

Preventing Alcohol & Drug Abuse in Vermont



**Vermont
Department
of Health**

**Division of Alcohol
& Drug Abuse Programs**

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Dear Vermonter,

Alcohol is one of the most difficult public health problems to grapple with. It's a part of many family, social and religious celebrations and traditions. It's a legal substance for people 21 and older. Some say there is even a certain health benefit to drinking small amounts. Yet, everyone of us knows someone whose life has been tragically altered by alcohol.

In Vermont, too many people drink to get drunk. Too many people are victims of alcohol-related family violence, motor vehicle deaths, suicide, and depression. Too many young people start drinking at an early age—29 percent before age 13—greatly increasing their chances of becoming dependent on alcohol. Alcohol abuse places users at greater risk for many fatal injuries and for sexually transmitted diseases like HIV. The results can be devastating for individuals, their families and friends.

As overwhelming as the facts may seem, there is a lot we can do. It's time to talk about alcohol and the affect it is having on our health and the health of our children. Those of us who are parents need to be aware of the fact that we are our children's first role models. Our relationship with alcohol and other drugs is an important influence on their decisions about drug use. Setting a healthy example and maintaining open communication will help our children make the right decisions about alcohol and other drugs.

Physicians, counselors, teachers and law enforcement officials also need to send a consistent message to adults and youth about the consequences of alcohol and other drug use, and about prevention. Traditional thinking has reserved prevention for children and substance abuse treatment for adults. That simplistic model ignores the reality that many young people already have a problem and that adults can benefit from prevention messages at many points in life.

We are in an excellent position to move ahead. More than 400 Vermonters came together to lend their knowledge to the development of this plan—parents, law enforcement officials, substance abuse and mental health professionals, public health and medical professionals, educators, students, business owners, coaches, elected officials and others. There are currently 23 New Directions community coalitions around the state working to change cultural norms so that NOT drinking becomes the accepted standard for youth. Reinforcing these community efforts, we have made reducing alcohol and other drug use a priority in *Healthy Vermonters 2010*, the state's blueprint for improving public health over the next decade.

It's time to face this issue head on. Let's talk about alcohol.

Sincerely,

Jan K. Carney, MD, MPH, *Commissioner of Health*

What about Tobacco?

In Vermont, every day 10 kids start smoking, and every year 1,000 adults die from smoking-related illness. Cutting smoking rates is the Vermont Department of Health's No. 1 public health focus. A comprehensive plan to prevent people from smoking and to help smokers quit, "Vermont Best Practices for Cutting Smoking Rates in Half by 2010", is available at www.state.vt.us/health or by calling 802-863-7281. Many strategies for preventing and reducing tobacco use mirror and complement strategies for preventing and reducing use of alcohol and other drugs, as outlined in this plan.

“We must work on these problems as whole communities. It's not a school or family or church or legal responsibility. It is OUR responsibility.”

YOUTH AND ALCOHOL

Goal: Prevent and reduce alcohol use among young people

Alcohol is readily available to Vermont youth. It's inexpensive—a six-pack of beer can cost about the same as a pack of cigarettes.

In Vermont:

- 70% of 8th-12th graders say it's easy to get alcohol
- 29% of 8th-12th graders say they had their first drink before age 13
- 43% of 12th graders say they binged on alcohol (5 or more drinks at a time) in the past month

What's the big deal?

“Every kid experiments with alcohol. What's the big deal?”

The big deal is...

The earlier a child starts drinking, the more likely he or she is to develop an alcohol problem. Children who drink (more than a few sips) before their 13th birthday are nearly five times more likely to develop alcohol dependence than those who begin drinking at age 21.

Young Vermonters are putting their lives and the lives of others at risk by drinking and driving.

In the three-year period 1996-1998, more than half (54%) of the Vermont highway crashes that killed young adults were alcohol-related. In 1999, about one quarter (24%) of students in grades 8-12 said in the past month they rode in a car where the driver had been drinking.

Alcohol use is a warning sign of depression/suicide among adolescents.

Students in grades 8-12 who binge drink are nearly three times more likely to plan or attempt suicide than non-drinkers.

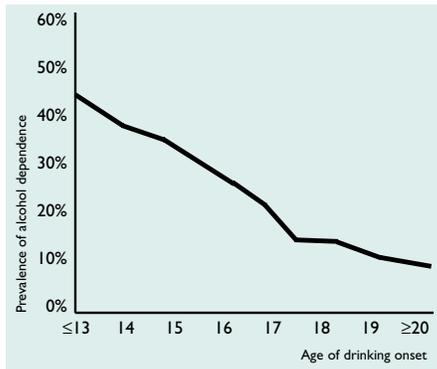
Alcohol can affect school performance. Seventy-five percent of Vermont 8th-12th graders with poor grades (mostly D's) drink alcohol.

Alcohol impairs judgment.

Alcohol can impair judgment about sex and contraception, placing adolescents at increased risk for HIV infection, other sexually transmitted diseases and unplanned pregnancy.

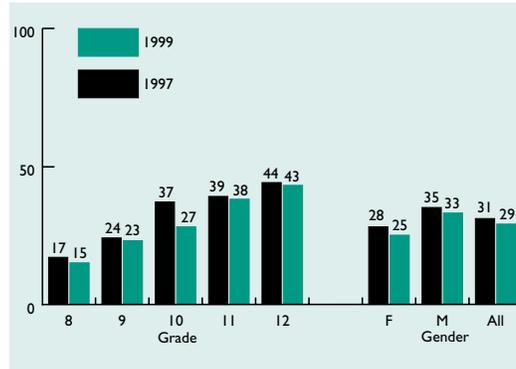
“Underage drinking is a serious matter. I want to be a voice and show that teens do care.”

Risk of alcohol dependence drops each year drinking is postponed



National Institute on Alcohol Abuse and Alcoholism, 1997

Percent of students who binged on alcohol (had five or more drinks at a time) during the past 30 days



Youth Risk Behavior Survey, 1999

Objectives

- Reduce the percentage of youth who drank alcohol before age 13 from 29% to zero.
- Reduce the percentage of 8th-12th graders engaging in binge drinking during the past month from 29% to 3%.
- Reduce the percentage of 8th-12th graders who report they rode in the past month with a driver who had been drinking from 24% to 10%.

Helping Kids Make Healthy Decisions

A number of factors have been associated with alcohol and other drug use among youth. Those factors that tend to increase the likelihood of drug use are called risk factors; those that tend to protect young people and make it less likely they will use alcohol or other drugs are called protective factors.

Risk Factors

- Alcohol and other drugs are readily available
- Laws and ordinances are unclear or inconsistently enforced
- Norms are unclear or encourage alcohol or other drug use
- Family member has a history of alcohol or other drug abuse
- Parents use drugs, and involve youth in their use (“get me a beer, would you?”) or tolerate use by youth
- Thinks most friends use
- Thinks alcohol and other drug use is “cool”
- Begins using at a young age
- Lacks commitment or sense of belonging to school*

* Not as strong a correlation to youth substance abuse as the others on this list

Protective Factors

- Strong bonds exist between youth and adults
- Opportunities exist for youth to have meaningful involvement in the community
- Youth involvement in the community is recognized
- Youth have skills necessary for becoming mature adults
- Healthy beliefs and clear standards around alcohol, tobacco and other drug use are communicated and modeled

YOUTH AND OTHER DRUGS

Goal: Prevent and reduce use of illegal drugs among youth

Tobacco, alcohol and marijuana are known as “gateway” drugs and account for the vast majority of adolescent drug use. Of the youth who abuse “hard drugs” such as cocaine, heroin and amphetamines, virtually all of them started with the gateway drugs.

In Vermont:

- 34% of 9th-12th graders used marijuana in 1999, compared with 27% nationally
- 82% of 8th-12th graders think there is no great risk of harming themselves if they use marijuana
- 19% of 8th graders say they’ve used inhalants—sniffed glue, breathed the contents of aerosol spray cans, inhaled paints or sprays to get high
- 4% of 8th-12th graders say they’ve used heroin
- 3.9% of Vermont 9th-12th graders have used a needle to inject an illegal drug into their bodies compared to 1.8% nationally.

What’s the big deal?

“So, my kid smokes a little pot. I know he’d never try hard drugs.”

“We cannot pretend that we are dedicated to improving the lives of our children if we cannot convince them that abuse of cigarettes, alcohol and other drugs will destroy the quality of their lives.”

The big deal is...

While the use of marijuana, tobacco and alcohol does not necessarily CAUSE young people to use harder drugs, there is strong evidence that using these substances sets up patterns of behavior that make it easier to take the next steps and use other drugs.

Marijuana use among young Vermonters is on the rise.

More than one in three (34%) Vermont high school students smoke pot. Marijuana use has begun to rebound during the past few years following a decade of decline. Short-term effects of marijuana use include problems with memory and learning, distorted perception (sights, sounds, time, touch), loss of coordination and increased heart rate, anxiety and panic attacks. Chronic, long-term marijuana use is associated with

decreased motivation and psychological dependence. Heavy marijuana use can delay puberty in young men and disturb young women’s monthly menstrual cycles. Pot smoke contains some of the same cancer-causing chemicals as tobacco smoke.

Heroin is a growing concern.

Increased law enforcement activity and more requests for treatment suggest an increase in heroin use among Vermont youth. Heroin is highly addictive, whether injected, sniffed, snorted or smoked. Because heroin abusers do not know the actual strength of the drug they are using or its true contents—most street heroin is cut with anything from sugar or powdered milk to strychnine or other poisons—they are at risk of overdose or death.

Youth Drug Use	Grade				
	8	9	10	11	12
Percent of VT students who have ever used:					
Cocaine	6	8	9	10	11
Steroids without a prescription	5	5	5	5	6
Heroin	3	4	4	4	4
Methamphetamines	7	9	9	11	12
Hallucinogens	10	15	20	26	29
Inhalants	19	16	17	14	17

Youth Risk Behavior Survey, 1999

Strategies for preventing and reducing alcohol and other drug use among youth

Family Strategies

- Provide parents and other adults with tools to help them encourage healthy youth development and discourage substance abuse.
- Foster opportunities for parents to learn skills such as communication, stress management, and setting clear boundaries.
- Assure that agencies serving Vermont families know how to link them with substance abuse resources in their community.
- Support families who are dealing with substance abuse.

School Strategies

- Clearly communicate and consistently enforce alcohol and other drug policies.
- Assure that all Vermont schools implement curricula that have been effective in reducing alcohol and other drug use.
- Expand opportunities for middle and high school students to learn about media literacy—specifically tobacco and alcohol industry advertising.
- Provide youth leadership opportunities linked to substance abuse prevention.
- Develop and implement statewide standards and best practices for Student Assistance Programs.

Community Strategies

- Increase the number of community partnerships or coalitions that include youth as active partners.
- Support community/law enforcement efforts to decrease underage drinking, such as START (Stop Teen Alcohol Risk Team).
- Help communities sustain social and recreational opportunities that are linked to substance abuse prevention efforts.
- Improve training for primary care professionals to identify substance use among young patients, counsel them and refer them to treatment when necessary.

Media and Marketing Strategies

- Promote the message that most young people do not abuse alcohol and other drugs.

- Counter the messages that glamorize alcohol.
- Develop a statewide media campaign designed to get families talking about the health effects of alcohol, marijuana and other drug use.
- Develop and distribute media campaign guidelines to local coalitions that include ways to link people to community resources.

Cultural Communities Strategies

- Shape prevention programs to include culturally appropriate strategies.
- Increase cross-cultural experiences for young people that highlight substance-free lifestyles.
- Encourage the traditional culture of a group when designing a comprehensive prevention program.
- Develop a training model for health care professionals to improve cross-cultural service delivery.

College and University Strategies

- Increase the availability of substance-free housing.
- Clearly communicate and consistently enforce alcohol and other drug policies.
- Improve efforts to help high school students make the transition to college life.
- Provide substance abuse prevention and treatment services that meet the needs of college students.
- Link substance abuse prevention efforts with community initiatives.

Public Policy Strategies

- Assure that educators receive substance abuse prevention training as part of their professional instruction.
- Develop and distribute model community ordinances designed to discourage selling and/or serving alcohol to minors.
- Make public funding available to community coalitions.
- Assure that public funds are spent on programs and strategies proven effective.
- Inventory existing substance abuse policies and identify gaps.

Objectives

- Reduce the percentage of youth reporting use of marijuana during the past 30 days from 30% to 0.7%.
- Increase to 70% the proportion of pediatricians who screen and counsel their patients for alcohol and other drug use.
- Reduce injection drug use (steroids, heroin) among youth from 4% to 2% or less.
- Provide adolescent-specific substance abuse case management services in at least 10 Vermont counties.

ADULTS AND ALCOHOL

Goal: Prevent and reduce unhealthy use of alcohol among adults

There is great reluctance to talk about alcohol in our society. Alcohol addiction is a chronic disease with roots in genetic susceptibility, environmental factors and personal behavior. Being comfortable talking about alcohol and its emotional, social, financial and health costs, is crucial to our better addressing alcohol abuse as a public health issue.

In Vermont:

- An estimated 36,000 adults (8%) are in need of treatment for alcohol abuse (1995)
- In 1998, hospital bills for Vermont residents related to alcohol totaled \$15.2 million (note: this does not include alcohol-related motor vehicle injuries)
- Vermont is significantly higher than the US for rate of adult binge drinking (5 or more drinks on one occasion at least once in the past month)

What's the big deal?

“My drinking doesn't affect anyone else. Besides, it's legal to drink.”

The big deal is...

Drinking and Driving

Every year in Vermont, at least 40 people die in alcohol-related car crashes. Two percent of adults and 10% of young people say they drink and drive.

Alcohol abuse affects families.

Children who live in a household with an alcohol-dependent parent are four times more likely than others to develop alcohol-dependence. They also miss school more often and have more physical ailments and serious injuries than do children raised in other families.

Adults teach by example.

Children whose parents drink alcohol on a daily or weekly basis are nearly three times more likely to use alcohol than children whose parents seldom or never drink.

Alcohol abuse is consistently linked with domestic violence and other crimes.

Drinking precedes family violence in up to 50% of all cases, and when alcohol and drugs are mixed with domestic violence, encounters are more violent, injuries are more severe and weapons are more likely to be used.

Alcohol contributes to accidental death and injury.

Alcohol is believed to be involved in approximately 50% of home accidents, 25% of falls and 67% of all drownings.

Alcohol and suicide are linked.

In 65% of all suicide attempts, the person had been drinking, and approximately 40% of all completed suicides are alcohol-related.

Drinking during pregnancy can be devastating.

No safe limit for consuming alcohol during pregnancy has been identified. Fetal alcohol syndrome is the No. 1 preventable cause of mental retardation.

Long-term heavy drinking increases the risk of developing certain cancers, especially of the esophagus, mouth, throat and larynx. A woman's risk of developing breast cancer increases slightly if she drinks two or more alcoholic drinks per day.

When taken in combination, alcohol and other medication can interact in the body.

Out of the 100 most prescribed drugs, half can produce a dangerous interaction with alcohol.

“Alcohol is not a solution to problems.”

Most Americans, 70%, see a primary care physician at least once every two years. Doctors are in a unique position to identify substance abuse and help people receive the treatment they need. Minimal intervention, such as warning about adverse health consequences, can have beneficial effects. Unfortunately, a 2000 survey shows 94% of U.S. physicians fail to diagnose alcohol problems in adults. Both patients and health care professionals need to feel comfortable talking about alcohol in order to identify problems and get help.

CAGE Questionnaire

- Have you ever felt you ought to **Cut down on drinking?**
- Have people **Annoyed you by criticizing your drinking?**
- Have you ever felt bad or **Guilty about your drinking?**
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**Eye-opener**)?

One “yes” response should raise concerns of alcohol abuse. More than one “yes” response should be considered a strong indication that alcohol abuse exists.

WOMEN AND ALCOHOL

A woman weighing the same as a man and drinking an equal amount of alcohol will have a blood alcohol concentration level about one-third higher than a man.

Compared to a man, a woman has significantly lower levels of an enzyme in the stomach

to break down alcohol and prevent it from entering the blood stream. So a higher proportion of the alcohol consumed enters a woman’s system than a man’s. Also, because a woman has significantly more body fat, she has less water to further dilute the alcohol than a man.

Who Should Not Drink Any Alcohol?

- Children and adolescents
- Women who are pregnant or considering pregnancy
- People who are alcohol dependent
- People with health problems (such as ulcers) that may be made worse by drinking
- People who are taking prescription or over the counter drugs that interact with alcohol
- People who plan to drive or engage in other activities requiring attention or skill

Objectives

- Reduce the proportion of adults reporting binge drinking from 16% to 10%.
- Increase from 15% (1996) to at least 75% the percentage of people (adults age 18+) counseled by a primary care professional, in the past three years, about alcohol use.
- Reduce alcohol-related motor vehicle crash deaths from 6.4 (1998) to 4 per 100,000.
- Reduce the percentage of college students engaging in binge drinking during the past two weeks from 50% (1998) to 20%.

ADULTS AND OTHER DRUGS

Goal: Prevent and reduce illegal drug use among adults

According to a 1995 household survey, approximately 54,000 Vermont adults (13%) used at least one illegal drug in the past year. 52,000 of them smoked marijuana. For the age group 18-25, use of marijuana, hallucinogens and cocaine were higher in Vermont than the nation.

In Vermont:

- Approximately one in seven men and one in 10 women 18 and older used one or more illicit drugs in the past year (1995)
- Among women who were pregnant in the past year, one in 13 used illicit drugs during the past year, although not necessarily while they were pregnant (1995)
- More than one-third (35%) of 8th-12th grade students know an adult who sold illicit drugs in the past year

What's the big deal?

“Marijuana’s just an herb. So what if I smoke a little pot; it doesn’t hurt anybody.”

The big deal is...

Adults are role models.

Adult drug use does not go unnoticed by children. 70% of 12th graders know an adult who used illegal drugs in the past year.

Heroin is a growing problem.

In 2000, 344 Vermont residents sought treatment in Vermont for heroin addiction. Most of them were men, but women accounted for 42%. The number of 18- to 24-year-olds seeking heroin treatment more than tripled between 1997 and 2000. Heroin is widely available in both urban and rural areas of the state, as evidenced by Year 2000 busts in Rutland and Plainfield. Sharing needles to inject the drug poses a risk for transmitting HIV and other diseases.

Use of illegal drugs such as heroin, marijuana and cocaine is associated with serious consequences, including injury, illness, disability and death as well as crime, domestic violence, and lost workplace productivity.

Drug use affects the workplace.

Although the rate of drug use is higher among the unemployed, most drug users are employed. Of all the current illicit drug users age 18-49, 70% are employed full-time.

“We must set personal examples. Children learn far more from what we do than from what we say.”

Prevention: Not Just for Kids

Traditional thinking reserves substance abuse prevention for children and substance abuse treatment for adults. That simplistic model ignores the reality that many young people already have an alcohol/drug problem. They've crossed the line into needing some form of intervention (i.e., a talk with a physician about the health

effects of substance abuse) or treatment. At the same time, adults of any age can benefit from prevention—even the healthiest families face tremendous stress. It is appropriate for all adults to get health messages that include the importance of not abusing alcohol and other drugs.

Strategies for preventing and reducing alcohol and other drug use among adults

Family Strategies

- Provide stress management, support and substance abuse education resources to families.
- Ensure that substance abuse screening and treatment services are readily accessible to all families.

School Strategies

- Foster positive connections between adults and the schools in their community.
- Enforce school substance abuse policies for all who are on school grounds or participating in school sponsored events, including adults.

Community Strategies

- Increase opportunities for adults to have meaningful involvement in their communities.
- Encourage the development of Employee Assistance Programs at work sites throughout Vermont.

Media and Marketing Strategies

- Educate businesses that sell or serve alcohol about the possible unintended effects of their advertising.
- Enlist the help of media outlets in promoting health messages, including the fact that most people do not abuse alcohol and/or other drugs.

Cultural Communities Strategies

- Collect Vermont-specific health information about alcohol and other drug use with regard to race, culture and ethnicity.
- Provide health care professionals with cultural competency training.

College and University Strategies

- Provide age-appropriate substance abuse prevention and treatment services that are responsive to the needs of all students, faculty and staff.
- Make college-sponsored events alcohol-free.

Public Policy Strategies

- Consistently enforce existing alcohol and drug laws.
- Improve training for primary care providers to help them identify substance abuse in their adult patients and take the next step to counsel them or refer them to treatment.

Objectives

- Increase to 70% the proportion of primary care providers who routinely screen and counsel their adult patients for alcohol and other drug use.
- Increase the number of comprehensive drug-free work place programs that include education, prevention and links to counseling and treatment.
- Increase the proportion of Vermont adults in need of substance abuse treatment who receive services from 10% to 20%.

Vermont Adults: Prevalence of Use and Estimated Number of Users of Illegal Drugs in the Past Year (1995)

Drug	Percentage	Past Year Number
Any Illegal Drug Use	12.5	54,000
Marijuana/hashish	11.9	52,000
Hallucinogens	2.0	9,000
Cocaine	1.5	7,000
Heroin/opiates	0.4	2,000
Nonmedical Use of Sedatives or Tranquilizers*	0.8	3,000

* Use of sedatives or tranquilizers without a doctor's prescription (if a prescription required), in greater amounts than directed, for some other nonmedical reason. Source: Vermont Household Telephone Survey: 1995.

Putting it all Together: New Directions

New Directions is currently Vermont’s most ambitious effort to enlist whole communities in preventing youth substance use.

Vermont was one of the first five states in the country to receive a **State Incentive Grant** from the federal **Center for Substance Abuse Prevention**. The goal of the three-year grant is to prevent the use of alcohol, tobacco, marijuana and other drugs among youth, ages 12 to 17.

New Directions has funded 23 community coalitions throughout the state to carry out strategies that have been shown to reduce substance use, and that best fit local needs and goals.

Why community coalitions?

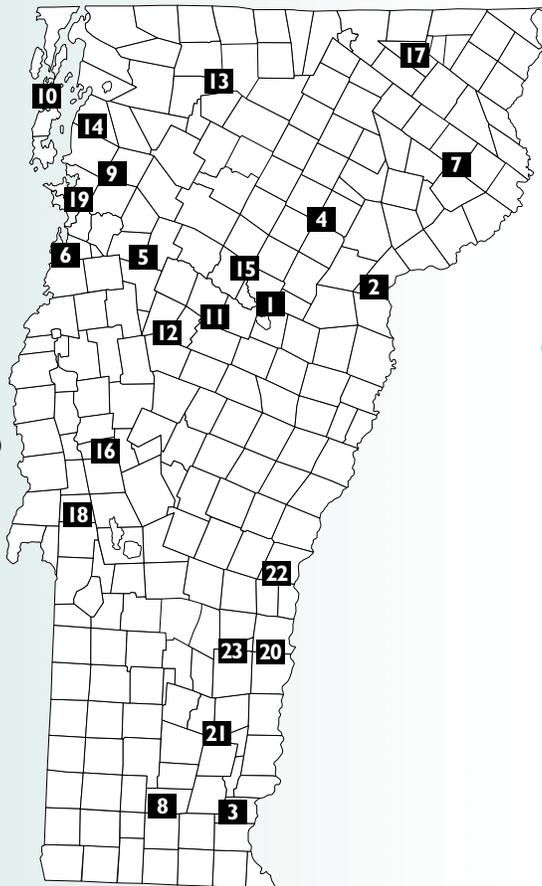
- **Local knowledge:** Community members—experts in the strengths and weaknesses of local substance abuse prevention efforts—are in the best position to influence change.
- **Strength in numbers:** Coalitions mobilize the talents, resources and expertise of many individuals and groups committed to improving the health of their community.

Informing statewide efforts

Evaluation of **New Directions** will help guide future allocation of federal, state and community prevention resources. **New Directions** is an important beginning for many communities, but changing substance use behaviors and attitudes will require sustaining prevention efforts over many, many years.

New Directions Coalitions

1. New Directions for Barre
2. Blue Mountain Coalition
3. Brattleboro Area Prevention Coalition
4. Cabot Coalition
5. Chittenden Community Partnership
6. Chittenden South Partnership for Youth
7. Community Coordinating Council (St. Johnsbury area)
8. Deerfield Valley Community Prevention Partnership (Wilmington area)
9. Essex Community Wellness Committee
10. Grand Isle County Prevention Partnership
11. Greater Northfield Collaboration Council, New Directions Committee
12. Harwood Community Network (Waitsfield area)
13. Lamoille Valley Coalition of Supervisory Unions
14. Milton New Directions Coalition
15. Central Vermont New Directions Coalition
16. Neighborhood Connections/Otter Creek Safe & Drug Free Communities Coalition (Brandon area)
17. Orleans County Prevention Partnership, Inc.
18. Rutland Area Prevention Coalition
19. South Burlington New Directions Coalition
20. Springfield Community Partnership: New Directions Coalition
21. West River Valley Partnership (Windham area)
22. Windsor Area Community Partnership
23. Youth Resiliency Project (Chester area)



For more information about the statewide **New Directions** project call 802-652-4147 or visit www.state.vt.us/adap

“Awareness and hope have replaced powerlessness and adults and youth are joining together in strength, voice and action to create a healthier community.”

Colleges and Universities Tackle Student Binge Drinking

The negative effects of heavy drinking by college students have been well documented. Along with the cultural and economic benefits that come with hosting a college, community members must contend with safety and quality of life issues associated with college drinking: noise disturbances, broken bottles and other litter, public urination, physical fights, unwanted sexual advances and dangerous driving.

Enough!

A network of Vermont college and university presidents, administrators, counselors and students – Vermont College Alcohol Network – has agreed to:

- Look in the mirror to identify the scope of the problem, agreeing to regularly survey students concerning their behavior and attitudes related to alcohol and other drugs
- Annually distribute education and treatment

information regarding alcohol and other drugs to all students, faculty and staff

- Develop and adopt effective policies and disciplinary procedures
- Work with host communities to improve quality of life where residents and students intersect
- Continue to evaluate substance abuse prevention programs and strategies to improve efforts

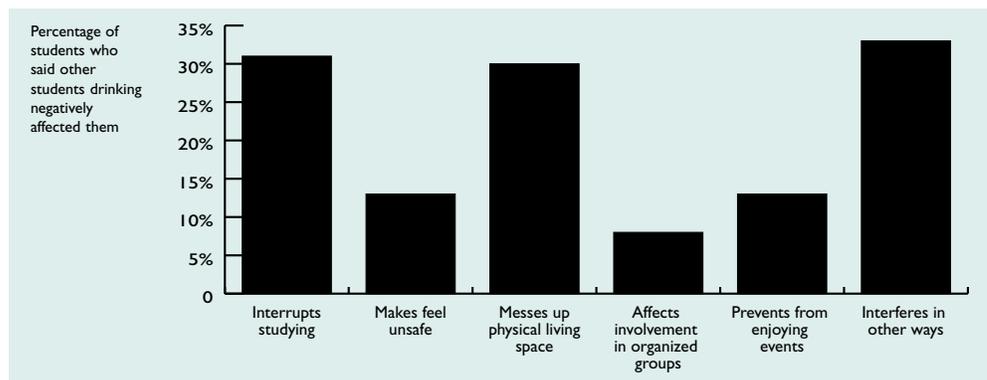
Vermont Data

That first statewide “look in the mirror” came with the 1998 Core Institute’s Alcohol and Drug Survey. More than 4,500 students from 18 of Vermont’s 24 colleges and universities took part in the survey. Here’s what they reported:

- 64% of college students thought that the social atmosphere on campus promoted alcohol use
- 94% of college students living in fraternities/sororities reported binge drinking (5 or more consecutive drinks in the past two weeks)

- 50% of all college students reported binge drinking
- 34% of all college students used marijuana in the past month
- College students reported the following health and social problems related to substance use: hangover (67%), missing a class (35%), having memory loss (37%), being in trouble with authorities (19%), getting into an argument or fight (29%), having been taken advantage of sexually (15%), driving while intoxicated (31%) and being hurt or injured (18%)

How student drinking interferes with life on campus



Next Steps

Looking forward, many Vermont colleges and universities will:

- Increase availability of substance-free residence halls.
- Expand alcohol policies to include parental notification.
- Provide on-campus, accessible substance abuse prevention and treatment assistance for students.
- Support increased substance-free, student-generated activities.
- Improve efforts to help high school students make the transition to college life.

“I see a consistent message about alcohol and its consequences reaching all citizens . . . of all ages, all cultures, in every single Vermont community.”

Community Voices

More than 400 Vermonters concerned about alcohol and other drug abuse contributed to this plan. Comments from some of them—school teachers, law enforcement officials, students, health care professionals, parents, counselors, elected officials and mental health professionals—are sprinkled throughout the report and listed below.

“Change the cultural norm that using substances and drinking alcohol is normal.”

“People of all ages and roles have to really understand (internalize, feel, believe) the damage that abuse causes and, likewise, the beauty and freedom that can be experienced without abuse and dependence.”

“We ought to be tougher on ourselves and how we drink. Many adults are not good role models.”

“Advertising and marketing of alcohol is everywhere.”

“Consequences of getting caught should be a guarantee of referral, assessment and treatment for youth and their families.”

“Especially with younger grades, the pressure to drink is definitely increasing.”

“We need to increase teen self esteem to prepare them to say ‘No’ to their peers.”

“There should be a safe, drug-free alternative every night of the week.”

“Connect adults with kids! Mentoring needs to start before they start school and in a variety of settings: daycare, youth centers, kindergarten and pre-school.”

“Convince our children it’s not only the right thing to say no to alcohol and other drugs, but it’s okay to say no.”

“Zero tolerance for DUI.”

“The biggest challenge we face is communication with teens. I feel that if open lines of communication were a ‘norm’ then maybe we would have an easier time finding common ground.”

“Change the cultural perception that sees this state as a place of isolation and drinking.”

“One day at a time, one child, one parent, networking together, showing we care by doing.”

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A note about data: Unless otherwise noted, the Vermont specific data in this plan are from 1999.

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