



**Testimony of Michael Rollo, Government Relations Director,
American Cancer Society Cancer Action Network**

In Support of Increasing Funding to the State's Tobacco Prevention and Control Program

February 8, 2022

Good Evening, Chair Hooper, Chair Kitchel, and members of the House and Senate Appropriations Committees. My name is Michael Rollo, and I am the Government Relations Director for the American Cancer Society Cancer Action Network (ACS CAN). ACS CAN, the nonprofit, nonpartisan advocacy affiliate of the American Cancer Society, supports evidence-based policy and legislative solutions designed to eliminate cancer as a major health problem. As the nation's leading advocate for public policies that are helping to defeat cancer, ACS CAN ensures that cancer patients, survivors, and their families have a voice in public policy matters at all levels of government.

On behalf of ACS CAN, thank you for the opportunity to provide testimony in support of increasing funding to Vermont Department of Health's Tobacco Control Program by \$1 million. If passed, this increase would bring funding levels for VDH's tobacco prevention and treatment program up to the level the Legislature allocated for the program via one-time Master Settlement Agreement (MSA) payments over the last several years. As you may recall, this was a recommendation this committee received from the House Human Services committee during last year's budget deliberations. With this funding, VDH could continue and expand their proactive counter advertising campaigns.

One in 2 men and 1 in 3 women are expected to be diagnosed with cancer in their lifetime.ⁱ This year alone, it is estimated that more than 4,200 Vermonters will be diagnosed with cancer.ⁱⁱ An estimated 1,000 deaths are caused by smoking each year in Vermont including 27% of cancer deaths.ⁱⁱⁱ Smoking is estimated to cost Vermont \$348 million in direct health care costs, including \$87 million in Medicaid costs annually.^{iv}

Due to sharp increases in youth tobacco use in recent years, largely due to skyrocketing rates of e-cigarette use, the decades of progress that has been made in reducing tobacco use rates in youth is now in jeopardy. Here in Vermont, 28.2% of high school students use tobacco products, with higher rates among dual users.^v Is it any surprise that youth rates are so high when the tobacco industry spends approximately \$14 million dollars annually here in VT to market cigarettes and smokeless tobacco. target our children?^{vi} This figure doesn't include their other deadly and addictive products. When you consider the staggering amount that the industry spends versus the amount VDH has allocated (approximately \$645,000), you can see why advocates are concerned and asking for additional resources.





At 13%, Vermont’s adult smoking rate is slightly below the national average,^{vii} however, when you look at demographic data provided by VDH, there are incredible disparities. You may be surprised to learn that Vermonters with less than a high school education consume tobacco products at 42%, with a high school education, 23%, and uninsured Vermonters are at 32%.^{viii}

Research shows that the more states spend on comprehensive tobacco control programs, the greater the reductions in smoking. The longer states invest in such programs, the greater and quicker the impact. When appropriately funded in accordance with US CDC recommendations, comprehensive tobacco control programs are able to reduce tobacco use.^{ix}

No matter when someone quits tobacco, there are large and immediate benefits—perhaps these benefits are as important now as ever. For some people who use tobacco products, COVID-19 might provide motivation to quit; for others, trying to quit during a time of stress might be even harder. Vermont should do everything we can to help those who choose to quit succeed.

People who smoke or who used to smoke are at increased risk for severe illness from COVID-19. Smoking is also a proven risk factor for cancer, chronic obstructive pulmonary disease (COPD) and heart disease, which also put people at increased risk for severe illness from COVID-19. Regardless of any association with COVID-19, the adverse health effects of smoking are well-documented and irrefutable. It is more urgent than ever to keep kids from starting to use tobacco and help people quit.

For these reasons, we urge your committees to vote in strong support of increasing funding by \$1 million for Vermont’s tobacco prevention and cessation program. Investments in this important program are investments that have been proven to result in substantial returns – both in terms of lives and dollars.

ⁱ <https://www.cancer.org/cancer/cancer-basics/lifetime-probability-of-developing-or-dying-from-cancer.html>

ⁱⁱ American Cancer Society, “Cancer Facts & Figures, 2022.” Atlanta: American Cancer Society, 2022.

<https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2022/2022-cancer-facts-and-figures.pdf>

ⁱⁱⁱ Campaign for Tobacco-Free Kids. The Toll of Tobacco in Vermont. Updated April 16, 2021,

<https://www.tobaccofreekids.org/problem/toll-us/vermont>

^{iv} Campaign for Tobacco-Free Kids. The Toll of Tobacco in Vermont. Updated April 16, 2021,

<https://www.tobaccofreekids.org/problem/toll-us/vermont>

^v United States Centers for Disease Control and Prevention, 2019 Youth Risk Behavior Surveillance System,

<https://nccd.cdc.gov/Youthonline/App/Results.aspx?LID=VT>

^{vi} Campaign for Tobacco-Free Kids. The Toll of Tobacco in Vermont. Updated April 16, 2021,

<https://www.tobaccofreekids.org/problem/toll-us/vermont>

^{vii} United States Centers for Disease Control and Prevention, 2020 Behavior Risk Factor Surveillance System,

https://nccd.cdc.gov/BRFSSPrevalence/rdPage.aspx?rdReport=DPH_BRFSS.ExploreByLocation&rdProcessAction=&SaveFileGenerated=1&irbLocationType=States&isLocation=50&isState=&isCounty=&isClass=CLASS17&isTopic=TOPIC15&isYear=2020&hidLocationType=States&hidLocation=50&hidClass=CLASS17&hidTopic=TOPIC15&hidTopicName=Current+Smoker+Status&hidYear=2020&irbShowFootnotes=Show&rdICL-iclIndicators= RFSMOK3&iclIndicators rdExpandedCollapsedHistory=&iclIndicators= RFSMOK3&hidPreviouslySelectedIndicators=&DashboardColumnCount=2&rdShowElementHistory=divTopicUpdating%3dHide%2cisTopic%3dShow%2cdivYearUpdating%3dHide%2cisYear%3dShow%2c&rdScrollX=0&rdScrollY=256&rdRnd=64777



viii Vermont Department of Health, Tobacco Data Briefs, Tobacco Disparities Cart, 2022, <https://www.healthvermont.gov/health-statistics-vital-records/surveillance-reporting-topic/tobacco>

ix 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.

