

Substance Misuse Prevention Oversight and Advisory Council 2027 Report to the Legislature

In accordance with Act 82 (2019), Section 3

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Introduction

The Substance Misuse Prevention Oversight and Advisory Council (SMPC) was created through Act 82 (2019). The SMPC is charged with reviewing the current prevention policies and initiatives in Vermont and providing advice to the Governor and General Assembly on the prevention system throughout the state, ensuring that data and evidence-based strategies are at the forefront of all policy determinations.

As required by 18 V.S.A. §4803, this report includes the following:

- (1) measurable goals for the effectiveness of prevention programming statewide;
 - (2) three to five performance measures for all substances at risk of misuse that demonstrate the system's results;
 - (3) the results of evaluations of State-funded programs; and
 - (4) an explanation of State-funded program budgets.
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How Vermont is Doing: Statewide Goals and Population Health Indicators

The Substance Misuse Prevention Oversight and Advisory Council (SMPC) identified the following three goals as necessary for effective substance misuse prevention statewide. These are the long-term outcomes we would like to achieve in Vermont. Many different organizations, communities, and partners must work together to achieve these goals.

1. Increase protective factors and build resilience and feelings of connectedness in Vermont communities, across all ages, cultures, and socioeconomic conditions.
2. Decrease risk factors for substance misuse in Vermont for individuals of all ages, cultures, and socioeconomic conditions.
3. Increase efficiency and collaboration on prevention efforts across all state, public, and private entities, through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable.

The SMPC tracks several indicators to monitor progress towards achieving these goals. A summary of the data is described below.

Percent of high school and middle school students who believe they matter to their community

Data source: Youth Risk Behavior Survey (YRBS)

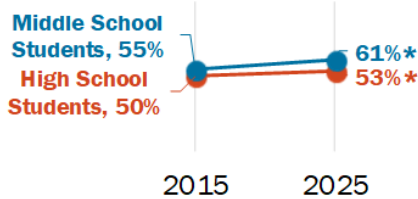
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More than half of all middle school students (61%) and just over half of all high school students (53%) agree or strongly agree that they feel like they matter to people in their community.

Compared to 2015, the percent of both middle and high school students who believe they matter to people in their community statistically increased in 2025.

According to 2025 data from the Vermont [YRBS](#), males are more likely to report mattering to their community than females and those who identify as LGBTQ+ and those who are Black, Indigenous, or People of Color (BIPOC) are less likely to report feeling as though they matter to their communities compared to heterosexual students and white, non-Hispanic students.

Percent of Vermont students who believe they matter to people in their community over time.



*Statistical difference between years.

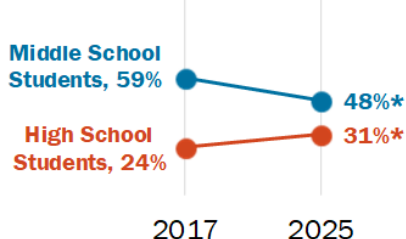
Source: Vermont YRBS

Percent of high school and middle school students who perceive harm in using substances (marijuana, alcohol, and tobacco)

Data source: Youth Risk Behavior Survey (YRBS)

What people think about the harmfulness of substances influences their use. For example, greater harm perceptions of tobacco are associated with lower likelihood of current use among youth and education to address misperceptions and gaps in knowledge is an evidence-based strategy for reducing tobacco use and disparities.^{i ii} This also applies to alcohol and cannabis.ⁱⁱⁱ

Percent of Vermont students who believe there is a great risk of harm from using marijuana.



*Statistical difference between years.

Source: Vermont YRBS

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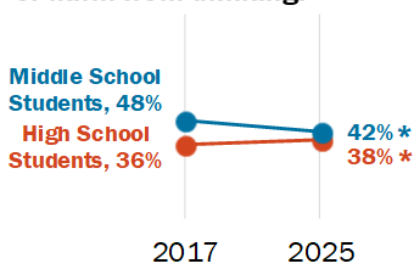
The percent of students who think people greatly risk harming themselves if they use marijuana regularly increased from 24% in 2017 to 31% in 2025 for high school students and decreased from 59% in 2017 to 48% in 2025 among middle school students.

The percent of students who think people greatly risk harming themselves if they have five or more alcoholic drinks once or twice each weekend decreased from 48% in 2017 to 42% in 2025 among middle school students and increased from 36% in 2017 to 38% in 2025 among high school students.

The percent of students who think people greatly risk harming themselves if they use EVPs regularly increased significantly among both high school and middle school students between 2019 and 2025.

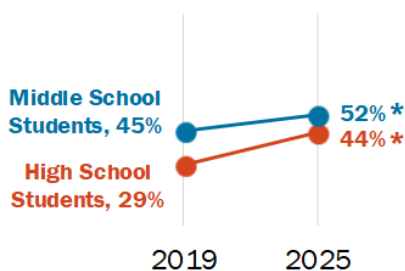
There are often differences in perception of risk based on sociodemographic characteristics. Among middle school students, those who are heterosexual cisgender or white, non-Hispanic are more likely than LGBTQ+ and BIPOC students to perceive harm from using marijuana or EVPs regularly. Among high school students, 9th and 10th graders are more likely perceive harm from using marijuana or EVPs regularly or having five or more alcoholic drinks once or twice each weekend compared to 11th and 12th graders. BIPOC high school students are also more likely to perceive from marijuana or alcohol use than white, non-Hispanic students.

Percent of Vermont students who believe there is a great risk of harm from drinking.



*Statistical difference between years.
Source: Vermont YRBS

Percent of Vermont students who believe there is a great risk of harm from using electronic vapor products.



*Statistical difference between years.
Source: Vermont YRBS

Percent of Vermonters who use alcohol, cannabis, stimulants (prescription and illicit), opioids (prescription and illicit), tobacco/nicotine products.

Data source: Behavioral Risk Factor Surveillance System (BRFSS), National Survey on Drug Use and Health (NSDUH), Youth Risk Behavior Survey (YRBS)

The Department of Health uses a few data sources to assess substance use prevalence. Each uses different methodology and reporting periods and has its own strengths. The National Survey on Drug Use and Health (NSDUH) allows comparison to other states and regions and includes data on a wider variety of substances. The Vermont Behavioral Risk Factor Surveillance System ([BRFSS](#)) is a representative survey of Vermont adults conducted annually to measure adult health. It contains demographic data, allowing assessment of disparities. The Vermont Youth Risk Behavior Survey ([YRBS](#)) includes assessment of youth tobacco product use as well as sociodemographic characteristics and other health and risk behaviors.

NSDUH shows that Vermont has higher past month rates of alcohol and cannabis use than the US levels and the Northeast. Alcohol and cannabis are the most used substances in Vermont.

2023/2024 National Survey on Drug Use and Health Prevalence Data^{iv}

Measure	VT 12-17 Rate	VT 18+ Rate	Statistical comparison to US and Northeast
Alcohol use in the past month	9.4%	61.4%	Higher than both the US and NE for 18+
Binge alcohol use in the past month	4.3%	24.1%	Same as US and NE
Cannabis use in the past month	9.5%	26.5%	Higher than US for both ages; 18+ is also higher than NE
Illicit drug use other than cannabis in the past month	4.3%	4.5%	Same as US and NE
Cocaine use in the past year	0.3%	2.6%	Same as US and NE
Methamphetamine use in the past year	0.3%	1.1%	Same as US and NE
Opioid misuse in the past year	1.4%	2.4%	Same as US and NE

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Prescription opioid misuse in the past year	1.4%	2.4%	Same as US and NE
Hallucinogen use in the past year	2.4%	8.1%	For 12-17, same as US and NE; for 18+, higher than both
Nicotine vaping in the past month	7.4%	10.5%	Same as US and NE
Cigarette use in the past month	1.8%	14.6%	Same as US and NE

Past month binge drinking – Males and LGBTQ+ adults are more likely to binge drink. Binge drinking statistically goes down as age increases. Those with higher household incomes are more likely to binge drink. The percent of adults binge drinking in 2025 is statistically similar to 2024 but has decreased compared to 2016 – it was 16% in 2025 and 18% in 2016. Chittenden County has a statistically higher rate of binge drinking compared to Vermont overall. (Source: Vermont BRFSS)

Past month cannabis use – Males and LGBTQ+ adults are more likely to use cannabis. Adults age 25-44 are statistically most likely to use cannabis. All differences in cannabis use by age are statistically significant, except between adults age 18-24 and those age 45-64. Cannabis use has more than tripled since changes in the Vermont regulatory landscape have made cannabis more available. All counties have similar rates compared to Vermont overall. (Source: Vermont BRFSS)



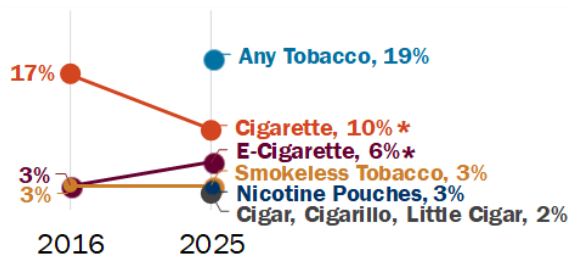
*There were methodological changes in 2011 – use caution when comparing years before and after 2011.

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Current tobacco use – [BRFSS](#)

measures current use of tobacco among Vermont adults, defined as using the product every day or some days, and provides observations of trends over time. Almost one in five (19%) Vermont adults use tobacco. Compared to a decade ago, fewer adults are smoking cigarettes while more are using e-cigarettes. E-cigarette use is higher among young adults ages 18-24, adults with less formal education, adults with a disability, those in lower income homes, BIPOC and LGBTQ+ adults. Learn more about [adult tobacco disparities](#).

Percent of Vermont adults who currently use tobacco by type of product over time.

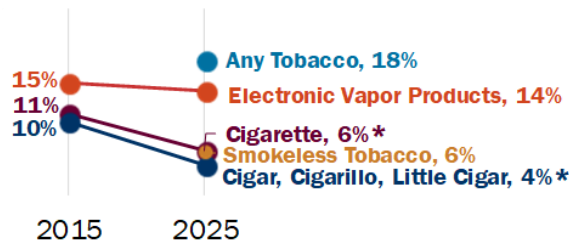


*Statistical difference between years. Note: Any tobacco includes cigarettes, e-cigarettes, smokeless tobacco, nicotine pouches, and/or cigars. Nicotine pouches and cigars were first measured in 2025.
 Source: Vermont BRFSS

Commented [SS1]: Just a reminder to SMPC committee, the 2025 BRFSS Statewide report is in development and not published yet (anticipated to be published in November) so the 2025 data points here are for internal use for now and will be good to go public by the time this report is to be published.

The [YRBS](#) measures high school and middle school student tobacco use, defined as use in the past 30 days. Almost one in five (18%) high school students and 5% of middle school students use any tobacco. Among high school students and across all types of products, BIPOC students are more likely to use tobacco than white non-Hispanic students. LGBTQ+ students are more likely to use cigarettes, EVPs, and cigars. Learn more about [youth tobacco disparities](#).

Percent of Vermont high school students using tobacco by type of product over time.



*Statistical difference between years. Note: Smokeless tobacco was revised in 2025 to include nicotine pouches so trend data is not available.
 Source: Vermont YRBS

Among high school students who reported EVP use in the past month, the percentage who used EVPs 20 or more days significantly increased from 13% in 2015 to 47% in 2025. This raises concerns of nicotine addiction among youth as nicotine content in vapes has significantly increased in recent years.^v The leading reasons for using EVPs among high school students were “to get a high or buzz” (30%) and “feeling anxious, stressed” (23%). “Feeling anxious, stressed” is the most common reason middle school students used EVPs (36%). Over

half (56%) of high school students who used EVPs in the past month say they primarily got them from a friend or family.

What the Council is Doing: SMPC Strategies and Performance Measures

In 2026, the Council underwent a structured process to clarify the unique role and function we play in the substance misuse prevention landscape. The strategies listed below are the broad approaches the Council takes to help achieve the goals outlined above and to adhere to our legislative duties.

1. Provide information to the Governor, legislature and other interested parties on data, best practices, policy gaps, and emerging issues to inform their decision-making.
2. Respond to proposed and enacted laws and policies to ensure they contribute to an effective and comprehensive approach to substance misuse prevention.
3. Provide advice and guidance to state agencies and committees that distribute substance misuse prevention funding, such as the Department of Health and the Opioid Settlement Advisory Committee, to address gaps, eliminate barriers, and improve coordination of services.

The Council has also dedicated time to ensure that our membership reflects the roles outlined in statute. Four new members have been identified and onboarded in 2026, representing the perspectives of young adults, pediatric care providers, communications/media, and the criminal justice system. The Council will continue to recruit qualified candidates to ensure our recommendations reflect diverse expertise and experience.

In 2026, the SMPC also updated our performance measures to understand how well we are implementing the strategies outlined above.

1. Number of presentations, reports, or testimony provided to the Governor, legislature, or other interested parties to inform decision-making.
2. Percent of proposed or enacted laws influenced by SMPC input.
3. Percent of the cannabis excise tax, opioid settlement funds, Tobacco Master Settlement Agreement, and other state revenue allocated to prevention programming.

The Council will use this data for accountability, to monitor progress, and identify areas for improvement in our work (for example, ensuring we consistently inform the

legislature about emerging issues to inform their decision-making). The Council is identifying the best methods for collecting and presenting this data and will provide a brief analysis of its performance in next year's report.

In addition, we are preparing a workplan to guide Council activities in 2027 and ensure continued alignment with our four key strategies. This will allow the group to maximize its time and remain in scope. Key areas of focus in the coming year will include:

- Integrating the work of all substances across the work of prevention in Vermont to reduce siloing of individual substances.
- Systematizing the process by which the SMPC provides advice and guidance to state agencies and committees that distribute substance misuse prevention funding, such as the Department of Health and the Opioid Settlement Advisory Committee.
- Prioritizing topics and emerging issues the Council will research to inform its recommendations.

Vermont's Investments: An Explanation of State-funded Program Budgets

The Department of Health ("Department") receives state and federal funding¹ from various sources to support several substance misuse prevention programs, including:

- Substance Misuse Prevention Oversight and Advisory Council;
- School-based substance misuse prevention services;
- Statewide drug disposal program;
- Tobacco Control Program;
- Community-based substance misuse prevention services;
- Substance Use prevention staff; and
- Regional Prevention Partnerships Program.

The amounts spent on these programs in State Fiscal Year 2026 (July 1, 2025 - June 30, 2026), are as follows: **(note: budget is draft and to be finalized)**

¹ Previous SMPC annual reports presented state-funded prevention program budgets. For SFY26, both state and federal funding is included to provide a more complete picture of funding for prevention programs.

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Program	General Fund	Special Fund	Tobacco Fund	Federal Funds	Global Commitment	Total
School Based Substance Misuse Prevention Services	\$228,383	\$242,105	\$194,165	\$438,557	\$302,420	\$1,405,630
Statewide Drug Disposal		\$588,882				\$588,882
Tobacco Control Program			\$1,329,213	\$1,250,391	\$550,655	\$3,130,259
Substance Misuse Prevention Oversight and Advisory Council		\$263,294				\$263,294
Community-based Substance Misuse Prevention Services	\$1,014,842	\$3,375,570				\$4,390,412
Substance Use Prevention Staff		\$2,059,827		\$2,187,117		\$4,246,944
Regional Prevention Partnership Program				\$997,327		\$997,327
One-time - Mentoring Vermont		\$47,560				\$47,560
Total	\$1,243,225	\$6,577,238	\$1,523,378	\$4,873,391	\$853,075	\$15,070,309

BUDGET IS DRAFT AND TO BE FINALIZED

Description of Substance Misuse Prevention Efforts

Substance Misuse Prevention Oversight and Advisory Council

Funding is used to support the salary, indirect, and fringe benefit costs of the Substance Misuse Prevention Manager who convenes and supports the work of the Substance Misuse Prevention Oversight and Advisory Council.

School-based Substance Misuse Prevention Services

Purpose

Substance use prevention and early intervention work best when they are robust and integrated into the school's whole approach. Funding is provided to Vermont school supervisory unions/districts to provide screening and referral to substance misuse and mental health services, while supporting the [Whole School, Whole Community, Whole Child model](#).

Key activities

In FY26, funding was provided to 29 (of 54) Vermont school supervisory unions/districts to provide screening and referral to substance misuse and mental health services, while supporting the [Whole School, Whole Community, Whole Child model](#). Additionally, schools may choose to implement any of the following evidence-based activities:

- Classroom health curriculum
- Advising and training of peer leadership groups
- Delivery of parent information and implementation of educational programs
- Teacher and support staff training
- Educational support groups for students.

Key accomplishments

In the 2025-2026 school year, 3,381 students participated in prevention curriculums, 1,386 school staff received training, 1,450 students were screened for substance use, and 1,008 students were screened for mental health. A pilot suicide prevention pilot

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across seven school districts had 358 students screened for suicide risk, with 100% of students that screened positive receiving additional support.

Statewide Drug Disposal Program

Purpose

This program aims to reduce the risk of drug diversion for illicit use or accidental/harmful ingestion of medication. It creates easy and safe ways for people to get rid of expired or unused medications.

Key activities

Funding supports the statewide prescription drug disposal system, which includes:

- Drug disposal kiosks at police, pharmacy and hospital locations
- Free mail-back envelopes provided to Vermonters
- Support of Drug Enforcement Administration (DEA) National Take-Back Days
- The Do Your Part media campaign that informs Vermonters about safe storage and disposal of unused prescription drugs.

It also partially supports the salary of the Substance Abuse Program Manager at the Department of Health who is responsible for developing, maintaining and managing the statewide drug disposal system.

Key accomplishments

In 2025, Vermonters safely disposed of over 12,215 pounds of medication through the drug disposal program and VDH distributed 5,175 mail-back envelopes to individual Vermonters and community organizations.

Tobacco Control Program

Purpose

The Vermont Tobacco Control Program, led by the Division of Health Promotion and Disease Prevention, implements a coordinated, multi-component set of evidence-based strategies to reduce chronic disease, disability, cancer and premature death, and save Vermont millions in lost productivity and Medicaid costs.^{vi}

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Key activities

Over the past year, the Tobacco Control Program funded:

- Grants with six tobacco prevention coalitions to work in their communities and focus on youth engagement, local policy, education on nicotine and tobacco products and harms, and tobacco and nicotine use prevention and cessation.
- Grants with Outright Vermont and the Abenaki Circle of Courage, organizations that reach and provide prevention interventions to populations with high tobacco use rates and that face disproportionate harm.
- An ongoing grant with Vermont's Free and Referral Clinics and an ongoing collaboration with DVHA to reduce smoking among Medicaid members. These partnerships reflect the program's commitment to reduce secondhand smoke exposure and generational tobacco use among Vermont's families.
- Youth engagement and empowerment to reduce initiation and use of tobacco, including the school-based Our Voices XPosed youth groups across the state.
- The Unhyped campaign, which ran for more than eight months in FY26, combats teen vaping through education and prevention messaging. The initiative works alongside My Life, My Quit, a free, evidence-based service providing confidential cessation assistance to youth ages 12-17 via call, text or online.
- The publication of several surveillance data reports to inform programming and evidence-based interventions, including: [Adult Tobacco Use, 2024 BRFSS Updates](#), [VT Adult Tobacco Disparity Charts, 2024 BRFSS](#), [PACE Vape Disposal and Environmental Impact Beliefs among Youth and Young Adults](#), [The Use of Multiple Substances Among Youth and Young Adults in Vermont](#), and [VT Youth Tobacco Disparity Charts, 2025 YRBS](#). The program's analyst also consulted with colleagues in other divisions on data products using tobacco use data, such as [Alcohol, Cannabis and Nicotine in Vermont Fatal Overdoses](#). The program also contributed to the Policy and Communications Evaluation study, [PACE VT](#), in partnership with the Division of Substance Use and Rutgers University. For more data briefs: [Tobacco Data | Vermont Department of Health](#)

Key accomplishments

The [FY25 Tobacco Program Report](#) found high engagement with campaigns run in that fiscal year aimed at educating youth and young adults on the harms of tobacco and nicotine use and vaping which resulted in over 100,000 ad clicks. In addition, the program was successful in creating youth empowerment with 37 Our Voices Xposed groups and nine youth from across the state taking part as part of the Youth Leadership

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Collaborative. On February 11, 141 middle and high school students from over 22 Vermont Schools united with their advisors and adult supporters to participate in the annual Our Voices Xposed Statehouse Rally. Students marched to the Vermont Statehouse steps to speak to their experience and educate legislators on the impact of tobacco and nicotine use in their schools and communities.

Tobacco coalition grantees also made progress in the long-term work of strengthening policies that reduce youth and young adult access to tobacco and nicotine products and limit exposure to marketing and promotions. Franklin Grand Isle Coalition supported St. Albans in passing a new tobacco zoning by-law, other grantees updated municipal health language to lay the groundwork for new ordinances in nearly 10 towns, and engaged and educated selectboards, planning commissions, and other local leaders to build local capacity for health-focused policy development.

The program provided data and education to an effort led by the Attorney General Office and the Coalition for Tobacco-free Vermont, which led to the passage of Act 148. Act 148 strengthens tobacco licensing, sales, enforcement and penalties, bans deceptive devices, and includes a study on tax stamp modernization including of vape products. These changes protect youth and young adults and reduce initiation and use of tobacco and nicotine.

Community-based Substance Misuse Prevention Services

Purpose

Four regional Vermont Prevention Lead Organizations (VPLOs) lead substance misuse prevention efforts and allocate substance misuse prevention funding within their region based on local and statewide data. The regional funding approach expands and strengthens Vermont's substance misuse prevention system with flexible, increased, and sustainable dollars that allows for more access, equity, innovation, and reach. These efforts serve all age groups and target all substances. They reduce the likelihood of use from occurring and intervening when early signs of misuse are detected.

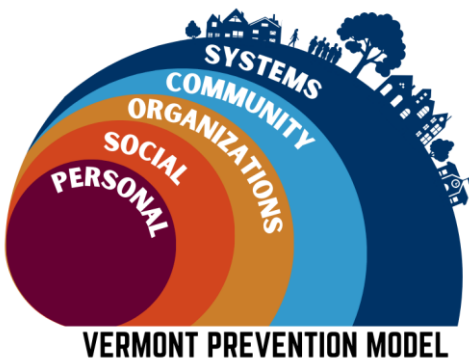
Key activities

In SFY26, VPLOs funded over 70 substance misuse prevention projects and initiatives. A regional advisory board makes sub-granting decisions based on the region's needs and priorities to maximize regional assets and variability and preserves local control of these dollars. Prevention activities are funded across the [Vermont Prevention Model](#). In FY26, the greatest number of subgrants were funded at the social (65) and community (62) levels, followed by organizational (54), personal (48), and systems (27).

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The following are examples of activities from the past year:

- **Personal:** A community partner is implementing substance misuse prevention strategies that reduce and mitigate the impact of chronic absenteeism on youth, schools, families and communities. This includes youth education, outreach and collaboration with schools and families, and promoting safe storage practices in the home.
- **Organizational:** A community partner offers wellness and prevention services to support Vermont's aging population, which has high rates of substance use. This includes funding day programs and an evidence-based training curriculum focused on three key areas related to substance misuse: knowledge, behavior and social support.
- **Social:** A youth center offers summer prevention and engagement programming, blending recreation, learning, social and emotional development and workforce readiness.
- **Community:** Substance misuse coalitions are expanding school outreach and support, distributing Nicotine Quit kits to schools to support vaping cessation efforts and access to quit supports, working with towns to restrict or prohibit substance use in public spaces, partnering with local law enforcement to promote participation in sobriety checkpoints and DEA Drug Take Back Days; and providing education and outreach to older Vermonters specific to substance misuse.
- **Systems:** A region is working to impact tobacco and alcohol policy through media and a public information campaign.



Key accomplishments

A process evaluation of the VPLOs for SFY24-25 is underway. Initial findings show the total number of active subgrants funded through VPLOs increased 16% between FY24 (55) and FY25 (64). VPLO subgrantees served 225,968 people through grant-funded prevention activities in FY24 and 25. Across VPLO regions, over 550 people attended 33 prevention trainings. By the final quarter of FY25, VPLO regions implemented prevention activities encompassing all five levels of the Vermont Prevention Model.

Substance Use Prevention Staff

Purpose

The Prevention Consultant Network includes 11 Regional Prevention Consultants (PCs) assigned to Local Health District Offices. They aim to increase the regional and local capacity of communities to lead and carry out effective substance use prevention efforts to impact positive changes in behavior, attitudes, skill development, and environmental changes. PCs serve as subject matter experts and provide local technical assistance on substance misuse prevention. PCs play a vital role in connecting communities with the work of the Department by being a consistent presence in, and an advocate for, Vermont communities.

Funding also supports DSU staff who direct all prevention activities, oversee DSU grants, and work on media campaigns.

Key activities

In FY26, PCs offered five essential services:

1. Community organizing and mobilization
2. Program planning, organizational development, and consultation
3. Presentations, training, and technical assistance
4. Community grants information and guidance
5. Information and referral

Prevention Consultants tailor their work around the needs and capacity of their local communities. During FY26, they provided training on the Strategic Prevention Framework, Prevention 101, and Youth Risk Behavior Survey results. PCs supported community organizations through technical assistance and planning, such as developing logic models and workplans, identifying local risk and protective factors, and determining strategies that fit the community. PCs also worked with schools, social service organizations, regional planning commissions, prevention coalitions, recovery and treatment centers, and other community organizations interested in increasing prevention capacity to reduce substance misuse.

Key accomplishments

The Prevention Consultant positions were moved to the Division of Local Health, increasing collaboration for substance misuse prevention across the health department.

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PCs were among those trained in the Wellness Initiative for Senior Education (WISE) program, an evidence-based curriculum for older adults. New PCs became trainers in the SPF Application for Prevention Success Training (SAPST) and provided the four-day training to community partners across the state. PCs also supported implementation of Vermont Prevention Lead Organization structure, providing technical assistance and prevention education to regional organizations involved in the expanding program. PCs collaborated with regional schools and community partners to increase capacity for prevention work and reduce barriers to implementing programming.

Regional Prevention Partnership Program

Purpose

The Regional Prevention Partnerships Program (RPP) works to decrease substance misuse in Vermont by providing funding and technical assistance to community-based organizations working in communities with high substance misuse rates. The goal is to expand their use of evidence-based prevention strategies, increase their organizational capacity to implement and sustain recovery-oriented and trauma-informed prevention programming. Activities focus on cannabis and alcohol misuse prevention for youth and young adults ages 13-25 statewide.

Key activities

FY26 represented the final No Cost Extension Year of the 2020-2025 RPP grant and closeout. In that final year, work supported the 2026 Vermont Young Adult Survey, media messaging and supporting Franklin/Grand Isle to build prevention coalition capacity. It also represented the first year of a new 2025-2030 RPP grant. DSU conducted a statewide needs assessment and community health improvement plan and worked with VPLOs to identify communities to receive additional funding in FY27.

Key accomplishments

With the new 2025 grant start, DSU completed a statewide Prevention Needs Assessment and Community Health Improvement Plan, began work with JSI to establish a Vermont-focused Evidence Based Programs Registry, selected a 2025-30 evaluation contractor, continued media messaging and identified communities of focus in each VPLO region.

Results of Our Investments: State-funded Prevention Program Evaluations

The Department of Health has evaluated several substance use prevention programs in the past year. Their purpose and findings are summarized below.

1. The [Vermont Substance Misuse Prevention Evaluation Summary](#) is a point in time snapshot of prevention work and partners. It found that the Prevention Consultants and their work are valued in their community, that 375 unique organizations were connected to one or more regional VPLOs, and that schools play an important role in prevention.
2. The [Vaping Prevention Grants and Associated Media Campaign Evaluation Summary](#) shows that awareness of vaping effects, education on the increasing number of new products, substance use screening and cessation resources are critical to reducing vaping use among youth. We need to simultaneously use all types of media to keep the focus on vaping including newsletters, e-blasts, and social media to engage both youth and parents/caregivers.
3. The [2020-2025 Regional Prevention Partnerships Evaluation Report](#) highlights the positive impact of sustained substance use prevention. These include having youth be vested in prevention activities in their communities; decreased use of alcohol and cannabis in the past 30 days among youth and LGBT youth in grades 9-12 in funded communities; decreased use of alcohol in the past 30 days among young adults (age 18-25) in funded communities; and increased positive behavior change after seeing a prevention messaging campaign.
4. An evaluation of the School Health programs (not yet published) found that DSU-funded activities were widely implemented as intended, that having specialized prevention/support staff contributed to stronger programming and that there were positive shifts in school climate and norms. Schools successfully referred at risk students for services. Schools were able to build capacity for services but school policies around substance use weren't consistently implemented or enforced.
5. The Center for Public Health Sciences, based at Washington University, conducted an [evaluation and sustainability study](#) on tobacco control programs. The study looked at VT's efforts to reduce smoking and found state budget savings, including through the state's quitline (page 60-61).
6. The tobacco program's third-party evaluator assessed the [nicotine and tobacco product landscape](#) in Vermont, which informs the program's planning for future prevention efforts. Findings include: one in five retailers in Vermont are located within 1,000 feet of an elementary, middle or high school; of the 711 retailers that were licensed to sell tobacco products at the time of the retail audit there were

239 retailers (34%) that had at least one price promotion during the time of the audit, and of the 711 tobacco retailers, 497 sold nicotine pouches (70%).

7. Health Affairs Data Watch published an analysis looking at [states' Medicaid enrollment](#), who are individuals more likely to use tobacco than non-Medicaid insured adults. The report acknowledges that few members receive cessation medications. The analysis examines each state's Medicaid quit medication treatment rate and spending from 2019 through 2024. The article finds that higher-treatment states such as Kentucky, Massachusetts, and Vermont implemented a range of strategies, including comprehensive tobacco benefit coverage without cost sharing, higher cigarette taxes, and sustained public health investments in tobacco control.

Looking Ahead: SMPC Recommendations

Programmatic Recommendations

Over the past year the Council has met with and reviewed needs assessments and strategic plans from the Department of Health and its prevention grantees to understand unique community needs and the successes and challenges of grantees. We seek to uplift those findings and reiterate key gaps and needs identified for broader planning purposes.

Develop and/or support community coalitions

Community based processes, including developing and sustaining community prevention coalitions, have been a national prevention guidepost for many years. Coalitions bring together diverse community sectors to address substance use, with a focus on community needs, readiness, ownership and local knowledge. There are a variety of community prevention coalitions across Vermont, in various stages of readiness/functionality.

Ensure stable funding sources for prevention work

Stable and diverse funding sources are needed to build, sustain and grow capacity for prevention work and allow regions to better respond to their community's specific needs. In VPLO self-assessments, leaders consistently identified funding as one of the main challenges.

Communicate our impact over time

Prevention is an effective investment, leading to savings in chronic disease care, hospital and ED costs, treatment services, recovery services, and expenses to the criminal justice system.^{vii viii} However, it can take a long time before these population-level outcomes are realized. Ongoing efforts are needed. An improved use of data and stories can communicate better how the State uses its prevention dollars and their impact.

Policy Recommendations

Change to the SMPC's statutory duties

One of the powers and duties established in statute is (7) *development of a statewide media campaign for substance misuse prevention*. The Council recommends that this be removed. We do not have the resources necessary to develop a statewide media campaign and this work is better situated within the VT Department of Health as required by their statutory role as the public health entity. The Council is better suited to using its authority and expertise to recommend this as an appropriate use of state funds and to provide guidance on the development of such a campaign.

Increase efforts to address alcohol misuse

In previous annual reports, the Council made recommendations related to parity in regulation for all substances at risk of misuse, including alcohol. In 2025, we recommended the legislature develop, review, and update statutes to regulate all substances at risk for misuse, as defined by 18 V.S.A. § 4803(a), such as but not limited to, alcohol, cannabis, and nicotine/tobacco products, to ensure parity, decrease risk factors, and increase protective factors. Such efforts could include, for example, requiring retailers to hold and to pay for a retail license for each substance the retailer sells, eliminating waivers for licensees who already hold a license to sell another substance.

In 2026, the Council supported provisions of bill H. 376 (2025) to "...increase the gallonage taxes on malt beverages and vinous beverages; increase the excise tax on spirits..." Research suggests that increasing the tax rate of any substance is impactful in preventing use and reducing current use.^{ix x}

It remains necessary to focus on alcohol in the substance misuse prevention landscape. As described earlier in this report, alcohol is one of the most used substances in Vermont and Vermont has higher past month rates of alcohol use than the U.S. and the

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Northeast. The Council will continue to discuss how to elevate this issue with existing community-based programs and state agencies and committees that distribute substance misuse prevention funding. We also look forward to continued partnership with the legislature on appropriate regulatory action.

Restrict flavors in all tobacco and nicotine products

Commented [KS2]: Amy will draft a paragraph about this

ⁱ Erin Keely O'Brien, Maria Roditis, Alexander Persoskie, Katherine A Margolis, Youths' Perceptions of Nicotine Harm and Associations With Product Use, *Nicotine & Tobacco Research*, Volume 25, Issue 7, July 2023, Pages 1302–1309, <https://doi.org/10.1093/ntr/ntad028>

ⁱⁱ Office of the Surgeon General (US). Eliminating Tobacco-Related Disease and Death: Addressing Disparities: A Report of the Surgeon General [Internet]. Washington (DC): US Department of Health and Human Services; 2024. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK614484/?report=classic>

ⁱⁱⁱ Yan F, Costello M, Allen J. Self-Perception and Relative Increases in Substance Use Problems in Early Adulthood. *J Drug Issues*. 2020 Oct;50(4):538-549. doi: 10.1177/0022042620941812. Epub 2020 Jul 16. PMID: 33746248; PMCID: PMC7978475.

^{iv} [2023/2024 State Data Tables and Reports from the 2023-2024 NSDUH](#)

^v Fatma Romeh M. Ali, Megan C. Diaz, Brian S. Armour, Elisha Crane, Michael A. Tynan, Kristy L. Marynak, Trends in U.S. E-cigarette Sales Measured in Milligrams of Nicotine, 2019–2024, *American Journal of Preventive Medicine*, Volume 68, Issue 6, 2025, Pages 1173-1178, ISSN 0749-3797, <https://doi.org/10.1016/j.amepre.2025.02.007>.

^{vi} [Tobacco Prevention Benefits Vermont's Economic and Community Health](#).

^{vii} [Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis](#)

^{viii} [PTTC_ROI_PostComment_v0.3](#)

^{ix} Anderson, P., Chisholm, D., & Fuhr, D. C. (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet (London, England)*, 373(9682), 2234–2246. [https://doi.org/10.1016/S0140-6736\(09\)60744-3](https://doi.org/10.1016/S0140-6736(09)60744-3)

^x Dolan, S. B., Spindle, T. R., Vandrey, R., & Johnson, M. W. (2022). Behavioral economic interactions between cannabis and alcohol purchasing: Associations with disordered use. *Experimental and clinical psychopharmacology*, 30(2), 159–171. <https://doi.org/10.1037/pha0000397>

Note: Focus on 2027 is on systematizing the way that the Council does its work. Future years could focus on more discrete projects.

[illegible]