



Marijuana in Vermont

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Deputy Commissioner

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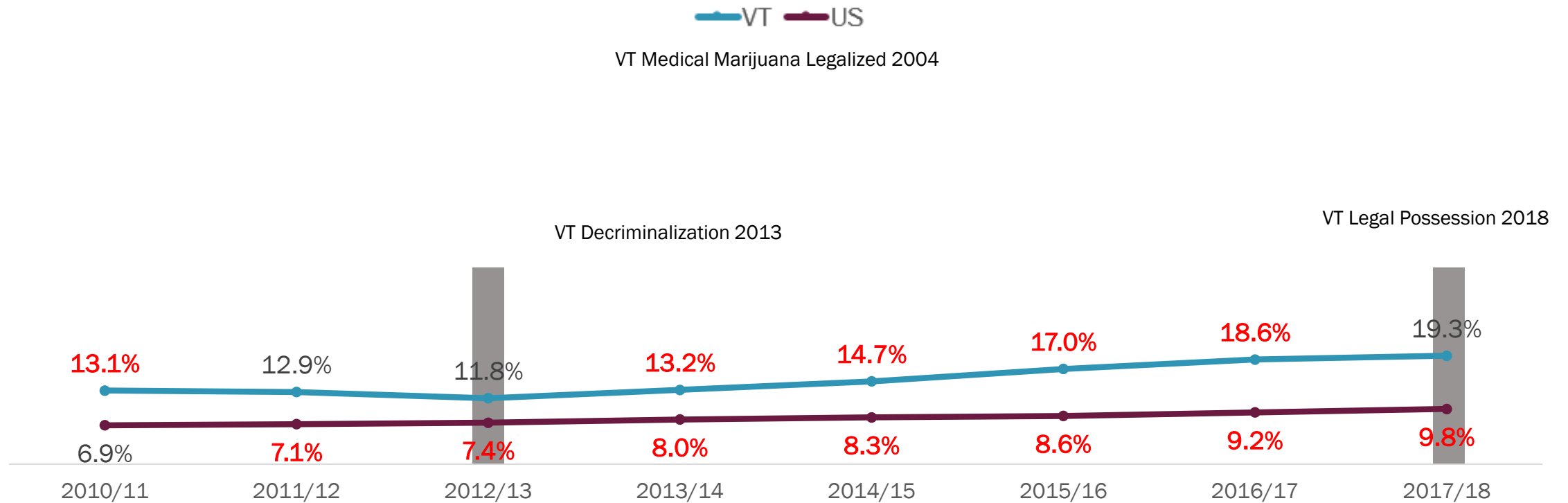
Key Messages

- Marijuana use is a significant public health problem in Vermont, and it is getting worse
- The Department of Health is the expert on evidence-based prevention strategies that can be successful in Vermont
- Although we know what works to prevent substance use, we lack the resources to implement strategies statewide

Goals

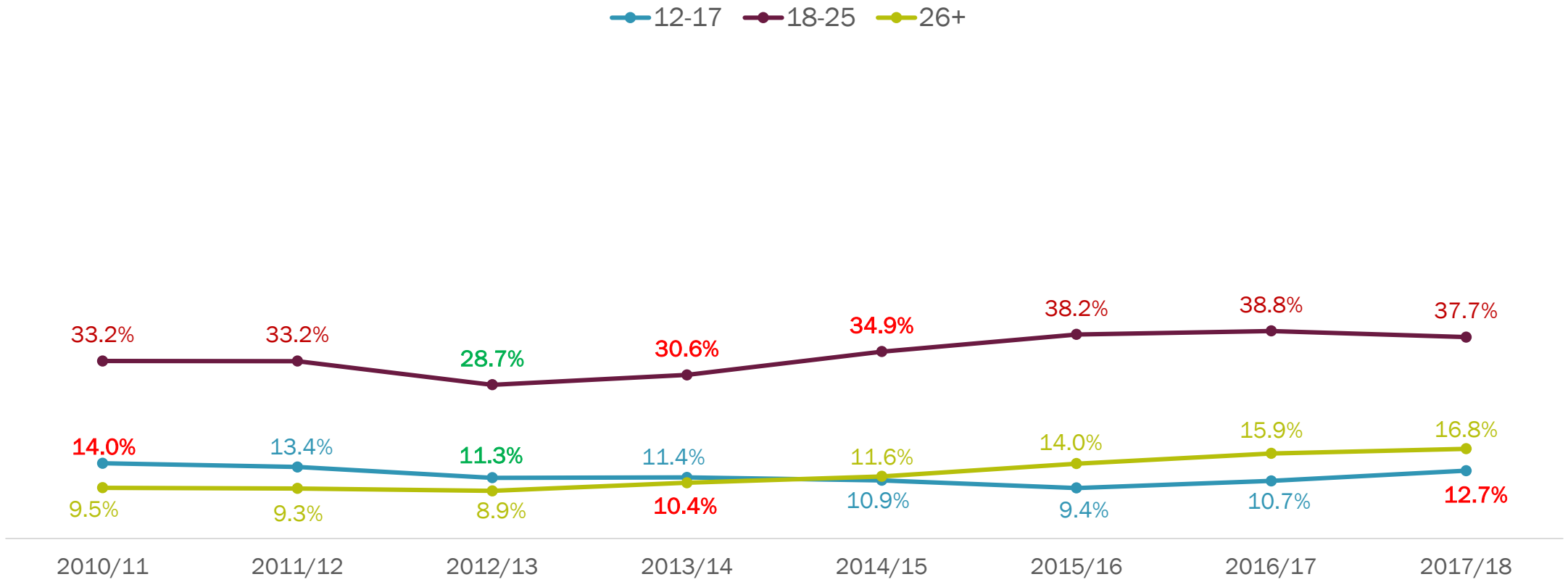
- Describe cannabis usage patterns in Vermont
- Describe Vermont's current prevention system, its predominantly federal funding, and the need for state funded prevention efforts
- Show a successful example of SUD prevention in Vermont
- Review and align Opioid Coordination Council and Marijuana Advisory Council recommendations
- Show how VDH would use additional funding

The percentage of Vermonters age 12+ using marijuana in the past month is consistently higher than the national average. Vermont and US have both had significant increases in use.



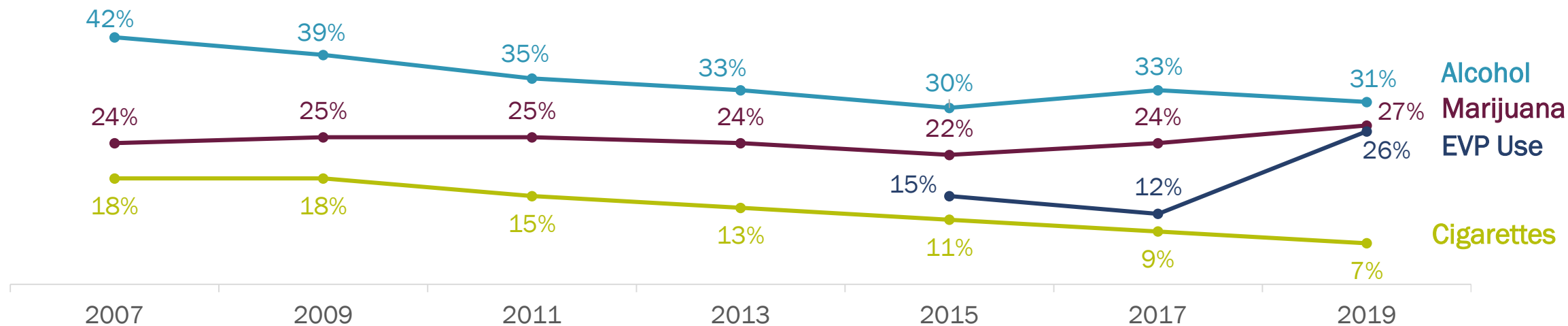
Bold red or green label indicates a significant change from previous

The percentage of Vermonters age 18-25 using marijuana in the past month is consistently higher than that of other age groups

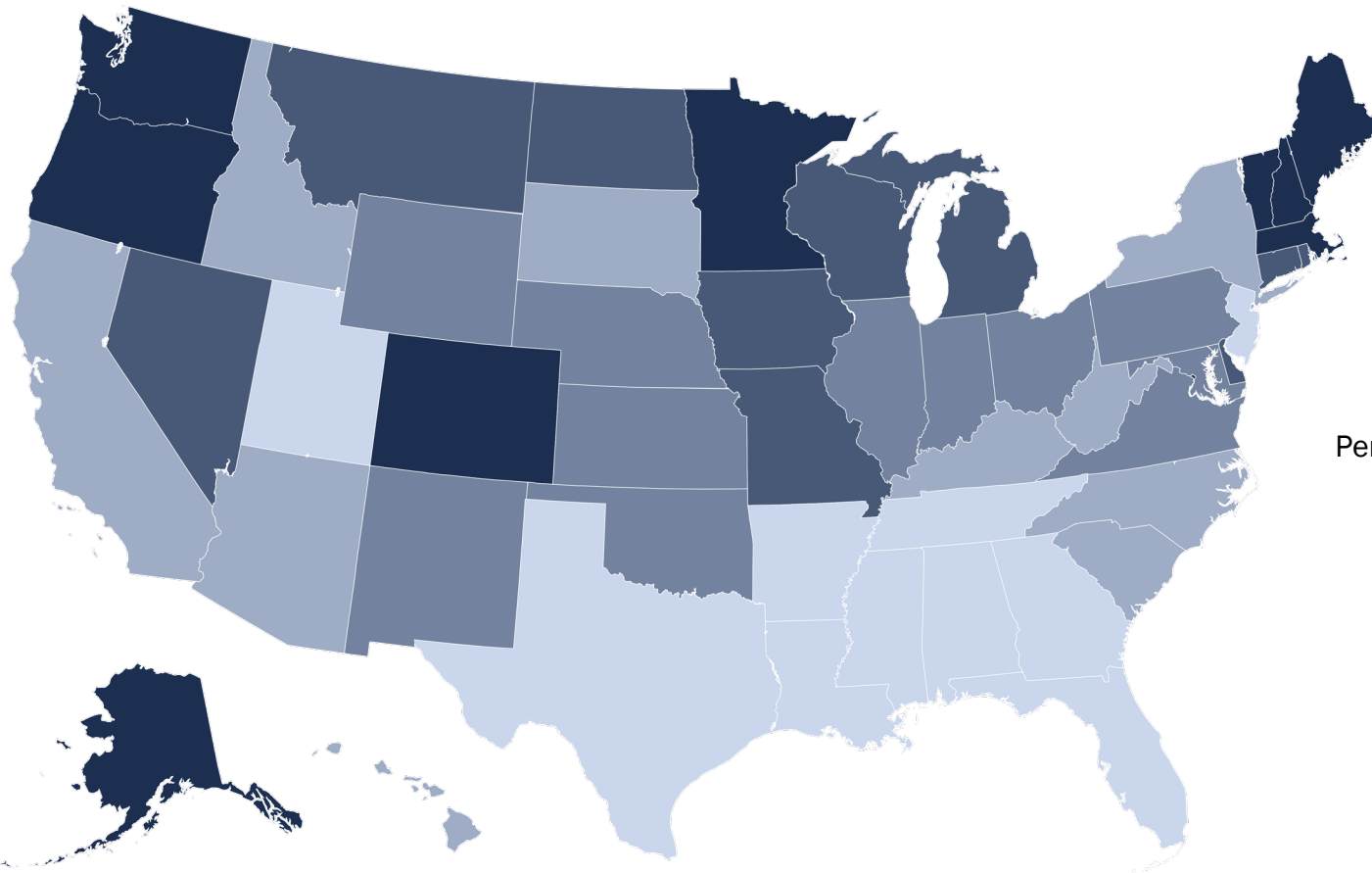


Bold red or green label indicates a significant change from previous year

In 2019, more than one quarter of Vermont high school students used marijuana in the past 30 days. Electronic vapor product use more than doubled between 2017 and 2019.



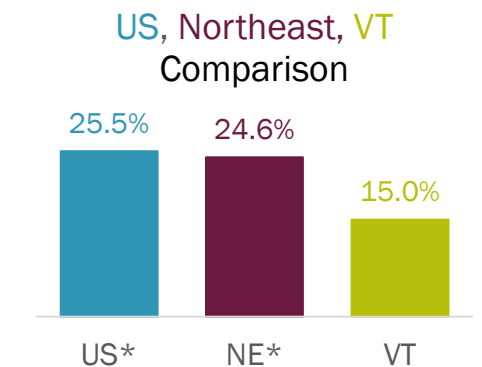
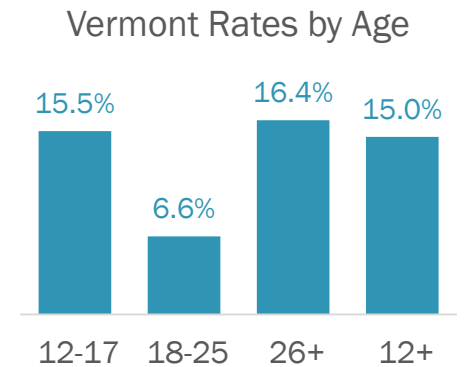
Vermonters age 12+ are less likely to perceive great risk from smoking marijuana once a month than other US states (2017-2018). This is true of all age groups.



Vermont Department of Health

Source: National Survey on Drug Use and Health, 2017-2018

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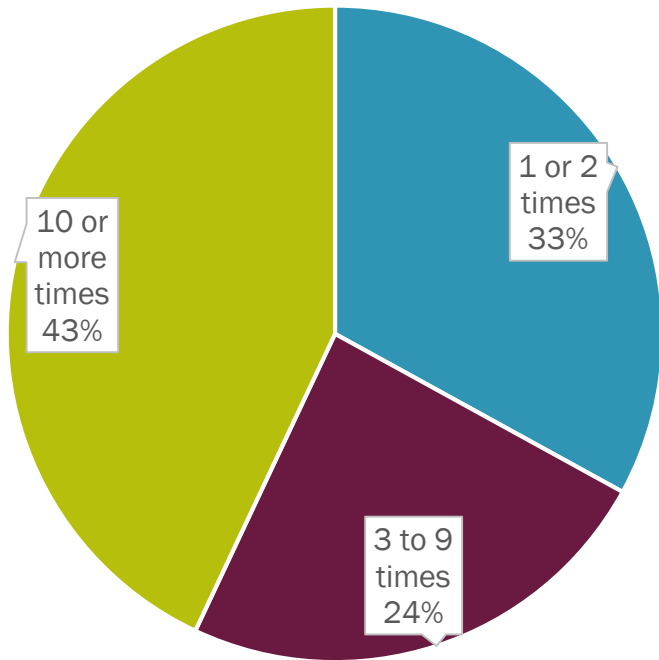


*VT is Statistically different than both the Northeast and US

Vermonters who use marijuana use it frequently

Youth Risk Behavior Survey (9-12th Grade, 2019)

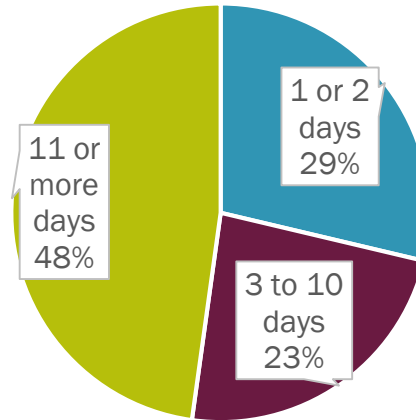
Times used in the last month



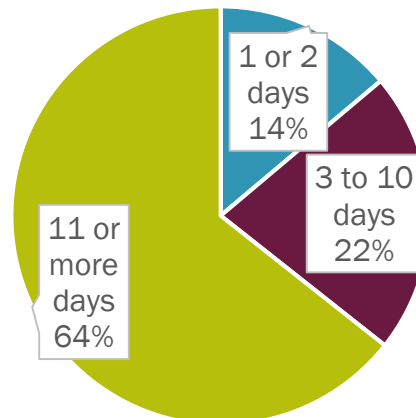
Vermont Department of Health

Young Adult Survey (Age 18-22, 2018)

Days used in the last month - College Students

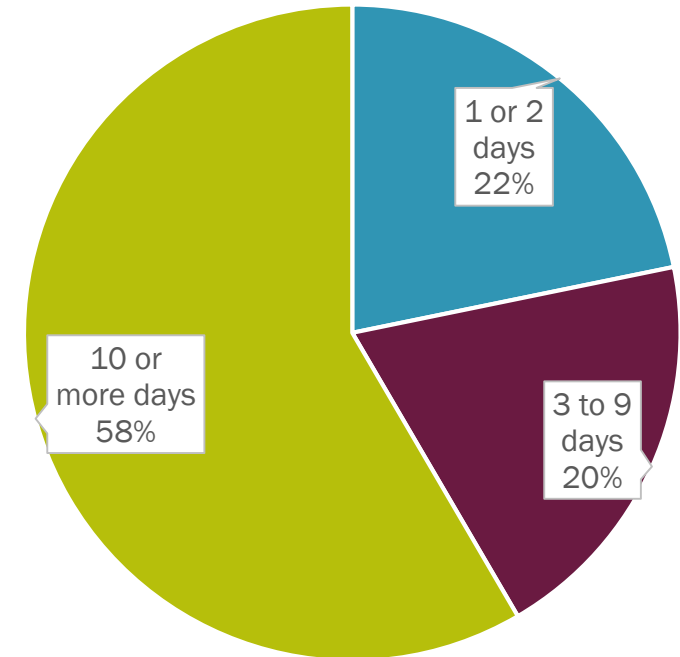


Days used in the last month - Other Young Adults



Behavioral Risk Factor Surveillance System (Age 18+, 2018)

Days used in the last month



Note: Totals may not add to 100% due to rounding

Prevention System and Capacity: State of affairs in 2019

- VDH has been very successful in applying for and receiving federal funding
- Currently the majority of substance use prevention funding comes from federal sources, such as the Substance Abuse Block Grant (SABG), the State Opioid Response (SOR) grant or demonstration grants such as the Partnership for Success/Regional Prevention Partnerships (RPP) grant
- Public health and population based public health expertise
- Communications expertise to develop and manage media/communications campaigns
- Training provided statewide and support of certification
- Partnerships with key stakeholders and state agencies
- Data collection and analysis

Prevention System and Capacity: State of affairs in 2019

Federal funding has provided for:

- Regional Prevention Consultants
- Regional Prevention System funded via federal Regional Prevention Partnership Grants (12) and (1) Prevention Network Grant
- Funding of local community grants
- Funding of school-based grants

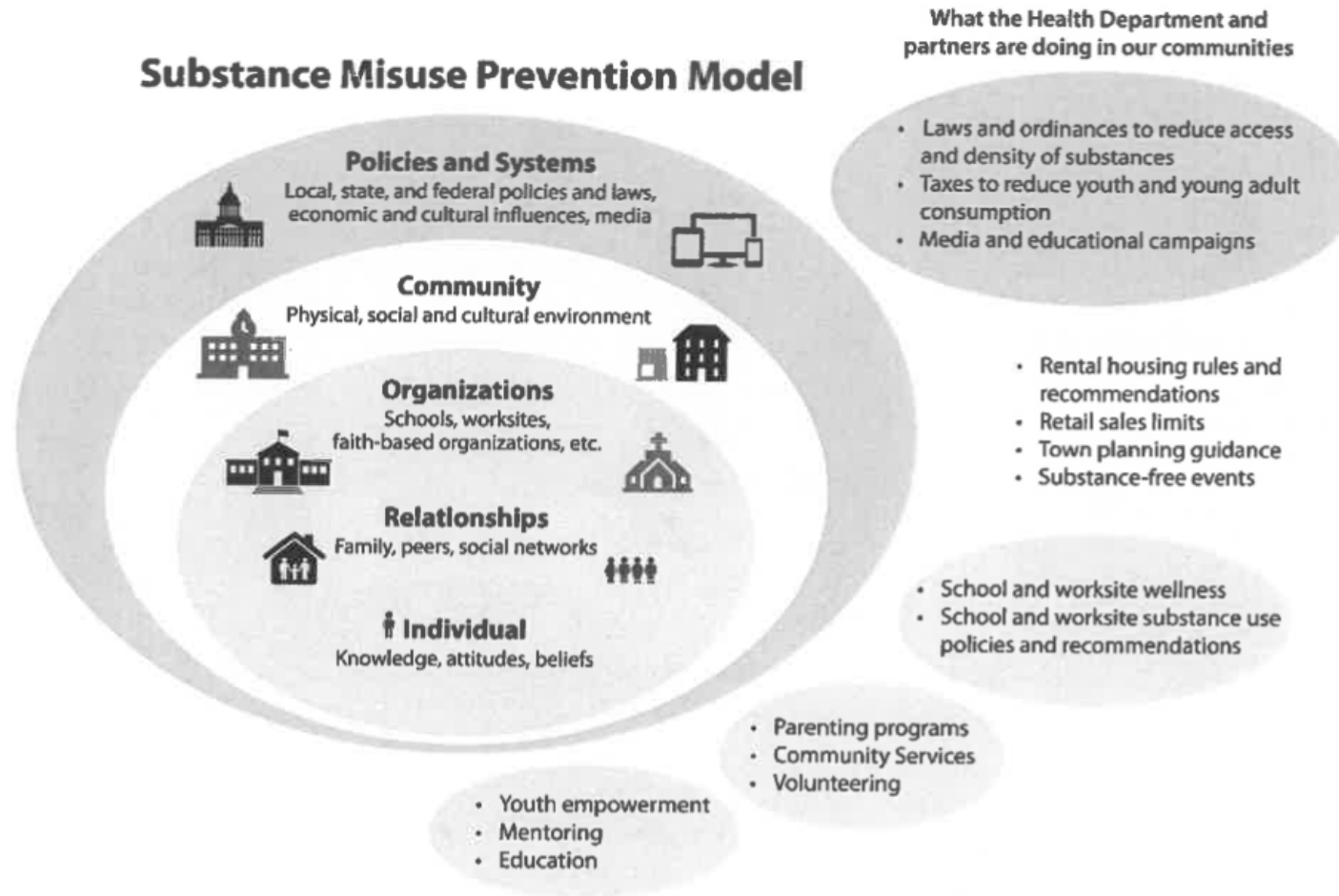
Why do we need state funded prevention efforts?

For the first time in over 20 years, there are currently few federal demonstration grants that states are eligible to apply for to fund community-based substance use prevention

Why does our system work?

- Utilizes the Vermont Prevention Model which ensures comprehensive prevention across all ages and spheres of influence
- Implements Evidence-based programs and strategies
- Utilizes a data driven public health planning model
- Utilizes the risk and protective factor theory of change proved by research
- Conducts process and outcome evaluation

Vermont Prevention Model In ACTION



Community Example: Deerfield Valley Community Partnership since 1997



- All sectors of our community come together to develop a comprehensive coordinated, inclusive solution to our community's substance abuse problems.
- Focus on Primary Prevention- Preventing the early onset of any substance use
- Addressing Community Needs

Assessment: Why is this happening??

- What are the Root Causes of the Problem?
- Intervening Variables: Risk Factors & Protective Factors
- Why does the problem exist?

Problem	Root Cause-(But Why?)
Too many High School students are smoking tobacco. Data: 1997 YRBS-67% of Twin Valley High School seniors smoked in the past 30 days	Root Cause #1-Easy Access/Availability

WHY is this Happening Here??

- What are the Local Conditions that exist?
- What contributes to how each Root Cause is occurring in our community?

Problem	Root Cause-(But Why?)	Local Conditions (But, Why Here?)
<p>Too many Twin Valley High School students are smoking tobacco.</p> <p>Data: 1997 YRBS-67% of High School students smoked in the past 30 days</p>	<p>Root Cause: Easy Access/Availability</p>	<p>Local Condition: Youth are able to purchase cigarettes at the local stores</p>

Planning- WHAT can we do?

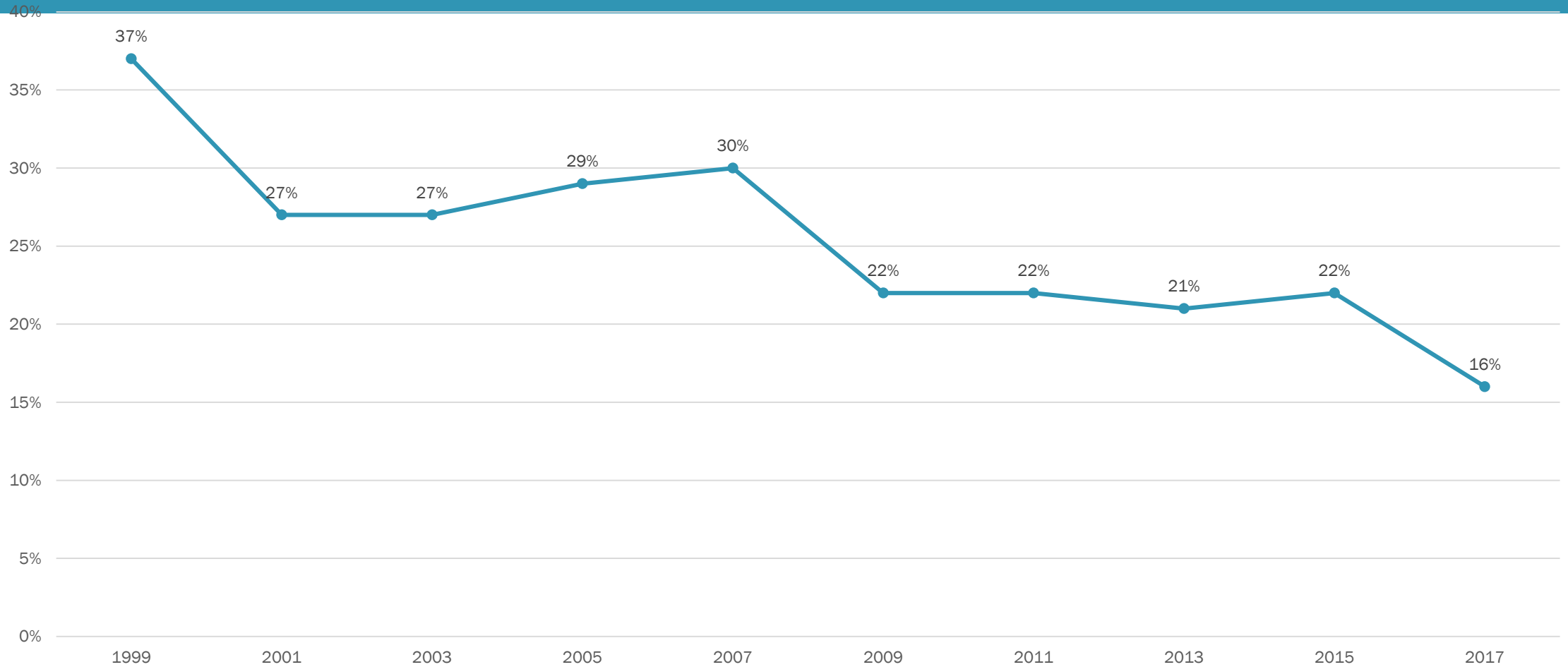
Problem	Root Cause-(But Why?)	Local Conditions (But, Why Here?)	Strategies/Interventions
<p>Too many Twin Valley High School students are smoking tobacco.</p> <p>Data: 1997 YRBS- 67% of High School students smoked in the past 30 days</p>	<p>Root Cause: Easy Access/Availability</p>	<p>Local Condition</p> <p>Youth are able to purchase cigarettes at the local stores</p>	<p>Provide Information- Send information to retailers about the consequences of selling tobacco to minors</p> <p>Enhance Skills-Offer Retailer training on not selling tobacco to minors.</p> <p>Provide Support: Connect Retailers with DLC staff and resources.</p> <p>Enhance Access/Reduce Barriers: Have the trainings occur locally.</p> <p>Change Consequences: (Incentives/Disincentives): Implement Tobacco Compliance Checks at the stores. Send recognition certificate to retailers that successfully pass compliance checks.</p> <p>Modifying Policies: Store owners implement store policy requiring their employees to attend in-person trainings</p>

Implementation of Strategies

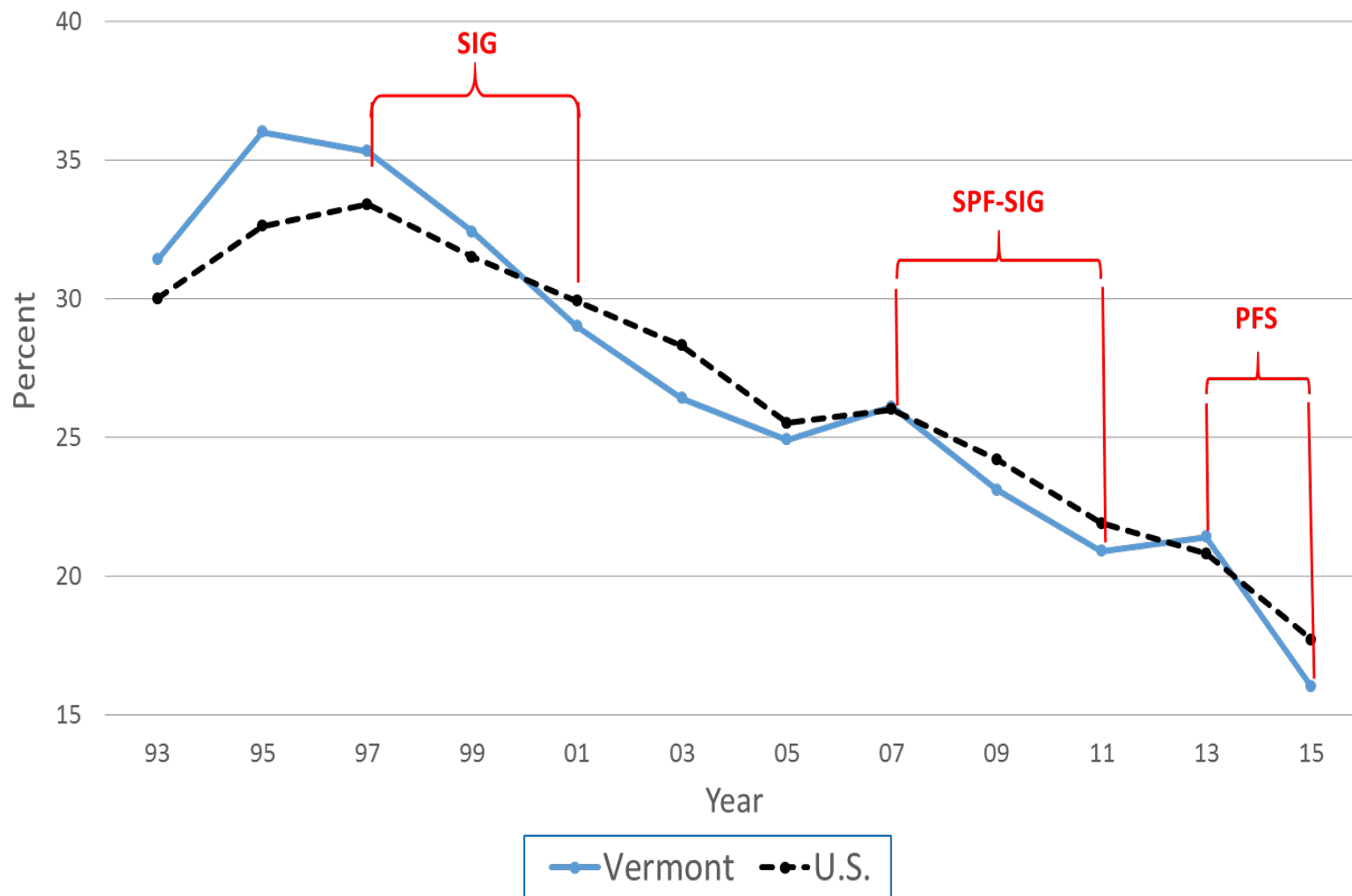
(One Size does not Fit all):

- Youth Empowerment Programs
- Drug & Alcohol Prevention Skill-Based Curriculum in the Schools
- Community & School Policy Work
- Student Assistance Program & Counseling Services in the schools
- School Staff ATOD Education
- Retailer Trainings
- Community Dialogues & Meetings
- Parenting Education Programs and Community & Parent Information
- Substance Free Recreation- afterschool, family events, youth events
- Rx Medication Misuse Prevention-Lock Boxes, Pharmacist/Prescriber Dialogues

Windham Southwest Supervisory Union YRBS Grades 9-12 Past 30 Day MJ Use 1999-2017



Percent of High School Students Reporting Binge Drinking in Past 30 Days



Opioid Coordinating Council (OCC) Prevention Recommendations

1. Develop a plan for sustainable investment in primary and secondary prevention that integrates school and community-based programs, resources and collaborations.
2. Implement a statewide, multi-generational prevention care continuum to promote protective factors and identify risk factors, through screening sustained home visits for pregnant and parenting women and their children.

Governor's Marijuana Advisory Commission (MAC) Prevention Recommendations

1. Establish a substance use prevention fund with income generated by taxes levied on cannabis activities to implement comprehensive substance use prevention strategies throughout the state.
2. Establish a Substance Misuse Advisory Committee under the Commissioner of Health to provide the state with advice on the use of the funds
3. Establish six (6) Regional Prevention Networks across the state to continue the work started by the RPP grant and expanding the focus to all ages and all substances
4. Initiate a program of school-based prevention by funding at least one full-time substance use prevention professional for each 250 student cases to provide prevention and education services to all students, including youth/peer leadership opportunities
5. Evaluate and provide quality improvement on all prevention activities to sustain primary and secondary prevention
6. Implement a public education strategy about the effects of driving under the influence of THC before cannabis is regulated

Substance Misuse Prevention Oversight and Advisory Council

- Inaugural meeting October 2019 and has met monthly since
- Reviewed trend data on the substances most at risk of misuse
- Discussed the Council's role in substance misuse prevention in Vermont
- Identified measurable goals for the effectiveness of prevention programming Statewide and three to five performance measures for all substances at risk of misuse that demonstrate the system's results, as charged by Act 82.
- Defined the scope of the prevention program inventory and identified data components that would be meaningful to inform the Council's work and future recommendations

Take Home Messages

- Marijuana use is a significant public health problem in Vermont, and it is getting worse
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