

Vermont Tobacco Control and Prevention State Plan Progress Report

September 2026

Background on the State Plan



The [Vermont Tobacco Control Plan 2023-2027](#) was developed as framework for action and sustainability by outlining Vermont priorities in reducing tobacco and nicotine use among Vermonters. The goals, strategies and performance targets reflect input from over 100 individual partners representing more than 50 organizations. The plan is designed to align initiatives and identify processes and benchmarks for closing gaps for populations harmed by tobacco. The goals in the plan include:

- **Increase coordination of evidence-based interventions for youth and young adult prevention, cessation and vaping**
- **Increase adult cessation of combustible and other tobacco products and integrate tobacco cessation into substance use treatment and coordinated prevention strategies**
- **Eliminate exposure to secondhand smoke and vaping emissions**
- **Increase sustainability to contribute to substance use prevention and recovery**

The Tobacco Control State Plan fits into the overarching Vermont [State Health Improvement Plan](#) by providing a framework to promote access to opportunities for health and well-being for all in Vermont by being tobacco and nicotine free. If you need help accessing or understanding this information, contact TobaccoVT@Vermont.gov.

About this Report

The goal of this report is to describe the progress made toward state plan goals by identifying areas within Vermont tobacco control and prevention where there have been improvements, areas where more work is needed, and priorities to move forward.

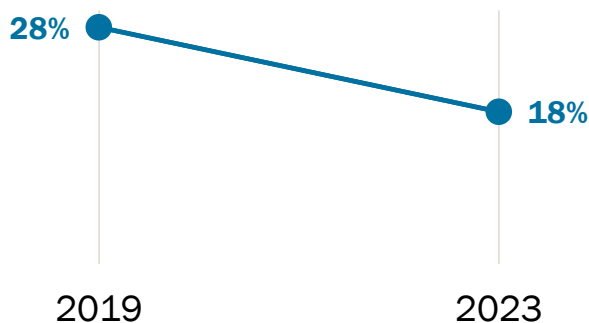
This report includes updated data on performance targets from the [2023 Vermont Youth Risk Behavior Survey](#), or YRBS, [2024 Vermont Young Adult Survey](#), [2024 Behavioral Risk Factor Surveillance System](#), or BRFSS, [2022 Vermont Adult Tobacco Survey](#), [Vermont Vital Statistics](#), [Vermont Cancer Registry](#) and [Vermont Pregnancy Risk Assessment Monitoring System](#). Additionally, to understand the experiences, context and perspectives of important partners, over 60 individuals, including representatives from state agencies, funded partners, community organizations, health providers and community members, were engaged in an all-day, in-person workshop, two virtual sessions and an online survey. The partner engagement included interactive data review to identify key areas of progress and need, along with strategy priorities to make change moving forward.

Where has progress been made?

Since the development of the state plan, improvements have been seen in several areas. Three key areas of success identified by partners as having made significant progress are highlighted below. A full list of performance measures and data sources with updates can be found in the appendix.

Use of tobacco and nicotine products has declined among youth, while perceived harm of vaping products has gone up.

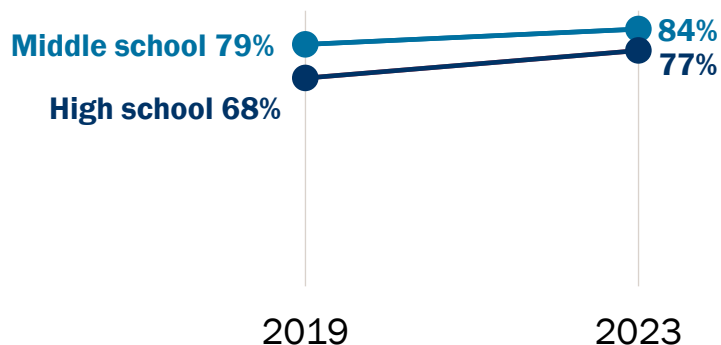
Past 30-day tobacco use among high school students



Source: Vermont YRBS

Among middle- and high-school students, past 30-day use of any tobacco products declined, with a notable decrease of ten percentage points in past 30-day use of any tobacco products among high school students. Additionally, ever-use of cigarettes and vaping products declined.

Perceptions that there is a moderate or great risk of harm vaping regularly

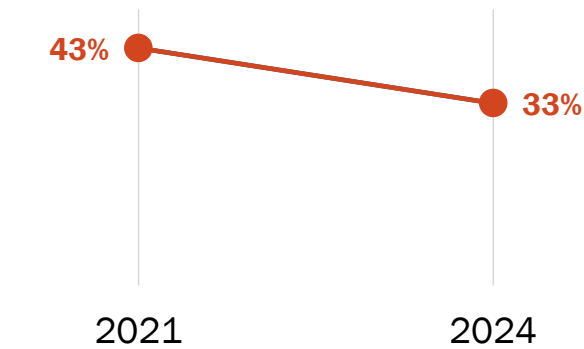


Source: Vermont YRBS

Along with changes in behavior, perceived harm of vaping products increased among both middle and school students, with 84% and 77% of students, respectively, reporting that they believe there is a moderate or great risk of harm from vaping regularly, an increase from 79% and 68%.

Cigarette smoking has decreased among certain populations, aligned with increased quit attempts among adults.

Current cigarette use among adults with COPD

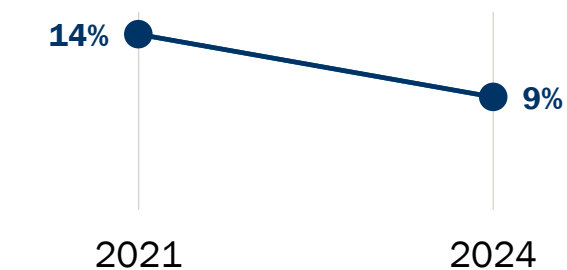


Source: Vermont BRFSS

The prevalence of current cigarette smoking among populations that have been harmed by tobacco use, including young adults, uninsured adults and adults with certain chronic diseases (chronic obstructive pulmonary disease (COPD), asthma, depression, cardiovascular disease and diabetes) all declined, including a decrease of ten percentage points among adults with COPD. Quit attempts also rose, with the percentage of adults who smoke cigarettes and made a quit attempt increasing from 45% to 52%.

The proportion of children in Vermont living with an adult who smokes has declined.

Children who live with an adult who smokes



Source: Vermont BRFSS

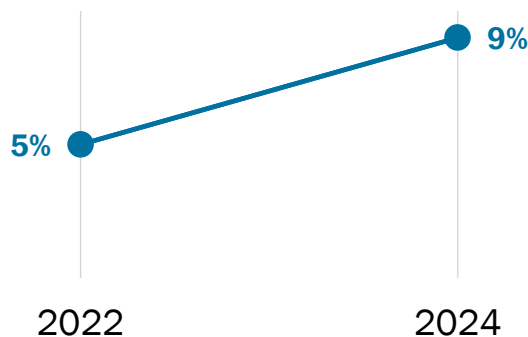
Childhood secondhand smoke exposure is linked to negative health effects, including through adulthood. The decrease in the prevalence of children who live with an adult who smokes in Vermont, from 14% to 9%, is meaningful progress toward reducing the likelihood of secondhand smoke exposure for children in Vermont.

Where is there still work to be done?

The progress made in tobacco control and prevention in Vermont is at risk from the areas where there is still work to be done. Several of these areas identified by partners and noted as most important to address are detailed below.

Young adult use of smokeless tobacco, including nicotine pouches, has almost doubled, while vaping product use has remained high.

Young adult use of smokeless products in the past 30 days



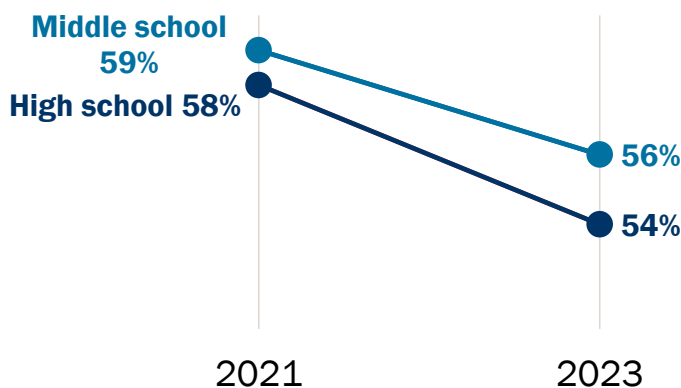
Source: Vermont Young Adult Survey

The use of smokeless tobacco, including nicotine pouches, significantly increased from 5% in 2022 to 9% in 2024. This finding in combination with data showing increased retail sales of nicotine pouches in Vermont suggests nicotine pouches may have contributed to the increase.¹ In contrast, the prevalence of young adult (18-25 years) past 30-day vaping has remained constant since 2022 at 27%. Together these findings reflect the growing popularity of nicotine pouches in

Vermont young adults while there is continued use of vaping as well.

Among middle and high school youth, there was a decrease in student connectedness, which influences substance use.

Students who believe they matter to their community

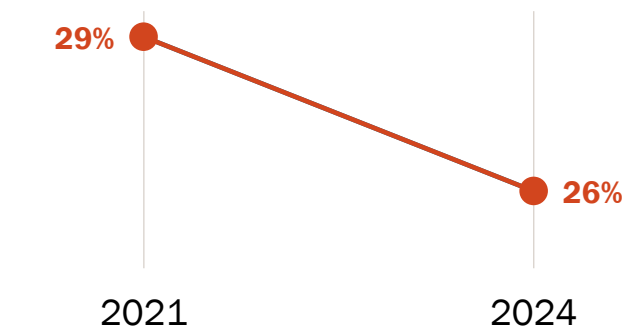


Source: Vermont YRBS

Protective factors for youth, like when young people feel connected at school and in their community, decrease the likelihood of engaging in substance use behaviors, including tobacco and nicotine use.² Among both middle school (59% to 56%) and high school students (58% to 54%), perceptions of mattering in communities declined.

Use of tobacco and nicotine products remains high among populations that have been harmed by tobacco use, like pregnant and Medicaid-insured adults.

Current cigarette use among Medicaid-insured adults



Source: Vermont BRFSS

While the cigarette smoking prevalence has declined slightly to 26% since 2021 among adults with Medicaid insurance, the prevalence is still over twice as high as the Vermont average of 11%. Pregnancy is another population that has been harmed by tobacco use, and the vaping prevalence in the three months prior to pregnancy increased from 8% in 2020 to 10% in 2023, indicating higher risks of negative health effects during and after pregnancy.

What is needed to strengthen tobacco control and prevention moving forward?

After reviewing the data showing where the state had made progress and where there is still room for improvement, key partners in tobacco control and prevention in Vermont shared their perspectives on the priorities for action to make change. These included focusing on the following:

- Prevention
- Culture change
- Treatment support
- Youth empowerment
- Community engagement
- Policy, systems and environmental change approaches
- Increased coordination and collaboration among partners

The sections that follow include the specific strategies that the partners shared by state plan goal area.

Increase coordination of evidence-based interventions for youth and young adult prevention, cessation and vaping

1. **Increase prevention education and awareness**, including utilizing in-school and out-of-school settings to reach youth. This also includes education for parents and communities to increase awareness and understanding about the harms of tobacco and nicotine products and the availability of treatment.
2. **Utilize peer, trusted adult and community support**, which could include engaging youth to educate, promote treatment to their peers and challenge social norms. Norms to be addressed include those regarding perceptions about peers' behaviors, perceived importance of their peers' attitudes toward tobacco and nicotine and norms around broader public disapproval of tobacco and nicotine use.
3. **Focus on positive youth development**, including teaching self-regulation and coping skills along with incorporating prevention into existing programming for youth.
4. **Strengthen social norms and messaging**, such as normalizing not using tobacco and nicotine products through counter marketing and peer-to-peer communication and using messages and campaigns that focus on the benefits of not using tobacco and nicotine.
5. **Advance youth protection through policy**, including legislation that protects youth and other populations that have been harmed by tobacco use. Examples of such policies include those that address the widespread availability of flavored products, banning price promotions, restricting discounting practices, assessing nicotine caps and reducing punitive approaches for youth.

Increase adult cessation of combustible and other tobacco products and integrate tobacco cessation into substance use treatment and into coordinated prevention strategies.

1. **Expand treatment access**, including increased availability of nicotine replacement therapy, such as increased availability at physical locations and increased promotion of NRT and counseling through 802Quits. Another strategy involves increasing the availability of tobacco treatment specialists to assist healthcare providers and health systems in tobacco treatment and who can seek reimbursement for counseling.
2. **Provide recovery-oriented and non-punitive support to aid cessation**, such as long-term quit maintenance support and individualized treatment approaches.
3. **Employ peer and community support through creating networks**, including mentorship from those who have successfully undergone treatment and support groups.
4. **Integrate with substance use initiatives**, including coordinating care for tobacco and nicotine treatment with other substance use treatment.

5. **Increase education and communication**, such as tailored messaging based on different community needs, including specific messages for rural areas or those with different chronic diseases, and education about the harms and costs of using tobacco and nicotine products.

Eliminate exposure to secondhand smoke and vaping emissions.

1. **Promote and increase smoke- and vape-free environments**, including public spaces and housing.
2. **Emphasize policy and enforcement**, by balancing enforcement of regulations with non-stigmatizing approaches, such as focusing on the public health impacts.
3. **Increase education and awareness**, including to parents about vaping emission harms, and increase public signage and mass-media campaigns.
4. **Change social norms**, by re-establishing norms around smoke and vape-free spaces, including responding to changing cannabis use norms, and promoting shared responsibility in public settings. These measures also send a message to children and youth that tobacco and nicotine use is not acceptable behavior in the community.

Increase sustainability to contribute to substance use prevention and successful recovery.

1. **Increase responsiveness in data and evaluation**, including increased communication about the timeline of data collection and rapid identification of issues and sharing successful strategies across the state.
2. **Coordinate and integrate systems**, including cross-agency collaboration and funding alignment to reduce silos.
3. **Put emphasis on community inclusion**, such as incorporating multiple voices and perspectives in decision-making by identifying those who are both directly and indirectly affected by the decision and increased involvement of populations that have been harmed by tobacco use
4. **Ensure sustainable infrastructure and funding**, by focusing on long-term funding sustainability, diversifying funding and making strategic funding decisions, like directing resources toward narrowing disparities in tobacco and nicotine use.
5. **Focus on systems and narrative change**, including system-level approaches and changing the public narrative around nicotine.

Next Steps

Based on the identified strategies needed to continue to make progress in reducing the burden of tobacco and nicotine product use in Vermont, the next steps could include prioritization, operationalization of strategies and continued discussions for collaboration.

Prioritize Strategies

When resources and capacity are limited, it is crucial to prioritize the strategies noted by partners in the feedback sessions through a community and partner-engaged prioritization process. One option for this process would be to prioritize strategies based on impact and feasibility combined with an assessment and mapping of current activities that align with the strategies prioritized.

Operationalize Strategies

To effectively implement prioritized strategies, there must be further work done to turn the strategies into concrete actions. Some guiding questions for operationalizing the strategies are as follows:

1. Who are the key players already working on this strategy? Who else would need to be involved?
2. What resources (human, financial and other resources) exist around this strategy?
3. What types of activities solve the key problems for this strategy?
4. Who will be responsible for implementing the activity?
5. What is the timeframe for implementing?
6. How will we know it is working?

Continued Discussions for Collaboration

In addition to prioritizing and operationalizing strategies to reduce tobacco and nicotine use in Vermont, conversations like those held during the feedback sessions described in this report should be continuous. Alignment and collaboration across diverse partners in tobacco control and prevention work are fundamental to moving the work forward in a sustainable manner. An additional recommendation is to further incorporate those affected by tobacco and nicotine use into such conversations. These discussions will set the foundation and provide guidance for future strategic planning efforts.

Appendix: State Plan Performance Target Progress

Goal Area: Increase Coordination of Evidence-Based Interventions for Youth and Young Adult Prevention, Cessation and Vaping	Baseline	Goal	Update	Met Goal?
YRBS Performance Targets: Middle school grades 6-8, 2019 baseline, 2023 update				
Reduce the percent of youth who used any tobacco product (cigarettes, cigars, smokeless tobacco or vaping product) in the past 30 days (data point also in Vermont Healthy People 2030)	9%	7%	7%	
Reduce lifetime flavored tobacco use among middle school youth	8%	6%	6%	
Reduce lifetime flavored tobacco use among LGBTQ+ youth	16%	14%	9%	
Reduce lifetime flavored tobacco use among Black, Indigenous and people of color	11%	9%	8%	
YRBS Performance Targets: High school grades 9-12, 2019 baseline, unless otherwise noted, 2023 update				
Reduce the percent of youth who used any tobacco product (cigarettes, cigars, smokeless tobacco or vaping product) in the past 30 days	28%	25%	18%	
Reduce the percent of youth who ever tried a cigarette, even one or two puffs	22%	19%	18%	
Reduce the percent of youth who ever tried a vaping product	50%	45%	32%	
Reduce the percent of vaping product use among youth	26%	23%	16%	
Reduce youth cigarette smoking prevalence (past 30 days use)	7%	5%	6%	
Increase the percent of youth who used any tobacco product in past year and made a quit attempt	44%	50%	48%	
Reduce the percent of current vaping product users who used a flavored product in past 30 days (this item added to the YRBS in 2023)	n/a	n/a	91%	n/a
Reduce the percent of youth who are LGBTQ+ and who used any tobacco product (cigarettes, cigars, smokeless tobacco or vaping product) in the past 30 days	33%	28%	20%	
Reduce the percent of students identifying as Black, Indigenous or a person of color who smoke on 20 or more days	47%	40%	40%	

Young Adult Survey Performance Targets: Ages 18-25, 2022 baseline, 2024 update				
Reduce the use of cigarettes	17%	15%	14%	✓
Reduce the use of cigars, cigarillos or little cigars	4%	2%	5%	✗
Reduce the use of chewing tobacco, snuff, dip, snus, nicotine pouches or dissolvable tobacco products	5%	3%	9%	✗
Reduce the use of vaping products containing nicotine	27%	20%	27%	✗
Reduce the use of vaping products containing nicotine (18-20 only)	27%	20%	25%	✗
BRFSS Performance Targets: Ages 18+, baseline 2021, update 2024				
Reduce the percent of adults who currently smoke and started smoking before age 18	70%	60%	57%	✓
Goal Area: Increase Adult Cessation of Combustible and Other Tobacco Products and Integrate Tobacco Cessation into Substance Use Treatment and Into Coordinated Prevention Strategies	Baseline	Goal	Update	Met Goal?
BRFSS Performance Targets: 2021 baseline, update 2024				
Reduce adult use of any tobacco product (cigarette smoking, smokeless tobacco, vaping product)	19%	18%	16%	n/a*
Reduce adult cigarette smoking prevalence	15%	12%	11%	n/a*
Increase the percent of adults who currently smoke who have made a quit attempt	45%	55%	52%	n/a*
Reduce cigarette smoking prevalence among adults ages 25-34	25%	15%	12%	n/a*
Reduce cigarette smoking prevalence among adults who are uninsured	31%	32%	24%	n/a*
Reduce cigarette smoking prevalence among adults who are Medicaid members	29%	23%	26%	n/a*
Reduce the adult current vaping product use prevalence	5%	3%	6%	n/a*
Vermont Vital Statistics Performance Targets: 2021 baseline, 2024 update				
Reduce cigarette smoking prevalence during pregnancy	9%	8%	6%	✓
Vermont Pregnancy Risk Assessment Monitoring System Performance Targets: 2020 baseline, 2023 update				
Reduce vaping during the first three months prior to pregnancy from 8% to 7%	8%	7%	10%	✗

Goal Area: Eliminate Exposure to Secondhand Smoke And Vaping Emissions	Baseline	Goal	Update	Met Goal?
Adult Tobacco Survey Performance Targets: 2016 baseline, 2022 update				
Reduce exposure to secondhand smoke for adults who do not currently smoke	41%	40%	36%	n/a†
Increase the proportion of voluntary tobacco-free home policies for adults who do currently smoke	66%	n/a	64%	n/a†
Increase the proportion of adults who think secondhand smoke is very harmful among adults who do not currently smoke	57%	65%	68%	n/a†
Increase the proportion of adults that think vaping emissions are harmful	n/a	n/a	45%	n/a†
BRFSS Performance Targets: 2021 baseline, 2024 update				
Reduce the percent of children in Vermont who live with adult who smokes	14%	n/a	9%	n/a†
Reduce the percent of children in Vermont who live with adult who uses e-cigarettes	4%	n/a	5%	n/a†
Goal Area: Increase Sustainability Of Substance Use Prevention And Recovery Efforts	Baseline	Goal	Update	Met Goal?
YRBS Performance Targets: 2019 baseline, 2023 update				
Increase the percent of high school students who perceive there is a moderate or great risk of harm using vaping products regularly	68%	75%	77%	✓
Increase the percent of middle school students who perceive there is a moderate or great risk of harm using vaping products regularly	79%	85%	84%	✗
Increase the percent of high school students who believe they matter to their community	58%	65%	54%	✗
Increase the percent of middle school students who believe they matter to their community	59%	68%	56%	✗
BRFSS Performance Targets: 2021 baseline, 2024 update				
Reduce smoking prevalence among adults who have depression	21%	20%	14%	n/a*
Reduce smoking prevalence among adults who have asthma	22%	20%	12%	n/a*
Reduce smoking prevalence among adults who have COPD	43%	50%	33%	n/a*
Reduce smoking prevalence among adults who have cardiovascular disease	21%	28%	15%	n/a*
Reduce smoking prevalence among adults who have diabetes	15%	21%	10%	n/a*

Vermont Cancer Registry Performance Targets: 2014-2018 baseline, 2018-2022 update				
Reduce incidence rate of tobacco-associated cancers (per 100,000 persons)	182	173	176	✕
Data notes: *Performance targets using BRFSS data do not include progress toward a goal because goals in the state plan were calculated using age-adjusted data and the most recent 2024 data and re-calculation of baseline data do not use age-adjusted data. †Performance targets using ATS data do not include progress toward a goal because goals in the state plan were calculated using age-adjusted data and the most recent 2022 data and re-calculation of baseline data do not use age-adjusted data. ‡Performance targets were not included in the original state plan list of measures but were added due to relevance.				

References

1. Vermont Department of Health (2024). Tobacco Product Sales in Vermont 2022 – 2023. <https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-vt-tobacco-sales-brief.pdf>
2. Weatherson, K. A., O'Neill, M., Lau, E. Y., Qian, W., Leatherdale, S. T., & Faulkner, G. E. J. (2018). The Protective Effects of School Connectedness on Substance Use and Physical Activity. The Journal of adolescent health: official publication of the Society for Adolescent Medicine, 63(6), 724–731. <https://doi.org/10.1016/j.jadohealth.2018.07.002>

Prepared by Professional Data Analysts on behalf of and in partnership with the Vermont Department of Health.