



## BENEFITS & SAVINGS FROM EACH ONE PERCENTAGE POINT DECLINE IN VERMONT SMOKING RATES

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The following estimates show the benefits and savings that are obtained in Vermont for each one percentage point decline in adult and youth smoking rates in the state (e.g., from new state investments in tobacco prevention or increased state tobacco tax rates). These estimates can also be switched around to show what harms and costs Vermont would suffer from each one percentage point increase to its smoking rates or from each one percentage point reduction the State fails to obtain (e.g., because it fails to sustain adequate state tobacco prevention funding or lets its tobacco tax rates erode over time).

### Fewer Smokers

**Fewer current adult smokers: 5,300**

**Fewer current pregnant smokers: 50**

**Fewer current high school smokers: 330**

**Vermont kids alive today who will not become addicted adult smokers: 1,100**

### Public Health Benefits

**Today's adults saved from dying prematurely from smoking: 1,200**

**Today's high school smokers saved from dying prematurely from smoking: 100**

**Vermont kids alive today who will not die prematurely from smoking: 400**

	<u>First Year</u>	<u>Over 5 Years</u>
<b><i>Fewer smoking-affected births:</i></b>	<b>50</b>	<b>270</b>

### Monetary Benefits (Reduced Public, Private, and Individual Smoking-Caused Costs)

	<u>First Year</u>	<u>Over 5 Years</u>
<b><i>Savings from smoking-affected birth reductions</i></b>	<b>\$0.1 million</b>	<b>\$0.5 million</b>

***Reduction to future health costs from adult smoking declines: \$45.1 million***

***Reduction to future health costs from youth smoking declines: \$5.3 million***

[These savings accrue over the lifetimes of the adults who quit and the youth who do not become adult smokers. Roughly 19.9% of smoking-caused healthcare expenditures in Vermont are paid by its Medicaid program.]

At the same time that they reduce public and private smoking-caused costs, state smoking declines also increase public and private sector worker productivity and strengthen the state's economy.

**Explanations and Sources:** Population estimates: U.S. Census Bureau; Projected numbers of youth stopped from smoking and dying are based on all youth under 18 alive today. CDC, "Projected Smoking-Related Deaths Among Youth—United States," *MMWR* 45(44):971-974, November 8, 1996. Smoking-affected births and pregnancy estimates: Smoking-affected births are to women who smoke during pregnancy; Births: CDC, "Births: Final Data for 2022," National Vital Statistics Reports Volume 73, Number 2, April 4, 2024; Miller, P, et al., "Birth and First-Year Costs for Mothers and Infants Attributable to Maternal Smoking," *Nicotine & Tobacco Research* 3(1):25-35, February 2001 (average costs in 1996 ranged from \$1,142 to \$1,358 per smoking-affected pregnancy and birth – adjusted to 2018 dollars by the CDC's methodology of using the Bureau of Economic Analysis' price indexes for Gross Domestic Products, the cost is approximately \$1,800 per smoking-affected pregnancy and birth). Future Savings: Hodgson, TA, "Cigarette Smoking and Lifetime Medical Expenditures," *Milbank Quarterly* 70(1), 1992 [average smoker's lifetime health care costs are \$16,000 (in 2018 dollars) more than nonsmoker's despite earlier death; but the 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 extra, smoking-caused health costs. Average lifetime health care cost savings for adults who quit are approximately \$8,500 (in 2018 dollars)].

For more detail, see the TFK factsheets *Comprehensive State Tobacco-Control Programs Save Money*, <http://tobaccofreekids.org/research/factsheets/pdf/0168.pdf> and *Health Costs of Smokers vs. Former Smokers vs. Non-Smokers And Related Savings From Quitting*, <http://tobaccofreekids.org/research/factsheets/pdf/0327.pdf>.

**Campaign for Tobacco-Free Kids, February 4, 2025**