

Vermont Tobacco Evaluation and Review Board (VTERB)

2017 Annual Report

January 15, 2018



Our Voices Xposed (OVX) youth at the annual Statehouse Rally February 2017

Introduction

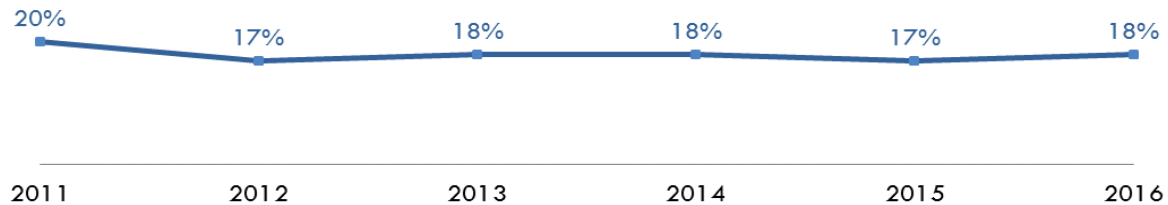
- ❖ Tobacco use remains the single most preventable cause of death and disease in the United States despite 50 years of declining prevalence in cigarette smoking.¹
- ❖ Reducing adult smoking prevalence from 18% in 2014 to 12% by 2020 will save Vermont an estimated additional \$229 million between 2015 and 2020.²

The Tobacco Control Program should be funded at \$5,651,123 to substantially reduce tobacco-related disease and related health care costs.

Scroll, swipe or click [here](#) to view the contents of this report.

Reduce Cigarette Smoking Among Adults

Trend in Smoking Prevalence Among Vermont Adults
(BRFSS, 2005 - 2016)*



*Adult data on this page are age adjusted to the U.S. 2000 population.

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)



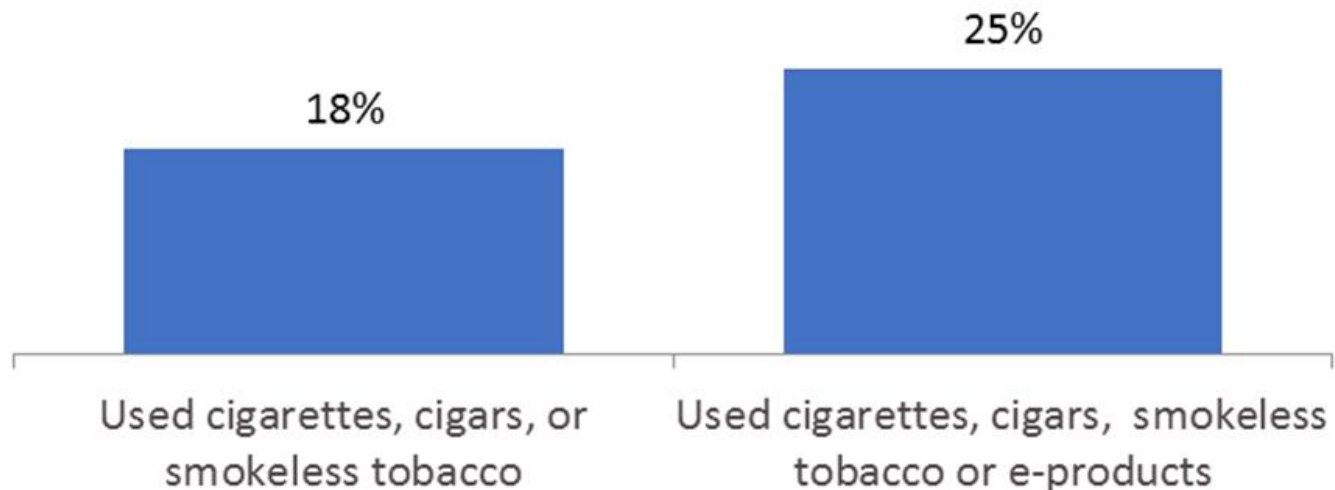
Tobacco Use Disproportionately Impacts Vermont's Most Vulnerable Populations

- There continue to be significant differences in smoking prevalence by age, gender, race/ethnicity, education level, federal poverty level (FPL), and sexual orientation/gender identity. However, for quit attempts there were no significant differences based on these demographic characteristics (BRFSS, 2016)
- For example:
 - As education level decreases, smoking rates significantly increase. For example, those with less than a high school education are over eight times more likely to currently smoke compared to those with a college education or higher (BRFSS, 2016).
 - Those that identify as LGBT are over 1.5 times more likely to currently smoke compared to those that identify as heterosexual (28% versus 17%) (BRFSS, 2016).
 - In Vermont, smoking among adult Medicaid members is over 2 times higher than among non-Medicaid adults (26% versus 12%), and Medicaid members make up about one quarter of all adult smokers in VT (ATS, 2016).
 - Vermont adults with depression are twice as likely to smoke cigarettes compared to those without depression (30% versus 14%) (BRFSS, 2016).



Prevent Initiation of Tobacco Use Among Youth

Tobacco product use among Vermont high school students during the previous 30 days, 2015 YRBS



2015 youth cigarette use was **11%**. However, regional disparities in youth use exist: youth use rates range from **7%** to **20%**.

Statewide, **25%** of high school students used any tobacco product (including e-cigarettes) in the past 30 days.

Current Funding in FY 18



Vermont Tobacco Control Program budget FY 2018

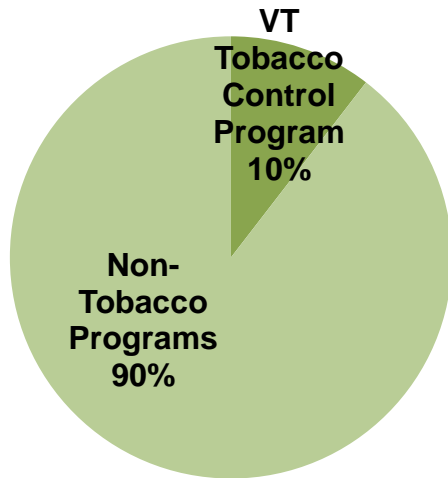
VTERB (AHS)	\$0
Youth Prevention (AOE)	\$750,388
Enforcement (DLC)	\$213,843
Cessation & Prevention (VDH)	\$2,599,021
Total	\$3,563,252



8% of Master Settlement Agreement Payments Go Toward Tobacco Control Program

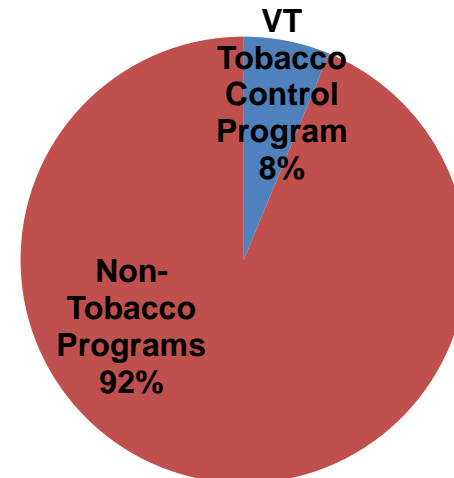


FY17 MSA Funding



MSA/SCF FY17 Total: \$32,898,749
Tobacco Control Program FY17 Total: \$3,441,246 (10%)

FY 18 MSA Funding



MSA/SCF estimated FY18 Total: \$24,620,418
Tobacco Control Program From MSA/SCF FY18 Total: \$1,960,149 (8%)

**\$1,603,103 of FY18 TCP funding is not MSA, is Global Commitment

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



Sustainable Funding for Tobacco Control Program

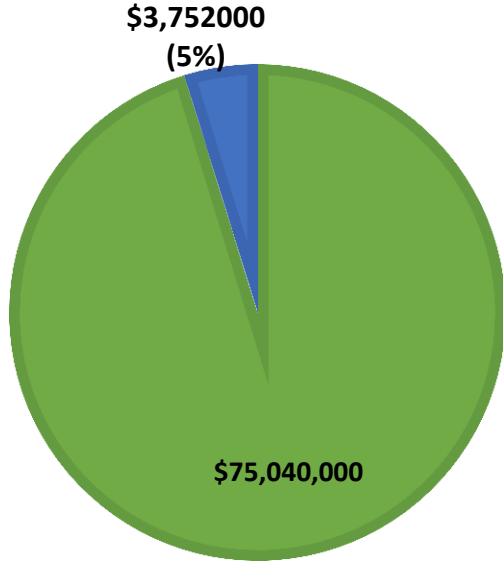
VTERB and partners identified several sustainable funding options which could be used collectively *in addition* to annual Master Settlement Agreement funding allocations to sustain gains in protecting Vermont from the high medical costs, death and disease from tobacco use. These options included:

- 1. Dedicate a percentage of the tobacco product and tobacco substitute excise taxes to the Tobacco Control Program,**
- 2. Increase excise taxes a minimum of 10% on tobacco products which has been proven to reduce youth use and increase cessation, and**
- 3. Appropriate receipts of previously-withheld payments by Tobacco Product Manufacturers to the Tobacco Control Program.**

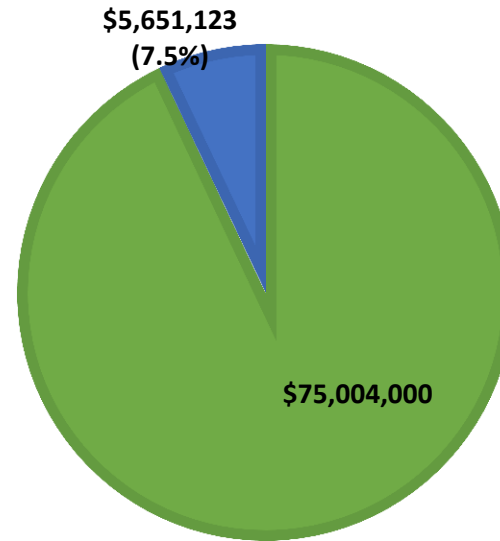
Sustainable Funding for Tobacco Control Program

Dedicating a small percentage of the tobacco product excise tax to the Tobacco Control Program would help sustain the program

- FY18 Projected Tobacco Tax Revenue
- 5% for Tobacco Control Program



- FY18 Projected Tobacco Tax Revenue
- Full Funding Requested



SAVE MONEY. SAVE LIVES. HELP VERMONT QUIT FOR GOOD



\$73 million has been appropriated to the Tobacco Control Program since 2001



Resulting in an estimated \$1.43 billion savings in overall smoking-related healthcare costs (including \$586 million in Medicaid costs)





Comprehensive Tobacco Control Programs have documented returns on investments including...

Over 10 years in California = **50:1**

Over 3 years in Massachusetts = **2:1**

ROI

If we reduced adult tobacco use from its current rate of 18% to 12% by 2020...



Vermont would save \$229 million dollars!

Vermont smoking causes



an average of 1,000 deaths per year!



Investing in Vermont's Tobacco Control Program



VTERB recommends that Vermont's Tobacco Control Program be funded in FY2019 at \$5,651,123

Level funding erodes programs and infrastructure. In order to advance the goals set forth by the Legislature to reduce tobacco use, reduce health care costs, and improve the health of our residents, **the Tobacco Control Program should be funded at a minimum of \$5,651,123 to leverage a strong return on investment.**

