

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

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| Date: July 24, 2023 Time: 1-3 PM | Mtg. Facilitator: Nicole Rau Mitiguy Mtg. Recorder: Nicole Rau Mitiguy Where: Microsoft Teams |
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| | Name | Organization and Role |
|---|------------------------|--|
| x | Kelly Dougherty | Department of Health, Chair Delegate |
| x | Melanie Sheehan | Mt. Ascutney Hospital and Health Center, Vice Chair |
| | Heather Bouchey | Agency of Education, Executive Committee Member |
| x | Mourning Fox | Department of Public Safety, Executive Committee Member |
| x | Monica Hutt | Agency of Administration, Executive Committee Member |
| x | Amy Brewer | Northwestern Medical Center, Member |
| x | Rebecca Brookes | Upstream Social Marketing, Member |
| x | Kimberley Diemond | Prevention Works!, Member |
| x | Alex Figueroa | United Counseling Services, Member |
| x | Kheya Ganguly | Department of Mental Health, Member |
| x | 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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| Welcome, Introductions, and Quorum Determination | Melanie Sheehan | |
| Review and approve May Minutes | Nicole Rau Mitiguy | <ul style="list-style-type: none"> • Draft minutes were sent for edits – Approved by Charles Gurney and 2nd by John Searles |
| Prevention Funding Priorities | Nicole Rau Mitiguy | <ul style="list-style-type: none"> • What are the Council’s funding priorities for primary prevention and being as specific as possible in our thoughts? • The Opioid Settlement Committee is going to be talking about future funding allocations and potentially there be room for primary prevention support in upcoming iterations of their recommendations to the legislature. <ul style="list-style-type: none"> ○ Cannabis excise tax dollars are funding half of the \$3M commitment to the expansion of a creation of a prevention coalition. Allocating that \$3M, with the caveat that eventually the expectation is that the cannabis excess tax dollars will fully fund it. Until there is \$3M rolling in from the cannabis excise tax, we do not have the bandwidth in that funding source to do anything else. • Monica, Melanie and Maryann began this conversation a while ago and drafted a document that will be shared with the group. • The SMPC has been able to weigh in on work that is happening across state government. The SMPC has also been able to influence and talk about some of the things that the legislature is discussing, and we will continue to do that. • Melanie stated we should look at our process of what was intended when the SMPC was created and what’s happening now to ensure we are feeling invested in the guiding of the cannabis dollars. <ul style="list-style-type: none"> ○ The Division of Substance Use (DSU) is supporting the development of a prevention infrastructure across the state of VT with coalition and community based work. ○ It is also important to think about equity and prevention across the state, geographic disparities, even those with the prevention infrastructure as those are being divided in certain regions. • As an SMPC, what do we want prevention to look like statewide? There is a lot of this conversation that is slightly outside of just the prevention infrastructure in regards to how prevention can look across the state. |

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| | | <ul style="list-style-type: none"> • The document that Monica, Melanie and Maryann put together is an excel sheet of ideas. Maryann will take notes during the meeting and add a column to the right for anyone to say “yes they like this one” with their initials. There are sections for the partners in this strategy, who is the focus audience for the strategy and what are the resources that support it. • Kheya thinks that ensure equity of Student Assistant Professionals (SAPs) across the state would be a helpful recommendation as that is the geographic diversity. However, the bigger population of concern according to the YBRS, is the LGBTQIA plus youth. Something specific should be done for this community due to the amount of stigmas and things that are going on. Due to the political climate across the country is going to make things worse for this community and has a lot of concerns on various levels including substance misuse. Would like to see us partner with Outright VT as they are talking with them. Recommends partnering with Pride Ctr and Outright with people are experts in those populations and may have knowledge we need. <ul style="list-style-type: none"> ○ Several divisions within the Health Department fund Pride and Outright VT on substance use prevention and/or treatment ○ Regional Prevention Partnership Grantees are working with school GSA groups and Outright already ○ The Collaborative has worked with Outright VT to determine that some work is needed for stigma and language issues with LGBTQIA+ and medial/mental health providers • Are we cross training special populations or subgroups that have access to vulnerable populations in prevention science? In addition to coalitions representing the brush strokes there needs to be additional money to invest in partners who serve special populations or who are special populations. • Community coalitions, the folks who are doing those broad kind of brush strokes for prevention are underfunded and there are not enough of them as they are shrinking in DSU and VDH’s Tobacco Control Program (TCP) even with the new regional structure to fund those and additional partners. • A member noted that Vermont’s media presence is way underfunded and the community coalition across the state is as well. The media is what causes prevention change and it sets a tone across substances. • A member noted specific education on THC levels and how they have grown since the ‘60s and ‘70s and approaching it from a harm reduction standpoint and when possible provide some of that education to individuals and providers is important to have. Harm reduction is important for individuals can have informed information to make their own healthcare choices and how cannabis can interact with their current medications or lifestyles. |


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| | | <ul style="list-style-type: none"> ○ Potency limits will be a legislative issue again this year along with rolling back marketing restrictions on cannabis, tobacco and opioids ○ With co-use being high, prevention for multiple substances, including tobacco, cannabis, alcohol, opioid is ideal ● Expanding upon UVM CORA’s Nicotine Replacement Treatment Quit Kits with community and clinical providers who provide treatment for Vermonters with a substance use disorder, including Opioid Use Disorder, could have more impact if expanded statewide ● There needs to be a focus on alcohol in terms of older adults drinking at risk levels and they don’t even know they’re drinking at risky levels because they don’t know what it is. ● Another area focused on older adults that needs support is education on medication misuse, specifically opioids and benzodiazepines, that should have some direct prevention efforts. <ul style="list-style-type: none"> ○ Talking about if you’re going to use, what you should be doing and know the substances you are looking for as well as talking about micro dosing, especially in older adults – it may help them understand the differences between what they have experienced in the past and what is available today ● The healthcare system regarding chronic disease management and when looking at harm reduction or meeting people where they’re at, maybe we should explore recovery-oriented systems of care. This is a way to recognize and acknowledge people more in the workplace and healthcare systems who might have substance use. Maybe some statewide conversations about chronic diseases with the Department of Health access would allow for advocating for a recovery-oriented system of care model. <ul style="list-style-type: none"> ○ ROSC – A Recovery-Oriented System of Care is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. Recovery Oriented Systems of Care involves changing from the current approach to recovery which treats addiction as an acute crisis to understanding that recovery is a journey which often requires long-term supports and services. This means a move towards creating a system of care that views addiction as a chronic condition in the same manner that diabetes and other chronic conditions are understood. ○ Education all around would improve harm reduction, prevention, and treatment/recovery in some cases ● Building resiliency |


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| | | <ul style="list-style-type: none"> • Why concentrate on projects as opposed to a prevention system across the state? <ul style="list-style-type: none"> ○ It's thinking outside the box a little bit, how can we leverage our State College systems, right? How can we engage more people? How can we have a strategy that's statewide that is above and beyond what we're able to provide at a local and regional level? It's a comprehensive approach. ○ Prevention Works could potentially assist with convening at the statewide level • Strengthen bullying programs in schools – there is an evidence-based link between substance use and bullying • Continuation of policy analysis and recommendations to establish local and state level policy across substances that reduce access, increase price and reduce use • How about addressing the overuse of technology in youth if we are going to cross-pollinate with youth and mental health and substance use? • Need for increased support for youth groups focused on empowerment/youth/voice/that include VKAT/OVX but expand to include other substances (and exposing industries behind them). Part of the efficacy of the master settlement agreement for tobacco were the restrictions on marketing – which don't exist for vaping or alcohol. • When we work with the younger population we hear about their stress, anxiety and depression – we should include working with them to learn how to healthfully manage stress, anxiety and depression so they are growing up to be healthy adults. • Monica challenges everyone to find programs that accomplish those things discussed, because when we do present these ideas for funding, we will need to talk about specifics. We need to have specifics that have data or a great program that does great things and where it has been implemented, etc. Then we will talk about piloting that program here in VT. • The difficulty around HUD funded housing and tobacco and cannabis use. • The increase in nicotine levels is of concern • Teaching the substance prevention model, in public health coursework in the college systems • Trauma informed culture embedded across law enforcement • Medical and mental health provide stigma education which can cross over into evidence that's found in LGBTQIA populations • Prevention works force training system • Opioid education for athletes as they are the first, generally the most at risk to be prescribed an opioid at a young age – This a state law in New Jersey and Massachusetts (materials for families and participants in those after school programs, we've been piloting that for a project in Bennington |

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| | | <p>County for a little while</p> <ul style="list-style-type: none"> • Subcommittee meetings can dive further into some of this information. |
| Links from Prevention Fundings Discussion | | <p>Promising Practices Program Search Tools Steps for Policymakers and Advocates Resources from Stanford Regarding Substances Broward Schools Youth Mental Health Current Priorities Camp Coalitions LGBTQ Youth VT Department of Health Public Meetings – find meeting information along with where we find the SMPC information Behavioral Risk Factor Surveillance System Healthy at Home Campaign – cannabis lock bags Cannabis Control Board</p> |
| DSU and TCP BRFSS in VT | Chelsea Carman | <ul style="list-style-type: none"> • Committee consists of James Norton, Colleen Gorun, Rhonda Williams, Connor Zwonik, and Chelsea Carman. • BRFSS is a telephone survey of adults 18 and older in VT and is a collaboration between VDH and the CDC • It essentially tracks health related risk behaviors, chronic health conditions and the use of preventive services. • The ask for this year is that the SMPC provides a letter of support so our questions can get into the survey <ul style="list-style-type: none"> ○ John Searles is happy to support and wanted to clarify that the questions about alcohol use and interaction with alcohol and other drugs, other prescribed drugs are still in the BRFSS. ○ The presentation will be sent to the group and in support of the questions, you will all vote on which questions you are willing to support or not support <p align="center">  2024 BRFSS presentation to SMF </p> <ul style="list-style-type: none"> ○ |
| DSU Communicatio | Nicole Rau Mitiguy for | <ul style="list-style-type: none"> • The DSU Communications team, Roy Belcher, wanted to highlight that in August of 2022 DSU connected with the CCB, Cannabis Control Board, to establish a channel of communication with |

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| <p>ns with the CCB</p> | <p>Roy Belcher and Julie Hulburd</p> | <p>the goal of establishing mutual support for our respective organizations as we work with Vermonters and making pro-health choices specifically with regard to legal cannabis use, initially DSU sought cannabis control board feedback on our Let's Talk Cannabis asset, which was developed prior to retail of cannabis taking effect.</p> <ul style="list-style-type: none"> • We have also collaborated on the retail point of a sale flyer and greatly appreciated and benefited from our collaborations with Nelly, Marvel, and Julie Hulburd. • Today we will be talking about the lock bag project which was intended to prevent accidental ingestion by kids and pets and was an area of mutual interest between DSU and CCB. • Yearly this year DSU identified nearly 20,000 in savings in our primary media contract in which we redirected for the design and production of cannabis lock bags. We now have just over 3,000 bags in hand and are excited to make them available for free through the cannabis retailers identified by the CCB. The bags are branded under the Health Departments Health at Home Campaign to keep the focus on safe storage. • This is the bag, they are pretty substantial and not easily torn. One to two 8th containers will fit in the bag easily. <div style="text-align: center;">  </div> <ul style="list-style-type: none"> • The genesis of this project came from the data that was shared with us from the poison center back in the beginning of 2023 sharing the trajectory of ingestion, accidental ingestion among youth under the age of 12. • The plan is that this will kick off around the end of August. • Questions? <ul style="list-style-type: none"> ○ Are people just going to be able to take these bags or is there going to be a prioritization to those who have kids and pets? ○ Yes, they would be handed out to clearly identified folks who have families that have kids and pets at home. The 5-6 retailers we chose have good relationships |

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| | | <p>with their customers so having the conversation would be more likely to happen.</p> <ul style="list-style-type: none"> ○ Prevention Works is struggling with how we are going to create this new relationship with the cannabis retailer. Are there any roles that you can think of for those local organizations? <ul style="list-style-type: none"> ○ The next project that Nellie and Julie are working on for the CCB is pulling together a stakeholders group related to cannabis and prevention and public health to help local organizations begin connecting with retailers. ○ What retailers were chosen? <ul style="list-style-type: none"> ○ Bud Barn in southern VT, Magic Man in Essex, and we have not finished having the conversations with the other few. ○ When the list is complete it will be shared with this group. ○ Do edibles fit into the bag? <ul style="list-style-type: none"> ○ Yes, edibles should fit into the bag, the liquid drinks may not fit in the bag. The gummy containers will fit for sure and you could probably put two or three packages of those in there. ○ Could definitely fit an 8th container and a pipe or something small like that in the bags. ○ How will you measure the success of the pilot and what the plan is for a larger model if this pilot is successful? <ul style="list-style-type: none"> ○ DSU is working on a survey to track how many bags are given out and to get a better understanding of how the bags are being used. ○ Maybe Julie's team to get some anecdotal evaluation from the retailers themselves around the reception to the program, like are the bags the right size. |
| Public Comment | Nicole Rau Mitiguy | <ul style="list-style-type: none"> • Warning Network report that Nicole forwarded to everybody – Alcohol is clearly #1, Opioids are #2 followed closely by cannabis more than methamphetamines and cocaine. So we're getting into a real situation with cannabis harms and wanted to make sure everyone takes a look at the report. • The surgeon general just released the report on social isolation and the impacts of social isolation. It could be a good sort of root cause approach. A lot of our risk that we talk about as a Council really share a common root cause and if we can look at those strength-based approaches or to take nontraditional approaches to substance use, like addressing isolation or belonging, social connectedness, all super important. We should be looking at cross collaboration across many of the organizations in the state to be more effective. |

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| | | <ul style="list-style-type: none"> • In 2011 there was a lot more funding for youth engagement, empowerment. As a result, with the decreased funding, it is harder to prioritize our budgets. CDC has best practice guidelines on youth engagement and part of that deepens the understanding of how youth as a group are unfortunate targeted by industries and not just tobacco, but alcohol and cannabis as well and lower communities have also been impacted by the pharmaceuticals involved in the opioid industry. There is opportunity for us to expand our work that engages, empowers and allows for youth voice to expand across substances. • We have three different DSAS in the schools and we collated all of their evaluations from the end of the year and the question that was asked was if they are seeing tobacco advertisements on their online interactions and 100% of them said yes. Next year we would like to include a cannabis question. • MAPP developed a great brochure on keeping your pets safe from cannabis. If you would like the brochure, email alice.stewart@mahhc.org. |

| Next Steps or Assigned Tasks | | |
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| Task | Responsible | Due Date |
| Send out Maryann document to the SMPC | Maryann and Nicole | August 1 |
| Connect with Julie Hulburd for the complete retailer list that will have the cannabis lock bags. | Nicole | TBD |