

**Vermont Alcohol and Drug Abuse
Advisory Council**

Department of Liquor Control
13 Green Mountain Drive
Montpelier, Vermont

Wednesday, October 24th, 2012
10:00AM – 12:00PM

I. Welcome and Introductions

Welcome

Welcome everyone

Introductions

Barbara Cimaglio
Lauren Fisk
Chauncey Liese
Mourning Fox
Lori Augustyniak
Mark Depman
Mitch Barron
Andy Snyder

Regrets

John Flannigan
Patty McCarthy Metcalf
Patrick Martin
Joy Mitchell
Mark Ames
Willa Farrell
Steve Waldo
Ryan Mitofsky

II. Approval of Minutes: September 26, 2012

September 26 – Minutes approved with the following changes: No changes needed

III. Deputy Commissioner Report: Barbara Cimaglio

Program Updates – Barbara Cimaglio

Hub and Spoke –

The plan is still to begin with 2 hub sites beginning in January in Chittenden and Rutland. However we are having some challenges in Rutland due to the location and being able to get the site ready for January 1. There is a chance that the Rutland hub opening will be moved back further into the year. We still plan to get the spoke providers up and running. The Vermont Department of Health and the Blueprint are actively meeting with practices and there has been an opportunity for medical practices to submit a spoke plan which would allow them to get some additional resources to enhance their services for opioid dependent patients in their practice. There are a number of practices that have submitted plans thus far. We are also working with Dartmouth in a learning collaborative with a number of the practices to enhance their understanding of evidence-based practices for treating opioid dependent patients in an outpatient setting, and having a chance to learn from each other about what is working and how to do this work better. In Chittenden there is an appeal from the school board for the site that the HowardCenter has chosen. HowardCenter has said that even if they do not have a new site they will start January 1 using their existing facility. The siting is a challenge. Lack of primary care practitioners is a challenge, as well as not having enough addiction experts. We only have a handful of ASAM certified physicians. Workforce is a challenge. The good news is that people have been very eager to step up. It will take all of this year to get some foundation that is more solid than where we are now. We need to keep our eye on the whole picture. Mitch will talk about this at our next meeting.

Bath Salts –

There is a Press conference on Thursday where they will be talking about Bath Salts. This is an opportunity that Vermont took to step up, take decisive action, to pass regulations about the products, to have law enforcement step up around informing the community, and to have medical professionals speak up about the impact this has on the medical community. The number of incidents of medical emergency around Bath Salts has dropped. This is a great example of how everyone coming together can make a difference.

Prevention –

The Vermont Department of Health was awarded the Partnership for Success Grant which is a 3 year cooperative agreement, 1.2 Million per year. We are in the process of organizing around the work that will happen. 85% of the funds have to go out to the community. The guidance on this grant is that it be more focused. We are picking 6 of our 12 regional areas to focus on. The issues that will be targeted are high risk drinking in 18-25 year olds and prescription drug abuse. The training and the technical assistance that we will be providing to the grantee areas will also be spread throughout the whole state. While we have to be focused, we still feel it is a great opportunity for everyone. The districts will be chosen within the next several weeks.

College Symposium –

The Vermont Department of Health sponsored a college symposium on October 9th at Norwich University. There were about 100 people in attendance. 16 colleges and universities were represented. The opening welcome was given by the President of Norwich University as well as Commissioner Chen. The purpose of this symposium was to look at the issue of alcohol use on campus, and ways to strengthen their policies, intervention and health services. There were 2 national health speakers who were featured to talk about what the literature shows is effective and what policies are recommended. We are also working with Dartmouth. Dartmouth has had a large grant to work with campuses in the region. The grant is winding down but they are committed to keeping this going. UVM has been part of the Dartmouth grant for the last several years. There will be a follow-up plan to the symposium. The point

person is Patty Baroudi from VDH. She has a committee of people that she worked with in the planning of the symposium that will do a debrief and look at next steps.

In Burlington, a lower level city employee approved an event at the Memorial Auditorium which turned out to be a “rave party”. There were 18 people underage who ended up in detox for alcohol. The Mayor is looking at the city policy for how they approve events. At another event at the Memorial Auditorium (Primus concert), all of the beer vending was all done inside the gym. There was no way to oversee the vending due to the lighting as well as the number of people in attendance (2500).

IV. New Business

V. Special Guest – Lindsey Wells on Marijuana Dispensaries

Introductions and Handouts

Lindsey is with the Department of Public Safety, within VT Criminal Information Center as the Marijuana Program Administrator. She is charged with registering patients and caregivers as well as registering the dispensaries. She also reviews the applications. She will be doing the inspections of dispensaries. She will be responsible for any rule re-writes that need to be done. There can be up to 4 registered dispensaries throughout the state. So far there have been two that are conditionally approved, one in Waterbury and one in Burlington. There are 3 other applications that were submitted. There was additional information requested from those. Looks like one of those will be conditionally approved as well. Conditionally approved means that they currently have no staff that has gone through the FBI background checks. Fingerprinting will be done shortly to get staff background checks done. Once staff has been approved the locations will be given their certificate to open and occupy their space and start growing their marijuana. Each dispensary will grow 100% of what they sell. They may grow it on site or can have a separate cultivation site. The Burlington location will have a separate cultivation site. They are not allowed to purchase it from anywhere else. They are legally able to get seeds and clones from patients and caregivers to start their crops. Each dispensary must be testing the marijuana for mold and bacteria. They will carry different strains and potencies, all of which will be labeled. The dispensaries will not only be selling the flowers. They will also be selling edibles, liquid alcohol based, etc... The dispensaries must have a security system, closed circuit tv's, and cameras. Patients are allowed 2 useable ounces per month. These guidelines are all based on Vermont laws. Each dispensary must record every transaction. They must record what they grow, what goes out the door, what they need to dispose of and how they dispose of it. Towns can pass a local ordinance to prohibit a dispensary in the town.

What does an individual need to do to get treatment? There is a patient application and a health care verification form which must be brought to the health care provider to complete. The conditions a patient must have in order to qualify are cancer, AIDS, HIV, MS or another chronic debilitating condition that produces wasting syndrome, chronic severe pain, severe nausea or seizures. Mitch attended a conference in June and there was research showing the data on California and Colorado, which showed that chronic pain is the largest issue. Mitch has the slides that show this. Each dispensary can only have 1,000 patients. Each client must see their physician yearly to have their registration renewed. There has not been any MD education around this that we know of. Patients are contacting Lindsey to request information to give to their doctor. The challenge with education around this is that it is not a legal pharmaceutical. Is the education in the role of the Vermont Department of Health? We don't really know as this is not something we have dealt with before. VDH will share this as an educational issue with the Board of Medical Practice. We might want to check with other

states to see how they have handled the education aspect. The first dispensary is expected to go live with distribution in about 6 months. If a patient chooses to select a dispensary, they cannot grow the marijuana themselves, they have to use the dispensaries and they are by appointment only. When a patient leaves the dispensary, they are not allowed to smoke or consume the marijuana in the dispensary or in a car. It must be in a locked container while they are traveling. For patients, the only current legal way to consume marijuana is to grow it themselves. Some patients may choose to continue to do this. If someone thinks that a physician is acting inappropriately, they could make a complaint to the Medical Practice Board. There is some concern around how this and the feds will not sync up. This is illegal under federal law, so if the feds come in they could close the dispensary. Patients are not allowed to buy or sell. If someone is caught with too many plants, the product can be taken, but their registration card is not taken. It is up to the physician to NOT renew a patient's card. There is no grievance process through DPS for patients who are turned down for medical marijuana, only an appeal process. In the treatment world things could get very difficult with patients who are already using marijuana. Medical insurance does not cover this. Currently dispensaries are able to determine their own pricing, but they are required to have a sliding fee scale. Dispensaries can sell paraphernalia as well as the marijuana. Bring this discussion back to our next meeting.

VI. Old Business

Follow-up on Composition and Structure/Role of Council in advising AHS Secretary Racine - Doug Racine will be here next month. We want to talk about the role of the council with the Secretary. Right now the role of the council is simple, it is strictly advisory. The administration has said they are willing to make changes on who gets appointed and how. Currently the Chair of the council is technically the Secretary but operationally we have always had a member serving as the chair. We want to change the statute to state that the council elects the Chair. In the past the Secretary has asked for specific points of discussion. We may want to think about points that we want to discuss. Marijuana, School Based Health etc...
<http://www.leg.state.vt.us/statutes/fullsection.cfm?Title=33&Chapter=007&Section=00703>

VII. Future Guests

Secretary Racine – Dec 5th meeting.

Brian Reamer – Suicide Prevention U Matter – Invite to a future meeting

Tom Salmon – Don't need him to come as Chauncey can give us information around DWI's.

Shayla Livingston – To discuss YRBS. The new one won't be done until later in 2013.

VIII. Member Reports/Announcements

Andy – People are interested in where we are in the process of becoming Agency of Education. The statutory change coming out of last session, now will be a Gubernatorial Appointment of the secretary rather than commissioner. There is a requirement that the state board of education put forth a recommendation to the governor after vetting the process of a minimum of 3 candidates. They have done a national search and there were no national applicants. The only applicants were within Vermont.

NEXT MEETING: November/December combined – Wednesday December 5th
Secretary Racine will be attending the November/December Meeting.