



VERMONT DRUG CONTROL UPDATE

This report reflects significant trends, data, and major issues relating to drugs in the State of Vermont.

Vermont At-a-Glance:

- In 2009-2010, Vermont was one of the top ten states for rates of drug-use in several categories, including: past-month illicit drug use among persons age 12 or older; past-month illicit drug use among young adults age 18-25; past-month marijuana use among persons age 12 or older; past-month marijuana use among young adults age 18-25; past-month use of illicit drugs other than marijuana among young adults age 18-25; past-year cocaine use among persons age 12 or older; past-year cocaine use among young adults age 18-25; and illicit drug dependence among young adults age 18-25.

Source: National Survey on Drug Use and Health (NSDUH), 2009-2010.

- Approximately 13.73 percent of Vermont residents reported past-month use of illicit drugs; the national average was 8.82 percent.
- In 2009, the rate of drug-induced deaths in Vermont was below the national average.
- Other opiates (including prescription drugs) are the most commonly cited drugs among primary drug treatment admissions in Vermont.

Drug Use Trends in Vermont

Drug Use in Vermont: The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs), and mental health in the United States. In the most recent Survey, 13.73 percent of Vermont residents reported using illicit drugs in the past month. The national average was 8.82 percent. Additionally, 4.57 percent of Vermont residents reported using an illicit drug other than marijuana in the past month (the national average was 3.6 percent).

Source: Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2009-2010 National Survey on Drug Use and Health: <http://store.samhsa.gov/shin/content/SMA11-4641/SMA11-4641.pdf>

Drug-Induced Deaths: As a direct consequence of drug use, 57 persons died in Vermont in 2009. This is compared to the number of persons in Vermont who died from motor vehicle accidents (79) and firearms (60) in the same year. Vermont drug-induced deaths (9.2 per 100,000 population) were lower than the national rate (12.8 per 100,000).

Source: WONDER online databases: <http://wonder.cdc.gov/cmfc-icd10.html>

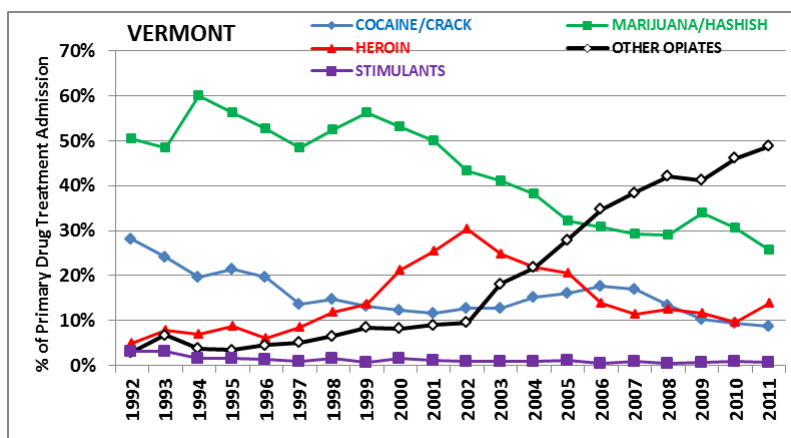
Substance Abuse Treatment Admissions Data

Vermont Primary Treatment Admissions:

The graph on the right depicts substance abuse primary treatment admissions in Vermont from 1992 to 2011. The data show that other opiates, (including prescription drugs), are the most commonly cited drugs among primary drug treatment admissions in the state, followed by marijuana.

Source: Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration:

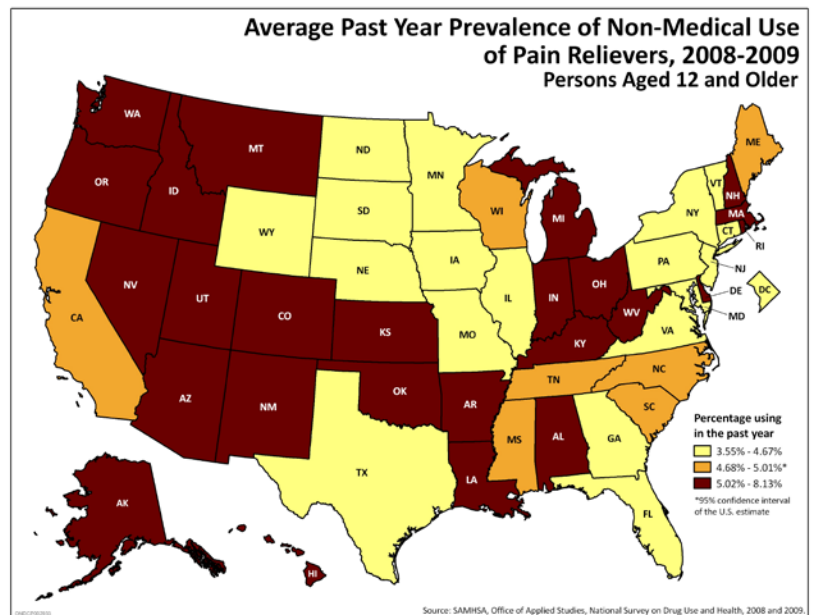
<http://www.samhsa.gov/data/DASIS.aspx#teds>



Prescription Drug Abuse

ONDCP's Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration's Prescription Drug Abuse Prevention Plan entitled **"Epidemic: Responding to America's Prescription Drug Abuse Crisis,"** provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Forty-one states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional 9 states and territories have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

The Vermont Prescription Monitoring System, authorized in 2006 by Act 205 and launched by the Vermont Department of Health in 2009, collects information from pharmacies on Schedule II-IV controlled substances dispensed to outpatients. This information is available to healthcare providers and prescribers and is collected submitted on a weekly basis.

Source: http://healthvermont.gov/adap/VPMS_about.aspx#law; <http://www.pmpalliance.org/content/vermont-state-profile>.

State-Level Action: Drug Take-Back Programs

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

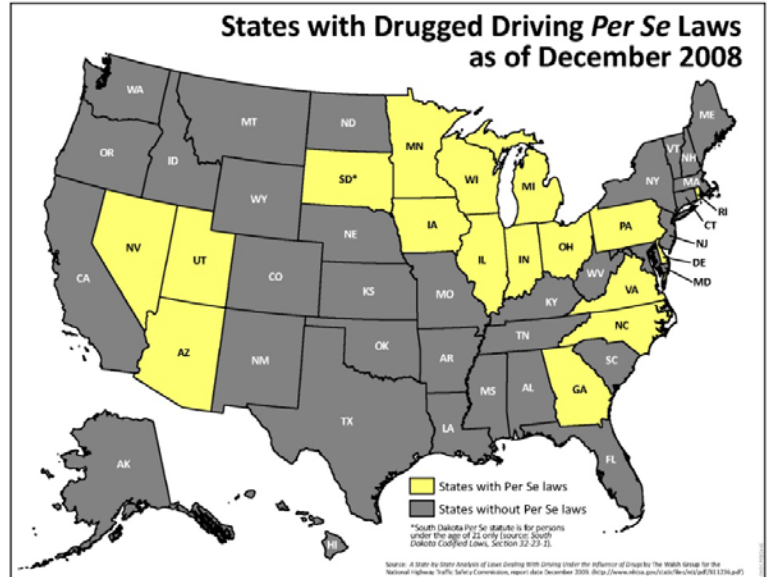
Drugged Driving

ONDCP Action on Drugged Driving

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.

State-Level Action: Enacting *Per Se* Standards for Impairment

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to develop and implement *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states.



Vermont does not currently have a *Per Se* standard, but Vermont State law (*Vermont Statutes Annotated; Title 23, Chapter 13; Section 1201*) stipulates that “A person shall not operate, attempt to operate, or be in actual physical control of any vehicle on a highway...(3) when the person is under the influence of any other drug or under the combined influence of alcohol and any other drug to a degree which renders the person incapable of driving safely.” Blood testing can be administered based on reasonable grounds. Legal entitlement to use a drug **shall not** constitute a defense against any charge of violating section 1201.

Source: “A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs,” by the Walsh Group for the National Highway Traffic Safety Administration, December 2009.

ONDCP Support for Community-Based Prevention

National Anti-Drug Media Campaign

ONDCP’s National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

Drug-Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants.

In FY 2012, the following Vermont coalitions received grants from ONDCP:

- Brattleboro Area Prevention Coalition
- Burlington Partnership for a Healthy Community
- Central Vermont New Directions
- Essex CHIPS, Inc.
- Greater Falls Prevention Coalition
- Milton Community Youth Coalition, Inc.

Source: Office of National Drug Control Policy
http://www.ondcp.gov/dfc/grantee_map.html

ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

HIDTA Counties in Vermont

New England HIDTA: Chittenden County

- The New England HIDTA seeks to identify, investigate, disrupt, and dismantle the drug trafficking and money laundering organizations in the region.
- *Northern Vermont HIDTA Task Force*: seeks to disrupt/dismantle core and secondary heroin, cocaine, crack cocaine, synthetic opiate, and marijuana drug trafficking organizations with a specific focus in Chittenden County.
- *Fugitive Task Force*: targets fugitive members of Colombian and Dominican drug trafficking organizations, Consolidated Priority Organization Targets, and other drug trafficking organizations operating in the New England area and other regions of the country.
- *New England Domestic Highway Enforcement*: promotes collaborative, intelligence-led, unbiased policing in coordinated and mutually supportive multi-jurisdictional law enforcement efforts on the major highways that connect New England to drug sources-of-supply in New York City and along the New England-Canadian border.
- *Financial Investigative Task Force*: seeks to identify, investigate, and prosecute large-scale drug money laundering organizations and their financial operating systems throughout the New England area.

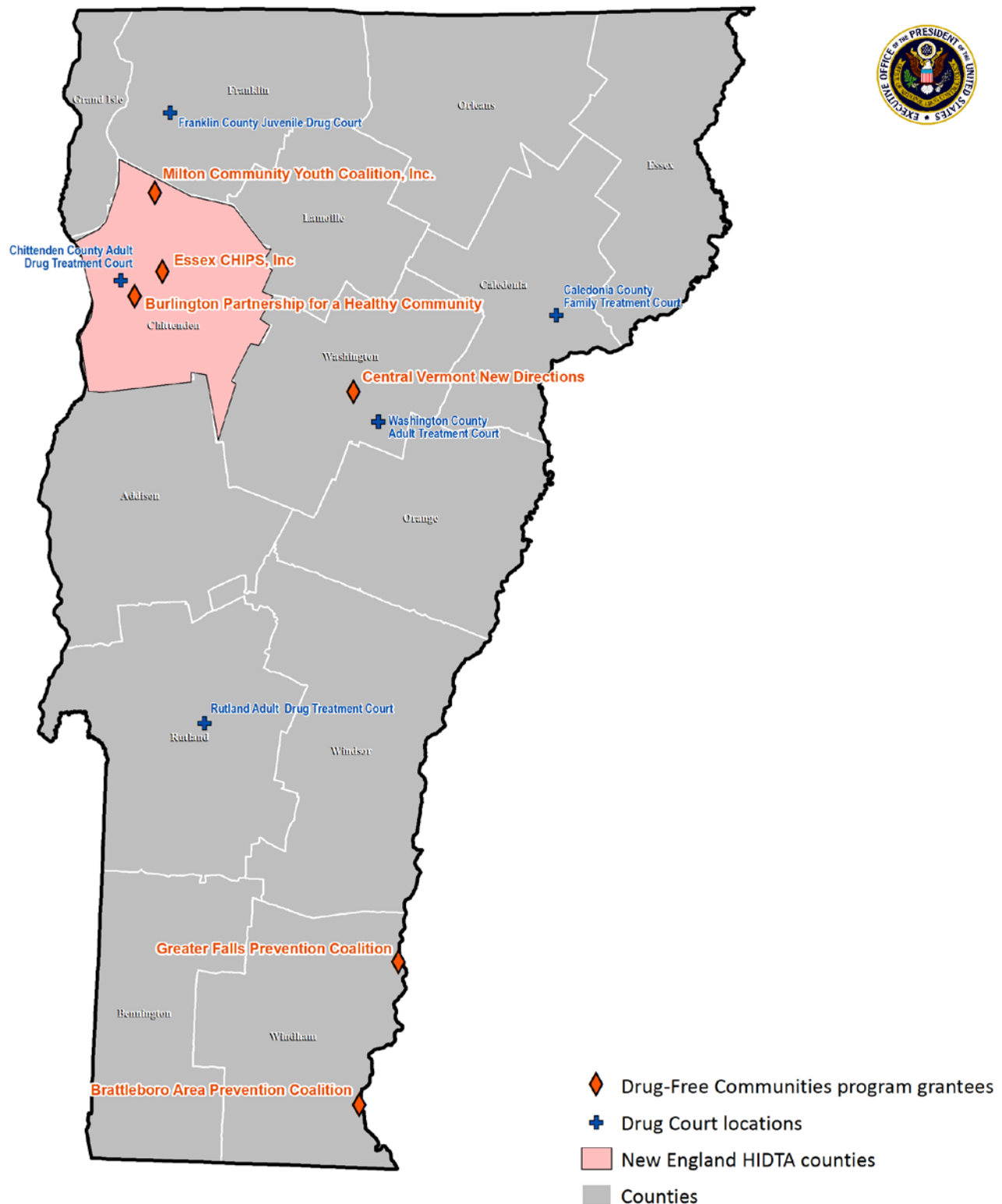
Federal Grant Awards Available to Reduce Drug Use in the State of Vermont

The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2012, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2012, your State received support under the grant programs shown below.

Federal Grant Awards That Help Reduce the Availability and Misuse Of Drugs In The State of VT	
Department / Office / Program Name	2012
Department of Agriculture	\$ 3,353,260
National Institute of Food and Agriculture	
Cooperative Extension Service	\$ 3,353,260
Department of Defense	\$ 505,000
The Army	
National Guard Challenge Program	\$ 505,000
Department of Education	\$ 5,643,199
Office of Elementary and Secondary Education	
Twenty-First Century Community Learning Centers	\$ 5,643,199
Department of Health and Human Services	\$ 39,394,005
Administration for Children and Families	
Promoting Safe and Stable Families	\$ 539,685
Transitional Living for Homeless Youth	\$ 1,100,000
Centers For Medicare and Medicaid Services	
Medical Assistance Program - Grants to States for Medicaid To Treat Substance Abuse	\$ 19,267,278
National Institutes Of Health	
Alcohol Research Programs	\$ 1,280,460
Drug Abuse and Addiction Research Programs	\$ 5,347,522
Substance Abuse and Mental Health Services Administration	
Block Grants for Prevention and Treatment of Substance Abuse	\$ 5,379,071
Projects for Assistance in Transition from Homelessness (PATH)	\$ 300,000
Substance Abuse and Mental Health Services Projects of Regional and National Significance	\$ 6,179,989
Department of Housing and Urban Development	\$ 4,100,021
Community Planning and Development	
Emergency Solutions Grant Program	\$ 654,275
Shelter Plus Care	\$ 1,905,356
Supportive Housing Program	\$ 1,540,390
Department Of Justice	\$ 1,948,675
Office of Justice Programs	
Drug Court Discretionary Grant Program	\$ 300,000
Edward Byrne Memorial Justice Assistance Grant Program	\$ 656,316
Edward Byrne Memorial State and Local Law Enforcement Assistance Discretionary Grants Program	\$ 413,579
Juvenile Accountability Block Grants	\$ 136,458
Juvenile Justice and Delinquency Prevention Allocation to States	\$ 400,000
Residential Substance Abuse Treatment for State Prisoners	\$ 42,322
Department of Transportation	\$ 2,699,051
National Highway Traffic Safety Administration	
Alcohol Impaired Driving Countermeasures Incentive Grants I	\$ 953,248
Minimum Penalties for Repeat Offenders for Driving While Intoxicated	\$ 1,745,803
Department of Veteran's Affairs	\$ 529,081
Veterans Health Administration	
VA Homeless Providers Grant and Per Diem Program	\$ 529,081
Executive Office of The President	\$ 741,621
Office of National Drug Control Policy	
Drug-Free Communities Support Program Grants	\$ 741,621
Grand Total	\$ 58,913,913

File updated January, 2013.

Office of National Drug Control Policy Programs in Vermont and Drug Court Locations



Source: National Drug Court Institute and ONDCP, September 2012

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