



Substance Misuse Prevention Oversight and Advisory Council August 2020 Meeting Materials

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August 24, 2020

The agenda has shifted slightly.

1:00 Welcome

1:05 Introductions and Quorum Determination

1:10 Updates on SMPC Membership

1:15 Review and Approval of July Minutes

Review July Action Items and Progress to Date

1:25 Discussion of S. 54 Draft Recommendations

VDH Policy Team

Public Comment

2:30 Discussion of Annual Report Timeline

Public Comment

2:45 Evaluation Process

2:50 Next steps and reminders

3:00 Adjourn

S. 54 Recommendations

Any general questions for the workgroup?

- Literature reviews
- Met at a minimum 4 times
- Presented initial thoughts at the July SMPC Meeting (see minutes)
- Reviewing recommendations put forth by the workgroup for discussion and vote on inclusion for recommendations on S. 54 from the SMPC.

Regulatory Structure - Parity

1. That the **Board of Liquor and Lottery assume a lead role in the regulation of cannabis**, in light of their record of over 85 years of experience in addressing the way controlled substances are sold within VT.
2. That any **retail sale establishment be required to undergo a compliance check** (similar to already established tobacco licensee requirements).
3. That the **proposed language in Title 7 V.S.A Chapter 31 § 843(f) be modified to compel the Executive Director to ensure that each retail cannabis establishment is subjected to a youth access compliance check**. Furthermore, it is recommended that the Cannabis Control Board be statutorily required (in Title 7 V.S.A Chapter 31 Sec. 5) to **submit a report on the outcomes of these compliance checks yearly**.
4. That a **price floor for cannabis be codified in statute**. Currently the Board of Liquor and Lottery via administrative rule prohibit the sale of beverage alcohol lower than the wholesale cost. The same logic prevails with tobacco and cannabis. These products should not be sold as a “loss leader”.

Regulatory Structure – Cannabis Review Board

1. An expansion on the existing “purpose” of the Board to include the following language: “...to diminish the social harms of illegality, end cannabis-related incarceration, and to protect public health and youth (by not increasing consumption).”
2. The membership of the Board be modified to better represent public health interests, including experts from the following fields:
 - Youth development;
 - Public health marketing and research;
 - Tobacco control;
 - Pediatrics;
 - Addictions; and
 - At least one member from this Council
3. That at least one sitting member of the Board have an epidemiological (or similar public health) background. This requirement could be codified by further defining “well-qualified” in the proposed Title 7 V.S.A. Chapter 31 § 842(c) as well as in the proposed Title 7 V.S.A. Chapter 31 § 843(c).

Regulatory Structure – Monitoring and Enforcement

1. 7 V.S.A. Chapter 31 Sec. 2 include a requirement to report to the General Assembly annually regarding all enforcement actions taken by the Cannabis Control Board for the purposes of monitoring regulatory compliance.

Fiscal Considerations

1. A 30% tax on cannabis revenue be established.
2. A minimum of \$7 million be allocated by the State for Prevention as recommended by the Marijuana Commission Prevention and Education final report.
3. A formal mechanism be established in the State budget for the purposes of appropriating prevention funding.

Requirements for Sale

1. A municipality be permitted to regulate cannabis retail within its jurisdiction, including control over retail outlet prohibition, density, outlet location, and advertising.
2. Consistent with the amended S. 54, the following THC limits be established: 50mg per package, and 5mg per dose for edibles.
3. Oil concentrates be restricted to prepackaged products only.
4. Providing free samples of any type of Cannabis product be prohibited.

Roadway Safety

1. The Council does not support a “per se” limit of delta-9 tetrahydrocannabinol (THC) within a person’s blood given the lack of sufficient research and data that correlates impairment with a specific per se limit.
2. The Council agrees with the standard established within Title 23 V.S.A. § 1201(a)(3) and the continued inclusion of cannabis within the definition of a drug under Title 23 V.S.A. § 1200(2)(B).
3. The Council supports the creation of a Drug Recognition Expert (DRE) program as a vital component to the effective enforcement of impaired driving on Vermont highways.
4. The Council believes that saliva testing should exist in support of, rather than in lieu of, the DRE program.

Energy Consumption

1. The state make investments into reducing energy consumption by cannabis growers, including conducting baseline studies to inform policy decisions.
2. Licensed grow operations be required to observe energy codes, guidelines, and requirements.
3. Promote policies that support an energy efficient, low-carbon regulated industry.

2021 SMPC Annual Report

Key Dates

- **8/24-9/4** SMPC members complete survey
- **9/21** SMPC members will begin discussions for the recommendations in the 2021 report. Workgroup identified for writing/editing of the 2021 Annual Report
- **10/9** Draft SMPC report provided to full SMPC for review
- **10/19** PIRE to present findings from Prevention Inventory
- **11/2** Second draft sent to SMPC for review
- **11/10** Final edits from SMPC due to Substance Misuse Prevention Manager
- **11/16** SMPC reviews and votes on annual report
- **12/3** VDH Policy provides edits to SMPC Executive Committee
- **12/8** SMPC Executive Committee approves report
- Submitted to Agency of Human Services

SMPC Performance Measures 2020 Report

1. Percent of high school and middle school students who believe they matter to their community. (YRBS)
2. Percent of high school and middle school students who perceive harm in using substances (marijuana, alcohol, and tobacco).
3. Percent of Vermonters aged 12 years old and older who use alcohol, marijuana, tobacco, stimulants (prescription and illicit) and opioids (prescription and illicit).
4. Percent of Vermonters aged 18-25 who use alcohol, marijuana, tobacco, stimulants (prescription and illicit) and opioids (prescription and illicit).
5. Number of prevention programs and services available and sustainably funded across Vermont's communities and schools.

Suggested SMPC 2021 Annual Report Performance Measures

1. Percentage of high school and middle school students who used an electronic vapor product in the past 30 days (YRBS, Healthy Vermonters connection)
2. Percentage of high school and middle school students who drank alcohol in the past 30 Days (YRBS, Healthy Vermonters connection)
3. Percentage of high school and middle school students who consumed marijuana in the past 30 days (YRBS, Healthy Vermonters connection)
 - Past 30-day marijuana use among young adults (YAS)
4. Parents Would Think it Was Wrong or Very Wrong for Them to Use (YRBS)
5. Feel That They Matter to Their Community (YRBS)



Thank you!

Let's stay in touch.

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DRAFT RECOMMENDATIONS ~ CANNABIS TAX & REGULATE

SUBSTANCE MISUSE PREVENTION OVERSIGHT & ADVISORY
COUNCIL

AUGUST 18, 2020 |

EXECUTIVE SUMMARY

According to Act 82, the Substance Misuse Prevention Oversight and Advisory Council is tasked with providing advice to the Governor and General Assembly to ensure that population prevention measures are at the forefront of all policy determinations. The following recommendations are intended to fulfill the mission outlined in Act 82. It is imperative that cannabis policy be established with a public health framework in order to protect Vermont’s most vulnerable citizens and to address equity across Vermont communities.

The following recommendations are offered in executive summary format. For contextual backing and references, please see full report.

Section	Recommendations
Overall	<ul style="list-style-type: none"> • Maintain a thoughtful balance between short term economic gains with long term public health considerations • High level of support for House Amendment version of S.54
Structure	<p><u>Regarding parity:</u></p> <ul style="list-style-type: none"> • The Board of Liquor and Lottery as defined by Title 7 V.S.A. § 101 has a regulatory body with over 85 years of proven, effective methodology to address the way controlled substances are sold within VT. • Suggest that a compliance check requirement for any retail sale establishment exists in the proposed statutory language similar to already established tobacco licensee requirements. The proposed language in Title 7 V.S.A Chapter 31 § 843(f) should compel the Executive Director to ensure that each retail cannabis establishment is subjected to a youth access compliance check. • Cannabis Control Board should be statutorily required to submit a report on the outcomes of these compliance checks yearly, and that should be codified in the proposed language of Title 7 V.S.A Chapter 31 Sec. 5. • Suggest a statutory codified price floor for both tobacco and cannabis. Currently the Board of Liquor and Lottery via administrative rule prohibit the sale of beverage alcohol lower than the wholesale cost. The same logic prevails with tobacco and cannabis. These products should not be sold as a “loss leader”. <p><u>Regarding the Cannabis Control Board:</u></p> <ul style="list-style-type: none"> • Increase membership with expertise in the following areas: Youth Development, Public Health Marketing, and Research, Tobacco Control, Health, Pediatrics, and Addictions. In addition we suggest that at least one member of SMPC also be on CCB. <ul style="list-style-type: none"> ○ A statutory requirement that at all times, a sitting member of the Board as defined by the proposed addition of Title 7 V.S.A. Chapter 31 § 842(c) of “well-qualified” has an epidemiological or similar public health background. This requirement would be codified ideally by further defining “well-qualified” in the proposed Title 7 V.S.A. Chapter 31 § 842(c) as well as in the proposed Title 7 V.S.A. Chapter 31 § 843(c). • Language in 7 V.S.A. Chapter 31 Sec. 2 to include a reporting requirement to the General Assembly yearly concerning all enforcement actions taken by the Cannabis Control Board.

	<ul style="list-style-type: none"> ○ This would allow monitoring of compliance with the rules ultimately adopted by the Board via the proposed language in Title 7 V.S.A § 843(b)(1) and allow for the measurement of effectiveness of those enacted rules.
Financial	<ul style="list-style-type: none"> ● That a prevention appropriations mechanism be established in the State budget. ● A 30% tax revenue be established and/or a minimum of \$7 million be allocated for Prevention as recommended by the Marijuana Commission Prevention and Education final report.
Substance Specific	<ul style="list-style-type: none"> ● Enacting THC potency limits regardless of commercial interests ● The Council is in agreement with the S.54 House Amendment of 50 mg max in package, 5mg dose edible and limiting oil concentrates to prepackaged products only ● Both S.54 and House Amendment bill versions neglect to prohibit free samples of any type of Cannabis product. It is recommended that this language be included in the legislation.
Roadway Safety	<ul style="list-style-type: none"> ● The Council does not support at per se limit to be established within Title 23, but does agree with the standard established within Title 23 V.S.A.§ 1201(a)(3) and the continued inclusion of cannabis within the definition of a drug under Title 23 V.S.A. § 1200(2)(B). ● The Council agrees with the House Amendment of S.54 that the Drug Recognition Expert (DRE) program is vital to the effective enforcement of impaired driving on Vermont highways. <ul style="list-style-type: none"> ○ Saliva testing supports effective enforcement of cannabis impaired driving, but it does not serve to replace the DRE program
Other	<p><u>Regarding Energy Consumption:</u></p> <ul style="list-style-type: none"> ● Investments in energy consumption and climate impact with urgency on baseline studies ● Adopt energy codes, guidelines, and requirements for licensed grow operations ● Promote policies that support an energy efficient, low-carbon regulated industry
	<p><u>Regarding Equity:</u></p> <ul style="list-style-type: none"> ● The Council supports the House Amendment bill that allows Vermont municipalities to “opt out” out of having cannabis retail <ul style="list-style-type: none"> ○ Allow for the creation of advertising restrictions ○ Allow for the control of outlet density and location

SMPC RECOMMENDATIONS ~ CANNABIS TAX & REGULATE

INTRODUCTION

VT legislation [Act 82](#), effective July 1 2019, established the Substance Misuse Prevention Oversight and Advisory Council (SMPC) to improve health outcomes for all Vermonters. The Council is tasked with providing advice to the Governor and General Assembly to ensure that population prevention measures are at the forefront of all policy determinations. The goals of the Council are to:

1. Increase protective factors and build resilience and feelings of connectedness in Vermont communities, across all ages, cultures, and socioeconomic conditions.
2. Decrease risk factors for substance use in Vermont for individuals of all ages, cultures, and socioeconomic conditions.
3. Increase efficiency and collaboration on prevention efforts across all state, public, and private entities, through a consolidated and holistic approach to prevention that is sustainable, scalable, and equitable.

The most recent 2019 Youth Risk Behavior Survey (YRBS) reports some concerning youth trends related to cannabis/marijuana: 7% of middle school youth have tried marijuana (same rate as tried cigarettes) and 5% have used it in the last 30 days. This data is statistically similar to middle school marijuana use reported in 2017. Even more concerning, however, are the following statistically significant changes from 2017 to 2019 (Vermont Department of Health, March 2020):

- Current marijuana use among high school students increased from 24% to 27%.
- Primarily vaping when using marijuana increased among users from 2% to 17%.
- Fewer middle school students believe people risk harming themselves if they regularly use marijuana (59% in 2017 vs 45% in 2019).
- More middle school students think it would be easy to access marijuana (15% in 2017 vs 19% in 2019).

The recommendations submitted here were compiled through a thoughtful review process that involved the collaboration of a multi-sector collaborative workgroup. The process involved review of S.54, the House amendment version, the Marijuana Commission Prevention & Education Committee report, the 2016 VT Marijuana Health Impact Assessment (and the 2020 Literature Review update), American Public Health Association Commercial Marijuana Policy Recommendations, VT Forensic Lab Roadway Safety data, LA County California Retail Access to Marijuana Policy Recommendations, VT's RAND report re: commercial marijuana, and other evidence-based articles related to current issues.

The following recommendations are intended to fulfill the mission outline in Act 82. It is imperative that any cannabis policy that is created must be established with a public health framework and prioritize health over business interests in order to protect Vermont's most vulnerable citizens and to address equity across Vermont communities.

Lastly, the SMPC recognizes the current financial realities impacting our State due to the COVID pandemic. Within this reality, however, we encourage decision makers to continue to maintain a thoughtful balance between short term economic gains with long term public health considerations.

RECOMMENDATIONS

Overall, the SMPC Cannabis Recommendation Workgroup communicated higher level of support for the language and provisions of the House Amendment of S.54 over S.54 itself. Areas of improvement and modification are needed, based on these recommendations, but generally the House Amendment encapsulates many concern areas.

I. Structure

1.1 Parity

The **Council recommends mirroring and consistent parity between existing regulatory structure and requirements** across all regulated substances within Title 7: alcohol, tobacco, and the proposed legalization of the sale of cannabis.

- The Board of Liquor and Lottery as defined by Title 7 V.S.A. § 101 has a regulatory body with over 85 years of proven, effective methodology to address the way controlled substances are sold within VT.
- Suggest that a compliance check requirement for any retail sale establishment exists in the proposed statutory language similar to already established tobacco licensee requirements. The proposed language in Title 7 V.S.A Chapter 31 § 843(f) should compel the Executive Director to ensure that each retail cannabis establishment is subjected to a youth access compliance check.
 - Cannabis Control Board should be statutorily required to submit a report on the outcomes of these compliance checks yearly, and that should be codified in the proposed language of Title 7 V.S.A Chapter 31 Sec. 5.
- Suggest a statutory codified price floor for both tobacco and cannabis. Currently the Board of Liquor and Lottery via administrative rule prohibit the sale of beverage alcohol lower than the wholesale cost. The same logic prevails with tobacco and cannabis. These products should not be sold as a “loss leader”.

1.2 Cannabis Control Board

The current House Amendment states that the purpose of the Cannabis Control Board (CCB) is to “safely, equitably, and effectively implement and administer the laws that enable access to adult-use cannabis in Vermont.” The Council believes this purpose aligns with Public Health interests and, while not stated, believes it should also include language to diminish the social harms of illegality, to end cannabis related incarceration, protect public health and youth (by not increasing consumption). This means that the CCB should be primarily composed of people who share those goals.

The Council finds the proposed membership designations to be heavily business and agriculturally oriented. The configuration proposed may conflict with public health interests that aim to protect vulnerable populations and ensure safety.

Public health and industry need to speak with one clear voice on regulations and policy to avoid confusion for growers, manufacturers, marketing, and the public.

When the California Bureau of Cannabis Control was established, the state ran into a year of fighting between the cannabis industry interests and public health interests that resulted in ambiguous policies, anger, and some small businesses and growers being hurt.

In one example, industry and brands made certain claims and public health pushed back, resulting in confusion and products being pulled from retail. The industry turned to lobbying the state legislature, spending large sums. Had public health and industry been on the same page from the beginning, the fighting could have been avoided.

Public health brings the benefit of decades of end-user behavior research in VT (and nationally) on barriers to taking action, motivations for taking action, and how to frame communications without appealing to youth.

Involving professionals who have connections to past, existing, and planned public facing campaigns will take full advantage of lessons learned and important data on outcomes. It will avoid duplication of messages or messages that contradict one another. It will enable all public facing messaging to speak with one voice.

Including public health professionals on the Cannabis Control Board will bring a lens on long-term cost effectiveness as well as best practice in the health of Vermonters (see financial section).

Therefore, **the Council recommends:**

- Increase membership with expertise in the following areas: Youth Development, Public Health Marketing, and Research, Tobacco Control, Health, Pediatrics, and Addictions. In addition we suggest that at least one member of SMPC also be on CCB.
 - A statutory requirement that at all times, a sitting member of the Board as defined by the proposed addition of Title 7 V.S.A. Chapter 31 § 842(c) of “well-qualified” has an epidemiological or similar public health background. This requirement would be codified ideally by further defining “well-qualified” in the proposed Title 7 V.S.A. Chapter 31 § 842(c) as well as in the proposed Title 7 V.S.A. Chapter 31 § 843(c).

1.3 Monitoring and Enforcement

The Council believes that monitoring and enforcement are key to ensure public health. As mentioned previously, this should include compliance testing results, but should also include data on all enforcement actions taken by the Board.

Therefore, **the Council recommends:**

- Language in 7 V.S.A. Chapter 31 Sec. 2 to include a reporting requirement to the General Assembly yearly concerning all enforcement actions taken by the Cannabis Control Board.
 - This would allow monitoring of compliance with the rules ultimately adopted by the Board via the proposed language in Title 7 V.S.A § 843(b)(1) and allow for the measurement of effectiveness of those enacted rules.

II. Financial

II.1 Taxation

Overall, the Council supports the House Amendment proposal of 30% tax revenue with a budget recommendation to be made by our SMPC Council for funding prevention.

While language in Act 82 references that “a significant portion of any new revenue generated by taxation of substances at risk of misuse, including cannabis, tobacco, tobacco substitutes, alcohol, and opioids, be directed to fund substance misuse prevention initiatives throughout the State however, there is not a current state budget mechanism in place to secure a “Prevention Fund” for this purpose.

Therefore, **the Council recommends:**

- That a prevention appropriations mechanism be established in the State budget.
- A 30% tax revenue be established and/or a minimum of \$7 million be allocated for Prevention as recommended by the Marijuana Commission Prevention and Education final report.

II.2 Return on Investment

As stated in section I. Structure, I.2 CCB, a public health driven purpose for the board is both practical and economical.

Public health brings a proven economic ROI to the table. Public health has been cited as having “the potential to be an economic engine”¹

“Return on investment (ROI) and cost-benefit ratio (CBR) are two forms of economic evaluation that value the financial return, or benefits, of an intervention against the total costs of its delivery. The CBR is the benefit divided by the cost, and the ROI is the benefit minus the cost expressed as a proportion of the cost, that is, the CBR-1.”

Over 52 studies the median ROI for public health interventions was 14.3 to 1, and median CBR was 8.3, making public health “highly cost-saving”²

Closer to home, from 2001-2014, independent evaluator Research Triangle found that with an investment of \$73 million, the VT Tobacco Control Program resulted in \$1.43 billion in savings. These savings continue. In 2012, public health made smoking cessation more accessible, resulting in savings to VT in one year alone of \$12.2 million.³

III. Substance Specific

III.1 Concentrates

The RAND report suggested that “prohibition of specific types of marijuana products [e.g., edibles, concentrates] ...can go a long way in accomplishing some of the other public-health goals of the state.” The restriction of particular products can be critical in limiting youth access. For example, edibles have often been marketed with teens (and even preteens) in mind with products that resemble attractive

¹ <https://www.hsph.harvard.edu/news/magazine/public-health-economy-election/>

² [J Epidemiol Community Health](#). Return on investment of public health interventions: a systematic review 2017 Aug; 71(8): 827–834.

³ Williams et al. (2019). A Framework for Effective Promotion of a Medicaid Tobacco Cessation Benefit Health Promotion Practice. <https://doi.org/10.1177/1524839919829452>
2013-2017 VT Behavioral Risk-Factor Surveillance System (BRFSS)

candies such as gummy bears⁴. Concentrates are very concerning because of the extremely high THC content (60-90%). Regular use of these products has been associated with a significantly increased risk of serious psychiatric problems such as psychosis. The latest survey of high school students in Colorado in 2019 showed a 5 fold increase (4.3% to 20.4%) since 2015 in “dabbing” (i.e., using concentrates) and a doubling (5.1% to 10.6%) in vaping marijuana. The latter is especially concerning because a new study published August 11, 2020 reported that adolescents and young adults who report vaping tobacco in the past 30 days had a seven fold increased risk of contracting Covid-19⁵. Although the study did not specifically address marijuana the focus on vaping has clear implications in terms of adverse health consequences for teens and young adults.

III.2 Potency

No state has imposed any limits on the potency of marijuana sold in retail shops. In 2013, the year after recreational marijuana was legalized in Colorado by referendum, the legislature there attempted to pass a THC potency limit of 15%. The marijuana industry and advocates successfully lobbied to defeat the bill. THC potency limits that are aligned with public health and public safety concerns should be enacted regardless of commercial interests in not doing so. We are particularly concerned about the long term adverse health effects of high potency marijuana consumption. As mentioned above there is a clear relationship between even short term use of high potency marijuana and risk of serious psychiatric problems. Due to the significant increase in the use of high potency concentrates as reported by the Healthy Kids Colorado Survey in 2019, limiting potency assumes much greater importance. A further concern is that the several prospective longitudinal studies (described in the Health Impact Assessment papers available online; 2016, 2017, 2020) that demonstrate serious physical and mental health adverse effects of early and persistent use were started when THC concentrations were substantially and significantly lower. In 1995, the average THC concentration in DEA seized marijuana was approximately 4%; in 2018 it was 17%. Studies of the short and long term consequences on individuals consuming very high potency marijuana will not be available for several years.

Therefore, **the Council recommends:**

- Enacting THC potency limits regardless of commercial interests
- The Council is in agreement with the S.54 House Amendment of 50 mg max in package, 5mg dose edible and limiting oil concentrates to prepackaged products only
- Both S.54 and House Amendment bill versions neglect to prohibit free samples of any type of Cannabis product. It is recommended that this language be included in the legislation.

IV. Roadway Safety

The Council applauds the House Amendment of S.54 for the inclusion of Title 23 considerations while not establishing a per se limit on the amount of delta-9 tetrahydrocannabinol (THC) within a person’s blood. There is a lack of sufficient research and data to provide for a set per se limit that correlates to direct impairment. Specifically looking at per se standards set by other states, in comparison to Vermont

⁴ Several products intentionally resemble popular products such as “Stoney Patch” for sour patch kids, “Pot Tarts” for pop tarts, etc.

⁵ Ghiha et al. (In Press). Association between Youth Smoking, Electronic Cigarette Use, and Coronavirus Disease 2019. *Journal of Adolescent Health*.

specific data, it appears that similarly enacted per se limits set by other states including Illinois and Montana at a .5 ng/ml are above the most commonly seen levels during toxicology analyses for DRE related DUI cases in Vermont. The Council does not support a per se limit to be established within Title 23, but does agree with the standard established within Title 23 V.S.A. § 1201(a)(3) and the continued inclusion of cannabis within the definition of a drug under Title 23 V.S.A. § 1200(2)(B).

Lastly, in terms of highway safety, the Council agrees with the House Amendment of S.54 that the Drug Recognition Expert (DRE) program is vital to the effective enforcement of impaired driving on Vermont highways. In addition, we recognize that saliva testing supports the effective enforcement of cannabis impaired driving in Vermont, but does not serve to replace the DRE program, only enhance it.

V. Other

V.1 Energy Consumption

The language in the House or Senate bills prior to the COVID-10 emergency made no reference to the energy consumption requirements of commercial cannabis. According to the [State of Vermont's 2016 Comprehensive Energy Plan](#), VT hopes to meet 90% of overall energy needs from renewable sources by 2050. The state also aims to reduce greenhouse gas emission levels to 40% below 1990 levels by 2030, and to 80-95% below 1990 levels by 2050.⁶

However, Legal cannabis cultivation in the U.S. consumes an estimated 1.1 million megawatt hours (MWh) of electricity-based energy. That is enough electricity to power 92,500 homes for a year, or a community the size of Newark, N.J., or Anaheim, California. In addition, Legal cannabis electricity consumption is forecast to increase 162% from 2017 to 2022.⁷

Given that Environmental health is a driver of Public health, **the Council recommends:**

- Investments in energy consumption and climate impact with urgency on baseline studies
- Adopt energy codes, guidelines, and requirements for licensed grow operations
- Promote policies that support an energy efficient, low-carbon regulated industry

V.2 Equity

In the continued spirit of parity with cannabis to other regulated substances, this Council applauds the House Amendment of S.54 for the inclusion of the proposed language in Title 7 V.S.A § 863. Should the regulatory model of retail Cannabis be other than a state-run monopoly, the Council supports the ability of municipalities to form a cannabis control commission and the ability to address retail cannabis on the local level. Best practice prevention policy demonstrates that local control of retail outlet density, outlet location, and advertising restrictions are effective mechanisms to curb underage use of adult only substances.

From a public health perspective, municipalities “opting in” to a retail cannabis situation is ideal, however, there was concern among the Council that this would create inequity across Vermont Communities. Therefore, the Council supports the House Amendment bill that allows Vermont

⁶ Vermont Department of Public Service. 2016 Vermont Comprehensive Energy Plan, Executive Summary.

⁷ Resource Innovation Institute. The 2018 Cannabis Energy Report. New Frontier Data, www.newfrontierdata.com

municipalities to “opt out” out of having cannabis retail and allow the creation of advertising restrictions.

DRAFT