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Vermont Local Opinion Leader Survey

Summary Report

Prepared for

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INTRODUCTION

Consumption and Burden of Disease

Tobacco use is the most preventable cause of disease and death in the United States. Tobacco manufacturers spend more than 90% of their marketing budget on point of sale marketing, including \$19 million in Vermont annually, which targets youth and current and quitting smokers.¹ In Vermont,

- 16.5% of adults smoke;²
- 13.5% of high school students smoke;³
- 2,100 youth (younger than aged 18) try cigarettes for the first time each year, resulting in 400 new, regular daily smokers;⁴
- 1.4 million packs of cigarettes are bought or smoked by youth each year;^{5,6}
- 900 adults die each year from smoking;⁷
- 10,000 kids alive today will ultimately die from smoking;⁸ and
- annual health care costs are \$348 million caused by tobacco use and an additional \$9.8 million due to secondhand smoke.⁹

Vermont's Tobacco Control Goals and Policies

The Vermont Tobacco Control Program (VTCP) was created to address the tobacco use problem with goals to

- reduce adult cigarette smoking prevalence to 12% by 2020,
- reduce youth cigarette smoking prevalence to 10% by 2020,
- reduce exposure of nonsmokers to secondhand smoke, and
- maintain low prevalence of other tobacco product use.

Implementing effective tobacco control policies (i.e., smoking bans, tobacco taxes, and advertising restrictions) has proven to reduce tobacco use prevalence.¹⁰⁻¹⁵ Vermont's tobacco control policies are briefly summarized in Table 1.

According to the U.S. Surgeon General, tobacco industry advertising and promotional activities have increased new and maintained current young smokers.¹⁶ Strategies focusing on the point of sale environment will be critical to reducing the number of new and current smokers.

BACKGROUND

Policy change has traditionally been initiated at the local level, where business leaders and elected officials are seen as accountable entities for addressing the needs of community members.¹⁷ Although Vermont is limited in passing local policies as a "Dillon's Rule" state,^a local leaders can still share community concerns with state leadership to influence the adoption of statewide tobacco control policies.¹⁸

^a According to Dillon's Rule, a substate government may engage in an activity only if it is specifically sanctioned by the state government, thus limiting the enactment of local policies.

In 2014, RTI International conducted a Local Opinion Leader Survey (LOLS)^b in Vermont to assess the

- degree to which tobacco prevention and control is a priority,
- level of support/opposition for key tobacco policies, and
- reasons for supporting/opposing these policies.

VTCP can use the LOLS results to understand

- how much of a priority tobacco control is among other health issues,
- which of the surveyed policies have the most and least support,
- the extent to which local leaders can influence policy change at the state level, and
- how to approach educational strategies based on reasons given for policy support and opposition.

METHODS

Local opinion leaders' attitudes and beliefs toward tobacco policies were measured using the 2014 Vermont LOLS instrument, which consisted of 19 open- and close-ended questions about policy support, perceived level of influence, and respondent demographics. The survey also included questions that allowed respondents to describe their reasons for supporting/opposing specific policies. Data collection lasted for 11 weeks (from April 7, 2014, through June 20, 2014) and was conducted by telephone. During the last 3 weeks of data collection, paper surveys were sent to those who had not previously responded.

The following tobacco control policies were covered in the survey:

- increasing the minimum age for purchasing tobacco products to 21,
- preventing retailers from accepting tobacco coupons,
- banning the display of cigarettes and other tobacco products from stores (product placement),
- banning the sale of tobacco products in pharmacies,
- banning the sale of tobacco products near schools, and
- banning the sale of e-cigarettes close to schools.

RESULTS

Respondent Characteristics

- Among the 308 local opinion leaders contacted, 238 (77.3%) responded (Table 2).
- Three (1.2%) of the survey respondents were current smokers, 81 (34.6%) were former smokers, and 150 (64.1%) had never smoked (Table 2).
- Overall, 40.1% of survey respondents categorized their political philosophy as moderate, whereas 36.0% identified as conservative and 23.9% as liberal (Table 2).

Respondents' Perceived Influence

- Over half of the respondents reported having little/no influence over local and state tobacco-related policies, whereas just under half reported having medium/high influence (Figure 1).
- Mayors and Selectboard chairs reported higher levels of state influence (among those who indicated having a medium/high level of state influence), followed by town managers and Planning Commission executive directors (Figure 2).

^b For this survey, local opinion leaders were defined as mayors, town managers, Selectboard chairs, and Planning Commission executive directors.

Perceived Importance of Tobacco Control

- A majority of local opinion leaders indicated that tobacco use was as important/among the most important health problems to address for their community (Figure 3).
- Alcohol and drug abuse, issues facing the elderly, and obesity were cited as the most important community health problems among leaders reporting tobacco use as one of the least important health problems (Figure 3).

Level of Support for Specific Tobacco Control Policies

- Support for tobacco-related policies varied from 56.2% of respondents somewhat/strongly favoring a ban preventing retailers from accepting tobacco coupons to 27.2% of respondents favoring a ban restricting store displays of cigarettes and other tobacco products (Figure 4).
- The tobacco coupon ban (56.2%) was the only policy that the majority of respondents supported, and support for this policy was significantly higher than support for any other policy included in the Vermont LOLS (Figure 4).
- Nearly half (47.1%) of respondents somewhat/strongly favored increasing the minimum age for the purchase of tobacco products to 21 years of age, which was the second most supported policy. Like the coupon ban policy, support for this policy was significantly higher than for the other tobacco policies (Figure 4).
- Over one-third of respondents somewhat/strongly supported policies banning tobacco product sales in pharmacies (37.9%) and near schools (37.8%), which was not much higher than support for banning e-cigarette sales near schools, but significantly higher than support for the product placement policies (27.2%) (Figure 4).

Support by Political Philosophy

- Respondents who self-identified as liberal typically had higher levels of support for the tobacco policies and were more likely to support the tobacco coupon policy, banning the sale of tobacco products in pharmacies, and the product placement ban than respondents who identified themselves as conservative^c (Table 3).
- Across all policies, the tobacco coupon ban had the highest level of support across all political groups, but also the biggest difference in support between liberal (75.0%) and conservative (47.5%) respondents.

Support by State Influence

- Respondents with medium/high state influence had higher levels of support for coupon bans, increasing the minimum age for tobacco purchases, and banning the sale of tobacco in pharmacies (Table 3).

Respondents' Reasons for Supporting/Opposing Tobacco Control Policies

- Supporters favored strategies for reducing tobacco use, especially among youth. Supporters also felt that these policies had the potential to restrict access to tobacco products (i.e., limiting availability, or by increasing the price) (Table 4).
- Opponents were concerned about the implications of these policies for retailers and disdained government "overregulation" of personal freedoms. Some opponents did not believe these policies would have any impact on decreasing tobacco use or preventing initiation (Table 4).

^c Although not statistically significant, the only policy which conservatives supported more than liberals was the policy banning e-cigarette sales near schools.

CONCLUSIONS AND RECOMMENDATIONS

Policy makers are more likely to support a tobacco control policy if they believe that tobacco is an important problem to address,¹⁹ and the Vermont LOLS results show that tobacco use is a problem and relevant policies would be supported.

Key Findings

- A majority of local opinion leaders indicated that tobacco use was as important/among the most important health problems to address for their community.
- Local opinion leaders were most supportive of (1) a ban on retailers accepting tobacco coupons and (2) raising the minimum age for the purchase of tobacco products to 21 years of age.
- Liberal respondents typically showed higher levels of support than conservatives.

Limitations and Suggested Solutions

As a “Dillon’s Rule” state, Vermont local opinion leaders are unable to enact policy change within their communities that differ from the state policy. While educational efforts led by these leaders may have limited influence on state policy, key findings below show that there are still opportunities for VTCP to work with local opinion leaders to pursue state-level tobacco policy change.

- Almost half of the local opinion leaders surveyed reported having a medium/high level of influence on state legislators and the tobacco policies they support.
- Local opinion leaders with medium/high levels of influence on state tobacco policies were more likely to support tobacco control policies.^d

Suggested Next Steps

VTCP may consider a two-pronged approach, with short-term and long-term goals:

- **Short term:** VTCP and the Community Coalitions could focus on educating their communities on policies that local opinion leaders are more supportive of, namely the tobacco coupon ban and increasing the minimum age for purchasing tobacco products.^e
- **Long term:** Policies that VTCP considers important but that currently have less support (i.e., policies that impact the tobacco retail environment) will require an intensive, longer-term effort to pass. VTCP can use the Vermont LOLS findings as a benchmark—especially reasons for supporting/opposing specific policies—to develop improved educational strategies. These efforts should include activities to educate policy makers on the continued importance and severity of the tobacco problem in their communities.

Additional Considerations

- Focus educational efforts on opinion leaders who reported having higher levels of state influence, primarily mayors and Selectboard chairs.^f Feedback obtained through the Vermont LOLS can help VTCP craft pro-policy messages that may resonate with opinion leaders who are neutral/oppose the policy.

^d The only exception was for a policy prohibiting the sale of e-cigarettes in close proximity to schools.

^e The tobacco coupon ban has been implemented in Providence, Rhode Island, and the minimum age policy in New York City. Experiences (i.e., successes and lessons learned) can inform on the processes and challenges to expect as efforts are made to pass and advance these policies.

^f For example, to promote the tobacco coupon ban, VTCP may want to emphasize how the effort would not negatively impact retail business and could be an effective strategy to reduce youth smoking.

Table 1. Vermont’s Tobacco Control Policies (for Smoking Ban, Taxes, and Advertising and Promotion Restrictions)

Tobacco Control Policy	Status
Smoking ban	The possession of lighted tobacco products in any form is prohibited in the common areas of all enclosed indoor places of public access and publicly owned buildings and offices, including restaurants and bars
Tobacco taxes	Tax rate per pack of 20: \$2.62
Advertising and promotion restrictions	No state law/regulation.

Table 2. Respondent Categories for the 2014 Vermont Local Opinion Leader Survey

Eligible Respondent Category	Number of Eligible Respondents
Mayors	8
Town Managers	52
Selectboard Chairs	237
Planning Commission Directors	11
Total	308

Note: Individuals with the title of town manager, city manager, village manager, or municipal manager were all considered “town managers” for this study, as they fulfill the same role in local government. There were 52 unique individuals representing 59 towns, cities, and villages.

Table 3. Percentage of Respondents Somewhat or Strongly in Favor of Tobacco Policies by State Influence and Political Philosophy

Policy	Perceived State Influence		Political Philosophy		
	Med-High	Low	Conservative	Moderate	Liberal
Prevent retailers from accepting tobacco coupons	66.0% ^a	49.3% ^a	47.5% ^b	55.1% ^c	75.0% ^{b,c}
Increase the minimum age for purchasing tobacco products	52.1%	43.0%	43.8%	46.1%	52.8%
Ban the sale of tobacco products in pharmacies	52.2% ^a	28.6% ^a	29.5% ^b	39.8%	50.9% ^b
Ban the sale of tobacco products close to schools	46.2% ^a	30.8% ^a	36.7%	36.8%	43.4%
Ban the sale of e-cigarettes close to schools	39.3%	57.1%	40.0%	30.0%	32.0%
Ban the display of cigarettes and other tobacco products from store	37.6% ^a	19.3% ^a	20.3% ^b	27.0%	39.6% ^b

^a Statistically significant difference in level of support between respondents with a medium or high level of state influence and those with a low level of state influence ($p < 0.05$).

^b Statistically significant difference in level of support between conservative and liberal respondents ($p < 0.05$).

^c Statistically significant difference in level of support between moderate and liberal respondents ($p < 0.05$).

Table 4. Most Common Reasons for Supporting and Opposing Tobacco Policies

Supporters said that:	Opponents ^a said that:
Tobacco Coupon Ban	
<ul style="list-style-type: none"> ▪ Coupons would reduce cost, which could increase tobacco use (n=40). ▪ Individuals who chose to smoke should pay the full price for their tobacco products without receiving extra discounts (n=21). ▪ Coupons make it more attractive/easy for youth to purchase tobacco products (n=12). 	<ul style="list-style-type: none"> ▪ Such a policy would be bad for business (n=33). ▪ This policy would result in too much government regulation and oversight on businesses and personal freedoms (n=27). ▪ This policy would have no effect on tobacco use, and people would just pay more for cigarettes (n=11).
Increasing the Minimum Age to Purchase Tobacco Products	
<ul style="list-style-type: none"> ▪ Such a policy would help delay access to tobacco among young people (n=40). ▪ The same guideline should apply to tobacco as alcohol (n=17). ▪ This would reduce negative health and environmental consequences of tobacco use (n=17). 	<ul style="list-style-type: none"> ▪ Age 18 is considered adulthood (e.g., serving in military, voting) and adults should be able to purchase tobacco products (n=75), ▪ This policy would have no effect on tobacco use and the ability of young people to obtain tobacco products (n=21) ▪ It would be difficult to enforce such a policy (n=8)
Banning the Sale of Tobacco Products Close to Schools	
<ul style="list-style-type: none"> ▪ Such a policy would help keep kids from smoking (n=55). ▪ Any policy that prevents or reduces tobacco use is beneficial (n=12). 	<ul style="list-style-type: none"> ▪ Proximity to school has no bearing on who purchases tobacco products—people will get it regardless (n=39). ▪ Such a policy would punish retailers (n=32). ▪ This policy would have no effect because retailers already cannot sell tobacco products to minors (n=21). ▪ This policy would result in too much government regulation and oversight on businesses and personal freedoms (n=12).
Banning the Sale of E-Cigarettes Close to Schools	
<ul style="list-style-type: none"> ▪ In general, they do not support e-cigarettes and/or believe they are harmful (n=24). ▪ They do not have enough information about e-cigarettes to have a strong reason to oppose such a policy (n=10). ▪ E-cigarettes could serve as a gateway to traditional cigarettes (n=8). 	<ul style="list-style-type: none"> ▪ They do not have enough information about e-cigarettes to support such a policy (n=48). ▪ Such a policy would be bad for retail business (n=17). ▪ This policy would have no effect on tobacco use and the ability of young people to obtain tobacco products (n=10). ▪ There is nothing wrong with e-cigarettes (n=9).

^a We included feedback from respondents who were neither in favor of nor against a policy.

Figure 1. Respondents' Perceived Local and State Influence

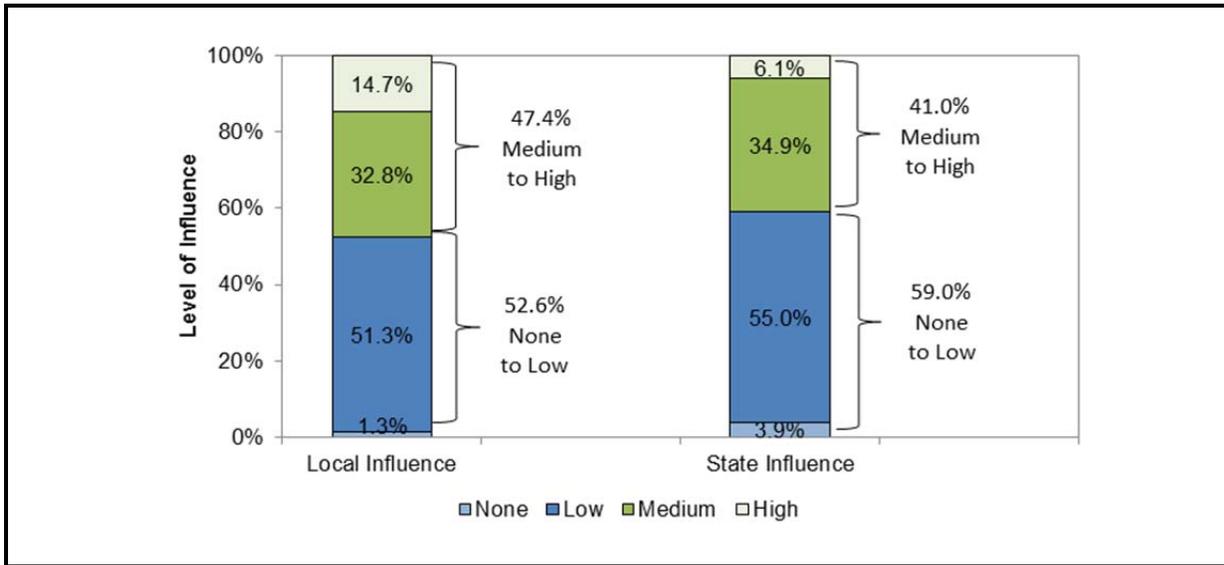


Figure 2. Perceived Level of State Influence by Job Type

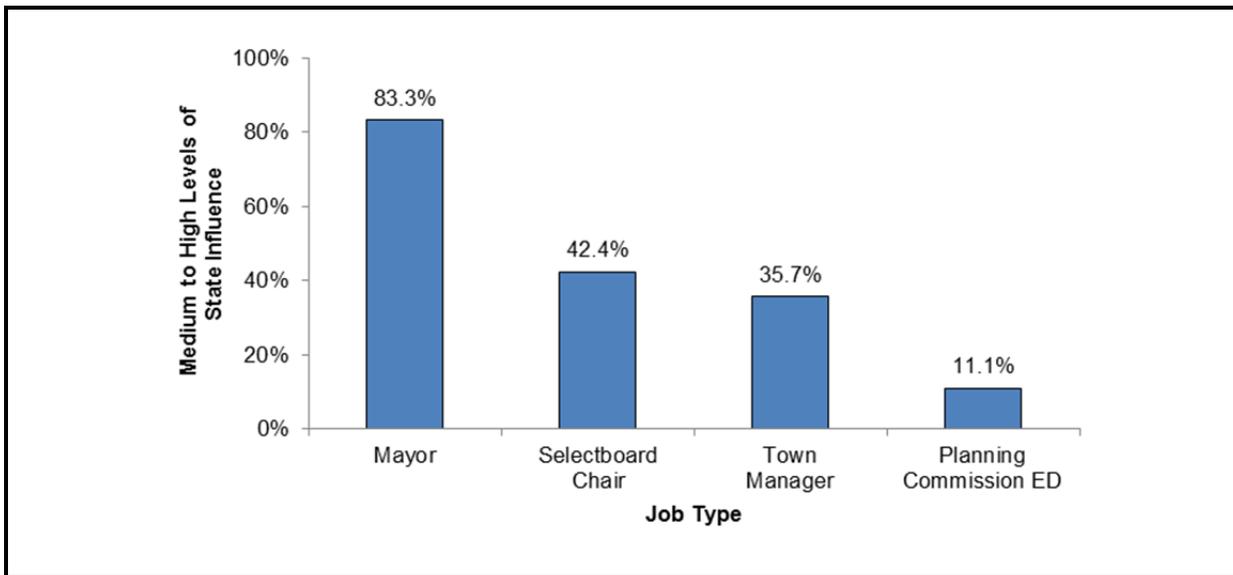


Figure 3. How Tobacco Rates among Other Health Problems in the Community

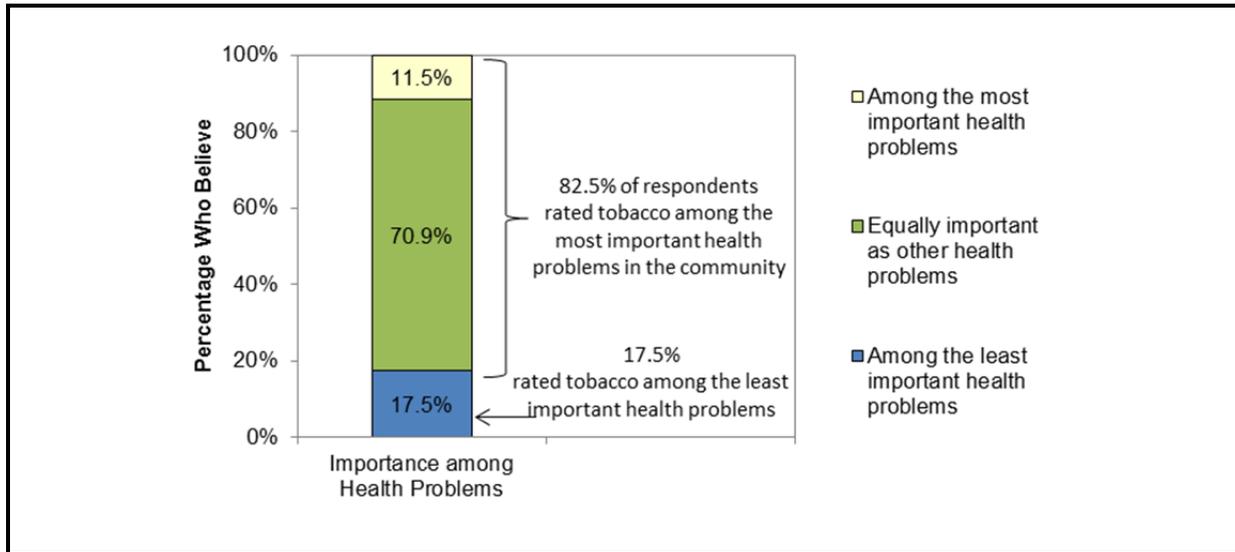
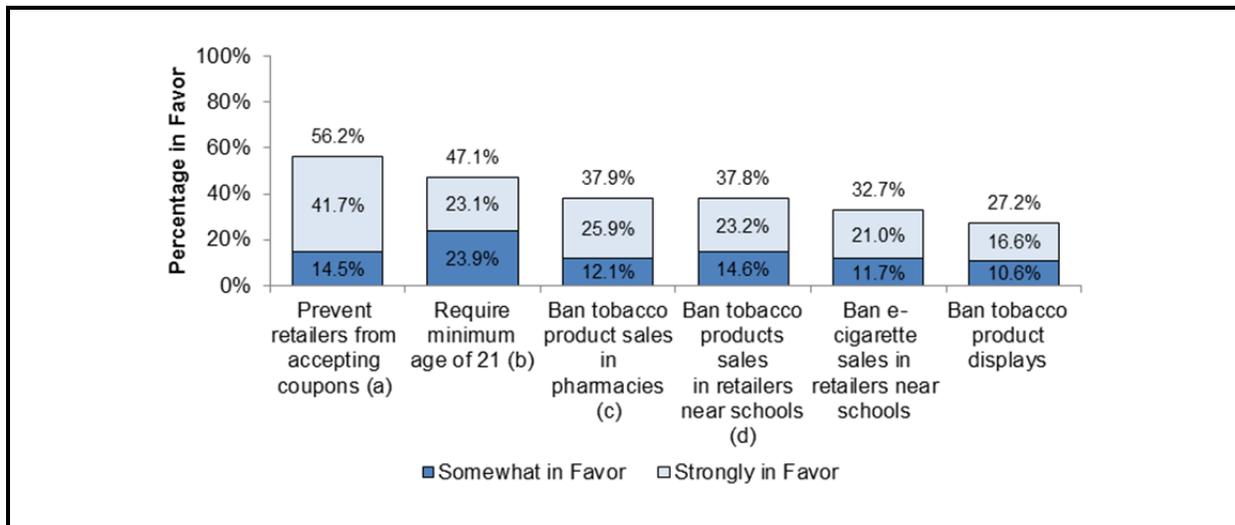


Figure 4. Respondent Support for Tobacco-related Policies



^a Statistically significant difference compared with support for all other policies ($p < 0.05$).

^b Statistically significant difference compared with support for banning the sale of tobacco products and e-cigarettes in close proximity to schools and a product placement policy ($p < 0.05$).

^c Statistically significant difference compared with support for minimum age and product placement policies ($p < 0.05$).

^d Statistically significant difference compared with support for a product placement policy ($p < 0.05$).

REFERENCES

1. Center for Public Health and Tobacco Policy. (2012). The POS problem: Factsheets describing the point of sale tobacco marketing problem and its impact on youth. Created for the Vermont Department of Health.
2. Centers for Disease Control and Prevention. (2012). *Behavioral Risk Factor Surveillance System Survey Data*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
3. Centers for Disease Control and Prevention. (2012). Youth risk behavioral surveillance—United States, 2011. *Morbidity and Mortality Weekly Report*, 61(4).
4. U.S. Department of Health and Human Services. (2014). *Summary findings from the 2012 National Survey on Drug Use and Health*. Retrieved from <http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/DetTabs/NSDUH-DetTabsSect4peTabs1to16-2012.htm#Tab4.10A>
5. DiFranza, J., & Librett, J. (1999). State and federal revenues from tobacco consumed by minors. *American Journal of Public Health*, 89(7), 1106–1108.
6. Cummings, K. M., Pechacek, T., & Shopland, D. (1994). The illegal sale of cigarettes to US minors: estimates by state. *American Journal of Public Health*, 84(2), 300–302.
7. Centers for Disease Control and Prevention. (2014). Smoking & tobacco use. Retrieved from <http://apps.nccd.cdc.gov/StateSystem/systemIndex.aspx>
8. U.S. Department of Health and Human Services. (2014). *The health consequences of smoking: 50 years of progress. A report of the Surgeon General*. Retrieved from <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>.
9. Centers for Disease Control and Prevention. (2014). Smoking attributable mortality, morbidity and economic costs, SAMMEC. Retrieved from <http://apps.nccd.cdc.gov/sammec/>
10. Iwasaki, N., Tremblay, C. H., & Tremblay, V. J. (2006). Advertising restrictions and cigarette smoking: Evidence from myopic and rational addiction models. *Contemporary Economic Policy*, 24, 370–381.
11. Levy, D.T., Chaloupka F., & Gitchell, J. (2004). The effects of tobacco control politics on smoking rates: A tobacco control scorecard. *Journal of Public Health Management and Practice*, 10(4), 338–353.
12. Levy, D. T., Friend, K., & Polishchuk, E. (2001). Effect of clean indoor air laws on smokers: The clean air module of the SimSmoke computer simulation model. *Tobacco Control*, 10(4), 345–351.
13. Liang, L., Chaloupka, F., Nichter, M., & Clayton, R. (2003). Prices, policies and youth smoking, May 2001. *Addiction*, 98(Suppl 1), 105–122.
14. McMullen, K. M. (2005). Strength of clean indoor air laws and smoking related outcomes in the USA. *Tobacco Control*, 14(1), 43–48.
15. Saffer, H., & Chaloupka, F. J. (2000). The effect of tobacco advertising bans on tobacco consumption. *Journal of Health Economics*, 19(6), 1117–1137.
16. U.S. Department of Health and Human Services. (2012). *Preventing tobacco use among youth and young adults: A report of the U.S. Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
17. National Cancer Institute (2005). *ASSIST: Shaping the future of tobacco prevention and control*. Tobacco Control Monograph No. 16. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute.
18. National League of Cities. (2013). Local Government Authority. Retrieved August 28, 2014, from <http://www.nlc.org/build-skills-and-networks/resources/cities-101/city-powers/local-government-authority>
19. Howard, K. A., Rogers, T. R., Howard-Pitney, B., Flora, J. A., Norman, G. J., & Ribisl, K. M. (2000). Opinion leaders' support for tobacco control policies and participation in tobacco control activities. *American Journal of Public Health*, 90(8), 1283–1287.