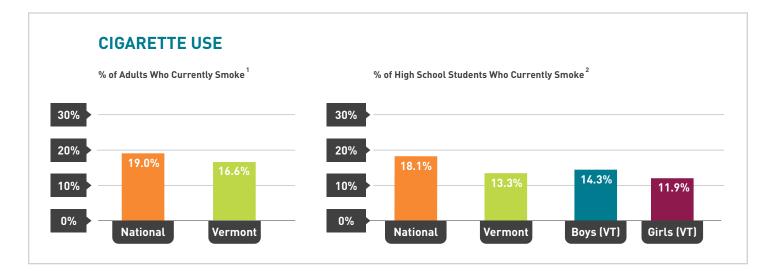




VERMONT + TOBACCO



OTHER TOBACCO PRODUCT USE

- The prevalence of smokeless tobacco use among adults in Vermont was 2.8% in 2013. 3.1% of adult current cigarette smokers in Vermont were also current smokeless tobacco users in 2013.
- In 2012, 3% of adults in Vermont used an electronic cigarette on some days or every day.
- In 2013, 9.1% of high school students in Vermont used chewing tobacco, snuff, or dip on at least one day in the past 30 days. Nationally, 8.8% of high school students used smokeless tobacco on at least one day in the past 30 days.²
- In 2013, 14.6% of high school students in Vermont smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days. Nationally, 12.6% of high school students smoked cigars, cigarillos, or little cigars on at least one day in the past 30 days.²

ECONOMICS OF TOBACCO USE AND TOBACCO CONTROL

- In FY2015, Vermont allocated \$3.9 million in state funds to tobacco prevention, which is 46.4% of the Centers for Disease Control and Prevention's (CDC) Annual Spending Target.⁶
- The health care costs in Vermont, directly caused by smoking, amount to \$348 million annually.⁶
- State and federal Medicaid costs for Vermont total \$87.2 million annually for smoking-caused health care.

SEPTEMBER 2015 truthinitiative.org p 1

- Vermont loses \$232.8 million in productivity each year due to smoking.
- \bullet Vermont received an estimated \$110 million in tobacco settlement payments and taxes in FY2015.

STATE TOBACCO LAWS^{8,9,10}

EXCISE TAX

• The state tax increased to \$2.75 per pack of cigarettes in July 2014. Little cigars are taxed \$2.75 per twenty cigars, roll-your-own tobacco is taxed \$4.23 per ounce, snuff is taxed \$2.29 per ounce, new smokeless tobacco products are taxed \$2.29 per ounce or \$2.75 per package if sold in a package weighing less than 1.2 ounces, and cigars are taxed \$2 per cigar or \$4 per cigar for cigars with a wholesale price of \$10 or more. All other tobacco products are taxed 92% of the wholesale price.

CLEAN INDOOR AIR ORDINANCES

• Smoking is prohibited in all childcare facilities, government workplaces, private workplaces, health care facilities, restaurants, bars, schools, retail stores, and recreational facilities.

YOUTH ACCESS LAWS

- The minimum age requirement for the purchase of tobacco products is 18, and penalties exist for both minors and merchants who violate this law.
- Establishments are required to post signs stating that sales to minors are prohibited.
- No person shall display or store tobacco products for sale where they are accessible to consumers without direct assistance by sales personnel.
- The sale of bidis to both minors and adults is prohibited.
- The sale of tobacco substitutes, including electronic cigarettes, to minors is prohibited.

CESSATION STATISTICS AND BENEFITS

- The CDC estimates that 49.6% of adult smokers in Vermont tried to quit smoking in 2013.
- Vermont's Medicaid program covers all seven recommended cessation medications and individual and group counseling.
- The state Medicaid program's barriers to coverage include limits on duration, prior authorization requirements for certain medications and instances, and minimal co-payments. 9
- Vermont's state quitline invests \$6.22 per smoker; the national average investment per smoker is 3.65.
- Vermont has a private insurance mandate provision for cessation.

SEPTEMBER 2015 truthinitiative.org p 2

REFERENCES

- ¹ CDC, Behavioral Risk Factor Surveillance System, 2013
- ² CDC, Youth Risk Behavior Surveillance System, 2011
- ³ CDC, State-Specific Prevalence of Cigarette Smoking and Smokeless Tobacco Use Among Adults—MMWR, United States, 2011-2013
- ⁴ Vermont Adult Tobacco Survey, 2012
- 5 CDC, Youth Risk Behavior Surveillance System, 2013
- ⁶ Campaign for Tobacco-Free Kids, Broken Promises to Our Children: a State-by-State Look at the 1998 State Tobacco Settlement 16 Years Later FY2015, 2014
- ⁷ Campaign for Tobacco-Free Kids, State Tobacco-Related Costs and Revenues, 2014
- ⁸ American Lung Association, SLATI State Reports, 2015
- ⁹ American Lung Association, State of Tobacco Control, 2015
- ¹⁰ Vermont Department of Taxes
- 11 CDC, Behavioral Risk Factor Surveillance System, State Tobacco Activities Tracking and Evaluation System, 2013
- * The seven recommended cessation medications are NRT Gum, NRT Patch, NRT Nasal Spray, NRT Inhaler, NRT Lozenge, Varenicline (Chantix), and Buproprion (Zyban).
 - Fiore MC, Jaen CR, Baker TB, Bailiey WC, Benowitz NL, Curry SJ, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline. Rockville, MD: US Department of Health and Human Services. Public Health Service: May 2008.

SEPTEMBER 2015 truthinitiative.org p 3