

Enrollment and Use of Vermont's Tobacco Quitline among Adults with COPD

April 2025

Chronic obstructive pulmonary disease, or COPD, is a lung condition where the lungs are damaged or remodeled in a way that they can't go back to normal, leading to long-term breathing problems. In Vermont, about 6% of adults have COPD.¹ COPD is also the fifth most common cause of death in Vermont.² People with a history of respiratory conditions, who currently smoke, with less education, lower incomes, or are living with a disability are all more likely to have COPD. Cigarette smoking and long-term exposure to secondhand smoke are recognized causes of COPD.³

Quitting use of tobacco products is one of the most important steps toward preventing and managing COPD.

The Vermont Department of Health provides a range of free evidence-based tools and services to support individuals ready to quit any nicotine or tobacco product through 802Quits – Vermont's 24/7 quitline. There is strong collaboration and coordination between the Vermont COPD Program and the Vermont Tobacco Control Program, including promotion of health communications and 802Quits.

This brief outlines results from a comparative analysis of **individuals reporting COPD** (n=1,923) when registering for 802Quits with **individuals not reporting COPD** (n=14,841) over five years (July 1, 2019 – June 30, 2024). The percentage of 802Quits enrollees who report having COPD during registration remained consistent over the past five years. While the results in this report are focused on unique registrants, there were 280 individuals with COPD who registered multiple times, with an average number of registrations at 2.3, similar to individuals without COPD.

If you need help accessing or understanding this information, contact AHS.VDHCOPDProgram@vermont.gov.

Key Points

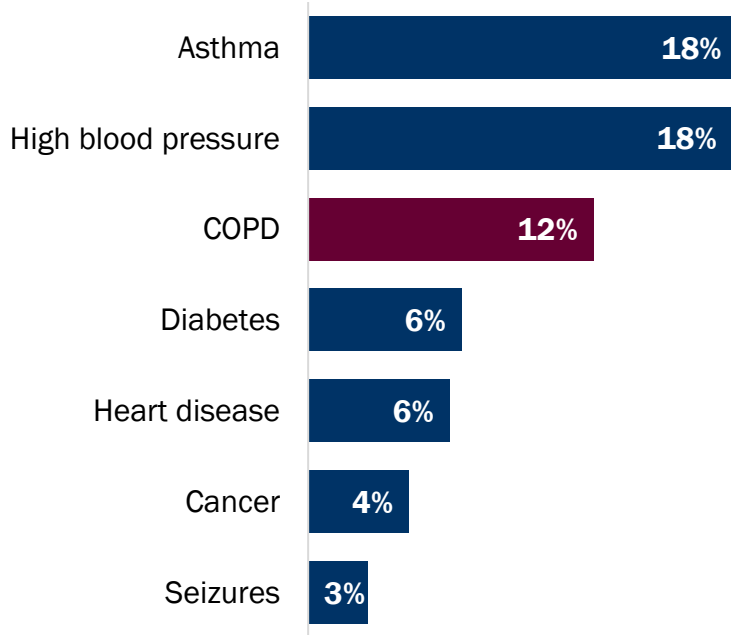
- **About 12% of 802Quits enrollees have COPD, the third most commonly reported chronic condition.**
- **802Quits enrollees with COPD are more likely to have another chronic, mental health, or substance use condition than those without COPD.**
- **Enrollees with COPD are slightly older, have less formal education, are more heavily addicted to nicotine, and smoke cigarettes slightly more compared to those without COPD.**
- **Most enrollees use the web program over the phone and web-phone programs regardless of reported COPD.**
- **Once enrolled, adults with COPD are slightly more likely to receive evidence-based treatment.**



➔ Learn more about [COPD in Vermont](#) and visit 802Quits.org to find resources for patients and providers.

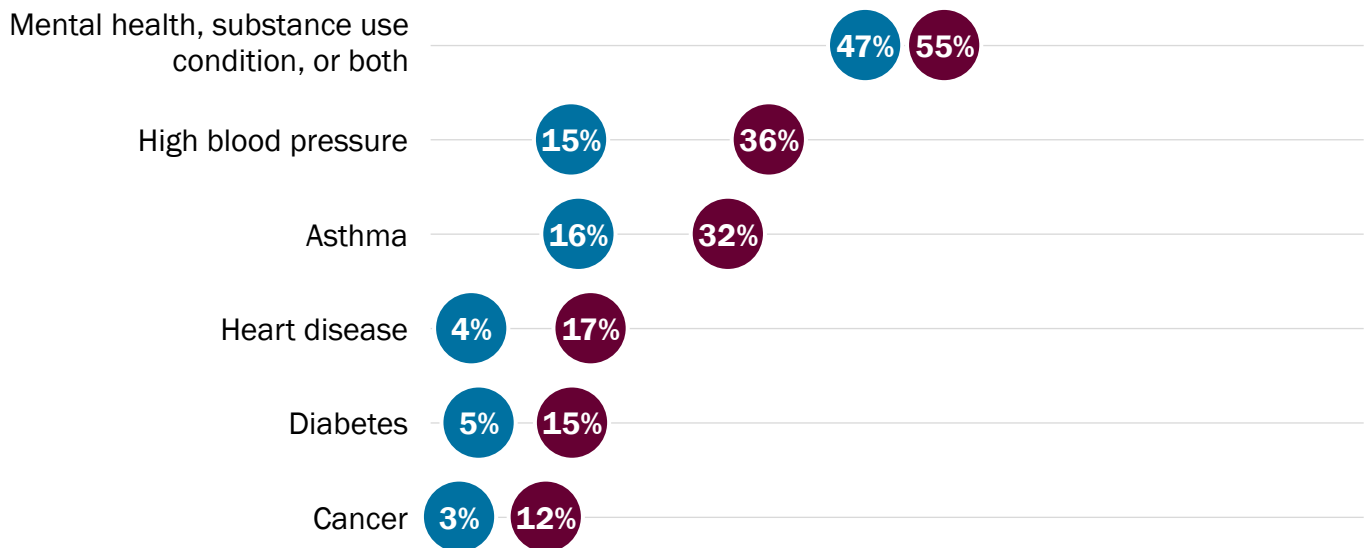
COPD is the third most common chronic condition reported by 802Quits enrollees.

About **12%** of 802Quits enrollees have **COPD**.



- During enrollment, individuals self-report the following chronic conditions: asthma, COPD, cancer (any type), diabetes, heart attack, heart disease, high blood pressure, seizures, and stroke.
- Over five years (July 1, 2019 – June 30, 2024), a total of **1,923 unique individuals with COPD** enrolled in 802Quits.
- $\leq 1\%$ of 802Quits enrollees report heart attack or stroke.

802Quits enrollees with COPD are more likely to have another chronic, mental health, or substance use condition than those without COPD.



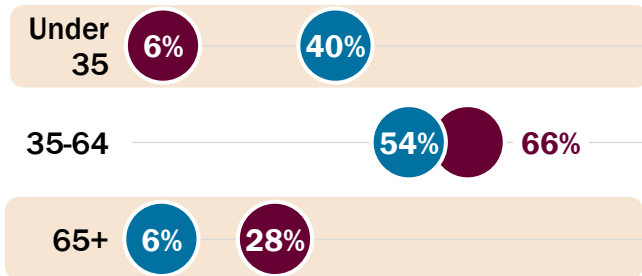
- Nearly half of all enrollees report a mental health, substance use condition, or both, including ADHD, anxiety disorder, bipolar disorder, depression, PTSD, schizophrenia, or other.
- Adult enrollees with COPD are slightly more likely to report a mental health, substance use condition, or both than those without COPD.
- Adult 802Quits enrollees with COPD are more likely to also have high blood pressure, asthma, heart disease, diabetes, and cancer than those without COPD.

Enrollees with COPD, compared to those without COPD:



Are slightly older

Enrollees with COPD are **more likely to be 65+** and **less likely to be under 35** compared to enrollees without COPD.

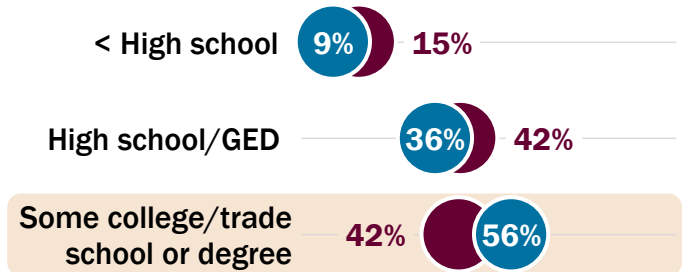


Adults with COPD who enroll in 802Quits are **an average of 17 years older** than those without COPD. The average age of individuals with COPD at 58 years, compared to 41 years for individuals without COPD.



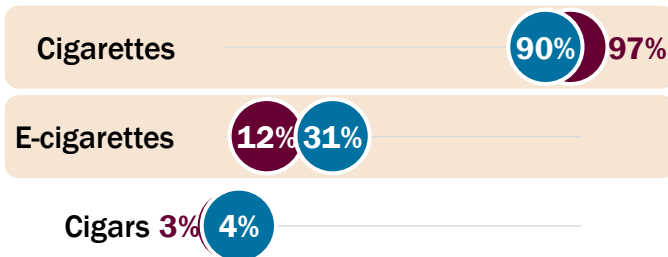
Have less formal education

Enrollees with COPD are **less likely to have some college or trade school** compared to enrollees without COPD.



Smoke cigarettes slightly more

Individuals with COPD are **more likely to use cigarettes** and **less likely to use e-cigarettes** than those without COPD.

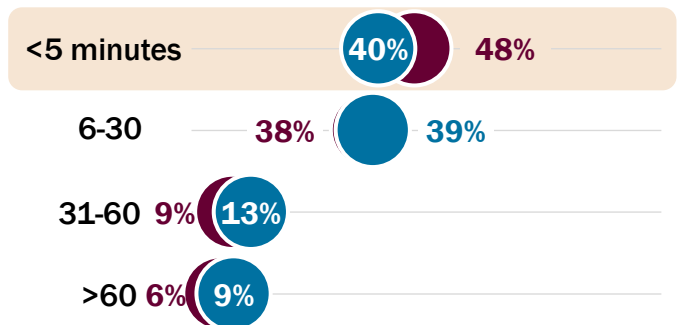


Differences in tobacco and nicotine use may be associated with enrollees reporting COPD being slightly older than enrollees without COPD.



Are more heavily addicted

For those who smoke cigarettes, a measure of addiction is how soon after waking they smoke their first cigarette. Individuals with COPD **more often reported having their first cigarette within five minutes** of waking compared to individuals without COPD.

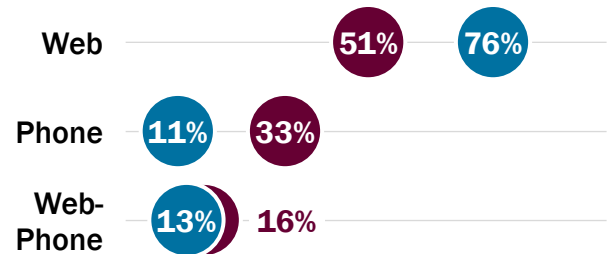


Among adult enrollees who smoke cigarettes, those with COPD also smoke about **four more cigarettes on average per day** than those without COPD.

Once enrolled, adults with COPD may use 802Quits differently compared to those without COPD.

The web program is the most used program among both groups, and more enrollees with COPD use the phone program than enrollees without COPD.

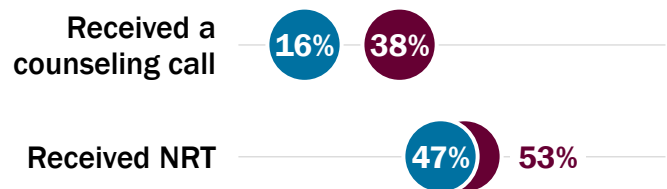
- The web program is the most used program, regardless of reported COPD.
- Individuals with COPD were less likely to register for the web program, **more likely to register for the phone program**, and similarly likely to register for the web-phone program compared to individuals without COPD.



Individuals with COPD are slightly more likely to receive evidence-based treatment compared to those without COPD.

Individuals with COPD (59%) were **slightly more likely to receive evidence-based treatment** – either a counseling call or nicotine replacement therapy, or NRT – as compared to those without COPD (50%).

- Individuals with COPD were **more likely to receive a counseling call** compared to those without COPD.
- In addition, individuals with COPD were **slightly more likely to have received NRT** compared to individuals not reporting COPD.



Notes

This report uses registration and utilization data from enrollees who registered for 802Quits between Fiscal Year (FY) 2020 - 2024. Some enrollees registered multiple times within that time period; only the data from their first (earliest) registration is included, so that no enrollees are double-counted. Enrollees were determined as having COPD based on the standard medical screening during registration question, “Have you been diagnosed with emphysema, chronic bronchitis, or COPD?”

References

- ¹ Vermont Behavioral Risk Factor Surveillance Survey 2023 Report
- ² Vermont 2022 Vital Statistics Report
- ³ Centers for Disease Control Smoking and COPD, 2023
- ⁴ 802Quits Registration Dataset from the quitline vendor