



# Developing a Marijuana Prevention & Education Program

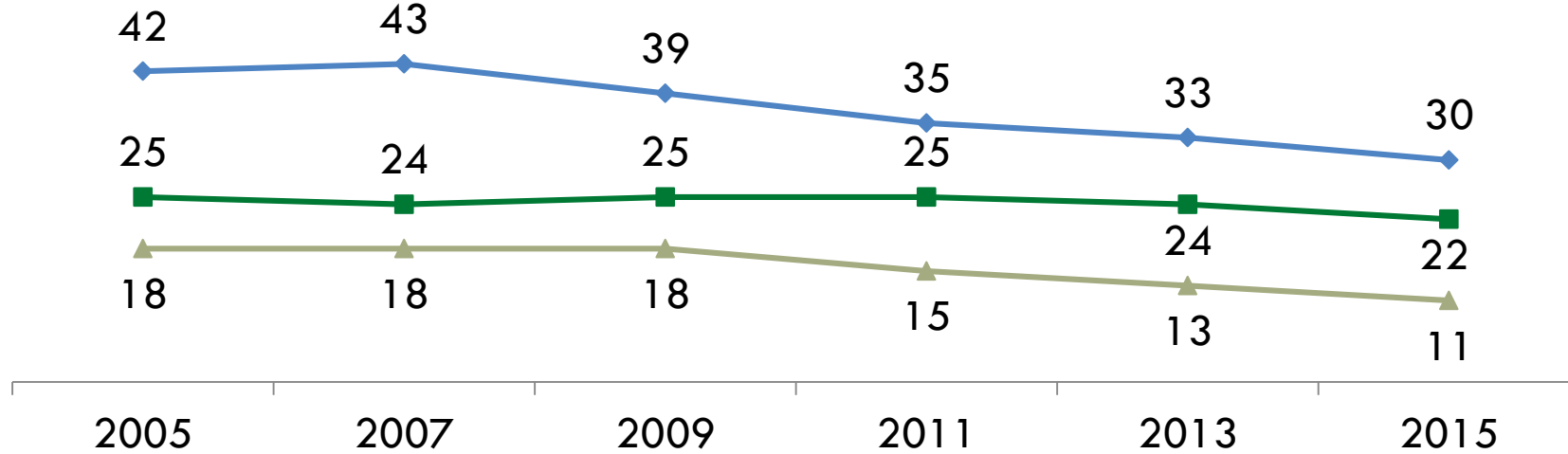
Harry Chen, M.D.

Commissioner, Vermont Department of Health

Testimony for the Joint Legislative Justice Oversight Committee

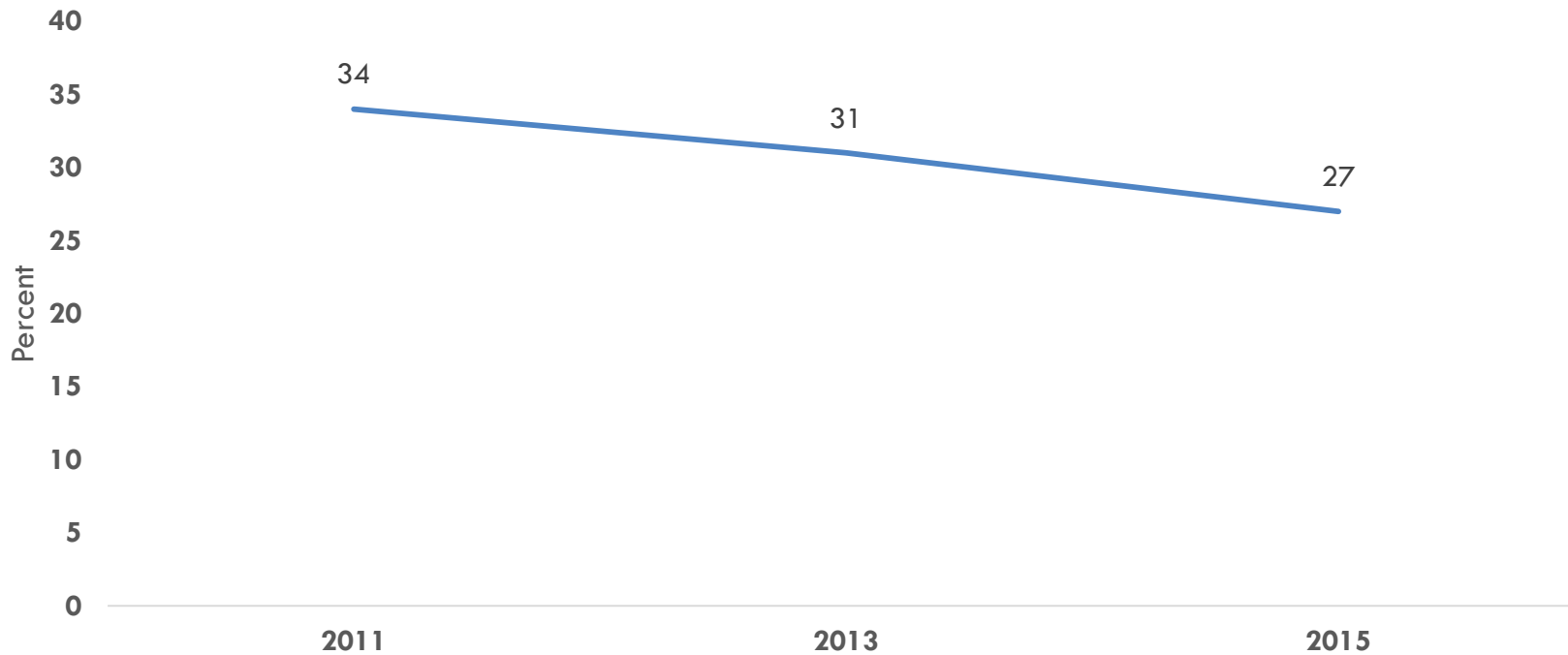
Percent of Vermont high school students who report past 30-day substance use by substance and year

—◆— Alcohol —■— Marijuana —▲— Cigarettes



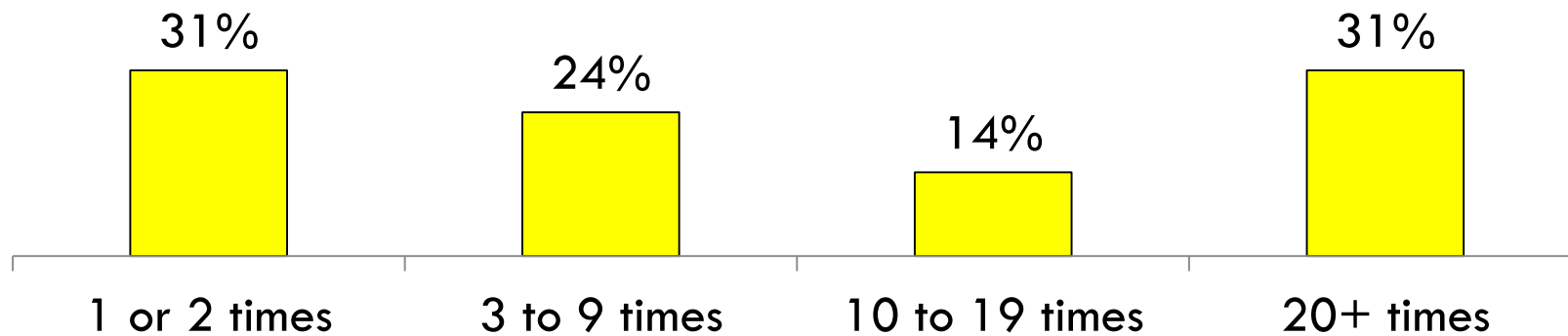
SOURCE: Vermont Youth Risk Behavior Survey  
Approximately 20,000 high school student surveyed per year

# Percent of students who think *people their age* greatly risk harming themselves (physically or in other ways) if they smoke marijuana regularly



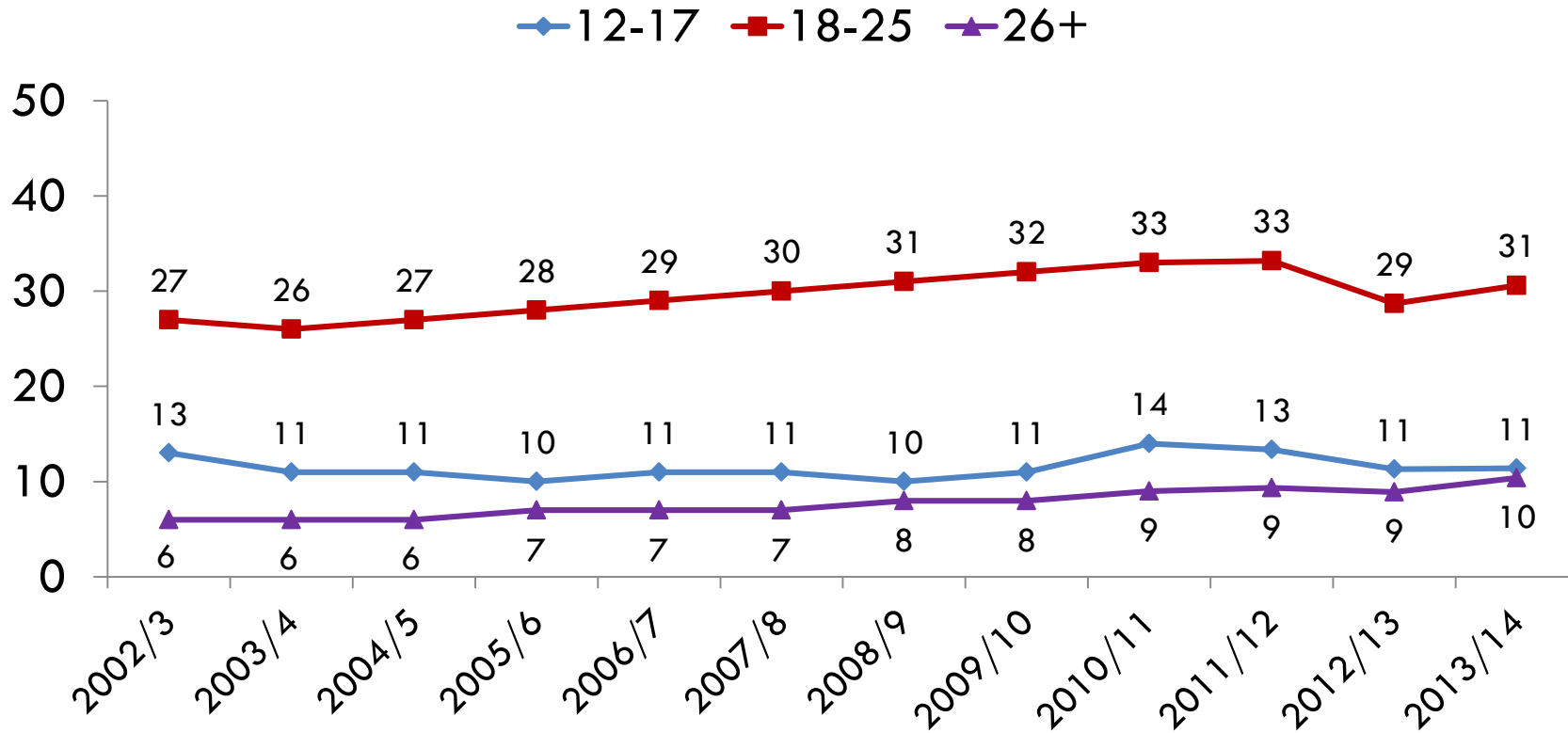
# Frequency of marijuana use among high school students

Of those 9-12 grade students who report past 30 day marijuana use, the frequency with which students reported using marijuana



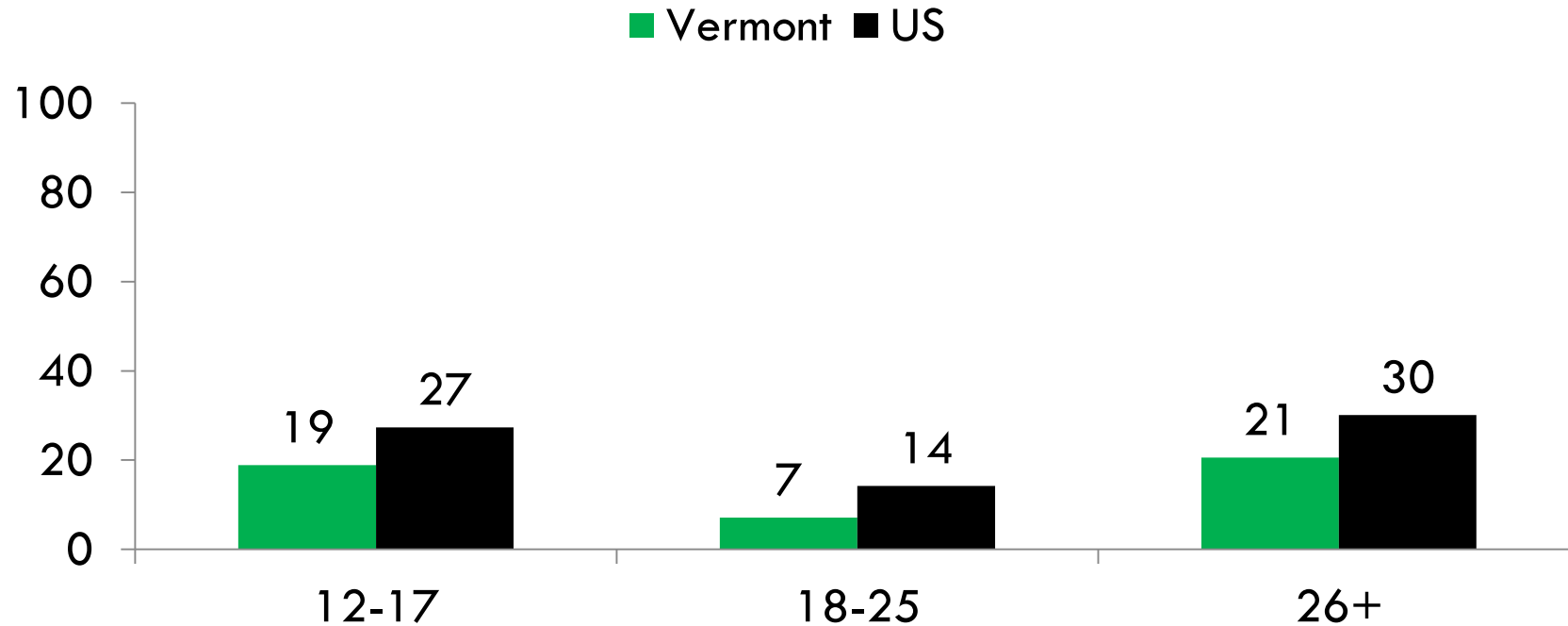


Percent of Vermont population reporting past 30 day marijuana use by age in years.



# Perception of Harm - Marijuana in VT versus U.S.

Percent of Vermont population reporting great risk of harm from smoking marijuana once a month use by age in years, 2013/2014.



Note: Vermont had lower perception of harm compared to the U.S. for every age group in 2013/2014

Beginning in 2014, the Vermont Department of Health (VDH) worked with colleges and universities to develop a statewide health survey plan for young adults enrolled in institutes of higher learning.

**The 2016 Survey:** included the following topics:

Alcohol, Marijuana, and Other Drug Use

Weight, Nutrition, and Exercise

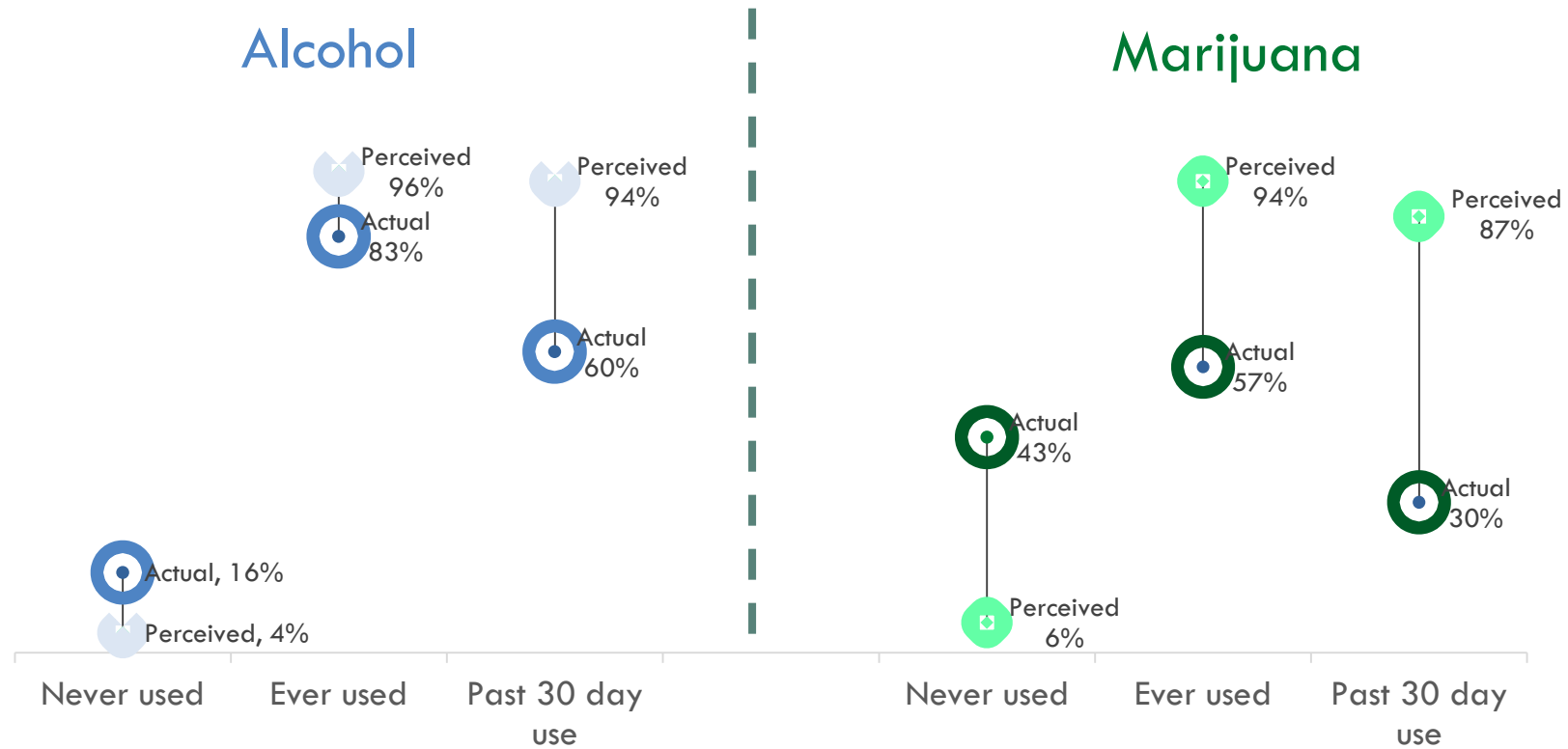
Mental Health

Personal Safety and Violence

9 Schools participated

Sample size = 1894

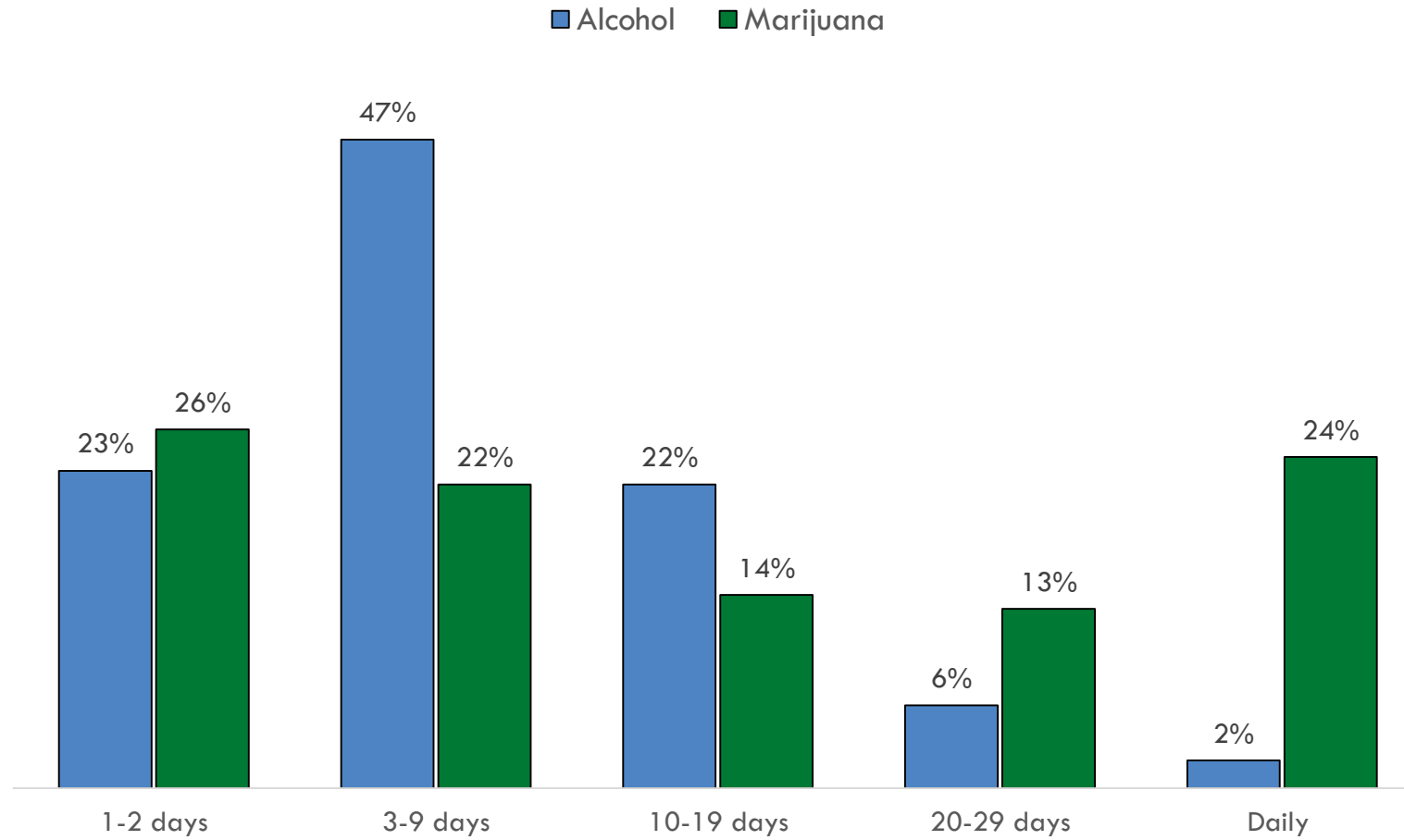
# Actual and Perceived Use lifetime and past 30 day use



Source: College Health Survey: 2016



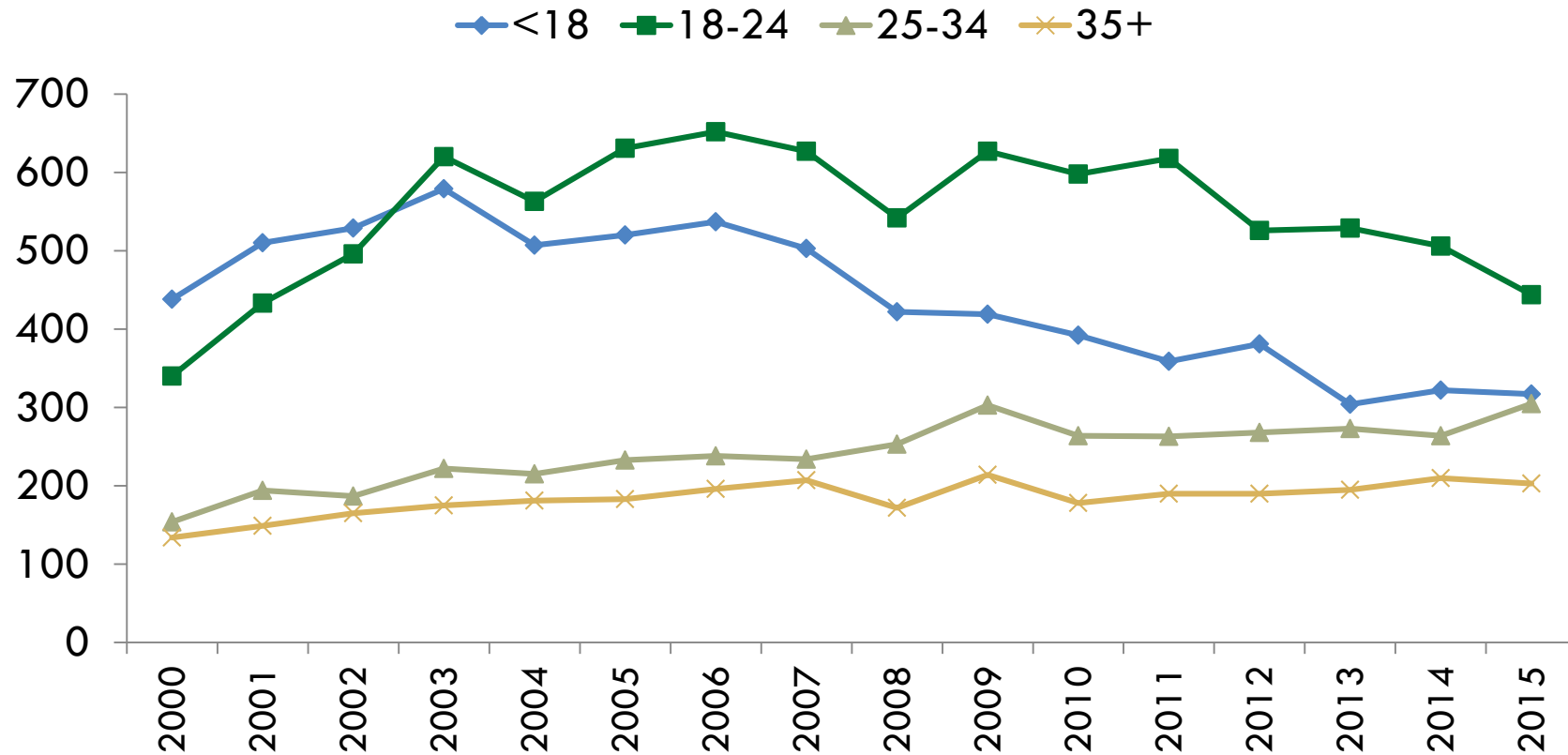
# Frequency of Current Use (Among Current Users)



Source: College Health Survey: 2016

# People treated for marijuana or hashish use/abuse by age

Number of Vermonters treated for marijuana or hashish by fiscal year and age



Source: Alcohol and Drug Abuse Programs Treatment (ADAP) Data, 2000-2011

- School-Based Substance Abuse Services (SBSAS)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
- Family Education Program and Practices
- Counter Marketing Campaigns
- Community Education
- Workforce Development and Treatment Services

- Whole School, Whole Community, Whole Child framework recommended by the Centers for Disease Control and Prevention (CDC)
- Menu of services:
  - Screening and referral services
  - Coordinated school health initiatives
  - Evidence based curricula, Ex. Life Skills Training
  - Training for peer leadership groups
  - Parent information
  - Teacher and support staff training
  - Delivery of educational support groups

- Screening, Brief Intervention and Referral to Treatment (SBIRT)
  - Training and coaching for professionals who work with youth
  - Dissemination of SBIRT model to two pediatric practices or school based health centers.
  
- Family Education Program and Practices
  - Make accessible in more localities. Ex., Strengthening Families; Nurturing Program for Parents and Families; Guiding Good Choices.

- Parent Campaign
  - You are # 1 influence
  - You have to understand the risks
  
- Campaign targeting youth around the age of initiation, including non-users vulnerable to risk factors and “on the edge” of use
  
- General Public Campaign



- Adolescent substance abuse treatment training for mental health clinicians
- Training of ADAP providers in evidence-based models, e.g., The Seven Challenges, Seeking Safety
- Direct treatment services in years 2 and 3

Programming	Year 1	Year 2	Year 3
School Based Substance Abuse Services(SBSAS)	\$ 200,000	\$ 1,200,000	\$ 2,400,000
SBIRT Practice Model for Professionals	\$ 50,000	\$ 250,000	\$ 250,000
SBIRT Direct Service	\$ -	\$ 200,000	\$ 200,000
Expand Family Education Programs	\$ 100,000	\$ 250,000	\$ 500,000
Counter Marketing Campaigns	\$ 150,000	\$ 450,000	\$ 900,000
Community Education	\$ 300,000	\$ 600,000	\$ 1,200,000
Direct treatment services for adolescents and young adults	\$ 75,000	\$ 500,000	\$ 1,250,000
<b>Total</b>	<b>\$ 875,000</b>	<b>\$ 3,450,000</b>	<b>\$ 6,700,000</b>

# What Works in Tobacco Control

- Set high excise taxes: VT is 6<sup>th</sup> highest
- Implement mass reach media
- Provide 24/7 cessation support via Quitline & through providers
- Pass protective policy: clean indoor air, smoke- and tobacco-free work and public places (colleges, parks, beaches, around buildings)
- Fund comprehensive Tobacco Control and Prevention Programming

# What have we learned from tobacco?

- ❑ Restrict access and promotion.
- ❑ Allow sales in adult-only stores, no youth.
- ❑ Require graphic warning labels.
- ❑ Prohibit price discounting.
- ❑ Don't allow flavored products.
- ❑ Allow for local restrictions in total number & location of retail outlets.
- ❑ Restrict marijuana use wherever lit tobacco and e-cigarettes are banned including cars.
- ❑ Set strict licensing standards & stiff penalties.