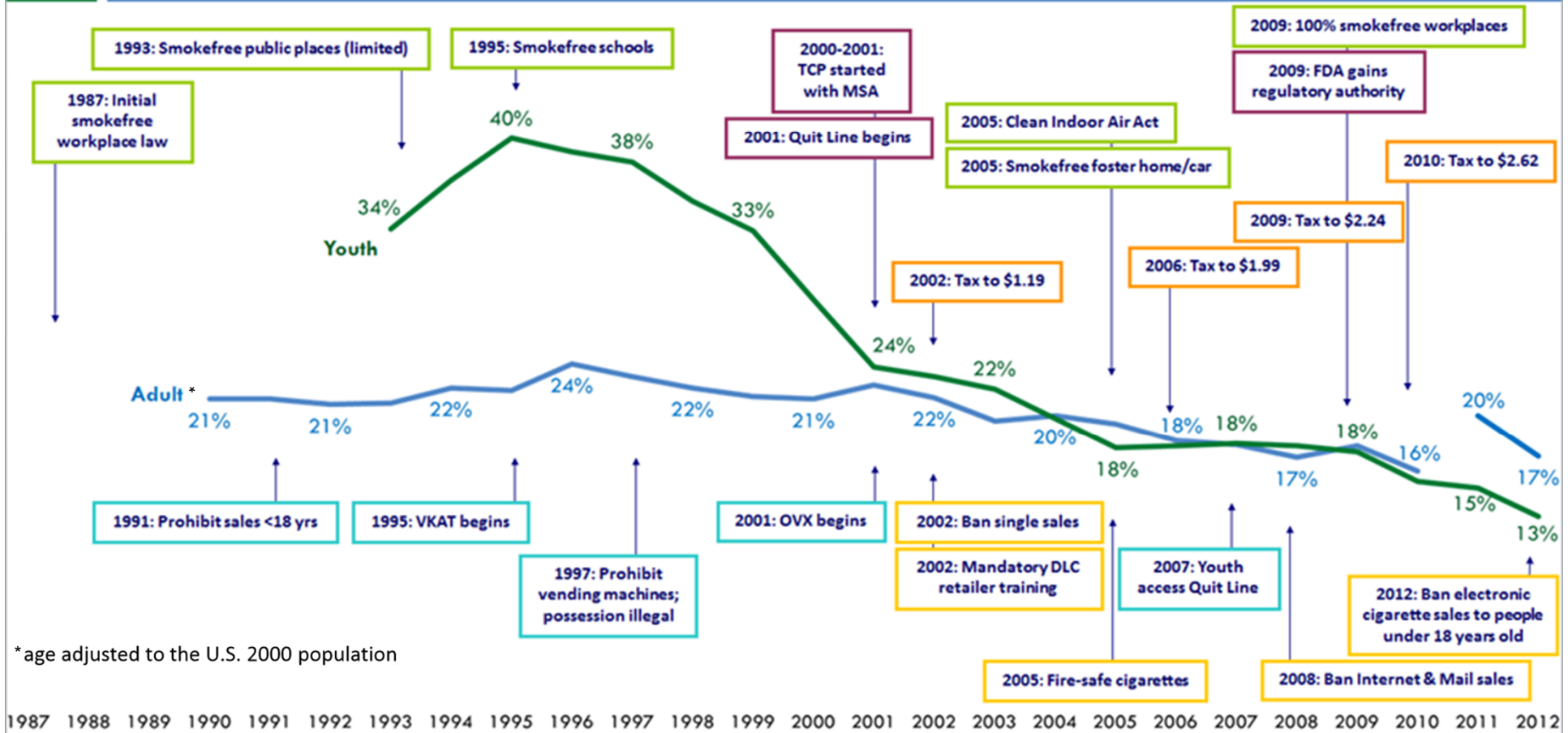


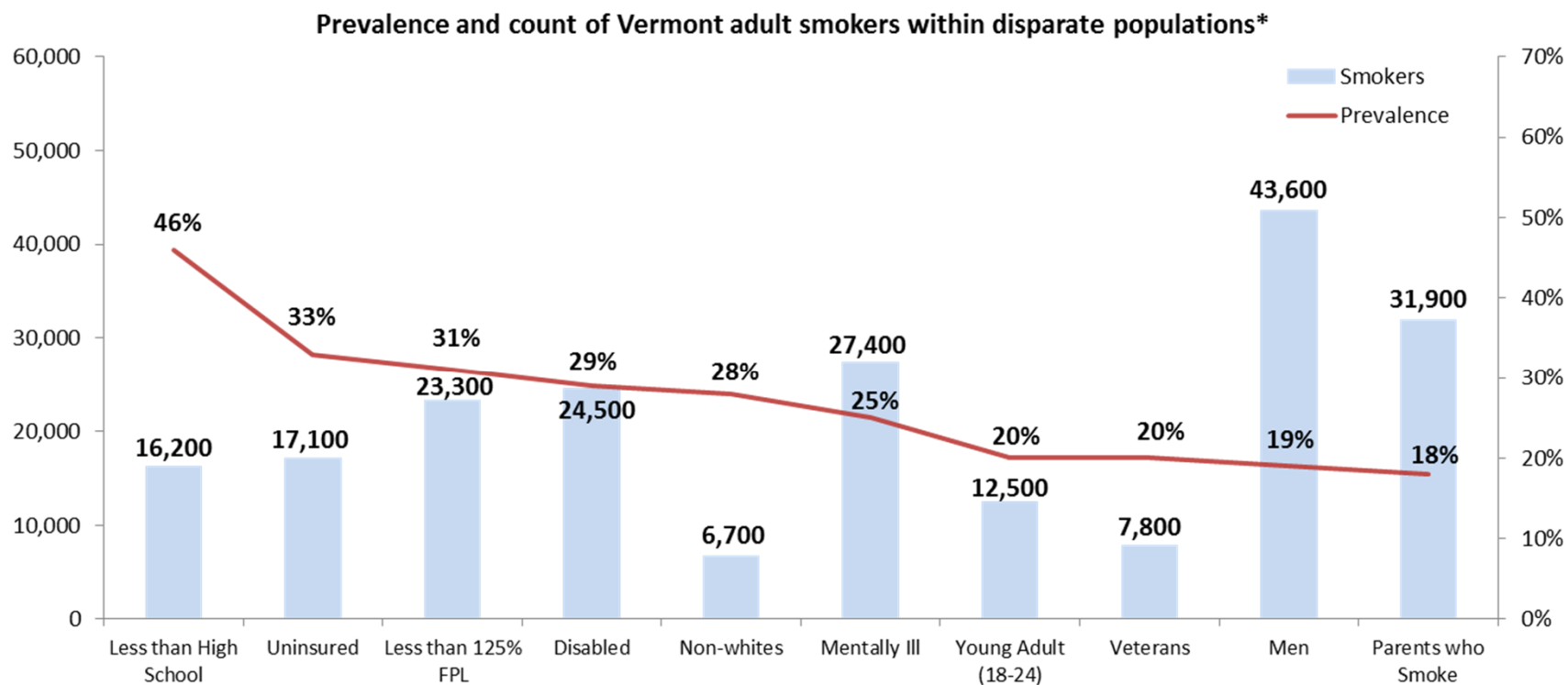
Cigarette Use Prevalence 1990 - 2012



* age adjusted to the U.S. 2000 population

- Since 1990, the prevalence of cigarette use in Vermont adults and youth has steadily decreased.
- Evidence points to: 1) multi-component tobacco program, 2) tobacco taxes, 3) smoke-free workplace & public place laws, and 4) media.

Tobacco Impacts Disparate Populations

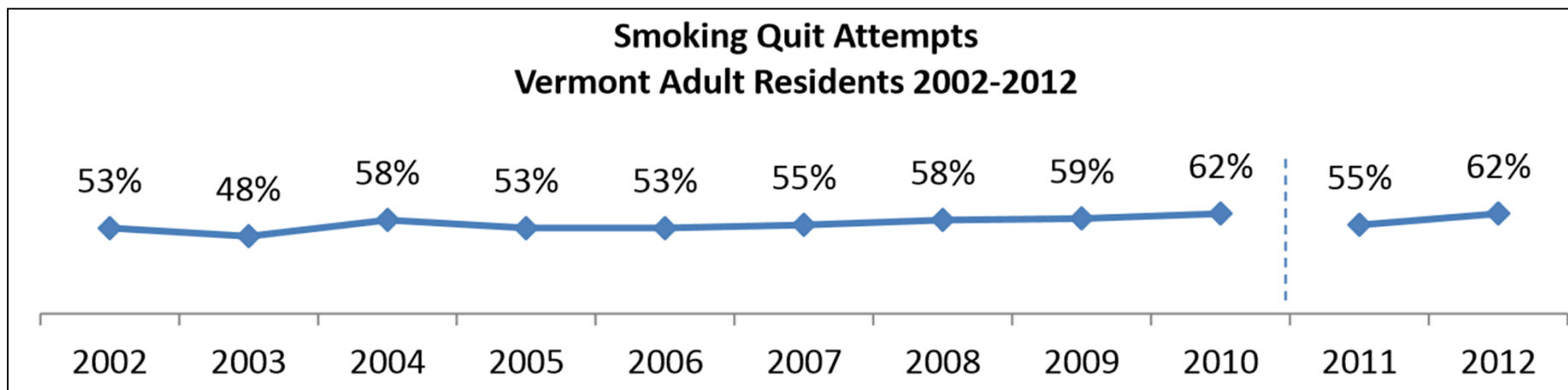


Note: All data from 2012 BRFSS.

age adjusted to the U.S. 2000 population, except that broken down by age

- There are 81,000 smokers in Vermont. Note: These disparate populations overlap, e.g. disabled male
- The prevalence of smoking is higher among several disparate populations, though only certain groups are statistically higher than the state average (less than high school, uninsured, less than 125% FPL, disabled, non-whites, mentally ill).

Quit Attempts: A Historical Look



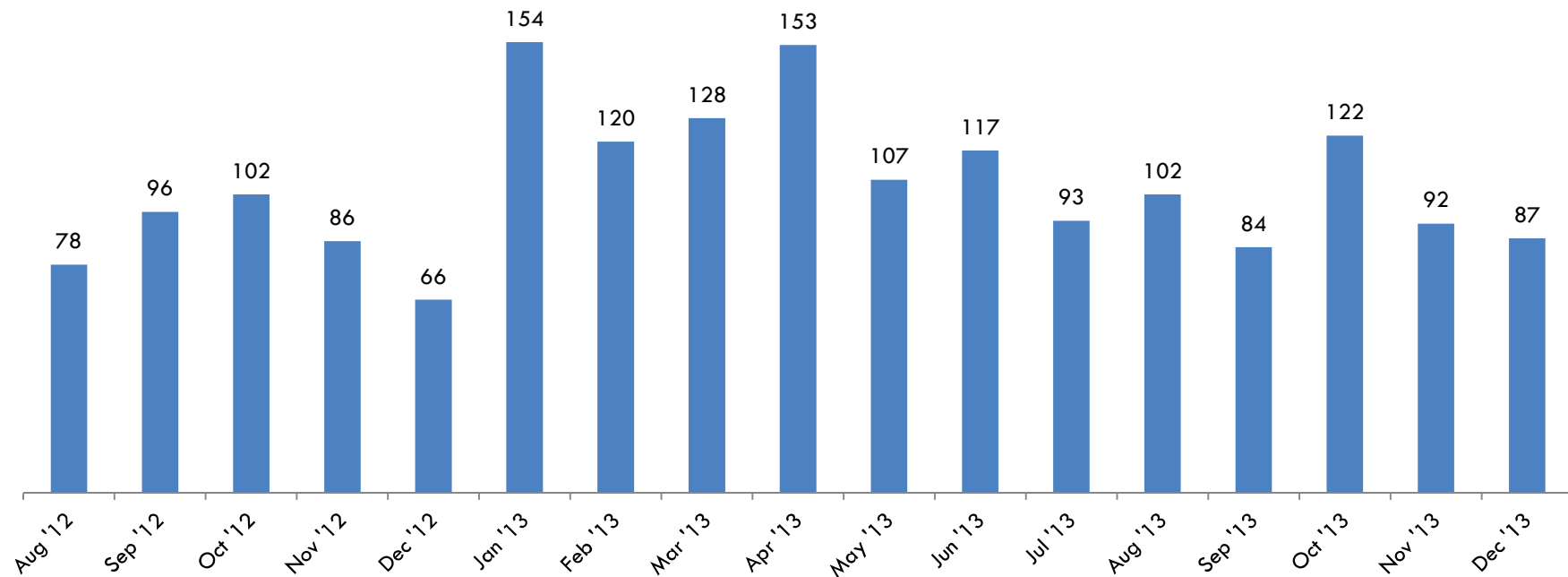
age adjusted to the U.S. 2000 population

Note: All data from BRFSS.

- Generating quit attempts, through media and smoke-free environments, are an important component of tobacco control programs. More quit attempts over time translates to sustained quit success for Vermont smokers.
- Over the past 10 years, reported quit attempts have remained stable, reaching 62% in 2012.
- H.217 supports quit attempts by creating more smoke-free workplaces and public places such as:
 - the guest rooms of lodging establishments,
 - outside of public buildings, and,
 - in partially enclosed structures such as a deck or patio where there is a roof or overhang and two or more walls.

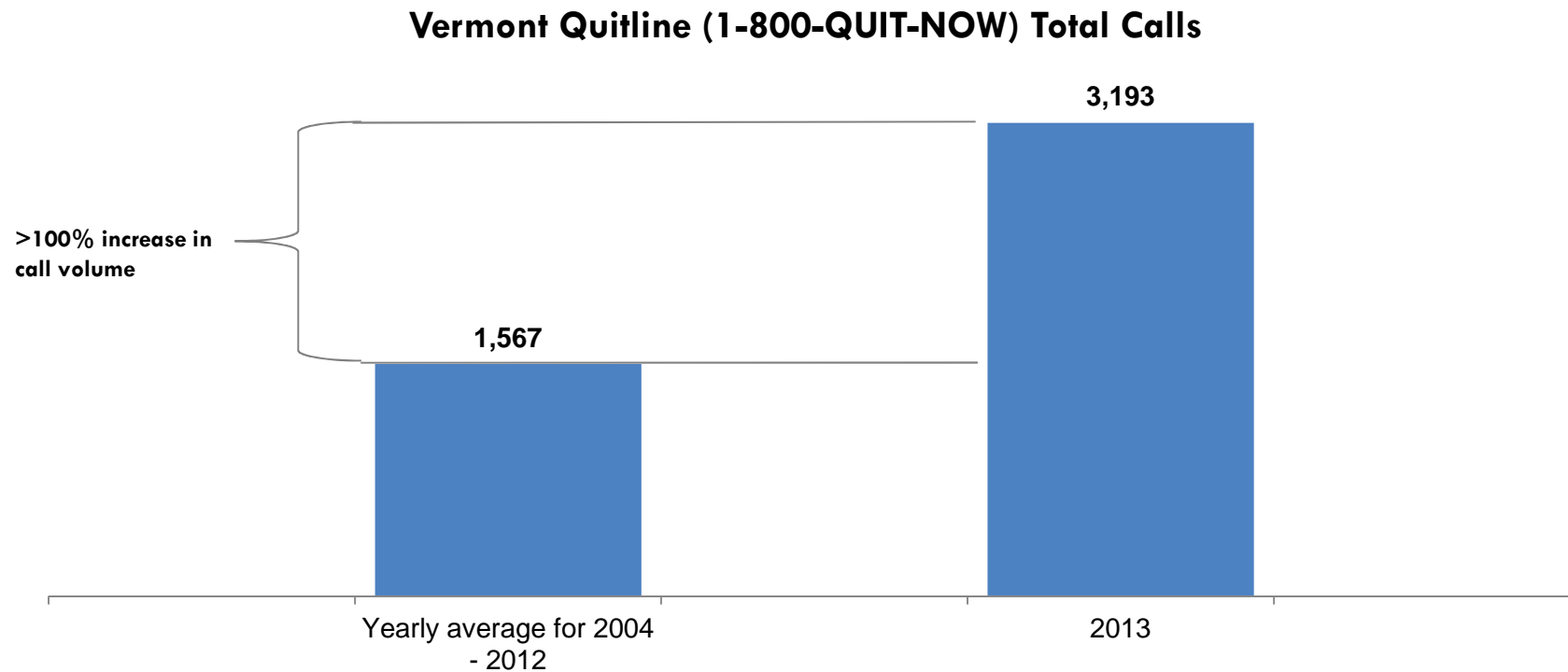
Media Drives Use of Tobacco Quit Services

Total Registrants to Quitline by Month, August 2012 – Dec 2013



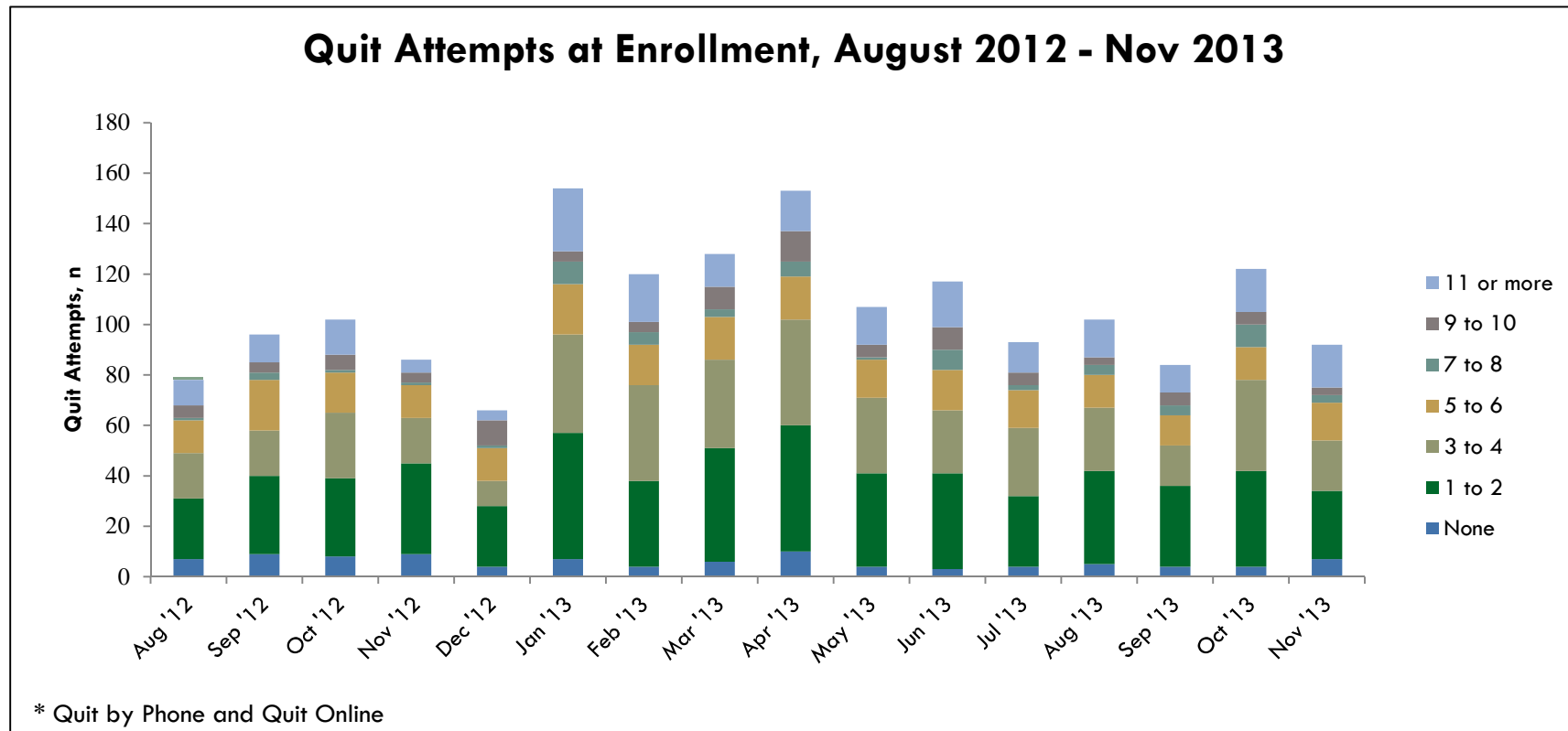
- Quit by Phone volume saw an overall increase in 2013 as compared to the latter half of 2012.
- The spikes in call volume correspond with VDH media outreach initiatives - including emotional Quit Tips and the new Quit Partners ads, using social media, offering text support and engaging partners with new materials.

Vermont Quit Services: 2013 Success



- Vermont's Quitline, or Quit by Phone program, started in early 2000's.
- For each year between 2004 and 2012, the average number of calls was 1,567.
- In 2013, there were **3,193 calls** – more than double any year in program's history.

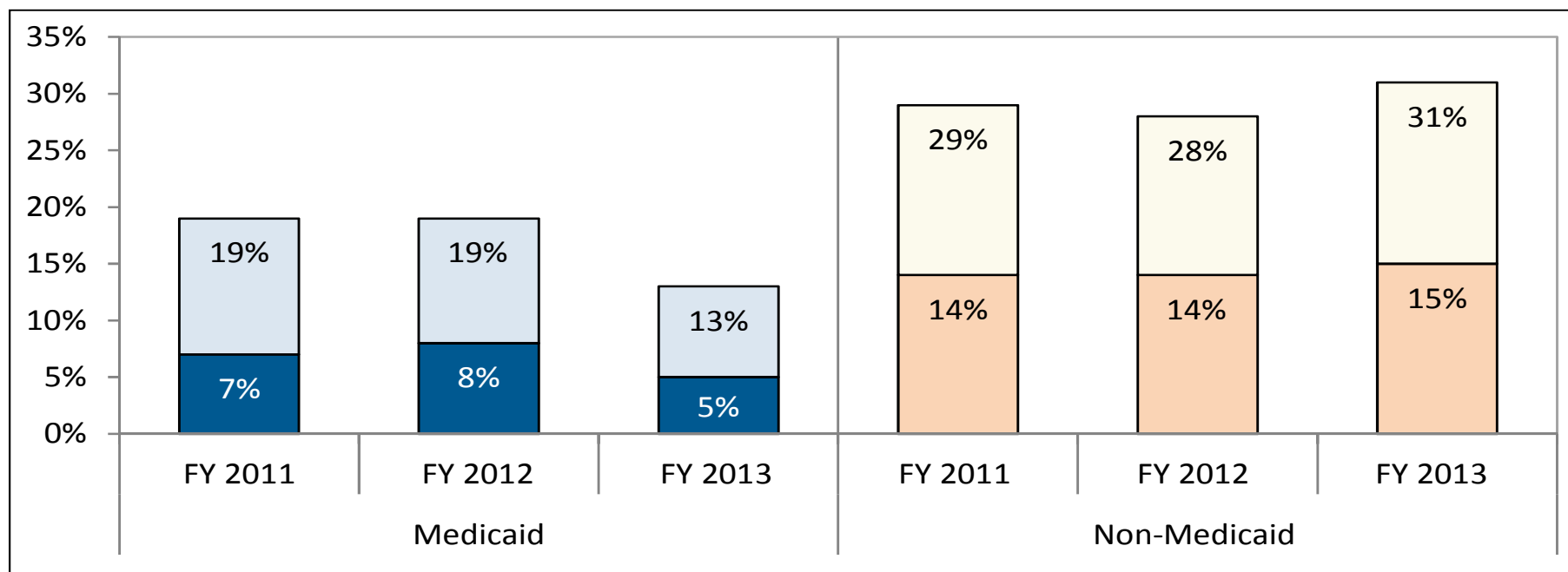
It Takes 8-11 Quit Attempts = Smoke-free



- Quitting tobacco is a process, not an event. The tobacco program is seeking to meet the smoker wherever he or she is in the process.
- Low-income smokers want to quit as much as other smokers but have a harder time being successful.
- The tobacco program is offering more support through text messaging, longer combination NRT, dedicated quit coaches, and new CPT codes to reimburse providers for cessation counseling.

Helping Medicaid Smokers Quit

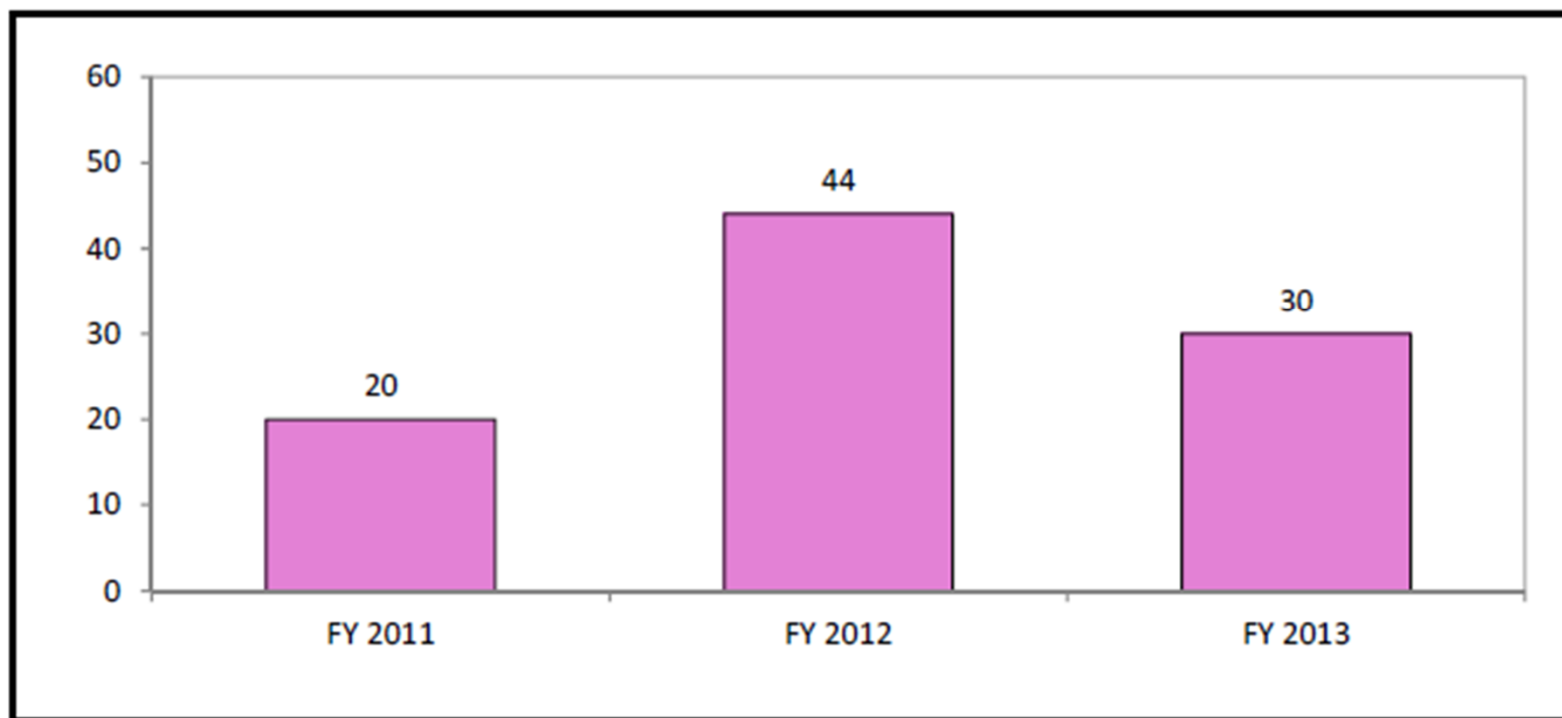
Percentage of Tobacco Users Who Were Smoke-Free for 30-Days at Follow-Up, FY 2011-FY 2013



- One of the program's objective is to assist more Medicaid smokers with successful quit outcomes through its cessation services and smoke-free policies.
- Low-income occupations like food service have higher smoking rates.
- H.217 - through expanding workplace and public place definitions to closed and partially enclosed – helps to protect more workers and patrons.

Program Priority: Pregnant Smokers

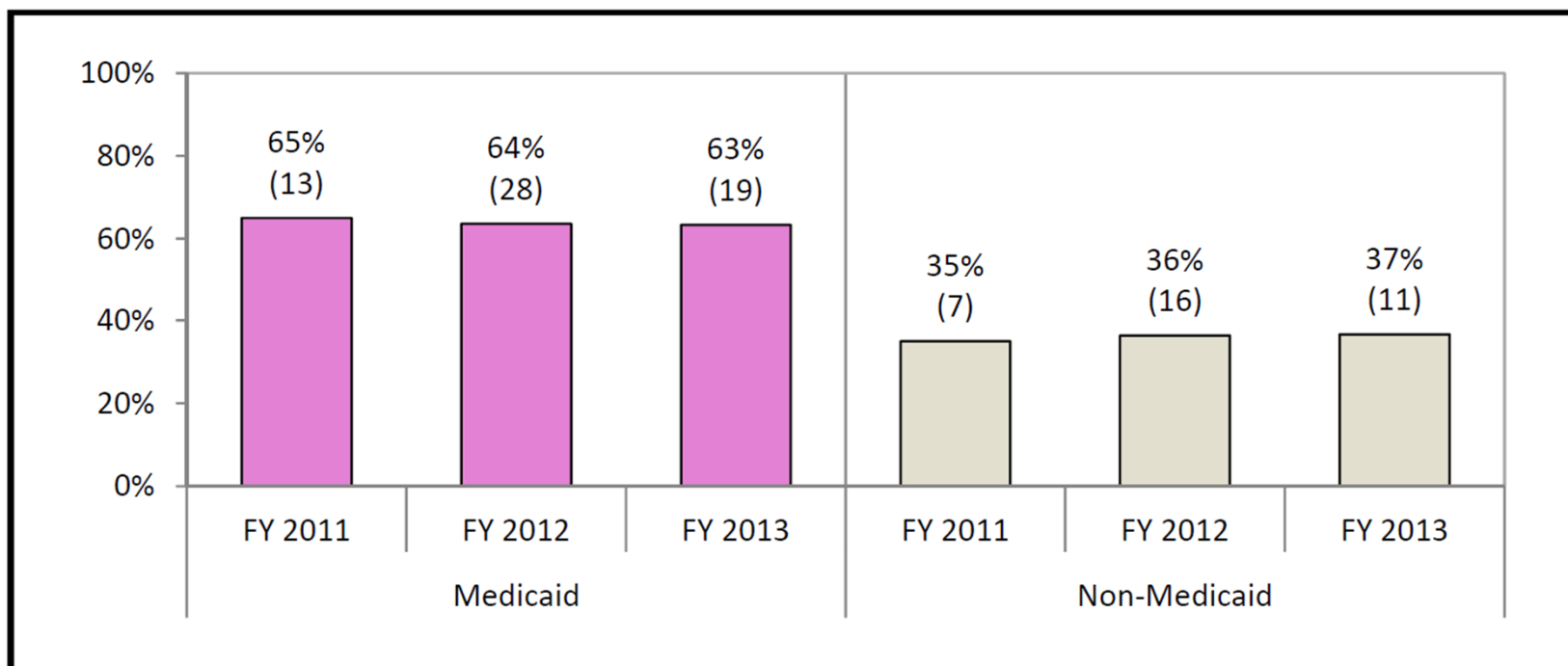
Pregnant Tobacco Users Who Registered to Receive Services from the Quit by Phone Program, FY 2011–FY 2013



- Smoking in pregnancy has serious adverse health outcomes including preterm and low birth weight, ectopic pregnancy, and other developmental disabilities.
- 19% of pregnant women smoke during their last trimester (PRAMS 2011).
- The number of pregnant smokers seeking services from the Quit by Phone program has been increasing over the past 3 years.

Helping Pregnant Smokers Quit

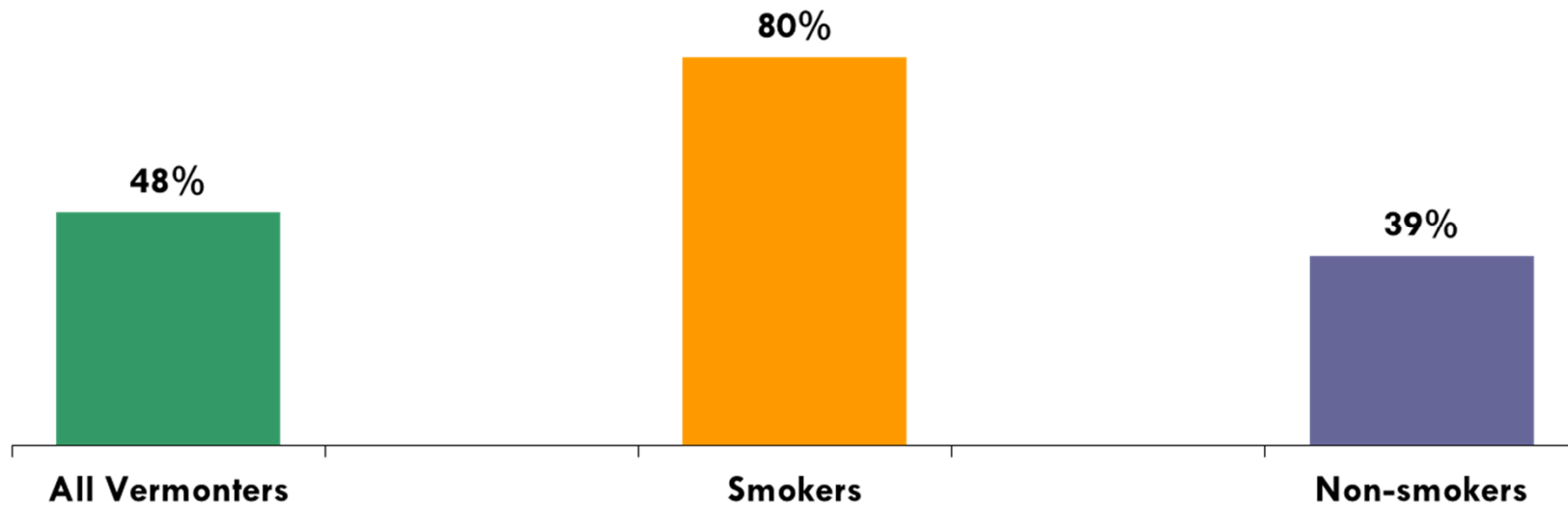
Pregnant Tobacco Users Who Registered to Receive Services from the Quit by Phone Program by Medicaid Status, FY 2011–FY 2013



- There is a consistently higher proportion of pregnant tobacco users who register for Quit by Phone services that report having Medicaid.
- VDH and Medicaid are promoting the pregnancy counseling benefit and 802Quits.org through banners and direct mail to providers and a first-time letter to Medicaid beneficiaries.

Exposure to Secondhand Smoke

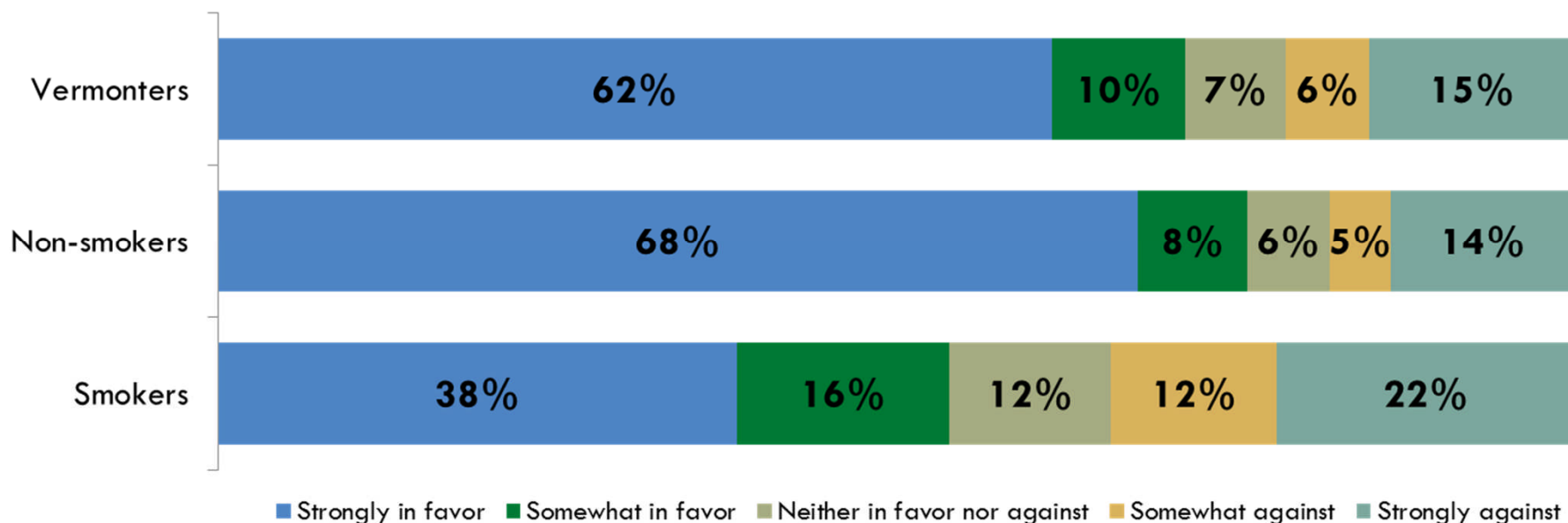
Combined secondhand smoke exposure from homes, vehicles or outdoors, VTATS 2012



- There is *no* safe level of exposure to secondhand smoke.
- Nearly half of Vermonters (48%) were exposed to other peoples' smoke at least once in the past seven days in the home, a vehicle or public places.
- H.217 aims to reduce exposure to secondhand smoke in public places, e.g. outside of public buildings.

Exposure to Secondhand Smoke

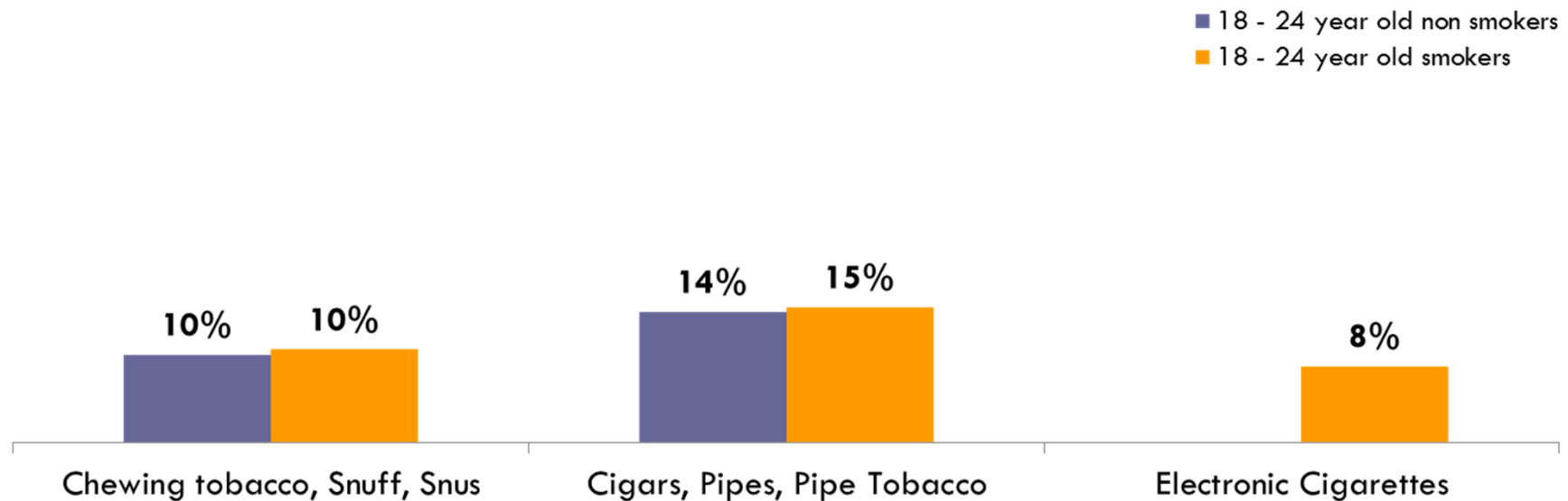
Opinion on a policy to ban smoking in entrance ways of public buildings, VTATS 2012



- The majority of Vermonters (>60%) were strongly in favor of banning smoking in entrance ways of public buildings.
- Smokers were significantly less likely than non-smokers to strongly favor banning smoking in entrance ways of public buildings (38% vs. 68%). However, the proportion of smokers in VT is small; less than 1 in 5 adults smoked in 2012.

E-Cigarettes and Other Tobacco Products

Prevalence of other tobacco product use among young adults, VTATS 2012



- CDC reports doubling of e-cigarette use among middle school students from 2011 to 2012.
- 8% of young adult Vermonters report using e-cigarettes smokers some days or every day.
- E-cigarettes are not proven cessation tools and can cause addiction to nicotine for youth.
- Given their resemblance to cigarettes there is concern of weakening social norms around smoking.
- In 2012 the state banned the sale of e-cigarettes (tobacco substitutes) to minors.