Disparities in Tobacco Product Use among Vermont Youth

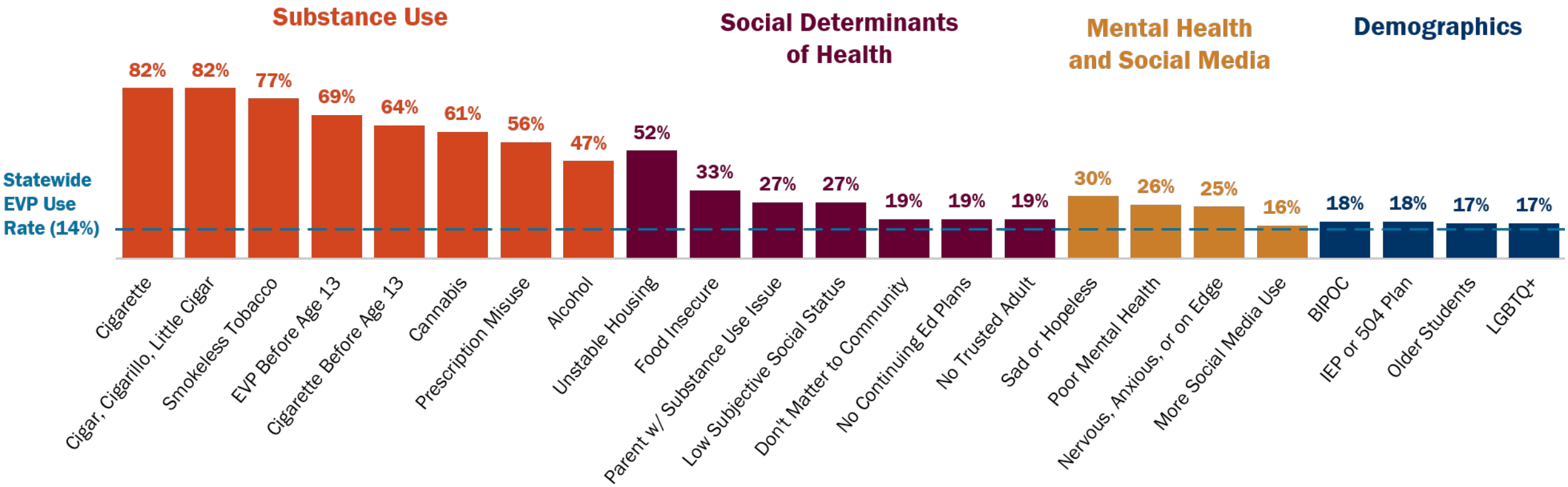
Risk factors and population characteristics among Vermont high school students with significantly higher tobacco product use rates compared to the state average.

September 2026

EVP Use

Among all Vermont high school students, 14% use electronic vapor products (EVPs). However, the highest EVP use rates are among those who use other substances, experience unstable housing or food insecurity, and those who report mental health challenges.

Current EVP Use Rates



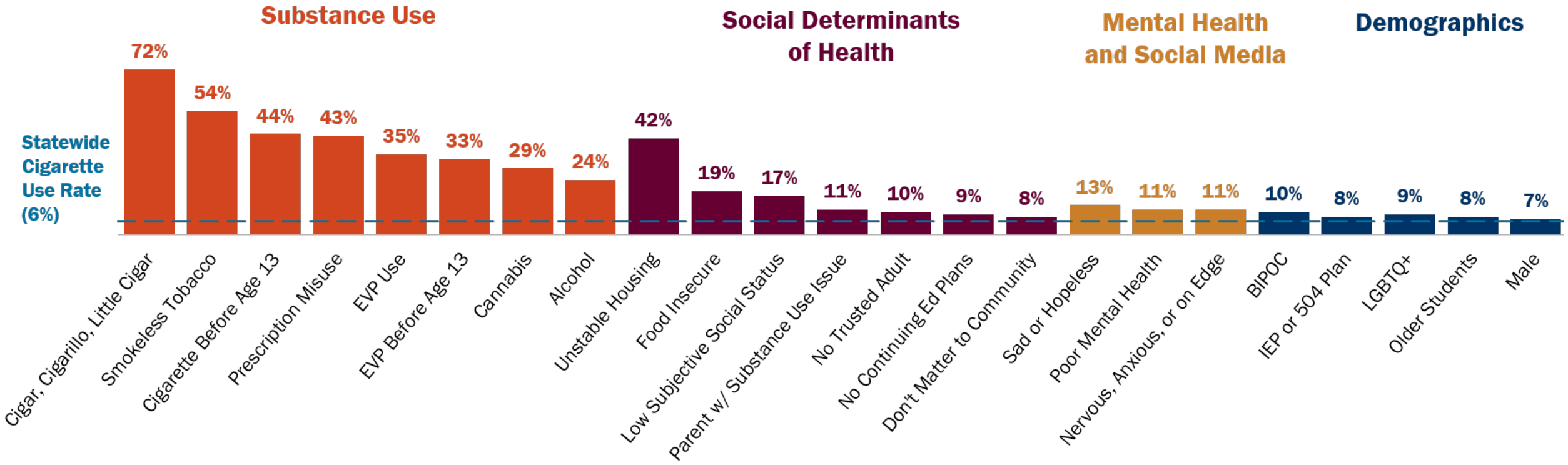
Graph interpretation: Bars show EVP use rates within each sub-population. *E.g.*, 82% of high school students who currently smoke cigarettes also currently use EVPs while 26% of students with poor mental health currently use EVPs. Each sub-population has an EVP use rate statistically higher than the statewide rate.

Source: Vermont High School Youth Risk Behavior Surveillance System (YRBS) 2025

Cigarette Use

Among all Vermont high school students, 6% currently smoke cigarettes. However, the highest rates of current cigarette use are among those who use other substances and experience unstable housing.

Current Cigarette Use Rates



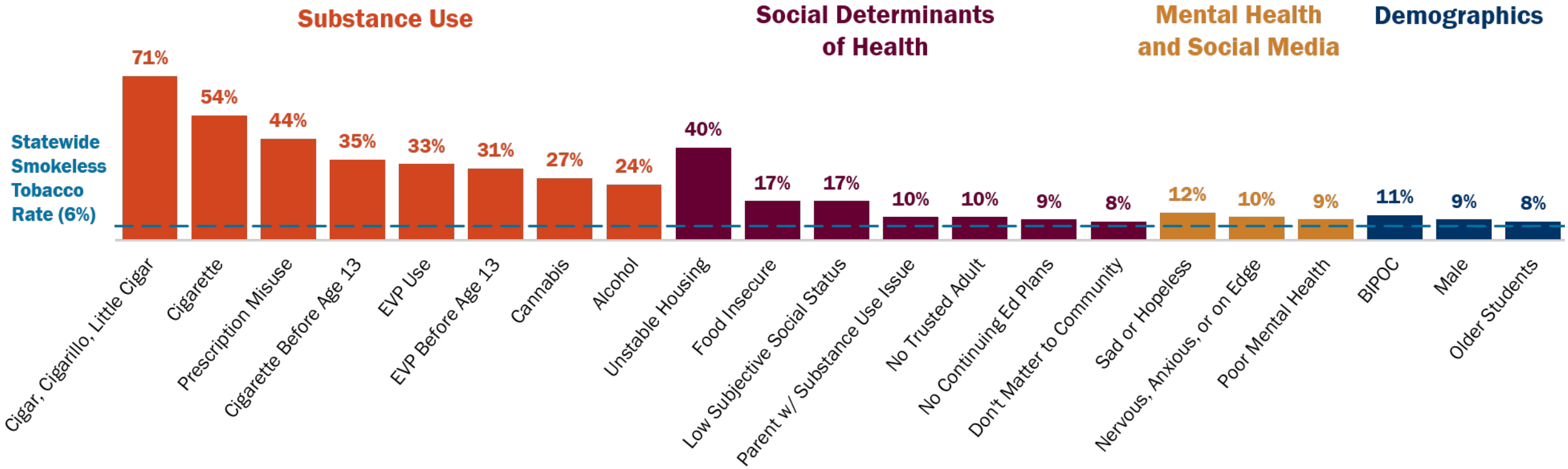
Graph interpretation: Bars show current cigarette use rates within each sub-population. *E.g.*, 72% of high school students who smoke cigars, cigarillos or little cigars also currently smoke cigarettes while 13% of students who are sad or hopeless currently smoke cigarettes. Each sub-population has a cigarette smoking rate statistically higher than the statewide rate.

Source: Vermont High School Youth Risk Behavior Surveillance System (YRBS) 2025

Smokeless Tobacco Use

Among all Vermont high school students, 6% currently use smokeless tobacco products. However, the highest rates of current smokeless tobacco use are among those who use other substances and experience unstable housing.

Current Smokeless Tobacco Use Rates



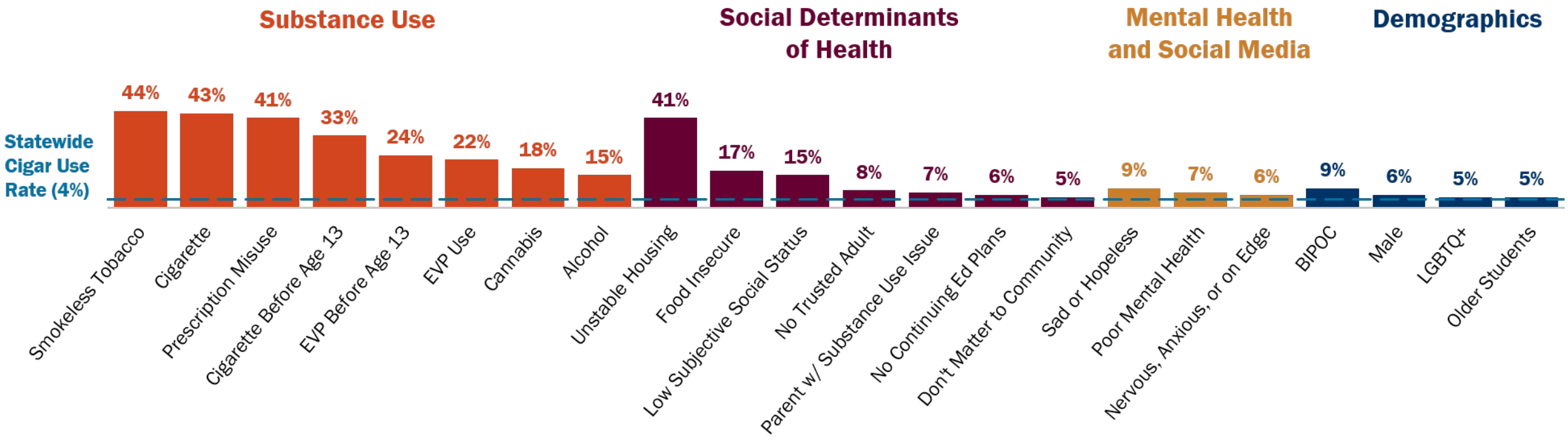
Graph interpretation: Bars show current smokeless tobacco use rates within each sub-population. *E.g.*, 71% of high school students who currently use smokeless tobacco products also currently smoke cigars, cigarillos or little cigars while 40% of students with unstable housing currently use smokeless tobacco products. Each sub-population has a smokeless tobacco use rate statistically higher than the statewide rate.

Source: Vermont High School Youth Risk Behavior Surveillance System (YRBS) 2025

Cigar/Cigarillo/Little Cigar Use

Among all Vermont high school students, 4% currently smoke cigars, cigarillos, or little cigars. However, the highest rates of cigar, cigarillo, or little cigar use are among those who use other substances and experience unstable housing.

Current Cigar, Cigarillo, or Little Cigar Use Rates



Graph interpretation: Bars show current cigar, cigarillo, or little cigar use within each sub-population. *E.g.*, 44% of high school students who currently smoke cigars, cigarillos, or little cigars also currently use smokeless tobacco while 9% of students identifying as BIPOC currently smoke cigars, cigarillos, or little cigars. Each sub-population has a cigar, cigarillo, or little cigar use rate statistically higher than the statewide rate.

Source: Vermont High School Youth Risk Behavior Surveillance System (YRBS) 2025

Data Notes

- **EVP** refers to electronic vapor products used in the past 30 days including: e-cigarettes, vapes, vape pens, e-cigars, e-hookah pens and mods.
- **Cigarette smoking, cigar/cigarillo/little cigar use, cannabis use,** and **alcohol use** are in the past 30 days.
- **Smokeless tobacco** refers to the use of non-combustible nicotine products in the past 30 days including: chewing tobacco, snuff, dip, snus, dissolvable tobacco products, or nicotine pouches such as Copenhagen, Grizzly, Skoal, Camel Snus, on!, ZYN, or Velo.
- **Prescription misuse** is having taken prescription pain medicine in the past 30 days without a doctor's prescription or differently than how a doctor told them to use it.
- **Don't matter to community** refers to students who report believing that they do not matter to people in their community.
- **Parent with substance use issue** refers to students who report that they have ever lived with a parent or guardian who was having a problem with drug or alcohol use.
- **Subjective social status** is a proxy measure for socioeconomic status. It asks students to compare their family to others in the United States society by imagining a ladder. At the top of the ladder are people who are the best off – they have the most money, the 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.
- **Poor mental health** includes stress, anxiety and depression, and youth who felt their mental health was not good at least most of the time in the past 30 days.
- **More social media use** refers to students who used social media at least several times a day. Social media is described as Instagram, TikTok, SnapChat and X (formerly Twitter).
- **IEP or 504 Plan** is an Individualized Education Plan or supports and services for students with disabilities.
- **BIPOC** includes students who identify as Black, Indigenous, and people of color.
- **Older students** are those in 11th and 12th grades.
- **LGBTQ+** includes lesbian, gay, bisexual, transgender and other sexual orientations, or those questioning or unsure of their sexual orientation or gender identity.

Data and Health Equity Acknowledgement

- The Vermont Department of Health recognizes that many social, economic and environmental inequities made worse by structural oppression, marginalization and racism influence the data we collect and report. We are continuously working to better collect and share data that reflect the lived experiences of all Vermonters. If you have questions or concerns on how this data was sourced or analyzed that are not addressed in the report, please refer to our YRBS Webpage. For more information on different data sources managed by the Health Department, including what indicators are available and who to contact to find out more, please check our Data Encyclopedia.

- We know tobacco use is the leading cause of preventable disease, disability and death in the U.S.[1,2] and that nicotine is addictive and harmful to the developing youth and young adult brain.[3] We've made great progress in reducing use and curbing these negative impacts. Yet, disparities remain.
  - Unequal social conditions lead to disproportionate use, exposure and health problems.
  - The tobacco industry uses high-pressure marketing tactics to target certain groups of people.
  - Factors like discrimination, financial strain or predatory marketing may push people towards risk behaviors, like tobacco use.
  - Some people experience barriers to health care, resulting in inequitable access to treatments for nicotine dependence.

Source: [1]Office on Smoking and Health, CDC; [2] 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, CDC, 2014; [3]Addressing Vaping and Nicotine Use in Vermont Schools