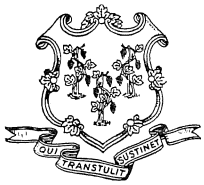
The Connecticut General Assembly

Joint Committee on Appropriations

Sen. Beth Bye
Co-Chairperson



Rep. Toni E. Walker
Co-Chairperson

Appropriations and Public Health Committees

PUBLIC HEARING AGENDA

Wednesday, January 29, 2014

10:00 AM in Room 2E of the LOB

I. 2013 REPORT OF THE TOBACCO AND HEALTH TRUST FUND BOARD OF TRUSTEES

Room 2700, Legislative Office Building, Hartford, CT 06106, 860-240-0390

STATE OF CONNECTICUT

OFFICE OF POLICY AND MANAGEMENT

Testimony of

Anne Foley, Chair

Tobacco and Health Trust Fund Board of Trustees

To the Joint Committees on Public Health and Appropriations

January 29, 2014

Regarding Recommendations for Disbursement

From the Tobacco and Health Trust Fund

Good Morning Senator Gerratana, Senator Bye, Representative Johnson, Representative Walker, and distinguished members of the Public Health and Appropriations Committees. I am Anne Foley, the Chair of the Tobacco and Health Trust Fund Board of Trustees. On behalf of the Tobacco Board, I am here to ask for your support of the board's recommendations for disbursement as provided in our 2013 report. As required by statute, the report contains: 1) the board's 2013 activities and accomplishments; 2) a summary of all disbursements and other expenditures from the trust fund; and 3) recommendations for authorization of disbursement from the trust fund.

As you know, Public Act 99-2 (JSS) established a Tobacco and Health Trust Fund. The Trust Fund is a separate non-lapsing fund that accepts transfers from the Tobacco Settlement Fund. The Board of Trustees was established by Public Act 00-216 to administer the Tobacco and Health Trust Fund. The board has been before the committees of cognizance to seek approval for disbursement of trust funds on seven previous occasions and disbursements as a result of our board recommendations have totaled $21.5 million.

In November 2012, the board received the committee's approval to disburse $6 million; including $2 million for anti-tobacco media campaigns, $1.9 million for smoking cessations programs, $1.6 million for QuitLine, and $486,000 for evaluation.

In developing our new recommendations for disbursement, the Board began by convening a hearing in May 2013 to receive public input. At board meetings during the summer and fall, the board reviewed statutory mandates, guiding principles, past disbursements, and recommendations from various organizations and individuals. The Board's analysis and deliberations have resulted in the proposal you have before your today.

Under current law, the Board is able to recommend disbursement of up to $3 million for the fiscal years 2014 and 2015. The FY 2014 disbursement proposal of the Tobacco and Health Trust Fund Board before you today has six major components totaling $3 million. They are:

First, for **QuitLine**. The Board recommends disbursement of **$1,611,984** be disbursed to support Connecticut's QuitLine. These funds will allow the QuitLine to maintain a comprehensive, proactive, statewide toll-free tobacco cessation telephone counseling and web service available to all of the State's residents from August 2014 to approximately May 2015. Tobacco users who call the helpline receive an assessment of their readiness to quit, a customized quit plan, problem solving advice, cessation material, referral services to one-on-one counseling or referral to local programs, and relapse prevention assistance. Nicotine replacement therapy will also be available to callers with this funding. In 2012, the QuitLine reached a new high with over 11,187 registrants, as compared with 7,154 in 2011. QuitLine's lack of other funding sources, the counter marketing campaign currently in operation, and the new Medicaid Rewards to Quit program make this support of QuitLine especially important in the coming year.

Second, to continue **the second year of a two-year smoking cessation program at the Department of Correction** (DOC). The board recommends **$527,283** be disbursed to fund a second year of the Department of Correction's smoking cessation and relapse prevention program. The program will continue to provide smoking cessation, education and relapse prevention services to inmates in identified, high-risk correctional facilities including, Manson Youth Institution (MYI), York Correctional Institution (YCI), New Haven Correctional Center (NCC) and Hartford Correctional Center (HCC). Based on the results of a study (conducted by UConn School of Social Work) on the prevalence of smokers in these four facilities, results showed that the prevalence was about 70%, approximately four times the prevalence rate in the general population in Connecticut. YCI and MYI had the highest prevalence rate of all four facilities at 84% and 81%, respectively. The Department of Correction will testify later this morning regarding the specifics of the initiative.

Third, to enhance **enforcement regarding sales of tobacco to children and youth** through the Tobacco Retailer Violation Program. The Board recommends **$287,770** be disbursed to the Department of Mental Health and Addiction Services (DMHAS) to administer a Community Enforcement Pilot to prevent the sale of tobacco products to minors. Currently, the rate at which merchants sell tobacco to minors is 14.8%, up from 9.7% in 2009. Thirty eight states ranked better than Connecticut, with the lowest retailer violation rate at 1.8%. These funds will allow for an independent tobacco inspection program in high retailer violation rate areas in Connecticut, including, but not limited to, Hartford, New Haven, Bridgeport, Danbury and Waterbury. Contracted police departments or local social service agencies working in conjunction with law enforcement will receive training and guidance on how to conduct, track and report random, unannounced inspections of tobacco merchants to assess the rate of tobacco sales to minors. Funding will allow for inspections in these high retailer violation rate areas four times a year at 100% of the retail outlets. DMHAS will collect and analyze the data and identify problem areas for more in-depth merchant education. This funding will decrease access to and availability of tobacco products for Connecticut's children and youth.

And finally, a package of three initiatives to prevent children and youth from smoking. These initiatives are:

- **Statewide Tobacco Education Program** (STEP). The Board recommends **$229,384** be disbursed to the state's Regional Action Councils to support tobacco education programs throughout the state. Over a two year period, it is estimated that 3,000 children ages 5-9 will participate in five one-hour sessions which are designed to be implemented in a variety of settings including summer camps, positive youth development programs, and traditional classroom locations. Previous evaluation of the STEP curriculum shows favorable outcomes after youth participated in these sessions. The sessions include: health information regarding tobacco, costs and choices, and dealing with peer pressure.

- Smoking Prevention **Connecticut Alliance of Boys and Girls Clubs**. The Board recommends **$179,579** be disbursed to the Connecticut Alliance of Boys and Girls Clubs for a tobacco resistance and awareness program for club members ages 13-15. The program will be implemented by 16 clubs that serve members in 39 towns and cities in all regions of the state. The program will focus on Stay SMART (Skills, Mastery and Resistance Training) programming, which provides the knowledge, skills, self-esteem and peer support to help members make

healthy choices. Members will practice responsible behaviors to avoid using tobacco, alcohol and other drugs utilizing small group discussions, role playing, and guest speakers to emphasize the message. Research shows that youth who attended a structured Club program that included SMART Kids prevention programming had better refusal skills, problem solving, and ethical behaviors two years post programming compared to youth who participated in traditional club programs.

- **Teen Kids News.** The Board recommends that **$164,000** be disbursed to support Teen Kids News (TKN), a weekly 30 minute Federal Communications Commission (FCC) approved children's news show. The funding will be used to produce a series of 12 science-based anti-smoking reports targeted to youth. The series of reports will be between one and two minute segments that will be aired on Teen Kids News once a month. The segments will be prepared and reported by youth. According to the Surgeon General, evidence indicates that mass media campaigns can be one of the most effective strategies in changing social norms and preventing youth smoking.

In summary, this proposal represents an opportunity for Connecticut to continue its progress toward achieving long term reductions in tobacco use and tobacco-related illnesses and deaths. We believe our past efforts have contributed to the decline in smoking among both adults and youth in Connecticut over the past twelve years.

Thank you for your consideration and I would be happy to answer any questions you may have.

STATE OF CONNECTICUT
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
A Healthcare Service Agency

DANNEL P. MALLOY
GOVERNOR

PATRICIA A. REHMER, MSN
COMMISSIONER

Testimony by Patricia Rehmer, MSN, Commissioner Department of Mental Health and Addiction Services Before the Appropriations and Public Health Committees January 29, 2014

Testimony Supporting Tobacco and Health Trust Fund Board's 2013 Disbursement Recommendations

Good morning Sen. Bye, Sen. Gerratana, Rep. Johnson, Rep. Walker, and distinguished members of the Appropriations and Public Health Committees. I am Commissioner Patricia Rehmer of the Department of Mental Health and Addiction Services, and I am here this morning to speak in support of the Tobacco and Health Trust Fund Board's 2013 disbursement recommendations. I want to thank the Committees for your assistance in raising this proposal.

The Department of Mental Health & Addiction Services in conjunction with the Department of Revenue Services enforces the state laws that make it illegal to sell tobacco products to minors. To gauge compliance with these laws, we are required to conduct unannounced inspections of a random sample of tobacco vendors to assess the rate at which they sell to minors and report it to the federal Department of Health and Human Services. Since we began these inspections we have seen this rate plummet from approximately 70% in 1996 to a low of 9.7% in 2009. However, since then our rate has slowly crept up to 14.8% in 2013.

While we are still well below our federally mandated rate of 20%, it is important to note that Connecticut ties with Washington and Texas as the 12th worst state for violation of tobacco laws, and that 38 other states ranked above us, with the lowest rate being reported at 1.8%. Upon further examination, we identified outlet density and lack of sufficient resources as reasons for the increase in the non-compliance rate. We are currently unable to adequately inspect those cities and towns with the highest number of tobacco retail outlets that typically generate the highest number of violations. Funds from the Tobacco & Health Trust Fund will prevent tobacco sales to minors by allowing community agencies and local law enforcement personnel in urban areas to inspect <u>all</u> retailers, four times per year in accordance with best practices.

While the percentage of youth reporting "ever" and "current" use of tobacco products have significantly decreased between 2000 and 2011, there has been little change in where minors buy cigarettes, tobacco merchants asking for identification and tobacco merchants refusing to sell. Despite this, we still believe that our inspection efforts have helped control youth access and prevent smoking initiation because of the comprehensive strategies currently in place. These include: actively enforcing youth access laws in a consistent manner statewide; providing merchant education to all retailers in a variety of formats including an online training program recently launched; partnering with

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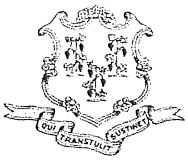
the Department of Public Health to ensure that youth tobacco access strategies are part of the State's comprehensive tobacco control plan; utilizing community agencies to reward compliant retailers and warn non-compliant retailers about the law; and coordinating with the Food and Drug Administration's (FDA) State enforcement contract to ensure efficient resource utilization for the enforcement of state and federal youth tobacco access laws.

In conclusion, we have made significant progress in enforcing youth tobacco access laws and in reducing the percentage of retailers who sell tobacco products to minors. However, we need to continue to develop and improve our tobacco retail inspection efforts locally so that our violation rates are at or below the national averages. Funds for tobacco retail inspections in urban areas will support our plans to implement comprehensive strategies to reduce youth access to tobacco products, with the ultimate goal of reducing youth tobacco use.

Thank you for giving me the opportunity to speak in support of these recommendations and I am willing to answer any questions you may have.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.
Commissioner



Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Testimony presented before the Joint Committee on Appropriations and Public Health
January 29, 2014

Renee Coleman-Mitchell, Department of Public Health

Recommendations for Disbursement From the Tobacco and Health Trust Fund

Good morning Senator Gerratana, Senator Bye, Representative Johnson, Representative Walker, and esteemed members of the Public Health and Appropriations Committees. My name is Renee Coleman-Mitchell and I am Chief of the Community Health and Prevention Section within the Department of Public Health (DPH). Thank you for this opportunity to testify on the recommendations of the Tobacco and Health Trust Fund (THTF) 2013 annual report.

For the past five years, DPH has disbursed funds on behalf of the THTF board of trustees in support of important and successful tobacco cessation and prevention programs. Tobacco cessation programs are those programs that help tobacco users to quit, like the Quitline and other community cessation programs. Prevention programs are those that prevent people of all ages from using tobacco in the first place. In both cases, cessation and prevention, the goal is to improve population health, which is fundamental to the role of public health. The focus of public health is on the health of populations, and systems and policies that are most likely to improve the health of all. Public health is defined by the Institute of Medicine as what we do as a society to assure the conditions in which people can be healthy. In keeping with this definition, the vision for DPH is healthy people in healthy Connecticut communities.

Connecticut Department
of Public Health

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This vision of healthy people in healthy Connecticut communities can be achieved largely upstream of the healthcare system, by ensuring the conditions in which people can be healthy, and preventing illness from occurring in the first place. A cessation program like the Quitline is a good example of a public health approach to tobacco cessation: it is available to all Connecticut residents; and ethnic minority populations who might not otherwise access cessation services do call the quitline. [i]

To date the Quitline has served more than 52,500 callers, but this number is likely to increase for a couple of reasons: first, we have recently partnered with the Department of Social Services on their Rewards to Quit program; and second, we have also received funds from the THTF board to air the Centers for Disease Control and Prevention (or CDC) 'Tips from Former Smokers' ads. The CDC estimates the number of callers to the Quitline increased 75% after the ads were aired [ii] and this has also been the case in Connecticut. But without funds from the THTF Connecticut residents would not have access to the Quitline, a cornerstone of tobacco cessation programs.

In addition to the Quitline, 6,000 Connecticut residents have also benefited from face-to-face cessation programs funded by the THTF. Nearly 80% of participants in these programs have either reduced their tobacco use or quit using tobacco altogether. One participant expressed gratitude for these services, noting '...I have wanted to quit for a long time. I'm enjoying being a non-smoker.'

While cessation programs are critically important, even further upstream are the tobacco prevention programs that prevent youth from taking up tobacco in the first place. The THTF has supported prevention programs that have reached more than 5,000 youth between the ages of 5-19 years in a variety of settings: in-school or after-school programs, summer camps and residential facilities. The programs teach youth about coping skills, peer pressure and the risks of tobacco use. And although it's hard to know how many youth did not take up smoking as a direct result of these programs, the programs themselves are well received.

The Department of Public Health is pleased to continue to provide evidence-based tobacco cessation and prevention programs on behalf of the THTF. Thank you for this opportunity. I will be happy to answer any questions you may have.

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[i] Centers for Disease Control and Prevention. *Telephone Quitlines: A Resource for Development, Implementation, and Evaluation.* Atlanta, GA: 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, Final Edition, September 2004.

[ii] Centers for Disease Control and Prevention (2013). *Tips from Former Smokers: Frequently Asked Questions.* Available at http://www.cdc.gov/tobacco/campaign/tips/about/faq.html

Connecticut Prevention Network
Local partnerships promoting wellness
by addressing substance abuse statewide.

January 28, 2014

Good Morning Senator Gerratana, Senator Bye, Representative Johnson, Representative Walker, and distinguished members of the Public Health and Appropriations Committees. I am Bonnie Smith, the Executive Director of ERASE and immediate past President of the CT Prevention Network, the organization of Connecticut's 13 Regional Action Councils for substance abuse prevention and behavioral wellness. On behalf of the Connecticut Prevention Network, I am here to ask for your support of the Tobacco and Health Trust Fund Board's recommendations for disbursement for the STEP-State-Wide Tobacco Education Program.

STEP was designed to be an innovative and interactive program which includes five one-hour sessions implemented in a variety of settings including summer camps, positive youth development programs, and traditional classroom locations. The five sessions include: health information regarding tobacco, environmental effects of tobacco use, the media's portrayal of tobacco, costs and choices, and dealing with peer pressure. STEP was funded state-wide from the Tobacco and Health Trust Fund from 2011-2013. In that time over 1,360 youth ages 7-16. Our evaluation shows favorable outcomes after participation in the 5,1-hour sessions. A table with more specific evaluation data are below:

Preliminary Results for STEP Participants, 8 and 9 years old, 131 matched pairs, As of Oct 2013

Question		Pre (n=131)			Post (n=131)		
	% Change	Yes	No	Don't know	Yes	No	Don't know
Smoking is risky	+6%	94%	0	6%	100%	0	0
Cigarettes have chemicals	+38%	60%	8%	31%	98%	1%	2%
Second hand smoke… can hurt you	+26%	56%	31%	14%	82%	11%	7%
Advertising… makes kids want to smoke	+20%	27%	45%	24%	47%	22%	30%
Play sport… smoking will affect…	+28%	52%	21%	26%	80%	16%	4%
Easy to quit	+16%*	19%	66%*	13%	12%	82%*	6%
Smoking is expensive	+33%	47%	32%	11%	80%	5%	15%

Connecticut Prevention Network

Local partnerships promoting wellness
by addressing substance abuse statewide.

An expert from the evaluation report regarding the variety of settings STEP was implemented within:

> In general, the kids in the outdoor programs started out with less knowledge but improved more, especially compared to the kids in the sessions that were held in classrooms. The kids in the variety of multi-purpose indoor settings tended to be in-between. One conclusion looks clear: that the STEP program appears to convey benefits in all settings, and perhaps especially outdoors.

For 2014-2016 The CT Prevention Network has requested **$229,384** be disbursed to ERASE, which would continue to serve as the program manager and fiduciary for STEP.
These funds would enable the Regional Action Councils serve an estimated 3,000 youth ages 5-9 between 2014-2016.

The programs RACs have partnered with for STEP, such as camps, after school programs, library programs and boys and girls clubs have continued to request that STEP be implemented in future years. They report that the program is easy to integrate into their settings, takes an interactive approach to teach youth valuable lessons, and that youth request future participation. A 3rd Grade teacher in Thompson stated," I have never seen the topic of tobacco taught in such a way that the students were excited for the next lesson. We will most definitely want the program again next year!" Stephanie Spargo, who presented at the local library as a summer camp stated, "Students enjoyed the program and parents, I just met, were staying to volunteer all four weeks." Additionally, many schools are interested in having STEP's innovative approach to activity-based learning infused into their current health curricula. In some cases teachers have asked to be trained in the curricula.

Thank all for your time and consideration of our request to support tobacco prevention education in Connecticut.

Sincerely,

STEP
Statewide Tobacco Education Program

Bonnie Smith, MPH, CPH Vice President
Connecticut Prevention Network
Executive Direction, ERASE (East of the River Action for Substance-Abuse Elimination, Inc.)

Testimony regarding the funding of a tobacco resistance and awareness program for the Alliance of Boys & Girls Clubs in Connecticut submitted by Don Maleto Director.

Senator Bye, Representative Walker, Senator Gerratana, Representative Johnson and Committee members thank you for the opportunity to testify on behalf of a proposed tobacco resistance and awareness program for the Alliance of Boys & Girls Clubs in Connecticut.

The goal of this project is to increase the understanding and awareness of teen Boys & Girls Club members about the impact of smoking and using tobacco related products, such as e-cigarettes, on their health. The program will positively affect the attitudes and beliefs of teen members regarding smoking. The 16 organizations in Connecticut will provide Stay SMART programs developed by Boys & Girls Clubs of America for members' ages 13 to 15 years old. The Stay SMART program provides the knowledge, skills, self-esteem and peer support to help members make healthy choices. Members will practice responsible behaviors, avoid the use of tobacco, alcohol and other drugs. This curriculum utilizes small group discussions, roleplaying, guest speakers and cooperative learning to emphasize the message of abstinence. The program will be evaluated by pre and post-tests at the start and end of each unit.

Engaging the community and parents is essential for promoting change in young people who are influenced by their immediate surroundings. Each organization will conduct community forums by partnering with local health departments to engage community leaders, parents and members of Boys & Girls Clubs. The forums will focus on discussing the effects of tobacco use and the emergence of e-cigarettes. The Clubs will use local media outlets to promote the events. The effectiveness of the forums will be measured through participation surveys.

Dissemination of material and marketing of the program will be conducted in three ways. First, the Alliance will host a media kick-off event promoting the program. Second, each Club will set aside dedicated space in a prominent location of the club to display anti-tobacco literature and information. These hubs will be attractive, current, and draw the attention of all who enter the club. Lastly, the Alliance will produce statewide printed materials to promote this initiative. Through cause marketing, sponsors will be solicited to advertise in the printed materials in support of the efforts of the Tobacco and Health Trust Fund Board and Boys & Girls Clubs in Connecticut. Clubs will conduct contests for a statewide anti-smoking campaign that will be prominently displayed in the statewide printed materials.

The final evaluation of the program will be conducted through the National Youth Outcomes Initiative of Boys & Girls Clubs of America. This survey measures teen risk behaviors of club members comparative to the CDC Youth Risk Behavior Survey. Thank you for your consideration of this new initiative for the youth of the Boys & Girls Clubs in Connecticut.

Testimony to Joint Committees on Public Health and Appropriations

Patricia J. Checko, Dr. P. H.

Tobacco and Health Trust Fund Board Recommendations for Disbursement

January 29, 2014

Good morning, Senators Gerratana and Bye, Representatives Johnson and Walker and members of the committees. I am Dr. Pat Checko and I have been a member of the Tobacco and Health Trust Fund Board since its creation in 2000. This month, we celebrate the 50th anniversary of the Surgeon General's first report on the effect of tobacco in 1964. We have made great progress since the 1950s when almost half of adults smoked cigarettes to our most recent estimates of 16% of CT adults. But we need to do more. Tobacco use costs $1.63 Billion annually in health care costs for our state residents and kills about 4,700 of us every year.

Today I come to ask your support for and adoption of the recommendations the Board has made to disburse $3 M from the THTF. Anne Foley has already provided an overview; I would like to expand on three of the specific initiatives.

The Connecticut Quitline ($1.6 Million)

Telephone counseling services have proven effective in helping people quit using tobacco and remain abstinent. The U.S. Public Health Service's recently updated clinical practice guideline found that quitline counseling can more than double a smoker's chances of quitting and quitline counseling combined with medication (such as nicotine replacement therapy) can more than triple the chances of quitting. Quitlines are a cost-effective and efficient way to reach a large number of smokers.

Connecticut QuitLine provides comprehensive free telephone and web- based tobacco use cessation coaching services that assist residents in their efforts to quit tobacco use through the provision of individualized counseling, information, self-help materials and nicotine replacement therapy. From 2002 – June 30, 2013 the Quitline has served almost 50,000 with reported quit rates of 27%.

CT's recent use of the CDC's national "Tips from Former Smokers" ad campaign significantly increased Quitline usage in Connecticut to a level of approximately 1200 per month.

In addition, DSS has initiated the Rewards to Quit program, that is studying the effect of incentives on quitting. Their enrollees are encouraged to use the Quitline counseling in addition to individual and group counseling sessions. It is anticipated that this add another 2,500 registered callers.

This will increase the costs for the upcoming year of Quitline use. The THTF is recommending $1.6 Million to meet this anticipated utilization.

Department of Correction's Cessation Program ($527,283)

The THTF Board is recommending funding the Department of Correction's Cessation initiative for a second year. I hope that Dr. Maurer will be talking about the initiative today. Prevalence of smoking among inmates of the four selected institutions (York, Manson, Hartford and New Haven) averages 70%, almost 4 times that of the general population in CT. Among inmates who enter as smokers, there is a 95-97% probability they will return to smoking upon release.

The program works closely with local community health center partners to guarantee continued support and treatment after release.

Youth Initiatives ($572,963)

While youth cigarette use declined sharply during 1997–2003, rates have plateaued in recent years. Youth smokeless tobacco use also declined in the late 1990s and early 2000s, but an increasing number of U.S. high school students have reported using smokeless tobacco products in recent years.

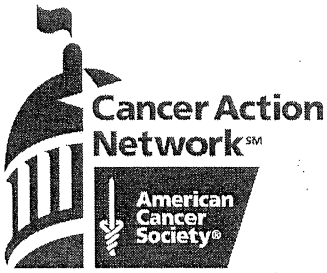
When you look at the results of the most recent CT Youth Tobacco Survey of high school students it is clear they are using many different forms of tobacco.

Tobacco Use	Any Type	Cigarettes	Cigars	Smokeless	Pipes
All Students	19.9%	14.0%	11.3	5.0	2.5
Males	25.8%	16.1%	17.8%	9.4%	4.5%
Females	13.8%	11.8%	4.4%	0.5%	0.4%
White	22.6%	15.5%	13.4%	6.1%	2.4%
Black* (non-Hispanic)	11.3%	7.8%	6.0%	2.8%	2.0%
Hispanic	17.5%	14.1%	7.2%	2.7%	2.5%

Source 2011 Youth Tobacco Survey

We trust that these initiatives will address not only cigarettes but the myriad of other tobacco products that our kids are aggressively marketed to. By the time our young men are seniors in high school 1 in 4 of them are tobacco users.

Thank you.



Appropriations and Public Health Joint Committees
January 29, 2014
American Cancer Society Cancer Action Network Testimony

RE: Tobacco and Health Trust Fund Board 2013 Report and Recommendations

The American Cancer Society Cancer Action Network strongly supports the Tobacco and Health Trust Fund Board recommendations for allocations of available funds via the Trust Fund. These recommendations include the following totaling $3 million:

- Statewide Tobacco Education Program (STEP): $229,384
- Community Based TUC Programs - $343,579
- Quitline - $1,611,984
- Corrections Cessation Program - $527,283
- Tobacco Enforcement Program - $287,770

Tobacco related diseases are the single most preventable cause of death in our society, yet according to DPH statistics, tobacco use kills more people in Connecticut each year than alcohol, AIDS, car crashes, illegal drugs, accidents and suicides combined. Currently, 17.1% of adults in Connecticut and 15.9% of high school aged kids smoke, spending on average $3000 per year on the habit. ***Connecticut incurs $1.63 billion in annual health care costs and another $1 billion in lost productivity directly caused by tobacco use.***

Connecticut receives over $500 million annually between the MSA funds and tobacco tax revenue. Over the years, however, less than 1% of the cumulative total has been spent in support of smoking cessation services. In 2013 we spent 6 million on TUC, however in 2014 that number has been cut in half. While the state continues to underfund programs with proven results, the annual health care costs associated with tobacco use continued to increase.

4700 people in Connecticut will die from tobacco use in 2014 and sadly, another 4300 will start the habit this year. 70% of Connecticut's smokers indicate they want to quit while 40% attempt to quit each year, however only about 5% are successful. Many fail because, in part, of a lack of access to successful cessation programs. Funding tobacco use prevention and cessation programs that alleviate this burden on our citizens and economy are not only consistent with our shared goal of

insuring access to care to those in need, it is also the only fiscally responsible approach we can take.

Evidence-based tobacco use cessation methods have been proven to be effective in a variety of populations. Currently TUC services in Connecticut are sparse and under advertised. Programs that do exist at some Community Health Centers, local health departments/ districts, and hospitals, are supported by specific grants from the Tobacco and Health Trust Fund, Federal Block Grants or other funding that is not sustainable. Many of these programs cease when these special funds are gone.

Connecticut has never fully funded its tobacco control programs to the level recommended by the CDC. In fact, if all state spending over the twelve years since the Master Settlement is combined, the total doesn't amount to even one year's recommendation. CDC will be revising their recommendations and their updated Best Practices will be released later this week. With that in mind, while not nearly enough, the recommendations made today by the Tobacco and Health Trust Fund Board are appropriate and much needed.

We strongly urge adoption of these recommendations. More importantly, we urge the Governor and the legislature to restore the annual $12 million deposit from the Master Settlement to the Tobacco and Health Trust Fund and the $6 million disbursement allocation authority to the THTF Board that were both cut in half in last year's state budget. We can and must do more to improve Connecticut's tobacco prevention and cessation efforts.

Thank you

Bryte Johnson
Associate Director of Government Relations
American Cancer Society Cancer Action Network

Tobacco And Health Trust Fund

Public Hearing – January 30, 2014 - TESTIMONY Albert T. Primo

Smoking Is Worse Than You Thought

On the 50th anniversary of the landmark 1964 report that powered the anti-smoking movement, a new report from the U.S. Surgeon General says there's a lot of room for improvement in the battle. While fewer Americans smoke today (about 18 percent of adults), the U.S. may not reach the government's goal of 12 percent by 2020. Additionally, roughly half a million people died from smoking-related diseases in 2012, and **every day over 3,000 young people will try their first cigarette.** Also, more diseases were added to the official list of being smoking-caused, including Type 2 diabetes, rheumatoid arthritis, erectile dysfunction, liver and colorectal cancer, and cleft palate birth defects.

From the first time I created the **Eyewitness News Concept** for television, I have been committed to bringing vital information to people in a way that is easily understandable in a comfortable format. This is the hallmark of my television program **Teen Kids News**, which is essentially *Eyewitness News with teenagers*. Because of the mass audience available in TV, many, many adults are also regular viewers of the program and will receive vital information about the dangers of smoking.

The segments we produce will be aired on the program which is guaranteed broadcast on 200+ TV stations and sent to 1,000 locations in 175 countries via **American Forces Network** where smoking among youth in the military is always on the rise. We will also distribute the program anti-smoking segments to schools throughout Connecticut.

In addition, the segments will be streamed on the Internet through, **Facebook**, **You-Tube** channels, **Instagram**, **Twitter**, **Tumblr** and other social media outlets. Questions: