

**Substance Misuse Prevention Oversight and Advisory Council (SMPC)
July 2025 Meeting Minutes**

Date: July 28, 2025 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	Kelly Dougherty	Department of Health, Chair
	Amy Brewer	Northwestern Medical Center, Vice Chair
X	Mourning Fox	Department of Public Safety, Executive Committee Member
X	Monica Hutt	Agency of Administration, Executive Committee Member
X	Kimberley Diamond	Big Brother Big Sister, Member
X	Kheya Ganguly	Department of Mental Health, Member
X	Skyler Genest	Department of Liquor and Lottery, Member
	Cindy Hayford	Deerfield Valley Community Partnership, Member
X	Maryann Morris	The Collaborative, Member
	Scott Pavek	Municipality Experience, Member
X	Janet Potter	Hartford Middle and High School, Member
X	John Searles, Ph.D.	Department of Health (Retired), Member
	Stephen Von Sitas	Vermont Judiciary, Member

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Agenda Item	Lead	Minutes
Welcome, Introductions, and Quorum Determination	Kelly Dougherty	
Review and Approve May 2025 Minutes	Nicole Rau Mitiguy	<ul style="list-style-type: none"> • There was not a quorum at the time of this topic on the agenda. May minutes will be discussed and voted on in September.
Updates from the Cannabis Control Board	Julie Hulburd	<ul style="list-style-type: none"> • H321 – ended up being a technical amendments bill. There was a proposal for expansion around farmers market style events, but that came out at last minute. • What was left in the bill was functional items, like allowing the board to temporarily register receives. So if a business is owned by a couple and they go through a divorce, would allow us to temporary license folks so they can continue to that if the business is dissolving as a result of a divorce or death. • Other items were equitable and safe and effective markets. • Also updated our rules and they are now in effect. One of the new rules is the adoption of ASTM which is an organization that thoroughly vets things like the type of yellow paint that is on the road to make sure it is reflective enough for people to see at night or the height of stop signs. They look at how people move through the world and the things they need to see and pay attention too – the important warnings in peoples lives. We also adopted their symbol which is in the process of being adopted by other states too. In the future we plan to gather a group of folks to review the warning label likely in 2026. • Legislature gave the approval to use retail density as one of the conditions in which the CCB looks at licensing. As a board, we decided to vet the rule we use and we will be working on that and included in the board is Allison Link and Mariel Matthews from prevention. We have reached out to other stakeholders as well to help us determine what retail density should look like and the conditions we should be considering. It will be really important to have the public health folks involved in the conversations as well. • The medical use endorsement rules may be of interest to folks. The CCB rules updated to reflect the ability of retailers to apply for medical endorsement and one of the key components of this is that there is an extra level of education for what we would call the bud tender. Those would be for the staff behind the register and talk to the customers, the immediate customer facing folks in a retail dispensary. They will get an extra level of education about cannabinoids, health and safety

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		<p>and topics like that. We are working with an independent contractor to provide that education and training. When that is finalized, we will share with this committee. This rule was effective July 1st, but we have not issued any endorsements due to the education piece not being complete. This endorsement was important due to the continuity of the medical program. Medical dispensaries got fewer and fewer and the ability for patient to access became narrower. On the flip side of this medical use endorsement is tighter controls around who can access the product. We instituted the three-month bona-fide relationship with a health care provider and eliminated telehealth for folks who are applying for a medical card. Individuals are not able to access the medical products at a dispensary retail site that has a medical use endorsement unless they can present the medical card. So we put tight controls on how people can access the medical card. For operators, anyone who applies for a medical use endorsement has to be an operation for a minimum of 6 months or more, they have to be in good standing with our compliance team and with they tax department. They cannot have any outstanding compliance issues with us, nor can they have a relationship of any type with health care providers. Medical products have to be separate and behind the counter nor visible to the customers. They have to be in black and white packaging with no branding. They also have to be registered with the CCB so the products themselves have to be registered and tracked through our inventory tracking. They have to be tested to the same standards as adult use products, which is new. The premises have to be suitable to providing some level or privacy similar to a what a pharmacy would have.</p> <ul style="list-style-type: none"> • The DLL and CCB have had lots of conversations and conversations with other partner agencies as well regarding the intoxicating hemp issue. There are a lot of Federal and State rules involved. In our current rules, if a product has more than 1.5mg of THC it is considered cannabis which means it has to be regulated in the cannabis system and in a retail dispensary. That is the tricky part that we are trying to regulate because a lot of those products come from what is federally considered hemp. When someone grows hemp under the USDA, it does not regulate the processing of these products. Folks have been making CBD and intoxicating hemp products which they make by squeezing all the concentrate out of it to make something potent and intoxicating not like just CBD where it is not considered to be significantly psychoactive, but taking out the THC from these plants and putting it in a product like a drink or tincture for examples. These items fall into that grey area that we are struggling to figure out how exactly and what exactly the partnership should be between the CCB and other agencies so we can regulate these products. We feel there is a lot of consumer confusion around what is intoxicating hemp, a CBD product and what is a cannabis product. The DLL shares the same concerns. Following Rule

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		<p>2.17's publication and effectiveness July 1st, DLL will be putting the issue before the board of Liquor and Lottery at the next board hearing. The DLL will be looking for a board guidance document to be developed around intoxicating hemp derived beverages so we can educate our retailers on what they can and cannot retail in their establishment based on both boards guidance as well as the CCB rule. The DLL is ready to engage in an education campaign at first then into enforcement if we do not see the compliance we would like to see in the marketplace. We're talking about Delta 8, Delta 9 THC and isolate products. Someone takes what is hemp federally, pulls the little bit of THC out of it and makes it into an isolate then puts it into another product so it becomes intoxicating. The CCB has noticed that these are being heavily marketed to women as a replacement for an evening glass of wine.</p>
Legislative Overview and Updates	Monica Hutt	<ul style="list-style-type: none"> • This is the first year of the biennium, all of the bills on that legislative tracking sheet are live. If they didn't pass, it does not mean that they went away. They are just sitting and can be picked up next session. • The list includes mushrooms, different advisory groups around psychedelic therapies and kratom, lots of other kind of intersects with psilocybin, tobacco, alcoholic beverages a broad range of things, but not as many as there have been in past sessions. I am sure there will be more added and what is here currently will remain. • H218 Opioid Settlement – the Standalone Opioid Settlement appropriations bill was discussed last meeting, but it was new this year. • Spend more time with the Excel document to dive in and see what sparks concerns, surprises, or questions to help us prep for our annual report r even to prep and think about next calendar year.
Subcommittee Report Out	Nicole Rau Mitiguy	<ul style="list-style-type: none"> • Equity Subcommittee <ul style="list-style-type: none"> ○ Appreciated that equity was incorporated into the strategic plan for the region or the VPLO grant ○ The committee would like more information in detail on the disparity impact statement from Region 4 ○ The committee dove into the components of equity as part of the vape disposal project described by the collaborative and just how that should be an equity focus of the impact of both the environment and access point to safe disposal options for folks ○ The committee spent time discussing the potential to propose language to you all, as the full council, for inclusion in the annual report to discuss the need to remain committed to sustainable and equitable funding of prevention of all substances and individuals in light of conversations happening at the federal level.

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		<ul style="list-style-type: none"> • Prevention Subcommittee <ul style="list-style-type: none"> ○ Appreciated the presentation from the VPLO region 4 and the work from the collaborative tobacco grant ○ Some other pieces discussed was interest in learning more about the makeup and how the PL4 advisory group supports the decision-making processes for the VPLO. ○ Appreciated the structure around the three funding opportunities noted in the presentation for this region; operational support, project-based funding and community micro funding and they're interested to see how this or other funding structures will look for other regions for VPLOs. ○ They leaned into the question that was posed regarding if the funding that was sub granted out to VPLO sub grantees was able to sustain the organization solely on that funding. With that it may open some questions around sustainability and equity as it relates to our third goal of the SMPC. ○ Perhaps we can combine some of the questions for the other VPLOs so they can be concise and ready for direct questions. • Policy Subcommittee <ul style="list-style-type: none"> ○ We talked about taking a look at the build tracker and prioritizing some things and then having individual subcommittee members really take a deeper dive so we can summarize what is going on in those bills ○ John is doing a paper on the impact of price related to consumption and taking a deeper dive into psilocybin and kratom ○ Kimberly is working on cannabis related things and the alcohol tax ○ We will have some summaries of initial things to review for our August meeting that is coming up ○ We would love feedback from the group itself – if there is something you think we should be taking a deeper dive on and give a summary at these meetings, let us know so we know where to put our focus ○ John is going to discuss some things he has found so far in his research on Kratom and psilocybin for use as therapeutic agents for substance use disorders. <ul style="list-style-type: none"> ▪ Kratom – no clinical studies found preclinical (animal studies) ▪ A weak drug in terms of use for substance use disorders so far. ▪ John took a look at psychedelics which includes LSD, psilocybin, ibogaine and a couple of other ones. The big one is psilocybin.

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		<ul style="list-style-type: none"> ▪ There was one clinical trial, poor quality, for psilocybin. I did look at the clinicaltrials.gov which is essential a place you can register your trial before you start. I found 32 total studies registered with 15 not being in the US, 4 were reported as completed but the interesting fact is none of the completed studies have any published research on them at this point. Most sample sizes are small. The good news is neither are likely to be addictive, the bad news is the effectiveness was enhanced by a level of mystical experience which is a difficult thing to scientifically describe. ▪ The legislature is being asked to consider substances beyond opioids and cannabis, so from a policy subcommittee point of view, what we really want to do is figure out what this council wants to know more about. Part of our role can be to do the research and offer this council's positions to at least inform legislature. Then we can show legislation that from a prevention lens, we are a resource for you. We can provide education and information regarding the topics that are being put in front of legislature. We won't provide recommendations but give them information to make informed decisions. There is a human component that may not be considered in some of the research. Cannabis is a great example of where we kept saying that it's not just a money conversation, it was getting stuck in the Ways and Means committees, but we said Human Services, Health and Welfare need to take a look as well because there is an impact when it comes to youth, there's a prevention impact, a human impact.
Grantee Presentation	Cheryl Chandler and Carolyn Towne	<ul style="list-style-type: none"> • The presentation can be here: https://www.healthvermont.gov/sites/default/files/document/dsu-smpc-materials-july-2025.pdf • Our strategic plan was developed on a 3.5-year plan and scheduled through 2027: 2024-2027-NVPC-PL-Strategic-Plan-6.26.24-FINAL.pdf • On our VPLO page you will find various resources in addition to our strategic plan. The strategic planning process was led by Amy Livingston of the Pacific Institute for Research and Evaluation. Amy has worked with NVRH for about 8 years and is familiar with the Northeast Kingdom and whole state of VT. • The challenges included timing of funds related to additional assessments and proper strategic planning and managing new subgrantees who have differing levels of experience in managing grants requiring increased technical assistance.

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Public Comment	Nicole Rau Mitiguy	<ul style="list-style-type: none"> • None