Vermont Public Health Association

Policy Statement

A Comprehensive Approach to Substance Use Disorder (SUD)

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Description: Substance has been a historically challenging public health issue for the United States and Vermont. The 2018/2019 National Survey on Drug Use and Health reports Vermonters Age 12+ to be in the highest percentage of past year substance use in the country. Within this, Vermonters Age 12+ were found to be higher than the national average in several measures, including past month alcohol use, past month cocaine use, past month marijuana use as well as trying marijuana for the first time.[1] Vermonters are exposed to many stressors which pose risk for substance use, with 8% of Vermonters reporting they were unable to pay their mortgage in 2018 and 5% worried they or someone in their home would not have enough food to eat.[2] Environmental risk factors have additionally been shown to impact substance use and may uniquely impact Vermonters. For example, social isolation due to geographic location, community cohesion and physical distance when accessing treatment are Vermont-specific factors which must be considered when developing a public health approach.[3] Furthermore, it is likely the COVID-19 pandemic has exacerbated risk factors for substance use among Vermonters.

Policy Statement: The Vermont Public Health Association supports a partnership between public and private organizations to research and uphold a comprehensive system of substance use screening, education, prevention, and intervention with treatment, with a focus on risk factors for substance use.

Supported Actions: VtPHA supports the National Institute on Drug Abuse (NIDA) and the Substance Abuse and Mental Health Services Administration (SAMHSA) as well as other evidence-based practices for decreasing substance use. These actions include:

Education and prevention:

- Professional training based on SAMHSA's Prevention Core Competencies for practitioners to improve safety and efficacy[4]
- Implementation of educational tools and programs which decrease stigma and use of stigmatizing language[5]

- Use of evidence-based prevention programs in early adolescence which address both risk factors and protective factors, with an emphasis on promoting family bonding and emotional resilience[5]
- Programs must have repeated interventions throughout childhood education to reinforce goals and offer updated information[5]
- Development of a culturally competent mental health workforce which has the capacity to provide timely, appropriate, and holistic mental health care for all of those in need, utilizing data driven programming such as the Vermont Department of Mental Health's "*Vision 2030 – A 10-year plan for an Integrated and Holistic System of Care*"[6]
- Development of strong mental health provider, substance use counselor, and other related workforces through employee benefits, career opportunities, and employee wellness programs to ensure efficacy and wellbeing in these professions[6]

Community-based interventions:

- Use of validated screening tools for all age groups to determine risk and usage[8]
- Continuation and reinforcement of family programs to address alcohol and drug use, such as the Vermont Department of Health's *"Parent Up Vermont"* and *"Rocking Horse"* for pregnant women and mothers[9]
- Focus on intervention in underserved areas and minority communities, with culturally safe practices[9]
- Increasing use of harm reduction strategies, including safe injection sites, naloxone access, and decriminalization of substances[13]

Evidence-based treatment programs:

- Use of recovery programs with a focus on employment, whether paid or volunteer to create meaningful professional life[11]
- Best practice medication-assisted treatment programs for patients with opioid use disorders, with the Vermont Hub and Spoke model as a nationally recognized model[11]
- Calling on both public and private community organizations to utilize community coalitions to address risk factors for SUD within communities, while providing interventions and programming which are community based (examples include: alert systems which notify providers of high-risk patients and need for harm reduction, partnerships between universities and care centers to acknowledge at risk youth)[12]

Potential Barriers:

- Lack of providers (including clinicians, and mental health care providers), facilities and resources to provide comprehensive interdisciplinary care[13]

- Poor access to housing, food insecurity, and inability to access transportation[13]
- Stigma from family, community members, and employers with concern for lack of anonymity in a rural community[13]
- Negative opinions from communities when considering implementation of harm reduction such as safe injection sites[14]

Related articles:

- APHA Policy Statement 201312 - Defining and Implementing a Public Health Response to Drug Use and Misuse
- APHA Policy Statement 20205 - Regulation, Implementation, and Enforcement of Policies Regarding E-Cigarette Use Across the Life Span
- APHA Policy Statement 202012 - A Public Health Approach to Protecting Workers from Opioid Use Disorder and Overdose Related to Occupational Exposure, Injury, and Stress

References:

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