

**Substance Misuse Prevention Oversight and Advisory Council (SMPC)
March 2023 Meeting Minutes**

Date: March 27 th , 2023 Time: 1-3 PM	Mtg. Facilitator: Nicole Rau Mitiguy Mtg. Recorder: Trina Crockett Where: Microsoft Teams
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	Name	Organization and Role
X	Mark Levine, MD	Department of Health, Chair
X	Melanie Sheehan	Mt. Ascutney Hospital and Health Center, Vice Chair
	Daniel French	Agency of Education, Executive Committee Member
X	Mourning Fox	Department of Public Safety, Executive Committee Member
	Monica Hutt	Agency of Administration, Executive Committee Member
	Amy Brewer	Northwestern Medical Center, Member
X	Rebecca Brookes	Upstream Social Marketing, Member
	Moses Delane	Youth Representative (18-25 year old), Member
X	Kimberley Diemond	Big Brothers Big Sisters of Vermont, Member
	Skyler Dryden	Youth Representative (<18), Member
	Alex Figueroa	United Counseling Services, Member
X	Kheya Ganguly	Department of Mental Health, Member
	Skyler Genest	Department of Liquor and Lottery, Member
X	Charles Gurney	Departments of Disability, Aging and Independent Living and Health, Member
X	Cindy Hayford	Deerfield Valley Community Partnership, Member
X	Maryann Morris	The Collaborative, Member
X	Kat Patterson	Cathedral Square, Member
X	Scott Pavek	City of Burlington, Member
	Janet Potter	Hartford Middle and High School, Member
X	John Searles, Ph.D.	Department of Health (Retired), Member
X	Stephen Von Sitas	Vermont Judiciary, Member

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Agenda Item	Lead	Minutes
Welcome, Introductions, and Quorum Determination	Dr. Levine and Melanie Sheehan	<ul style="list-style-type: none"> • Cannabis and opioids are both are being discussed in this legislative session, but not as much as expected. • Alcohol Awareness Month is in April • Thank you to Charlie Gurney for doing an interview for Green Peak Alliance for your health TV show – we have a 10 minute clip of alcohol use in older adults and will be putting that on our YouTube channel to share with folks. Feel free to share during Alcohol Awareness Month.
Review and Approve January 2023 Minutes	Nicole Rau Mitiguy	<ul style="list-style-type: none"> • Minutes were passed as written
Cannabis Solid Concentrates Ad Hoc Committee Report	Melanie Sheehan	<ul style="list-style-type: none"> • Meeting Materials • University of Washington has completed research around high potency THC per the request of Washington State Legislature • All the starred policy options, on slide 20, are the ones in the Washington report • Discussion: What agreements can we make as a Council to message information and education in relation to Vermont Bill S. 72, any other discussions about increasing the potency caps on THC, and education to the legislature on S.72? • It appears that some statements in the CCB report are fear mongering. • Complex subject so delivering information and education needs to be thoughtful and carefully presented • Fillers – we have a solid answer for this and there are healthy ways to do it. The question being posed by this report is if we must add fillers to cannabis concentrates, do we do it in a responsible way or in a way to compete with the illicit market? Regardless of how we do it, the illicit market is still going to be attractive to some people. If we are going to add fillers, Vermont needs to do it responsibly or not do it at all. • The presentation should be shared with the legislature as is since they have already seen the CCB report. • Vermont has only had a retail system since October 2022, whereas Washington and Colorado have been doing it for years and are now realizing that they need to set potency limits. • The work around cannabis legislation needs to be research driven, evidence based, data-driven but the data does not always have to be from Vermont data. • Should have an executive summary to go along with the slides

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		<ul style="list-style-type: none"> • Suggested added something about edibles as that is what youth are going to encounter the easiest and we are already seeing this with hospital visits • Edibles may be a separate process, perhaps get a legislative sponsor
Opioid Settlement Committee Process and Report	Dr. Levine	<p>Recommendations with vote count Inventory of potential recommendations</p> <p>Overview:</p> <ul style="list-style-type: none"> • Opioid Settlement Advisory committee consists of 16 individuals how have health backgrounds, lived experience, background from clinical background, legal/judicial background • The Sackler Family settlement, which is Purdue Pharma, is \$3 million per year for 18 years, however the money is tied up in legal activity currently. • Other groupings of settlements are distributors and the most famous is McKesson • In the recommendations the OSAC made to the legislature, we were able to confidently say we would like to spend \$7.5 million of settlement money • We're thinking there will be \$80 to \$100 million dollars. Not everyone is an 18-year process like the Sackler family part is. Some of the others are front loaded and some of the money were using right now is because it was front loaded. Other monies are over a 10-year period, so its variable and it's hard to provide a road map due to the attorney generals as they do not have a road map yet. <ul style="list-style-type: none"> - Even if the \$100 million is spread out of a number of years, this money will synergize nicely and alleviate the need for State Legislatures and Governors to divert money from the general fund of the state • Charge of the committee is to really advise the health department, who then advises the legislature regarding recommendations for the wise use of the money • We adopted 5 principles that really dictated how we would recommend using the money <ul style="list-style-type: none"> - 1. Spend money to save lives - 2. Evidence basis to guide our spending - 3. Invest in youth prevention - 4. Make sure we had equity in mind at all times and in VT we specifically called out geographic equity - 5. Develop a transparent inclusive decision-making process • This opioid settlement money would be most appropriately directed towards harm reduction

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		<p>efforts and expansion of treatment efforts in this first year – not that it would be repeated yearly, but primary prevention would take a back seat this first year of settlement funding</p> <ul style="list-style-type: none"> • A data brief shows that 75% of opioid overdose deaths in VT occurred in those who had not sought prior treatment • The six groupings we sent to the Chairs of the Appropriations Committee and the General Assembly included: <ul style="list-style-type: none"> • Naloxone • Fentanyl Test Strip expansion • Xylazine Test Strips • 3 more hub access points throughout the state and a fourth at a correctional facility • Outreach workers through clinical providers and syringe service providers • Contingency Management – the only evidence-based treatment modality for stimulant use disorder. <p>Comments:</p> <ul style="list-style-type: none"> • The Contingency Management aspect, a lot of that work was seminally done at University of VT by Warren Bickel and his team. • Are there any teams of evaluators assigned to or looking at NYC’s OnPoint (overdose prevention site) as that data would be great. <ul style="list-style-type: none"> - OnPoint is partnering with an academic institution to conduct an evaluation of this work. • As far as the urine test for treating those with stimulants – is it just going to be a negative urinalysis or are they going to have to do other things as well? What is the incentive of giving someone a gift card that can be turned into money on the street? The urine is taken on site to minimize the potential for it not to be the person’s enrolled in the treatment. <ul style="list-style-type: none"> - As far as Contingency Management in the treatment court dockets in Chittenden County, the drug court offers incentives as well which can range from an applause from the judge or a handshake to gift cards. We have learned from Oregon is that the best ratio for behavior change is 10 to 1 and incentives for a negative response to a behavior. There may be times where we give incentives for showing up, just walking in the door and having contact, a negative drug test. • We need to focus on helping the families of substance users as well so this crisis doesn’t continue for decades. It sounded like there would be other funds for this. The Parents in Recovery program was the place we said would be a wise use of money like this – but it didn’t make the cut this time around.

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		<ul style="list-style-type: none"> We're thinking there will be \$80 to \$100 million dollars. Not everyone is an 18-year process like the Sackler family part is. Some of the others are front loaded and some of the money were using right now is because it was front loaded. Other monies are over a 10-year period, so its variable and it's hard to provide a road map due to the attorney generals as they do not have a road map yet. Even if the \$100 million is spread out of a number of years, this money will synergize nicely and alleviate the need for State Legislatures and Governors to divert money from the general fund of the state. Reminder that those are public meetings and the information for those meetings are posted on the same VDH web page as the SMPC.
Public Comment	Nicole Rau Mitiguy	<ul style="list-style-type: none"> Beth Shrader: Prevention Day is April 6th in Montpelier. Registration for Prevention Day on April 6th is open. New this year, we will be headquartered at the Capitol Plaza Hotel and Conference Center in the ballroom. Please share the link with your prevention stakeholders. The deadline to register is March 29th because we must notify the Capitol Plaza in advance. https://www.eventbrite.com/e/553477495087

Next Steps or Assigned Tasks		
Task	Responsible	Due Date
Work on drafting an executive summary, add to the slides and send to Nicole for distribution	Melanie Sheehan	4/7
Vote on it by email	Everyone	4/14
Work with Dr. Levine and Monica to move forward to stakeholders	Nicole Rau	4/17

Approved May 22, 2023.