

**Vermont Alcohol and Drug Abuse  
Advisory Council**

Department of Liquor Control  
13 Green Mountain Drive  
Montpelier, Vermont

Wednesday, March 27<sup>th</sup>, 2013  
10:00AM – 12:00PM

**I. Welcome and Introductions**

Welcome

Welcome everyone

Introductions

Barbara Cimaglio  
Lauren Fisk  
Mark Depman  
Andy Snyder  
Ryan Mitofsky  
Lori Augustyniak  
Mark Ames  
Trudee Ettlinger  
Mitch Barron  
Patrick Martin  
Mourning Fox  
John Gramuglia  
Shayla Livingston

Regrets

Patty McCarthy Metcalf  
Chauncey Liese  
Joy Mitchell  
Willa Farrell  
Steve Waldo  
Michael Macarilla

**II. Approval of Minutes: February 27<sup>th</sup>, 2012**

February 27<sup>th</sup> – Minutes approved with the following changes – No Changes Needed

**III. Deputy Commissioner Report: Barbara Cimaglio**

Program Updates –

Partnership for Success Grant – Barbara Cimaglio

This grant continues to move along. The areas in the state that have been identified as the locations for the Prevention work are busy understanding the guidelines and working on their plans which are due in June. Marcia will come back at a later date to give a full update on the PFS.

#### Legislative Session – Barbara Cimaglio

We are in the midst of the Legislative Session. The main piece of legislation that VDH has been working on around Substance Abuse is the Opiate Bill that several committees in the House have been working on. This Bill started last session as intent to update the Vermont Prescription Monitoring System (VPMS) which is the system that requires dispensers of prescription drugs schedules 2-4 to report those prescriptions into the system, which can then be accessed by medical providers to help ascertain what various prescriptions their patients are on and hopefully assist them to appropriately manage their use of those drugs. We didn't get anything through last year around this bill so we are working on it again this year. The House passed the bill so it will now go over to the Senate. This Bill requires identification for someone picking up their opiate prescriptions schedules 2-4. It also requires Public Safety to develop guidelines on how they currently access pharmacy records and to report that back to the Legislature. It enhances access to VPMS by allowing interstate data sharing. We currently have a lot of people who are getting treatment in another state and we cannot share that information back and forth. This Bill would allow that. However, not all states are ready for interstate sharing. There are a lot of policy and technical issues in order to make this happen. We would probably start with one state. NY is probably the strictest in terms of having a system where they are looking at the pharmacy, physician, law enforcement etc. They are creating a "Stat Process". They have started it with crime statistics in NYC to look at hot spots and where things are happening, to be able to hone in right on those sites. They are also doing a similar thing on Prescription drug abuse and bringing together all of the various data. We are going to look at what they are doing and try to learn from that. Law Enforcement will not have increased access to the VPMS database. This Bill also creates an overdose prevention initiative. This will ask VDH to develop a pilot for distribution of Narcan for people who are in high risk situations and may be likely to overdose. The goal of the legislation and this pilot would be to figure out how to get family members and care givers trained and to have a way to respond if there was an emergency. This would remove the fear of being prosecuted when calling for help, and will encourage people to do the right thing to save a life.

VDH receives a federal block grant for substance abuse prevention and treatment. The block grant is about 5 Million dollars to the state. This block grant was subject to sequestration. We had already received some payments for this current years federal block grant so we will have the 5% compressed into the rest of the federal fiscal year and the grant will be reduced by that amount. We will be losing about \$250,000 from our block grant. We are not going to be taking a reduction to grants in FY13 but there will likely be some reductions in FY14.

Secretary Racine has asked Barbara to bring together all of the Departments in the Agency to look at what they are currently doing in the area of substance abuse services, and to bring it back in an organized way to the Commissioners to work together to advise how we can have a more integrated approach to what we are doing.

Marijuana Decriminalization Bill – Barbara Cimaglio - This Bill did not make crossover, however, they are doing testimony on Thursday morning (March 28<sup>th</sup>). There is a lot of effort around how to get this bill through. The House proposed bill would create an alternative for youth similar to the underage drinking program. Currently in Vermont, if you are under 21 there is an alternative program. The House proposed bill would create a similar program for youth under 21 in possession of Marijuana.

SBIRT Grant – Barbara Cimaglio - VDH is in the process of developing an application for a federal grant called SBIRT (Screening Brief Intervention Referral to Treatment). The focal

point is primary care and emergency departments. **ATTACH BRIEFING – BARBARA HAS THIS.**

Sequestration – Andy Snyder – There is currently no effort to avert sequestration. It's happening. This will affect our most at risk students. In Vermont, one of the ways that we can adjust to this as best we can is to understand that many of the funding streams that come to us have been changed from formula to competitive. We are trying to adjust to that as it is not in Vermont's best interest. We are working with Senator Sanders quite affectively at changing the definition of "rural". Vermont is almost every field of funding stream, does not qualify for "rural" funding. There will be a new definition, and we are making sure that when there is an advantage to being identified as being "rural", Vermont qualifies. We currently do not qualify for "rural" funding due to the way that our governance works in terms of education, and the size of our districts. We are also looking at funding streams that will come in through areas that are not touched by sequestration. Members of this committee are asked to stay in touch with Andy about anything in your communities and schools that is affected in a negative way by sequestration.

Coordinated School Health Initiatives – Shayla Livingston –

The Department of Health, under the leadership of Brenna Holmes, who is the Division Director for Maternal and Child Health, is trying to coordinate the Department of Health's coordinated school information and how we get the information that we have out to the schools. VDH is also working with the Agency of Education on this.

#### **IV. Special Guest – Shayla Livingston**

Youth Risk Behavior Survey – Handout attached - The Youth Risk Behavior Survey (YRBS) started in 1993. We have great historical data. This survey is done every 2 years. We have just wrapped up the 2013 cycle. Almost every school in the state participated with the exception of one public school and one large independent school. The YRBS is facilitated by guidance counselors, SAP's, English Teachers, Vice Principals etc... In 2011 over 22,000 high school students and 13,000 middle school students took the survey. We saw the largest increase in numbers of participation in middle school this year. There are 108 questions on the high school questionnaire and about 70 on the middle school questionnaire.

We ask about body image, nutrition and physical activity. We also ask about perception of risk. Students do tell the truth on this survey. If you sit down and ask an adolescent about drug use or alcohol in a secure environment, they will generally be honest. The anonymity part of the survey is very important in collecting accurate data. This survey is completely anonymous and there is no mandatory reporting tied to this. Shayla is responsible for taking the data that is collected, and running several checks. We ask similar questions a few times throughout the survey. If a student has answered differently to those questions, then those questions are thrown away. If there is a pattern to a student's answers that does not make sense in a behavioral way, that test is thrown out. There are about 50 students that this happens to each cycle out of 35,000 students who participate. Will students bend the truth on this survey? The trend data says that students do not lie on this survey.

Some public high schools do have adult students; however we do not currently have an age cutoff for this survey.

Students with reading or learning disabilities don't do well on this survey. We are going to record the survey in 2015 so that students can listen to the questions.

What kind of feedback do students give regarding the survey? Shayla recently had an email from an 8<sup>th</sup> grader saying that they had strong concerns about the suicide questions and how those questions could be a suicide trigger. This student will be sitting on the questionnaire committee in 2015. Students cannot ask questions while taking the survey. If a student has a

question, the facilitators are instructed to tell the student to answer the question to the best of their ability and that they cannot discuss the question in that setting. Students are also allowed to skip questions.

The CDC develops a questionnaire. We are required to use 2/3 of their questionnaire and then we can add questions. We are limited on the number of questions we can ask. Currently on the high school questionnaire there are 108 questions. This is showing to be too many as when students hit about 96 questions, they start to skip questions. Vermont does more tobacco questions than other states. This is because we roll the Youth Tobacco Survey into the YRBS. Vermont is going to be working on reducing the number of questions on the survey by looking at what we need and use, versus, what is nice to know.

Shayla puts out data briefs on topics of interest monthly. This council would like to receive these briefs. These briefs often get put onto the CAPT list serve as well.

This data is used in many different ways throughout the Department of Health. The statewide trends are used in Health Surveillance as well as for the Healthy Vermonters 20/20. Regional differences are used for large grants such as SPF/SIG and PFS to target where funding should go and to help identify problem areas. The problem with regional differences that when you get to a small enough region, you can't be as confident in your estimates. The minority health program, The Center for Health and Learning, Outright Vermont, all use the disparities data. The Agency of Education has a small program where students use this data and do pro-active activities with the data. Schools also use the reports for grants and outreach.

Trends over time – The percentage of students who reported past 30 day alcohol use has gone down since 1993. The percentage of students who reported marijuana use in the last 30 days has been steady since 2003-2005. Our marijuana use in youth is very high in the nation. An example test is available online at <http://healthyvermont.gov/research.yrbs.aspx> as well as all of the reports.

## **V. Future Guests**

Brian Reamer – Suicide Prevention U Matter – Invite to a future meeting  
Ena Backus – Green Mountain Care Board

## **VI. Member Reports/Announcements**

Trudee Ettlinger is resigning from this council. John Gramuglia will be taking her place. John is the Chief Clinical Specialist in Program Services at the Department of Corrections. Welcome John.

**NEXT MEETING: Wednesday April 24<sup>th</sup> - Special Guest Beth Tanzman from Blueprint for Health.**