

**Vermont Alcohol and Drug Abuse
Advisory Council**

Department of Liquor Control
13 Green Mountain Drive
Montpelier, Vermont

Wednesday, September 26, 2012
10:00AM – 12:00PM

I. Welcome and Introductions

Welcome

Welcome everyone

Introductions

Barbara Cimaglio
Lauren Fisk
Patrick Martin
Steve Waldo
Mark Ames
Mitch Barron
Andy Snyder
Marcia LaPlante
Patty McCarthy Metcalf
Mark Depman
Ryan Mitofsky
Trudee Ettliger
Lori Augustyniak

Regrets

Colleen Gorun
John Flannigan
Mourning Fox
Mike Hogan
Willa Farrell
Chauncey Liese

II. Approval of Minutes: August 22, 2012

August 22 – Minutes approved with the following changes: No changes needed

III. Deputy Commissioner Report: Barbara Cimaglio

Program Updates – Barbara Cimaglio

Hub and Spoke – We continue to work on getting ready for Jan 1st rollout for Rutland and Chittenden. We are working with Blueprint on a Learning Collaborative that is being facilitated by DHMC and their addiction center specialists, Mark McGovern and Ben Nordstrom. We have had a moderately good response from the medical community about getting involved with the learning collaborative which is designed to help them embed the evidence based practices into their work with opioid dependant patients so that they feel more informed and empowered to treat this population in primary care. We are having the most resistance in Chittenden County. Having a better uptake in the Rutland/Bennington area. The requirements to participate are a series of hour long phone calls and there is some background reading that would have to be done, as well as 2 in person meetings. A lot of the resistance is based on people having a full schedule and being unable to fulfill these requirements. We have been trying to work around noon time phone calls. Learning together is an important part of this so that we can establish more effective networks. The goal is to build a team around this complex population. We just reviewed proposals for the other three Hub locations which are Northeast Kingdom, Southeast section, and Central Vermont. We will have an announcement around October 1st. The challenge is, how we help people increase their skill and their linkages without expecting them to spend hours in meetings and planning.

Bath Salts – We are still in the process of a final rule update to catch everything that is/could be related. The challenge is that people want to know who is handling this. It is a tough problem because it is not something that is subject to “handling”. There is selling going on in the stores which is a law enforcement issue. This is also a community issue. Communities might want to talk about what is going on with sales. The Health Department gets a lot of calls with people wondering “who is in charge of this”. The Health Department is trying to stay ahead of the regulatory piece and work with local Law Enforcement to make sure they have accurate information. One of the biggest challenges is that there are so many of these substances and the packages do not say what is in the product, therefore causing the need to test the product. The approach taken in Barre was for Law Enforcement to go into stores and take the products off of the shelves for testing. The rate of severe reactions to these substances has dropped in the Montpelier/Barre area. What can we do within local schools to help get the word out about the danger of Bath Salts? Department of Education has a weekly field memo that goes out to targeted audiences within school communities. This information could be put into the memo and sent to guidance counselors, school administrators, school nurses, health teachers, drivers ed teachers, coaches etc... Where could the information be obtained from for this memo? There is a fact sheet available on the VDH website. We just completed an orientation for 21 Supervisory Unions who are receiving School Based Substance Abuse Services grants through ADAP. As a follow up we are going to be sending them an electronic briefing on our system. There is no reason why we couldn't put that in the newsletter. On National Institute on Drug Abuse (NIDA) website, they have a whole section on school related information that can be used in the education community.

<http://www.drugabuse.gov/>

NIDA is discouraging the use of the term “Bath Salts”. They are suggesting synthetic stimulants, because “Bath Salts” is a confusing term. However, “Bath Salts” makes more sense when talking to students. VADIC has two videos on Bath Salts available, and they have been out continuously. There is actually a waiting list for these videos. Kirk Kimball from the VDH lab did a webinar on Bath Salts. The webinar is available on the VDH website. Students need more training of different types of drugs i.e. synthetics, stimulants etc... The information

out there is only marginally relevant. A lot of what we are talking about is about decision making, problem solving, impulse control, peer affiliation, relationships, finding ways to feel good.

That is where the real need is. Education is more based on the behavioral access. In the early days of the drug field there was a lot of focus around getting the factual information, really understand the chemistry and all of the classes of drugs. This contributed to a more sophisticated consumer. While this is a problem on a lot of levels, on other levels, a lot of the overdoses are because people are taking things without knowing anything about the interactions. There is a lot of value to not forgetting the importance of knowledge around sedatives, hypnotic, synthetic etc... At VDH we have also been talking a lot about how we educate people about what they need to know to be a good caretaker of personal health. Our prevention consultants and our community prevention coalitions have developed a series of basic presentations and materials that are prevention folks are out there and able to do. Need to get the word out about the availability of these presentations. There is still requirement on books for k-12 education on coordinated health school programs. The extent to which the supervisory union makes health education a priority is dependent on the leadership in the community. Parents also need education. They don't see the alcohol and marijuana as "bad" drugs. They are only concerned with other drugs.

Prevention Update – Vermont was awarded a Strategic Prevention Framework Partnership for Success Grant which is a 3 year cooperative agreement with SAMSHA, \$1.2 million per year. We are taking what we learned from the last state incentive grant, applying it and picking up where we left off. They identified 2 national priorities. Reduction of underage and binge drinking in kids 21 and under and the other is reduction of prescription drug misuse in people age 12-25. The first that will probably come up is why aren't you addressing marijuana? The third goal is strengthening prevention infrastructure around the state so that we are better able to address marijuana. We took the guidance that was provided to us in the strategic planning process. The difference between this grant and the other grant is that we are taking a regional approach. We are working with our 12 VDH District Offices. Because we are taking a regional approach, this will be piloted in 6 of the 12 regions in the state. We will also be supporting trainings and communications that will be available statewide. All of our regional prevention consultants will be involved. The 6 regions will be determined by doing an analysis of the regions across a number of indicators: prevalence of underage use and binge drinking, prevalence of prescription drug misuse, and population of people 25 and under in the region. We are also looking at readiness indicators like the staff available and trained to do this work, is there a strong community coalition, and level of interest. We should have these districts identified in the next few weeks. The only staffing that this will support is 0.5 FTE administrative Assistant. Materials developed will be available broadly. We need to think about how to use the emphasis of the Blueprint and Health Care Reform. We are bringing in the prevention thinking so that we can do more with our Health Care Reform vehicle. In the regions that are selected, how are we integrating youth in transition? We haven't gotten quite that far yet. As part of the next steps in planning, we are having some groups drill down more topic specific planning. We are starting with community wide strategies focused on alcohol. The next focus will be on Mental Health Promotion. The Prevention team is conducting a statewide learning community. The Prevention team is conducting a statewide learning community on the topic of prescription drug misuse. Patty Baroudi is getting the registration list together now.

College Symposium – College Symposium on high risk drinking at Norwich on October 9th. We have a good response from about 75-80 people so far. A couple of the state colleges are sending teams of both staff and students.

IV. New Business

Marijuana Dispensaries – Handouts (Press Release)

We would like to invite the program manager to our next meeting (Lindsey Wells). Lori Uerz met with folks and looked at the RFP. The Department of Public Safety has done a lot of research, and done a great job. At the Burlington City Council Meeting where they voted to put this on the ballot, the vote was almost unanimous. Governor Shumlin is in support of the decriminalization, and it sounds like the speaker is going to let the debate come to the statehouse this session. This council has said in the past that we might want to make a statement or have conversations. There will be various opportunities as things go forward. This might be an important discussion for this group in terms of what we think the concerns are from a health, safety, education standpoint. What are those key messages that are important to this advisory council? Prevention works is convening a workgroup around this issue to help community coalitions figure out how to respond and do education before the vote. That meeting will be happening in early October. As a council, we clarify the roles of those who work for the administration and those who are private citizens and representing themselves or organizations that are not governmental. What is the role of this advisory committee? What is our tact? Are we the governor's advisory council? This needs to be clarified a bit. We will revisit this. In statute, while the Governor appoints certain member to the Council, it is not an advisory council to the Governor. The work that John has done with information about compromising brain function is very important. We need to get these facts out there before there is a bill on the table. On the topic of getting up to speed on research, the National Association of State Alcohol and Drug Directors has published a one pager on what we know about the effects of Marijuana.

Health Care Reform – Patty McCarthy Metcalf – A group is advocating around co pays around mental health and substance abuse services that are typically “specialist” service. The proposal is that they be at same level as primary co pays. This reduces the barrier for many people. It would reclassify from specialty care to primary care for outpatient services. There is a community forum this afternoon from 1-4 at the Elks Club.

V. Old Business

Statute – Handout

When David O'Brien announced that he would be stepping down as the chairperson of this council, it opened up an opportunity to revisit the actual statutory language around this council. This council is established within the Agency of Human Services and advises the Agency of Human Services. Secretary Racine has encouraged the group to give him feedback. Some members of this council are named by title or agency, and others are appointed by the Governor. We have a couple of vacancies that we have been struggling with (Teacher and School Administrator). The Secretary is stated as the chairperson; however, the custom of the council has been to have a chairperson that the group selects. The Governor's office is supportive of making “housekeeping” changes to the language of the Statute. Barbara spoke to Secretary Racine and he is supportive of the idea of the group picking a member to chair the group. We would like to change the language so that the chairperson is selected by council members.

Any changes in terms of function would have to have some dialogue. The Governors office wondered about instead of saying that the members had to include a certified teacher and a school administrator, could we broaden that and say that the Governor appointed 5 members. The issue around finding a teacher or school administrator lies around the meeting time. We need to continue this conversation at our next meeting. We also should start the next meeting with a history of the council.

VI. Member Reports/Announcements

Mitch Barron – Next drug take back day is September 29th – Saturday

Next Meeting – Wednesday, October 24th

Lindsey Wells will be attending this meeting at 10:30am

November/December combined – Wednesday December 5th

Invite Governor Shumlin and Secretary Racine