



Annual Report on the Vermont Tobacco Control Program Impact

Fiscal
Year
2025

Photo credit: Dana Ward

About this Report

The Vermont Tobacco Control Program strives to create change at the individual, community and [policy levels](#) to:

- prevent people from using tobacco and nicotine products,
- support those looking to reduce their use or quit,
- and ultimately, shift society's perception of tobacco and nicotine use.

When we say “tobacco” in the report that follows, we mean both commercial tobacco and nicotine products.

The goal of this report is to inform decision makers how the Vermont Tobacco Control Program implemented its budget in Fiscal Year 2025, or FY25, (July 1, 2024 – June 30, 2025) and the impact of select program initiatives.

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Tobacco control is essential for a healthy Vermont.

Tobacco use comes at a cost, to individuals, communities and states.



Health impact

Tobacco use is the leading cause of preventable death. Tobacco and nicotine use detrimentally impacts physical and mental health and contributes substantially to chronic disease prevalence.^{1,2}



Economic impact

Individuals who spend more on tobacco and nicotine are more likely to report financial stress.³ In Vermont, adults who use one or more packs of cigarettes a day spend a minimum of \$4,555 per year.⁴



Environmental impact

E-cigarette and cigarette waste pollutes water, air and land with toxic chemicals, heavy metals and residual nicotine.⁵

Vermont spends \$404 million annually in health care costs directly related to tobacco use.⁶

Tobacco control and prevention saves Vermont lives through a systematic and coordinated approach by implementing proven interventions that:

- ✓ Reduce initiation of tobacco and nicotine products.
- ✓ Provide treatment to help reduce or quit using tobacco and nicotine products.

We use our resources to maximize impact.

The Tobacco Control Program budget for FY25 was spent across five categories in alignment with best practices, shown below. Each of these components are interrelated and work together toward the intended outcomes and impact.

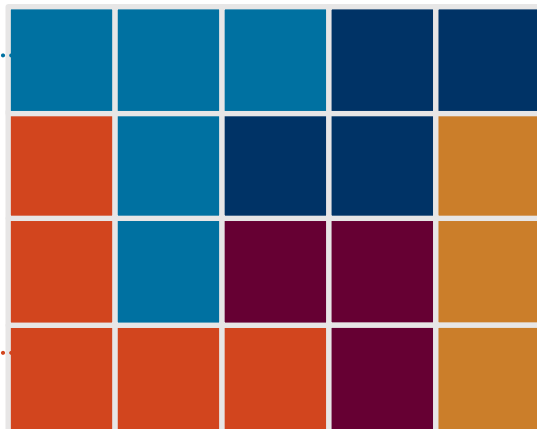
We fund community coalitions and organizations to put in place protections from tobacco and increase healthy actions:

Prevention in local and state collaborations.
\$944,374 (27%)

We inform youth and adults about the risks of tobacco and nicotine and connect them to resources:

Tobacco harm prevention and treatment media campaigns.
\$858,794 (24%)

FY25 budget: \$3,542,737



We make it easy for youth and adults to access needed care 24/7 for nicotine dependence:

Nicotine is very addictive; treatment is available to all in Vermont. \$708,392 (20%)

We partner with state agencies to collect and share data to drive action:

Together we audit alcohol and tobacco retail landscape to assess gaps.
\$582,270 (16%)

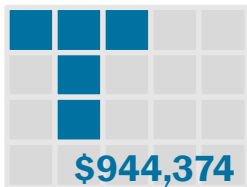
We contribute toward the state's goals of financial security, safety and substance prevention:

The people and agencies behind the work. \$448,907 (13%)

Our efforts lead to measurable impact for Vermont.

In FY25, the Tobacco Control Program benefitted Vermont residents in a variety of ways. The following are highlighted examples of key outcomes the program achieved. The subsequent sections of this report provide additional details on each of these select outcomes.





We fund community organizations to put in place protections from the harms of tobacco.

Supporting local communities to implement strategies that matter most to them serves as a catalyst to improve health in Vermont.

What was done



Six grantees covered an estimated 31% of Vermont residents and increased perceptions of harm of tobacco and implemented policy changes, including zoning restrictions, smoke- and vape-free policies and embedding health language into municipal plans.

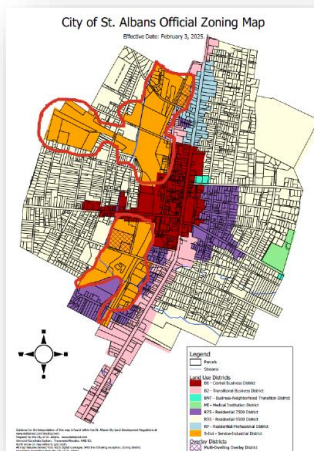


Youth engagement **included convening 37 Our Voices Xposed, or OVX, groups**, including nine youth from across the state as part of the Youth Leadership Collaborative and 141 youth who attended the Youth Statehouse Rally.

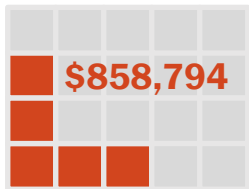


Five equity-focused contracts, including eight years of funding the Pride Center to reduce smoking prevalence among LGBTQA+, supported a decline of smoking in adults by 16% since 2014.⁷

Why it matters: Reduced access to tobacco for youth



Zoning restrictions help create healthier environments by reducing the accessibility of tobacco products to youth.⁸ In 2025, St. Albans City **adopted a zoning amendment**, facilitated by support from the Franklin Grand Isle Tobacco Prevention Coalition. The amendment restricts future vape and smoke shops to the Service-Industrial District, reducing access to tobacco and nicotine products for the almost 900 youth who attend the nearby high school.



We keep people informed about the risks of tobacco and nicotine and connect them to resources.

Implementing media campaigns is a powerful tool that prevents the initiation of tobacco use, promotes treatment and influences social norms.⁹

What was done



Four campaigns aimed at **educating youth and young adults on the harms of tobacco and nicotine use and vaping** resulted in over 100,000 ad clicks.



Eight media campaigns connected tobacco users to treatment services and encouraged use of resources.

One campaign to reach young adult Vermonters trying to quit used influencer partnerships to promote enrollment and free support services, with a 12.9% engagement rate (7x higher than industry norm.)

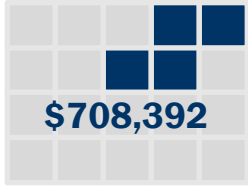


One media campaign was **designed to increase health providers' awareness and reach** of provider tobacco counseling and referrals through 802Quits, resulting in 60 provider requests for materials.

Why it matters: Increased awareness of resources

Health care providers are a trusted source of information for tobacco users. A digital campaign was used to increase awareness and use of provider counseling and treatment for Medicaid patients who use tobacco and nicotine. The campaign resulted in:

5.1 million	→	18,900	→	27%
times the campaign was shown to Vermont providers.		times treatment resources were accessed by providers.		of 802Quits callers heard about tobacco treatment from a health care provider.



We make it easy for anyone in Vermont to access needed care to quit tobacco and nicotine.

Quitting use of tobacco products has immediate and long-term health benefits and the Tobacco Control Program facilitates and promotes treatment for all in Vermont, including through 802Quits, a free treatment service by phone, text or the web.

What was done



In Vermont, **1,866 people** benefitted from evidence-based tobacco and nicotine treatment through 802Quits, of whom 54% were Medicaid insured or uninsured, indicating high reach to populations that face excess burden of tobacco use. Nicotine dependence treatment reached an estimated 12% of those in Vermont who smoked while pregnant.⁷



Health systems and providers were engaged to support tobacco treatment provision, including the promotion of the Medicaid tobacco benefit. 802Quits received 129 referrals from health care providers for free treatment for their patients, contributing to state recovery goals by treating addiction pathways.

Why it matters: Vermont residents stopped using tobacco

The majority of U.S. adults who smoke cigarettes want to quit, but fewer than 10% are successful.¹⁰ 802Quits treatment **helped 872 Vermont adults quit smoking, which is a higher rate than without counseling or medication.** Satisfaction was also high, with nine out of 10 saying they would recommend the program.¹¹

No counseling or medication

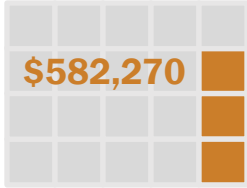
7%

With 802Quits services

43%

Percent who quit

*"Freedom from smoking is my greatest reward."
-Vermont adult who used 802Quits*



We use data to drive action.

Gathering, analyzing and disseminating data on the tobacco landscape in Vermont are vital to inform, prioritize, deliver and monitor programs and health.

What was done



The Tobacco Control Program developed and published **over 15 reports for the public, demonstrating** a deep understanding of the tobacco context. The [Tobacco Data Pages](#) report showed that product use is changing, with a 5% decrease in cigarette use prevalence among adults since 2014, but increases in new products, like e-cigarettes.⁷



The tobacco retail environment was monitored through **711 audits** to document the availability, price and advertising of tobacco products.¹² This work, in partnership with the Department of Liquor and Lottery, highlighted that 70% of tobacco retailers sold nicotine pouches, an emerging product among youth and young adults, which indicates high levels of access.

Why it matters: Demonstrated health care savings

With increasing types of tobacco products, strength of nicotine and widespread availability, effective treatment is more important than ever. Data collected from participants who received tobacco treatment through 802Quits **demonstrated that the program not only changes lives but also makes economic sense.**

**\$1 spent on
802Quits** → **Vermont saves =
\$5.59 - \$6.00**

Estimated \$12,620,544 saved in health care expenses and productivity losses.¹¹

\$448,907

Tobacco control staff contribute toward the state's goals of affordability and consumer safety.

Our expertise and strategic partnership support the state's goals for reducing health care costs and improving consumer safety.

What was done

The Tobacco Control Program has five staff and works with more than **12 other department programs and state agencies, contributing** to state goals for increasing affordability and safety while decreasing health care costs.

4 **Partnerships lasting between 1 – 5 years**, including with the Division of Substance Use on vaping prevention and smoking reduction in Behavioral Health facilities.

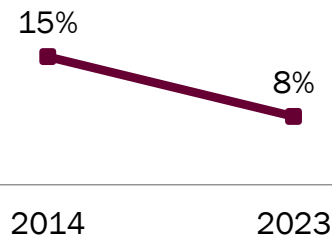
3 **Partnerships lasting between 6 – 10 years**, including with the cardiovascular program to promote hypertension management and heart-brain health.

5 **Partnerships lasting over 10 years**, including with the Department of Liquor and Lottery and the Attorney General's Office for the last 15 years, to reduce illegal sales, youth access and increase consumer protection.

Why it matters: Decreased chronic disease risk for children

The program works to improve children's health, partnering with school nurses and businesses on [Asthma-Friendly Schools](#) and Workplaces and [Smoke-free Housing Toolkit](#) and promoting 802Quits. Children living in homes with an adult who smokes cigarettes are two times more likely to have asthma than those who live in a smoke-free home,¹³ **highlighting the importance of decreasing smoking.**

The prevalence of **children in Vermont who live with an adult who smokes cigarettes** has declined significantly.¹⁴



How the Tobacco Control Program will continue its impact.

Building on the strong tobacco control foundation developed in Vermont requires the following:

1 Funding stability to continue these benefits to Vermont

Impactful tobacco control outcomes result from sufficient funding. The Centers for Disease Control and Prevention Office of Smoking and Health was eliminated in December 2025. Federal funding for tobacco control may be reinstated with the passage of the February 2026 federal funding bill. However, it is unknown when and how federal tobacco control prevention and control funds will be distributed to states.

Funding plays a crucial role in the reach the program can have; the six local tobacco-funded coalitions in 2025 covered an estimated 31% of Vermonters, compared to 62% in 2024. Resources are also critical for media funding, which is needed to counteract the \$16 million in annual advertising spent by the tobacco industry in Vermont⁶ and to connect people to needed treatment resources.

2 Ensure strong state policies to reduce use and prevent initiation

New tobacco products are coming onto the market, including more products that are unauthorized by the Food and Drug Administration and some which have high nicotine content. Strong policies to reduce use and prevent initiation, like those that affect pricing, access or product availability, are needed to complement tobacco control work.

3 Addressing social determinants of health and health equity that impact substance use

Substance use, including tobacco and nicotine use, is impacted by many factors, such as economic stability, education, discrimination, neighborhood environment and social cultural factors. It is vital to consider a universal approach that takes these factors into consideration.

References

1. U.S. Department of Health and Human Services. (2014). The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: US Dept of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health
2. Vermont Department of Health. (2024). 3-4-50: Prevent Chronic Disease. Accessed January 14, 2026. <https://www.healthvermont.gov/wellness/3-4-50-prevent-chronic-disease>
3. Widome, R., Joseph, A. M., Hammett, P., Van Ryn, M., Nelson, D. B., Nyman, J. A., & Fu, S. S. (2015). Associations between smoking behaviors and financial stress among low-income smokers. *Preventive medicine reports*, 2, 911-915.
4. Campaign for Tobacco Free Kids. (2025). State Excise And Sales Taxes Per Pack Of Cigarettes Total Amounts & State Rankings. Accessed January 9, 2026. <https://assets.tobaccofreekids.org/factsheets/0202.pdf>
5. Truth Initiative. (2023). Tobacco and the Environment. Accessed November 25, 2025, <https://truthinitiative.org/research-resources/harmful-effects-tobacco/tobacco-and-environment>
6. Campaign for Tobacco Free Kids. (2025). The Toll of Tobacco in Vermont. Accessed November 25, 2025. <https://www.tobaccofreekids.org/problem/toll-us/vermont>
7. Vermont Department of Health. (2025). Tobacco Use in Vermont: Data Pages. Accessed November 25, 2025. <https://www.healthvermont.gov/sites/default/files/document/hsi-tobacco-data-pages-2025.pdf>
8. Gwon, S. H., DeGuzman, P. B., Kulbok, P. A., & Jeong, S. (2017). Density and proximity of licensed tobacco retailers and adolescent smoking: a narrative review. *The Journal of School Nursing*, 33(1), 18-29.
9. Colston, D. C., Cho, B., Thrasher, J. F., Titus, A. R., Xie, Y., Emery, S., ... & Fleischer, N. L. (2021). Anti-smoking media campaigns and disparities in smoking cessation in the United States, 2001-2015. *American Journal of Health Promotion*, 35(5), 658-668.
10. VanFrank B, Malarcher A, Cornelius ME, Schecter A, Jamal A, Tynan M. (2024) Adult Smoking Cessation—United States, 2022. *MMWR. Morbidity and Mortality Weekly Report*, 73.
11. Vermont Department of Health. (2025). 802Quits: Tobacco and Nicotine Treatment. Accessed January 28, 2026. <https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-802quits-nicotine-and-tobacco-treatment.pdf>
12. Vermont Department of Health. (2025). Vermont Tobacco and Alcohol Retail Audit. Accessed January 28, 2026. <https://www.healthvermont.gov/sites/default/files/document/hpdp-tcp-vermont-tobacco-and-alcohol-retail-audit-report.pdf>
13. Vermont Department of Health. (2025). 2025 Asthma Data Pages. Accessed January 28, 2026. <https://www.healthvermont.gov/sites/default/files/document/his-datapages-asthma-2025.pdf>
14. Vermont Department of Health. Vermont Behavioral Risk Factor Surveillance System (BRFSS) 2014-2023. Data received December 4, 2025. <https://www.healthvermont.gov/stats/population-health-surveys-data/behavioral-risk-factor-surveillance-system-brfss>