VERMONT
DEPARTMENT OF HEALTH

Marijuana Advisory Commission, Education & Prevention Subcommittee

Date:	11/28/2017
Location and Time:	2 – 3:30
Present:	Mark Levine, MD, David Englander, Shayla Livingston, Lori Uerz, Megan Trutor, Rose Gowdey, Guy Roberts, David Scherr, Jon Porter, MD, Jill Rinehart, MD, Dawn Poitras, Bob Uerz, Sarah Gregorek, Mark Redmond, Ann Pugh
Absent:	Amy Minor
Meeting Facilitator and Note Taker:	Sarah Gregorek

Meeting Objectives: Third meeting of the Marijuana Advisory Commission, Education & Prevention subcommittee		
Agenda Item	**Discussion**	**Next Steps**
Approval of 10/11 Minutes	Approved by the subcommittee	
History of Prevention Margo Austin	 MargoAustin_Prevention.mht	**Jill Rinehart will review the video "Then and Now" from Eventi**
Our Charge for 1/15	Distributed 2016 HIA on Marijuana recommendations for discussion as these may form the foundation for our 1/15/18 recommendations: 1. Need for creation, implementation and funding of statewide evidence-based youth prevention programs; See Page 64 of the HIA "protect youth and youth adults": Expand substance misuse prevention, education and screening in schools (including post-secondary institutions) and pediatric offices. a. Screening in schools, physicians, etc. AP Will the Governor fund it? JR the vaping stores should fund with application fees. JP we need funding for education in schools. GR Add a tax to alcohol? BU Legislation can implement policy, but we	

	need funding. Tobacco settlement financed the tobacco gains we've made in schools. b. It was agreed infrastructure and plans for funding prevention need to be in place before sales begin. 2. Adequacy of and funding for substance abuse facilities. General issues: a. What will the prevalence of CUD be? b. Who will need what type of treatment – will expect mostly outpatient. c. What will be the need for increased treatment of psychosis and mental health issues? d. What will be the impact of potency and route of administration? e. JS Potency will have a high impact and frequency of use has been increasing. LU Psychosis link with dosage will affect treatment facilities. How do we get adequate treatment facilities? LU most of what we fund is through federal funds and they dictate how we use the funds. AP Executive and leg branch have put the state in a tough position because we need to figure out how to get the money. JP suggested the legislature devise a funding mechanism for treatment and prevention. DP Marijuana messaging is not bad versus opioid messaging. It's organic, adults saying marijuana is okay. RG what does marijuana treatment look	

	like? Spectrum treats mostly marijuana. Most likely will need more outpatient treatment. BU There will be an increase in use, how much? ML Data from Colorado, first in use but Vermont is 2nd and we're not legalized. MR How much did it increase in Colorado that needed treatment? LU is it going to change from what it is now? JS John Caulkin will discuss this when he's here next month. LU Road testing once ability is there, CRASH program will need to expand. ML Using the oil will increase addiction/use. 3. Adequacy of and funding for broad based messaging or public awareness campaigns to address the risk of harm posed by marijuana to Vermonters. a. Refer to Page 64 of the HIA: Launch a statewide education campaign directed at specific populations such as youth, young adults and pregnant women, about the potential health risks of non-medical marijuana use. b. Messaging is necessary but not sufficient. Needs to be targeted and needs to be a component of a comprehensive approach that includes parents.	

	BU Add to charge #3 and #4 "comprehensive" messaging/awareness campaigns. MT Targeted campaigns are critical. JP Parents should be included in the messaging. They need a lot of education. GR Is there other funding that we can tap into – LU federal grant is going to fund marijuana campaign. MT Research is starting on the teen campaign - parent up. $100,00 over the next two years. Colorado has cut funding for prevention. 4. Adequacy of and funding for broad-based messaging or public awareness campaigns to address the dangers of driving while impaired due to marijuana, similar to those targeted to alcohol consumers. Refer to Page 65 of the HIA: **Set a blood level operating limit for THC.** Set a per se active-THC blood level limit for operating a motor vehicle based on the best available evidence. Designate a non-Legislative body with rulemaking authority made up of law enforcement and health officials to review data and determine the exact per se limit. Allow this body to amend that limit in the future based on scientific evidence, surveillance data, and emerging information from other states. **Build driver testing infrastructure.** Build the infrastructure and procedures necessary to conduct appropriate and consistent testing for THC before marijuana is regulated.	

	Implement a public education strategy about the dangers of driving under the influence of THC. Do this before marijuana is regulated and ensure that the education includes information on what the legal limits mean in terms of use. 12. Changes to Vermont law required to protect those under 21 years old and ensure highway safety. a. EO uses age 21 but we are a science based committee want to increase the age to 25. Restriction of access by increasing the age. AP concern if the subcommittee recommends with "just say no", people will stop paying attention. Work in the parameters we were given. SL Special consideration up to 25? Recommend access that are acceptable (store not located near a school, playground etc., that sells marijuana), see page 63 of the HIA. Overall conclusions: Use science and age 25 but carefully craft our recommendations similar to: **Restrict Age of Access.** Implement prevention, regulation and enforcement strategies that greatly reduce access to marijuana for those age 25 and younger. This is to protect children, youth and young adults during the time in life of rapid brain development and academic involvement. **Limit sales to adult-only outlets statewide.** Do not allow sales in locations that minors can enter. Ensure a statewide standard, but: Allow local governments to further restrict sale, outlet density/location and	

	advertising through municipal zoning and ordinance mechanisms – including banning the sale of marijuana, similar to Vermont's laws concerning medical marijuana dispensaries. **Consider statewide "buffer zones".** Consider implementing statewide buffer zones for the sale of marijuana around areas such as playgrounds, schools and colleges. Highway safety – page 65 info in the HIA GR Focus on drivers 18 -25.	
Edibles	Refer to Page 65 of the HIA: **Do not allow infused products on the regulated market.** Do not include retail sales of products infused with marijuana for non-medical purposes. **Never allow infused products that could appeal to children.** Mandate that should future legislation ever allow for infused/edible products, they are never allowed in a format that could be attractive to youth (e.g. gummy bears, cookies, brownies, etc.). Before any future regulation regarding edibles is implemented, ensure that full testing and regulatory bodies are in place. This includes development, implementation and full funding for comprehensive food inspection.	
Other recommendations	We will also weigh in on: infrastructure needs; edibiles; protecting adults; SBIRT, medical education; funding surveillance and research. Page 67 of the HIA: **Fund surveillance and research.** Fund surveillance efforts to monitor more closely the type of use, frequency of use, and	**Two additional areas to be discussed:** **a. Change focus from marijuana to THC.** **b. Organic issue.**

	potency of marijuana used among Vermonters of all ages. Encourage and fund the scientific study of health effects among Vermonters who use marijuana.	
Future Testimony/Presentation		**12/18 Jonathan Caulkin** **1/5 Washington and Colorado presentations**
Next Meeting		**January 5, 10 a.m.- 1 p.m., VDH Conference room 2B, Burlington**