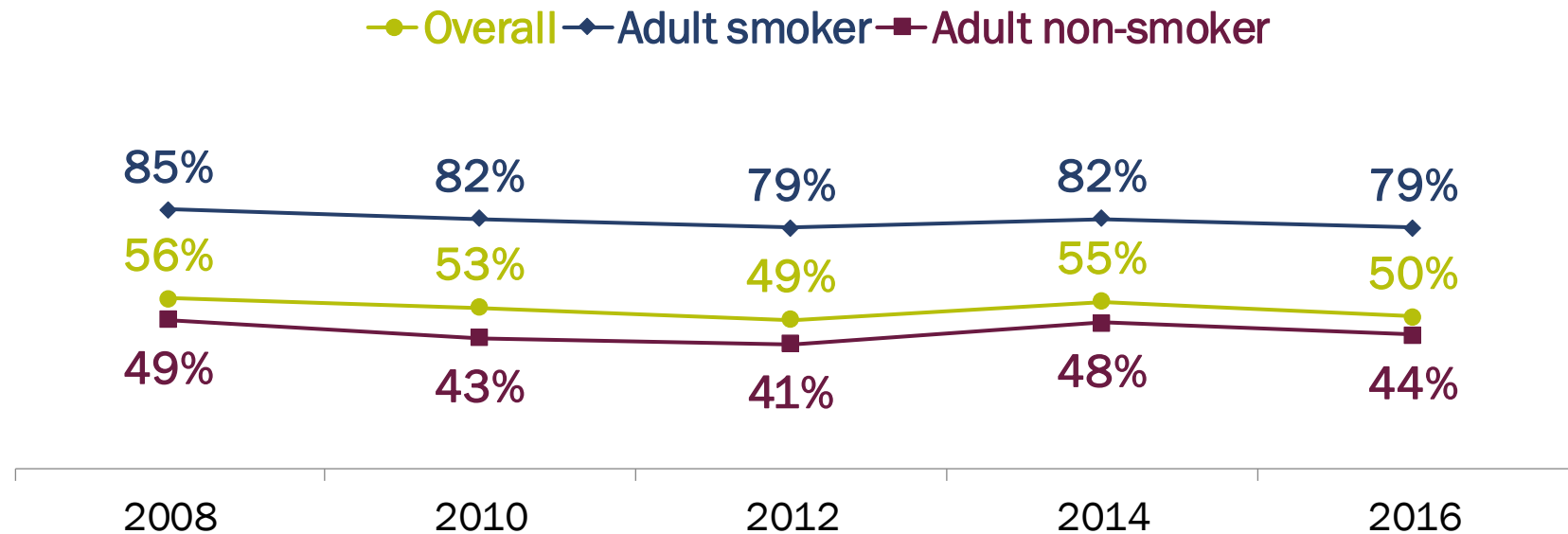
Source: VT ATS 2016. ATS was last conducted in 2016 and will be conducted in 2022.

# **Secondhand Smoke**

# Adult Secondhand Smoke Exposure

- Adult secondhand smoke exposure in Vermont did not significantly change from 2008 to 2016, regardless of smoking status.
- Nationally, exposure to secondhand smoke among non-smokers has steadily decreased over time, from 88% during 1988-1991 to 25% during 2011-2012 (CDC Secondhand Smoke Factsheet).

## Secondhand Smoke Exposure Among Adults, Stratified by Smoking Status\*



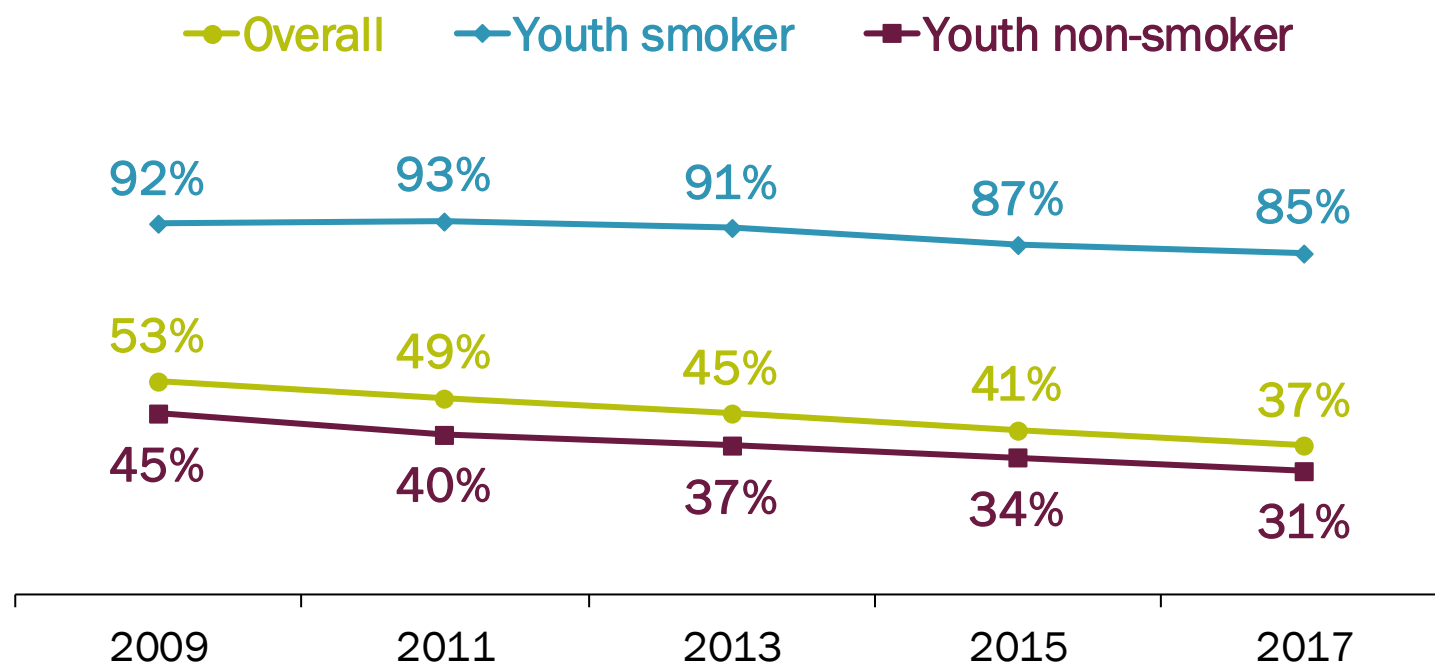
Source: VT ATS 2008–2016. ATS was last conducted in 2016 and will be conducted in 2022.

\*Data on this page are age adjusted to the U.S. 2000 population.

# Youth Secondhand Smoke Exposure

- Since 2009, youth secondhand smoke exposure has significantly declined overall, as well among both high school students who smoke and who do not smoke.
- Youth who smoke consistently report significantly higher rates of secondhand smoke exposure than youth who do not smoke. While there was a significant decline in secondhand smoke exposure overall between 2015 to 2017, this was only among youth who do not smoke.

## Secondhand Smoke Exposure Among High School Youth, Stratified by Smoking Status

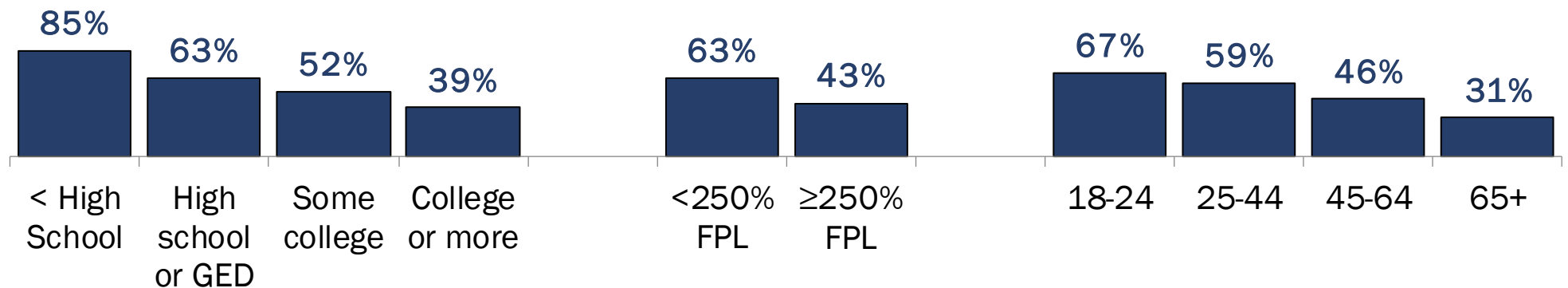




# Secondhand Smoke Exposure by Demographic Characteristics

- Vermonters with a college education or more are significantly less likely to report exposure to smoke compared to those with less education. Conversely, those with less than a high school education are significantly more likely to report exposure than those with more education.
- Those who live in homes at or above 250% of the federal poverty line (FPL) are significantly less likely to report smoke exposure than those who live in homes below 250% of the FPL.
- Younger adults (age 18-44) are significantly more likely to report secondhand smoke exposure compared to adults 45 and older.

**Adult Secondhand Smoke Exposure by Select Demographic Characteristics\***



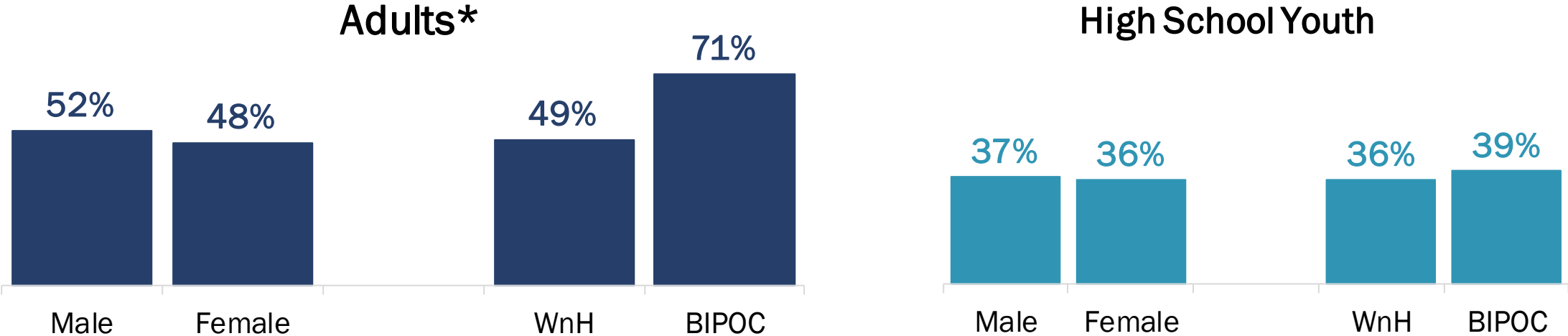
Source: VT ATS 2016. ATS was last conducted in 2016 and will be conducted in 2022.

\*Data on this page are age adjusted to the U.S. 2000 population, with the exception of age.

# Secondhand Smoke Exposure by Demographic Characteristics

- Among adults, BIPOC Vermonters are significantly more likely to report secondhand smoke exposure compared to white, non-Hispanic Vermonters. There are no significant differences in secondhand smoke exposure based on sex.
- Among youth, BIPOC Vermonters are significantly more likely to report secondhand smoke exposure compared to white, non-Hispanic Vermonters. There are no significant differences based on sex.

### Adult and Youth Secondhand Smoke Exposure, by Gender and Race/Ethnicity



Source: VT ATS 2016 & VT YRBS 2017. ATS was last conducted in 2016 and will be conducted in 2022.

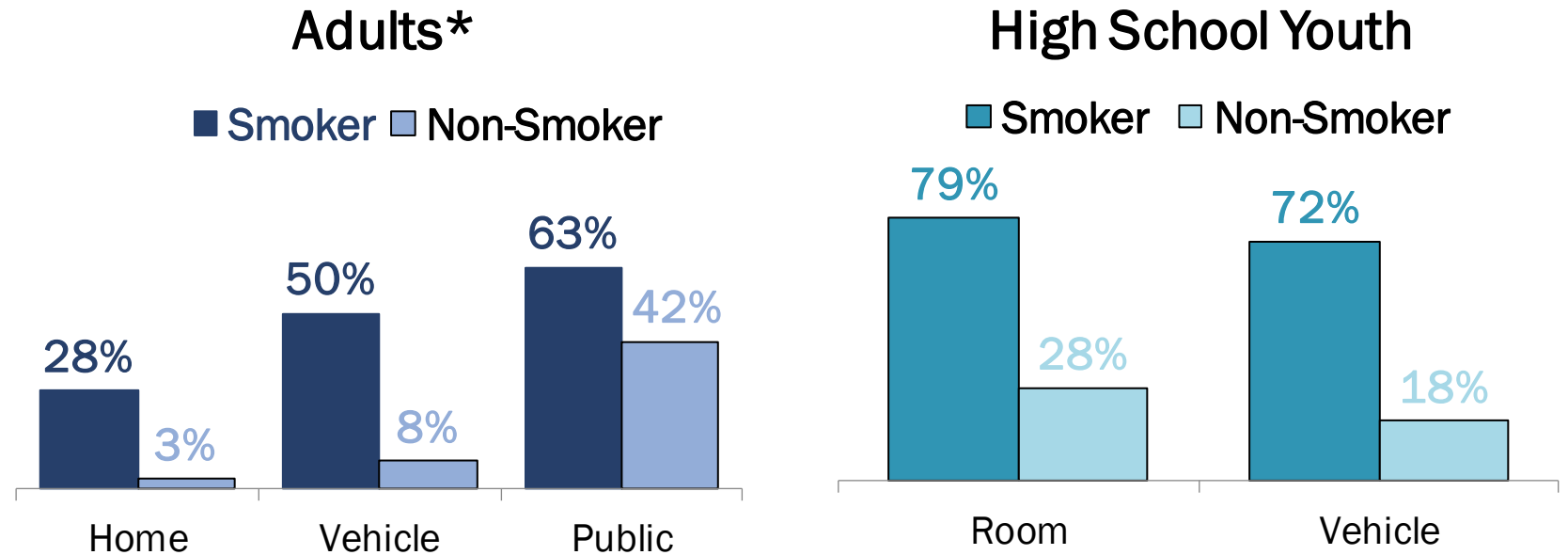
\*Adult data on this page are age adjusted to the U.S. 2000 population.

Note: BIPOC = Black, Indigenous, and people of color; WnH = White, non-Hispanic; Male/Female represents the sex assigned at birth

# Secondhand Smoke Exposure by Location

- Among adults, secondhand smoke exposure is most likely in a public place, regardless of smoking status. Adults who smoke\*\* are significantly more likely to report secondhand smoke exposure in the past week, regardless of location.
- High school students are most likely exposed to secondhand smoke in a room, although almost three-quarters of youth who smoke are also exposed to secondhand smoke in a vehicle.

## Location of Secondhand Smoke Exposure Among Adults and High School Youth, by Smoking Status



Source: VT ATS 2016, VT YRBS 2017. ATS was last conducted in 2016 and will be conducted in 2022.

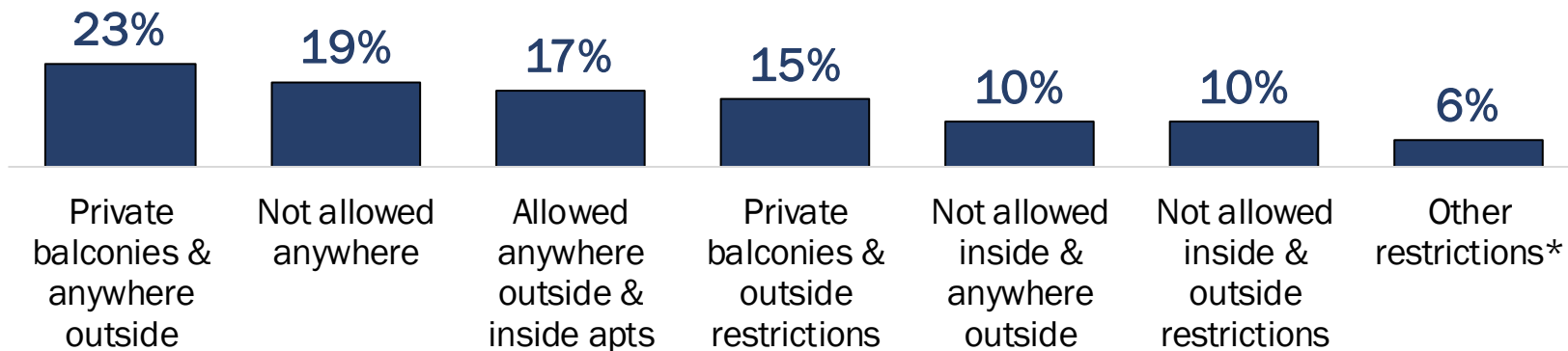
\*Adult data on this page are age adjusted to the U.S. 2000 population.

\*\*Adults who smoke includes adults who currently smoke and those who smoked in the past year.

# Smoke-Free Multi-Unit Housing Policies in Vermont

- The most common combination of inside and outside multi-unit housing smoking policies is allowing smoking on private balconies and anywhere outside (23%).
- Only 19% of adults who live in multi-unit housing in Vermont are covered by comprehensive smoke-free policies indoors and outdoors, and 17% live in housing that allows smoking inside individual apartments and anywhere outside.

## Comprehensive Smoking Policies (Inside and Outside Combined) in Multi-unit Housing

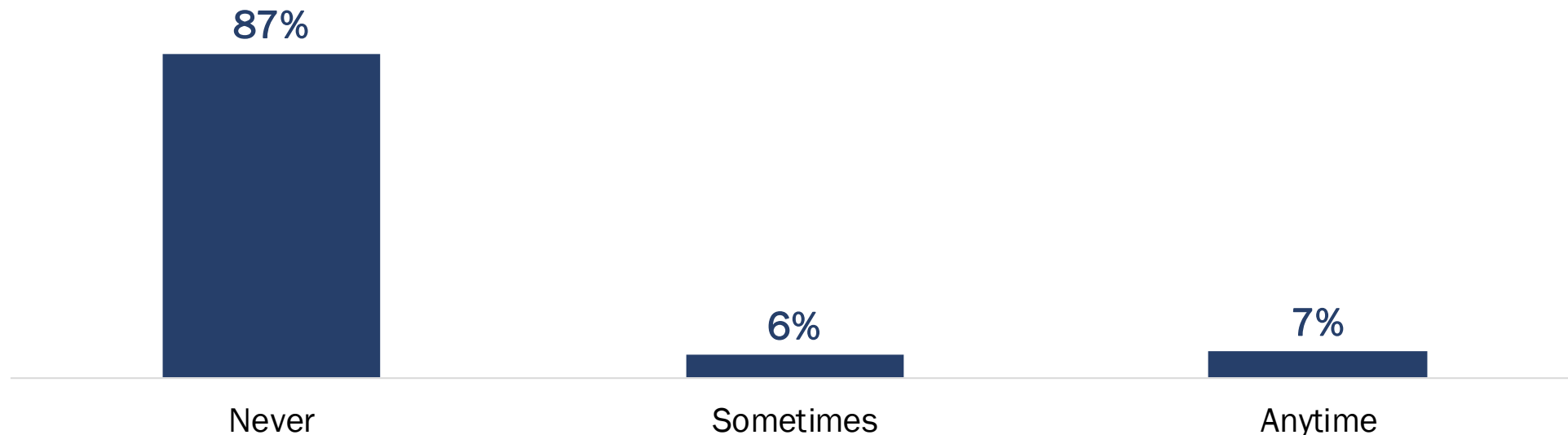


*\*allowed in apartments and some restrictions outside; allowed in private apartments and not allowed outside; allowed on private balconies and not allowed outside.*

# Home Smoking Bans

- The vast majority of Vermont adults (87%) report that they do not allow smoking anywhere inside their home.
- Non-smokers (91%) and adults with children in their home (94%) are significantly more likely to report a home smoking ban than smokers (69%) and those without children in their home (84%) (data not shown).

## Rules About Smoking at Home



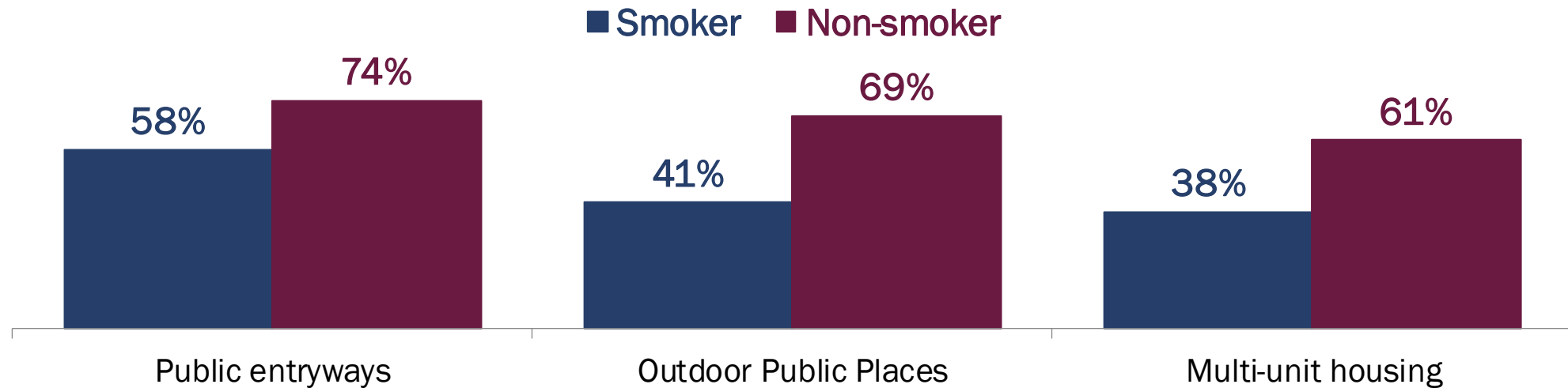
Source: VT ATS 2016. ATS was last conducted in 2016 and will be conducted in 2022.

\*Smokers includes adults that current smoke and those that smoked in the past year.

# Attitudes on Public Smoking Bans

- A large proportion of adults who do not smoke are in favor of banning smoking in public entryways (74%) or outdoor public places (69%).
- More than half of adults who smoke (58%) are in favor of banning smoking in public entryways.
- When compared to adults who currently smoke, adults who do not smoke are significantly more likely to support each smoke-free policy. The largest difference in support is the ban in outdoor public places.

## Vermont Adults in Favor of Public Smoking Bans

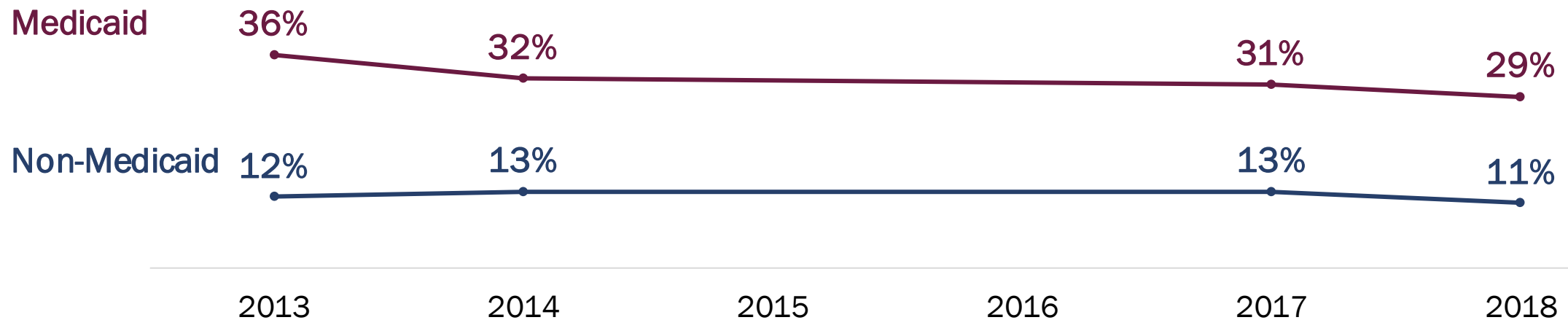


# **Tobacco Program Priorities**

# Smoking rates among Medicaid-Insured Vermonters is more than two times the rate of non-Medicaid insured adults.

- Adults with Medicaid have significantly higher rates of smoking than non-Medicaid members (29% vs. 11%).
- Although not statistically significant, there has been a downward trend in smoking among Medicaid members since 2013 (36% vs. 29%).

**Current Cigarette Smoking among VT Adults  
by Health Insurance Type (2013-2018\*)**



Source: VT BRFSS 2013-2018.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

Note: No data collected about insurance type in 2015, 2016, and 2019.



# Use of CPT codes for Tobacco Cessation Counseling to Medicaid-Insured Vermonters by Health Care Providers declined in 2019.

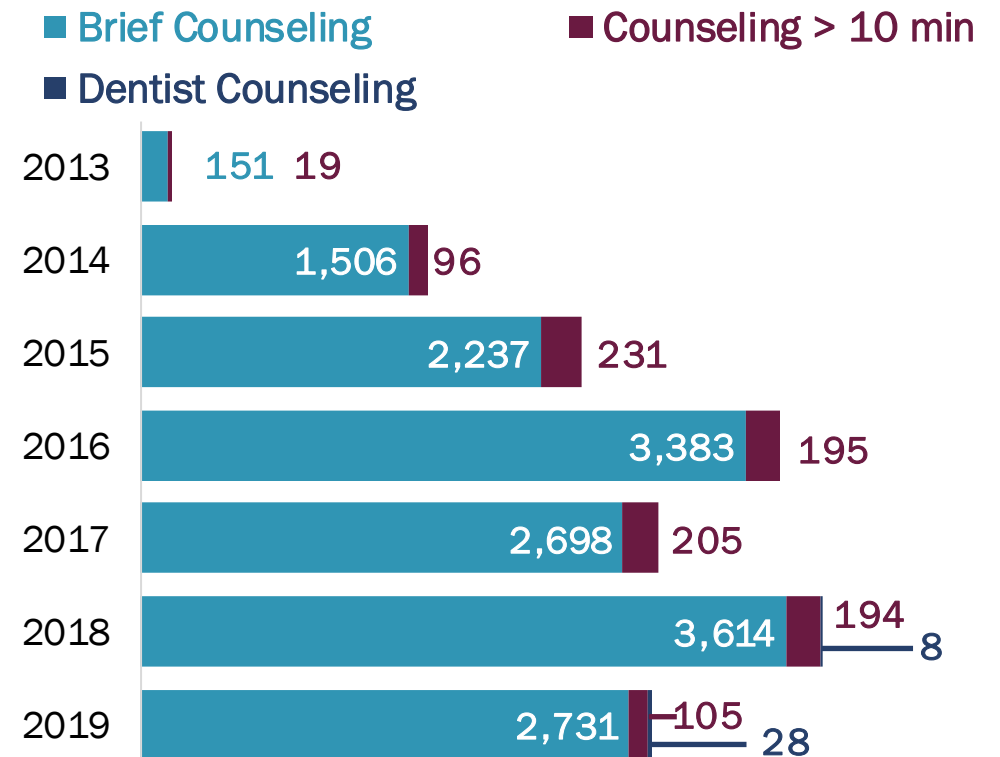
In January 2014, CPT codes were activated to allow reimbursement to medical providers for providing tobacco for cessation counseling to Medicaid-insured patients. Codes for dentists to provide cessation counseling were added in 2018.

Brief cessation counseling continues to be the most widely used cessation code.

In 2019, the number of brief cessation claims decreased ~25% and extended cessation claims decreased ~ 50% from the previous year. The use of cessation codes among dentists remained small, though increased three and a half times from 2018 to 2019 (8 to 28).

In 2018, 218 unique members per 10,000 Medicaid members (~ 1 in 50) received cessation counseling. The 2019 rate is not yet available.

Number of Paid Claims for Cessation Counseling for Medicaid-Insured Patients by CPT Code



Source: Department of Vermont Health Access, 2013-2019. \*Code utilization is estimated by claims dates of service.

Note: Brief counseling has CPT code 99406, counseling > 10 min has CPT code 99407 and dentist counseling has CPT code D1320.

# The total number of prescription claims for nicotine replacement therapy (NRT) among Medicaid-Insured Vermonters has been stable since 2015.

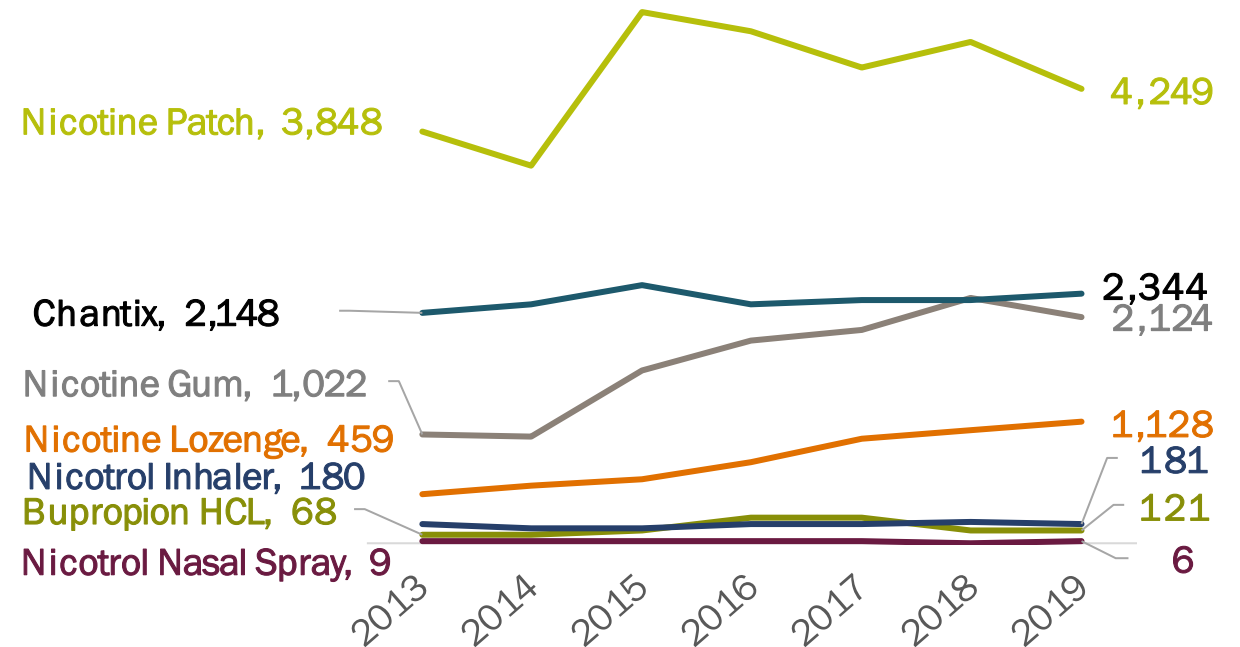
There are a total of 10,153 claims for nicotine replacement therapy (NRT), among 4,380 unique Medicaid recipients with a cost of \$1,337,000.

Nicotine patches (42%), Chantix (23%), nicotine gum (21%), and nicotine lozenges (11%) are the most-commonly used types of NRT.

Prescription claims for Nicotine patches decreased 20% from a peak in 2015.

The number of prescriptions for nicotine gum and lozenges increased from 2013 to 2019.

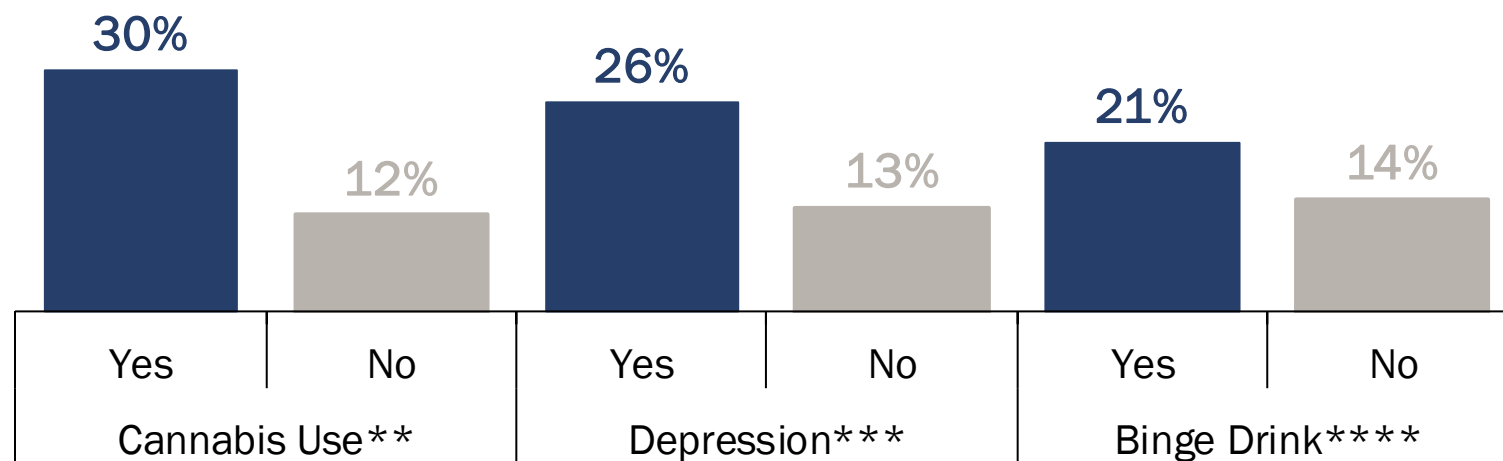
Total Number of Medicaid Smoking Cessation Pharmacotherapy Paid Prescription Claims, by NRT Type\*



\*Nicotrol inhaler & nasal spray <3% of total NRT Medicaid Rx claims.

# Adult Cigarette Smoking Prevalence by Substance Use and Mental Health

- Adults who use cannabis are about two and a half times as likely to smoke than those who do not use cannabis.
- Adults with depression are twice as likely to smoke than those without depression.
- Adults who binge drink are about one and a half times as likely to smoke than those who do not binge drink.



Source: VT BRFSS 2019.

\*Adult data on this page are age adjusted to the U.S. 2000 population.

\*\*Some of the data sources referenced in these data pages use the term “marijuana” to refer to cannabis. We have used “cannabis” in the data pages to reflect updated terminology.

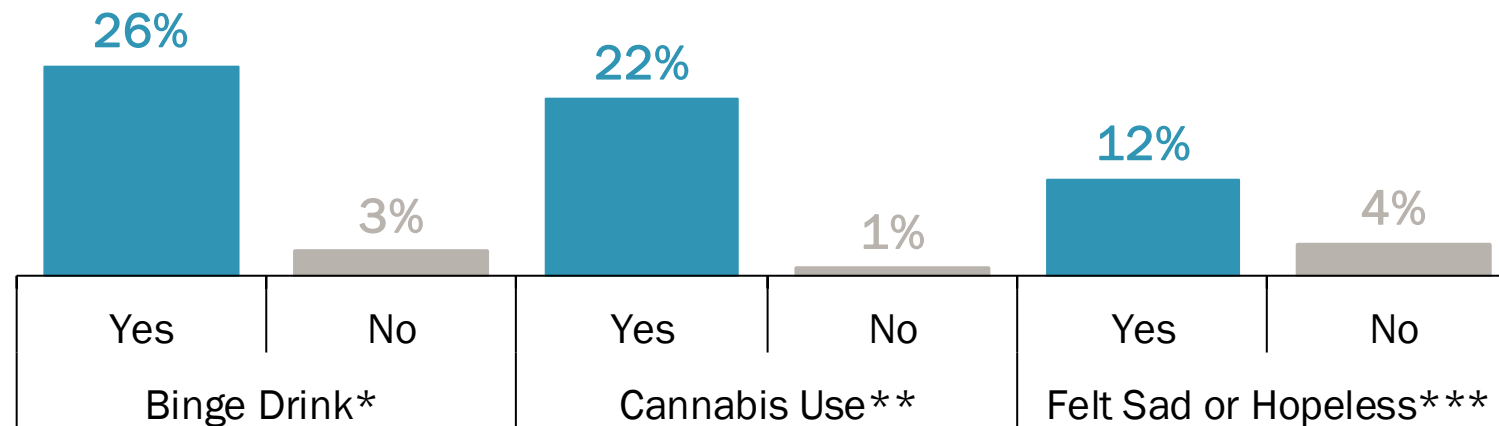
\*\*\*Depression defined as diagnosis of depressive disorder, including depression, major depression, dysthymia, or minor depression.

\*\*\*\*Binge drinking is defined by 5 or more drinks by men or 4 or more drinks by women on one occasion and in the last 30 days.

Note: Adults who use cannabis do so in the past 30 days.

# Youth Cigarette Smoking Prevalence by Substance Use and Mental Health

- High school youth who use cannabis are 22 times more likely to smoke cigarettes than those who do not use cannabis.
- High school youth who binge drink are nine times more likely to smoke cigarettes compared to those who do not binge drink.
- High school youth who feel sad or hopeless are three times more likely to smoke cigarettes compared to those who do not feel sad or hopeless.



Source: VT YRBS 2019.

\*Binge drinking defined as a male youth who has 5 or more drinks in one sitting or a female youth who has 4 or more drinks in one sitting.

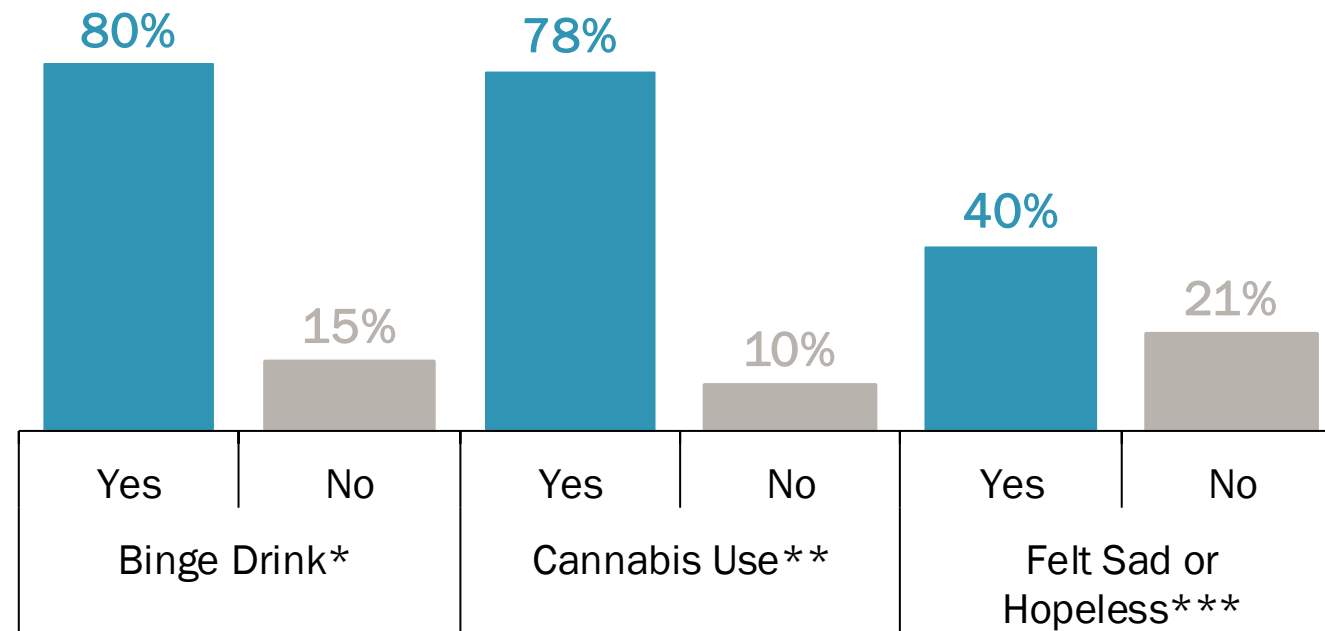
\*\*Some of the data sources referenced in these data pages use the term “marijuana” to refer to cannabis. We have used “cannabis” in the data pages to reflect updated terminology.

\*\*\*Feeling sad or hopeless defined as a youth who felt so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities in the past 12 months.

Note: Youth who use cannabis or binge drink do so in the past 30 days.

# Youth Electronic Vapor Product (EVP) Use by Mental Health and Substance Use

- High school youth who use cannabis are eight times more likely to use EVPs than those who do not use cannabis.
- High school youth who binge drink are five times more likely to use EVPs compared to those who do not binge drink.
- High school youth who feel sad or hopeless were two times more likely to use EVPs compared to those who do not feel sad or hopeless.



Source: VT YRBS 2019.

\*Binge drinking defined as a male youth who has 5 or more drinks in one sitting or a female youth who has 4 or more drinks in one sitting.

\*\*Some of the data sources referenced in these data pages use the term “marijuana” to refer to cannabis. We have used “cannabis” in the data pages to reflect updated terminology.

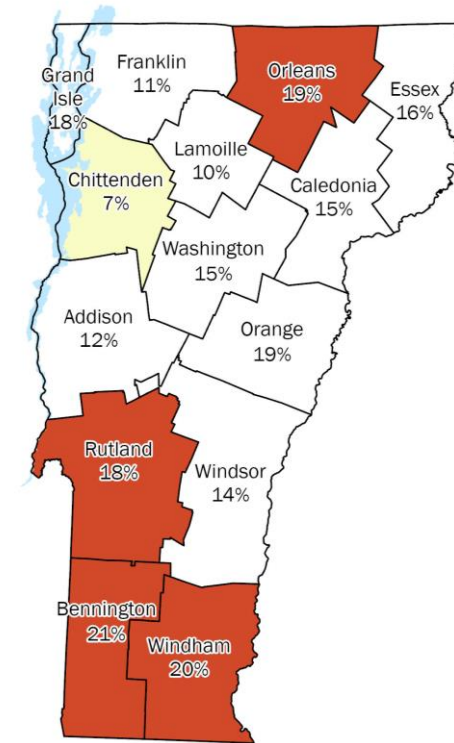
\*\*\*Feeling sad or hopeless is defined as a youth who felt so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities in the past 12 months.

Note: Youth who use cannabis or binge drink do so in the past 30 days.

# Smoking Prevalence and Quit Attempts among Pregnant Vermonters

- Chittenden County has the lowest rate of smoking among pregnant Vermonters while Orleans, Rutland, Bennington, and Windham Counties all have statistically higher smoking rates than the state average (14%).
- Pregnant Vermonters smoke at a significantly higher rate than pregnant women in the U.S. in 2018-2019 (6%, data not shown).
- In 2018-2019, 29% of pregnant Vermonters attempted to quit smoking. Quit attempts range from 23%-37% across VT counties but none are different from the statewide rate. Franklin and Bennington counties have the highest rates of quit attempts among pregnant Vermonters who smoke while Essex and Franklin counties have the lowest rates (data not shown).

Adult Smoking Prevalence for Pregnant Women



Comparison

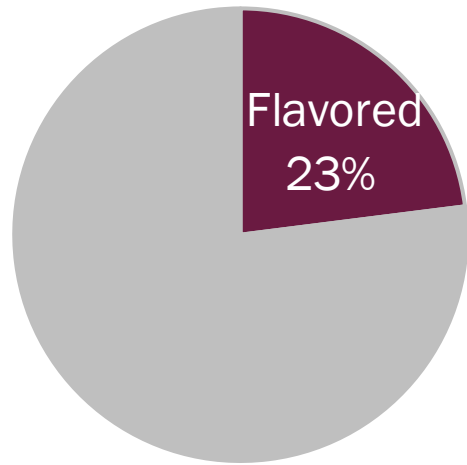
- Statistically better than VT
- similar to VT
- Statistically worse than VT

# 86% of youth and young adults aged 12-25 who ever tried an electronic vapor product (EVP) first used a flavored EVP.

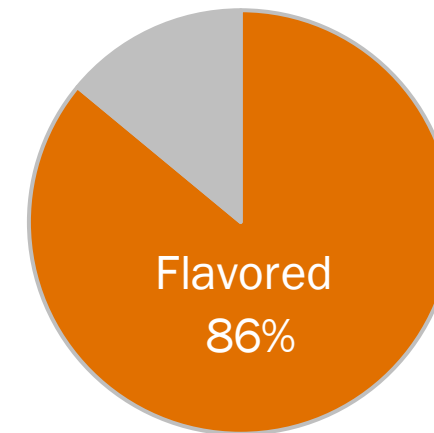


- One-quarter of youth and young adults who ever tried cigarette smoking said their first cigarette was flavored (23%).
- In the last year, 61% of young adults aged 18-25 who used EVPs tried to quit or cut back on use, while only 25% of young adults who used cannabis tried to quit or cut back use of EVPs.

First Cigarette Used



First EVP Used



Source: PACE VT January 2020 Report.

\*Some of the data sources referenced in these data pages use the term "marijuana" to refer to cannabis.

We have used "cannabis" in the data pages to reflect updated terminology.

# Data Sources

**Behavioral Risk Factor Surveillance System (BRFSS):** Telephone survey that tracks health risk behaviors of Vermont non-institutionalized adults. The results are used to plan, support and evaluate health promotion and disease prevention programs. Since 1990, Vermont, along with the 49 other states and three territories, has participated in the BRFSS with the Centers for Disease Control and Prevention (CDC). An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.

**Youth Risk Behavior Survey (YRBS):** Every two years since 1993, the Department of Health's Division of Alcohol and Drug Abuse Programs and the Department of Education's Coordinated School Health Programs have sponsored the YRBS. The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease and injury among youth. The YRBS is part of a larger effort to help communities increase the resiliency of young people by reducing high-risk behaviors and promoting healthy behaviors.

**Vermont Adult Tobacco Survey (VT ATS):** The Vermont ATS is a population-based telephone survey used to help evaluate the effectiveness of the Vermont Tobacco Control Program's (VT TCP) efforts to reduce smoking and increase awareness and knowledge of smoking-related issues among Vermont adults. This evaluation tool is not part of a national survey and data should not be directly compared to that from other states. The results are weighted to represent the adult population of the state. The ATS was last conducted in 2016 and will next be conducted in 2022.

**Medicaid Medical Claims:** The Department of Vermont Health Access (DVHA), commonly referred to as Vermont Medicaid, maintains the Medicaid Management Information System (MMIS), which includes medical claims (institutional and professional), pharmacy claims, provider information and member information (recipient, procedure codes, revenue codes, ICD-10 diagnosis codes, ICD-10 surgical procedure codes, etc.) for care billed to Medicaid.

**Vermont Vital Statistics System (Vitals):** Monitors vital events, including deaths. Information on the cause of death is obtained from a physician and reported on the death certificate.

**Policy and Communication Evaluation Vermont (PACE VT):** Research and evaluation partnership between the Vermont Department of Health and the University of Vermont Center on Behavior & Health. The goal is to understand the impact of state-level policies and communication campaigns on substance use beliefs and behaviors in young Vermonters.



# Data Notes

**Confidence Intervals used for statistical comparisons:** A confidence interval, calculated based on the observed data, represents the range in which a parameter estimate could fall. For these analyses, we used a 95% confidence interval, meaning that we are 95% confident that the true value of the parameter being examined falls within the specified confidence interval. Statistical significance is assessed by comparing the confidence intervals of different groups. If the confidence intervals from two groups, such as that for the state and a specific county, do not overlap, we consider the estimates to be significantly different from one another.

**Age Adjustment:** Measures from BRFSS are adjusted for age only if they are Healthy Vermonters 2020 goals. Age adjustment groupings come from those determined by Healthy People 2020.

**Federal poverty level (FPL):** A federal measure calculated from both annual household income and family size. FPL is used to determine eligibility for government assistance programs. People living below 250% FPL, for example, are still considered low income, often lacking sufficient income to meet basic needs.

# Additional Information

**Data Pages prepared by:** Connor Zwonik, MS and Maria Roemhildt, PhD

**More 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>

**For more information:**

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