

Vermont Tobacco Evaluation and Review Board (VTERB)

2017 Annual Report

January 15, 2017



Vermont Kids Against Tobacco (VKAT) students at the Annual November Youth Summit.

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

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.

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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 and tobacco substitute product price policies that reduce and prevent tobacco use.



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



Youth Prevention Policies

Increase the legal age for the sale of tobacco products to 21

- ❖ If the minimum age were increased to 21 years nationally, smoking would be reduced by 25 % for 15-17 year-olds and 15% for 18-20 year-olds.³
- ❖ **25%** of Vermont High Schoolers used some form of tobacco product in the past 30 days (including e-cigarettes).⁴
- ❖ Click [here](#) for more on Tobacco 21

Ban flavored tobacco products including tobacco substitutes (e-cigarettes)

- ❖ **24%** of VT High Schoolers reported trying a flavored product and 6% of them tried it before the age of 13. ⁴
- ❖ Click [here](#) for more on Flavor Bans



Other Tobacco Prevention Policies

Increase the price of all tobacco products, including tobacco substitutes, by increasing the excise tax.

- ❖ Price increases of a **minimum of 10% of cost** have repeatedly been shown to decrease use – especially among youth and vulnerable populations. Learn more [here](#).

Support strong clean indoor air laws that prevent exposure to secondhand smoke and aerosol.

- ❖ **Expand the current workplace and public place laws to ban all smoking and tobacco substitutes a minimum of 25 feet from entryways, ventilation and windows**, ensuring patrons and employees are not exposed to secondhand smoke and aerosols inside the building.



Current Funding in FY '17



Vermont Tobacco Control Program budget FY 2017

VTERB (AHS)	\$67,500
Youth Prevention (AOE)	\$750,389
Enforcement (DLC)	\$213,843
Cessation & Prevention (VDH)	\$2,409,514
Total	\$3,441,246

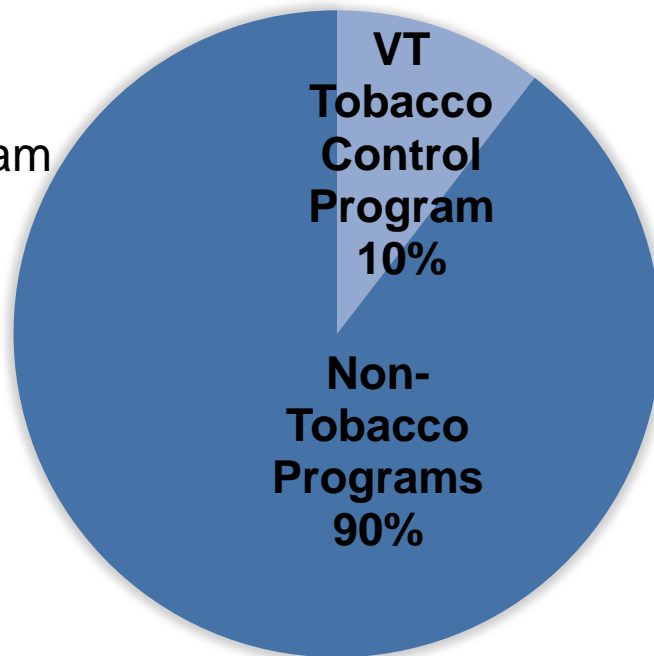


10% of Master Settlement Agreement Goes Toward Tobacco Control Program



MSA/SCF FY17 Total:
\$32,898,749

Tobacco Control Program
FY 17 Total:
\$3,441,246 (10%)



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



Investing in Vermont's Tobacco Control Program



VTERB recommends that Vermont's Tobacco Control Program be funded in FY2018 at \$5,651,123

Maintaining a holding pattern of 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 level high enough to achieve the maximum return on investment possible.**



Breakdown of FY18 Funding Recommendation

Program Area	Current funding	CDC recommendation	FY18 budget recommendation	What will be accomplished
Cessation	\$505,868	\$1,700,000	\$1,300,000	Enhanced systems /integrated cessation referrals: Health Care Provider systems and support, VT Quit Partner program funding, and additional NRT as needed
Enforcement	\$213,843	N/A	\$261,843	100% retailer compliance checks: Expand retail compliance checks & training to include E-cigs, cigars, and cigarillos
Media	\$700,000	\$1,100,000	\$1,100,000	Motivate more adult quit attempts: Run additional adult cessation campaigns, create more VT Quit Partner ads
Prevention (School & Community)	\$1,533,725	\$2,500,000	\$2,283,750	Increase geographic areas covered by community/school initiatives: 4 more coalitions with more stable infrastructure, up to 6 more Supervisory Unions, funding for statewide NOT (teen cessation) and expansion of youth empowerment initiatives
Admn, Eval & Surv: TCP Evaluation VTERB Administration VDH Administration VDH Surveillance VDH Evaluation	\$25,500 \$42,000 \$211,348 \$22,389 \$87,182	\$800,000	\$200,000 \$107,000 \$211,348 \$100,000 \$87,182	Ensure Results-Based Accountability with external program evaluation & maximize return on investment: return to Independent Evaluation, return to full-time VTERB administrator, maintain VDH Admin and VDH evaluation components at current level, support Adult Tobacco Survey implementation
Totals	\$3,441,246	\$6,100,000	\$5,651,123	



Sustainable Funding for Tobacco Control Program

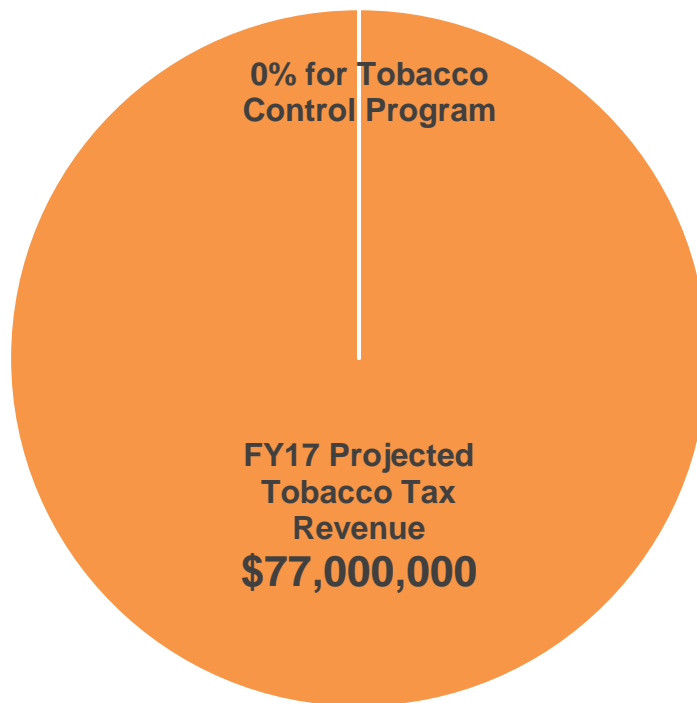
VTERB and partners identified several sustainable funding options which could be used collectively *in addition to* annual Master Settlement Agreement funding allocations to sustain gains in protecting Vermont from the high medical costs, death and disease from tobacco use. These options included:

- 1. Dedicate a percentage of the tobacco product excise taxes to the Tobacco Control Program,**
- 2. Increase excise taxes on tobacco products which reduces youth use and increases cessation, and**
- 3. Ensure payments to the state that have been withheld by the tobacco industry be appropriated to the Tobacco Control Program.**



Current Excise Tax funding for Tobacco Control Program

Tobacco Control Program currently gets **NO** funding from the Tobacco Product Excise Tax



■ FY17 Projected Tobacco Tax Revenue

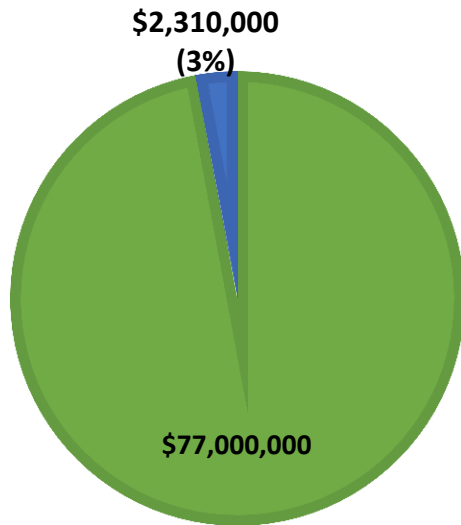
■ % for Tobacco Control Program



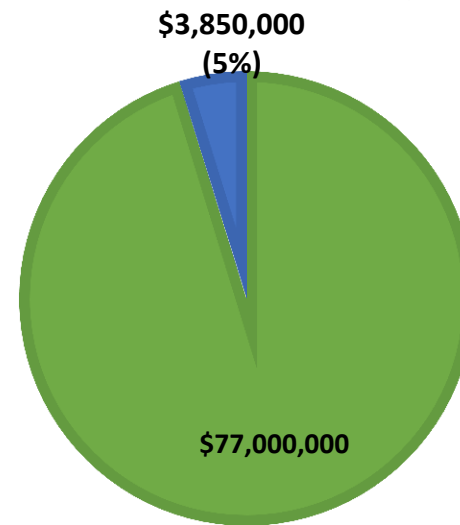
Sustainable funding for Tobacco Control Program

Dedicating a small percentage of the tobacco product excise tax to the Tobacco Control Program could greatly help the sustainability of the program

- FY17 Projected Tobacco Tax Revenue
- 3% for Tobacco Control Program



- FY17 Projected Tobacco Tax Revenue
- 5% for Tobacco Control Program



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!

The toll of annual smoking attributable deaths in Vermont is...



an average of 1,000 deaths per year!



MAKE THE SMART INVESTMENT

In order to advance the goals set forth by the Legislature to:

- * reduce tobacco use
- * reduce health care costs
- * improve the health of our residents...

the Tobacco Control Program must be funded at a level high enough to achieve the maximum return on investment possible.

Maintaining a holding pattern of level funding year after year erodes programs and infrastructure. Additionally, limiting evaluation of the Tobacco Control Program will not enable Vermont to achieve its goals. .



Tobacco Use Disproportionately Impacts Special Populations

In Vermont, smoking among adult Medicaid beneficiaries is nearly 3X's higher than among non-Medicaid adults, and Medicaid smokers make up nearly a half of the adult smokers in Vermont.²

Adults with depression are twice as likely to smoke cigarettes compared to those without depression (27% versus 14%) (BRFSS, 2015).

While the overall percentage of Vermont high school students who smoke was 11% in 2015, regional disparities at the county level range from 7% to 20%.⁴

In Vermont, Hispanic (20%) and American Indian/Alaskan Native youth (14%) had significantly higher rates of smokeless tobacco use when compared to all other race/ethnicities.⁴

Vermont's Tobacco Control Program has designed specific intervention approaches and tailored mass-media strategies to reach target subpopulations with interventions that are designed to help individuals successfully quit. For example, Medicaid recipients now have expanded benefits and increased coverage of proven, evidence-based tobacco cessation treatments for beneficiaries.²

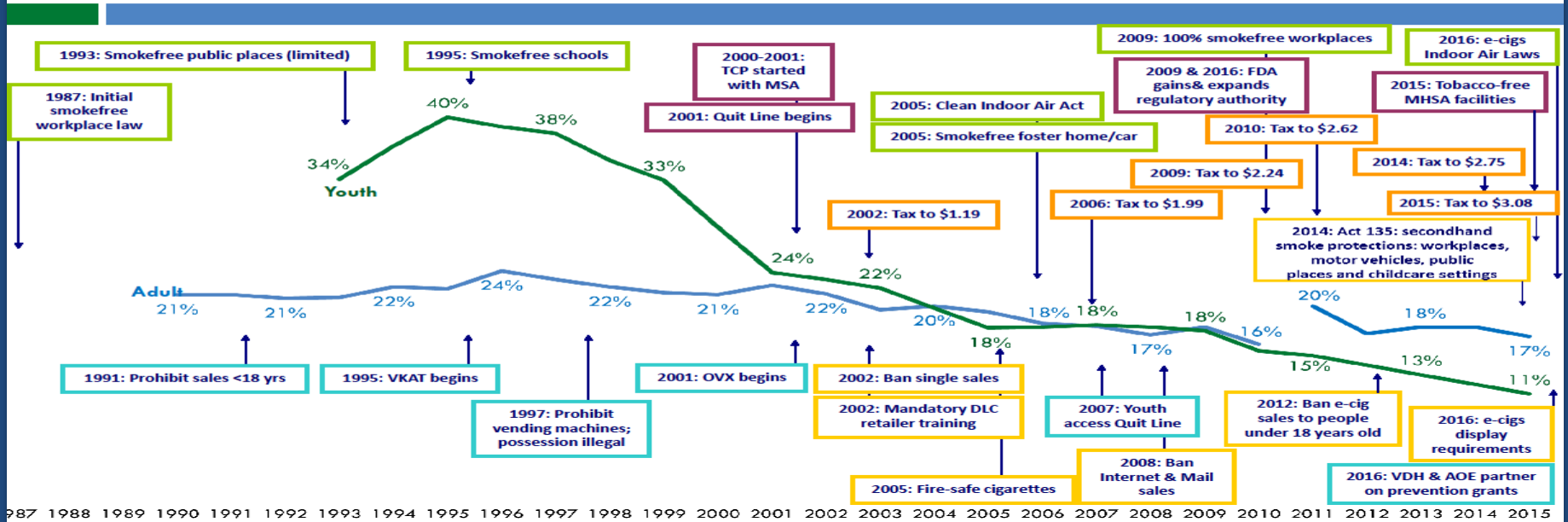


Major Tobacco Control Accomplishments in Vermont

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

Tobacco Use Policy & Prevalence 1987 - 2016

GOVERNMENT	SECONDHAND SMOKE
SALES	YOUTH RELATED
	TAXES



Vermont's policy initiatives, price policies, & investment in tobacco control have positively impacted smoking prevalence.



2015 Independent Evaluation Recommendations

VTERB contracted 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, such as adult and youth smoking and exposure to secondhand smoke (RTI International, 2015).

RTI International issued the following recommendations to Vermont's tobacco control program in 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 or similar hard hitting 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](#) (Quitline, Quit Partners, Quit Online), mental health and substance-abuse tobacco-free initiative.
- ✓ **Community-Based Actions:** to implement tobacco control initiatives in community settings, increase support for tobacco-free policies, & increase impact of youth prevention and special population outreach: [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](#), [FDA](#)
- ✓ **Media Campaigns:** to increase adult and youth cessation attempts, 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, knowledge, and attitudes leading to decreased tobacco use initiation among youth: [Curriculum, Assessment, Policy, Community Engagement, Youth Asset Development, Cessation Services](#)
- ✓ **Evaluation:** to independently ensure Results-Based Accountability toward achieving the goals of the Vermont Tobacco Control Program & maximize return on investment.



Vermont State Plan 2015-2020

Vermont Tobacco Control State Plan

2015 – 2020

Collaborating to Reduce Tobacco Use for a Healthier Vermont

Through aligned efforts and strategic action, Vermont's comprehensive tobacco control program, partners, and other public and private sector programs, organizations and stakeholders in Vermont will implement proven tobacco prevention and control strategies to collectively reduce the tobacco burden and disparities in the state.

Click [here](#) to review the Vermont State Plan



Vermont Tobacco Control Program Long-Term Goals



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

[Reduce cigarette smoking and tobacco use among youth](#)

[Reduce cigarette smoking and tobacco use among adults](#)

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

[Reduce exposure to secondhand smoke](#)

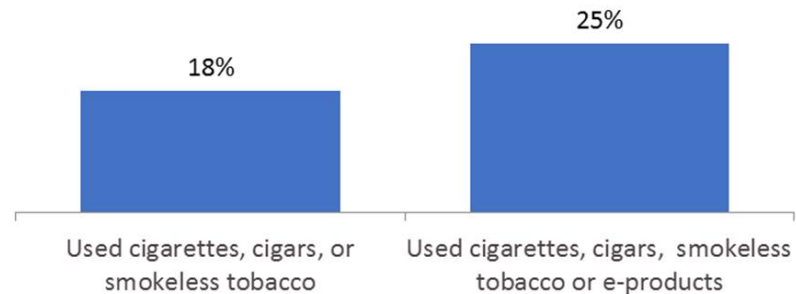
Click on each goal to view. Click home button to return.



Prevent Initiation of Tobacco Use Among Youth



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



source: Vermont Department of Health

2015 youth cigarette use was **11%** in 2015.⁴

However, regional disparities in youth use exist: youth use rates range from **7%** to **20%**.⁴

Statewide, **25%** of high school students used any tobacco product (including e-cigarettes) in the past 30 days.⁴

Program Examples

Youth and Community Coalition engagement to reduce youth use

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.

Objectives

Reduce initiation of tobacco use among youth (grades 9 – 12) in Vermont to 16% by 2020. [21% YRBS 2015]

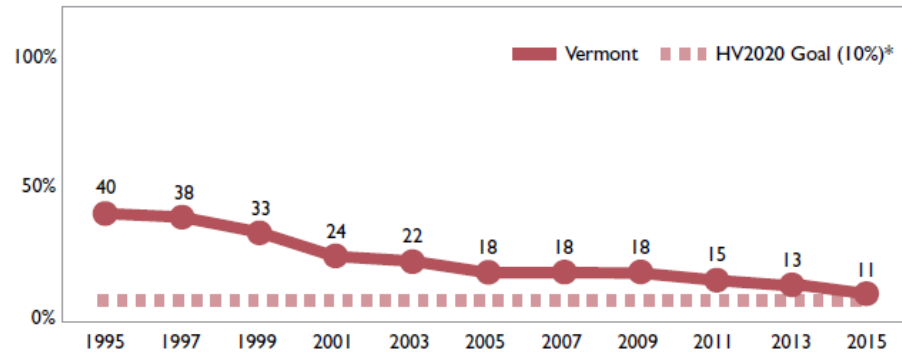
Reduce the percent of youth who smoked a whole cigarette before age 13 to 4% by 2020. [6% YRBS 2015]



Reduce Tobacco Use Among Youth



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



* HV2020 stands for HealthyVermont 2020 Goals set by the Vermont Department of Health

Most adult smokers (approximately 95%) began using cigarettes by the time they were 21 years old.

(Campaign for Tobacco Free Kids)

Program Examples

- Hard-hitting media campaigns to change social norms and promote cessation activity.
- Implement flavor bans and other product sales restrictions.
- Tobacco-Free College Campus initiative.
- School-based tobacco-use prevention education and leadership opportunities.
- Ensure access to youth-tailored cessation programs and text support.

Objectives

Reduce the prevalence of smokeless tobacco product use to 5% among youth by 2020. [7% YRBS 2015]

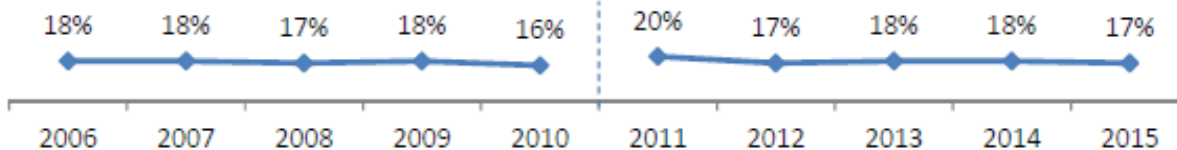
Reduce youth e-cigarette prevalence to 12% by 2020. [15% YRBS 2015]

Increase the percent of youth who have made a quit attempt to 50% by 2020. [42% YRBS 2015]



Reduce Cigarette Smoking Among Adults

Current Smoking*
Vermont Adult Residents 2006-2015



*All data on this page are age adjusted to the U.S. 2000 population, except that broken down by age.
[Note: This measure is a Healthy Vermonters 2020 goal.]

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 partners, and quit online, especially for high burden high priority populations.

Objectives

Reduce adult cigarette smoking prevalence in Vermont to 12% by 2020.

Increase the percent of adults who have made a quit attempt to 80% by 2020.

Reduce cigarette smoking prevalence among adults living below 250% of the federal poverty level to 22% by 2020.

Reduce cigarette smoking prevalence among adults 25-34 years of age to 18% by 2020.

Reduce cigarette smoking prevalence among adults with depression to 20% by 2020.

Reduce cigarette smoking prevalence during pregnancy to 10% by 2020.

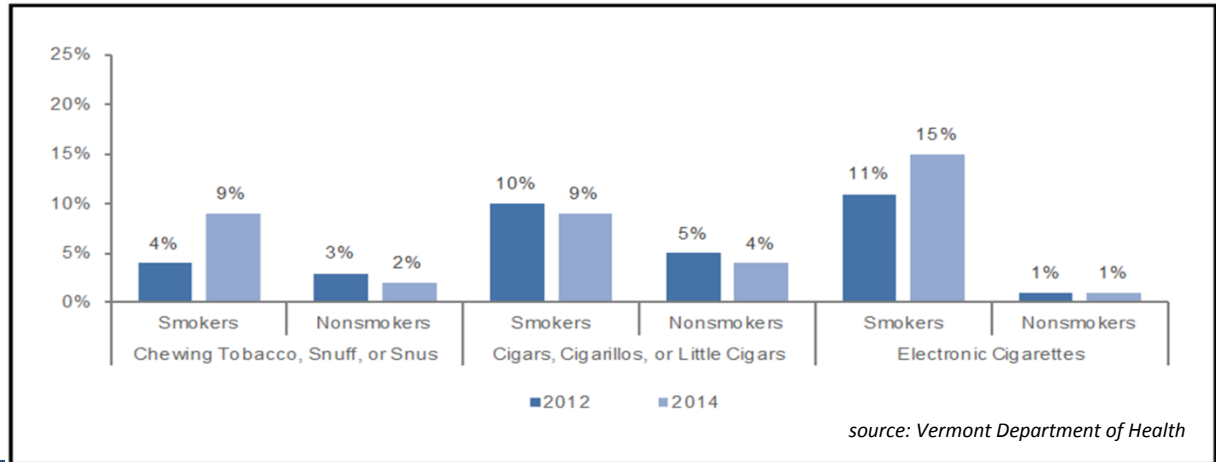


Reduce Prevalence of Other Tobacco Product Use

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.

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 8% among youth (grades 9 – 12) by 2020. [10% YRBS 2015]

Reduce e-cigarette use to 12% among adult smokers and 12% among youth (grades 9 – 12) by 2020. [15% ATS 2014; 15% YRBS 2015]

Maintain low prevalence of other tobacco product use to 2% for adults and 5% for youth by 2020. [3% BRFSS 2014; 7% YRBS 2015]



Reduce Exposure to Secondhand Smoke

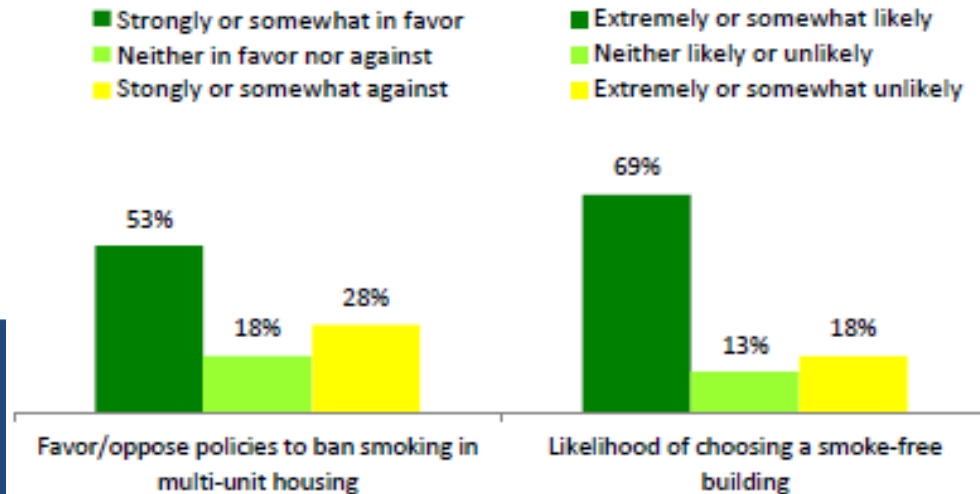
Program Examples

Tobacco-Free College Campus initiative.

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

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 preferences on smoke-free multi-unit housing



Objectives

Reduce exposure of non-smokers to secondhand smoke to 35% by 2020.

Increase the proportion of smokers reporting voluntary tobacco-free home or vehicle policies to 75% and 95%, respectively by 2020.

Increase to proportion of non-smokers that thinks secondhand smoke is harmful to 75% by 2020.



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
Representatives

Gregory MacDonald, MD

Health care
community
representative

Senator Anthony Pollina

Vermont Senate

Alexandra Potter, PhD

Tobacco use
researcher

Alexander Crimmin

Under age 30

Megan Sault

Under age 30

Rebecca Thompson

K-12 Educator

Kate Larose

Low-Income
Community
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Ex Officio Members

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Commissioner of
Health

Patrick Delaney

Commissioner
of
Liquor Control

Rebecca Holcombe

Secretary of
Education

TJ Donovan

Vermont Attorney
General



Vermont Tobacco Control Program Financial Report

July 1, 2016 – December 31, 2016

Department of Health

Description	Federal	Global Commitment	Tobacco MSA	TOTALS
Personal Services	\$ 171,367.01	\$ -	\$ 46,564.02	\$ 217,931.03
Operating Expenses	\$ 5,023.96	\$ -	\$ 16,717.84	\$ 21,741.80
Tobacco Cessation	\$ 44,711.00	\$ -	\$ 145,574.69	\$ 190,285.69
Tobacco Countermarketing	\$ -	\$ -	\$ 2,534.90	\$ 2,534.90
Tobacco Prevention	\$ 17,208.24	\$ -	\$ 384,615.20	\$ 401,823.44
Tobacco Surveillance & Evaluation	\$ 17,286.10	\$ -	\$ 121,120.50	\$ 138,406.60
TOTALS	\$ 255,596.31	\$ -	\$ 717,127.15	\$ 972,723.46



Vermont Tobacco Control Program Financial Report

July 1, 2016 – December 31, 2016

VTERB

Description	Amount
Personal Services	\$18,268
Contracts	\$7,606
Operating Expenses	\$2,220
Total:	\$28,094

Department of Liquor Control

Description	Amount
Education Program Personal Services*	\$106,531
Education Program Operating Expenses*	\$11,961
Total	\$118,492
*35005 Education Program is partially subsidized by fund 50300	
Tobacco Compliance Personal Services	\$70,374
Tobacco Compliance Operating Expenses	\$72
Total	\$70,446
Grand Total	\$188,938

Agency of Education

Description	Amount
Personal Services	\$37,289
Operating Expenses	\$4,123
Grants	\$165,600
Total	\$207,013



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.)



References



1. 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
2. RTI International's "Independent Evaluation of the VT 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
3. Institute of Medicine, Public Health Implications of Raising the Minimum Age of Legal Access to Tobacco Products, Washington, DC: The National Academies Press, 2015, <http://www.nationalacademies.org/hmd/Reports/2015/TobaccoMinimumAgeReport.aspx>
4. Vermont Youth Risk Behavior Survey 2015, <http://healthvermont.gov/research/yrbs.aspx>
5. Lightwood JM, Dinno A, Glantz SA. Effect of the California tobacco control program on personal health care expenditures. PLoS Med. 2008;5(8):e178
6. Richard P, West K, Ku L. The return on investment of a Medicaid tobacco cessation program in Massachusetts. PLoS One. 2012;7(1):e29665.



Vermont Tobacco Evaluation and Review Board

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Click [here](#) to visit the VTERB website

