

SMPC Goals

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.

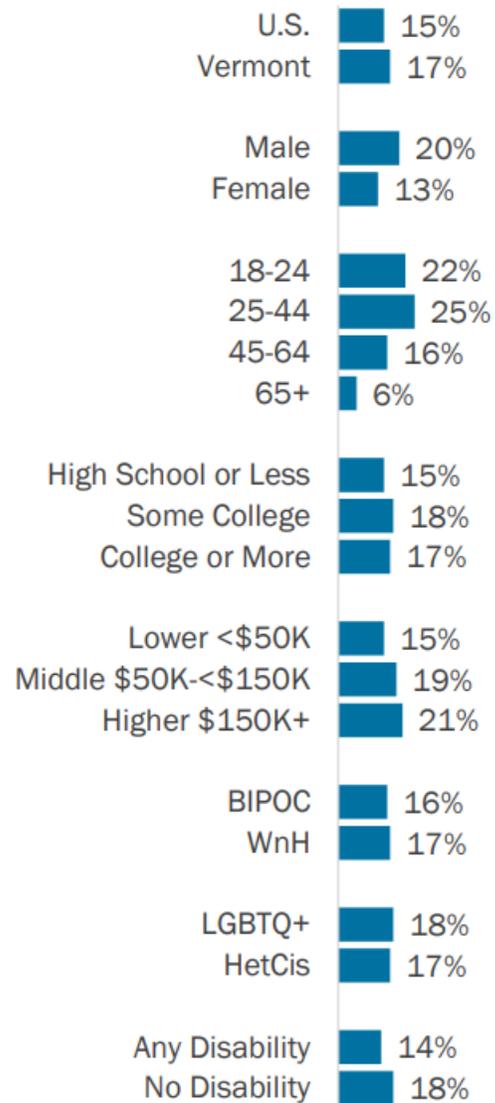
SMPC Performance Measures

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).

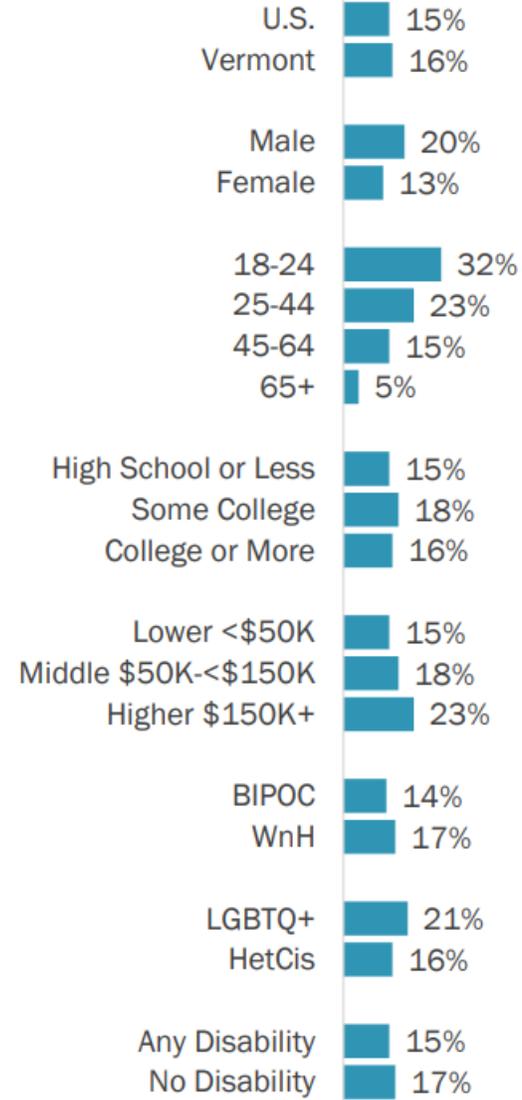
SMPC Performance Measures

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)

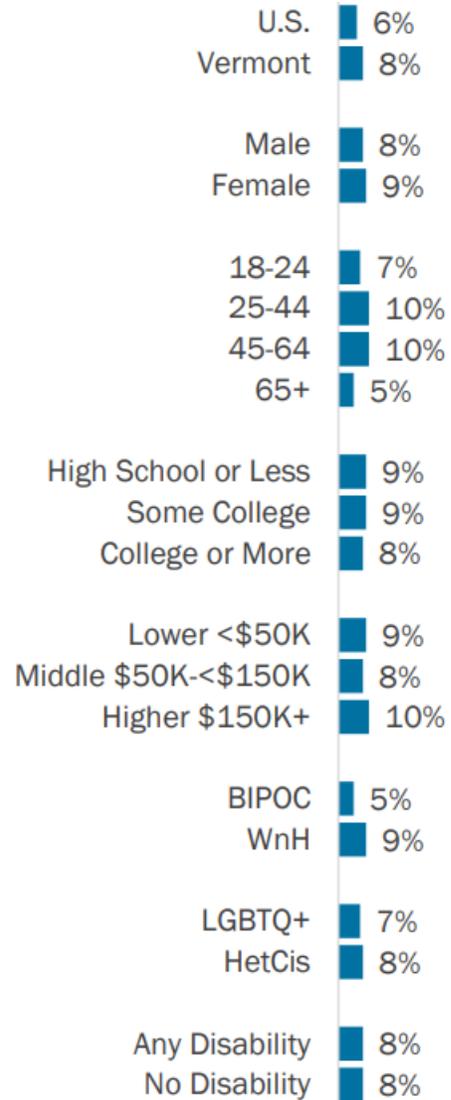
Vermont Adults Who Report Binge Drinking, 2024



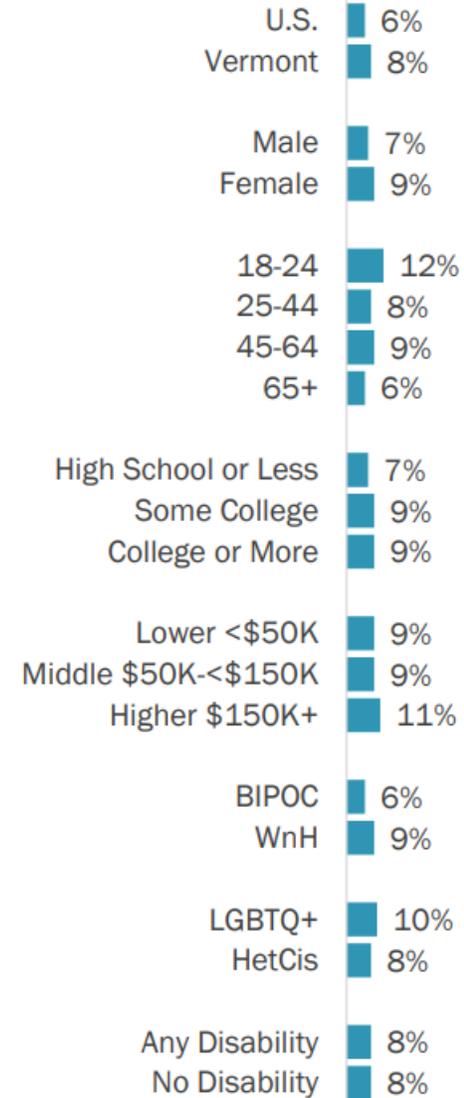
Vermont Adults who Report Binge Drinking, 2023



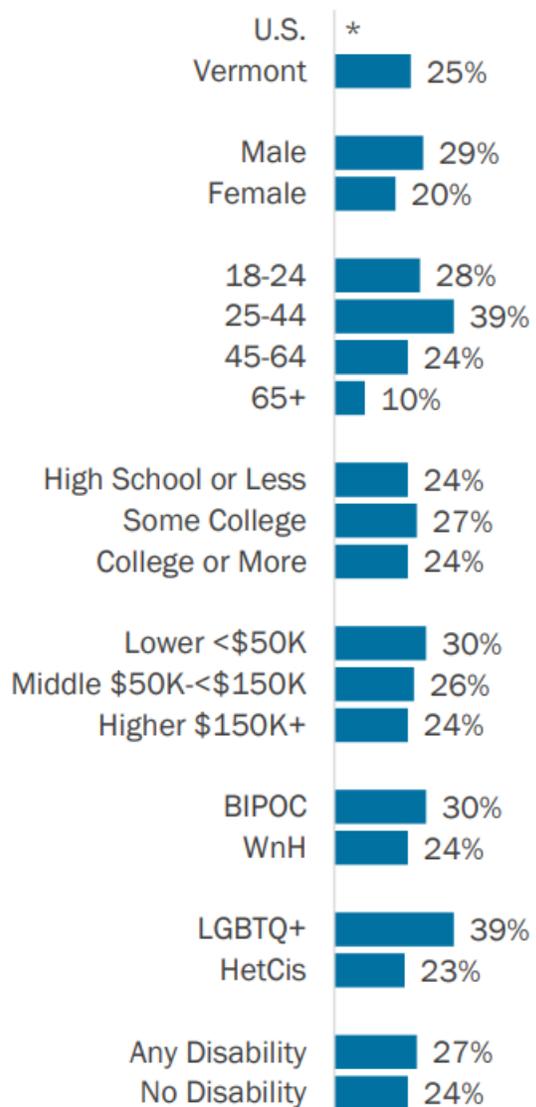
Vermont Adults Who Report Heavy Drinking, 2024



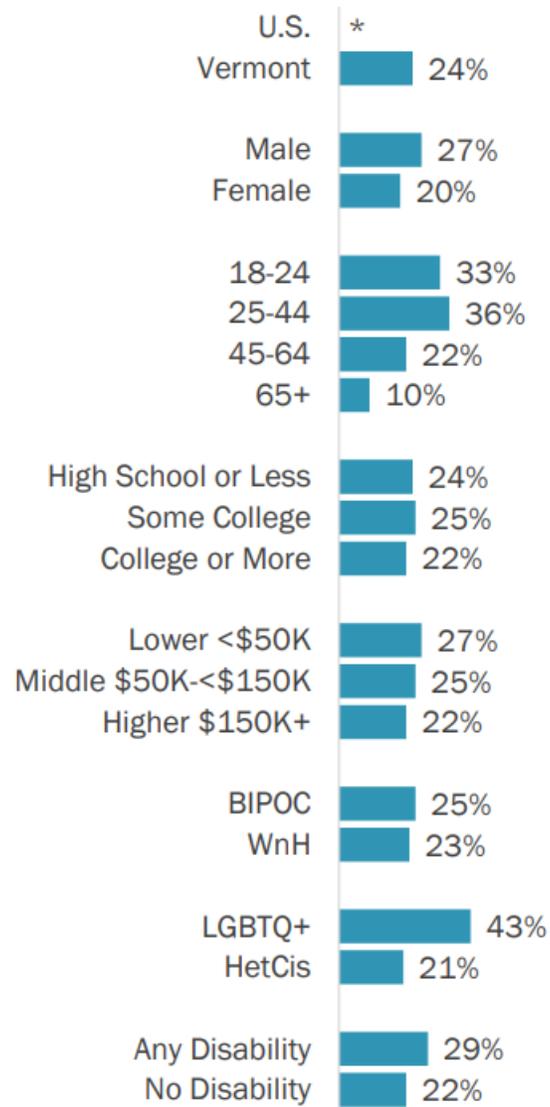
Vermont Adults who Report Heavy Drinking, 2023



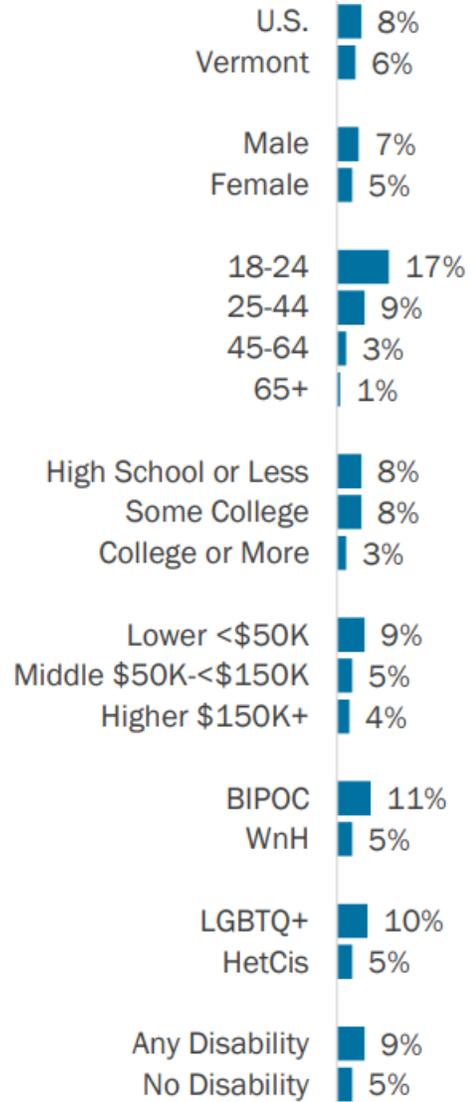
Vermont Adults Who Use Cannabis, 2024



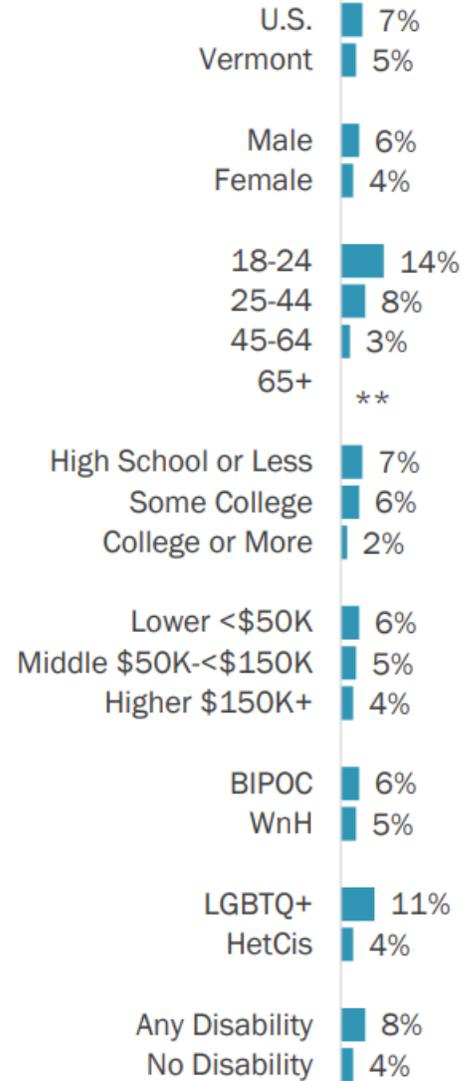
Vermont Adults who Use Cannabis, 2023



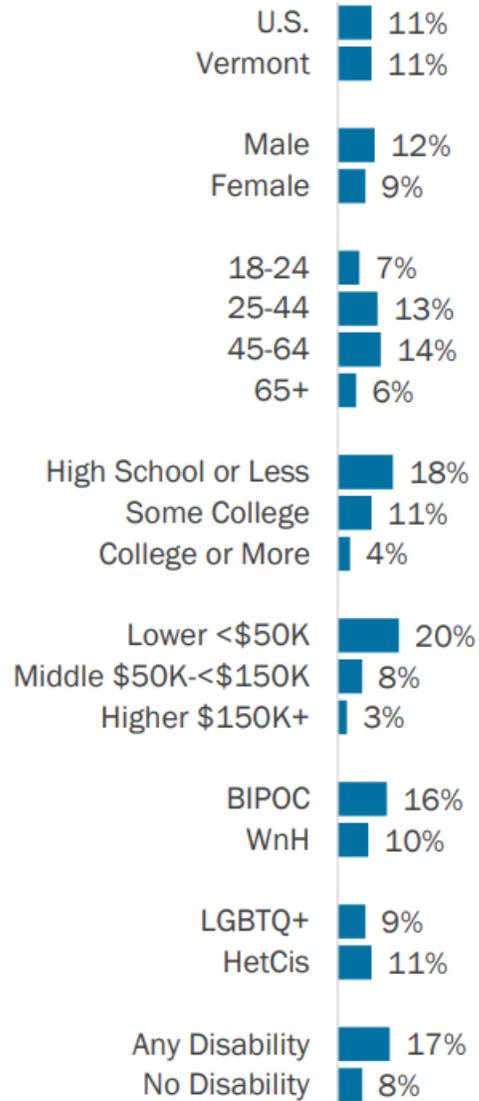
Vermont Adults Who Currently Use E-Cigarettes, 2024



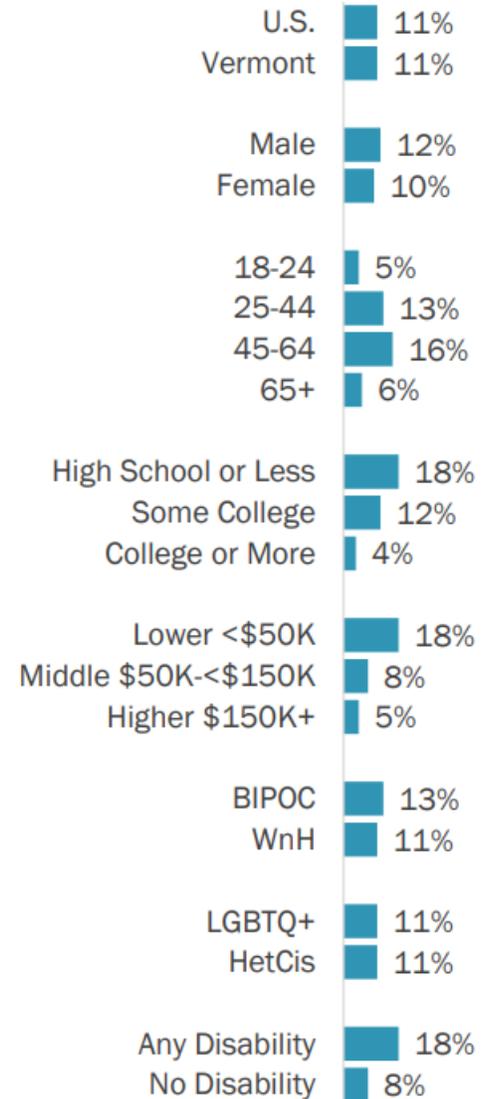
Vermont Adults who Currently Use E-Cigarettes, 2023



Vermont Adults Who Currently Smoke Cigarettes, 2024

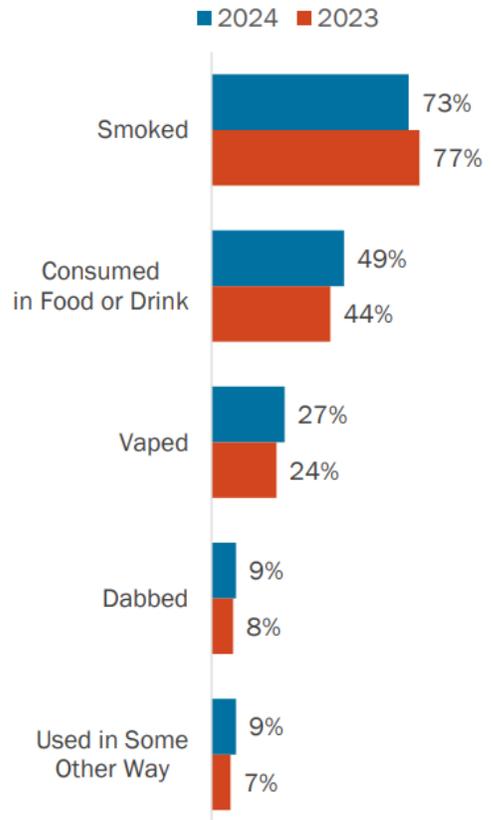


Vermont Adults who Currently Smoke Cigarettes, 2023

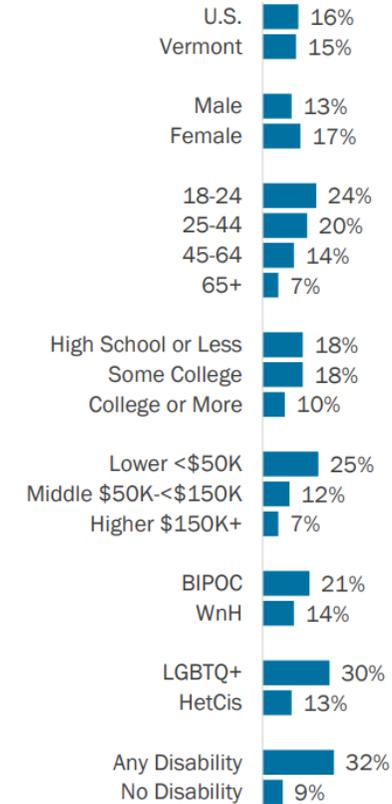


Some additional considerations:

Method of Cannabis Use among Vermont Adults Using in the Past Month, 2024



Vermont Adults with Poor Mental Health, 2024





What is substance misuse prevention?

Department of Health

Dr. Rick Hildebrant, Commissioner

Emily Trutor, Division Director

March 2026

Why is substance misuse prevention important?

Early Use & Substance Use Disorders

*The adolescent brain is **more vulnerable** to alcohol and drugs than the adult brain.*

Early use can disrupt brain development, which increases the risk of developing a Substance Use Disorder



90%

of those with substance use disorders nationally started using drugs and alcohol before age 18*

*Source: [What is Prevention | Addiction Policy Forum](#)

Defining Prevention

Substance misuse prevention reduces the harmful effects of tobacco, alcohol and other drugs and stops addiction before it starts.

Increasing protective factors & reducing risk factors

Delaying the onset of first use

Substance Use Disorder Prevention Contributes to Long-Term Positive Outcomes



Promotes early SUD identification and timely intervention^{14,15}



Reduces the risk for binge drinking and SUD¹⁶



Enhances overall physical and mental health^{14,15,17}



Improves occupational and/or academic performance^{18,19}



Lowers school dropout rates and reduces disciplinary issues among adolescents^{18,19}

SAMHSA: [Integrating Substance Use Disorder Prevention with Physical Health Care](#)

Prevention Is a Smart Investment

Investments

School-based Prevention

Community Strategies

Substance Use
Messaging

Policy Initiatives



Savings

Chronic
Disease Care

Hospital and
ED Costs

Treatment
Services

Recovery
Services

Criminal
Justice System
Expenses

Future Health
Care Costs

[Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis](#)
[The Return on Investment of Substance Use Prevention](#)

How do we fund prevention initiatives in Vermont?

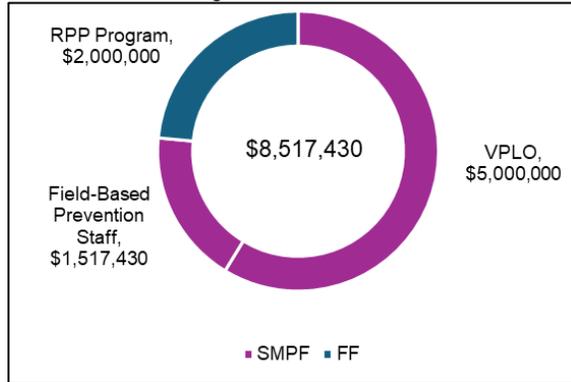
Substance Misuse Prevention Fund (SMPF) from the Cannabis Excise Tax FY27 Proposed Budget

The General Assembly established the Substance Misuse Prevention Fund (SMPF) and dedicated 30% of the regulated Cannabis Sales Excise Tax from this fund for substance misuse prevention.

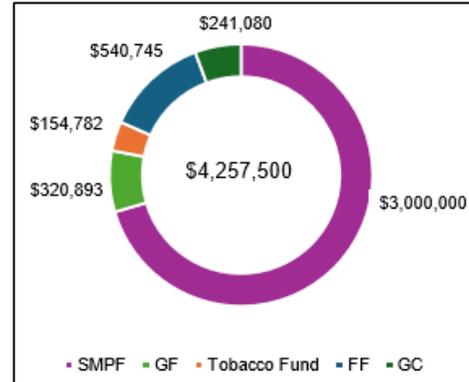
Focus Area	Description of Goals	FY27 Budget
Vermont Prevention Lead Organization	<ul style="list-style-type: none"> • Sustain and grow existing prevention partners • Build additional capacity at all levels of prevention • Engage non-traditional partners • Identify populations at higher risk • Address gap areas to ensure baseline primary prevention while also building capacity • Four regional organizations responsible for assessment and subgranting within their region 	\$5,000,000
School Based Prevention Services	<ul style="list-style-type: none"> • Screening, referral, and educational support groups • Integration of substance use prevention into the coordinated school health initiatives • Assess and provide school staff training • Advising and training peer leadership groups • Evidence-based curricula 	\$3,000,000
Field Based Prevention Staff (Prevention Consultants)	Regional staff provide technical assistance on substance misuse prevention 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.	\$1,517,430
Total		\$9,517,430

SFY27 Department of Health Prevention Proposed Budget

Community-Based Services

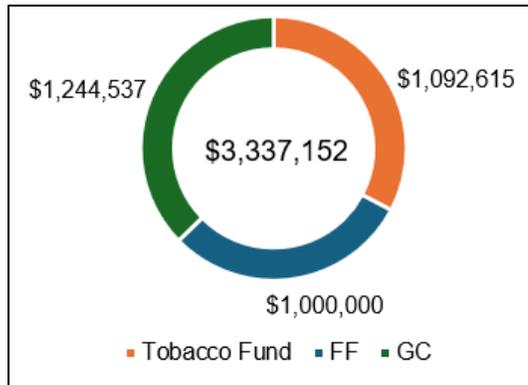


School-Based Services

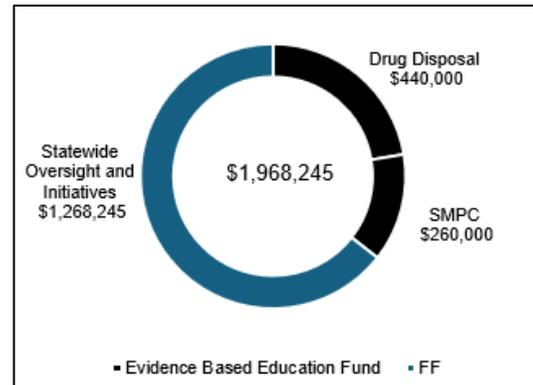


\$18,080,327
Total Department of Health Prevention Programming Proposed Budget in FY27

Tobacco Control Program



Other Prevention Activities



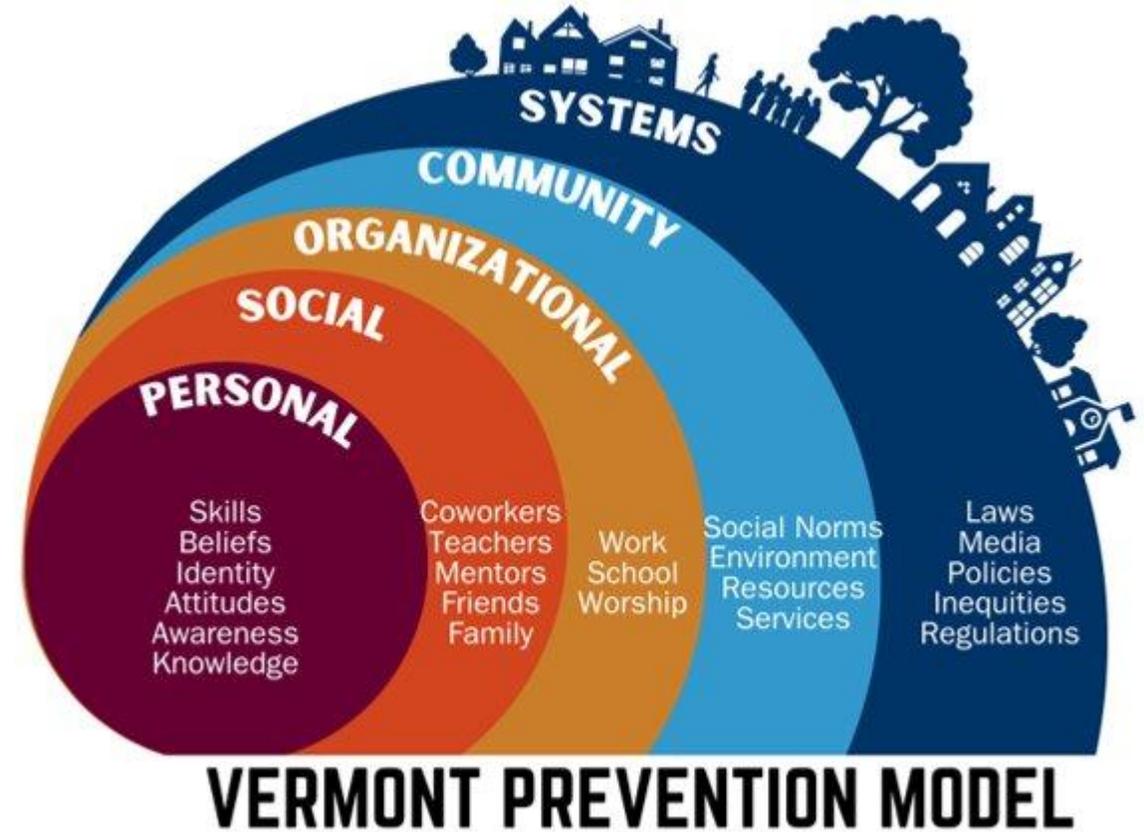
Funding drawn from:

- Federal Funds (FF)
- Substance Misuse Prevention Fund (SMPF) *from the Cannabis Excise Tax*
- Evidence Based Education Fund
- General Fund (GF)
- Global Commitment (GC)
- Tobacco Fund

How do we approach prevention in Vermont?

Vermont Prevention Model

The Vermont Prevention Model is grounded in the understanding that prevention strategies are most likely to succeed if they reach people holistically in all environments: individual, family, school, community, and state level.



The Vermont Prevention Model succeeds by changing social norms and reaching people holistically in all environments.



	Personal	Social	Organizational	Community	Systems
What It Is	Shared beliefs, attitudes, and awareness are affected through media campaigns and specialized programming, leading to changes in personal behaviors related to drug use.		Vermont funds prevention in schools to reach young people through curricula, screening, and trained peer leaders and school staff.	Prevention efforts coordinated at the local and regional levels seek to influence environmental factors and social norms.	Laws, policies, and regulations seek to reduce access to substances.
Who It Serves	Seeks to serve all Vermonters		Seeks to serve K-12 school age Vermonters	<u>VPLOs</u> coordinate prevention initiatives at the regional level; <u>RPP</u> serves youth & young adults at the statewide & regional level; <u>PCs</u> serve Vermonters by health district	Seeks to serve all Vermonters
Outcomes	Reduced access to 18,000 lbs. of medication through disposal in <u>2024</u>	51.3 million impressions for three paid media campaigns (<u>ParentUp</u> , <u>Let's Talk Cannabis</u> , <u>OutLast</u>) from 2021 to 2025	64% of students are in Supervisory Unions School Districts that receive VDH school health funding	Rates of past 30-day alcohol use decreased for youth grades 9-12 from 2019 to 2023 in all RPP funded regions	82% of Vermont high school students do not use tobacco ; the legal age for tobacco is 21+
Example	 <p>A parent orders a free mail-back envelope to <u>dispose</u> of extra oxycodone prescribed after a surgery.</p>	 <p>A Vermonter sees the <u>One Less</u> campaign, makes personal changes, and talks to family members about alcohol consumption.</p>	 <p>A student learns about the harmful effects of vaping as a part of the <u>Stanford Tobacco Prevention Toolkit</u> curriculum.</p>	 <p>A family attends forums on youth substance misuse with other families, staff, and community members in Burlington.</p>	 <p>A retailer selling tobacco to people <u>under 21</u> is subject to a civil penalty.</p>

Vermont Prevention Model

Personal & Social Highlights



Personal

Social

Organizational

Community

Systems

Statewide Drug Disposal



9 tons of medication disposed of in 2024



45 collection sites for Takeback Day



89% approval rating for mail back envelopes

Specialized Programming



One More Conversation
Can Make the Difference



Nurturing Parenting®
Established 1983



Campaigns



Vermont Prevention Model

Organizational Highlights



Personal

Social

Organizational

Community

Systems

29 Supervisory Unions/School Districts receive funding for School-based Substance Misuse Prevention Services.

All grantees are required to:



Screen students & hold support groups



Integrate prevention in school health



Provide training to school staff

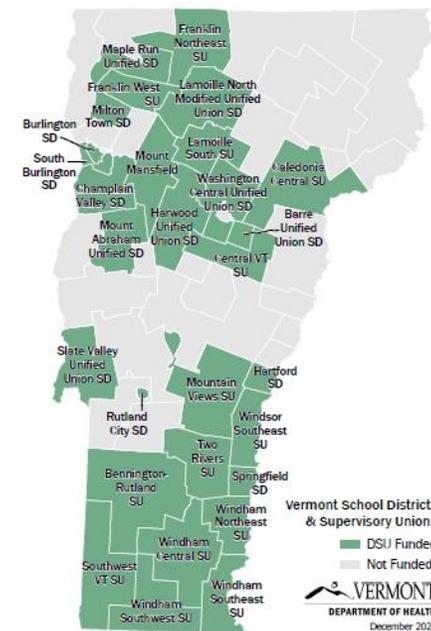


Train peer leaders



Follow evidence-based curricula

FY26 School-Based Substance Use Prevention Services Grant



School-Based Initiatives



Screening



Capacity Building



Staff Training



Educational Support Groups

Student assistant professionals (SAPs) often coordinate prevention initiatives in schools. Looking ahead: VDH will continue to standardize the SAP role.

Vermont Prevention Model

Community Highlights



Personal

Social

Organizational

Community

Systems

Vermont Prevention Lead Organizations (VPLOs)



Coordinating prevention initiatives statewide in all 4 regions

Regional Prevention Partnership (RPP)

Statewide and regional efforts to prevent and reduce alcohol and cannabis use by youth and young adults



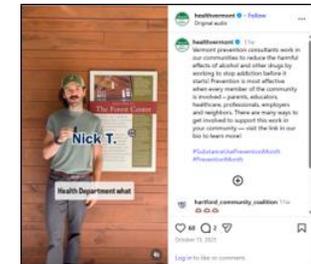
[Young Adult Survey](#)

Prevention Consultants (PCs)



Increasing local prevention capacity in 12 health districts

[PCs in action](#)



Vermont Prevention Lead Organizations (VPLO) Initiatives



VPLO Highlights:

Region 1 (United Way of Northwest Vermont):

- Youth substance misuse forums with Burlington students, parents, staff, and community members.



Region 2 (Rutland Regional Medical Center):

- Building internal capacity for identifying substance misuse in older Vermonters in Addison County by implementing screenings into case reviews and providing an evidence-based training.



Region 3 (Northeastern Vermont Regional Hospital):

- Healthy in Lamoille Valley.

Region 4 (The Collaborative):

- SoberFest, a free, substance-free event in Bennington promoting prevention and celebrating recovery.

Vermont Prevention Lead Organizations (VPLO) Funding Model



VPLOs empower communities to implement substance misuse prevention initiatives that meet their needs based on regional data

*Funds allocated based on assessment & regional needs



Regional Prevention Partnership (RPP)



RPP Highlights:



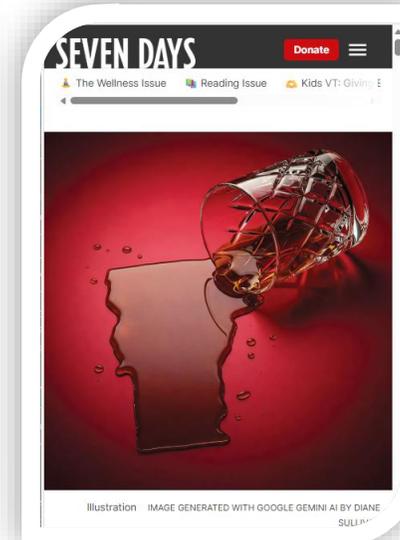
Partnering with DLL



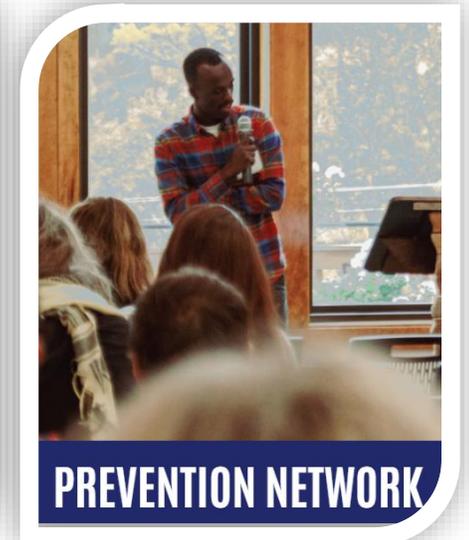
Partnering with
DPS & DEA



Collaborating with
municipalities
on zoning



Engaging with
local media



Community education
and engagement

Prevention Consultant (PCs) Initiatives



PC Highlights:



Presentations to schools on YRBS



Trainings on Vermont Prevention Model



Representation at Community Forums



Facilitating school or community events

Vermont Prevention Model: *Systems Highlights*



Personal

Social

Organizational

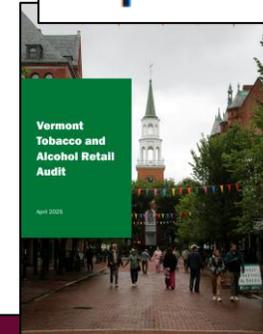
Community

Systems

Prevention requires robust laws and policies to make an impact.

- ✓ Alcoholic Beverage Tax
- ✓ Restrictions on Cannabis Advertising
- ✓ Tobacco and Alcohol Retail Density
- ✓ Synar
- ✓ Tobacco 21
- ✓ Vermont Pain Rules
- ✓ Vermont Prescription Monitoring System (VPMS)

Agency of Administration
Department of Taxes



Vermont Prescription Monitoring System (VPMS)

Vermont Prevention Model: Systems Highlights



Personal

Social

Organizational

Community

Systems

The **Substance Misuse Prevention Oversight & Advisory Council (SMPC)** was enacted through 18 V.S.A. §4803. The SMPC seeks to improve the health outcomes of all Vermonters through a consolidated and holistic approach to substance misuse prevention. 2026 SMPC Report: [SMPC 2026 Report to the Legislature](#)

Address All Substances

- Alcohol
- Cannabis
- Controlled Substances (e.g., opioids, cocaine, methamphetamines)
- Tobacco Products

Provide Advice

- Provides advice to improve prevention policies and programming to:
- Governor
 - General Assembly
 - Health Department

Purpose

To Ensure that Population Prevention Measures are at the Forefront of all Policy Determinations

Goals

- Increase protections
- Decrease risks
- Increase efficiency and collaboration on prevention through a consolidated and holistic approach that is sustainable, scalable, and equitable

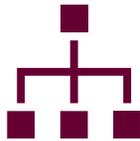
What is the on-the-ground impact of these programs for Vermonters?

By the Numbers



64%

Middle and high school students receiving school-based prevention services



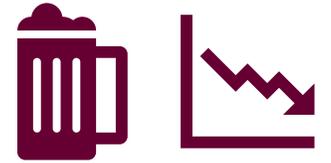
67

Active subgrantees supported by VPLO funding



300K

Vermonters reached via regionally-marketed RPP strategies (e.g., media campaigns)



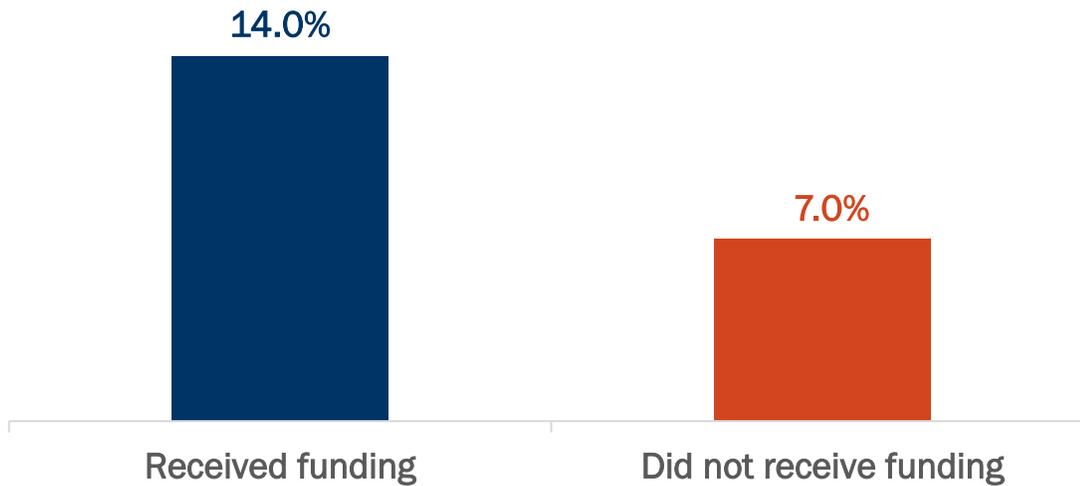
2.7%

Decrease in binge drinking for Vermonters aged 12+

Prevention Funding Demonstrates Results

Evaluation data shows Vermont regions receiving funding had twice the decrease in alcohol use than unfunded areas

Percent Decrease in High School Students Reporting Past 30-day Alcohol Use*



Recent data also shows regions in Vermont receiving multiple sources of funding outperform regions only receiving a single source of funding ^

**PFS Evaluation Report, 2013 (baseline) vs 2015, YRBS*

^RPP Evaluation Report

Data Collection & Evaluation Process

Evaluation Process Overview



VDH analyzes data to inform program decisions.



Impacts of prevention work cannot be easily attributed to one activity.



Long-term, consistently funded programming leads to improved population-level prevention outcomes.

Data Collection Highlights

Grantee Reporting

National Outcome Measures

Vermont Young Adult Survey (YAS)

Vermont Youth Risk Behavior Survey (YRBS)

Looking ahead

Prevention requires continuously and consistently funded programs over many years to make impacts.

2030 Goals:



Outreach & education serves 100% of middle school and high school students



Increase the number of high school students that don't use alcohol



Increase the number of high school students that don't use cannabis



Increase the number of adults age 21+ that don't binge drink

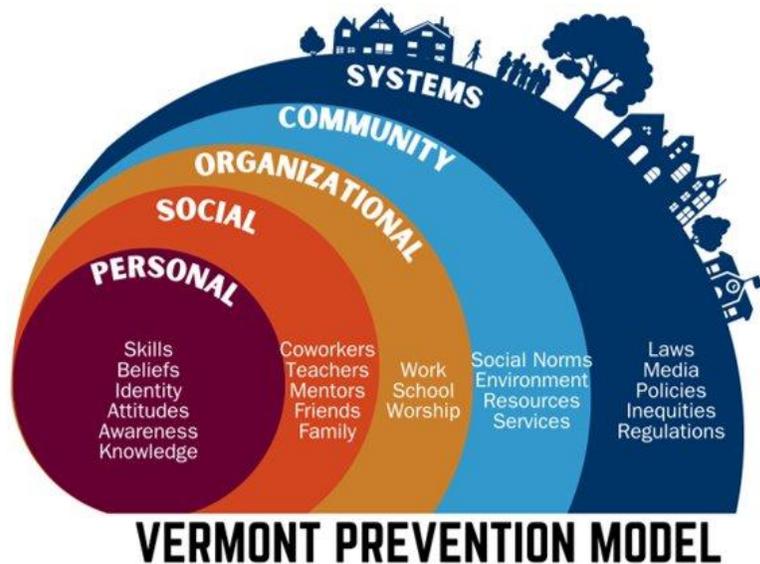


Increase the number of adults age 18+ who perceive a great risk from cocaine usage once per month

Continued stable funding will support these prevention goals

Key Takeaways

Substance misuse prevention stops addiction before it starts.



VDH programs tackle prevention at the personal, social, organizational, community, and systems levels to **increase protective factors** and **delay the onset of first use**.

Continuing to support prevention programming is critical to maintaining a healthier Vermont.

Prevention Works.

Thank you!

Let's stay in touch.

Email: Emily.Trutor@vermont.gov

Web: HealthVermont.gov

Social: @HealthVermont



Appendix

Risk & Protective Factors

Risk Factors

Developmental
(e.g., early use, brain development)

Biological/Genetic
(e.g., family history, mental health conditions)

Environmental
(e.g., peer pressure, high availability of substances)

Protective Factors

Parental involvement

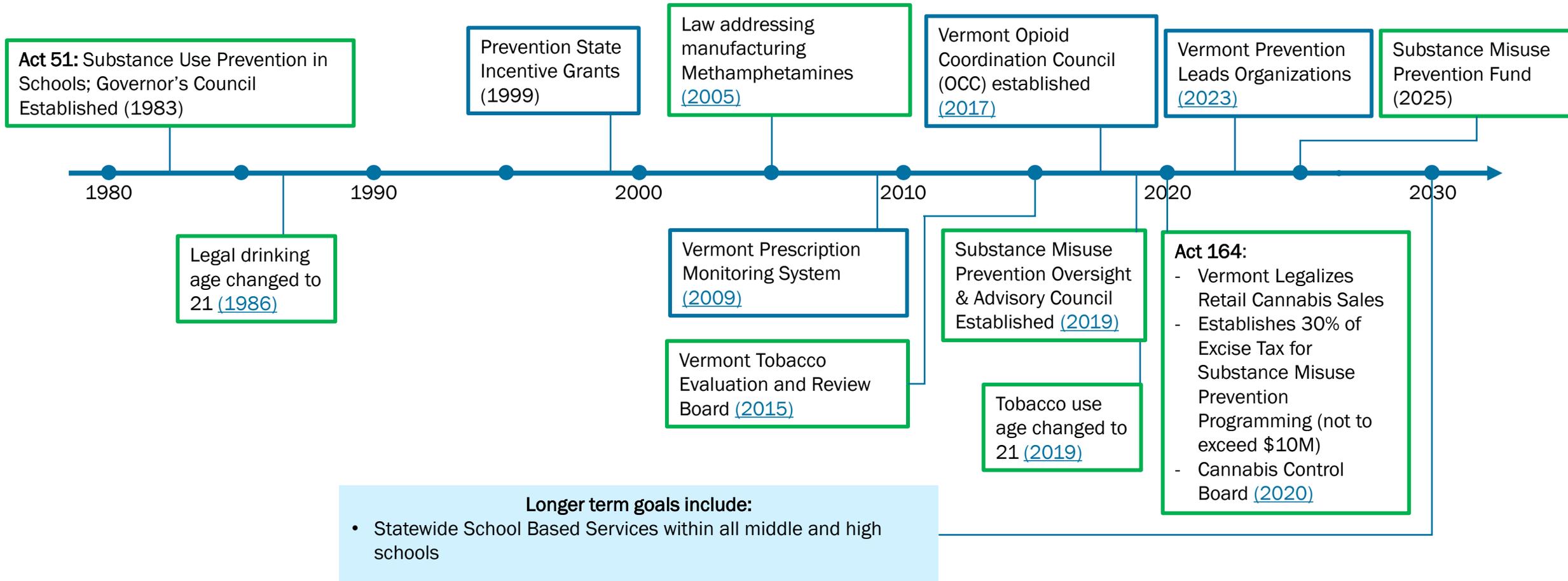
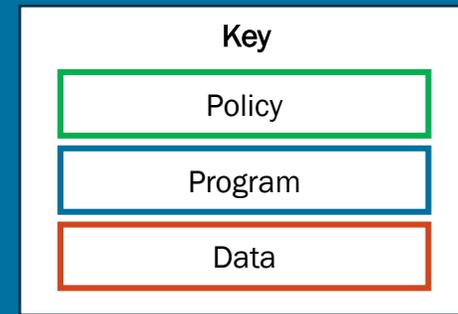
Programs improving self-control

Limiting availability of substances

Increasing attachment to community

Delay onset of first use of substances

Prevention Timeline



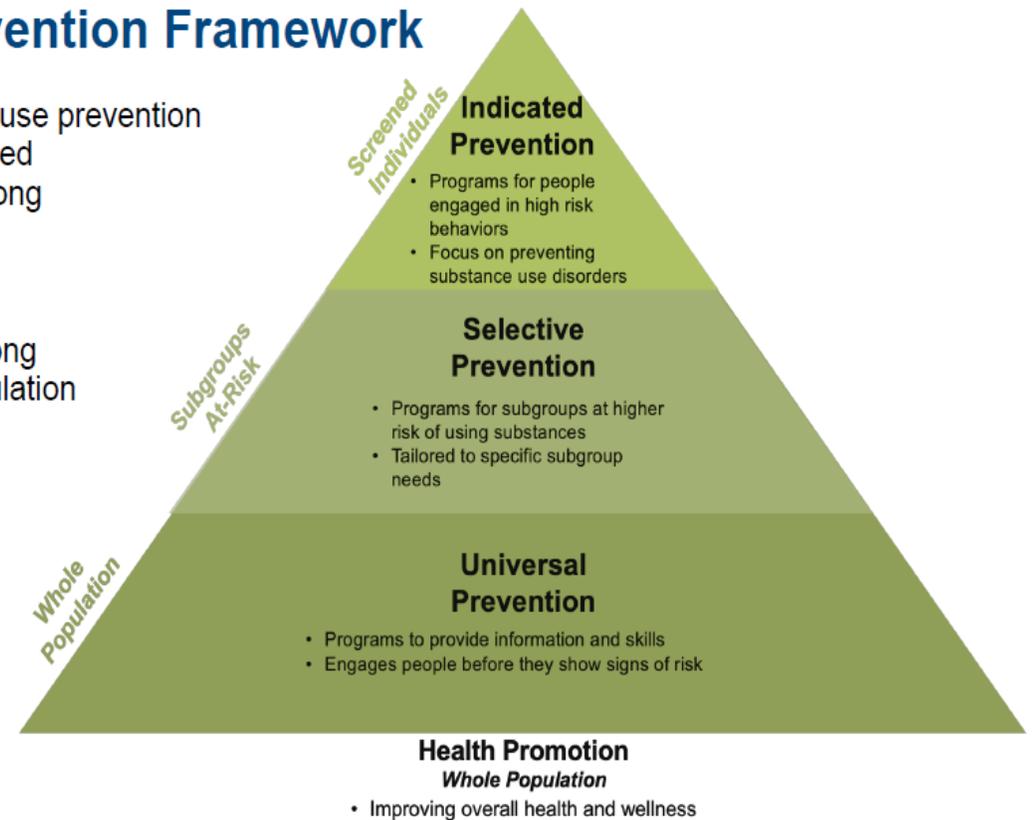
Substance Misuse Prevention Federal Guiding Strategies and Principles

Center for Substance Abuse Prevention (CSAP) Prevention Strategies

1. Information Dissemination
2. Education
3. Alternatives
4. Problem ID and Referral
5. Community-Based Processes
6. Environmental

The Prevention Framework

Substance misuse prevention can be organized and defined along a continuum, ranging from whole health promotion among the entire population to indicated services for specific individuals in need.



Prevention Policy

VDH Staffing to support:

- Alcohol, Tobacco and Cannabis Retail Tax implementation
- Tobacco 21
- Substance Misuse Prevention Fund – 30% of revenue, not to exceed \$10M annually to support substance misuse prevention activities in conjunction with legalized retail cannabis.
- Department of Liquor and Lottery retailer enforcement efforts (Alcohol and Tobacco)
- Vermont law in 2005 ([18 V.S.A. § 4234b](#)) prohibited the knowing and unlawful possession of products containing ephedrine, pseudoephedrine, or phenylpropanolamine with the intent to manufacture methamphetamine or other controlled substances
- The [Vermont Prescription Monitoring System](#) (VPMS) began in **2009**, established to help healthcare providers make better decisions about prescribing and dispensing controlled substances by tracking data for Schedules II-IV drugs.
- Act 75 (2013): An act relating to strengthening Vermont’s response to opioid addiction and methamphetamine abuse.
- 2014 - Rule Governing the **Safe Disposal of Unused Drugs**
- 2019 – **Regulated Drug Rule**
- **Vermont Pain Rules** adopted 2017, updated 2024 - These rules aim to create a framework for appropriate opioid use, minimizing abuse, misuse, and overdose while ensuring pain is treated effectively,.

SMPC Policy Recommendations 2026

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.”
2. 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.

SMPC Policy Recommendations 2026

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...”