



2017 Tobacco Data Pages

Division of Health Surveillance

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Introduction

Established in 2001, the Vermont Tobacco Control Program (VTCP) is a comprehensive statewide program administered by the Vermont Department of Health (VDH) with funding from the Master Settlement Agreement and the Centers for Disease Control and Prevention (CDC). The VTCP implements policy, systems, and environmental level state and community interventions, mass-reach health communication interventions, and cessation interventions while conducting ongoing surveillance of tobacco use in Vermont and evaluation of program efforts to make progress in achieving VTCP goals:

- Promote quitting among adults and youth
- Eliminate exposure to secondhand smoke
- Prevent initiation of tobacco use among youth and young adults
- Identify and eliminate tobacco-related disparities among population groups

The Tobacco Data Pages are designed as a quick reference for the most current and pertinent data on tobacco use among adults and youth in Vermont. This document combines several Vermont health surveillance data sources, including:

- 2017 Behavioral Risk Factor Surveillance System (BRFSS)
- 2017 Youth Risk Behavior Survey (YRBS)
- 2016 Adult Tobacco Survey (ATS)

Information about data sources and notes can be found at the beginning of this document.

Data Sources

- **Behavioral Risk Factor Surveillance System (BRFSS):** Telephone survey that tracks health risk behaviors of Vermont non-institutionalized adults. The results are used to plan, support, and evaluate health promotion and disease prevention programs. Since 1990, Vermont, along with the 49 other states and three territories, has participated in the BRFSS with the Centers for Disease Control and Prevention (CDC). An adult (18 or older) in the household is asked a uniform set of questions. The results are weighted to represent the adult population of the state.
- **Youth Risk Behavior Survey (YRBS):** Every two years since 1993, the Department of Health's Division of Alcohol and Drug Abuse Programs, and the Department of Education's Coordinated School Health Programs have sponsored the YRBS. The YRBS measures the prevalence of behaviors that contribute to the leading causes of death, disease, and injury among youth. The YRBS is part of a larger effort to help communities increase the “resiliency” of young people by reducing high risk-behaviors and promoting healthy behaviors.
- **Vermont Adult Tobacco Survey (VTATS):** The VTATS is a population-based telephone survey used to help evaluate the effectiveness of the Vermont Tobacco Control Program’s (VTCP) efforts to reduce smoking and increase awareness and knowledge of smoking-related issues among Vermont adults. This evaluation tool is not part of a national survey and data should not be directly compared to that from other states. The results are weighted to represent the adult population of the state.

Data Notes

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

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

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

Definitions

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

Executive Summary

Tobacco Use Among Adults & Youth: Disparities in Smoking and Increasing Use of Other Tobacco Products

Among adults, smoking prevalence has remained statistically unchanged since 2011 (20% to 17%) although there are fewer who smoke in 2017 (78,000) than 2016 (83,000). Among youth, smoking has decreased significantly in the past decade (15% to 9%). Smoking prevalence in Vermont in 2017 is similar to the national average for adults and youth. Nine in ten current smokers started smoking regularly before the age of 21, and about half smoke between 10-20 cigarettes per day.

Disparities in smoking prevalence based on age, income, education, and disability have been consistent over time. The prevalence of smoking has significantly decreased among young adults since 2011 (from 24% to 13%) and among People of Color (POC) (from 35% to 21%). Among youth, males, youth of color, and LGBT youth have significantly higher smoking rates than high school females, white non-Hispanic, and heterosexual youth.

The increasing use of other tobacco products (OTP) continues to be of concern, particularly among cigarette smokers and youth. While the use of OTPs has remained stable among adults since 2012, the use of multiple tobacco products is common. Of the 24% of Vermont adults that used any tobacco product (cigarettes, e-cigarettes, cigar products, and smokeless tobacco), 22% reported currently using at least two products.

The most common tobacco product used among youth in 2017 was an electronic vapor product (EVP; e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods): 12% of all youth and 67% of youth smokers reported using an EVP in the past 30 days. From 2015 to 2017, there was a significant decrease in OTP use (cigar products, EVPs, and smokeless tobacco). However, among youth who smoked cigarettes, there was a significant increase in cigar and EVP use.

Executive Summary

Tobacco Use Initiation: Vermont Similar to National Average

Overall, 8% of high school students reported trying a cigarette, even one or two puffs, before age 13. Early initiation of tobacco in Vermont was statistically similar to the national average of 10% in 2017. Disparities in initiation are similar to youth smoking overall: significantly more male, Youth of Color, and LGBT students tried a cigarette before age 13 compared to females, white non-Hispanic, and heterosexual youth.

Cessation: People of Color and Young Adults Have Significantly Higher Rates of Quit Attempts

Twenty-eight percent of Vermont adults are former smokers; two-thirds quit more than ten years ago and a quarter quit within the past five years. Among current adult smokers, 59% made a quit attempt in the past year. Quit attempts in 2017 were statistically higher than 2016 (49%), but similar to all other previous years (2011-2015). The proportion of adult smokers who made a quit attempt in Vermont is statistically similar to U.S. adults overall. In 2017, POC and adults age 18-24 had a significantly higher rate of past-year quit attempts compared to white, non-Hispanic adults (81% versus 58%) and those ages 45-54 (80% versus 50%). Furthermore, quit attempts among POC have significantly increased since 2014.

A variety of cessation methods were reported among current and former adult smokers in their most recent quit attempt; the highest percentage were those who tried to quit on their own (69% and 75%, respectively), talked with a health care professional (43% and 29%), used Nicotine Replacement Therapy (37% and 31%) or used an e-cigarette (21% and 21%). The proportion of current smokers who used an e-cigarette as a cessation method has remained statistically stable since 2012 (19% to 21%).

Executive Summary

Secondhand Smoke: Only 19% of Adults in Multi-Unit Housing Covered by Comprehensive Smoke-Free Policies

Secondhand smoke (SHS) exposure has not significantly changed from 2008 to 2016, regardless of smoking status. Disparities in SHS exposure mirror those seen in smoking prevalence. This is especially true for POC and those living at less than 250% federal poverty level (FPL), who are 1.5 times more likely to report SHS exposure compared to white non-Hispanic adults and those living at or above 250% FPL. Only 19% of adults living in multi-unit housing in Vermont are covered by comprehensive smoke-free policies indoors and outdoors. However, the vast majority of Vermont adults (87%) report that they do not allow smoking anywhere inside their home.

Tobacco Program Priorities: Medicaid-Insured & Adults with Mental Health and Substance Use Conditions

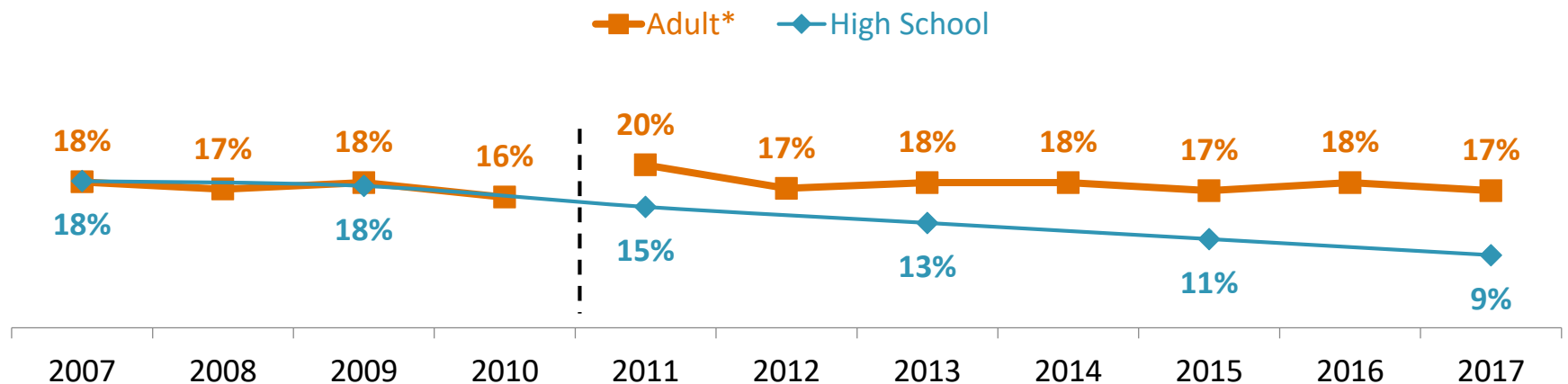
To further reduce tobacco use and burden in the state, the VTCP tailors strategies to reach priority populations that experience the greatest disparities in tobacco use. One priority population is adults who are Medicaid-insured. Through collaborative efforts with the Department of Vermont Health Access (DVHA) since 2013, the state has seen an increase in cessation treatment and support provided by health care professionals serving Medicaid-insured patients. However, rates of cessation counseling and pharmacotherapy among Medicaid members remained consistent between 2016 and 2017. The VTCP similarly works towards reducing the disparate burden felt by those with mental health and substance use conditions. Among adults with one of these conditions, smoking prevalence is 1.5 to two times higher and, among youth, 13 to 16 times higher than those without a mental health or substance use issue. Other priority populations include LGBT and those who are pregnant

Tobacco Use Among Adults & Youth

Adult and Youth Cigarette Smoking Prevalence

- In 2017, 17% of adults were current smokers. This represents 76,000 adults compared to 95,000 adults in 2011. Smoking prevalence has been statistically unchanged since 2011.
- In 2017, 9% of high school students were current smokers. This represents 2,500 youth smokers compared to 4,500 in 2011. Cigarette smoking among students has decreased significantly in the past decade.

Adult & Youth Cigarette Smoking Prevalence*



Source: VT BRFSS 2007 – 2017 & YRBS 2007 - 2017

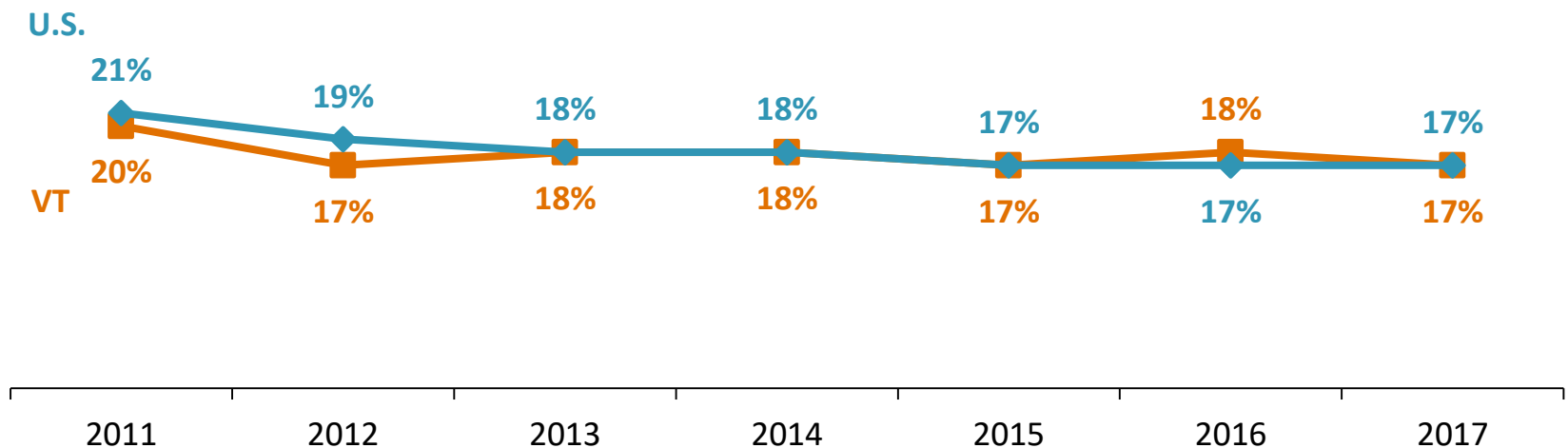
*Adult data on this page are age adjusted to the U.S. 2000 population. Estimated counts rounded to the nearest thousand and not age-adjusted.

— — — Comparisons between adult (BRFSS) data collected in 2011 and later and that from earlier years should be made with caution due to changes in survey methodology

Trend in Vermont & U.S. Smoking Prevalence

- Among adults, prevalence of smoking in Vermont has been significantly similar to the U.S. rate since 2011. Vermont is ranked 20th lowest in adult smoking prevalence among all states (Campaign for Tobacco-Free Kids, 2019).

Adult Smoking Prevalence in VT and U.S., 2011-2016*



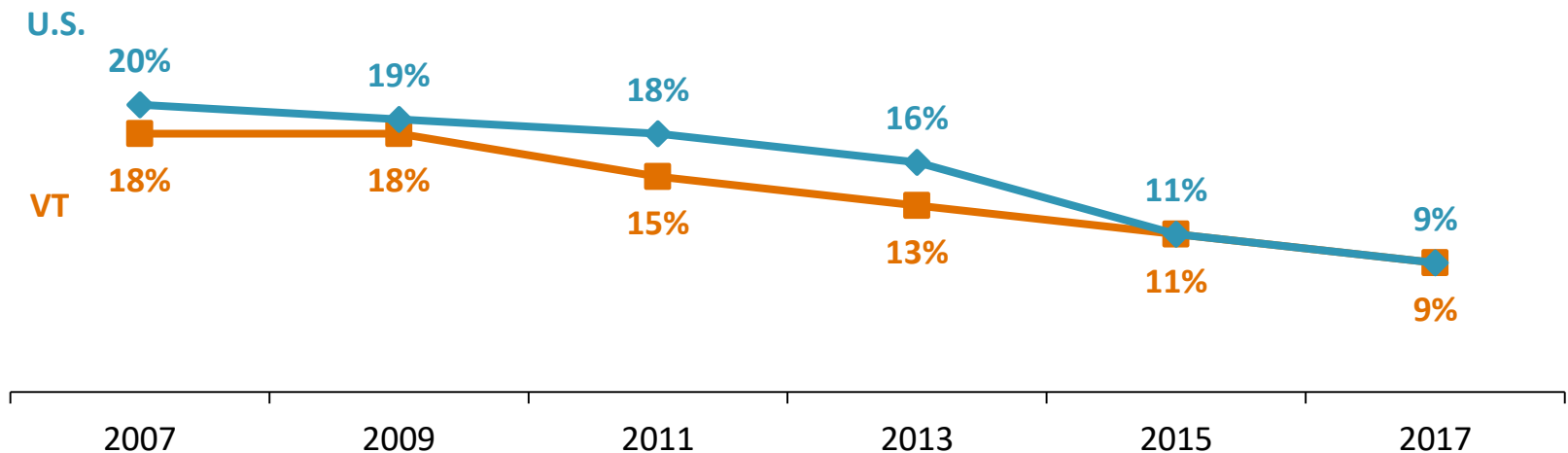
Source: VT & US BRFSS 2011-2017, VT.

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

Trend in Vermont & U.S. Smoking Prevalence

- In 2011, the smoking prevalence among youth in Vermont was significantly lower than the U.S. Since 2013, youth smoking prevalence in Vermont and the U.S. has been statistically similar.

Youth Smoking Prevalence in VT and U.S., 2007-2017

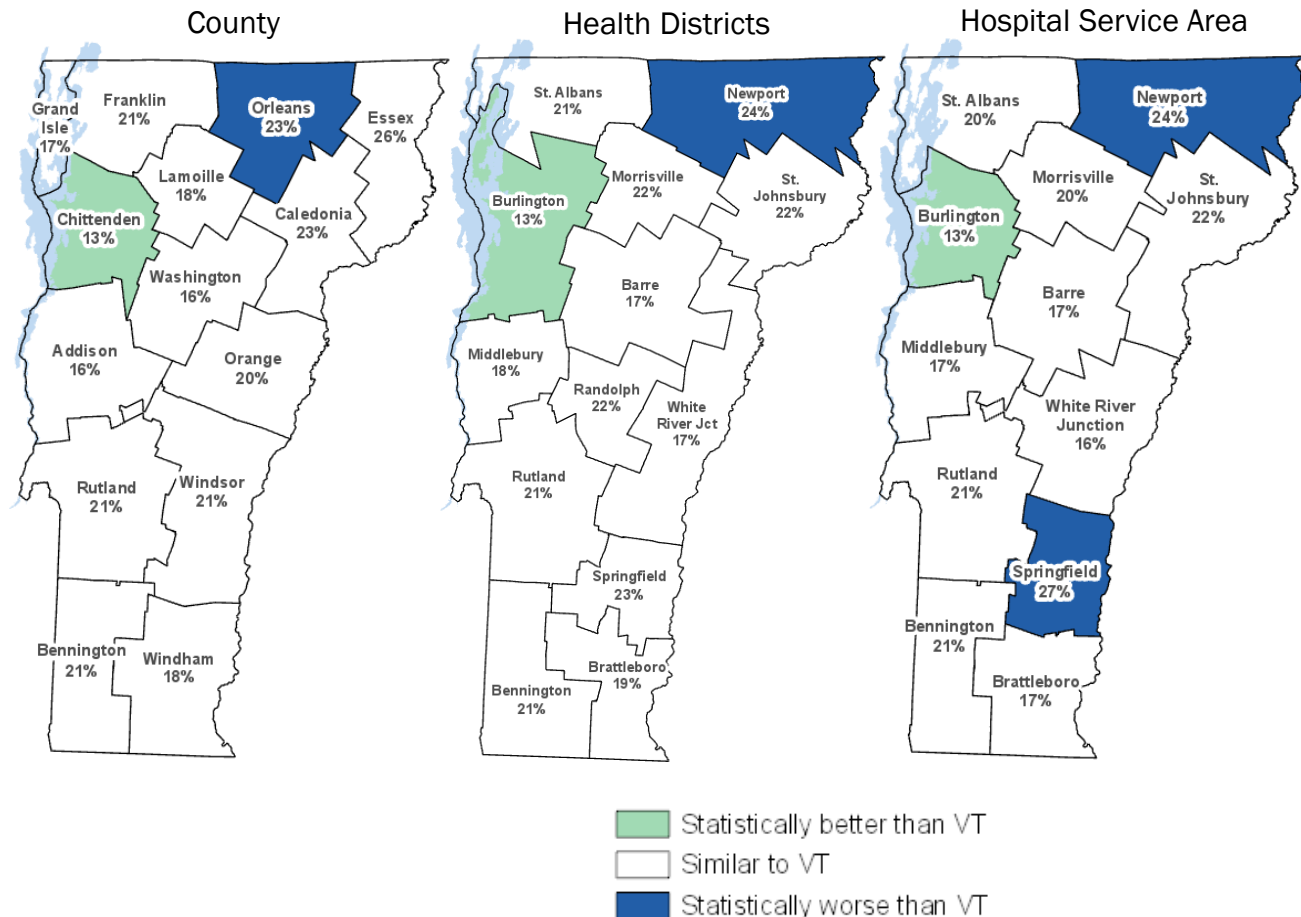


Source: VT and US YRBS 2007-2017.

Smoking Prevalence by Sub-Geography: Adults

- Across Vermont counties, the adult smoking prevalence ranged from 13 to 26% in 2017. The smoking rate in Chittenden county was lower than the state average (17%), while Orleans was higher (23%).
- The smoking rates in the Burlington Health District and Hospital Service Area were significantly lower than the state average. Springfield and Newport Health District and Hospital Service Area were higher.

Adult Cigarette Smoking Prevalence*



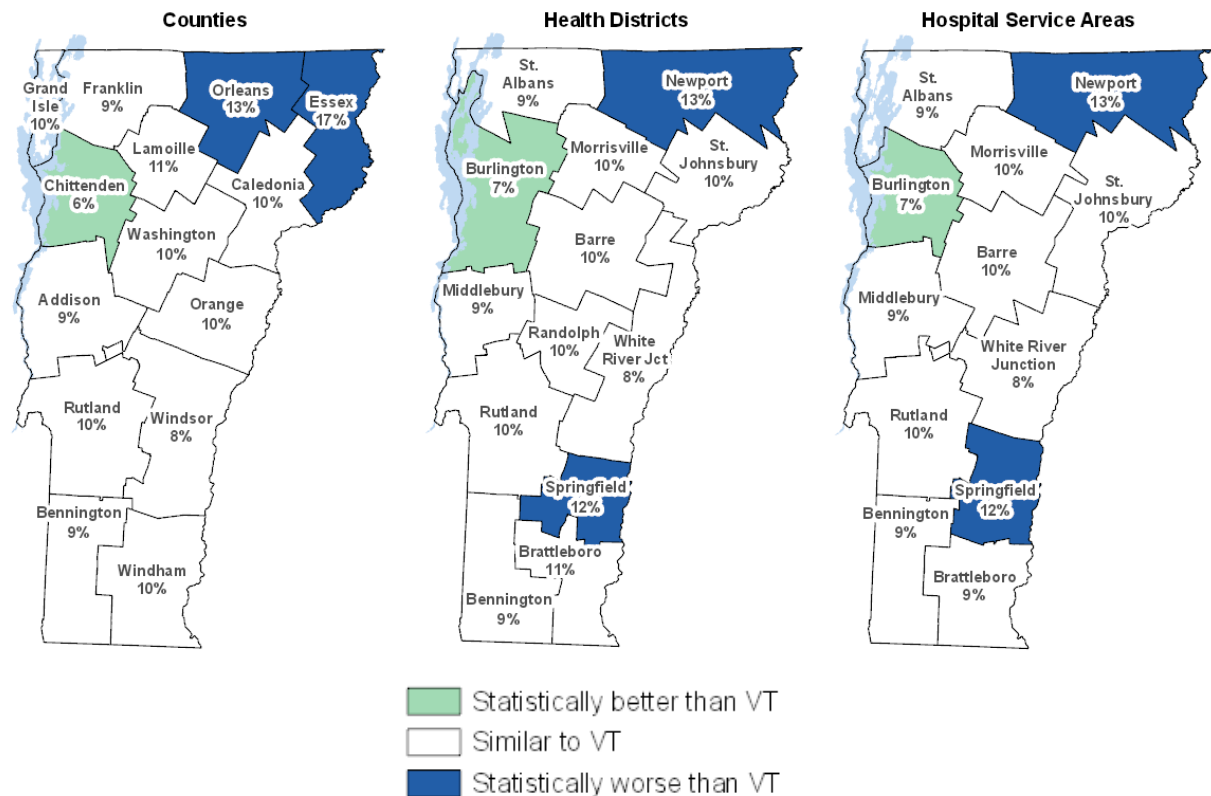
Source: BRFSS 2017

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

Smoking Prevalence by Sub-Geography: High School Youth

- Across Vermont counties, the smoking prevalence ranged from 6% to 17% among high school students. The smoking rates in Chittenden were lower than the state average of 9%, while Essex and Orleans were higher.
- The smoking rates in the Burlington Health District and Hospital Service Area were significantly lower than the statewide average, while Newport and Springfield Health Districts and Hospital Service Areas were higher.

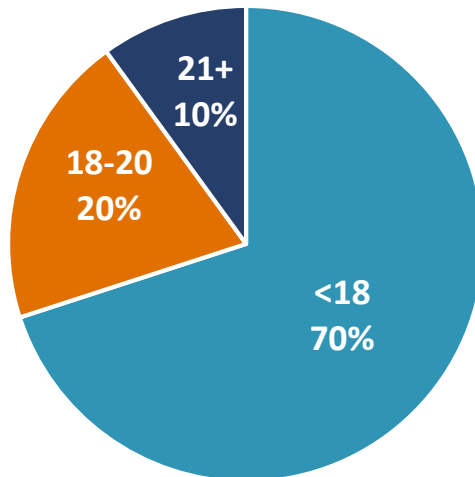
High School Youth Cigarette Smoking Prevalence



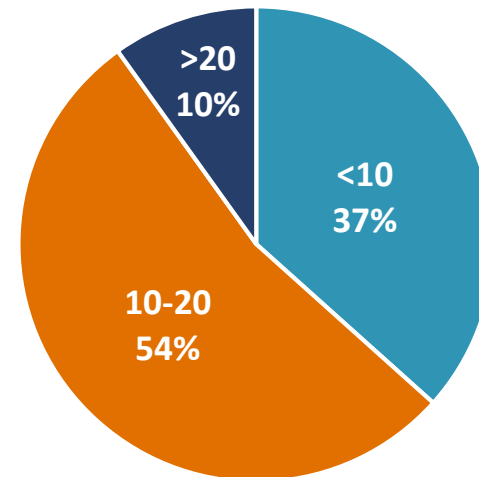
Smoking Patterns Among Current Smokers

- Nine in ten current smokers started smoking regularly before the age of 21, and 70% started before they were 18 years old.
- More than a third of current smokers report smoking less than 10 cigarettes a day, about half smoke between 10-20 cigarettes, and few adults smoke more than a pack a day.
- Current smokers have smoked for an average of 28 years (data not shown).

Age of Smoking Initiation among Current Smokers



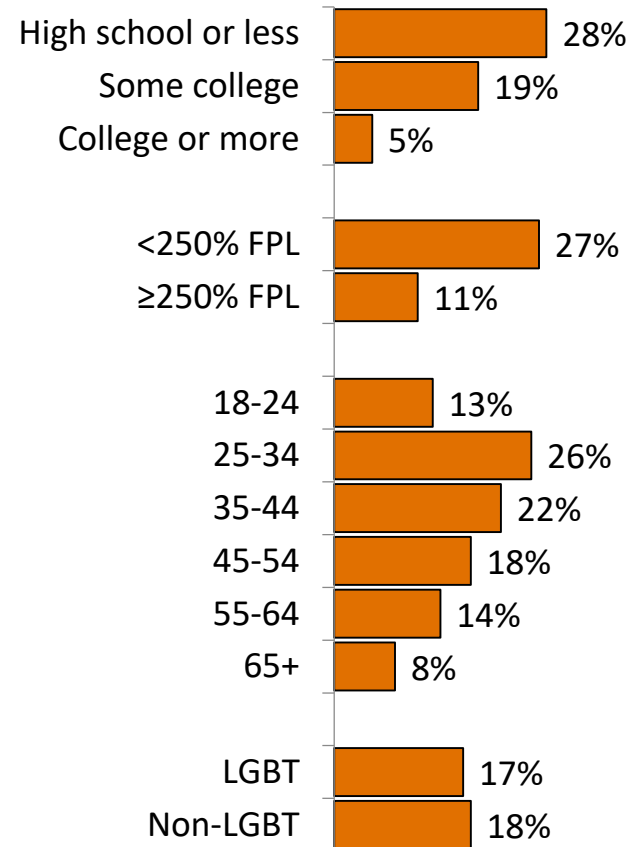
Number of Cigarettes Smoked per Day among Current Smokers



Adult Smoking by Demographic Characteristics

- In 2017, smoking prevalence was significantly higher for adults with lower levels of education and those living at less than 250% of the FPL.
- Adults ages 25-44 were significantly more likely to smoke compared to those ages 18-24 and those 55 and older.
- Adults who are 25-34 years old had the highest smoking rate; this was the only age group with a rate significantly higher than the state average (17%).
- There were no significant differences in cigarette smoking over time (since 2011) based on education, income, or sexual orientation/gender identity.

Adult Smoking Prevalence by Demographic Characteristics*

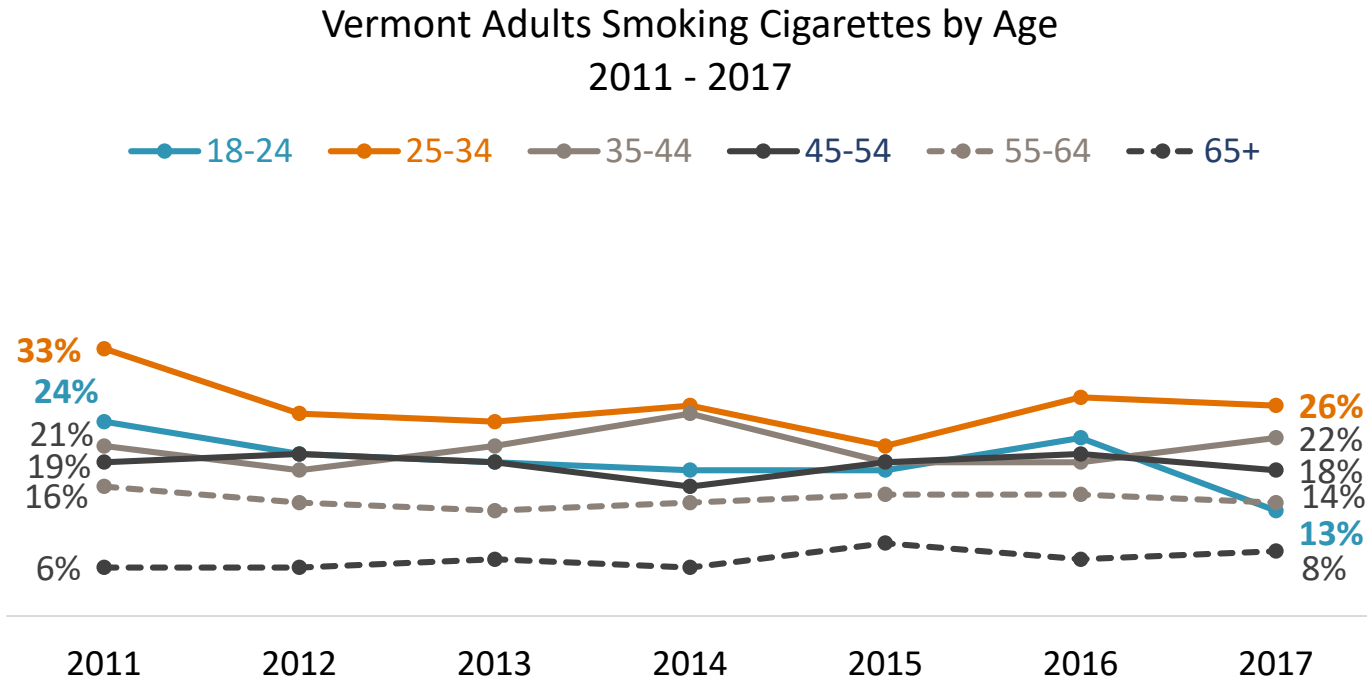


Source: VT BRFSS 2017

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

Trend in Smoking by Age

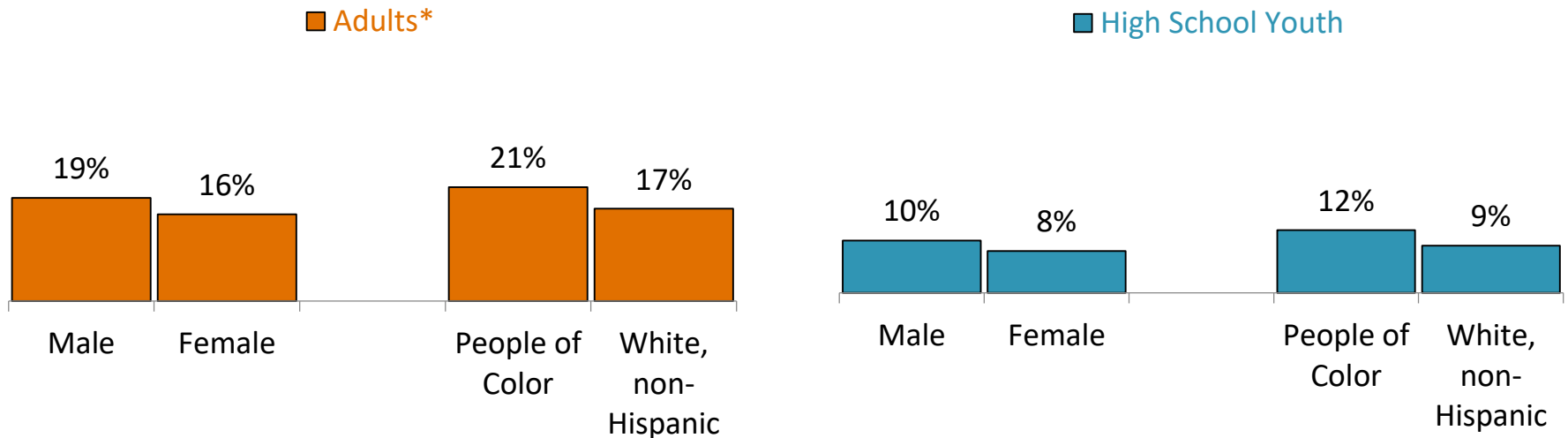
- The prevalence of cigarette smoking among young adults (ages 18-24) has significantly decreased since 2011, from 24% to 13%.
- The prevalence of cigarette smoking among adults age 25-34 significantly decreased between 2011 and 2015, but has increased since that time.



Smoking by Demographic Characteristics: Adult & Youth

- In 2017, the prevalence of cigarette smoking was statistically similar for men and women. The same was true for POC and White, non-Hispanic Vermonters.
- Male high school students were significantly more likely to smoke compared to female students. Among high school students, the prevalence of cigarette use was statistically higher among POC compared to white non-Hispanic youth.

Adult and Youth Cigarette Smoking by Gender and Race/Ethnicity



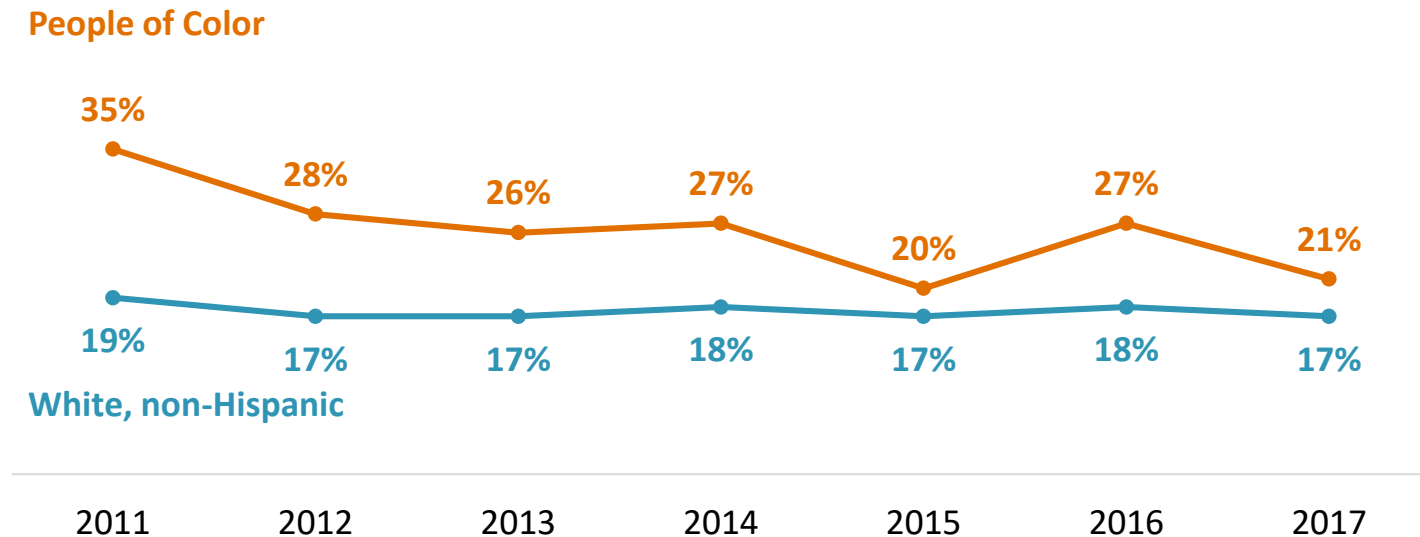
Source: VT BRFSS 2017 & YRBS 2017

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

Trend in Smoking by Race/Ethnicity: Adults

- The prevalence of cigarette smoking among POC has significantly decreased since 2011, dropping from 35% to 21% in 2017.
- Prevalence of cigarette smoking among white, non-Hispanic adults has remained statistically similar since 2011.

Vermont Adults Smoking Cigarettes by Race/Ethnicity
2011 – 2017*



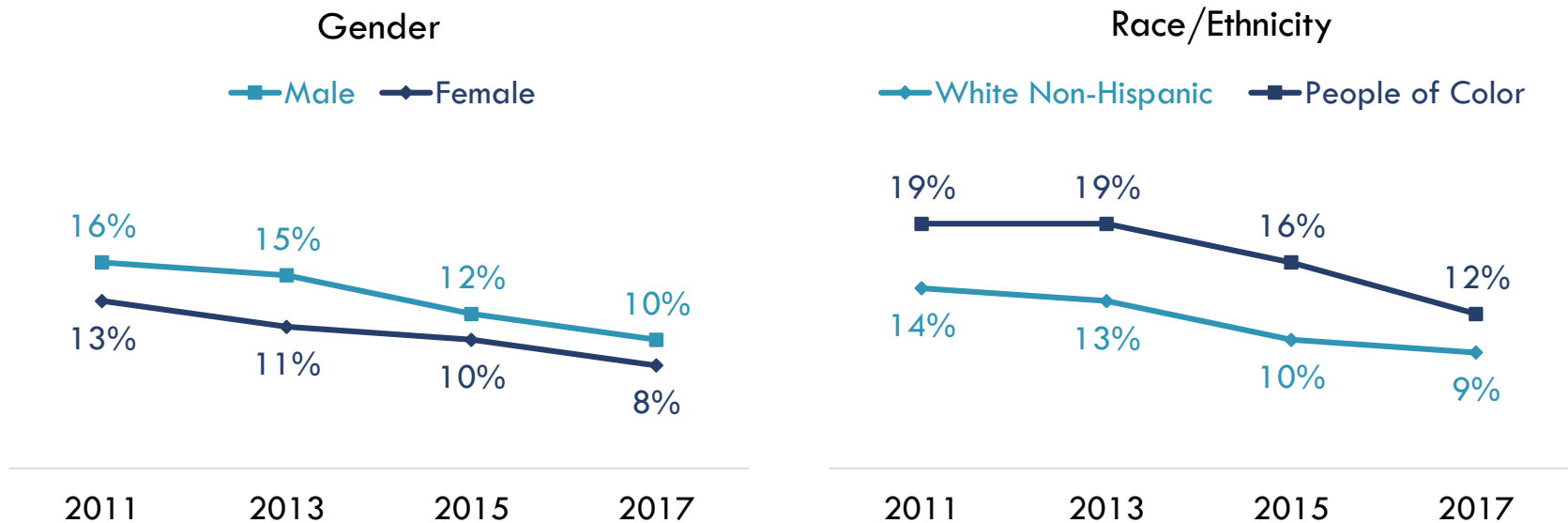
Source: VT BRFSS 2011-2017

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

Trend in Youth Cigarette Smoking by Gender & Race/Ethnicity

- There was a significant decrease in cigarette smoking in the last two years and from 2011 to 2017 for all youth, regardless of gender or race/ethnicity.
- Although still significantly different, the disparity between youth of color and white non-Hispanic adolescents lessened between 2015 and 2017.

Prevalence of Cigarette Smoking Among High School Students, 2011-2017

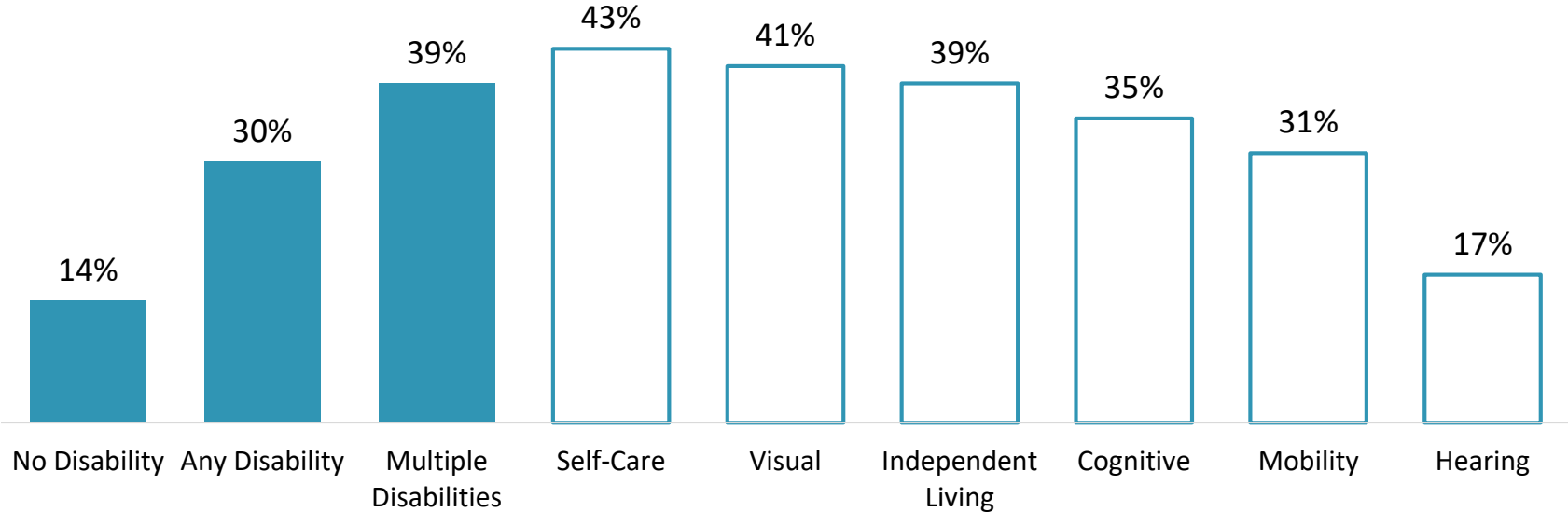


Source: YRBS 2011-2017

Smoking among People with Disabilities

- In 2017, adults with disabilities were significantly more likely to smoke compared to those without a disability.
- Adults who need assistance with self-care, those with a visual disability, and those who can not live independently have an especially high smoking prevalence.

Cigarette Smoking Prevalence by Disability Type



Source: VT BRFSS 2017

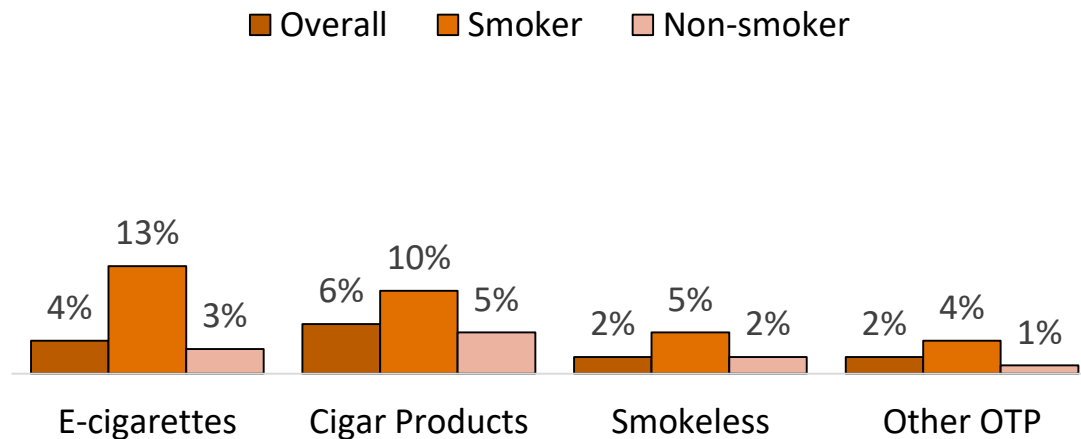
*Adult data on this page are age adjusted to the U.S. 2000 population.

**Definitions of each disability type can be found at the beginning of this document.

Other Tobacco Product Use: Adults

- In 2016, there were 22,000 adults in Vermont who used e-cigarettes (4%), 28,000 who used cigar products (6%), and 12,000 who used smokeless tobacco (2%).
- Adult smokers were significantly more likely to use other tobacco products (OTP) compared to non-smokers. This was especially evident for cigar and e-cigarette use.
- Of the 24% of Vermont adults who use any tobacco product, including cigarettes, 22% report currently using at least two products (data not shown).

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



Source: VT ATS 2016

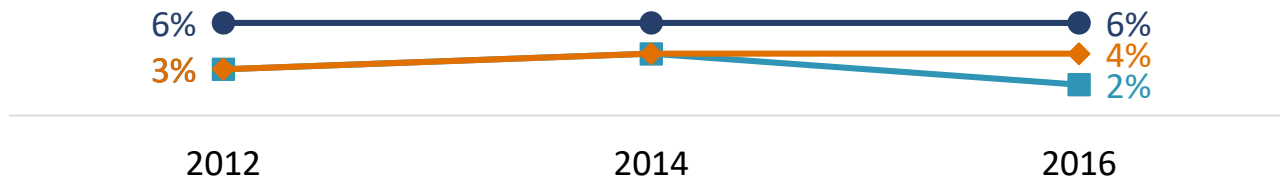
*Adult OTP use defined as current use everyday or some days. Estimated counts are rounded to the nearest thousand and not age-adjusted.

Trend in Other Tobacco Product Use: Adults

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

Other Tobacco Product Use among Adults
2012-2016

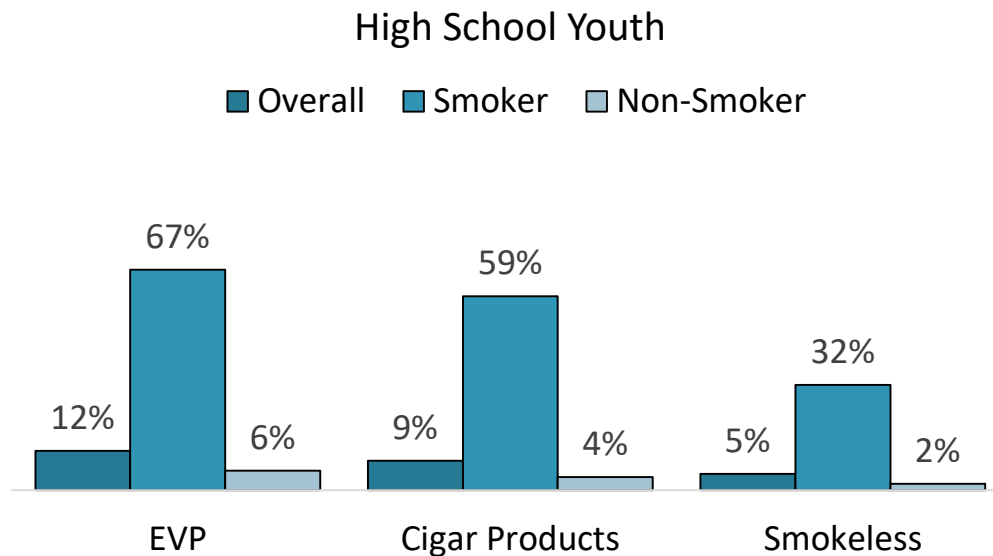
■ Smokeless ◆ E-Cigarettes ● Cigar Products



Source: VT ATS 2012-2016

Other Tobacco Product Use: Youth

- In 2017, there were 3,000 (12%) high school youth in Vermont who used electronic vapor products (EVP; includes e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods), 2,500 (9%) used cigar products, and 1,400 (5%) used smokeless tobacco.
- High school youth smokers were significantly more likely to use other tobacco products (OTP) compared to non-smokers.
- Vermont youth reported a significantly higher rate of cigar product use compared to the U.S. (9% versus 8%). Prevalence of youth EVP and smokeless use was similar in Vermont and the U.S. (U.S. data not shown).



Source: VT YRBS 2017

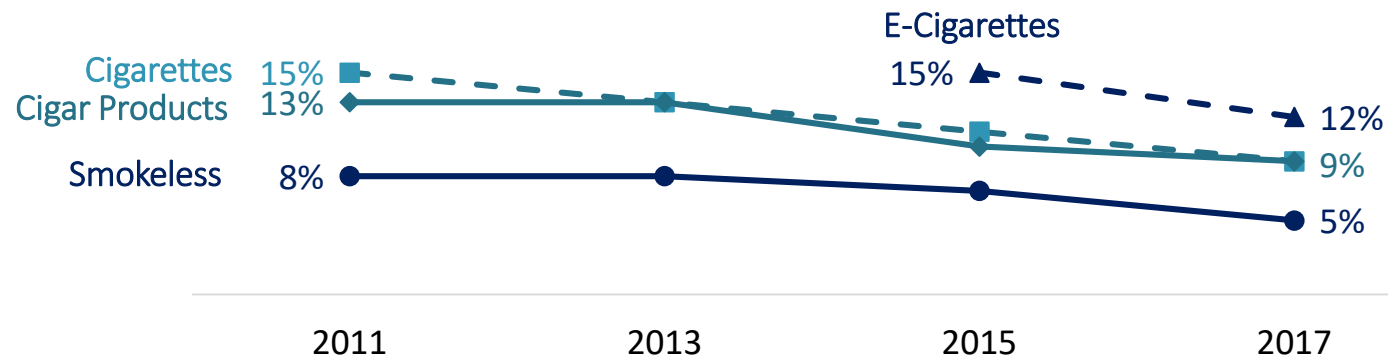
NOTE: Estimated counts are rounded to the nearest hundred. Youth OTP use defined as use in the past 30 days.

*See data notes at end of document for more information about the definition of EVP use among youth.

Trend in Tobacco Product Use among Youth

- There were significant decreases in the use of cigarettes, cigar products and smokeless tobacco* among high school youth from 2011 to 2017, and from 2015 to 2017.
- There was a significant decrease in e-cigarette use** among high school youth from 2015 to 2017. However, there was a significant increase in the percent of students who have ever tried e-cigarettes (30% in 2015 to 34% in 2017; data not shown).

Tobacco Product Use among High School Youth, past 30 day
(2011 – 2017)



Source: YRBS, 2011 – 2017

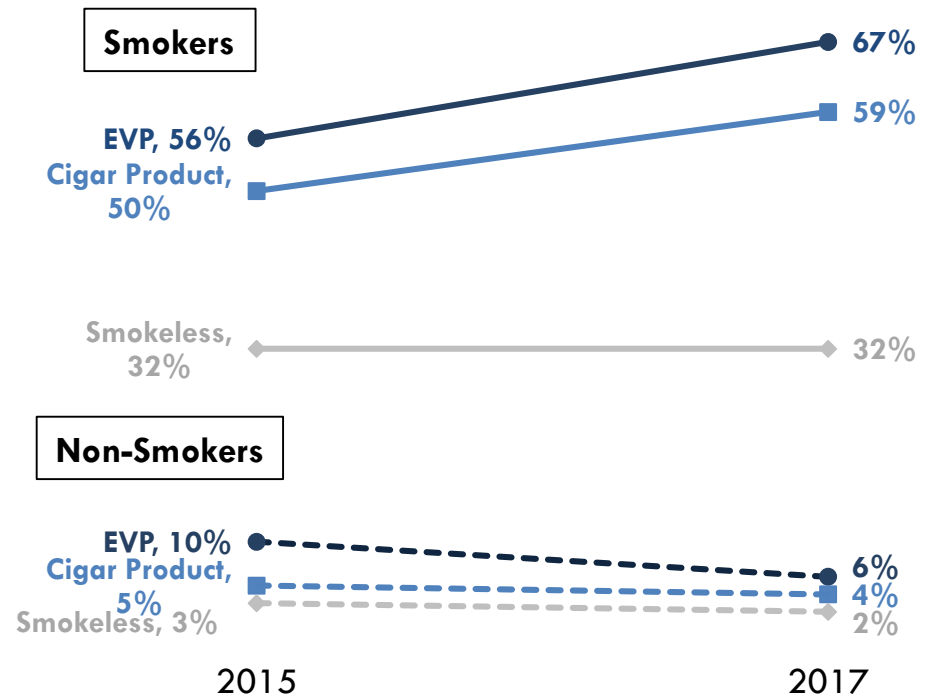
*Caution should be used when comparing smokeless tobacco use in 2017 and previous years because the number of products and brand names listed in the question were revised to reflect emerging forms of smokeless tobacco.

**E-cigarette use was a new question in 2015. See data notes at end of document for definition of e-cigarette use among youth.

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

- EVP and cigar product use among youth smokers significantly increased from 2015 to 2017.
- Smokeless tobacco product use among youth smokers remained statistically similar from 2015 to 2017.
- Among non-smokers, use of all three tobacco products significantly decreased from 2015 to 2017.

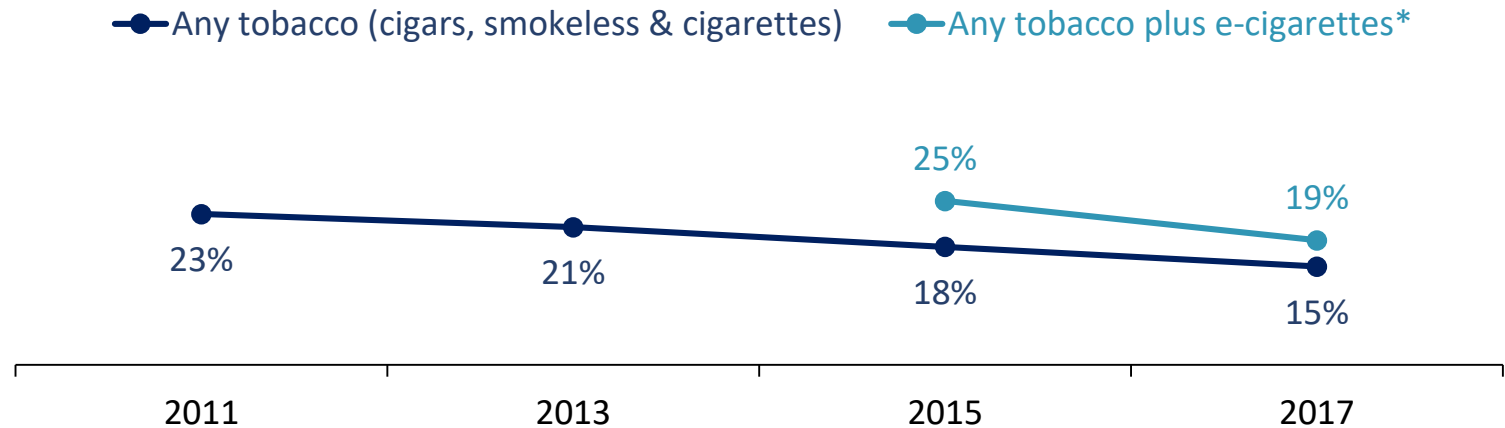
Other Tobacco Product Use among Youth by Smoking Status, past 30 day (2015 – 2017)



Trend in Youth Any Tobacco Product Use

- There was a significant decrease in any tobacco product use (cigarettes, cigar products, and smokeless tobacco) among high school youth from 2011 to 2017.
- When e-cigarettes were included in any tobacco product use, there was a significant decrease from 2015 to 2017.*
- During the past year, a quarter of students (24%) reporting using any tobacco product.
- In 2017, the rate of any tobacco product use in Vermont (19%) was statistically similar to the national rate (20%).

Any Tobacco Product Use Among High School Youth, Past 30 Day



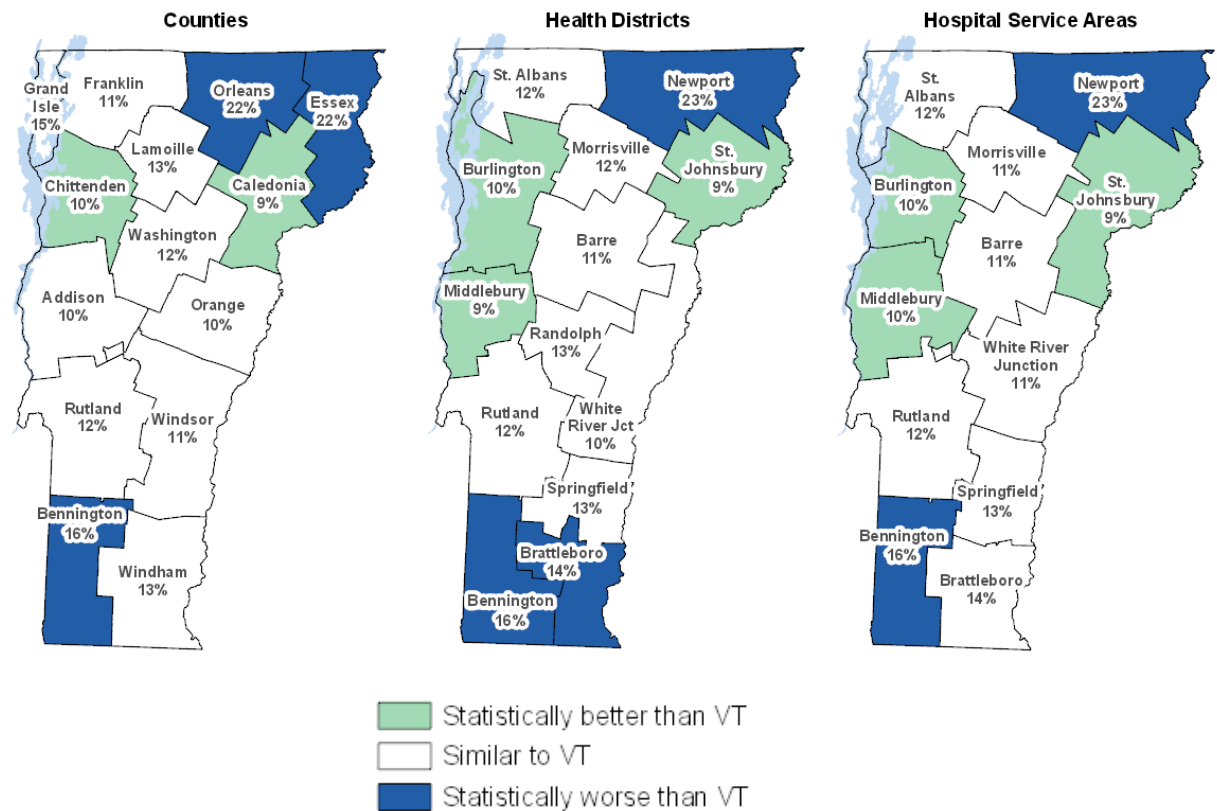
Source: YRBS, 2011 – 2017

*Caution should be used when comparing smokeless tobacco use in 2017 and previous years because the number of products and brand names listed in the question were revised to reflect emerging forms of smokeless tobacco. E-cigarette use was a new question in 2015. See data notes at end of document for definition of e-cigarette use among youth.

Youth Electronic Vapor Product Prevalence: Sub-Geographies

- Across Vermont counties, health districts, and hospital service areas, the prevalence of e-cigarette use varied from 9% to a high of 23%.
- Overall, Chittenden county/Burlington, Caledonia/St. Johnsbury and Middlebury had significantly lower rates than the state average (12%), while the southern and northeastern regions of Vermont had a significantly higher rate.

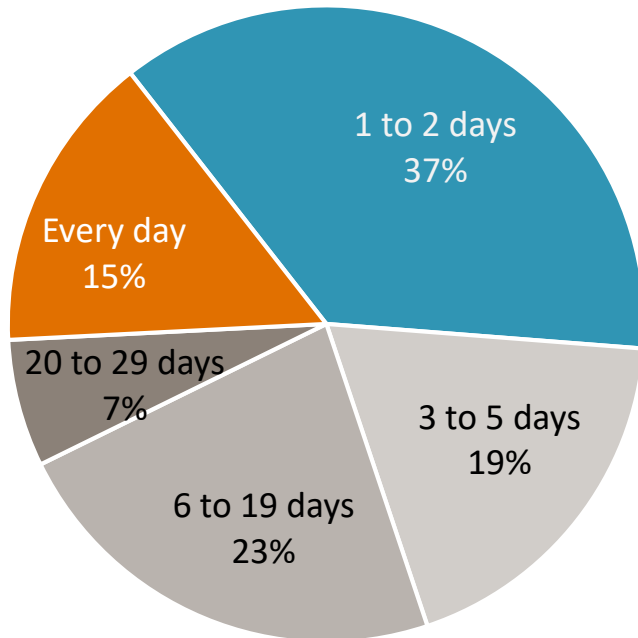
High School Youth E-Cigarette Prevalence



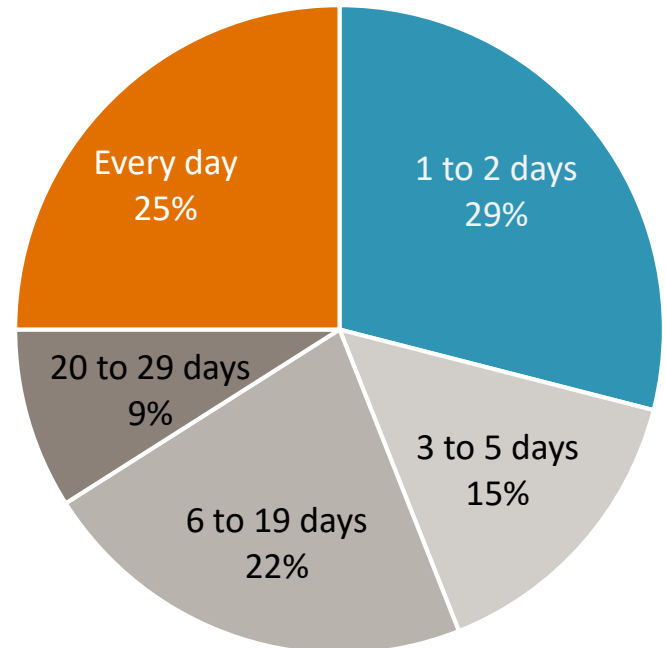
Electronic Vapor Product Use Among Current Users: Frequency of Use

- Among students who currently used electronic vapor products, a little over a third (37%) used them once or twice during the past month and 15% used them every day.
- Among students who currently used cigarettes, less than a third (29%) used them once or twice during the past month and a quarter (25%) used them every day.

Days Used EVP, among Current Users

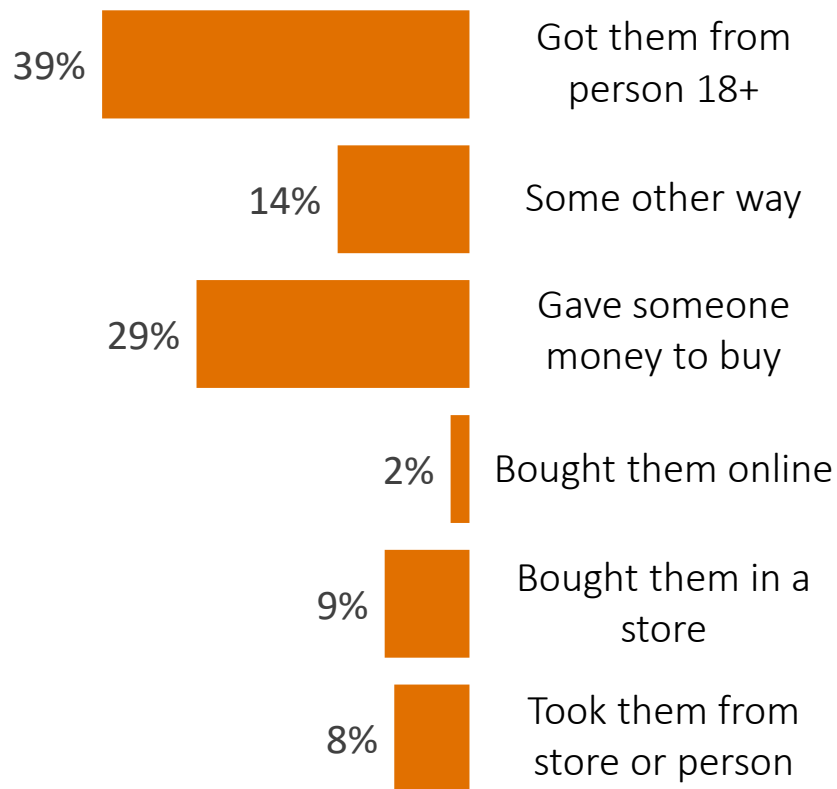


Days Smoked Cigarettes, among Current Users

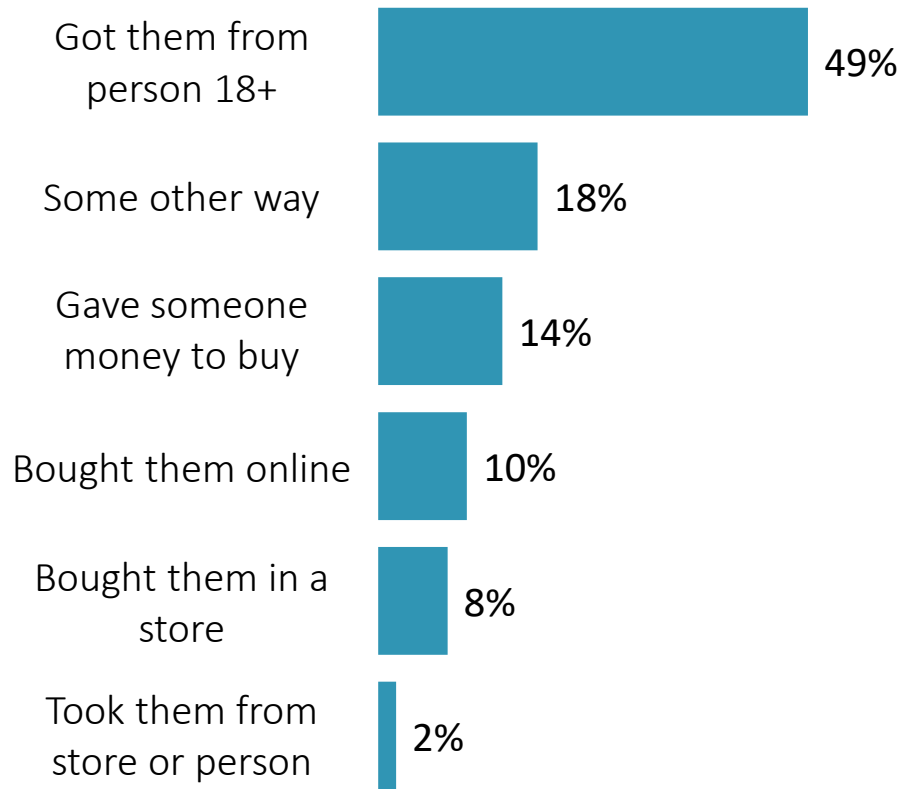


Source of Cigarettes & EVPs among Users Under Age 18

Cigarette Source (2015),
Current Users Under Age 18[‡]



Electronic Vapor Source (2017),
Current Users Under Age 18[‡]



Source: VT YRBS, 2015 & 2017

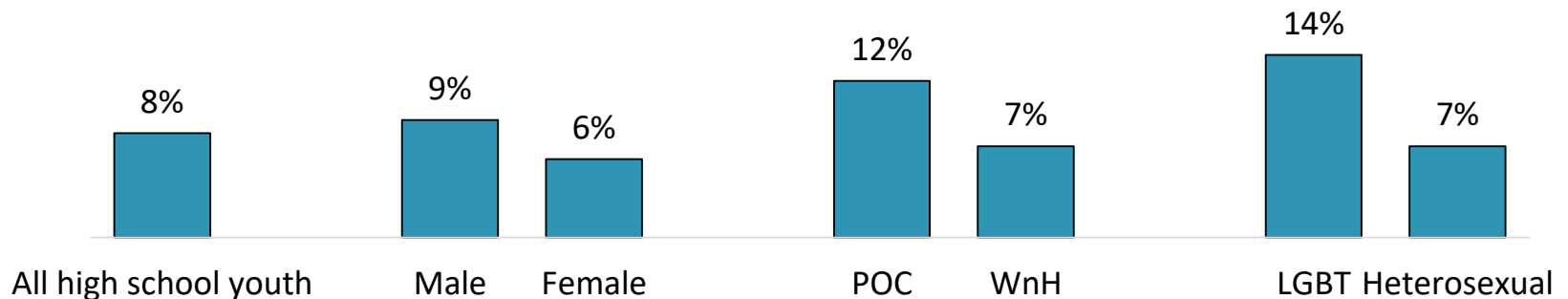
[‡] The current legal age to purchase tobacco products, including EVP is 18. Therefore, this figure only contains students who are not legally able to purchase and use EVP.

Tobacco Use Initiation

Cigarette Use before Age 13

- Overall, 8% of high school students reported trying a cigarette, even one or two puffs, before age 13. Vermont prevalence was statistically similar to the national average of 10% in 2017.
- Significantly more high school males, students of color, and LGBT students tried a cigarette before age 13 compared to females, white non-Hispanic, and heterosexual students.

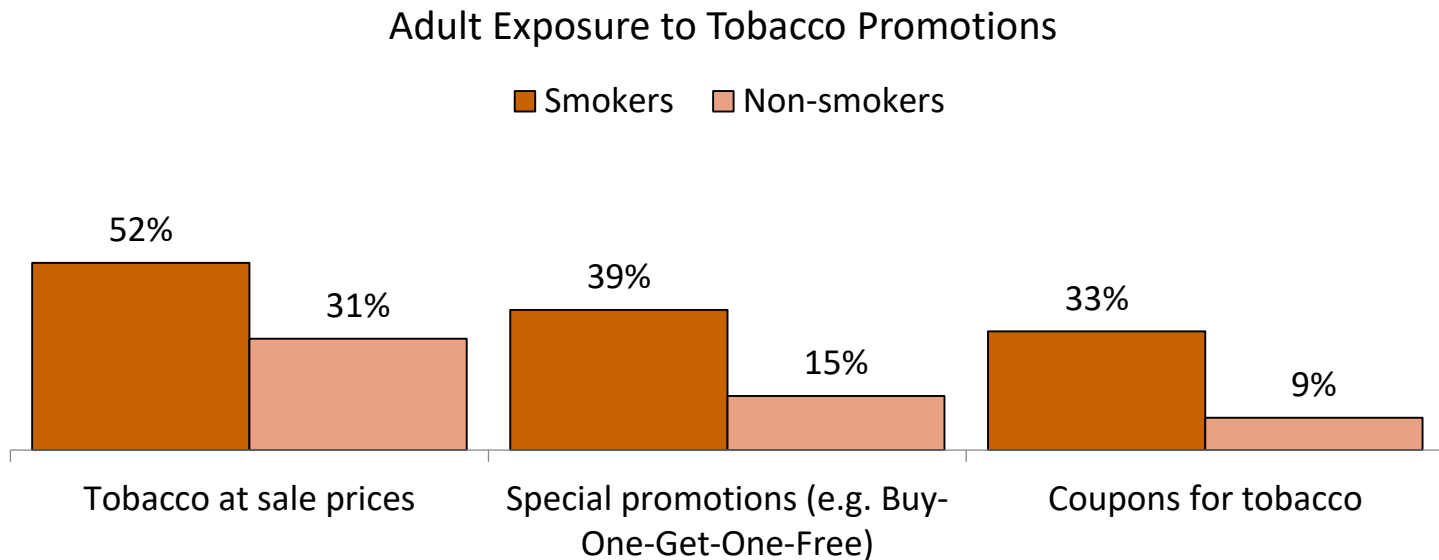
Cigarette Use Before Age 13, Even 1 or 2 Puffs



NOTE: In 2017, questions about lifetime cigarette use were modified from ever smoked a whole cigarette to ever tried cigarette smoking, even one or two puffs. Lifetime cigarette use now captures students who may have experimented with cigarette smoking without ever smoking an entire cigarette. Data on lifetime cigarette use cannot be compared with previous results.

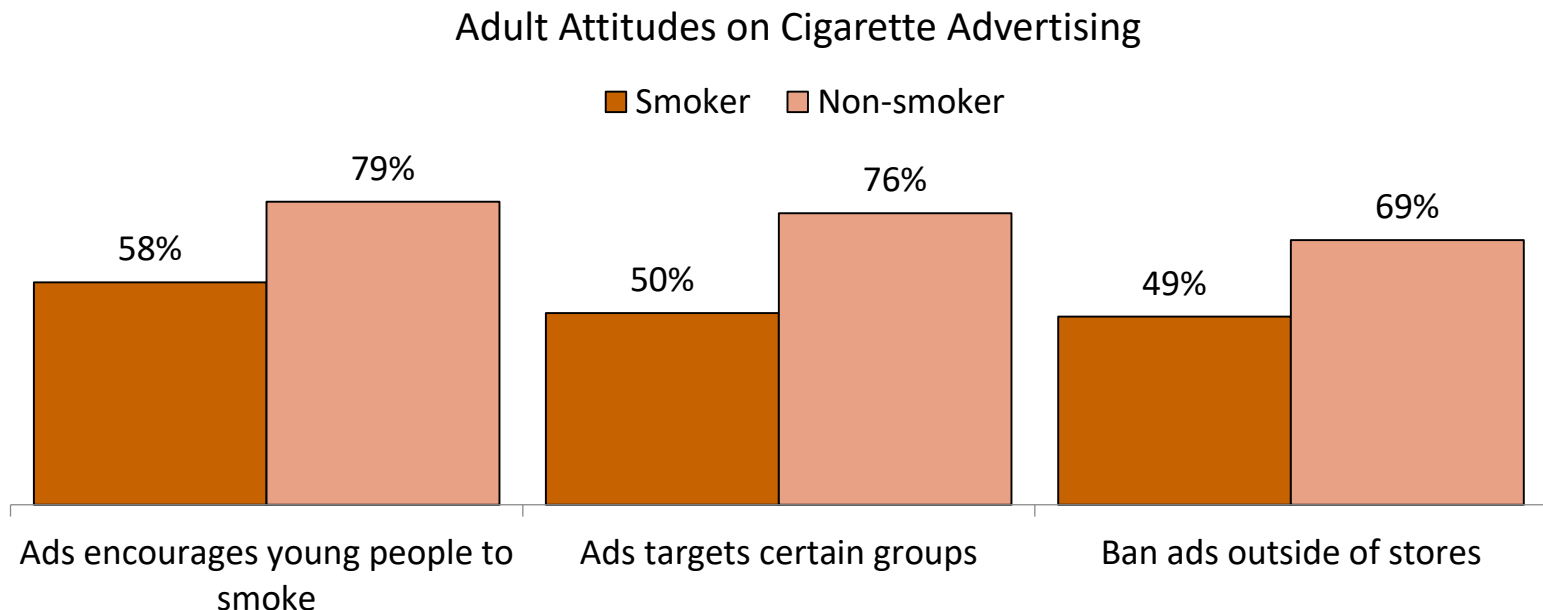
Exposure to Tobacco Promotions

- Adult smokers were significantly more likely to notice tobacco at sales prices, special promotions, and coupons for tobacco as compared to non-smokers.
- Over half of high school students (55%) reported seeing an ad for cigarettes or other tobacco products every time or most of the time they go to a convenience store, supermarket, or gas station (data not shown).



Adult Attitudes on Cigarette Advertising

- In comparison to adult smokers, adult non-smokers were significantly more likely to believe that tobacco advertising encourages young people to smoke and targets certain groups such as young adults, low income groups and specific ethnic groups. Non-smokers were also more likely to agree that cigarette ads should be banned from the outside of stores.
- The largest difference in agreement was whether tobacco advertisements target certain groups: only half of smokers* agreed compared to three-quarters of non-smokers.

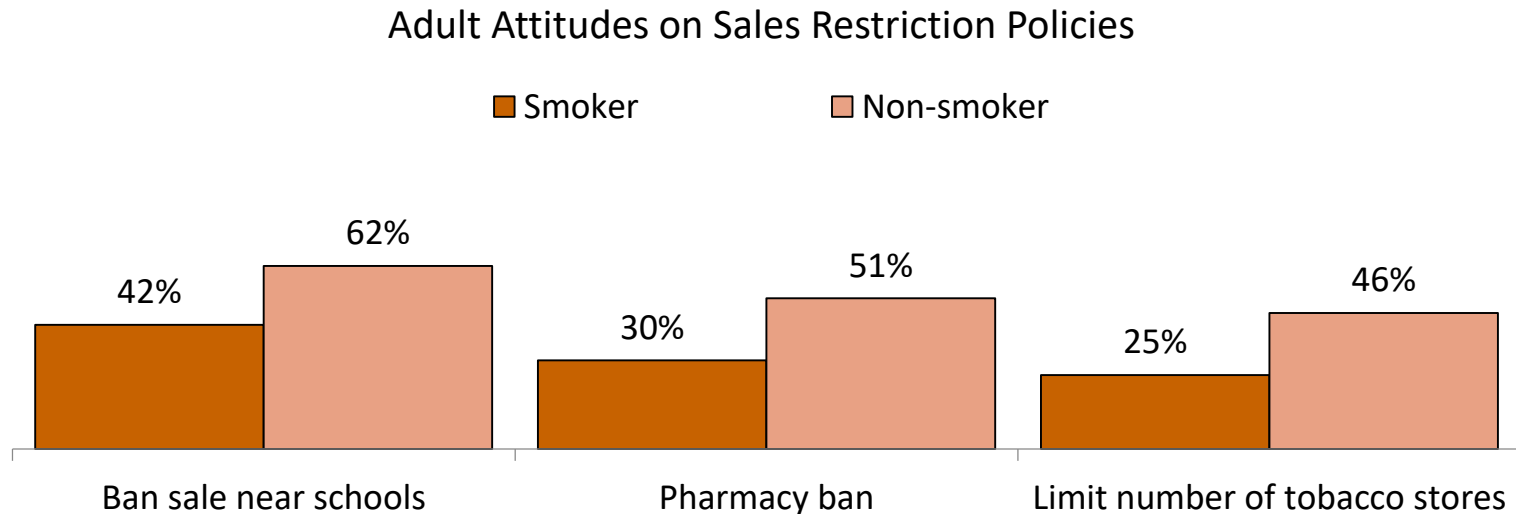


Source: VT ATS 2016

*Smokers includes adults who currently smoke or smoked in the past year.

Adult Attitudes on Sale Restriction Policies

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

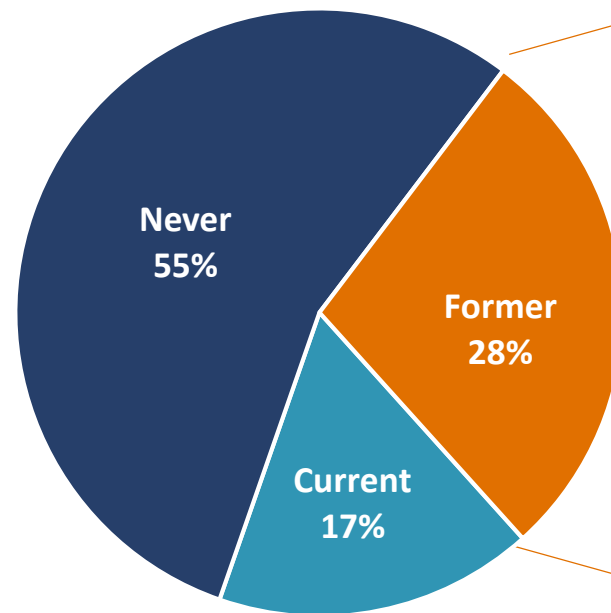


Smoking Cessation

Former Smokers & Length of Quit: Adults

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

2017 Vermont Adult Smoking Status



Length of Time Since Quit



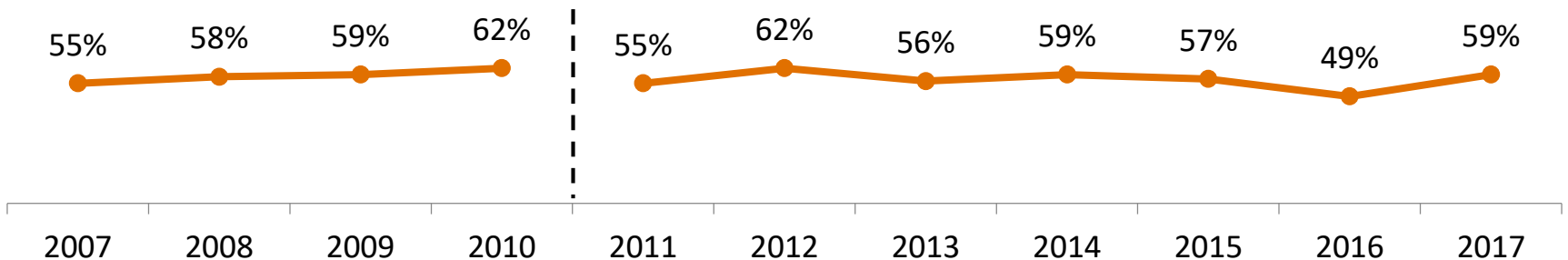
Source: VT BRFSS 2017

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

Adult & Youth Quit Attempts

- Among adult smokers, 59% said they made a quit attempt in the past 12 months. Quit attempts in 2017 were statistically higher than 2016 (49%), but similar to all other previous years (2011-2015).
- The proportion of adult smokers who made a quit attempt in Vermont is statistically similar to the 58% seen among all U.S. adult smokers (data not shown).
- Among students who used *any* tobacco product during the past year, a third (33%) tried to quit using *all* products.** The proportion of students with a quit attempt was statistically lower in Vermont than the U.S. (41%; data not shown).

Prevalence of Quit Attempts among Adult Smokers*



Source: VT & US BRFSS 2007 – 2017 & YRBS 2017

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

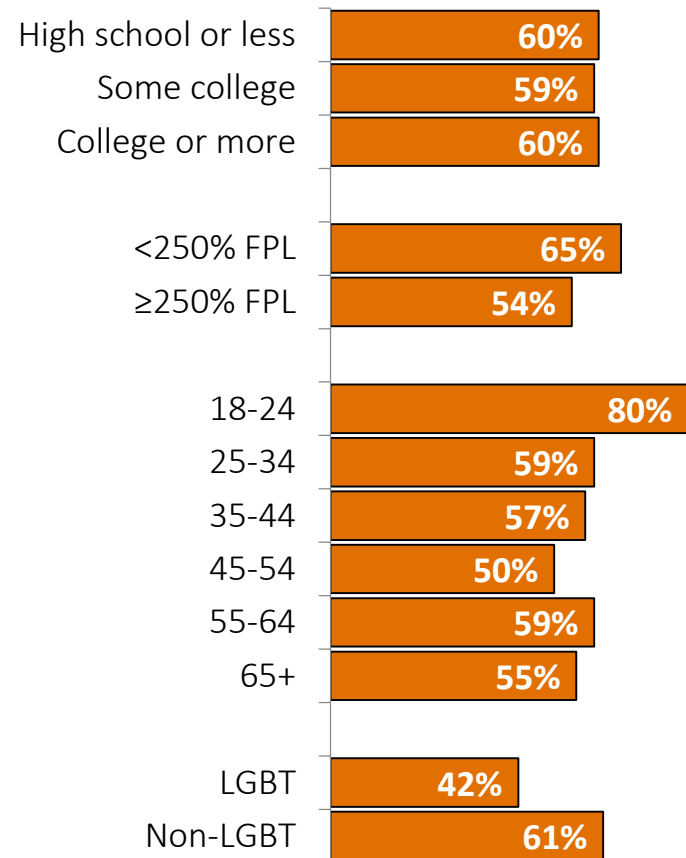
— — Comparisons between adult (BRFSS) data collected in 2011 and later and that from earlier years should be made with caution due to changes in survey methodology.

**Historical youth data (YRBS) is not available due to question changes.

Quit Attempts by Demographic Characteristics: Adults

- There were no statistically significant differences in quit attempts by education, FPL, or sexual orientation.
- Quit attempts among young adults (age 18-24) were significantly more than those age 45-54.
- When exploring the trend from 2011 to 2017, there were no significant differences in quit attempts among current smokers by education or age group (data not shown).
- Quit attempts for those living at less than 250% of the FPL were statistically higher compared to 2016 (50%), but similar to previous years (data not shown).

Quit Attempts among Current Adult Smokers by Demographic Characteristics



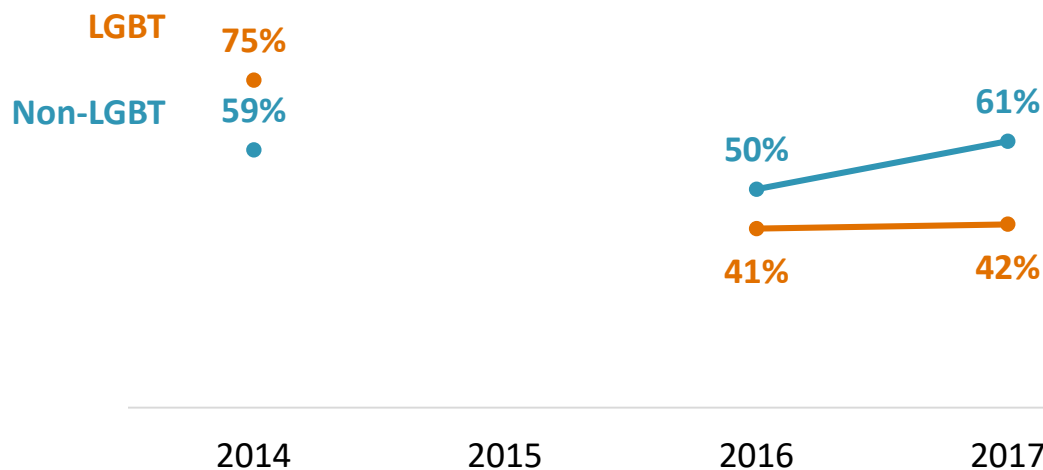
Source: VT BRFSS 2017

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

Trend in Quit Attempts by Sexual Orientation/Gender Identity

- The overall trend in quit attempts in Vermont showed a decrease in 2016 with a subsequent increase in 2017. The rate in 2017 was statistically similar to 2015 and earlier years.
- While non-LGBT adults followed this overall trend, quit attempts among LGBT adults who smoke remained statistically lower in 2017 (42%) compared to 2014 (75%).

Adults who Smoke with at Least One Quit Attempt in the Past Year by Sexual Orientation/Gender Identity, 2014 – 2017*



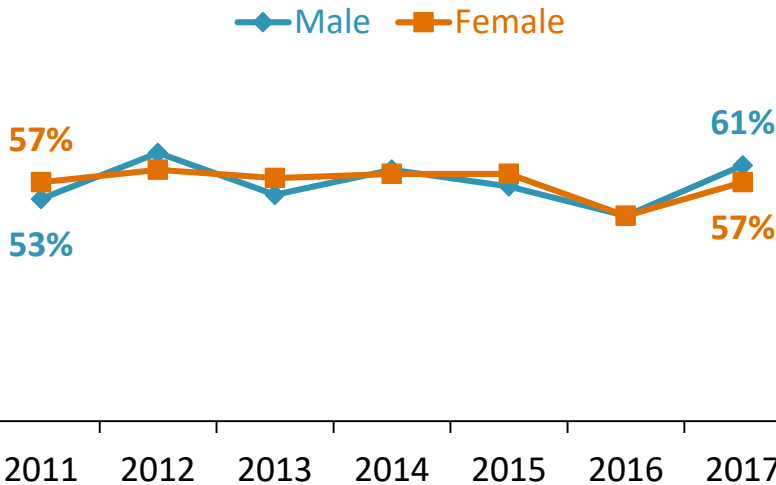
Source: VT BRFSS 2014-2017

*All data on this page are age adjusted to the U.S. 2000 population. No data collected about sexual orientation and gender identity in 2015.

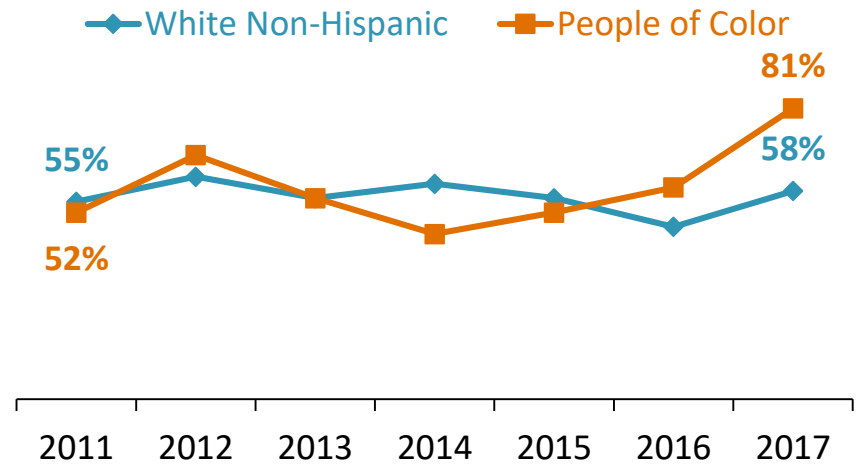
Trend in Quit Attempts by Sex & Race/Ethnicity

- There was no significant difference in past-year quit attempts by sex in 2017, nor over time for males or females since 2011.
- In 2017, there was a significant difference in past-year quit attempts among POC compared to white, non-Hispanic adults who smoke.
- Quit attempts among POC who smoke have significantly increased over time since 2014, when only 46% of POC who smoke reported a past-year quit attempt.

Quit Attempts Among Adult Smokers by Sex*



Quit Attempts Among Adult Smokers by Race/Ethnicity*



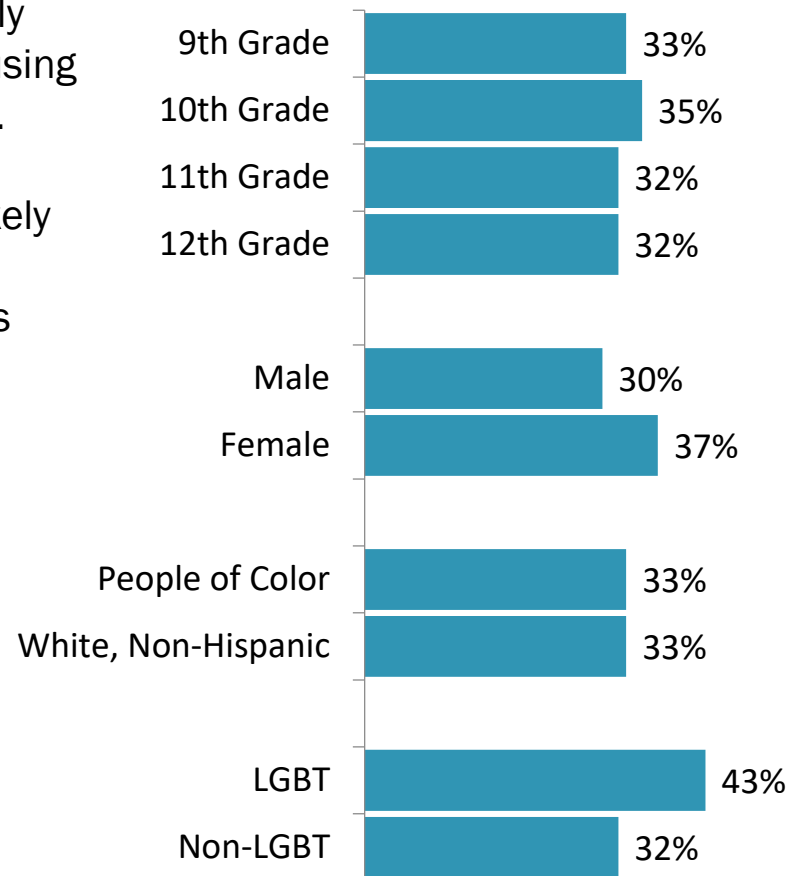
Source: VT BRFSS 2011-2017

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

Quit Attempts by Demographic Characteristics: Youth

- Male students were significantly less likely than female students to attempt to quit using all tobacco products during the past year.
- LGBT students were significantly more likely than heterosexual/cisgender students to attempt to quit using all tobacco products during the past year.
- There were no statistically significant differences in quit attempts by grade or race/ethnicity.

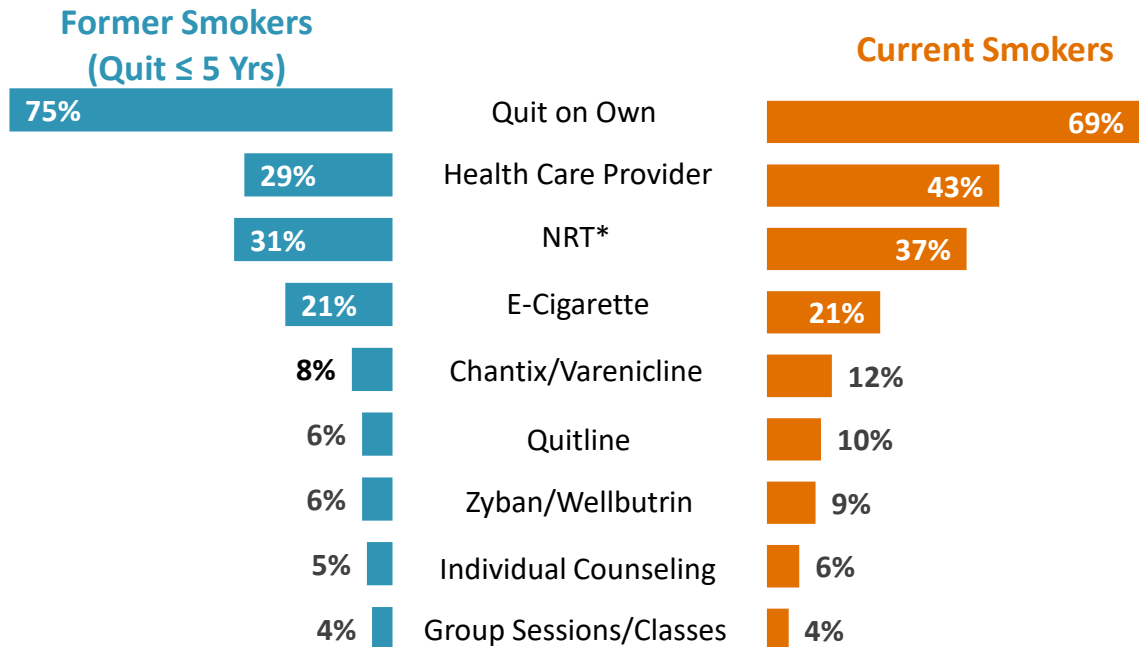
Quit Attempts Among Current Youth Tobacco Users by Demographic Characteristics



Cessation Methods Used by Current Smokers

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

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



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

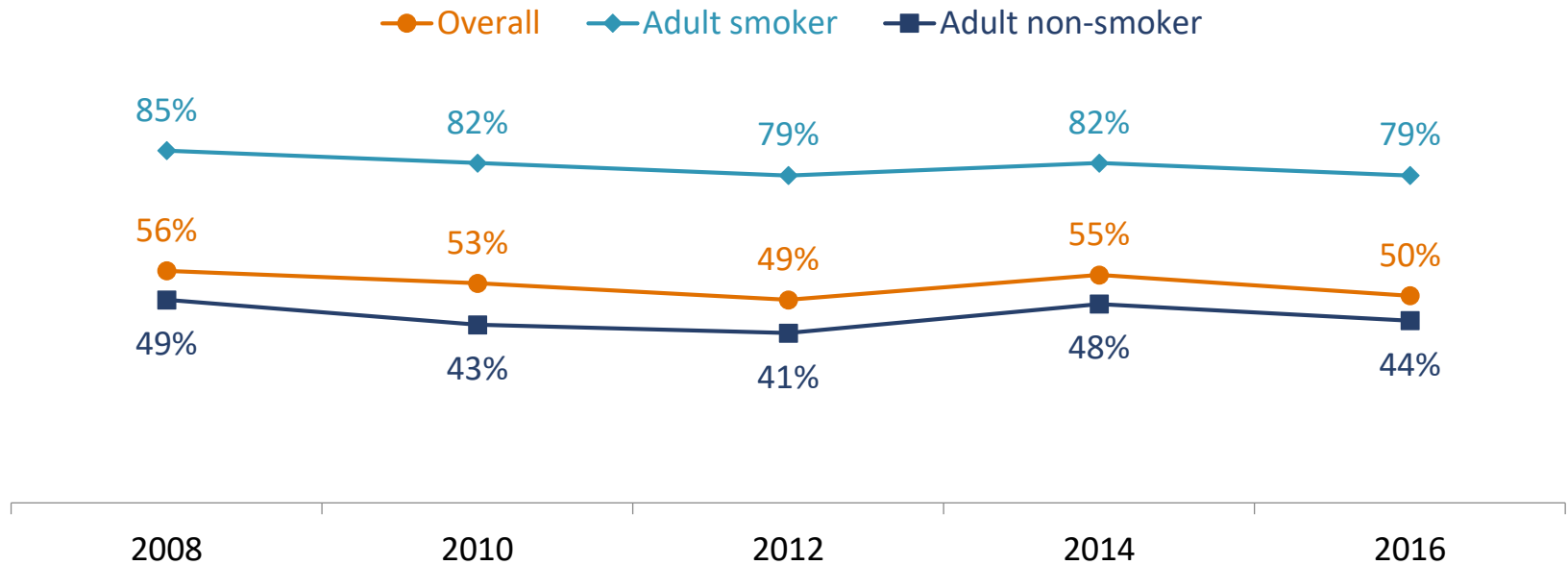
*Nicotine Replacement Therapy (NRT), includes use of nicotine patch, gum, or lozenges.

Secondhand Smoke

Adult Secondhand Smoke Exposure

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

Secondhand Smoke Exposure Among Adults, Stratified by Smoking Status

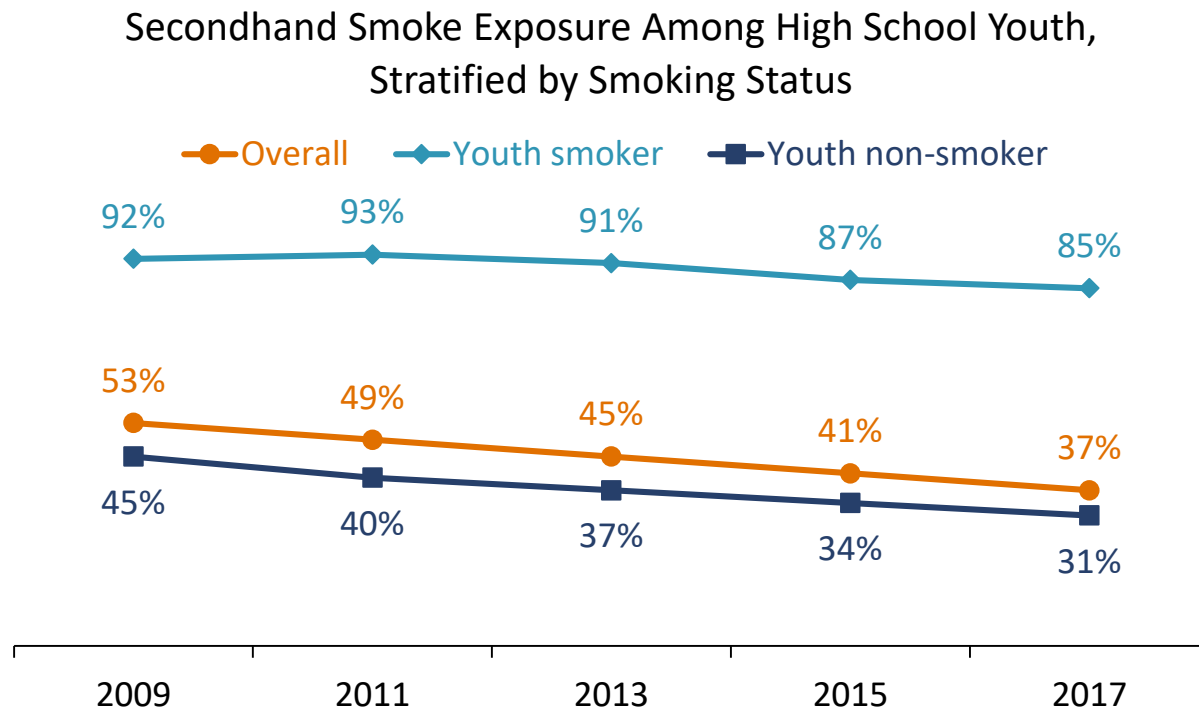


Source: VT ATS 2008 - 2016

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

Youth Secondhand Smoke Exposure

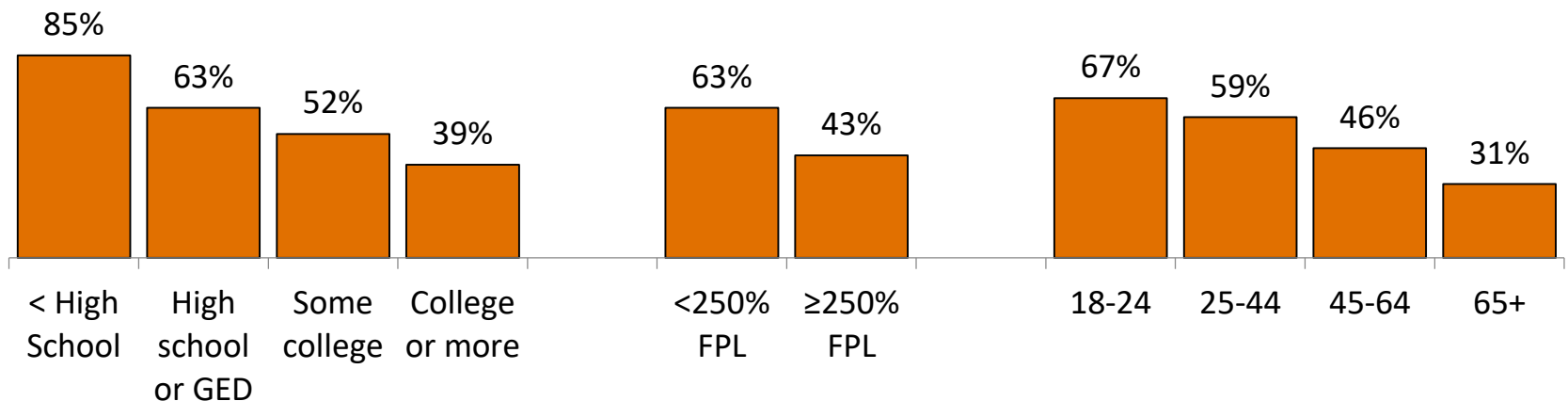
- Since 2009, youth secondhand smoke exposure has significantly declined overall, as well among both smoking and non-smoking high school students.
- Youth smokers consistently report significantly higher rates of secondhand smoke exposure than non-smokers. While there was a significant decline in secondhand smoke exposure overall between 2015 to 2017, this was only among youth non-smokers.



Secondhand Smoke Exposure by Demographic Characteristics

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

Adult Secondhand Smoke Exposure by Select Demographic Characteristics



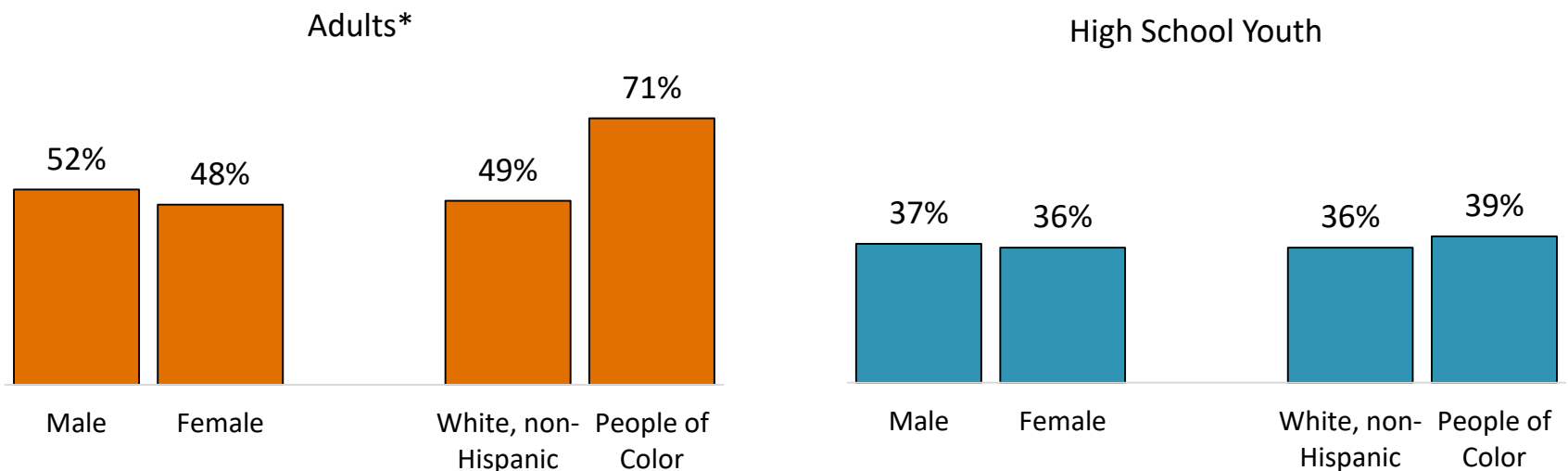
Source: VT ATS 2016

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

Secondhand Smoke Exposure by Demographic Characteristics

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

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



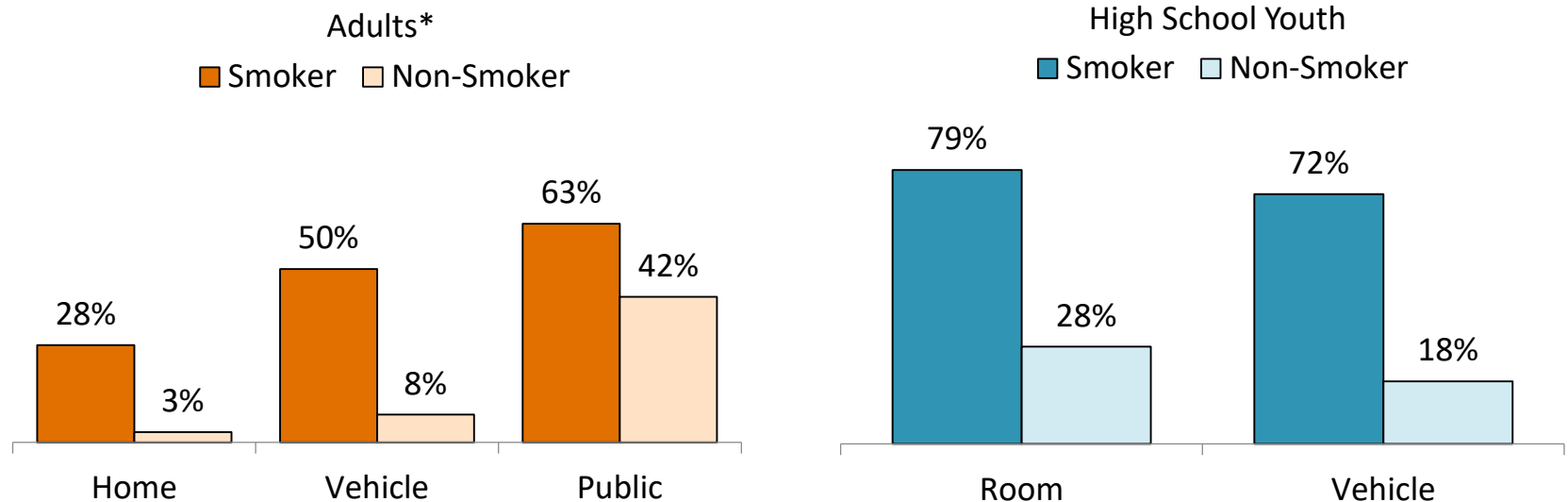
Source: VT ATS 2016 & VT YRBS 2017

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

Secondhand Smoke Exposure by Location

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

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



Source: VT ATS 2016, VT YRBS 2017

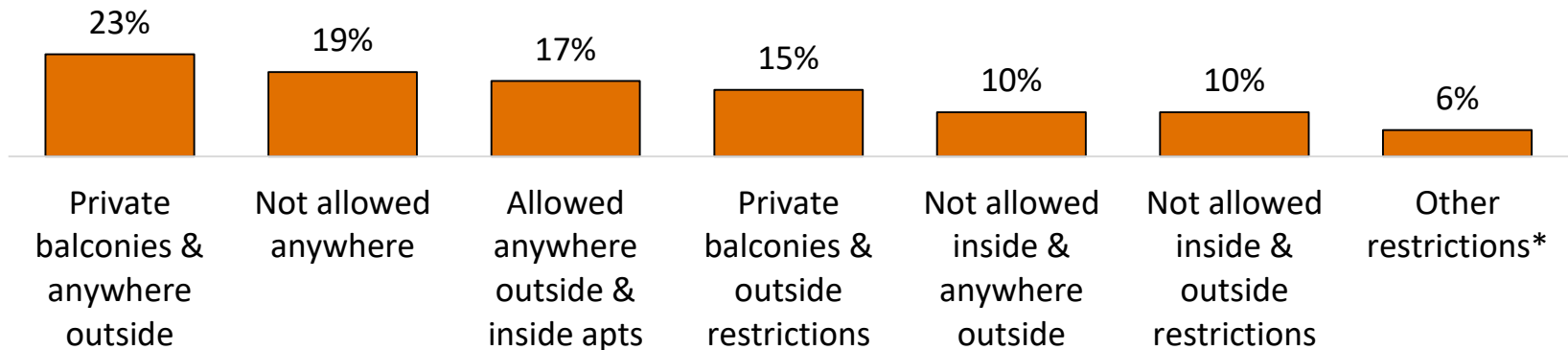
*Adult data on this page are age adjusted to the U.S. 2000 population.

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

Smoke-Free Multi-Unit Housing Policies in Vermont

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

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

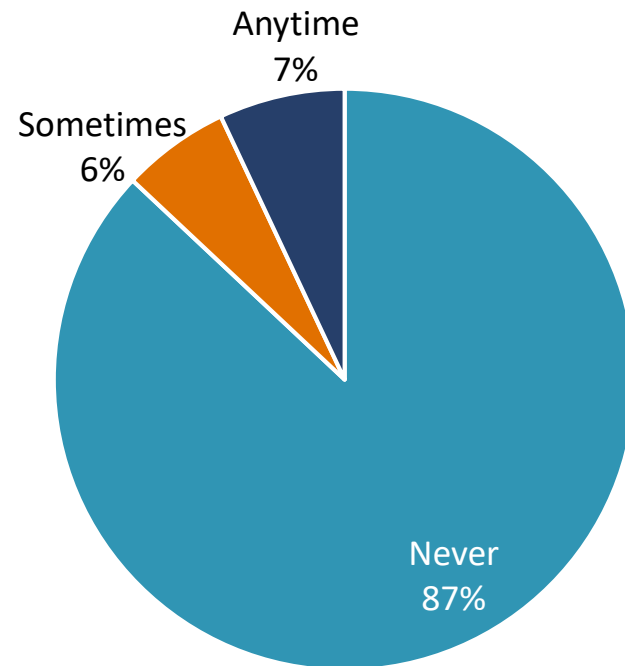


**allowed in apartments and some restrictions outside; allowed in private apartments and not allowed outside; allowed on private balconies and not allowed outside.*

Home Smoking Bans

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

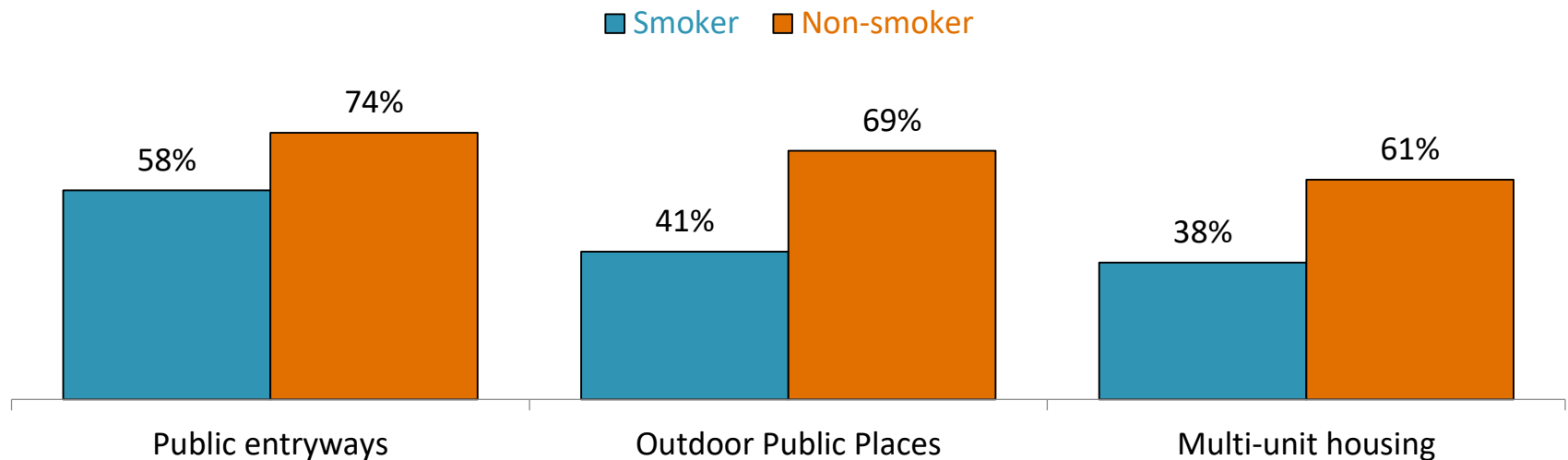
Rules about Allowing Smoking at Home



Attitudes on Public Smoking Bans

- A large proportion of non-smokers were in favor of banning smoking in public entryways (74%) or outdoor public places (69%).
- More than half of smokers (58%) were in favor of banning smoking in public entryways.
- When compared to current smokers, non-smokers were significantly more likely to support each smoke-free policy. The largest difference in support was the ban in outdoor public places.

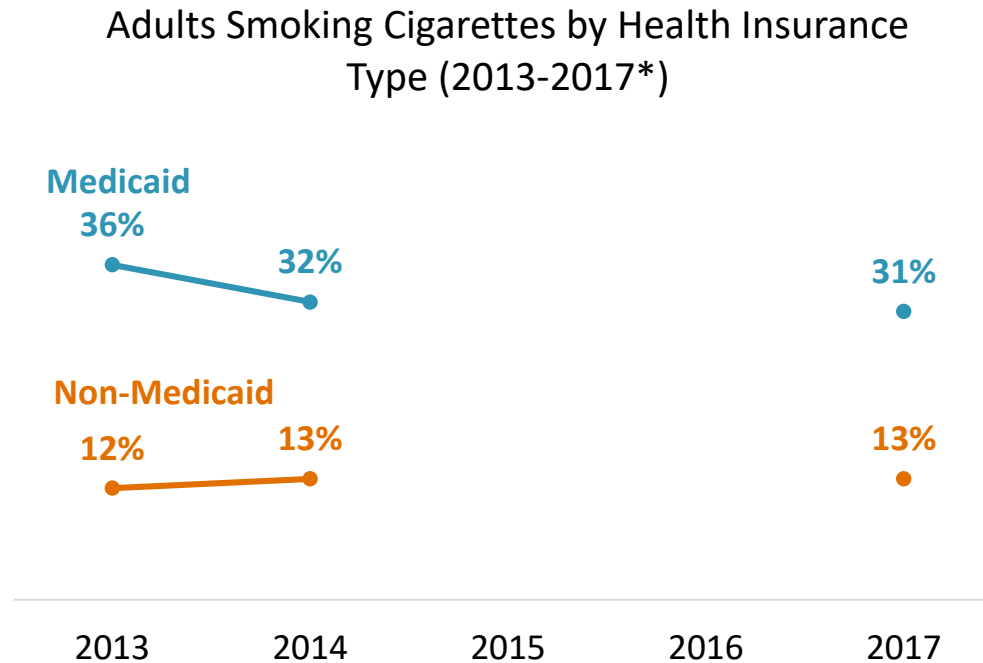
Vermont Adults in Favor of Public Smoking Bans



Tobacco Program Priorities

Smoking Prevalence by Health Insurance

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

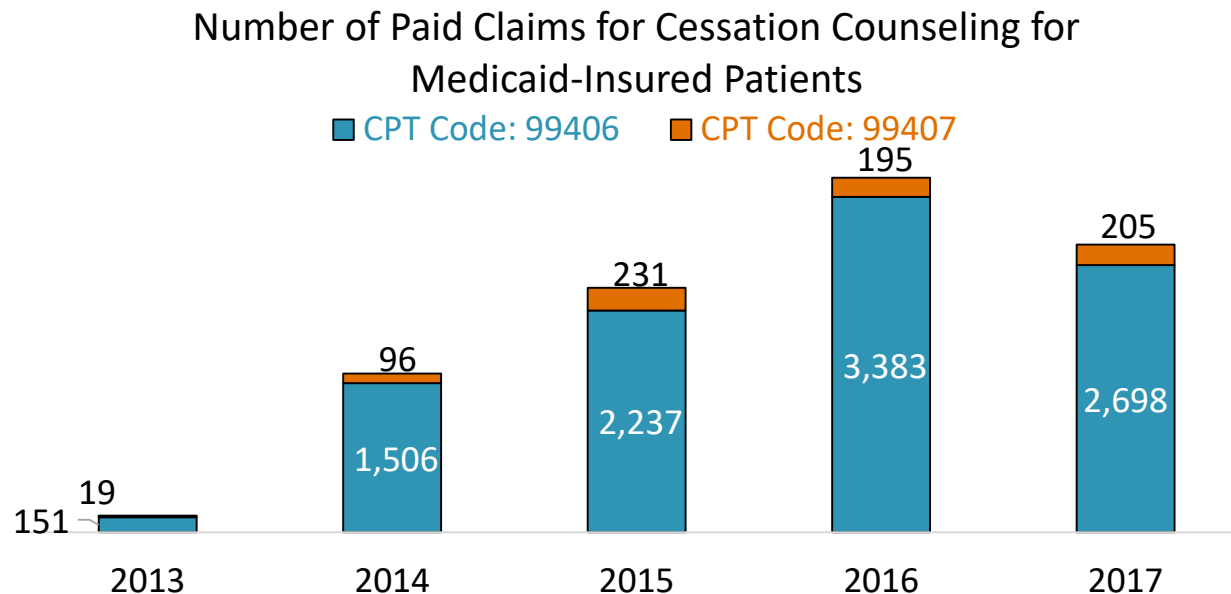


Source: VT BRFSS 2013-2017

*No data collected about insurance type in 2015 and 2016.

Medicaid-Insured: Health Care Provider Cessation Counseling

- CPT codes for reimbursement of cessation counseling for Medicaid-insured patients were turned on in January 2014. CPT codes include 99406 (cessation counseling 3 – 10 minutes) and 99407 (cessation counseling greater than 10 minutes). The vast majority of cessation counseling is brief.
- There was a decline in the number of paid claims for cessation counseling between 2016 to 2017. The rate of unique users per 10,000 Medicaid members did not change (189 in 2016 and 191 in 2017; data not shown).



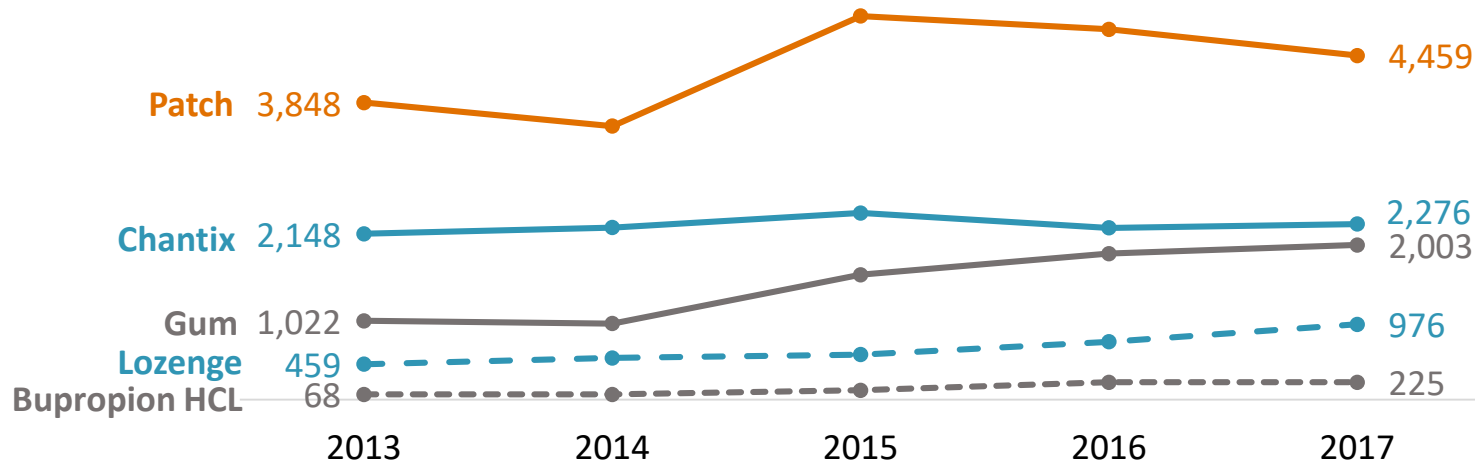
Source: Department of Vermont Health Access, 2018.

*Code utilization is estimated by claims dates of service.

Medicaid-Insured: Pharmacotherapy Paid Claims

- There has been an increase in pharmacotherapy claims for Medicaid members since 2011, mostly driven by the Nicotine Patch and Gum. The total number of claims in 2017 was 10,113.
- The categories that consistently have the highest claims are the Nicotine Patch, Chantix and Nicotine Gum. Almost half of the claims in 2017 were for the Nicotine Patch (44%).

Total Number of Medicaid Smoking Cessation
Pharmacotherapy Paid Prescription Claims, by Type*
(2013 - 2017)



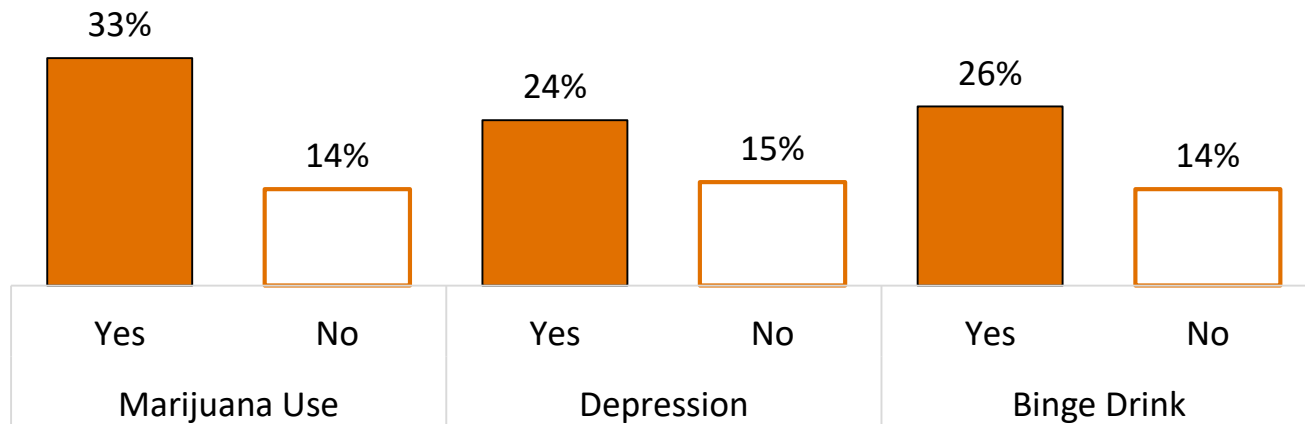
*Nicotrol inhaler & nasal spray <3% of total NRT Medicaid Rx claims.

Source: Department of Vermont Health Access. (2018). NRT/Smoking Cessation Product Utilization. Waterbury, VT.

Mental Health & Substance Use: Adults

- Adults who use marijuana were over two times as likely to smoke cigarettes compared to those who did not use marijuana.
- Adults with depression and those who binge drink were over 1.5 times as likely to smoke cigarettes as those who did not have these conditions.

Adult Smoking Prevalence by
Mental Health and Substance Use



Source: VT BRFSS 2017

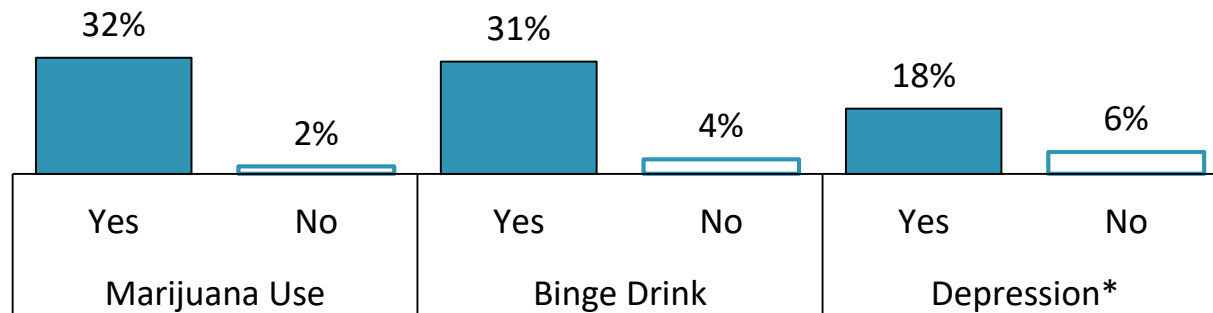
NOTE: Adult data on this page are age adjusted to the U.S. 2000 population.

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

Mental Health & Substance Use: Youth

- High school youth who use marijuana were 16 times more likely to smoke cigarettes than those who do not use marijuana.
- High school youth who binge drink were 8 times more likely to smoke cigarettes compared to those who do not binge drink.
- High school youth with depression were 3 times more likely to smoke cigarettes compared to those without depression.

Youth Smoking Prevalence by
Mental Health and Substance Use



Source: VT YRBS 2017

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

For Additional Information

Vermont Tobacco Control Program:

<http://www.healthvermont.gov/prevent/tobacco/index.aspx>

Vermont Tobacco Surveillance:

<http://www.healthvermont.gov/prevent/tobacco/surveillance.aspx>

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