



Substance Misuse Prevention Oversight and Advisory Council September 2020 Meeting Materials

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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

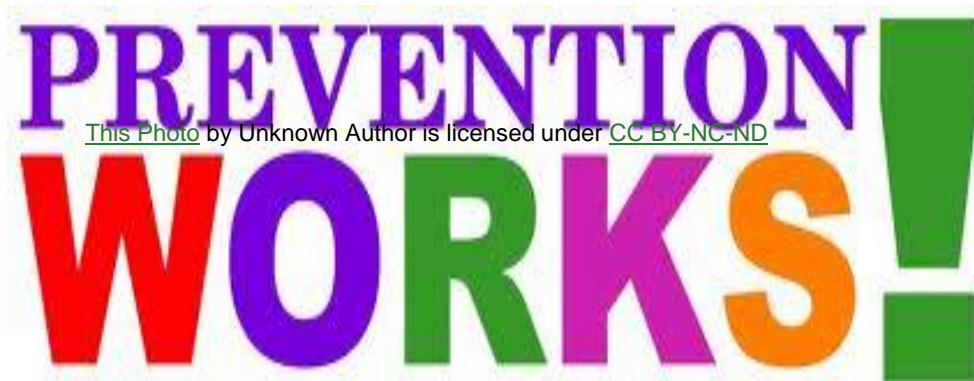
Prevention is an ACTIVE PROCESS ...



- ▣ 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:

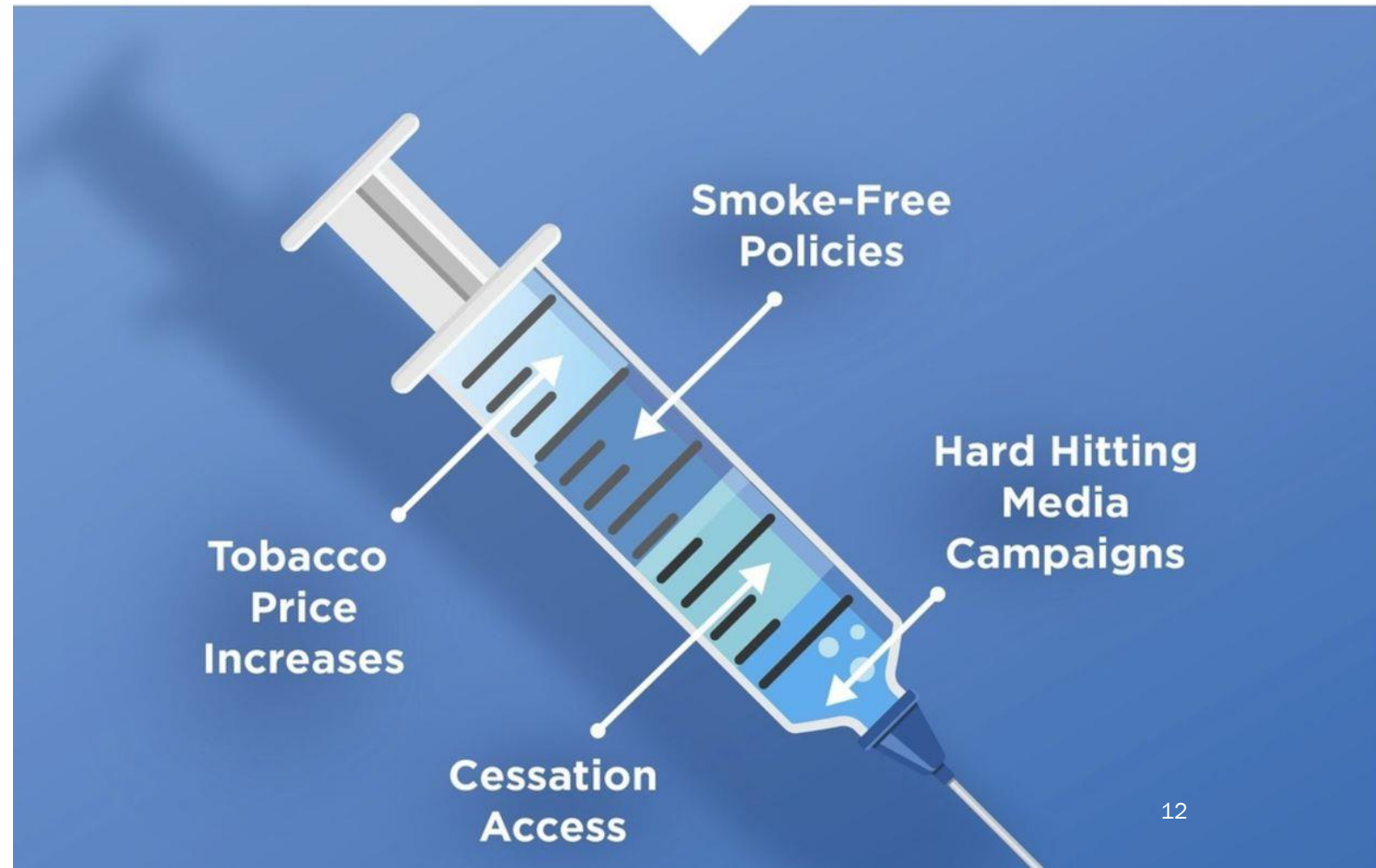
Excise taxes, price floors, bans on coupons reduce tobacco use

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

THE TOBACCO CONTROL VACCINE



A well-funded state tobacco program is evidence-based

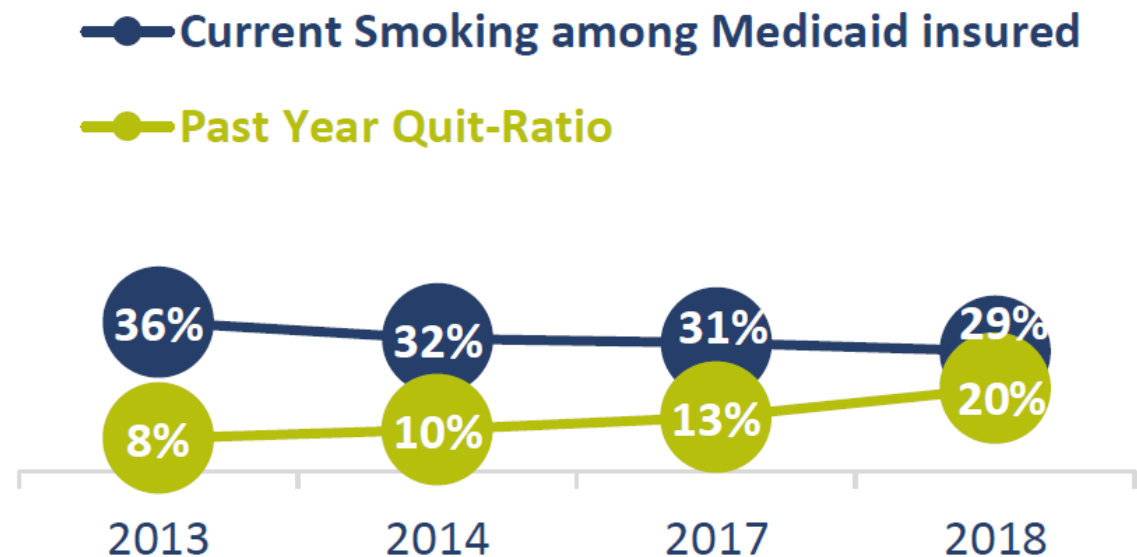
- A well-funded tobacco control program is cited in CDC's [2014 Best Practices for Comprehensive Tobacco Control Programs](#) as an effective strategy to reduce a state's smoking prevalence
- The CDC's minimum and recommended funding levels for Vermont
 - *minimum level for a comprehensive program is \$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 alone².



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

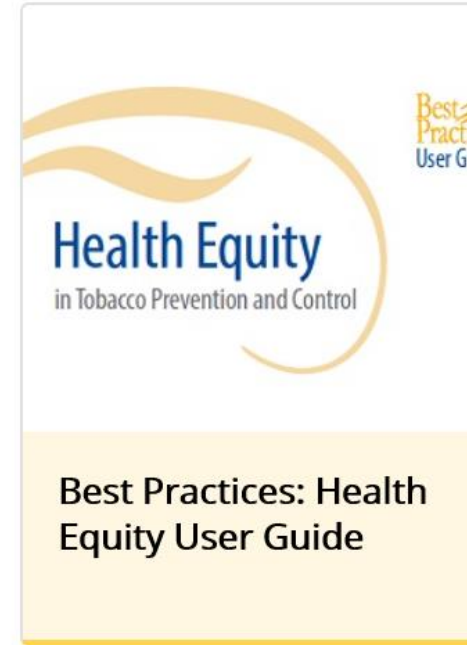
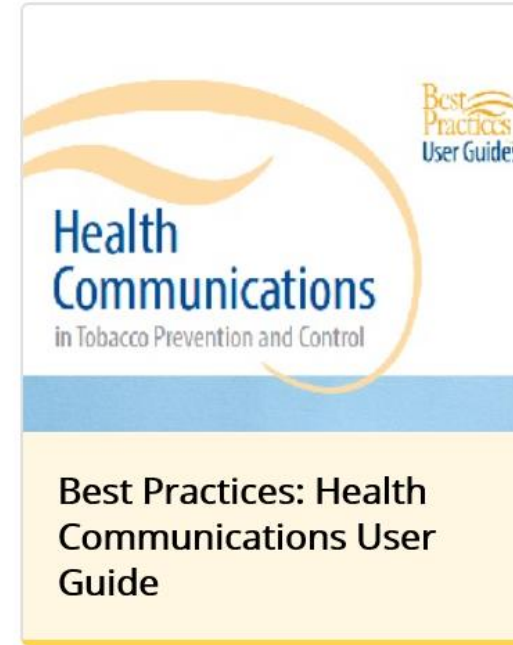
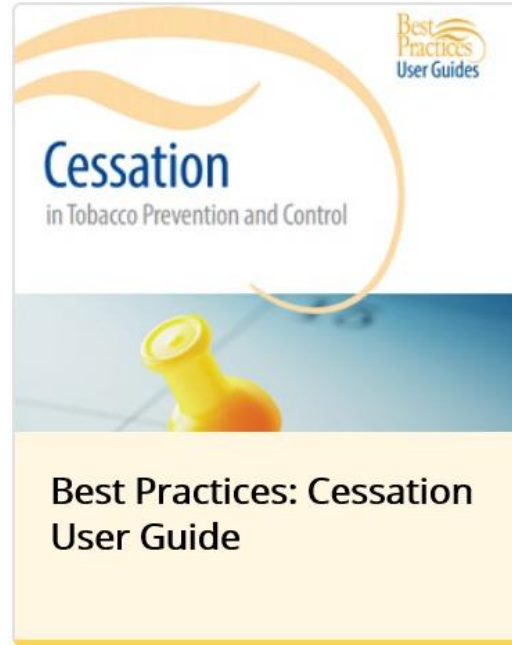
Address tobacco-associated health inequities

CDC Best Practice Guides for Tobacco Prevention and Control

New: Cessation

Equity will be updated

Youth Engagement released in 2019 features VT OVX

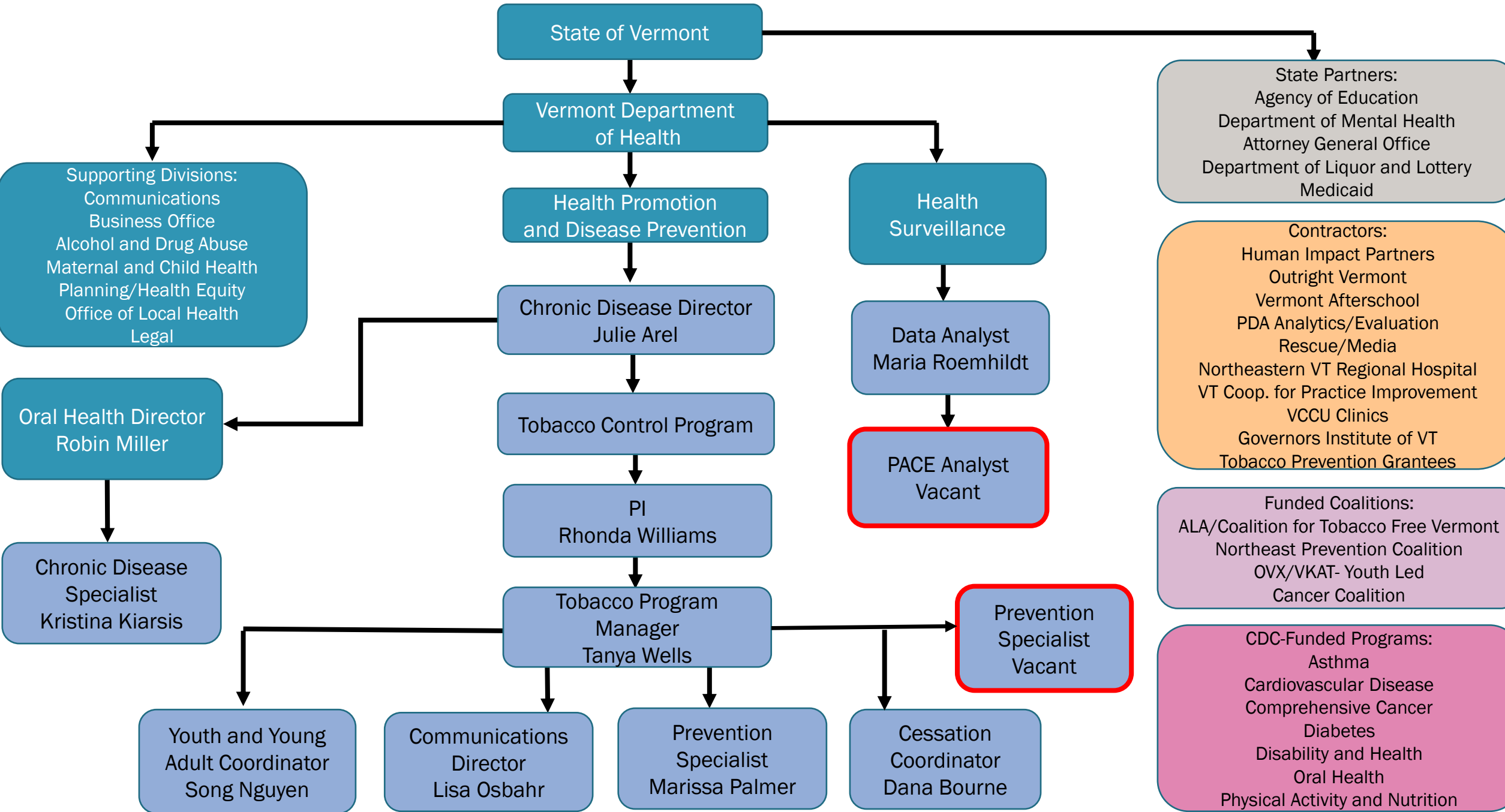


Centers for Disease Control 2020-2025

Requires:

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

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



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.

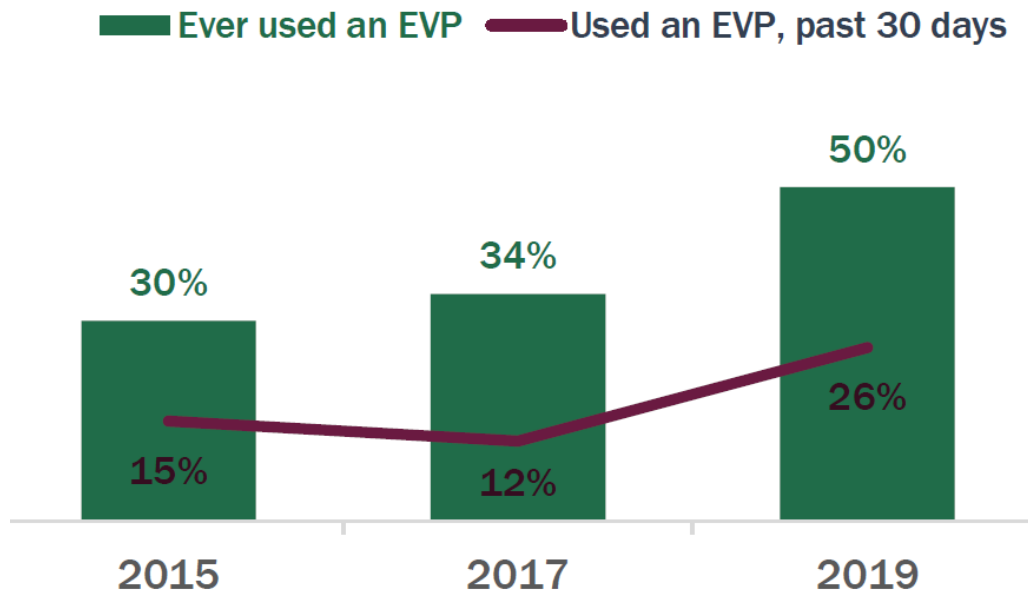
Primarily vaped when using marijuana, among current users



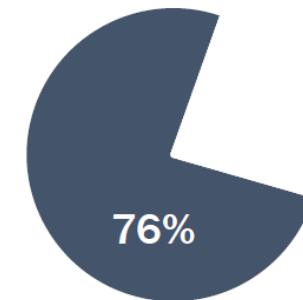
Unprecedented increase in tobacco use

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



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;

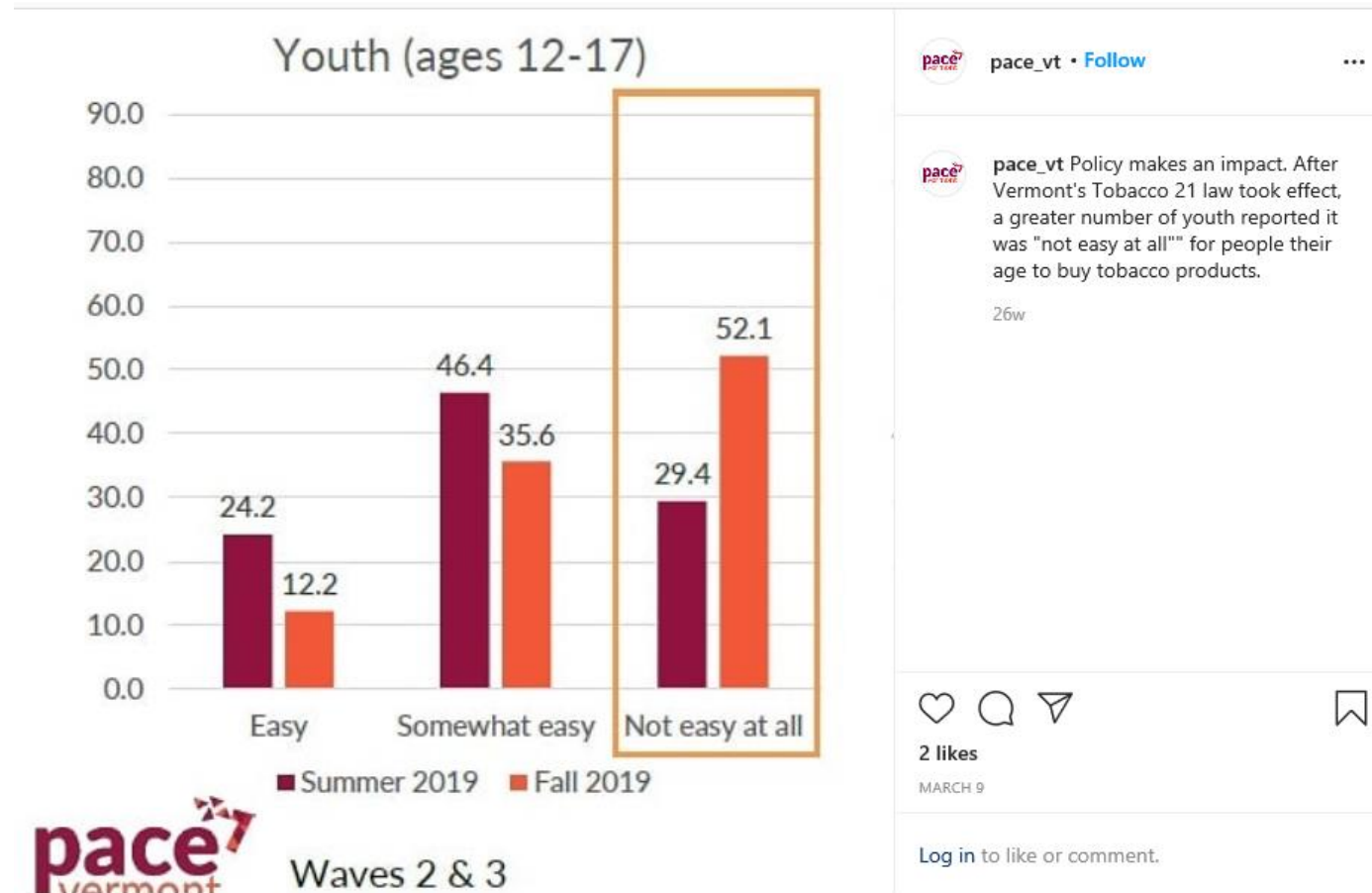
and new data released today shows kids have shifted dramatically to **menthol and disposable e-cigarettes**, two categories of products that were exempted from the Trump Administration's policy on flavored e-cigarettes earlier this year.

- Campaign for Tobacco Free Kids, 9/9/20

Monitoring impact of policies and media campaigns

PACE 2019

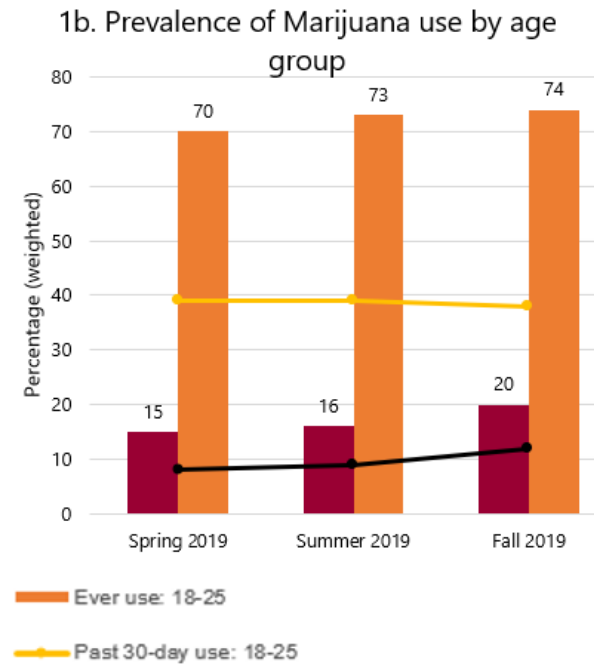
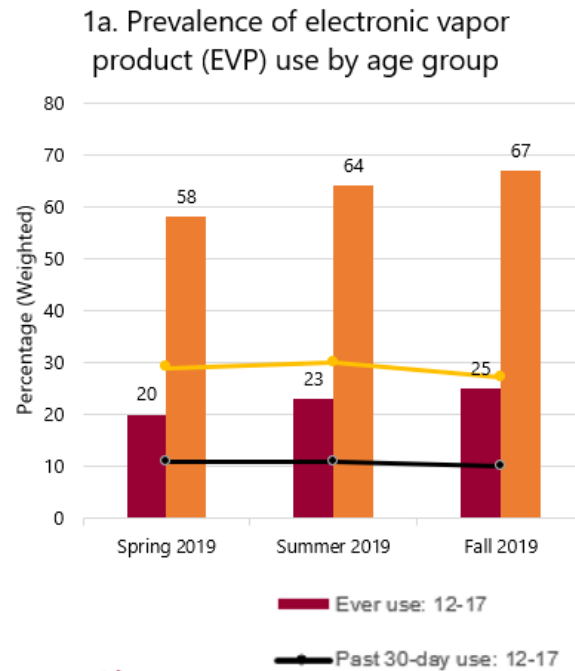
PACE 2019: Prevention policies may be making an impact



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

See comment



Media to reach and motivate Vermonters to quit & never start

STRATEGY OVERVIEW



MY LIFE MY QUIT

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.

TIPS FROM FORMER SMOKERS

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.

*Denise & Brian's Story: Uncertainty
The people you love are worth quitting for.*

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.

Segmented audiences a key strategy at VDH

INTENDED AUDIENCES



MY LIFE MY QUIT

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



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

Unhyped campaign

INTENDED AUDIENCE

UNHYPED

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

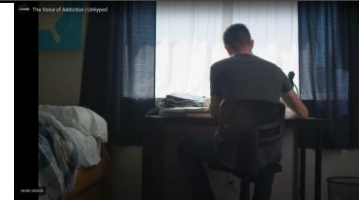


**Note, audience age targeting has historically varied between 13-18 and 13-21 across the Unhyped Message Packages (MPs). Based on the creative for Defenseless, we recommend 13-21 as the messaging and creative is relevant to both teens and young adults. For the next MP, we will evaluate age targeting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



MP1-See Through

March 27 - May 31, 2019

MP2-Flash Drive

July 29 - September 30, 2019

MP3-Whispers

Dec 3, 2019 - Feb 11, 2020

MP4-Deceptions On Display

March 20, 2020 - April 30, 2020

Intended Audience

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

Intended Audience

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

Intended Audience

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

Intended Audience

13-18 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

State-Level								Local-Level				
	Established Price Floor	High(er) rate of taxation aimed to reduce use	Flavored Products Banned	Sales Restricted in Health Settings (pharmacies)	Prohibit Free Samples	Discounting Banned		Allow no sales or substance free municipal status (e.g. Dry Town)	Allow local creation of advertising restrictions	Allow local control of outlet density and location and manner (afterschool sales restricted)	Local Sales Restricted in Health Settings (pharmacy)	Prohibit free samples
Alcohol	X			X (spirits)	X	X		X		X	?	?
Marijuana								X			?	
Tobacco		X			X				X Only content neutral signage	? DLL Commission has final authority		X

Prioritizing populations that have been targeted by the industry

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

Priority Health & Social Conditions



Child Development



Chronic Disease Prevention



Mental Health



Oral Health



Substance Use Prevention



Social Determinants of Health:
Housing, Transportation, Food
and Economic Security

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.

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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

Start Date	Completion Date	Activity	People Included
9/25/20	10/8/20	Workgroup to edit draft report and begin drafting language for recommendations section	Workgroup Facilitated by NRM
10/9/20	10/19/20	Workgroup shares current draft with SMPC to review	Workgroup Facilitated by NRM
10/19/20	10/19/20	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.	PIRE SMPC Facilitated by NRM
10/19/20	11/2/20	Workgroup makes final edits from SMPC to review	Workgroup NRM
11/2/2020	11/10/2020	SMPC makes final suggested edits to the report via Sharepoint.	SMPC
11/10/2020	11/16/2020	NRM consolidates edits and presents final report to SMPC	NRM
11/16/2020	11/16/2020	SMPC approves final report	SMPC Facilitated by NRM
11/16/2020	11/17/2020	NRM Finalizes report and sends to VDH Policy for review	NRM
11/17/20	11/20/20	VDH Policy Team Reviews Final Report presented from SMPC	VDH Policy Team NRM
11/20/20	11/30/20	Executive Committee Approves Final Report	Executive Committee
11/30/2020	11/30/2020	NRM Finalizes the Report and sends to VDH Policy for final approval	NRM
11/30/20	12/1/20	Report Submitted to AHS	Dr. Levine VDH Policy Team NRM



Thank you!

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