Substance Misuse Prevention
Oversight and Advisory Council
September 2020 Meeting
Materials

Nicole Rau Mitiguy, Substance Misuse Prevention Manager

September 21, 2020
Today’s Agenda:

1:00  Welcome

1:05  Introductions and Quorum Determination

1:10  Review and Approval of August Minutes

1:15  Recommendations Update

1:20  Prevention Updates from Alcohol and Drug Abuse Programs and the Health Promotion and Disease Prevention
     Lori Tatsapaugh Uerz, Alcohol and Drug Abuse Programs, VDH
     Rhonda Williams, Health Promotion and Disease Prevention, VDH
     Public Comment

1:50  2021 Annual Report Discussion
     Performance Measures
     Recommendations
     Annual Report Workgroup
     Public Comment

2:50  Next steps and reminders

3:00  Adjourn
Vermont’s Prevention System: Recommendations to Consider

Lori Tatsapaugh Uerz, MPH
Director of Prevention and Recovery Services
Prevention is an ACTIVE PROCESS …

- that EMPOWERS individuals and systems
- to MEET THE CHALLENGES of life events and transitions
- by CREATING AND REINFORCING conditions
- that PROMOTE HEALTHY LIFESTYLE & BEHAVIOR
SMPC Goal

Strengthen Vermont’s response to the substance use disorder crisis by advancing evidence-based and informed substance misuse prevention initiatives.
Prevention System Considerations:

- Current federal Regional Prevention Partnerships (RPP) continuation grant is reduced by $1.4 million
- Increase in federal State Opioid Response (SOR) grant for prevention
- Level funding for school-based grants and community-based grants
- YRBS Data requires focus on LGBT youth and youth of color
- Young Adult Survey has indicated increase in substance use due to COVID-19
Highlight how prevention population-based strategies continue despite COVID-19

Heavy reliance on federal funding for prevention initiatives – federal focus is changing

Policy development collaboratively amongst state agencies is critical to maintain the gains we have made in substance use during COVID-19

12 Prevention Consultants

Utilize the Vermont Prevention Model and Strategic Prevention Framework
- Robust surveillance systems and data
- Health Care Reform and the role of Primary Prevention
- Workforce Considerations
- Social Determinants of health and associated health disparities – review how and where prevention is planned and implemented
For more information,

please contact Lori Tatsapaugh Uerz  lori.uerz@vermont.gov
802-488-0642
Vermont Tobacco Control and Prevention Program Update

1. Tobacco Control Framework, budget & new CDC requirements

2. Addressing the challenges created by vaping (nicotine and marijuana)

3. Evidence-based interventions: media and policy
Evidence Shows:

- Excise taxes, price floors, bans on coupons reduce tobacco use
- Smoke- and Tobacco-Free Policies strengthen social norms, support quitting, reduce SHS exposure
- Media motivates behavior change, increases perception of harm
- Quitlines that offer counseling and NRT can more than triple quit success
A well-funded state tobacco program is evidence-based

• A well-funded tobacco control program is cited in CDC’s 2014 Best Practices for Comprehensive Tobacco Control Programs as an effective strategy to reduce a state’s smoking prevalence

• The CDC’s minimum and recommended funding levels for Vermont
  • *minimum level for a comprehensive program is $6.1 million*
  • *recommended $8.4 million*

*VERMONT is funded at 59% of CDC recommended minimum level*
$12 million estimated savings in 2019

Effect on Quitting and Smoking among Medicaid Insured

From 2013 to 2018, the proportion of ever smokers who became former smokers in the past year (Quit Ratio) more than doubled, while smoking declined from 36% to 29% among Medicaid-insured adults. This includes a 2% decline in smoking between 2017 and 2018 alone.²
Tobacco Program Prevention Goals 2020 - 2025

Reduce youth initiation and use of all tobacco products
Reduce smoking among all Vermonters and vaping among youth and young adults
Reduce secondhand smoke exposure
Address tobacco-associated health inequities
CDC Best Practice Guides for Tobacco Prevention and Control

New: Cessation

Equity will be updated

Youth Engagement released in 2019 features VT OVX
Centers for Disease Control 2020-2025

Requires:

• New Youth and Young Adult Position
• Tobacco Treatment Coordinator
• Address Disparities
• Community-based Equity Project over 5 Years
• Combat Vaping

<table>
<thead>
<tr>
<th>Outcome/Performance Measure</th>
<th>Data Source</th>
<th>Reporting</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased health communications (S) #reach of media efforts (paid, earned &amp; digital) for use of Quitline services statewide &amp; in disparate pops.</td>
<td>Web/mass &amp; social media metrics from digital-based technologies impressions, unique views, GRPs</td>
<td>As applicable with comm. campaigns</td>
<td>Health info. director</td>
</tr>
<tr>
<td>Increased health system changes (S) #/reach of health systems that promote/support quit services</td>
<td>Review of OneCare, UVM Health Network, free clinics, OB/GYN, peds &amp; PCP clinics</td>
<td>Y1 &amp; Y5 PM report</td>
<td>Evaluator</td>
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<tr>
<td>Increase access/awareness to tob tx (S) #/reach of insurers that promote &amp; support quit services</td>
<td>Review of BCBS-VT, MVP, Medicaid</td>
<td>Y1 &amp; Y5 PM report</td>
<td>Analyst &amp; Evaluator</td>
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<tr>
<td>Decreased exposure to marketing (I) #/reach of state &amp; local jurisdictions with policies that reduce tobacco marketing &amp; access to products</td>
<td>Grantee reports, TCP policy tracking, &amp; store audits of specific tobacco products (i.e. flavors)</td>
<td>Quarterly reports, store audits every 3 yrs., Tax Dept Q</td>
<td>Analyst &amp; Evaluator</td>
</tr>
<tr>
<td>Increased implementation of policies (I) #/reach of comprehensive state &amp; community smoke/tobacco-free policies</td>
<td>Grantee/CBDP reports &amp; TCP policy tracking, DA reports of implemented, including DA, multi-unit housing, childcare</td>
<td>Quarterly TCP scorecard</td>
<td>Evaluator</td>
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<tr>
<td>Increased implementation of culturally appropriate interventions to reduce disparities (I) Type, reach, &amp; impact of evidence-based interventions to disparate pops.</td>
<td>BRFSS, DA, CBDP, YSBIRT &amp; Quitline reports of quit attempts &amp; prevalence, media metrics, counseling sessions, among Native American &amp; YYA</td>
<td>Quarterly reports, SHIP, dashboard, Quitline eval</td>
<td>Analyst &amp; Evaluator</td>
</tr>
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Seeing sharp rise in vaping marijuana and nicotine

YRBS 2019
Increase in vaping of marijuana significantly increased

Marijuana Use and Primary Method of Use. Marijuana use during the past 30 days significantly increased from 24% in 2017 to 27% in 2019. Among current marijuana users, vaping as the primary method of use significantly increased more than eight times from 2% in 2017 to 17% in 2019.

Primarily vaped when using marijuana, among current users

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2%</td>
</tr>
<tr>
<td>2019</td>
<td>17%</td>
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</table>
Unprecedented increase in tobacco use

Electronic Vapor Product Use. Use of EVP, or vaping, has been included on the Vermont YRBS since 2015. Since 2015, lifetime and current EVP use has significantly increased with current use more than doubling between 2017 and 2019.

Lifetime and current electronic vapor product use

Ever used an EVP Used an EVP, past 30 days

<table>
<thead>
<tr>
<th>Year</th>
<th>Ever Used an EVP</th>
<th>Used an EVP, past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>30%</td>
<td>15%</td>
</tr>
<tr>
<td>2017</td>
<td>34%</td>
<td>12%</td>
</tr>
<tr>
<td>2019</td>
<td>50%</td>
<td>26%</td>
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</table>

Three quarters of current EVP users primarily used JUUL or other pod type devices.
...[T]he results of 2020 National Youth Tobacco Survey (NYTS) released today show a significant decline in youth e-cigarette use after two years of alarming increases.

However, youth e-cigarette use remains unacceptably high at nearly 20 percent of high school students and more than 3.5 million kids altogether;

and new data released today shows kids have shifted dramatically to menthol and disposable e-cigarettes, two categories of products that were exempted from the Trump Administration’s policy on flavored e-cigarettes earlier this year.

- Campaign for Tobacco Free Kids, 9/9/20
Monitoring impact of policies and media campaigns

PACE 2019
PACE 2019: Prevention policies may be making an impact
Current EVP and marijuana use, Spring – Fall 2019

Ever and past 30-day electronic vapor product (EVP) and marijuana use by age group, PACE Vermont pilot study, 2019

1a. Prevalence of electronic vapor product (EVP) use by age group

1b. Prevalence of Marijuana use by age group

Waves 1-3, complete cases
Media to reach and motivate Vermonters to quit & never start

STRATEGY OVERVIEW

Reduce tobacco use among current users in Vermont by motivating & driving the audience(s) to enroll in cessation services

MEET ANA
Creates a connection between quitting and how it can improve mental health—802Quits makes it easier with tools & support.

BIG IDEA: Things will get better when you quit with 802Quits.

QUITTING TIME
Communicates how quitting smoking frees adults from the control of an addiction, gaining back what matters to them.

BIG IDEA: I’m tired of cigarettes controlling me, so I’m enrolling with 802Quits.

MY LIFE, MY QUIT
Shows teens that nicotine addiction is not something they can control and that My Life, My Quit can help them to stop vaping.

BIG IDEA: Vaping sucks you in quick. My Life My, Quit can make it easier to stop.

TIPS FROM FORMER SMOKERS

Denise & Brian’s Story: Uncertainty
The people you love are worth quitting for.
Segmented audiences a key strategy at VDH

INTENDED AUDIENCES

Provide tailored messaging for our intended audiences, reaching our core audience and segmented populations—with a intentional combination of creative, channels, flighting & targeting.

**CORE AUDIENCE**

**ADULT SMOKERS, 18-65, IN THE STATE OF VERMONT**

**SEGMENTED POPULATIONS**

**LOW INCOME**

(>$50K/year)

**BEHAVIORAL HEALTH**

**TEENS**

**TEEN VAPERS, 13-17, IN VERMONT WHO WANT TO QUIT**

*Note, there are other TCP efforts occurring simultaneously, e.g. provider engagement strategies/tactics & TCP-driven American Indian promotion/collaboration.*
Unhyped campaign

INTENDED AUDIENCE

13-21 Year Olds in Vermont who currently vape, or susceptible to start using vapes.*

*Note, audience age targeting has historically varied between 13-18 and 13-21 across the Unhyped Message Packages (MPs). Based on the creative for Defenseless, we recommend 13-21 as the messaging and creative is relevant to both teens and young adults. For the next MP, we will evaluate age targeting based on messaging.
**UNHYPED - FY20**

**OBJECTIVE:** Increase knowledge to correct misperceptions.

**APPROACH:** Deliver educational content to expose the truth behind vapes, so our audience sees vape use as harmful.

<table>
<thead>
<tr>
<th>MP1 - See Through</th>
<th>MP2 - Flash Drive</th>
<th>MP3 - Whispers</th>
<th>MP4 - Deceptions On Display</th>
</tr>
</thead>
</table>

**Intended Audience**

- **13-18 year olds living in VT, who currently vape or are susceptible to future vape use**
- **13-21 year olds living in VT, who currently vape or are susceptible to future vape use**

**Establish vapes as harmful through facts on toxic chemicals & similarities to cigarettes.**

THE BIG IDEA: Once you see through the hype, you realize vapes—and the dangerous chemicals found inside them—aren’t harmless.

**Deliver relatable content to communicate the dangers of vapes through connecting flavors to toxic chemicals & nicotine.**

THE BIG IDEA: Vaping is lame & addictive. Vapes are similar to cigarettes & the flavors mask the harmful chemicals inside.

**Show the reality of vaping addiction through scenarios that resonate with our audience’s everyday life.**

THE BIG IDEA: The more you vape, the more you crave—and the louder the voice of addiction will get inside your head.

**By looking deeper, we can see what the vape industry has done to illegally market their product.**

BIG IDEA: The manipulation, deceit and knowing harm that vape companies have inflicted on their teen targets is a true crime story.
Flavored tobacco

- CounterBalance Campaign
  - How the industry uses flavors to attract youth
  - Why they are dangerous – easy to start and to continue use
  - Flavors used in all tobacco products, chew, little cigars/cigarillos – and cigarettes
  - Flavor bans need to include menthol
Other environmental and health systems policy priorities

- Address price promotions & establish floor price
- Allow for local authority to address local tobacco concerns
- Restrict lit tobacco products in outdoor dining/bar patios
- Create consistency across transitional housing, systems of care in screening, treating and referring
- Explore peer recovery supports for tobacco cessation within and upon discharge from DOC including NRT kit
- MOU with DLL for youth online sales and age verification checks
<table>
<thead>
<tr>
<th>State-Level</th>
<th>Local-Level</th>
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<tbody>
<tr>
<td>Established Price Floor</td>
<td>Allow no sales or substance free municipal status (e.g. Dry Town)</td>
</tr>
<tr>
<td>High(er) rate of taxation aimed to reduce use</td>
<td>Allow local creation of advertising restrictions</td>
</tr>
<tr>
<td>Flavored Products Banned</td>
<td>Allow local control of outlet density and location and manner (afterschool sales restricted)</td>
</tr>
<tr>
<td>Sales Restricted in Health Settings (pharmacies)</td>
<td>Local Sales Restricted in Health Settings (pharmacy)</td>
</tr>
<tr>
<td>Prohibit Free Samples</td>
<td>Prohibit free samples</td>
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<tr>
<td>Discounting Banned</td>
<td>DLL Commission has final authority</td>
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</tbody>
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<thead>
<tr>
<th>Alcohol</th>
<th>Marijuana</th>
<th>Tobacco</th>
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<tbody>
<tr>
<td>X</td>
<td>X (spirits)</td>
<td>X</td>
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<td>X</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<td>X</td>
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<th>Tobacco</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only content neutral signage</td>
<td>? DLL Commission has final authority</td>
<td>X</td>
</tr>
</tbody>
</table>
Prioritizing populations that have been targeted by the industry

- Behavioral Health & Substance Use
- American Indians
- Youth of color
- LGBTQ Youth
- Pregnant
- Low Income
- Disabilities
Expanding and new partnerships

Coalition for Tobacco-free Vermont
Tobacco prevention grantees (14)
Department of Mental Health
Department of Corrections
Clara Martin Center
Medicaid
Northeastern Vermont Regional Hospital
Outright Vermont
SMPC
Vermont Afterschool
Vermont Children’s Health Program
Vermont Cooperative for Practice Improvement and Innovation
“802Quits. You can quit. We can help.”

- Multiple way to access treatment services, can self refer
- Use of American Indian protocol is increasing
- New program for youth: My Life, My Quit
- Robust increase in 802Quits Online among YA
- Seeking to work with hospitals, clinics and treatment centers on screening, referral and NRT upon discharge
Evaluation recommendations from JSI

• **Apply model of collaboration** with DVHA for the Medicaid initiative – convening, data sharing, policy and systems change, and strategic communications – to other state agencies serving populations experiencing tobacco-related disparities including DMH.

• **Conduct a series of evaluations** to better understand the implementation and impact of the FY19 prevention policies

• **Focus on policy gaps** identified in stakeholder discussions, especially a ban on flavors, price floors/ban on couponing, and marketing/advertising restrictions.

• **Conduct FY21 Store Audits** with a focus on how the landscape has changed since 2017-2018 store audits, current price of e-cigarettes, promotions, flavored products, and interior and exterior advertising.

• **Create and promote tailored cessation supports** for those experiencing tobacco-related disparities (beyond 802Quits supports, which are addressed in report DP14-1410). Focus on LGBTQ youth and POC. Ensure involvement of community when designing services.
Thank you!

Let’s stay in touch.

Email: Rhonda.Williams@Vermont.gov
Web: www.healthvermont.gov
Social: @healthvermont
SMPC Annual Report Goals
These goals were identified by the SMPC October/November of 2019.

Using a group decision making process, the Substance Misuse Prevention Oversight and Advisory Council identified the following three goals for the effectiveness of prevention programming statewide:

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 use 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 following SMPC performance measures are proposed by the Prevention Manager, as informed by the SMPC Logic Model.

The SMPC have identified the following six performance measures for the 2021 calendar year to work toward the identified goals of the SMPC. These performance measures are as follows:

1. Review how states with a tax and regulate system for cannabis with an identified earmark in their cannabis sales budget for substance use prevention used their funding, identifying strengths and weaknesses of how those funds were utilized.

2. Review and identify best practices for substance misuse prevention with an emphasis on evidence-based practices for cannabis use prevention for youth and young adults.

3. Identify gaps in Vermont’s system of prevention by utilizing the information provided in the Inventory of Substance Misuse Prevention Services, in comparison to the evidence-based practices identified by the Council; make recommendations to the General Assembly based on this analysis and identification with an emphasis on equity of prevention services across Vermont and across all ages of Vermonters, and supporting resiliency of Vermonters and Vermont communities.
The following SMPC performance measures are proposed by the Prevention Manager, as informed by the SMPC Logic Model.

4. Develop and propose recommendations to the Vermont General Assembly on how to utilize the 30% excise tax funding to address substance misuse prevention in Vermont, as identified in S. 54, with an emphasis on cannabis use prevention in Vermont.

5. Identify ways in which opioid overdose prevention can be integrated into Vermont’s prevention system. Recommendations will be provided to the Vermont Department of Health and the General Assembly.

6. As requested, provide recommendations to the Department of Health’s Divisions of Alcohol and Drug Abuse Programs (ADAP), and Health Promotion and Disease Prevention (HPDP) on their work of substance misuse prevention.
Previously, the below points were identified as the SMPC performance measures.

Recommendation to identify more specific performance indicators with the top five for calendar year 2021 being identified in the body of the report, with all additional being included in an appendix:

1. Percent of high school and middle school students who believe they matter to their community. (YRBS)
2. Percent of high school and middle school students who perceive harm in using substances (marijuana, alcohol, and tobacco).
3. Percent of Vermonters aged 12 years old and older who use alcohol, marijuana, tobacco, stimulants (prescription and illicit) and opioids (prescription and illicit).
4. Percent of Vermonters aged 18-25 who use alcohol, marijuana, tobacco, stimulants (prescription and illicit) and opioids (prescription and illicit).
5. Number of prevention programs and services available and sustainably funded across Vermont’s communities and schools.
The following were themes identified by SMPC members for the 2021 Annual Report Recommendations section.

- Implications of marijuana legalization on youth access and use.
- Impact of COVID on prevention with special focus on vulnerable populations such as older Vermonters and their substance use / misuse.
- Potential rise of stimulant use.
- The specific prevention techniques that we are advocating for: what is prevention and how do we best achieve it?
- Continued/increased funding for prevention, especially with S. 54.
- Suggest parity across tobacco, alcohol, and cannabis policy solutions which would come from evolving the recommendations from the cannabis workgroup into the annual report.
- Funding efforts that build resiliency for children and youth across all systems which include work designed to address the experience of inequity, adversity, trauma and traumatic stress, isolation, and the stress of poverty.
2021 Annual Report Workgroup
<table>
<thead>
<tr>
<th>Start Date</th>
<th>Completion Date</th>
<th>Activity</th>
<th>People Included</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/25/20</td>
<td>10/8/20</td>
<td>Workgroup to edit draft report and begin drafting language for recommendations section</td>
<td>Workgroup Facilitated by NRM</td>
</tr>
<tr>
<td>10/9/20</td>
<td>10/19/20</td>
<td>Workgroup shares current draft with SMPC to review</td>
<td>Workgroup Facilitated by NRM</td>
</tr>
<tr>
<td>10/19/20</td>
<td>10/19/20</td>
<td>PIRE presents Prevention Inventory Data to Full SMPC. SMPC discusses what (if any) modifications need to be made to 2021 Annual Report based on their initial discussion on the prevention inventory data.</td>
<td>PIRE SMPC Facilitated by NRM</td>
</tr>
<tr>
<td>10/19/20</td>
<td>11/2/20</td>
<td>Workgroup makes final edits from SMPC to review</td>
<td>Workgroup NRM</td>
</tr>
<tr>
<td>11/2/20</td>
<td>11/10/20</td>
<td>SMPC makes final suggested edits to the report via Sharepoint.</td>
<td>SMPC</td>
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<tr>
<td>11/10/20</td>
<td>11/16/20</td>
<td>NRM consolidates edits and presents final report to SMPC</td>
<td>NRM</td>
</tr>
<tr>
<td>11/16/20</td>
<td>11/16/20</td>
<td>SMPC approves final report</td>
<td>SMPC Facilitated by NRM</td>
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<tr>
<td>11/16/20</td>
<td>11/17/20</td>
<td>NRM Finalizes report and sends to VDH Policy for review</td>
<td>NRM</td>
</tr>
<tr>
<td>11/17/20</td>
<td>11/20/20</td>
<td>VDH Policy Team Reviews Final Report presented from SMPC</td>
<td>VDH Policy Team NRM</td>
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<tr>
<td>11/20/20</td>
<td>11/30/20</td>
<td>Executive Committee Approves Final Report</td>
<td>Executive Committee</td>
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<tr>
<td>11/30/20</td>
<td>11/30/20</td>
<td>NRM Finalizes the Report and sends to VDH Policy for final approval</td>
<td>NRM</td>
</tr>
<tr>
<td>11/30/20</td>
<td>12/1/20</td>
<td>Report Submitted to AHS</td>
<td>Dr. Levine VDH Policy Team NRM</td>
</tr>
</tbody>
</table>
Thank you!

Let’s stay in touch.

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Web: www.healthvermont.gov
Social: @healthvermont