

Marijuana Advisory Commission, Education & Prevention Subcommittee

Date: 9/20/18
Location and Time: 10 – 11:30 AM
Present: Mark Levine, MD, Shayla Livingston, Lori Uerz, Megan Trutor, Rose Gowdey, Guy Roberts, Dawn Poitras, Sarah Gregorek, Mark Redmond, Ann Pugh, Jolinda LaClair
Absent: Amy Minor, David Englander, Jon Porter, MD, Jill Rinehart, MD, David Scherr
Meeting Facilitator and Note Taker: Sarah Gregorek

Meeting Objectives: Marijuana Advisory Commission, Education & Prevention subcommittee		
Agenda Item	Discussion	Next Steps
Approval of 7/25/18 Minutes	Approved	
School Based Program Subcommittee Dawn Poitras	<p>The school-based program subcommittee originally presented their report in May, focused on school-based prevention. Their major recommendations were all schools have a comprehensive school-based ATOD prevention model. Expanding what we already have and including social, emotional learning for all grade levels and ATOD education. AoE has evidence-based curricula. ADAP uses NREPP. SAMSHA has a lot of research of school-based work on SA prevention. Need specificity in report.</p> <p>Currently, ADAP awards \$800,000 to 20 supervisory unions to provide and enhance substance abuse prevention and early intervention services.</p> <p>AoE has a SUD prevention position and they participated to assist Dawn with writing the report.</p> <p>The OCC presented to the Governor a report to increase SUD professionals and program in every schools. OCC school-based committee agreed that their recommendations will align with our subcommittee.</p>	

	<p>Discussion also regarding: is there something better/different that we can try? We are limited by federal grant funding, but state funding may give us more flexibility. Home grown program?</p> <p>Need to connect school and community-based programs recommendations.</p>	
<p>Community based programs subcommittee Lori Uerz</p>	<p>The community-based group met three times to create their report and used the strategic prevention framework as their introduction. This is an evidence-based public health planning model which includes looking at: risk factors, protective factors, readiness, make a plan, implement and evaluate.</p> <p>They included data within the problem statement and provided the following five recommendations:</p> <ol style="list-style-type: none"> 1. Develop and fund a statewide prevention committee, or commission, made up of representatives from community-based prevention coalition and agencies, state representatives, law enforcement, health care, schools, and other stakeholders to ensure coordination and collaboration of efforts statewide - cost of \$10K from VDH. 2. Establish and manage an investment (funding) model for sustainable substance use primary and secondary prevention. Cost: Part-or-full time employee to manage the development and oversight of an investment fund ranging from \$50,000 – \$100,000 annually including salary and benefits. Currently 98% is federal money and it may not be sustainable Anne Pugh suggested that this may be handled out of the Treasurer’s office instead of creating a new position. 3. Establish Regional Prevention Networks to develop or maintain capacity, support and oversight of existing infrastructure, and ensure utilization of proven population health models such as the Strategic 	

	<p>Prevention Framework or the Community Anti-Drug Coalition of America (CADCA) “7 Strategies for Community Change,” for planning, implementation and evaluation. Cost: \$500,000/center with up to 6 centers totaling \$3,000,000 annually. This recommendation is consistent with a current SOR grant initiative for opioids and substance use in general.</p> <p>We currently give grant money to communities, but it was unsustainable, limited to 10 years and then they cannot apply again.</p> <p>4. Develop and support statewide media and communication strategies to address greatest community needs identified through review of data and other assessments. Topics could include: increasing awareness and understanding of the new legislation; perceived harm of marijuana use; health effects on youth and young adults; and marijuana use during pregnancy. Cost: \$300,000/annually.</p> <p>5. Develop and support policies that:</p> <ul style="list-style-type: none">a. Support and adopt best practice policy approaches that follow content neutral advertising recommendations for adult use marijuana (consistent with recommendations and model policies that exist in tobacco prevention)b. Retain 21 minimum age use lawc. Control the number and location of marijuana retail outlets (either statewide or allow towns to control) specifically limiting retail sales near places where children and youth congregated. Limit the commercialized sale of edibles, concentrates, drinkables, etc. to limit the appeal to children and youth	
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	<ul style="list-style-type: none"> e. Fund the monitoring and data analysis of the health outcomes of marijuana legalization f. Support regulations and policies of Roadway Safety and Taxation and Regulation Subcommittees <p>These policy recommendations were completely in alignment with those of the Policy workgroup.</p> <p>Other comments: Does this support school-based programs? Not sure. Develop media and communication strategies. Need to research who the target is. Sustainable funding, is that state dollars? Yes The Iceland model started out using the same model as the strategic prevention framework. We need to blend the two reports (school and community), it will spread the responsibilities, not so siloed. Makes more sense to combine all of the reports together. Be cognizant of funding issues with school funding per pupil cost? Can we avoid that issue? Highway safety will have their report completed by 10/18, a lot of cross over with education in highway safety. Policies shouldn't contradict each other.</p> <p>Do we need to address the after-school hours in the report? Lori will include a concrete example. Deerfield Valley, rural four town district and they have a 20-year model. And we have a Burlington partnership model.</p>	
<p>Messaging subcommittee Megan Trutor</p>	<p>Megan worked with Nancy and Kathleen and outlined the audiences, cost estimates based on the data. Submitted recommendations to Lori for her Community report and are in recommendation #4. Can be two years from start to finish. We have lot of data through the YRBS and a contractor that helps us with focus groups and continue to develop the messaging and</p>	

	<p>make it more specific to cannabis. We are already getting federal money for messaging. Funding ends 9/2020. RPP will fund it over the next year. Focus on ACE's instead of substance may help with funding. The Messaging subcommittee report will be rolled into the Community report.</p>	
<p>Research and Surveillance subcommittee Ann Pugh & Shayla Livingston</p>	<p>This subcommittee is in process; it's important that we use long term data, continue collection of data and longitudinal research and evaluate outcomes. Marijuana in the past had a lower THC level so relying on 10-year old data isn't helpful. Communities need to be evaluated. Who and why, root causes.</p>	
<p>THC Potency of Cannabis and Cannabinoid-containing Substances – Guy Roberts</p>	<p>Guy presented his report in May. Agriculture is creating a marijuana certification program for labs and will develop an opportunity for the public to have their homegrown cannabis tested for a small fee. They are hiring chemists and purchasing testing equipment. Study on trend on potency and synthetics. Guy will update his recommendations in his report.</p>	
<p>Next Steps</p>	<p>The Policy subcommittee will present their report. Shayla has volunteered to combine all of the subcommittee reports into one report and will have this available for the next meeting on 10/23.</p>	<p>We request that the subcommittees send their report updates/changes to Sarah by 10/12.</p>
<p>Next Meeting</p>		<p>10/23/18 from 1 – 3 p.m. at VDH</p>