

February 26, 2019

To: The Senate Committee on Health and Welfare  
From: Brian Flynn, Sc.D. former VTERB chair and Professor Emeritus UVM  
Rebecca Ryan, Division Director, American Lung Association  
Subject: Substance Misuse Prevention 19-1185 – draft 3.1

Thank you for the opportunity to testify on this substance misuse prevention bill.

I am Brian Flynn. My colleague is Rebecca Ryan. Between the two of us, we have been associated with the Vermont Tobacco Evaluation and Review Board for nearly 20 years. I was a board member as a media expert from 2002 to 2014 and board chair from 2008 to 2014. Rebecca was a board member representing the non-profit sector for a year before being hired as the board administrator from 2006-2008. Since then, she has been involved as an advocate, supporting funding for the tobacco control program, including the board's work and independent evaluation.

We're very proud of the body of work produced by VTERB since its inception in 2000. However, the board has not had full-time administrator since fiscal year 2016 due to budget cuts. Despite heavy lifting by its last chair, Amy Brewer, this group of dedicated volunteers cannot meet the board's statutory mandates without staff and without funding. As problems and opportunities evolve, it makes good sense to have one oversight entity for all aspects of substance prevention, and we appreciate the intent of this bill.

Our concern in speaking to you is to be sure that Vermont's focus on tobacco control is not diminished, and perhaps could be strengthened in the current environment. Despite successes in helping our fellow citizen avoid tobacco use, it remains the single most important cause of preventable disease and premature death. As you know, new threats have merged that could fuel an upsurge youth tobacco use. The road to a tobacco-free Vermont is long and this is a time to renew our commitment to this attainable goal.

We hope you'll consider the following a list of recommendations to ensure that tobacco use prevention does not get lost in the process of moving this proposal forward.

Recommendations:

1. Tobacco is not always included in the category of substance, where specific substances are mentioned. We recommend that "substance" be defined and more specific statements of the targeted substances be added including cigarettes, other tobacco products and tobacco substitutes.

2. The text wavers between an exclusive focus on prevention and, in some places, inclusion of treatment for substance misuse. The scope of the mandate should be clarified.
3. In section 4803, consider specifying that the membership of the proposed Council should, collectively, include members with prevention expertise in each of the targeted substances.
4. In section 4803, consider adding a representative with expertise in media and communications to the Council. Mass-reach health communications is an important, evidence-based component of tobacco prevention.
5. In section 4804, line 19, since the Council is established within the Agency of Human Services, the director should be too. This is important especially for the state's tobacco control program, since it is housed in the Department of Health, the Agency of Education and the Department of Liquor Control.
6. In section 4805 (1) consider replacing "evidence-based programs" with "evidence-based policy and program recommendations".
7. In section 4805 (5) (D) add "including the tobacco control program within the Department of Health, the Agency of Education and the Department of Liquor Control." This would ensure that evaluation of the state's tobacco control program will remain independent.
8. In sections 4805 and 4810, generally, the language concerning duties of the Council and objectives for the Fund should be modified to more specifically include a focus on tobacco use prevention.
9. In section 9503, given that components of the state's comprehensive tobacco control program are housed not just in the health department but also the Agency of Education and the Department of Liquor Control, it would be challenging for the Health Department to administrator and coordinate the statewide program (as described in 9503(a)). Consider striking the first sentence; changing the second sentence to, "The tobacco prevention and treatment program, funded by annual payments from the Master Settlement Agreement, shall be comprehensive and research-based and shall including the following components:" Change 1-7 to the following:

(1) community-based programs, tobacco cessation programs, countermarketing, and surveillance within the department of health

(2) school-based programs within the Agency of Education

(3) enforcement activities within the Department of Liquor Control

(4) policy initiatives related to tobacco control and prevention within the department of health and liquor control as determined by the commissioners and the Agency of Education and by the Secretary.

10. Consider striking all in 9505 General Powers and Duties (due again to the inherent conflict with one Department managing the work of other state entities). It's especially important for section (4) – the Department of Health cannot conduct its own independent evaluation and would unlikely be able to evaluate the programs within the Agency of Education and the Department of Liquor Control. This work should be conducted through the Council instead.

11. In sections 9506 and 9507, consider replacing “the Board” with the Council. This is especially important in 9506 since it involves allocation of funds.

Thank you for your consideration of these recommendations.

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