

Date: April 18, 2019

To: House Committee on Human Services
From: Stephanie Winters, Deputy Executive Director
Re: Dedicated Revenue for S. 146, Substance Misuse Prevention Council

The Vermont Medical Society and the American Academy of Pediatrics Vermont Chapter strongly support S.146, and the creation of a substance misuse prevention council. However, it must include dedicated, sustainable funding to institute evidence-based prevention programs to prevent risky behaviors among adolescents.

We support the inclusion of all substances outlined in the bill in the substance misuse prevention council. A comprehensive prevention approach highlights that all of these substances are dangerous, addictive and cause great damage to our citizens. You have heard frequently in this committee the negative impacts of tobacco, e-cigarette, alcohol and opioid use. You probably also know that both the VMS and AAPVT Chapter are opposed to the legalization and commercialization of marijuana. However, if the State is progressing down this path, it is imperative that we implement strong education and prevention programs **before** that takes place.

While all approaches to legalizing use or sales of marijuana present risks to public health, alcohol and tobacco-style commercial model of sales creates the highest incentives for suppliers to promote use that is harmful to public health, to consolidate the market and to expand the customer base through mass marketing – especially targeting youth. For this reason, we must educate youth to counter the climate that portrays these harmful substances as benign. We must institute comprehensive prevention models, including quality after-school programs that prevent risky behaviors among adolescents.

I know you have heard about the Iceland model for prevention, but I want to highlight some of the numbers.

In 1998 Iceland had the highest level of youth use of alcohol, tobacco and MJ, in Europe. 42% of 15-16 year olds had been drunk in the last 30 days, 23% were daily smokers and 17% had had marijuana in the last 30 days (our VT rate 14%) and in 2017 those corresponding rates were 6%, 5% and 2%

What did they do?

Among a number of things, they created an extracurricular environment for everyone, gave residents useful roles in their community, supported quality controlled extracurricular activities— arts and sports, technical skills and supported young people at risk inside the schools—jobs, creative arts. They also conducted health research about their community—administer a detailed annual survey (like YRBS) and communicated the research to community—encouraged community solutions and state supported the solutions.

Along with decreased substance use they saw: Less sexual violence against women, less bullying in schools, less crime, less injury and less drug related traffic deaths. As well as an increase in: bonding and cooperation between parents in neighborhoods, engagement in arts and participation in sports.

As you know, the bill as passed the Senate and now being considered by the House Government Operations Committee to authorize commercial sales of cannabis has no funding for prevention or prevention programming. While we testified in front of House Government Operations yesterday asking for tax revenue from sales of marijuana to be directed to prevention in S.54, we know it is unlikely to be enough. Any new or additional revenue from taxation of ANY substance at risk of misuse should be directed to prevention, regardless of the outcome of S.54. We must do all that we can to protect our citizens by adequately funding the programs that serve to help those already addicted and by adequately funding programs to stop addiction and health risks in the first place.

To that end we suggest the following amendment:

"It is the intent of the General Assembly that any revenue generated by new or increased taxation of substances at risk of misuse, including cannabis, tobacco, tobacco substitutes, opioids and alcohol be directed to fund substance misuse prevention initiatives throughout the state.

Similar language was included by the Senate Health & Welfare Committee when considering the bill.

We are continuing to play catch-up in the battle to curb tobacco, e-cigarette, alcohol & opioid use, we don't want to be in that same position with marijuana.