

Tobacco and Health Trust Fund Board Retrospective Report

Executive Summary

Each smoker in Connecticut that quits saves an estimated \$8,595 in health care and lost productivity costs¹. With over 350,000 adults in Connecticut still smoking, the annual savings would be substantial if we successfully eliminate smoking completely. The State has committed to addressing this issue and improving the lives of Connecticut residents by establishing a Tobacco and Health Trust Fund (THTF) and establishing a Board of Trustees (the Board) that has funded diverse efforts against tobacco use. These efforts continue to improve the lives of Connecticut residents, and Connecticut saves \$2.48 for every \$1 invested in its tobacco control programs², since tobacco users have higher health care usage and lower productivity than those who do not use tobacco.

The Tobacco and Health Trust Fund was created to provide funds to support and encourage development of programs to reduce tobacco use through cessation, education, and prevention programs. The Board of Trustees has awarded funds to programs and efforts that demonstrate the capacity to address the ongoing challenges of tobacco use. These programs can be broadly categorized into cessation services and the Quitline, mass-media campaigns, prevention programs, independent evaluations, and administration and infrastructure. This report summarizes the outcomes of the programs funded by the board with reference to Connecticut's tobacco use during the time the Tobacco and Health Trust Fund Board of Trustees has been active.

Successes:

- **Adult Cigarette smoking rates have decreased consistently**
 - The rate of cigarette smoking decreased from 22.8% to 13.2% among the Connecticut adult population between 2002 and 2010, and from 17.1% to 13.5% from 2011-2015 [BRFSS data; weighting methods changed in 2011, making earlier data incomparable to that collected after 2011].
- **At least 450 tobacco users in CT quit as a direct result of funded cessation programs during the 2015 evaluation period³.**
 - This results in healthier lives, potentially saving Connecticut more than \$10.5 million⁴.

¹ The University of North Carolina at Chapel Hill, "Cost Analysis Evaluation: 2015 Evaluation Period", December 2016.

² The University of North Carolina at Chapel Hill, "Connecticut Tobacco Control Programs are Good Investments", 2015.

³ The University of North Carolina at Chapel Hill, "Cost Analysis Evaluation: 2015 Evaluation Period", December 2016.

- Community cessation programs and the Quitline have estimated aggregate quit rates that range from 12.4% - 30.6%⁵.
- **Adopted the Centers for Disease Control and Prevention Best Practices for Comprehensive Tobacco Control Programs**
 - The 'Best Practices' is an evidence-based guide describing integrated programmatic structure to establish a comprehensive tobacco control program.
- **Media campaigns have increased exposure to the CT Quitline by increased tagging of ads with the CT QuitLine information⁶.**
 - Cost analysis data and qualitative focus group data suggest that television and online ad placements are the most cost-effective advertising venues and may be more effective in reaching target populations.⁷

Lessons Learned:

- The combination of programs that have been funded and policy changes that have been made in Connecticut have reduced the rate of tobacco use overall, although certain subpopulations and age groups still show a high rate of use.
 - For example: the overall rate of cigarette smoking in Connecticut adults is 13.5%, however data reveal that adults in households with an annual income less than \$25,000 smoke cigarettes at a rate of 24.1%, and adults aged 25-34 years smoke cigarettes at a rate of 20.6%⁸.
- Quit rate data collection faces certain challenges: community cessation programs report difficulty collecting follow up data from program participants, making it hard to define absolute quit rates⁹.
- The rate of e-cigarette use has been increasing while other types of tobacco use have been reduced: among CT youth, e-cigarettes are being utilized more than combustible cigarettes; the rate has surpassed the use of traditional cigarettes.¹⁰.

⁴ Ibid.

⁵ Independent Program Evaluation Reports, 2008-2015.

⁶ Professional Data Analysts, 'Adult Cessation Media Evaluation: FY-CY 2012', 2013.

⁷ The University of North Carolina at Chapel Hill, 'CT Media Campaign Final Evaluation Report 2013-2014', 2015.

⁸ Data Source: 2015 CT Behavioral Risk Factor Surveillance System

⁹ Independent Program Evaluation Reports, Cessation Programs, 2008-2016.

¹⁰ Data Source: 2015 Connecticut Youth Tobacco Survey

Recommendations:

- In order to continue the progress the state has made so far, continued funding for evidence-based, best practices policies and programs is affirmed. These coordinated, multi-component interventions are recommended because they are effective in reducing the initiation, prevalence, and intensity of tobacco use, especially among youth and young adults.
 - “Policies and programs that contain several parts working together to make tobacco use more difficult and less accepted are the ones that work best”¹¹.
- Evidence-based tobacco control interventions that target sub-populations that have higher rates of tobacco consumption, such as the population that has a lower socioeconomic status, are effective and should be maintained. Specialized programs that meet the needs of the targeted population can be successful.
- Program and policy initiatives need to address emergent products, such as e-cigarettes, in order to assure a continued decrease in overall tobacco use in Connecticut in order to effect reductions in tobacco-related diseases and deaths.

¹¹ A Report of the Surgeon General, “Preventing Tobacco use Among Youth and Young Adults”, A Summary of the Surgeon General’s Report of 2012.