

Adult Tobacco Use in Vermont

2024 Behavioral Risk Factor Surveillance System (BRFSS), Feb 2026

Tobacco use is the leading cause of preventable disease, disability and death in the United States.¹ It causes or worsens conditions like cancer, heart disease, stroke, chronic obstructive pulmonary disease (COPD), diabetes and reproductive health problems.² Smoking leads to about 1,000 adult deaths in Vermont each year and is behind 30% of cancer deaths.³ Reducing tobacco use is a goal of [Vermont's State Health Improvement Plan](#) and [Healthy Vermonters 2030](#).

This brief summarizes key tobacco measures from the 2024 [Vermont BRFSS](#), a phone survey of non-institutionalized Vermont adults 18 and older.

If you need help accessing or understanding this information, contact ahs.vdhpdpanalytics@vermont.gov.

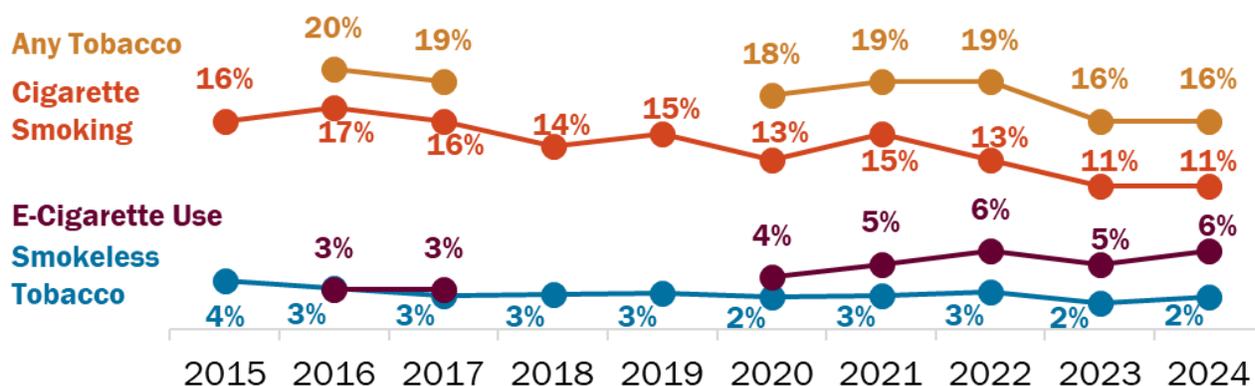
2024 Key Points

- **One in six (16%) adults currently use tobacco.**
- **Adults ages 45-54 have the highest cigarette smoking rate of all age groups (16%). E-cigarette use is highest among ages 18-24 (17%).**
- **Those who currently use and formerly used e-cigarettes have smoking rates (31% and 23%) higher than the statewide rate (11%).**

Current Tobacco Use Trends

About 82,100 Vermont adults (16%) use cigarettes, e-cigarettes or smokeless tobacco. This rate is similar to 2022 and 2023 but lower than in 2016. Eleven percent of adults smoke cigarettes, lower than all years until 2022. Six percent use e-cigarettes, higher than 2016 but similar to 2023. The rate of Vermont adults using smokeless tobacco, hasn't changed since 2015 (2%). Menthol products are used by 21% of people who smoke cigarettes and 22% who use e-cigarettes. Among adults who currently smoke cigarettes, 52% tried to quit at least once in the past year, statistically unchanged since 2015 (data not shown).

Cigarettes remain the most used tobacco product among adults.



Data Source: VT BRFSS, 2015-2024



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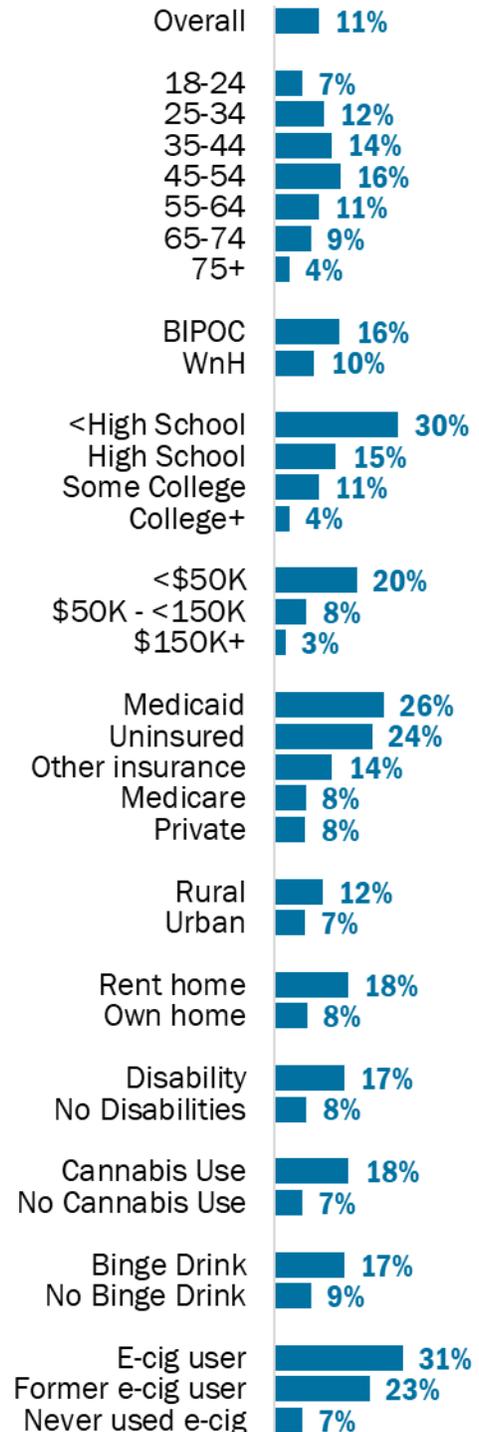
Cigarette Smoking – Demographics

For this analysis, adults who have smoked at least 100 cigarettes and who now use them every day or some days are classified as “currently smoke cigarettes.”

Cigarette smoking rates among Vermont adults statistically differ by age, race and ethnicity, education, household income, insurance type, home ownership, geography, disability status, cannabis use, binge drinking and e-cigarette use.

- Smoking is higher among adults ages 45-54 (16%) than those 18-24 (7%), 65-74 (9%), and 75 and older (4%).
- BIPOC Vermonters smoke at a higher rate (16%) than white non-Hispanic Vermonters (10%).
- Smoking rates statistically decrease as education level increases. Adults with less than a high school education smoke at a rate more than seven times higher than those with a college degree or more (30% vs. 4%).
- Adults living in households with incomes of less than \$50,000 a year smoke at higher rates than those in households with higher incomes.
- Current smoking rates are higher among uninsured Vermonters (24%) and those insured by Medicaid (26%) than those with private or Medicare insurance.
- Adults who live in rural areas smoke at a higher rate (13%) than those who live in an urban area (7%).
- Adults who rent smoke at a higher rate (18%) than those who own their home (8%).

Adult Cigarette Smoking Prevalence



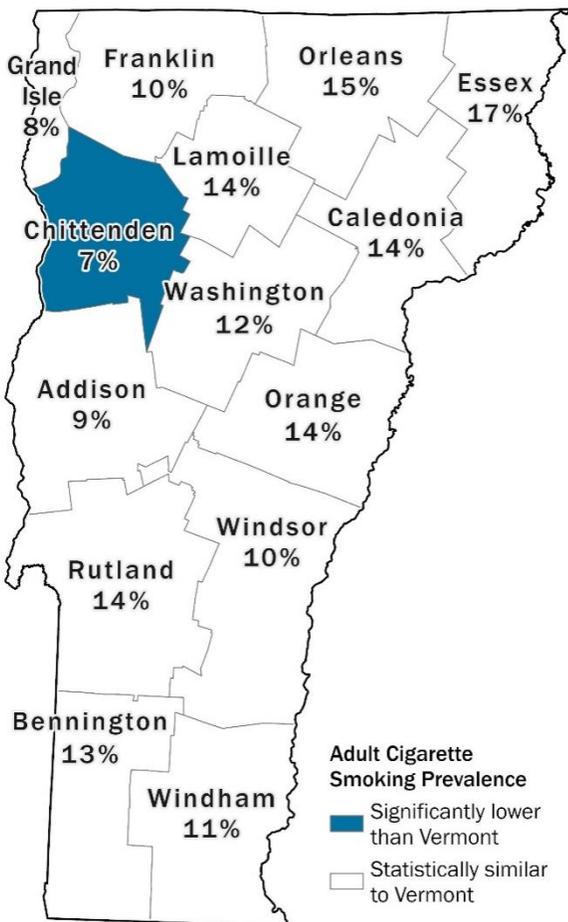
Data Source: VT BRFSS, 2024

- Adults with a disability smoke at a higher rate (17%) than those without a disability (8%).
- Adults who use cannabis smoke at a higher rate (18%) than those who do not (7%).
- Vermonters who binge drink smoke at a higher rate (17%) than those who do not (9%).
- Thirty-one percent of people who currently use e-cigarettes also smoke cigarettes, similar to former e-cigarette users (23%). Both are higher than the smoking rate for those who have never used e-cigarettes (7%).

There are no statistical differences in smoking rates by sex, sexual orientation and gender identity, or veteran status. Rates can be found beginning on page 7.

Smoking Rates by County

Smoking rates are lowest in Chittenden County.



Data Source: VT BRFSS, 2023 - 2024

- Adult smoking rates range from 7% in Chittenden County to 17% in Essex County.
- The smoking rate in Chittenden County (7%) is statistically lower than the state average (11%). Rates are higher in many other counties but are statistically similar to the state average.

There are no statistical differences in e-cigarette use, smokeless tobacco use or smoking quit attempt rates by county.

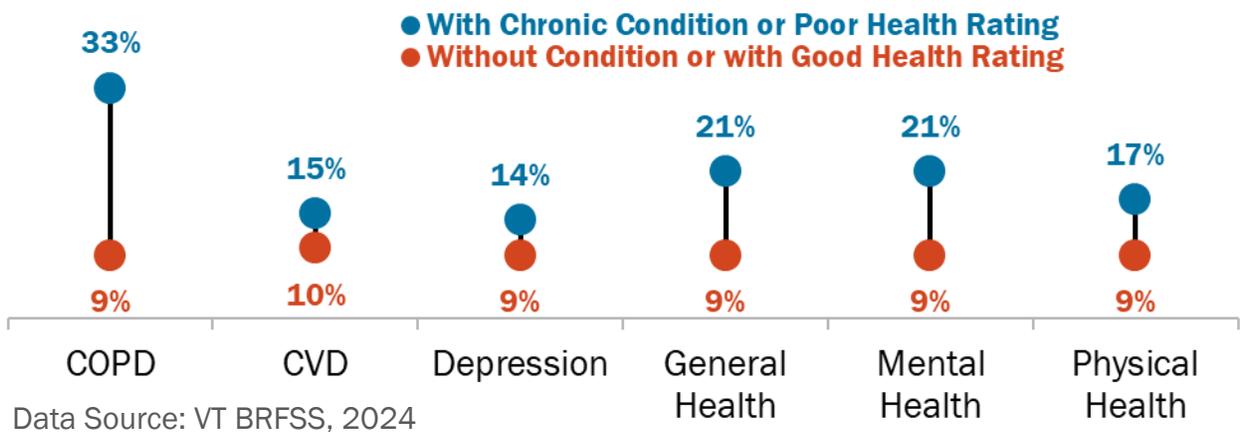
Early Smoking Associated with Heavier Use

- Among adults who currently smoke, 37% smoke less than 10 cigarettes per day, 31% smoke 10-19 cigarettes per day, and 31% smoke 20 cigarettes (a pack) or more per day.
- Most adults who currently smoke (57%) started before age 18, 25% started between ages 18-20, and 18% started at 21 or older.
- Adults who started smoking before age 21 are statistically more likely to smoke a pack or more a day (35%) than those who started at an older age (15%).

Chronic Conditions and Health Status

- People **with** COPD, cardiovascular disease (CVD) and depression smoke at statistically higher rates than people **without** those conditions.
- Smoking rates are statistically higher among adults with **fair or poor general health**, and those with 14 or more days of **poor physical or mental health** in the past month, compared to those who report better general health and fewer poor health days.
- Smoking rates do not statistically differ by asthma, arthritis, chronic kidney disease (CKD), non-skin cancer or diabetes (data not shown).

Cigarette smoking rates are highest among people with COPD.



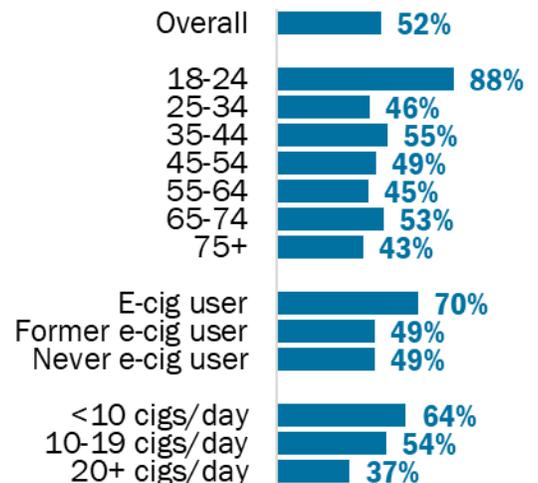
Quit Attempts - Demographics

Adults who smoke cigarettes and stopped at least once in the past year to try to quit are counted as “having a quit attempt.”

- Young adults ages 18-24 try to quit at a higher rate (88%) than 25-34 year-olds (46%), 45-54 year-olds (49%), and 55-64 year-olds (45%).
- Current e-cigarette users try to quit smoking more (70%) than people who never used e-cigarettes (49%).
- Vermonters who smoke less than 10 cigarettes daily are more likely to try to quit (64%) than those who smoke 20 cigarettes or more per day (37%).

There are no statistical differences in quit attempt rates by sex, race and ethnicity, sexual orientation and

Quit Attempt Prevalence Among Adult Smokers



Data Source: VT BRFSS, 2024

gender identity, education, household income, insurance, home ownership, geography, disability status, veteran status, cannabis use, or binge drinking. Rates can be found beginning on page 7.

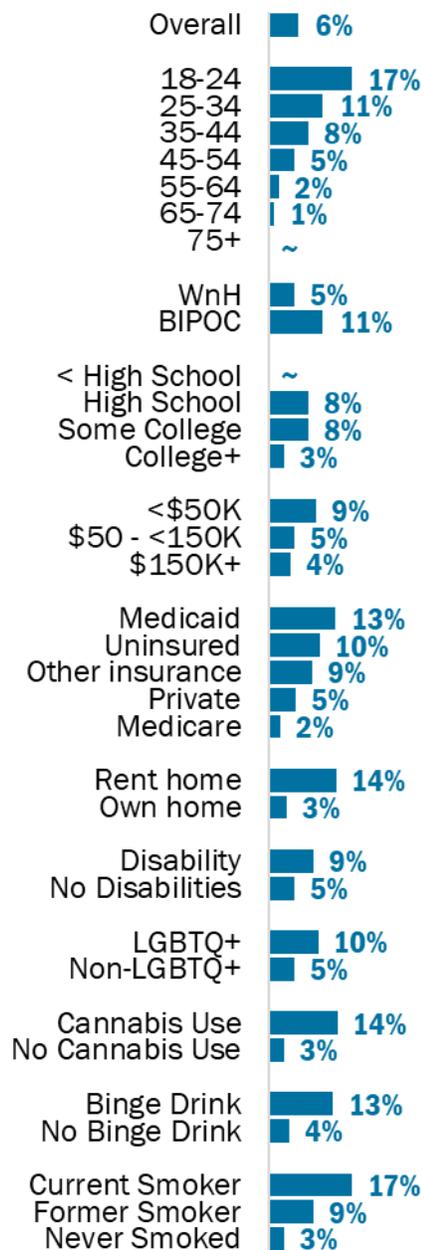
E-Cigarette Use - Demographics

For this analysis, adults who use e-cigarettes every day or some days are classified as “currently use e-cigarettes.”

Use of e-cigarettes among Vermont adults differs significantly by age, race and ethnicity, education, income, sexual orientation and gender identity, education, insurance type, home ownership, cannabis use, binge drinking, and smoking status.

- Young adults (age 18-24 years-old) use e-cigarettes at a statistically higher rate (17%) than adults 35-44 years-old (8%), 45-54 years-old (5%), 55-64 years-old (2%), and 65-74 years-old (1%).
- BIPOC Vermonters use e-cigarettes at twice the rate of white non-Hispanic Vermonters (11% vs. 5%).
- College graduates use e-cigarettes at a lower rate (3%) than people who graduated high school (8%) or completed some college (8%).
- Adults living in households with incomes less than \$50,000 per year use e-cigarettes at a higher rate (9%) than adults who have incomes \$50,000-\$150,000 (5%) and higher (4%).
- Adults insured by Medicaid (13%) use e-cigarettes at a higher rate than those insured privately (5%) or by Medicare (2%).
- Adults who rent their home use e-cigarettes at more than four times the rate of those who own their home (14% vs. 3%).

Prevalence of E-cigarette Use Among Adults



Data Source: VT BRFSS, 2024

- Adults with any disability are more likely to use e-cigarettes (9%) than adults who report no disabilities (5%).
- LGBTQ+ Vermonters use e-cigarettes at twice the rate of non-LGBTQ+ Vermonters (10% vs. 5%).
- Adults who use cannabis use e-cigarettes at almost five times the rate of those who do not use cannabis (14% vs. 3%).
- Adults who binge drink use e-cigarettes at a rate more than four times the rate of those who do not binge drink (13% vs. 4%).
- Adults who smoke cigarettes use e-cigarettes at a higher rate (17%) than those who formerly smoked (9%) or people who have never smoked cigarettes (3%). Adults who formerly smoked use e-cigarettes at a statistically lower rate than people who currently smoke and higher than among people who never smoked.

E-cigarette use does not statistically differ by sex, veteran status, or geography. Rates can be found beginning on page 7.

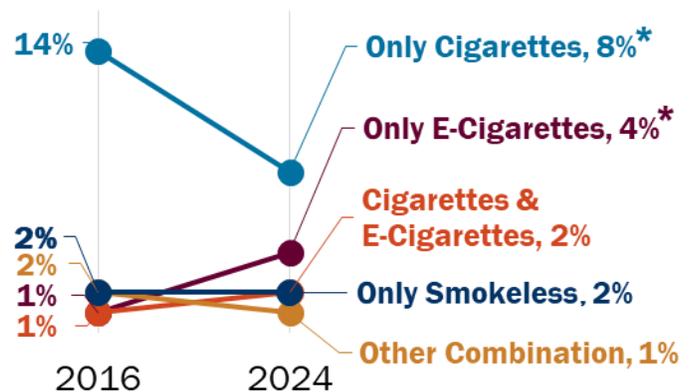
Young Adults Continue to Move Toward E-Cigarette Use

- Significantly fewer young adults (ages 18-24) in Vermont currently use cigarettes than a decade ago (7% in 2024 vs. 18% in 2015).
- However, 17% of young adults in Vermont currently use e-cigarettes, nearly three times the rate among young adults in 2017 (6%).

Single and Multiple Product Use Trends

- Among Vermont adults, one in seven (14%) currently use only one type of tobacco product, 2% use cigarettes and e-cigarettes, and 1% use some other combination of cigarettes, e-cigarettes, and/or smokeless tobacco.
- From 2016 to 2024, exclusive cigarette use declined (14% to 8%) while exclusive e-cigarette use increased (1% to 4%). Rates of using multiple tobacco products are statistically similar to 2016.

Exclusive e-cigarette use increased while dual and poly tobacco product use holds.



*Statistical difference between years.
Data Source: VT BRFSS, 2016 and 2024

Adult Smoking Prevalence, Quit Attempts, and E-Cigarette Use by Demographic Characteristics (1)

	Smoking (%)	Estimated Vermonters	Differ from State Rate?	Quit Attempts* (%)	Estimated Vermonters	Differ from State Rate?	E-cigarette Use (%)	Estimated Vermonters	Differ from State Rate?
Overall	11	53,100	N/A	52	26,600	N/A	6	29,700	N/A
Age Group									
18-24	7 ^{ACD}	4,600	No	88 ^A	3,100	Yes	17 ^A	10,500	Yes
25-34	12 ^{BC}	8,400	No	46 ^B	3,800	No	11 ^{AD}	7,900	Yes
35-44	14 ^{AB}	10,500	No	55 ^{AB}	5,700	No	8 ^{BD}	5,800	No
45-54	16 ^B	11,000	Yes	49 ^B	5,300	No	5 ^B	3,200	No
55-64	11 ^{BC}	9,200	No	45 ^B	4,100	No	2 ^C	1,500	Yes
65-74	9 ^C	7,000	No	53 ^{AB}	3,600	No	1 ^C	600	Yes
75+	4 ^D	2,100	Yes	43 ^{AB}	900	No	--	--	--
Sex									
Male	12 ^A	29,600	No	49 ^A	14,000	No	7 ^A	17,300	No
Female	9 ^A	23,500	No	56 ^A	12,500	No	5 ^A	12,500	No
Race/Ethnicity									
White, Non-Hispanic	10 ^A	43,700	No	49 ^A	20,800	No	5 ^A	23,800	No
BIPOC	16 ^B	8,300	Yes	68 ^A	5,300	No	11 ^B	5,800	Yes

A, B, C, D Groups within demographic categories that share a common letter are statistically similar to each other. For example, smoking among adults who are White Non-Hispanic and BIPOC is significantly different, while quit attempt rate is similar.
-- Indicates data has been suppressed due to small numbers.

Adult Smoking Prevalence, Quit Attempts, and E-Cigarette Use by Demographic Characteristics (2)

	Smoking (%)	Estimated Vermonters	Differ from State Rate?	Quit Attempts* (%)	Estimated Vermonters	Differ from State Rate?	E-cigarette Use (%)	Estimated Vermonters	Differ from State Rate?
Education									
Less than high school	30 ^A	8,700	Yes	43 ^A	3,600	No	--	--	--
High school	15 ^B	21,600	Yes	55 ^A	11,700	No	8 ^A	11,100	No
Some college	11 ^C	15,100	No	53 ^A	7,500	No	8 ^A	11,200	No
College +	4 ^D	7,700	Yes	53 ^A	3,800	No	3 ^B	5,500	Yes
Household Income									
Lower <\$50K	20 ^A	25,700	Yes	52 ^A	13,000	No	9 ^A	12,300	Yes
Middle \$50- <150K	8 ^B	17,800	Yes	57 ^A	9,900	No	5 ^B	11,100	No
Upper \$150K+	3 ^C	2,400	Yes	51 ^A	1,100	No	4 ^B	3,000	No
Sexual Orientation and Gender Identity									
LGBTQ+	9 ^A	5,800	No	62 ^A	3,500	No	10 ^A	6,200	Yes
Heterosexual and Cisgender	11 ^A	42,800	No	51 ^A	21,900	No	5 ^B	20,200	No
Veteran Status									
Veteran	11 ^A	4,900	No	53 ^A	2,600	No	6 ^A	2,600	No
Non-veteran	11 ^A	48,100	No	52 ^A	24,000	No	6 ^A	27,200	No

A, B, C, D Groups within demographic categories that share a common letter are statistically similar to each other. For example, smoking among adults in each education category is significantly different from every other category, while quit attempt rate is similar.

-- Indicates data has been suppressed due to small numbers.

Adult Smoking Prevalence, Quit Attempts, and E-Cigarette Use by Demographic Characteristics (3)

	Smoking (%)	Estimated Vermonters	Differ from State Rate?	Quit Attempts* (%)	Estimated Vermonters	Differ from State Rate?	E-cigarette Use (%)	Estimated Vermonters	Differ from State Rate?
Insurance Type									
Private	8 ^A	19,600	Yes	57 ^A	10,600	No	5 ^A	13,800	No
Medicare	8 ^A	9,800	Yes	51 ^A	4,800	No	2 ^B	2,700	Yes
Medicaid	26 ^B	10,700	Yes	48 ^A	4,900	No	13 ^C	5,400	Yes
Other insurance	14 ^C	5,600	No	56 ^A	3,100	No	9 ^{AC}	3,400	No
Uninsured	24 ^{BC}	5,100	Yes	40 ^A	1,900	No	10 ^{AC}	2,200	No
Geographic Status									
Urban	7 ^A	12,900	Yes	52 ^A	6,400	No	7 ^A	11,400	No
Rural	12 ^B	37,700	No	53 ^A	19,000	No	5 ^A	17,300	No
Housing Status									
Rent home	18 ^A	21,600	Yes	56 ^A	11,100	No	14 ^A	16,500	Yes
Own home	8 ^B	31,400	Yes	50 ^A	15,300	No	3 ^B	13,300	Yes
Disability Status									
Any disability	17 ^A	21,400	Yes	50 ^A	10,000	No	9 ^A	11,300	No
No disability	8 ^B	31,600	No	53 ^A	16,500	No	5 ^B	18,200	No

A, B, C, D Groups within demographic categories that share a common letter are statistically similar to each other. For example, smoking among adults who own their home and rent their home is significantly different, while quit attempts is similar.

Adult Smoking Prevalence, Quit Attempts, and E-Cigarette Use by Demographic Characteristics (4)

	Smoking (%)	Estimated Vermonters	Differ from State Rate?	Quit Attempts (%)	Estimated Vermonters	Differ from State Rate?	E-cigarette Use (%)	Estimated Vermonters	Differ from State Rate?
Cannabis Use									
Cannabis	18 ^A	20,900	Yes	58 ^A	12,000	No	14 ^A	15,600	Yes
No cannabis	7 ^B	25,000	Yes	48 ^A	11,800	No	3 ^B	10,000	Yes
Binge Drinking									
Binge drink	17 ^A	13,900	Yes	49 ^A	6,400	No	13 ^A	10,800	Yes
No binge drink	9 ^B	35,100	No	52 ^A	17,900	No	4 ^B	17,200	No
E-cigarette Use									
Current e-cigarette	31 ^A	9,100	Yes	70 ^A	6,100	No	N/A	N/A	N/A
Former e-cigarette	23 ^A	17,200	Yes	49 ^{AB}	7,800	No	N/A	N/A	N/A
Never e-cigarette	7 ^B	26,500	Yes	49 ^B	12,700	No	N/A	N/A	N/A
Smoking Status									
Current smoker	N/A	N/A	N/A	N/A	N/A	N/A	17 ^A	9,100	Yes
Former smoker	N/A	N/A	N/A	N/A	N/A	N/A	9 ^B	12,300	No
Never smoked	N/A	N/A	N/A	N/A	N/A	N/A	3 ^C	7,800	Yes

A, B, C, D Groups within demographic categories that share a common letter are statistically similar to each other. For example, smoking among adults who use cannabis is significantly different from smoking among adults who do not use cannabis, while quit attempt rate is similar.

Data Source: Vermont BRFSS 2024

Data Notes

E-cigarettes refers to any battery powered vaping products used for nicotine use including electronic hookahs (e-hookahs), vape pens, e-cigars, and others.

BIPOC is Black, Indigenous, or people of color.

Urban is those living in Chittenden, Grand Isle and Franklin counties.

Renting home includes those with other accommodations.

Cannabis use is in past 30 days.

Binge drinking is defined as having 5 or more drinks in one sitting for a male or 4 or more drinks in one sitting for a female in the past 30 days.

Sex refers to sex assigned at birth.

Cancer does not include non-melanoma skin cancer.

LGBTQ+ is lesbian, gay, bisexual, transgender and other sexual orientations.

Estimated counts of Vermonters have been rounded to the nearest hundred.

The Vermont Department of Health recognizes that many social, economic and environmental inequities made worse by structural oppression, marginalization and racism influence the data we collect and report. We are continuously working to better collect and share data that reflect the lived experiences of all Vermonters. If you have questions or concerns on how this data was sourced or analyzed that are not addressed in the report, please refer to [our BRFSS webpage](#). For more information on different data sources managed by the Health Department, including what indicators are available and who to contact to find out more, please check our [Data Encyclopedia](#).

References

¹ [Office on Smoking and Health \(OSH\) | Smoking and Tobacco Use | CDC](https://www.cdc.gov/tobacco/programs/index.html)

<https://www.cdc.gov/tobacco/programs/index.html>

² U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Atlanta: U.S. Department 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, 2014

³ [The Toll of Tobacco in Vermont - Campaign for Tobacco-Free Kids](https://www.tobaccofreekids.org/problem/toll-us/vermont)

<https://www.tobaccofreekids.org/problem/toll-us/vermont>

For More Information

Vermont Tobacco Data: [Tobacco Data | Vermont Department of Health](#)

Vermont Tobacco Control Program: tobaccovt@vermont.gov;

www.healthvermont.gov/wellness/tobacco