

## Substance Misuse Prevention Oversight and Advisory Council Meeting Minutes

<b>Meeting Facilitator:</b> Melanie Sheehan					
<b>Meeting Recorder:</b> Tammie Bridge					
<b>Where:</b> Microsoft Teams meeting					
<b>Date:</b> 12/13/2021					
<b>Start Time:</b> 1:00 pm					
<b>End Time:</b> 3:05 pm					
<b>Council Attendees</b>					
Mark those present with an “X”					
<b>Name</b>		<b>Organization and Role</b>	<b>Name</b>		<b>Organization and Role</b>
	Kelly Dougherty	Health Department, Co-Chair		Skylar Dryden	Youth Representative
X	Melanie Sheehan	Mt. Ascutney Hospital and Health Center, Co-Chair	X	Peter Espenshade	Recovery Vermont
	Daniel French	Agency of Education, Executive Committee Member		Courtney Farrell	Lund
X	Mourning Fox	Dept. of Public Safety, Executive Committee Member		Clay Gilbert	Rutland Mental Health, Evergreen Recovery Center
X	Monica Hutt	Office of Governor Phil Scott, Executive Committee Member	X	Cindy Hayford	Deerfield Valley Community Partnership
X	Amy Brewer	Northwestern Medical Center		Roger Marcoux	Lamoille County Sherriff Department
X	Rebecca Brookes	Upstream Social Marketing	X	Maryann Morris	The Collaborative
	Moses Delane	Youth Representative		Jillian Rinehart	University of Vermont Medical Center
X	Kimberley Diamond	Big Brother Big Sister		David Allaire	City of Rutland
X	John Searles, Ph.D.	Retired, Dept. of Health	X	Daisy Berbeco	Vermont Department of Mental Health
	Stephen Von Sitas	Regional Treatment Court	X	Janet Potter	Student Assistant Professional Hartford School District
X	Skyler Genest	Dept. of Liquor and Lottery	X	Kheya Ganguly	Department of Mental Health

#	Time Allotted (Optional)	Type of Topic	Agenda Item (Topic/Objective)	Notes
1	1:00Pm	<input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Discussion <input checked="" type="checkbox"/> Decision	Welcome, Introductions,	<ul style="list-style-type: none"> <li>• Introductions SMPC members and guest.</li> <li>• November minutes approved with the two of the following corrections being to be made:             <ul style="list-style-type: none"> <li>○ Melanie Sheehan was not present</li> <li>○ 3<sup>rd</sup> page has a spelling correction – oblivious change to obvious</li> </ul> </li> </ul>
2	1:15	<input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision	SMPC Annual Report and Cadence	<ul style="list-style-type: none"> <li>• 2022 Annual Report has been reviewed and approved by the VDH Policy team. Has moved on to Dr. Levine for review and approval. From there it will be sent to Agency of Health and Human Services Secretary before being sent over to the General Assembly and Governor's office.</li> <li>• The executive committee has been discussing how to balance the need to address transactional items required to meet Act 82 expectations with transformational work identified in the logic model. A potential solution surfaced, which was to make a legislative request to change the frequency of SMPC report submission. There is a sense that so much of our time is in the transactional space and we don't seem to have a lot time to move in to that more strategic place.</li> <li>• What do SMPC members think about making a request that the SMPC be allowed to submit a report every other year?</li> <li>• Suggestion of submitting a 1-2 page progress report in the off year.</li> <li>• Pro and Cons/Thoughts             <ul style="list-style-type: none"> <li>○ Like the idea of going every other year, if we a process exists to provide recommendation(s) if something unexpected came up in an off year.</li> <li>○ ADAP currently develops a one-pager outlining a brief overview of the work the SMPC completes each year.</li> <li>○ The executive committee recognized that, with mechanism in place, it could be used if something urgent should occur that need recommended.</li> <li>○ As long as we can still make policy recommendation through the appropriate channels as needed. Wouldn't want to be stuck with not being able to make a recommendation to legislator until the following year.</li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>○ Concern arise that by going to every other year, we may lose credibility with legislature by not being responsive. Would it affect our flexibility to make recommendations?</li> <li>○ Structurally, we currently have subcommittees working on topics that are then being fed to the full SMPC for consideration. Is there potential for an update committee to keep legislature informed outside a formal report? Nicole currently managing the update process, maybe we want more of SMPC involved in updates?</li> <li>○ Through agenda planning, if the switch were made, the EC should plan to invite legislators to an SMPC meeting in an off year.</li> <li>● Will discuss further at our January meeting</li> </ul>
3	1:30	<input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision	Tobacco and Strategic Planning - Rhonda Williams	<ul style="list-style-type: none"> <li>● The Department of Health's Tobacco Control Program (TPC) has an opportunity to develop a 5 year strategic plan through a CDC grant. The TPC would like to include the SMPC in this process as a stakeholder</li> <li>● PDA over the last 6 months interviewed 23 stakeholders identified by program who had been working in Tobacco Control and or Prevention, Substance use prevention or other arenas. There was a common thread in those findings. That we would like to share with you in a future meeting. Desire and need for infrastructure development that assist in Tobacco and Substance Use Prevention. We would like to come to SMPC meetings 3-4 times in the next year to gain you input.</li> <li>● We would like to start in January and bring feedback from our stakeholders. Share a bit of where we have been in terms of plan about 15 people work on for over a year in terms of our last 5 years plan. With data work over severely session for the new plan. We hope to publish in December 2022 and have several online tools that allow people to engage and put forth comment anonymously with that data we will come back to SMPC with the first draft.</li> <li>● Two question to think about.             <ol style="list-style-type: none"> <li>1. What have you seen work well in the tobacco prevention treatment that you would like to see reflected in the state plan or expanded?</li> <li>2. Are there strategies that you know about that is on your wish list to explore or add that Rhonda and her team could explore in advance?</li> </ol> </li> <li>● Email Rhonda with any questions</li> </ul>

				<ul style="list-style-type: none"> <li>• Media messaging (such as 8/10) were amazing in changing youth perceptions. Would love to see that applied across substances.</li> <li>• Annual Policy priorities for 2022 <ul style="list-style-type: none"> <li>○ Restriction of flavored tobacco</li> <li>○ Eliminate Menthol and flavored tobacco</li> <li>○ Address the targeting of the tobacco industry does toward youth, young adults, and people of color.</li> <li>○ Secure 1 million in additional funding.</li> </ul> </li> <li>• SMPC subcommittee will look at those agenda items and look for ways to support mutual goals.</li> </ul>
4	1:40	<input checked="" type="checkbox"/> Inform <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision	Act 46 Evaluation - Monica Hutt	<ul style="list-style-type: none"> <li>• Act 46 has passed which specifically removes criminal penalties for the possession of 224 milligram or less of buprenorphine for ages 21 and older.</li> <li>• This law is perceived to be a harm reduction strategy aiming to reduce the overdose deaths.</li> <li>• The Governor signed this legislation with an accompanying executive order that a task force group be formed to assess the impact of this law.</li> <li>• The law is scheduled to sunset in a couple of years.</li> <li>• The Governor is interested in both potentially positive or negative impacts as a result of this law.</li> <li>• Task Force members: <ul style="list-style-type: none"> <li>○ Dr. Levine</li> <li>○ David Englander - Department of Health</li> <li>○ Andrea DeLaBruere - Commissioner of the Department of Vermont Health Access</li> <li>○ Monica Hutt – Chair</li> <li>○ Xusana Davis - Agency of Administration, Director of Racial Equity</li> <li>○ Justin Kenny - Agency of Administration</li> <li>○ Tucker Jones - Department of Public Safety</li> </ul> </li> <li>• Task Force is developing a metric to assess the impact of law to be able to advise the governor what data should be collected, with collaboration across state government.</li> <li>• Responsibilities of managing and overseeing data collection will lead to proposing a recommendation to the governor no later than January 1, 2023.</li> </ul>

				<ul style="list-style-type: none"> <li>• Important to be unbiased with data collected to ensure it reflects the true impact of the change in the law and not reflect stakeholders' views of the law</li> <li>• Through Dr. Levine, the task force has established a relationship with Johns Hopkins University (JHU) who is going to be handling the data piece for Vermont.</li> <li>• JHU is involved across the country with drug use and the impact of drug policy on behavior. They are excited to add Vermont into the mix of helping us understand the impact in an unbiased way.</li> <li>• Research will include surveys with four different stakeholder groups: <ul style="list-style-type: none"> <li>○ Individuals who are actively using</li> <li>○ Prescribers</li> <li>○ Recovery staff across the state</li> <li>○ Law enforcement</li> </ul> </li> <li>• Task force would like to pull data from law enforcement Valcour system, buprenorphine arrests, nature of arrest, etc.</li> <li>• Johns Hopkins' coordinating committee meets monthly, and the task force will be getting feedback on a regular basis and have added a few staff from VDH: <ul style="list-style-type: none"> <li>○ Amanda Jones</li> <li>○ Anne VanDonsel</li> </ul> </li> <li>• The entire process must go through IRB review.</li> <li>• Next step is pulling together folks for the coordinating committee. Johns Hopkins has a list of 6-7 roles that need to be filled.</li> <li>• Intention is Harm Reduction to reduce overdose deaths.</li> <li>• 224 milligrams is a lot. From a prevention point of view, this could be a bad idea for our youth. We are seeing that anything legalized for adults trickles down to our youth.</li> <li>• Questions: <ul style="list-style-type: none"> <li>○ How are we measuring data? Qualitative or Quantitative? <i>Not positive, both would be helpful.</i></li> </ul> </li> <li>• Public Comment: <ul style="list-style-type: none"> <li>○ Rhonda Williams</li> </ul> </li> </ul>
5	2:00	<input checked="" type="checkbox"/> Inform	Cannabis Control Board	<b>James Pepper with the Cannabis Control Board</b> <b>Legislative Intent</b>

		<input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Decision	<ul style="list-style-type: none"> <li>• There is, created within the Executive Branch, an independent commission named the Cannabis Control Board for the purpose of safely, equitably, and effectively implementing and administering the laws enabling access to adult-use cannabis in Vermont</li> <li>• It is the intent of the General Assembly to move as much of the illegal cannabis market as possible into the regulated market ,for the purposes of consumer protection and public safety.</li> <li>• It is also the intent of the General Assembly to encourage participation in the regulated cannabis market by small, local farmers.</li> </ul> <p><b>Setting aside money for Social Equity</b></p> <ul style="list-style-type: none"> <li>• Cannabis Business Development Fund for the purpose of providing financial assistance, loans, grants, and outreach to social equity applicants. Youth Prevention in front and center.</li> </ul> <p><b>Advertising</b></p> <ul style="list-style-type: none"> <li>• Cannabis establishments shall not advertise their products via any medium unless the licensee can show that not more than 15 percent of the audience is reasonably expected to be under 21 years of age.</li> </ul> <p><b>Afterschool</b></p> <ul style="list-style-type: none"> <li>• Revenue from the sales and use tax on retail sales of cannabis or cannabis products in this State shall be used to a grant program to expand afterschool and summer learning programs.</li> </ul> <p><b>General Prevention Funding</b></p> <p>Thirty percent of the revenues raised by the cannabis excise tax will be used for the purpose of funding substance misuse prevention programming.</p> <ul style="list-style-type: none"> <li>• <b>Other focuses include:</b> <ul style="list-style-type: none"> <li>○ Environmental stewardship</li> <li>○ Improving access, affordability, quality of the medical cannabis program</li> <li>○ Public and highway safety</li> <li>○ Consumer protection</li> <li>○ Implementation of licensing</li> </ul> </li> <li>• 14 Member Advisory Committee can be found <a href="#">here</a></li> </ul>
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				<p><b>Buffer zones</b></p> <ul style="list-style-type: none"> <li>The selling or dispensing of a regulated drug to a person on property abutting school property is a violation under this section only if it occurs within 500 feet of the school property. Property shall be considered abutting school property if: <ul style="list-style-type: none"> <li>It shares a boundary with school property; or it is adjacent to school property and is separated only by a river, stream, or public highway.</li> <li>Following Drug Free School zones law.</li> <li>Towns are permitted to set buffer zones greater than 500'.</li> </ul> </li> </ul> <p><b>Board Recommendations</b></p> <ul style="list-style-type: none"> <li>1-2% of the state excise tax on retail sales go to the municipalities where the retail sales occurred.</li> <li>Cannabis licensees be permitted to produce extractions (concentrates, distillates, and isolates) with concentration of 60% or greater THC for purpose of incorporation into other cannabis products that otherwise comply with the restrictions in 7 V.S.A. 868.</li> <li>Removing from the prohibited products in 7 V.S.A 868, solid concentrates with a THC concentration of 60% or above for adults 25 years of age and older.</li> <li>Any New Cannabinoid product (or synthetic cannabinoid, like Delta-8) will be checked out before being sold for public use.</li> </ul> <p><b>Vermont Medical Society recommendation to the CCB</b></p> <p>VMS urged the Vermont Cannabis Control Board, local Cannabis Control Boards and/or Vermont Legislature to:</p> <ul style="list-style-type: none"> <li>Require all cannabis grown, produced, or sold whether through dispensaries or retail establishments in the state be less than 15% THC.</li> <li>Include the following warning on all labeling and advertising: <ul style="list-style-type: none"> <li>WARNING: Cannabis/THC may cause: 1. Psychosis* 2. Impaired driving 3. Addiction 4. Suicide attempt* 5. Uncontrollable vomiting 6. Harm to fetus/nursing baby *This can occur in individuals with on previous history of psychosis or mental illness.</li> </ul> </li> </ul>
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				<p><b>Prevention Works! VT recommendation to the CCB</b></p> <ul style="list-style-type: none"> <li>• A dedicated fund be created to ensure that the funds go to substance misuse prevention and an agency such as the Vermont Department of Health be designated to disperse the prevention funds to ensure it is allocated to evidence-based prevention strategies.</li> <li>• Cannabis facilities and outlets be distanced from schools, daycares, and other places that children and youth gather, and the density of outlets be limited.</li> <li>• Advertising and signage do not promote marijuana use messages to young people.</li> <li>• Potency limits be considered.</li> <li>• Prevention access of cannabis products to youth through enforcement focused on retailer training, education, and compliance through an experienced agency such as the Department of Liquor and Lottery.</li> </ul> <p>Chairman Pepper states that the CCB tried their best to incorporate a lot of these recommendation into our final rules</p> <p><b>Questions:</b></p> <p><b>Does the 60% remain for edibles (gummies, cookies, etc.) and allow only over 60% for concentrates (dabs, wax, shatter, etc.)? Or is 60% cap removed for edibles as well?</b></p> <p>Edibles has a separate set of guidelines such as single serving size can only contain 5% THC And the entire package can only contain 50 milligrams total of THC. High THC level is only on concentrates.</p> <p><b>What are your thoughts on other Buffer Zones?</b></p> <p>Survey was done from municipalities and, in some cases, expanded buffer zones would eliminate any possibility for cannabis retail. We (CCB) do allow a town to set a buffer greater than the Drug Free School zone of 500' . Signage will also be regulated.</p> <p><b>Did you consider single serving size?</b></p>
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				<p>increased need. Lock boxes great idea but kids are going to have access in their home, or friends' homes. We need to send the message that cannabis should be handled as "keep out of reach of children", like other medicine.</p> <p>There is an effort in Windsor where a local retailer is considering giving out a lock box with every purchase.</p>
5	3:00	<input checked="" type="checkbox"/> Inform <input type="checkbox"/> Discussion <input type="checkbox"/> Decision	Close out	

Action Item Log			
#	Action Item	Due Date	Staff Responsible
1	Email any questions regarding the Tobacco Strategic Planning Process to Rhonda Williams ( <a href="mailto:Rhonda.williams@vermont.gov">Rhonda.williams@vermont.gov</a> )	Ongoing	SMPC Members
2	Please take time to fill out the survey on today's meeting. <a href="#">Click here Meeting Evaluation</a>	12/31/2021	SMPC Members and Public