



## **Testimony to the Vermont Legislature on Vermont's Tobacco Control Program**

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# Our funding has decreased, and we are 45% of recommended funding levels.

Tobacco Prevention and Cessation Funding

Smokefree Air

Tobacco Taxes


Access to Cessation Services

Flavored Tobacco Products

## Tobacco Prevention and Cessation Funding

Overall Grade	F
FY2025 State Funding for Tobacco Control Programs:	\$2,692,021
FY2025 Federal Funding for State Tobacco Control Programs:	\$1,101,504*
FY2025 Total Funding for State Tobacco Control Programs:	\$3,793,525
CDC Best Practices State Spending Recommendation:	\$8,400,000
Percentage of CDC Recommended Level:	45.2%
State Tobacco-Related Revenue:	\$93,900,000

\*Includes tobacco prevention and cessation funding provided to states from the Centers for Disease Control and Prevention.



### Help Fight Tobacco Use

Join our efforts to create a tobacco-free future. Stand with the American Lung Association to prevent and reduce tobacco use in your state.

**TAKE ACTION**

# Despite our funding challenges, we are providing strong cessation services for Vermonters who need it most.

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## Access to Cessation Services

Overview of State Cessation Coverage:

Overall Grade	A
State Medicaid Program:	
Medications:	All 7 medications are covered
Counseling:	All 3 types of counseling are covered
Barriers to Coverage:	Minimal barriers exist to access care
Medicaid Expansion:	Yes
State Employee Health Plan(s):	
Medications:	Minimal medications are covered
Counseling:	Some types of counseling are covered
Barriers to Coverage:	Some barriers exist to access care



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TAKE ACTION

# Tobacco is a major cause of chronic disease. In 2022, over \$1 billion was paid to treat chronic disease in Vermont.



**62%** of all deaths among Vermonters are chronic disease-related.

**4,889** Vermonters died from a chronic disease in 2022.

**865** were younger than 65 years old.

Data source: Vermont Vital Records, 2022 (preliminary)



**At least 6 in 10 Vermont adults have one or more chronic disease.**

**60%** of Vermonters have one of these common chronic diseases: arthritis, asthma, cardiovascular disease, diabetes, hypertension, COPD, cancer and chronic kidney disease

Data source: Vermont BRFSS, 2021



**Chronic disease is a leading driver of annual health care costs.**

**Estimated cost of health care in Vermont for chronic disease in 2022:**

**\$1 billion**

Costs were calculated from the Vermont Health Care Uniform Reporting and Evaluation data set, maintained by the Green Mountain Care Board (GMCB). Claims are included for most, but not all Vermonters. Costs include what the insurer paid for a service as well as any deductible, co-pay or co-insurance paid by the individual. All analyses, conclusions, and recommendations provided here are solely those of the VDH and not necessarily those of the GMCB.

# 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 **\$94 million cost to VT Medicaid**.

The 2022 tobacco tax revenue was less than the costs of just Medicaid smoking-related expenditures, at **\$76 million**.

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

## Tobacco-related costs to Vermont outweigh annual tax revenue



## Cost benefits of our comprehensive Tobacco Control Program in VT.

From 2001 through 2014, RTI estimates that Vermont's tobacco control and prevention efforts saved the state at least **\$245 million** through reducing adult smoking prevalence.

Based on total VT Medicaid spending of \$1.7 billion in 2021 and a 1% decrease in the smoking rate among Medicaid-insured Vermonters between 2018 to 2021, VT is estimated to have saved **\$2.3 million in Medicaid spending in 2022.**

Additionally, between 2021-2022, there was a 2% decrease in smoking among Medicaid members, an **\$8.3 million cost savings to VT Medicaid in 2023.**

# Tobacco Control Strategies and Successes

## Strategies

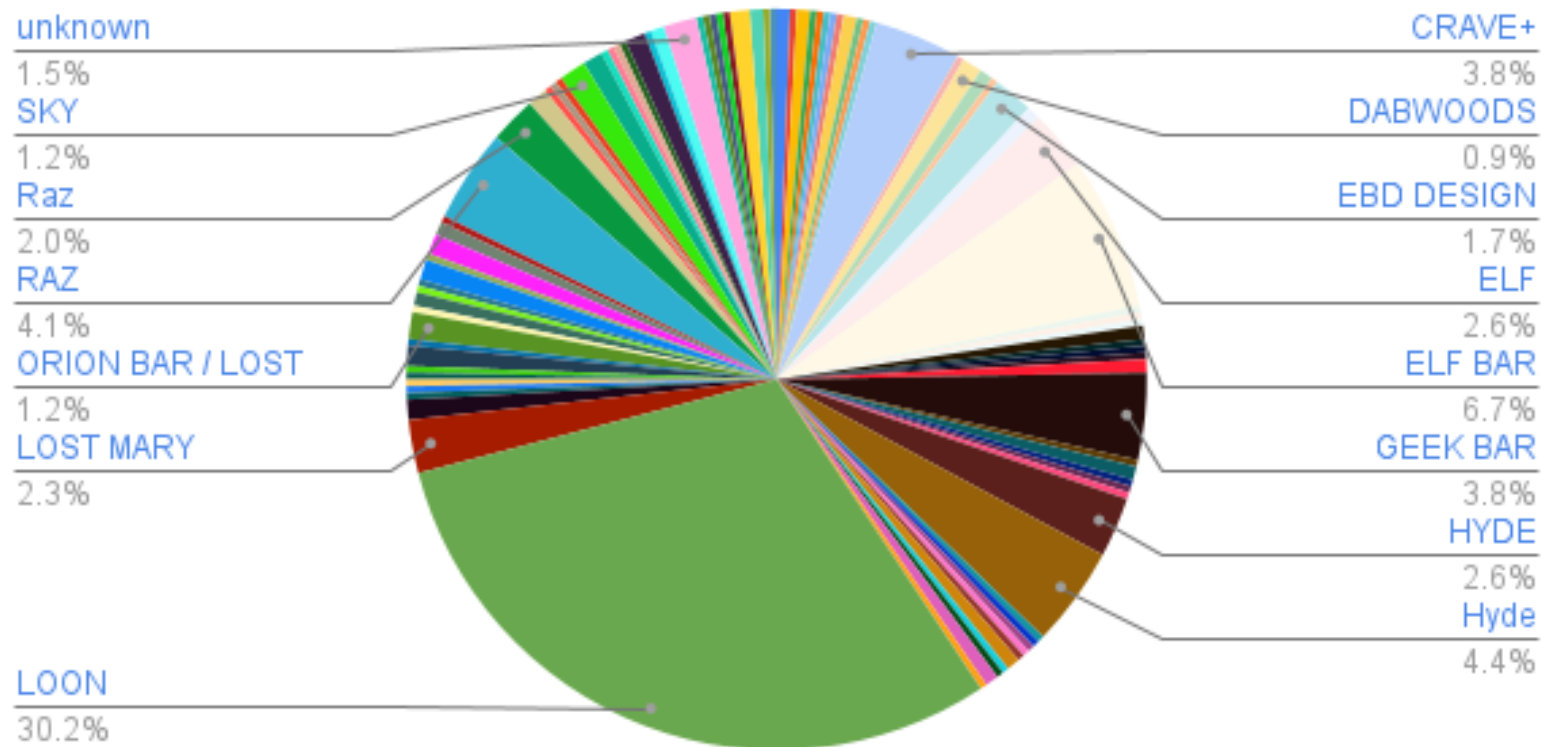
- Local and State Infrastructure
- Strategic Communications
- Accessible Treatment
- Youth Engagement
- Strategic Partnership
- Policy & Social Norms
- Evaluation & Surveillance

## Successes

- Reduced tobacco use
- Increased youth engagement
- Demand for 802Quits remains strong; over 3,000 helped annually
- 802Quits incentives are extending engagement
- Vaping perception of harm continues to increase

# Success: Vape School Confiscation program

84 VAPE BRANDS AS PERCENTAGES OF 341 DEVICES  
CONFISCATED FROM 14 COUNTIES IN VT in 2023-2024





# Coalition Success Stories

## HEALTH CARE USES QUIT KITS TO HELP PATIENTS QUIT

Amy Brewer, Coalition Coordinator

### Summary

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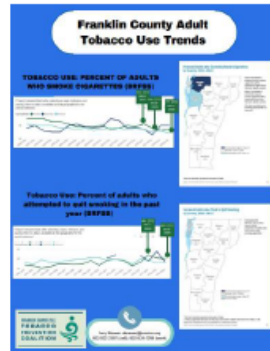
As of June 2024, the Franklin Grand Isle Tobacco Prevention Coalition and its partner, MyHealthyVT Regional Coordinator, have implemented system changes within Northwestern Medical Center that help those who use tobacco/nicotine to be effectively referred to quit resources. Although every change has not yet been identified or fully implemented, movement toward improvements have occurred. Staff will continue to work towards improved cessation referrals in FY25. Staff members and their initiatives are funded through various VT Department of Health grant funds.



*"We're continually working to implement all the changes needed so that the health care system and its providers can help all who use tobacco and nicotine effectively along their quit journey." Amy*

### Challenge

The most recent BRFSS Data for Franklin County documents an INCREASE in adult tobacco use rate (19%) which is now highest in the state and a DECREASE in quit attempts in the past year (43%) down from a high of 68% in 2017-2018. Nearly a fifth of our adults are smoking and fewer are trying to quit! With limited cessation systems within NMC, patients are not receiving universal messages about quitting or connections to resources to quit from their health care providers making that quit attempt less likely.



### Solution

Building on a strong partnership with the MyHealthyVT Regional Program Coordinator, Nichole Cunningham, we partnered with the Emergency Department to develop a Quit Kit that would contain quit resource information, quit tools, and a sample of NRT that providers could give to ED patients to encourage and support their quit attempt.

Through that process, we began to see additional opportunities to utilize the Quit Kit to help health care

providers engage with their patients in a meaningful way. Quit Kits are being



## BUILDING SCHOOL-BASED YOUTH COALITION IN LAMOILLE VALLEY

Brian Duda, HLV Youth Coordinator

### Summary

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There has been a significant decrease in school-based youth prevention leadership groups over the past 5-10 years due to much fewer SAP counselors and the impacts of the COVID pandemic on schools. This 2023/2024 school year we increased our efforts to grow, support, and start-up youth coalition work at the school level. We supported, provided training, opportunities and resources to existing and emerging prevention and equity leadership groups. Through our efforts, we helped grow the OVX/VKAT groups from one to four this past year. Our most direct efforts was starting and developing the Lamoille North Youth Coalition (seen in picture) in collaboration with Lamoille Union Middle School teacher, Amy Whitlock, and Lamoille Area Youth Coalition leader, Arlo.



collaboratively with assistance from Lamoille Area Youth Coalition ambassador, Arlo Bickford to promote, recruit, develop, and engage a thriving school-based youth coalition, called Lamoille North Youth Coalition. Through these collaborative efforts and supports from state and local partners, we were able to achieve the group goals of helping youth gain and enhance presentation,

*"I had a really good time and I think that [Youth] Coalition should continue for years to come. It allows kids to learn more about the troubles of drug use and how it effects our community" – LNYC member*

Deliverable 4: Success Story

### Challenge

Just over a decade ago, Lamoille Valley used to have SAP counselors in every school and several active and large school-based youth substance prevention and leadership groups. In the past several years, the region has lost all but one SAP counselor who runs two active VKAT and OVX groups. The impact of COVID pandemic, school staff changeovers and shortages also made it difficult to start up and maintain school-based youth prevention leadership groups. We saw the need for more school-based youth prevention leadership groups knowing that youth have the potential to be powerful change agents and leaders in their schools and community in reducing youth tobacco use.

### Solution

Over the past years we have built the groundwork for this year's success by creating connections, building relationships, and providing support and resources for schools and educators. We started off this school year intentionally hosting our tobacco strategic planning event at the local tech center so that it would be more accessible for students. This event helped ignite a passion for this work and the two groups that attended became OVX groups. We continued to support and provide trainings, opportunities, and resources those groups, as well as the already established VKAT group. During this year, we also actively supported and provided opportunities for two of the district-based equity leadership groups. Our primary direct efforts this year was starting and developing a youth leadership prevention group based on the OVX/VKAT and Dover Youth2Youth empowerment models. Lamoille Union Middle School health teacher, Amy Whitlock, HLV's youth coordinator Brian Duda worked

# 802Quits Success Profile



Ana of Wallingford, VT  
Mother. Cancer Survivor, Former  
Smoker.

*"For me, quitting smoking was the hardest thing that I ever had to do in my life. I'm very high anxiety. I called the Quitline, and I got a coach right away. Every time I slipped, she would be right there helping me. I can't believe how fast you start to feel better."*

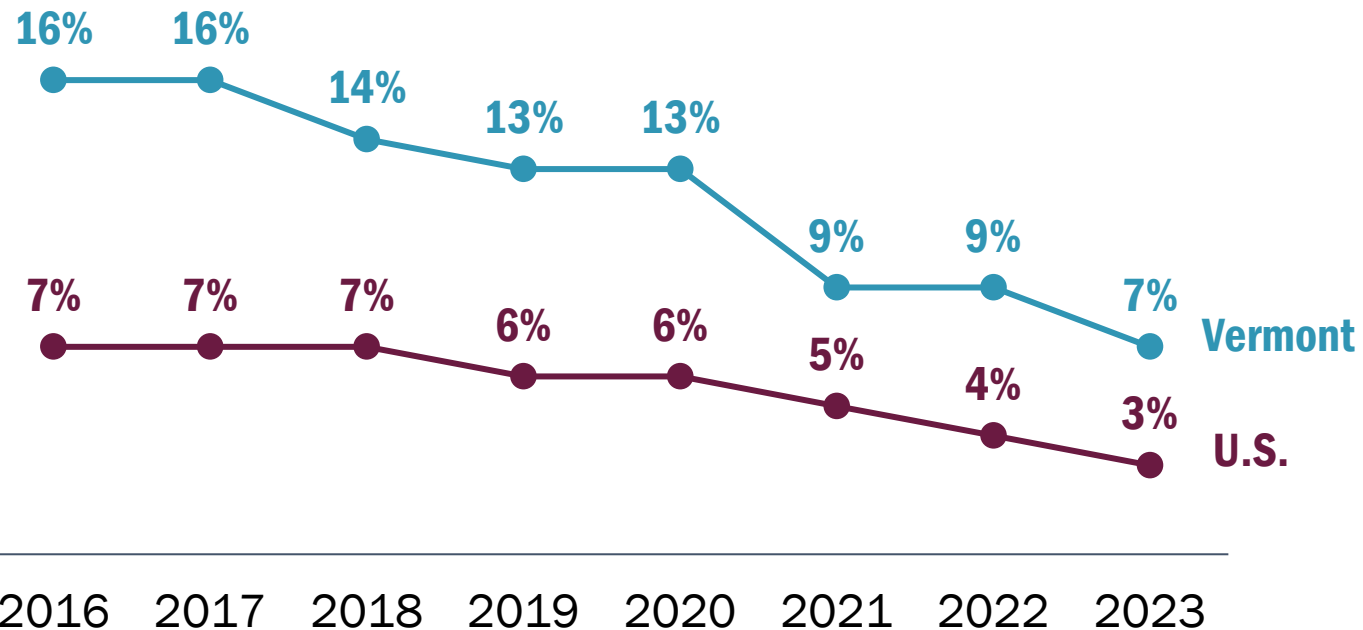
## 70% of VT adults want to quit; here's what they say about 802Quits

- "I felt like 802Quits was professional and to the point. I used it at a **time of being in poverty**, the gum was the only way to help with the withdrawals, and I couldn't afford it. The person who checks in on me from the quitline, they did that very wonderfully."
- "It is my second time going through the program, both times, I felt that you were very helpful. I quit the first time and then started up, and the second time, **I was pregnant**, and I joined the pregnancy program. It was very nice to have a specialist for the people in pregnancy."
- "The program understood that I had just gotten out of the hospital, and they did not turn me away. I didn't quit entirely, and I will sign back up in a little while. They were willing to **work with me and my mental health.**"
- "I think it is a really good program, **especially for people with disabilities**, to get gift cards, you get that sense of accomplishment and the appreciation for the person who is trying to quit."



# Cigarette Use in Pregnancy is Going Down in Vermont, But Still 2x U.S. Rate

## Prevalence of Cigarette Smoking During Pregnancy



Source: VT Vital Statistics System 2016-2023; National Vital Statistics System 2023 Natality

Vermont Department of Health



Let's have a conversation about



# TOBACCO DURING PREGNANCY

and beyond

VERMONT  
DEPARTMENT OF HEALTH

# Recent Promotion: 802Quits New Year Campaign

## November 2024 – March 2025

### Video Ad:



**Give yourself  
and your baby  
a healthier future**

Mid-December '24 – February '25

**Reach:** 5,937

**Total Impressions:** 20,886

**Total Ad Clicks:** 916

**Click Through Rate (CTR):** 4.07%

**CTR Benchmark:** 0.90%

### **Quit for You & Your Baby**

Get free help to quit smoking or vaping with a supportive pregnancy Quit Coach.

No judgment. No cost.

# New Promotion: 802Quits Relapse Campaign

## Spring 2025

### Video Ad:



**FREE Support, No Judgment**



No data yet, launching week of 3/10!

### **FREE Quit Support For You**

Quitting smoking or vaping is one of the best things you can do for you and your baby. Get support from a counselor and FREE meds to double your chance of success.

No judgment. No cost to you.

# Tobacco Use Timeline

## Tobacco Use and Policy Timeline

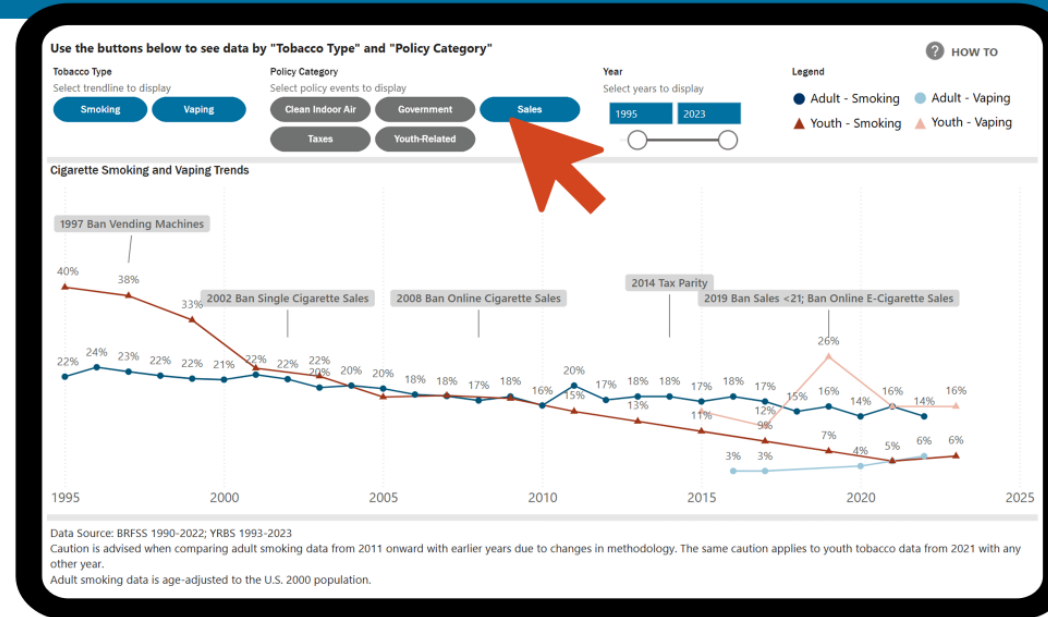


Over the last 30+ years, a combination of tobacco-related policies, outreach and education have helped lower tobacco use rates in Vermont.



Click link to **explore** the interactive visualization at [Tobacco Data | Vermont Department of Health](#)

- Filter by smoking and/or vaping
- Explore different policy categories
- Choose years to display



# 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)