Prioritizing Health in the Built Environment

A Municipal Planning Look at Preventing Substance Use in Chittenden County

Chittenden Prevention Network
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This publication was created by the Chittenden Prevention Network (CPN) in Chittenden County, Vermont. Chittenden Prevention Network is a collective of prevention coalitions, regional organizations, and public health organizations focused on preventing substance use and misuse in our county. Many of the substance misuse challenges we face in our communities are shared across the region. As such, we should also share the regulatory tools and expertise we have to address those challenges together.

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Thank you to the Vermont League of Cities and Towns for providing expertise on municipal authority to regulate adult only substances.

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INTRODUCTION

What happens when the leaders in a town, city, or county work together to build a community that supports health in policy and practice?

When community leaders prioritize health over other interests', policies are enacted which enable healthy choices and behaviors and these choices become commonplace among youth. For example, a community that has adopted policies to limit where alcohol is sold, research states that communities see less underage drinking, less crime and a reduction in law enforcement costs.[i]

How does a community support people making healthy choices around substance use?

Substance use prevention at the community level ensures that the root causes or risk factors for using substances are minimized or eliminated. Effective substance misuse prevention typically involves a broad array of actions completed by individuals and organizations like school districts, non-profits, and even municipalities. This guide aims to inform municipalities about the prevention tools that it can utilize to reduce risk factors and create healthy, safe environments for all residents.

What is substance use prevention?

Health starts where we live, learn, work and play.

Prevention is a protective approach that supports a healthy lifestyle and attitudes and reduces substance use in our communities, especially for youth.

Health starts where we live, learn, work and play. Cultural norms related to the use, access to, and promotion of alcohol, tobacco, and cannabis products influence the rate and frequency of use in communities, particularly for youth.

For example, research shows the more tobacco and alcohol retailers there are in a community, the greater the access for young people, and the more likely they are to obtain and use tobacco and alcohol.[ii]

Additionally, in Vermont the vast majority of tobacco industry (and alcohol industry) marketing is focused on the point-of-sale - advertisements that happen at the place where products are sold, such as a retail location. Research indicates that youth are more susceptible to this advertising than adults - in fact, the odds of smoking initiation are notably higher for youth who regularly visit stores where point-of-sale marketing is prevalent.[iii]

Is prevention an effective strategy to prevent substance use?

Prevention pays. The Vermont Department of Health (VDH) reports that for every $1 invested in evidence-based prevention programs, Vermont can save between $3 and $11. Policies that make communities healthier have shown a significant return on investment by reducing health care costs, creating jobs, and increasing tax revenue. Researchers have even suggested that in the 20th century, more than 50% of the economic growth in the United States was the result of improvements in population health.[iv]

Conversely, overconsumption of substances can be detrimental to the health and welfare of a society. Substance misuse leads to significant economic impacts, including health care costs, decreased public safety, and negative impact on the workforce and educational system. For instance, problems related to high risk alcohol consumption create huge economic costs, both locally and statewide.

Root Causes of Youth Substance Misuse

- Community Normalization of Substance Use
- Access and Availability of Substances in the Community
- Low Perception of Harm by Adults and Youth
- Early Onset of Youth Substance Misuse

This guide outlines ways that local policies, practices, and the built environment can support healthy behaviors and reduce substance misuse. The factors that cause substance use disorders are complex, and the public health crises in our communities related to substance use disorders will not be solved by any single program or strategy. However, research shows that there are particular risk factors for youth related to substance misuse that can be found in communities. These include, lack of enforcement to prevent underage misuse, high density of retailers that sell and advertise the sale of substances, and community norms that do not prohibit substance use during family-oriented community events. Healthy, responsible choices are more likely when the environment people live in supports their individual efforts. The options for municipal planning and land use regulation outlined in this guide will aid towns and cities in Chittenden County to plan for and support prevention of substance use disorders for all residents and visitors.

While the opioid epidemic is an obvious concern, this guide focuses on policy solutions related specifically to alcohol, tobacco, and cannabis availability. Research shows these three substances are the most common gateway to using other illicit substances. The greatest impact will happen when we **make the default or easy choice the healthy choice** as it relates to these three substances.

The earlier someone starts to use substances, the more likely they are to develop a substance use disorder. **People who begin drinking before age 15 are 4 times more likely to develop alcohol dependence than those who begin drinking at 21. People who begin using marijuana before age 18 are 4 to 7 times more likely than adults to develop problem use**. For that reason, substance use at a young age is especially problematic and community policy and practice should support youth to abstain.

Substance use is of considerable concern to Chittenden County. **The University of Vermont Medical Center's Community Health Needs Assessment (CHNA)** has identified substance use as a priority issue in each of their assessments conducted in 2013, 2016, and 2019. The CHNA assessment was guided by 34 members from over twenty-two community organizations. Additionally, the **2018 Chittenden County ECOS Plan** includes a strategy which states "Increase opportunity for every person in our community to achieve optimal health and personal safety" and has identified that prevention actions at the community level support residents in choosing to abstain from substances are key to advancing this strategy.

LANGUAGE MATTERS

Cannabis and marijuana are terms that are used interchangeably. This guide will use cannabis to describe the common drug typically called weed or marijuana. In instances, where the guide talks about a particular data point, the term marijuana will be used. Cannabis is a more accurate name referring to the three types of plants within the Cannabis family possessing psychoactive properties. Use of the word 'cannabis' also aligns with the Vermont Health Department's **LET'S TALK CANNABIS** educational awareness program.

Cannabis – refers to a genus of three flowering plant species.

Marijuana –refers to the dried leaves, flowers, stems, and seeds from the Cannabis sativa or Cannabis indica plant that contain the psychoactive chemical THC.

The drug can be used by smoking, vaporizing, ingested in food, or as an extract.

r

Retire Stigmatizing Language!

INSTEAD OF…	TRY…
Addict, junkie, alcoholic	Person with a substance use disorder (SUD)
Addiction	Substance use disorder (SUD)
Clean	Abstinent, not using
Former addict	Person in recovery
Relapse	Resurgence/re-occurrence
Drug abuse	Drug use or drug misuse
Dirty	Actively using
Crazy	Experiencing a mental health crisis
Suicidal	Having thoughts of self-harm/suicide

Source: Beyond Influence

Research suggests that language influences our behavior and impacts how society perceives and understands people's experiences, especially related to substance use. Using non-stigmatizing language improves communication about the people who are affected by substance use disorder and ways to talk about substance use prevention. Substance use disorder is a health issue that is a treatable disease. This guide will use the terms substance use, substance misuse, and substance use disorder to describe the ways communities can support youth to make healthy choices and to support people who are struggling with this health issue.

MAKING THE CASE FOR CHANGE

EXCESSIVE AND UNDERAGE CONSUMPTION ARE COMMUNITY ISSUES

Vermont is #1 and this time it is not a good thing

90% of people who develop a substance use disorder started using before they were 18 years old.
Source: National Center on Addiction and Substance Abuse

Rates of alcohol and cannabis use by youth and young adults in Vermont are some of the highest in the nation. Vermont has the *highest* rate of cannabis use in the last month for people ages 12-17 and 18-25[v] and the third highest rate of binge drinking in the last month for the same age groups. Communities must start to intervene with stronger policy to reduce the risk factors that are contributing to these high rates and ensure youth and young adults are supported to make healthy and safe choices during the high risk time of adolescents and young adulthood.

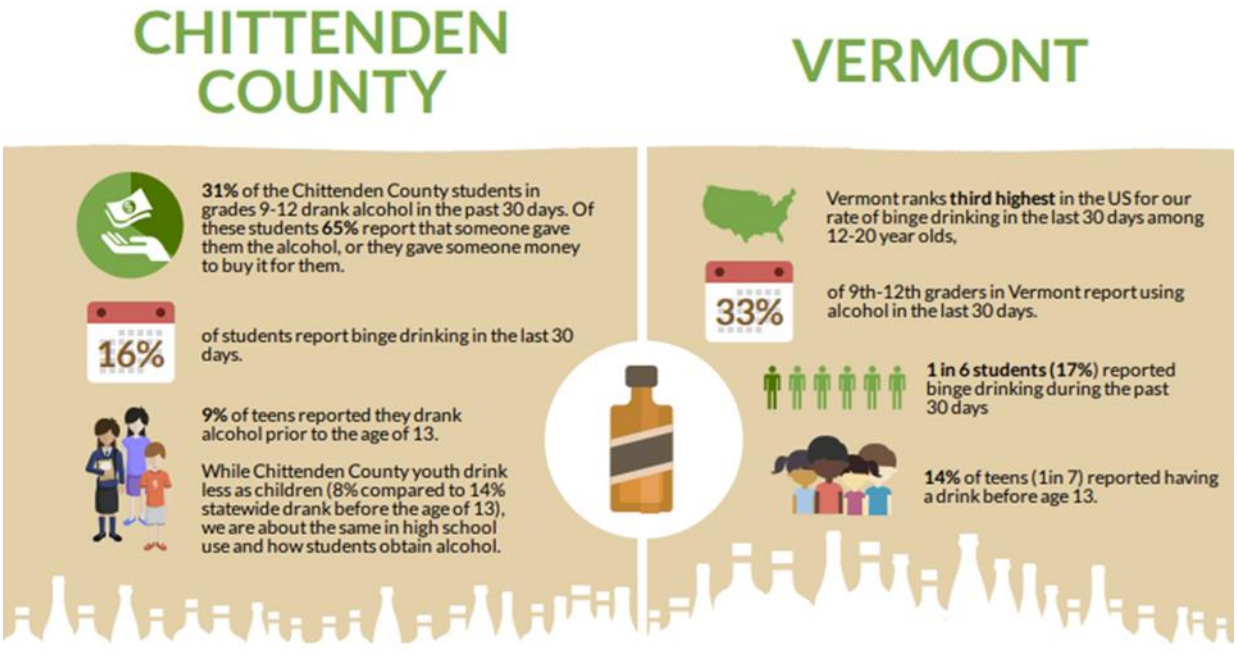
Why do Vermont's youth and young adult use rates matter?

Alcohol - High risk drinking causes approximately 88,000 deaths per year in the US, making it one of the leading causes of preventable death in the nation, and it accounts for 1 in 10 deaths among working-age adults aged 20–64 years.[vi] Alcohol use constitutes a serious public health issue for young people in the United States because binge drinking can have negative health, social, and economic consequences for the youth, their families, and communities. Although many thinks binge drinking is limited to underage youth and college students, the data show that 70% of binge drinking episodes involve adults aged 26 years and older.[vii]

Binge drinking is a form of excessive alcohol use defined by the National Institute on Alcohol Abuse and Alcoholism as five or more drinks on one or more occasions for men and four or more drinks on one or more occasions for women.

Youth who engage in frequent binge drinking in high school are more likely to engage in other risky behaviors, such as using cannabis and cocaine, having sex with six or more partners, and earning grades equivalent to Ds and Fs in school.[viii] The availability of alcohol is a contributing factor in many preventable causes of injuries and fatalities including motor vehicle crashes, suicides, domestic violence, and unintentional injuries. **For this and other reasons the U.S. Department of Health and Human Services Healthy People 2020 initiative has identified reducing rates of binge drinking among adolescents and college students as a national priority.**

Additionally, a high concentration of alcohol outlets leads to a variety of serious health and social consequences, including violence, alcohol-impaired driving, neighborhood disruption, and public nuisance activities. Greater outlet density is associated with increased alcohol consumption and related harms. Policy changes that increase alcohol outlet density and alcohol availability (including allowing sales of new beverages) can significantly increase alcohol consumption and related problems. The U.S. Department of Health and Human Services Task Force on Community Preventive Services (which conducted a systematic review of 88 scientific papers) found sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend limiting alcohol outlet density through the use of regulatory authority (e.g. licensing and zoning) as a means of reducing or controlling excessive alcohol consumption and related harms.



Sources: National Survey on Drug Use and Health 2012 to 2014, 2017 Youth Risk Behavior Survey

Cannabis - Cannabis is the most widely used illegal drug in the United States. In the last 10 years, US states have been increasing access to legal cannabis through changes in state policy. However, the public health consequences of the legalization of cannabis, whether for medical or recreational purposes, are little understood. According to the 2019 Youth Risk Behavior Survey (YRBS), lifetime cannabis use for Vermont Highschool students has remained stable, with a significant increase between 2017 and 2019, use rates went from 37% to 40%.

Additionally, White, non-Hispanic students are significantly more likely than students of color to have ever used cannabis.

Research suggests 30 percent of cannabis users may develop some form of problem use, which can lead to dependence and addiction.ix Just like alcohol and tobacco, the younger someone begins using the more likely they will develop problems. According to the 2019 Youth Risk Behavior Survey (YRBS), cannabis use significantly increases with each grade level. More than half of all 12th grade students have tried cannabis compared to 24% of 9th graders.

Tobacco - Despite successes in the last half century to reduce smoking rates, tobacco use is still the number one cause of preventable death in the United States. The 2010 Surgeon General's Report states that, "there is no safe level of exposure to secondhand smoke. Any exposure to tobacco smoke – even an occasional cigarette or exposure to secondhand smoke – is harmful." It is estimated that 10,000 kids now under the age of 18 and alive in Vermont will ultimately die prematurely from smoking.

In Chittenden County, nearly 1 in 7 adults have been diagnosed with a lung disease and 7% of all deaths in our County are related to lung diseases. In fact, Vermont tobacco use is one of 3 behaviors that lead to 4 diseases that result in more than 50% of all deaths in the state. Communities must do more to support prevention and reduce tobacco use.

Vermont has seen significant reduction in tobacco use rates since about 1990, as evidence of the harms of tobacco use and funding to support education and cessation became more available. The funding and resources from the Tobacco Master Settlement Agreement was part of what allowed Vermont to make significant changes in policy and taxes, that greatly reduced where smoking was allowed and supported increased funding for prevention and cessation services. According to the 2017 Behavioral Risk Factor Surveillance System (BRFSS), 13% of Chittenden County residents and 17% of Vermonters smoke.

TOBACCO USE: ONE OF THE BEST EXAMPLES OF PUBLIC HEALTH SUCCESS

50 years ago, close to half the US population smoked. The significant decrease in tobacco use over the last half century is due to improvements in public policy that resulted in changes in social norms, including the ban on television and billboards advertising, restrictions on sales and marketing to adolescents, and indoor smoke-free air policies and outdoor public spaces. In addition, one of the most successful policy changes in reducing tobacco use is the increase in federal and state excise tax rates.

According to the CDC, a 10% increase in the price of cigarettes can lead to a 4% reduction in the demand for cigarettes. This reduction is the result of people smoking fewer cigarettes or quitting altogether. Studies show that low-income, adolescent, Hispanic, and non-Hispanic black smokers are more likely than others to stop smoking in response to a price increase.[x]

However, while both Vermont and the United States has cut adult smoking rates in half since the 1960s and youth smoking rates by nearly half since we started tracking in the mid-90s, in recent years progress has slowed and even stalled. The emergence of new electronic, vapor and flavored nicotine products have led to increasing use and initiation rates by youth and young adults.

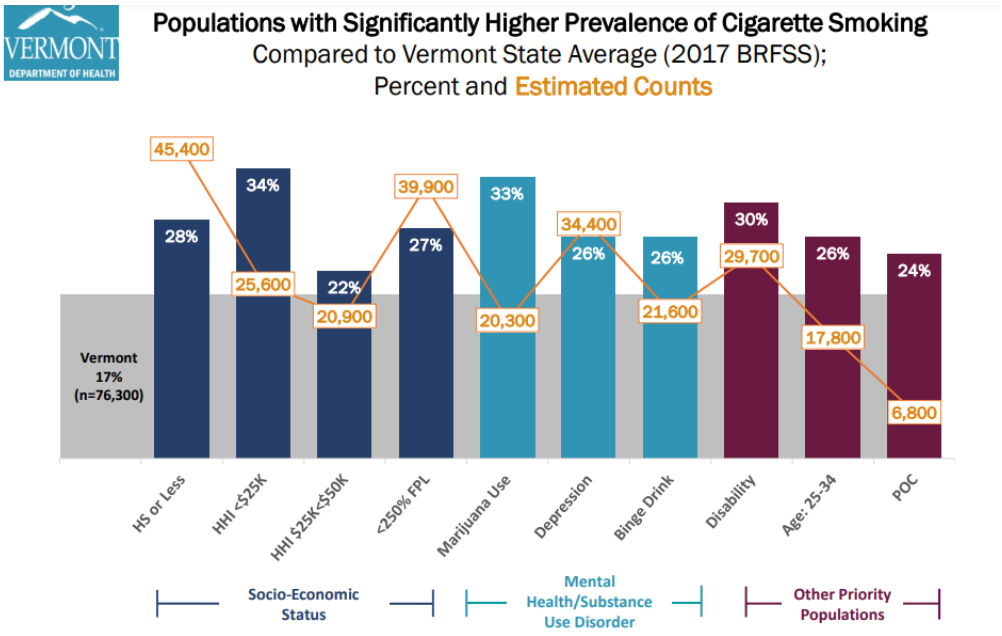
The 1998 **Master Settlement Agreement**, settled claims by states against the tobacco industry for the companies' conduct in the sales, advertising, and marketing of cigarettes, and health effects and resulting costs to the states. Vermont (along with other states) sued the tobacco companies under public health and consumer protection laws. The MSA limited tobacco companies' marketing strategies and requires the participating companies to make annual payments to the states, in perpetuity. The agreement states that these payments are "for the advancement of public health, [and] the implementation of important tobacco related public health measures."

Disparities in Substance Use and Industry Targeting

While Vermont has seen great progress in creating stronger tobacco-free social norms by reducing the prevalence of smoking and exposure to secondhand smoke, there are still many groups of Vermonters who continue to have higher use rates and greater impacts on their health and quality of life.

The overall number of adult smokers in Vermont has decreased over time, however disparities in prevalence use rates exist.

For example, as seen in the chart below, very low-income adults, individuals who did not graduate from high school, adults with mental health/substance use disorder, and people of color (POC) have the highest rate of use.



Graph Interpretation Notes: State average is grey bar. Other bars represent smoking prevalence and orange line represents estimated counts for each population. For example, 28% of those a high school education or less smoke cigarettes, which is about 45,400 Vermont adults.

Source: BRFSS 2017; Percentages age-adjusted to U.S. 2000 population & estimated counts rounded to nearest hundred Vermonters (not age-adjusted). Note: POC & Age combine 2 years of data (2016-2017) because of sample size. HS=High School; HHI=Household Income; FPL=Federal Poverty Level; Depression=diagnosis or poor mental health on 14+ days in past month; POC=People of Color.

Not all Vermonters are equally exposed to tobacco and alcohol advertising in a retail environment. Advertising and retail outlets are more likely to be in low income areas and/or areas where racial minorities are more concentrated. In Vermont, twice as many retailers are located in low-income neighborhoods compared to higher-income neighborhoods[xi].

Advertising in stores that is displayed at or below three feet from the floor is designed to target youth, and many of the in-store signs are located within this “eye level is buy-level” zone. More than half of high school students in the 2019 YRBS survey reported they saw an advertisement for tobacco most or all the time while shopping in convenience stores, supermarkets, or gas stations.[xii]

BURDEN OF MISUSE

Economic

Overconsumption of any substance can be detrimental to the health and welfare of a society. Left untreated, substance use disorders lead to greater economic impacts, including health care costs, decreased public safety, and impacts to the workforce and educational system. **When last estimated in 2009, Vermont spends twenty percent of the state budget to address addiction and risky substance use.**[xiii] The Vermont Agency of Human Services spent $65,000,000 on substance use crisis, prevention, intervention, treatment and recovery services in state fiscal year 2016. This represents a 56% increase from the 2013 state fiscal year."[xiv]

> Every dollar invested in substance use prevention strategies saves $10-$18 in costs associated with health care, the criminal justice system, and lost productivity.

Alcohol - Binge drinking can lead to a range of health and social problems, including unintentional injuries (e.g. automobile crashes and drowning), interpersonal violence, sexually transmitted diseases, unplanned pregnancy, alcohol poisoning, and Fetal Alcohol Spectrum Disorders[xv]. Over time, high risk alcohol consumption increases the risk of alcohol dependence, cancer, and high blood pressure, among other chronic conditions. Underage youth who binge drink are also at additional risk of poor school performance and interrupted brain development.

The direct and indirect costs of high risk alcohol consumption on the US were estimated at $223.5 billion in 2006 (a cost of $1.90 per drink), from losses in productivity, health care, crime, and other expenses.[xvi] The tax revenue collected nationally for alcohol is less than 10% of this total cost. When last estimated in 2010 the cost of underage alcohol use on Vermont was estimated at $123.4 million. That was down from $423.7 million in 2006, in part due to targeted interventions and federal funding that was provided to prevention coalitions in our state to target underage and high-risk drinking.[xvii]

Consuming alcohol the night before and during or just before work both have impacts on employees and the workplace. Impacts from alcohol use by employees include loss of efficiency higher injury/accident rates, poor decision making, and absenteeism/extra sick leave. Family members may also be impacted. Cities and towns can play an important role in promoting a healthy, productive workforce that contributes as much as possible to the tax base and vibrancy of the state.

Tobacco - The societal and economic costs of smoking in the U.S. total more than $301 billion a year and rising. This total includes $116.4 billion in direct healthcare costs, $67.5 billion in workplace productivity losses and $117.1 billion in early deaths related to smoking.[xviii] In

Vermont that equals $1,741,661 per smoker over their lifetime[xix] or $348 million in health care costs per year.[xx] This amount does not include health costs caused by exposure to secondhand smoke, smoking-caused fires, smokeless tobacco use, or cigar and pipe smoking. Tobacco use also imposes additional costs such as workplace productivity losses and damage to property. It is estimated that 1,000 adults in Vermont will die from smoking each year.

The largest share of spending on the consequences of addiction and substance use falls to the healthcare system. Substance use disorders cause or contribute to more than 70 other conditions requiring medical care, including cancer, lung disease, heart disease, cirrhosis, pregnancy complications, and trauma. Fetal exposure to alcohol and other drugs causes developmental, neurological, and physical health problems. These costs threaten our communities by consuming resources that could be invested elsewhere.

Research is clear that increased availability of alcohol and tobacco lead to increased health and safety costs from use, particularly for those that are underage, and that the costs are much greater than the tax revenue they generate.

Cannabis- The economic costs of cannabis are not yet clear as the United States does not have tax and regulate market in every state. However, lessons can be learned from Colorado. The Centennial Institute at Colorado Christian University studied the economic impacts of legalized cannabis. This study found for every dollar gained in tax revenue, Coloradans spent approximately $4.50 to mitigate the effects of legalization. Costs related to the healthcare system and from high school drop-outs are the largest cost contributors, but many other costs were included as well. Costs of cannabis ranged from accidental poisonings and traffic fatalities to increased court costs for impaired drivers, juvenile use, and employer related costs[xxi].

Public Safety

Alcohol use plays a major role in many motor vehicle crash fatalities, suicides, domestic violence situations, and unintentional injuries, which all increase law enforcement costs. Binge drinkers (those who consume at least 4-5 drinks in 2 hours) are 14 more times likely to drive while impaired than non-binge drinkers.[xxii] The density of alcohol outlets is linked to increased violence rates[xxiii]. The number and locations of alcohol outlets often leads to changing perceptions of safety and physical activity rates, in areas with more alcohol outlets, physical activity declines. As public safety calls increase, so do taxpayer rates.

Placing alcohol outlets close to “sensitive land uses” including parks, places of worship, schools, and other locations where young people are may pose significant risks. Police calls for service and place of last drink data can be useful measures for making a case for action in a particular geographic area. See the maps section at the end of this

guide for details on alcohol outlet density near schools in your community. Another tool available for understanding where there is higher concentration of restaurants and bars that serve alcohol is ESRI's policy map which can be accessed here.

MARKETING AND ADVERTISING LANDSCAPE

Federal Policy Recommendations:

Federal regulations do not specifically prohibit alcohol advertisements that appeal to youth (U.S. Department of Health and Human Services, Office of Inspector General, 1991), however, a number of organizations and government entities have called on the alcohol industry to take a more disciplined approach to its advertising.

- **The Federal Trade Commission**
- **Surgeon General's Call to Action to Prevent and Reduce Underage Drinking**
- **The National Academy of Sciences**
- **National Association of Attorneys General**
- **Youth Access to Alcohol Committee**
- **The American Medical Association**
- **Mothers Against Drunk Driving**
- **World Health Organization Global Strategy to Reduce Harmful Use of Alcohol**
- **American Public Health Association**
- **American Academy of Pediatrics**

Tobacco

The tobacco industry continues to aggressively market their products in ways that are appealing to youth and young adults, despite the ban on targeting youth "directly or indirectly" as a result of the 1998 Master Settlement Agreement. In Vermont, the tobacco industry spends approximately $18.4 million each year to market their productxxiv. Peer reviewed research studies have found that kids are twice as sensitive to tobacco advertising as adults and that one-third of underage experimentation with smoking is a result of advertising. Kids are more likely to be influenced to smoke by tobacco marketing than by peer pressure.

Vermont is rated "high" with respect to regulating smoking by the Centers for Disease and Control and Prevention (CDC), and is a "green" state, meaning it has comprehensive state smoke-free policies and laws that prohibit smoking in all indoor areas of private workplaces, restaurants, and bars with no exceptions. Municipalities may be more, but not less restrictive when it comes to regulating smoking in public places, including prohibiting the smoking or use of tobacco in outdoor areas, such as municipal parks, playgrounds, and recreation areas.

While there are still significant strides to be made in the reduction of tobacco use, there are lessons to be learned from successes to date. Rates of smoking among both youth and adults have been positively impacted by reducing advertising and limiting access. "Empirical research confirms the role that marketing plays in fostering positive smoking attitudes and

expectations among adolescents which, in turn, increases their likelihood of becoming smokers." According to the World Health Organization, "about one third of youth experimentation with tobacco occurs as a result of exposure to tobacco advertising, promotion and sponsorship." Tobacco advertising regulations have been associated with significant decreases in smokers' reported awareness of pro-smoking cues across socioeconomic groups.

Alcohol

In the United States, advertising limitations are left up to the industry and localities. Recent, comprehensive research since 2008 covering 35,000 participants found that youth as young as 10 are not protected, and in fact are seeing just as much alcohol advertising as older youth (17-21) and young adults (21-25). This research showed that exposure to alcohol advertising decreases the age of initiation and increases likelihood for binge drinking, which in turn, increases the likelihood of sexual assaults, violence, attempted suicide, and illicit drug use. Out of eight identified possible ways states and localities can mitigate the impacts of this advertising, Vermont has 3 "best-practice" laws regarding false or misleading advertising, advertising targeting minors, and outdoor ads. Vermont currently does not have in place the other five recommended possible solutions, such as restrictions around electronic media, retail windows, college campuses, sponsoring of civic events, and promotional giveaways. These may be promising places to strengthen protections for underage youth in Vermont.[xxv]

Cannabis

In 2018, cannabis in small quantities became legal for adults 21 and older to grow, consume, and possess. Since then, lawmakers have been considering a tax and commercialization bill. At the time of writing this guide, passage of a bill to tax and regulate is likely. Many lawmakers discuss cannabis legalization and

commercialization and compare it to tobacco, but this is a faulty comparison. Tobacco advertising restrictions are a result of the Master Settlement Agreement in 1998 between most of the US states and three of the largest tobacco companies. These same restrictions will not apply to the cannabis industry. It is also important to note, the 2019 YRBS reports that nearly one in five students believe there is no risk of harm from using marijuana regularly which we know is an indicator for future increased use.

As Vermont considers additional policy changes that increases access to and promotion of cannabis, local governments should evaluate the need for additional regulatory mechanisms outlined in this guide that support public health goals of preventing access by minors, protecting and informing consumers of legalized cannabis, and protecting third parties from unwanted consequences of legalized cannabis use.

KEY TOOLS FOR MUNICIPALITIES TO PREVENT & REDUCE SUBSTANCE MISUSE AND RELATED HARMS

There is not one stand-alone strategy that addresses substance use issues in our community. As municipal officials, volunteer planners, regional partners, and private citizens, we have a collective responsibility to address substance misuse, and towns and municipalities are valuable partners in the process. Research shows that changing community environments, such as limiting access to alcohol, tobacco and cannabis, increasing enforcement of existing laws, and changing community norms around use, can reduce rates of underage and high-risk use. Price increases through taxes and restrictions on advertising and promotion reduces use and makes it easier for people in recovery from an alcohol or tobacco addiction to remain substance-free.

Strategies available to municipalities to prevent and reduce substance misuse and related harms can be established in three different ways: municipal plans, local regulatory activities, and local non-regulatory activities. The rest of this guide provides examples and includes resources and sample language for these strategies. The table below is an overview of the strategies to reduce and prevent high risk substance use consumption and related harms.

POLICIES AND SYSTEMS CHANGE

Connecting public health and substance use prevention to municipal land use planning and regulation is an effective strategy to limit access and promotion of substances to youth and prevent substance misuse at a community level. Many towns in Chittenden County and within Vermont are already making steps to improve health in this way.

Municipalities, elected officials, and community partners must work together in a thoughtful approach to zoning, ordinances, regulation, and enforcement. Chittenden County communities are encouraged to use this guide to engage diverse partners from across disciplines to integrate knowledge, perspectives, and tools to identify appropriate solutions at a municipal or county level. Sectors could include law enforcement, health providers, school staff,

mentor program staff, town staff, business leaders, and legislators. Some recommendations may not be applicable to your area.

Towns can reduce the negative impact of substance use and improve health outcomes by making improvements to policies, regulations, zoning, and systems. In Vermont, regulatory authority exists for municipalities to implement the following evidence-based strategies:

RECOMMENDED STRATEGIES FOR PREVENTING HIGH RISK SUBSTANCE USE CONSUMPTION AND RELATED HARMS

Strategy	Type	Local or State Control?
Establish a vision statement in municipal plans which demonstrates a commitment to creating a healthy community	Non-regulatory	Local
Limit alcohol, tobacco, and cannabis purveyors by restricting the density and locations of them though zoning bylaws (24 V.S.A. Chapter 117)	Regulatory through zoning	Local
Prohibit tobacco use on town property, including town-owned vehicles and parks (via local ordinance - 18 V.S.A. § 1746 or Facility Use Policies (24 V.S.A. § 872)	Regulatory through ordinance	Local
Establish an alcohol beverages tax (24 V.S.A. § 138)	Regulatory	Local and state control
Maintaining minimum drinking age laws	Regulatory & Enforcement	State, already in place
Maintaining limits on hours of sale	Regulatory	State, already in place Further local control possible
Maintaining limits on days of sale	Regulatory	Unknown
Enhanced enforcement of laws prohibiting sales to minors and underage consumption	Enforcement	Local
Privatization of retail outlet sales	Non-regulatory	State, already in place
Restrict and/or prohibit alcohol, tobacco, and cannabis use at town-sponsored events and town-owned facilities (24 V.S.A. § 872)	Regulatory	Local

Ban alcohol outlets altogether by becoming a "dry town" via a municipal vote (7 V.S.A. § 161)	Regulatory	Local
Healthy Retailer Practices	Non-regulatory	Local
Partner with school district and prevention coalitions to ensure substance use prevention for parents and kids is included in the curriculum and is adequately funded	Non-regulatory	Local
Regulate alcohol, cannabis and tobacco signage, though this must be content-neutral (either via standalone ordinance under 24 V.S.A. § 2291(7), or in zoning regulations under 24 V.S.A. Chapter 117)	Regulatory	Local
Place conditions on the granting of liquor licenses and entertainment permits through the Local Liquor Control Commissioners and ordinances (7 V.S.A. § 167; 7 V.S.A. § 222)	Regulatory	Local
Adopt policies or ordinances that prohibit consumption of alcohol, tobacco, and/or cannabis in public places and at community events.	Regulatory	Local

*See Appendix G in VLCT's Vermont Municipal Regulation of Alcohol and Tobacco and Alcohol and Tobacco Advertising for more options and to understand municipal regulatory authority in this realm.

NON-REGULATORY ACTIVITIES

Municipalities often engage in many non-regulatory activities that can influence land use and prevention opportunities. These non-regulatory activities section provides an overview of activities, measures, and tools to further prevention goals. Below are questions to guide decision making and can be easily implemented without regulations.

Are municipal events substance free? By designating all municipal and community events substance free unless by use of special permission, the municipality takes the lead on how alcohol use is "normalized" in the community. "Bring your own beverage" allowances at music events, fundraisers, or other special events or beer tents featured prominently at social events are all signals to youth that alcohol should be a part of public events.

Are municipal facilities substance free? Municipalities can set an example by designating all facilities substance free, including a buffer area from all doorways. For example, the area in front of doors to the town office may have a "No smoking within 100 feet" sign next to an ash can set 100 feet from the entrance. Parks that only allow alcohol use with use of a permit may reduce after-hours violence and crime, provided the rule is enforced.

Do municipal officials make regular use of educational and training opportunities? The Department of Liquor Control, parent organizations, and regional health and family organizations often sponsor events and trainings for municipal officials to receive further education about changes to state rules, new research, guest speakers, and peers with experience in varied subjects. Participating in educational and training opportunities may inspire new ideas to test or provide statistical insight into public health situations in Chittenden County.

Do parents, guardians, and community leaders set an example? Parents and guardians have tremendous influence on the decisions made by youth. Modeling appropriate alcohol consumption patterns demonstrates healthy decision making for the next generation. Some police departments have identified the home as a place of greatest concern about alcohol consumption and activity.

Do beer cans and boxes line the roads? Allowing litter to accumulate, such as beer cans and bottles, liquor bottles, and alcohol packaging, sends a message to young people that it is okay to consume alcohol – and then litter, often while driving. Removing the visual clues that alcohol use is widespread is a powerful signal.

What kind of advertising is encouraged? Advertising alcohol sales at establishments or alcohol-themed special events (e.g. plays, exhibits) further indoctrinates youth that alcohol consumption is expected.

Substance Use Prevention Education

Teachers, parents, and guardians have a critical role to play in substance use prevention among youth. Kids are continually bombarded with messages about substances, so educating children about harms is the first step to minimizing the risk of use. Substance use prevention begins with learning how to talk with youth about substances and demonstrating appropriate behavior when it comes to alcohol, tobacco, and other substances.

Many communities in Chittenden County have substance use prevention organizations that are great resources for schools, teachers, and parents. To learn more about what is available visit the Chittenden Prevention Network website. As a community, you can host an event and invite your local coalition into educate officials, teachers, municipal staff, and parents on substance use prevention. The key to effective prevention is to ensure that substance free is normal part of where we live, play, and learn.

Healthy Retailer Practice

The types of stores and advertising within a community has a significant impact on the health of individuals. A community can educate retailers on practices that promote and encourage individuals to make healthy choices.

Some examples of healthy retailer practice include:

- Signage placement: Raise the height of alcohol or tobacco signs so they are at an adult's eye level, not a child's eye level.
- Signage inside package goods establishment: Reduce the number of signs displayed, which are supplied free of charge to establishments for product advertising. Eliminate signage that associates alcohol with driving, hunting, or snowmobiling.
- Location of alcohol in stores: Lessen the visibility of product placement in the store by repositioning alcohol at the back of the establishment, and separate alcohol from juice, soda, and other beverages.

Municipal Planning

The local plan is the place to name land use policies and community-oriented activities that will facilitate alcohol-free opportunities. Plans can call for ideas like teen nights, parks, bike paths, teen centers, or entertainment, just to name a few. In 1968, the Legislature enacted enabling legislation with a list of the purposes of planning and zoning: "It is the intent and purpose of this chapter to encourage the appropriate development of all lands in this State by the action of its constituent municipalities and regions, with the aid and assistance of the State, in a manner

which will promote the public health…."[xxvi] Rather than overtly addressing issues related to health and safety, government planners' attention focused more on land use and transportation. In contrast, public health professionals took the lead on addressing health and safety concerns. Planning is now shifting toward sustainability and a holistic view with public health as a core element.

Municipal plans are a pre-implementation document that can express support for prevention planning and set the stage for strategies but cannot regulate prevention opportunities. It is here that municipalities focus on goals and overarching principles used to guide decision making. Strategies are used to enact these goals and are the direct link between the vision of a municipality and action.

Municipalities are not required to adopt a municipal plan but they are encouraged to do so through state incentives. Municipal plans are developed by a planning commission and adopted by the legislative body of a municipality (e.g. selectboard or village trustees). Planning commissions are charged with bringing a long-term perspective to day-to-day decision-making. Planning commission members act in the public interest and put the general welfare of the community above personal interests. For more information on plans see the Department of Housing Community Development's Municipal Planning Manual.

Recently communities have included a discussion of public health and prevention in the municipal plan. These communities are the City of Winooski, Essex Junction, Williston, and Jericho. Adapt this language for your community, make it more specific for your town, or get the juices flowing so you can come up with your own goals, strategies, and implementation strategies.

REGULATORY ACTIVITIES

Building off the goals and strategies established in the municipal plan, municipalities can then implement public health strategies through zoning bylaws or other regulatory documents such as local ordinances, municipal charters, licensing and municipal policies. In doing so, it is important to keep in mind that Vermont is a Dillon's Rule state. This means if the legislature has not expressly granted municipalities the authority to regulate something, then it must be assumed that such power does not exist, and consequently municipalities cannot act[xxvii]. For a more detailed description on what municipalities are enabled to regulate and what they cannot, see VLCT's Vermont Municipal Regulation of Alcohol and Tobacco and Alcohol and Tobacco Advertising. Most of the content in this regulatory section is pulled directly from that VLCT document and is intended to be a brief summary.

There is no "one size fits all" approach to zoning, ordinances, or other regulatory measures, so municipalities must look at options and alternatives for their community. These regulatory activities include sample language and ideas for zoning bylaws and local ordinances, that can be used to further prevention planning.

The State of Vermont has delegated to municipalities authority that is relatively far-reaching and extends beyond enacting land use regulations regarding the retail sale, possession and consumption of alcohol and lighted tobacco products. In addition to revising their governance charters and using their role in the State licensing system (at least as it concerns the retail sale of alcohol products), a municipality can vote to prohibit the sale of all alcohol within its borders; enact ordinances to prohibit the possession and use of alcohol and lighted tobacco products in any, some or all places of public access, establishments that serve food and drink, and places that provide commercial entertainment; and implement facility use policies regulating or prohibiting their possession and use. In addition, some qualifying municipalities, may even impose a 1% local option tax upon the sale of alcohol.

Local Ordinances

The broadest statutory grant of authority given to municipalities is the power to define and regulate public nuisance through ordinances, and to provide procedures and take action for its abatement or removal as public health, safety or welfare may requireibid. For example, secondary effects associated with the sale and consumption of alcohol can be regulated, such as noise.

An ordinance is an expression of the municipal will, affecting the conduct of the inhabitants generally, or a number of them under some general designation. A well written and effectively enforced ordinance that solves a particular problem or situation can be a significant community asset. It can also articulate a community's goals and aspirations, and bend practice in the direction of policy. The municipality may not enact ordinances unless the legislature has expressly granted it the authority to adopt local legislation on the subject. Where the state law establishes limits on the ordinance or bylaw, the municipality must stay within those limitsibid.

Examples of local ordinances include:

- Regulate or prohibit possession of open or unsealed containers of alcohol in public places, and grant exceptions with Selectboard approval.
- Municipal authority to regulate commercial entertainment, such as carnivals and shows, creates incidental and implied authority to regulate alcoholic beverages at such events.
- Voters of a municipality can also elect to condition the issuance of a liquor license at such events upon compliance with local ordinances regulating entertainment, and further, to suspend or revoke a liquor license for violation of such ordinances.

State law prohibits smoking in public places; and municipalities can be more restrictive by prohibiting smoking in outdoor public places like municipal parks and playgrounds.

Seek competent legal counsel before promulgating the ordinance. The VLCT Municipal Assistance Center staff is available to review draft ordinances for their members, and has an extensive collection of sample ordinances on different subjects from municipalities around the state. In drafting an ordinance, do not neglect the hard work other municipalities that have put into their ordinances. A few words with the right person, along with a copy of a good sample from another community, can save you weeks of frustration. Once you start to draft the ordinance itself, return to your statutory source of authority more than once during the process, always asking whether what you propose is justified by the statute or charter.

Municipal Governance Charters

Municipalities can deviate from Vermont law through the adoption of municipal charters. These require a municipal vote as well state Legislative approval. While there are no municipal charters that expand the scope of municipal regulatory authority over alcohol, many charters contain 1% local option tax on alcohol. Though not regulatory in nature, a local option tax of 1% can be a powerful tool in furthering municipalities public health policy goals related to alcoholic consumption[ibid]. However, the Centers for Disease Control prevention guide recommends a 10% sales tax increase in Vermont on beer and wine, and find that this would likely reduce consumption by 5% (beer) and 6% (wine)xxviii. This makes a 1% tax questionable about its ability to influence behavior change. Also, charters in three Vermont municipalities give authority to regulate tobacco establishments.

State/Municipal Licensing

While the State of Vermont administers and enforces liquor licenses, municipalities serve as the State's local liquor control commissioners, and may with state permission, issue first and second-class liquor licenses. While the commissioners are carrying out state law they have some discretionary authority, as influenced by local ordinance. As the VLCT guide points out, in Billado v. Control Commissioners, 114 Vt. 350, 351 (1947), the Vermont Supreme Court stated that in denying a liquor license, "the control commissioners may act upon the basis of any knowledge or information available to them, so long as their action is not arbitrary or capricious, but is made in good faith and with a view of advancing the purpose and policy of the law." Also, municipalities may vote at a duly warned special or annual town meeting to opt out of this licensing scheme all together by prohibiting the sale of malt and vinous beverages or spirits and fortified wines within their jurisdictional limitsibid. Municipalities that have opted to ban the sale of all alcohol beverages are referred to as "dry towns". Vermont has 21 dry towns, none are in Chittenden County.

Regarding tobacco retail licensing, municipalities are just responsible for processing the fee and application, without discretionary authority to add conditions. Nor do municipalities have the authority to ban tobacco sales altogether.

Local Policies

Municipalities have the authority to limit access and regulate alcohol in its facilities through policies, often adopted via Selectboard resolution. VLCT has developed two model facility rental agreements to assist municipalities in regulating use of their facilities (https://www.vlct.org/resource/model-contracts-facility-use) One model includes permission to consume alcohol with conditions and the other prohibits alcohol.

Zoning and Land Use Regulations

Zoning is the regulation of the use of land and the built environment, which differs from the tools described above, in that they regulate inhabitants of a municipality. This guide assumes the reader has a good handle on zoning regulations as a tool. For a more broad understanding of these regulations see resources on the Vermont Planning Information Center. It is critical that any land use regulations on alcohol or tobacco retailers should be supported by strong language in the municipal plan citing studies evidencing the dangers of alcohol and tobacco as well as set forth goals and objectives through the implementation of bylaws for the mitigation of these hazards[ibid].

A note about tobacco retail - Zoning is the only mechanism available to municipalities to restrict tobacco sales. Unlike alcohol sales, there is no municipal authority to ban the sale of tobacco altogether or impose conditions via licensing. Municipalities can regulate the location, density and overall number of tobacco retailers via zoning; however, they cannot do so in such a way that it effectively bans the sale of them altogether.

The question has been raised whether Vermont municipalities have the authority to restrict alcohol retailers by location, type and density. In Vermont, retail alcohol is sold through an agency system at privately owned stores (aka “agency stores”) which are not technically “State-owned and operated institutions and facilities” and therefore not subject to limits on municipal authority under 24 V.S.A. § 4413(a)(1)(B). Consequently, alcohol retailers are, in almost all aspects, potentially subject to any and all land use restrictions that municipalities are otherwise authorized by Title 24, Chapter 117 to apply to all other uses of land not expressly protected by the state. Keep in mind that there remains a question about preemption; it may be possible that a municipal limitation on the number of alcohol retailers through zoning may invade the State’s alcohol licensing authority. However, this is unknown because no municipal bylaw (like the Town of Fairlee’s zoning which effectively bans liquor stores from Town) has been challenged in court.

For municipalities with zoning regulations, zoning can be one of the most effective approaches for reducing excessive drinking and its many health and social consequences because it provides a mechanism to limit the physical availability of alcohol. One approach to doing so is regulating alcohol outlet density, or the concentration of retail alcohol

establishments, including bars and restaurants and liquor or package stores, in a given geographic area. Central to all alcohol outlet density regulatory tools is the goal of changing physical access to alcohol. Decreasing alcohol outlet density creates greater separation between outlets and is expected to enhance the following community-level protective factors:

- Increase the distance one must travel to obtain alcohol, thereby decreasing ease of access and consumption rates
- Increase the price of alcohol by decreasing competition
- Decreasing exposure to point of purchase and exterior-facing window alcohol marketing (within legal limits).

Keep in mind that unless a municipality votes under 7 V.S.A. § 161 to become a "dry town," by prohibiting the sale of all alcoholic beverages, it likely cannot designate alcohol retail as a prohibited use in all districts. The rationale for this opinion is twofold. One consideration is that a court is unlikely to permit municipalities to accomplish through zoning, what they could otherwise accomplish through a more explicit grant of Legislative authority provided in the form of 7 V.S.A. § 161. Another consideration is that such a tactic could interfere with the State's alcohol licensing regime and would therefore be implicitly preempted by State law.

The zoning tools available for limiting alcohol and tobacco outlet density include: establishing density maximums or only permitting alcohol outlets in certain districts; establishing a minimum buffer between alcohol outlets and places such as schools, daycares, churches, parks, and residential neighborhoods; limit alcohol signage at convenience stores (see the section below on signage for more details); or require a change in closing time for establishments where alcohol is more than 50% of sales. It would be prudent to create a more specific sub-class of retailers ("alcohol retailers") to ensure specific standards include a rational relationship to accomplishing their stated purposes and to avoid being struck down as being overly broad or vague. In addition, establishing alcohol outlets as conditional uses (rather than permitted uses) can provide a mechanism for establishing the spacing, distance, signage and time of sale restrictions. Existing alcohol outlets are generally "grandfathered uses," so it is not an immediate fix to density problems, but it is a business-positive way to effect positive change.

Signage

The 2015 US Supreme Court decision *Reed v. Town of Gilbert* has brought the issue of content-neutral sign regulation to the forefront for many municipalities. The decision determines that commercial signage has the same First Amendment protections as any other kind of speech. Because of this, content-based regulation of signage is presumed to be unconstitutional. In other words, regulating what signs say is likely unconstitutional. Vermont law enables

municipalities to regulate the size, location and design of signs, but regulating the content of signs will expose a municipality to the risk of having their regulations challenged.

Prohibiting or limiting alcohol or tobacco advertising is a commonly suggested strategy for prevention. However, these are content-based regulations. Rather than regulating specific types of advertising, municipalities must regulate advertising based on size, location and design. For example, a prohibition against sandwich board signs advertising alcohol outside of bars would be considered unconstitutional per *Reed*, but a prohibition against all sandwich board signs, regardless of content, would be allowable. Vermont municipalities may regulate signage through their zoning regulations or a standalone bylaw; though most regulate it through zoning.

Enhanced Enforcement of Underage Alcohol Consumption

Enhanced enforcement of underage alcohol consumption are non-regulatory activities that minimize or prevent underage alcohol access in commercial and social settings. Law enforcement and alcohol retailers play a critical role in curtailing the sale of alcohol to minors and eliminating social access to alcohol. Party patrols and fake ID detection are two mechanisms that communities can regularly do to proactively curb underage drinking.

Party Patrols

Parties are a major way that underage drinkers gain access to alcohol. Party patrols are a local law enforcement strategy in which police arrive at a social event where alcohol is being served and check the age of party participants. Under-age drinking parties frequently involve large groups and are commonly held in a home, an outdoor area, or other public location such as a hotel room. Drinking at parties is frequently linked to impaired driving, assault, property damage, and older adolescents pressuring younger adolescents to use alcohol.

Party patrols involve police entering the location where parties are in progress. The police can use noise or nuisance ordinances as a basis for entering a party to observe if underage drinking is taking place. Regular party patrol duty involves responding to noise complaints about loud teenage parties and regularly checking open areas and other venues where teens are known to congregate.

Fake Id Detection

A common way minors seek to purchase alcohol is by using false identification. Responsible retail practices require those who sell alcohol to verify the age of the consumer prior to completing the transaction or before the individual enters a bar to ensure the individual is older than the minimum legal drinking age. Fake ID detection is a useful enforcement tool to deter underage drinking and limit commercial access to minors.

Local law enforcement can work with the State Department of Liquor Control to regularly schedule fake identification inspections. To identify fake IDs, scanners are available to detect differences between real and fake ID's and indicate if an ID has gone through the scanner more than once. When a fake ID is detected, the ID is confiscated, and the fake ID holder could be fined.

CONCLUSION

Exposure to messages related to alcohol, tobacco, other substances, and the substances themselves in a community leads to higher use and has a negative impact on the health of the community, especially on youth. These messages can come in the form of tobacco use in a park, signage bombarding developing brains promoting the latest boozy drink, or numerous adult only retailers. Regular exposure to substance advertising and a high number of retailers in a community is counter to educational prevention strategies taught in most schools and by healthcare providers. Communities can play a role in youth or adolescent development by reinforcing positive behaviors about being substance free in a variety of settings. Given the multiple options available to regulate alcohol and tobacco, municipalities can be more creative and aggressive in their approach to addressing substance use challenges and its impact on youth. Communities have the moral responsibility to protect youth in proactive ways to prioritize health which will create a foundation for youth to reach their full potential and contribute to the collective prosperity.

APPENDIX A

UVM SIGNIFICANTLY REDUCED STUDENT HIGH RISK DRINKING

Students at the University of Vermont were engaging in high risk drinking, cannabis and other drug use at rates higher than the national student average. In 2014, the UVM president created a task force that included wide ranging participation from staff, faculty, students and community partners to develop and implement an action plan to reduce problem use on campus.

What changed:

- Binge drinking rates declined by approximately 1/3 over 5 years.
- The number of students requiring medical attention as a result of excessive drinking declined by over 50% over 5 years.
- Calls for service for alcohol related issues (noise, intoxication and disorderly conduct) by the Burlington Police Department to student neighborhoods declined by 1/3 over 5 years.

The task force report made this statement:
"Aside from presenting serious risks to the health and safety of our students, the misuse of alcohol and other drugs represents a fundamental obstacle to student engagement, intellectual and personal development, and the sustenance of a vibrant community of learners."

What they did university-wide:

- Used research to inform interventions - joined the National College Health Improvement Project
- Developed a structure to regularly collect and analysis data to inform action and evaluate progress.
- Implemented a new 100% Tobacco-Free campus policy in 2015.

What they did for parents:

- Communicated regularly with parents about the harms of high risk drinking (particularly during high risk times of the year) and encouraged parents to talk with their student about choices related to alcohol.
- Informed parents right away when students violated alcohol/drug use policies.

What they did for students:

- Created LOTS of alternative activities for students during higher risk events/weekends.
- Reviewed their sanction policies for substance use and aligned them with educational best practices. Reduced turnaround time from violation of policy to adjudication in campus judicial system.
- Instituted BASICS (Brief Alcohol Screening and Intervention for College Students) and used more proactively with specific student groups.
- Instituted universal screening (SBIRT) in UVM Health Center. Designed to ensure a "warm handoff" to further evaluation or referral for treatment.
- Launched "Wellness Environment" in 2014, a substance free on-campus residence hall and learning community that incentivizes healthy student choices. Enrollment has increased from 80 to 1,200.

What they did for staff:

- Revised academic calendar to assist in maintaining academic focus during finals.
- Made professional development opportunities available to staff to educate them about the impact of substance use on student success
- Developed new process to help faculty/advisors intervene effectively and connect students to resources

What they did in the community:

- Reviewed Burlington Police Department “calls for service” related to alcohol in the areas of the city where most students live. A team from UVM, BPD and code enforcement made weekly visits to residents of problem units, houses, streets.
- Communicated with landlords of problem units to keep them accountable for issues caused by tenant

Lessons learned:

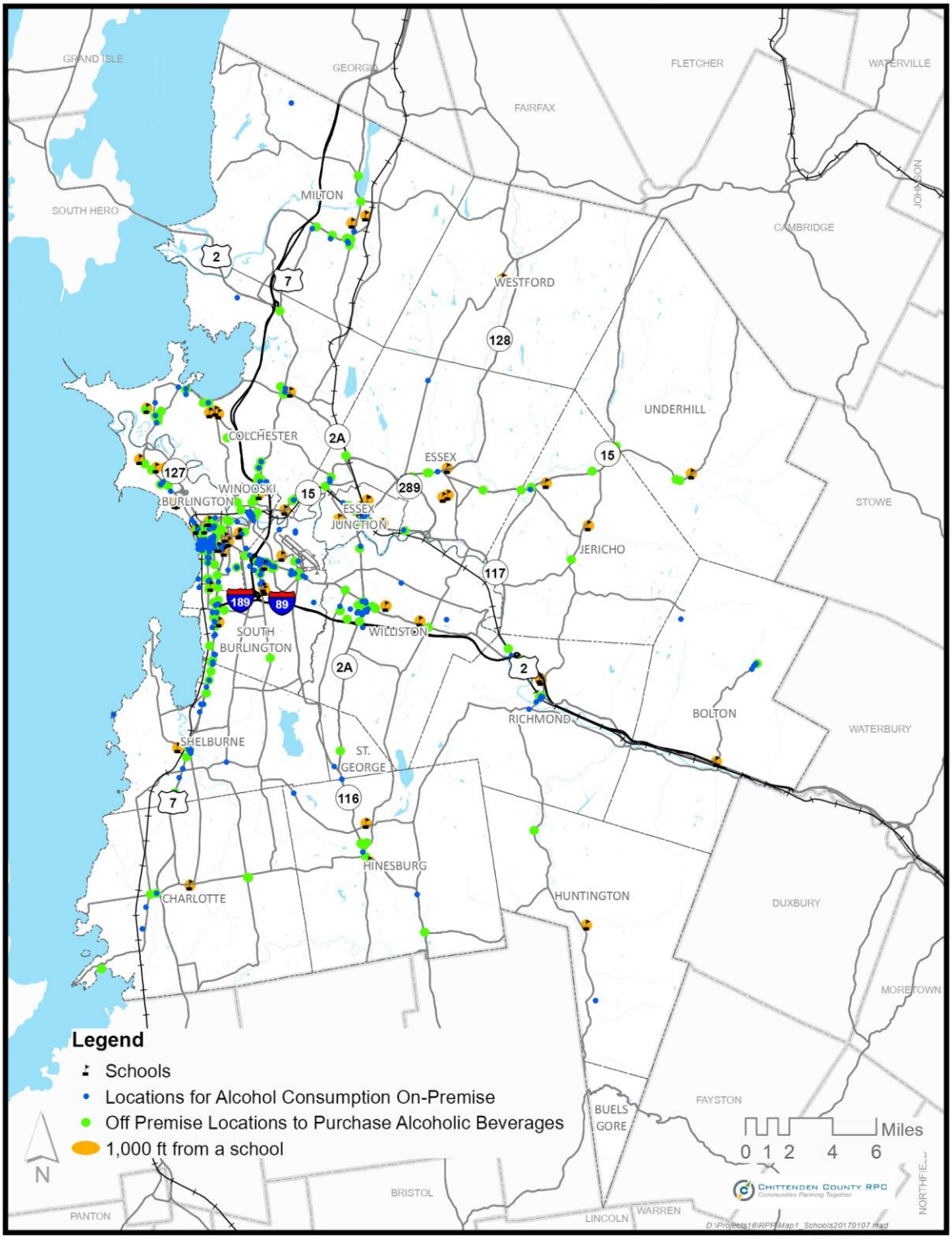
Through a data-driven and researched informed prevention effort UVM was able to improve their campus community to support students to reduce use. It required participation from many sectors of their community and a significant focus on improving their policy and practice.

APPENDIX B

MAPPING

The following pages include several maps of alcohol outlet density near schools in Chittenden County. The maps help to visualize conditions of a communities related to the number of retailers which sell and advertise alcohol and other substances in close proximity to the locations of where youth are playing and learning.

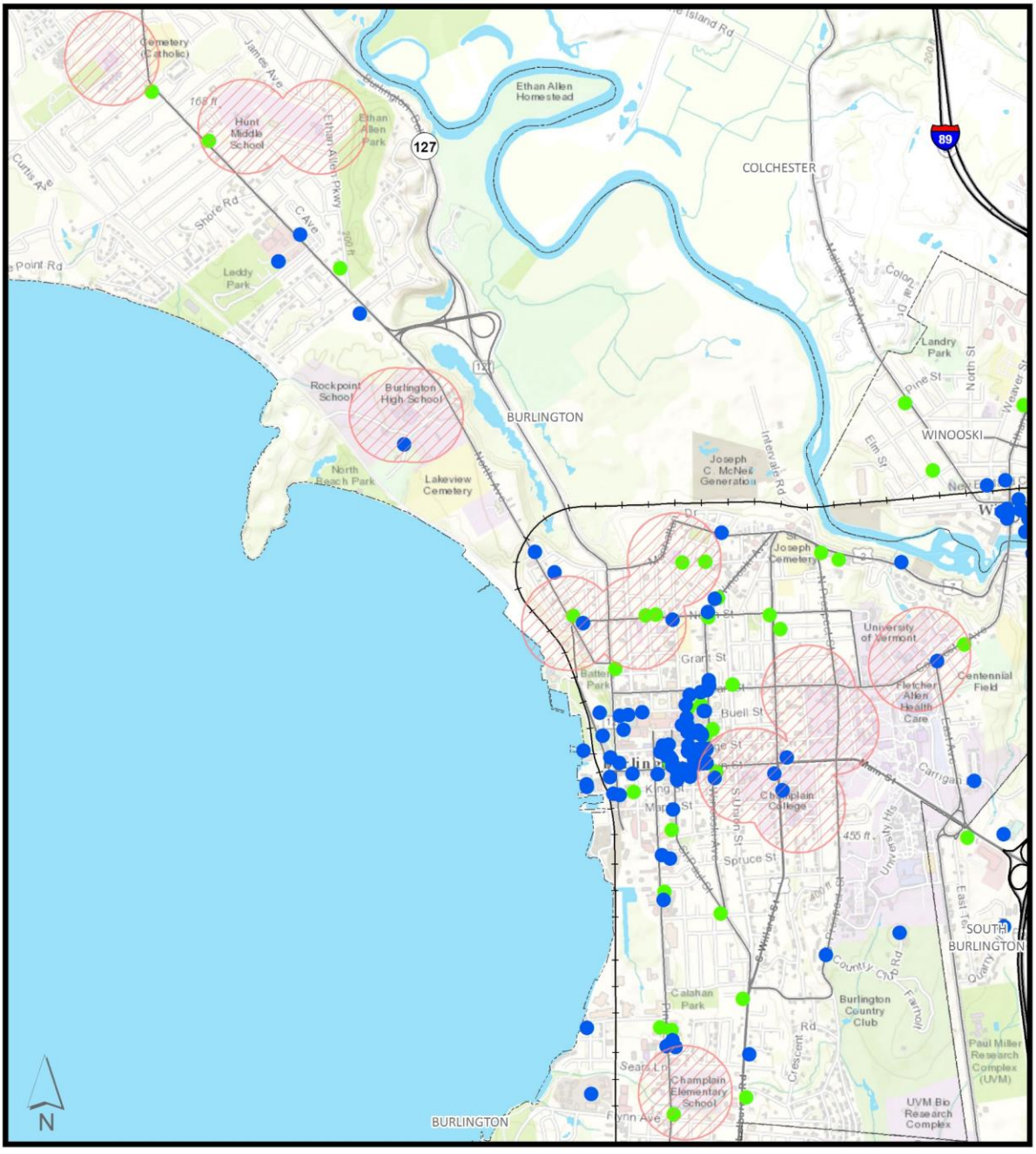
Alcohol Outlet Locations in Proximity to Schools



Date: 1/7/2017

Alcohol Outlet Locations in Proximity to Schools

Burlington, Vermont



Legend

- 1,000 ft from a school
- Locations for Alcohol Consumption On-Premise
- Off Premise Locations to Purchase Alcoholic Beverages

0 0.5 1 2 Miles

Chittenden County RPC
Communities Planning Together

Date: 2/27/2017

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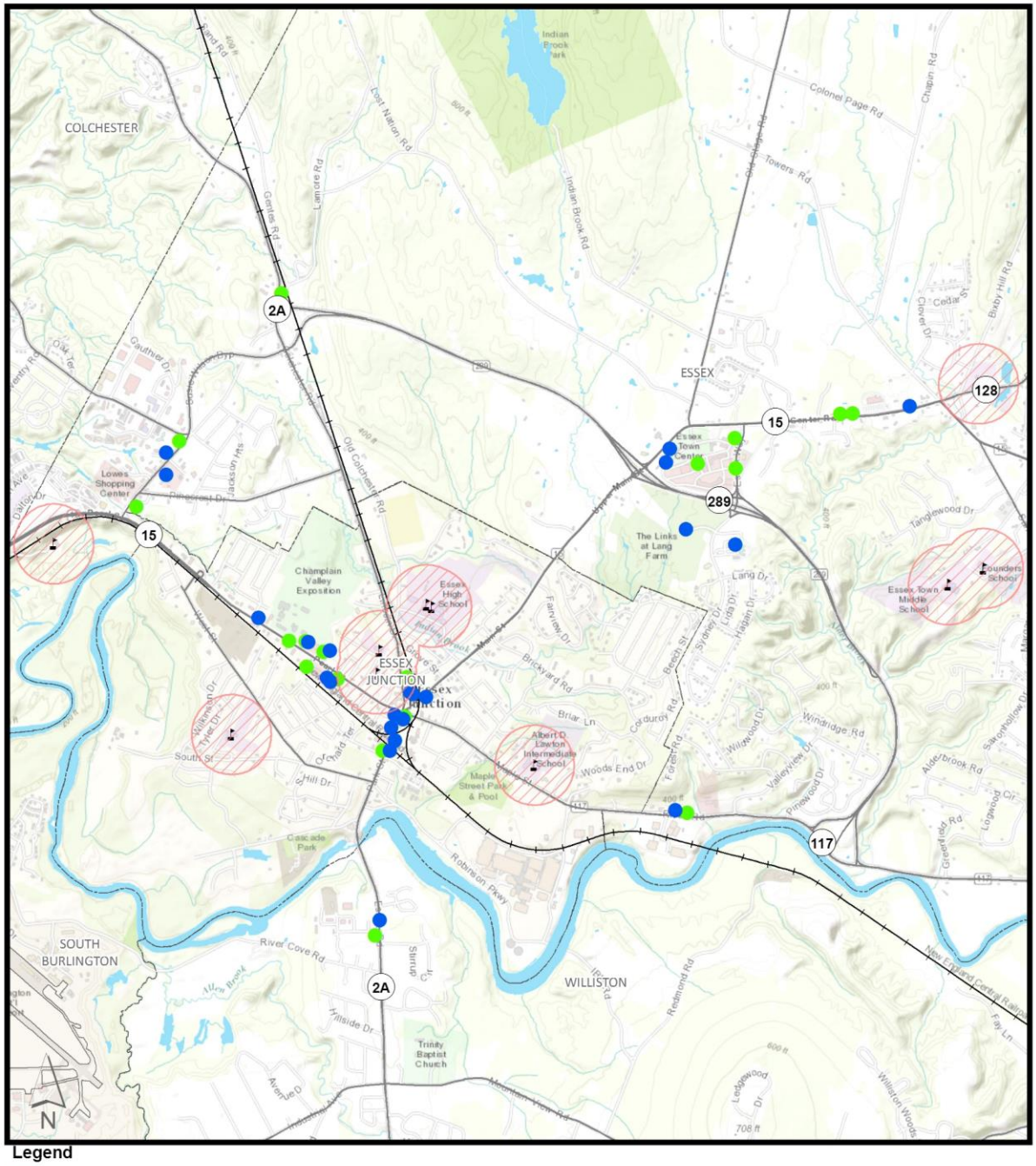
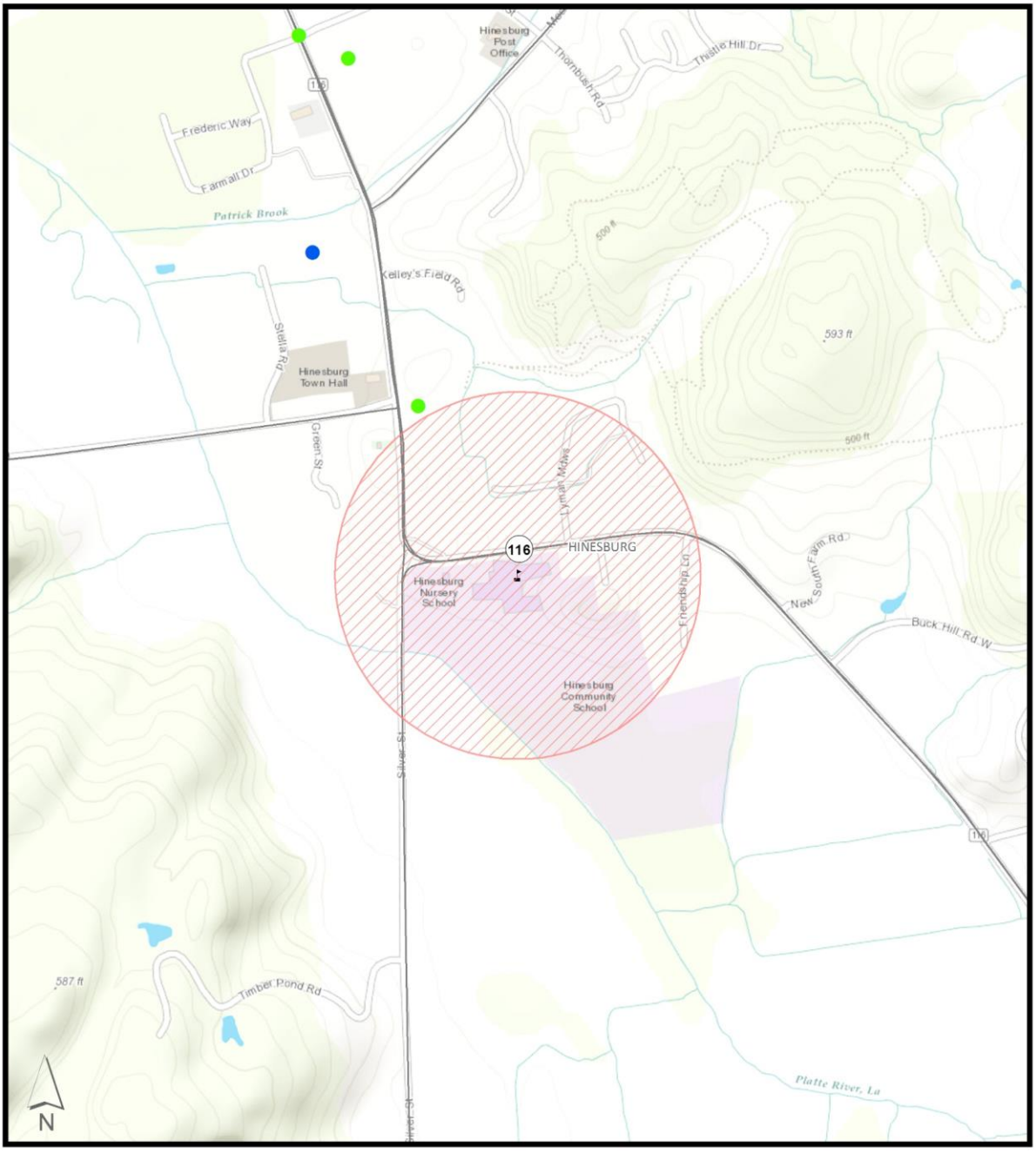
Alcohol Outlet Locations in Proximity to Schools

Essex Junction, Vermont Town of Essex, Vermont

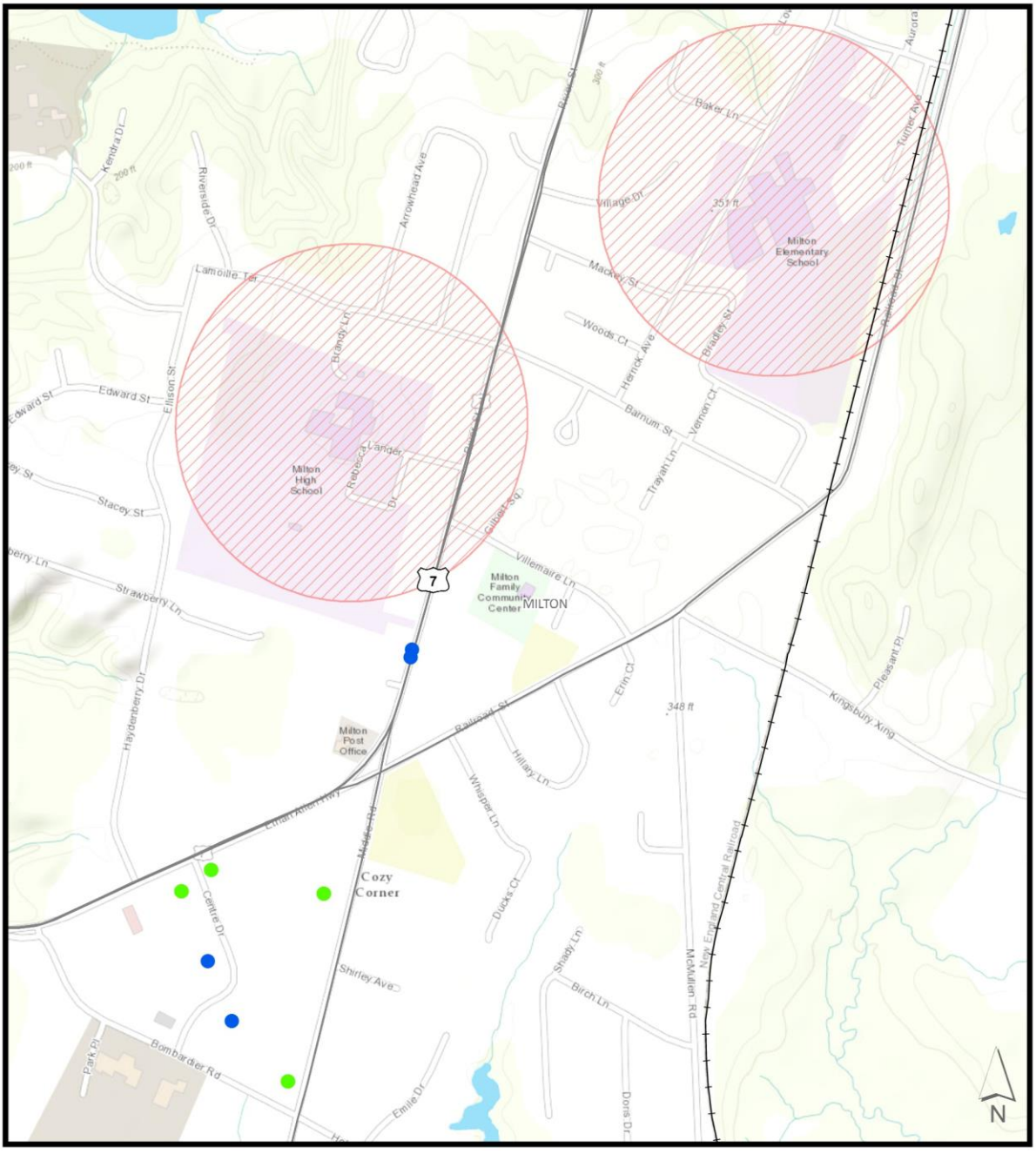


Alcohol Outlet Locations in Proximity to Schools
Hinesburg, VT



Alcohol Outlet Locations in Proximity to Schools

Milton, Vermont



Legend

- Locations for Alcohol Consumption On-Premise
- Off Premise Locations to Purchase Alcoholic Beverages
- 1,000 ft from a school

0 0.125 0.25 0.5 Miles

Chittenden County RPC
Communities Planning Together

Date: 2/27/2017

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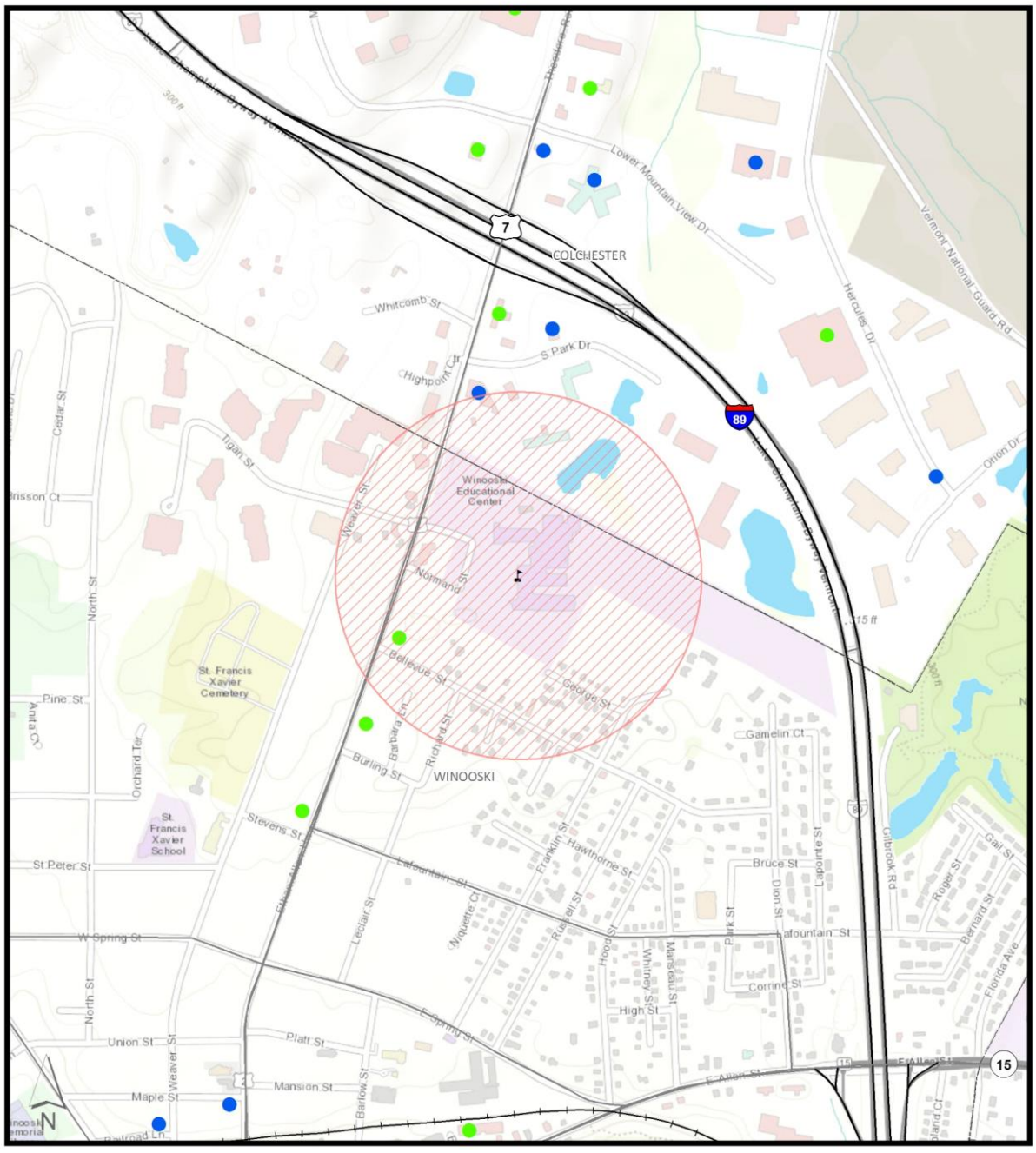
Alcohol Outlet Locations in Proximity to Schools
Winooski, VT



Legend

- 1,000 ft from a school
- Schools
- Locations for Alcohol Consumption On-Premise
- Off Premise Locations to Purchase Alcoholic Beverages

0 0.125 0.25 0.5 Miles

CHITTENDEN COUNTY RPC
Communities Planning Together

Date: 2/27/2017

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ADDITIONAL RESOURCES

Vermont Department of Health
www.healthvermont.gov

Vermont Agency of Commerce and Community Development
http://accd.vermont.gov/

Chittenden County Regional Planning Commission
www.CCRPCVT.org

Chittenden Prevention Network
www.chittendenpreventionnetwork.com

Vermont League of Cities and Towns
www.vlct.org

Youth Behavior Risk Survey
http://healthvermont.gov/research/yrbs.aspx

Center for Disease Control Community Guide: What Works to Promote Health
www.thecommunityguide.org
"Preventing Excessive Alcohol Consumption" - www.thecommunityguide.org/alcohol
"Reducing Tobacco Use & Secondhand Smoke Exposure" - www.thecommunityguide.org/tobacco

Prevention Institute
http://www.preventioninstitute.org/

ChangeLab Solutions
http://changelabsolutions.org/

Tobacco Policy Center
http://tobaccopolicycenter.org/

Counter Tobacco
http://countertobacco.org/why-retail-tobacco-control-important

Vermont Healthy Community Design Resource: *Active Living and Healthy Eating*, Vermont Department of Health

Centers for Disease Control and Prevention:
Practitioner's guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease

Town of West Tisbury, MA Beer & Wine Licensing Policies Rules and Regulations.

Brattleboro Code of Ordinances
www.brattleboro.org

Bouchery, et. al *Economic costs of excessive alcohol consumption in the United States, 2006*

John's Hopkin's Center on Alcohol Marketing and Youth
STATE LAWS TO REDUCE THE IMPACT OF ALCOHOL MARKETING ON YOUTH: Current Status and Model Policies (2012 brief that evaluates state laws to reduce the impact of alcohol marketing on youth) http://www.camy.org/action/Legal_Resources/State%20Ad%20Laws/CAMY_State_Alcohol_Ads_Report_2012.pdf

Addressing The Point of Sale: Options For Reducing Youth Tobacco Use in Vermont, Center for Public Health and Tobacco Policy at New England Law (2012) includes model zoning bylaw language for density and location of tobacco retailers.

Vermont Department of Health, Health Impact Assessment
healthvermont.gov/about/reports/health-impact-assessments

Vermont State Statutes Online at http://legislature.vermont.gov/

VT Dept. of Liquor Control:
http://liquorcontrol.vermont.gov/sites/liquorcontrol/files/Advertising.pdf

Vermont specific alcohol regulations (VT Dept. of Liquor Control):
http://liquorcontrol.vermont.gov/enforcement/regulations/

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2015 Vermont Youth Behavior Risk Survey

“A Primer on Planning for Prevention.” Lamoille County Planning Commission. April 2015.

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Campaign for Tobacco Free Kids, “The Toll of Tobacco in Vermont” http://www.tobaccofreekids.org/facts_issues/toll_us/vermont

US Department of Health and Human Services, http://www.cdc.gov/nchs/data/hus/ hus12.pdf

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