

Joint Hearing: Appropriations and Public Health Committees
Report of the Tobacco and Health Trust Fund Board of Trustees
January 4, 2010

My name is Dr. Pat Checko and I have been a member of the Tobacco and Health Trust Fund Board of Trustees for 10 years. In November 2008 we presented you with \$6.8 million of recommendations that could have a real impact on the prevention and control of tobacco-related diseases and death. You approved those expenditures and those initiatives and services are well underway. I would like to review those programs and illustrate their success.

The statewide, telephone, smoking-cessation Quitline received \$2 million to provide both multiple call counseling and free nicotine replacement therapy (NRT) for smokers who want to quit. The Quitline program can reach 11,672 callers or 1.74% of adult Connecticut smokers. In July 2007, the Quitline first offered enhanced counseling and free NRTs. The demand was so great that within a three week period the NRT allocated for the entire contract period had been exhausted and for almost two years only counseling was available. With new funding from the FY09 allocations the Quitline began to provide NRT again in April 2009. We anticipate that with the New Year and the publicity from the media campaign, there will be a surge in utilization. A quit rate evaluation was conducted at 13 months after registration for participants who were offered both counseling and NRT. Twenty-seven percent reported that they had quit.

Contracts totaling \$412,456 were awarded to seven community-based organizations to provide community based tobacco use cessation programs including individual and group counseling with pharmacotherapy and relapse prevention to persons with low-socioeconomic status. These services will reach 1300 smokers in diverse settings including community health centers, a hospital clinic, a local health district and an AIDS program. In 2008, the THTF appropriated \$800,000 to community health centers to provide smoking cessation targeting pregnant women and women of childbearing age. As of June 30, 2009, 625 women had been served. By ethnicity, 38% were Latina and 19% were African American. Fifty-nine percent had an income of <\$10,000, 21% had not finished high school and 59% had tried to quit smoking two or more times. Of those who had completed the program, 30% had stopped smoking and an additional 30% had reduced their smoking.

In FY09, the THTF Board recommended a significant investment in tobacco cessation efforts targeted to persons with serious mental illness. Nationally, persons with mental illness buy approximately 44% of all cigarettes. While representing approximately 7% of the general adult population in Connecticut, individuals with serious mental illness represent about 31% of all adult smokers in the state. And treatment for smoking addiction is complicated by the need for medical supervision to adjust often complex psychotherapeutic medication regimens. Through the existing contract with Communicare Community Behavioral Health System, we hope to create a model that can be standardized and replicated through the state for this high risk population.

For the first time Connecticut has made a substantial commitment to a tobacco counter marketing initiative. Counter marketing uses the influence of the media to curtail tobacco use. The National Cancer Institute has reported that there is evidence from controlled field experiments and population studies that mass media campaigns designed to discourage tobacco use can change youth and adult attitudes about tobacco use, curb smoking initiation and encourage adult cessation. Many population studies document reductions in smoking prevalence when mass media campaigns are combined with other strategies in multi-component (comprehensive) tobacco control programs. The components for this campaign are highlighted on page 32 of the report. Most importantly, this campaign will target high risk youth and adults and utilize community organizing and social networking techniques to reach diverse populations.

Surveillance and evaluation are necessary and critical components of any public health initiative. Statewide surveillance is the process of monitoring tobacco-related attitudes, behaviors and health outcomes. Surveillance should monitor the achievement of overall programs. Program evaluation is used to assess the implementation and outcomes of a program, increase efficiency and impact over time, and demonstrate accountability. Last year's recommendations made the first major commitment to this function. We hope to provide you with the level of evaluation used by New York State and Massachusetts to demonstrate the value and efficacy of our anti-tobacco initiatives.

The THTF Board of Trustees is recommending that the full amount available for distribution - \$6,377,745 - be used for anti-tobacco initiatives to continue the important initiatives that have been started. The Centers for Disease Control notes that evidence-based tobacco control programs must be comprehensive, sustained and accountable to reduce smoking rates, tobacco-related deaths and diseases caused by smoking. It is crucial to sustain the funding for prevention and treatment programs that are just starting to have a major impact in Connecticut.

We understand that our country and state are still in recovery from a major recession. We understand that the legislature has been faced with difficult decisions to balance the budget and has used THTF principal to meet those needs. But it is also important for us to continue what we have started for the health and well-being of our citizens.

There are numerous tobacco success stories in states with comprehensive tobacco programs.

- In 2006, the Massachusetts legislature enacted a law providing a smoking cessation benefit for all MassHealth (Medicaid) subscribers. The "barrier-free" benefit includes: behavioral counseling, all FDA-approved medication and nicotine replacement, very low co-pays. In the first 2.5 years of implementation 75,000 MassHealth members used the benefit to try to quit smoking (i.e., 40% of all smokers on MassHealth) and the smoking rate fell 10% a year, from 38.2% to 28.3%. Their recent report also documented 17% fewer emergency department visits for asthma symptoms and 17% fewer claims for adverse maternal outcomes.
- New York City noted a dramatic decrease in high school smokers when they added a major media campaign to their existing initiatives. Smoking prevalence dropped from 14.5% in 2006 to 8.5%.
- In California, home of the longest running comprehensive tobacco control program, adult smoking rates declined from 22.7% in 1988 to 13.3% in 2006. Due to program related reductions in smoking, lung cancer incidence has been declining four times faster in that state than in the rest of the nation.

Connecticut's currently spends \$1.6 billion each year on health care costs and an additional \$1 billion in lost productivity. Continuing to fund tobacco prevention and control programs that work can dramatically alter those costs and save lives.