Vermont Tobacco Control Program, Our Voices Exposed Youth State House Rally 2025. Photo credit: Dana Ward Photography

Tobacco Use in Vermont

Data Pages

Division of Health Statistics and Informatics

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VERMONT
DEPARTMENT OF HEALTH

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Introduction

This document contains the latest annual surveillance data on tobacco use among adults and youth in Vermont. It is designed as a quick reference for the most important data and is intended to provide information in a format for presentations or other reports. 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:

- 2023 Behavioral Risk Factor Surveillance System (BRFSS)
- 2023 Youth Risk Behavior Survey (YRBS)
- 2023 Vermont Vital Statistics System (Vitals)
- 2023 Medicaid Medical Claims
- 2022 Vermont Pregnancy Risk Assessment Monitoring System (PRAMS)
- 2022 Adult Tobacco Survey (ATS)

Not all information is available in every year, so there may be gaps or different years of data used for certain content. Information on data sources can be found on pages 113-114 of this document.

How to Read This Document

Data Acknowledgement

The Vermont Department of Health recognizes the many social, economic and environmental inequities which drive the data in this document. We are working to incorporate data reflective of these lived experiences among all Vermonters.

For this document, demographic and population characteristic data (i.e., race and ethnicity, sexual orientation and gender identity, disability status, etc.) were collected according to categories from various data owners with different data collection methods. These categories reported are defined on pages 6-7. You may also visit pages 113-114 in the appendix of this document for more information on data sources.

Tobacco Use

When tobacco is referenced in these slides, it is referring to commercial, for-profit tobacco that is produced for habitual use and not the sacred and traditional tobacco that may be used for ceremonial or medicinal purposes by indigenous communities.

Healthy Vermonters 2030 (HV2030)

When this symbol is seen, a HV2030 measure related to tobacco use is reported on the page. For more information on HV2030, visit: http://www.HealthVermont.gov/HV2030

How to Read This Document

Statistical Comparisons

A confidence interval, calculated based on observed data, represents the range in which an estimated data point could fall. For analyses in this document, we used a 95% confidence interval, meaning that we are 95% confident that the true value of the data point being examined falls within the specified confidence interval range. Statistical significance in this document 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. A 95% confidence interval can vary due to the size of a particular population. Sometimes, when comparing the data points of two or more groups, the overall data points may look very different, but the values are not statistically different. Other times, the values may be very close but differ statistically.

Statistical difference is noted throughout this document by an asterisk (*) or the terms “statistically different,” “significantly different,” or “significantly higher or lower.” The term “similar” is used in this document to indicate when no statistical difference was found.

Statistics aside, you should also consider meaningful differences, such as whether the disparity merits a targeted intervention or means something important to the community.

Definitions

Adult Measures

Currently Smokes Cigarettes	Smoked at least 100 cigarettes in life and now smokes every or some days.
Formerly Smoked Cigarettes	Smoked at least 100 cigarettes in life but does not currently smoke cigarettes.
Currently Uses E-Cigarettes	Used electronic cigarettes (e-cigarettes) or other electronic vaping products (EVP) in their lifetime and currently uses e-cigarettes every or some days. E-cigarettes and other EVPs include electronic hookahs (e-hookahs), vape pens, e-cigars, and others. These products are battery powered and usually contain nicotine and flavors such as fruit, mint or candy.
Currently Uses Smokeless Tobacco	Currently use smokeless tobacco, which includes products such as chewing tobacco, snuff and snus, every or some days.
Quit Attempt	Made at least one attempt to quit smoking cigarettes in the last 12 months.
Sexual Orientation/Gender Identity	LGBTQ+: Any adult self-reporting as lesbian, gay, bisexual, other sexual orientation and transgender. HetCis: Any adult self-reporting as straight (heterosexual) and not transgender (cisgender).
Race/Ethnicity	White, Non-Hispanic (WnH): Self-reported race of white with an ethnicity of not Hispanic. BIPOC: Self-reported race of black, Indigenous or person of color.
Disability	A composite measure of any self-reported disability (mobility, cognitive, visual, hearing, self-care, independent living) of any duration or permanence.
Rural/Urban	Using Rural Urban Continuum Codes (RUCC) classification, urban Vermont counties are those defined as metro counties by RUCC (Grand Isle, Chittenden and Franklin counties) and rural Vermont counties are those not defined as metro counties by RUCC (all other counties).

High School Student Measures

Currently Smokes Cigarettes	Smoked at least one cigarette during the past 30 days.

Definitions, continued

High School Student Measures, continued

Currently Uses EVPs	Used an electronic vapor product (EVP), such as JUUL, Vuse, NJOY, Puff Bar, blu, or Bidi Stick during the past 30 days. EVPs include e-cigarettes, vapes, mods, e-cigs, e-hookahs or vape pens.
Currently Uses Smokeless Tobacco	Used chewing tobacco, snuff, dip, snus, or dissolvable tobacco products, such as Copenhagen, Grizzly, Skoal, Camel Snus, or Velo Nicotine Lozenges during the past 30 days.
Currently Uses Cigars, Little Cigars or Cigarillos	Smoked cigars, cigarillos, or little cigars, such as Swisher Sweets, Middleton's (including Black & Mild), or Backwoods during the past 30 days.
Quit Attempt	Tried to quit using all tobacco products in last 12 months.
Sexual Orientation/ Gender Identity	LGBTQ+: Students who answered say that they (1) are transgender or are not sure if they are transgender or (2) describe themselves as lesbian, gay, bisexual, questioning, or some other way. HetCis: Students who answered say that they (1) are not transgender (cisgender) and (2) describe themselves as straight (heterosexual).
Race/Ethnicity	BIPOC: Students who answered were (1) Hispanic or Latino or (2) American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander. White, non-Hispanic (WnH): Students who answered are (1) not Hispanic or Latino and (2) they are white.
Disability	Long-term health problem that keeps a student from doing everyday activities such as bathing, getting dressed, doing schoolwork, playing sports or being with friends.
IEP or 504 Plan	Individualized Education Plan or supports and services for students with disabilities.
Subjective Social Status	This is a proxy measure for socioeconomic status. It asks students to compare their family to others in American society by imagining a ladder. At the top of the ladder are people who are the best off – they have the most money, highest amount of schooling, and jobs that bring the most money. At the bottom of the ladder are people who are the worst off – they have the least money, little or no education, no job or jobs that no one wants or respects.

Types of Commercial Tobacco Products

Cigarettes
Cigarettes are made up of tobacco, chemical additives, a filter and paper wrapping that are burned and inhaled.

Cigars, little cigars and cigarillos
A cigar is a roll of tobacco wrapped in leaf tobacco or a substance that contains tobacco and is burned and inhaled. Cigars vary in size, from smaller cigars (cigarillos) to larger ones, such as premium cigars.

E-cigarettes, electronic vapor products (EVPs) or electronic nicotine products (ENDs)
These use an “e-liquid” usually containing nicotine derived from tobacco, in addition to flavorings and other ingredients, which is then heated to create an aerosol that is inhaled.

Smokeless tobacco
Smokeless tobacco, including chewing tobacco, dry snuff, moist snuff and snus and some dissolvable tobacco products, involves placing the product between the gum and cheek or lip.

Pipe tobacco
Pipe tobacco is generally loose-leaf tobacco burned in a traditional smoking pipe with a bowl and inhaled.

Nicotine pouches
These are small fiber pouches containing nicotine in the form of either nicotine powder or nicotine salts either chemically synthesized or extracted from tobacco leaf, which are typically placed between the gum and lip.

Heated tobacco products
Sometimes called “heat-not-burn,” these are electronic devices that heat tobacco-filled sticks wrapped in paper to generate a nicotine-containing aerosol that is inhaled.

Hookah
Hookah tobacco, which typically contains a mixture of tobacco, sweeteners and flavoring, produces smoke that is inhaled when a hookah device is heated.

For more information on these or others not listed: https://www.fda.gov/tobacco-products/products-ingredients-components/other-tobacco-products

Source: Products, Ingredients & Components | FDA

Vermont Tobacco Control Program

Tobacco use is a leading cause of preventable death.[1] In fact, the use of tobacco contributes to four of the top five causes of death in Vermont.[1,2] The Vermont Tobacco Control Program (TCP) implements best practices to create change at the individual, community and policy levels to prevent people from using tobacco and nicotine products, provide effective treatment to those looking to reduce their use or quit, and ultimately, shift society's perception of tobacco and nicotine use.

Specifically, the Vermont TCP's goals are to:

- Prevent youth and young adults from starting to use tobacco
- Decrease tobacco use in adults and youth
- Reduce exposure to secondhand smoke and vape emissions
- Discourage use of other tobacco products such as nicotine pouches, heat-not-burn devices and synthetic tobacco

Source: [1]U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014; [2]Vermont Tobacco Control Program (2023) State Plan 2023 – 2027. https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-state-tobacco-control-plan-2023-2027.pdf

Vermont Tobacco Control Program Priorities

Vermont has made great progress in reducing youth and adult tobacco use rates and curbing the negative impacts of tobacco and nicotine use. However, as national and state data show, disparities in tobacco use continue. Unequal social conditions lead to disproportionate use, exposure and health problems. For example, the tobacco industry uses high-pressure marketing tactics to target certain groups of people. External factors like discrimination, financial strain or predatory marketing may push people towards risk behaviors, such as tobacco use. Some people experience barriers to health care, resulting in inequitable access to treatments for nicotine dependence.

The Department of Health and its tobacco program take steps to identify and, with partners, reach and support individuals being disproportionately impacted by social, environmental and economic factors, including:

- Adults with mental health and substance misuse disorders
- Indigenous Peoples
- LGBTQ+ individuals
- Low-income Vermonters
- Medicaid-insured and uninsured adults
- Pregnant Vermonters
- Those with disabilities

Executive Summary: Tobacco Use Among Adults in Vermont

- **Eleven percent of Vermont adults smoke cigarettes**, which is a decrease from 16% in 2014 and statistically similar to the U.S. rate (11%). Sixty percent of adults in Vermont who smoke started smoking before age 18, and **a third show evidence of significant addiction**, smoking at least a pack a day of cigarettes.
- **Five percent of Vermont adults use e-cigarettes**, which is statistically similar to the rate in 2016 and lower than the U.S. overall rate among adults (7%).
- **Smoking rates have decreased among populations who have historically had higher rates of use**. The smoking rate among Black, Indigenous and people of color (BIPOC), LGBTQ+ adults, and those 18-44 decreased in the last decade.
- **Fewer Vermonters are smoking during pregnancy.** The rate of smoking during pregnancy decreased from 16% in 2016 to 7% in 2023. However, it remains more than two times the U.S. rate of 3%.
- **Other disparities continue to exist in cigarette smoking and e-cigarette use.** Adults with disabilities, living in a rural county, with less than a high school education, with lower household income, who do not own their home, and are insured by Medicaid or are uninsured **smoke** at the highest rates. Adults who are younger, who are LGBTQ+, live with disabilities, have some college or less, do not own their home, and are insured by Medicaid or are uninsured **use e-cigarettes** at the highest rates.
- Adults who **smoke cigarettes** are more likely to live **with chronic health conditions** compared to those who do not smoke.
- Adults who **smoke and use e-cigarettes** are more likely to **have mental health challenges, binge drink and use cannabis.**
- **Fewer adults who smoke are making quit attempts compared to 10 years ago** (47% in 2023 compared to 60% in 2014).

Executive Summary: Tobacco Use Among High School Students in Vermont

- **Six percent of Vermont high school students smoke cigarettes**, a decrease from 13% in 2013.
- **Sixteen percent of high school students use electronic vapor products (EVPs)**, a decline from the peak of 26% in 2019 but statistically similar to the rate in 2015.
- **The current smoking rate for high school students in Vermont is higher than the overall U.S. rate** (4%), whereas the EVP use rate in Vermont is statistically similar to the U.S. rate (17%).
- **Disparities exist in EVP and cigarette use among students in Vermont.** Students who are male, older, LGBTQ+, BIPOC, have a disability, and students with an IEP or 504 Plan smoke at higher rates. Students who are female, older, LGBTQ+, have a disability, and students with an IEP or 504 Plan use EVPs at higher rates. Students who believe their family's social status is worse than other families, are experiencing food insecurity or are experiencing unstable housing also have higher rates of smoking and EVP use.
- **The amount that students are smoking is increasing.** Nineteen percent of students smoke at least half a pack of cigarettes when smoking, an increase from 13% in 2019.
- **Students are using EVPs more frequently.** Among students who use EVPs, 37% use EVPs every day, an increase from 31% in 2019.
- **Students who smoke and students who use EVPs are more likely to have mental health challenges, binge drink and use cannabis** compared to those who do not use those products. Among students who currently use any tobacco, 40% currently use two or more types of tobacco products.
- **More students are trying to quit tobacco.** Among students who use any tobacco, 48% report trying to quit using all tobacco products in the past year, an increase from 33% in 2017.

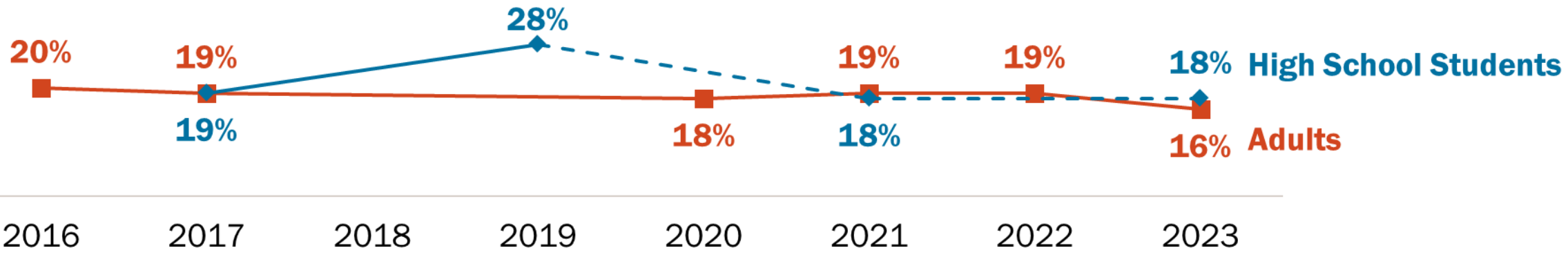
Tobacco Use Among Adults and Youth

Overview

In Vermont, 16% of adults and 18% of high school students use any tobacco products.

- The percent of adults currently using any tobacco is similar to 2020, but significantly lower than other prior years.
- The percent of high school students currently using any tobacco is significantly lower than in 2017. There is no statistical difference between 2021 and 2023.
- The tobacco use rate among adults in 2023 (16%) is above the HV2030 target of 15%. The tobacco use rate among high school students in 2023 (18%) is above the HV2030 target of 17%.

Any Tobacco Use Among Vermont Adults and High School Students

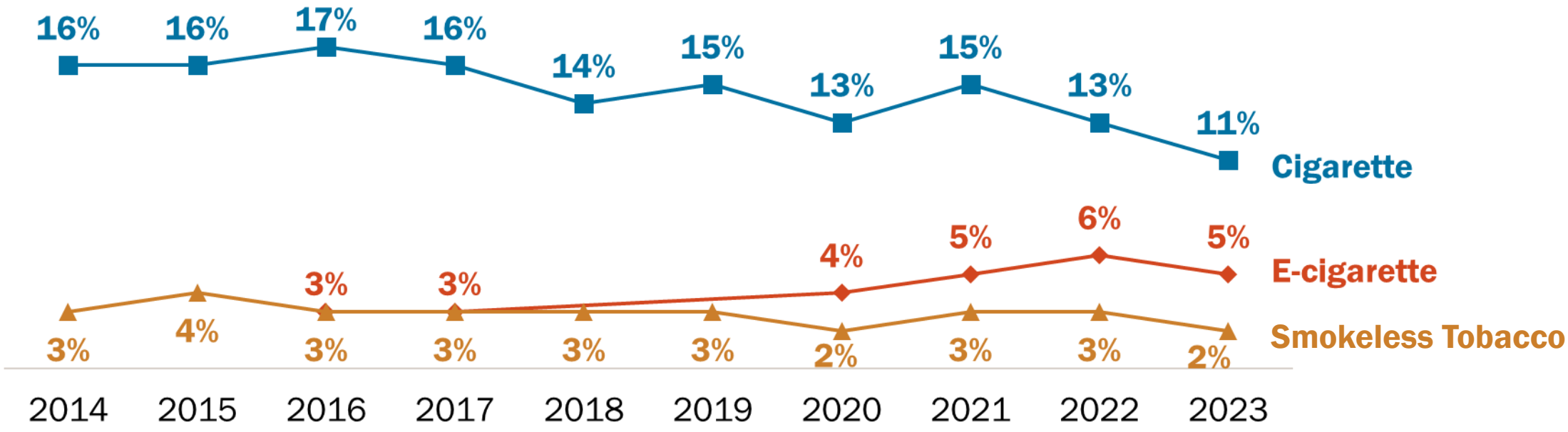


Note: Adult any tobacco use includes current use of cigarettes, e-cigarettes or smokeless tobacco; High school any tobacco use includes current use of cigarettes, e-cigarettes, smokeless tobacco or cigars.
Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
Source: VT BRFSS & YRBS, 2016 – 2023

Cigarettes remain the most common tobacco product used among Vermont adults.

- Cigarette smoking, e-cigarette use and smokeless tobacco use in 2023 is statistically similar to 2022. E-cigarette use is also statistically similar to 2016. Cigarette smoking and smokeless tobacco use is significantly lower than in 2014.

Current Tobacco Use Prevalence Among Vermont Adults by Product Type

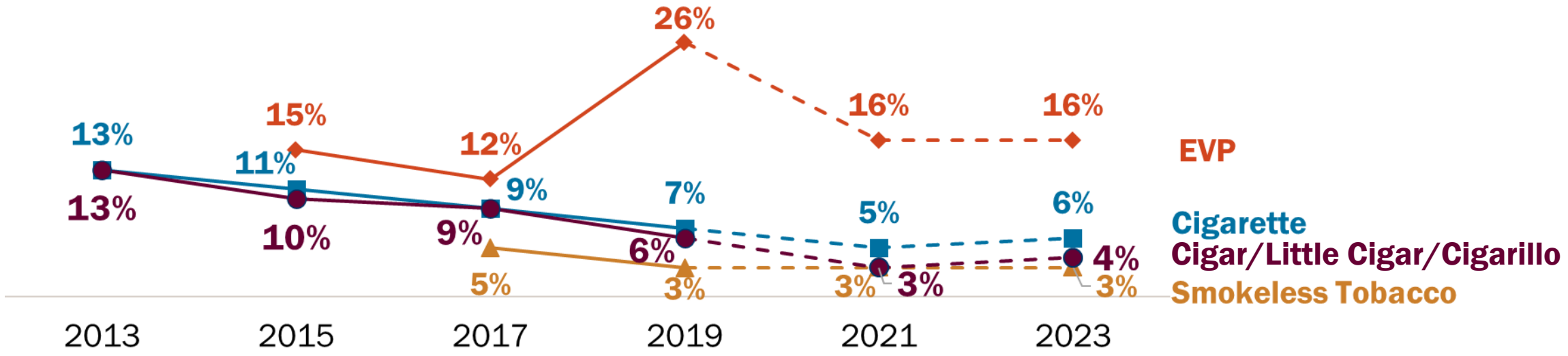


Source: VT BRFSS, 2014 - 2023

Electronic vapor products (EVPs) remain the most common tobacco product used among Vermont high school students.

- EVP use and smokeless tobacco use in 2023 is statistically similar to 2021. EVP use is also statistically similar to 2015. Smokeless tobacco use has statistically decreased since 2017.
- While cigarette use trended upward slightly from 5% in 2021, the current prevalence (6%) is statistically similar. The current use of cigars, little cigars or cigarillos has statistically increased since 2021. However, compared to 2013, use of those products has statistically decreased.

Current Tobacco Use Prevalence Among Vermont High School Students by Product Type



Note: Caution should be used when interpreting and comparing the YRBS 2021 results to other years.

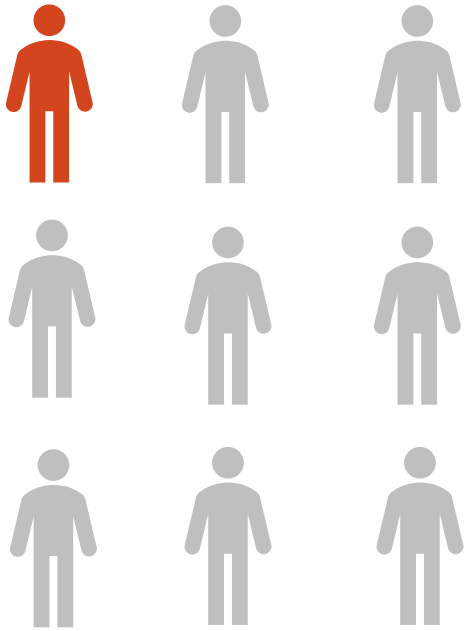
Source: VT YRBS, 2013 - 2023

Tobacco Use Among Youth and Adults

Cigarette Smoking

How many people smoke cigarettes in Vermont?

1 in 9 adults (≈ 56,000 Vermonters) currently smoke.



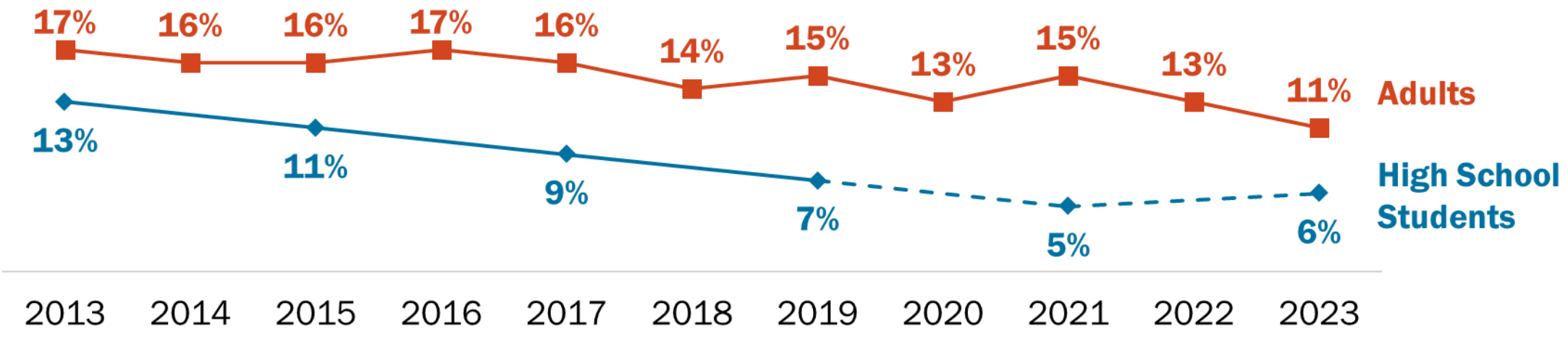
1 in 17 high school students (≈ 1,400 Vermonters) currently smoke.

Source: VT BRFSS & YRBS, 2023

Fewer Vermont adults and youth currently smoke cigarettes compared to a decade ago.

- The percent of adults smoking cigarettes decreased significantly from 2013 to 2023. There is no significant change between 2022 and 2023.
- The percent of high school students who currently smoke cigarettes has seen a more than 50% relative decrease in the past decade, from 13% in 2013 to 6% in 2023. There is no significant difference between 2021 and 2023.

Prevalence of Current Smoking in Vermont Among Adults and High School Students

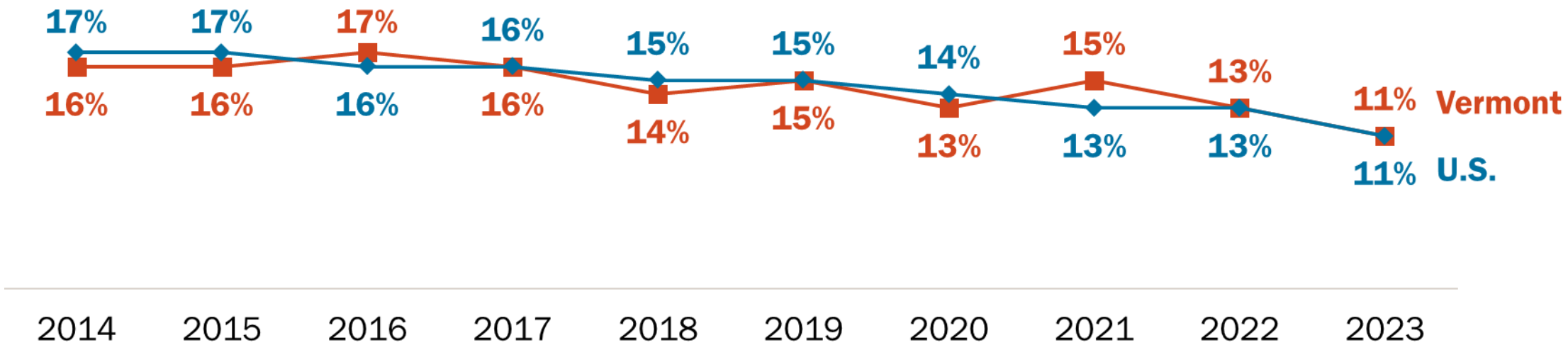


Note: Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
Source: VT BRFSS & YRBS, 2013 - 2023

Vermont adults currently smoke cigarettes at a rate similar to U.S. adults overall.

- The current percent of Vermont adults smoking cigarettes (11%) is statistically similar to the U.S. rate.
- Since 2014, the Vermont adult smoking rate has been statistically similar to the U.S. rate, except for in 2018 when the Vermont rate (14%) was significantly lower than the U.S. rate (15%).

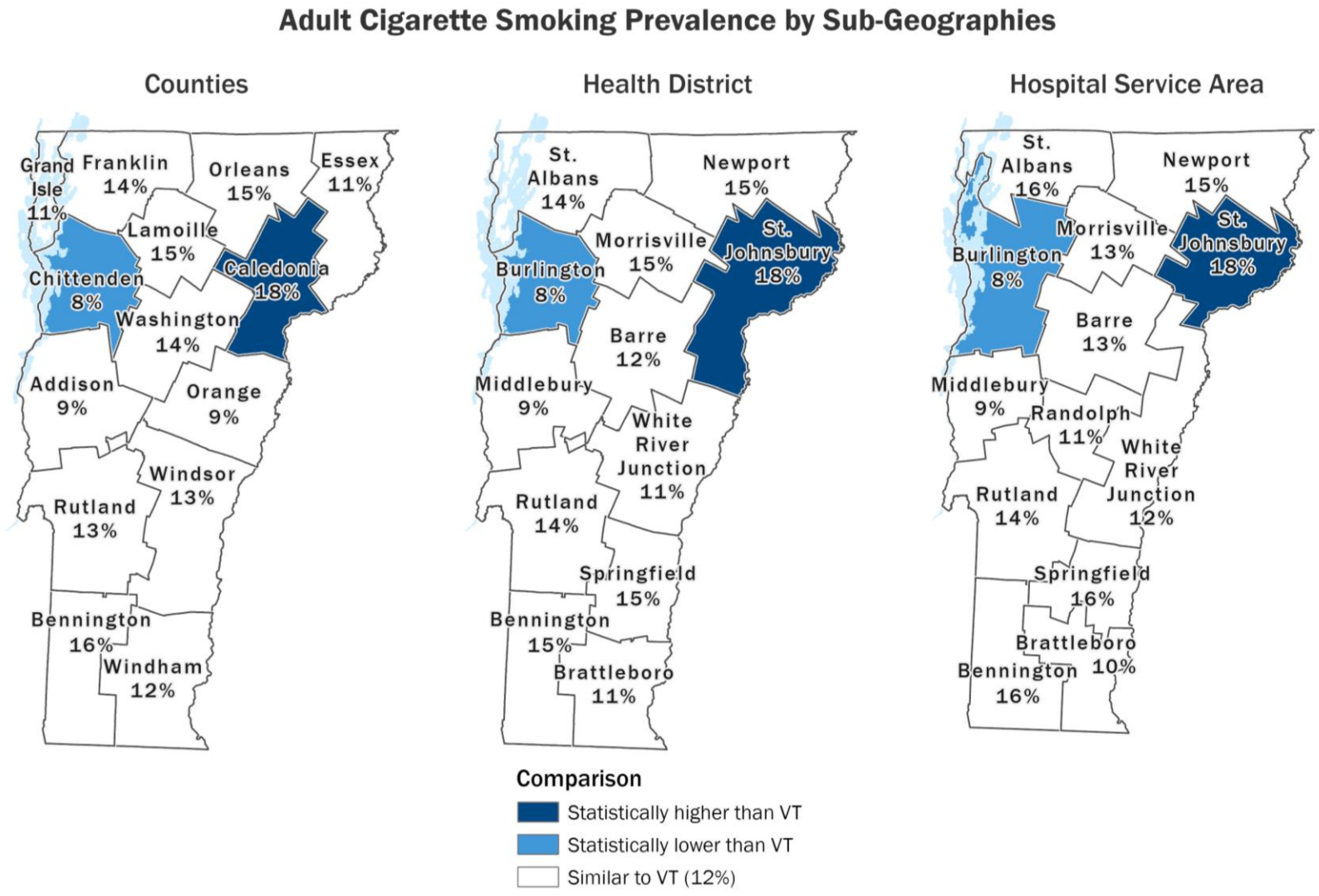
Prevalence of Current Cigarette Smoking in Vermont and U.S. Among Adults



Source: VT & U.S. BRFSS, 2014 - 2023

Adults in Caledonia County and the St. Johnsbury Health District/Hospital Service Area smoke at the highest rate.

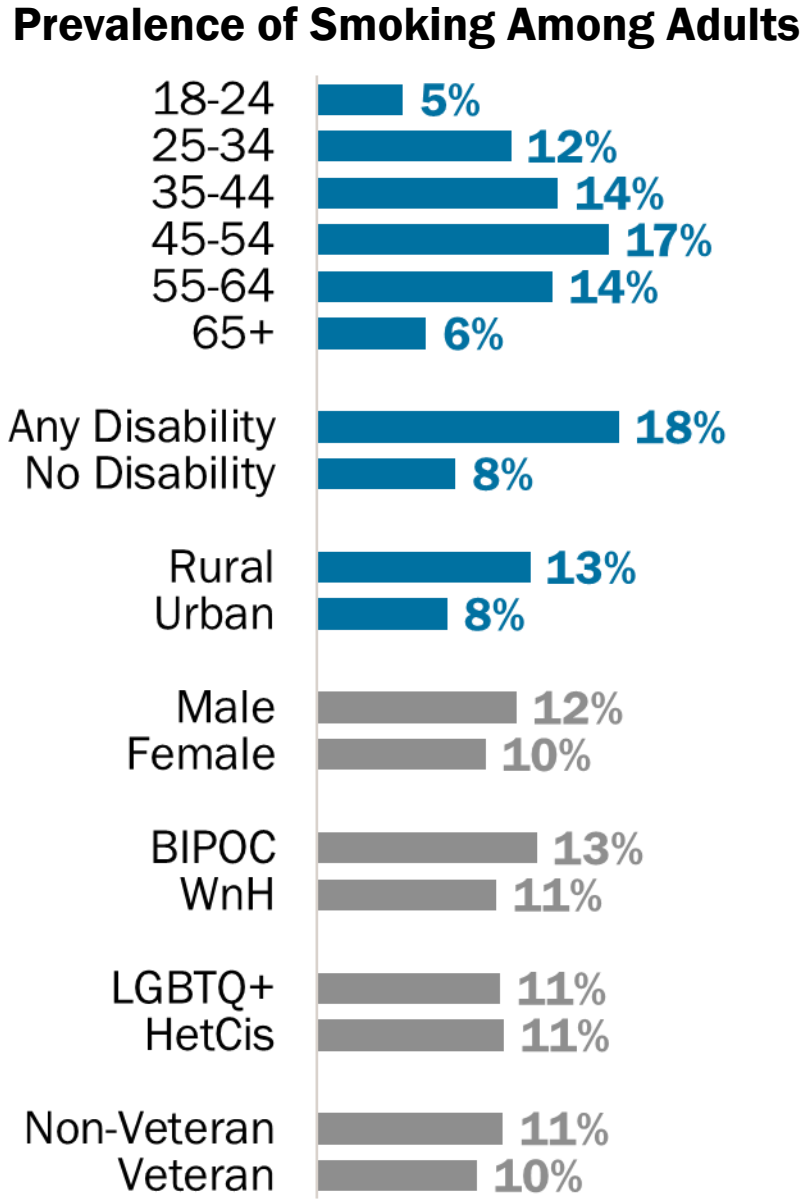
- Smoking rates for Chittenden County (8%), Burlington Health District (8%) and Burlington Hospital Service Area (8%) are significantly lower than the overall state rate (12%).
- Smoking rates for Caledonia County (18%), as well as the St. Johnsbury Health District (18%) and St. Johnsbury Hospital Service Area (18%), are significantly higher than the overall state rate (12%).



Source: VT BRFSS, 2022-2023

Adults with a disability and who live in rural counties smoke cigarettes at higher rates.

- Cigarette smoking is significantly higher in adults ages 25-64 than adults ages 18-24 and those 65 and older.
- Cigarette smoking among adults with a disability (18%) is more than two times higher than those with no disability (8%).
- Adults living in rural counties smoke at a significantly higher rate than those living in urban counties (13% vs. 8%).
- There are no statistical differences in smoking by sex, race and ethnicity, sexual orientation and gender identity, or veteran status.



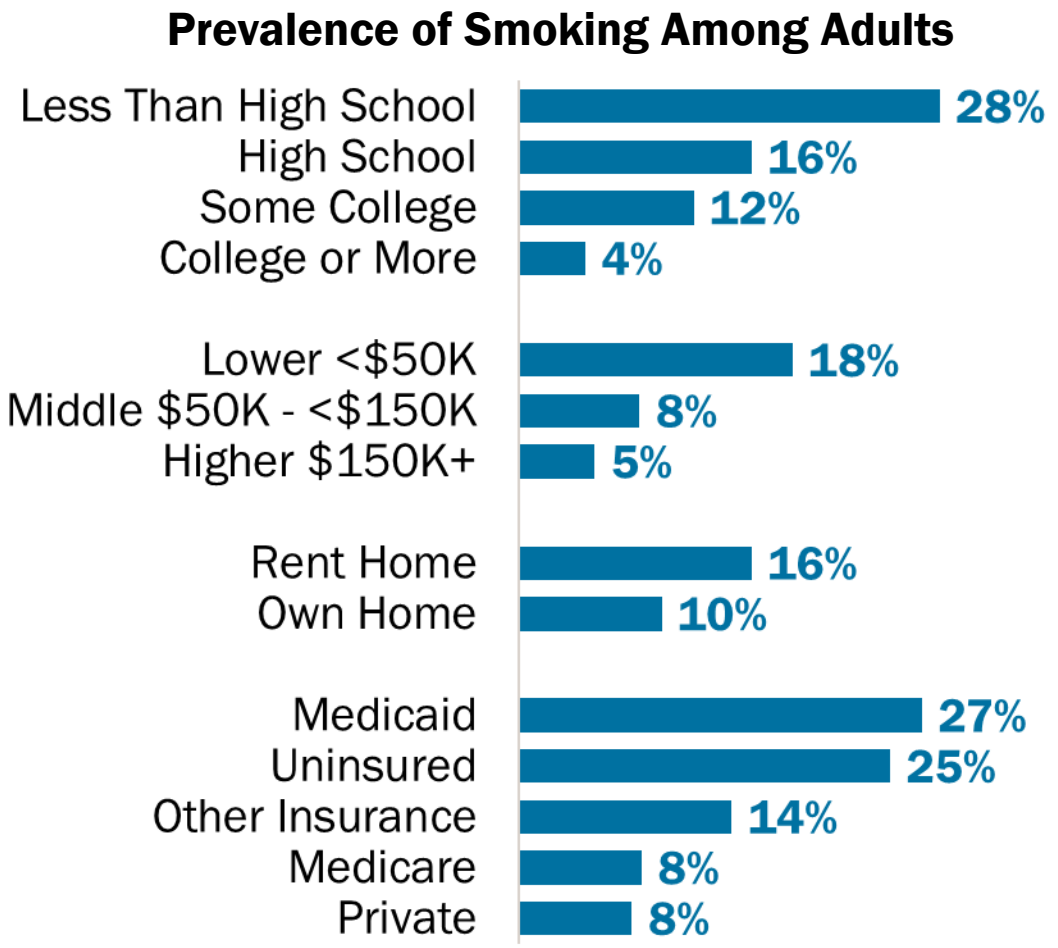
Source: VT BRFSS, 2023

Lower levels of education and income are associated with higher cigarette smoking rates among adults.

- All differences in smoking by education level are significant except between high school and some college. Adults with less than a high school education smoke at the highest rate (28%) and adults with a college education or more smoke at the lowest rate (4%).
- All differences in smoking by household income level are significant, except between homes with middle and higher incomes.
- Adults who rent their home smoke at a significantly higher rate than those who own their home (16% vs. 10%).
- Adults who are uninsured smoke at similar rates to those insured by Medicaid, which is significantly higher than those with private insurance or Medicare.

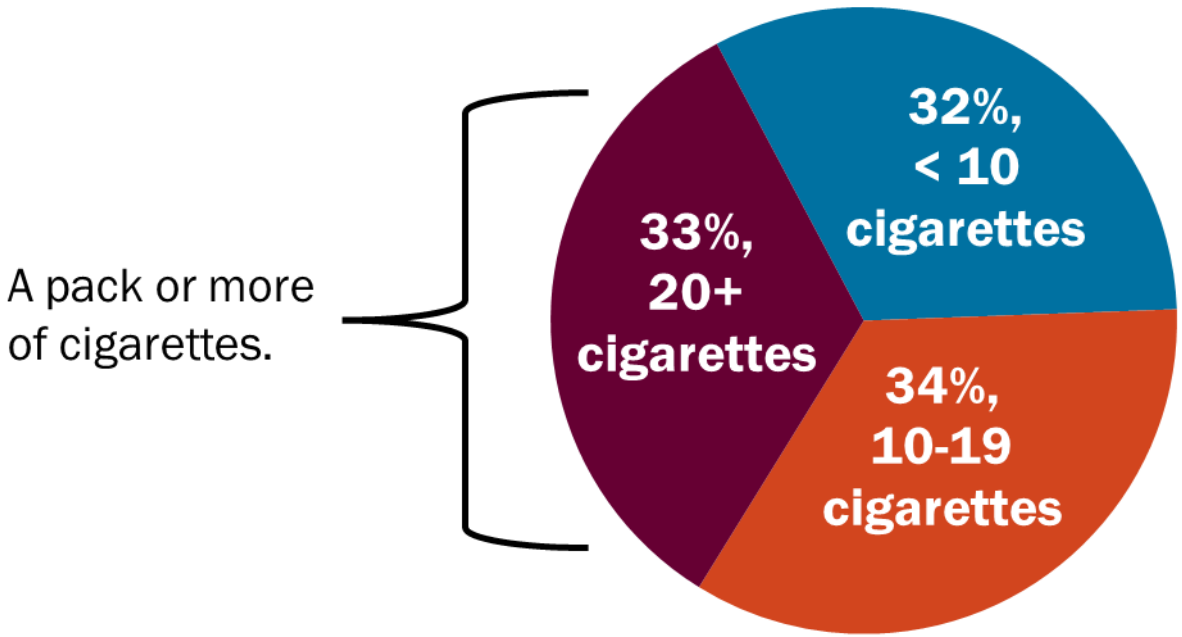
Note: Renting home also includes those who had other living arrangements.

Source: VT BRFSS, 2023



Among those who smoke, a third of adults smoke a pack or more of cigarettes per day.

Percent of Adults Who Currently Smoke by Number of Cigarettes Smoked a Day

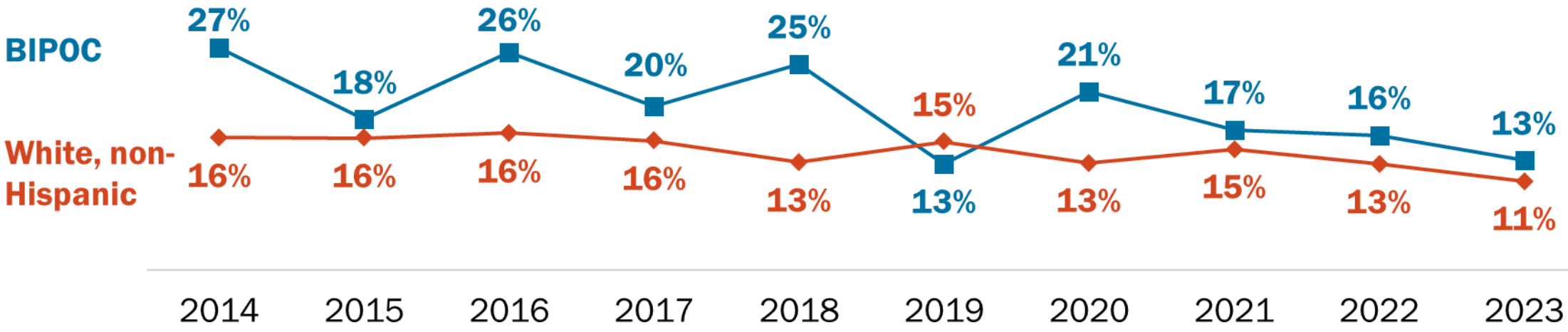


Note: A pack of cigarettes is 20 cigarettes.
Source: VT BRFSS, 2022. These questions were not asked on 2023 VT BRFSS.

The prevalence of cigarette smoking has decreased over the last decade among both BIPOC and white, non-Hispanic adults.

- The smoking rate among BIPOC adults in Vermont has significantly decreased since 2014, declining from 27% in 2014 to 13% in 2023.
- Among white, non-Hispanic adults in Vermont, the smoking rate decreased significantly since 2014, declining from 16% in 2014 to 11% in 2023.
- The smoking rate among BIPOC adults was significantly higher than among white, non-Hispanic adults in 2014, but statistically similar in 2023.

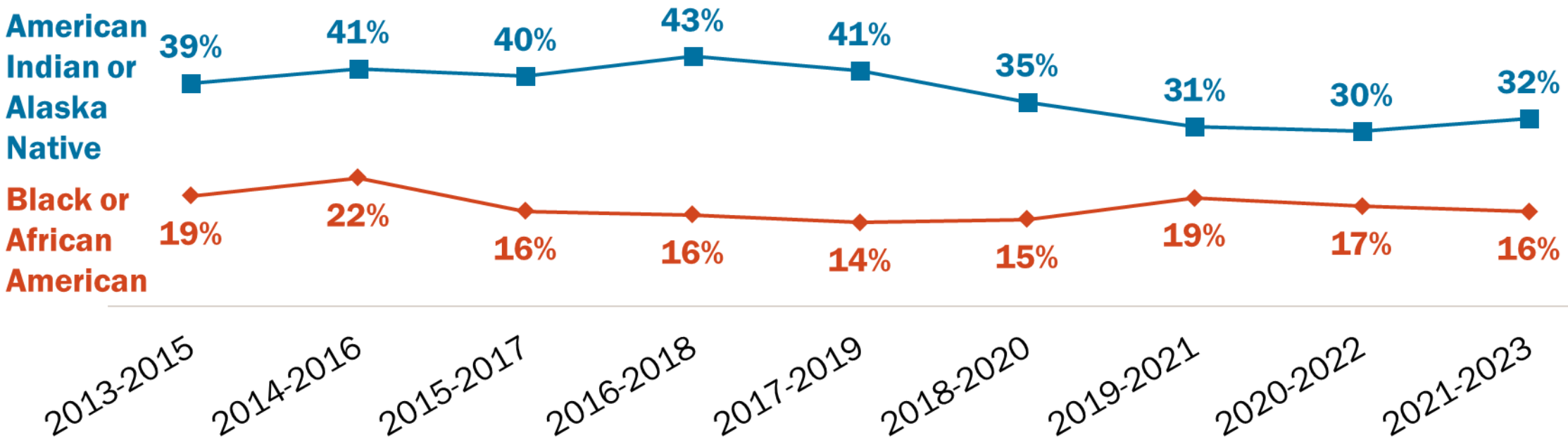
Prevalence of Current Smoking by Race and Ethnicity



Source: VT BRFSS, 2014 - 2023

There were no significant changes in smoking prevalence among Vermont adults who identify as American Indian/Alaska Native or Black/African American in the last decade.

Prevalence of Current Smoking

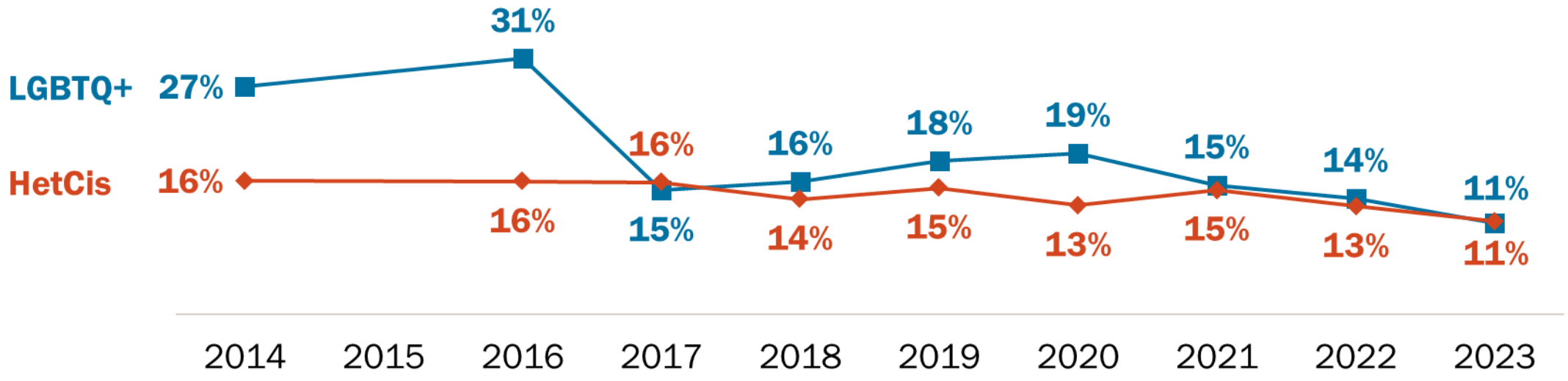


Note: Prevalence calculated using a rolling average.
Source: VT BRFSS, 2013 - 2023

The prevalence of smoking among LGBTQ+ and HetCis adults has decreased in recent years.

- The smoking prevalence among LGBTQ+ and HetCis adults in Vermont has been statistically similar since 2017.
- The current smoking rate (11%) among LGBTQ+ adults is statistically lower than in 2016 (31%).
- The current smoking rate (11%) among HetCis adults is statistically lower than in 2018 (14%).

Prevalence of Current Smoking by Sexual Orientation/Gender Identity

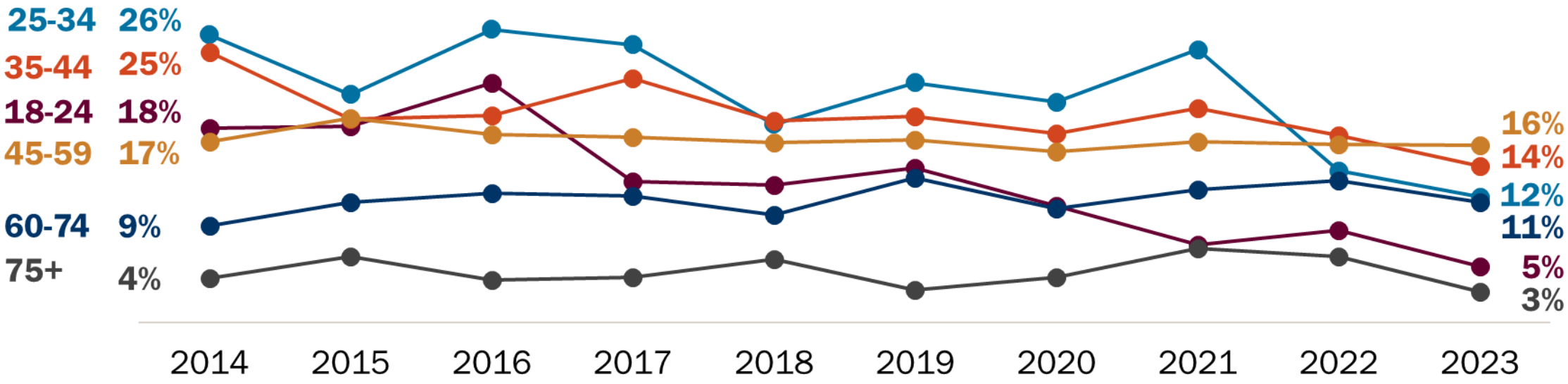


Source: VT BRFSS, 2014 - 2023

Smoking rates have significantly decreased in the last decade among adults ages 18-44.

- The prevalence of cigarette smoking among young adults (ages 18-24) significantly decreased from 18% in 2014 to 5% in 2023.
- Similarly, the prevalence of cigarette smoking among adults ages 25-34 significantly decreased from 26% in 2014 to 12% in 2023. Smoking also decreased significantly from 25% in 2014 to 14% in 2023 among adults ages 35-44.
- Smoking rates among other age groups are statistically unchanged between 2014 and 2023.

Prevalence of Current Smoking by Age

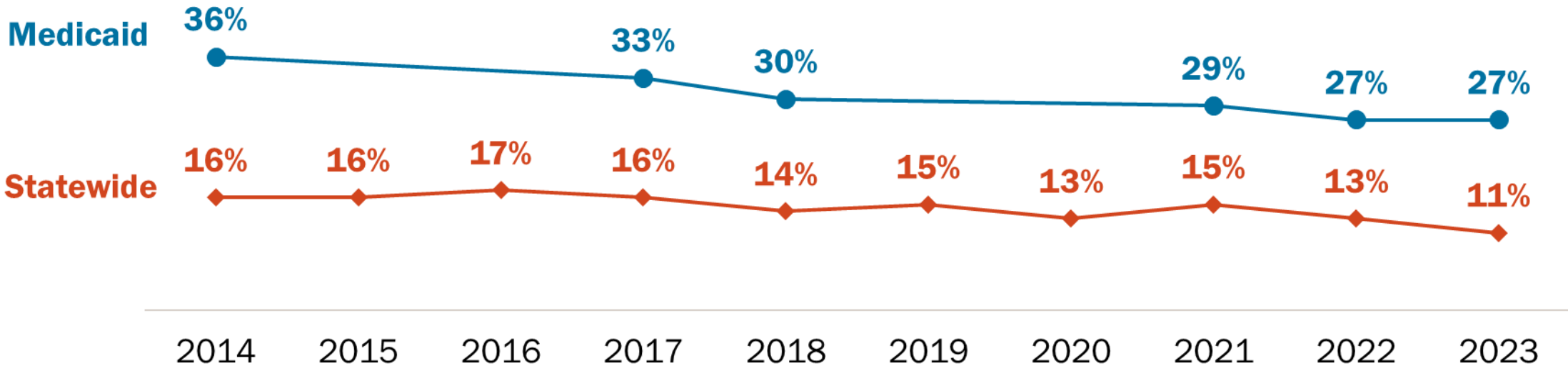


Source: VT BRFSS, 2014 - 2023

Medicaid-insured adults in Vermont smoke at 2x the statewide rate.

- The rate of current smoking among Medicaid-insured Vermonters has declined from 36% in 2014 to 27% in 2023. This is not a statistically significant difference.
- The rate of current smoking among Medicaid-insured Vermonters is significantly higher in each year compared to the statewide rate.

Prevalence of Current Smoking

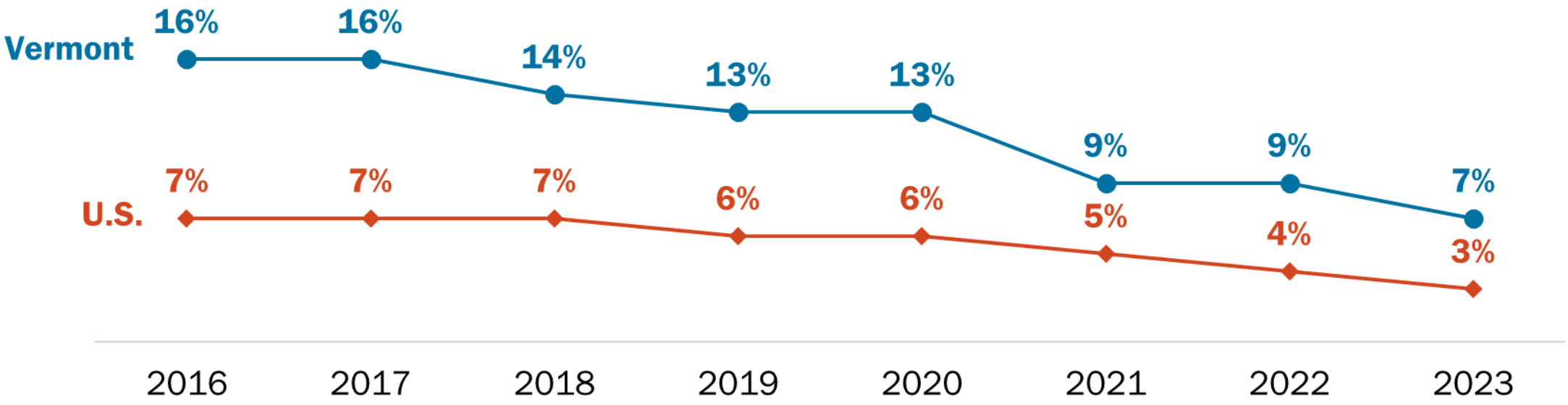


Note: No data collected about insurance type in 2015, 2016, 2019 and 2020.
Source: VT BRFSS, 2014 - 2023

The smoking rate during pregnancy in Vermont decreased from 2016 to 2023, but remains more than 2x the U.S. rate.

- The 2023 smoking rate among pregnant Vermonters is statistically similar to the 2022 rate, but significantly lower than in 2021 and other earlier years.

Prevalence of Smoking During Pregnancy



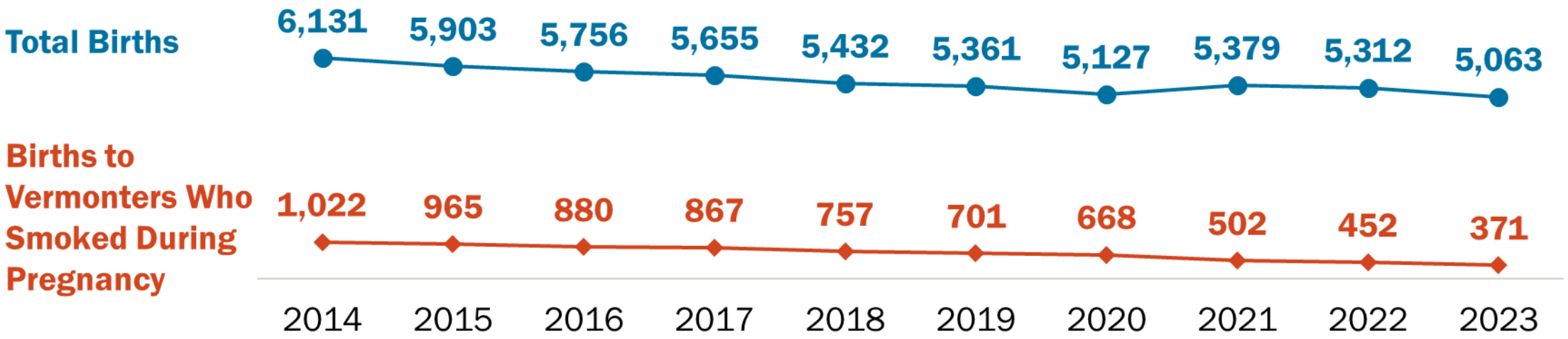
Note: Smoking during pregnancy here is defined as smoking during any of the three trimesters of pregnancy. Data is sourced from birth certificates, which only register pregnancies that result in a birth.

Source: VT Vital Statistics System, 2016-2023; National Vital Statistics System, 2016-2023 Natality

The number of births to Vermonters who smoked during pregnancy has decreased to one-third of the 2014 number, while total births in Vermont has declined at a much slower rate.

- Overall, there have been fewer births to Vermonters since 2014, but there has been a steeper decline in births to those who smoked during pregnancy. In 2023, there were 1,068 fewer births (17% relative decrease) and nearly 651 fewer pregnant Vermonters who smoked (64% relative decrease) compared to 2014.

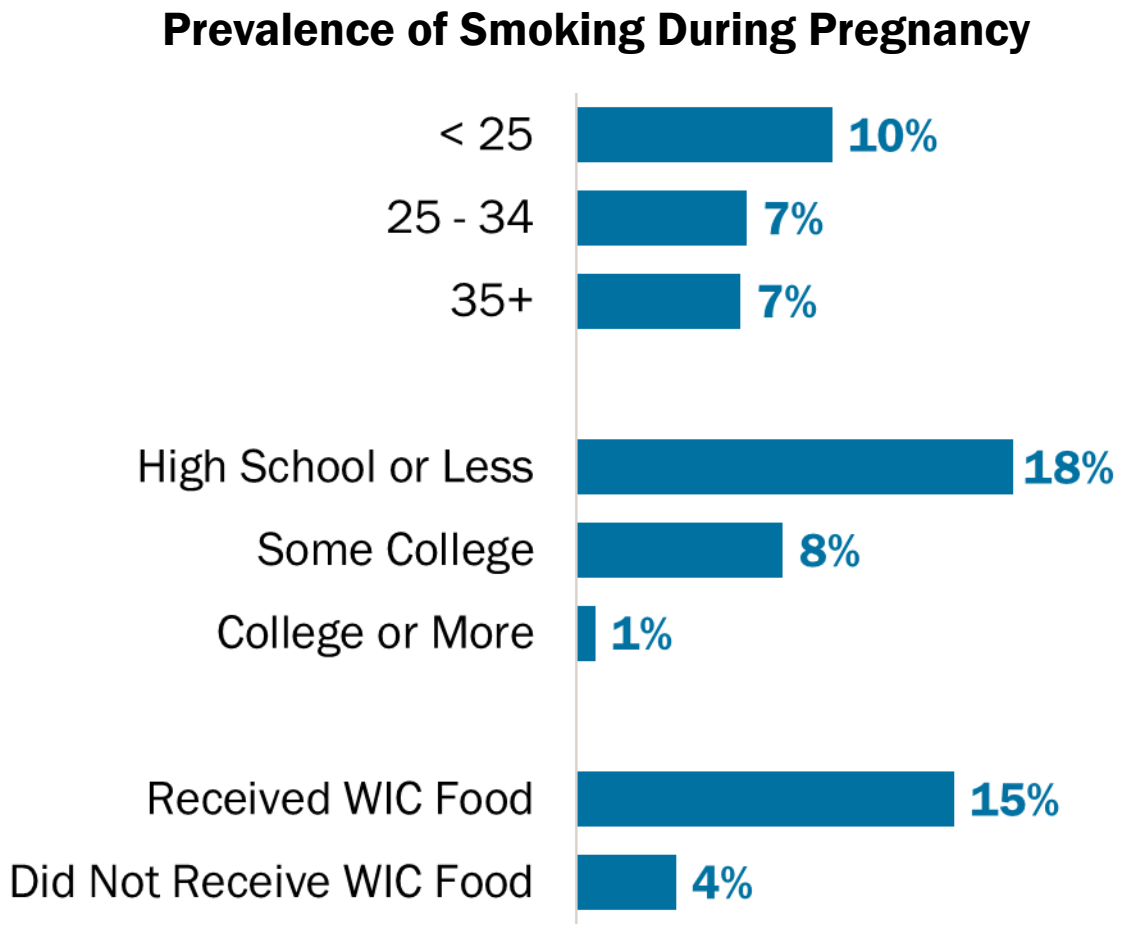
Number of Total Vermont Births and Births to Vermonters Who Smoked During Pregnancy



Note: Smoking during pregnancy here is defined as smoking during any of the three trimesters of pregnancy. Data is sourced from birth certificates, which only register pregnancies that result in a birth.
Source: VT Vital Statistics System, 2014-2023

Vermont residents who are young, have a high school education or less and receive WIC food assistance during pregnancy smoke at higher rates while pregnant.

- Vermont residents younger than age 25 smoke during pregnancy at a significantly higher rate than those 25 or older.
- Prevalence of smoking during pregnancy among Vermont residents significantly decreases as education level increases.
- Vermont residents who received food from the USDA Special Supplemental Nutrition Program for Women, Infants and Children (WIC) during pregnancy are significantly more likely to smoke during pregnancy than those who do not (15% vs. 4%).

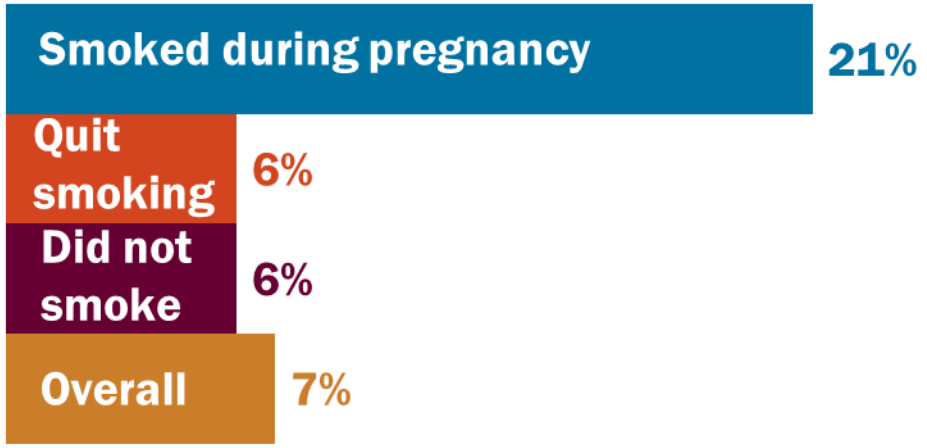


Note: Smoking during pregnancy here is defined as smoking during any of the three trimesters of pregnancy. Data is sourced from birth certificates, which only register pregnancies that result in a birth.
Source: VT Vital Statistics System, 2023

Babies born to Vermont residents who smoked during pregnancy are more likely to have a low birth weight.

- Twenty-one percent of babies born to Vermont residents who smoke have a low birth weight. This is a significantly higher than the 6% of babies born with low birth weight to those who did not smoke during pregnancy.
- The percent of babies born with low birth weight is similar among those who quit smoking before the 2nd trimester and those who did not smoke.

Percent of Babies with Low Birth Weight by Smoking Status During Pregnancy

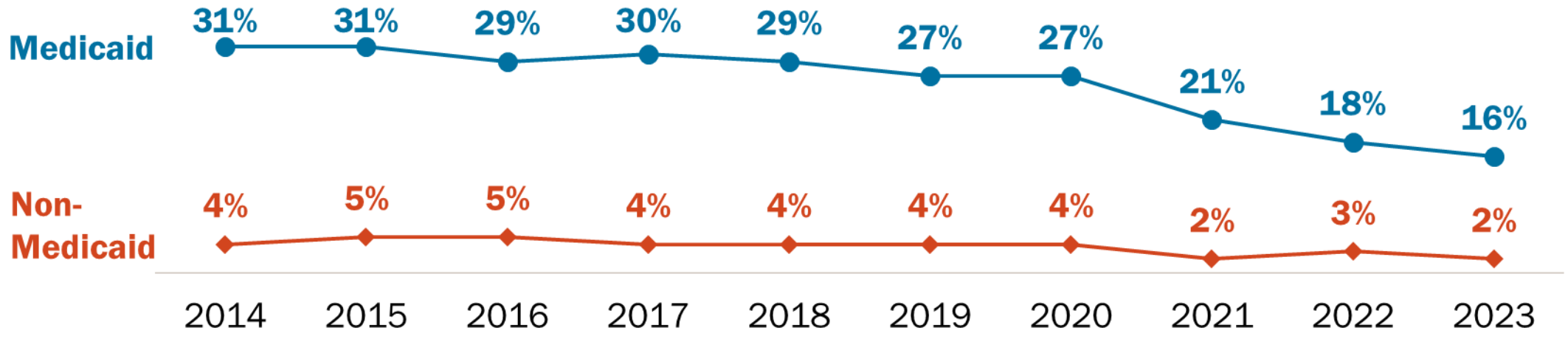


Note: Smoked during pregnancy defined as smoked cigarettes during any trimester of pregnancy. Quit smoking defined as smoked during three months before pregnancy or during first trimester of pregnancy but did not smoke during second or third trimesters.
Source: VT Vital Statistics System, 2023

Vermont residents insured by Medicaid are more likely to smoke during pregnancy than those not insured by Medicaid.

- The prevalence of smoking during pregnancy among those insured by Medicaid in 2023 was about half what it was in 2014 (16% vs. 31%).
- In 2023, the prevalence of smoking during pregnancy among those insured by Medicaid was eight times higher than those not insured by Medicaid (16% vs. 2%).

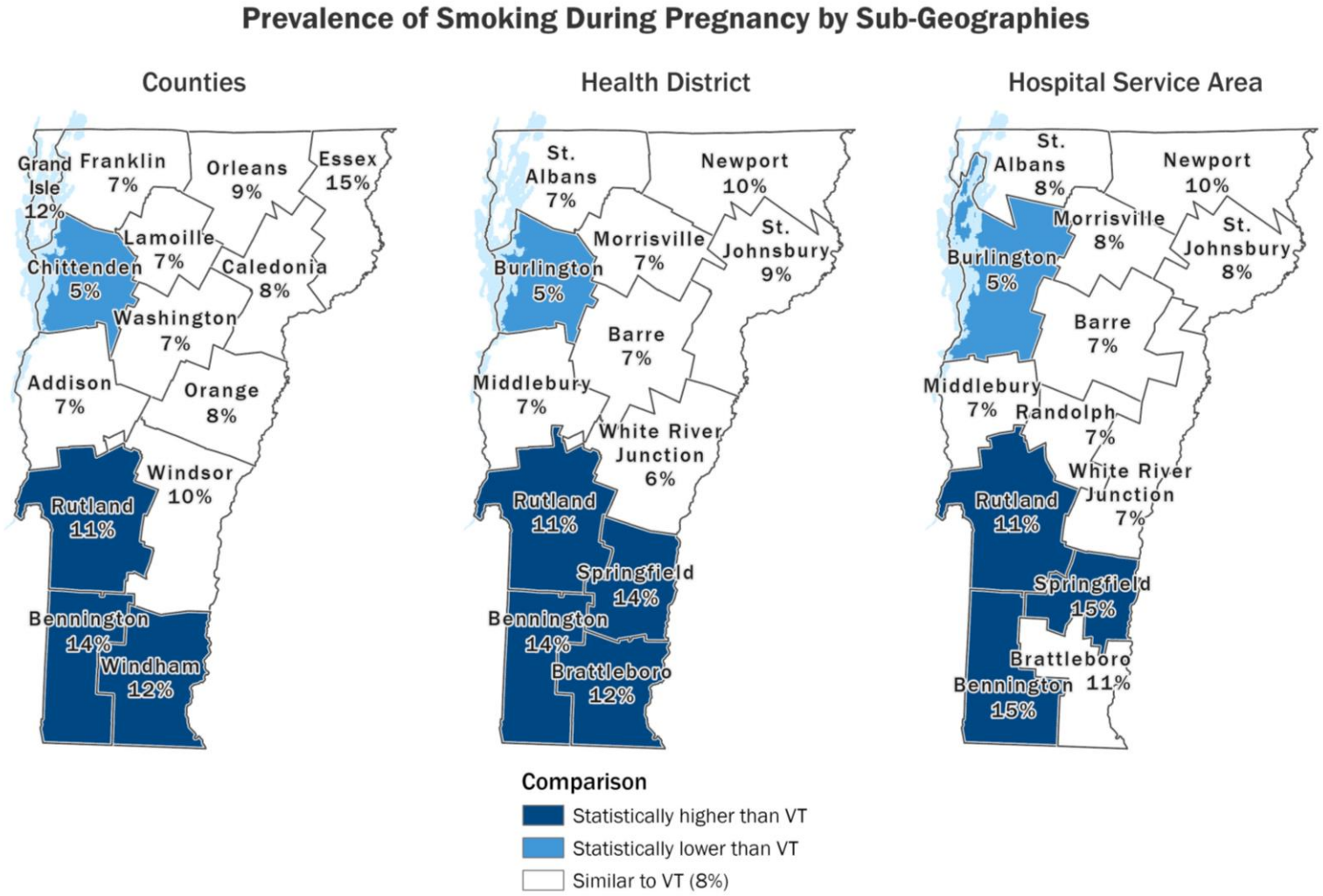
Prevalence of Smoking During Pregnancy by Medicaid Status



Note: Non-Medicaid includes private, self-Pay, and other. Smoking during pregnancy here is defined as smoking during any of the three trimesters of pregnancy. Data is sourced from birth certificates, which only register pregnancies that result in a birth.
Source: VT Vital Statistics System, 2014-2023

Rates of smoking while pregnant are highest in Rutland, Bennington and Windham Counties.

- Smoking rates during pregnancy for Chittenden County, the Burlington Health District and Burlington Hospital Service Area are significantly lower than the overall state rate.
- Smoking rates during pregnancy for Rutland, Bennington and Windham counties, as well as the Rutland, Springfield and Bennington health districts and hospital service areas, and the Brattleboro Health District, are significantly higher than the overall state rate.



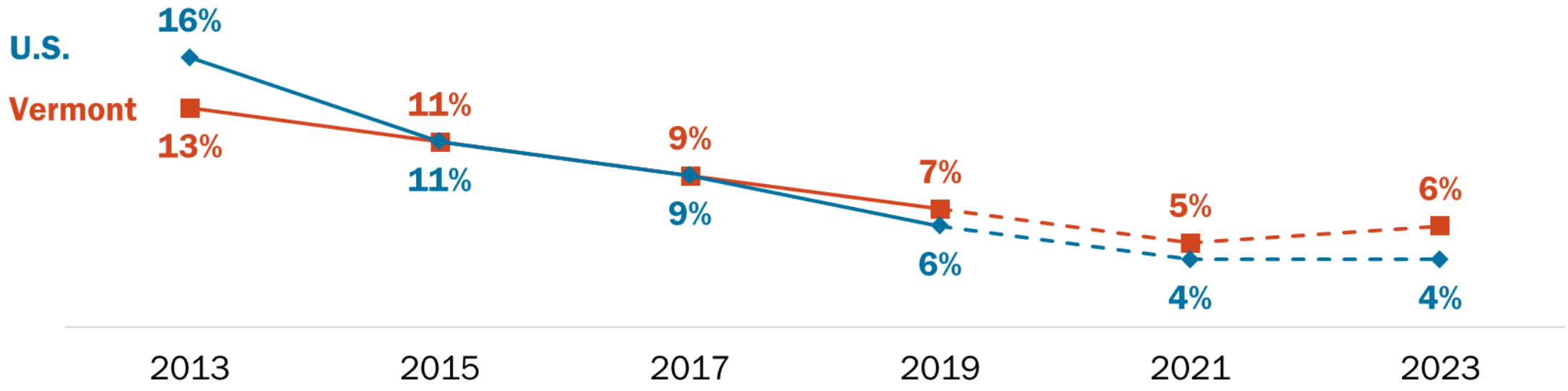
Note: The 95% confidence intervals used in this report to assess statistical differences can vary due to the size of a particular population. Because of this, sometimes, like shown on this slide, when comparing the data points of two or more groups, the overall data points may look very different, but the values are not statistically different. Other times, the values may be very close but differ statistically.

Source: VT Vital Statistics System, 2022-2023

Vermont high school students currently smoke cigarettes at a higher rate than U.S. high school students overall.

- Overall, high school student smoking rates have decreased significantly from 2013 to 2023.
- The Vermont high school smoking rates in 2021 and 2023 were significantly higher than U.S. rates in those years. From 2013-2019, the smoking rates for Vermont high school students were similar to the U.S. rates.

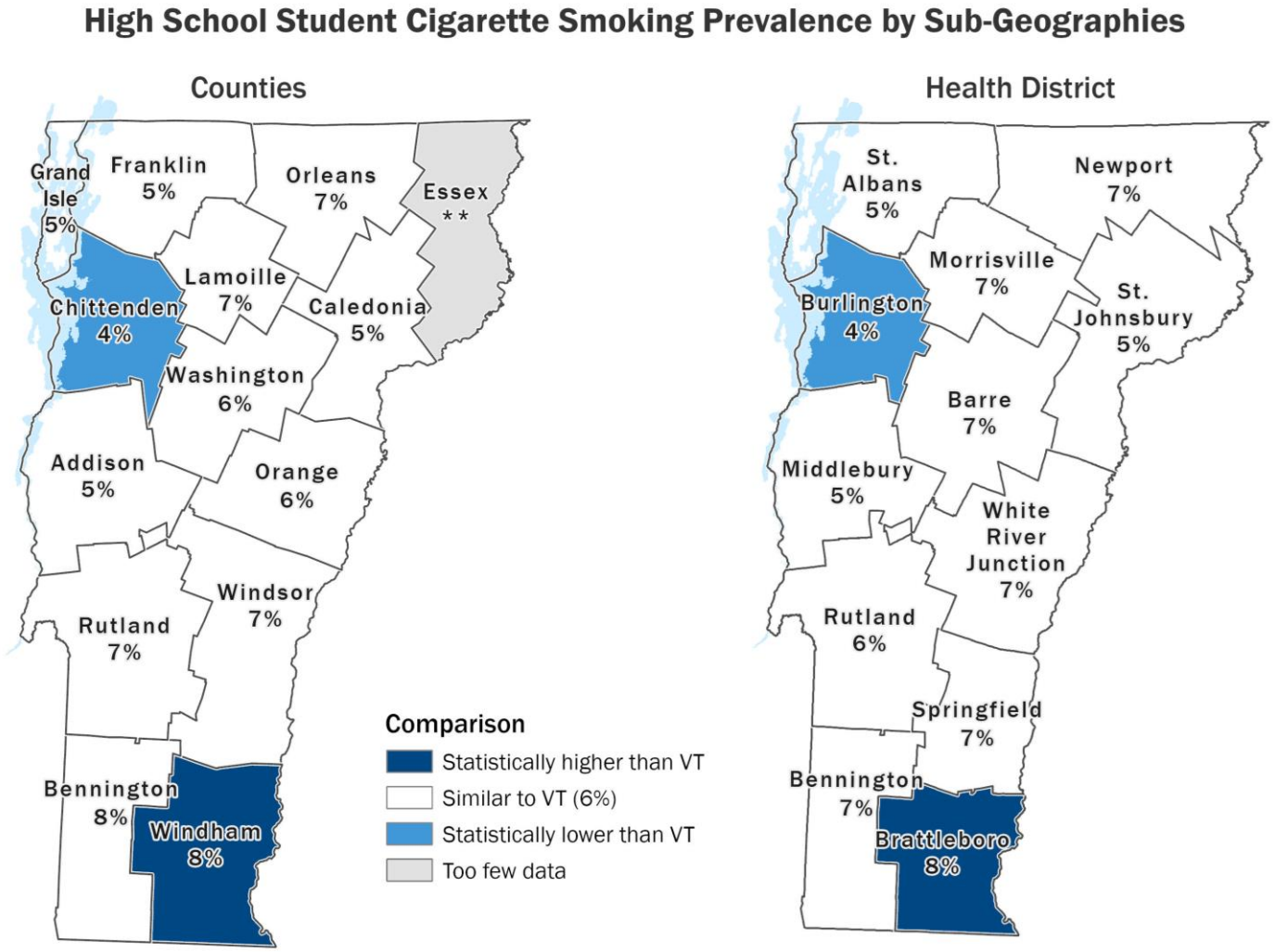
Prevalence of Smoking in Vermont and U.S. Among High School Students



Note: Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
Source: VT and U.S. YRBS, 2013 - 2023

Students in Windham County and the Brattleboro Health District smoke at a higher rate than the statewide average.

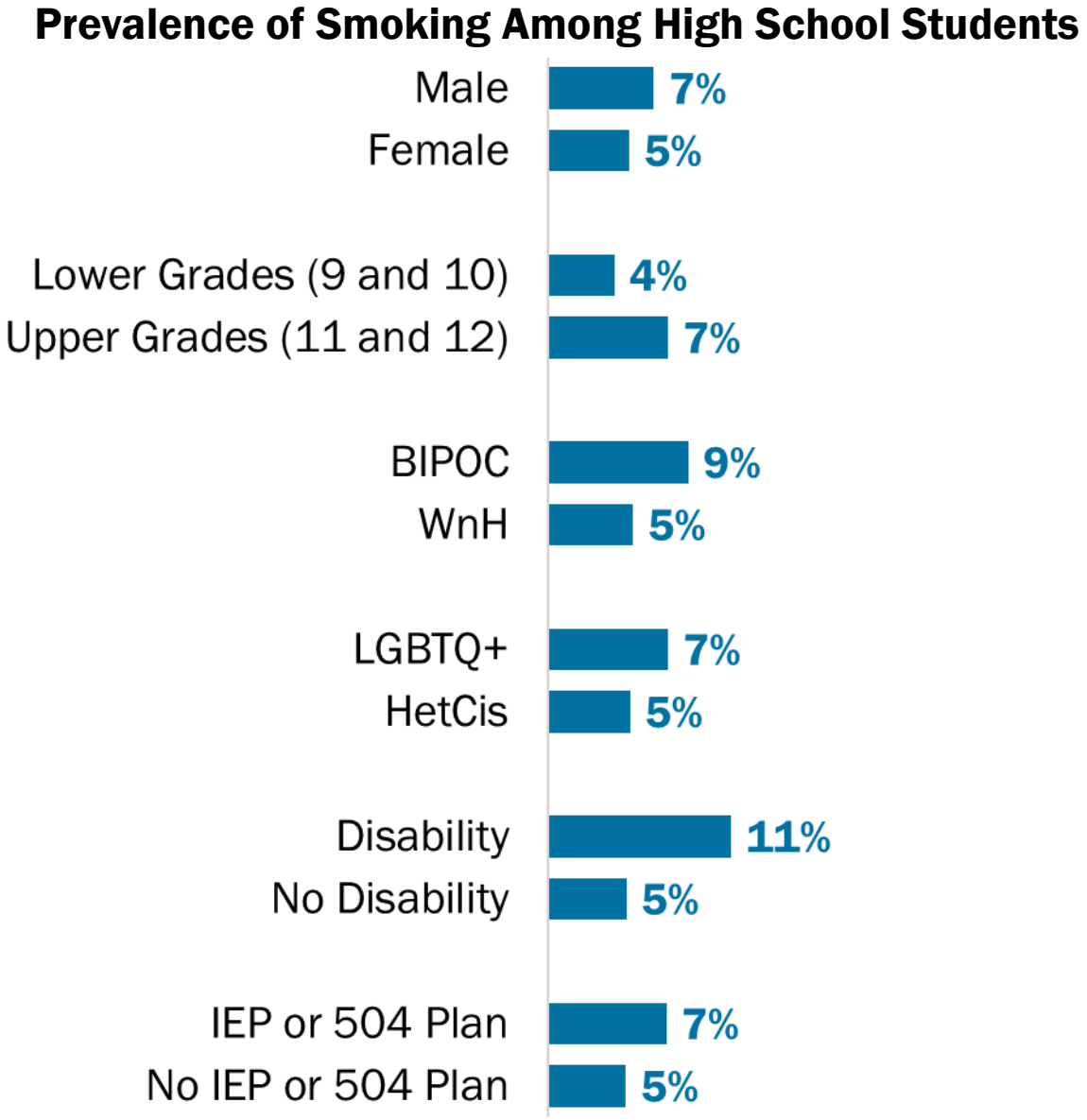
- The prevalence of smoking among high school students in Chittenden County and the Burlington Health District is significantly lower than the statewide prevalence.
- The prevalence of smoking among high school students in Windham County and the Brattleboro Health District is significantly higher than the statewide prevalence.



**Value suppressed because sample size is too small.
Source: VT YRBS, 2023

There are significant disparities in cigarette smoking among high school students in Vermont.

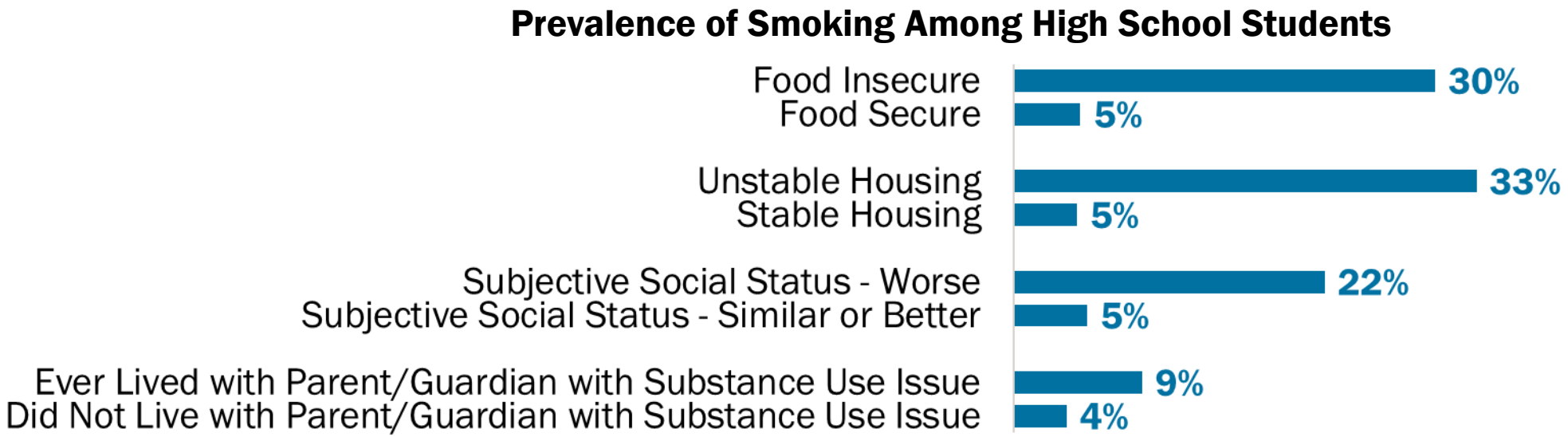
- Cigarette smoking among Vermont high school students is significantly more likely among students who
  - Are male, older, LGBTQ+, BIPOC, or
  - Have a disability or an IEP or 504 plan
- BIPOC students are almost twice as likely than white, non-Hispanic students to currently smoke cigarettes.
- Students with a disability are more than twice as likely than those without a disability to currently smoke cigarettes.



Source: VT YRBS, 2023

Smoking rates are higher among high school students experiencing economic, social and community challenges.

- High school students who experience food insecurity, experience unstable housing, believe their family's social status is worse than other families, and have ever lived with a parent or guardian who has issues with alcohol or substance use are statistically more likely to smoke cigarettes.



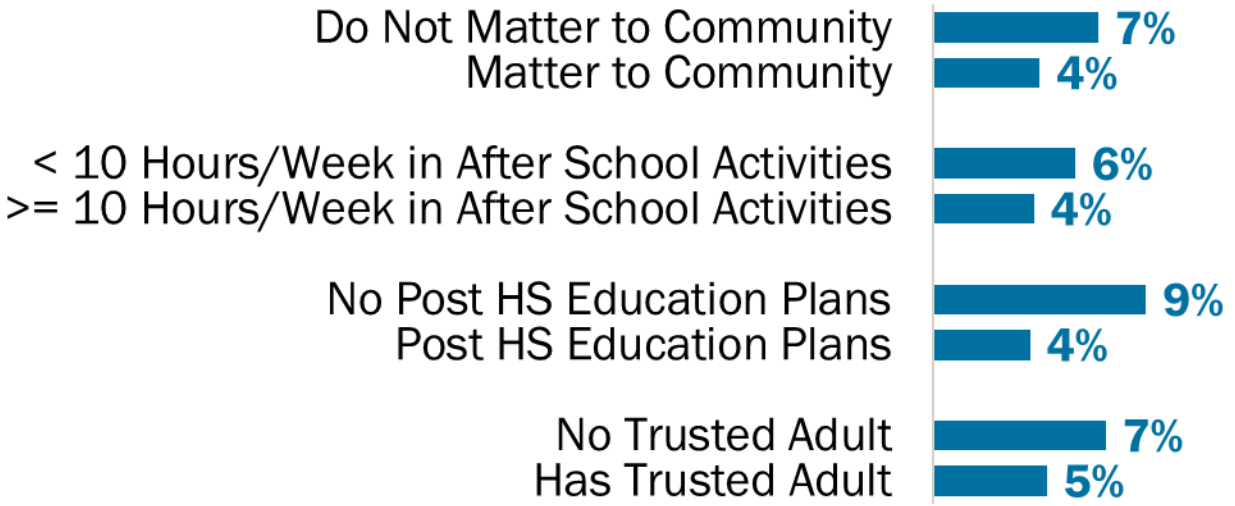
Note: Food insecure defined as going hungry most of the time or always in past 30 days. Unstable housing defined as usually sleeping at someone else's home because they had to leave their house or their family could not afford housing, in a shelter or emergency housing, in a motel/hotel, in a car, park, other public place or did not have a usual place to sleep in past 30 days.

Source: VT YRBS, 2023

High school students with positive community and social supports are less likely to smoke cigarettes.

- High school students who believe they matter to people in their community, participate in 10 or more hours per week of after school activities, plan to attend community college, university, or technical school after high school, and have a trusted adult at school they can talk to if they have a problem are statistically less likely to smoke cigarettes.

Prevalence of Smoking Among High School Students



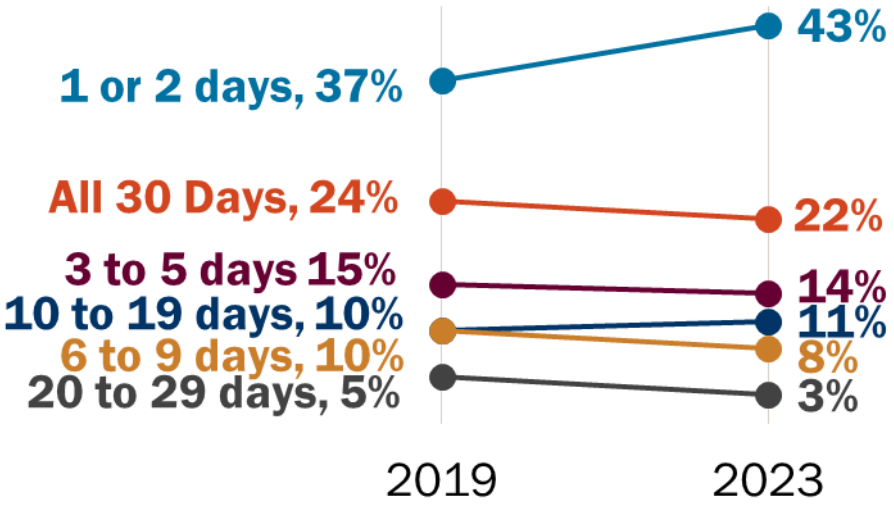
Note: Matter to community defined as agree or strongly agree that they feel like they matter to people in their community. After school activities defined as extracurriculars such as such as sports, band, drama, or clubs run by your school or community groups.

Source: VT YRBS, 2023

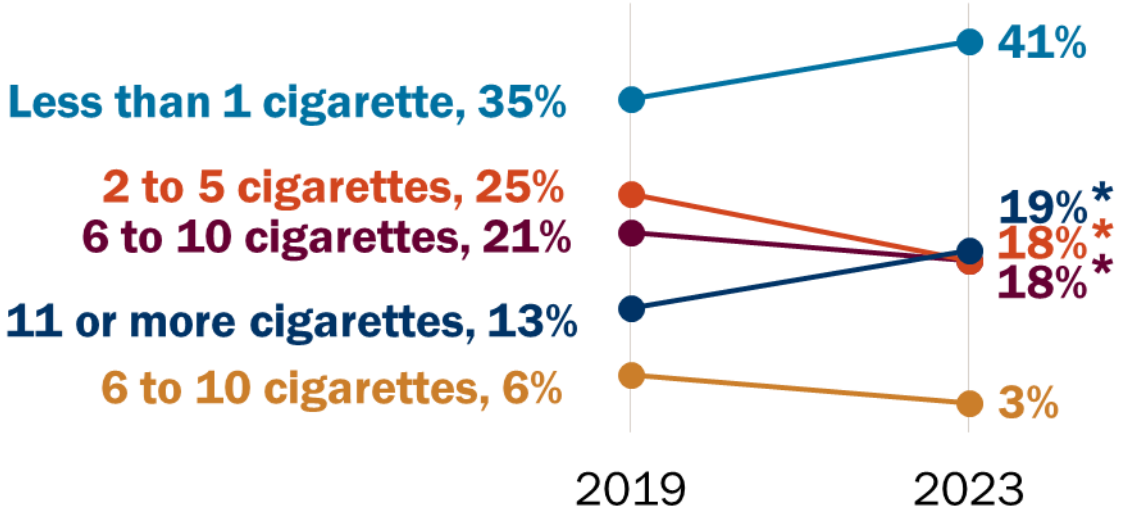
Among high schoolers who smoke, more than 1 in 5 smoke every day, and about 1 in 5 smoke at least half a pack on the days they smoke.

- There are no significant changes in frequency of smoking between 2019 and 2023.
- Among high schoolers who smoke, 19% smoke at least half a pack (11 or more cigarettes) per day on the days they smoke, which is a significant increase from 2019 (13%).

Frequency of Cigarette Use Among Students Who Smoke Cigarettes, Past 30 Days



Number of Cigarettes Smoked per Day Among Students Who Smoke Cigarettes, Past 30 Days



Note: Comparison is between 2019 and 2023 to avoid comparing directly to 2021, when there were differences in survey administration due to the COVID-19 pandemic. Caution should be used when interpreting and comparing the YRBS 2021 results to other years. *Statistical difference between 2019 and 2023.
Source: VT YRBS, 2019 and 2023

Tobacco Use Among Youth and Adults

E-Cigarettes or Electronic Vapor Products (EVPs)

How many people are using EVPs/e-cigarettes in Vermont?

1 in 20 adults (≈ 25,000 Vermonters) currently use e-cigarettes.

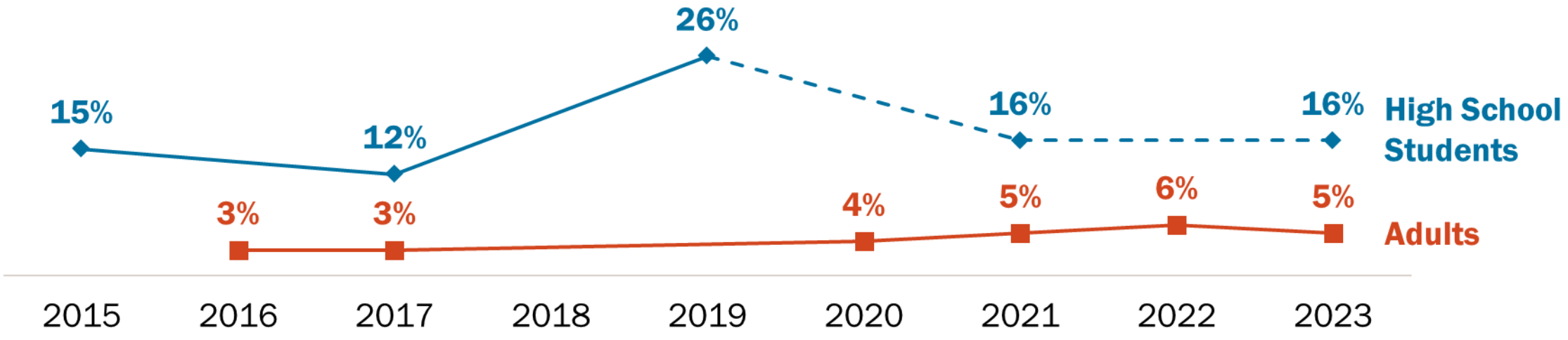
1 in 6 high school students (≈ 3,600 Vermonters) currently use EVPs.

Source: VT BRFSS & YRBS, 2023

EVP/e-cigarette use remains more common among Vermont high school students than adults.

- While use of e-cigarettes among Vermont high school students has decreased significantly from the peak in 2019, the current rate of e-cigarette use (16%) is statistically similar to 2021 and 2015.
- The current rate of e-cigarette use among Vermont adults (5%) is statistically similar to 2022 and 2016.

Prevalence of EVP/E-cigarette Use Among Adults and High School Students

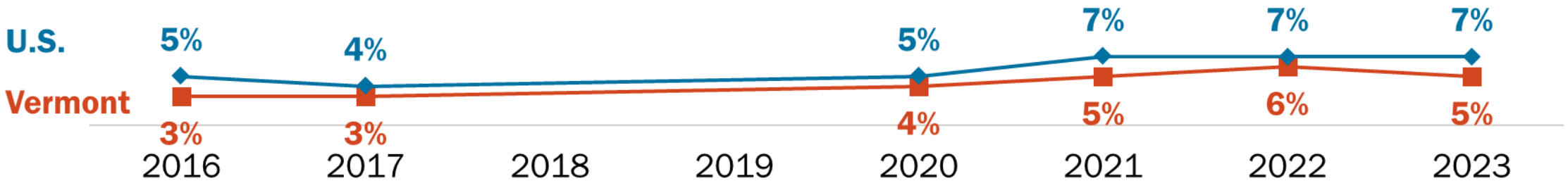


Note: Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
Source: VT BRFSS, 2016 – 2023; VT YRBS, 2015 - 2023

Vermont adults use e-cigarettes at a lower rate than U.S. adults overall.

- Except in 2020, for each year that e-cigarette use was measured between 2016 and 2023, Vermont adults used e-cigarettes at a significantly lower rate than U.S. adults overall.

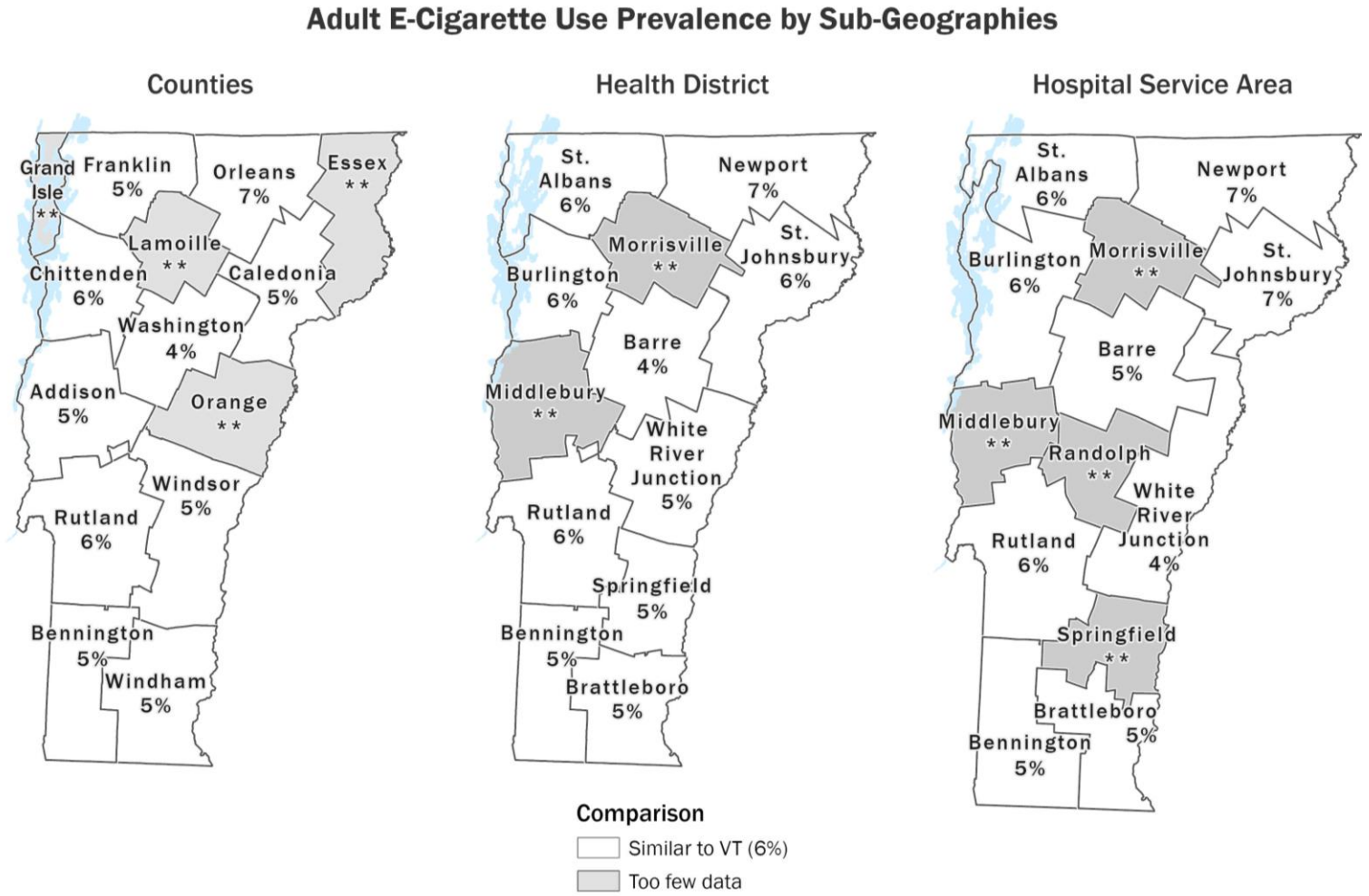
Prevalence of Adult E-cigarette Use in Vermont and U.S.



Source: VT & U.S. BRFSS 2016 - 2023

All counties, health districts and hospital service areas have similar rates of e-cigarette use compared to Vermont overall.

- No statistical differences were found when comparing the overall Vermont prevalence of e-cigarette use among adults to county, health district or hospital service area prevalences.
- Across Vermont counties, Washington County has the lowest e-cigarette use prevalence (4%), while Orleans County has the highest (7%).



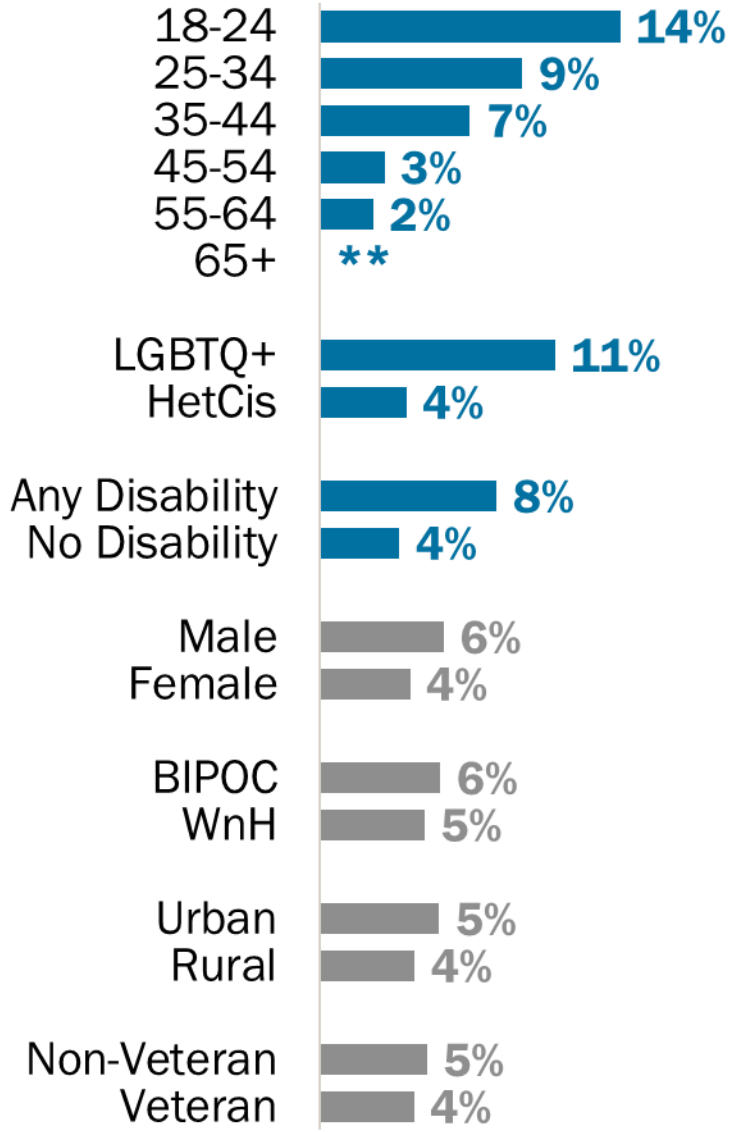
**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Source: VT BRFSS, 2022-2023

Young adults, those with a disability and those who identify as LGBTQ+ use e-cigarettes at a higher rate.

- E-cigarette use among adults ages 18-24 is statistically similar to use rates among adults ages 25-34 but higher than all other age groups.
- LGBTQ+ adults use e-cigarettes at a significantly higher rate than non-LGBTQ+ adults (11% vs. 4%).
- E-cigarette use among adults with a disability (8%) is two times higher than among those with no disability (4%).
- There are no statistical differences in e-cigarette use by sex, race and ethnicity, county rurality or veteran status.

Prevalence of E-cigarette Use Among Adults



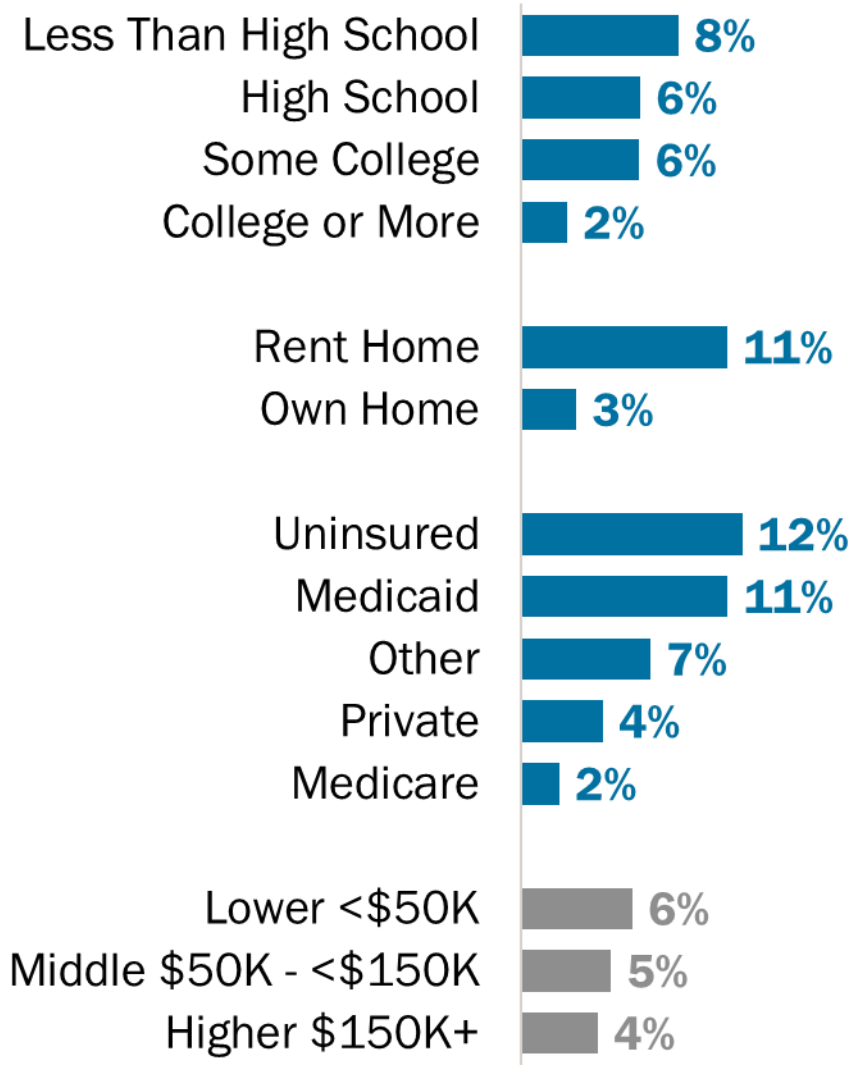
**Value suppressed because sample size is too small or relative standard error (RSE) is >30.
Source: VT BRFSS, 2023

Higher education, home ownership and having private health insurance is associated with lower rates of e-cigarette use.

- Adults with some college education or less are significantly more likely to use e-cigarettes than those with a college degree or more.
- Adults who rent their home use e-cigarettes at a significantly higher rate than those who own their home (11% vs. 3%).
- Adults who are uninsured use e-cigarettes at similar rates to those insured by Medicaid, which is significantly higher than those with private insurance or Medicare.
- There are no statistical differences in e-cigarette use by household income level.

Note: Renting home also includes those who had other living arrangements.
Source: VT BRFSS, 2023

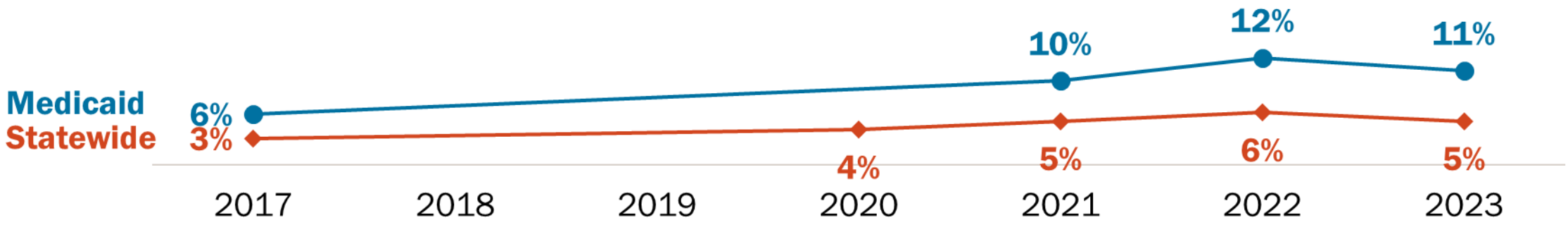
Prevalence of E-cigarette Use Among Adults



Medicaid-insured adults in Vermont use e-cigarettes at more than 2x the statewide rate.

- The rate of current e-cigarette use among Medicaid-insured Vermont adults is significantly higher than the statewide rate.
- The rate of current e-cigarette use among Medicaid-insured Vermonters is statistically similar in 2023 (11%) compared to 2017 (6%).

Prevalence of E-cigarette Use Among Adults

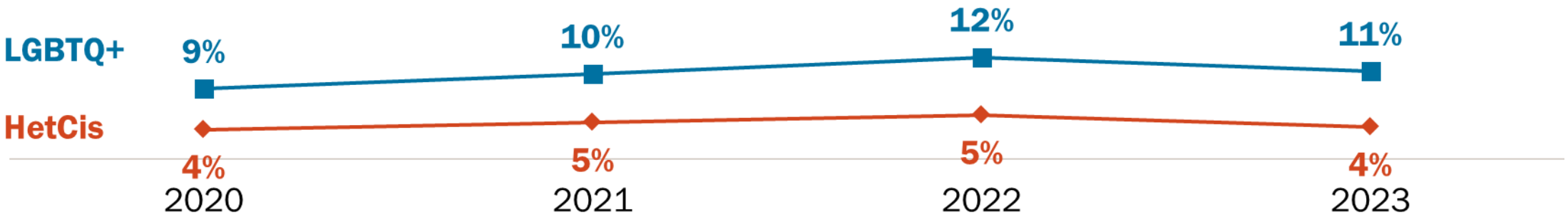


Note: No data collected about insurance type in 2015, 2016, 2019 and 2020. Data on e-cigarette use was not collected in 2018 or 2019.
Source: VT BRFSS, 2017 - 2023

LGBTQ+ adults continue to use e-cigarettes at a higher rate than HetCis adults in Vermont.

- E-cigarette use among LGBTQ+ adults has been significantly higher than HetCis adults since 2020.
- Among LGBTQ+ adults, e-cigarette use has been statistically similar since 2020. Among HetCis adults, e-cigarette use has also been statistically similar since 2020.

Prevalence of E-Cigarette Use by Sexual Orientation/Gender Identity

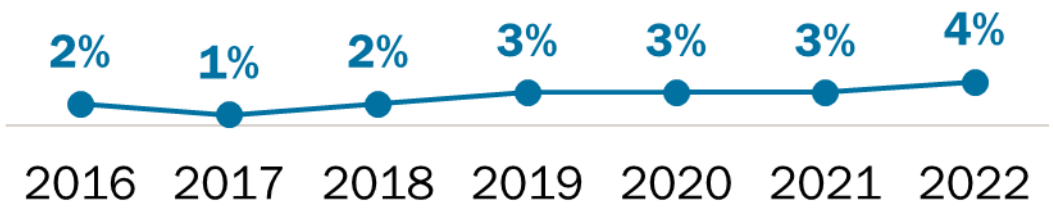


Source: VT BRFSS, 2020 - 2023

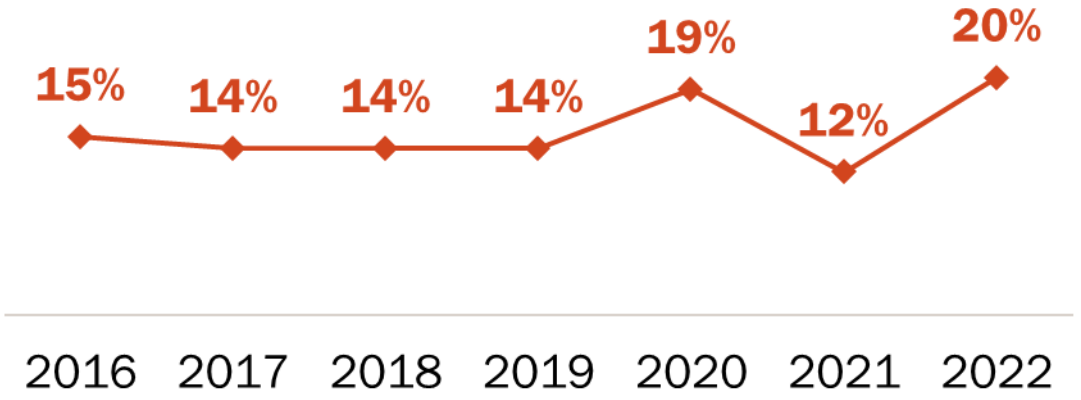
One in five Vermonters quit smoking cigarettes during their pregnancy by switching to e-cigarettes.

- In 2022, 4% of people reported using e-cigarettes weekly while pregnant.
- Among Vermonters who smoke cigarettes during pregnancy, 20% report switching to e-cigarettes as a way to quit smoking during pregnancy, up from 15% in 2016.

Prevalence of E-Cigarette Weekly Use During Pregnancy



Prevalence of Vermonters Who Smoked and Switched to E-Cigarettes to Quit Smoking During Pregnancy

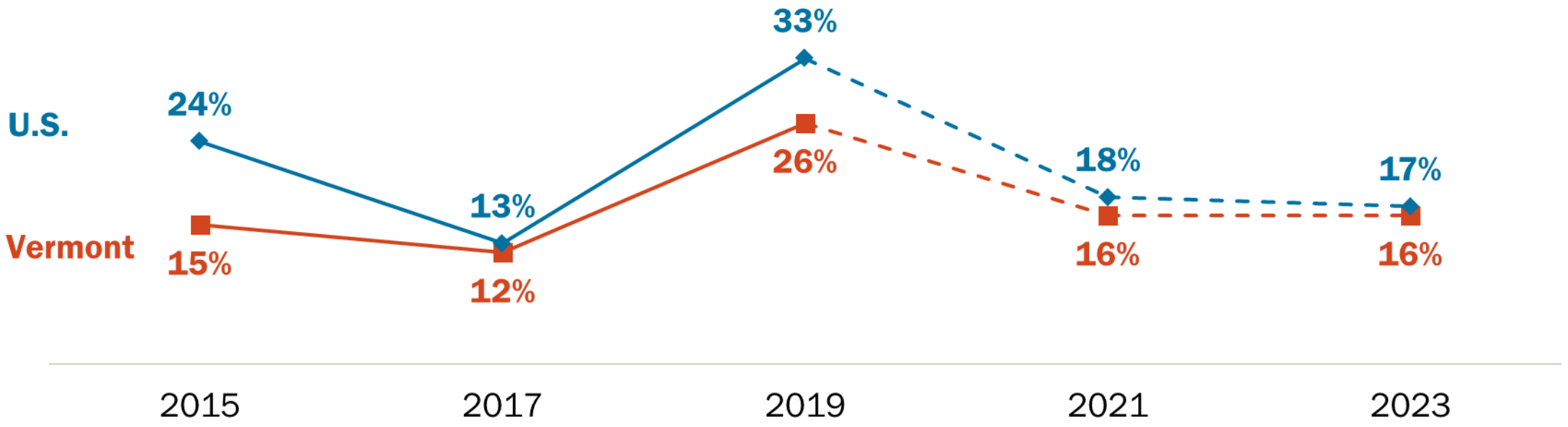


Source: VT PRAMS Phase 8, 2016-2022

The rate of EVP use among Vermont high school students has dropped since the spike in 2019.

- The percent of Vermont high school students currently using EVPs was statistically lower than the percent of U.S. high school students in 2015 (15% vs. 24%), but statistically similar in 2023 (16% vs. 17%).

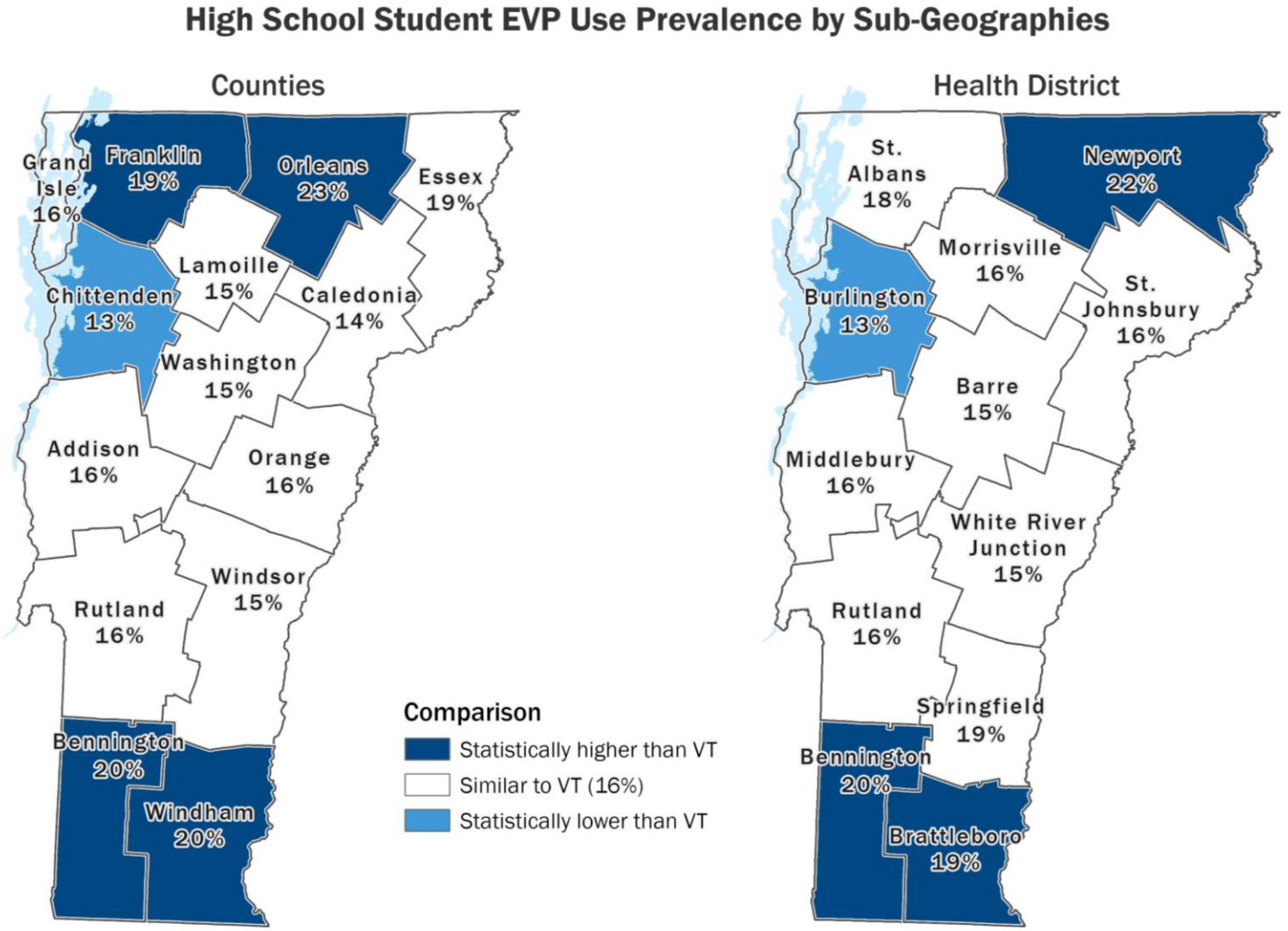
Prevalence of EVP Use in Vermont and U.S. Among High School Students



Source: VT and U.S. YRBS, 2015 - 2023

High school students in Franklin, Orleans, Bennington and Windham Counties use EVPs at a higher rate than the statewide average.

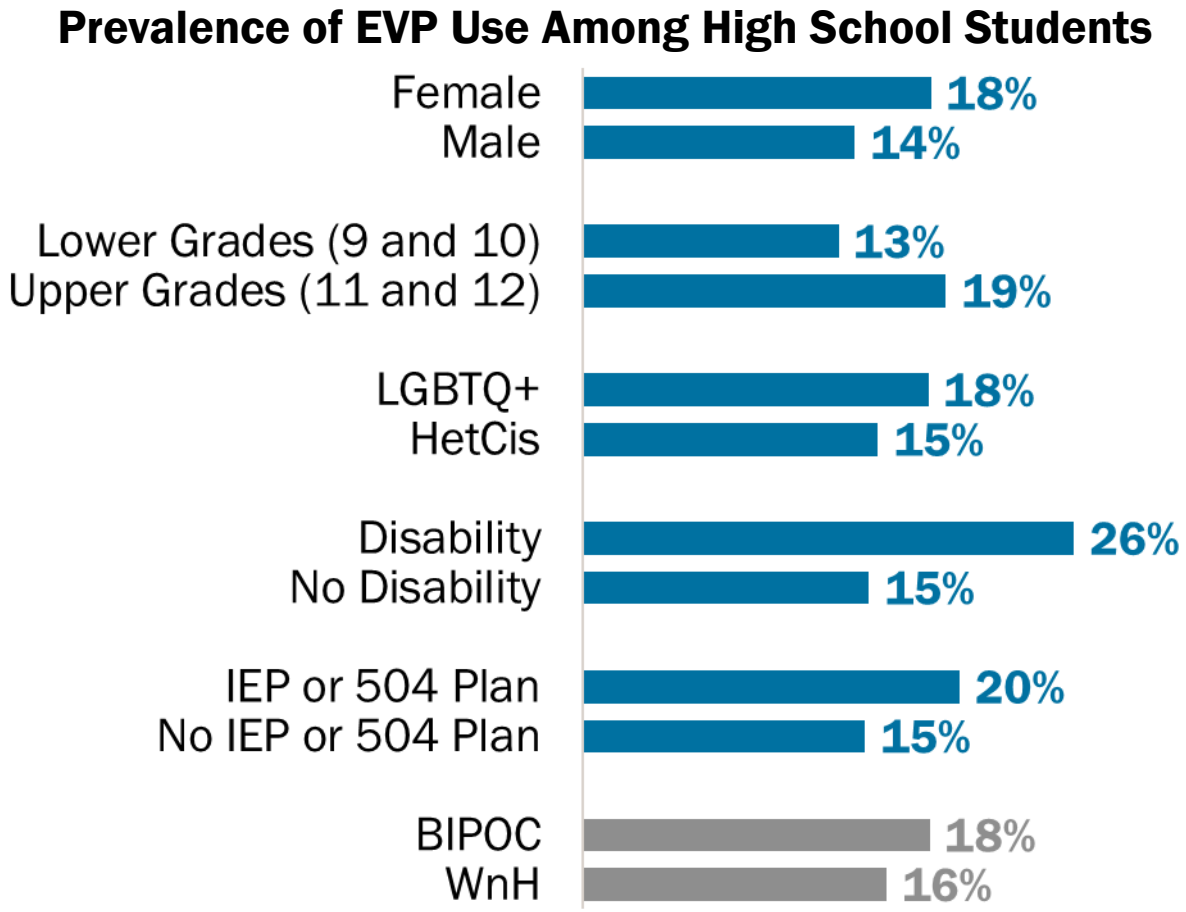
- The prevalence of EVP use among high school students in Chittenden County and the Burlington Health District is significantly lower than the statewide prevalence.
- The prevalence of EVP use among high school students in Franklin, Orleans, Bennington and Windham Counties and the Newport, Bennington and Brattleboro health districts is significantly higher than the statewide prevalence.



Source: VT YRBS, 2023

There are significant disparities in EVP use among high school students in Vermont.

- Female students, older students, LGBTQ+ students, students with a disability, and students with an IEP or 504 Plan are statistically more likely to report using an EVP during the past 30 days.
- Current EVP use does not statistically differ by race and ethnicity.

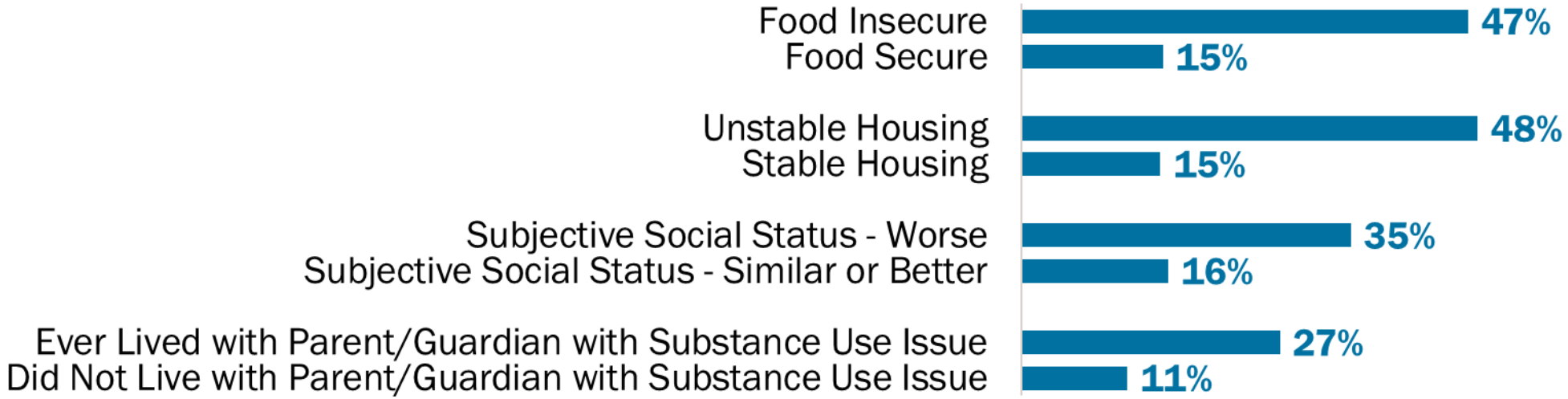


Source: VT YRBS, 2023

EVP use is higher among high school students experiencing economic, social and community challenges.

- High school students who are food insecure, experience unstable housing, believe their family's social status is worse than other families, and have ever lived with a parent or guardian who has issues with alcohol or substance use are statistically more likely to use EVPs during the past 30 days.

Prevalence of EVP Use Among High School Students

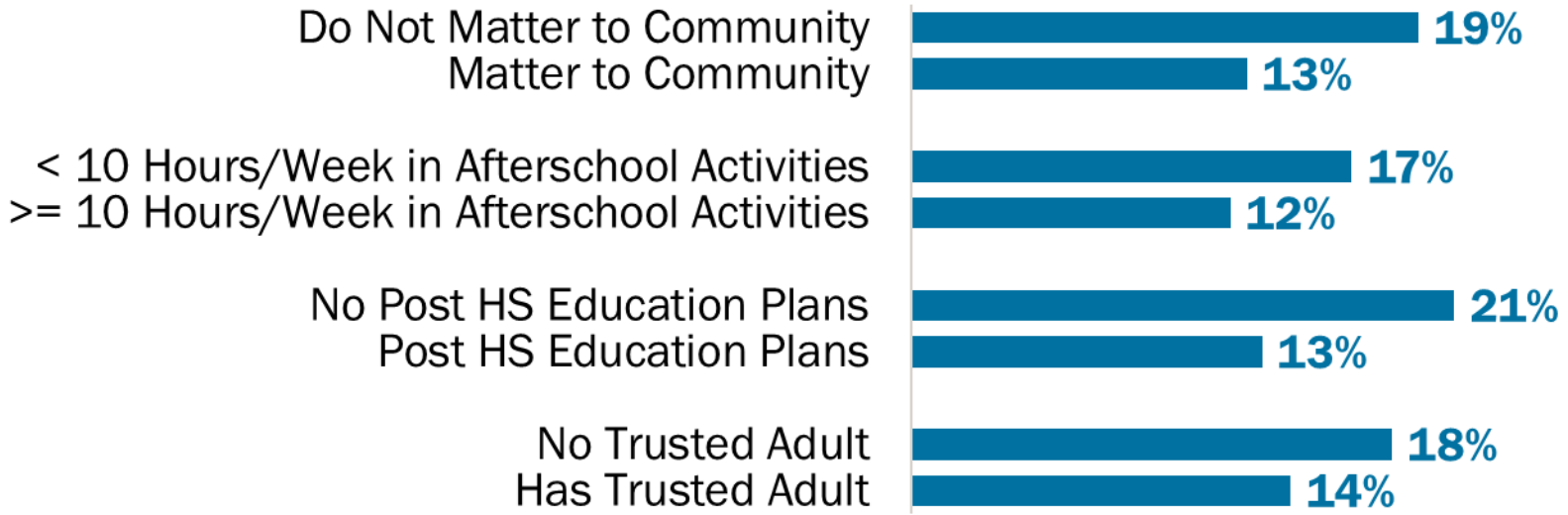


Note: Food insecure defined as going hungry most of the time or always in past 30 days. Unstable housing defined as usually sleeping at someone else's home because they had to leave their house or their family could not afford housing, in a shelter or emergency housing, in a motel/hotel, in a car, park, other public place or did not have a usual place to sleep in past 30 days.
Source: VT YRBS, 2023

High school students with positive community and social support are less likely to use EVPs.

- High school students who believe they matter to people in their community, participate in 10 or more hours per week of afterschool activities, plan to attend community college, university, or technical school after high school, and have a trusted adult at school they can talk to if they have a problem are statistically less likely to use EVPs.

Prevalence of EVP Use Among High School Students

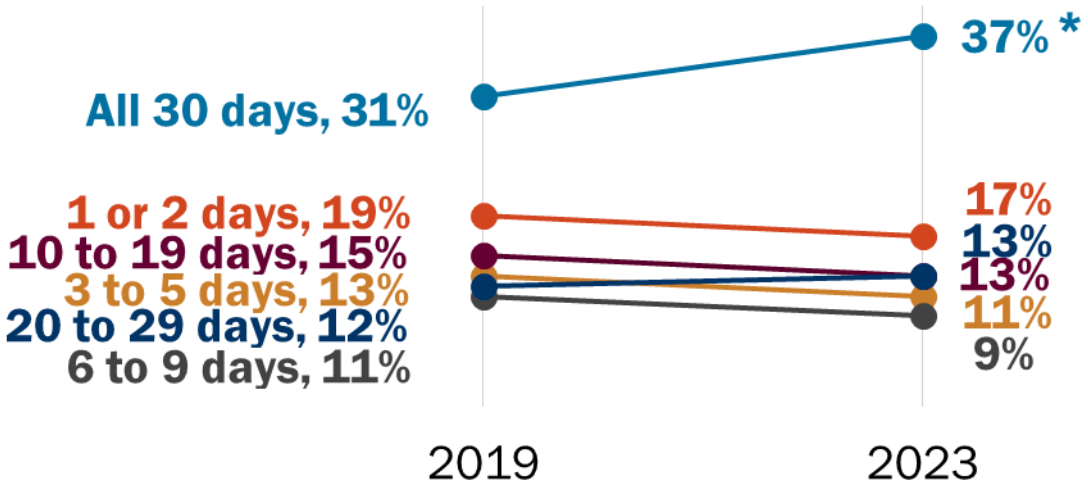


Note: Matter to community defined as agree or strongly agree that they feel like they matter to people in their community. After school activities defined as extracurriculars such as such as sports, band, drama, or clubs run by your school or community groups.
Source: VT YRBS, 2023

Nearly 2 in 5 high school students who currently use EVPs use them every day.

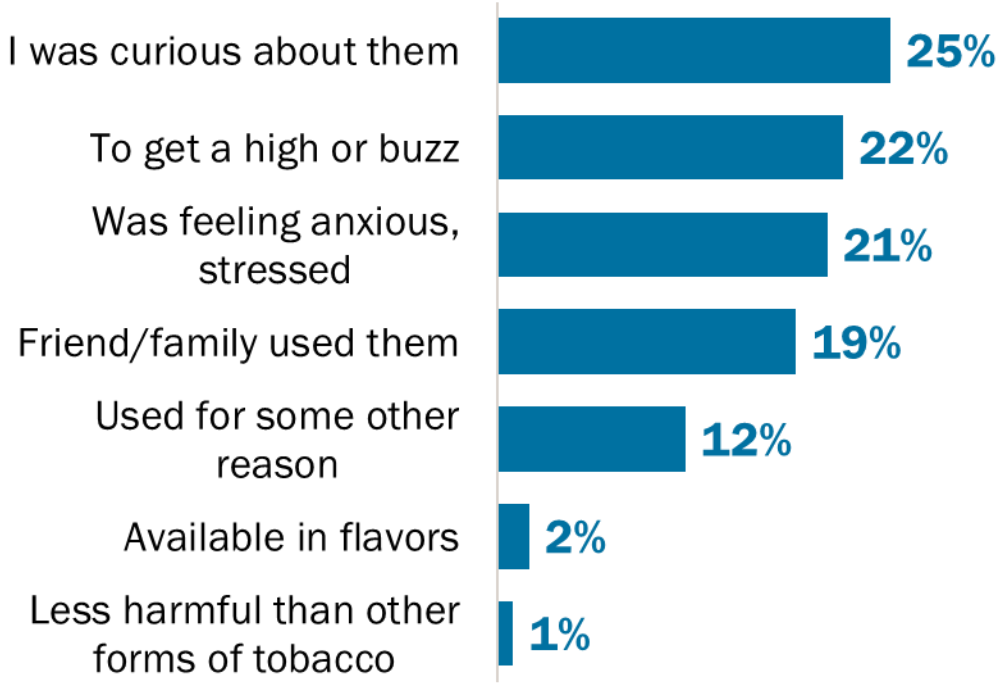
- High school students who use EVPs are using them more frequently now than in 2019. Among high schoolers who currently use EVPs, 37% use them every day, a significant increase from 2019 (31%).
- The most common primary reason high school students report using EVPs is because they are curious about them.

Frequency of EVP Use



Note: Comparison is between 2019 and 2023 to avoid comparing directly to 2021, when there were differences in survey administration due to the COVID-19 pandemic. Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
*Statistical difference between 2019 and 2023.
Source: VT YRBS, 2019 and 2023

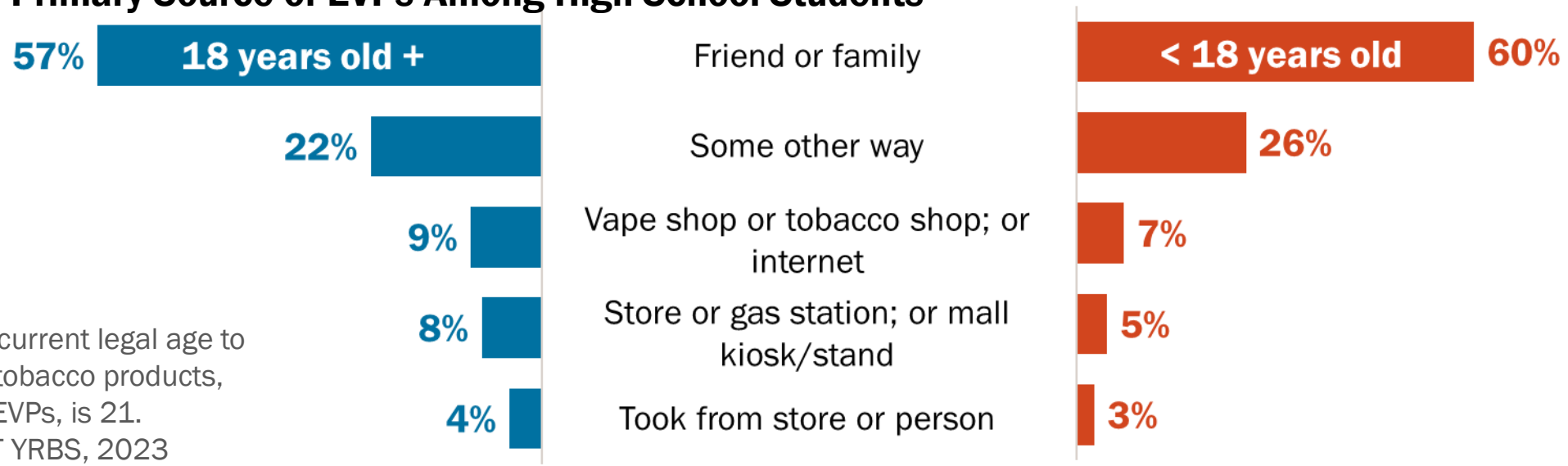
Primary Reason for Use, 2023



Nearly 6 in 10 high school students who use EVPs get them from a friend or family member.

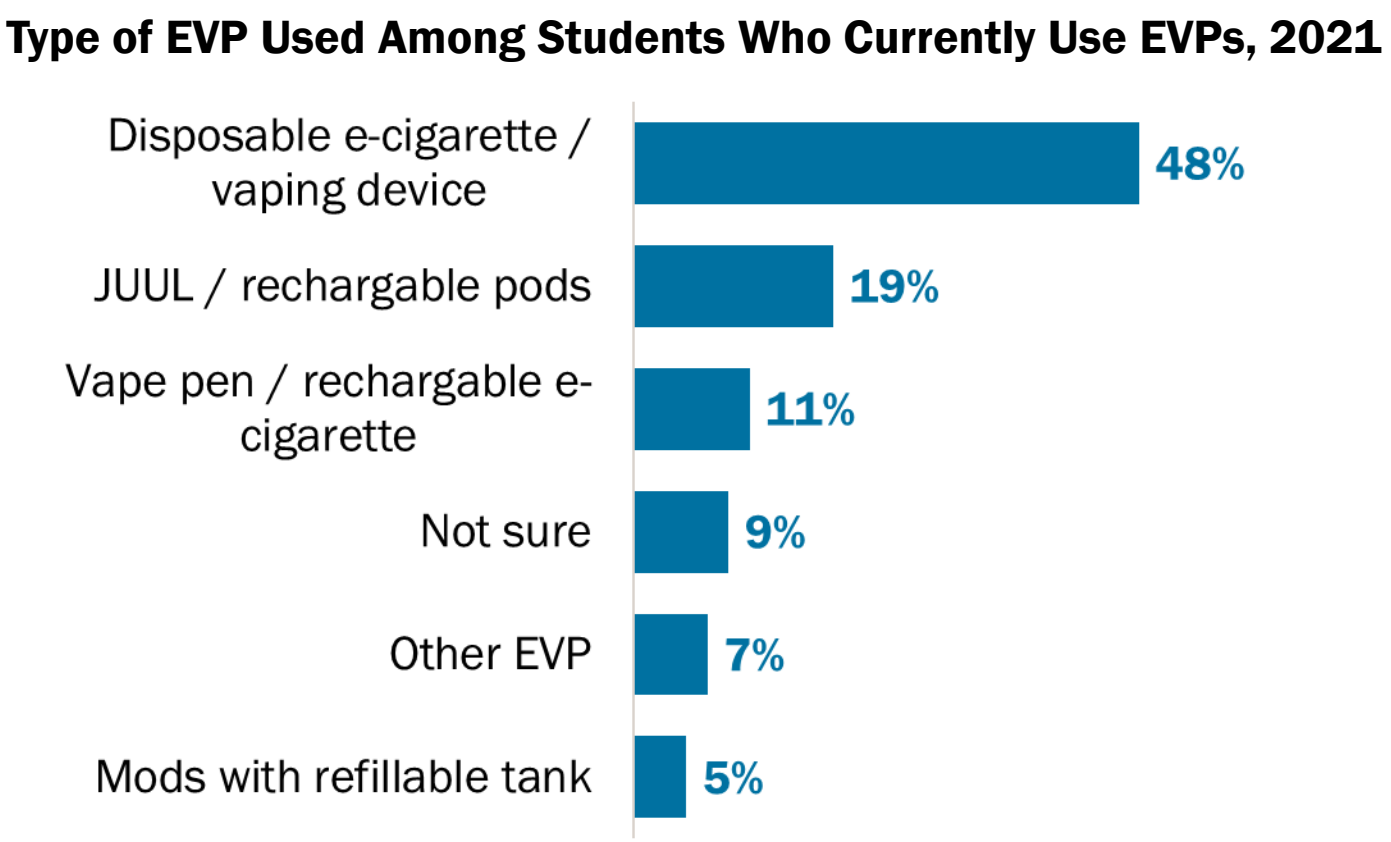
- The most common way high school students get EVPs is from someone else such as a friend or family member.
- There are no significant differences in the primary source of EVPs between high school students under age 18 and high school students aged 18 or older.
- Prior to Act 27 passing in Vermont in 2019, which raised the legal age for buying and using tobacco products from 18 to 21 years of age, the most commonly reported primary source of EVPs among Vermont high school students 18 years old or older was buying them in a store.

Primary Source of EVPs Among High School Students



Note: The current legal age to purchase tobacco products, including EVPs, is 21.
Source: VT YRBS, 2023

Disposable e-cigarettes are the most popular type of EVP among high school students who currently use EVPs.



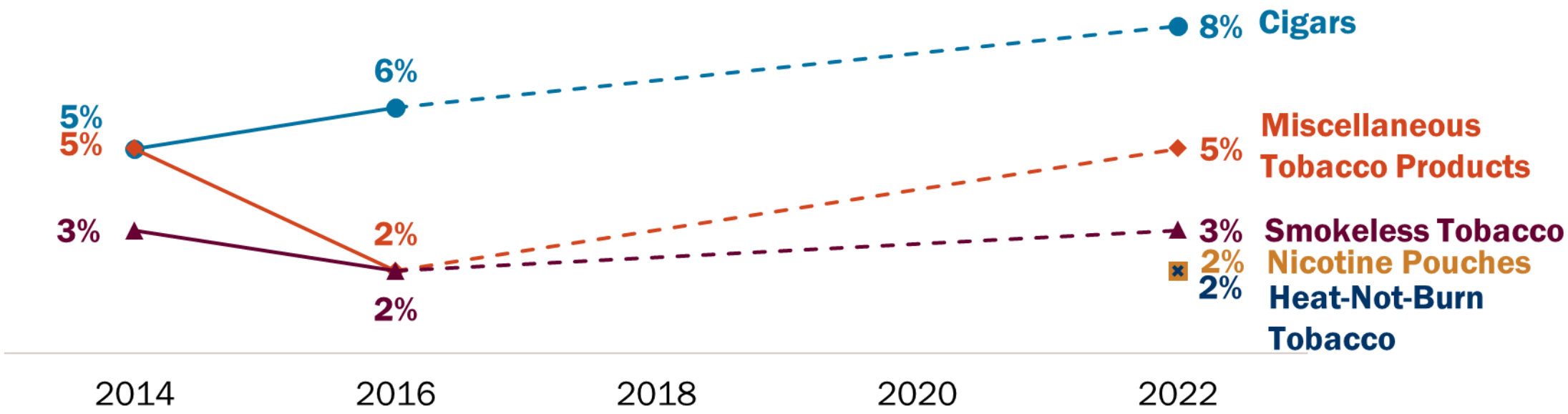
Source: VT YRBS, 2021. This question was not asked of high school students on the 2023 YRBS.

Tobacco Use Among Youth and Adults

Other Tobacco Products and Concurrent Use

Adult use of cigars has increased since 2014, while use of miscellaneous products and smokeless tobacco has been used at similar rates.

Other Tobacco Product Use Among Vermont Adults



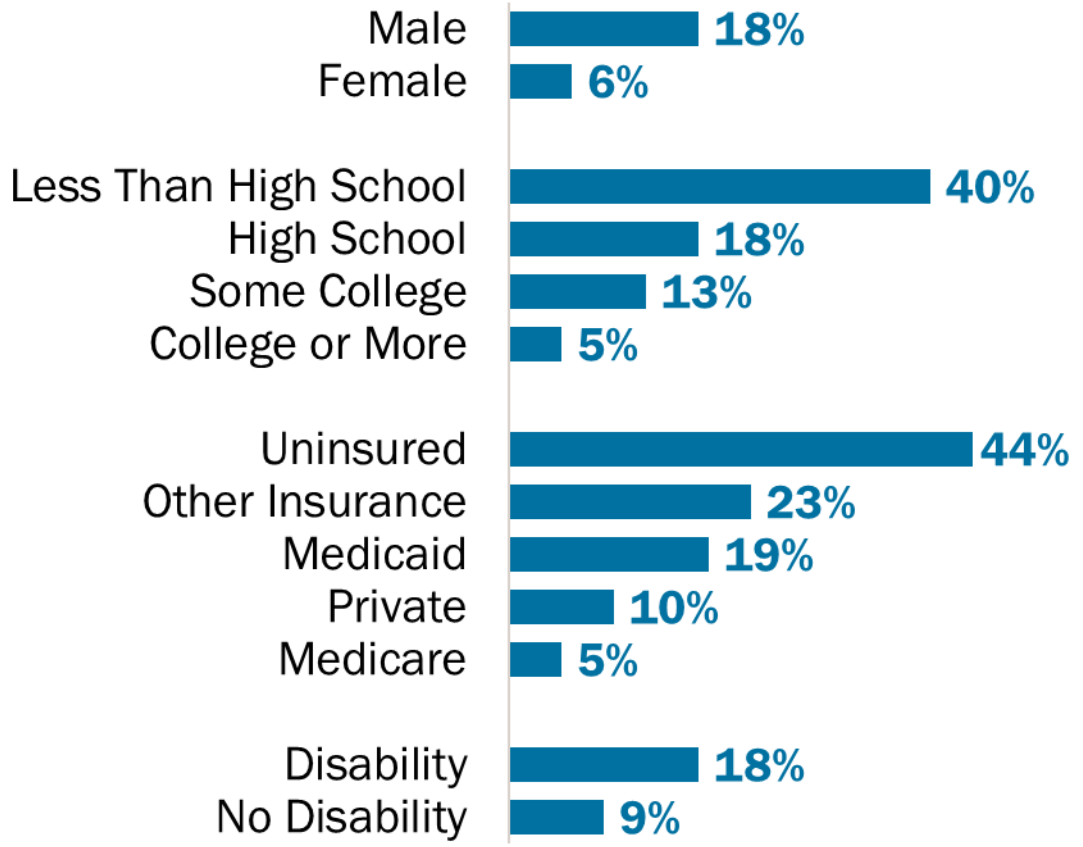
Note: Cigars includes cigars, cigarillos, and little cigars. Miscellaneous products include pipe, hookah, bidi and other types of tobacco not specifically named. Nicotine pouches and heat-not-burn tobacco are new and emerging products that were first asked about on the VT ATS in 2022. The 2022 ATS was 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.

Source: VT ATS, 2014-2022

Adults who are uninsured, have less than a high school education, or have a disability use other tobacco products at a higher rate.

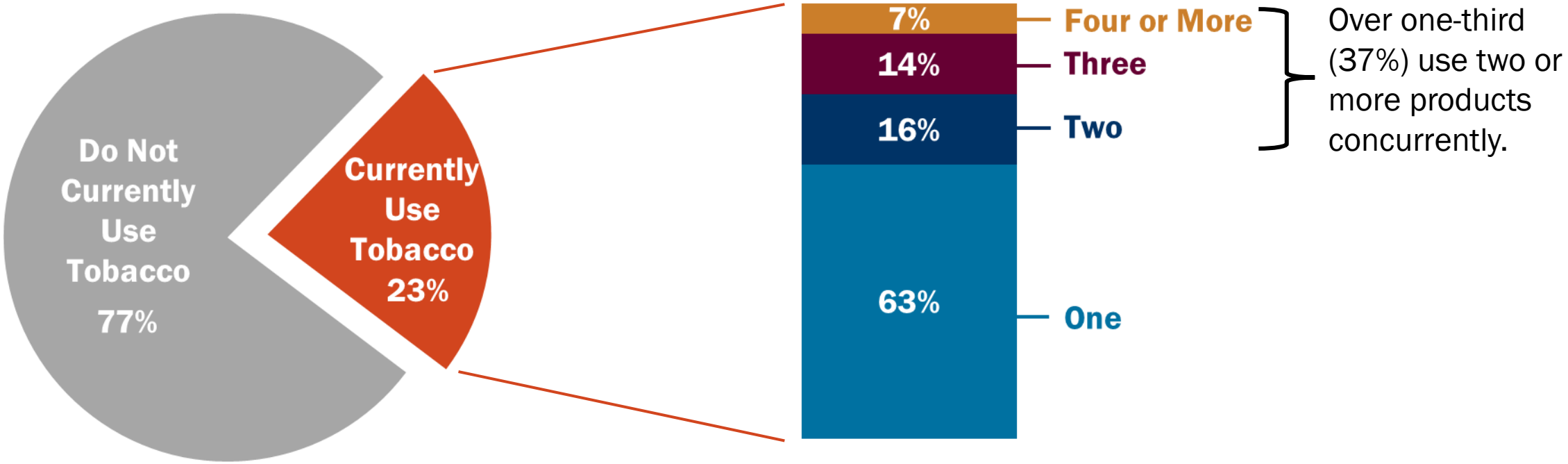
- All groups shown on this page have statistically significant differences.
- All education levels use tobacco at a higher rate than those with at least a college education while those with less than a high school education (40%) use tobacco at a higher rate than those with some college education (13%).
- Uninsured adults use tobacco at a higher rate (44%) than all additional insurance types except those with other insurance (23%) while those insured by Medicaid (19%) or with other insurance (23%) use tobacco at a higher rate than those insured by Medicare (5%).

Other Tobacco Product Use Among Vermont Adults



Note: Other tobacco products defined as 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.
Source: VT ATS, 2022

Among adults who currently use any tobacco product, over one-third use two or more products concurrently.

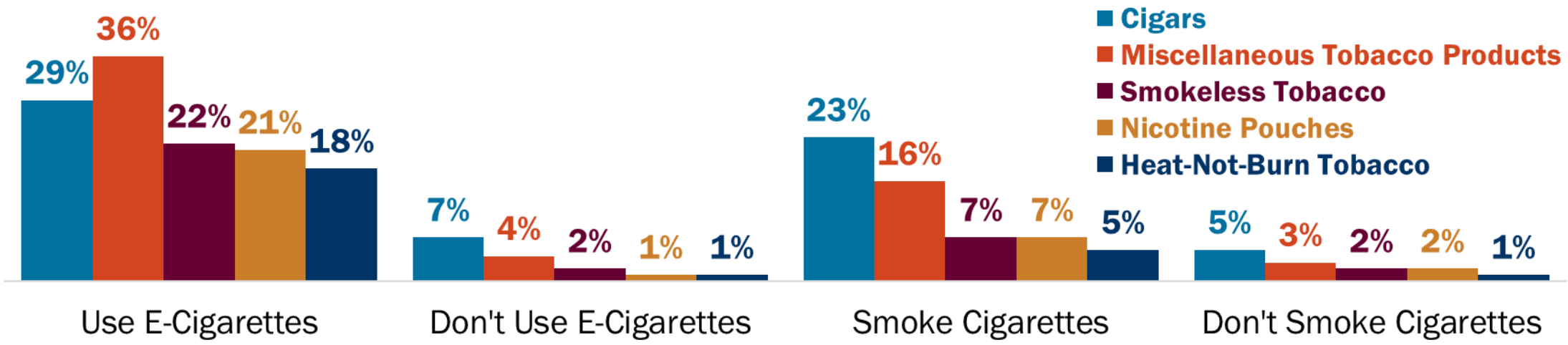


Note: Current use of tobacco defined as every day or some days in the past 30 days. Adult any tobacco use per VT ATS 2022 includes use of cigarettes, e-cigarettes, smokeless tobacco, cigars, nicotine pouches, heat-not-burn tobacco and miscellaneous tobacco products.
Source: VT ATS, 2022

Adults who use e-cigarettes or smoke are more likely to concurrently use other tobacco products than those who don't use e-cigarettes or smoke.

- For example, 29% of adults who currently use e-cigarettes also smoke cigars, which is significantly higher than the 7% of adults who do not use e-cigarettes and smoke cigars. Likewise, 23% of adults who smoke cigarettes also smoke cigars, which is significantly higher than the 5% of adults who do not smoke and smoke cigars.
- Adults who use e-cigarettes are significantly more likely to use other tobacco products (except for cigars) than those who smoke cigarettes.

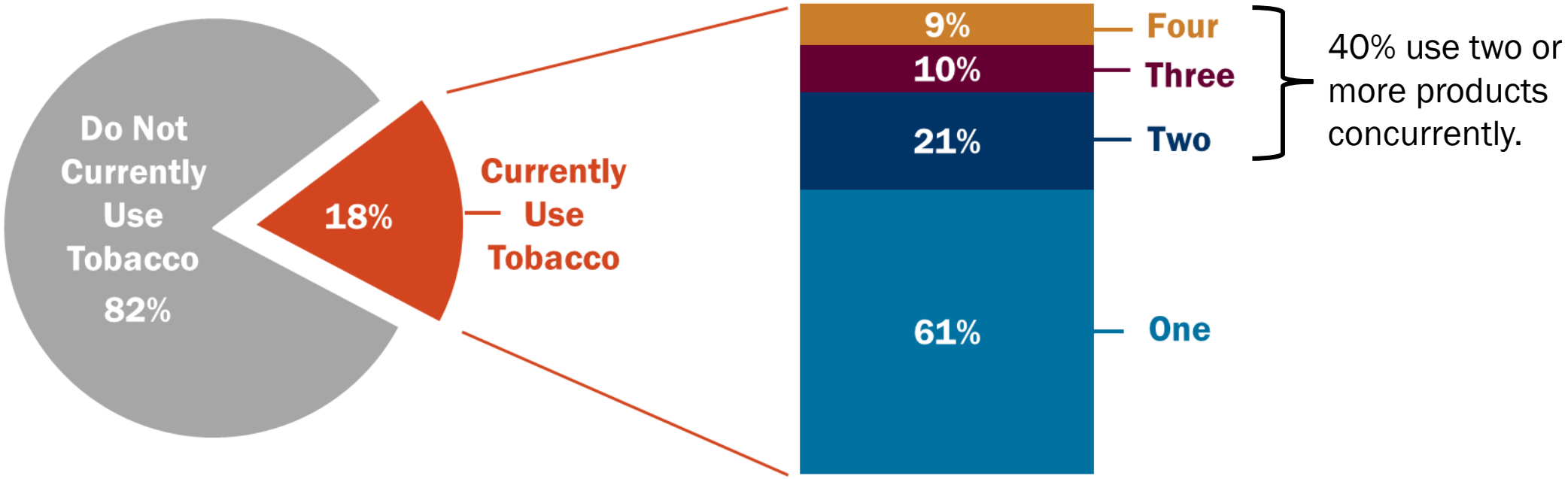
Other Tobacco Product Use by Current Smoking and E-Cigarette Use



Note: Cigars includes cigars, cigarillos, and little cigars. Miscellaneous products include pipe, hookah, bidi and other types of tobacco not specifically named.

Source: VT ATS, 2022

Among high school students currently using any tobacco, 40% are using two or more tobacco products.

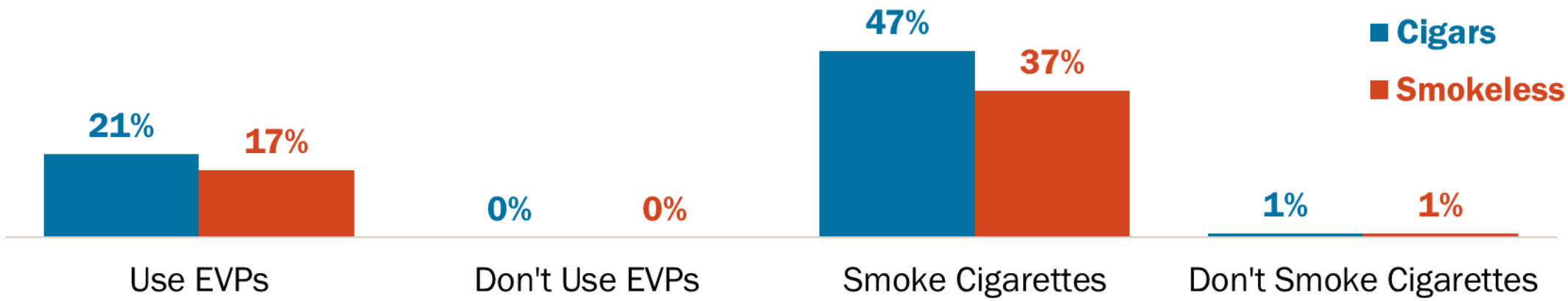


Note: Percentages may not add up to 100% due to rounding.
Source: VT YRBS, 2023

High school students who currently use EVPs or cigarettes are more likely to concurrently use cigars or smokeless tobacco than those who don't use EVPs or cigarettes.

- Twenty-one percent of students who currently use EVPs also smoke cigars, which is significantly higher than the 0% of students who smoke cigars but do not use EVPs. Likewise, 47% of students who smoke cigarettes also smoke cigars, which is significantly higher than the 1% of students who smoke cigars but do not smoke cigarettes.
- Students who smoke cigarettes are significantly more likely to use cigars or smokeless tobacco products than students who use EVPs.

Other Tobacco Product Use by Current Smoking and EVP Use



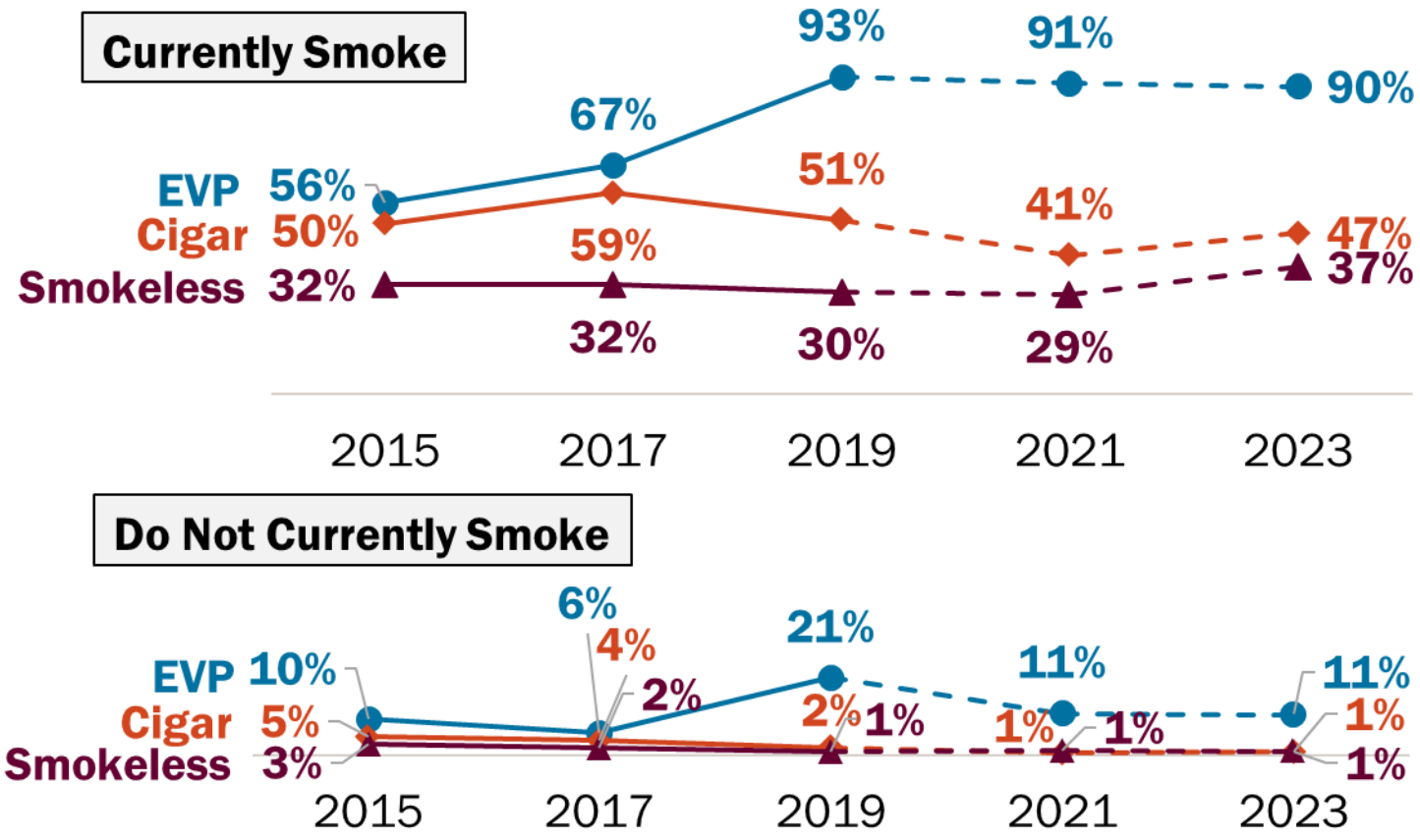
Source: VT YRBS, 2023

High school students who smoke continue to use other tobacco products at a much higher rate than those who do not smoke.

- Among high school students who smoke, EVP use is similar to 2021, but significantly higher than 2015. Cigar use is similar to 2015 and 2021. Use of smokeless tobacco is significantly higher than 2021, but similar to 2015.
- Among high school students who do not smoke, EVP use significantly decreased between 2019 and 2023 but is higher than 2015. Use of cigars is significantly lower than 2021 and 2015. Use of smokeless tobacco is similar to 2021 but significantly lower than 2015.

Note: Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
Source: VT YRBS, 2015 – 2023

Other Tobacco Product Use Among Students by Smoking Status



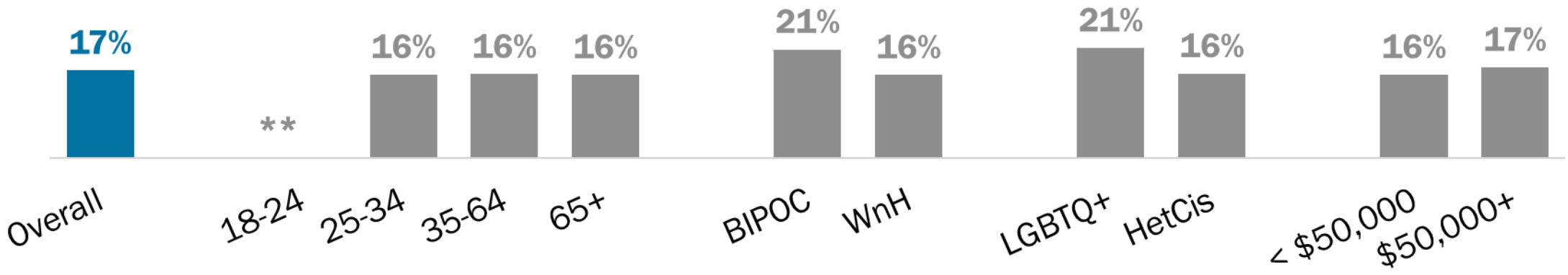
Tobacco Use Among Youth and Adults

Flavored Tobacco Products

About 1 in 6 adults who smoke or use e-cigarettes usually use a menthol-flavored cigarette or e-cigarette.

- Among adults who currently smoke cigarettes, 16% report usually using a menthol cigarette. Among adults who use e-cigarettes, 17% report usually using a menthol-flavored e-cigarette.
- There are no statistically significant differences in menthol use among the below subpopulations. Menthol use does trend higher among BIPOC and LGBTQ+ adults who smoke or use e-cigarettes, but this is not a statistically significant difference.

Percent of Adults Currently Using Cigarettes or E-cigarettes Who Typically Use Menthol Cigarettes or E-cigarettes



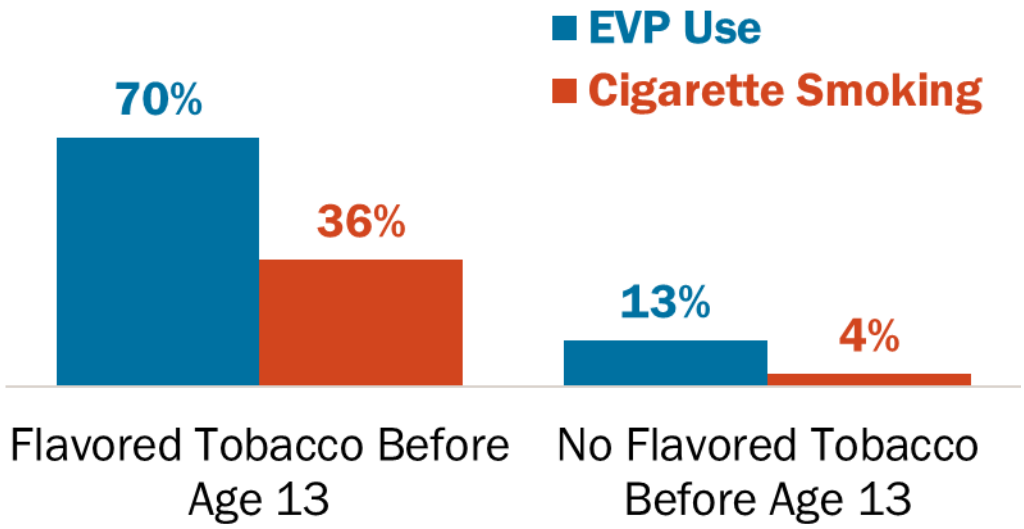
**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Source: VT BRFSS, 2023

High school students who try flavored tobacco before age 13 are 5x more likely to use EVPs and 9x more likely to use cigarettes.

- Seven in 10 high school students who tried flavored tobacco before age 13 currently use EVPs. This is significantly higher than the 13% who did not try flavored tobacco before age 13 and currently use EVPs.
- More than one-third of high school students who tried flavored tobacco before age 13 currently smoke cigarettes. This is significantly higher than the 4% who did not try flavored tobacco before age 13 and currently smoke cigarettes.

Current EVP Use and Cigarette Smoking by Trying Flavored Tobacco Before Age 13

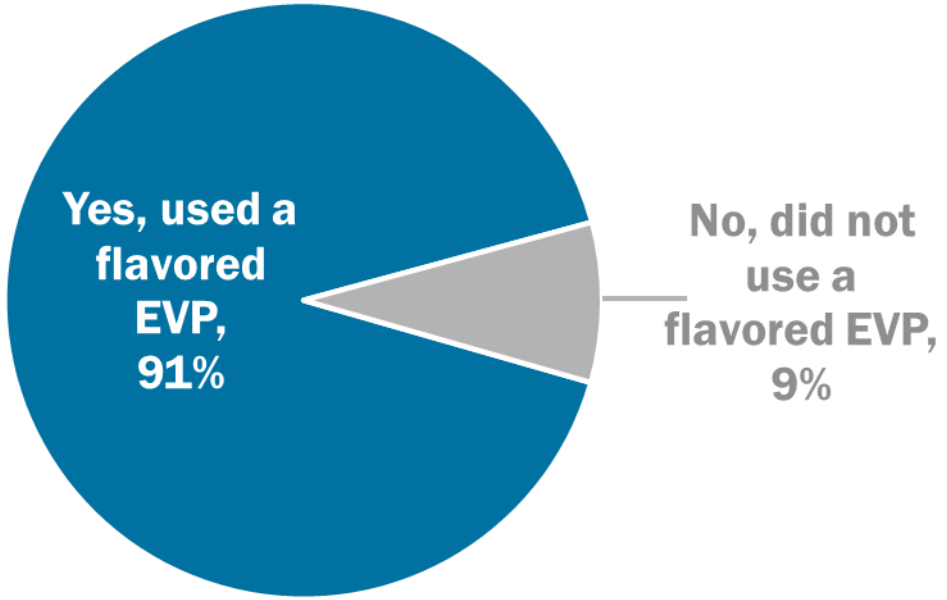


Note: Flavored tobacco is considered any tobacco product flavored to taste like menthol (mint), clove, spice, alcohol (wine or cognac), candy, fruit, chocolate, or other sweets.
Source: VT YRBS, 2021. This question was not asked on 2023 VT YRBS.

Among high school students who use EVPs, 9 in 10 use EVPs flavored to taste like something other than tobacco.

- The overwhelming majority (91%) of high school students who currently use EVPs report that they have used an EVP flavored to taste like menthol, mint, clove or spice, alcoholic drinks, candy, fruit, or any other non-tobacco flavor in the past 30 days.

Percent of High School Students Who Used a Flavored EVP in Past 30 Days Among High School Students Currently Using EVPs



Source: VT YRBS, 2023

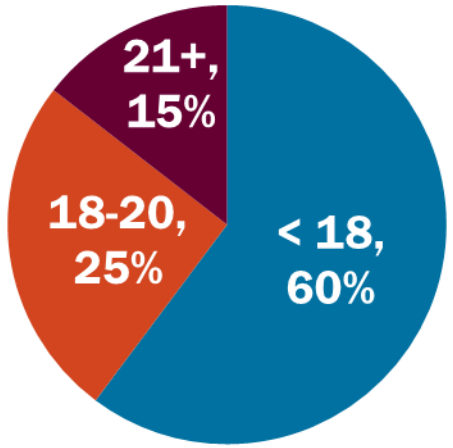
Tobacco Use Initiation

Tobacco use initiation refers to when an individual starts using a tobacco product, such as at which age they began smoking cigarettes.

Smoking patterns among adults who currently smoke cigarettes differ by age of initiation.

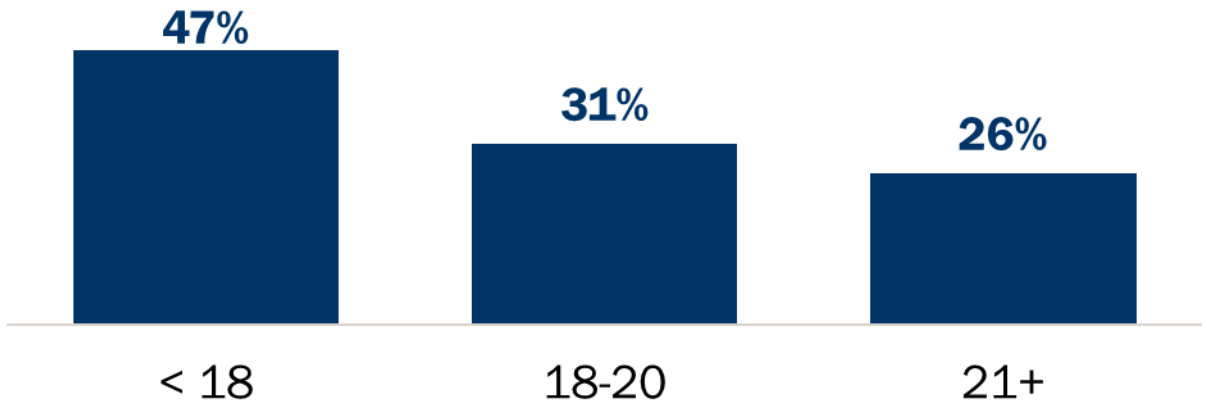
3 in 5 adults who currently smoke started smoking regularly before age 18.

% Current Adults Who Smoke by Age of Initiation



Adults who started smoking before age 18 are significantly more likely to smoke a pack a day or more compared to those who started smoking at age 18 or older.

% Current or Former Smokers Who Smoked a Pack or More per Day by Age of Initiation

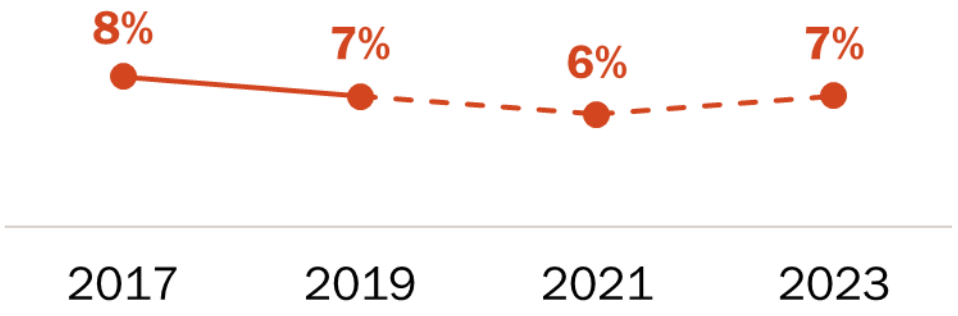


Note: A pack of cigarettes is 20 cigarettes.
Source: VT BRFSS 2022. These questions were not asked on 2023 VT BRFSS.

Among all high school students, about 1 in 15 have tried cigarettes before age 13.

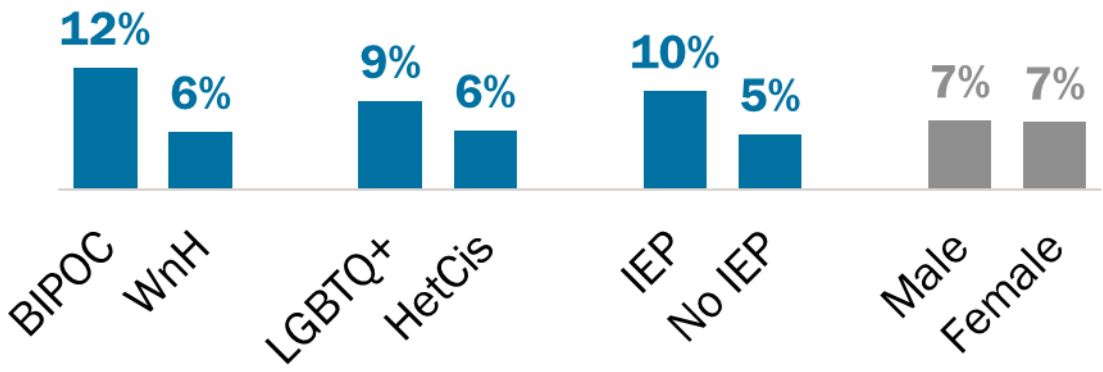
- Regardless of current smoking status, 7% percent of high school students report having tried a cigarette, even just one or two puffs, before age 13. This is significantly higher than the national average of 5% (data not shown).

The current percent of high school students who tried cigarettes before age 13 (7%) is significantly lower than the percent in 2017.



BIPOC and LGBTQ+ students and students with an IEP/504 Plan are significantly more likely to try a cigarette before age 13.

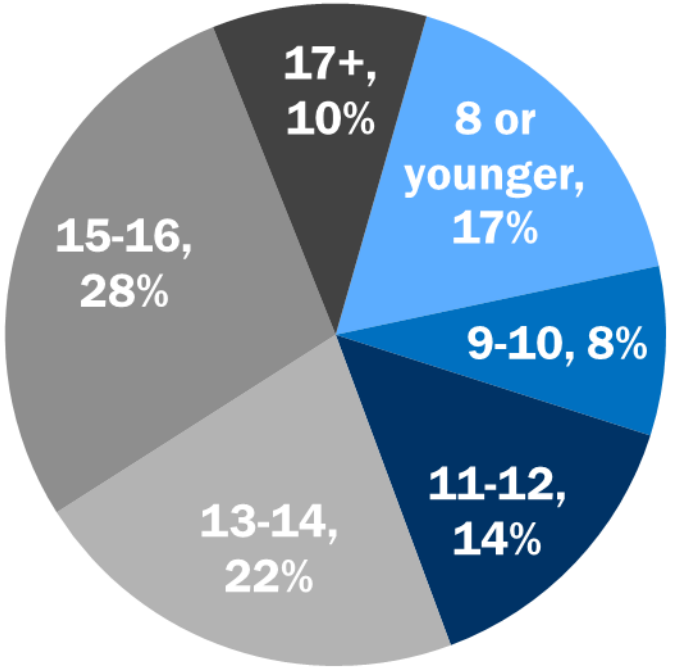
YRBS, 2023



Note: Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
Source: VT YRBS, 2017 – 2023; CDC U.S. YRBS Explorer

Among high school students who currently smoke, 40% first tried a cigarette, even one or two puffs, before age 13.

Age First Tried Cigarettes Among High School Students Who Currently Smoke



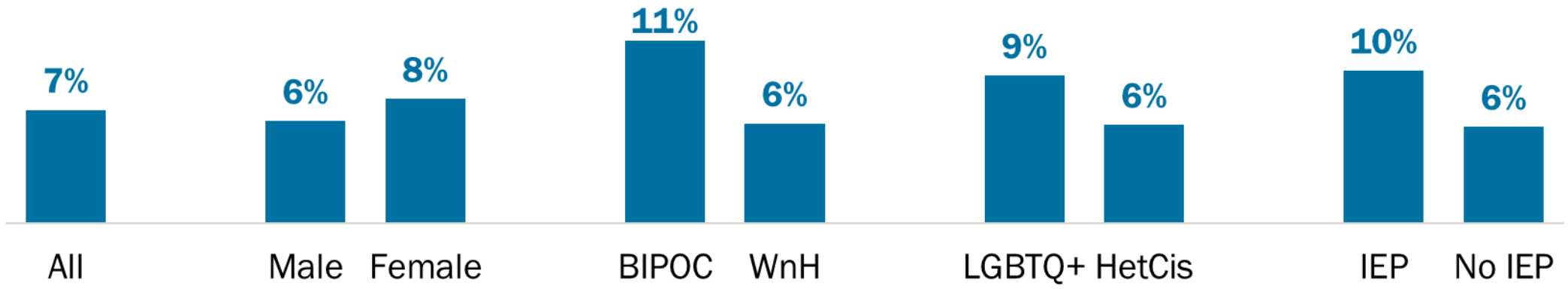
2 in 5 (40%) high school students who currently smoke first tried cigarettes before age 13.

Note: Values in these charts are rounded to the nearest whole number and therefore may not always add to 100% due to error introduced in rounding.
Source: VT YRBS, 2023

Among all high school students, about 1 in 15 (7%) try EVPs before age 13.

- Regardless of current EVP use status, 7% of high school students report trying EVPs before age 13.
- Female students, BIPOC students, LGBTQ+ students, and students with an IEP or 504 Plan are significantly more likely to try an EVP before age 13 compared to white, non-Hispanic students, heterosexual students, and students without an IEP or 504 plan.

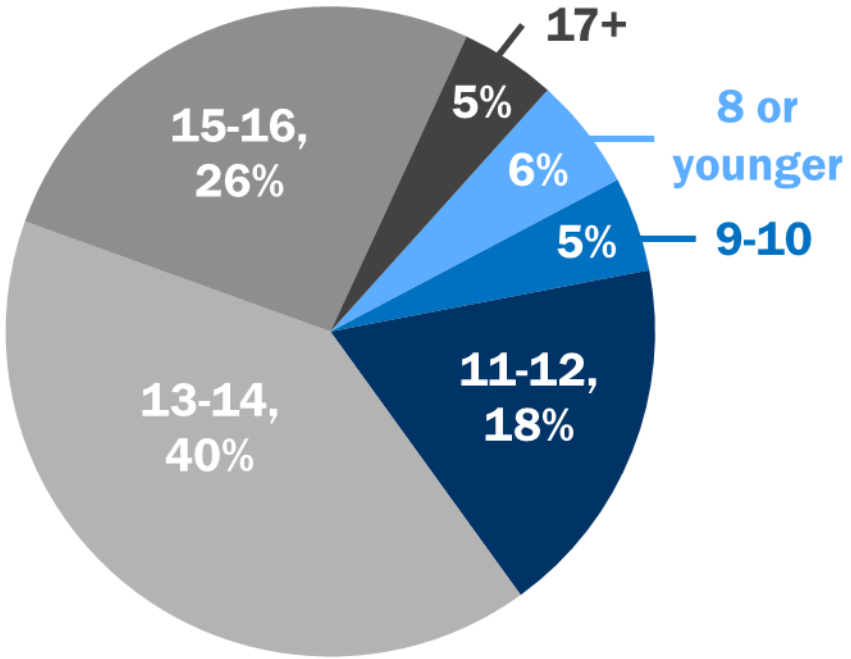
Percent of High School Students Who Tried EVPs Before Age 13



Source: VT YRBS, 2023

Among high school students who currently use EVPs, 28% first tried an EVP before age 13.

Age First Tried EVP Among High School Students who Currently Use EVPs



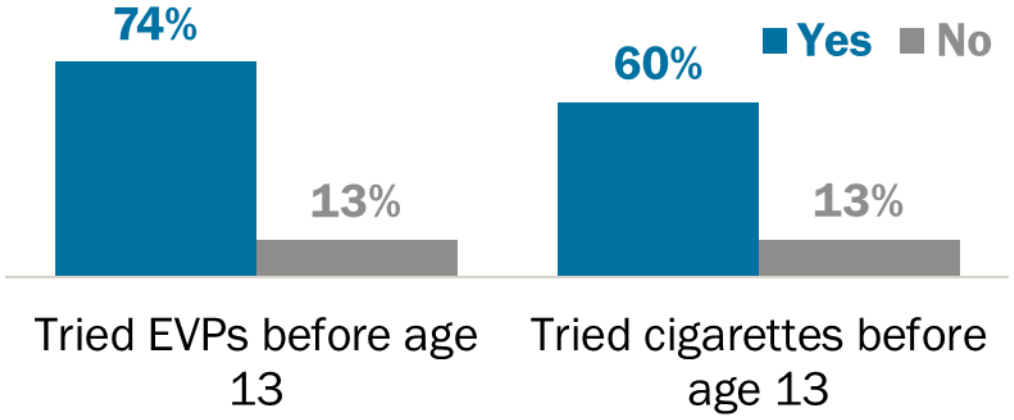
About 1 in 4 (28%) high school students who currently use EVPs tried an EVP before age 13.

Note: Values in these charts are rounded to the nearest whole number and therefore may not always add to 100% due to error introduced in rounding.
Source: VT YRBS, 2023

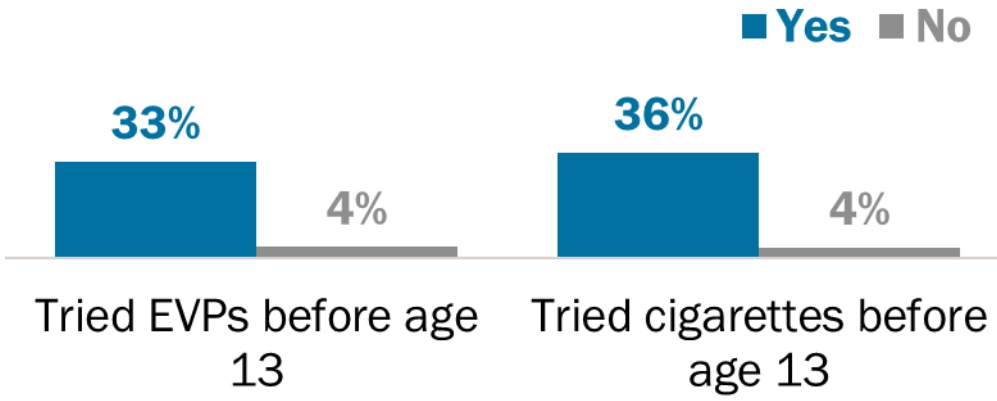
Youth who try EVPs or cigarettes before age 13 are more likely to currently use those substances.

- Nearly 3 out of 4 (74%) high school students who tried an EVP before age 13 currently use EVPs. This is a statistically higher rate than the 13% who currently use EVPs but did not try an EVP before age 13. Additionally, 60% of students who tried a cigarette before age 13 currently use EVPs, a statistically higher rate than the 13% who currently use EVPs and did not try a cigarette before age 13.
- One-third (33%) of students who tried EVPs before age 13 currently smoke cigarettes, significantly higher than the 4% who currently smoke and did not try EVPs before age 13. More than 1 in 3 (36%) high school students who tried a cigarette before age 13 currently smoke cigarettes, significantly higher than the 4% who currently smoke but did not try cigarettes before age 13.

Current EVP Use by Trying Cigarettes or EVPs Before Age 13



Current Cigarette Smoking by Trying Cigarettes or EVPs Before Age 13



Source: VT YRBS, 2023

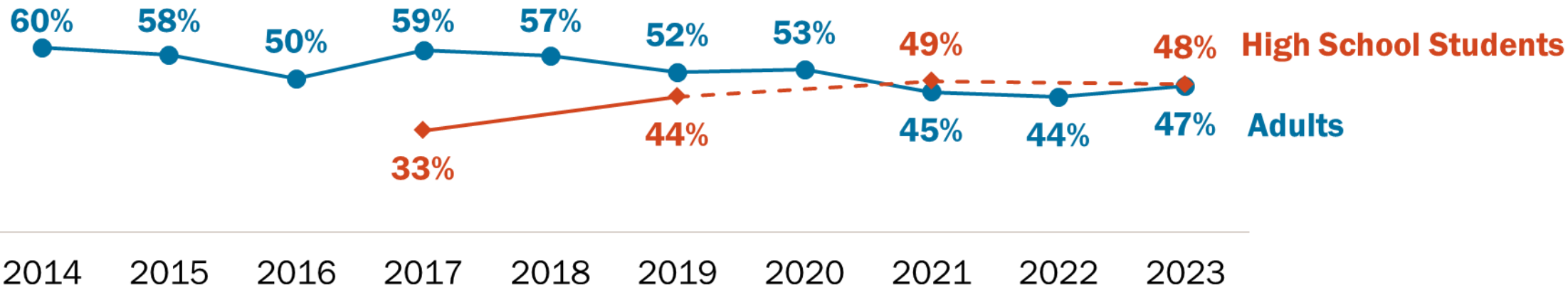
Tobacco Cessation and Treatment

Tobacco cessation is the process of quitting or stopping the use of tobacco products, while tobacco treatment refers to strategies and methods that help with quitting.

The prevalence of quit attempts has decreased significantly in the last decade among adults who smoke, but it has increased among high school students who use tobacco.

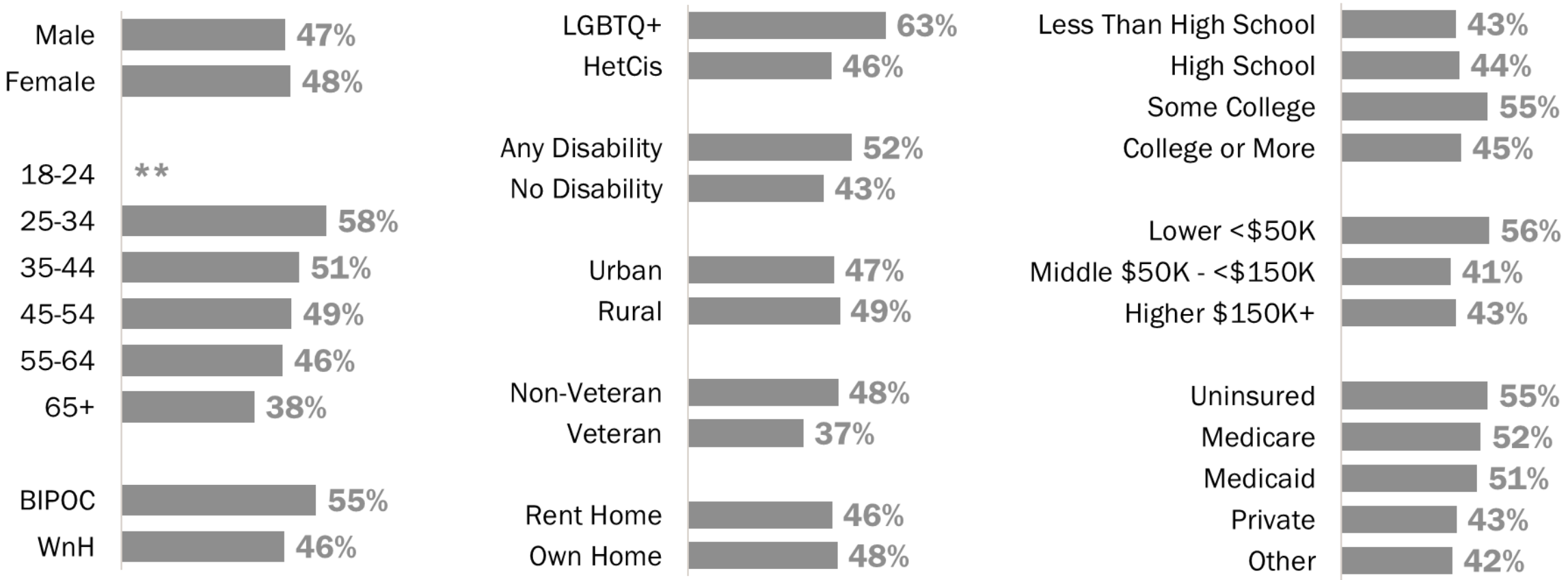
- Among Vermont adults who currently smoke, 47% say they made an attempt to quit smoking in the past 12 months. Although trending recently in the desired direction, this is statistically similar to 2022 and statistically lower than 2014. Of note, since there is only a single recent year trending in the desired direction (2023), additional years are needed to know if this is a fluctuation or a trend reversal.
- Among high school students who use any tobacco, 48% tried to quit using all tobacco products in the past 12 months. This is a significant increase compared to 2017.

Prevalence of Quit Attempt in Past Year Among Adults Who Smoke and Youth Tobacco Users



Note: Caution should be used when interpreting and comparing the YRBS 2021 results to other years.
Source: VT BRFSS, 2014 – 2023; VT YRBS, 2017 - 2023

The rates of past-year smoking quit attempts among Vermont adults are statistically similar across demographic groups.

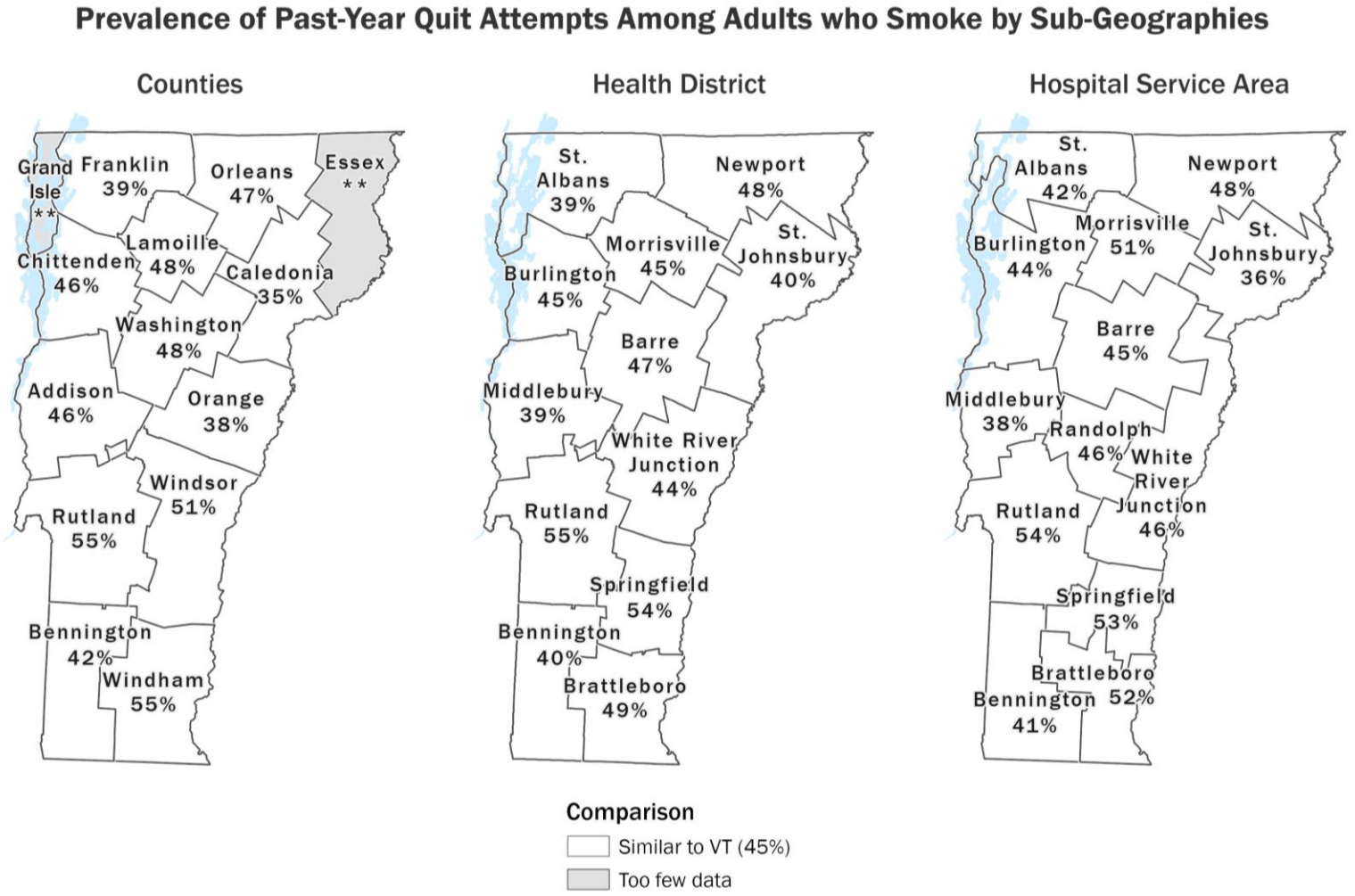


**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Source: VT BRFSS, 2023

All counties, health districts and hospital service areas have a past-year smoking quit attempt prevalence similar to Vermont overall.

- No statistical differences were found when comparing the overall Vermont prevalence of past-year quit attempts among adults who smoke to county, health district or hospital service area prevalences.
- Across Vermont counties, Caledonia and Orange Counties have the lowest past-year quit attempt rates (35% and 38%, respectively), while Rutland and Windham have the highest (both 55%).



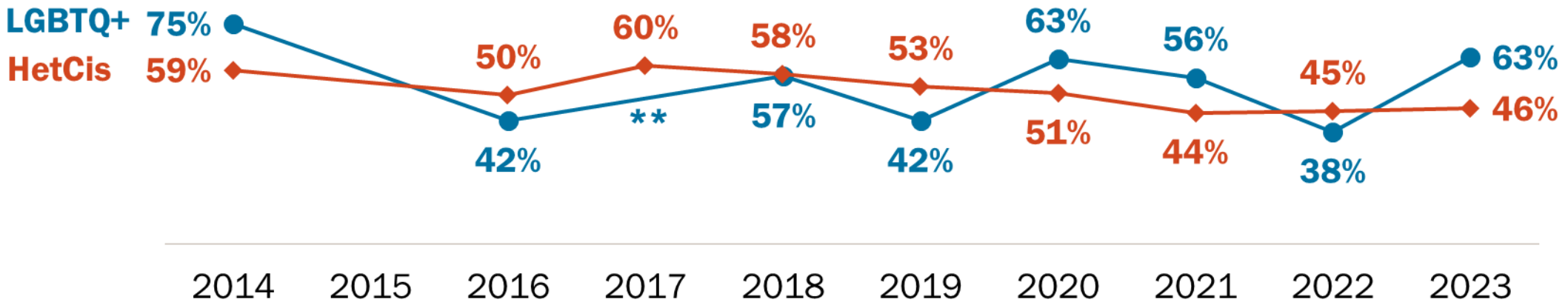
**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Source: VT BRFSS, 2022-2023

The rate of past-year quit attempts among both LGBTQ+ and HetCis adults who smoke has decreased since 2014.

- Since 2014, the percent of those who make a quit attempt in the past year has been statistically similar between LGBTQ+ and HetCis adults who smoke in Vermont.
- Among LGBTQ+ adults, the current percent who smoke cigarettes and have tried to quit (63%) is statistically similar to 2022 and 2014.
- Among HetCis adults, current quit attempt prevalence (46%) is a significant decline from 2014 (59%).

Prevalence of Past-Year Smoking Quit Attempt by Sexual Orientation/Gender Identity



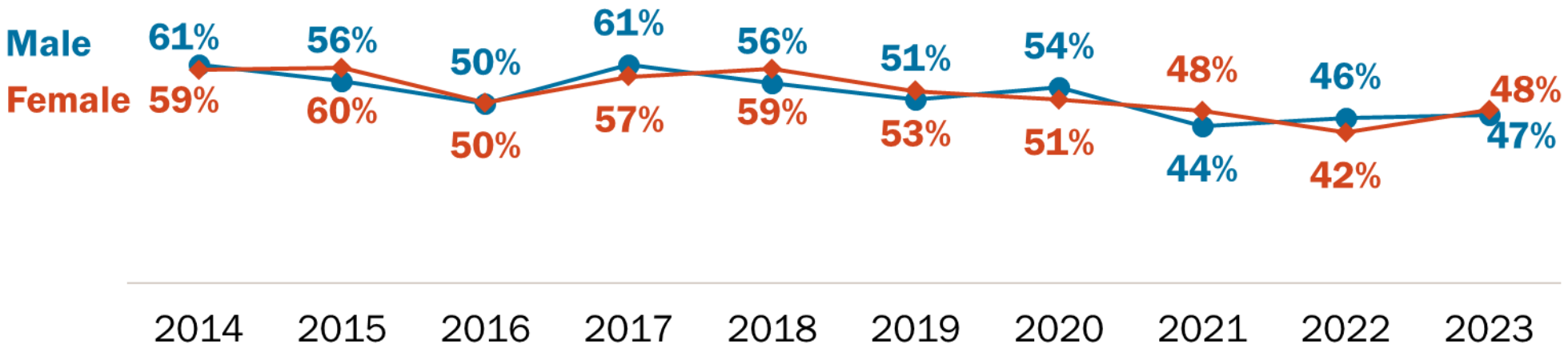
**Value suppressed because sample size is too small or relative standard error (RSE) is >30.

Source: VT BRFSS, 2014-2023

The rate of past-year quit attempts among male adults in Vermont has decreased since 2014.

- Among male adults, the current past-year quit attempt prevalence (47%) is significantly lower than in 2014 (61%) and statistically similar 2022.
- Among female adults, quit attempts have been statistically similar since 2014.
- There is no statistical difference in past-year quit attempts between males and females in 2023, nor since 2014.

Prevalence of Past-Year Smoking Quit Attempt by Sex

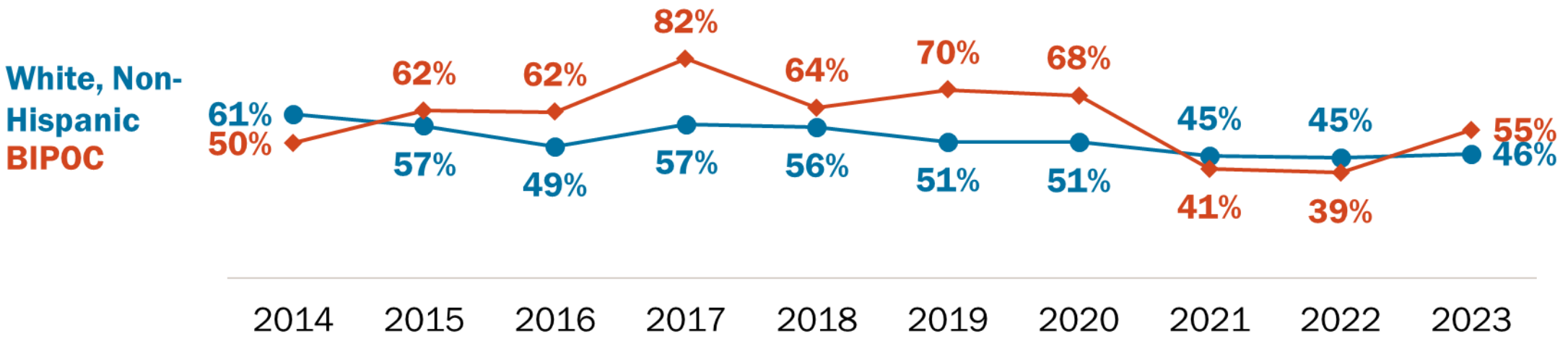


Source: VT BRFSS, 2014-2023

The rate of past-year quit attempts among both BIPOC and white, non-Hispanic adults has decreased since 2017.

- In all years except 2017, the percent of adults who tried to quit is statistically similar between BIPOC adults and white, non-Hispanic adults who smoke.
- Among BIPOC adults, the current past-year quit attempt prevalence (55%) is a significant decline from 2017 (82%). The current percent of BIPOC adults who smoke and have tried to quit is similar to 2022 (39%) and 2014 (50%).
- Among white, non-Hispanic adults, current past-year quit attempt prevalence (46%) is significantly lower than in 2014 (61%).

Prevalence of Past-Year Smoking Quit Attempt by Race and Ethnicity

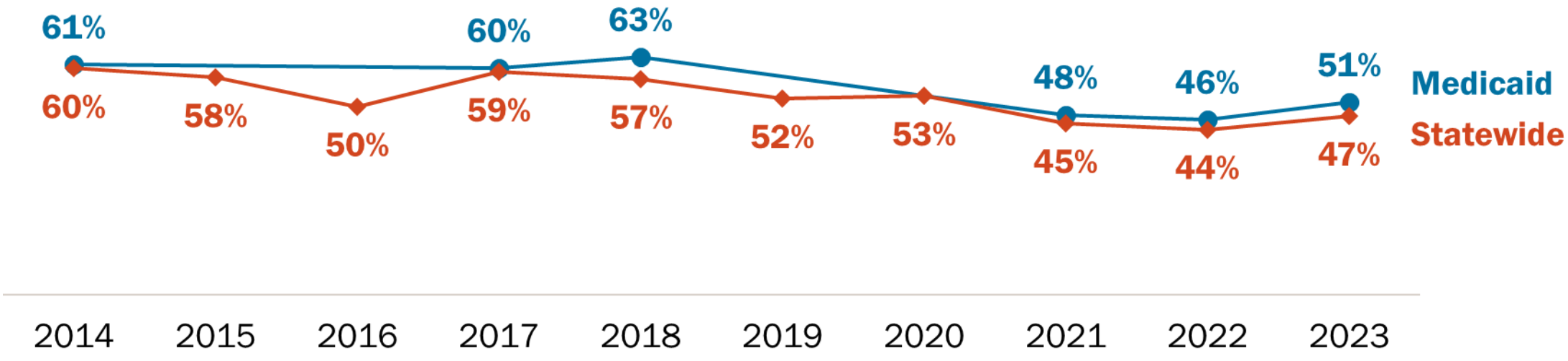


Source: VT BRFSS, 2014-2023

Since 2014, Medicaid-insured adults have attempted to quit smoking cigarettes at a similar rate as all adults in Vermont.

- The percent of adults who smoke and made an attempt to quit in the past year among both Medicaid-insured adults and all adults statewide trended upwards from 2022 to 2023. This is not a statistically significant difference.
- The past-year quit attempt prevalence among Medicaid-insured Vermonters has not significantly changed since 2014 (51% vs. 61%). The current statewide prevalence (47%) is significantly lower than 2014 (60%).

Prevalence of Past-Year Smoking Quit Attempt

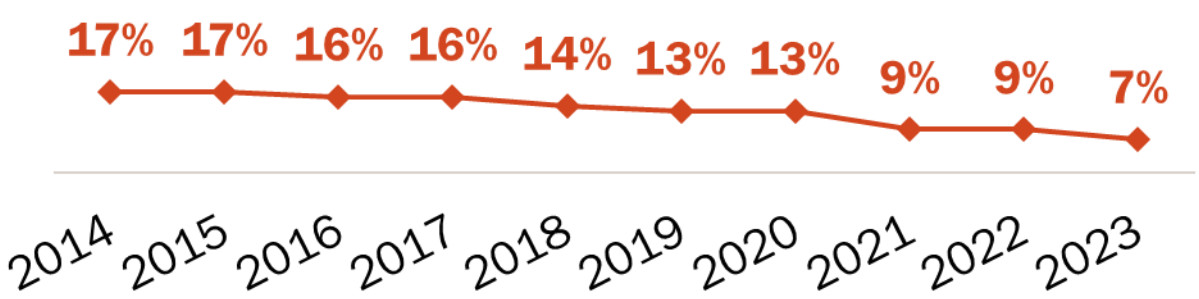


Note: No data collected about insurance type in 2015, 2016, 2019 and 2020.
Source: VT BRFSS, 2014 - 2023

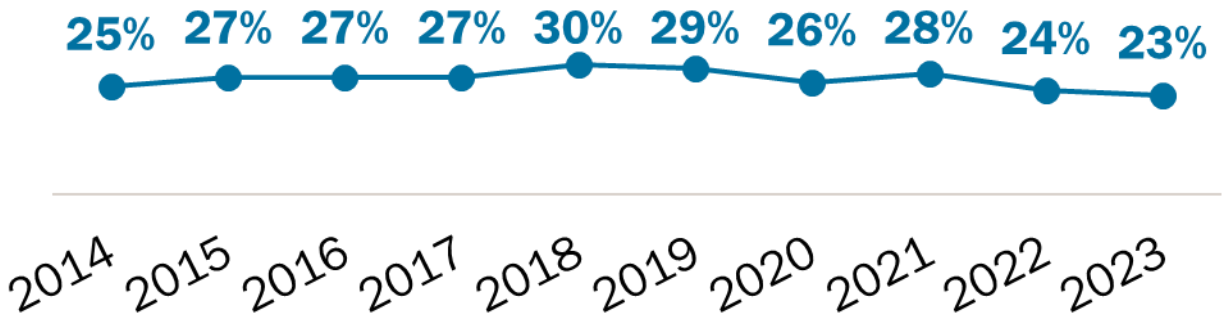
Quitting smoking remains challenging for pregnant Vermont residents.

- The rate of smoking during pregnancy among Vermont births has seen a 59% relative reduction from 17% in 2014 to the current rate of 7%.
- Despite progress in reducing the rate of smoking during pregnancy, the quitting rate has stalled. Among those who smoked, the current percentage of those who quit before the 2nd trimester is statistically similar to prior years.
- In 2022-2023, the quit rate ranges from 13%-33% across Vermont counties, with Windsor County having the only statistically different rate (13%) from the overall state rate (23%). Windsor and Caledonia Counties have the lowest rates, while Addison and Rutland Counties have the highest quit rates (data not shown).

Percentage of Births to Vermonters who Smoked During Pregnancy



Percentage of Births to Vermonters who Smoked but Quit Before 2nd Trimester

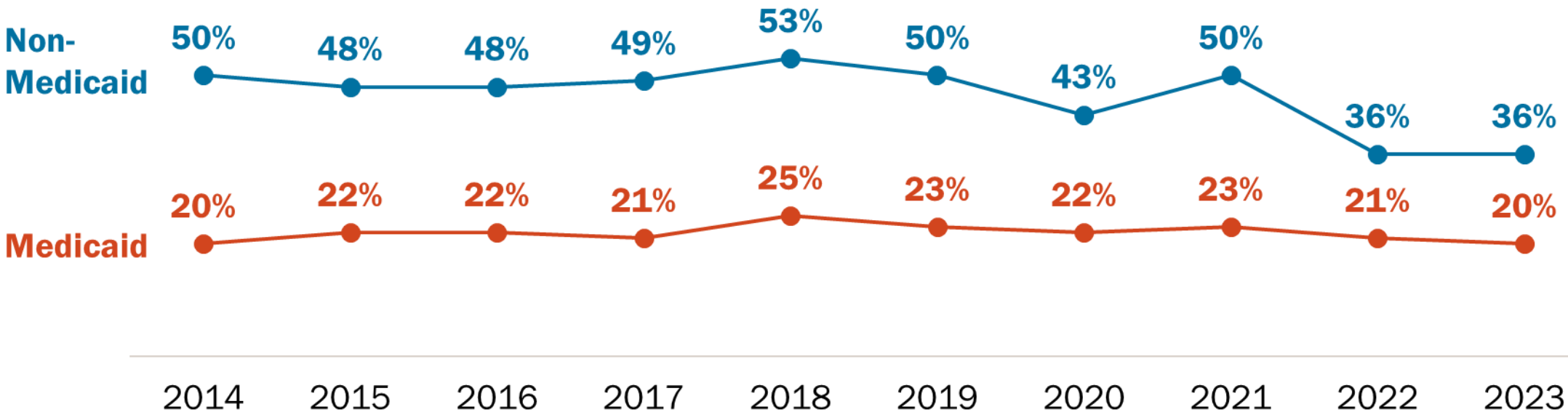


Note: Smoking during pregnancy is defined as smoking during any of the three trimesters of pregnancy. Quitting is defined as having smoked during the three months before pregnancy or during the 1st trimester of pregnancy but did not smoke during the 2nd or 3rd trimesters of pregnancy; the quit percentage is calculated among all those who smoked during the three months before pregnancy or during 1st trimester.

Source: VT Vital Statistics System, 2014-2023

Pregnant Vermont residents insured by Medicaid are less likely to quit than those not insured by Medicaid.

Percentage of Births to Vermonters Who Smoked but Quit Before 2nd Trimester by Insurance

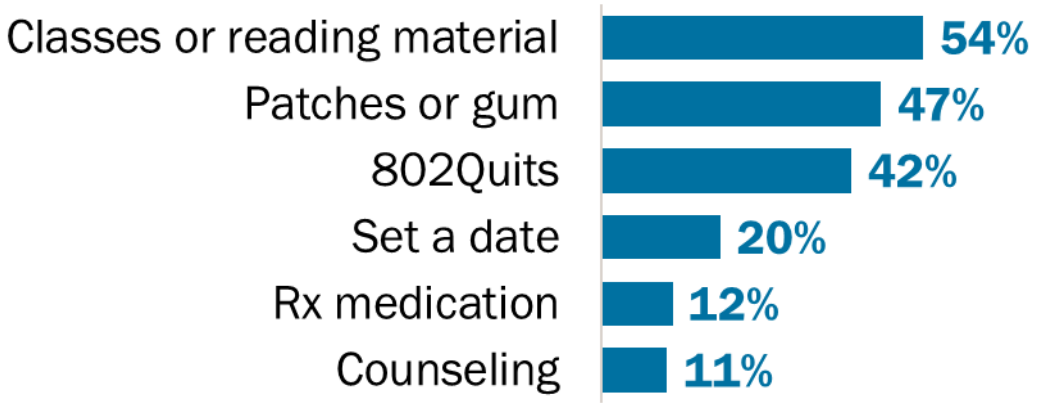


Note: Non-Medicaid includes private, self-Pay, and other. Quitting is defined as having smoked during the three months before pregnancy or during the 1st trimester of pregnancy but did not smoke during the 2nd or 3rd trimesters of pregnancy; the quit percentage is calculated among all those who smoked during the three months before pregnancy or during 1st trimester.
Source: VT Vital Statistics System, 2014-2023

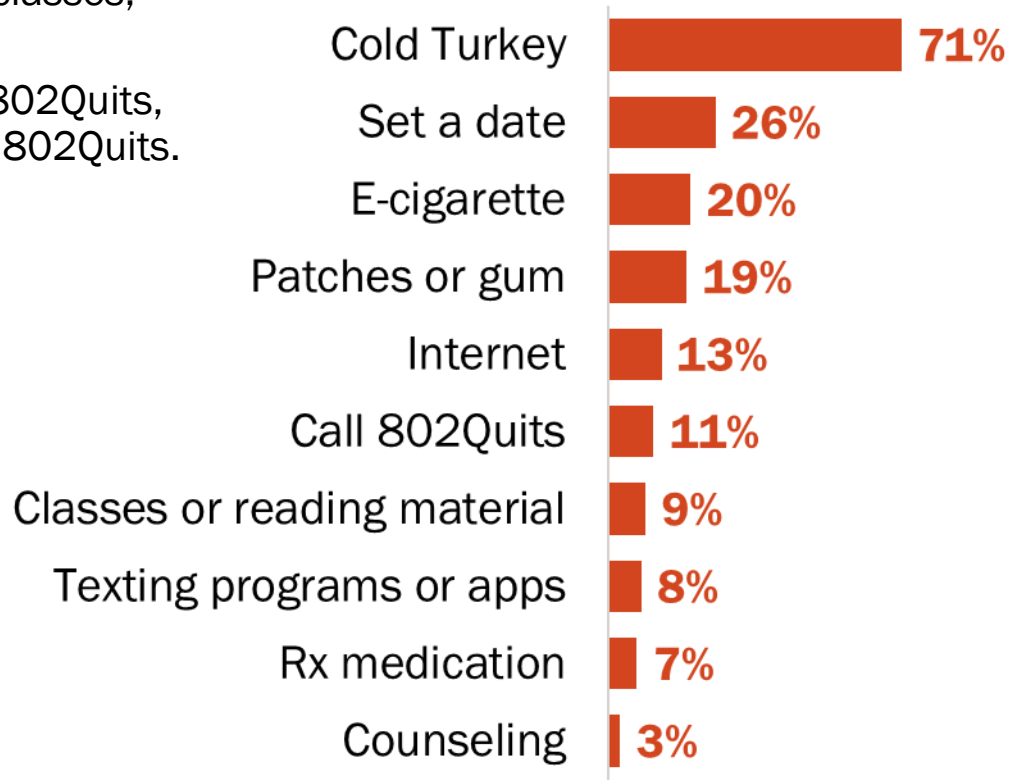
The most reported quit method for smoking during pregnancy is by stopping "cold turkey."

- Most (71%) pregnant Vermonters try to quit smoking by stopping "cold turkey."
- Although more than half (54%) of Vermonters who smoke during pregnancy report receiving reading materials or recommendations for cessation classes, only 9% use those strategies.
- Almost half report receiving recommendations for patches or gum or 802Quits, yet only 19% report using patches or gum and only 11% report calling 802Quits.

Quit Methods Recommended by Health Care Providers During Pregnancy



Methods Used in Attempt to Quit Smoking During Pregnancy

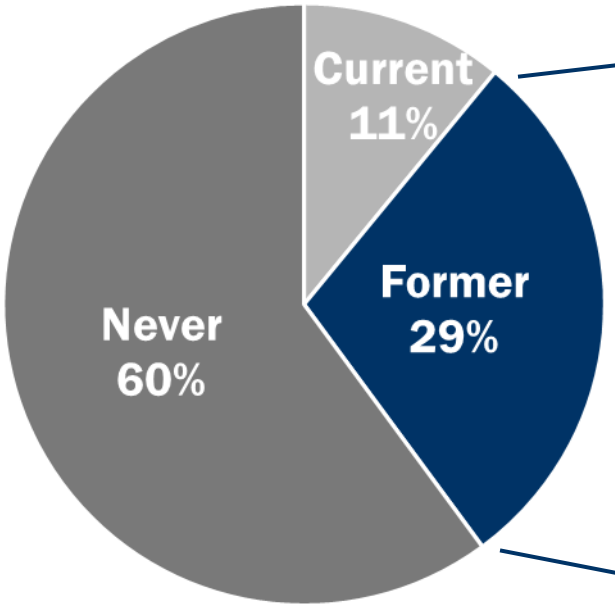


Source: VT PRAMS Phase 8, 2022

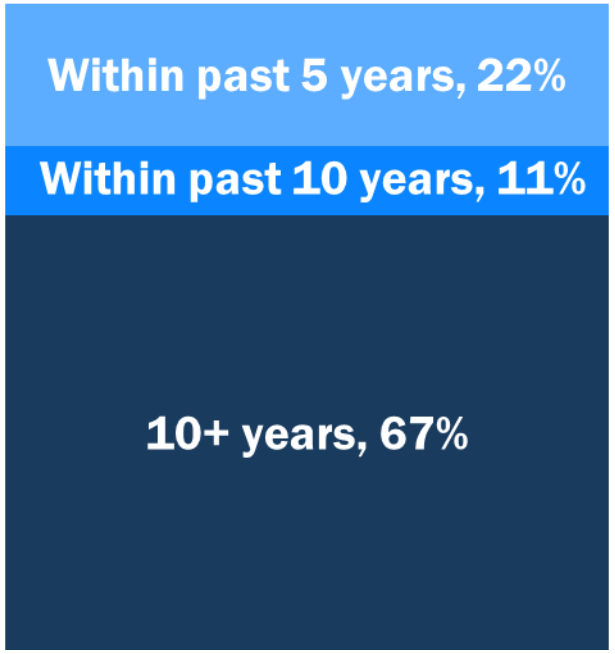
About 1 in 5 former smokers quit smoking within the past five years.

- Among Vermont adults, 60% have never smoked, 29% formerly smoked cigarettes and 11% currently smoke cigarettes.
- Among those who are former smokers, nearly seven in 10 quit more than a decade ago. About one in five former smokers quit within the past five years.

Adult Smoking Status



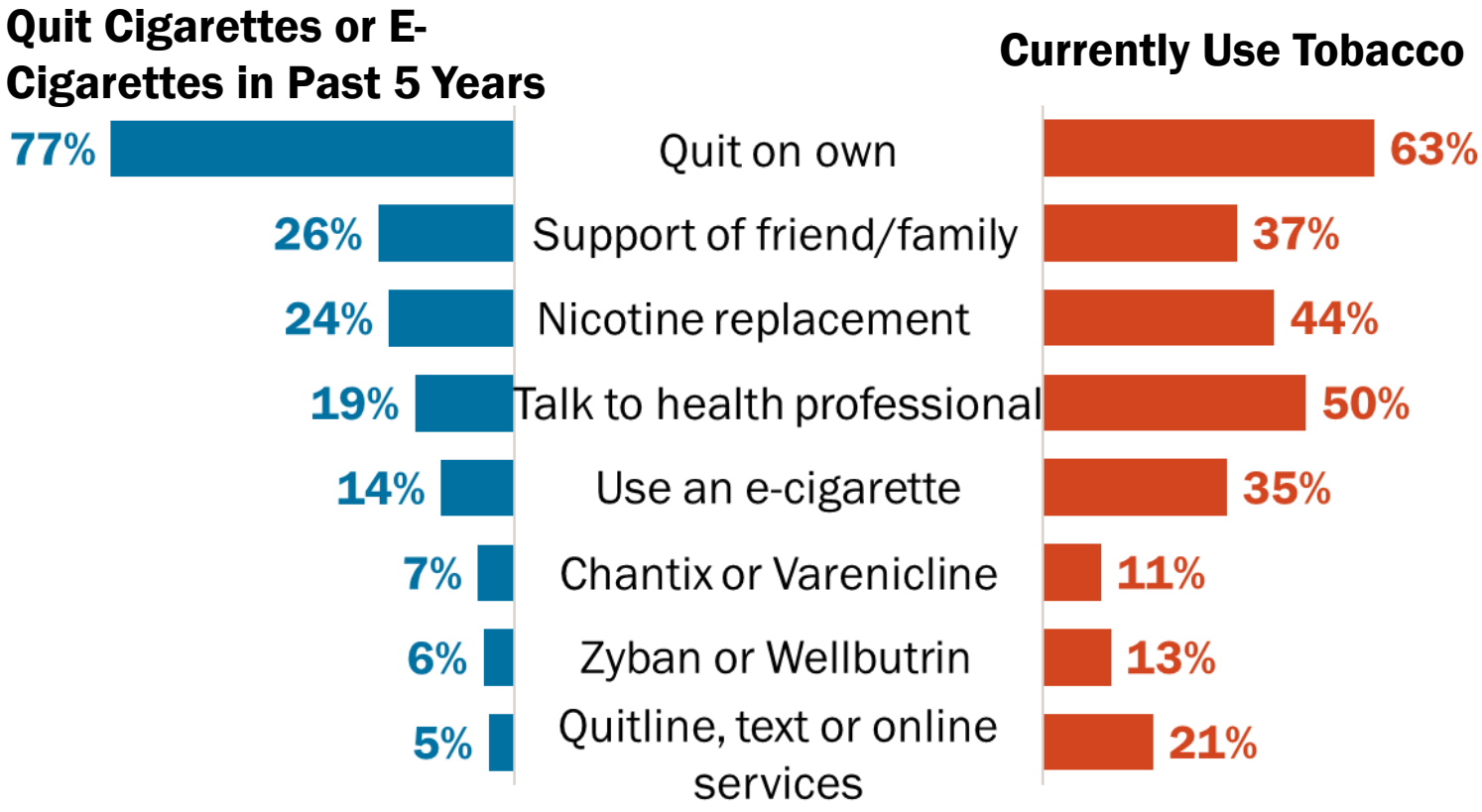
Length of Time Since Quit



Source: VT BRFSS, 2023

Adults currently using tobacco report using a variety of cessation methods in their attempts to quit.

- The most reported quit methods among adults who formerly smoked cigarettes or used e-cigarettes were quitting on their own, support of a friend or family member, and nicotine replacement therapy.
- Among current tobacco users, quitting on their own, talking to a doctor or health professional, and nicotine replacement therapy were the most common methods used in their most recent quit attempt.
- Most adults (88%) currently using tobacco and almost half (46%) of those who formerly used cigarettes or e-cigarette who reported quitting on their own also reported using additional quit methods (data not shown).



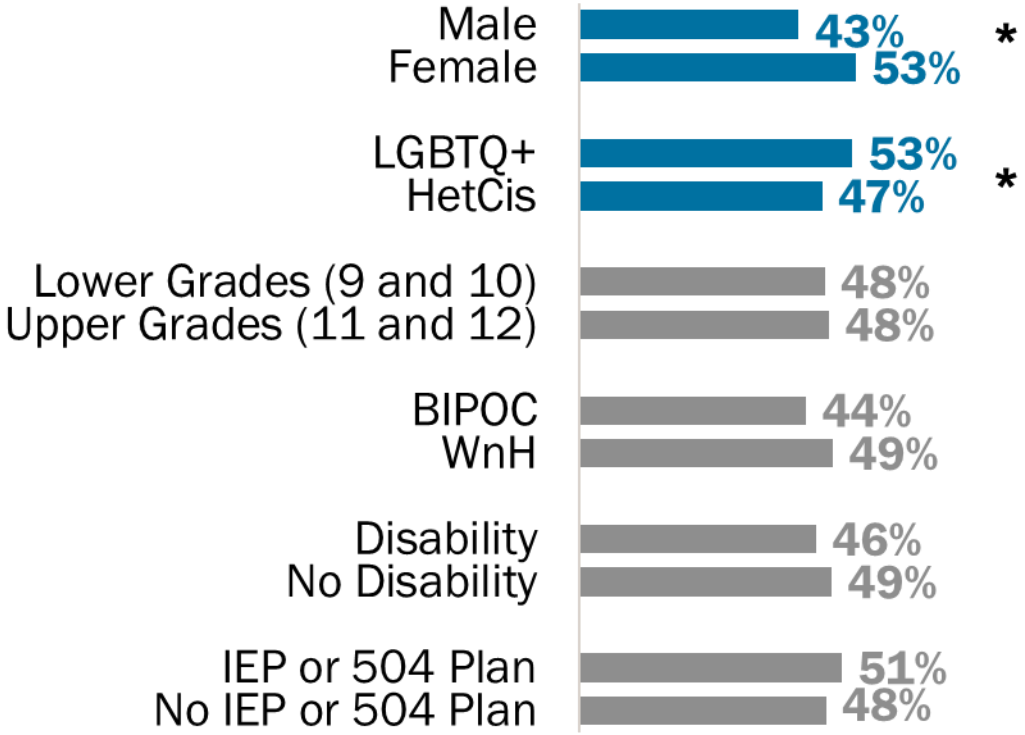
Note: Total is greater than 100% as respondents were able to select multiple cessation methods. Use of group sessions/classes and individual counseling are not reported due to small sample size.

Source: VT ATS, 2022

Female students and LGBTQ+ students are significantly more likely to try quitting all tobacco products.

- Quit attempts did not statistically differ by grade, race and ethnicity, disability, or IEP/504 plan.

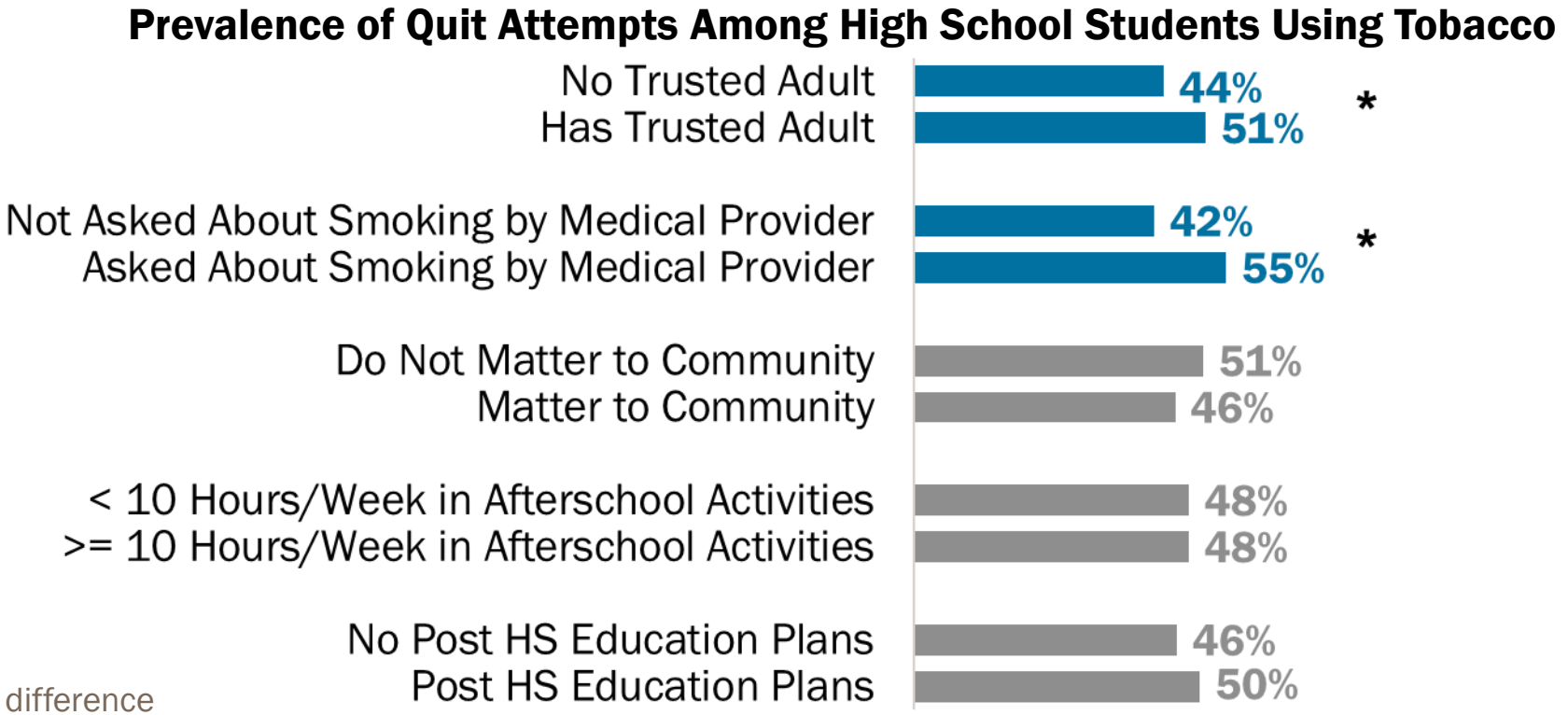
Prevalence of Quit Attempts Among High School Students Using Tobacco



*Statistical difference
Source: VT YRBS, 2023

Students who have a trusted adult and were asked about smoking by a medical provider are more likely to try quitting tobacco.

- Quit attempts did not statistically differ by whether the student believed they mattered to their community, hours spent in afterschool activities or post-high school education plans.

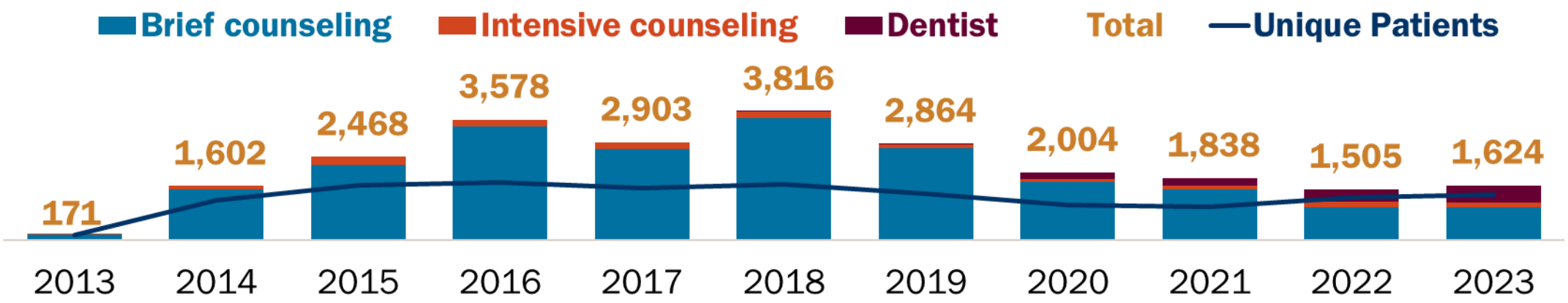


*Statistical difference
Source: VT YRBS, 2023

The total number of cessation counseling claims to Medicaid-insured Vermonters increased from 2022 to 2023.

- In January 2014, health care claims billing codes were activated to allow reimbursement to medical providers for providing tobacco-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.
- The increase in cessation counseling code use between 2022 and 2023 was driven by an increase in the number of dentist cessation counseling claims.
- In 2023, 141 unique patients per 10,000 Medicaid enrollees (~1 in 70) received cessation counseling.

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



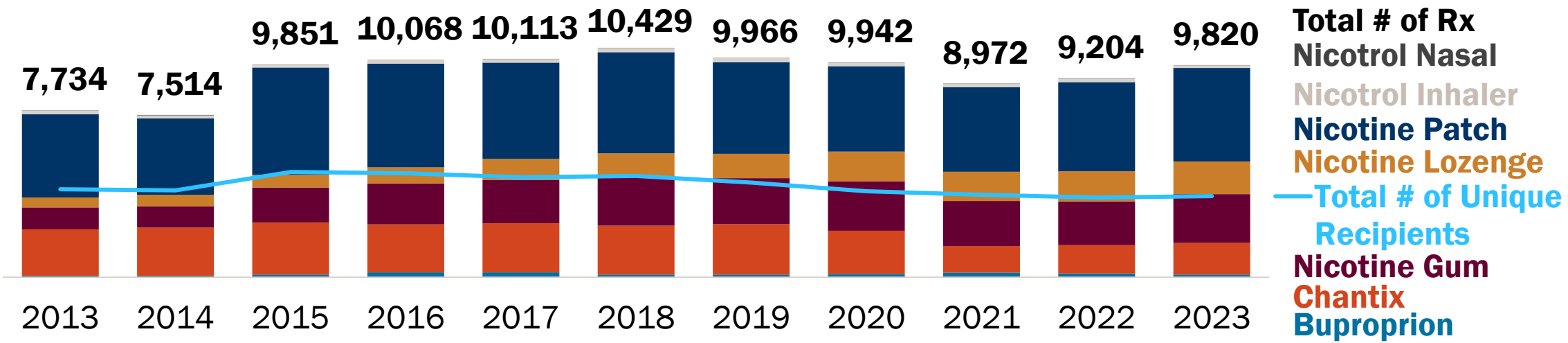
Note: Billing codes used are common procedural terminology (CPT) codes. Code utilization is estimated by claim date of service. Brief counseling has code 99406, counseling > 10 min has code 99407 and dentist counseling has code D1320.

Source: Vermont Department of Health Access Medicaid Claims (2013-2023)

The total number of cessation pharmacotherapy prescription claims among Medicaid-insured Vermonters increased from 2022 to 2023.

- In 2023, there were a total of 9,820 paid pharmacotherapy prescription (Rx) claims among 3,756 unique Medicaid-insured patients with a cost of $896,064.
- Nicotine patches (44%), nicotine gum (23%), nicotine lozenges (15%) and Chantix (15%) made up the majority of cessation pharmacotherapy prescription claims in 2023.
- In 2023, 21% of the total pharmacotherapy prescription claims were to pregnant Medicaid-insured patients.

Number of Paid Cessation Pharmacotherapy Prescription Claims for Medicaid-Insured Patients by Type



Source: Vermont Department of Health Access Medicaid Claims (2013-2023)

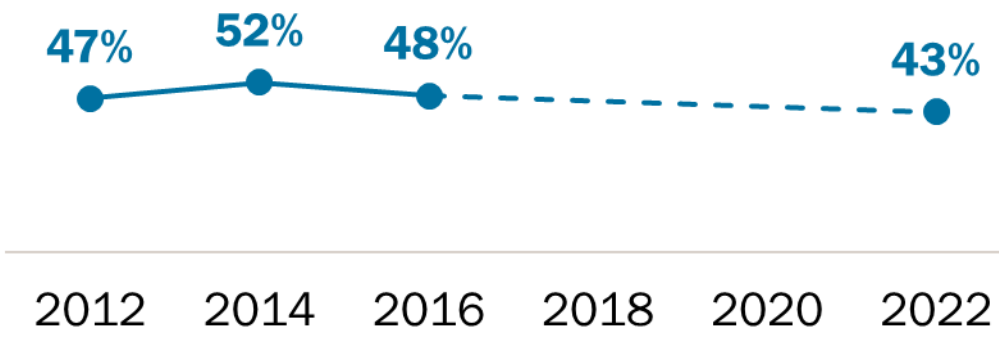
Secondhand Smoke and Vapor Exposure

Secondhand smoke exposure occurs when someone breathes in the smoke from someone else using burning tobacco products, like cigarettes. Secondhand vapor exposure occurs when someone breathes in the aerosol that is produced by someone else using an electronic nicotine product, like e-cigarettes.

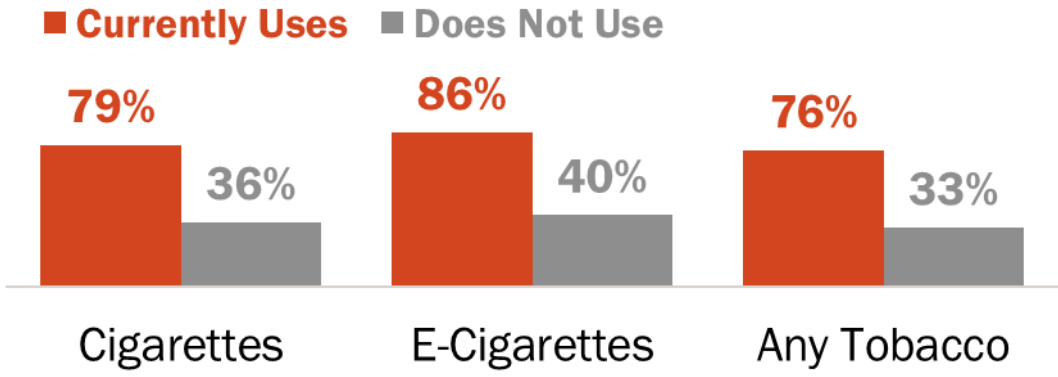
About 2 in 5 Vermont adults experience secondhand smoke and vapor (SHS) exposure.

- Forty-three percent of adults experience exposure to SHS in the past seven days in the home, car or a public setting in Vermont.
- Adults who currently smoke, use e-cigarettes or use any tobacco product are significantly more likely to experience exposure to SHS than those who do not smoke, use e-cigarettes or use any tobacco product. For example, 79% of adults who currently smoke cigarettes experienced exposure to SHS compared to 36% of adults who do not smoke and experienced exposure to SHS.

SHS Exposure Among Adults



SHS Exposure Among Adults by Tobacco Use Status, 2022



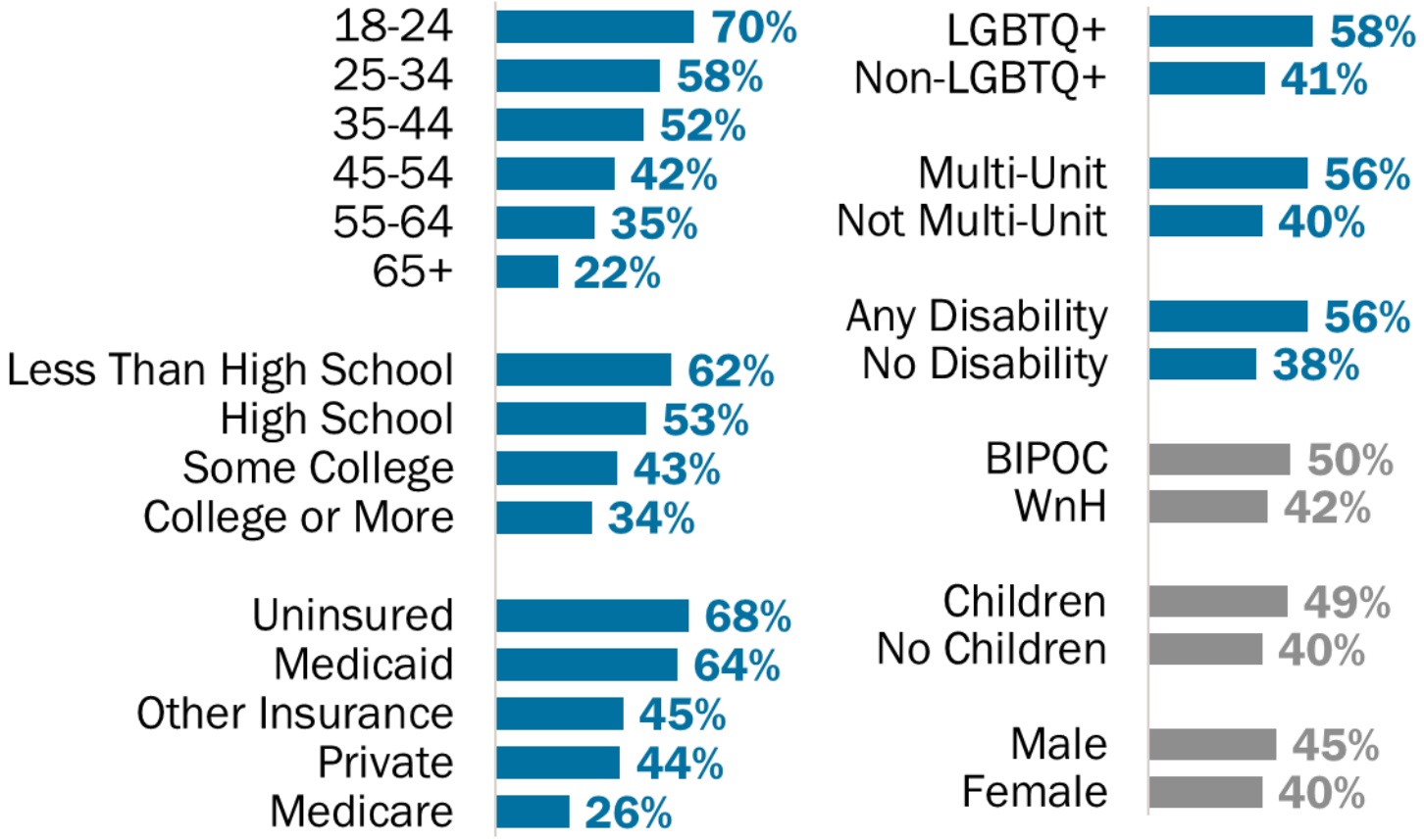
Note: Comparison between 2022 and prior years should be made with caution due to SHS definition changes. Tobacco use includes cigarettes, e-cigarettes, cigars, cigarillos, little cigars, smokeless tobacco, heat-not-burn tobacco, nicotine pouches, pipe, hookah, bidi, and others.

Source: VT ATS, 2012 - 2022

SHS exposure differs significantly by age, sexual orientation/gender identity, educational attainment, living situation, insurance status and disability status.

- Adults ages 18-34 are significantly more likely to report exposure to SHS than those 45+.
- Adults with less than a high school education are significantly more likely to be exposed to SHS than those with at least a college education.
- Uninsured adults and those insured by Medicaid are significantly more likely to report exposure to SHS than those with other insurance or insured privately.
- LGBTQ+ adults, those who live in multi-unit housing, and those with a disability are significantly more likely to report SHS exposure.
- SHS exposure does not differ statistically by race/ethnicity, having children under age 18, or sex assigned at birth.

Prevalence of SHS Exposure Among Adults

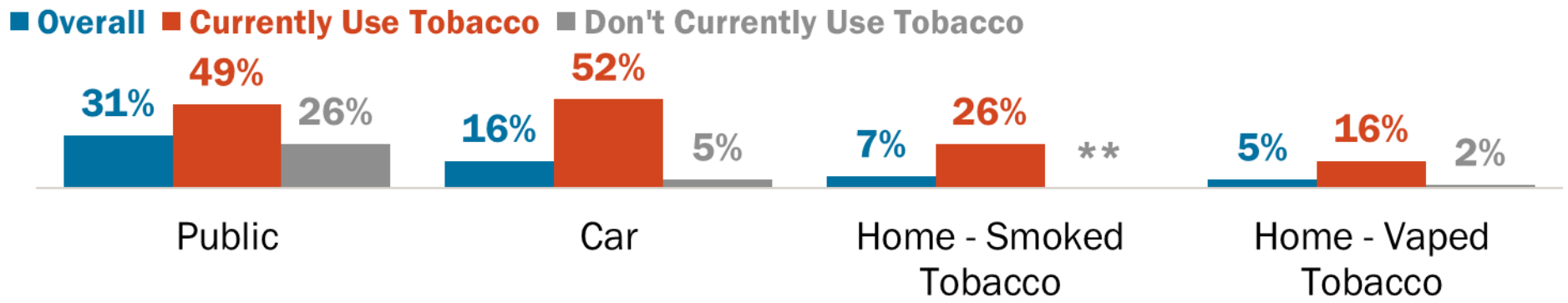


Source: VT ATS, 2022

Overall, adults in Vermont are more likely to be exposed to SHS in public than in the car or at home.

- Adults who currently use tobacco are about twice as likely to report SHS exposure in a public setting in the past week than those who do not use tobacco (49% vs. 26%).
- Adults who currently use tobacco are 10 times more likely to report being in the car with someone using tobacco in the past week than those who do not use tobacco (52% vs. 5%).
- Overall, most adults are not exposed to SHS in their home. About one in four (26%) adults who currently use tobacco report anyone smoking tobacco in their home in the past week, exposing them to secondhand smoke, and 16% of adults who currently use tobacco report anyone vaping tobacco in their home in the past week, exposing them to secondhand vapor.

SHS Exposure Among Adults by Location and Tobacco Use Status



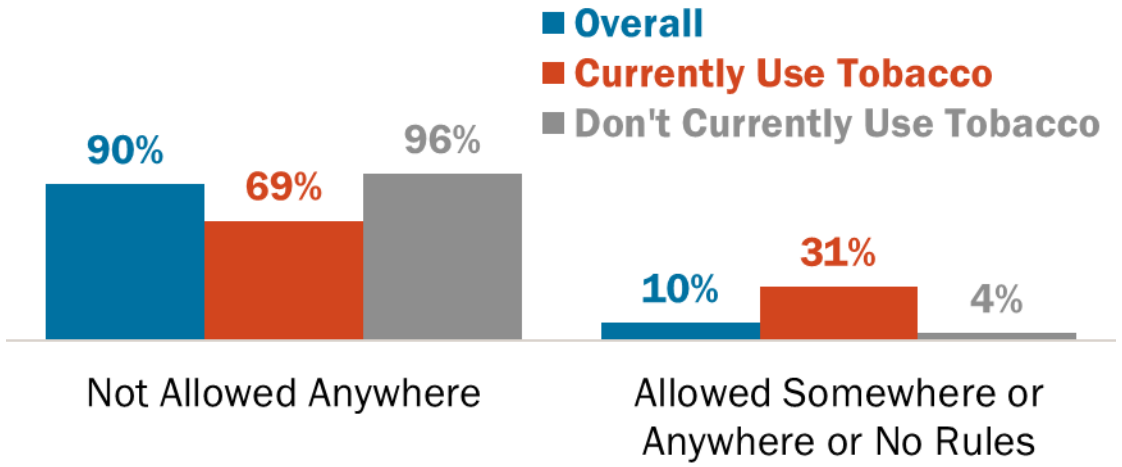
Note: Tobacco use includes cigarettes, e-cigarettes, cigars, cigarillos, little cigars, smokeless tobacco, heat-not-burn tobacco, nicotine pouches, pipe, hookah, bidi and others.**Value suppressed because sample size is too small.

Source: VT ATS, 2022

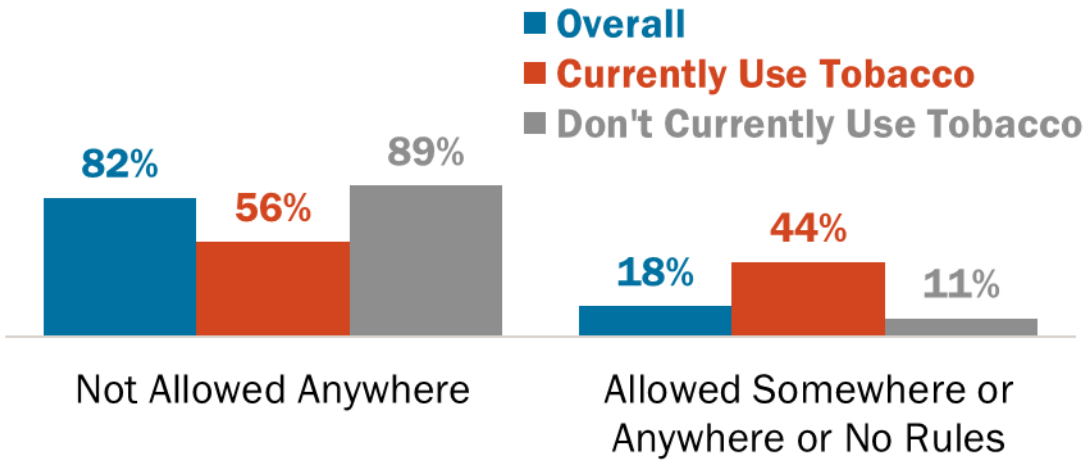
Most Vermont adults report they do not allow smoking or vaping tobacco inside their home.

- Overall, most adults in Vermont do not allow smoking (90%) or vaping (82%) anywhere in their home.
- Adults who currently use tobacco are significantly more likely to allow smoking in their home compared to those who do not currently use tobacco (31% vs. 4%).
- Adults who currently use tobacco are significantly more likely to allow vaping in their home compared to those who do not currently use tobacco (44% vs. 11%).

Rules About Smoking at Home by Tobacco Use Status



Rules About Vaping at Home by Tobacco Use Status



Note: Tobacco use includes cigarettes, e-cigarettes, cigars, cigarillos, little cigars, smokeless tobacco, heat-not-burn tobacco, nicotine pouches, pipe, hookah, bidi and others.
Source: VT ATS, 2022

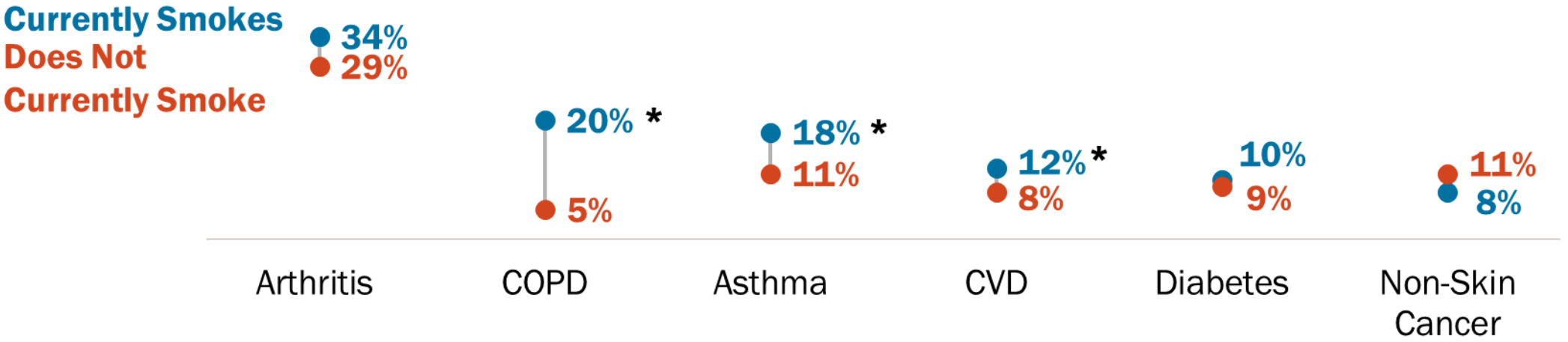
Health Conditions and Substance Use

This section describes co-occurring tobacco use and chronic health conditions, such as asthma, mental health conditions, such as depression, and other substance use, such as cannabis and alcohol.

Vermont adults who currently smoke have higher rates of COPD, asthma and CVD compared to those who do not smoke.

- Vermont adults who currently smoke cigarettes are significantly more likely to be living with chronic obstructive pulmonary disease (COPD; 4x), asthma (1.7x) and cardiovascular disease (CVD; 1.6x) compared to those who do not currently smoke.
- There are no statistically significant differences in rates of arthritis, diabetes, and non-skin cancers between Vermont adults who currently smoke and those who do not currently smoke.

Prevalence of Chronic Conditions by Smoking Status

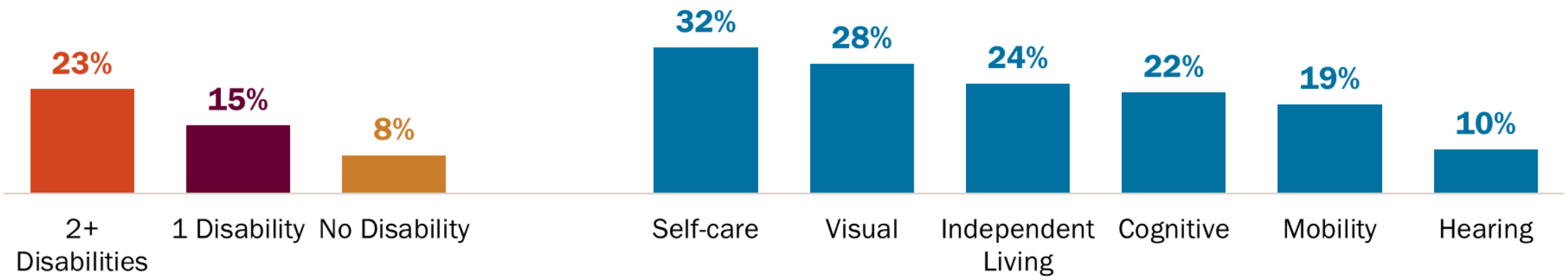


Example graph interpretation: Among Vermont adults, 5% of those who do not currently smoke have COPD whereas 20% of those who currently smoke have COPD. *Statistically significant difference.
Source: VT BRFSS, 2023

Adults with multiple disabilities smoke at a rate about 3x higher than those without a disability.

- Adults with two or more disabilities smoke at almost three times the rate of those without any disability. The rate of current smoking significantly increases with number of disabilities that a person reports having.
- Adults with a self-care (32%) or visual (28%) disability have the highest rates of cigarette smoking compared to adults with other types of disabilities.

Current Smoking Prevalence by Disability Status

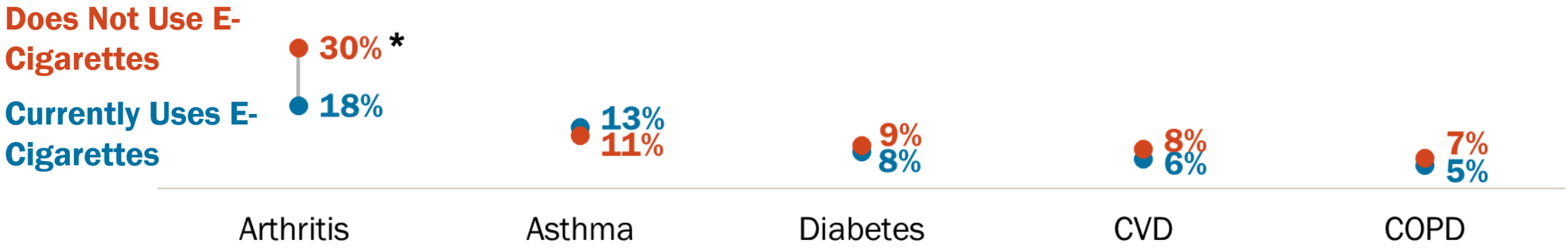


Note: Mobility: serious difficulty walking or climbing stairs. Cognitive: serious difficulty concentrating, remembering or making decisions. Visual: blindness or serious difficulty seeing, even when wearing glasses. Hearing: deafness or serious difficulty hearing. Self-care: difficulty dressing or bathing. Independent Living: difficulty doing errands alone.
Source: VT BRFSS, 2023

Rates for most chronic conditions do not differ by e-cigarette use among adults.

- Adults who use e-cigarettes have statistically similar rates of chronic obstructive pulmonary disease (COPD), asthma, cardiovascular disease (CVD) and diabetes as compared to adults who do not currently use e-cigarettes.
- E-cigarette users are statistically less likely to have arthritis than those who do not use e-cigarettes. Of note, other factors, like age, may explain why there are not higher rates of chronic conditions among adults who currently use e-cigarettes in this report, despite scientific evidence of health risks and harms.[1,2] For example, e-cigarettes are more likely to be used among teens and young adults in Vermont, while chronic conditions can take time to develop and be diagnosed after prolonged exposure. Continued monitoring of this in Vermont is needed.

Prevalence of Chronic Conditions by E-Cigarette Use



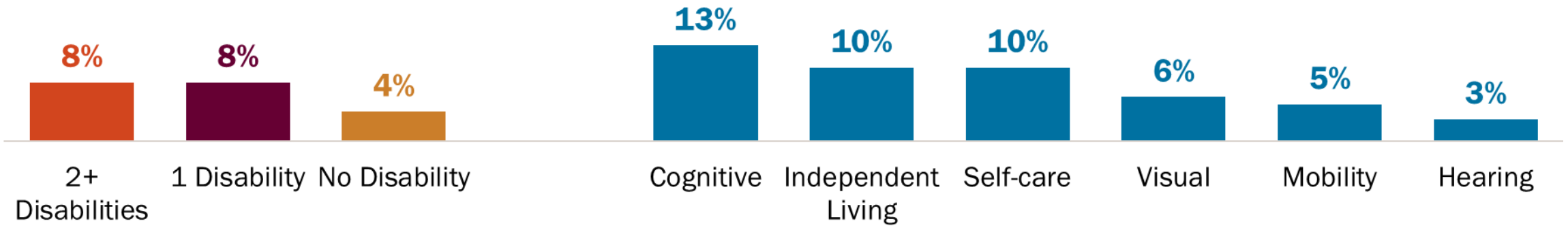
Example graph interpretation: Among Vermont adults, 30% of those who do not currently use e-cigarettes have arthritis whereas 18% of those who currently use e-cigarettes have arthritis. *Statistically significant difference.

Source: VT BRFSS, 2023; [1]Erhabor J, Yao Z, Tasdighi E, Benjamin EJ, Bhatnagar A, Blaha MJ. E-cigarette Use and Incident Cardiometabolic Conditions in the All of Us Research Program. Nicotine Tob Res. Published online March 15, 2025. doi:10.1093/ntr/ntaf067; [2]Park JA, Crotty Alexander LE, Christiani DC. Vaping and Lung Inflammation and Injury. Annu Rev Physiol. 2022;84:611-629. doi:10.1146/annurev-physiol-061121-040014

Adults with multiple disabilities use e-cigarettes at a rate 2x higher than those without a disability.

- Adults with disabilities use e-cigarettes at twice the rate of those without a disability. The rate of e-cigarette use is similar for those who have one disability compared to those with two or more.
- Adults with a cognitive (13%), independent living (10%), or self-care (10%) disability have the highest rates of e-cigarette use compared to adults with other types of disabilities.

E-Cigarette Use Prevalence by Disability Status



Note: 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.
Source: VT BRFSS, 2023

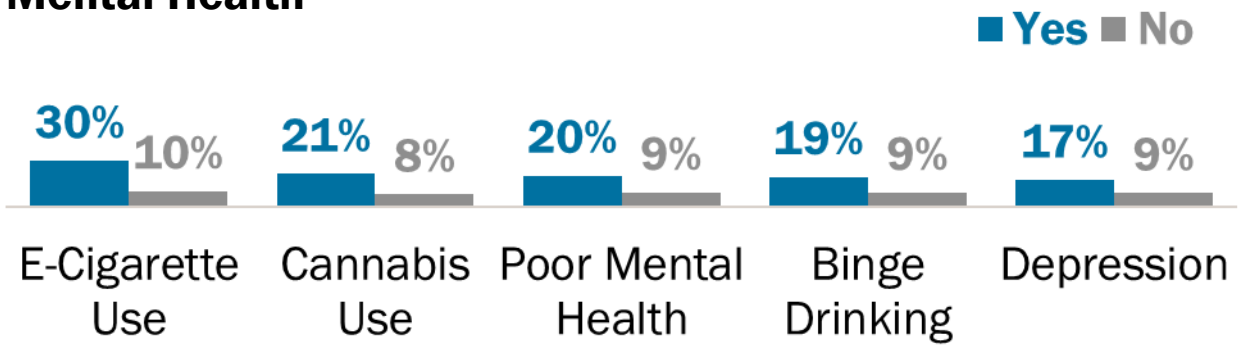
Adults who use other substances or have mental health conditions smoke at significantly higher rates.

- Adults who use e-cigarettes are three times as likely to smoke than those who do not (30% vs. 10%).
- Adults who use cannabis are two and half times as likely to smoke than those who do not use cannabis (21% vs. 8%).
- Adults with depression or poor mental health are about two times as likely to smoke than those without (17% vs. 9% and 20% vs. 9%, respectively).
- Adults who binge drink are twice as likely to smoke than those who do not (19% vs. 9%).
- There are no statistical differences in quit attempt rates by mental health or substance use.

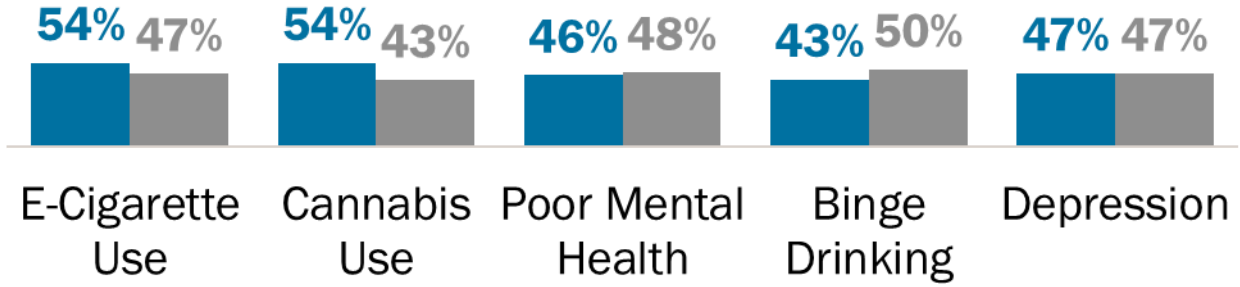
Note: Depression defined as diagnosis of depressive disorder, including depression, major depression, dysthymia, or minor depression. Poor mental health defined as 14+ days in the last 30 where mental health self-reported as not good. Binge drinking is defined by 5 or more drinks by men or 4 or more drinks by women on one occasion and in the last 30 days. Adults who use cannabis do so in the past 30 days.

Source: VT BRFSS, 2023

Cigarette Smoking Prevalence by Substance Use and Mental Health



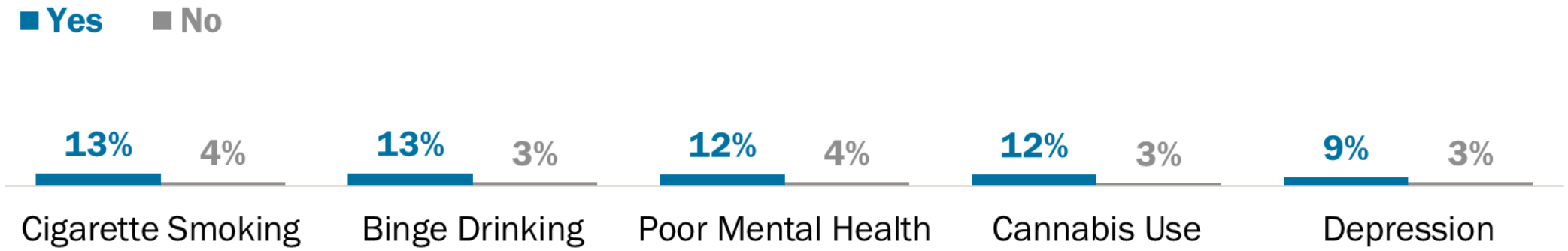
Cigarette Smoking Quit Attempt in Past Year by Substance Use and Mental Health



Adults who use other substances or have mental health conditions use e-cigarettes at significantly higher rates.

- Adults who smoke cigarettes are three times as likely to use e-cigarettes than those who do not use smoke (13% vs. 4%).
- Adults who binge drink are almost four times as likely to use e-cigarettes than those who do not (13% vs. 3%).
- Adults with poor mental health or depression are about three times as likely to use e-cigarettes than those without (12% vs. 4% and 9% vs. 3%, respectively).
- Adults who use cannabis are four times as likely to use e-cigarettes than those who do not use cannabis (12% vs. 3%).

Prevalence of E-Cigarette Use by Mental Health and Substance Use

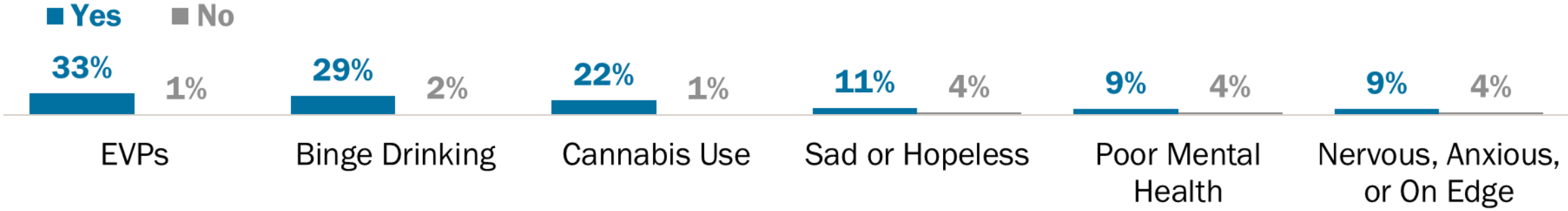


Note: Depression defined as diagnosis of depressive disorder, including depression, major depression, dysthymia, or minor depression. Poor mental health defined as 14+ days in the last 30 where mental health self-reported as not good. Binge drinking is defined by 5 or more drinks by men or 4 or more drinks by women on one occasion and in the last 30 days. Adults who use cannabis do so in the past 30 days. All differences within categories are statistically significant.
Source: VT BRFSS, 2023

High school students who use other substances or report poor mental health are more likely to currently smoke cigarettes.

- Students who use EVPs are 33 times more likely to smoke cigarettes than those who do not use EVPs (33% vs. 1%). Students who binge drink are about 15 times more likely to smoke cigarettes than those who do not (29% vs. 2%). Students who use cannabis are 22 times more likely to smoke cigarettes than those who do not use cannabis (22% vs. 1%).
- Students who feel sad or hopeless smoke at almost three times the rate than those who do not (11% vs. 4%). Students who report poor mental health or feel nervous, anxious or on edge are more than two times as likely to smoke cigarettes compared to those who do not (9% vs. 4% and 9% vs. 4%, respectively).

Cigarette Smoking Prevalence by Mental Health and Substance Use



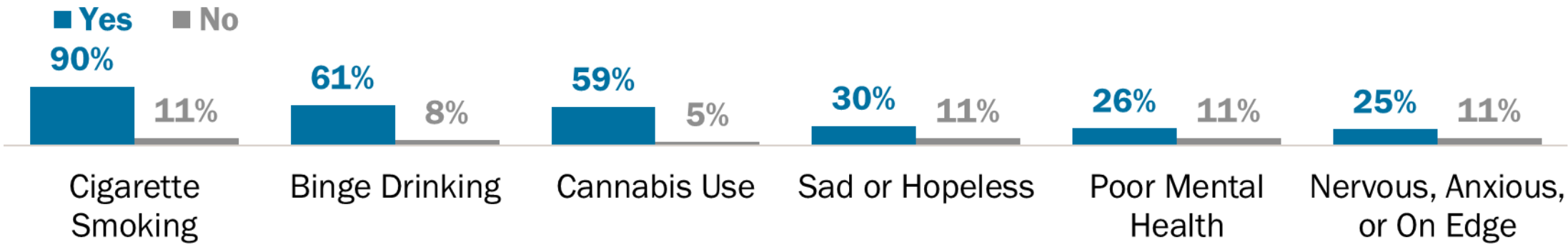
Note: Poor mental health defined as reporting that their mental health, including stress, anxiety, and depression, was not good most of the time or always in past 30 days. Feeling nervous, anxious, or on edge defined as feeling nervous, anxious, or on edge most of the time or always in past year. Feeling 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 past year. High school students who use cannabis or binge drink do so in the past 30 days. 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. All differences within categories are statistically significant.

Source: VT YRBS, 2023

High school students who use other substances or report poor mental health are more likely to currently use EVPs.

- Students who smoke cigarettes are eight times more likely to use EVPs than those who do not smoke cigarettes (90% vs. 11%). Students who binge drink are about eight times more likely to use EVPs than those who do not (61% vs. 8%). Students who use cannabis are 12 times more likely to use EVPs than those who do not use cannabis (59% vs. 5%).
- Students who feel sad or hopeless use EVPs at almost three times the rate than those who do not (30% vs. 11%). Students who report poor mental health or feel nervous, anxious or on edge are more than two times as likely to use EVPs compared to those who do not report poor mental health (26% vs. 11% and 25% vs. 11%, respectively).

EVP Use Prevalence by Mental Health and Substance Use



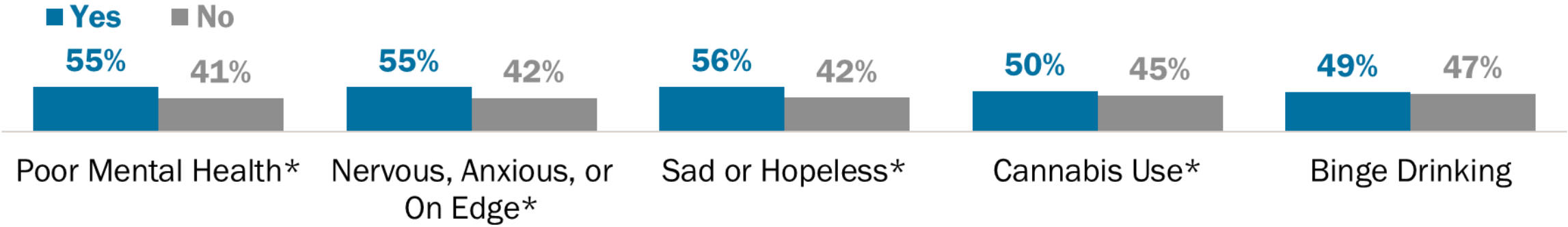
30 days. Feeling nervous, anxious, or on edge defined as feeling nervous, anxious, or on edge most of the time or always in past year. Feeling sad or hopeless defined as a youth who felt so sad or hopeless almost every day for two weeks or more in a row that stopped them from doing usual activities in past year. High school students who use cannabis or binge drink do so in the past 30 days. 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. All differences within categories are statistically significant.

Source: VT YRBS, 2023

High school students who have mental health conditions or use cannabis try to quit all tobacco at a higher rate.

- Students who report poor mental health, feel nervous, anxious or on edge, or feel sad or hopeless are significantly more likely to have tried quitting all tobacco than those who do not (55% vs. 41%, 55% vs. 42%, and 56% vs. 42%, respectively).
- Students who use cannabis are significantly more likely to have tried quitting all tobacco than those who do not use cannabis (50% vs. 45%).
- Quit attempts do not statistically differ by binge drinking.

Past-Year Quit Attempts Among High School Students Using Tobacco by Mental Health and Substance Use



Note: Poor mental health defined as reporting that their mental health, including stress, anxiety, and depression, was not good most of the time or always in past 30 days. Feeling nervous, anxious, or on edge defined as feeling nervous, anxious, or on edge most of the time or always in past year. 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 past year. High school students who use cannabis or binge drink do so in the past 30 days. 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. *Statistical difference within category.
Source: VT YRBS, 2023

Most high school students don’t use any substances, but almost 1 in 5 use two or more substances concurrently.

- Most high school students (68%) do not use alcohol, cannabis, cigarettes or EVPs.
- Nearly one-third of high school students currently use alcohol, cannabis, cigarettes or EVPs, with one in five using two or more substances concurrently.

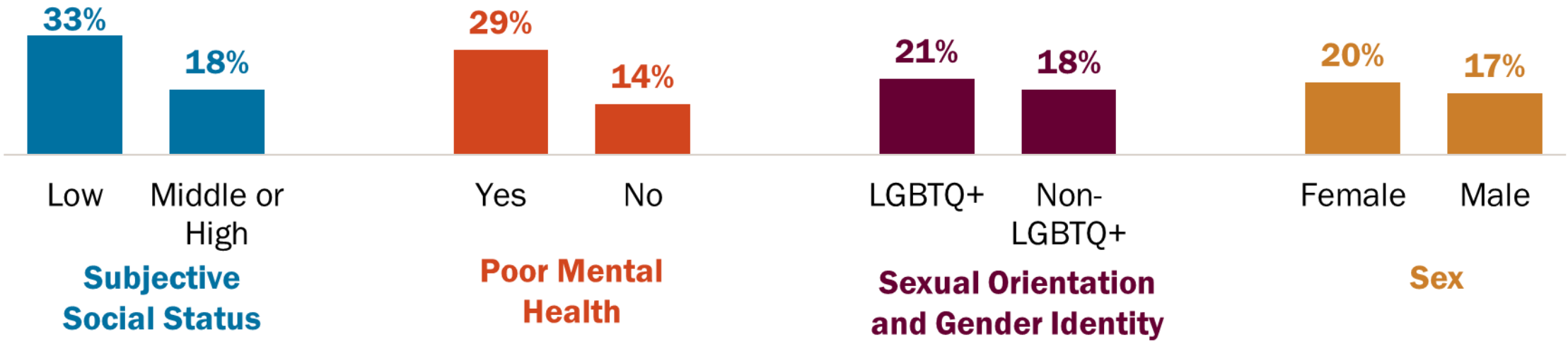
Proportion of High School Students by Number of Substances

Note: Substances included are alcohol, cannabis, EVPs and cigarettes.
Source: VT YRBS, 2023

Dual use of substances is significantly higher among students who are LGBTQ+ and female and who have low subjective social status and poor mental health.

- When examining concurrent use of alcohol, cannabis, EVPs and cigarettes, high school students who believe their family's social status is lower than other families, experience poor mental health, identify as LGBTQ+, or are female are significantly more likely to currently use two or more of these substances.

Currently Use Two or More Substances by Demographic Populations



Note: Substances included are alcohol, cannabis, EVPs and cigarettes. All differences within categories are statistically significant.
Source: VT YRBS, 2023

Data Sources

Behavioral Risk Factor Surveillance System (BRFSS): Vermont tracks health outcomes and risk behaviors using this telephone survey 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). Approximately 6,000 Vermonters are randomly and anonymously selected annually. 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 Health Department and the Agency of Education have sponsored the Vermont YRBS. In addition, the YRBS is supported by many partners across the state who work to achieve positive outcomes for all youth in Vermont. The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease and injury among youth in grades 6-12. The survey 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 VT 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 results are weighted to represent the adult population of the state. The ATS was conducted most recently in 2022.

Data Sources, continued

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-CM diagnosis codes, ICD-10-CM surgical procedure codes, etc.) for care billed to Medicaid.

Vermont Vital Statistics System (Vitals): The Vermont Department of Health vital statistics system tracks the following vital events that occur in Vermont: births, deaths, marriages, divorces and dissolutions, fetal deaths, and abortions. The Department of Health also receives abstracts for Vermont resident births and deaths that occur in other states which allows the Department to do statistical analyses of vital events involving all Vermont residents, including those events which occurred outside of the state.

Vermont Pregnancy Risk Assessment Monitoring System (PRAMS): Vermont PRAMS is a statewide population-based survey that collects data on maternal attitudes and experiences before, during, and shortly after pregnancy. PRAMS is a research study from the Centers for Disease Control and Prevention (CDC) and the Vermont Department of Health. The goal of PRAMS is to improve the health of mothers and infants by reducing adverse outcomes such as low birth weight, infant mortality and morbidity, and maternal morbidity. Vermont PRAMS provides data about pregnancy and the first few months after birth that is not available from other sources.

Additional Information and Resources

Resources to help quit tobacco and nicotine: www.healthvermont.gov/wellness/tobacco/quit-tobacco-nicotine

- Call 1-800-QUIT-NOW (800-784-8669) or visit the 802Quits website: www.802quits.org
- Quit workshops through My Healthy Vermont

Visit our webpages for more and to stay up to date with us:

- Vermont tobacco use data: www.healthvermont.gov/stats/surveillance-reporting-topic/tobacco-data
- Vermont Tobacco Control Program: www.healthvermont.gov/wellness/tobacco

Other Vermont-specific reports, data and resources:

- 2022 Adult Tobacco Survey (ATS) Report for more information about perceptions of harm of smoking and vaping tobacco, opinions about tobacco-related policies and health care engagement to support tobacco cessation.
- 2024 Vermont Young Adult Survey (YAS) Report details results from a survey of Vermont residents ages 18-24 about substance use and perceptions related to substance use.
- Vermont PACE is a research and evaluation partnership between the Vermont Department of Health and Rutgers University Institute for Nicotine and Tobacco Studies to understand the impact of state-level policies and communication campaigns on substance use beliefs and behaviors in young Vermonters. New data is being collected in 2025 and 2026 for additional analyses and reporting.
- A-Z Data Library to explore Vermont health data by topic.

Thank you!

Let's stay in touch.

Email: For questions or assistance understanding tobacco use data or this report, please email our data team at: AHS.VDHHPDPAnalytics@vermont.gov

Web: http://www.healthvermont.gov/tobacco-data

Social: @HealthVermont.gov

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