



BENEFITS AND SAVINGS FROM SMOKING DECLINES IN VERMONT

Smoking declines among adults and youth in Vermont have sharply reduced the harms and costs caused by smoking in the state.

	<u>2015</u>	<u>2023</u>	<u>Fewer Current Smokers</u>
<i>High School Youth Smoking</i>	10.8%	5.8%	1,670
<i>Adult Smoking</i>	16.0%	11.3%	25,040

Because of these declines:

- **1,850** fewer kids alive today in Vermont will grow up to be addicted adult smokers
- **6,340** fewer of today's residents in Vermont will ultimately die prematurely from smoking

In addition, by prompting current adult and youth smokers to quit, the state has locked in enormous savings over the lifetimes of each person stopped from future smoking. Put simply, the lifetime health care costs of smokers total at least \$16,000 more than nonsmokers, on average, despite the fact that smokers do not live as long, with a somewhat smaller difference between smokers and former smokers.

The substantial ongoing improvements in public health from the smoking declines detailed above have secured the following reductions in health care costs:

<i>Future Health Cost Savings from Youth & Adult Smoking Declines</i>	\$242.4 million
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Tobacco use is the number one cause of preventable death in Vermont, killing 1,000 people each year, while thousands of others suffer from smoking-caused disease and disability. It is also a substantial drain on the state's economy, costing the state \$404 million in health care costs every year. Providing significant funding to statewide tobacco prevention and cessation programs would prompt additional tobacco use declines and produce enormous public health and economic benefits.

For more on state investments in tobacco prevention and related smoking-decline benefits and savings, see: <https://www.tobaccofreekids.org/fact-sheets/tobacco-prevention-and-cessation-programs>

Notes and Sources. Behavioral Risk Factor Surveillance System. Youth Tobacco Survey, Youth Risk Behavioral Survey or specific state youth smoking surveys. Youth prevented from becoming adult smokers is calculated by applying the percent change in the state's youth smoking rate to the estimate of youth projected to become adult smokers (which is based on adjusted CDC Behavioral Risk Factor Surveillance System (BRFSS) prevalence data for 18-25 year olds and U.S. census data for the population under 18 years old). Estimates of lives saved is calculated using CDC methodology presented in CDC, "Projected Smoking-Related Deaths Among Youth—United States," *MMWR* 45(44):971-974, November 11, 1996. Future health care savings from smoking reductions accrue over the lifetimes of those persons who quit or do not start. The lifetime health care costs of smokers total at least \$16,000 more than nonsmokers, on average, despite the fact that smokers do not live as long; but the average savings per each adult quitter are less than that because adult smokers have already been significantly harmed by their smoking and have already incurred or locked-in extra, smoking-caused health costs. See Hodgson, TA, "Cigarette Smoking and Lifetime Medical Expenditures," *Milbank Quarterly* 70(1), 1992 [adjusted to 2018 dollars by the CDC's methodology of using the Bureau of Economic Analysis' price indexes for Gross Domestic Products]. See also, Campaign for Tobacco-Free Kids factsheet, *Lifetime Healthcare Costs: Smokers v. Non-Smokers v. Former Smokers*; Warner, KE, et al., "Medical Costs of Smoking in the United States: Estimates, Their Validity, and Their Implications," *Tobacco Control* 8(3):290-300, Autumn 1999. On average, the federal government reimburses the states for roughly 57.8% of their Medicaid program costs. CDC, *Best Practices for Comprehensive Tobacco Control Programs*, 2014, http://www.cdc.gov/tobacco/stateandcommunity/best_practices/.