Vermont Governor’s Opioid Coordination Council  
July 10, 2017  
1:00 – 4:30 p.m.  
VT Department of Health, Burlington, VT

Minutes

Designees: T. Dolan
Staff: J. LaClair, R. Gowdey, A. Selinger

Presenters: Penrose Jackson, CCOA/UVMMC; Gary DeCarolis, Exec. Dir., Turning Point, Burlington; Shannon Lipkin, Hilary, The Spot; Chris Powell, Alicia, Aspenti Health; Tim Trevithick, CVU HS Student Assistance Professional.

Guests:
- Governor Phil Scott
- Richard Baum, Acting Director, Office of National Drug Control Policy; Taylor Weyeneth (ONDCP); Jacqueline Hackett, (ONDCP).
- Diane Derby (Sen. Leahy), Kathryn Becker Van Haste (Sen. Sanders), Kevin Veller (Cong. Welch). Rep. Linda Joy Sullivan, Rep. Ann Pugh, Ted Brady (ACCD), Tracy Dolan (VDH), Beth Tanzman (Blueprint/DVHA), Jane Helmstetter (AHS), Cindy Thomas (VDH/ADAP), Chris Bell (VDH), Michael Fitzgerald (Brattleboro PD), James G. Downes (NE HIDTA), Tori Houston (CCOA), Sam Francis-Fath (CCOA ), Ron Stankevich (Aspenti Health), Elijah Mintz-Roberts (CVU HS), Matt McMahon (MMR), Mairead O’Reilly (Vermont Legal Aid), Yashira Pepin (Alkermes), Jamie Feehan, Barbara Fontana.

I. 1:02 p.m. Meeting called to order by Al Gobeille.

II. 1:04 p.m. Minutes approved unanimously as provided.

III. Introductory Remarks
- Richard Baum, Acting Director of the Office of National Drug Control Policy (ONDCP) He has been seeing models across the US, essential for creating solutions in Washington.
- Governor Phil Scott highlighted urgency and the need to promote solutions in the public and beyond Vermont.

- Data on VT drug seizures, interdiction efforts and arrest data.
Overview of enforcement challenges and strategies.
- Relationship between federal, state, and local law enforcement agencies.
- What a drug investigation involves
- Issues of prescription drug monitoring and real-time overdose tracking.
- Need for and benefits of a statewide prevention messaging strategy.

V. Presentation: Mark Levine, MD, Commissioner of Health Department: “Prevention.”
- Prevention strategies for
  - prescriber education about addiction and for pain management alternatives;
  - parenting skills and decreasing adverse childhood events; and
  - raising public awareness about the dangers of opioids.
- Addiction growth rates are flattening, and naloxone use and distribution is growing, and treatment rates are improving.
- Conservative estimate of 15,000 to 20,000 people in Vermont opioid dependent (3-4% of state population).
- Primary care network is key: opioid addiction must be managed as a chronic disease.
- At least eight states are working to replicate VT’s opioid response.
- Goals for 2017 include continued treatment and prevention, public awareness, drug disposal, MAT access, workforce development.

VI. Employment and Addiction Recovery, Panel Presentation
Moderator Sara Byers (OCC): Employer/employees in recovery is win-win. Potential for public-private partnerships for supporting both employers and employees.

Panelists and panel highlights
Penrose Jackson, CCOA, UVM Medical Center, GE Healthy Cities Grant, and member of Working Recovery, focused on increasing support for employers of employees in recovery.
Gary DeCarolis, Executive Director, Turning Point Center, Burlington addressed importance of healthy relationships, stable employment, recovery support workers, and oral and other health issues as needs for early and long-term recovery.
Shannon Lipkin and Hilary Crouse, of The Spot in Burlington: Shannon described the many benefits and few challenges of employing people in recovery, including strong working relationships and performance, and low turnover rate. Hilary told her story as an employee in recovery, and the positive impact of supportive employment environment on her recovery.

[2:10 p.m. fire alarm interruption. Meeting resumed 2:27 p.m.]
Chris Powell, Alicia Sherman: Aspenti Health: Chris noted gainful employment for this generation is a major way to enable prevention for the next generation, acceptance from employers. Alicia noted importance of employment, and a supportive work environment, for sustaining recovery. Acceptance from employers, help from recovery centers and sober houses.

[2:55 p.m. Break. Meeting resumed 3:10 p.m.]

VII. Drug Enforcement in Vermont: Presentation
Roger Marcoux (Lamoille Sheriff): working on drug enforcement
Tom Anderson (Public Safety Commissioner): Good cooperation between different law enforcement agencies: DEA, FBI, Homeland Security, state police, local police, sheriff’s office, fed and state prosecutors.
- Goal: prescription drug monitoring and overdose tracking.

VIII. [3:40pm] Prevention Panel: Moderator Stephanie Thompson, OCC: discussed need to be adaptable to suggested strategies and available resources.
Mark Levine, MD, Commissioner of Health: Prevention is set of strategies to make sure people do not get the condition of addiction.
- 80% of heroin users started by abusing prescription drugs.
- Dartmouth-Hitchcock and UVM studies indicate significant over-prescribing practices (only 26-28% of pills are used)
- Vermont has characteristics similar to other states most at risk for high rates of opioid prescription.
- Recommendation: physicians increase use of non-opioid painkillers, non-painkiller pain management, and better discussion of risks.

Strategies: Primary Prevention Strategies
- Decrease Adverse Childhood Experiences (ACEs)/Toxic Stress: major risk factor for self-medicating with prescription and other opioids).
- Education for prescribers and patients. Prescription guidelines.
- Public Awareness – community, parents, youth, etc.
- Proper disposal

Adam Bunting (OCC, CVU Principal) and Tim Trevithick, Student Assistance Professional at CVU): importance of meaningful relationships and purpose in preventing youth substance use, need for support and awareness/understanding of social forces/consequences/ strategies from school administration and school community. Recommendation: Funded mandate for wellness curriculum.
