Substance Misuse Prevention Oversight and Advisory Council 2026 Report to the Legislature

In accordance with Act 82 (2019), Section 3

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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 (SMPC) 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 measure these three goals.

Performance Measures

The SMPC tracks the population outcome measures below using data from the Youth Risk Behavior Survey (YRBS), Behavioral Risk Factors Surveillance System (BRFSS), and the National Survey on Drug Use and Health (NSDUH) 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 who used alcohol, cannabis, stimulants (prescription and illicit), opioids (prescription and illicit), tobacco/nicotine products in the last 30 days. (Measures Goal #2 and is measured through the National Survey on Drug Use and Health, YRBS, BRFSS).
4. Percentage of the cannabis excise tax, opioid settlement funds, Tobacco Master Settlement Agreement, and other state revenue allocated to prevention programming (Measures Goal #3 and is measured through review of state and federal investments in prevention).
5. At least annually, the full SMPC will meet with the four Vermont Prevention Lead Organizations (VPLOs) and tobacco prevention coalitions or review their materials such as their coalition needs assessments, strategic planning documentation, health equity plans, or workplans. The SMPC will utilize this information shared by these entities to identify continued challenges related to the work of prevention in Vermont to inform ongoing SMPC recommendations to the General Assembly and the Health Department (Measures Goal #3 and is measured through SMPC meeting agendas, minutes, and annual reports).

Updates on performance measures can be found in Appendix I.

Policy Recommendations

The SMPC reviewed active legislation with substance use prevention impacts to develop the following recommendations. It should be noted that the SMPC only focused on prevention specific aspects of the bills; other aspects of the noted bills have not been discussed by the SMPC as they fall outside of the prevention purview assigned to the SMPC in Act 82.

1. To support the SMPC's 1st and 2nd goal, the SMPC supports the following provisions of S. 106 (2025), an act relating to continuing the Psychedelic Therapy Advisory Working Group:

   > "….continue to review the latest research and evidence of the public health benefits and risks of clinical psychedelic assisted treatments; continue to monitor the laws and programs of other states that have authorized the use of psychedelics by health care providers in a therapeutic setting and the necessary components and resources if Vermont were to pursue such a program."

   As outlined in Appendix II, the research around the use of psychedelics is limited. It is critical for additional research to be completed, including the unintentional consequences for youth access and use of psychedelics, before moving forward with pilot programs or legalization of psychedelics as a therapeutic treatment.
2. Appendix II also highlights why the SMPC does not support H. 452 (2025), an act relating to decriminalization of psilocybin-containing mushrooms and the establishment of the Psilocybin Therapeutic Consultation Program, which would detract from the SMPC's 1st and 2nd goal.
3. To support the SMPC's 1st and 2nd goals, the SMPC supports the following provisions of bill H. 376 (2025), an act relating to the creation of the Treatment and Recovery Fund and the labeling and taxation of alcoholic beverages:

   > "…increase the gallonage taxes on malt beverages and vinous beverages; increase the excise tax on spirits…"

Research suggests that increasing the tax rate of any substance is impactful in preventing use and reducing current use.[1,2]

This recommendation is in support of a recommendation made by the SMPC in their 2025 legislative report:

> "To promote support for the SMPC's 1st and 2nd goals, develop, review, and update statutes to regulate all substances at risk for misuse, as defined by 18 V.S.A. § 4803(a), such as but not limited to, alcohol, cannabis, and nicotine/tobacco products, to ensure parity, decrease risk factors, and increase protective factors."

Evaluation Results of Prevention Programs

The following evaluations are the comprehensive list to date of prevention program evaluations. The most recent evaluations for the following programs can be found at the following links:

- School-based Substance Abuse Services Evaluation
- Law Enforcement Drug Disposal program
- Tobacco Control Program
- Prevention Inventory

[1] Anderson, P., Chisholm, D., & Fuhr, D. C. (2009). Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet (London, England)*, *373*(9682), 2234–2246. https://doi.org/10.1016/S0140-6736(09)60744-3 Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol - PubMed

[2] Dolan, S. B., Spindle, T. R., Vandrey, R., & Johnson, M. W. (2022). Behavioral economic interactions between cannabis and alcohol purchasing: Associations with disordered use. *Experimental and clinical psychopharmacology*, *30*(2), 159–171. https://doi.org/10.1037/pha0000397

Explanation of Prevention Program Budgets

The Department of Health ("Department") receives state and federal funding[3] from various sources to support several substance misuse prevention programs, including:

- School-based substance misuse prevention services;
- Statewide drug disposal program;
- Tobacco Control Program;
- Substance Misuse Prevention Oversight and Advisory Council;
- Community-based substance misuse prevention services;
- Division of Substance Use Programs prevention staff; and
- Regional Prevention Partnerships Program.

Expenditures

The amounts spent from these programs in State Fiscal Year 2025 (July 1, 2024 - June 30, 2025), are as follows:

[3] Previous SMPC annual reports presented state-funded prevention program budgets. For SFY25, both state and federal funding is included to provide a more complete picture of funding for prevention programs.

Program	General Fund (GF)	Special Fund (SF)	Tobacco Fund	Federal Funds (FF)	Global Commitment (GC)	Total
School-based Substance Misuse Prevention Services	$248,116	$48,138	$119,678	$418,106	$186,404	$1,020,441
Statewide Drug Disposal Program		$470,449				$470,449
Tobacco Control Program			$1,791,842	$1,024,087	$1,400,000	$4,215,930
Substance Misuse Prevention Oversight and Advisory Council		$214,891				$214,891
Community-based Substance Misuse Prevention Services	$3,781,919					$3,781,919
Division of Substance Use Programs Prevention Staff				$3,735,739		$3,735,739
Regional Prevention Partnership Program				$956,010		$956,010
Total	**$4,030,035**	**$733,478**	**$1,911,520**	**$6,133,942**	**$1,586,404**	**$14,395,380**

Description of Substance Misuse Prevention Efforts

School-based Substance Misuse Prevention Services

As of FY25, funding is provided to 21 (of 54) Vermont school supervisory unions/districts to provide 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:

- Classroom health curriculum
- Advising and training of peer leadership groups
- Delivery of parent information and implementation of educational programs
- Teacher and support staff training
- Educational support groups for students.

In the 2023-24 school year, 5,160 students participated in prevention curriculums, 878 students were screened for substance use and 2,590 school staff were assessed and provided training in substance use

Statewide Drug Disposal Program

Funding supports the statewide prescription drug disposal system, which 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 that informs Vermonters about safe storage and disposal of unused prescription drugs.

It also partially supports 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.

In 2024, Vermonters safely disposed of over 18,000 pounds of medication through the drug disposal program.

Tobacco Control Program

Funding for the Department's comprehensive Tobacco Control Program, implemented by the Division of Health Promotion and Disease Prevention (HPDP), supports:

- The Tobacco Control Program's infrastructure, including 4.5 FTE positions.
- Quitline services, with protocols and incentives for priority populations, which serve over 3,000 Vermonters annually. The Quitline and Quit Online services offered by 802Quits includes a range of services from providing information about quitting to supporting quitting through counseling and short and long-acting nicotine replacement therapy. Nearly 40% of registrants are Medicaid members or uninsured. Other populations the Quitline assists with tobacco treatment are youth, young adults, Indigenous, menthol users, and those who are pregnant.
- Community prevention activities, including:
    - Support for tobacco prevention coalitions. Tobacco prevention coalitions are a key component of effective tobacco control and focus on local policy, tobacco treatment, and communications. In SFY25, available funding supported 6 coalitions.
    - In SFY25, tobacco grants to community partners: Outright Vermont, the Abenaki Circle of Courage youth empowerment, and Vermont Afterschool.
    - Some examples of grantee initiatives include: Working with towns to make public places, multi-unit housing, parks and beaches smoke-free; Promoting the benefits of passing ordinances and updating town plans and zoning districts to reduce the impact of tobacco in local communities; Helping businesses and behavioral health facilities incorporate tobacco-free policies.
- Youth and young adult engagement and empowerment work to reduce initiation and use of tobacco. This includes school-based Our Voices X'Posed (OVX) youth groups, an annual fall training summit, and winter OVX Youth Rally at the State House.
- Counter marketing against the tobacco industry's promotions to youth/young adults and other populations at risk including those with disability, Medicaid insured, Native Americans, and those who are Black, Indigenous and people of color. These efforts focus on increasing perception of harm of tobacco products, including vaping and nicotine pouches.
- Evaluations of programs for quality improvement and outcome monitoring.

Substance Misuse Prevention Oversight and Advisory Council

Funding is used to support the salary, indirect, and fringe benefit costs of the Substance Misuse Prevention Manager who convenes and supports the work of the Substance Misuse Prevention Oversight and Advisory Council.

Community-based Substance Misuse Prevention Services

Four regional Vermont Prevention Lead Organizations (VPLOs) were established in July 2023 to lead substance misuse prevention efforts and allocate substance misuse prevention funding within their region. The regional/VPLO structure came out of a robust 11-month prevention systems planning process that included state and community substance misuse prevention partners and the Public Consulting Group with a focus on enhancing and expanding prevention in Vermont.

The goals of the VPLOs are to:

1. Sustain existing substance misuse prevention coalitions;
2. Build additional community substance misuse prevention capacity; and
3. Reach gap areas to ensure statewide substance misuse prevention coverage of all 12 health districts.

These efforts reach all age groups, target all substances, and includes both reducing the likelihood of use from occurring and intervening when early signs of misuse are detected.

VPLOs allocate funding in their regions based on local and statewide data and assessment. A regional advisory board makes sub-granting decisions based on these needs and priorities to maximize regional assets and variability.

In SFY25, VPLOs funded over 60 substance misuse prevention projects and initiatives. Examples of evidence-based programming being funded by VPLOs include:

- A parent child center offering prevention trainings for early childhood educators and other partners serving families with young children
- Student leadership: Community coalitions support youth in addressing substance use and other community issues and growing leadership skills. Example: In Hartford students were trained as youth facilitators in the evidence-based Getting to 'Y' program. Middle and high schools then attended a district-wide summit to identify strengths and concerns from the 2023 Youth Risk Behavior Survey. The

students presented key data points and facilitated working sessions to brainstorm possible root causes and solutions to the concerns they highlighted.

- Youth cannabis use prevention education and outreach: Raising awareness and sharing guidance for parents and schools about prevention through local media (articles and Op-eds), community events, presentations at school and municipal meetings on substance use trends (using the Youth Risk Behavior Survey, Vermont Young Adult Survey and other data).
- Substance use prevention case management in primary care settings: Integrating substance abuse prevention and harm reduction into primary care services through substance use disorder (SUD) case management. Example: Little Rivers Health Care's behavioral health team offers SUD case management that is individualized and trauma informed.
- Community Response Model: A collaborative approach to addressing community issues, particularly in the context of violence and safety emphasizing community involvement and coordination. Example: Umbrella received $14,930 to support individuals who are experiencing domestic/sexual violence and who have a history of substance misuse. Using the findings of their FY24 needs assessment, also funded by the Department, their Community Response Model will advance prevention strategies to reduce the identified risk factors and system improvements.
- Wellness initiatives for older Vermonters: Supporting Vermont's aging population, which has high rates of substance use. Example: Elderly Services Inc. in Addison County was able to support its day program and provide an evidence-based training curriculum focused on three key areas related to substance misuse – knowledge, behavior and social support.
- Regional planning commissions collaboration: Promoting town ordinances and updating town plans and zoning districts to reduce the impact of substance use. Examples include zoning rules to restrict sales or advertising near schools, declaring local parks substance free and adding signage and restricting substance use at community events.

Division of Substance Use Programs Prevention Staff

Funding supports the Prevention Consultant Network, which includes eleven Regional Prevention Consultants (PCs) assigned to Local Health District Offices who serve as subject matter experts that provide technical assistance on substance misuse prevention. PCs serve the agencies, organizations, and individuals within their district, and support their VPLO region with the goal of increasing local community capacity to carry out effective substance misuse prevention efforts to impact positive changes in behavior, attitudes, skill development, and environmental changes. PCs offer five essential services:

1. Community organizing and mobilization
2. Program planning, organizational development, and consultation
3. Presentations, training, and technical assistance
4. Community grants information and guidance
5. Information and referral

This work occurs at the community level and according to need. Prevention Consultants provide presentations to schools and social services organizations on Youth Risk Behavior Survey data. They also train on the Strategic Prevention Framework, Prevention 101, logic models and more in communities to schools, social service organizations, regional planning commissions, relevant boards and advisory structures, new community prevention staff around assessment and risk and protective factors for substance misuse. In partnership with the Department's Division of Local Health, Prevention Consultants play a vital role in connecting communities with the work of the Department by being a consistent presence in, and an advocate for, Vermont communities.

Funding also supports DSU staff who direct all prevention activities, oversee DSU grants, and work on media campaigns.

Regional Prevention Partnership Program

Five-year grants funded by SAMHSA Strategic Prevention Framework – Partnerships for Success for States (PFS) support Vermont's Regional Prevention Partnerships (RPP) Initiative focused on youth and young adults. This federal grant also supports statewide coordination by DSU related to prevention training, technical assistance, the Young Adult Survey, prevention messaging, and capacity-building.

Federal FY24 and Federal FY25 represented Year 4 and 5 of Vermont's 2020 PFS/RPP grant. During this period, RPP was implemented at both the state and region/community levels with an intense focus in 5 of 12 health districts in Vermont that demonstrated a need for additional support. RPP uses the SAMHSA Strategic Prevention Framework (SPF) and evidence-based programs to prevent and reduce alcohol and cannabis use by youth, young adults, and lesbian, gay, bisexual, and transgender (LGBT) youth and young adults. In addition to LGBT youth, RPP also addresses health disparities related to substance use by youth in rural communities and those with low socioeconomic status (SES).

The Department applied for, and received, its third 5-year SAMHSA PFS grant (started 9/30/25 and will go through 9/29/30). Final receipt of this award is contingent on the final Federal FY26 budget. Funding from the PFS grant will be distributed through VPLOs to

community-based organizations statewide to strengthen, leverage, and align with community prevention activities funded by other sources.

These efforts will work to:

- Reduce the onset and progression of alcohol and cannabis use/misuse by youth and young adults by expanding the capacity of community-based organizations statewide to implement and sustain prevention services in communities with high substance misuse rates
- Promote the use of evidence-based interventions and/or practices to maximize positive health outcomes
- Address larger, more systematic structural issues related to access to high quality recovery-oriented and trauma-informed prevention services for all populations that are relevant, as a means of improving overall health and wellbeing.

Activities focus on cannabis and alcohol misuse prevention for youth and young adults ages 13-25. The work is statewide and seeks to address the rates of cannabis and alcohol use among youth and young adults in Vermont, which are higher than the national average.

Appendix 1–Performance Measures 1-3

Youth Risk Behavior Survey

Measure	2023 Data	2021 Data
Percent of high school students who believe they matter to their community	• 54% of all students • 42% LGBTQ students • 48% BIPOC students	• 52% of all students • 36% LGBTQ students • 46% BIPOC students
Percent of middle school students who believe they matter to their community	• 54% of all students • 42% LGBTQ students • 48% BIPOC students	• 55% of all students • 35% LGBTQ students • 50% BIPOC students
Percent of high school students who perceive great risk of harm in using substances (at these frequencies) (Table Cell – Dark Text) Column 1, Row 4	**Binge Alcohol Every Weekend:** • 35% of all students • 41% LGBTQ students • 40% BIPOC students	**Binge Alcohol Every Weekend:** • 37% of all students • 43% LGBTQ students • 42% BIPOC students
	Use Marijuana Regularly: • 24% of all students • 20% LGBTQ students • 28% BIPOC students	**Use Marijuana Regularly:** • 25% of all students • 20% LGBTQ students • 30% BIPOC students
	Use Electronic Vapor Products (EVP) Regularly:[4] • 51% of all students • 46% of LGBTQ students • 49% of BIPOC students	**Use Electronic Vapor Products (EVP) Regularly:**[5] • 39% of all students • 41% of LGBTQ students • 40% of BIPOC students

[4] This study was limited to EVP products that contain nicotine.

[5] This study was limited to EVP products that contain nicotine.

Measure	2023 Data	2021 Data
Percent of middle school students who perceive great risk of harm in using substances (at these frequencies)	**Binge Alcohol Every Weekend:** • 39% of all students • 39% of LGBTQ students 42% of BIPOC students	**Binge Alcohol Every Weekend:** • 40% of all students • 40% of LGBTQ students 43% of BIPOC students
	Use Marijuana Regularly: • 45% of all students • 39% of LGBTQ students • 43% of BIPOC students	**Use Marijuana Regularly:** • 48% of all students • 42% of LGBTQ students • 47% of BIPOC students
	Use EVP Regularly:[6] • 51% of all students • 46% of LGBTQ students • 49% of BIPOC students	**Use EVP Regularly:**[7] • 51% of all students • 47% of LGBTQ students • 49% of BIPOC students

Comparisons of the 2021 data to other years' of YRBS data are complicated by the impacts of the 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 which could impact what health behaviors and beliefs they are engaged in and have. For example:

- For Middle School respondents:
  - In 2019, the survey was conducted in the spring semester when 12% of students were 11 years of age or younger and 20% were 14 or older.
  - In 2021, the survey was conducted in the fall semester when 20% of students were 11 years of age or younger and 8% were 14 or older.
- For High School respondents:

[6] This study was limited to EVP products that contain nicotine.

[7] This study was limited to EVP products that contain nicotine.

- In 2019, the survey was conducted in the spring semester when 13% of students were 14 years old or younger, and 11% were 18 years old or older.
- In 2021, the survey was conducted in the fall semester when 23% of students 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.

Behavioral Risk Factors Surveillance System (BRFSS)

Measure	2023	2022
Binge drinking in the past month	**Age:** • 18-24: 32% • 25-44: 23% • 45-64: 15% • 65+: 5%	**Age:** • 18-24: 31% • 25-44: 26% • 45-64: 17% • 65+: 5%
	Education level: • High school or less: 15% • Some college: 18% • College or more: 16%	**Education level:** • High school or less: 18% • Some college: 20% • College or more: 17%
	Income level: • Lower than $50k: 15% • $50K-than $150K: 18% • $150K or more: 23% *Please note these income level increments were*	**Income level:** • Less than $25K: 17% • $25-$50K: 15% • $50- less than $75K: 17% • $75K or more: 22%

Measure	2023	2022
	adjusted between the 2022 and 2023 report.	
	LGBTQ community: • Non-LGBTQ+: 16% • LGBTQ+: 21%	**LGBTQ community:** • Non-LGBTQ+: 17% • LGBTQ+: 25%
	Race and Ethnicity: • Black, Indigenous, People of Color: 14% • White, non-Hispanic: 17%	**Race and Ethnicity:** • Black, Indigenous, People of Color: 21% • White, non-Hispanic: 18%
	Disability: • No disability: 17% • Any disability: 15%	**Disability:** • No disability: 19% • Any disability: 15%
Heavy drinking in the Past month	**Age:** • 18-24: 12% • 25-44: 8% • 45-64: 9% • 65+: 6%	**Age:** • 18-24: 13% • 25-44: 11% • 45-64: 11% • 65+: 6%
	Education level: • High school or less: 7% • Some college: 9% • College or more: 9%	**Education level:** • High school or less: 10% • Some college: 9% • College or more: 10%
	Income level: • Lower than $50k: 9% • $50K-than $150K: 9% • $150K or more: 11% *Please note these income level increments were adjusted between the 2022 and 2023 report.*	**Income level:** • Less than $25K: 8% • $25-$50K: 9% • $50 - less than $75K: 11% • $75K or more: 11%

Measure	2023	2022
	LGBTQ community: • Non-LGBTQ+: 8% LGBTQ+: 10%	**LGBTQ community:** • Non-LGBTQ+: 9% LGBTQ+: 16%
	Race and Ethnicity: • Black, Indigenous, People of Color: 6% • White, non-Hispanic: 9%	**Race and Ethnicity:** • Black, Indigenous, People of Color: 10% • White, non-Hispanic: 10%
	Disability: • No disability: 8% • Any disability: 8%	**Disability:** • No disability: 10% • Any disability: 9%
Use of alcohol with interactive medications for people 65+	*This measure was not included in the 2023 BRFSS.*	**Education level:** • High school or less: 41% • Some college: 37% • College or more: 35%
		Income level: • Less than $25K: 43% • $25-$50K: 42% • $50- less than $75K: 33% • $75K or more: 32%
		LGBTQ community: • Non-LGBTQ+: 39% • LGBTQ+: 34%
		Race and Ethnicity: • Black, Indigenous, People of Color: 53% • White, non-Hispanic: 37%

Measure	2023	2022
		Disability: • No disability: 30% • Any disability: 50%
Cannabis use in the past month	**Age:** • 18-24: 33% • 25-44: 36% • 45-64: 22% • 65+: 10%	**Age:** • 18-24: 36% • 25-44: 34% • 45-64: 23% • 65+: 11%
	Education level: • High school or less: 24% • Some college: 25% • College or more: 22%	**Education level:** • High school or less: 26% • Some college: 25% • College or more: 21%
	Income level: • Lower than $50k: 27% • $50K-than $150K: 25% • $150K or more: 22% *Please note these income level increments were adjusted between the 2022 and 2023 report*	**Income level:** • $25K: 31% • $25-50K: 25% • $50 – less than $75K: 25% • $75K or more: 23%
	LGBTQ community: • Non-LGBTQ+: 21% • LGBTQ+: 43%	**LGBTQ community:** • Non-LGBTQ+: 22% • LGBTQ+: 39%
	Race and Ethnicity: • Black, Indigenous, People of Color: 25% • White, non-Hispanic: 23%	**Race and Ethnicity:** • Black, Indigenous, People of Color: 27% • White, non-Hispanic: 23%
	Disability: • No disability: 22%	**Disability:** • No disability: 22%

Measure	2023	2022
	• Any disability: 29%	• Any disability: 29%
Currently using E-Cigarettes	**Age:** • 18-24: 14% • 25-44: 8% • 45-64: 3% • 65+: Value suppressed for small sample size	**Age:** • 18-24: 22% • 25-44: 8% • 45-64: 3% • 65+: 1%
	Education level: • High school or less: 7% • Some college: 6% • College or more: 2%	**Education level:** • High school or less: 9% • Some college: 7% • College or more: 3%
	Income level: • Lower than $50k: 6% • $50K-than $150K: 5% • $150K or more: 4% *Please note these income level increments were adjusted between the 2022 and 2023 report*	**Income level:** • Less than $25K: 8% • $25-$50K: 6% • $50- less than $75K: 5% • $75K or more: 6%
	LGBTQ+: • Non-LGBTQ+: 4% • LGBTQ+: 11%	**LGBTQ+:** • Non-LGBTQ+: 5% • LGBTQ+: 12%
	Race and Ethnicity: • Black, Indigenous, People of Color: 6% • White, non-Hispanic: 5%	**Race and Ethnicity:** • Black, Indigenous, People of Color: 13% • White, non-Hispanic: 5%
	Disability: • No disability: 4% • Any disability: 8%	**Disability:** • No disability: 5% • Any disability: 8%

Measure	2023	2022
Currently smoking cigarettes	**Age:** • 18-24: 5% • 25-44: 13% • 45-64: 16% • 65+: 6%	**Age:** • 18-24: 8% • 25-44: 16% • 45-64: 17% • 65+: 9%
	Education level: • High school or less: 18% • Some college: 12% • College or more: 4%	**Education level:** • High school or less: 23% • Some college: 11% • College or more: 5%
	Income level: • Lower than $50k: 18% • $50K-than $150K: 8% • $150K or more: 5% *Please note these income level increments were adjusted between the 2022 and 2023 report*	**Income level:** • Less than $25K: 26% • $25-$50K: 20% • $50- less than $75K: 11% • $75K or more: 7%
	LGBTQ+: • Non-LGBTQ+: 11% • LGBTQ+: 11%	**LGBTQ+:** • Non-LGBTQ+: 13% • LGBTQ+: 14%
	Race and Ethnicity: • Black, Indigenous, People of Color: 13% • White, non-Hispanic: 11%	**Race and Ethnicity:** • Black, Indigenous, People of Color: 16% • White, non-Hispanic: 13%
	Disability: • No disability: 8% • Any disability: 18%	**Disability:** • No disability: 11% • Any disability: 19%

National Survey on Drug Use and Health (2022/2023)

Measure	Percentage
Individuals 12+ who have misused prescription opioids in the last year	2.6%
Individuals 12+ who used cocaine in the last year	2.4%
Individuals who have misused opioids in the last year	2.7%

Performance Measure 4: The SMPC will be utilizing information from FY25 to assess this and will report out on their findings in 2027.

Performance Measure 5: The SMPC met with all Vermont Prevention Lead Organizations over calendar year 2025. All nine tobacco prevention coalitions were also invited to meet with the SMPC, and four accepted the invitation within the timeframe of this year's report. The SMPC will be consolidating common themes to inform their work during calendar year 2026.

Appendix II–Research on the Effectiveness of Kratom and Psychedelics as Treatment for Substance Use Disorder (SUD)

Kratom

As of September 2025, there are no randomized clinical trials (RCTs) associated with kratom treatment for SUDs. There are several speculative articles suggesting the potential for positive effects based on the pharmacology of kratom[8] but no clinical or preclinical studies. There are also suggestions that kratom itself can be misused/abused.[9]

Psychedelics (Ayahuasca, Psilocybin, LSD, Ibogaine, Mescaline)

Psychedelics have recently been suggested as a potential treatment for SUD either by themselves or (more often) in conjunction with individual psychotherapy.[10] To date no psychedelics have been approved for any medical/mental health use by the FDA. In July, 2024 the Vermont Legislature created the Psychedelic Therapy Advisory Working Group to examine the research and make recommendations about the use of psychedelics as a treatment for mental health disorders in general, not specifically for SUD. Their final report issued on November 12, 2024 focused on psilocybin and concluded that "the group demonstrated a general consensus regarding the potential for psilocybin-assisted therapy for depression and anxiety in the context of serious illness & end-of-life care" (p.7).[11] However, the group did not endorse establishing a state

[8] Green, M., Vadiei, N., Veltri, C.A., Grundmann, O., & Evoy, K.E. (2024). Kratom as a Potential Substance Use Disorder Harm Reduction Agent. *Front Public Health, 12*, 1-6.

[9] Gorelik, D.A. (2022). Kratom: Substance of Abuse or Therapeutic Plant? *Psychiatric Clinics of North America, 45*, 415-430.

[10] di Leo (1975) The Use of Psychedelics in Psychotherapy. *Journal of Altered States of Consciousness, 2*, 325-337.

[11] https://legislature.vermont.gov/assets/Legislative-Reports/The-Psychedelic-Therapy-Advisory-Working-Group_Final-Report.pdf

supported adoption of rules and regulations for the therapeutic application of psychedelics (specifically psilocybin) in the treatment of mental health disorders.

There has been some published research on the use of psychedelics (predominantly psilocybin) in the treatment of SUD mostly focusing (but not exclusively) on alcohol use disorder (AUD) and tobacco use disorder (TUD). Most of these studies employed very small sample sizes and most were not randomized controlled trials (RCTs). RCTs can establish the efficacy and effectiveness of a particular therapeutic strategy by comparing an experimental approach (e.g., psychedelics) to an existing method and/or a placebo using a double-blind methodology. For psychedelics, placebo comparison is difficult due to the mind altering effects of many substances making those in the placebo group likely to realize they are not being administered an active therapeutic dose. Therefore, most studies compare a psychedelic to psychotherapy or treatments involving non-psychoactive medications.

In a review of the literature on the efficacy of psilocybin combined with psychotherapy in addiction treatment, van der Meer, et al. (2023)[12] found four studies (one RCT, three small clinical trials) that were published as of September, 2022. Three of the studies examine AUD and one TUD. The RCT[13] compared psilocybin (n=48) and a non-psychoactive placebo (diphenhydramine, n=46) both combined with 12 weeks of manualized psychotherapy for individuals diagnosed with DSM-IV alcohol dependence from a community sample. The medications were administered in weeks 4 and 8 in day-long sessions. Results indicated a significant positive effect in the active medication group at the 32-week follow-up point: Fewer drinking days, fewer heavy drinking days, and lower mean daily consumption. No significant adverse events were reported in either group. However, the placebo and/or blinding were ineffective as over 95% of both participants and therapists correctly guessed individual group assignment.

[12] Van der Meer, P.B, Fuentes, J.J., Kaptein, A.A., Schoones, J.W., de Waal, M.M., Goudriaan, A.E., Kramers, K., Schellekens, A., Somers, M., Bossong, M.G., and Batalla, A. (2023). Therapeutic Effect of Psilocyban in Addiction: A Systematic Review. Frontiers in Psychiatry, 14:1134454. https://pubmed.ncbi.nlm.nih.gov/36846225/

[13] Bogenschutz, M., Ross, S., Bhatt, S., Baron, T., Forcehimes, A.A., Laska, E., Mennenga, S.E., O'Donnell, K., Owens, L.T., Podrebarac, S., Rotrosen, J., Tonigan, J. S., and Worth, L. (2022). Percentage of Heavy Drinking Days Following Psilocyban-Assisted Psychotherapy vs Placebo in the Treatment of Adult Patients with Alcohol Use Disorder: A Randomized Clinical Trial. *JAMA Psychiatry, 79*, 953-962. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2795625

The 3 non-RCTs also demonstrated similar positive effects in AUD and TUD, but were pilot studies with very small sample sizes.

Another study (Jones, et al., 2022)[14] examined the relationship between lifetime psychedelic use (psilocybin, peyote, mescaline, MDMA, PCP, or LSD) and the odds of a past year OUD in the National Survey on Drug Use and Health (NSDUH). They found that use of psilocybin conferred significantly lower odds of an OUD diagnosis. However, lifetime use of MDMA, PCP, cocaine, inhalants, tranquilizers, sedatives, and marijuana significantly increased the odds of an OUD diagnosis.

Piper et al. (2025)[15] provide the most comprehensive review to date of psychedelic-assisted treatment for SUD (including tobacco use disorder, alcohol use disorder, cocaine use disorder, cannabis use disorder, and opioid use disorder). They examined RCTs and observational studies of LSD, mescaline, psilocybin, ayahuasca, ketamine, ibogaine, and MDMA in a prospectively registered study.[16] Piper et al. (2025) also examined risk of bias, effectiveness of the randomization process, deviations from the intended interventions, missing outcome data, and certainty of efficacy for the included studies.

Overall, they identified 37 studies on psychedelic-assisted treatment for SUD (LSD, 14 studies – 8 RCTs, 5 open label clinical trials, 1 non-randomized control study; mescaline, 1 study – open label study that was a subset of one of the LSD studies with an n=7 participants; psilocybin, 4 studies – 2 RCT, 1 open label clinical trial as well as 1 long term follow up of the same trial; ayahuasca, 3 studies – 3 observational clinical studies for a variety of SUDs; ketamine, 10 studies – 9 RCTs, 1 proof of concept study; ibogaine, 5 studies – 1 RCT, 2 observational studies, 1 open label study, 1 retrospective observational study; MDMA, 1 study – open label study).

The authors concluded: “In this narrative review, the best evidence for SUD treatment efficacy is psilocybin and ketamine for AUD. The early phase study of psilocybin for TUD, and the RCTs of ketamine for alcohol use disorder, cocaine use disorder and OUD constitute low evidence certainty, but provide progression rational for larger studies (with findings from future studies likely to change our current evaluation). Future

[14] Jones, G., Ricard, J.A., Lipson, J., and Nock, M. K. (2022). Association Between Classic Psychedelics and Opioid Use Disorder in a Nationally-Representative U.S. Adult Sample. *Scientific Reports, 12*, https://doi.org/10.1038/s41598-022-08085-4

[15] Piper T, Small F, Brown S, Kelleher M, Mitcheson L, Rucker J, Young AH, Marsden J. Psychedelic-Assisted Treatment for Substance Use Disorder: A Narrative Systematic Review. Addiction. 2025 Jan 30. doi: 10.1111/add.16762. Epub ahead of print. PMID: 39887551. https://onlinelibrary.wiley.com/doi/10.1111/add.16762

[16] This means that prior to the review, they described the design, methods and inclusion/exclusion criteria for conducting the search and the analytical plan.

research should: report all safety events using appropriately adapted procedures; better screen for person-level characteristics that indicate that psychedelic-assisted SUD treatment is contraindicated; strive to mitigate blinding of participants to interventions; use factorial designs for psychedelic and psychosocial RCTs; and build consensus for a field-specific core outcome set to promote standardization and meta-analysis" (p.22).

State Level Status of the Legality of Psychedelics for Therapeutic or Recreational Purposes (As of April, 2025)[17]

State	Status	Notes
Alabama	Illegal	No changes
Alaska	Active Legislation	House Bill 228 was passed in 2024, allowing the establishment of a task force to prepare for psychedelic medicalization.
Arizona	Active Legislation	After a failed bill in 2024, Senate Bill 1555 was introduced in February 2025 to propose the creation of a psilocybin advisory board to research psilocybin mental health treatments.
Arkansas	Illegal	No changes

[17] https://recovered.org/hallucinogens/psilocybin/psilocybin-legal-status

State	Status	Notes
California	Active Legislation	Personal use and possession of psychedelics have been made the lowest law enforcement priority in certain cities. Statewide legalization bills have failed but continue to be proposed.
Colorado	Legalized	Psychedelics and psilocybin medical treatment centers are legalized.
Connecticut	Active Legislation	Small amounts of psilocybin have been decriminalized. Currently, a bill to allow the medical use of psilocybin is pending.
Delaware	Illegal	No changes
Florida	Failed Legislation	Bills to decriminalize psilocybin and allow medical research have failed.
Georgia	Active Legislation	A recent bill proposes to change the psilocybin classification to allow access to psilocybin-based treatments.
Hawaii	Medical Research	Bills to change the classification of psilocybin and establish psilocybin-assisted treatment centers have been introduced.
Idaho	Illegal	No changes

State	Status	Notes
Illinois	Active Legislation	House Bill 2992 was introduced in February 2025 to develop a pilot program allowing access to psilocybin assisted therapies.
Indiana	Active Legislation	Senate Bill 139 is under review, which will allow the establishment of therapeutic psilocybin research.
Iowa	Active Legislation	Recent bills seek to remove psilocybin from Schedule I classification and allow the legal production and use of the drug for therapeutic purposes.
Kansas	Active Legislation	House Bill 2218 was introduced in February 2025 which seeks to change FDA-approved psilocybin compositions from Schedule I to Schedule IV.
Kentucky	Active Legislation	The state is reviewing bills to reduce penalties for the possession of certain controlled substances.
Louisiana	Illegal	No changes

State	Status	Notes
Maine	Active Legislation	After several failed bills, Maine is now considering the introduction of psilocybin therapy centers and administration, along with the decriminalization of small amounts.
Maryland	Medical Research	In 2024, House Bill 548 was approved, which allows a task force to study the use of psychedelic substances, including psilocybin.
Massachusetts	Active Legislation	Bills are being considered to decriminalize possession and legalize psychedelic-assisted therapies.
Michigan	Active Legislation	Current initiatives are being considered to decriminalize certain controlled substances and legalize the therapeutic uses of certain substances, including psilocybin.
Minnesota	Medical Research	In 2023, legislation was passed to allow a task force to study the therapeutic effects of psychedelics, including psilocybin.
Mississippi	Illegal	No changes

State	Status	Notes
Missouri	Inactive legislation	Multiple bills have been proposed to change laws around the use of psychedelics, but they are currently inactive.
Montana	Failed Legislation	Bills to allow psychedelic-assisted treatment and research have been proposed and failed.
Nebraska	Illegal	No changes
Nevada	Medical Research	In 2023, psilocybin was decriminalized, and studies into its therapeutic benefits were approved.
New Hampshire	Active Legislation	House Bill 528 was introduced in January 2025 to decriminalize psilocybin.
New Jersey	Reduced Penalties	Since 2021, the possession of psilocybin for personal use has incurred a reduced penalty.
New Mexico	Illegal with Exceptions	Since 2005, it has not been illegal to grow psilocybin mushrooms, although distributing mushrooms remains a felony.
New York	Active Legislation	Various bills have been introduced, including legislation to allow the medicinal use of psilocybin and create a psilocybin-assisted therapy pilot program.

State	Status	Notes
North Carolina	Active Legislation	House Bill 727 aims to establish research projects for the therapeutic use of MDMA and psilocybin.
North Dakota	Illegal	No changes
Ohio	Failed legislation	In 2020, a bill was proposed that would reduce the penalties for the possession of certain drugs but failed.
Oklahoma	Inactive Legislation	Bills to permit research into psilocybin-assisted therapy have been introduced but are currently inactive.
Oregon	Legalized	Psilocybin is legal for mental health treatments at licensed facilities and possession of small amounts is decriminalized.
Pennsylvania	Inactive Legislation	Bills to permit research into the therapeutic benefits of psilocybin have been introduced but are currently inactive.
Rhode Island	Inactive or Failed Legislation	Bills have been proposed to change psilocybin laws, although they have failed or are currently inactive.
South Carolina	Illegal	No changes
South Dakota	Illegal	No changes
Tennessee	Illegal	No changes

State	Status	Notes
Texas	Medical Research	A bill was passed in 2021 to evaluate the therapeutic benefits of psychedelic treatments, including psilocybin-assisted therapies.
Utah	Medical Research	A law passed in 2024 allowed the creation of two pilot programs offering psilocybin and MDMA treatments.
Vermont	Active Legislation	Bills have been introduced to decriminalize substances, including psilocybin, and permit research into the therapeutic potential of psilocybin.
Virginia	Inactive Legislation	Various bills have been introduced to decriminalize psilocybin and allow psilocybin-assisted treatments, although these are currently inactive.
Washington	Medical Research	Since 2021, it has been legal for people over the age of 21 to access psilocybin-assisted therapies.
West Virginia	Inactive/failed Legislation	Bills introduced in 2021 and 2023 proposed to remove substances, including psilocybin, from Schedule I of the CSA but failed or are inactive.
Wisconsin	Illegal	No changes

State	Status	Notes
Wyoming	Illegal	No changes

Current legislation in Vermont includes bills to continue the Psychedelic Therapy Advisory Group, decriminalization of psilocybin, decriminalization of drugs for personal use. All have been referred to committees and will be taken up in the next legislative session (2026).

Clinicaltrials.gov lists dozens of studies proposing to examine the effectiveness and efficacy of psychedelics on a range of mental health issues and SUDs. However, given the current Federal policy to interrupt and/or negate previously funded research, it is unclear which, if any, of these studies will be completed and provide even preliminary results.