Instructions
It just depends what's on somebody's radar screen. If they're really interested in substance use, then you can talk about tobacco at the same time. If they're really interested in tobacco, then you can also weave in substance use.

— Office of Local Health Prevention Consultant
What strategies are you aware of that address tobacco and vaping in overall substance integration in Vermont?

- too many to name
- Emerging products information campaigns
- Underage compliance checks to address youth access
- Youth lead work
- Price increase
- community policies
- local coalitions work through education and activities
- Retail policy, all youth prevention - helping young people to develop into their healthiest selves
- Raising age to purchase tobacco to 21
What strategies are you aware of that address tobacco and vaping in overall substance integration in Vermont?

- N-O-T (ALA Not on Tobacco) Youth Cessation Program
- My live, my quit
- Messaging campaigns
- Policies
- Public education efforts
- Uncertainty of how to dispose of vaping devices
- School Prevention Curriculum
- Not sure about integration with other substances? But tobacco specific 802quits, ovx/vkat, policy work, cessation connections, by helplink
- Student empowerment groups Local coalition education
What strategies are you aware of that address tobacco and vaping in overall substance integration in Vermont?

Prevention Consultants at Offices of Local Health

compliance checks, youth and school based prevention
Please rank each group of Vermont adults by highest tobacco use rate.

1st: Less than high school
2nd: Vermonters with depression
3rd: Native American/indigenous
4th: Binge drink
5th: Cannabis use
6th: Vermonters with disabilities
**Adult Populations with Higher Prevalence of Cigarette Smoking**
Compared to Vermont State Average (2019 BRFSS)

**Current Smoking Prevalence (%) and Estimated Number of Vermonters**

- Smoking rates are highest among Vermonters with COPD, low educational attainment and Native Americans.
- In previous years, BIPOC (Black, indigenous, or people of color) and LGBT Vermonters smoked at higher rates. In 2019, smoking rates among these groups were no different than the VT rate.
Please rank each group of Vermont high schoolers by highest tobacco use rate.

1st: EVP use
2nd: Cannabis use
3rd: LGBT
4th: BIPOC
5th: High schoolers with a disability
**Youth Populations with Higher Prevalence of Tobacco Use**
Compared to Vermont State Average (2019 YRBS)

### Current Electronic Vapor Product (EVP) Use Among VT High School Students

- Vermont: 26%
- Cigarette Use: 93%
- Cannabis Use: 78%
- 12th Grade: 34%
- 11th Grade: 31%
- Disability: 32%
- LGBT: 31%

### Current Cigarette Smoking Among VT High School Students

- Vermont: 7%
- EVP: 27%
- Cannabis Use: 22%
- LGBT: 13%
- Disability: 10%
- BIPOC: 10%

**93% of students who smoke cigarettes currently use EVPs**

**Students who use cannabis are**

- 3x more likely to use EVPs
- 3x more likely to smoke cigarettes

**BIPOC students are**

- 3x more likely to smoke 10+ cigarettes/day
- 2x more likely to smoke 20+ days/month
In a few words what surprised or stood out to you in the disparities figures?

- copd
- co-use
- adult disabilities
- targeted messages
- eco prevalence
- great deal of work ahead
- cannabis connection
- link with cannabis
- copd numbers
- cannabis - evp
- link to evp usage
- evp use
I think the outcomes are low rates of youth use to undo the growth in vaping, to change that curve. So that the norm in Vermont is that every young person has a right to grow up substance free. And that the burden is on the community [to build this]

— Lead of a Vermont-based CBO
Vermont Plan to Reduce Tobacco Use, Vaping, and Nicotine Addiction

Stakeholder Interview Results: Substance Coordination | March 2022

Professional Data Analysts, the external evaluator for Vermont’s Tobacco Control Program (TCP), conducted 29 interviews in 2021 with a variety of tobacco control partners. These interviews are being used to inform the strategic directions that partners want to prioritize for tobacco control in the state. Findings from interviews will inform Vermont’s 2021-2025 Plan to Reduce Tobacco Use, Vaping, and Nicotine Addiction.

Stakeholders were strategically selected

PDA created a comprehensive TCP stakeholder list of over 140 individuals or organizations involved to some extent in Vermont’s work in tobacco prevention and control. Stakeholders interviewed included:

- State or regional representatives from organizations such as the American Lung Association, American Heart Association, and American Cancer Society
- Organizations that work across the state, including UVM, other state agencies, and multiple organizations working in prevention
- Several of the 14 coalitions that were funded to address tobacco prevention and control in their local communities; most also receive funding from the Agency of Education and/or the Agency of Drug and Alcohol Prevention

"There are opportunities for us to look at substance use and addictions more globally to include nicotine, tobacco, [and] all of these other substances. Not to lose the focus on some of the substances that tend to get headlines because they are more immediately deadly, or people see the more immediate consequences. But to look at addiction in the larger sense – recognize that just because it might take someone 20 years to see the consequences, doesn’t make that substance any less important to address.”

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For more information about the TCP: Tanya Wells, Tanya.Wells@vermont.gov
...with logic models and whatnot, like doing one for tobacco, making it systematic across all of our substances, trying to have our work reflect the same kind of process, you know?

– Vermont local coalition lead
I think all of our schools need help in really thinking about substance prevention and doing it in a systematic way...I feel like a big piece for us is in our logic models we are hugely lacking youth education, prevention.

— Coalition lead
Revision timeline

Now: Stakeholder survey! Take a few minutes to provide input and share widely.

May-June: Stakeholder input opportunities through virtual meetings and other review.

July-Sept: Stories of Vermonter impacted by tobacco and nicotine are gathered.

Oct-Dec: Finish revising, review, and dissemination plan.
my.evalsurvey.com/VermontTobaccoPlan