

Tobacco and Health Trust Fund Board,

I have facilitated a fair amount of community-based smoking cessation groups over the past 12 years and recently polled some of my contacts re: how they would like to see Master Settlement funds used in the community. Here are some of their suggestions:

- 1) provide NRT/other approved medication at a reduced cost to smokers
- 2) make funding available for more community-based groups "with adequate publicity"
- 3) fund follow-up support groups with trained facilitators
- 4) offer financial assistance for gym/YMCA memberships for low-income smokers

As a facilitator, I would like to see scholarships made available for individuals interested in pursuing Tobacco Treatment Specialist training. Until very recently, this training was only available out-of-state, and often out-of-pocket.

Thanks for your time; I look forward to hearing about the outcomes of the meeting.

Regards -

Jane Tait, RN, MSN, TTS
Tobacco Treatment Specialist

Connecticut Association of Directors of Health
Testimony in Support of QuitLine, Cessation Programs and Tobacco Prevention Initiatives
To the Tobacco and Health Trust Fund Board
May 29, 2014

Good Afternoon, I am Charles Brown, Executive Director of the Connecticut Association of Directors of Health (CADH), a nonprofit organization comprised of Connecticut's 74 local health departments and districts. Local health directors are the statutory agents of the Commissioner of Public Health and are critical providers of essential public health services at the local level in Connecticut.

Despite gains in reducing the prevalence of tobacco use, smoking remains a leading cause of premature illness and death in Connecticut. As the Tobacco and Health Trust Fund Board considers funding recommendations we encourage ongoing support of the Quit Line, cessation programs for our most at-risk populations and prevention initiatives.

Tobacco use rates are disproportionately high among certain populations, including individuals with severe and persistent mental illness, substance abusers, and criminal offenders. At the local level, these populations are hard to reach. Investments that support organizations and agencies who work directly with these populations and can offer direct and ongoing cessation and relapse prevention services are critical to reducing the smoking rates among these populations.

According to the Centers for Disease Control and Prevention (CDC), approximately 70% of adult smoker would like to quit. The QuitLine provides any Connecticut resident, interested in quitting with telephone cessation counseling and nicotine replacement therapy (NRT). Nearly 50,000 individuals have taken advantage of the QuitLine in the past 10 years and over 13,000, 27% of QuitLine users, have quit smoking during this same time period. For local health departments that are unable to provide group cessation programs, the QuitLine is an invaluable resource for those seeking assistance in quitting. The funding provided by the THTF for the statewide QuitLine operations are the sole support of this critical intervention. Even at its current funding level, it can only reach about 2% of Connecticut's adult smokers. Failure to continue this free, telephone -based cessation program would deprive many smokers of the only smoking cessation opportunity they may have.

Unfortunately, we face a new challenge as the marketing and promotion of e-cigarettes gains traction. Our prevention initiatives must keep pace with this new threat and we encourage the Board to give consideration to ongoing prevention efforts that target children and incorporate the most current information on these emerging products and marketing techniques.

Thank you for the opportunity to speak about these important programs.

Dear Ms. Foley and members of the Tobacco and Health Trust Fund Board:

Thank you for your time this afternoon.

My name is Dr. Marion Evans, and I am here today representing Southern Connecticut State University as an adjunct faculty member in the school's Public Health Department. With me are Dr. Diane Morgenthaler, director of Southern's Student Health and Wellness Center, and Phil Pessina, the university's deputy chief of police.

Several months ago, the university received a letter from U.S. Sen. Christopher Murphy asking us to consider joining the Tobacco-Free College Campus Initiative, a program launched in 2012 by the U.S. Department of Health and Human Services. To date, more than 1,200 colleges and universities across the nation have joined the initiative.

Among the potential benefits of joining the initiative is the elimination of second-hand smoke throughout the campus that negatively affects smokers and non-smokers alike. Another benefit is to assist smokers in kicking the habit – a habit that robs the health and/or lives of so many Americans each year.

For the last several months, Southern has given Sen. Murphy's request serious consideration. In fact, President Mary A. Papazian has charged a special subcommittee of the university's Health and Safety Committee with the task of examining whether such an initiative at Southern is feasible, and if so, how it could be implemented.

The Tobacco-free Subcommittee has been gathering information and reaching out to the campus community to determine the potential impact that joining the initiative may have. The subcommittee has held public forums to gauge the climate of the university in terms of its willingness to move ahead with such a proposal. The verdict, so far, is that the campus is overwhelmingly supportive of the concept.

We plan to make a formal recommendation to President Papazian in the next few months. She will evaluate the plan along with her Cabinet. We are hopeful that the campus leadership will be supportive of the initiative so that we can move forward with implementation. In either case, various components of the plan will be implemented under the current campus policies.

Nevertheless, fully implementing the initiatives is multi-faceted. The following are among the tasks that would be necessary:

- Notifying all segments of the campus population of new regulations in which the use of tobacco products, as well as e-cigarettes and other related products, will be banned on all campus property.
- Purchasing many signs across our expansive, 171-acre campus to notify members of the campus community and visitors that Southern will be tobacco-free.

- Creating education and smoking-cessation programs designed to help students, faculty and staff to stop smoking.
- Enforcing the ban on tobacco, smoking and related activities throughout the campus.
- Marketing the initiative so that not only the campus community is aware of the many aspects, benefits and programs related to the initiative, but to communicate that same information to future students and the general public.

As I am sure you can imagine, the establishment of a tobacco-free campus is anything but cost-free. Our preliminary estimate to purchase and post signs across the campus alone carries a price tag of \$50,000. Although we have yet to calculate the exact costs to implement the initiative, we believe it is safe to assume it will be a few hundred thousand dollars.

But while we anticipate a sizable cost to fully implement the initiative, you cannot put a price tag on the health and safety of the public. In terms of students alone, our latest surveys show the following information:

- 26 percent of our male undergraduate students smoke cigarettes
- 14 percent of our female undergraduate students smoke cigarettes
- 18 percent of our graduate students smoke cigarettes

By extrapolating the numbers, we estimate that about 1,750 students of our students are tobacco smokers.

If we can help cut that number over the next several years – even by 20 percent -- several hundred students will be tobacco-free in their own lives. That long term benefit would be well worth the short-term financial costs. And that doesn't even include faculty and staff members who may be more inclined to give up smoking.

While the target audience is largely adults – ranging from high school graduates to those of retirement age – minors also would be affected indirectly. High school students will know that if they choose to attend Southern, they will not be able to smoke on campus. And we believe that will be an incentive for them to quit, as well. What would be better than these young people snuffing out the cigarette butts at an early age, before serious health consequences are more likely to occur. Meanwhile, studies have shown that those who fail to quit smoking by their mid-20s are much less likely to give up this habit later in life.

Southern also has the possibility of becoming a model institution in terms of how to become tobacco-free. To the best of our knowledge, no other four-year institution of higher education in Connecticut has joined this initiative. Gateway Community College, to its credit, has joined the effort. But the sheer size of our campus – with several dozen buildings located on about 171 acres and several city streets running through the grounds -- presents distinctive challenges.

These challenges are similar to those that other Connecticut universities will face should they opt to join this noble initiative in the months and years ahead. But if we can implement this initiative effectively – and we are confident that we can -- we will have a successful roadmap for other schools our size to follow. In turn, this can lead to other universities following suit and making Connecticut a leader in the tobacco-free effort.

Thank you everyone for your time. And if you have any questions at all, we would be happy to answer them.

East Campus

- 1 Facilities Operations
- 2 Nursing Classroom Building
- 3 Davis Hall
- 4 Fitch Street Garage
(Faculty, Staff, Commuter Students,
Graduate Students, Visitors)
- 5 Peiz Gymnasium
- 6 TE-7 - Temporary Building 7
- 7 Jennings Hall
- 8 Morrill Hall
- 9 TE-8 - Classroom Building 8
- 10 School of Business
- 11 Engleman Hall
- 12 Bailey Library
- 13 Lyman Center
- 14 Earl Hall
- 15 Adent Student Center

West Campus






- 16 Connecticut Hall - Food Service
- 17 Schwartz Hall - Residence Hall
and Housing Office
- 18 Ethnic Heritage Center
- 19 Admissions House
- 20 Lang House -
Department of Social Work
- 21 Orlando House -
Department of Public Health
- 22 Brownell Hall - Residence Hall
- 23 Farnham Hall - Residence Hall
- 24 Wilkinson Hall - Residence Hall
- 25 Chase Hall - Residence Hall
- 26 West Campus Garage
(Commuter, Residence Hall, and
Graduate Students)
- 27 Hickerson Hall - Residence Hall
- 28 Neff Hall - Residence Hall
- 29 West Campus Residence Complex
- 30 University Police and Granoff
Student Health Center
- 31 Office Building 1
- 32 TE-6 - Temporary Building 6




North Campus

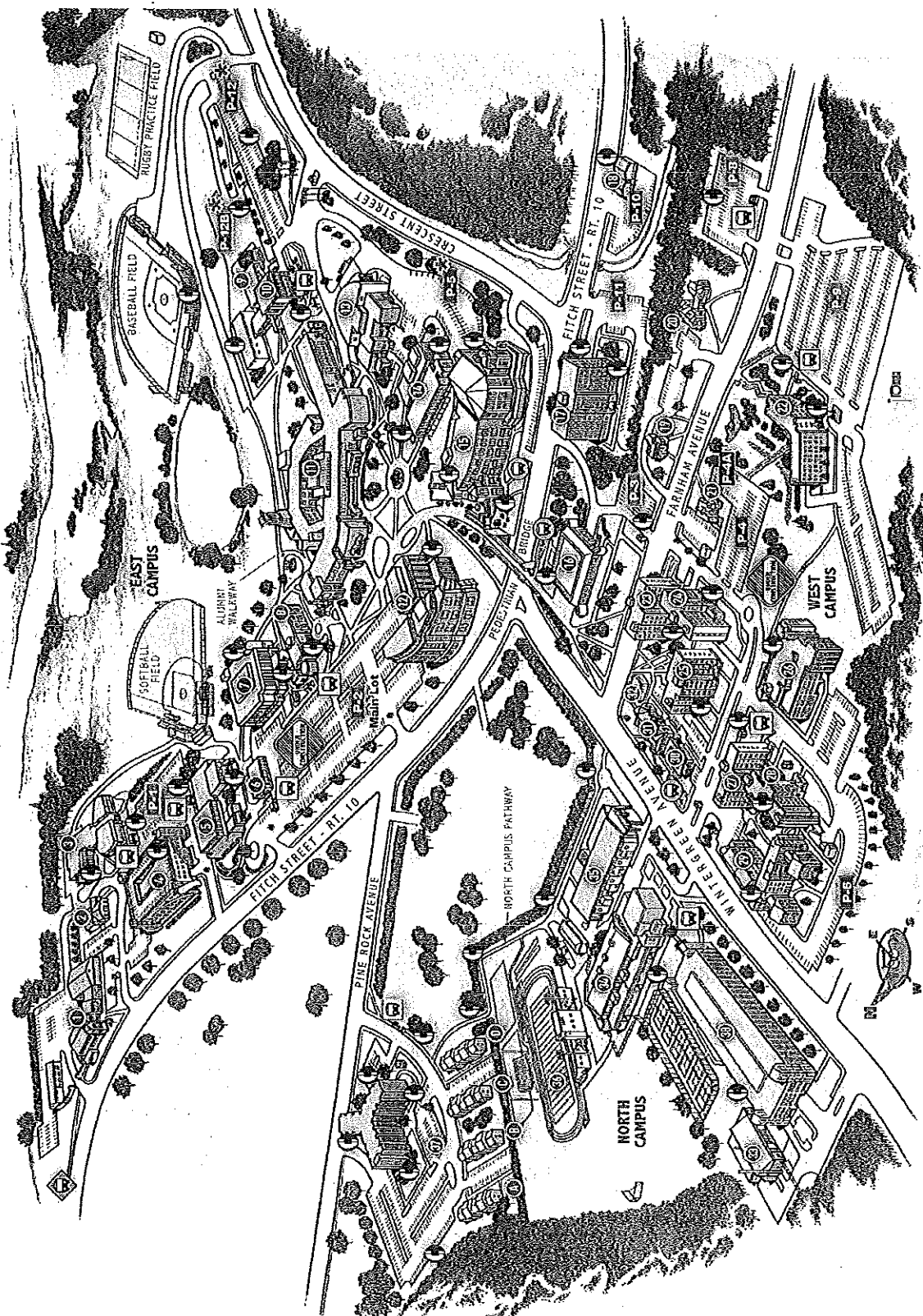
- 33 Energy Center
- 34 Moore Field House
- 35 Wintergreen Building
- 36 Jess Dow Field
- 37 North Campus Residence Complex
- 38 Wintergreen Avenue Garage
(Faculty, Staff, Commuter Students,
Graduate Students, Visitors)

Parking Information:

Cars in parking on campus must display a valid SUSU parking permit. All vehicles must obtain a visitor's permit at the University Police Department prior to parking. Specific restrictions are contained in the Campus Parking and Traffic Regulations.

-  Faculty and Staff Parking
-  Commuter Students Parking
-  Residence Hall Students Parking
-  Graduate Student Parking
-  Graduate Student Parking after 4:30 p.m.

-  Shuttle Bus Stop
-  Municipal Bus Stop
-  Emergency Phone



We are recipients of the DPH funding for the Tobacco Cessation grant. Although we have just started our grant, we are seeing many exciting changes and benefits for our clients in the Greater Hartford community. Many of our clients have tried smoking cessation without the funds for counseling services and tobacco cessation products. Unfortunately this has led to many unsuccessful attempts and the loss self-confidence that they can quit. We provide services to vulnerable populations and the extensive counseling support has created an atmosphere of hope and self-efficacy. In this hospital setting, many of the clients present with a multitude of co-morbidities. Tobacco use aggravates these conditions and prevents the healing process. Counseling clients starts a dialog about harm reduction and re-learning a life without tobacco. This reminds me of a recent client who was clean and sober for 3 yrs. She recently was able to become tobacco free for the past 2 months. Her pride and excitement about her success with tobacco is evident in her upbeat and positive attitude. She had tears in her eyes while she told me that this was the first time she had ever put her needs before others. She sees this as just the beginning for a new lease on life. Thank you for investing in the health and well-being of our community.

Hartford Hospital Tobacco Cessation Program funded by the Tobacco and Health Trust Fund by the Connecticut Department of Public Health

Testimony regarding future goals of the "BE SMART, Don't Start" tobacco resistance program funded by the Tobacco & Health Trust Fund Board for Boys & Girls Clubs in Connecticut.

Thank you for the opportunity to testify on behalf of the Alliance of Boys & Girls Clubs in Connecticut concerning the future goals of a new program funded through the Tobacco & Health Trust Fund Board called "Be Smart, Don't Start". The main goal of this program is to teach boys and girls, ages 13-15 years old, appropriate resistance skills to avoid engaging in risky behavior. The program is designed to use club-wide marketing and awareness techniques in order to create an atmosphere of health and abstinence, as it relates to tobacco and tobacco related products.

December 2015 will be the completion of the first year of funding for this new program. The Alliance will have installed 16 informational hubs in each Boys & Girls Club, implemented the Stay Smart programming for boys and girls 13-15 years old, conducted 16 community forums, and developed statewide marketing tools. The Boys & Girls Clubs in Connecticut are perfectly positioned to meet the aforementioned goals.

The first year of funding for this program will establish the foundation for future program success. The Alliance seeks to keep the tenants of the program in place with expansion to reach more children through expanding the curriculum to include children ages 10-12. Measuring outcomes of the program is essential to improving program structure and delivery. Evaluation tools are in place for the first year of the program. Future funding of the program should include an evaluator position to continually improve on delivering the desired outcomes.

The Boys & Girls Club brand is well respected and known throughout the country as the leader in youth development during out of school time. The Alliance of Boys & Girls Clubs in Connecticut seeks to be the thought leader on issues important to the health and well being of our state's children. This program provides the Alliance the opportunity to become a significant voice in preparing youth to resist the temptation of tobacco.

In Conclusion, the Alliance of Boys & Girls Clubs is seeking continuation funding for this new program with additional funding to provide resistance training for 400 boys and girls ages 10-12 years old. Funding is requested to hire an independent program evaluator and for investing in the infrastructure necessary to promote Boys & Girls Clubs in Connecticut as a significant voice in anti-smoking efforts in Connecticut. The Alliance of Boys & Girls Clubs thanks the Tobacco and Health Trust Fund Board for the opportunity to implement the program, "Be Smart, Don't Start," and looks forward to future investments to reach children of all ages, especially those who need us the most.

AMERICAN LUNG ASSOCIATION.[®]

Fighting for Air

American Lung Association
of the Northeast

LungNE.org
1-800-LUNG USA

Connecticut
45 Ash Street
East Hartford, CT 06108

Maine
122 State Street
Augusta, ME 04330

Massachusetts
460 Totten Pond Road, Suite 400
Waltham, MA 02451

393 Maple Street
Springfield, MA 01105

New Hampshire
1800 Elm Street
Manchester, NH 03104

New York
418 Broadway, 1st Floor
Albany, NY 12207

21 West 38th Street, 3rd Floor
New York, NY 10018

237 Mamaroneck Avenue, Suite 205
White Plains, NY 10605

700 Veterans Memorial Highway
Hauppauge, NY 11788

1595 Elmwood Avenue
Rochester, NY 14620

Rhode Island
260 West Exchange Street, Suite 102B
Providence, RI 02903

Vermont
372 Hurricane Lane, Suite 101
Williston, VT 05495

May 29, 2014

Testimony before the Board of the Tobacco and Health Trust Fund
Ruth Canovi, Manager of Public Policy

Distinguished members of the Tobacco and Health Trust Fund Board,

My name is Ruth Canovi. I am the Manager of Public Policy for the American Lung Association (ALA) in CT and I thank you for this opportunity to speak today about the funding of tobacco prevention and cessation programming in CT.

Every year, the American Lung Association releases the State of Tobacco Control Report. In 2014, Connecticut earned an A for its \$3.40/pack cigarette tax. In this same report, the state earned an F for tobacco program funding.ⁱ For every \$10 the state receives in tobacco revenue, we spend less than 10 cents on tobacco prevention and efforts to help smokers quit.ⁱⁱ The American Lung Association is deeply concerned with this disparity. I know that today's hearing is about how we should spend the money that is available this year, but I would be remiss if I did not at least mention our concern. The ALA advocates that we continuously move toward the \$43.9 million program funding level recommended by the Centers for Disease Control for an effective state program. We also urge the state to work harder to support the 60 – 70% of smokers in CT who want to quit. We should be doing more to provide services and resources to help those smokers quit and use the money that they pay in cigarette taxes to do so.

With the allotted money available to spend on tobacco prevention and cessation this fiscal year, the American Lung Association strongly advocates that the Tobacco and Health Trust Fund (THTF) continue supporting the Connecticut Quitline. The THTF is the sole funder of this program and it is vital to have this resource available for our residents. The Centers for Disease Control recommends that we fund the CT Quitline at about \$10 per smoker. With 447,400 adult smokers in CT and 32,100 high school students who smokeⁱⁱⁱ, we cannot fund the Quitline at the CDC recommended level this year, however, the American Lung Association asks that we provide a higher level of support in 2015 and the years ahead and make the \$10 per smoker a firm goal.

The ALA would also like to see continued efforts toward counter-marketing of tobacco. Too many kids are exposed to messaging that tobacco products are cool, glamorous, rebellious, etc., we need to be sure that they see the true side to this story as well.

When evaluating what to fund, we ask that you place priority on evidence based practices and interventions to help promote a smoke free environment in CT. With limited funds, we urge you to provide resources to programs we know work to help smokers quit and to prevent youth from starting. While the state has made strides in reducing tobacco use overall in the long term, we continue to see the

tobacco industry finding new ways to engage our youth and keep people hooked on nicotine. We need to keep tobacco prevention and cessation a priority in Connecticut in order to protect the health of our residents and to reduce health care costs to our state. Between the tobacco tax revenue and the Master Settlement Agreement, we are currently taking in plenty of money to make this happen.

Thank you for your time and consideration of our requests.

Ruth Canovi
Manager, Public Policy
American Lung Association in Connecticut

ⁱ American Lung Association. State of Tobacco Control 2014. <http://www.stateoftobaccocontrol.org/state-grades/connecticut>

ⁱⁱ Campaign for Tobacco Free Kids. Spending on Tobacco Prevention: Connecticut. http://www.tobaccofreekids.org/what_we_do/state_local/tobacco_settlement/connecticut

ⁱⁱⁱ Campaign for Tobacco Free Kids. Spending on Tobacco Prevention: Connecticut. http://www.tobaccofreekids.org/what_we_do/state_local/tobacco_settlement/connecticut



Thursday, May 29, 2014

To: Members of Tobacco & Health Trust Fund Board

Good afternoon and thank you for the opportunity to provide testimony this afternoon. My name is John O'Rourke. I am the Program Coordinator for CommuniCare's tobacco cessation program. I'd like to speak to you today on a continued need for funding of tobacco cessation programming for adults living with mental illness and/or co-occurring substance use disorders.

Program Summary & History:

As part of a grant through the CT Department of Public Health and the Tobacco & Health Trust Fund, CommuniCare, Inc. (CCI) has been developing and implementing tobacco cessation services in behavioral health settings in the state of Connecticut since October 2009. CCI has contracted with ten agencies throughout the state to integrate tobacco cessation as a core component of their behavioral health services. The goal of the program is to provide tobacco treatment services to a population that has historically been underserved.

Program Mission/Purpose:

The mission of the tobacco cessation program is to decrease the use of tobacco products among individuals who struggle with mental illness. The program offers a range of services from which participants choose the most appropriate based on their readiness to change their tobacco use. Services include education on the harmful effects of tobacco use as well as counseling, medications, and supportive services to assist them in meeting their cessation goals.

Program Philosophy:

The program's philosophy is based on research that states that rates of tobacco use among those with mental illness and addiction are far greater than those of the general population. This increased rate of tobacco use relates to a shorter life expectancy among people with mental illness and addiction. Where we see the rate of tobacco use declining for the general population, these rates have not seen the same reduction for people living with mental illness. Providing tobacco cessation services catered to the needs of those with mental illness and addiction will work to improve the health and wellness of this population in the state of Connecticut.

The statistics on smoking and mental illness are staggering:

- 36% of adults living with mental illness are current smokers, compared with 21% among adults with no mental illness (2011)
- People with mental illness are 96% more likely to use tobacco than a person with no mental illness
- In addition, nearly half of all cigarettes (44%) are consumed by adults living with mental illness

While we have made some terrific advances in the past few years through our efforts supported by DPH and the Tobacco and Health Trust Fund, more work is yet to be done. Through our work, we've helped to change the landscape and culture surrounding tobacco in nonprofit behavioral health agencies across the state. While the culture surrounding tobacco use in behavioral health agencies has changed, much of the cessation counseling remains stagnant related to poor reimbursement of these services under Medicaid. As agencies struggle to provide cessation services in clinical settings, the needs of those looking to quit go under-met. Medicaid is now reimbursing for group cessation counseling, which broadens the coverage in the state. However, the reimbursement rates are so low that agencies are finding it difficult to offer the service. In addition,

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Phone: (203) 553-7234 – Fax: (203) 553-7239 – www.CommuniCare-CT.org

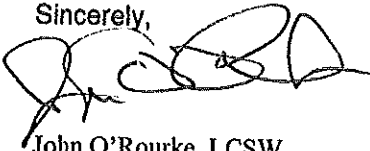
cessation coverage under Medicare is minimal, at best. Under Medicare, recipients are eligible for only four brief individual counseling sessions and only prescription medications are covered, making cessation efforts very difficult for recipients. With this coverage issue, there are many gaps barring adults living with mental illness from accessing effective cessation services.

CommuniCare, Inc. is committed to continuing its efforts in the area of tobacco treatment in the state of Connecticut. We are requesting continued funding to provide continued support to behavioral health agencies that to better establish comprehensive programming for adults living with mental illness. As we move further into the era of the Affordable Care Act, funding for ancillary services at behavioral health agencies is drying up. Continued funding to these agencies would work toward continued cessation services and efforts. In addition to the work CommuniCare has done with nonprofit local mental health authorities, we have been providing services and providing some training to DMHAS-run sites in an effort to better serve the geographical areas that DPH has contracted us to serve. CommuniCare believes there is a great opportunity to better address tobacco use in adults living with mental illness if these services were contracted and completed across all DMHAS sites.

Lastly, CommuniCare supports the work of the CT Quitline. This has proven to be a very effective resource for people looking to address their tobacco use, but not ready or interested in participating in traditional counseling services. For many people, the CT Quitline provides the ease of access they need to begin taking steps toward a healthy life. It has not been the best tool for adults living with mental illness, however, as the CT Quitline staff may not be educated on the particular issues people with mental illness face, and they are not linked into the participant's treatment team that could help to better meet their needs. I would recommend that the Quitline staff participate in the widely available Mental Health First Aid training to better meet the needs of adults living with mental illness. It would also be helpful if there was a way that the CT Quitline could interact with the participant's other providers, such as providing a brief outcome summary on the participant's Quitline interactions.

I'd like to thank you again for this opportunity. Should you have any questions about current programming or further questions about CommuniCare's ideas for future programming, please contact me by one of the following methods.

Sincerely,



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Program Coordinator
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Testimony for May 29, 2014 at 2 PM- LOB

Dear Members of the Tobacco and Health Trust Board:

Good afternoon. My name is Jane Reardon. I am an APRN, Pulmonary Clinical Nurse Specialist at Hartford Hospital and a longtime volunteer for the American Lung Association.

I have worked for nearly 50 years with people who are addicted to tobacco products. Many continue to smoke, **despite knowledge of its effect on their failing health.** I watch as my patients struggle for breath even when at rest. They can no longer participate in work and family activities that bring them joy. Most of them desperately want to quit smoking but lack the resources to do so on their own. They are not weak or unmotivated people. In my eyes, this is quite simply the **POWER of tobacco addiction.**

The financial and human costs of this addiction to our society are astronomical. Over the past several months, a group of Pulmonary Specialists at Hartford Hospital have been involved in establishing evidence based tools with which our Health Care Providers can assist patients with Chronic Obstructive Pulmonary Disease (COPD) to better manage their disease. These tools and our developing programs to address disparities are based on the National Global

Initiative for COPD (GOLD Guidelines). They are designed to help prevent frequent hospitalizations and Emergency Room visits. As COPD is primarily a smoking related disease, **Smoking Cessation** is at the top of the list in what must be done to stop further lung destruction, decline in Quality of Life and Spiraling Health Care Costs. My current work in the Ambulatory Primary Care Setting treats an underserved, impoverished population with a much higher rate of smoking when compared to the general population and is greatly in need of more intensive smoking cessation services.

I am here today to strongly and respectfully advocate for allocating more of the master settlement funds to smoking cessation programs. Hartford Hospital did gratefully receive grant funding this past year and we sincerely thank the Board for the funding received. However, further funding is needed to expand this work, helping us to train at least three more providers. Our hope is to reach every smoker who comes to Hartford Hospital with a desire to quit and to provide them with an opportunity to live a healthy and fulfilling life.



**Connecticut
Prevention Network**

Local partnerships promoting wellness
by addressing substance abuse statewide.

May 28, 2014

Good Afternoon Ms. Foley and Ms. Trotman, and
Members of the Tobacco and Health Trust Fund Board:

My name is Betsey Chadwick. I am here today representing the State of Connecticut's thirteen Regional Action Councils, collectively are known as the Connecticut Prevention Network, or CPN. We are committed to reducing the damage caused by alcohol, tobacco, and other drugs.

In a few minutes you'll be hearing from a young man, Sal Nesci, Jr. Sal graduated last week from Xavier High School in Middletown. This fall he'll be attending Quinnipiac College.

Throughout high school, Sal's classmates vaped, smoked, and chewed tobacco. Vaping, or the use of electronic cigarettes, is according to Sal, an "extremely popular" pastime. Among his peers it was followed by chewing tobacco, cigarettes, and cigars. Most importantly, the majority of those who vaped nicotine also used tobacco.

Sal's experience fits the national pattern. According to the National Youth Tobacco Survey, use of e-cigarettes among high school students rose from 4.7% in 2011 to 10.0% in 2012. There is no end in sight. That kind of 'annual doubling' is a tobacco manufacturer's dream – and a health worker's nightmare. According to the CDC, 76% of students who recently used e-cigarettes *also* smoked conventional cigarettes during the same time period.

After high school, tobacco use nearly triples. Young adults leaving home – whether they go off to college or join the workforce – are THE cohort mostly likely to pick up a cigarette. More troubling, they are the cohort most likely to be taken in by e-cigarette marketing. As our friend Sal will tell you shortly, he didn't even know what I *meant* by "e-cigarette." Everyone his age calls them vaping pens. He wasn't even sure they contained nicotine!

We have our work cut out for us. E-cigarettes are not the safe, fun, and “environmentally friendly” alternative that is being marketed. They are *loaded* with nicotine. And they are marketed to youth through fun flavors such as Blueberry Blast and Crazy Apple.

Thankfully, recent legislation e-cigarettes barred selling them to kids under 18. But they can still be easily procured on the internet. These were bought in Middletown by an eighteen year old girl who was not even asked her age.

E-cigarettes, make no mistake, lead to cigarette smoking. But we’re up against the wall as tobacco companies have extensive marketing resources.

This is what we’re up against. This is an ad from a Sports Illustrated magazine I bought last week at Rite-Aid.

We need to level the playing field in Connecticut.

Our goal is to create a persuasive and on-going statewide counter-marketing prevention campaign, with an emphasis on e-cigarettes, targeting young people age 17-25. We are requesting \$500,000 for the campaign.

Research shows young people smoke for three basic reasons: to feel more adult, to appear hip and cool, and to relieve stress. Yes, stress. As young people leave home and make their own way in the world – whether it’s the competition of college achievement, or the competition of the workplace – they are countering stress by taking up a deadly habit. Tobacco use among in the age-group skyrockets from 14% to nearly 40% (SAMHSA), dropping down later in life. *This* is the time for prevention. *This* is the life stage where we can make a difference.

Our counter-marketing campaign will expose the realities of vaping pens, chewing tobacco, hookahs and other trends, while promoting fun and healthy alternatives to relieve stress.

Our marketing strategy will be both statewide and regional.

The Connecticut Prevention Network includes the directors of 13 Regional Action Councils that serve every town in Connecticut. In our proposed program, each RAC will have its own

budget to implement local prevention effort that speaks directly to youth in the community. At the same time, each RACs' efforts will be magnified by their ability to use the images, taglines, messaging, and products that the CPN develops for a statewide campaign.

Tobacco companies spend millions in our state to attract and keep young smokers. They are enlisting celebrities to champion "e-cigarettes." We don't have millions to counter-market. We need to be creative. We need to be strategic. We need the right teammates and the right messengers.

And we're proud to announce that we've found a *great* messenger to champion our tobacco prevention efforts: UConn Athletics.

UConn Athletics is committed to partnering with the Regional Action Councils. UConn Athletics is willing to leverage its resources, promote our cause through its game broadcasts and in-games, and help enlist their coaches and players in an exciting new counter-marketing educational campaign. The working title is "Kicking Butts, on and off the court... and the field!"

When we approached UConn to help with the campaign we initially focused on men and women's basketball. UConn came back and said why not football, soccer, hockey and at venues from Storrs to Bridgeport? This would broaden your demographics and appeal, they said. We agreed.

UConn Athletics is but one component of our proposed campaign. WFSB TV3, the Connecticut radio network, and CBS Radio have also agreed to help. Return for investment will be at least two-to-one. That is, for every *one* thousand dollars of grant money spent on media buys, we will get *more than two* thousand dollars' worth of exposure.

Again, we are proposing a prevention initiative that is both local and statewide. We want to enlist the participation of everyone from the smallest Local Prevention Council, to UConn Athletics and Channel 3 television. This is a campaign that only the RAC system could coordinate and implement. We hope you'll give it every consideration.

Thank you.

Tobacco and Health Trust Fund Hearing, May 29, 2014

Testimony from Salvatore Giovanni Saverio Nesci Jr.
(Middletown, CT)

Good afternoon. I would like to thank Ms. Foley and Ms. Trotman for allowing me the opportunity to speak here today.

What I have to say may seem a little unconventional for someone who just graduated from high school, but it is the truth. Let me preface this by saying that my school, Xavier High School was, is, and will always be a great place. Most kids follow most of the school rules; for example the policies about alcohol, weapons, drugs etc. But for some reason, when it comes to tobacco, there's a disconnect between the students and the rulebook.

Tobacco usage was, in my opinion, less prevalent at Xavier than at some other high schools. Nevertheless, I still took notice of the student groups who used tobacco. The biggest and most popular form of tobacco at Xavier, as far as I could see, was not cigarettes. It was chewing tobacco and vapor pens. To the best of my knowledge there are two main reasons why students choose these items. First, kids mainly see advertisements, warnings, and anti-smoking campaigns focused on cigarettes. This is probably because cigarette smokers make up the largest portion of total tobacco usage.

Because anti-chewing tobacco campaigns are not on the forefront of the whole anti-tobacco campaign, I think that students who chew tobacco feel that it is a safer alternative to smoking cigarettes, mainly because there's technically no "smoking" involved. The second reason is its conceal-ability. Chewing tobacco is something that can be relatively clean. It comes in easy-to-use pre-portioned pouches. Chewing tobacco is something that students can do in a car in the parking lot after school without being caught.

Right up there with chewing tobacco are the vapor pens, also known as hookah pens. Betsey Chadwick showed you two samples earlier. The pens use what a lot of people think is water, but

what's really a mixture of nicotine, glycol and chemicals that are internally heated and turned into a vapor. I myself didn't know until yesterday that these pens are filled with nicotine. I didn't know that they were "electronic cigarettes." Once again, I feel that teens' understanding of what's in these pens is *not* what it should be.

Vapor pens are also very easy to hide. They don't leave that distinctive and lingering smell like cigarettes. And they come in appealing flavors.

I am very much in favor of a campaign that will shed some light on these so-called "alternatives" to smoking. Not that cigarettes have disappeared: they're still popular and everyone who uses the "alternatives" seems to buy cigarettes anyway.

It will take a big campaign that catches everyone's attention to make a difference. I think that the program outlined here today by the CPN will have that impact. People my age pay attention to sports. They listen to radio and watch TV. They are affected by what their families do and say.

I want young adults to be involved in this campaign because I believe that it is our duty, our responsibility, to help those who are addicted – and those who don't even know that tobacco use IS an addiction. I'd like to make the point that Xavier High School makes regarding all drugs: abstinence has a 100% chance of prevention.

Therefore, I'm looking forward to working with the CPN and MCSAAC if this program is funded.

Thank you.

NORTHWEST
REGIONAL MENTAL HEALTH BOARD, INC.

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Housatonic Mental Health Catchment Area Council #21
Northwest Mental Health Catchment Area Council #22

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Testimony before the Tobacco and Health Trust Board of Trustees Public Hearing
May 29, 2014

Good afternoon to Anne Foley, and all of the members of the Tobacco and Health Trust Board of Trustees. Thank you for this opportunity to comment as you plan your expenditures from the fund for the coming year.

My name is Janine Sullivan-Wiley, and I am the Executive Director of the Northwest Regional Mental Health Board. The Regional Boards represent the grassroots and all of the stakeholders of mental health and substance abuse services. We conduct evaluations, assess the unmet needs for behavioral health services in our communities and much more. I have also been a member of a grass-roots coalition of individuals called the Smoking Cessation Supports Initiative for at least six years.

Over this time, the issue of smoking and the damage it causes – especially to persons with mental illness or substance use disorders – has become a critical issue to me and our Regional Board.

Based on the unmet needs for that population in this region, we applied for and are currently grant-funded by the Department of Public Health to develop smoking cessation treatment and culture change throughout the 43 towns of northwest Connecticut. On an organizational level, on a regional level and on the system level, the funding that your Board chooses to provide is of critical interest to us.

In the current year's plan, you have emphasized the Quitline, working with the DOC for smoking cessation programs there, enforcement of sales restrictions and smoking prevention for youth. These are all excellent ways to spend the funds available.

I would like to suggest three additional priorities for the coming year:

- Funding for training of additional Tobacco Treatment Specialists.
- More funding to provide CO monitors in all agencies providing such treatment.
- Continued Peer Support, in-person, by phone or preferably both.

Why are these important to add?

- With the final addition of DSS coverage for group tobacco treatment by hospitals as of this July, there will be a full complement of covered entities able to provide and bill for tobacco treatment. I am proud to have been a part of the advocacy that brought that about.

What is needed is a corresponding full complement of individuals trained and fully qualified to provide that treatment. Such training is not available in the state of Connecticut at this time, with the exception of the wonderful training funded by DPH this past March.

I would like at this time to commend one of your own members, Ellen Dornelas, for being an excellent part (pharmacotherapy) of that excellent training.

- Carbon monoxide monitors have proven to be an exceptionally effective tool in motivation to quit and sustaining a smoke-free or reduced state for many people with mental illness or substance use disorders. Having them in every treatment location would be an enormous asset.
- Peer support: part of our own program includes phone outreach peer support. I am pleased to report that 100% of the individuals receiving this support have either remained smoke-free, quit, reduced or made environmental changes in their smoking. Each of those is a known health and/or harm-reduction strategy. We have found that it is only effective once a person is at least at the contemplation stage of change.

Those are my only recommendations at this time.

Could more be done? Undoubtedly.

We are all fighting against the tide of a product that is ferociously addictive, with the huge resources of the tobacco companies allied against us.

But I like to recall that David did slay Goliath. And having this funding available to enable treatment, prevention, harm-reduction and culture change is a wonderful asset to the citizens of this state – our stone in the sling.

Thank you for this opportunity to speak.