



# **Substance Misuse Prevention Oversight and Advisory Council**

## **Structure, Purpose and Charge**

**Kelly Dougherty  
Deputy Commissioner**

October 2019

# The Substance Misuse Prevention Oversight and Advisory Council was created:

- Via Act 82 (2019) of the Vermont General Assembly
- To improve the health outcomes of all Vermonters through a consolidated and holistic approach to substance misuse prevention that addresses all categories of substances
- To provide advice to the Governor and General Assembly for improving prevention policies and programming throughout the State and to ensure that population prevention measures are at the forefront of all policy determinations

## The Council replaces:

- The Opioid Coordination Council (OCC)
- The Vermont Tobacco Evaluation & Review Board (VTERB)
- The Vermont Alcohol and Drug Abuse Council (VADAC)

# The Council's prevention initiatives shall encompass all substances at risk of misuse, including:

- Alcohol
- Cannabis
- Controlled substances, such as opioids, cocaine, and methamphetamine; and
- Tobacco products and tobacco substitutes, and substances containing nicotine or that are otherwise intended for use with a tobacco substitute

# Membership

- Categories of membership outlined in legislation
- Members shall serve two-year terms and may be reappointed
- Any vacancy shall be filled in the same manner as the original appointment. The replacement member shall serve for the remainder of the unexpired term
- A majority of membership shall constitute a quorum
- Members of the Council who are not employed by the State or whose participation is not supported through their employment or association shall be entitled to per diem compensation and reimbursement of expenses as permitted under 32 V.S.A. § 1010 for not more than six meetings per year, unless further authorized by the Commissioner of Health

# Powers and Duties

The Council shall strengthen the state's response to the substance use disorder crisis by advancing evidence-based and evidence-informed substance misuse prevention initiatives.

# Duties

- Reviewing and making recommendations on best practices to assist communities and schools to significantly reduce the demand for substances through prevention and education
- Reviewing substance misuse prevention program evaluations and making specific recommendations for modification based on the results, including recommendations to address gaps in both services and population served
- Reviewing existing state laws, rules, policies, and programs and proposing changes to eliminate redundancy and to eliminate barriers experienced by communities and schools in coordinating preventative action with State government

## Duties, continued

- Reviewing existing community-based youth programming, including recreation, municipal programs, parent-child center programs, and afterschool and year-round programs to determinate a foundation of connection and support for all Vermont children and youth
- Reviewing community-based programs for older Vermonters for the purpose of identifying gaps in services, including geographic disparities, eliminating barriers, and coordinating prevention services
- Recommending strategies to integrate substance misuse prevention programming across the state, including between State agencies and in public-private partnerships



## Duties, continued

- Development of a statewide media campaign for substance misuse prevention
- Holding a minimum of two public meetings to receive public input and advice for setting program priorities for substances at risk of misuse

## Duties, continued

On or before January 1 each year, the Council shall submit a written report to the Governor, the House Committees on Appropriations and on Human Services, and the Senate Committees on Appropriations and on Health and Welfare with its findings and any recommendations for legislative action. The report shall also include:

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
4. An explanation of state-funded program budgets

# Inventory

On or before January 1, 2021, the Manager of Substance Misuse Prevention, in consultation with the Chief Prevention Officer, shall develop and submit to the House Committee on Human Services and to the Senate Committee on Health and Welfare an **inventory of substance misuse prevention programs in the state**, to include:

1. Estimated cost and funding source of each program
2. Geographic reach of each program
3. Effectiveness of each program
4. Any identified gaps in services

Interim report due on or before January 1, 2020



# Overview of Substance Use Prevention, Treatment, and Recovery in Vermont

Kelly Dougherty

Cynthia Seivwright

Lori Tatsapaugh Uerz

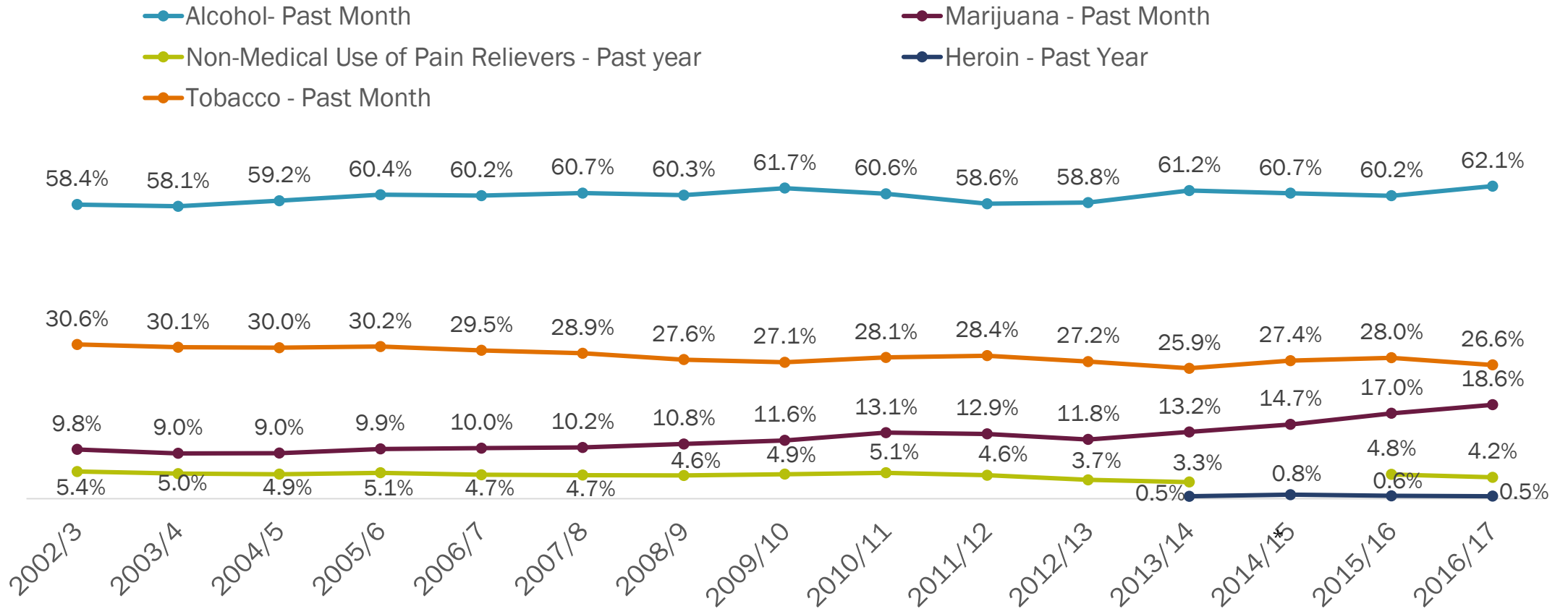
Rhonda Williams

Vermont Department of Health

October 2019

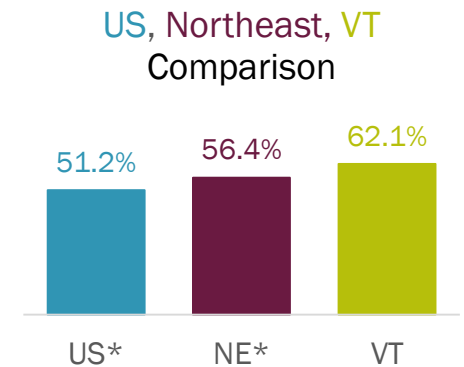
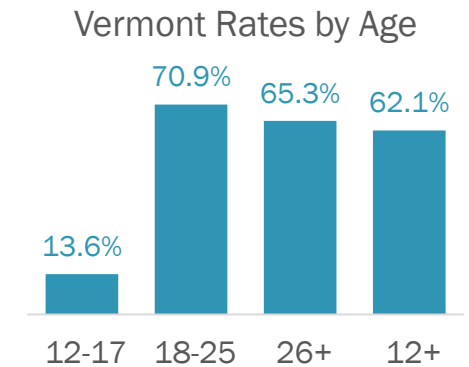
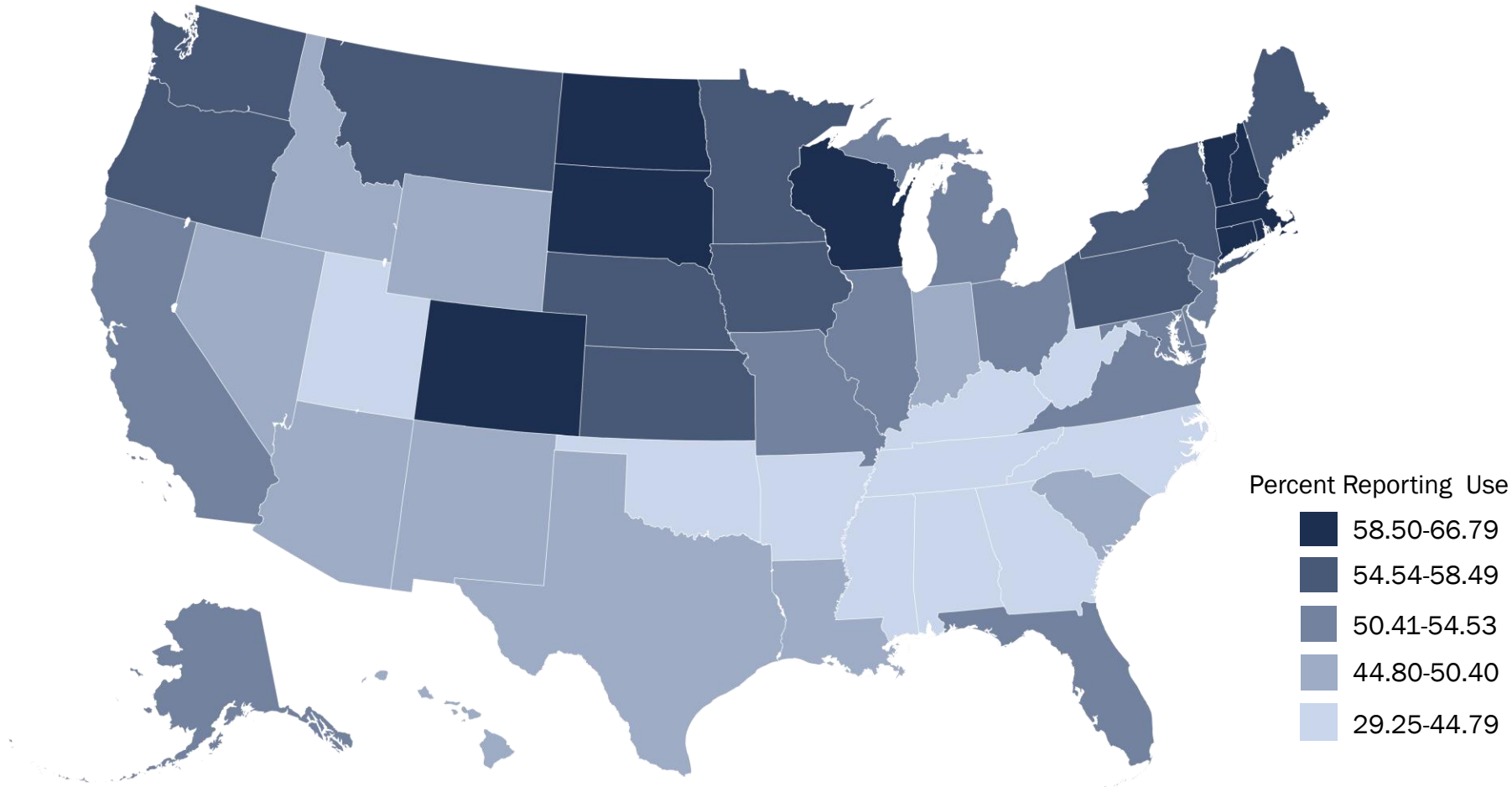
# Prevalence of substances most at risk of misuse

# Percent of Vermonters age 12+ using selected substances: Alcohol is the mostly commonly used substance



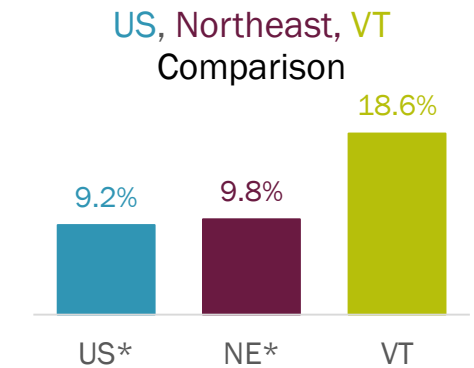
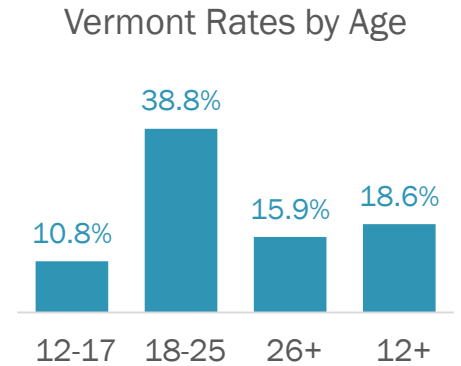
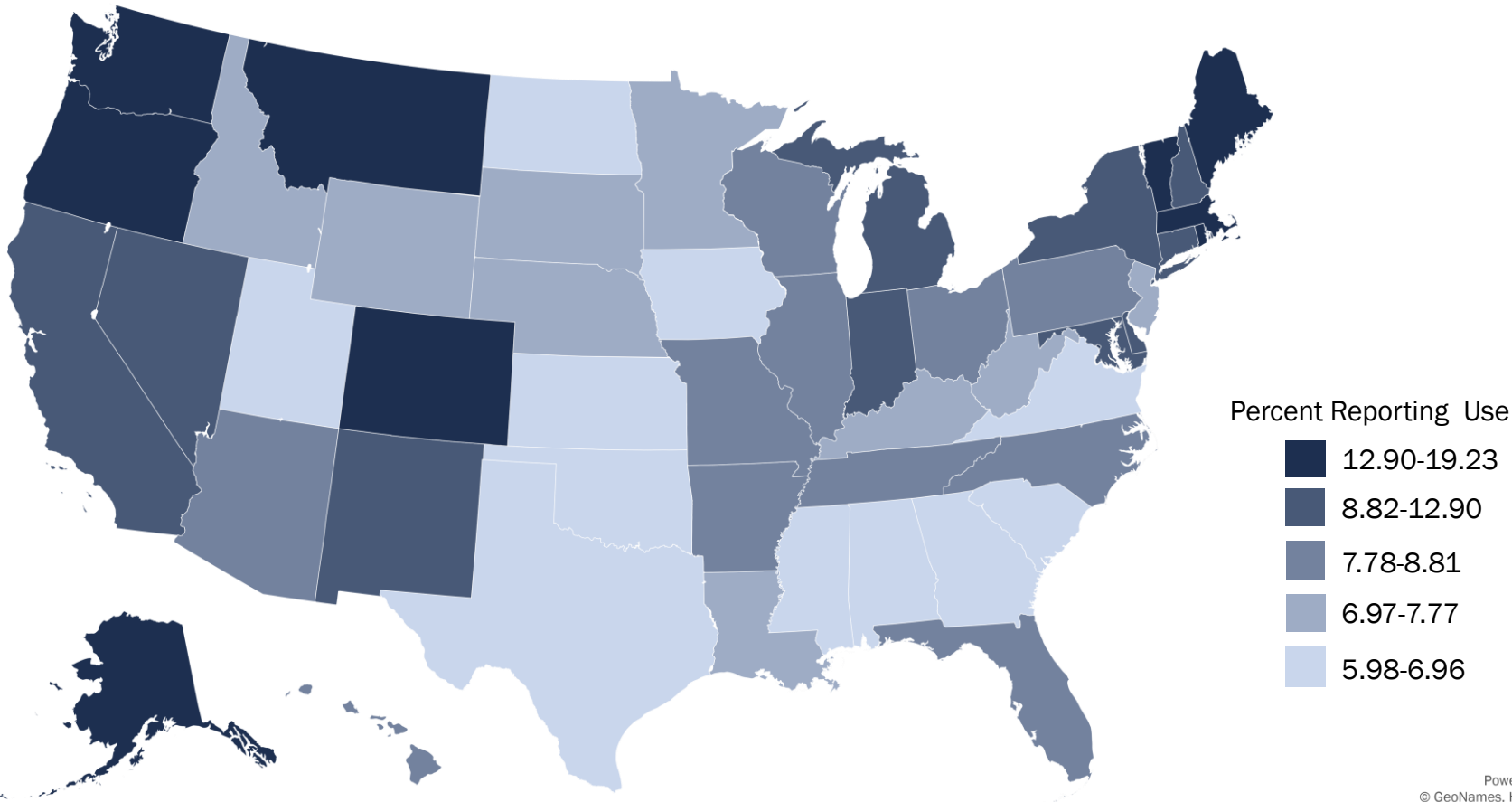
\* Pain reliever question changed 2014/2015 data are not available and 2015/16 and above are not comparable to previous years

# Vermont past 30-day alcohol use among people age 12+ is among the highest in the US (2016-2017) . This is true of all age groups.



\*VT is Statistically Higher than both the Northeast and US

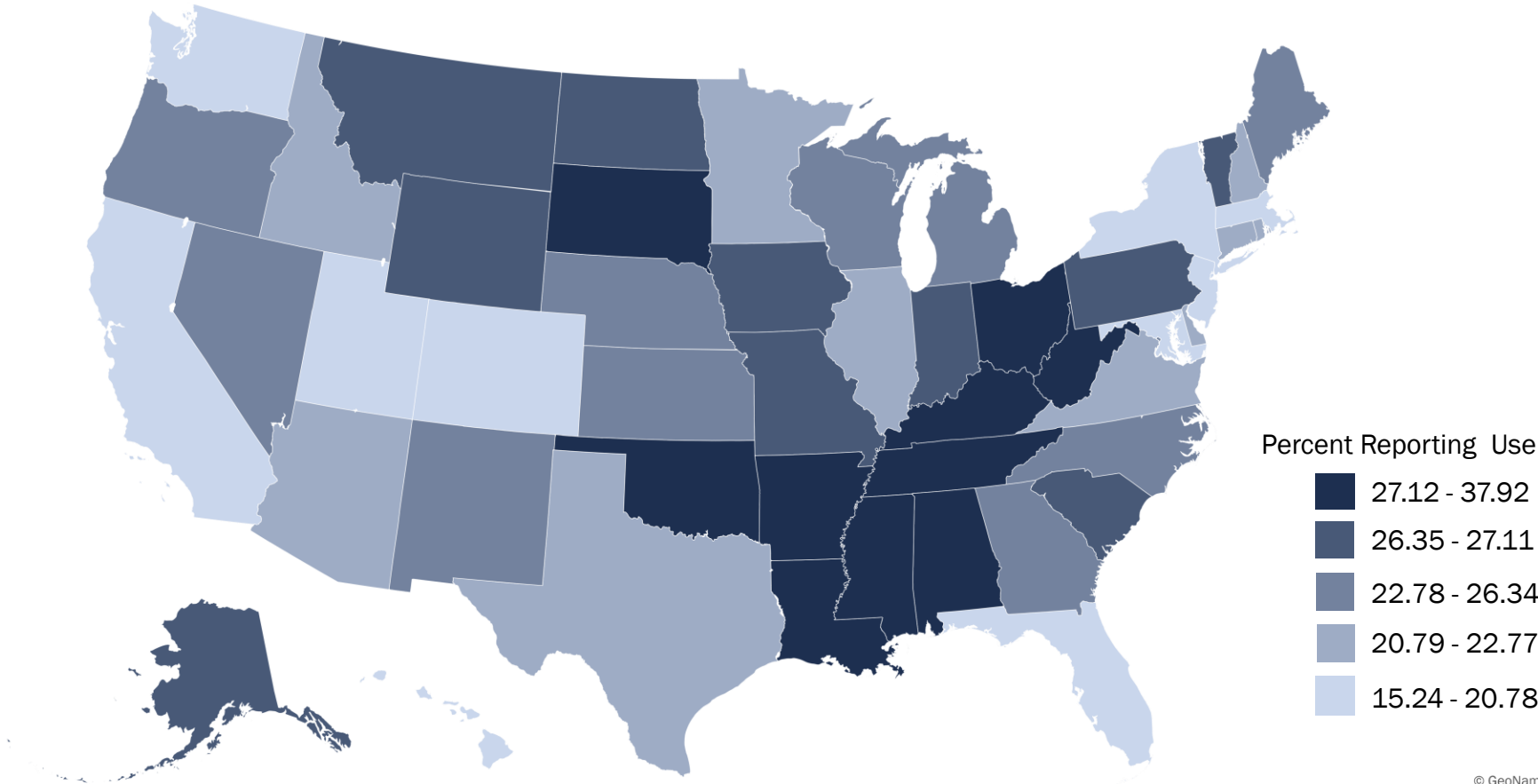
# Vermont past 30-day marijuana use among people age 12+ is among the highest in the US (2016-2017) . This is true of all age groups.



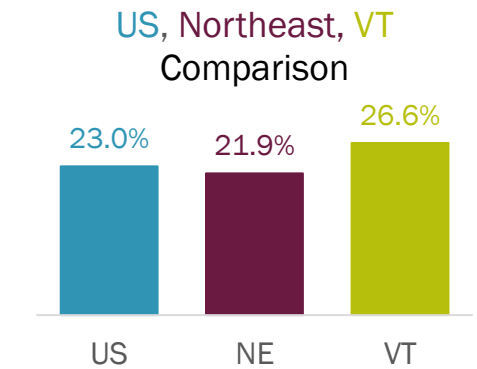
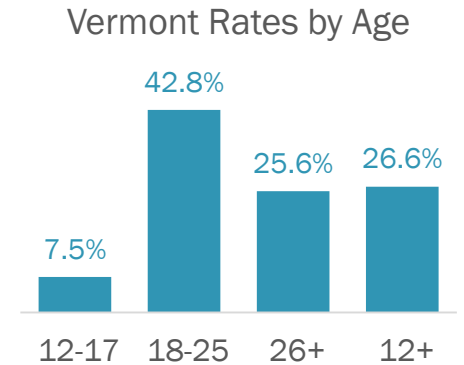
\*VT is Statistically Higher than both the Northeast and US



# Vermont past month use of any tobacco among people age 12+ is higher than US and New England use (2016-2017)



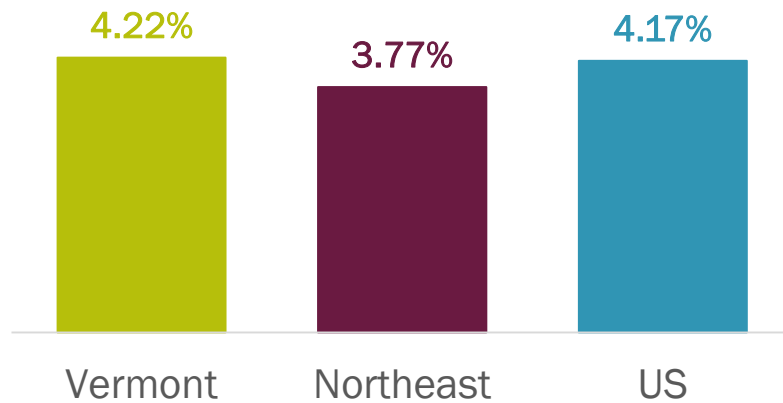
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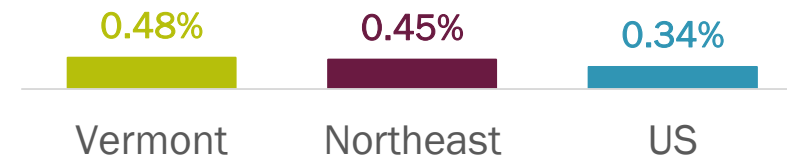
VT is Statistically Higher than both New England and the US at 95% CI

# Vermont's 2016/2017 past year pain reliever misuse and heroin use among people age 12+ is statistically similar to use in the US and the Northeast

Past Year Pain Reliever Misuse



Past Year Heroin Use

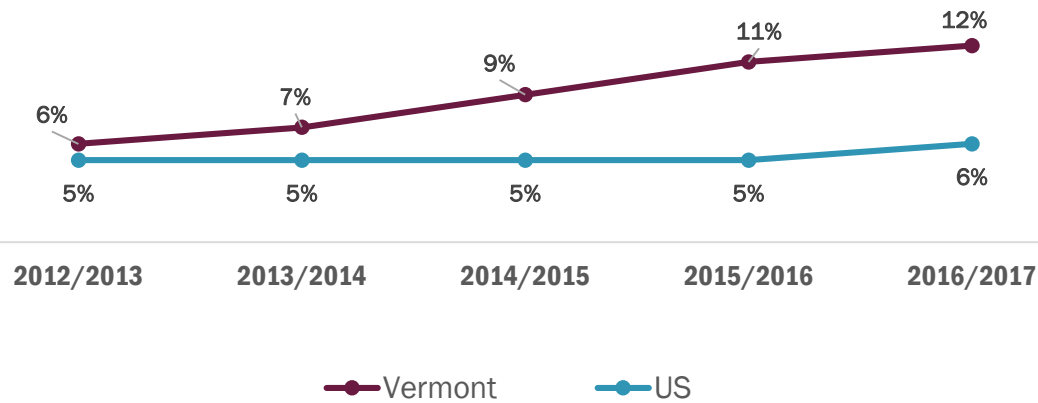


No statistical different 95% CI

# Stimulants are becoming a substance of concern in Vermont.

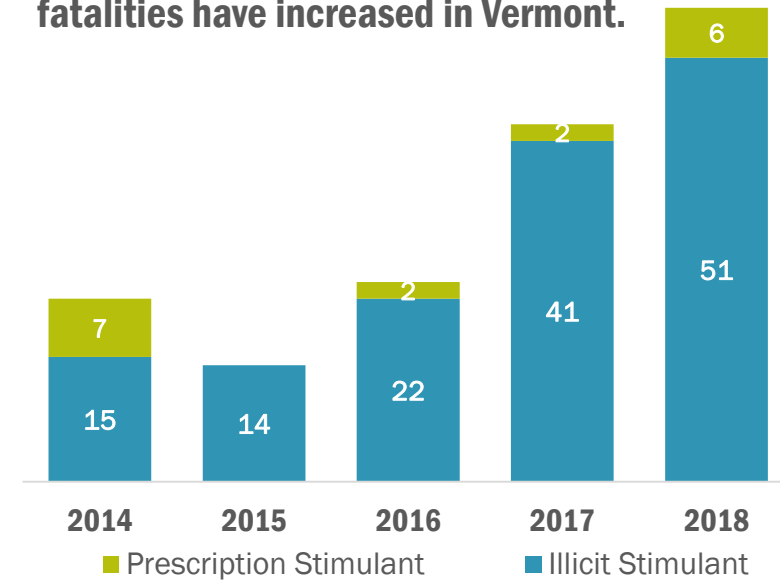
**Cocaine use among Vermonters aged 18-25 is higher than the U.S. and is increasing.**

(Past-year use.)



National Survey on Drug Use and Health

**The number of stimulant-related fatalities have increased in Vermont.**



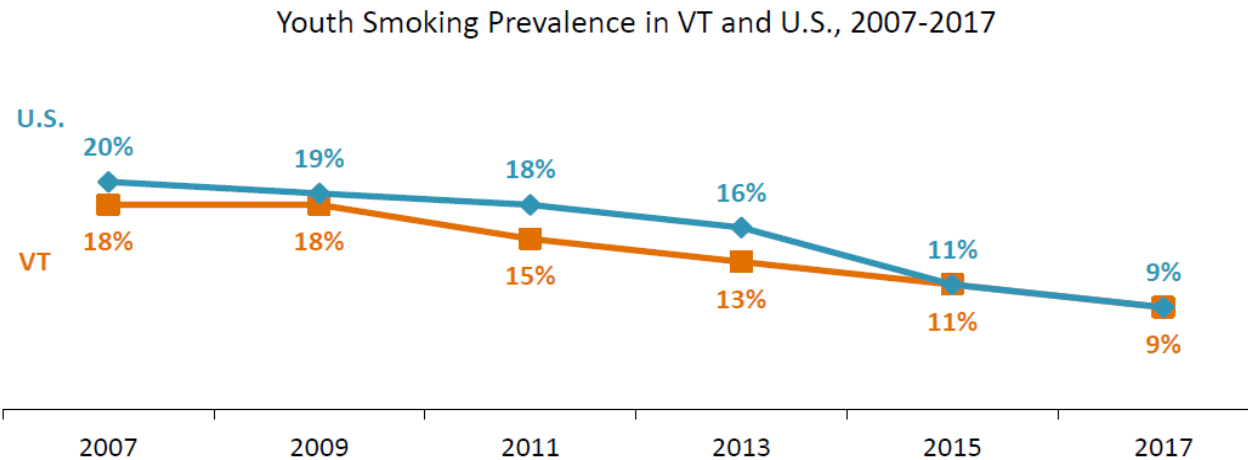
Vermont vital statistics

# Vermont current youth smoking (2011 – 2017, YRBS)

## Good news and not-so-good news.

### Trend in Vermont & U.S. Smoking Prevalence

- In 2011, the smoking prevalence among youth in Vermont was significantly lower than the U.S. Since 2013, youth smoking prevalence in Vermont and the U.S. has been statistically similar.



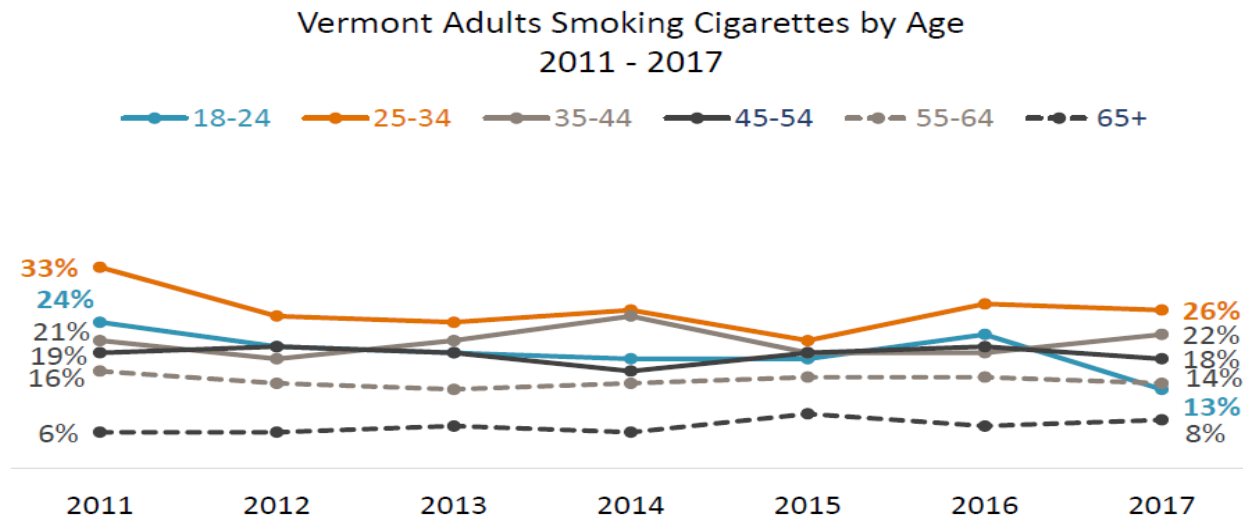
Source: VT and US YRBS 2007-2017.

# Vermont current adult smoking (2011 – 2017, BRFSS)

## Good news and not-so-good news.

### Trend in Smoking by Age

- The prevalence of cigarette smoking among young adults (ages 18-24) has significantly decreased since 2011, from 24% to 13%.
- The prevalence of cigarette smoking among adults age 25-34 significantly decreased between 2011 and 2015, but has increased since that time.



Source: VT BRFSS 2011-2017

# Vermont current youth use of any tobacco product (YRBS 2017)

Substance Use: Current Use

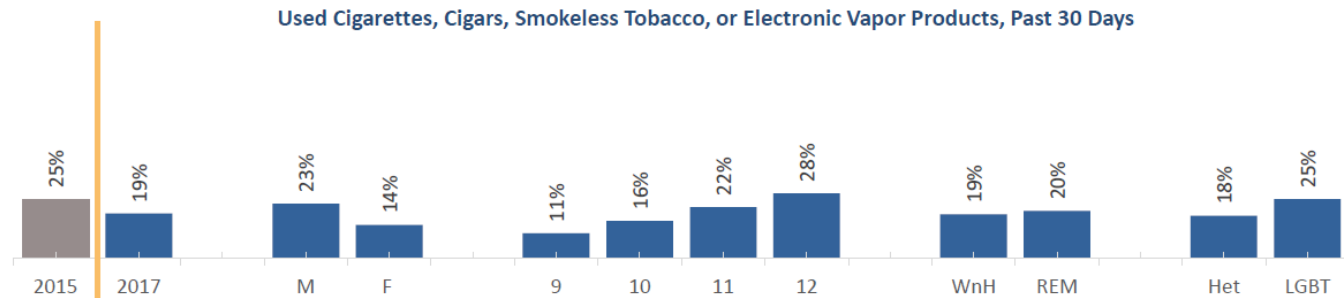
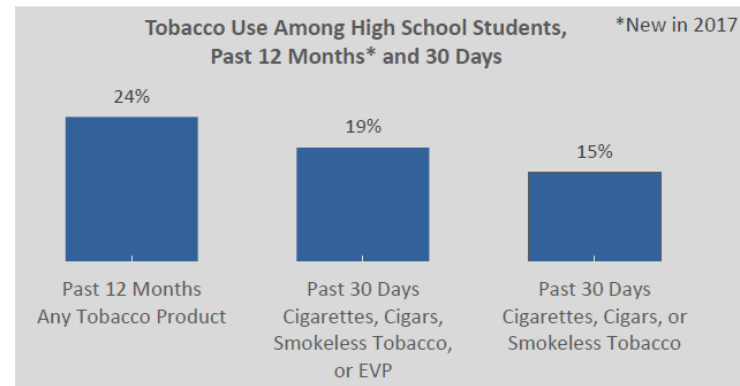
2017 Youth Risk Behavior  
High School Report

## Use of any tobacco products

During the past year, a quarter of students reported using any tobacco product.\*

During the past 30 days, one in seven students used cigarettes, cigars, or smokeless tobacco products. Nearly one in five students used a tobacco product, including cigarettes, cigars, smokeless tobacco, or electronic vapor products.

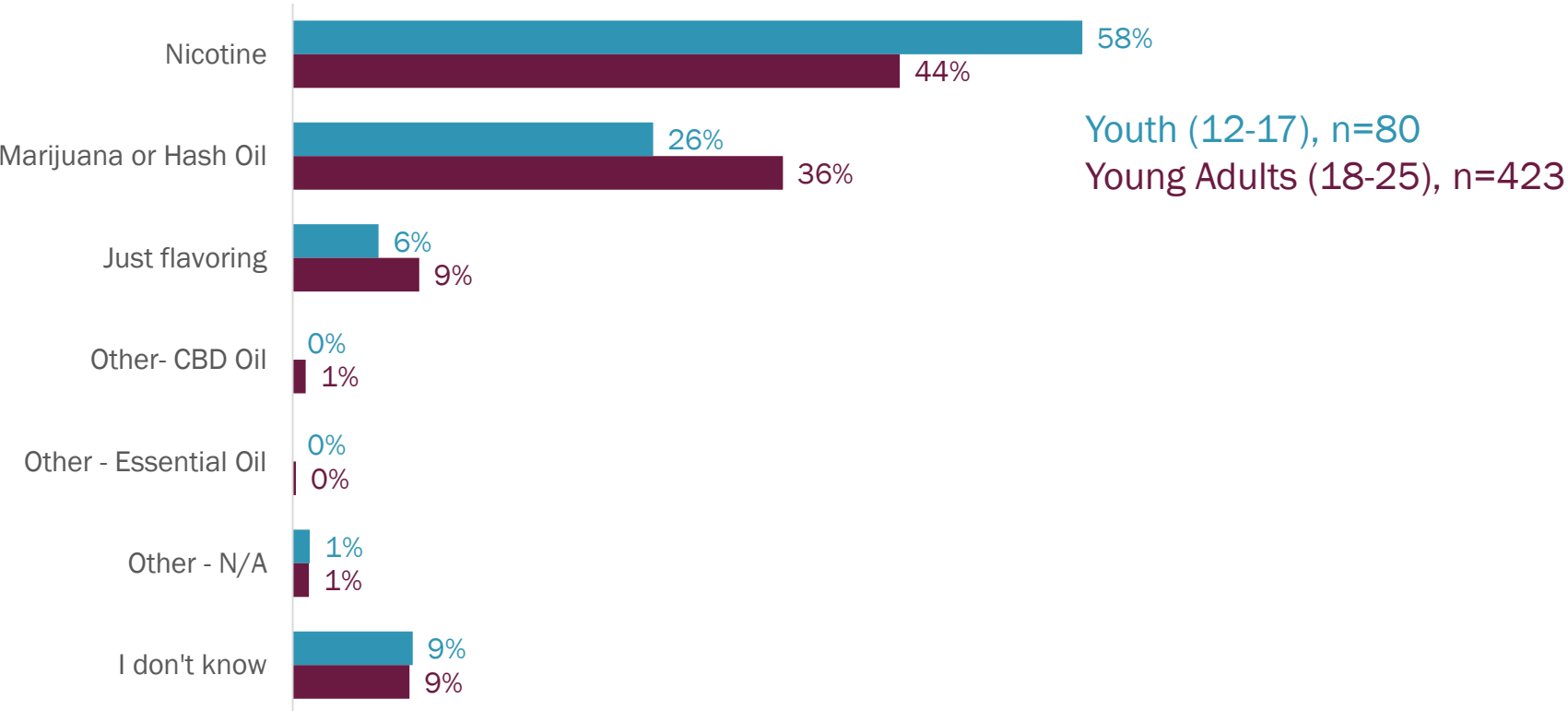
- Current tobacco use including cigarettes, cigars, smokeless tobacco, and EVP significantly increases with each grade level and is significantly higher among male students and LGBT students. Current use does not differ by race.



Note: In 2017 the number of smokeless tobacco products and brand names listed in the question were revised to reflect emerging forms of smokeless tobacco. This change interrupts the smokeless tobacco use trend line. Caution should be used when comparing data including smokeless tobacco to previous years.

# Nicotine and marijuana or hash oil were most commonly reported ingredients in vape liquid.

The last time you vaped, what was in the mist you inhaled?



# Prevention and why it works!

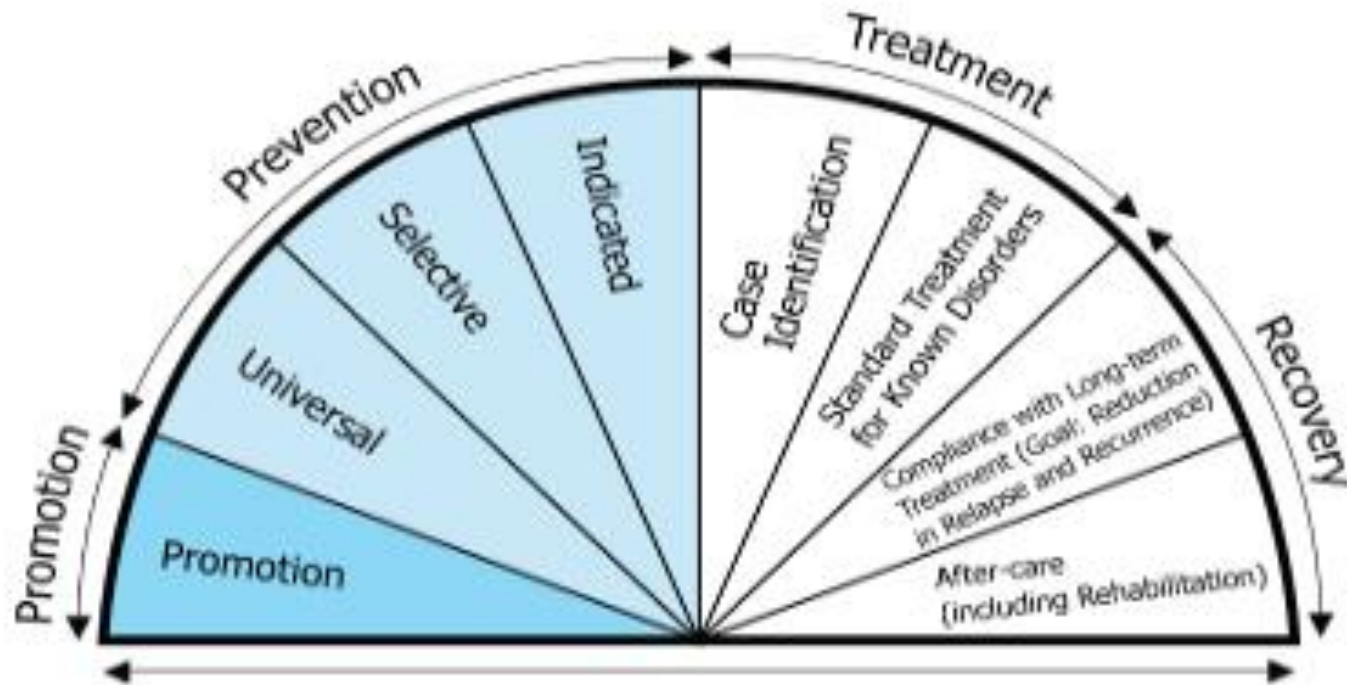
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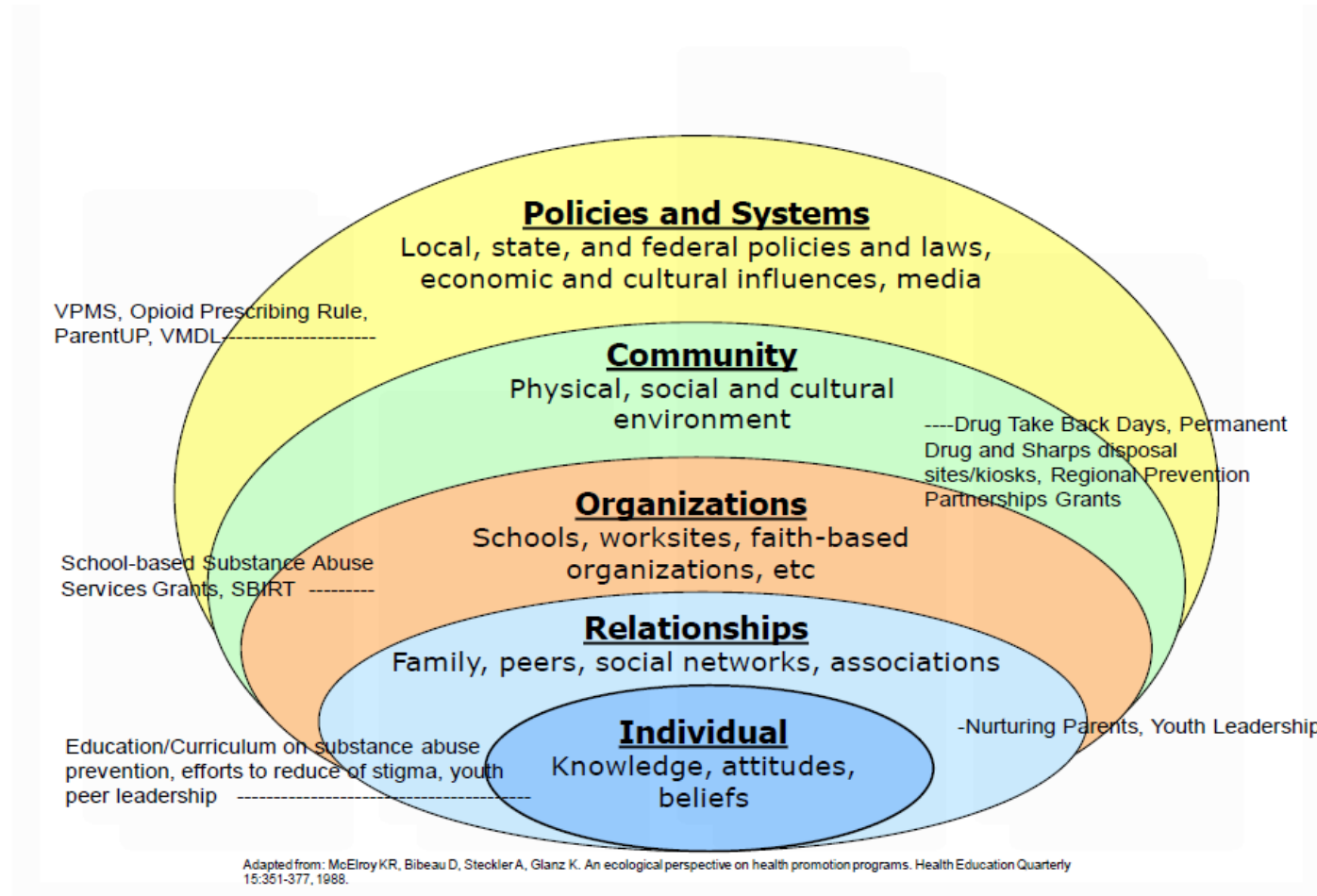
# What is prevention?



# The Health Department works with people at the state, community, school, family and individual levels to develop strategies that positively change knowledge, attitudes, beliefs, behaviors and environments.

- Prevention must be inclusive of cultural values.
- Partnerships among a diverse representation of sectors is critical to implement change
- A comprehensive approach is key to creating and sustaining positive change plan to prevent and reduce alcohol and other substance use.
- There is no “one strategy” approach that will be successful for all individuals and communities, however there is a public health approach that will work for all Vermonters

# The Vermont Prevention Model

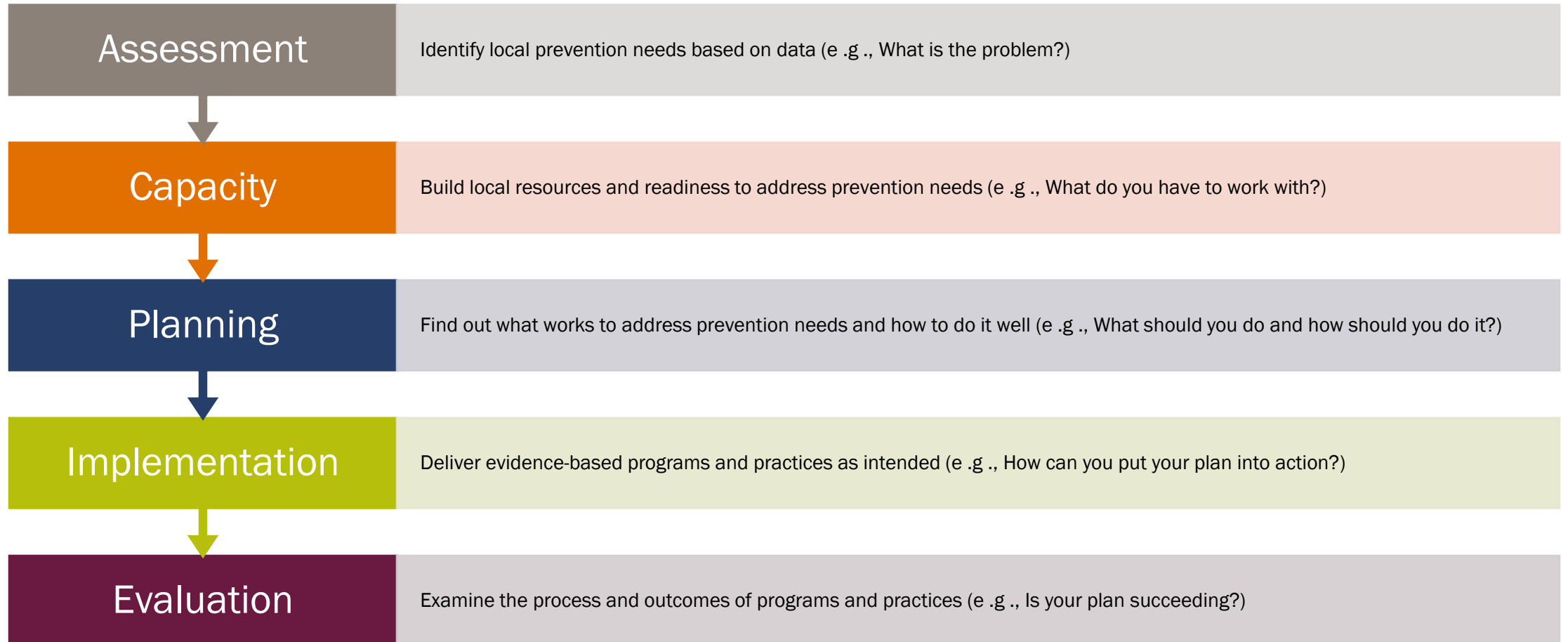


# The Strategic Prevention Framework (SPF) is used to develop prevention programming in Vermont.



# There are five steps involved in the SPF Model, as described by SAMHSA:

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>



# Comprehensive Tobacco Prevention: multi component, multiple partners

## Comprehensive Tobacco Control Program Essential Components

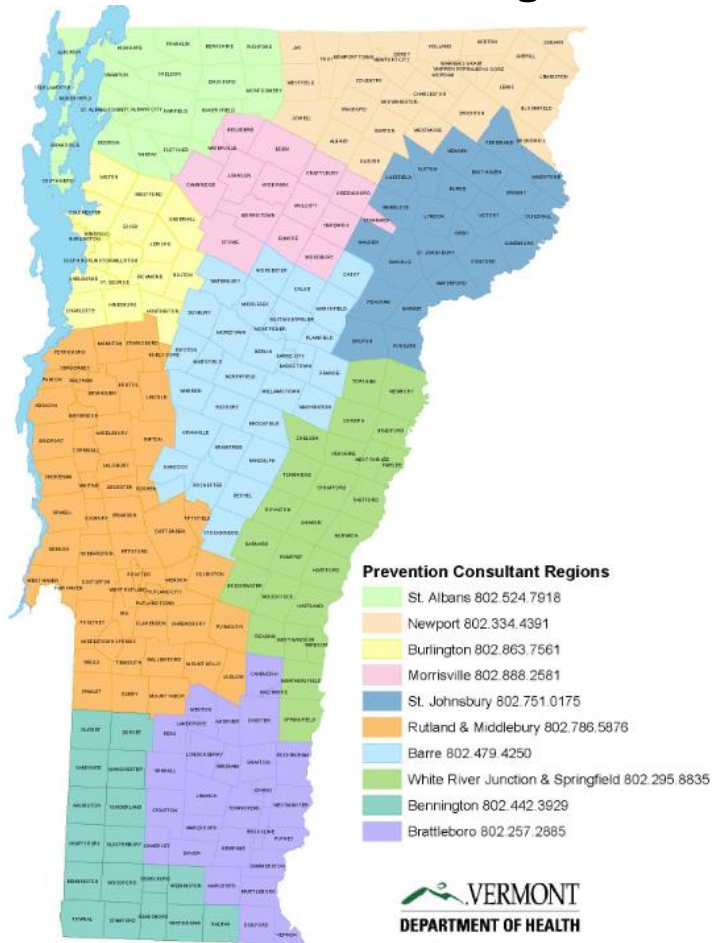
- ✓ **Cessation Services and Resources:** to increase cessation attempts and reduce tobacco use overall: [802Quits](#) ([Quitline](#), [Quit Partners](#), [Quit Online](#)), mental health and substance-abuse tobacco-free initiative.
- ✓ **Community-Based Actions:** to implement tobacco control initiatives in community settings, increase support for tobacco-free policies, & increase impact of youth prevention and special population outreach: [Community Coalitions](#), [Tobacco-Free College Campus Initiative](#), smoke-free multi-unit housing, LGBTQ equity
- ✓ **Enforcement:** to increase retailer compliance and decrease youth access to tobacco products: [Retailer Compliance Checks](#), [Retailer Education](#), [FDA](#)
- ✓ **Media Campaigns:** to increase adult and youth cessation attempts, support for smoke-free environments, and changes in social norms: [Down&Dirty Social Branding](#), [CDC's Tips From Former Smokers](#), [Vermont Quit Partners](#), [CounterBalance](#)
- ✓ **School-Based Actions:** to improve skills, knowledge, and attitudes leading to decreased tobacco use initiation among youth: [Curriculum](#), [Assessment](#), [Policy](#), [Community Engagement](#), [Youth Asset Development](#), [Cessation Services](#)
- ✓ **Evaluation:** to independently ensure Results-Based Accountability toward achieving the goals of the Vermont Tobacco Control Program & maximize return on investment.



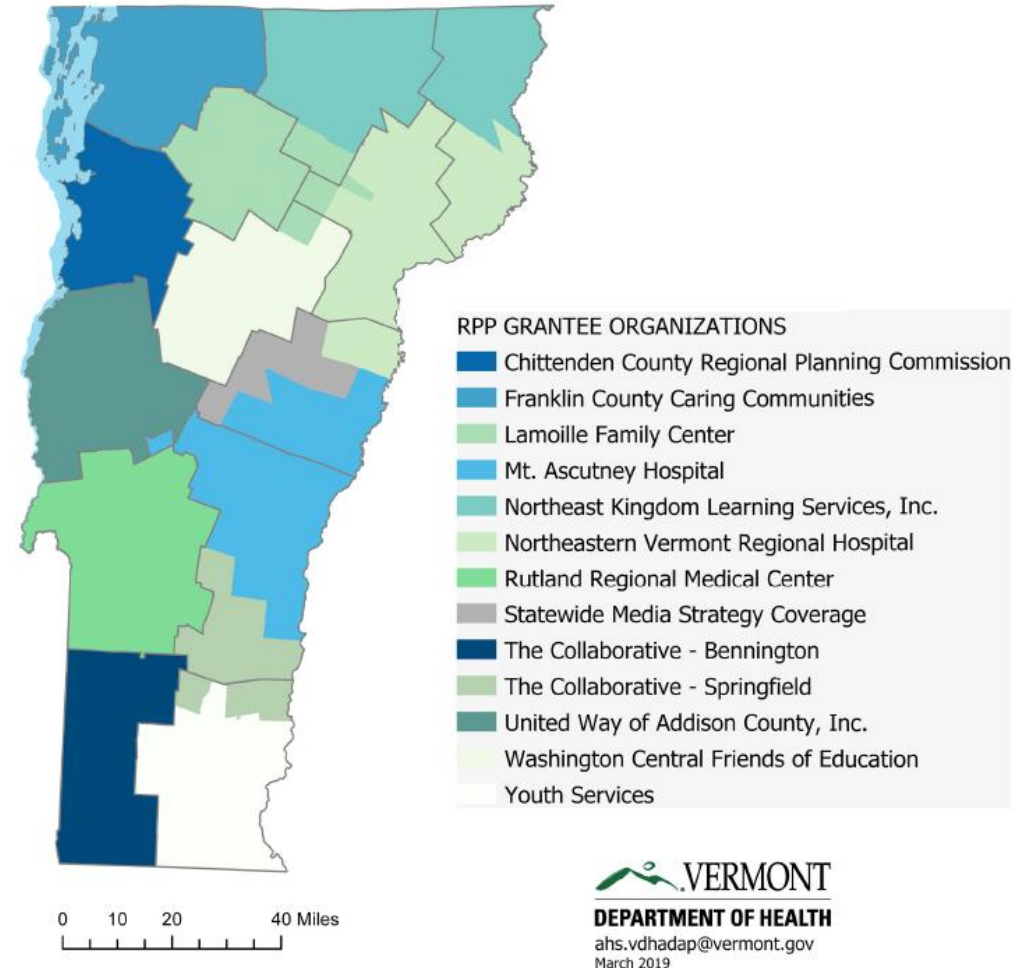
**What are we doing in prevention?**

# Prevention services are available statewide

## Prevention Consultant Regions



## Drug Free Communities and RPP/PFS





# ADAP Prevention Consultants

- Community Organization and Mobilization
- Technical Assistance and Training
- Assessment and data analysis
- Capacity and Readiness
- Planning
- Evaluation
- Policy and Environmental Change
- Education and Skill Development

# RPP and New Prevention Network Grant

- Regional and town policy education
- Support law enforcement efforts
- Alcohol, marijuana and prescription drug misuse and abuse prevention education and strategies
- Support DLL and/or local retailers' efforts to prevent underage drinking
- School and community-based prevention curricula
- Implement peer leadership and youth empowerment strategies
- Implement/establish of Gay/Queer Straight Alliance
- Individual and environmental evidence-based prevention strategies
- Training and technical assistance
- Coordinated regional communication

# School-based Prevention Efforts

15 Supervisory Unions are funded this year and are required to:

- Conduct substance use screening and if appropriate, referral to services,
- Support the whole health approach framework called, Whole School, Whole Community, Whole Child (WSCC),
- Provide parent information on substance misuse prevention including promotion of the VDH website and ParentUpVT.org
- Optional strategies include the following:
  - Classroom evidence-based health curricula
  - Training and/or programs for peer leadership development
  - Parent education,
  - Teacher and support staff training, and
  - Delivery of educational support groups.

# Prevention Infrastructure and Expansion Grants

9 Prevention Expansion Grants have been funded this year to focus on priority populations that are experiencing significantly higher rates of substance use.

2 Prevention Infrastructure Grants have been funded this year to sustain capacity of high functioning community coalitions

Activities funded include:

- ❖ Outreach worker training and support
- ❖ Substance Misuse Education Groups
- ❖ Community Outreach and Prevention Education
- ❖ Community Mobilization
- ❖ Reducing Alcohol Outlet Density
- ❖ Student Leadership Development
- ❖ Parenting Education/Support and Engagement
- ❖ Coalition Capacity Building
- ❖ Local Policy Education Enhancements to prevent marijuana use



## Audience

- Parents and caregivers of middle school and high school aged youth

## Behavioral Objectives

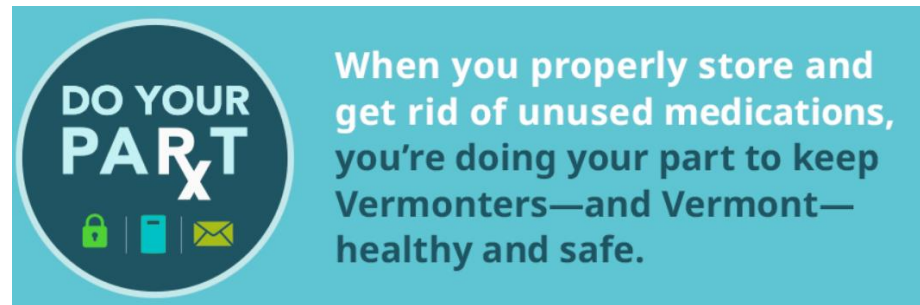
- Increase proactive conversations between parents and youth about risks of alcohol and other drug use

## Messaging Strategies

- Empower parents as the number one influence on youth behaviors
- Provide tips and resources to parents around conversations and monitoring your child
- Alcohol and other drug-specific messaging

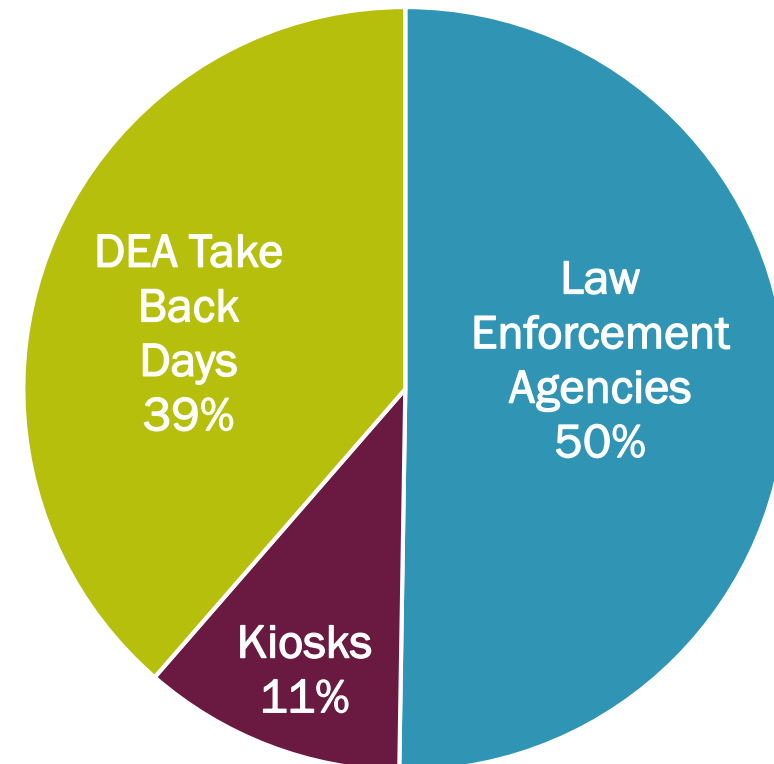
# Vermont is using a variety of mechanisms to dispose of unused drugs

- Educational campaigns



- Prescription Mail-back envelopes
- DEA take-back days
- Kiosks at pharmacies and hospitals
- Law Enforcement Collection Program

Mechanism by Which an estimated 13,000 Pounds of Drugs Returned in 2018



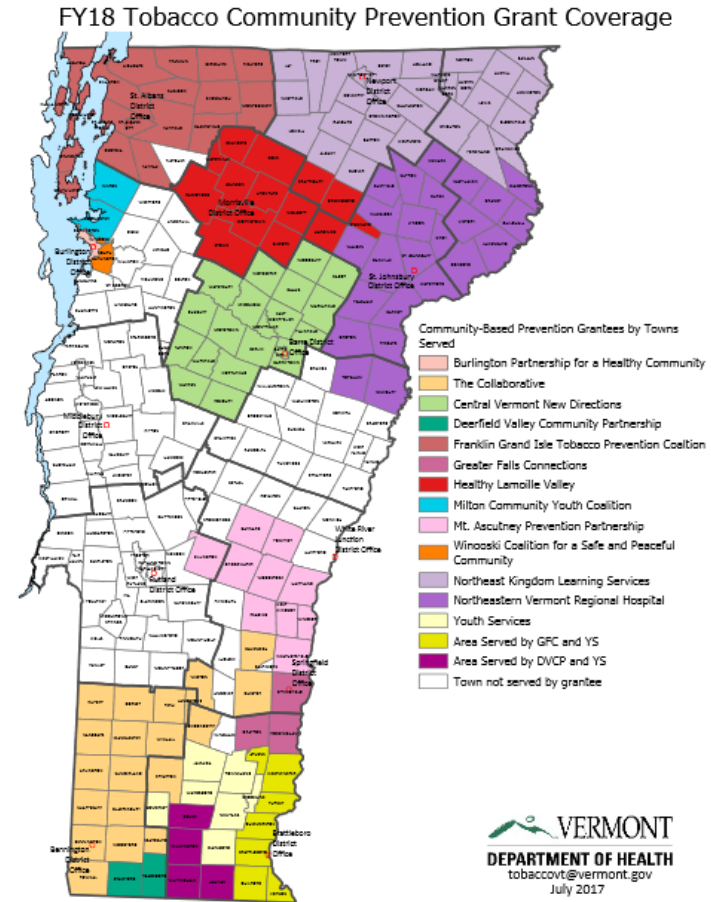
# Tobacco control is the work of many.

## 14 tobacco coalitions:

- Smoke and tobacco free community spaces, strengthen social norms
- Point of Sale work to reduce promotion, educate on flavors
- Cessation promotion & linkages

## Additional prevention grants:

- Tobacco Free College Campus Initiative
- Pride Center grant
- Vermont Children's Health Improvement Project



# Tobacco prevention uses mass and targeted messaging to influence population use of nicotine products.

## E-CIGS DECONSTRUCTED

**Atomizer:** The internal heating element that turns the e-liquid into aerosol.

**Aerosol:** The substance created by heating e-liquid/e-juice that is inhaled and then released back into the air.

**E-liquid/E-juice:** The liquid that is turned into aerosol and inhaled by the user. This liquid often contains nicotine, which is addictive and toxic.

**Battery:** The energy source for the device.

**Charger:** Allows the battery to be recharged and often plugs directly into a USB drive.

**Pod or Cartridges:** Holds the e-liquid and can also serve as the mouthpiece.

**Full of harmful chemicals that can be found in antifreeze, nail polish remover, pesticides and more.**

**COUNTER BALANCE**

Chemicals listed in the background: ALUMINUM, STYRENE, BENZO, VANILLINE, ETHYL BENZENE, SELENIUM, RUBIDIUM, ACROLEIN, POTASSIUM, PROPYLENE GLYCOL, ZINC, NAB, CHLOROBENZENE, VANADYNE, VANADIUM, FLAVORINGS (MANY), STRONTIUM, BORON, VANADIUM, NICKEL, MANGANESE, FORMALDEHYDE, POLYCYCLIC AROMATIC HYDROCARBONS.



# Vermont Tobacco Control Program Long-Term Goals



Prevent initiation of tobacco use among youth



Reduce cigarette smoking and tobacco use among youth



Reduce cigarette smoking and tobacco use among adults



Reduce prevalence of other tobacco product use



Reduce exposure to secondhand smoke

# Tobacco prevention laws can greatly impact Vermont's health.

The new tobacco law increasing the age to purchase to 21 aims to:

- Reduce smoking rates
- Reduce the likelihood of dependency
- Protect developing brains
- Reduce social sources of tobacco products
- Protect teens from harmful substances



# Thank you!

## Let's stay in touch.

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