

# Vermont Local Opinion Leader Survey 2021 Results Report April 2022



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## Acknowledgment

We would like to thank all the survey respondents for their time and participation in this survey. Their perspective on these issues is greatly appreciated.

## Executive Summary

The 2021 Local Opinion Leader Survey gathered data about the opinions of local leaders in Vermont regarding different policy options related to tobacco, alcohol, and cannabis. The 2021 survey was a joint effort by the Vermont Tobacco Control Program (VTCP) and the Alcohol and Drug Abuse Programs (ADAP) at the Vermont Department of Health (VDH), as well as VTCP's third-party evaluator, Professional Data Analysts (PDA).

Survey respondents held one of the following seven roles: Mayor, Town Manager, Selectboard Chair, Local Planning Commission Chair, Regional Planning Commission Chair, Vermont Chamber of Commerce Board Member, or Vermont Chamber of Commerce Staff. A total of 356 people completed the survey, resulting in a 60% response rate.

This survey builds on two previous studies performed in 2014 and [2017](#). Data from these surveys can inform local discussions and decision-making on substance use prevention and control strategies and policies.

## 2021 Key Points

**Support for substance use policies:** Respondents were asked about their opinion on several tobacco, alcohol, and cannabis policies. The policies for each substance that were **most supported** by survey respondents included:

- **Tobacco:** 65% of local leaders were somewhat or strongly in support of a policy to prevent retailers from accepting coupons that reduce the price of cigarettes and other tobacco products.
- **State-regulated cannabis retail market:** 47% of local leaders were somewhat or strongly in support of a policy to restrict or cap the number of retailers in their community that sell certain cannabis products.
- **Alcohol:** 65% of local leaders were somewhat or strongly in support of a policy to create a 1% local option tax on alcohol sales in their community.

**Importance of health issues:** Respondents were asked to assess the importance of different health issues in their community.

- **92%** said it was important or very important to address **opioid use**.
- **69%** said it was important or very important to address **underage drinking**.
- **57%** said it was important or very important to address **vaping**.
- **37%** said it was important or very important to address **non-medical cannabis use**.

**Changes in survey responses over time:** Where possible, survey results were compared with results from the 2017 Local Opinion Leader Survey.

- The percent of leaders who supported restricting discount coupons for tobacco saw the greatest increase, rising from 52% in 2017 to 65% in 2021.
- Support for a 1% local option tax on alcohol increased slightly, while support for restricting the consumption of alcoholic beverages in public places decreased slightly.

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## Tobacco Policy Summary

The following table presents the level of support for each policy. A subset of policies included a question asking leaders to explain their opinions; their top reasons are summarized below.

	<b>Somewhat/ Strongly in Favor</b>	<b>Somewhat/ Strongly Against</b>
Prevent retailers from accepting coupons that reduce the price of cigarettes and other tobacco products	<b>65% (227)</b>	<b>11% (39)</b>
Increase the tobacco excise tax	<b>63% (223)</b>	<b>12% (44)</b>
Ban smoking in multi-unit housing  <i>Top Reasons:</i>	<b>57% (200)</b>  <ul style="list-style-type: none"> <li>▪ Protect neighbors from the negative health effects and unpleasant smell of secondhand smoke</li> <li>▪ Reduce risk of fire and damage to property</li> </ul>	<b>19% (67)</b>  <ul style="list-style-type: none"> <li>▪ Too restrictive, prefer a ban in only indoor or shared spaces</li> <li>▪ Challenging to enforce</li> <li>▪ Government overreach</li> <li>▪ Disproportionately impacts people with low incomes, creates barriers for people to obtain stable housing</li> </ul>
Make it illegal for all tobacco products to be sold in flavors (*Asked Yes/No)  <i>Top Reasons:</i>	<b>47% (165)*</b>  <ul style="list-style-type: none"> <li>▪ Flavors appeal to youth</li> <li>▪ Potential for long-term addiction with earlier initiation</li> <li>▪ Flavors minimize the perception of harm among youth</li> <li>▪ Tobacco should not be made to look appealing at all</li> </ul>	<b>22% (76)*</b>  <ul style="list-style-type: none"> <li>▪ Against any type of government regulation of tobacco</li> <li>▪ Runs counter to the free market and restricts individual choice</li> <li>▪ Would be better to rely on an education campaign rather than a ban on flavors</li> </ul>
Set a price floor so that tobacco products could not be sold below a certain price  <i>Top Reasons:</i>	<b>45% (158)</b>  <ul style="list-style-type: none"> <li>▪ Discourage tobacco use</li> <li>▪ Reduce harm to tobacco users</li> <li>▪ Reduce secondhand smoke and costs to the health care system</li> </ul>	<b>15% (54)</b>  <ul style="list-style-type: none"> <li>▪ Free market should dictate prices</li> <li>▪ Price floors punish businesses</li> <li>▪ Disproportionately impacts tobacco users with low income</li> <li>▪ People will buy tobacco from nearby states or substitute other drugs</li> </ul>
Give local control to municipalities to enact tobacco control policies  <i>Top Reasons:</i>	<b>27% (96)</b>  <ul style="list-style-type: none"> <li>▪ Always support opportunities for greater local control</li> <li>▪ Local governments know the needs of their community best</li> <li>▪ Caveat: only want to let towns to enact more or stricter regulation on top of state policies</li> </ul>	<b>47% (161)</b>  <ul style="list-style-type: none"> <li>▪ Local governments don't have capacity to implement or enforce new policies</li> <li>▪ It is the state's responsibility to regulate tobacco</li> <li>▪ Tobacco laws that differ from town to town would be ineffective &amp; confusing</li> </ul>
Restrict or cap the number of retailers in your community that sell tobacco products	<b>26% (91)</b>	<b>23% (80)</b>

# Local Opinion Leader Survey Report

## Cannabis Policy Summary

The following table presents the level of support for each policy. Policies with corresponding reasons had an open-ended follow-up question which asked leaders to explain their thinking.

	Somewhat/Strongly in Favor	Somewhat/Strongly Against
Restrict or cap the number of retailers in your community that sell certain cannabis products	47% (161)	20% (68)
Allow the sale of cannabis at state-regulated retailers in your municipality	41% (145)	27% (96)
<p><i>Top Reasons:</i></p>	<ul style="list-style-type: none"> <li>Will reduce illegal sales and make cannabis consumption safer</li> <li>Would provide revenue through taxes and tourism</li> <li>Cannabis is already widely used and legal, so retail should be allowed</li> <li>Caveat: measures should be taken to ensure it will benefit small towns and businesses</li> </ul>	<ul style="list-style-type: none"> <li>Would encourage cannabis use, which is unhealthy, unsafe, and can lead to other substance abuse or behavioral issues, particularly for young people.</li> <li>Not sufficient infrastructure in place to enforce regulations of retail cannabis</li> </ul>

## Alcohol Policy Summary

The following table presents the level of support for each policy.

	Somewhat/Strongly in Favor	Somewhat/Strongly Against
Create 1% local option tax on alcohol sales in your community	55% (194)	16% (55)
Restrict the consumption of alcoholic beverages in public places	43% (150)	34% (119)
Make Act 70 (2021), which allows for “to go” and curbside pickup for alcoholic beverages, permanent	43% (150)	29% (100)

## Background and Methods

### Purpose

The 2021 Local Opinion Leader Survey is the third iteration of a survey that began in 2014 to gather data about the opinions of local leaders in Vermont regarding substance use prevention policies. The 2021 survey was a joint effort by the Vermont Tobacco Control Program (VTCP) and the Alcohol and Drug Abuse Program (ADAP) at the Vermont Department of Health (VDH). VDH partnered with VTCP's evaluator, Professional Data Analysts (PDA), to conduct and analyze the survey.

The survey was sent to local leaders and asked about their opinions of different policy options related to tobacco, alcohol, and cannabis. Findings from the survey can be used by local decisionmakers, substance use prevention partners, and VDH staff to understand which policies have broader support, to understand the biggest health problems facing communities from the perspective of local leaders, and to compare results over time.

### Sample creation

To create the sampling frame for the 2021 Vermont Local Opinion Leader Survey, the methods from the 2017 were followed as closely as possible to ensure comparability. The survey sample consists of people in six local leadership roles: Mayor, Regional Planning Commission Executive Director, Town Manager, Selectboard Chair, Local Planning Commission Chair, and Vermont Chamber of Commerce Staff and Board Members.

More details about sampling methods, including how contact information was obtained for each role, can be found in the [Appendix 1](#).

### Survey administration

The survey was programmed in an online survey platform, and participants were able to take the survey either online or over the phone. Phone surveys were conducted by trained interviewers at PDA. The survey instrument can be found in [Appendix 2](#).

The survey was fielded from October 11, 2021 to November 24, 2021. Individuals first received a mailed pre-notification letter outlining the purpose and goals of the project, as well as a link to take the survey. Individuals then received an email invitation and four email reminders to take the survey throughout the fielding period. Individuals with phone numbers also received a minimum of two phone calls each with requests to take the survey.

### Sample characteristics

A total of 356 people completed the survey, resulting in a 60% response rate across roles. The response rate was the highest among Regional Planning Commission Executive Directors (91%) and lowest among Vermont Chamber of Commerce Staff (50%).

The vast majority of surveys were completed online. Of the 356 completed surveys, 16 people completed the survey over the phone and 340 completed the survey online.

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	Total Responded (N, %)	Total in Sample (N, %)	Response Rate
Selectboard Chair	136 (38%)	241 (41%)	56%
Local Planning Commission Chair	125 (35%)	224 (38%)	56%
Town Manager	60 (17%)	75 (13%)	80%
Chamber of Commerce Board Member	13 (4%)	22 (4%)	59%
Regional Planning Commission Executive Director	10 (3%)	11 (2%)	91%
VT Chamber of Commerce Staff	6 (2%)	12 (2%)	50%
Mayor	6 (2%)	8 (1%)	75%
<b>Total</b>	<b>356</b>	<b>593</b>	<b>60%</b>

There were respondents representing each of the fourteen counties in Vermont. The number of respondents in the sample and in the final data for each county are shown below.

	Total Responded (N, %)	Total in Sample (N, %)	Response Rate
Rutland	37 (11%)	63 (11%)	59%
Washington	37 (11%)	45 (8%)	82%
Windsor	33 (10%)	54 (9%)	61%
Windham	28 (9%)	52 (9%)	54%
Addison	27 (8%)	48 (8%)	56%
Lamoille	24 (7%)	28 (5%)	86%
Bennington	23 (7%)	39 (7%)	59%
Chittenden	23 (7%)	43 (7%)	53%
Caledonia	22 (7%)	36 (6%)	61%
Orleans	22 (7%)	39 (7%)	56%
Orange	19 (6%)	33 (6%)	58%
Franklin	17 (5%)	29 (5%)	59%
Essex	10 (3%)	22 (4%)	45%
Grand Isle	5 (2%)	9 (2%)	56%
Not applicable*	29	53	55%
<b>Total</b>	<b>356</b>	<b>593</b>	

\*Respondents not assigned a county include Regional Planning Commission Executive Directors and VT Chamber of Commerce Board Members and Staff, whose roles are not tied to a single county.

## Analytical methods

Survey frequencies were calculated for each item; this report includes frequencies as valid percentages, meaning that missing data is removed before calculating the frequencies. Frequencies for survey items with questions relating to policy options were also stratified by role, geography, and level of influence. Additional details about this stratified analysis can be found in [Appendix 3](#).

Qualitative data was coded using inductive thematic analysis. Three researchers at PDA coded the qualitative data and met periodically to discuss codes and processes to ensure alignment. Coded data was translated into key findings statements with narrative descriptions.

## Results

Results from the survey are presented in this report in four topical areas:

- **Tobacco policies** includes respondents' overall perception of the importance of tobacco use issues and their level of support for seven policies that are recognized in tobacco control as ways to reduce access and use. A comparison to results from the 2017 survey is available for four policies. Qualitative information about respondents' reason behind their policy opinions is summarized for the four policies that included an open-ended follow up question.
- **Cannabis policies** includes respondents' level of support for two policies that would address cannabis use in their municipality. A summary of qualitative open-ended responses is included for one cannabis policy.
- **Alcohol policies** includes respondents' level of support for three policies that would address alcohol use in their municipality. A comparison to results from the 2017 survey is available for two of these policies.
- **Importance of substance use issues** includes respondents' overall perception of the importance of several substance use issues, as well as results from an open-ended question about the most important health issue facing their community.



## Tobacco Policies

Survey respondents were asked to rate the overall importance of addressing tobacco use in their municipality and to rate their level of support for several tobacco policies. These policies were selected largely because they are evidence-based strategies to address tobacco use.<sup>1,2</sup>

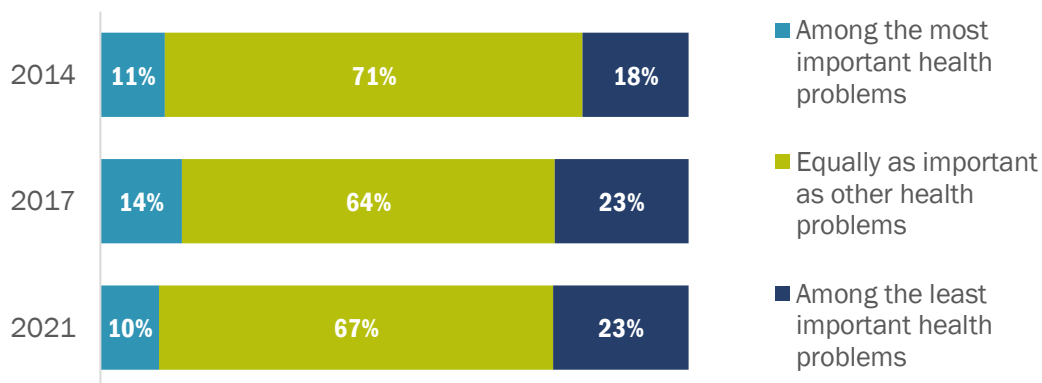
### KEY POINTS

- **Tobacco use remains an important issue for local leaders.**
- **Tobacco policies with the most support from local leaders include restricting coupons for tobacco products, increasing the tobacco excise tax, and enacting a flavor ban.**
- **Local leaders' reasons behind their opinions of tobacco policies are varied and nuanced.**

### Tobacco use remains an important issue for local leaders.

Respondents were asked, “When you think about the health problems in your community, how important would you say it is to address tobacco use?” Most respondents (67%) believed that tobacco use is equally as important to address as other health topics, while 10% believed that tobacco use is among the most important health problems. These results are consistent with findings from the 2014 and 2017 surveys.

### Importance of addressing tobacco use



<sup>1</sup> Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta: 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, 2014.

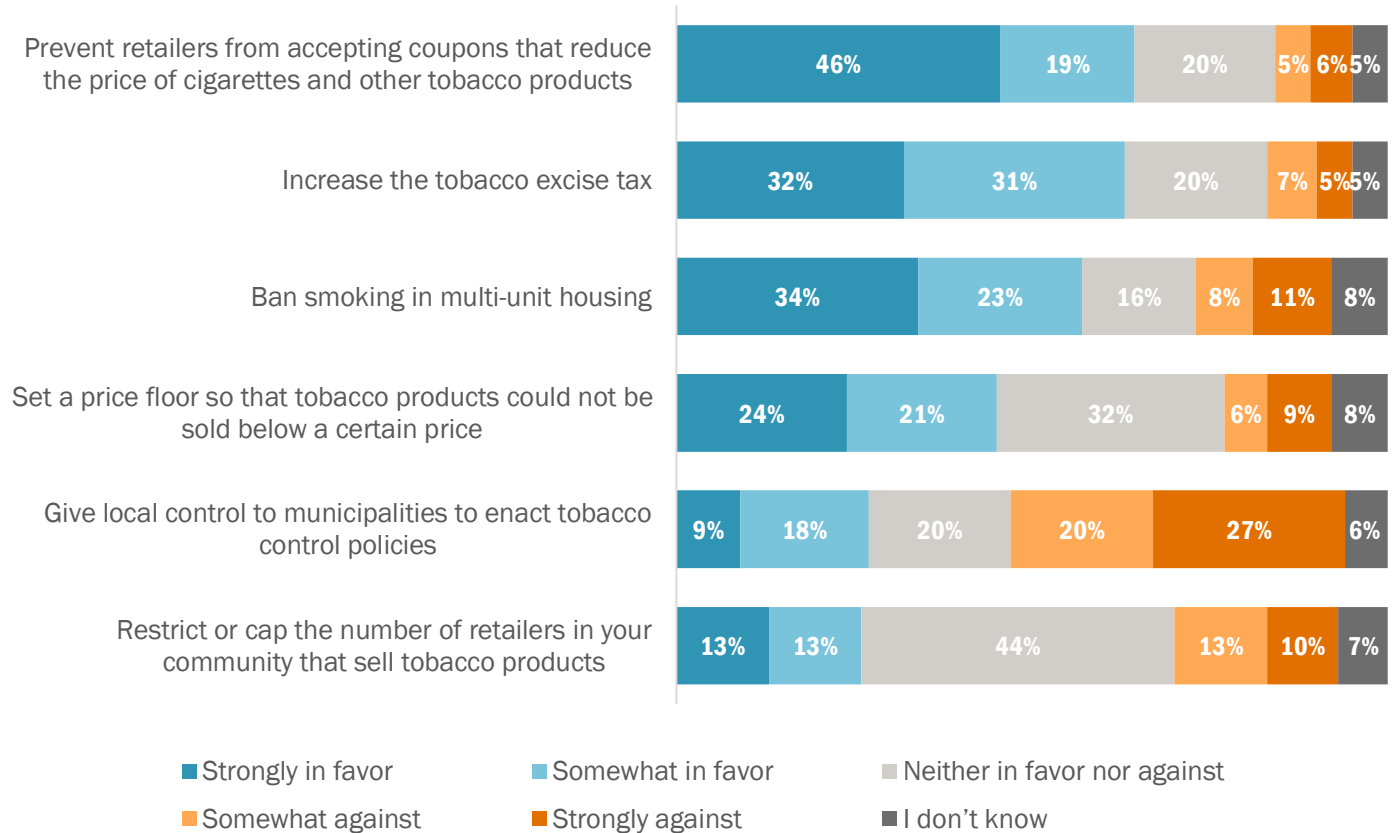
<sup>2</sup> Center for Public Health Systems Science. Pricing Policy: A Tobacco Control Guide. St. Louis: Center for Public Health Systems Science, George Warren Brown School of Social Work at Washington University in St. Louis and the Tobacco Control Legal Consortium; 2014.

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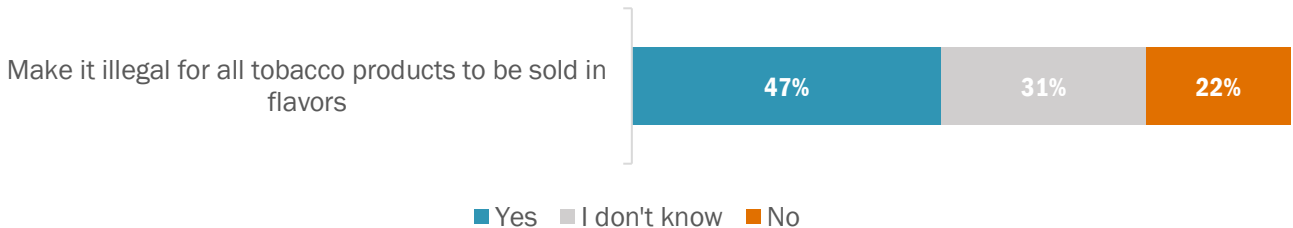
## Tobacco policies with the most support from local leaders include restricting coupons for tobacco products, increasing the tobacco excise tax, and enacting a flavor ban.

Preventing retailers from accepting coupons that reduce the price of tobacco products had the most support among local leaders surveyed, with 65% of respondents strongly or somewhat in favor of the policy. Local control for municipalities to enact tobacco control policies had the most opposition, with 47% of respondents somewhat or strongly against this policy.

### Level of Support for Tobacco Policies

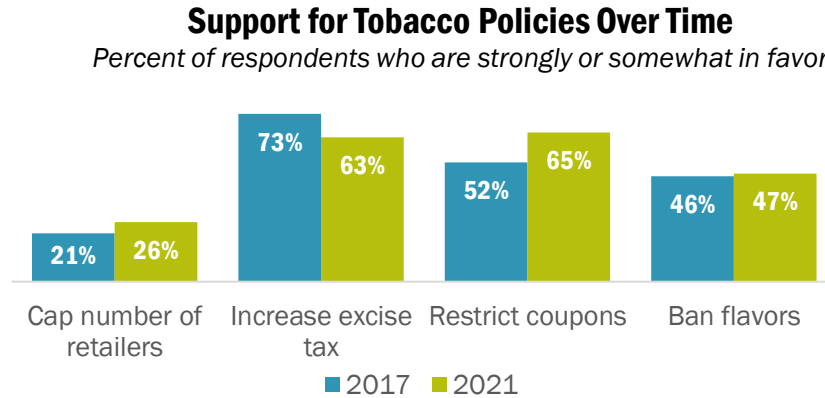


Support for a ban on flavored tobacco products was presented with the response options: Yes/No/I don't know. Nearly half of respondents (47%) believed that it should be illegal for all tobacco products to be sold in flavors.



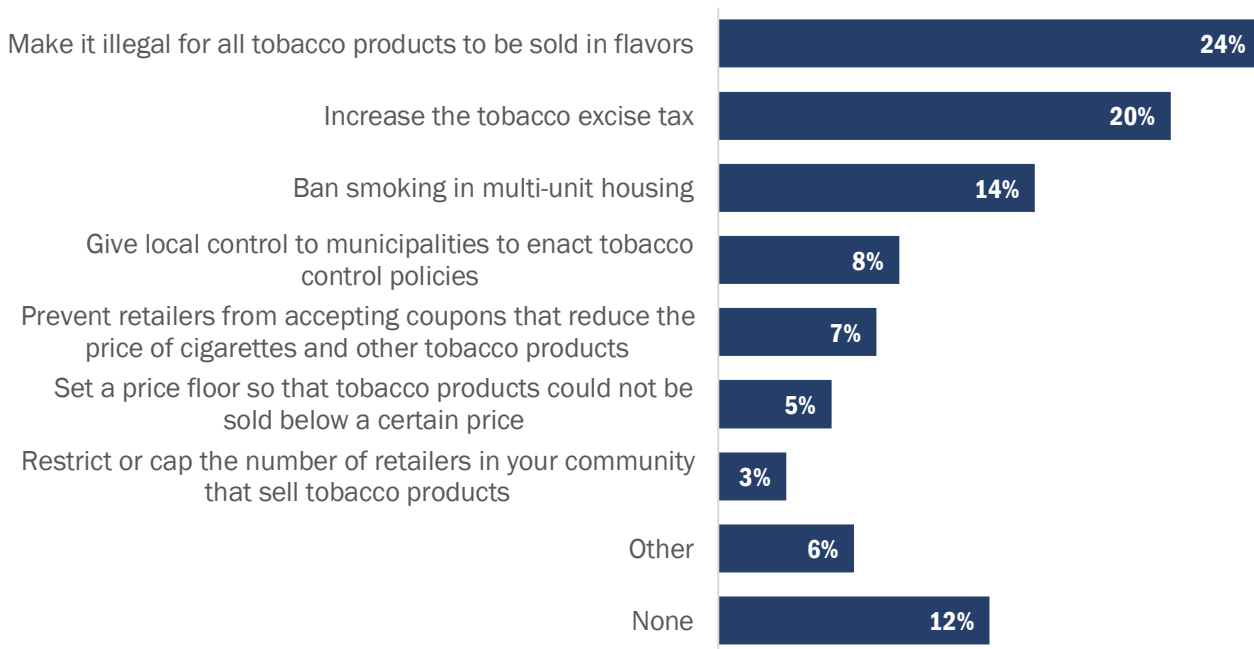
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Several policies in this survey were also included as questions in the 2017 survey. Support for a tobacco flavor ban remained consistent between 2017 and 2021. Support for an increased excise tax decreased slightly, while support for restricting tobacco coupons and capping the number of retailers who can sell tobacco products increased in 2021.



Respondents were also asked to select one policy that would be the most important to pass at the state or local level. A ban on flavored tobacco products and an increase in the tobacco excise tax were most frequently ranked as the most important policies to pass. Restricting the number of retailers that sell tobacco was the least common policy selected. A small number (6%) of respondents selected ‘Other’. Common write-in responses for this option included: all the policies are important, and it would be difficult to choose one; education is the most important and would be more useful than policies; and policies must be supported by enforcement.

## Most important policy to pass at the state or local level



## Local leaders' reasons behind their tobacco policy opinions are varied and nuanced.

Four tobacco policy questions included an open-ended, follow-up question asking respondents to explain their thinking. Summaries of these qualitative responses are included here.

### Tobacco price floor

**45% of respondents were strongly or somewhat in favor of a tobacco price floor and 5% of respondents selected this as the most important tobacco policy to pass.**

Many of these respondents believed that higher prices would be an effective way to discourage tobacco use. Most spoke primarily about the physical harm to tobacco users themselves, but others mentioned the harm that can be inflicted on other people, primarily through secondhand smoke as well as the societal impact caused by high costs to the health care system.

**“If we want people to stop smoking, we need to give them an incentive to quit. Hitting people in their pocketbooks might be an effective solution.”**

**15% of respondents were against or somewhat against setting a tobacco price floor.**

Many of these respondents believed that it is not the government's role to regulate tobacco, that the free market should dictate prices, that price floors punish businesses, and that tobacco use should be an individual choice. Others pointed out potentially harmful unintended consequences of a price floor including disproportionately extracting money from tobacco users with low-income levels, or potentially driving people to buy tobacco from nearby states or to substitute other drugs as tobacco prices rise.

**32% of respondents said they were neither for nor against a tobacco price floor.**

Many who were neutral believed that other policies or education would be more effective in reducing tobacco use, and several spoke about the importance of broad education campaigns targeted at individual users. Others said they were in support of reducing tobacco use but did not think that this policy would accomplish that goal.

### Tobacco flavor ban

**47% of respondents supported a flavor ban for tobacco products and 24% of respondents selected a flavor ban as the most important policy to pass.**

Many of these respondents supported the flavor ban as a way to reduce youth use, as flavors are designed to appeal to youth and are marketed directly at that population. Many expressed concerns about people beginning to use tobacco at a young age, and some mentioned the potential for long-term addiction with earlier initiation. Some respondents also believed that flavors can be deceptive and can minimize the perception of harm among youth. Some also mentioned that tobacco should not be made to look appealing at all, given its potential for harm.

**“It seems like another tobacco industry gimmick to get people, especially children, hooked on tobacco.”**

### **22% of respondents did not support a flavor ban.**

Many who did not support a flavor ban were against any type of government regulation of tobacco, believing that it runs counter to the free market and restricts individual choice. Others believed that it would be better to rely on education campaigns rather than a policy that would ban flavors.

### **31% of respondents said that they would need more information about flavored products in order to make a decision about their opinion of the policy.**

Some of these respondents explicitly asked for more research and others mentioned that they lacked experience in the area.

### **Banning smoking in multi-level housing**

### **57% of respondents were strongly or somewhat in favor of a policy that would ban smoking in multi-unit housing. 14% of respondents believed this would be the most important policy to pass at the state or local level.**

Most of the respondents who supported this policy believed that it would protect people in proximity to tobacco users. A common sentiment was that non-smokers have the right to live their lives free of exposure to tobacco smoke. Several of these supporters mentioned the benefit of protecting neighbors from secondhand smoke and the negative health effects of exposure. Others supported the protection this policy would afford against the unpleasant smell of tobacco smoke, as well as the risk of fire and damage to property that using combustible tobacco can present. A small number stated a belief that this policy would benefit tobacco users by encouraging people to quit.

**“People who live in multi-unit housing shouldn’t have to be concerned about the health hazards of tobacco products just because they live there. As tobacco products are banned in other public spaces, they should be banned in multi-unit housing for the same reasons.”**

### **19% of respondents were strongly or somewhat against this policy and 16% were neither for nor against this policy.**

Many of these respondents were concerned that a policy that bans smoking in all spaces or in every type of multi-unit housing would be too restrictive. Some respondents proposed modifications to the policy, including banning tobacco only in indoor spaces or only in public or shared spaces. Some respondents believed that banning smoking in multi-unit housing would be challenging to enforce due to limited municipal staff capacity while others said this policy would be government overreach. Some respondents pointed out that banning smoking in multi-unit housing could result in unintended consequences, such as disproportionately impacting people with low incomes and creating barriers for people to obtain stable housing.

## **Local control for municipalities to enact tobacco control policies**

**27% of respondents were strongly or somewhat in favor of giving local control to municipalities to enact tobacco control policies, and 8% of respondents selected this as the most important policy to pass.**

Many of these respondents indicated that they believe local control is, overall, a better decision-making structure, and they will always support opportunities for greater local control. Some respondents explained that local governments know the needs of their community best and are therefore well-suited to determine what policies are needed. Importantly, some respondents added the caveat to their support that they would only want to allow towns to enact more or stricter regulation on top of state policies. These respondents did not want to see loosened restrictions because of local control.

**47% of respondents were strongly or somewhat against local control to enact tobacco policies.**

Many of these respondents believed that local control would be burdensome to towns, as local governments do not have the knowledge, staff, or financial resources to implement new policies and towns do not have the capacity to enforce any new tobacco control policies. Some respondents

**“Tobacco products control is a population level health issue and should be addressed at the state and federal level.”**

stated that it is the state’s responsibility to regulate tobacco, as it is a population-level health issue, and the state has more centralized authority. Others stated that tobacco laws that differ by town would be ineffective, complicated, and confusing for residents, tourists, private businesses, landlords, etc.

## Cannabis Policies

The survey included two questions related to cannabis policies at the local level. These questions referred only to the state-regulated cannabis retail market, and not medical cannabis or CBD-only products.

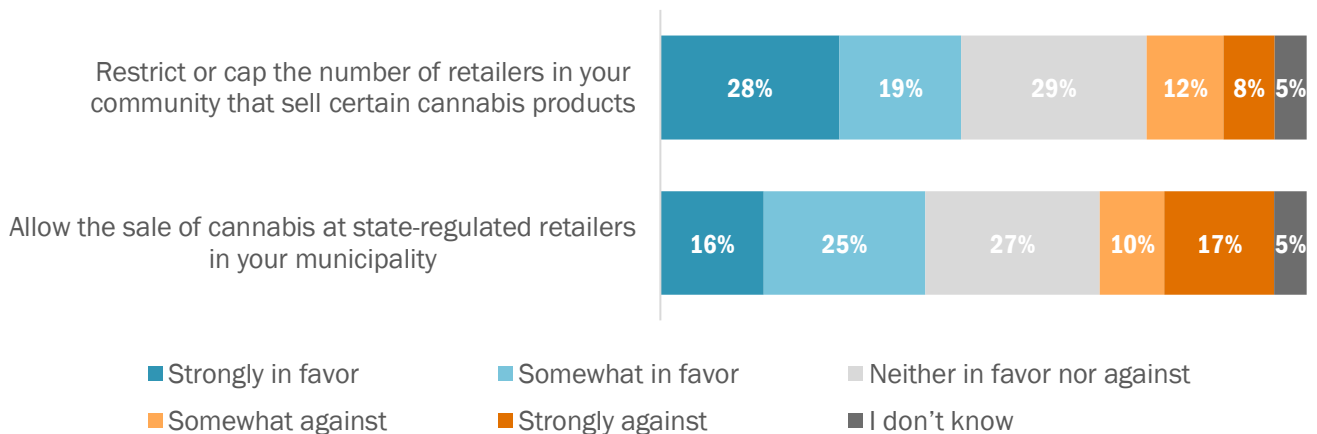
### KEY POINTS

- **Local leaders had mixed opinions on policies that would regulate cannabis retail in their municipalities.**
- **Leaders' thoughts on allowing the sale of cannabis at state regulated retailers are grounded in their local context.**

### Local leaders had mixed opinions on policies that would regulate cannabis retail in their municipalities.

About one-third of survey respondents (31%) were somewhat or strongly in favor of allowing the sale of cannabis at state-regulated retailers in their municipality. Nearly half (47%) favored restricting the number of retailers in their community that sell certain cannabis products. Notably, about one-third of respondents selected “neither in favor or against” or “I don’t know” in response to each policy, suggesting that local leaders may still be in the process of forming opinions on cannabis policies.

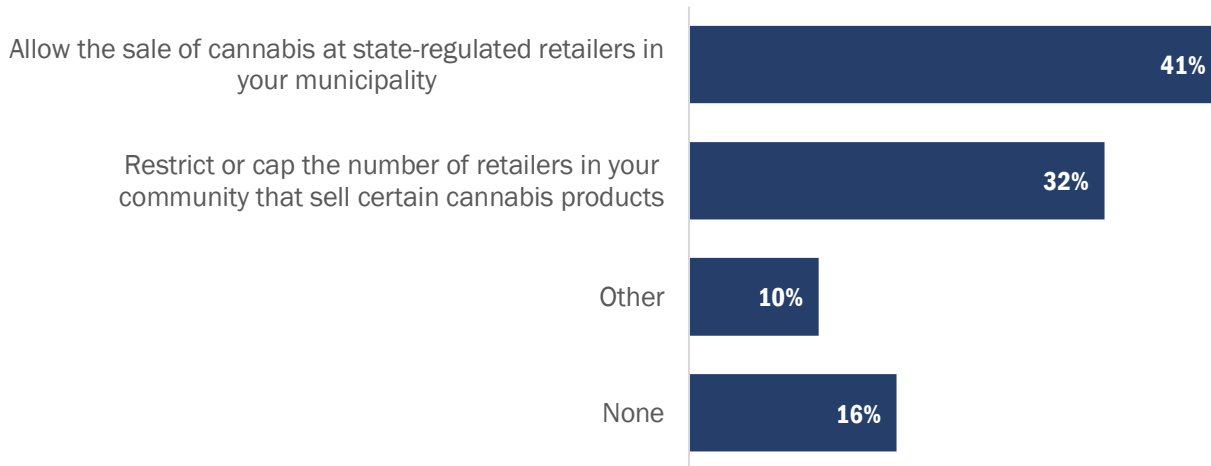
### Support for Cannabis Policies



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Respondents were also asked to select one policy that would be the most important to pass at the state or local level. Allowing the sale of cannabis at state-regulated retailers was selected more often than restricting the number of retailers. A few (10%) respondents selected “Other” and had an option to write in their own policy. Common write-in responses included: more local authority including local control, local taxing authority, or a 1% local option tax on cannabis; cannabis should not be allowed at all; information campaigns about the use and risks of cannabis.

## Most Important Cannabis Policy



### Leaders’ thoughts on allowing the sale of cannabis at state regulated retailers are grounded in their local context.

**41% of survey respondents were somewhat or strongly in favor of allowing the sale of cannabis at state-regulated retailers in their municipality.**

Most respondents who favored this policy believed that state regulated cannabis retail will reduce illegal sales and make cannabis consumption safer. They explained that cannabis sold through illegal channels could be laced with other dangerous substances, and they felt that increased government oversight would increase quality control.

Many of these respondents also said that cannabis is already legal and widely used in their municipality, so there was no reason to not allow retail. Respondents also saw potential benefit in cannabis retail providing local revenue through taxes and tourism, but also added caveats that any new policies should support local growers and ensure that revenue is benefitting their municipality rather than state or national entities.

**“Cannabis is now a legal substance and should be sold and taxed just like alcohol and bring revenue to our town.”**



**27% of survey respondents were somewhat or strongly against allowing the sale of cannabis at retailers in their municipality.**

Most of these respondents were against anything that would further encourage cannabis use,

**“The state wants to regulate everything, then place the burden of enforcement on municipalities.”**

believing that cannabis is unhealthy, unsafe, and leads to other substance abuse or behavioral issues, particularly for young people. Some of these respondents were against the policy because they do not have sufficient infrastructure in place to enforce new regulations in their town. They felt that the enforcement and administrative efforts necessary would not be sufficiently offset by any revenue generated.

**27% of respondents said they were neither for or against the policy or responded, “I don’t know”.**

Respondents who said they didn’t know or that they were neither in favor nor against commonly said they were waiting for the town to vote on cannabis-related issues and preferred to withhold personal opinions until they better understood their community members’ needs and perspectives.

## Alcohol Policies

Respondents were asked about three alcohol policies on the survey.

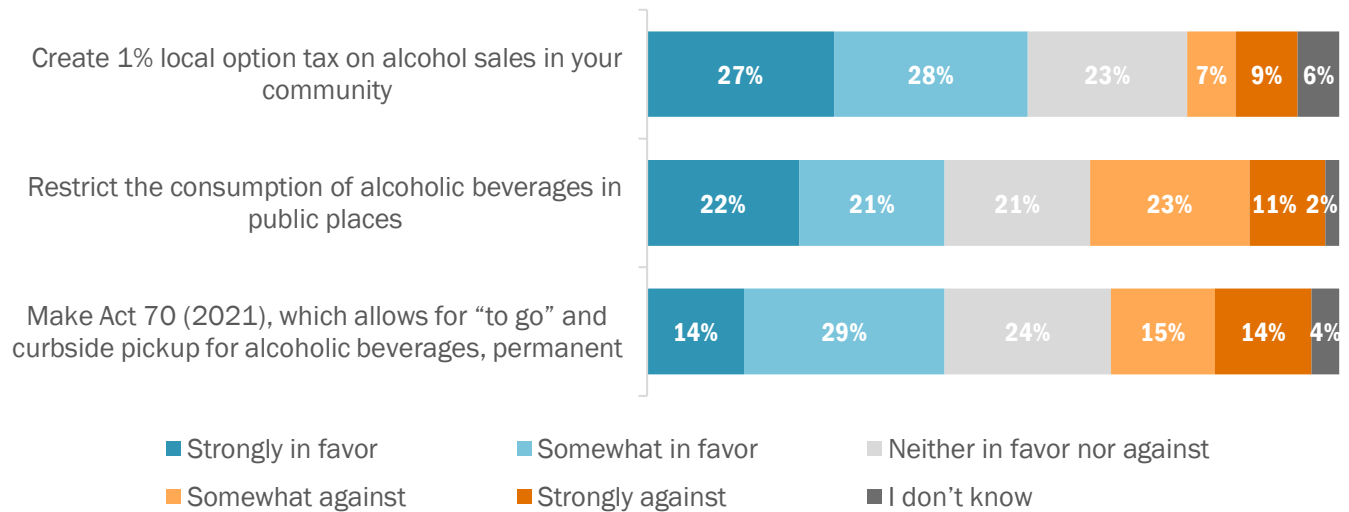
### KEY POINTS

- **Levels of support were highest for a policy to create a 1% local option tax on alcohol sales in the community of the respondent.**
- **Overall support for alcohol policies is consistent with 2017 survey results.**

### Levels of support were highest for a policy about a local option tax on alcohol.

Creating a 1% local option tax on alcohol sales in the community had the highest levels of support with 55% of respondents responding somewhat or strongly in favor. Support for making [Act 70](#) (2021) permanent, which allows for “to go” and curbside pickup, and restricting the consumption of alcoholic beverages in public places had the same level of support (43%).

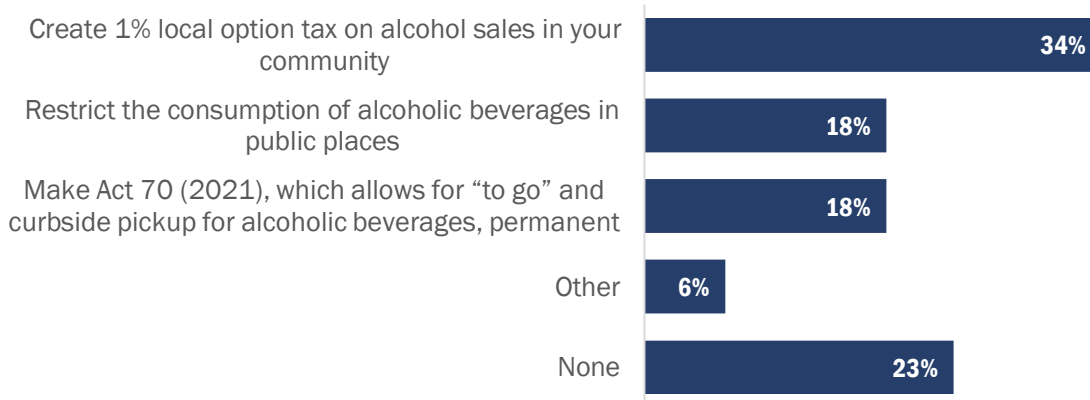
### Support for Alcohol Policies



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When asked to select the most important alcohol policy to pass at the state or local level, the most common response was creating a 1% local option tax on alcohol sales. Notably, 23% of respondents selected “None” and 6% selected “Other”. Common write-in comments for when respondents selected “Other” included: an education campaign about alcohol; stronger state policies that would discourage drunk driving; and a policy that would make it easier for people to receive mental health services.

## Most Important Alcohol Policy to Pass

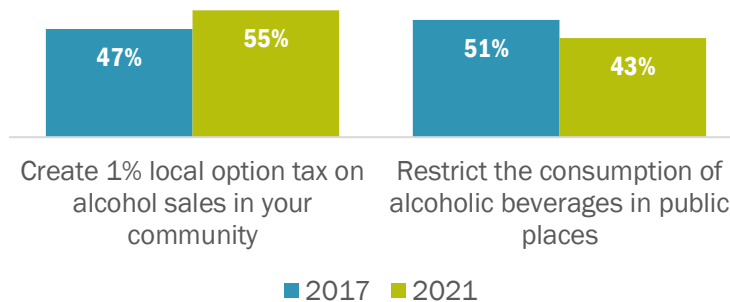


## Overall support for alcohol policies is consistent with 2017 survey results.

Two alcohol policies were also included on the 2017 iteration of this survey and level of support remains mostly consistent. Support for a 1% local option tax on alcohol sales has increased slightly since 2017, while support for a policy to restrict consumption in public places has decreased slightly.

## Support for Alcohol Policies Over Time

*Percent who are strongly or somewhat in favor*



## Importance of Substance Use Issues

The survey included an item asking respondents to rate the importance of substance use issues as well as an open-ended question about what they perceived to be the most pressing health issues in their municipality.

### KEY POINTS

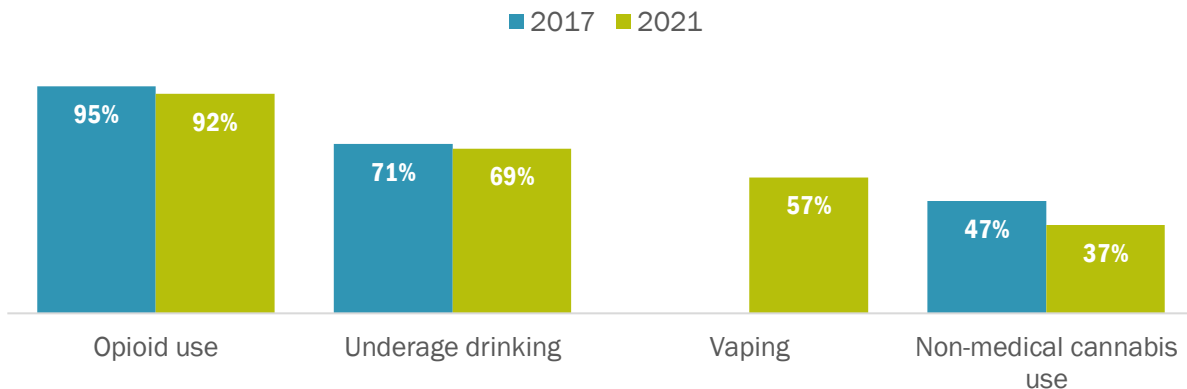
- **Opioid use was consistently raised as the most important health issue facing communities.**

### Opioid use was consistently raised as the most important health issue facing communities.

Survey respondents were asked to rate the relative importance of addressing substance use issues. 92% of respondents rated opioid use as important or very important to address in their community. Over half of respondents also rated underage drinking and vaping as important or very important (69% and 57% of respondents, respectively). Among all health issues, non-medical cannabis was perceived to be the least critical to address; 37% of respondents rated non-medical cannabis use as important or very important to address in their community, compared to 47% in 2017.

### Importance of addressing substance use issues over time

Percent of respondents who believed each issue to be important or very important



**“I believe opiate use to be the most severe issue facing our community as the issues that stem from opiate use bleed into all other factors of the quality of life in our community, physical and mental health included.”**

In an open-ended question, survey respondents were asked to describe the most important health problem facing their community. Opioids were the most common concern cited by a large margin. COVID-19 and mental health were also among the most common concerns. Many leaders also wrote about social determinants of health including housing, food security, health care access and poverty. A few leaders mentioned tobacco in their response.

## Conclusion

The 2021 Local Opinion Leader Survey collected data from 356 local leaders in six different leadership roles across all counties in Vermont. Leaders were asked about their perspective on health issues facing their community, as well as their opinion about several substance use policies to address tobacco, cannabis, and alcohol use.

Results from the survey demonstrated that local leaders are concerned about several substance use issues in their communities. The majority believed it is important to address opioid use, underage drinking, and vaping in their community. Less than half believed it was important to address non-medical cannabis use in their community. Additionally, 77% believed addressing tobacco use is equally as important or among the most important health issues.

Levels of support for the policies included in the survey were mixed. Three of the seven tobacco policies had support from more than half of leaders, while neither of the cannabis policies and only one of the three alcohol policies had this level of support. Additionally, for eight of the twelve policies, more than 25% of leaders were “neither in favor nor against” or responded, “I don’t know.”

Among all tobacco policies asked about in the survey, respondents were most supportive of a policy to prevent retailers from accepting coupons that reduce the price of tobacco products, and a policy to increase the tobacco excise tax. The most supported cannabis policy was a policy to restrict the number of retailers in their community that sell certain cannabis products, and the most supported alcohol policy was a policy to create a 1% local option tax on alcohol sales.

Survey respondents were asked to explain their reasoning behind their support for or opposition to four tobacco policies. Those in support of many of these policies often cited the harm that these substances can cause, both on an individual and societal level. Those who were against frequently stated that government should not be involved in regulation, and that the free market should be allowed to operate without interventions. Another theme that emerged was the belief that education campaigns are a more effective alternative to greater regulation and policy change.

VDH and partners can use results from the 2021 Local Opinion Leader Survey to inform their approach to policy work and to educate policymakers and communities about the importance of addressing substance use issues. For example, VDH could aim to educate these groups on the evidence for the role that a policy approach plays in substance use prevention, alongside education campaigns. VDH and partners can also use leaders’ reasoning for their policy stances to understand their values and engage leaders in a way that is consistent with those values. For instance, both those in support of and in opposition to banning smoking in multi-unit housing cited individual rights: the right to be free from secondhand smoke, on one side, and the right to smoke, on the other. Highlighting this overlap in values could support common understanding and greater policy support. Further, the high rates of leaders who are “neither in favor nor against” or responded, “I don’t know,” indicates there is room for learning about these policies and how they might benefit their communities. Using data from this survey to better understand the prevailing perspectives of local leaders across the state, VDH and partners can ensure that their programming is tailored towards addressing the issues facing local communities.

## Appendix 1: Sample Creation

The following methods were used to find contact information for individuals in the sample.

### **Mayors**

Information for the eight mayors in Vermont was found on each city's website.

### **Regional Planning Commission Executive Directors**

There are 11 regional planning commissions in Vermont, each representing one of 11 management regions. The Vermont Association of Planning and Development Agencies (VAPDA), the association of these planning commissions, maintains a list of staff at each commission.

### **Town Managers**

Town Manager contact information was initially obtained from the Vermont League of Cities and Towns Municipal Directory, which was used by JSI in the 2017 iteration of the Local Opinion Leader survey. Upon learning that this directory may be out of date, PDA manually checked contact information for each Town Manager using individual town websites where contact information was listed. In addition to Town Manager, titles included in this category were: Town Administrator, Municipal Administrator, and Municipal Manager.

### **Selectboard Chairs**

This group consists of all Selectboard Chairs in Vermont with available contact information. To obtain their contact information, PDA used The Vermont Secretary of State website. This website contains a page with a downloadable Excel file that lists contact information for Selectboard members in the state. If multiple chairs were listed (as was the case for three towns), all were included in the sample.

### **Local Planning Commission Chairs**

This group consists of all Local Planning Commission Chairs with available contact information. To obtain their information, PDA emailed all 11 Regional Planning Commission Executive Directors (RPC EDs) to request a list of names and contact information for all local planning commission chairs in their region.

In a few instances, the RPC ED also included contact information for someone in a similar role. When the contact information for a Local Planning Commission Chair was not provided, we used the contact information for this similar role, which happened in three instances. These roles are: Zoning Administrator, Planning Director, and Planning Commission Director.

If contact information was missing in the list that the RPC ED sent, PDA used a Google search to attempt to fill in the missing information.

### **Vermont Chamber of Commerce Staff and Board Members**

The Chamber of Commerce sample consists of staff and board members of the statewide Vermont Chamber of Commerce.

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To identify staff, PDA used the Vermont Chamber of Commerce’s staff page, which listed phone number and emails for each staff member. For addresses, we used the general VT Chamber of Commerce mailing address.

To identify board members, PDA used the Vermont Chamber of Commerce’s Board Leadership page, which listed the names of the executive committee members and directors and the company they represent. The site did not list contact information for the board members, so PDA searched for this information online, primarily using company websites. PDA primarily used company phone numbers, emails, and mailing addresses.

### **Assigning roles when multiple roles were held**

Within the sample, there were eight individuals who held multiple roles. In these cases, the role that was designated as part of the ‘core sample’ in 2017 (Mayors, Regional Planning Commission EDs, Town Managers, and Selectboard Chairs) was prioritized over those roles that were part of the “extended sample” in 2017 (Local Planning Commission Chairs and representatives of the Vermont Chamber of Commerce). For example, if someone was on both the Local Planning Commission Chair and was a Town Manager, they were considered a Town Manager only for the purposes of this survey.

## Appendix 2: Survey Instrument

### Introduction

Since 2014, the Vermont Tobacco Control Program, part of the Vermont Department of Health (VDH), has been fielding a survey with local decisionmakers to assess support for and to gain input on tobacco-related issues. There are many policies being discussed at the state level about tobacco, alcohol, and cannabis. This survey is being conducted to hear from local leaders about their perspective on these policies and what would work at the local level. We are asking about 600 local leaders, primarily in municipal government and some business leaders, to participate. The survey findings will help inform VDH about relevant and viable policy options to pursue at the local and state levels, with the aim of preventing substance use and promoting health among Vermonters.

The survey will take approximately **10-15 minutes** to complete and your responses will be confidential. Your answers will be included as part of average scores and general statements about opinions. In either numeric or textual data, no one will be able to identify your individual responses.

Your participation is entirely voluntary. You can skip a question you do not want to answer and you can stop the survey at any time.

### Demographics

**Please enter the following information about yourself. Note that these data are being collected only to verify that the intended individual is taking the survey; your individual information will not be connected to your responses in any analysis or reporting.**

1. First Name:
2. Last Name:
3. This survey is intended for Mayors, Regional Planning Commission Executive Directors, Town Managers/Town Administrators, Selectboard Chairs, Local Planning Commission Chairs, and Vermont Chamber of Commerce Staff and Board Members. Which of these role(s) do currently you hold?
  - Mayor
  - Regional Planning Commission Executive Director
  - Town Manager/Town Administrator
  - Selectboard Chair
  - Local Planning Commission Chair
  - Vermont Chamber of Commerce Staff
  - Vermont Chamber of Commerce Board Member
  - None of the above
4. [If select none of the above] If you do not hold any of the roles listed in the previous question, what is your role in local decision-making?



5. [If not a chamber of commerce board member or staff] Please enter the town where you hold your role.

## Opinion on health issues

The questions below are about health issues in your community.

6. When you think about the health problems in your community, how important would you say it is to address **tobacco use**?
- Among the most important health problems
  - Equally as important as other health problems
  - Among the least important health problems
  - I don't know
7. How important is it to address **underage drinking** in your community?
- Very important
  - Important
  - Somewhat important
  - A little important
  - Not at all important
8. How important is it to address **non-medical cannabis use** in your community?
- Very important
  - Important
  - Somewhat important
  - A little important
  - Not at all important
9. How important is it to address **opioid use** (examples: heroin, pain medications) in your community?
- Very important
  - Important
  - Somewhat important
  - A little important
  - Not at all important
10. How important is it to address **vaping** in your community?
- Very important
  - Important
  - Somewhat important
  - A little important
  - Not at all important

11. Considering **all** health issues, including those not related to substance use, can you briefly describe what you think is the most important health problem facing your community?

## Policy opinions

The next several questions ask about your opinions on various substance use policies. For some of the policies (but not all) you will be asked to explain your response.

The first questions are about tobacco policies.

12. Are you in favor of or against a policy that would **restrict or cap the number of retailers** in your community that sell tobacco products?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

13. Are you in favor of or against a policy that would **increase the tobacco excise tax**?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

14. Are you in favor of or against a policy that would **prevent retailers from accepting coupons** that reduce the price of cigarettes and other tobacco products?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

15. Are you in favor of or against a policy that would **set a price floor** so that tobacco products could not be sold below a certain price?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor

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- I don't know

Please explain why you think this way.

16. Do you think it should be **illegal for all tobacco products**, including cigarettes, cigars and cigarillos, electronic cigarettes, and smokeless tobacco, **to be sold in flavors** such as menthol, clove, chocolate, candy, and fruit flavors?

- Yes
- No
- I don't know

Please explain why you think this way.

17. Are you in favor of or against a policy that would **ban smoking in multi-unit housing** (i.e., apartment buildings, condominiums, and other multi-unit complexes, including indoor areas, private balconies, and patios)?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

Please explain why you think this way.

18. Are you in favor of or against a policy that would give **local control to municipalities to enact tobacco control policies**?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

Please explain why you think this way.

**The next questions are about marijuana or cannabis. When we refer to cannabis below, we are referring specifically to the state-regulated cannabis retail market. Do not include hemp-based or CBD-only products in your responses, or medical cannabis dispensaries.**

19. Are you in favor of or against the **sale of cannabis at state-regulated retailers** in your municipality?

- Strongly against

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- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

Please explain why you think this way.

20. Are you in favor of or against a policy that would **restrict or cap the number of retailers** in your community that sell cannabis products?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

**The next three questions are about policies related to alcohol.**

21. Are you in favor of or against a policy that would **create a 1% local option tax on alcohol sales** in your community?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

22. Are you in favor of or against a policy that would **restrict the consumption of alcoholic beverages in public places** (i.e., parks, beaches, municipal sports fields, etc.)?

- Strongly against
- Somewhat against
- Neither in favor nor against
- Somewhat in favor
- Strongly in favor
- I don't know

23. Due to the COVID-19 pandemic, Vermont passed Act 70 (2021) that allows for “to go” and curbside pickup for beverages. It is scheduled to expire in July 2023. **Are you in favor of or against making this law permanent?**

- Strongly against
- Somewhat against
- Neither in favor nor against

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- Somewhat in favor
- Strongly in favor
- I don't know

## Perceived level of influence

The next couple questions are about your influence over policy.

24. Some of the policies asked about in this survey could be adopted by local communities like yours. How much influence do you have on such policies in **your community?**

- High
- Medium
- Low
- None at all
- I don't know

25. Now please consider your influence at the state level. As a community leader who may work with your **state legislators**, how much influence do you have with them on policies like these?

- High
- Medium
- Low
- None at all
- I don't know
- I don't work with state legislators

## Policy priorities

The next few questions ask about your perspective on the most important substance use policies.

26. Thinking about the needs of your community relating to substance use, what one policy do you think would be the most important to pass at the state or local level for each substance?

### Tobacco

- A policy that would **restrict or cap the number of retailers** in your community that sell tobacco products
- A policy that would **increase the tobacco excise tax**
- A policy that would **prevent retailers from accepting coupons** that reduce the price of cigarettes and other tobacco products
- A policy that would **set a price floor** so that tobacco products could not be sold below a certain price

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- A policy that would make it **illegal for all tobacco products**, including cigarettes, cigars and cigarillos, electronic cigarettes, and smokeless tobacco, **to be sold in flavors** such as menthol, clove, chocolate, candy, and fruit flavors
- A policy that would **ban smoking in multi-unit housing** (i.e., apartment buildings, condominiums, and other multi-unit complexes, including indoor areas, private balconies, and patios)
- A policy that would give **local control to municipalities to enact tobacco control policies**
- Other (please explain): \_\_\_\_\_

### Cannabis

- A policy that would allow the **sale of cannabis at state-regulated retailers** in your community
- A policy that would **restrict or cap the number of retailers** in your community that sell cannabis products
- A policy that would require that all of the funding from a **30% cannabis excise tax** is **appropriated to the Department of Health for substance use prevention** programming
- Other (please explain): \_\_\_\_\_

### Alcohol

- A policy that would **create a 1% local option tax on alcohol sales** in your community
- A policy that would **restrict the consumption of alcoholic beverages in public places**, such as parks, beaches, municipal sports fields, etc.
- A policy that extends the legality of **“to go” and curbside pickup** for alcoholic beverages.
- Other (please explain): \_\_\_\_\_

Thank you for your participation in this survey! If you have any questions, please email [esquires@pdastats.com](mailto:esquires@pdastats.com). Survey results will be publicly available on the VDH website in later 2022.

## Appendix 3: Comparison of policy opinions by different groups

Policy opinions were compared between three different groups: role (business, municipal, planner); geography (small, medium, large) and level of influence (high or medium, low or none). These strata are defined as follows:

1. **Role.** This stratification variable has three levels: Municipal Official (Mayors, Selectboard Chairs, Town Managers); Planner (Local Planning Commission Chairs and Regional Planning Commission Executive Directors); and Business (Chamber of Commerce staff or member).
2. **Geography.** This stratification variable has three levels based on the size of the population of cities and towns. The categories for this variable are: counties with at least one city or town of 10,000 or more residents (Bennington, Chittenden, Rutland, Windham), counties with at least one medium city or town of 5,000-9,999 residents (Addison, Caledonia, Franklin, Lamoille, Washington, Windsor), and counties with all towns with <5,000 residents (Essex, Grand Isle, Orange, Orleans).
3. **Influence.** There are two strata of influence: high or medium level of influence in their local community; and low or no influence in their local community.

Chi-square tests were used to test for significant differences in policy opinions by group. Policy opinions were grouped into strongly or somewhat in favor versus all other response options (neither in favor nor against, somewhat against, and strongly against). When cell sizes were smaller than 5 respondents, Fisher’s Exact test was used as an alternative to a chi-square test. A statistically significant difference in this context means that there is some relationship between the stratifying variable and policy opinions, but it does not specify the nature or direction of the relationship (i.e., if the difference is between business and municipal or business and planner).

No significant differences were found by geography or level of influence. Three policies had statistically significantly different support by role (presented below).

### Support for Substance Use Policies by Role

*Including only policies with statistically significant differences by role*

