VERMONT
DEPARTMENT OF HEALTH

Marijuana Advisory Commission, Education & Prevention Subcommittee

Date: 10/11/2017

Location and Time: 9 – 10:30 a.m. VDH

Present: Mark Levine, MD, David Englander, Shayla Livingston, Lori Uerz, Megan Trutor, Amy Minor, Jolinda LaClair, Guy Roberts, Jake Perkinson, Tom Little, David Scherr, Jon Porter, MD, Jill Rinehart, MD, Dawn Poitras, Bob Uerz, Sarah Gregorek, Mark Redmond

Absent: Rebecca Holcombe, Ann Pugh

Meeting Facilitator and Note Taker: Sarah Gregorek

Meeting Objectives: Second meeting of the Marijuana Advisory Commission, Education & Prevention subcommittee

Agenda Item	Discussion	Next Steps
Approval of 9/28 Minutes	The minutes were unanimously approved.	
Review results of our whiteboard brainstorming	The Committee appreciated the summarization and reformatting. Comments centered on: 1. Treatment adequacy – a. We need to determine the adequacy of substance use treatment programs before legalization - "The need to increase ability to screen and refer youth and young adults to services for SUD" - doesn't say where we are referring to. b. Make treatment adequacy a principle instead of an issue. Principle is foundational - issues are the challenges. 2. Socioeconomic considerations: Can we dig into economic aspects, low income communities more or less? John Searles is going to look into the literature regarding correlating frequency of use with lower	Make treatment adequacy a principle instead of an issue. Principle is foundational - issues are the challenges. John Searles is going to look into the literature regarding correlating frequency of use with lower socioeconomic groups.

	socioeconomic groups. Dispensaries are located in lower economic neighborhoods. Jake clarified that dispensaries are located at the following locations in Vermont: Burlington waterfront Brattleboro Montpelier Brandon	
Review and discuss the literature that has been circulated to date	Dr. Levine noted that he had sent the committee a lot of literature to review and that the marijuana field has a lot written about it but the typical kinds of research on drug use isn't there because it's a scheduled drug. HIA and 2017 Update, National Academy of Medicine, and RAND report: Based on the above literature, did you come away with a feeling that there was good data to base our recommendations? 1. It was suggested a presentation from David Rettew (child psychiatrist) would be useful as he presented to the legislature last session. This may help fill gaps in the science. He can discuss THC and the adolescent brain, data on long term psychosis, science, policy implications, concentrations of THC. (JR) 2. It will be helpful to use the VDH Vermont prevention framework. - shows concentric circle of impact at all levels. Examples with tobacco and opioids can be a model. (ML)	Present the Vermont Prevention Framework Model at a future meeting. Schedule David Rettew Presentation. Obtain dispensary data if available. Obtain and present school curriculum literature.

	3. Regarding injury, literature hazy hard to build policy around. Need causality correlation. (GR) 4. Charge does include collecting data - dispensary's collect some data but there are questions of validity. Is it useful to hear from the dispensaries or evidence they have learned? (Jake P.) Department of Public Safety does collect some of that data. 5. Medical marijuana literature should be separated from regulated market marijuana studies. The study handed out about opioids and marijuana (Cannabis Use and Risk on Prescription Opioid Use Disorder in the US) is not about medical marijuana. (SL) 6. Potency, what is risky? It's a moving target because it's increasing over time. Commercial market potency is going up. (Jon P. and JR) 7. School systems - need research-based data, what is being used and successful pre- K through 12. Inundated with new legislative bills. Schools have a lot on their plate. Dimension in the literature is missing for schools. Is there literature out there? There are a few research-based curricula being used. There are effective programs but they're not consistent across the state, coordinated within a region. Middle schools are having more marijuana violations versus alcohol violations in school. Not all data includes grades 7 and 8. School boards will hear from the legislature to level fund their budget. If legalization happens, we need to provide funding to schools. Recommend funding for schools or they will be forced to make a choice. CO and WA don't have their education departments involved. Are there	

	contacts out there? Can the education board members provide some data? There is a life skills curriculum that does impact all substances. The Regional CAPS will release any day a research of listerves of 12 strategies that have a marijuana impact. (DP) (JL) (AM) 8. Dr. Levine noted in principle 4: "We endorse the notion of legislation creating funding mechanisms to support prevention and counter marketing efforts, promotion, marketing, education, surveillance, research, chemist, and lab testing. Consistency of messaging for **all** substances versus drug by drug causes fragmentation of message. Restriction/discouraging of access and consumption by minors/youth; goal – decrease youth usage rate."	
Plan for any "witness" testimony that may be required	Any other witness testimony? CO and WA? Need best practices from states who have done this. MA has been overwhelmed without a process in place. Regional prevention partnership funding carryover has been allocated to bring someone from CO&WA to do a day long workshop to the grantees. Would we tailor it for this group too? Contacting Alaska to determine if they can join the workshop. (LU) CO Commissioner of Health has contacted Dr. Levine and the WA Health Commissioner is the new ASTHO president so he'll be traveling the country, we'll try to have him present too. Community health impacts, experts coming to testify who are in the trenches will be helpful. Jill will see is there are	VDH will share March grand rounds presentation to this group "Marijuana Legalization: Lessons Learned from Washington State and Colorado"

	any resources available that she can tap. John has been in contact with a resource which he will share. (JR)	
Our 11/15/2017 deliverables:	• Injury and death • Prenatal, perinatal and postnatal exposure to marijuana • Psychosocial • Mental Health • Program Marijuana Use • Marijuana use and abuse of other substances Handouts were reviewed: 1. Health & Safety Endpoints data from John Searles 2. Youth Risk Behavior Survey Results 3. Frequency of current marijuana use and other risk behaviors among high school students Health and Safety Endpoints from literature review, not including Vermont specific data: (JS) 1. Injury and death - insufficient evidence, associated with additional medical conditions. 2. Traffic safety - Fatal car crashes, there are more marijuana fatalities than alcohol fatalities in Vermont. Driving under marijuana influence results in impaired driving. 3. Prenatal exposure - not a lot of data. Will depend upon the level of THC. Studies were done in the 1980's and 90's and when the THC potency was under 5%. In WA the potency for THC is 20% in the plant versus 67% concentrate.	Dr. Levine - Fatal crash data should be shared with the public safety subcommittee. Will ask the YRBS coordinator. It may be helpful to see if there are differences around the state. (JS) Need to create a document that integrates Vermont into the text of the literature of the HIA and National Academy Science of Medicine concluding statements.

	4. The psychosocial impacts - HIA data, long term impacts were frequency dependent (increase in daily and near daily use in combination with THC content). 5. Mental Health – There are associations between developing short term psychotic symptoms and full-blown psychosis. 6. PTSD - Detrimental effects, increase in other drug use, suicide. 7. Problem Marijuana use - increase in cannabis use disorder frequency/dependent relationship and growing marijuana use and abuse of other substance. Based on the 9/26/17 “Cannabis use and Risk of Prescription Opioid Use Disorder in the US” there is an increase in prescription opioid use disorder and cannabis use. Cannabis use may have contributed to the opioid crisis. YRBS table data: Students that don't drink and smoke do better in school. Reflects national data Getting 2017 data soon (at CDC) YRBS frequency document – marijuana has an impact on other substance use, mental health, and other issues. 77% of students in Vermont participated (many thousands). Comments on YRBS data - startling numbers of frequency - daily basis or 20+ per month. Is there a supervisory union distinction? As was seen with tobacco use. (BU) Will ask the YRBS coordinator. It may be helpful to see if there are differences around the state. (JS)	

	Per data from other states, heavy users use more marijuana when is available through the regulated market. (SL) Per the Rand report author - 80% of marijuana use is by daily or near daily users; light users don't make up much of a market. (JS) Jill provided the American Academy of Pediatrics – "The Impact of Marijuana Policies on Youth: Clinical, Research and Legal Update". How do we connect with the other committees - when we bring things back to the advisory committee as part of the deliverables? Summary: Dr. Levine - Need to reassemble into a report based on the data we have. Picking up where VDH left off after the legislative session. We haven't begun to address the issues that need to be covered: potency, form the drug is administered, educating community. Need to create a document that integrates Vermont into the text of the literature of the HIA and National Academy Science of Medicine concluding statements. Future: Need to provide more data before 1/15, priority areas haven't been delved into yet, may not be able to do a deep dive but can prioritize list of issues.	

	Tom Little stated in the next few days he will look at the January report components and translate into specific questions for this subcommittee. Dr Levine listed the deliverable topics due by 1/15 in the Executive Order. Some direction from the Committee Chairs will be welcome. Dawn - YRBS survey review data to determine differences over time. Schools will choose questions that they monitor over time. Compare 5 years prior would be helpful to impact the messaging campaigns. Bob - differences in the way that survey work with youth comparing apples to apples with other states like CO or WA. CO doesn't participate in the YRBS data.	
Taxation and regulation subcommittee update - Tom Little	Agency of Agriculture has been working in this area for a while and they have developed a lot of materials – they are approaching this the same as other crops. They will have a need for lab resources to check for potency, pesticides, contaminates, mold. Labeling has to be accurate for potency and inspect crops for pesticides for quality and health. Department of Financial Regulation – The Vermont State Employees Credit Union described how they over time have been the banker for the dispensaries and loan support. There are risks involved under a medical program but it's worth doing it. Credit card companies won't participate.	

	Mostly cash/checks are involved. Their revenue proposal is located on the marijuana advisory committee web site. Proposing a 25% excise tax Estimating revenue will generate the following estimates: Low $13.4M Middle 16.7M High 20.7M CO model $24M WA $27M OR $11.4M Will the revenue be enough for the prevention efforts needed?	
Next Meeting	The subcommittee will meet again in November, 28, 2017, 2 – 3:30 p.m. at VDH	