### **Substance Misuse Prevention Oversight and Advisory Council (SMPC)**

January 2024 Meeting Minutes

Mtg. Facilitator: Nicole Rau Mitiguy Date: January 22, 2024 Time: 1-3 PM Mtg. Recorder: Trina Crockett Where: Microsoft Teams

	Name	Organization and Role
Х	Dr Mark Levine	Department of Health, Chair
Х	Amy Brewer	Northwestern Medical Center, Vice Chair
	Heather Bouchey	Agency of Education, Executive Committee Member
	Mourning Fox	Department of Public Safety, Executive Committee Member
Х	Monica Hutt	Agency of Administration, Executive Committee Member
Х	Melanie Sheehan	Mt. Ascutney Hospital and Health Center, Member
Х	Kimberley Diemond	Prevention Works, Member
Χ	Kheya Ganguly	Department of Mental Health, Member
Х	Skyler Genest	Department of Liquor and Lottery, Member
Х	Charles Gurney	Departments of Disability, Aging and Independent Living and Health, Member
Х	Cindy Hayford	Deerfield Valley Community Partnership, Member
Х	Maryann Morris	The Collaborative, Member
Х	Kat Patterson	Cathedral Square, Member
Х	Scott Pavek	City of Burlington, Member
	Janet Potter	Hartford Middle and High School, Member
	John Searles, Ph.D.	Department of Health (Retired), Member
Χ	Stephen Von Sitas	Vermont Judiciary, Member

Agenda Item	Lead	Minutes
Welcome,	Dr Levine	Amy Brewer is the new Vice Chair – she is a Health Educator at Northwestern Medical Center and
Introductions,	and	a long-time coordinator of the Franklin Grand Isle Tobacco Prevention Coalition. She has been with
and Quorum	Melanie	the SMPC since its inception. Welcome Amy to this role!
Determination	Sheehan	
Review and	Nicole	November minutes pass with identified edits of "folds" being edited to "folks".
Approve	Rau	
November	Mitiguy	
2023 Minutes		
Policy and	Dr. Levine,	Opioid Settlement Advisory Committee Updates: Committee had a little less than \$5 Million to work
Legislative	Monica	with in regard to making recommendations and listened to a lot of testimony on various proposals
Session	Hutt,	spanning the continuum from prevention through treatment, intervention, harm reduction and
Updates	Kimberley	recovery.
	Diemond	Overdose Prevention Centers were not included in the formal recommendation to the legislature, but had a positive response. The reason it was not recommended for expenditure of settlement money specifically is due to some of the legislation that is currently in front of legislature, because of an alternate form of funding was proposed by legislature. There is a bill to make Overdose Prevention Centers real, which means free of lability to those who would be providing services as well to those who would be accessing those services at such facilities. Within that legislation is an alternate funding mechanism. If the House and the General Assembly do agree to allow these centers to be legal in VT the funding follows and if they do not become legal then funding isn't needed at this time. Here is a list of things that were proposed:  Stabilization bed programs – this is an opportunity for individuals who might have been in recovery who have relapsed who need to be stabilized to get back to the programming and services that they may need rather than starting the recovery process over. This can involve observation time, transportation, medications, housing etc.  Vermonters for Criminal Justice Reform (VCJR): this is a recovery and reentry program that is looking for support and stabilization for individuals coming from incarceration to help them land on their feet again. This includes appointments, accountability, responsibility. Part of the support that the settlement monies is being used for is to support the kind of community-based interventions that may be useful

and helpful for that population to succeed.  Managed Medical Response Partnership: This is a joint request from VCJR Johnson Health Center to provide more of the medical care and medical sup recently released from incarceration individuals may need.  Recovery Housing and Prevention Recovery: The current settlement comming recommendation doesn't really deal with the quantity of beds, but making substance are more adequately filling the currently available beds and making sure that sabotaging success because of the inability to pay; sort of a room and board as they enter recovery housing. At the same time individuals are trying to perfect the rest of their life together. These are thought of as stipends to provide at large initial if not more than, one month of funding to allow people to take advantating recovery housing can provide and not have a cost become a problem that of hinder their ability to succeed.  School Based Services and SAPs: Goal is to expand the number of such professionals and such services to a greater section of schools across the sknow they are successful.	ttee re they t we're not expense rhaps get east the ge of what
<ul> <li>Is there a sense of when the money would be available?         <ul> <li>This has to go through the full legislative process before it would be available.</li> </ul> </li> <li>This is the second year of the biennium, so that means all bills that were not passed last swill still be in play for this session. The spreadsheet Monica provides regular updates thro long and broken into House bills and then Senate Bills.         <ul> <li>If a bill was introduced in the House and same to the Senate that is notated on the spreadsheet as well. If you see a bill that has a substance use connection which can anything from law enforcement to recovery work to lots of bills around cannabis be introduced, let Monica know so she can add to spreadsheet.         <ul> <li>H72 Overdose Prevention Center bill: was introduced last session and this session amended substantially so lots of things that were part of the bill were taken out and specific to overdose prevention centers and the liability. Overdose prevention center the funding source is essentially coming from a manufacturer's fee that's levied on</li> </ul> </li> </ul></li></ul>	ession ugh is un be ng has been its pretty ers and
manufacturers. This means it is increasing the fee on manufactures and distributors pharmaceuticals and using that increased fee.	
<ul> <li>H 612 Miscellaneous Cannabis Bill this is a mixed bag of things. This bill ensures the Cannabis Control Board has regulatory authority over derivatives that come up form</li> </ul>	

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Agenda item	Local	Regarding Delta and Delta 9, there are some loopholes that folks are using to market and sell products that are hemp derived that have essentially a hallucinogenic component and the Cannabis Control Board was really interested in making sure that they had the appropriate authorities. They have regulatory authority, but there is no connection to any kind of penalty. From a prevention lens it circles round to increasing the THC potency CAP or eliminating the CAP on THC potency.  S 300 this bill essentially decriminalizes personal use amounts of every substance. It's a long bill as it addresses the legislation and law around any substances; any personal use amount would be considered to be decriminalized. It utilizes 40% of the cannabis excise tax to fund a community care health and safety fund, which would be granting to community organizations for treatment and intervention activities.  S 18 which was introduced last session by Senator Lyons, is the bill to ban flavored tobacco and tobacco products is seeing some energy and testimony. Mary Ann gave testimony last week and that is being discussed and debated and testified on the legislature right now.  Prevention Works:  In terms of advocacy and policy work, Alex Karambelas has been sitting in on some testimony - she noted that there are three separate amendments being proposed for S. 18.  In terms of H 612 we helped facilitate Tom Fontana and Dawn Poitras testifying at those in those committees which was super helpful. With that said, if any folks are interested in learning how to approach committees to testify you can reach out to us and we can help facilitate that in terms of getting you in touch with the right people.  Alex has created a 5-page document around cannabis potency limits and reduced that into a 1-pager that is designed specifically to show to legislators. It gives an outline of the process of why we're seeing why potency limits matter. At the bottom of the page is a link to the full research paper. We are planning on sending that out to anyone in
Report Out	Nicole	Prevention: Charlie is in the process of information gathering still regarding cannabis, the
from	Rau	effects of cannabis use in older adults and has found interesting studies that are pretty
Committees	Mitiguy	significant. A study from California looked at emergency department (ED) visits of older adults
and		associated with cannabis use. Cannabis use was a factor of them being in the ED and prior to
Discussion		legalizing cannabis to 2019, those ED visits have increased about 1500 times more. In 2005 it

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		was 20 for 100 thousand per ED visits in older adults that was cannabis related. In 2019 it was 395 which indicates it is clearly having some health effects on older adults.
		<ul> <li>Kat had sent a report from a research project that showed an increase in cases of arrhythmia as a result of cannabis use among older adults.</li> </ul>
		<ul> <li>A lot of the work on that sub-committee was holding the commitment of this Council to think about prevention throughout all of the lifespan and life stages and truly identifying a gap in educational materials and support for those older Vermonters with increased access to cannabis products.</li> <li>Prevention Works will have a workshop at the Prevention Conference on May 7<sup>th</sup> that</li> </ul>
		talks about prevention across the lifespan.
		<ul> <li>The conversation related to SAPs for prevention was really the focus of the conversation related to the Opioid Settlement Funding. They were waiting to see if that came to fruition or sugared out in the ongoing conversations.</li> </ul>
		<ul> <li>The committee also discussed how to ensure equity is part of our council and prevention system how do we talk about and addressed unintended consequences of policy changes of shifts that may impact folks? An example was related to flavored tobacco</li> </ul>
		products. Knowing that a ban is an important step forward in public health work, but for some folks who are actively engaged in tobacco use, we need to think of how this will have an impact on them. The question is how we work through that public health process and having talking points related to that.
		• Equity: One of the pieces we talked about and will continue to is that there has been a formal request from the Health Equity Commission to meet with the Equity sub-committee, which is a great connection. Monica and Nicole are going to work on getting that scheduled in the upcoming months.
		<ul> <li>The Communication sub-committee did not meet in December but will be picking that back up in February.</li> </ul>
		Policy: There has not been any formal testimony written or otherwise on the S. 18 from the SMPC. MaryAnn introduced herself as a member of the SMPC and they asked if they should reach out to the SMPC for testimony and she said yes.
		<ul> <li>Recommendation for the Policy Committee to formulate a policy around testimony on</li> </ul>
		behalf of the SMPC and what is appropriate and when is it appropriate.
		<ul> <li>Dr Levine added that he wants to remind everyone to not minimize the impact they have coming from their day job and the power that you can have in the opposing industry</li> </ul>

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		whether it be cannabis or tobacco, it doesn't matter just because of your prevention orientation and what you do or who you're advocating for, which is not yourself.  Generally, you are advocating for people, kids, adolescents and so forth.  • SMPC Component – Reminder this is a full SMPC report year. Nicole did provide an interim report reflective of the work that has been done over the past year and will send out the link. For this year, we are looking for a fuller report looking for recommendations.
Public Comment	Nicole Rau Mitiguy	<ul> <li>Jessilyn Dolan, RN (<u>greennursevt@gmail.com</u>) – President of the American Nurses Association here in VT. She is also a former director of the American Cannabis Nurses Association nationwide and former research nurse at UVM who did research with cannabis, formally directed Lund and was part of the MAT hub and spoke program inception as well as starting the Volunteer Labor doula program at UVM. Currently a cannabis educator for VT through CCV and have trained hundreds of bud tenders for the adult use program and offer a free nurse hotline which is available for medical patients. "Since the article was published regarding the nurse hotline I am fully booked for 3 weeks out and 95% of my callers are over the age of 65 and on polypharmacy and have a lot of extreme medical conditions that are rare and debilitating."</li> </ul>