Behavioral Health is Essential To Health

Prevention Works

Treatment is Effective

People Recover
Preventing Youth Marijuana Use

Chelsey Goddard, Director, SAMHSA’s Center for the Application of Prevention Technologies
Tony Piper, NPN, Alaska
Lori Tatsapaugh Uerz, NPN, Vermont
Presentations

• *Preventing Youth Marijuana Use: Changing Perception of Risk*—Chelsey Goddard, Director of SAMHSA’s CAPT

• *Preventing Youth Marijuana Use in Alaska*—Tony Piper, NPN of Alaska

• *Vermont’s Youth Marijuana Prevention Strategy*—Lori Tatsapaugh Uerz, NPN of Vermont
Objectives

- Describe how attitudes, beliefs, and norms about marijuana influence its use
- Identify factors associated with youth marijuana use
- Identify strategies to prevent youth marijuana use
- Describe how lessons learned from other substances can be applied to efforts to prevent youth marijuana use
Preventing Youth Marijuana Use

Changing Perception of Risk

Chelsey Goddard, MPH, CPS
Director, SAMHSA’s CAPT
Please Note:

This presentation highlights research findings related to the prevention of youth marijuana use. The CAPT does not endorse the selection of any specific risk/protective factor(s) or strategy(ies) to address this problem.

Questions related to funding allocation and the approval of interventions or strategies should be directed to your funding agency.
Caveats and Considerations

• This presentation focuses on preventing marijuana use among youth aged 12 to 17

• This presentation will not address:
  o Marijuana use among young adults aged 18 to 20
  o Adult marijuana use
  o Community, state, or national policy
Past-Month Marijuana Use Among 8th, 10th, and 12th Graders: 2009-2015

Monitoring the Future, 2009-2015
Past-Month Marijuana Use Among High School Youth, by Gender: Percentages, 2003-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>25.1</td>
<td>19.3</td>
<td>22.4</td>
</tr>
<tr>
<td>2005</td>
<td>22.4</td>
<td>20.2</td>
<td>22.1</td>
</tr>
<tr>
<td>2007</td>
<td>22.4</td>
<td>19.7</td>
<td>22.4</td>
</tr>
<tr>
<td>2009</td>
<td>23.4</td>
<td>20.8</td>
<td>23.4</td>
</tr>
<tr>
<td>2011</td>
<td>25.9</td>
<td>23.1</td>
<td>25.9</td>
</tr>
<tr>
<td>2013</td>
<td>25.9</td>
<td>24.9</td>
<td>25.9</td>
</tr>
</tbody>
</table>

Percentage of Past Month Use
Perception of Harmfulness, Nationally

8th, 10th, and 12th Graders Perception of Harmfulness from Smoking Marijuana Regularly: 2009-2015

Percentage of Past Month Use

Years

8th graders 10th graders 12th graders

2006 73.2 69.4 57.9
2007 74.3 64.5 54.8
2008 72 64.8 51.7
2009 69.8 59.5 52.4
2010 68 57.2 46.8
2011 68.3 55.2 45.7
2012 66.9 50.9 44.1
2013 61 46.5 39.5
2014 58.9 45.4 36.1
2015 58 43.2 34.9

Monitoring the Future, 2009-2015
8th, 10th, and 12th Graders Perceived Availability of Marijuana: 2009-2015

Percentage of Past Month Use

<table>
<thead>
<tr>
<th>Years</th>
<th>8th graders</th>
<th>10th graders</th>
<th>12th graders</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>84.9</td>
<td>70.7</td>
<td>39.6</td>
</tr>
<tr>
<td>2007</td>
<td>83.9</td>
<td>69</td>
<td>37.4</td>
</tr>
<tr>
<td>2008</td>
<td>83.9</td>
<td>67.4</td>
<td>39.3</td>
</tr>
<tr>
<td>2009</td>
<td>81.1</td>
<td>69.3</td>
<td>39.8</td>
</tr>
<tr>
<td>2010</td>
<td>82.1</td>
<td>69.4</td>
<td>41.4</td>
</tr>
<tr>
<td>2011</td>
<td>82.2</td>
<td>68.4</td>
<td>37.9</td>
</tr>
<tr>
<td>2012</td>
<td>81.6</td>
<td>68.8</td>
<td>36.9</td>
</tr>
<tr>
<td>2013</td>
<td>81.4</td>
<td>69.7</td>
<td>39.1</td>
</tr>
<tr>
<td>2014</td>
<td>81.3</td>
<td>66.9</td>
<td>36.9</td>
</tr>
<tr>
<td>2015</td>
<td>79.5</td>
<td>65.6</td>
<td>37</td>
</tr>
</tbody>
</table>
The Social-Ecological Framework

Handout: Overview of CAPT Tools on Youth Marijuana Use
Examples of Risk and Protective Factors Related to Perceptions of Harm

**Risk:** Positive attitudes toward marijuana use³

**Protective:** Intention not to use marijuana³

**Risk:** Low parental monitoring⁴,⁵

**Protective:** Having fewer friends who use marijuana⁶

**Risk:** Availability of marijuana⁷,⁸

**Protective:** Neighborhood cohesion⁹
Risk and Protective Factors Associated with Youth Marijuana Use
### Effective Programs: Examples

Programs with outcomes related to...

<table>
<thead>
<tr>
<th>Perception of Harm</th>
<th>Attitudes and Beliefs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Hip-Hop 2 Prevent Substance Abuse &amp; HIV</strong>&lt;sup&gt;10&lt;/sup&gt;</td>
<td>• <strong>Midwestern Prevention Project</strong>&lt;sup&gt;14,15&lt;/sup&gt;</td>
</tr>
<tr>
<td>• <strong>Keep a Clear Mind</strong>&lt;sup&gt;11,12&lt;/sup&gt;</td>
<td>• <strong>Red Cliff Wellness School Curriculum</strong>&lt;sup&gt;16&lt;/sup&gt;</td>
</tr>
<tr>
<td>• <strong>Smart Leaders</strong>&lt;sup&gt;13&lt;/sup&gt;</td>
<td></td>
</tr>
</tbody>
</table>
Effective Programs: Examples

Strategies include anti-marijuana advertising and in-school marketing and communications campaigns. Examples include:

- **Above the Influence**\(^{17,18,19}\)
  - Reduced 30-day use, 8th grade girls only
    - Reduced upward use trends among sensation seekers.

- **Be Under Your Own Influence**\(^{20}\)
  - Fewer marijuana users in intervention schools
Implementing a Layered Approach to Increasing Perception of Harm

Keep a Clear Mind

Social Marketing Campaign

Project Success

CAPT | SAMHSA’s Center for the Application of Prevention Technologies
CAPT Resources

CAPT Decision Support Tools

Risk and Protective Factors Associated with Youth Marijuana Use
Using Prevention Research to Guide Prevention Practice
SAMHSA’s Center for the Application of Prevention Technologies
June, 2014

CAPT Decision Support Tools

Strategies and Interventions to Prevent Youth Marijuana Use: An At-a-Glance Resource Tool
Using Prevention Research to Guide Prevention Practice
SAMHSA’s Center for the Application of Prevention Technologies
June, 2014
What if evidence-based strategies don’t yet exist?
Consider the following:

• Targeting common risk and protective factors
• Effective strategies for addressing common risk and protective factors
• Lessons learned from the regulation of other substances
Identify Risk and Protective Factors Common Across Substances

Tobacco

Alcohol

Marijuana
Available Resources: CAPT Tools

- Risk and Protective Factors Associated with Youth Marijuana Use
  [Link](http://www.samhsa.gov/capt/sites/default/files/resources/risk_protective-factors-marijuana-use.pdf)

- Strategies and Interventions to Prevent Youth Marijuana Use: An At-a-Glance Resource
  [Link](http://www.samhsa.gov/capt/sites/default/files/resources/prevent-youth-marijuana-use-tool.pdf)

- Prevention Programs That Address Marijuana Use
  [Link](http://www.samhsa.gov/capt/sites/default/files/resources/prevention-youth-marijuana-use.pdf)
Available Resources (Cont.)

- Preventing Youth Marijuana Use: An Annotated Bibliography

- Youth Marijuana Use: Consumption Consequence, and Risk and Protective Factor Data Sources
Accessing the CAPT’s Tools

• These tools are available to the general public on the CAPT area of the SAMHSA website (samhsa.gov/capt)

• Look under Grantee Stories, Tools, and Other Resources text).
CAPT Contacts

Director
Chelsey Goddard
EDC/Waltham
cgoddard@edc.org

West Resource Team
Alyssa O’Hair, Coordinator
University of Nevada-Reno
aohair@casat.org

Southeast Resource Team
Lourdes Vazquez, Coordinator
EDC/Washington DC
lvazquez@edc.org

Northeast Resource Team
Gisela Rots, Coordinator
EDC/Waltham
grots@edc.org

Southwest Resource Team
Marie Cox, Coordinator
University of Oklahoma
mariecox@ou.edu

Central Resource Team
Chuck Klevgaard, Coordinator
EDC/Chicago
cklevgaard@edc.org
References


Preventing Youth Marijuana Use in Alaska

Tony Piper, ASAP Program Manager

Prevention & Early Intervention
Division of Behavioral Health
The Changing Landscape in Alaska

• 2000 – Citizen’s Initiative failed with 40.9%
• 2004 – Initiative failed but this time with 44%
• 2014 – Initiative passed with 52%
• 2015 – Marijuana Control Board established and regulations developed
• 2016 – First licenses approved and the first sale is expected by late fall
Prevention of Youth Marijuana Use in the Changed Alaskan Landscape

• Prevent Underage Access to Youth Marijuana

• Monitor and Enforce Youth Marijuana Access Regulations

• Develop Messaging that Protects Those That Are Underage
Alaska’s Youth Marijuana Use Historical Data Trends

Alaska Youth Risk Behavior Survey
Alaska Statewide High School Survey
Percentage of students who used marijuana one or more times during their life

Question: 47  Sig. @ 0.05: AK 2007>US 2005
Missing bars indicate less than 100 respondents in the subgroup.

*One or more times during their life

†Decreased 2007-2015 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05).]

Note: This graph contains weighted results.

Alaska (Recoded Race) - YRBS, 2007-2015 - QN47
Percentage of High School Students Who Ever Used Marijuana,
* by Sex,† Grade,† and Race/Ethnicity,† 2015

*One or more times during their life
†M > F; 10th > 9th, 11th > 9th, 12th > 9th, 12th > 10th; A > H, A > W (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Missing bar indicates fewer than 100 students in this subgroup.
Note: This graph contains weighted results.

Alaska (Recoded Race) - YRBS, 2015 - QN47
Alaska Youth Risk Behavior Survey

Alaska Statewide High School Survey

Percentage of students who tried marijuana for the first time before age 13

Question: 48  Not Sig. @ 0.05
Missing bars indicate less than 100 respondents in the subgroup.
Note: This graph contains weighted results.

*For the first time
†No change 2007-2015 [Based on linear trend analyses using logistic regression models controlling for sex, race/ethnicity, and grade (p < 0.05).]

Alaska (Recoded Race) - YRBS, 2007-2015 - QN48
Percentage of High School Students Who Tried Marijuana Before Age 13 Years,* by Sex,† Grade, and Race/Ethnicity,‡ 2015

*For the first time
†M > F; A > H, A > W (Based on t-test analysis, p < 0.05.)
‡All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Missing bar indicates fewer than 100 students in this subgroup.
Note: This graph contains weighted results.

Alaska (Recoded Race) - YRBS, 2015 - QN48
Percentage of High School Students Who Currently Used Marijuana,* by Sex, Grade,† and Race/Ethnicity,‡ 2015

*One or more times during the 30 days before the survey
†10th > 9th, 11th > 9th, 12th > 9th, 12th > 10th; A > W (Based on t-test analysis, p < 0.05.)
All Hispanic students are included in the Hispanic category. All other races are non-Hispanic.
Missing bar indicates fewer than 100 students in this subgroup.
Note: This graph contains weighted results.
Myths Concerning Youth Marijuana Use

**Myth:** Almost everyone uses marijuana

**Fact:** In 2013, four out of five (80%) high school students in Alaska reported that they were NOT currently using marijuana and 61% reported that they had NEVER used marijuana *(Youth Risk Behavior Survey, Alaska 2013)*
Preventing Youth Marijuana Use: A Comprehensive Approach

• Provide strong language in regulations regarding youth access and enforcement of laws
• Provide access to educational materials regarding consequences of marijuana use
• Ensure prevention partners participate in activities that will reduce risk factors and increase protective factors
Preventing Youth Marijuana Use: A Comprehensive Approach

• Restrict advertising and packaging of marijuana and marijuana products
• Seek out funding and partnership opportunities to address the impact Alaska's changed landscape may have on adolescent marijuana use
• Collect data to evaluate the consequences of legalized commercial marijuana use on the risk factors associated with adolescent use and adolescent use rates
Preventing Youth Marijuana Use: What’s Next

• Proposed Legislation: HB323
  • The Alaska marijuana education, prevention and cessation grant and
  • The Alaska Marijuana Prevention Youth services Fund
Preventing Youth Marijuana in Alaska

Questions?

Contact Information:
Tony Piper, ASAP Program Manager
Tony.piper@alaska.gov
907-264-0500
Vermont’s Youth Marijuana Prevention Strategy

Lori Tatsapaugh Uerz, MPH, NPN
Director of Prevention Services, Division of Alcohol and Drug Abuse Programs
The Health Department’s priorities:

**GOAL 1:** Reduce prevalence of smoking & obesity

**GOAL 2:** Reduce the prevalence of substance abuse and mental illness

**GOAL 3:** Improve childhood immunization rates
Vermont

Population:
625,827, 237 towns & 75% forest
Current Status

- In 2004 the Vermont legislature legalized the use of marijuana to treat a small number of medical disorders.
- In 2011 Vermont legalized permits under the Dept. of Public Safety for 4 dispensaries to grow and sell marijuana to registered patients on the medical marijuana registry.
- 2013 VT decriminalized the possession and use of small amounts of marijuana with possession of an ounce or less resulting in a fine but not a criminal charge.
Assessment of the Problem

- Youth Risk Behavior Survey
- National Survey on Drug Use and Health (NSDUH)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Health Impact Assessment (HIA)
Percent of Vermont high school students who report past 30-day substance use by substance and year

- Alcohol
- Marijuana
- Cigarettes

Vermont Department of Health, YRBS Data
Past 30-day Marijuana Use by County
2013 YRBS

Legend
Vermont Counties
Difference from VT average (24%)

- Higher
- Lower
- Same

Vermont Department of Health
Of those students who report past 30 day marijuana use, the frequency with which they reported using marijuana:

- 1 or 2 times: 31%
- 3 to 9 times: 24%
- 10 to 19 times: 14%
- 20+ times: 31%
### Percent of high school students reporting certain risk behaviors or student asset by marijuana use frequency

**Vermont 2013**

<table>
<thead>
<tr>
<th>Violence</th>
<th>Marijuana use frequency, past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 times</td>
</tr>
<tr>
<td>Attempted suicide 1+ times 12 months</td>
<td>3%</td>
</tr>
<tr>
<td>Bullied someone else 1+ times past 30 days</td>
<td>10%</td>
</tr>
<tr>
<td>Fought 1+ times 12 months</td>
<td>15%</td>
</tr>
<tr>
<td>Hurt self 1+ times past year</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Mental Health Indicators**

<table>
<thead>
<tr>
<th></th>
<th>Marijuana use frequency, past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 times</td>
</tr>
<tr>
<td>Made suicide plan 12 months</td>
<td>9%</td>
</tr>
<tr>
<td>Sad 2 weeks past 12 months</td>
<td>18%</td>
</tr>
</tbody>
</table>

**Substance Use**

<table>
<thead>
<tr>
<th></th>
<th>Marijuana use frequency, past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 times</td>
</tr>
<tr>
<td>Of those who had sex in the past 3 months, used drugs or alcohol last time</td>
<td>8%</td>
</tr>
<tr>
<td>Misused a prescription drug, ever</td>
<td>6%</td>
</tr>
<tr>
<td>Five+ drinks 1+ past 30 days</td>
<td>8%</td>
</tr>
</tbody>
</table>

**Student Assets**

<table>
<thead>
<tr>
<th></th>
<th>Marijuana use frequency, past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 times</td>
</tr>
<tr>
<td>Agree teachers really care</td>
<td>63%</td>
</tr>
<tr>
<td>Agree you matter to community</td>
<td>52%</td>
</tr>
<tr>
<td>Got mostly As and Bs</td>
<td>83%</td>
</tr>
</tbody>
</table>
18-25 year olds have a statistically higher prevalence of past 30 day marijuana use compared to those 12-17 years old and 26+ years old in Vermont.

Source: National Survey on Drug Use and Health, 2002-2014
Vermont has a statistically higher prevalence of past year marijuana use compared to the U.S. in every age group in 2012/2013 (including 12+, not shown).

Percent of Vermont population reporting past year marijuana use by age in years, 2013/2014.

Vermont Department of Health
Source: National Survey on Drug Use and Health, 2012/2014
Vermont’s Capacity to address marijuana

- Partnerships for Success (PFS) grants (12+)
- Combined Community Grants (9 - ATOD focused)
- School-based Substance Abuse Services Grants (20)
- Health Impact Assessment (HIA)
- Statewide Training and Technical Assistance
- American Academy of Pediatricians
- Communications and Media Campaign and Focus
- Website resources and materials
Strategies to Prevent Youth Marijuana Use:

- 2015 PFS & Combined Community Grants:
  - Local policy development & enhancements
  - Capacity development
  - Promotion of statewide media campaign
  - Marijuana eCheckUP
  - Parenting Programs
  - Support of law enforcement
  - School-based evidence-based curriculum
  - Youth leadership training and programs

Vermont Department of Health
Continued …

- Parenting Programs
- Support of law enforcement
- School-based evidence-based curriculum
- Youth leadership training and programs
School-based Substance Use Services

- Screening & referral to substance use and mental health services
- Existence of school health team
- Review and update of school wellness & ATOD policy
- Implementation of school wellness policy
- Support for classroom evidence-based curricula
- Delivery of parent information and educational programs
Continued ..

- Advising and training of peer leadership groups
- Delivery of teach and support staff training
- Delivery of educational support groups
Communications and Media Focus

- ParentUp Website: [http://parentupvt.org/](http://parentupvt.org/)
  - Conducted parent focus groups on marijuana perceptions and attitudes
  - Most parents indicated marijuana least risky of alcohol and other drugs
  - Website will be updated to include “What’s at Stake” marijuana content for parents

- Parental education outreach campaign about the risks and harms of youth marijuana use
Scope of the Problem in Vermont
Health Impact Assessment: The Changing Landscape in VT

- **Process**
  - Using research, evaluate plans or policies based on their **potential** effects on the health of a population, and the **distribution** of those effects within the population.*

- **Questions**
  - What are the potential health impacts of the changing landscape?
  - What lessons can be learned from tobacco and alcohol policy?
  - What are the ways we can mitigate any potential negative health effects and enhance any health benefits?

---

*International Association for Impact Assessment, 2006 and Centers for Disease Control and Prevention*
## Indicators that Research Strongly Associated with Youth Marijuana Use

<table>
<thead>
<tr>
<th>Impact of non-medical marijuana use on health indicator</th>
<th>Does indicator get better, worse, or stay the same?</th>
<th>Strength of evidence on the indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis/Psychotic symptoms</td>
<td>Worse</td>
<td>Very strong evidence</td>
</tr>
<tr>
<td>Psychosocial functioning</td>
<td>Worse</td>
<td>Strong evidence</td>
</tr>
<tr>
<td>Motor vehicle accidents</td>
<td>Worse</td>
<td>Very strong evidence</td>
</tr>
<tr>
<td>Short-term air flow</td>
<td>Better</td>
<td>Strong evidence</td>
</tr>
<tr>
<td>Chronic bronchitis</td>
<td>Worse</td>
<td>Strong evidence</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Worse</td>
<td>Strong evidence</td>
</tr>
<tr>
<td>Future dependence</td>
<td>Worse</td>
<td>Very strong evidence</td>
</tr>
<tr>
<td>Academic performance</td>
<td>Worse</td>
<td>Strong evidence</td>
</tr>
<tr>
<td>Dependence on marijuana</td>
<td>Worse</td>
<td>Strong evidence</td>
</tr>
</tbody>
</table>

Vermont Department of Health
<table>
<thead>
<tr>
<th>Impact of non-medical marijuana use on health indicator</th>
<th>Does indicator get better, worse, or stay the same with non-medical marijuana use?</th>
<th>Strength of evidence on the indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Worse</td>
<td>Fair evidence</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>Worse</td>
<td>Fair evidence</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Worse</td>
<td>Fair evidence</td>
</tr>
<tr>
<td>Brain function</td>
<td>Worse</td>
<td>Fair evidence</td>
</tr>
<tr>
<td>Child poisoning</td>
<td>Worse</td>
<td>Not well researched</td>
</tr>
<tr>
<td>Skiing safety (snowboarding)</td>
<td>No studies</td>
<td>No research</td>
</tr>
<tr>
<td>Long-term air flow</td>
<td>Worse</td>
<td>Fair evidence</td>
</tr>
<tr>
<td>Cancer</td>
<td>Unclear</td>
<td>Fair evidence</td>
</tr>
<tr>
<td>Cancer (non-lung)</td>
<td>Unclear</td>
<td>Not well researched</td>
</tr>
<tr>
<td>Stroke/heart attack</td>
<td>Worse</td>
<td>Fair evidence</td>
</tr>
</tbody>
</table>
Preventing Youth Marijuana Use:

Strategies to address the perception of harm and related risk factors
Recommendation from HIA, Informed from Lessons Learned from Alcohol & Tobacco prevention

- Restrict age of access
- Fund prevention
- Restrict advertising
- Do not allow infused products on the regulated market
- Never allow infused products that could appeal to children
Continued ..

- Set a blood level operating limit for THC
- Build driver testing infrastructure
- Implement a public education strategy about the dangers of driving under the influence of THC
- Smoke free policies that restrict use
- Limit access (where, how, when, age)
- Allow local control

Vermont Department of Health
- Child-resistant packaging
- Limiting tobacco and alcohol advertising
- Enforcing laws
- Utilize social media to raise awareness and educate on issues
- Mobilize community support at level of readiness
St. Johnsbury Regional Report
The Governor’s Opiate Forum

Coalitions and Community Partnerships:
- Drug Abuse Resistance Team 2.0 (DART 2.0)
- Northeastern Vermont Regional Hospital’s (NVRH) Alcohol, Tobacco, & Other Drugs (ATOD) Prevention Task Force
- BAART
- Kingdom Recovery Center
- The Community Restorative Justice Center
- Northern Counties Health Care
- Department of Health St. Johnsbury District Office
- St. Johnsbury Police Department
- Agency of Human Services Field Services
- Department of Children & Families
- Department of Corrections
- Northeast Kingdom Human Services
- Northeast Kingdom Youth Services

How Did the Community Decide to Work on Opiate Issues?
Following the Governor’s Forum in June 2014, the Forum representatives from the St. Johnsbury region met with the community at a DART 2.0 meeting. The community chose to make positive changes in their neighborhoods by focusing on Community Education, Community Involvement, Intervention Activities, and Treatment & Recovery strategies.

How Did the Community Make Positive Changes on Opiate Issues?

<table>
<thead>
<tr>
<th>Community Education</th>
<th>Over 100 Northeastern Vermont Regional Hospital stakeholders and 50 medical staff received an overview of the opiate problem in Vermont.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Involvement</td>
<td>Northeastern Vermont Regional Hospital has funded a prescription drug drop box at St. Johnsbury Police Department, open 24/7.</td>
</tr>
<tr>
<td>Intervention Activities</td>
<td>A group of community partners have successfully opened a warming shelter for the 2015-2016 winter season.</td>
</tr>
<tr>
<td>Treatment &amp; Recovery</td>
<td>BAART successfully dropped the waitlist from 90-100 people to 35 people or less by adding and changing staffing patterns and by relocating to a larger facility.</td>
</tr>
</tbody>
</table>

By focusing their efforts on these changes, communities were able to make improvements in addressing opiate issues in their region. Ongoing work continues to advance the health and wellness of Vermont’s communities.

Vermont Department of Health
Lessons Learned from those who have gone before us ...
Thank you for your time and attention!

For more information please contact me at:

Lori Tatsapaugh Uerz, MPH, NPN
Director of Prevention Services
Vermont Department of Heath,
Division of Alcohol and Drug Abuse Programs
802-652-4149
Lori.uerz@Vermont.gov