
**Report to
The Vermont Legislature**

**Substance Misuse Prevention Oversight and Advisory Council Annual Report
2024 Report to the Legislature**

In Accordance with 18 V.S.A. § 4803

Submitted to: House Committees on Appropriations and Human Services
Senate Committees on Appropriations and Health and Human Services

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Substance Misuse Prevention Oversight and Advisory Council Annual Report 2024 Report to the Legislature

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.

Measurable Goals for Prevention Programming

The Substance Misuse Prevention Oversight and Advisory Council identified the following three goals as necessary for effective substance misuse prevention 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 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 utilizes the Performance Measures below to help measure these three goals.

Performance Measures Demonstrating System Results

The SMPC tracks the population outcome measures below using data from the Youth Risk Behavior Survey (YRBS), National Survey on Drug Use and Health (NSDUH), and the Young Adult Survey (YAS) to inform the effectiveness of prevention programming statewide. The SMPC also utilizes additional measures from these surveys to inform their review and recommendations about Vermont's prevention system.

1. Percent of high school and middle school students who believe they matter to their community. (Measures Goal #1 and is measured through the Youth Risk Behavior Survey).
2. Percent of high school and middle school students who perceive harm in using substances (marijuana, alcohol, and tobacco). (Measures Goal # 1 and is measured through the Youth Risk Behavior Survey).

3. Percent of Vermonters aged 12 years old and older who used alcohol, marijuana, and/or tobacco in the last 30 days. (Measures Goal #2 and is measured through the National Survey on Drug Use and Health).
4. Percent of Vermonters aged 18-24 who use alcohol, cannabis, tobacco, stimulants (prescription and illicit) and opioids (prescription and illicit). (Measures Goal #2 and is measured primarily through the Vermont Young Adult Survey).
5. Number of prevention initiatives and services available and sustainably funded across Vermont’s communities and schools. (Measures Goal #3 and is measured through review of state and federal investments in prevention).

| YRBS Measures | | |
|---|---|--|
| Measure | <u>2021 Data</u> | <u>2019 Data</u> |
| Percent of high school students who believe they matter to their community | <ul style="list-style-type: none"> • 52% of all students • 36% LGBTQ students • 46% BIPOC students | <ul style="list-style-type: none"> • 58% of all students • 37% of LGBTQ students • 53% of BIPOC students |
| Percent of middle school students who believe they matter to their community | <ul style="list-style-type: none"> • 55% of all students • 35% LGBTQ students • 50% BIPOC students | <ul style="list-style-type: none"> • 59% of all students • 30% of LGBTQ students • 53% of BIPOC students |
| Percent of high school students who perceive great risk of harm in using substances (at these frequencies) | <i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 37% of all students • 43% LGBTQ students • 42% BIPOC students | <i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 39% of all students • 45% of LGBTQ students • 27% BIPOC students |
| | <i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 25% of all students • 20% LGBTQ students • 30% BIPOC students | <i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 23% of all students • 15% of LGBTQ students • 27% of BIPOC students |
| | <i>Use Electronic Vapor Products (EVP) Regularly:¹</i> <ul style="list-style-type: none"> • 39% of all students • 41% of LGBTQ students • 40% of BIPOC students | <i>Use EVP Regularly:</i> <ul style="list-style-type: none"> • 29% of all students • 29% of LGBTQ students • 29% of BIPOC students |
| Percent of high middle school students who perceive great risk of harm in using substances (at these frequencies) | <i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 40% of all students • 40% of LGBTQ students • 43% of BIPOC students | <i>Binge Alcohol Every Weekend:</i> <ul style="list-style-type: none"> • 45% of all students • 42% of LGBTQ students • 47% BIPOC students |
| | <i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 48% of all students • 42% of LGBTQ students • 47% of BIPOC students | <i>Use Marijuana Regularly:</i> <ul style="list-style-type: none"> • 49% of all students • 32% of LGBTQ students • 46% of BIPOC students |
| | <i>Use EVP Regularly:</i> <ul style="list-style-type: none"> • 51% of all students | <i>Use EVP Regularly:</i> <ul style="list-style-type: none"> • 45% of all students |

¹ This study was limited to EVP products that contain nicotine.

| | | |
|--|--|--|
| | <ul style="list-style-type: none"> • 47% of LGBTQ students • 49% of BIPOC students | <ul style="list-style-type: none"> • 38 of LGBTQ students • 42% BIPOC students |
|--|--|--|

Comparisons of the 2021 data to other years’ of YRBS data are complicated by impacts of COVID-19 pandemic; the 2021 YRBS survey was conducted in the fall semester, rather than the spring semester as in previous years, which likely contributed to a younger population taking the survey than seen in previous YRBS surveys. For example:

- For Middle school respondents:
 - In 2019 12% of students were 11 years of or younger and 20% were 14 or older
 - In 2021 20% of students were 11 years of age or younger and 8% were 14 or older
- For High School respondents:
 - In 2019 13% of students were 14 years old or younger, and 11% were 18 years old or older
 - In 2021 23% were 14 years old or younger, and 5% were 18 years old or older

Additionally, school looked distinctly different in 2021 than other years in which the YRBS survey was completed, including the impact of COVID-19 on hybrid and in-person learning and ability to engage in afterschool activities.

While it is important to look at the 2021 YRBS data to inform the work of prevention, these differences highlight the importance of tracking this work over many years to understand trends in youth behavior. Find out more information on the considerations for the 2021 YRBS data [here](#) on the Health Department’s website.

| <u>National Survey of Drug Use and Health (NSDUH)</u> | | |
|--|-----------------------------------|-----------------------|
| Measure | 2018/2019 Data² | 2017/2018 Data |
| Percent of Vermonters age 12+ who used alcohol in the past month | • 60.9% | • 62.4% |
| Percent of Vermonters age 12+ who used marijuana in the past month | • 19.7% | • 19.3% |
| Percent of Vermonters age 12+ who used tobacco in the past month | • 22.5% | • 24.2% |

| <u>Vermont Young Adult Survey</u> | | |
|---|--------------------------|--------------------------|
| Measure | <u>2022 Data</u> | <u>2020 Data</u> |
| Percent of Vermonters aged 18-25 who used any alcohol in the last month | • 70% of all respondents | • 75% of all respondents |

² Most recent data available at the time of this report.

| | | |
|--|---------------------------|---------------------------|
| Percent of Vermonters aged 18-25 who use cannabis | • 45% of all respondents | • 46% of all respondents |
| Percent of Vermonters aged 18-25 who currently use E-Cigarettes | • 27% of all respondents | • 20% of all respondents |
| Percent of Vermonters aged 18-24 who misused prescription stimulants | • 8% of all respondents | • 9.8% of all respondents |
| Percent of Vermonters aged 18-24 who used any form of cocaine in the last year | • 7.4% of all respondents | • 8.4% of all respondents |
| Percent of Vermonters aged 18-24 who misuse prescription opioids | • 2.5% of all respondents | • 2.1% of all respondents |
| Percent of Vermonters aged 18-24 who use illicit opioids | • 1.8% of all respondents | • .6% of all respondents |

Vermont has made significant investments in prevention efforts over the last year, both with ongoing funding through \$3 million dollars of state and special funds, as well as \$1 million in one-time vaping prevention funding. The SMPC will continue to track investments made in prevention and support the evaluation of those efforts to ensure equitable distribution and access to these funds.

These performance indicators are also currently collected and used to inform the [Agency of Human Services](#)’ and [Department of Health’s](#) strategic planning processes.

Recommendations

Based on assessments of the performance measures above, as well as other data sources, the SMPC offers the following recommendations to the legislature and the Opioid Settlement Advisory Committee:

- 1. Maintain the THC potency cap for all cannabis concentrates.**
 The SMPC supports the potency cap for cannabis concentrates due to the negative public health implications of high potency THC products. The SMPC developed a [report](#) with more information to support this recommendation. An executive summary that accompanies this report can be found in Appendix B of this report and a full presentation can be found [here](#). This supports the SMPC’s Goal #2.
- 2. Increase the accessibility to, and support of, the Student Assistance Professionals embedded within schools and school districts/supervisory unions.**
 The Student Assistance Professionals program in Vermont is modeled after the Employee Assistance Program and is a critical resource for offering support to students, families, and the school community to build protective factors for students. The SMPC recommends increasing the number of state funded SAPs in Vermont by placing additional SAPs in school districts/supervisory unions that currently do not have an SAP

to increase equitable across Vermont (see Appendix A). Additionally, to ensure SAPs are being utilized consistently across the state, the SMPC recommends establishing a connected, statewide infrastructure for school-based substance misuse prevention staff, establish a unified professional development framework for all school-based substance misuse prevention staff, and provide convening opportunities to support and nurture evidence-based work and innovative practices. Additional details on this recommendation can be found in this [October 2023 presentation](#) to the Opioid Settlement Committee. This recommendation supports the SMPC’s Goal #1 and #3.

3. Target expansion and support of youth mentoring.

Youth mentoring is an evidence-based prevention method that decreases the risk of initiation of substance use by mentored youth and increases their likelihood of pursuing education opportunities after high school graduation, participation in extracurricular activities, and feeling socially connected and valued. Expanding mentoring could be facilitated by the development of new youth mentor programs in gap areas with the aim to increase equity and establish a connected statewide infrastructure for training mentors and program managers of mentor programs specifically on issues related to youth mental health. Additional details on this recommendation can be found in this [October 2023 presentation](#) to the Opioid Settlement Committee. This recommendation supports the SMPC’s Goal #1 and #3.

Explanation of State-Funded Prevention Program Budgets

The following substance misuse prevention programs within the Department of Health receive funding through general fund or special funding:

- School-based Substance Abuse Services;
- Statewide Drug Disposal Program;
- Substance Misuse Prevention Oversight and Advisory Council;
- Tobacco Control Program Global Commitment Funding State-Share; and
- Tobacco Master Settlement Agreement Funding.

The amounts spent from these programs in State Fiscal Year 2023 (July 1, 2022-June 30, 2023), are as follows:

| Program | General Fund FY23 Spend | Special Fund FY23 Spend | Total Actual Spend |
|--|--------------------------------|--------------------------------|---------------------------|
| Prevention Centers for Excellence and Coalition Bridge Funding | \$282,815 | \$0 | \$282,815 |
| School Based Substance Abuse Services | \$164,065 | \$0 | \$164,065 |
| Statewide Drug Disposal Program | \$0 | \$ 557,772 | \$ 557,772 |

| | | | |
|--|-----------|-------------|-------------|
| Substance Misuse Prevention Oversight and Advisory Committee | \$0 | \$218,213 | \$218,213 |
| Tobacco Control Program Global Commitment | \$693,370 | \$0 | \$693,370 |
| Tobacco Master Settlement Agreement | \$0 | \$1,694,989 | \$1,694,989 |

Spending overview:

- Coalition Bridge Funding and Planning Grants: \$282,815
 - Fifteen grants were provided through this funding with the goal of coalitions using evidence-based/evidence-informed and/or promising practices and the Strategic Prevention Framework (SPF) process and model in this work This funding supported activities across all substances and age groups with a focus on assessment and capacity building activities in gap areas in the state, full implementation by established substance misuse prevention coalitions, and work with special populations including, but not limited to, the LGBTQ+ community, people of color, people living in low-socioeconomic status (SES) households, refugees and English language learners, and people living in rural communities.
 - Seven grants were provided to support prevention planning efforts in partnership with the Division of Substance Use Programs. These grants supported grantees’ time in providing input in the strategic planning process and implementation management, provide feedback on a potential structure to support prevention enhancements across all 12 Vermont health districts, and complete an environmental scan of health districts including identifying potential new partners and connections across all substances and age groups.
- School based substance misuse prevention programming: \$164,065
 - Funding is provided to 14 (of 54) Vermont school supervisory unions/districts to fund 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: evidence-based classroom health curriculum, advising and training of peer leadership groups, delivery of parent information and implementation of educational programs, teacher and support staff training and educational support groups for students.
- Statewide Drug Disposal Program: \$ 557,772
 - In fidelity with Act 173 (2016), Sections 14 and 17, this funding is used to support the statewide prescription drug disposal system. This system 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 which informs Vermonters about safe storage and disposal of unused prescription drugs; and partially funds 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.

- Substance Misuse Prevention Oversight and Advisory Council: \$218,213
 - Consistent with Act 82 (2019), this funding is used to partially fund the salary, indirect and fringe benefit costs of the Substance Misuse Prevention Manager.
- Tobacco Control Program Global Commitment Funding State-Share: \$693,370
 - This funding supported the Tobacco Control Program's youth engagement programs, Our Voices Exposed and Vermont Kids Against Tobacco, for an annual training summit and prevention activities. The Global Commitment funding is also instrumental for implementing community-based prevention strategies with 12 tobacco community coalitions. Tobacco coalitions work on increasing perception of harm, reducing youth access, promotion of tobacco prevention strategies, and engaging stakeholders for creating protective town level policies, including those that reduce smoking/vaping in public places and around multi-unit housing.
- Tobacco Master Settlement Agreement (MSA) Funding: \$1,694,989
 - The MSA funded the Tobacco Control Program's infrastructure by supporting 4.5 FTE staff positions. A more significant share of the funds went toward funding the Quitline and Quit Online services offered by 802Quits and supporting behavioral health facilities and populations. The program also engaged providers with 802Quits materials and conducted mass media and social media to reach Vermonters with quit resources.
 - This funding also supported the Department's work to address the challenge of youth vaping, through 8 grants awarded to prevent vaping of cannabis and nicotine by youth 21 and under. Efforts to address vaping focus on evidence-based approaches and effective strategies to build a coordinated state and community effort through programs and policies to prevent vaping among Vermont youth.

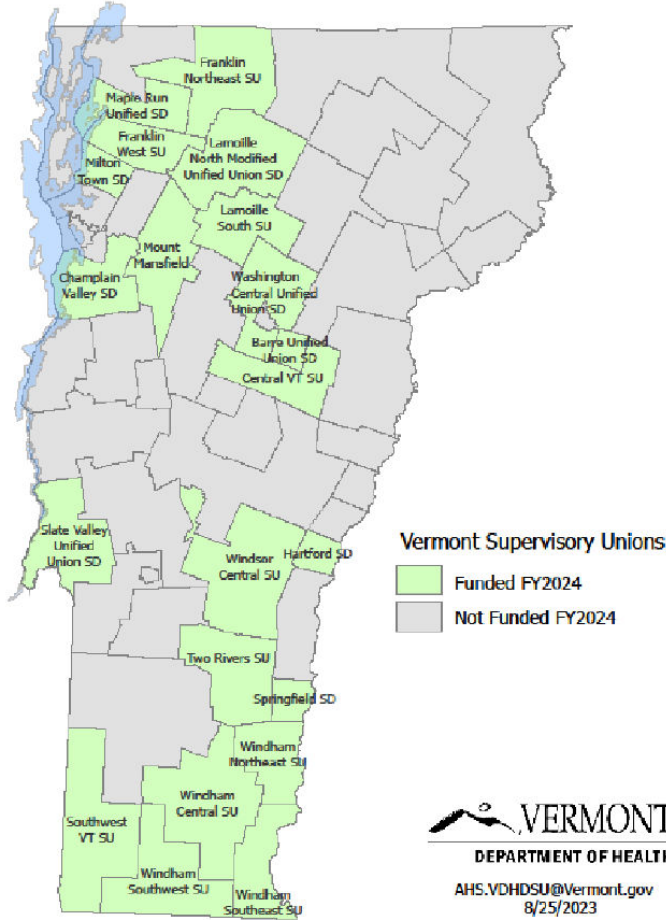
Evaluation Results of State Funded Prevention Programs

The most recent evaluations for the following programs can be found at the links or documents included:

- [School-based Substance Abuse Services Evaluation](#)
- [Law Enforcement Drug Disposal Program](#)
- [Tobacco Control Program](#)
- [Prevention Inventory](#)

Appendix A – Student Assistance Professionals Programs

Vermont Department of Health FY24 School Substance Use Prevention Grantees



Appendix B – THC Potency Report Executive Summary

SMPC Executive Summary of Cannabis Recommendations

The Substance Misuse Prevention Oversight and Advisory Council (SMPC), established in 2019 under Act 82, wishes to submit the following information in response to proposals related to lifting or increasing the potency caps on THC in Senate Bill S.72 and the [Cannabis Control Board report](#) submitted on January 1, 2023.

Our Council has been charged with increasing awareness of the risks to public health and wellbeing related to high potency THC products and concentrates, and with ensuring that our decision makers are fully informed.

It is imperative that cannabis legislation be research driven, evidence-based, and driven by data; prioritizing the health of Vermonters, rather than the cannabis industry or profits. That was the commitment we made to Vermonters when we legalized the market.

Attached you will find a presentation on high-potency THC, approved for submission by the full SMPC. Please review in depth and reach out with any questions to Nicole Rau, the Substance Misuse Prevention Manager at VDH at Nicole.Rau@vermont.gov.

The Cannabis Control board is recommending a *removal* of high potency THC cannabis concentrate cap of 60% THC.

In summary, our findings indicates:

- Vermont’s retail cannabis market is in an infancy stage, with stores open only for months.
- “Pioneer” cannabis market states, in operation for 8+ years, are currently deciding how to reverse their original structures allowing high potency THC, and legislatively limit THC potency as they experience significant, unexpected public health impacts from the use of high THC concentrates.
 - Washington State is calling for a 35% THC cap on cannabis concentrates and 65% tax on any cannabis product with THC<35%.
 - Colorado is calling for a maximum weight, in grams, that a patient can buy in a day
- There are multiple layers of public health concerns related to high potency THC concentrates:
 - Accidental ingestion and poisoning; individuals exposed to manufactured cannabis are more likely to be children under age 11.
 - [VDH cannabis data](#) shows that VT Emergency Department visits and Inpatient hospitalizations related to cannabinoid hyperemesis syndrome (cyclical vomiting) have increased 400% and 700% respectively from 2016 – 2020.
 - [Multiple published studies](#) show a link between psychosis and frequent and high potency cannabis use.
- *Education alone is not enough* to prevent exposure in young children. Potency caps are valuable to limiting the level of toxicity when accidental ingestion, or poisoning, occurs.
- Statements related to black market expansion and the public health dangers related to fillers are unfounded and perceived, by this Council, as fear mongering.

- There are caps and bans on higher alcohol by volume beverages by some states, shown to successfully protect public health without detriment or concern to black market expansion
- There is not substantial research on the negative impact of fillers; naturally occurring solvents can be used for dilution of potency that are also safe for consumption

The SMPC wishes to thank our Legislative partners for carefully considering these points, for reviewing the presentation and links to relevant research provided in the presentation, and for prioritizing the health of Vermonters and future generations.