

# Testimony to the Vermont Legislature on S.18

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Commissioner  
Vermont Department of Health**

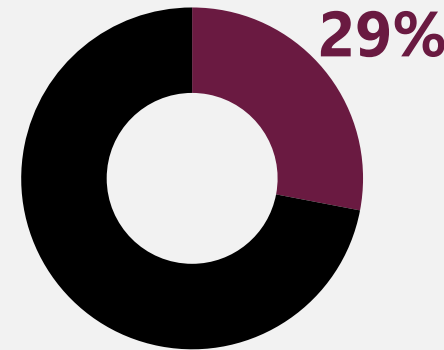
1/10/2024



# Tobacco Use Results in 1,000 Deaths per Year and High Costs to Vermonters and to Healthcare.

Tobacco use is the #1 preventable cause of death in Vermont: 1,000/year.

**18% of all VT deaths** among adults over 35 are attributable to cigarette smoking.



Nearly one-third of Vermont's cancer deaths can be attributed to cigarette smoking.

Tobacco use is expensive for all Vermonters, even those who don't smoke.

Smoking directly causes **\$404 million** annual health care costs in Vermont, with **\$93.7 million cost to VT Medicaid.**



Smoking costs Vermonters **\$1,072 per household** in state & federal tax burden from smoking-caused government expenditures



**\$576.2 million** in smoking caused productivity losses (not including secondhand smoke, smoking-related fires and other tobacco use).

# Approximately 96,500 Vermonters Currently Use Tobacco.



**1 in 8 adults (13% ≈ 62,100 Vermonters) smoke cigarettes. U.S. Rate, 13%**  
**1 in 20 adults (6% ≈ 29,500 Vermonters) use e-cigarettes. U.S. Rate, 7%**



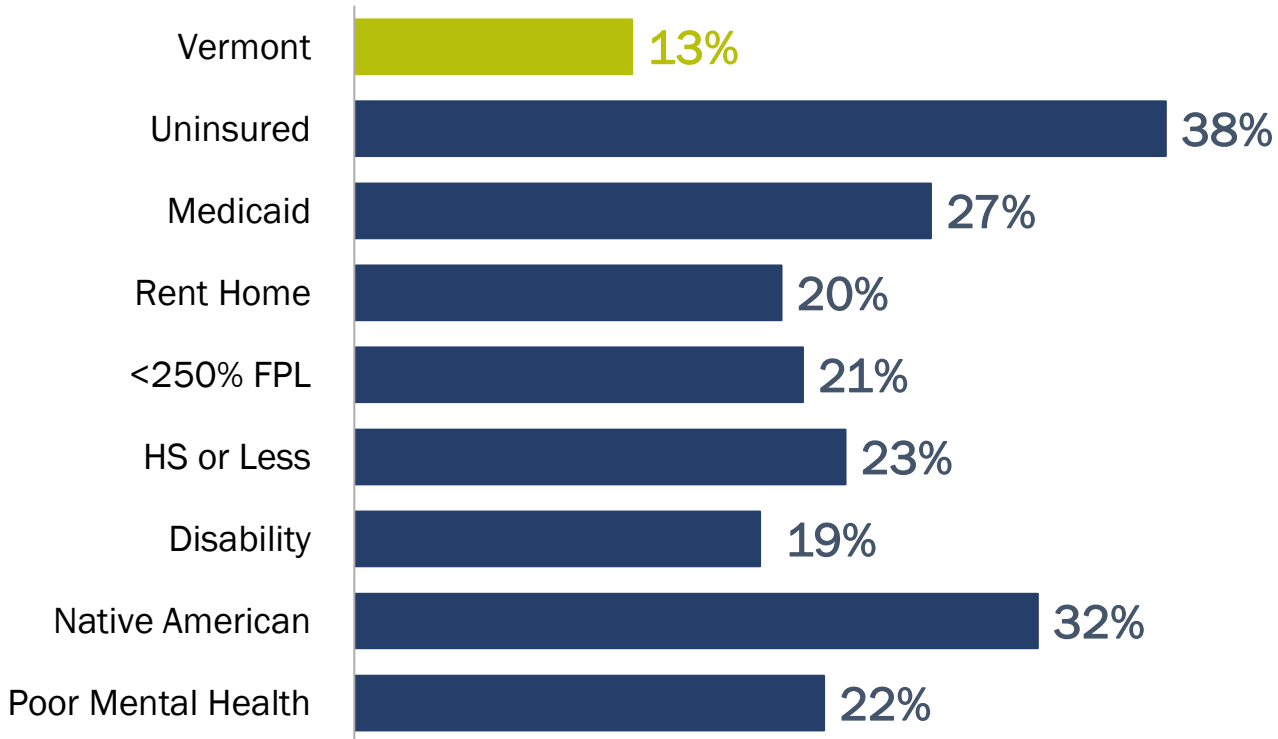
**1 in 20 high school students (5% ≈ 1,300) smoke cigarettes. U.S. Rate, 4%**  
**1 in 6 high school students (16% ≈ 3,600) use e-cigarettes.\* U.S. Rate, 18%**

Source: VT Behavioral Risk Factor Surveillance System (BRFSS) 2022 & Youth Risk Behavior Survey (YRBS) 2021.

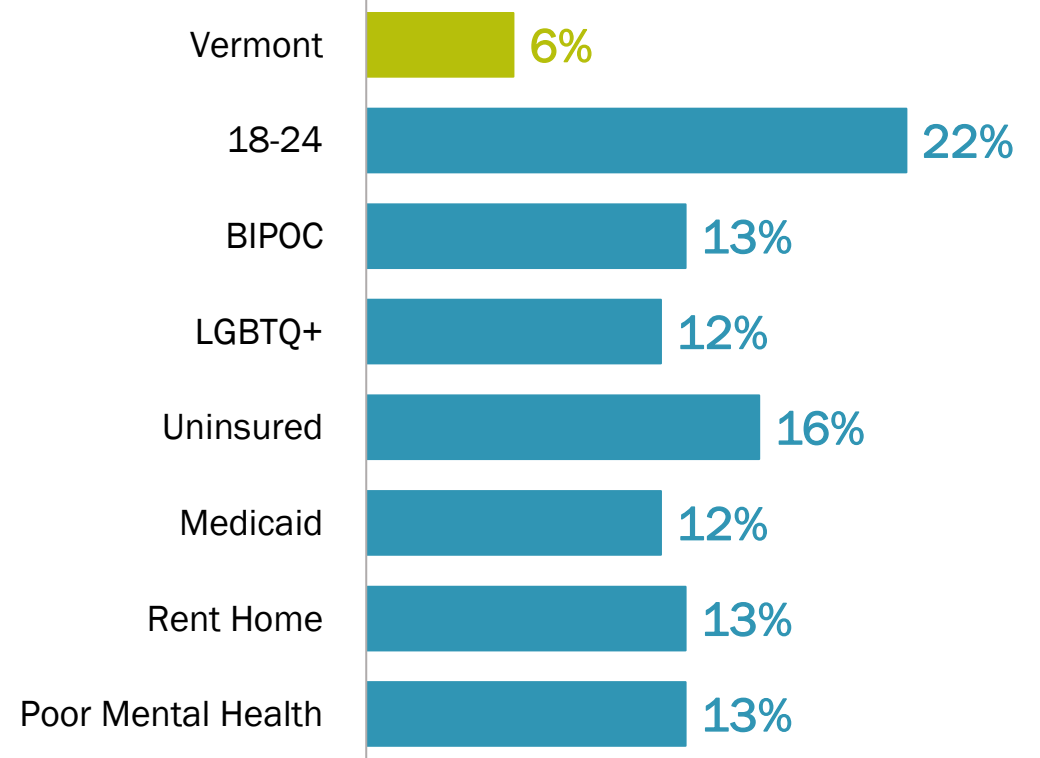
\* E-cigarette use among high school students includes: electronic vapor products (EVP) such as e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

# Inequities Result in Some Groups of Vermonters Smoking and Using E-Cigarettes at Higher Rates.

## Current Smoking Prevalence (%)



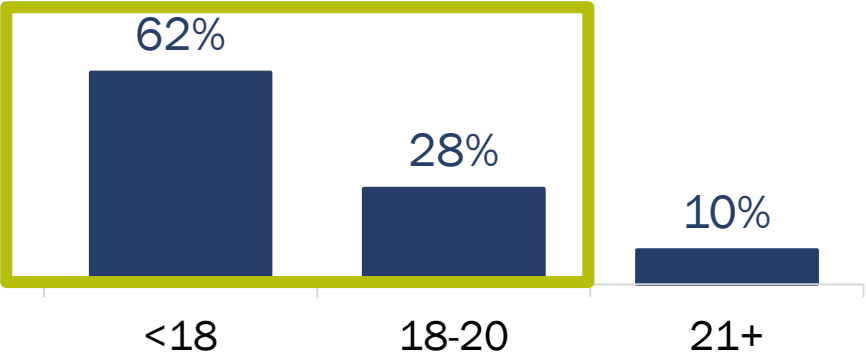
## Current E-Cigarette Use Prevalence (%)



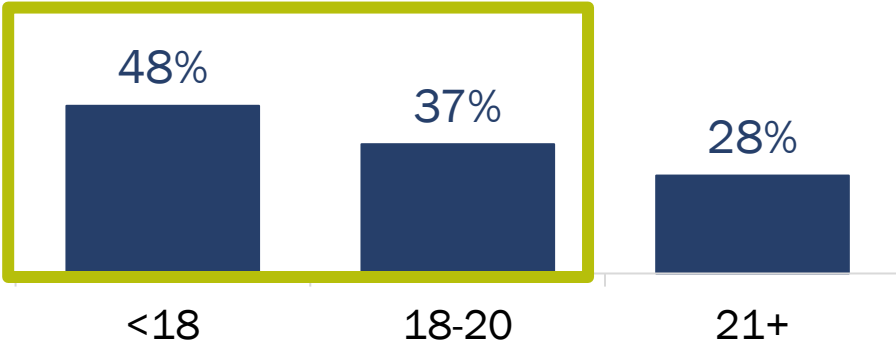
Data Notes: HS=High School; Native American combines 2021 and 2022 data; FPL=Federal Poverty Line; Poor Mental Health=14+ days with poor mental health in past 30; Rent Home includes those with other accommodations. Data Source: VT BRFSS 2022.

# Most Vermonters Who Smoke Began Before Age 21 and Smoke More Heavily.

### Age of Smoking Initiation among Vermonters



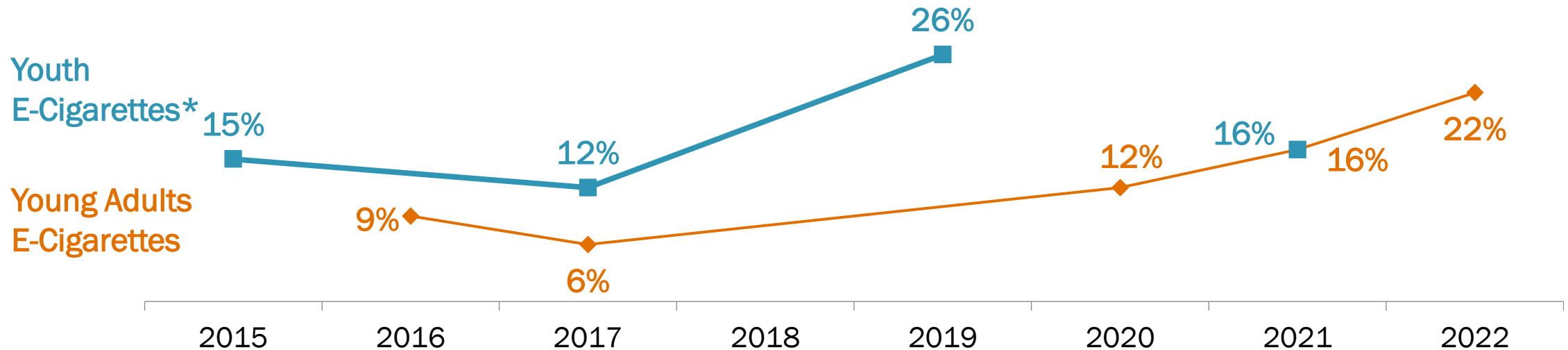
### Percentage who Smoked At Least a Pack of Cigarettes a Day by Age of Smoking Initiation



Data Source: VT BRFSS 2019. Note: All data on this page is among adults who currently or formerly smoked. In September 2019, Vermont raised the legal age to purchase tobacco products to 21 years of age.

# Youth E-Cigarette Use Has Returned to Pre-Pandemic Levels; Young Adult E-Cigarette Use Has Tripled.

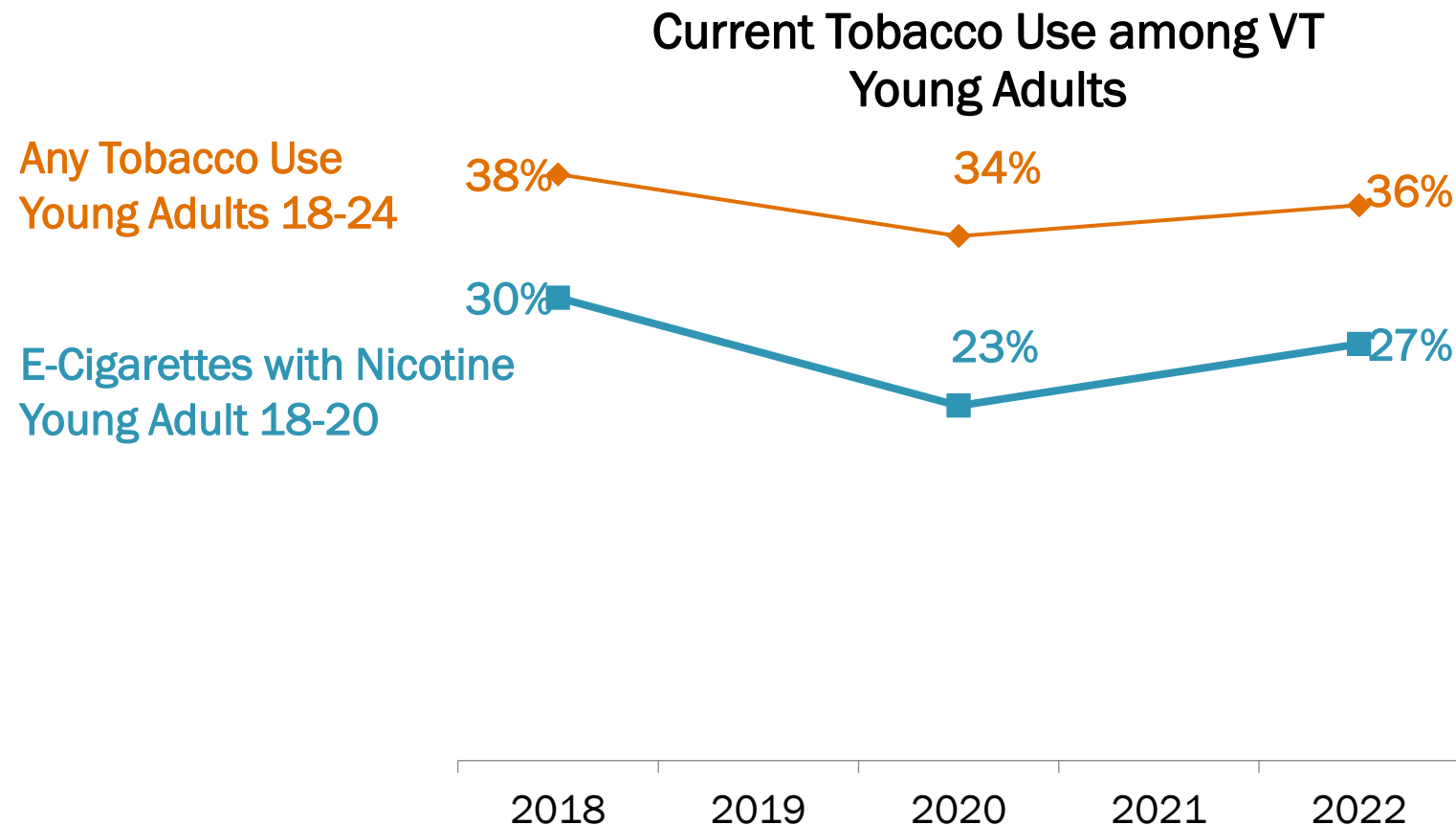
## Current E-Cigarette Use among VT Youth and Young Adults



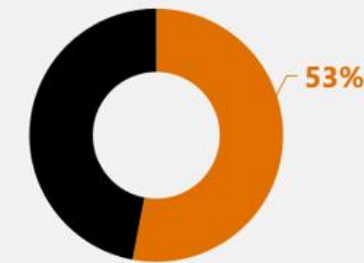
Data Sources: Youth: VT High School YRBS 2015-2021.; Young Adults: VT BRFSS 2016-2022.

\*E-cigarette use is defined as electronic vapor products (EVP) such as e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods among high school students. Caution should be used when comparing 2021 YRBS data with prior years due to changes in survey timing due to the COVID-19 pandemic.

# Tobacco Use Among Young Adults Has Returned to Pre-Pandemic Rates. Young Adults Continue to Access and Use Tobacco in Spite of T21.



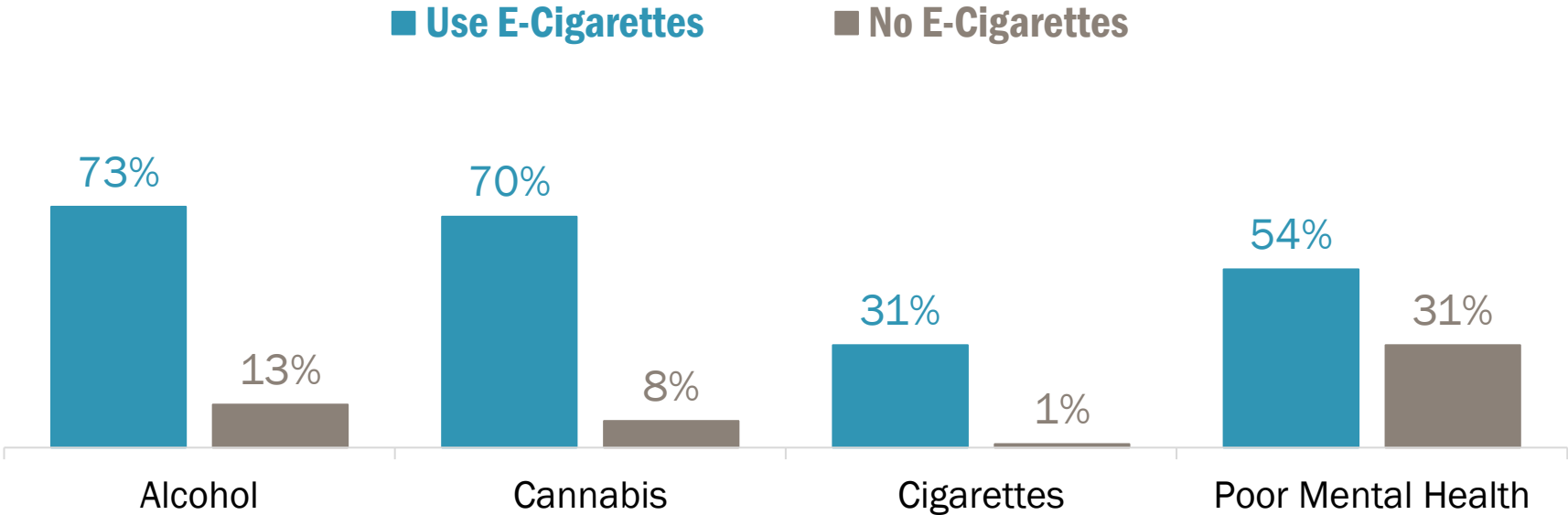
Access to tobacco and EVP products needs to continue to be addressed.



Over half of young adults in Vermont believe it is **very easy** for underage persons to buy e-cigarettes or EVP. (2022 YAS)

# Vermont Youth who use e-cigarettes are more likely to also use alcohol, cannabis or cigarettes and are more likely to report poor mental health.

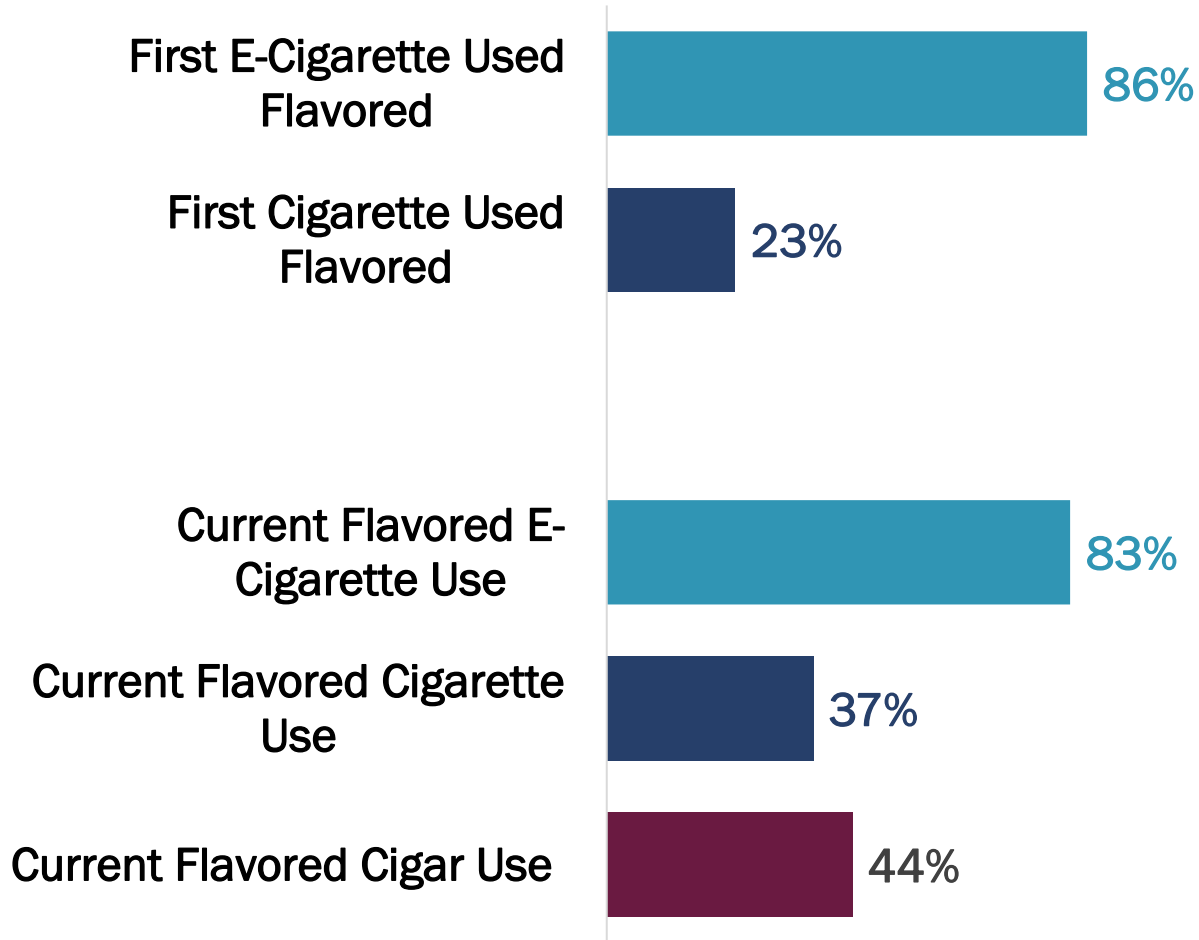
Current Substance Use and Mental Health by Current E-Cigarette Use



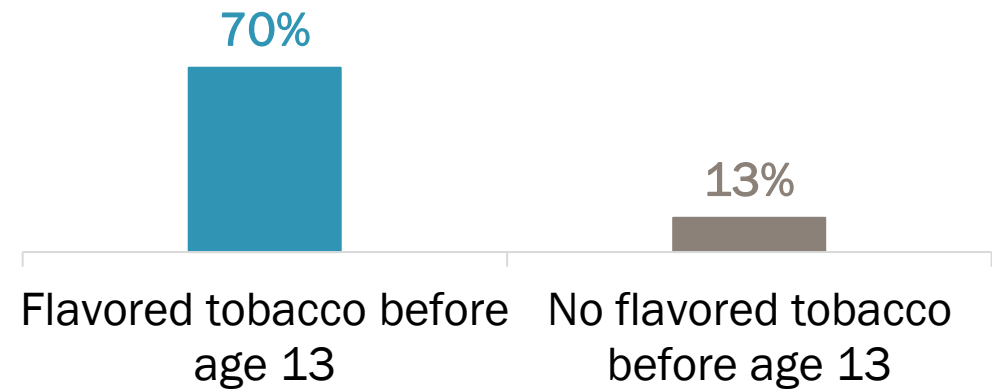
Data interpretation: For example, 73% of Vermont youth who use e-cigarettes also use alcohol compared with alcohol use of 13% among those who do not use e-cigarettes. For example, 54% of Vermont youth who use e-cigarettes experience poor mental health, while 31% who do not use e-cigarettes experience poor mental health. Data Source: VT High School YRBS 2021.



# Many Young Vermonters Begin Use with a Flavored Product and Continue to Use Flavored Products.



### Current E-Cigarette Use by Trying Flavored Tobacco Before Age Thirteen



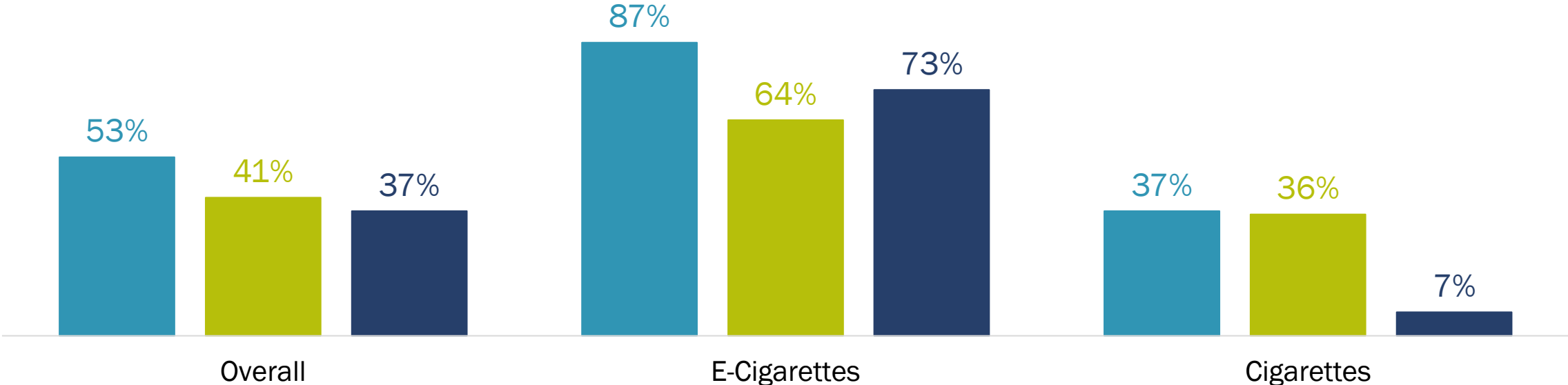
**55%**

believe a flavored tobacco product is easier to use than a non-flavored product (among Vermonters aged 12-20).

# Half (53%) of Vermont Adults who Currently Use Tobacco Use a Flavored Product. Most Adults who Use E-Cigarettes Use a Flavored One.

Current Flavored Tobacco Use by Tobacco Product Type

■ Any Flavor ■ Menthol/Mint Flavored ■ Flavor Other Than Menthol/Mint



Data Source: VT Adult Tobacco Survey 2022.

# Flavored Tobacco is Attractive and Dangerous for Youth and Young Adults.



## Mint and Menthol Flavors Are Legal and Dangerous



Sales of menthol and mint-flavored e-cigarettes shot up  
◀ 105% after the FDA removed some flavored e-cigarettes from  
▶ sale in 2020 ([source](#), [source](#)).

# Menthol Flavored Tobacco Makes Starting Easier and Quitting Harder.

- 54% of youth start by using menthol.
- Menthol is marketed as smooth to make it easier to smoke, but it is harder to quit.
- Menthol numbs the throat to hide harsh tobacco smoke.
- Tobacco companies target, youth, African Americans, and LGBTQ people with menthol.
- In 2019 and in 2020, sales of menthol-flavored cigarettes made up 37% of all cigarette sales in the U.S.—the highest proportion since major tobacco companies were first required to report those data to the federal government in 1967.

## The CDC and U.S. Surgeon General Call for Action by States.

CDC funds all fifty states and territories for comprehensive tobacco control and prevention. This national effort includes providing guidance on state-level policies which will result in beneficial population-level health outcomes and equity benefits.

Restricting all products, all flavors at the state and local level is an important component of comprehensive tobacco prevention to reduce youth initiation and use including among young adults.

The U.S. Surgeon General calls for states to take public health action and limit access to flavored tobacco products.

# A Comprehensive Restriction on Flavored Tobacco Products is a Health Equity Approach to Reduce Tobacco-Associated Harm among Vulnerable People.

1

Flavored tobacco use is disproportionate among populations of color, sexual and gender minority groups, youth, young adults, and those with lower education and income.

2

Flavored tobacco is advertised more heavily and is more widely available in neighborhoods where racial/ethnic minoritized populations reside.

3

Flavored products are easier to start, harder to quit, and more likely to lead to progression to regular tobacco use compared with non-flavored tobacco use.

Source: ([Centering equity in flavored tobacco ban policies: Implications for tobacco control researchers - PMC \(nih.gov\)](#))

# Since the 2023 Legislative Session, 20 More Cities Passed Flavored Tobacco Restrictions.

- As of Dec 2023, over 190 U.S. communities have implemented laws prohibiting the sale of menthol and other flavored tobacco products.
- In 2020, Massachusetts became the first U.S. state to pass a comprehensive restriction on the sale of menthol and all other flavored tobacco products.
- In November 2022 California followed suit.
- New York and Maine are also actively pursuing comprehensive flavor bans.

\*\*In April 2022, the FDA proposed a partial flavor restriction including menthol cigarettes and flavored cigars (exempting e-cigarettes). The Vermont Department of Health submitted comments in support of the proposed ban, recommending that all flavors, all products be included.

CDC, ASTHO and the Tobacco Control Legal Consortium have stated that even if promulgated, there will be years of delay from legal action by the tobacco industry.

# Massachusetts' Ban on All Flavors, All Products is Decreasing Tobacco Use without Closing Any Tobacco Retailers.

- 1 Sales of flavored tobacco products decreased sharply in MA. Sales weren't impacted in other states including VT.
- 2 MA adult tobacco use rates are decreasing. A 1% decline in smoking among MA adults age 25 or older results in \$477 million in long term healthcare costs savings.
- 3 MA's youth tobacco rates are decreasing. Youth smoking and vaping rates in 2021 decreased to 2.9% and 17.6% (from 4.3% and 32% in 2019).



# If S.18 Becomes Law, Vermont is Prepared for the Increase in Demand for Tobacco Cessation Services.

- 802Quits offers statewide accessible, free tobacco treatment.
- Vermont's 802Quits started offering a Menthol Protocol in 2021 which includes gift cards for completing counseling.
- Other culturally appropriate Quitline protocols are offered for low-income, American Indian and uninsured including text support.
- The Tobacco Control Program, HPDP and DSU offer treatment statewide through VT Helplink, My Healthy VT and 802Quits.



# Additional Vermont Tobacco Data

Flavored Tobacco Snapshot:

<https://www.healthvermont.gov/sites/default/files/document/hsi-flavors-tobacco-snapshot.pdf>

2021 Vermont BRFSS Tobacco Data Brief:

<https://www.healthvermont.gov/sites/default/files/document/HSI-BRFSS-2021-Tobacco-Brief.pdf>

Age of Initiation Data Brief:

[https://www.healthvermont.gov/sites/default/files/document/hsi-brfss-age\\_of\\_initiation\\_tobacco\\_brief.pdf](https://www.healthvermont.gov/sites/default/files/document/hsi-brfss-age_of_initiation_tobacco_brief.pdf)

Vermont Tobacco Policy Brief:

[https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp\\_tcp\\_tobacco\\_policy\\_brief.pdf](https://www.healthvermont.gov/sites/default/files/documents/pdf/hpdp_tcp_tobacco_policy_brief.pdf)

2021 Youth Risk Behavior Survey Report:

<https://www.healthvermont.gov/sites/default/files/document/hsi-yrbs-2021-full-report.pdf>

Vermont Tobacco Data Pages:

[www.healthvermont.gov/sites/default/files/documents/pdf/HS\\_2019\\_Tobacco\\_Data\\_Pages\\_2022\\_04.pdf](http://www.healthvermont.gov/sites/default/files/documents/pdf/HS_2019_Tobacco_Data_Pages_2022_04.pdf)