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Andover | Bolton | East Hartford | East Windsor | Ellington | Enfield | Glastonbury | Hebron | Manchester | Marlborough | Somers | South Windsor | Stafford | Tolland | Vernon

September 23, 2015

Dear Esteemed Members of Connecticut's Tobacco and Health Trust Fund:



I want to start by thanking you for your ongoing support of the Connecticut Prevention Network's State-wide Tobacco Education Program (STEP). I know you are all familiar with this activity-based program, that to-date has served over 3,000 youth across CT. I come to you today with great news, the evaluation outcomes of this 5 session program look great and are consistent with the evaluation of the first phase of STEP from 2011-2013. For each of our 12 pre and posttest measures, participating youth age 5-9, show a significant positive change in knowledge about tobacco, intended behaviors (anti-smoking), perception of harm, costs of smoking and environmental impact. We also know that 33% of youth involved in STEP report living with a smoker, a significant risk factor for youth initiation of tobacco use. Additionally, 68% of participants report that they have gone home and talked to a parent, grandparent, other adult, sibling or friend about what they have learned about smoking. Talking early and often about tobacco use at home is a protective factor for youth tobacco use. A full preliminary report has been provided to you. If you have questions or comments, please let me know.

I have other great news. Our demand for this program exceeds our supply. This fiscal year, we have a budget that enables CPN to serve another 1,500 youth. We have requests from partner organizations to provide STEP to an additional 1,500 youth, unfortunately to-date we have had to decline.

I am here today to share this great news and ask for the Tobacco and Health Trust Fund's continued support of STEP beyond June 30, 2016. This would allow CPN to build upon the energy for tobacco prevention that has been established with many new and continued partnerships state-wide.

Our vision for another phase of STEP, beyond June 2016, would involve formalizing an infusion of curricula components that would include "E-cigs" or electronic nicotine delivery systems. In addition, we would like to expand our evaluation, by selecting a sample of STEP participants to do long-term follow up surveys. This would enable us to determine if lessons obtained and reinforced with STEP are maintained and utilized by youth beyond the conclusion of STEP's 5 sessions. A sample budget is included for maintaining and expanding the number of youth served.

The ERASE staff and I have very much enjoyed coordinating STEP on behalf of the Connecticut Prevention Network; I hope we are able to continue this successful initiative with your support.

Warm Regards,

Bonnie W. Smith, MPH, CPH
Executive Director



STEP

Statewide Tobacco Education Program

STEP Phase II, Preliminary Evaluation-for 2014-2015 implementation

Prepared by Connie Heye, Independent Evaluation Consultant

Table 1. Age

Age	<i>n</i>
5 and 6 year olds	174
7 year olds	225
8 year olds	367
9 year olds	557
10 and 11 year olds	130
missing	13
Total	1466

Sex

In terms of gender, the kids were split evenly, 826 (50%) boys and 736 (50%) girls.

Table 2. Totals by RAC

RAC	<i>n</i>
VSAAC	531
SERAC	245
C4A	135
SCCSAC	133
CASAC	128
HVCASA	83
CNVRAC	73
ERASE	56
SAAC	52
MCSAAC	30
Total	1466

Table 3. Language

Language	<i>n</i>	%
English	868	59%
Another Language	30	2%
Both English and Another	423	29%
missing	145	10%
	1466	100%

Table 4. Do you know what a cigarette is? (pre-test only)

Know Cigarette	Yes	%
5-6 years	127	73%
7-9 years	1033	90%
10-11 years	119	92%

(age missing for 13; response missing for 3)

Table 5. Have you heard of tobacco? (pre-test only)

Heard of Tobacco	Yes	%
5-6 years	46	26%
7-9 years	743	65%
10-11 years	114	88%

(age missing for 13; response missing for 3)

Table 6. Do you live with someone who smokes? (pre-test only)

Live with Smoker	Yes	%
5-6 years	60	35%
7-9 years	443	39%
10-11 years	31	24%

(age missing for 13; response missing for 10)

Table 7. Smoking is risky because it hurts your body

Smoking Risky	Pre test		Post test	
	True	%	True	%
5-6 years	128	74%	155	89%
7-9 years	1019	89%	1108	96%
10-11 years	128	99%	127	98%

Table 8. If you're in the same room as someone who is smoking, their smoke can hurt you

Secondhand Smoke	Pre test		Post test	
	True	%	True	%
5-6 years	104	60%	141	81%
7-9 years	817	71%	1037	90%
10-11 years	106	82%	123	95%

Table 9. It's easy to quit smoking whenever you want

Easy to quit	Pre test		Post test	
	False	%	False	%
5-6 years	69	40%	106	61%
7-9 years	671	58%	905	79%
10-11 years	95	73%	109	84%

Table 10. My parents or someone in my family would care if I smoked

Someone care	Pre test		Post test	
	True	%	True	%
5-6 years	98	56%	132	76%
7-9 years	780	68%	878	76%
10-11 years	103	79%	103	79%

Table 11. I would smoke a cigarette if my friends wanted me to

Peers	Pre test		Post test	
	False	%	False	%
5-6 years	138	79%	142	82%
7-9 years	1022	89%	1057	92%
10-11 years	120	92%	124	95%

Table 12. Smoking is expensive, it costs a lot of money

Smoking Risky	Pre test		Post test	
	True	%	True	%
5-6 years	84	48%	139	80%
7-9 years	495	43%	896	78%
10-11 years	69	53%	111	85%

Table 13. My parents or someone in my family have talked to me about smoking

Smoking Risky	Pre test		Post test	
	True	%	True	%
5-6 years	83	48%	121	70%
7-9 years	745	65%	803	70%
10-11 years	92	71%	106	82%

Table 14. Advertisements in magazines and commercials make kids want to smoke

Smoking Risky	Pre test		Post test	
	True	%	True	%
5-6 years	32	18%	73	42%
7-9 years	239	21%	583	51%
10-11 years	29	22%	72	55%

Table 15. If you play a sport, smoking will affect how you play

Play sport	Pre test		Post test	
	True	%	True	%
5-6 years	81	47%	139	80%
7-9 years	696	61%	1011	88%
10-11 years	86	66%	121	93%

Table 16. Cigarettes have chemicals in them

Chemicals	Pre test		Post test	
	True	%	True	%
5-6 years	105	60%	150	86%
7-9 years	666	58%	1060	92%
10-11 years	64	49%	126	97%

Table 17. I know how to stand up for myself if my friends want me to do something I don't want to

Play sport	Pre test		Post test	
	True	%	True	%
5-6 years	113	65%	133	76%
7-9 years	743	65%	982	86%
10-11 years	69	53%	114	88%

Table 18. Have you talked to anyone outside this program about something you learned about smoking? (post-test only)

Talked about program	Yes	%
5-6 years	100	58%
7-9 years	847	74%
10-11 years	96	74%

Of the 1043 kids who said they had talked to someone outside the program about something they learned:

Talked to:	Yes	%
Parent	784	75%
Grandparent	216	21%
Other adult	203	19%
Sibling	260	25%
Friend	263	25%

STEP-State Wide Tobacco Education Proposed Budget for maintaining program and for expansion, September 2015

1 Year Budget				
Subject	Activity	Cost	Total to Maintain STEP (Serve 1,500 per year)	Total to Increase youth served By STEP (Serve 2,500 per year)
ERASE Grant Management	Grant Oversight and Management From Executive Director	4 hrs/month x \$43/hr (includes 26% benefits) x 12 months = \$5332	\$5,332	\$5,332
	Analysis/Contracted Evaluator	\$5,000/year	5,000	8,000
	Fiscal Oversight: <ul style="list-style-type: none"> ERASE contracted bookkeeper ERASE Audit Contribution 	\$400/month = \$4,800/year	6,300	6,300
		\$1,500/year		
	Reporting: Data Input for pre and post tests	\$1.00/test x (pre tests + post tests) = \$3,000 or \$5,000	3,000	5,000
	Contract Management: <ul style="list-style-type: none"> Manage RAC sub-contracts and reporting to DPH fiscal and programmatic Organization/track evaluations, prepare for data input, follow up with RAC sub-contractors on data collection and technical assistance for evaluation tool implementation 	20 hours /month x \$36/hour (includes 26% benefits) x 12 months = \$8,640	\$8,640	\$8,640
		8 hrs (or 12 hrs/mo)/month x \$20.00/hr (includes 15% benefits) x 12 months =	1,940	2,880
	Office Supplies/Technology Use	\$500	500	500
			TOTAL:	TOTAL:
			\$30,712	\$36,652
RAC budget /5 regions:	Implementation within the 5 RAC Regions to serve a minimum of 1,500 youth/year or 2,500 youth/year. Administrative expense, logistics for setting up the trainings, training supplies, staff time for implementation and mileage	Rate of \$56/per matched pre and post test returned to ERASE	\$84,000	\$140,000
		Total One Year Request:	\$114,712	\$213,304
		Total Two Year Request:	\$229,384	\$426,608



Local partnerships promoting wellness
by addressing substance abuse statewide.

“Don’t Play Their Game”

A statewide counter-marketing media and grassroots campaign intended to reduce and prevent the use of non-combustible tobacco products.

Good Morning, Board and Council Members of the Tobacco Health Trust Fund:

My name is Betsey Chadwick, Director of the Middlesex County Substance Abuse Action Council. In the summer of 2014 I spoke to you on behalf of the Connecticut Prevention Network about an idea for a \$500,000 campaign to stem the tide of electronic cigarette use. Since that time, a competitive RFP process took place; a process we tried to fit our campaign into but which, for reasons of design and budget, it simply would not fit. I am very thankful for this new opportunity to bring our proposal to your attention.

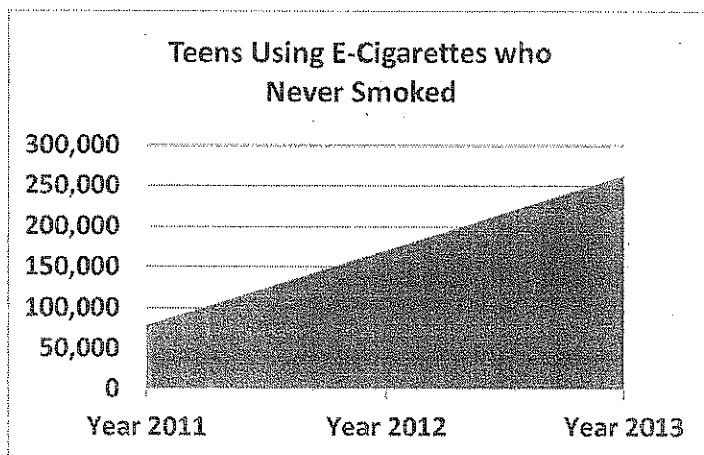
In the past year we’ve seen our predictions about e-cigarettes come true, in ways more detrimental to public health than even we imagined. For example, I am holding a package of menthol e-cigarettes I purchased last week from Rite-Aid. It is almost indistinguishable from a pack of regular cigarettes. It doesn’t cost much more, either. We have noticed in the past year another disturbing trend: the repositioning of chewing tobacco for the youth market. Manufacturers are using nearly identical marketing tactics to sell both e-cigarettes and chewing tobacco to young consumers.

I’d like to see Connecticut fight back. Today I am here to ask you to invest in a fully integrated, neighborhood to state-level educational campaign to discourage the use of non-combustible tobacco products. Called “*Don’t Play Their Game*,” it asks people to consider the creative and underhanded ways by which tobacco companies are trying to lure them into nicotine dependence.

Let us first consider electronic cigarettes.

The Journal of American Pediatrics reports that teen’s exposure to e-cigarette ads on TV increased 256% from 2011 to 2013. Young adult exposure increased 321% over the same time period.ⁱ The effect was remarkable, if predictable. E-cigarette use among teens tripled in one year, from about 660,000 in 2013 to more than two million users in 2014.ⁱⁱ

Meanwhile, the National Youth Tobacco Survey told us that the number of 12-17 year olds who *never* smoked, but *only* used e-cigarettes, went from 79,000 in 2011 to 263,000 in 2013. That's a small number but a very steep trajectory. Imagine what the graph below will look like by Year 2020! Most alarmingly, 44% of these kids reported that they intended to smoke regular cigarettes within the next year. Vaping is indeed becoming a gateway to smoking.



Chewing tobacco is also a growth market, with young men age 18-24 replacing the 60+ year old men who traditionally used it. Sales of flavored chewing tobacco increased 72% between 2005 and 2011, accounting for more than half of all sales by 2011. The sweet flavors (apple, peach, vanilla, berry) mimic those found in e-cigarettes. In 2013, about 15% of high-school boys and 9% of all high-school students reported current use of smokeless tobacco products.ⁱⁱⁱ

These figures hold true for Middlesex County, Connecticut. The chewing tobacco rate is 14% in our rural, mostly white towns, but only 4% in the city of Middletown. Chewing tobacco is 50% more popular than smoking in rural towns, while our city youth favor smoking to chewing four to one. Recently, the American Dental Association noted that "Many boys begin to use chewing tobacco when they become involved in sports, particularly baseball."^{iv} All of this is important ethnographic and social information that we will keep in mind as we build our counter-marketing campaign.

As I stated earlier, "*Don't Play Their Game*" is an integrated campaign from top to bottom. It will become instantly recognizable, we hope, as a program of the CT Tobacco Health Trust Fund. From Channel 3 TV commercials, to Facebook, YouTube, and at least five radio stations, right down to English and Spanish-langue posters for stores and laundromats, and brochures for medical and dental clinics, "*Don't Play Their Game*" will deliver one consistent message.

Community groups will be invited to partner. The RACs, for example, will provide free camera-ready artwork from the "*Don't Play*" campaign to Local Prevention Councils, many of whom have built relationships with billboard companies that give them good deals. Similarly, "*Don't Play*" will provide RACs with 30-second TV and radio spots for placement on city cable access

TV, and on college and local radio stations as no-cost PSAs. Finally, no-cost efforts such as Op-Ed pieces in newspapers, college students plastering their campuses with posters, and video bits that “go viral” through the enthusiasm of our high school students, will round out the campaign. In short, for the duration of “*Don’t Play Their Game*,” there will be no way to escape our message.

We must not forget: the messenger is as important as the message. “*Don’t Play Their Game*” partners with a group of local celebrities that young people – especially young men – care passionately about: UConn Athletics. In this state, UConn dominates the media. If you’re not a sports fan, like me, you *still* recognize coaches’ names, faces, and voices because, let’s face it, at certain times of the year nothing else seems to be newsworthy! “*Don’t Play Their Game*” taps into this enthusiasm by using coaches Auriemma, Ollie, and notable players from the UConn soccer, hockey, and basketball teams. (The 18-month campaign includes Diaco/football as well.)

But the campaign will be noticed for qualities beyond “sports.” Clever catch lines, humor (satire, spoofs, parody) and intriguing facts about e-cigs and chewing tobacco will broaden the campaign’s appeal.

“*Don’t Play Their Game*” is an investment of \$300,000 for a one year educational campaign, or \$383,000 for a full 18-month campaign.

Why do we think it’s worth this much money? To return to the Journal of American Pediatrics, “The dramatic increase in youth and young adult television exposure between 2011 and 2013 was driven primarily by a large advertising campaign on national cable networks. In the absence of evidence-based public health messaging, the current e-cigarette television advertising may be promoting beliefs and behaviors that pose harm to the public health. If current trends continue, awareness and use of e-cigarettes is likely to increase among youth and young adults.”

The Connecticut Prevention Network wants to correct this “absence of evidence-based public health messaging.” We ask that you consider “*Don’t Play Their Game*” an important addition to Connecticut’s counter-marketing media arsenal. We very much want our campaign to complement any statewide anti-tobacco campaign that is developed by the Mass-Reach Communication consultant. Our job is to enhance the state’s overall smoking cessation and prevention work by carving out a “non-combustible tobacco niche,” if you will, and giving you the best possible counter-marketing campaign.

ⁱ Journal of American Pediatrics, 2015

ⁱⁱ Center for Disease Control and Prevention (CDC) statistics, 2014.

ⁱⁱⁱ CDC and Campaign for Tobacco Free Kids

^{iv} Journal of the American Dental Association, 2015

"Don't Play Their Game" Budget Summary

I. Research (\$10,000)

	MCSAAC	\$8,000
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II. Production/TV & Radio PSA and Print (\$69,000)

- a) Three 30-second television ads featuring UConn athletic coaches/players
- b) Four 30-second radio spots featuring UConn athletic coaches/players
- c) Handouts for medical offices and community clinics
- d) Posters w/ images and taglines from TV/radio ads
- e) Brochures for teachers, coaches, employers
- f) Kiosk for use at athletic and other events
- g) Templates for print ads
- h) Op/Ed Letters: templates for use in newspapers
- i) Social networking content

	MCSAAC	\$ 8,000
	Marketing/Design	\$35,000
	PSA Prod/Printing	
	On-site Kiosk	\$26,000

III. Implementation (\$213,000)

A. Statewide & Regional Media

- o TV/Radio – College Sports Audience
- o TV/Radio – General Youth Audience
- o Op/Ed in 3 major newspapers
- o CVS Partnership (to be negotiated)

B. Local Efforts

- o High Schools: print ad for their events and newspapers, posters
- o Universities & Community Colleges: same as above
- o Social networking
- o Medical Offices & Clinics: brochures
- o Construction / Transportation / Light Industry: posters & brochures
- o Selected Neighborhood Sites: posters
- o Athletic Game Kiosks: poster, brochures, health-related giveaways

	MCSAAC	\$ 10,000
	Media/UConn Activation	\$164,000
	<i>\$380,000 total media value</i>	
	Regional Action Councils	\$39,000

IV. Evaluation (\$8,000)

	MCSAAC	\$8,000
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	Total	\$300,000
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Betsey S. Chadwick, Director

Middlesex Cty. Substance Abuse Action Council
393 Main Street
Middletown, CT 06457

September 22, 2015

Re: Connecticut Anti E-cigarettes and Chewing Tobacco Counter-marketing Campaign

Dear Betsey:

Upon approval of the State of Connecticut of your e-cigarettes and chewing tobacco counter-marketing program, the University of Connecticut Athletics Department through IMG College is committed to team up with the State of Connecticut's thirteen Regional Action Councils (RACS) to create a persuasive and on-going statewide counter-marketing prevention campaign, with an emphasis on e-cigarettes and chewing tobacco, targeting young people age 12-24.

Tobacco companies spend millions in our state to attract and keep young smokers. They are enlisting celebrities to champion "e-cigarettes" and chewing tobacco. The RACs needs the right teammates and the right messengers to counter-market. Studies show UConn is viewed as top brand in our state...believable, cool...the same attributes that make youth trust the message and the messenger.

Working with IMG College, the exclusive rights holder for UConn Athletics, UConn Athletics is committed to partnering with the Regional Action Councils. As an Official Partner, UConn IMG Athletics would leverage its marketing resources and assets in-games, in broadcasts, through grassroots marketing and engaging UConn coaches to participate in an exciting new integrated counter-marketing educational campaign.

With a fourteen year old son this is both a personal and professional commitment! We look forward to working together.

Thank you,

Tom Murphy
General Manager

IMG College/University of Connecticut Athletics

TOBACCO AND HEALTH TRUST FUND CUSTOM MUSIC MARKETING PROGRAM

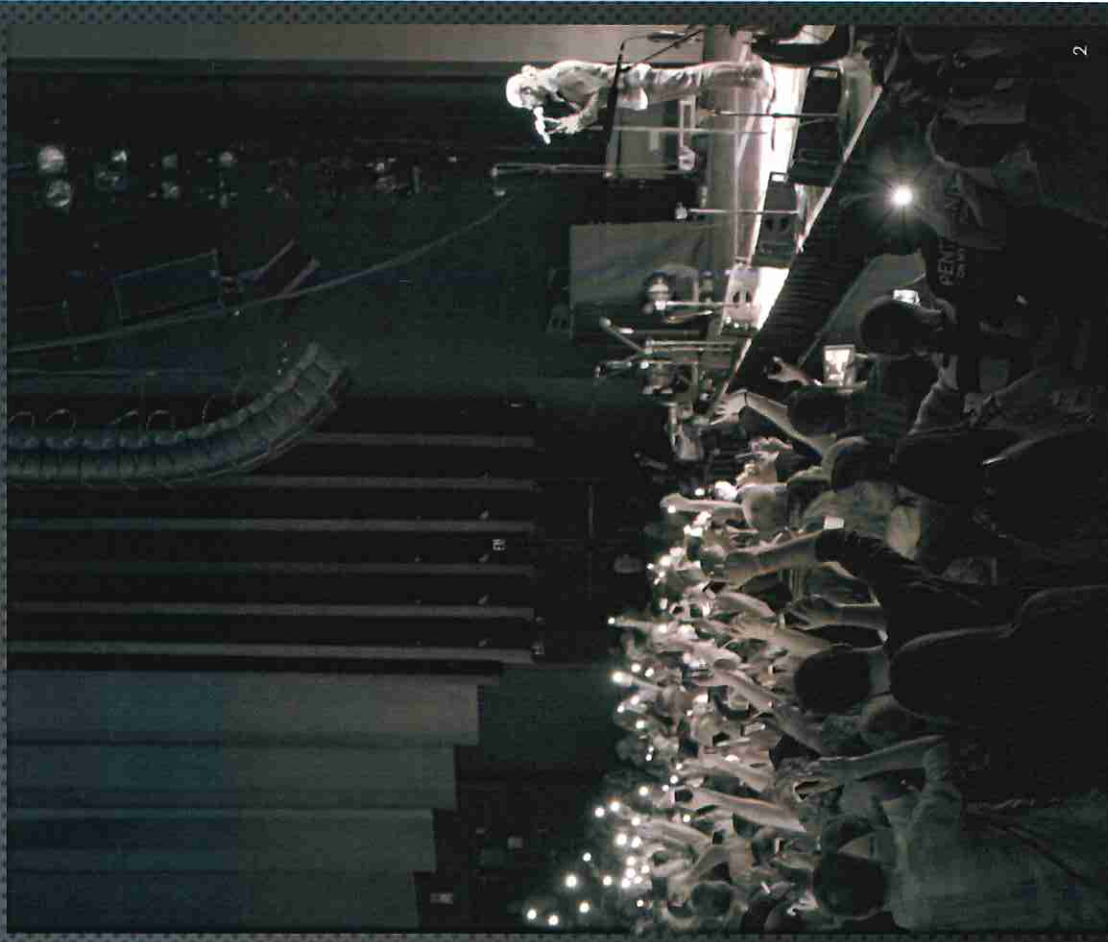
SEPTEMBER 23, 2015



Jeff Wallace, VP of Regional Sales | jeffwallace@livenation.com | 203.269.8721 x 16738
Cindy Grospitch, Senior Director of Sales | cynthiagrospitch@livenation.com | 203.269.8721 x 16736

CONNECTICUT CONCERTGOERS WHO PURCHASED A TICKET IN THE LAST 6 MONTHS

- **30%** HAVE ONE OR MORE CHILDREN IN THEIR HOUSEHOLD
- THEY ARE **66%** MORE LIKELY, THAN THE GENERAL PUBLIC, TO SEEK FREQUENT ADVICE ON HEALTH RELATED ISSUES
- THEY ARE **50%** MORE LIKELY, THAN THE GENERAL PUBLIC, TO SMOKE CIGARS
- **16.7%** SMOKE CIGARETTES
- **72.2%** AGREE WITH THE INCREASING BANS ON SMOKING



THE CHALLENGE

- DRIVE AWARENESS OF THE TOBACCO CESSATION CAMPAIGN AMONG CT RESIDENTS
- EDUCATE PARENTS ON THE HEALTH RISKS OF SECONDHAND SMOKE



THE SOLUTION

LIVE NATION PROVIDES A INTEGRATED MUSIC PLATFORM THAT PROMOTES TOBACCO USE CESSATION.

SOCIAL ENGAGEMENT

EXPERIENTIAL

PROMOTIONAL



THE VENUE

TOYOTA PRESENTS OAKDALE THEATRE HAS HOSTED SOME OF THE BIGGEST NAMES IN THE MUSIC INDUSTRY: STING, TINA TURNER AND BRUCE SPRINGSTEEN TO NAME A FEW. THIS REGION'S PREMIERE CONCERT VENUE HAS SEEN ITS SHARE OF STARS; HOWEVER, FAMILY PROGRAMMING HAS ALSO BEEN A LARGE PART OF TOYOTA OAKDALE'S HISTORY. WEDNESDAY MATINEE CHILDREN'S SHOWS INTRODUCED MANY OF CT'S YOUNGEST RESIDENTS TO THEIR FIRST THEATRICAL PRODUCTION.

Venue & Market Overview

City Market HARTFORD, CT
Population 2.1 MILLION
Venue Type THEATER
Season YEAR ROUND
Capacity TOTAL – 4,560
RESERVED SEATING
2014 Annual EVENTS – 70
ATTENDANCE – 150,000

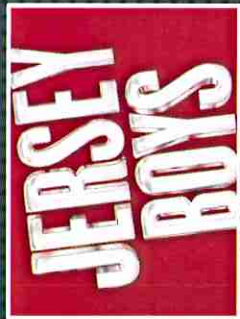
Concert Attendee Overview

Gender 48% (M)
52% (F)
Age 43% (18-34)
20% (35-49)
Income 35% (50-100K)
28% (100-250K)
5% (250K+)



POWERED BY: **xfinity.**

PROGRAM EVENTS



Jersey Boys



Pentatonix



The Moody Blues



Crosby, Stills, and Nash



Hall & Oates



Dave Chappelle



Lee Brice



Steve Aoki



The Wiggles



Alvin and the Chipmunks



Peppa Pig

EXPERIENTIAL MARKETING

ONSITE ACTIVATION INTEGRATES THE MESSAGING INTO THE CONCERT EXPERIENCE AND ALLOWS DIRECT CONSUMER ENGAGEMENT IN A CAPTIVE ENVIRONMENT.

ENGAGE WITH MUSIC FANS, FACE-TO-FACE AT SELECT SHOWS. ACTIVATION INCLUDES:

- ON-SITE SIGNAGE
- BRAND AMBASSADORS INTERACTING WITH FANS AND URGING THEM TO SIGN A PLEDGE TO QUIT SMOKING AND EDUCATE PARENTS ON THE DANGERS OF SECOND HAND SMOKE
- BRANDING ANTI SMOKING MESSAGING IN AREAS OUTSIDE OF THE VENUE WHERE SMOKERS CONGREGATE



ANTI-SMOKING PLEDGE SWEEPSTAKES

- FANS THAT SIGN THE ANTI-SMOKING PLEDGE WILL BE ENTERED TO WIN A FOUR-PACK OF TICKETS TO A SHOW OF THEIR CHOICE AT THE TOYOTA OAKDALE THEATRE. WINNERS RECEIVE VIP PARKING AND ACCESS TO THE VIP CLUB. THIS SWEEPSTAKES CAN BE SHARED THROUGH LIVE NATION AND PATRONS SOCIAL MEDIA TO BROADEN THE REACH OF THE MESSAGING
- ADDITIONAL SOCIAL MEDIA PROMOTIONS/UNIQUE SOCIAL CONTENT OPPORTUNITIES AVAILABLE

**SIGN THE PLEDGE
BE ENTERED TO WIN!!**

A 4-PACK OF TICKETS

TO A CONCERT AT

TOYOTA PRESENTS OAKDALE THEATRE!



Testimony to: State of Connecticut Tobacco and Health Trust Fund Board
Submitted by: City of Bridgeport, Central Grants Office
Autumn Hurst, Grant Writer
P: 203-332-5664 E: autumn.hurst@gmail.com

The City of Bridgeport is the most populous and one of the most impoverished cities in the State of Connecticut. Bridgeport residents, on the whole, are younger, have completed less education, and are impacted by poverty in greater numbers than their suburban neighbors.

Numerous studies have shown that factors, like poverty and lack of formal education, make individuals more likely to use and/or be negatively impacted by use of tobacco products. In Bridgeport, one in four adults (18+) smokes cigarettes. The rate of cigarette usage in Bridgeport (25.8%) is significantly higher than the State of Connecticut average of 18.4 percent. While these numbers do not include youth smokers, statistics show that 90% of all smokers begin before the age of 18. Alternative smoking methods can be particularly tempting to young smokers. A 2014 survey of the Greater Bridgeport Region showed that while 6% of youth (7th-12th grade) reported smoking cigarettes in past 30 days – 18% reported using e-cigarettes during the same period (Regional Youth Adult Social Action Partnership (RYASAP) Search Institute Survey).

The City of Bridgeport recognizes the dangerous impact that tobacco use has on the health and well-being of its residents and their physical environment. The City also recognizes that there is tremendous potential to reduce and restrict the use of tobacco products by focusing on the ever-growing percentage of young people exposed to or using tobacco.

To this end, the City's Department of Health and Bridgeport Police Department developed a multi-tiered pilot project aimed at lowering the rate of tobacco use in Bridgeport by preventing the initiation of tobacco use and promoting smoking cessation among Bridgeport youth.

The City's project would undertake a strategy with two main components:

- To launch its Smoking Prevention Ambassadors Program, which would recruit and train youth anti-tobacco advocates in digital and social media marketing as well as provide education on tobacco use (including cigarette, e-cigarette, and other alternative smoking methods) and tobacco company marketing practices. These youth, in turn, will develop their own marketing campaigns to educate the community and their peers about the dangers of smoking and electronic cigarettes;; and

- To restrict youth access to tobacco products through the Police Department's Compliance Buy Program.

The Smoking Prevention Ambassadors Program will allow the City will recruit and train 25 youth (aged 14-18) per year to become Smoking Prevention Ambassadors, acting as anti-tobacco advocates and serving as leaders in their community. Ambassadors will be educated about tobacco use (including cigarette, e-cigarette, and other alternative smoking methods) and tobacco company marketing practices. In addition, Ambassadors will receive specialty training in grassroots and modern marketing techniques, digital (audio and visual) and social media, and leadership skill-building. Throughout the highly interactive training process, Ambassadors will work on creating and executing local anti-tobacco public awareness campaigns using digital/social media, flash mobs, or community-based happenings or events that will influence their peers and fellow community members in their daily environments. The program will include educational field trips as well as presentations from digital media and marketing professionals ensuring that youth are able to build skills that will extend far beyond the life of the grant program. The City expects that not only will the program reduce tobacco use in participating youth, their peers, and community members, but will provide valuable work experience and leadership and technical skill building that will benefit youth as they pursue higher education or enter the workforce.

The Bridgeport Police Department's Compliance Buy Program, funded for one year in 2014 under the State Department of Mental Health and Addiction Services' Tobacco Prevention and Enforcement Program, conducts inspections and compliance checks at licensed tobacco retailers in Bridgeport (220 retailers) and enforces violations for selling tobacco products to underage youth. The Compliance Buy Program would recruit Smoking Prevention Ambassadors (aged 15-17) to participate in the compliance checks, where the youth (under supervision from a team of police) approach vendors and attempt to purchase tobacco products. Following a youth purchase, police enforce appropriate violations. By enforcing these violations, police are able to limit access to tobacco products by underage youth and also educate merchants and employees on their responsibilities. In addition, by enforcing violations on vendors that illegally sell loose (individual) cigarettes, police are able to limit access to tobacco products community-wide. The Police Department would like to expand its current program to include a merchant education campaign, where Smoking Prevention Ambassadors develop and provide materials that inform

merchants about rules and regulations governing the sale and advertising of tobacco products, as well as educate merchants about potential penalties: legal, social, and environmental.

Unfortunately, the City does not have the resources necessary to undertake this project in the coming year. The City applied to the State Department of Public Health's Best Practices in Tobacco Cessation Grant Program in April but was not awarded funding. It is our sincere hope that the Tobacco and Health Trust Fund Board will use available moneys for the creation of a grant program that could supply funding to this important pilot project in Bridgeport, where assistance to address the rates of smoking is urgently needed. We thank you very much for your consideration and look forward to the opportunity to work together to significantly reduce rates of smoking in our state.

WRITTEN TESTIMONY to the Tobacco and Health Trust Fund Board

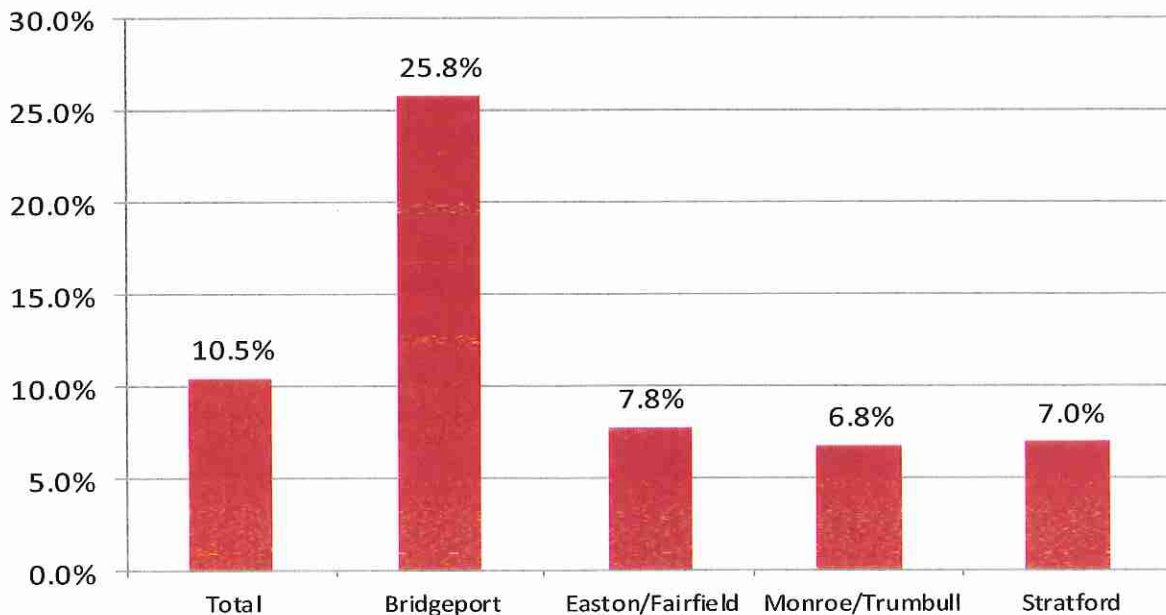
September 23, 2015

Re: Tobacco and Health Trust Fund Board Public Hearing

My name is Kristin duBay-Horton and for the last four years, I have served as the Director of the Bridgeport Department of Health and Social Services in Bridgeport, CT. The usage of tobacco products, particularly smoking cigarettes is the number one cause of preventable disease and death in the United States. In fact, more than 16 million Americans suffer from a disease caused by smoking and another 480,000 lose their life each year. Over the last 30 years, major law suits and effective marketing campaigns have significantly reduced cigarette usage, nonetheless, an estimated population of 42.1 million, or 18.1% percent of all adults (ages 18 and older), still smoke cigarettes. The American population that is affected the most by tobacco use is individuals living near or below the poverty line. The usage rate for this population increases significantly to 27.9% percent compared to 17% percent of people who live above the poverty line.

Here in Bridgeport, approximately one in every four adults (or 25.8% percent) uses tobacco products. The rate of cigarette usage in Bridgeport is significantly higher than the State of Connecticut’s cigarette rate, which is 18.4% percent. However, a more shocking fact would be the extremely low smoking rates of the suburban towns that surround Bridgeport. These towns include Easton/Fairfield (7.8%), Monroe/Trumbull (6.8) and Stratford (7.0%). Based on these 2012 findings, Bridgeport residents are 3.5 times likely to smoke cigarettes compared to their suburban counterparts. There are a plethora of reasons why smoking is so prevalent in Bridgeport, but poverty and lack of education—which are consistent with national trends—are the primary factors for cigarette use.

Percent Survey Respondents Reporting Being a Current Smoker, Greater Bridgeport CHA Survey, 2012



	N	% Current Smokers	% Tried to Quit
Bridgeport	229	25.8%	53.1%
Easton/Fairfield	282	7.8%	56.5%
Monroe/Trumbull	279	6.8%	36.8%
Stratford	487	7.0%	37.1%

In the same 2012 community assessment, we also learned that slightly more than half (53.1% percent) of the Bridgeport residents that did smoke cigarettes, previously tried to quit. This information is important because it demonstrates that a major portion of cigarette users are interested in quitting but for some unknown reason were unsuccessful. To solve this problem, we have begun to investigate the reasons that prevented cigarette smokers from quitting through community interviews

and surveys. In addition, we have started to develop simple, easy-to-read informational materials that explicitly explain where to go for smoking cessation and other smoking-related inquiries.

Another emerging problem years is the increasing popularity of nicotine delivery systems also known electronic smoking devices, especially amongst youth. Examples of nicotine delivery systems include but not limited to e-cigarettes, hookah pens, and vaporizers. Currently, there are very limited regulations on the manufacturing, marketing, or selling of nicotine delivery systems at the federal, state or local level. Laws and regulations must be created soon because approximately 18 percent of students in Bridgeport Public Schools grades 7th through 12th reported using an electronic cigarette in the last 30 days in a 2013 Behavior Survey. This rate is 3 times greater than the percent of students who reported smoking a cigarette (6 percent) in the last 30 days.

Another deep concern that I have is the selling of single cigarettes (aka loosey) in our local convenience stores and bodegas. Even though selling single cigarettes is illegal, many merchants still offer "looseys" because at the end of the day, it increases their revenue. A few months ago, a local merchant told us that community members would be upset (possibly even harm the merchant), if the merchant does not offer single cigarettes. As of now, the Bridgeport Police Department has conducted tobacco compliance checks in the city but are limited by a lack of staff and funding.

To conclude, over the last 3 years, the Bridgeport Department of Health and Social Services has been committed to reduce and prevent smoking in Bridgeport. In 2013, smoking was prioritized as a major local health concern in the last Community Health Improvement plan. We currently have a CDC Public Health Associate researching systematic strategies or policy changes that the City of Bridgeport can adopt to help reduce smoking rates. If the strategies and policies are effective, we expect to see the smoking rates decrease significantly. Subsequently, chronic diseases and environmental pollution begin to diminish, which in return, creates a healthier city.

Good afternoon – I am Sgt. Charles Johnson from the Bridgeport Police Department. I currently oversee the City of Bridgeport's Compliance Buy program.

As you heard earlier, the rate of cigarette usage in Bridgeport is significantly higher than the State of Connecticut average. This is particularly concerning for Bridgeport youth, who too often are able to access tobacco products illegally.

Funding from DPH will also ensure the Police Department is able to continue its successful Compliance Buy Program (started last year), which conducts inspections and compliance checks at licensed tobacco retailers in Bridgeport (220 retailers) and enforces violations for selling tobacco products to underage youth. The Compliance Buy Program will recruit Smoking Prevention Ambassadors (aged 15-17) to participate in the compliance checks, where the youth (under supervision from a team of police) approach vendors and attempt to purchase tobacco products. Following a youth purchase, police enforce appropriate violations. By enforcing these violations, police are able to limit access to tobacco products by underage youth and also educate merchants and employees on their responsibilities. In addition, by enforcing violations on vendors that illegally sell loose (individual) cigarettes, police are able to limit access to tobacco products community-wide.

Topic: Request for Tobacco enforcement funding

Speaker: Lieutenant Brandon J. O'Brien
Vice, Intelligence and Narcotics Division
Hartford Police Department

My name is Brandon O'Brien. I am a Hartford Police Lieutenant, and Commander of the Vice, Intelligence and Narcotics Division. I am here today based upon the fact that HPD did not submit a letter of intent to apply for the tobacco enforcement funding. I trust what I have to say will amend that oversight.

At present, there are 334 licensed cigarette retailers in the City of Hartford, the most in the State of Connecticut. As an example of our capabilities, during the most recently completed tobacco pilot program, from August 6, 2014 to April 29, 2015, the department conducted 922 inspections, finding 215 establishments in violation and 707 establishments in compliance, a violation rate of 23.32%.

Operations will typically include one Sergeant and four detectives supporting one volunteer underage undercover operative. The anticipated population is twofold; enforcement based, consisting of the retail outlets non-compliant with existing tobacco laws, and residual; providing the potential underage tobacco customer a deterrent based upon retail sales compliance and limiting access through the subsequent lack of availability to underage persons. Operations will be conducted on a random basis and in conjunction with the availability of personnel, other activities and the necessity of the operation. Prospectively, operations will be conducted twice a week for a complete calendar year, which will allow for roughly 30-35 inspections per operation. This will be an expansion of our previous efforts and will require funding in addition to what we have received previously (an anticipated amount of \$180,744.00).

Data regarding all operations will be compiled and maintained by the Supervisor of Vice and Narcotics who will provide reports of activity on a quarterly basis, or as otherwise required.

Communications plans will be coordinated with DMHAS and HPD media relations representatives and conveyed through social media, press releases, press conferences and any other appropriate, agreed upon method.

The Hartford Police Department has established an effective philosophy regarding the reduction of violent crime. This philosophy has become our agency philosophy, and has been accomplished through a cooperative effort made by multiple divisions from the Hartford Police Department, interagency cooperation on the local, state and federal levels, as well as partnerships with agencies and participation in programs that are not law enforcement based. Application of this philosophy agency wide has changed the behavior of offenders previously predisposed towards crimes of violence involving a firearm through enforcement strategies and arrest activity, in essence effectively changing behavior in a positive manner. In a similar manner, we can positively affect the problem of underage tobacco use.

I trust that my comments today were well received and that we will receive the funding we require for continuing tobacco enforcement.

Thank you for your time.

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Building Coordinated Health Services

September 23, 2015

To: The Members of the Tobacco & Health Trust Fund

Good afternoon. I am John O'Rourke, LCSW, and Program Director for CommuniCare's tobacco cessation program. CommuniCare is a unique and dynamic behavioral healthcare partnership between BHcare and Bridges... A Community Support System, providing comprehensive services for 19 cities and towns in the Greater New Haven, Milford, valley and shoreline areas.

Since 2009, CommuniCare, Inc. has been implementing tobacco use cessation services that has approximately 2,000 enrollments in numerous behavioral health settings in Connecticut with funding from the Department of Public Health Tobacco Use Control and Prevention unit (DPH) and the Tobacco and Health Trust Fund (THTF). We are grateful for the opportunities that we've had through this funding to be able to assist tobacco users across the state take steps toward a tobacco-free life.

Through our cessation programming, we are able to provide people with effective cessation counseling and medications at no cost to the participant. In addition, we are able to provide involved agencies with expert consultation on best practices surrounding the development of tobacco-free practices as well as an overhaul of a culture from one that condones tobacco use to one that addresses it and provides ongoing support.

Our current funding (which is solely through DPH and the THTF), which expires at the end of December 2015, has us focusing our efforts on the geographical area of greater New Haven. Through this, we are able to provide cessation counseling across the area at the following agencies and entities: Crossroads Treatment Center, Southern Connecticut State University, University of New Haven, The Connection, Connecticut Mental Health Center and through CommuniCare's home office location. In addition, we are supporting initiatives to develop tobacco-free campuses and areas for Southern Connecticut State University, University of New Haven and for the City of New Haven under an initiative set forth by Mayor Toni Harp.

Even under the current level of funding, the needs of the City are undermet. We were recently informed that our proposal to continue to provide tobacco cessation services and consultation on tobacco control in the Greater New Haven area through 2017 was not selected for funding. Couple that with other related services in the area having recently lost funding, there is glaring hole for people looking to access services in the Elm City for the next two years.

In addition, there is a remaining need to continue to address the tobacco use amongst adults living with mental illness. Through our interventions, we've helped many of our local mental health authorities to explore and change their policies, practices and culture surround tobacco use on their campuses. Since that time (2009-2012), much has changed in regards to the behavioral health landscape here in CT. These agencies (mostly nonprofit local mental health authorities) as well as others could use guidance

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and support as to how to charge their staff with the responsibility to address tobacco amongst those they serve. In addition, the reimbursement rates for cessation counseling are so low that most sites were not able to maintain cessation programming that we worked to establish as part of their general array of services. This hole leaves many without proper guidance, treatment or support to successfully quit tobacco use as part of their behavioral health recovery.

Some of the facts related to tobacco use among those living with behavioral health issues are as follows as per the Smoking Cessation Leadership Center in 2015:

- People with mental illness and/or substance use disorders smoke 40% of all cigarettes produced in the U.S., with 30.9% of all cigarettes smoked only by those with a mental illness.
- Almost half (200,000) of annual deaths from smoking are among people with mental illness and/or substance use disorders.
- Up to 75% of individuals with serious mental illnesses and/or substance use disorders smoke cigarettes. And, 30-35% of treatment staff smoke.

I'm here today to not only thank you for your continued work to address this important issue in the state, but to encourage you to support programming in the Greater New Haven area to support Mayor Harp's initiative to establish New Haven as a tobacco-free city. In addition, I urge you to explore the reimbursement rates for tobacco cessation counseling for those living with behavioral health issues. Big steps could be taken by working with DMHAS to review their policies and practices related to tobacco treatment in their settings.

Again, thank you for all that you do to help address the tobacco epidemic here in Connecticut.

Sincerely,



John O'Rourke, LCSW
Program Director

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