

# **The State of Tobacco and Nicotine Treatment in Vermont:**

**Achievements, Challenges and Recommendations**

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**January 2025**

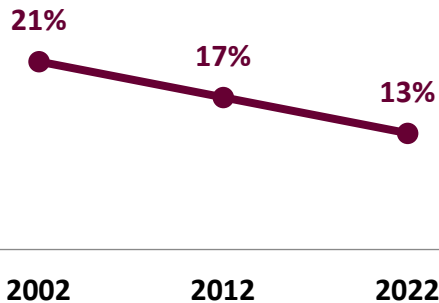
**Vermont Department of Health Tobacco Control Program**

# DECREASING TOBACCO AND NICOTINE USE SUPPORTS VERMONT'S HEALTH AND SUBSTANCE USE PREVENTION GOALS.

Tobacco control efforts have effectively decreased use of tobacco and nicotine products among Vermonters, but product addictiveness and industry tactics impact progress.

## Declines in use are driven by collective efforts.

Adult cigarette **smoking prevalence has decreased** in Vermont.



The significant reduction of tobacco use in Vermont over the past twenty-five years is a success of the legislature, Coalition for Tobacco Free Vermont and State of Vermont agencies and departments including the Departments and Agencies of Education, Liquor and Lottery, Tax and Health.

## The addictiveness of nicotine makes it hard to quit.

**Rates of cigarette smoking and other tobacco use are still too high.** Quitting tobacco and nicotine products requires great effort and involves physical and psychological factors that make it difficult to stop, even if the person wants to quit. Further, the levels of nicotine in e-cigarettes have increased by almost **300% since 2017**, creating increased physiological addiction and difficulty quitting for those using e-cigarettes.

For those who smoke, **it may take 30 or more quit attempts** before being successful. Adults who use menthol cigarettes may have a harder time quitting.

## Tobacco control needs to respond to industry tactics.

The tobacco industry is continually pushing out new products, like e-cigarettes and nicotine pouches, to keep people addicted and attract younger consumers, resulting in **16% of Vermont high schoolers currently using e-cigarettes**. In response, tobacco control programs play a critical role in prevention and cessation.

*In the last year, I'd say that smokeless tobacco, like Zyn or pouches, have skyrocketed, because it's just so convenient for people to do that in class.*

- Franklin County resident and college student

# ACHIEVING FREEDOM FROM TOBACCO AND NICOTINE ADDICTION IS POSSIBLE.

The Vermont Department of Health takes an **integrated, systems approach** to provide comprehensive, evidence-based treatment services and resources to help Vermonters of all ages quit.

## Individual level

**802Quits** is an evidence-based, population level treatment service by phone, online and text. 802Quits supports two quit attempts per year, providing free medication, tailored quit plans and counseling. There are incentives for priority populations, like pregnant people, Medicaid-insured adults, and those with behavioral health conditions.

**Incentives for quitting for those who are pregnant/post-partum** are provided through a partnership with university of Vermont clinician and the Health Department. Cash incentives aim to increase counseling sessions to encourage quit attempts.

## Community level

**Treatment at behavioral health centers** use the ask, advise, treat model with patients and serve to educate staff on nicotine dependence. Partnership with Division of Substance Use and Vermont Care Partners has strengthened tobacco treatment.

**My Healthy VT** provides free in-person and virtual chronic disease self-management support including group cessation support. The program provides facilitator and peer support to support successful quitting.

## Systems level

**Medicaid benefits** cover 16 sessions of counseling and up to eight weeks of NRT for anyone on Medicaid, including youth. Counseling is provided by a variety of health care providers.

These benefits are promoted through a partnership between the Health Department and the Department of Vermont Health Access.

# TOBACCO TREATMENT SERVICES ARE EFFECTIVE IN HELPING ALL TO QUIT TOBACCO AND NICOTINE.

**802Quits provided evidence-based treatment to 8,435 Vermont adults to support quitting in the last five years.**

802Quits services are used by adults who are more impacted by tobacco and **who most need support** and resources:

- 32% of 802Quits users are insured by Medicaid.
- 51% report mental health challenges.
- 46% smoke at least 20 cigarettes per day.

Quit rates are a way to measure the effectiveness of state-based tobacco quitlines, like 802Quits.

**39%** of 802Quits users had success in quitting tobacco, including vaping, seven months after enrolling in the program. This exceeds the national US average of 32%.



*“I was getting back into dip tobacco because the nicotine pouches were so expensive everywhere in the state. The products [cessation medication] you sent prevented me from using more tobacco.”*

–802Quits participant

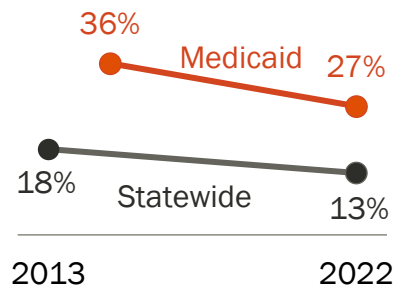
**Medicaid coverage of treatment services has increased as barriers to treatment have been removed, and tobacco use has decreased.**

Across 10 years, 22,740 total tobacco counseling claims have been reimbursed, serving an average of 1,216 Medicaid-insured adults per year. Smoking prevalence has **declined 9%** among Medicaid-insured; and among pregnant people with Medicaid insurance, it has **decreased by 16%**.

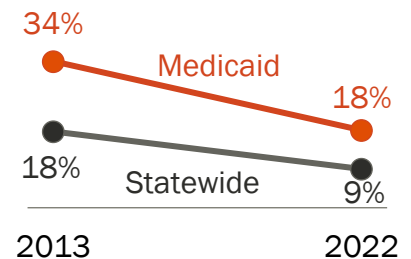


The decrease in tobacco use among Medicaid-insured adults **saved an estimated \$2.3 million in 2022, which would fully offset the cost** of the expanded Downtown and Village Center Tax Credits implemented in FY23 to support housing, jobs and economic activity.

Adult smoking prevalence



Smoking prevalence among pregnant people



# RECOMMENDATIONS TO ELIMINATE TOBACCO USE AND VAPING.

Substance use prevention, including tobacco, involves multi-year, multi-component efforts. The following change strategies can sustain and improve health promotion efforts in Vermont:

## **Continue funding comprehensive, sustainable tobacco control programs.**

Success is dependent on prevention resources being available for education, engagement, media and policy efforts on an annual basis over many years.

## **Increase the price of tobacco products.**

Price increases on all tobacco products should be substantial enough to have a meaningful impact on lowering tobacco use rates among people of all ages. Effective price increases include coupon and promotion bans and establishing a minimum price floor for all products.

## **Limit tobacco product availability and accessibility.**

Policies that restrict availability and accessibility can include restrictions on flavors and limiting the number and location of tobacco retail licenses.

## **Expand availability and increase use of tobacco treatment services.**

It is necessary to continue offering accessible, evidence-based cessation services to all people in Vermont. Additionally, continuing to integrate tobacco treatment systems change within all types of health care settings and promoting usage of the Medicaid treatment benefit can expand utilization of services.

