

## Substance Misuse Prevention Oversight and Advisory Council (SMPC) January 2023 Meeting Minutes

Date: 1/23/2023 Time: 1-3 PM	Mtg. Facilitator: Nicole Rau Mitiguy Mtg. Recorder: Nicole Rau Mitiguy Where: Microsoft Teams
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	Name	Organization and Role
x	Dr. Mark Levine	Commissioner of Health
x	Melanie Sheehan	Mt. Ascutney Hospital and Health Center, Vice Chair
	Daniel French	Agency of Education, Executive Committee Member
x	Mourning Fox	Department of Public Safety, Executive Committee Member
x	Monica Hutt	Agency of Administration, Executive Committee Member
x	Amy Brewer	Northwestern Medical Center, Member
	Rebecca Brookes	Upstream Social Marketing, Member
	Moses Delane	Youth Representative (18-25 year old), Member
x	Kimberley Diamond	Big Brothers Big Sisters of Vermont, Member
	Skyler Dryden	Youth Representative (<18), Member
	Alex Figueroa	United Counseling Services, Member
	Kheya Ganguly	Department of Mental Health, Member
x	Skyler Genest	Department of Liquor and Lottery, Member
x	Charles Gurney	Departments of Disability, Aging and Independent Living and Health, Member
	Cindy Hayford	Deerfield Valley Community Partnership, Member
x	Maryann Morris	The Collaborative, Member
x	Kat Patterson	Cathedral Square, Member
x	Scott Pavek	City of Burlington, 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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<b>Welcome, Introductions, and Quorum Determination</b>	Dr. Levine	<ul style="list-style-type: none"> <li>• Dire need for Prevention, through the last budgetary process we allocated a fair amount of money from the state to prevention.</li> <li>• There is an unprecedented number of litigations going on around opioids. We have already seen some of the monies arrive in VT from the Sackler Family Settlement, \$3 Million a year for the next 18 years totaling over \$50 million when all said and done.</li> <li>• There are several other settlements that VT has been involved in as well as numerous other states and some include other distributors within the country. One settlement involves a firm in Israel. They will come to fruition on their own timelines. We hope as the year goes on, we will hear more settlements for similar amounts of money and hopefully for similar durations of time as well.</li> <li>• There's an entire opioid settlement advisory committee that the legislature put into statue and designed last year. The committee has been holding meetings on a regular basis for a little over 6 months. As it coincides with the new legislative session it will soon be making recommendations on how to utilize the monies as it arrives.</li> <li>• Today's meeting is especially meaningful as it addresses opioids in general which is a decriminalization of buprenorphine.</li> <li>• The other important topic is the ongoing issues with legalization of cannabis and regulation of that through the Cannabis Control Board, but specifically looking at the recent reports from the Cannabis Control Board and Hot Topic in looking at the marketplace and how it may or may not succeed in VT and if it will be beneficial or harmful.</li> </ul>
<b>Review and Approve December 2022 Minutes</b>	Nicole Rau Mitiguy	<ul style="list-style-type: none"> <li>• Melanie Sheehan sent Nicole a list of three items that needed attention in the December minutes.</li> <li>• December minutes were approved with identified edits.</li> </ul>
<b>Methodology and Findings from the Evaluation of Legalization of Small Amounts of Buprenorphine in Vermont</b>	Kenny Feder	<ul style="list-style-type: none"> <li>• There is a statue in VT that allowed for decriminalization of possession of buprenorphine up to a certain number of milligrams, which is 224. This is one of the kinds of progressive and innovative ways to in a multi-pronged approach address the opioid crisis and specifically address the issue of having more people engaged in treatment. It is important to not only pass this law, but the legislature also deemed it necessary, along with the agreement with the governor, that we wouldn't make this go on ad infinitum without knowing if it was doing good or doing harm.</li> <li>• This presentation is possible from our connection with researchers from John Hopkins who helped with all aspects of research on this project. It was important to have unbiased and accurate information.</li> </ul>

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		<ul style="list-style-type: none"> <li>• <a href="#">Evaluation Report</a></li> <li>• <b>Questions:</b></li> <li>• Q: Do folks not receive treatment because they didn't seek it out or because of systemic issues? Research shows most people who need buprenorphine treatment do not receive it. Typically, surveys find that the number one reason people don't obtain treatment is that they don't seek it out. While those who do seek treatment have the barrier of facing different values here in VT than nationally representative group due to VT being small.               <ul style="list-style-type: none"> <li>○ A: Do we know what percent of folks are using non prescribed buprenorphine end up in treatment pathways? In this sample I'm almost certain it was most people because most people in the sample were engaged in treatment or had been engaged in treatment at some point.</li> </ul> </li> <li>• Q: In the latest National Survey on Drug Use and Health (NSDUH), of those who are diagnosed with some form of substance use disorder and did not receive treatment almost 96.8% of them said they didn't think they needed treatment.               <ul style="list-style-type: none"> <li>○ A: Not believing you need treatment is the number one barrier to treatment. Those statistics can be a little different than the population we're dealing with here because it is often the presents those statics lump together for all people they identify as having substance use disorders.</li> </ul> </li> <li>• Q: What percent of non-prescribed users convert to prescribed?               <ul style="list-style-type: none"> <li>○ A: Kenny will follow up after the meeting.</li> </ul> </li> <li>• Q: Why not give people SUBLOCADE® once a month injectable, maybe offer to people leaving children programs or jail? What are the liabilities? Why would we not give those leaving jail SUBLOCADE®?               <ul style="list-style-type: none"> <li>○ A: Kenny can only speak to the historical experiences described in the survey, not what is or is not policy in VT. For example, some of those leaving jail and going into the treatment system experienced a gap in services, so they used buprenorphine that was not prescribed to them. This does not mean that everyone experiences a gap when they transition between systems.</li> </ul> </li> <li>• Q: Do we have information or data on teen use?               <ul style="list-style-type: none"> <li>○ A: Unfortunately, we could not interview teens for this study. Two important pieces of context may be worth noting. First, the law does not repeal criminal penalties for children -- there is a special, separate provision covering juveniles. Second, one of our findings is that, in this year of evaluation, we found no evidence that Act 46 caused people to give, sell, or trade</li> </ul> </li> </ul>

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		<p>their buprenorphine to others more than they were doing before. So, to the extent that diversion from people with a prescription is the pathway by which a teen might obtain non-prescribed buprenorphine, there is scant evidence here that this law increased diversion.</p> <ul style="list-style-type: none"> <li>○ A: Article about youth access, national, not VT related: Buprenorphine Exposures Among Children and Adolescents Reported to US Poison Control Centers – PubMed (nih.gov) <a href="https://pubmed.ncbi.nlm.nih.gov/29941678/">https://pubmed.ncbi.nlm.nih.gov/29941678/</a></li> <li>● Q: Are more people in VT taking prescribed or non-prescribed ('diverted') buprenorphine (bupe), or was that not evaluated in the study?             <ul style="list-style-type: none"> <li>○ A: In this sample, about 3/4 endorsed taking prescribed, and about 3/4 endorsed taking non-prescribed bupe So, it was about even in this sample. People in treatment may be over-represented in this sample.</li> </ul> </li> </ul>
<b>Cannabis Concentrates Discussion</b>	Jeffrey Trites	<p><b>Links:</b></p> <ul style="list-style-type: none"> <li>● Pages 5-6 relate to cannabis: <a href="https://legislature.vermont.gov/assets/Legislative-Reports/SMPC-Annual-Report-2023.Final.pdf">https://legislature.vermont.gov/assets/Legislative-Reports/SMPC-Annual-Report-2023.Final.pdf</a></li> <li>● As a reminder, here is the most recently updated Health Impact Assessment regarding cannabis completed by VDH: <a href="https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP-March-2020-Literature-Update-Marijuana-HIA.pdf">https://www.healthvermont.gov/sites/default/files/documents/pdf/ADAP-March-2020-Literature-Update-Marijuana-HIA.pdf</a></li> <li>● VT 2019 Cannabis Health impact assessment update has a plethora of potency and concentrates information in it: <a href="https://www.healthvermont.gov/sites/default/files/documents/2017/02/ADAP_HIA%20Update.pdf">https://www.healthvermont.gov/sites/default/files/documents/2017/02/ADAP_HIA%20Update.pdf</a></li> </ul> <p><b>Questions:</b></p> <ul style="list-style-type: none"> <li>● Q: Is it possible to look at emergency department visits associated with cannabis use?             <ul style="list-style-type: none"> <li>○ A: Our team does have those types of data flagged for initial and ongoing review as they become available.</li> </ul> </li> <li>● Q: Are the cannabis data briefs coming out soon?             <ul style="list-style-type: none"> <li>○ A: They have been approved to be published and we are making sure some of the language makes sense as these were written prior to premarket opening.</li> </ul> </li> <li>● Q: Are ED and poison control data included in the data pages?             <ul style="list-style-type: none"> <li>○ A: Yes</li> </ul> </li> <li>● Q: Is the data across all age spans?             <ul style="list-style-type: none"> <li>○ A: There are some breakdowns. There are more breakdowns for earlier ages though for the poison center data.</li> </ul> </li> </ul>

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		<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• We need to be cautious about educating the public. We need to provide data rather than information that is reactionary.</li> <li>• Concerns regarding the top take aways from the research and second is that the current research suffers from limits created by federal prohibition. Also, no scientific consensus has emerged on the potential mental health effects of high use potency solids concentrates.</li> <li>• Do not support diverting some of our prevention funds to be educating people on how to use these products, serving size and dosing.</li> <li>• Folks are interested in developing a response to the CCB report for the legislatures consideration and that folks would be willing to join an ad hoc meeting in February to continue that process forward</li> </ul>	
<b>Public Comment</b>	Nicole Rau Mitiguy	<ul style="list-style-type: none"> <li>• Angela Allard would like to sit in on the Opioid Settlement Advisory Committee.               <ul style="list-style-type: none"> <li>○ For every buprenorphine or methadone prescription given out, Narcan® should be given as well.</li> <li>○ My son died from an Opioid overdose, but opioids were not the problem, it was his mental health, that came first. We did not assess him for mental health when he was a little kid, but we should have as we would've known that he suffered from a type of anxiety that is well covered by intelligence, higher than average IQ.</li> </ul> </li> </ul>	
<b>Next Steps or Assigned Tasks</b>			
<b>Task</b>		<b>Responsible</b>	<b>Due Date</b>
Get clarity on action that can be taken directly from the SMPC			
Schedule some time to start working on talking points or responses			
Meet as a larger group, as many as possible, before March and certainly with the information coming out of the deadline for legislation			

Approved on March 27, 2023.