

Vermont Tobacco Evaluation and Review Board (VTERB) 2016 Annual Report

January 15, 2016

**Tobacco use remains the single most preventable cause of death and disease in the United States despite 50 years of declining prevalence in cigarette smoking.
(Centers for Disease Control and Prevention)**

VTERB is dedicated to a statewide Comprehensive Tobacco Control Program that continually and effectively reduces tobacco use prevalence to improve the health and well-being of Vermonters. The tobacco control program must be funded at a sufficient level to substantially reduce tobacco-related disease and related health care costs.

Reducing adult smoking prevalence from 18% in 2014 to 12% by 2020, could save the state an estimated additional \$43 million between 2015 and 2020.

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VTERB urges the General Assembly to:



Fund the statewide comprehensive tobacco control program at a sufficient level to substantially reduce tobacco-related disease and related health care costs.

Support laws and policies that prevent youth initiation of tobacco products and tobacco substitutes.

Adopt clean air laws that protect Vermonters against secondhand smoke and tobacco substitute aerosols.

Implement effective tobacco product price policies that reduce and prevent tobacco use.

Plan for fiscal stability for when Master Settlement Agreement payments decrease in 2018.



Master Settlement Agreement (MSA) Payments to Vermont

In 1998, the MSA settled claims by states against the tobacco industry for the companies' conduct in the sales, advertising, and marketing of cigarettes, and health effects and resulting costs to the states. Vermont sued the companies under public health and consumer protection laws which established the MSA. Additionally, the Vermont Legislature established two special funds in 1999:

The Tobacco Litigation Settlement Fund was established for the support of tobacco use prevention, cessation and control, and for other health care purposes. All monies received by the state in connection with the MSA, and any interest that accrues on the balance of such monies, must be deposited in this fund.

The Tobacco Trust Fund was established to create a self-sustaining, perpetual fund for tobacco cessation and prevention which is not dependent upon tobacco sales volume.

Click [here](#) for more information about the MSA, payments to Vermont, the Tobacco Litigation Fund and the Tobacco Trust Fund (external link).

Under the MSA, 10 years of extra payments annually totaling \$861 million from April 2008 to April 2017, are to recognize individual states for their strategic contributions to the litigation, settlement negotiations, and tobacco control efforts. Vermont's share is approximately \$12 million per year.

Vermont's final Strategic Contribution Fund (SCF) payment will be received in 2017.

	<u>MSA</u>	<u>SCF</u>
2015 Payment:	\$22,236,904.02	\$11,743,605.67
2016 Estimated Payment:	\$21,783,311.34	\$11,513,084.40
2017 Estimated Payment:	\$21,523,805.80	\$11,374,942.03
2018 Estimated Payment:	\$23,294,796.02	\$0.00



Investing in Vermont's Tobacco Control Program



VTERB recommends that Vermont's tobacco control program be funded in FY2017 at \$3.97 million (including global commitment dollars allocated to the Vermont Department of Health for tobacco control).

In FY2016, VTERB's funding was cut by \$199,698 and it was proposed that the VTERB's independent powers and duties, including independent evaluation, be eliminated. While independence was maintained, the funding cut was sustained. The Board was given the statutory ability to request up to \$175,000 and did request and receive \$135,000. These funds were taken proportionately from all tobacco-funded agencies, which resulted in direct cuts to tobacco programming, and eliminated VTERB's ability to conduct comprehensive independent evaluation of Vermont's tobacco control program.

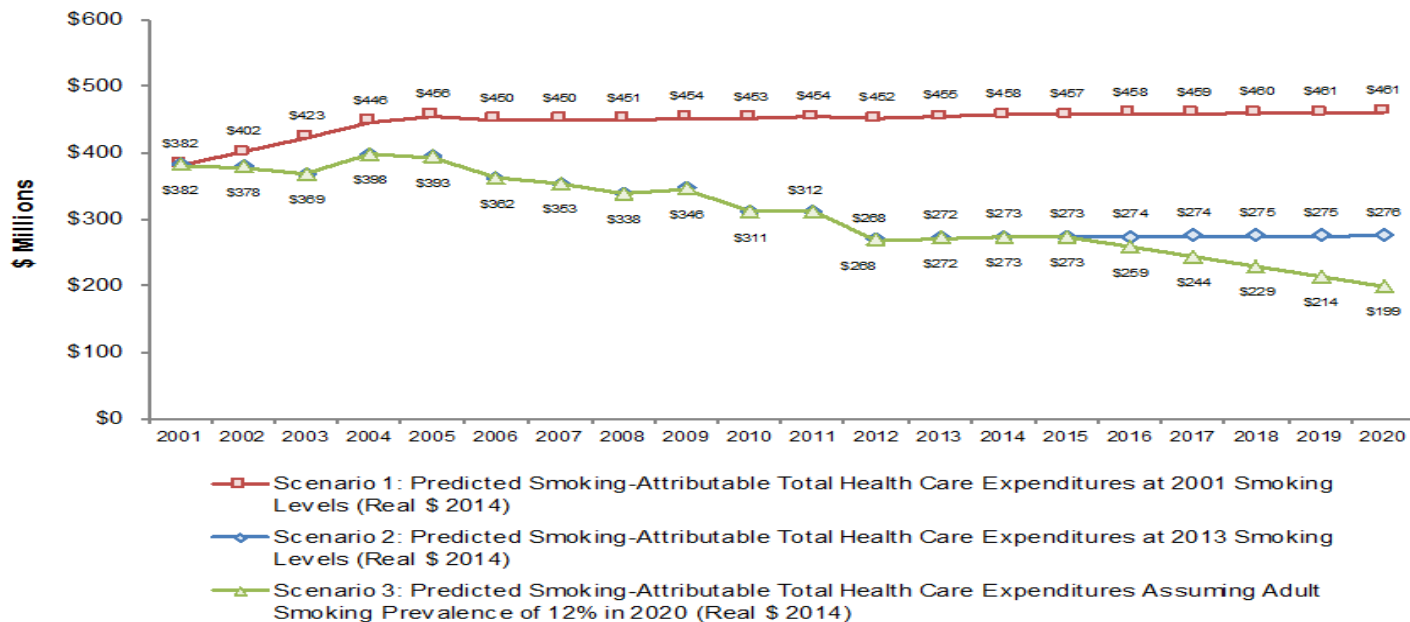
Funding cuts in tobacco control mean cuts in programs and limited ability to reach all Vermonters with essential prevention and cessation services.

Vermont has made advances over these past fifteen years since the comprehensive tobacco control program was established, but there is much more work ahead to substantially reduce tobacco-related disease and related health care costs.



Health Care and Economic Costs and Tobacco Control

Smoking-Attributable Health Care Costs in Vermont, 2001–2020



Source: RTI International, 2015

Smoking related health care costs and lost productivity in Vermont total more than \$430 million per year (CDC 2007); approximately \$348 million of those costs resulting from direct medical expenses (CDC, 2014).

The cumulative amount of smoking-related health care costs for Medicaid smokers that were paid for by the State of Vermont totaled an estimated \$787 million from 2001 through 2014, but would have been slightly over \$1 billion over that same time if adult smoking rates in Vermont had remained at 2001 levels (RTI International, 2015).

Declines in adult smoking prevalence in Vermont are estimated to have saved the state of Vermont at least \$245 million from 2001 through 2014. Reducing adult smoking prevalence to 12% by 2020, could save the state an estimated additional \$43 million between 2015 and 2020 (RTI International, 2015).

A well-funded comprehensive program is one of the most effective measures a state can take to reduce tobacco morbidity and mortality (RTI International, 2015).



Tobacco Use Disparities

In Vermont, the prevalence of smoking among adult Medicaid beneficiaries is nearly three times higher than the rate among non-Medicaid adults, and Medicaid smokers make up nearly half of the adult smokers in Vermont. Adults with low socio-economic status and mental health issues also smoke at disproportionate rates in Vermont. *(RTI International, 2015)*

From 2011 through 2013, Vermont adults with less than a high school education had the highest smoking prevalence among the four education groups at 42% in 2013 – on average about 7 times higher than the current adult cigarette smoking prevalence among college graduates and those with higher degrees *(2013 Vermont Behavioral Risk Factor Surveillance System, VDH)*

While the overall percentage of Vermont high school students who smoke was 13% in 2013, regional disparities exist, ranging from a low of 6% to a high of 24% *(2013 Vermont Youth Risk Behavior Survey, VDH)*

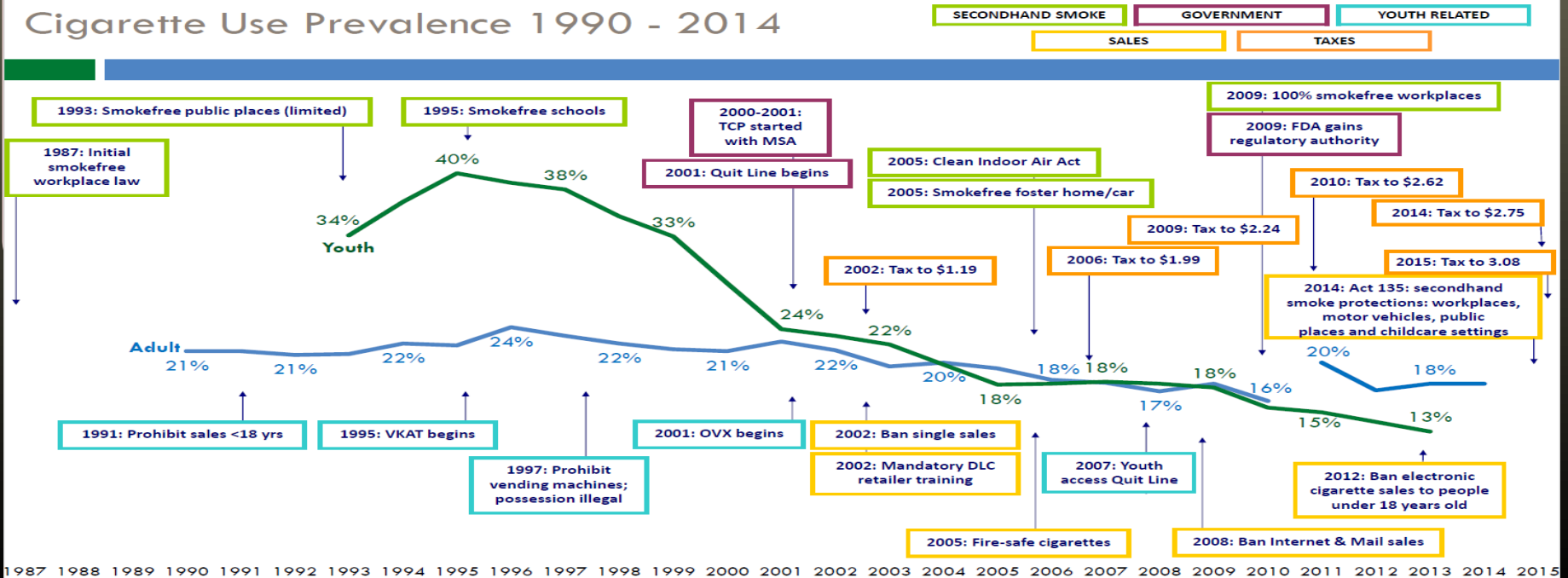
Vermont's tobacco control program (VTCP) has designed specific intervention approaches and tailored mass-media strategies to reach each of these target subpopulations with interventions that are designed to help individuals successfully quit. VTCP has also had a number of successes in their work with and efforts to promote and implement health systems change. For example, Vermont Medicaid now has expanded benefits and increased coverage of proven, evidence-based tobacco cessation treatments for beneficiaries. *(RTI International, 2015)*



Major Tobacco Control Accomplishments in Vermont Over the Past Fifteen Years

Vermont Department of Health Center for Health Statistics | Data Sources: BRFSS, YRBS

Cigarette Use Prevalence 1990 - 2014



Adult and youth tobacco use in Vermont have significantly declined.

Laws and policies have been enacted creating smoke-free environments.

Social norms are strengthened with ever-increasing smoke-free parks and public spaces across Vermont.

Exposure to secondhand smoke in Vermont has significantly decreased.

Comprehensive cessation services have helped thousands of Vermonters to quit tobacco.

Health systems changes expanded benefits and increased coverage of cessation treatments for beneficiaries.



2015 Independent Evaluation Recommendations

VTERB contracts with RTI International to conduct annual independent program evaluation consistent with Vermont statute and CDC recommendations for tobacco control. Funding cuts to VTERB significantly weaken VTERB's ability to conduct independent evaluation annually.

Underfunding for tobacco control in Vermont, combined with consistent and continued budget cuts to the program, are likely slowing progress on key outcomes VTCP is trying to influence, such as adult and youth smoking in Vermont and exposure to secondhand smoke (RTI International, 2015).

RTI International, the independent evaluator on contract with VTERB, issued the following recommendations to Vermont's tobacco control program in the summer of 2015:

1. Seek cost sharing and partnership opportunities.
2. Work to maintain a comprehensive tobacco control program.
3. Focus on evidence-based interventions that reach the largest percentage of Vermont smokers.
4. Try to maintain program capacity and infrastructure.
5. Continue to maintain independent oversight of VTCP by VTERB.
6. Continue to evaluate the program, either internally or externally.
7. Continue working to promote and implement durable policy change.
8. Continue implementing mass media using CDC Tips campaign ads.
9. Work to ensure sufficient, stable, and sustainable funding for the Vermont tobacco control program.

Click [here](#) to view RTI's *Independent Evaluation of the Vermont Tobacco Control Program: 2015 Annual Report – a Historical Look at Progress Achieved, Successes, and Lessons Learned and RTI Recommendations for Tobacco Control in Vermont for the Years 2015-2020*.



Comprehensive Tobacco Control Program Essential Components

Cessation Services and Resources: to increase cessation attempts and reduce tobacco use overall
[802Quits](#) (quit on-line, quit by phone, quit in person), mental health and substance-abuse tobacco-free initiative

Community-Based Actions: to increase support for policies promoting smoke-free environments
[Community Coalitions](#), [Tobacco-Free College Campus Initiative](#), smoke-free multi-unit housing, LGBTQ equity

Enforcement: to increase retailer compliance and decrease youth access to tobacco products
[Retailer Compliance Checks](#), [Retailer Education](#)

Media Campaigns: to increase support for smoke-free environments and changes in social norms
[Down&Dirty Social Branding](#), [CDC's Tips From Former Smokers](#), [Vermont Quit Partners](#), [CounterBalance](#)

School-Based Actions: to improve skills and attitudes leading to decreased tobacco initiation among youth
[Curriculum](#), [Assessment](#), [Policy](#), [Community Engagement](#), [Youth Asset Development](#), [Cessation Services](#)



Vermont Tobacco Control Program Long-Term Goals



[Prevent initiation of tobacco use among youth](#)

[Reduce cigarette smoking among youth](#)

[Reduce cigarette smoking among adults](#)

[Reduce prevalence of other tobacco product use](#)

[Reduce exposure to secondhand smoke](#)

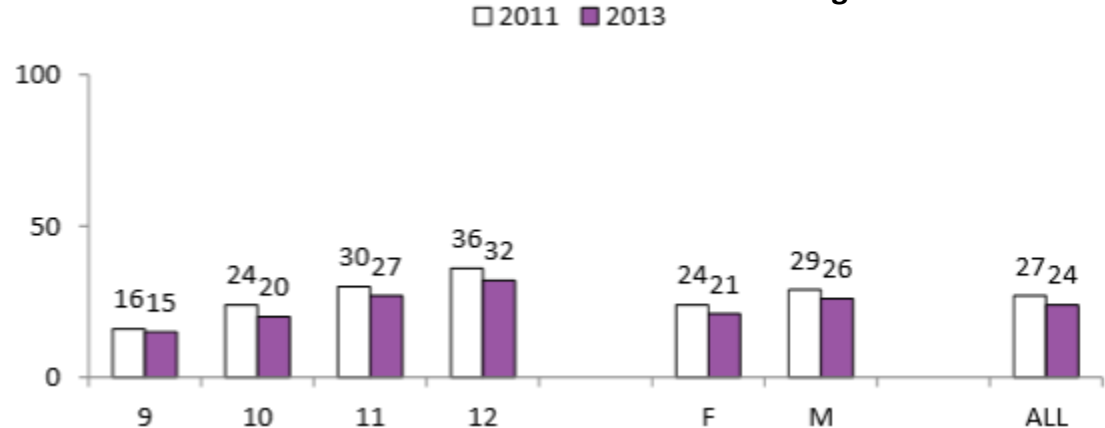
Click on each goal to view. Click home button to return.



Prevent Initiation of Tobacco Among Youth



Percent of students who have ever smoked a whole cigarette



source: Vermont Department of Health

While the overall percentage of Vermont high school students who regularly smoke was 13% in 2013, regional disparities exist, ranging from a low of 6% to a high of 24%.

(2013 Vermont Youth Risk Behavior Survey)

Statewide, 7% of students reported smoking a whole cigarette before age 13.

(2013 Vermont Youth Risk Behavior Survey)

Program Examples

Hard-hitting media campaigns to change social norms around acceptability of tobacco use.

Restricting minors' access to tobacco products.

School-based tobacco-use prevention education and leadership opportunities.

Parent and community engagement.

Objectives

Reduce initiation of tobacco use among youth (grades 9 – 12) in Vermont to 20%.

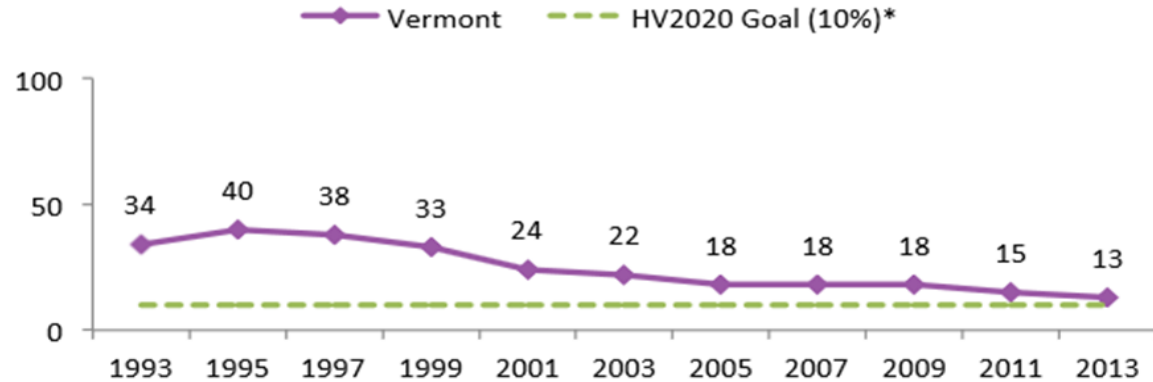
Reduce the percent of youth who smoked a whole cigarette before age 13 to 5%.



Reduce Cigarette Smoking Among Youth



Percent of students who smoked cigarettes on one or more of the past 30 days



source: Vermont Department of Health

Most smokers begin using cigarettes by the time they are 18 years old (87%), with nearly all first use occurring by 26 years of age (98%).

(Centers for Disease Control and Prevention, 2014)

Program Examples

Hard-hitting media campaigns to change social norms and promote cessation activity.

Tobacco-Free College Campus initiative.

School-based tobacco-use prevention education and leadership opportunities.

Implement flavor bans and other product sales restrictions.

Ensure access to youth-tailored cessation programs and text support.

Objectives

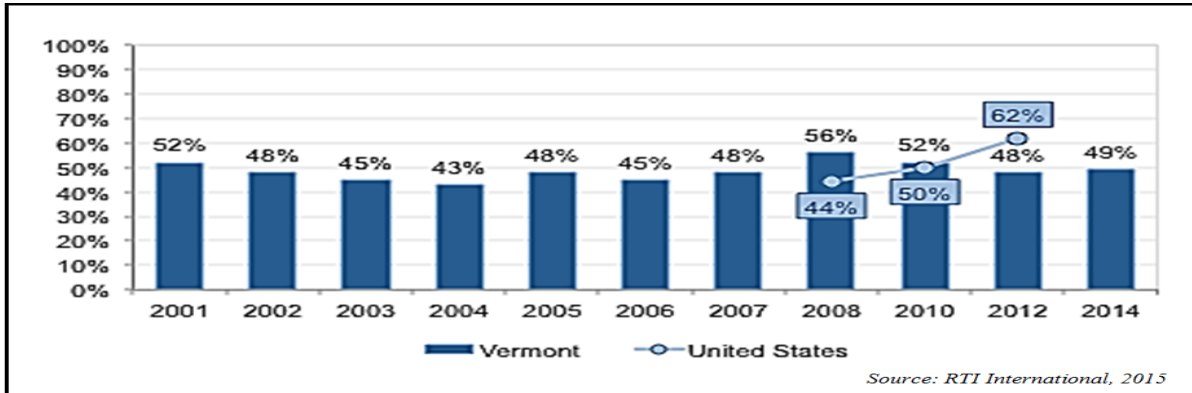
Reduce youth (grades 9 – 12) cigarette smoking prevalence in Vermont to 10%.

Increase the percent of youth who have made a quit attempt to 50%.



Reduce Cigarette Smoking Among Adults

Percentage of Current Adult Smokers Who Made a Quit Attempt in the Past 12 Months, Adult Tobacco Survey 2001–2014 and RTI National Adult Tobacco Survey 2008–2012



Objectives

Reduce adult cigarette smoking prevalence in Vermont to 12%.

Increase the percent of adults who have made a quit attempt to 80%.

Reduce cigarette smoking prevalence among adults living below 250% of the federal poverty level to 22%.

Reduce cigarette smoking prevalence among adults 25-34 years of age to 20%.

Reduce cigarette smoking prevalence among adults with depression to 22%.

Reduce cigarette smoking prevalence during pregnancy to 16%.

The prevalence of adult smoking has declined significantly in Vermont since 2001. However, declines in current adult cigarette smoking prevalence have slowed or stalled in recent years. Prevalence data has not shown any statistically significant changes in the adult smoking rate in Vermont from 2011 through 2013.

(RTI International, 2015)

Program Examples

Partnering with health care providers and systems to expand cessation services.

Integrating tobacco cessation services and supports into health care reform.

Hard-hitting media campaigns to change social norms and promote cessation activity.

Promote use of 802Quits quit line, quit online and quit in person resources, especially for high burden high priority populations.



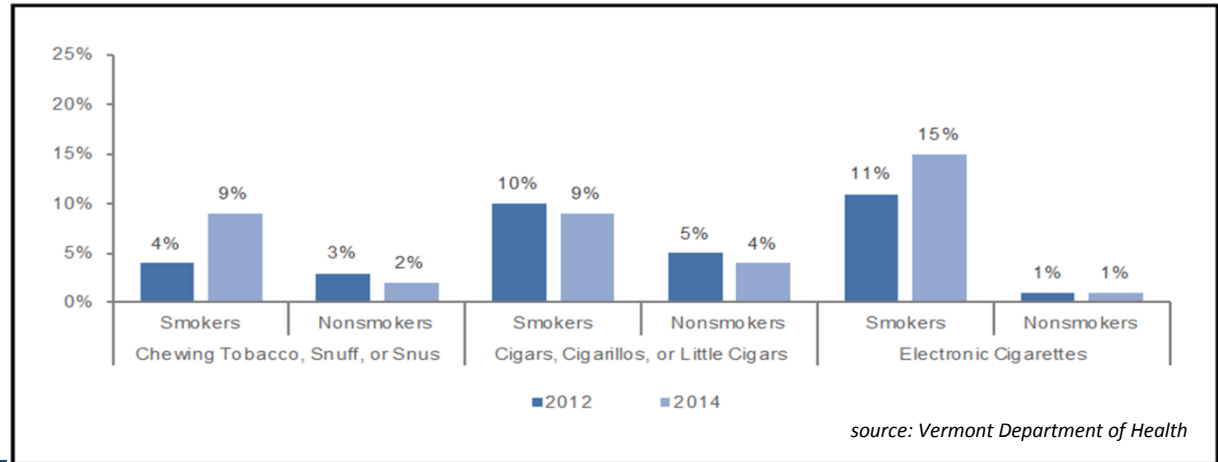
Reduce Prevalence of Other Tobacco Product Use

E-cigarettes have not been approved by the FDA as a smoking cessation device and the concentration of nicotine, toxicity of ingredients and the devices themselves vary. The vapor emissions given off by e-cigarettes may also contain toxins that others are exposed to, similar to secondhand smoke.

E-cigarette liquid is available in a multitude of flavors, including candy and fruit flavors, many of which appeal to youth.

The percentage of Vermont smokers who also use chewing tobacco, snuff, or snus is rising.

Percentage of Vermont Adults who Currently Use Other Tobacco Products or Tobacco Substitutes by Current Cigarette Smoking Status, Vermont Adult Tobacco Survey, 2012-2014



Program Examples

Educate schools, municipalities, parents, decision makers and other stakeholders on the research base and emerging evidence of potential health consequences of e-cigarettes.

Educate pharmacies and retailers on tobacco point of sale strategies, including product placement

Promote use of 802Quits quit line, quit online and quit in person resources, especially for high burden high priority populations.

Objectives

Reduce cigar, cigarillo, or little cigar use to 10% among youth (grades 9 – 12).

Reduce e-cigarette use to 12% among adult smokers and x% among youth (grades 9 – 12).

Maintain low prevalence of adult other tobacco product use at 3%.



Reduce Exposure to Secondhand Smoke

Program Examples

Tobacco-Free College Campus initiative.

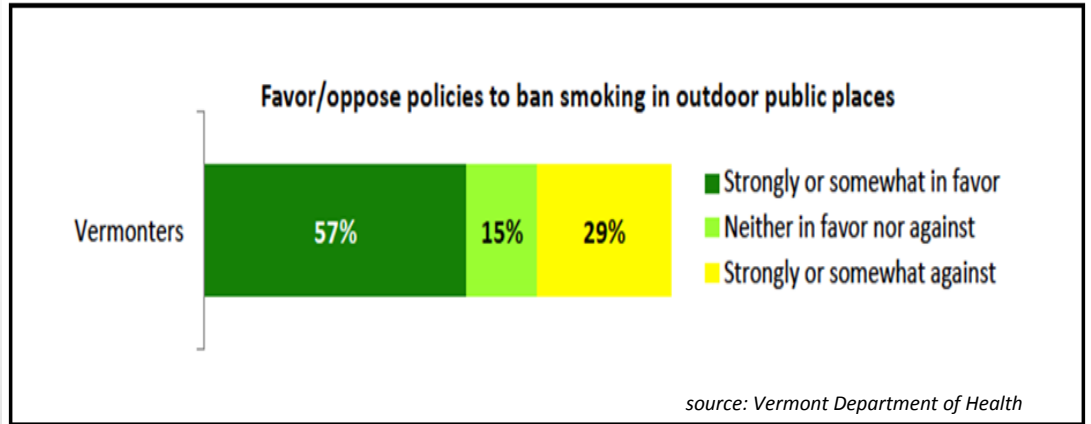
Partner with communities to implement and enforce policies for smoke-free public places and multi-unit housing.

Community coalition work to educate and inform the public and decision makers on the dangers of secondhand smoke exposure among children in cars.

Tobacco screening and referral training to pediatric, obstetric, and family practice providers via Tobacco Treatment Specialists.

Provide information and education to human service/social service providers and staff on the harms and disproportionate burden of tobacco, and the benefit of smoke-free housing policies in supporting cessation and health of low-income Vermonters.

Public Sentiment Regarding a Ban on Smoking in Outdoor Public Places, VDH Macro Poll 2012



Objectives

Reduce exposure of non-smokers to secondhand smoke to 35%.

Increase the proportion of smokers reporting voluntary tobacco-free home or vehicle policies to 75% and 95%, respectively.

Increase to proportion of non-smokers that thinks secondhand smoke is harmful to 75%.



Additional Information and Resources (links to external websites)



[Independent Evaluation of the Vermont Tobacco Control Program: 2015 Annual Report](#)
(RTI International)

[VTERB Website](#)
[Tobacco Master Settlement Agreement and Program Funding](#)

[Vermont Tobacco Control Program Work Plan](#)
[VDH Tobacco use Performance Dashboard](#)

[Centers for Disease Control and Prevention Smoking and Tobacco Use](#)



Vermont Tobacco Evaluation and Review Board (VTERB) Board Members

Amy Brewer, Chair

Non-profit
anti-tobacco
organization

Scott Connolly, MPH, Ed.D

Counter-marketing
expert

Representative Bill Frank

Vermont House of
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Gregory MacDonald, MD

Health care
community
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Senator Anthony Pollina

Vermont Senate

Alexandra Potter, PhD

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researcher

Sruthi Sakamuri

Under age 30

Matthew Shear

Under age 30

Rebecca Thompson

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Tonya Witham

Low-Income
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Commissioner of
Health

James Giffin

Interim
Commissioner
of
Liquor Control

Rebecca Holcombe

Secretary of
Education

William H. Sorrell

Vermont Attorney
General



Vermont Tobacco Control Program Financial Report

July 1, 2015 – December 31, 2015

Department of Health

Description	Federal	Global Commitment	Tobacco MSA	TOTALS
Personal Services	\$207,652	\$0	\$41,811	\$249,463
Operating Expenses	\$8,381	\$0	\$14,350	\$22,731
Cessation	\$47,438	\$0	\$131,920	\$179,358
Countermarketing	\$7,037	\$0	\$0	\$7,037
Prevention	\$34,235	\$0	\$476,506	\$510,741
Surveillance & Evaluation	\$18,500	\$0	\$28,950	\$47,450
TOTALS	\$323,242	\$0	\$693,538	\$1,016,780



Vermont Tobacco Control Program Financial Report

July 1, 2015 – December 31, 2015

VTERB

Description	Amount
Personal Services	\$52,370
Contracts	\$15,357
Operating Expenses	\$3,470
Total:	\$71,197

Department of Liquor Control

Description	Amount
Education Program Personal Services	\$154,281
Education Program Operating Expenses	\$17,778
Total	\$172,059
Tobacco Compliance Personal Services	\$70,241
Tobacco Compliance Operating Expenses	\$31,370
Total	\$101,611
Grand Total	\$273,670

Agency of Education

Description	Amount
Personal Services	\$34,144
Operating Expenses	\$3,180
Grants	\$245,334
Total	\$282,658



Legislation Establishing the Vermont Tobacco Evaluation and Review Board



The Vermont Tobacco Evaluation and Review Board is an independent State Board created to work in partnership with the Agency of Human Services and the Department of Health in establishing the annual budget, Program criteria and policy development, and review and evaluation of the Tobacco Prevention and Treatment Program.

18 V.S.A. § 9504



Conflict of Interest Policy



The legislation creating the Vermont Tobacco Evaluation and Review Board prohibits Board members from having affiliations with any tobacco company, and requires members to file conflict of interest statements. The Board opted in August 2000, for convenience, to use the general Code of Ethics developed by the Executive Department for gubernatorial appointments to state boards. Board members also sign an additional form providing certification of non-affiliation with any tobacco company. Board members, as required by statute, certify that they have no direct or knowing affiliation or contractual relationship with any tobacco company, its affiliates, its subsidiaries or its parent company.



Requirements of this Report

18 V.S.A. § 9507. Annual report

(a) By January 15 of each year, the board shall submit a report concerning its activities under this chapter to the governor and the general assembly which shall include, to the extent possible, the following:

- (1) the results of the independent program evaluation, beginning with the report filed on January 15, 2003, and then each year thereafter;
- (2) a full financial report of the activities of the departments of health, education, liquor control, and the board, including a special accounting of all activities from July 1 through December 31 of the year preceding the legislative session during which the report is submitted;
- (3) a recommended budget for the program; and
- (4) an explanation of the outcomes of approved programs, measured through reductions in adult and youth smoking rates.

(b) [Repealed.] (Added 1999, No. 152 (Adj. Sess.), § 271, eff. May 29, 2000; amended 2009, No. 33, § 83.)



Vermont Tobacco Evaluation and Review Board

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