

Vermont Alcohol and Drug Abuse Council

Meeting Minutes

Waterbury State Office Complex
State Dr.
Waterbury, Vermont
Wednesday, January 24, 2018
10:00AM – 12:00AM

Present:

Appointed Members: Lori Augustyniak, Jolinda LaClair, Kreig Pinkham, Reba Porter, Cindy Thomas, Nissa Walke

Associate Members: Mitch Barron, Peter Espenshade, Rose Gowdey

Guests: Jake Perkinson

Staff: Marcia LaPlante, Tina Royer

Welcome, Introductions, Minutes Review, & Member Announcements:

There were no member announcements.

A motion to approve the October minutes was made by Jolinda LaClair and was seconded by Lori Augustyniak. Motion to approve minutes as written was accepted by Council.

December minutes were classified as FYI only, and didn't need a motion to accept by Council.

Opioid Coordination Council Recommendations – Jolinda LaClair

Jolinda reviewed the summary of recommendations for next steps to continue Vermont's progress in addressing the opioid crisis. These recommendations are to ensure effective results in Prevention, Treatment, Recovery & Law Enforcement. A summary of the recommendations are attached, and the full report can be found here: <http://www.healthvermont.gov/response/alcohol-drugs/governors-opioid-coordination-council>

Next steps, based on the OCC recommendations, include development of 2-3 focus committees to consist of council members and key partners. Focus committee topics include recovery strategies, school-based prevention and drug messaging. The committees will be set up by the 2nd week of March and will meet monthly. The OCC is tasked with developing a 2nd set of recommendations by September 2018.

Marijuana Commission Report Review – Jake Perkinson, Marijuana Advisory Commission Co-Chair:

Jake Perkinson provided background information on the Marijuana Advisory Commission and the Commission's initial recommendations. H.115 passed this month and is a legalization bill, although it is sometimes characterized as a decriminalization bill. Initial issues the Commission has identified as needing immediate attention are youth prevention and education, public education about the dangers of driving under the influence, roadside testing and coordination with other states. Next steps of the commission also include development of a recommendation for a comprehensive tax and regulatory system, i.e.: full scale legalization. Important lessons about commercialization can be learned from tobacco & opioid epidemic which were able to thrive from being unchecked. Marijuana is seen as less harmful which will be challenging. One Commission recommendation which has not been highlighted in the press is to seek funding from cannabis businesses, to fund prevention and education programs. Those who are making a profit will need to make a commitment to fund these efforts. Education & prevention accommodations need to happen before legalization. The challenge with this issue is perceived risk of use. Must address different age levels.

The Commission has also recommended that the Department of Public Safety to coordinate with the Vermont Department of Health to collect benchmark data. There is currently no funding. Full report from this commission, can be found here: <http://marijuanacommission.vermont.gov/>

Lori Augustyniak asked that the Commission also look at the issue of the alcohol industry, and not replicate their business model, as it hasn't served the public health. Language does matter when it comes to public health, it's different. In messaging, we need to discourage marijuana use – even though it's legal. It may be legal, but it's not good for you.

VADAC Structure Vote & Next Steps:

Marcia LaPlante summarized the results of the VADAC council votes. Cindy Thomas advised that she talked to David Englander, it may be too late to include a statute change in a bill this legislative session. It may have to wait until 2019 session. Jolinda LaClair asked that VADAC pause and come up with a strategy that supports a viable council. Cindy Thomas recommends more specific actions such as input from VADAC on grants, strategic planning, and policies that relate across departments, and ADAP quality plan and strategies for having regular communication with providers (treatment & prevention) and keep them up to date with what's going on? Lori Augustyniak asked that there be no change in statute at this time. She has recruited members for a sub-committee to develop a work plan on how to serve ADAP, and DMH.

Next steps:

- Cindy Thomas to frame scope of work for council with ADAP needs. Also advise if you need different representation to advise - who else would add value?
- Lori Augustyniak asked Cindy Thomas and Marcia LaPlante to work with group of members to develop work plan. Mark Weikert, Mark Depman & Mitch Barron to be on committee.

Adjourn: 12:00pm

Vermont Opioid Coordination Council
Summary of Initial Report of Recommended Strategies to Governor Phil Scott
January 2018

Governor Scott established the Opioid Coordination Council in his second executive order in January 2017 (02-17, amended in 09-17), to “*lead and strengthen Vermont’s response to the opioid crisis by ensuring full interagency and intra-agency coordination between state and local governments in the areas of prevention, treatment, recovery and law enforcement activities. Where practicable, the Council will apply the strategies and lessons learned from Project VISION to other communities throughout Vermont.*”

The Council’s 22 members represent state government, private business, service providers, law enforcement, first responders, and individuals in recovery or with family members who have a substance use disorder. They come from across Vermont and represent a broad range of experience in the four drivers for systemic improvement in addressing Vermont’s opioid challenges: prevention, treatment, recovery and enforcement.

Prevention helps children, adults, families and communities build skills needed to delay or prevent the onset of illicit drug use and potential addiction. School and community resources are key. Education involves programming that touches all youth. Intervention includes maximizing opportunities to move people away from risk and toward needed services.

Treatment and Recovery are inseparable. Treatment provides timely, affordable and effective services designed to address immediate and long-term needs for recovery from addiction. Recovery supports begin simultaneously with the early stages of treatment, and include wraparound lifestyle supports that make it possible for the individual to transform a life often destroyed by the disease.

Enforcement includes reducing the supply of opioids, creating alternatives to incarceration where appropriate, and reducing the diversion and misuse of prescription drugs.

Vermont has achieved successes, including the Hub and Spoke system of treatment services which is considered a national model of best practice, and improved prescribing rules and monitoring of prescription of opioid pain relievers. The state has far to go, however. In 2016, Vermont saw 106 opioid- related deaths. Through September 2017, 72 Vermonters died from opioid-related overdoses.¹ Over half of the children ages 0 – 5 in state custody were there due to opioid abuse issues.²

Recommended Strategies

This first report to Governor Scott follows eight months of intensive study, visits to many communities, and collaboration across state government and with local organizations. Building on Vermont’s successes, these strategies recommend critical next steps, with focus on person-centered, family-centered, and community-centered strategies that have multi-generational impact.

The following list of recommendations is a summary. For precise language, the full report can be found at: www.healthvermont.gov/opioid-coordination-council

Overarching/Systemic: These strategies reach across prevention, treatment, recovery and enforcement and call for public-private and inter-agency collaboration.

- A. Develop a continuum of care from pre-birth to at least 3 years of age that supports a two-generation approach for pregnant women with substance use disorders (SUD) and their children and families by connecting programs within and across the Agency of Human Services and healthcare providers.
- B. Grow and support Vermont’s workforce by employing Vermonters in recovery, and expanding the SUD workforce.
- C. Improve Vermont’s statewide data collection and analysis capability to assess and improve outcomes.

¹ Vermont Department of Health Vital Statistics System.

² Unpublished data provided by Department for Children and Families to OCC.

Prevention, Education and Intervention: These strategies strive to ensure Vermont's children receive effective programs that deter initiation into illicit drug use, Vermont's communities are supported in collaborative prevention efforts, and Vermonters have access to interventions that will point them away from risk and toward help.

- A. Implement a statewide comprehensive system to deliver school-based primary prevention programs.
- B. Expand health care education, monitoring and screening for providers and patients, including provider participation in the Vermont Prescription Monitoring System (VPMS); provider training, and patient education, in alternatives to opioids for pain management including non-pharmacological options; and expansion of Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care, emergency departments, corrections and schools.
- C. Build replicate, and support strong community-based models through multi-sector partnerships, innovation, and research resulting in outcomes that exceed previous, less collaborative efforts.
- D. Create a comprehensive drug prevention messaging campaign designed to raise public awareness, reduce stigma, provide hope for families, and strengthen resilience in Vermont's communities.

Intervention

- E. Expand Vermont's syringe exchange programs and services to increase geographic reach and hours of operation. Support access to increased case management services for all participants.
- F. Supply naloxone and provide training to all Vermont law enforcement, emergency medical services (EMS) and people likely to be near a person who may overdose.

Harm Reduction

- G. Expand drug disposal options and events, and increase public participation across the state.
- H. Improve sharps collection and disposal with a statewide strategy and community toolkit.

Treatment: These strategies build on Vermont's nationally recognized treatment system and call for assessment and new strategies to make treatment and recovery possible for more Vermonters.

- A. Support, evaluate and improve Vermont's Hub and Spoke system for opioid treatment to sustain, and expand where needed, Hub and Spoke treatment services across the state.
- B. Expand access to medication-assisted treatment (MAT) in all Vermont correctional facilities.
- C. Maximize the use of non-pharmacological approaches (integrative health care professions) for pain management, and for addiction treatment and recovery.
- D. Support the Vermont Judiciary's plan to explore expanded access to treatment docket techniques.
- E. Support efforts to expand Medicare and Medicaid coverage for opioid treatment.

Recovery: Vermont's investment in delivering treatment must be reinforced with strong recovery strategies that help Vermonters sustain their recovery. Housing, employment, health care and social supports are essential.

- A. Ensure Vermont has a strong statewide network of recovery centers, recovery coaches, and supports.
- B. Expand the availability of and equal access to recovery housing; explore expansion of the Department for Children and Families' (DCF) Family Supportive Housing Program to ensure individuals and families throughout Vermont have access to a stable home environment.
- C. Expand Employment in Recovery. (See "Overarching/Systemic.")

Enforcement: Enforcement strategies focus on keeping Vermont's roadways safe, interrupting drug trafficking, and ensuring Vermont's law enforcement and first responders have training they need.

- A. Support research and development of an accurate, cost-effective roadside drugged driving test.
- B. Increase Vermont's resources for drug trafficking investigations.
- C. Provide drug recognition training for law enforcement and first responders and increase the number of drug

recognition experts (DREs).