Substance Abuse Committee
December 19, 2018

Present: Brian Hart, Jacquelyn Collier, Joel Yager, Glenn Jarvis, Erin Doyle, Nicholas Moffe, Linda Waite, Emily Wheeler

Excused: Jennifer Emery,

Minutes:

Approved without changes

Director of Community Services Report – Brian Hart

- **Jail Based Services Update:** Several months ago there was a big push for jail based services. They wanted to give out 12.8 million just for upstate, but that has now changed to 3.7 million only for certain Counties and includes downstate. We haven’t heard anything for months and thought it was rolled out and were just waiting for an update. But, none of the Counties have received any money, as it was halted. Now the Governor’s Office wants to spread the 3.7 million across all of the Counties in NYS. They want to do it based on the average daily census in each County. If this goes through, Chemung County will receive around $70,000.00. This means one Full Time Employee (salary/fringe benefits). This will be nice and helpful to reimburse Trinity because they are doing jail based services and it impacts their productivity measures. A counter proposal by the Conference wants it based on the Counties average daily census and growth in the first two years.

- **Recovery School Update:** Joel and Brian finally got the group together and had a meeting. They were waiting for information from BOCES on the local schools. Meanwhile the Recovery School for Broome/Tioga is up and running and are working the bugs out of the process. We are watching to see how it works out for them. Our Recovery School is getting closer to reality. There has been a change in the original model, in that it makes sense to have it located at the BOCES campus, instead of the CCC Elmira campus. The first of the year Joel/Trinity/BOCES will be looking at the space available. They are hoping to be up and running by the beginning of the 2019 (September) school year. BOCES has the space and teaching staff and the schools already provide the transportation. We all win by keeping the children engaged in school. Trinity should have no issues when they submit the application for a satellite clinic. CCC will still be involved in this process, as there will be 3 types of students involved: 1) The traditional student who receives diploma and goes on to college; 2) The student who receives a diploma and learns a trade; 3) The student who is involved in advanced placement and receives college credits while in high school. They have already identified 50 children for this program. The last thing that we need to have in place is that all the school districts say yes to this program, because BOCES will be billing the school districts.

- **Narcan Use Update:** Finally received Erway’s numbers, so as of today, we have had 92 overdose and 2 of those were recently reported fatalities. In 2016
we had 120 overdose and 20 fatalities. In 2017 in the first 6 months there were over 120, who overdosed, and then it dropped off dramatically and the last 6 months of the year there were a dozen or so who overdosed and 1 fatality. Drug and alcohol abuse are still up, but they are changing their drug of choice. They are moving away from heroin/fentanyl and using cocaine, crack, meth and marijuana. Brian has been receiving calls asking how Chemung County is tracks all the information. Some Counties are not seeing their numbers drop. This is the first time they are starting to see duplicate names and addresses in the report. There was one address in particular that was repeated on the same day with one fatality. If anyone would like training on Narcan, they need to call Trinity and get it set up. Once you have the training you receive a kit that has Narcan included in it. First responders get replacements once they are used, but there are no replacements for the lay person. Sometimes it takes more than one dose of Narcan to save a person, and it is not a nice experience coming out of the overdose using Narcan. You need to have a prescription in order to receive it. They do have discounts that can be used to purchase it with the prescription.

- **Recovery Community Centers (01/09/2019):** The Salvation Army reached out to Brian and wanted a letter of support for this and Brian refused due to our area already have services in place. The application is due January 9, 2019. To have a Recovery Community Center you have to have multiple entities work together. We already have agencies with peers and navigators. We already have certified peer advocates and Narcan training. Brian advised the Salvation Army to get in touch with the agencies that already have these services available to individuals in our community. Having a Recovery Community Center is a collaborative effort; it’s not for one entity. You would have to agree on a physical location, have the staff on duty during holidays. It wouldn’t have to be open 24/7 but it would have to be open every day of the year. Chemung County is very fortunate that all these services are already in place. There are other Counties that do not have these services in place and would benefit from receiving money to set up a Recovery Community Center. This money will be only going to those agencies that are in good standing with OASAS, and Chemung County does not need it. When dealing with the Mental Health Law when it comes to adding services, it is about what your community needs, not the money that is made available. Our Sub-Committee’s and the Community Services Board put a Local Plan in place. We built what we needed in the community. There are people/agencies that do not know what others are doing. A website was developed so people can see what services are available in our community.

**Sharing by Community Members**

- **New Dawn Nursing Update** – They are not going to have a nurse on 3rd shift, as they only needed to gives meds 16 times during the time period they were tracking. They can have a Nursing Supervisor administer medications if needed. They also need to hire a nurse for two days, to cover weekends. They had OASAS come do a site review. It went well, no major concerns, but there are a few things they need to work on. Only need to correct the items
that are regulatory, you are not required to do any recommendations. As for a Nurse for after-hours admissions, that has been put on hold due to the budget.

- **Changes at Trinity** – Joel Yager will be leaving and moving back to Luther Dole in Rochester. He will be taking over the same position he had there before he left. January 4, 2019 will be his last day at Trinity. Emily will most likely be attending the Committee meetings.

- **Offender Rehab Coordinator** – They are hiring for this position at the Elmira Correctional Facility.

- **Research Article** – Brian shared an article “Scientists Journey Into the Dark Side of Cannabis” (Attached). Brian had never heard of the link between cannabis and schizophrenia until he read it in this article. He also had not heard of CUD – Cannabis Use Disorder.

- **AIM** – Nicholas shared an Informational card (Attached) about their Family Support Navigator.

  The next meeting is scheduled for January 16, 2019
Scientists Journey Into the Dark Side of Cannabis

STUART DEE

Cannabis is a hell of a drug. It can treat inflammation, pain, nausea, and anxiety, just to name a few ailments. But like any drug, cannabis comes with risks, chief among them something called cannabis use disorder, or CUD.

Studies show that an estimated 9 percent of cannabis users will develop a dependence on the drug. Think of CUD as a matter of the Three C’s, “which is loss of control over use, compulsion of use, and harmful consequences of use,” says Itai Danovitch, chair of the department of psychiatry and behavioral neurosciences at Cedars-Sinai. A growing tolerance can also be a sign.

Compared to a drug like heroin, which can hook a quarter of its users, the risk of dependency with cannabis is much lower. The symptoms of withdrawal are also far less severe: irritability and depression with cannabis, compared to seizures and hallucinations with heroin. Plus, an overdose of cannabis can’t kill you.

But as medicine and society continue to embrace cannabis, we risk losing sight of the drug’s potential to do harm, especially for adolescents and their developing brains. Far more people use cannabis than heroin, meaning that the total number of users at risk of dependence is actually rather high. And studies are showing that the prevalence of CUD is on the rise—whether that’s a consequence of increased use due to legalization, a loss of stigma in seeking treatment, or some other factor isn’t yet clear. While cannabis has fabulous potential to improve human physical and mental health, understanding and then mitigating its dark side is an essential component.

Dependence is not the same as addiction, by the way. Dependence is a physical phenomenon, in which the body develops tolerance to a drug, and then goes into withdrawal if you suddenly discontinue use. Addiction is characterized by a loss of control; you can develop a dependence on drugs, for example steroids, without an accompanying addiction. You can also become addicted without developing a physical dependence—binge alcohol use disorder, for instance, is the condition in which alcohol use is harmful and out of control, but because the use isn’t daily, significant physical dependence may not have developed. “An important similarity that all addictive substances tend to have is a propensity to reinforce their own use,” says Danovitch.

Cannabis, like alcohol or opioids, can lead to both physical dependency (and the accompanying withdrawal symptoms) and addiction. But the drug itself is only part of the equation. “The risk of addiction is really less about the drug and more about the person,” says Danovitch. If it was just about the drug, everyone would get hooked on cannabis. Factors like genetics and social exposure contribute to a person’s risk.
Another consideration is dosing. Cultivators have over the decades developed strains of ever higher THC content, while the compound in cannabis that offsets THC’s psychoactive effects, **CBD**, has been almost entirely **bred out of most strains**. Might the rise in the prevalence of CUD have something to do with this supercharging of cannabis?

A new study in the journal *Drug and Alcohol Dependence* found that for individuals whose first use of cannabis was with a high THC content (an average of around 12 percent THC) had more than four times the risk of developing the first symptom of CUD within a year. (Two caveats being: the participants in this study had a history of other substance abuse disorders, and this looked at the first *symptom* of CUD, not a full-tilt diagnosis.)

Figuring out such details improves the odds that we’ll be able to detect and treat cannabis use disorder. “Early intervention is important to address substance use before it progresses to a substance use disorder,” says Iowa State University psychologist Brooke Arterberry, coauthor of the study. But to pull that off, she says, we need to better understand when and why symptoms emerge.

Those answers will likely be especially important in intervening with adolescent users, whose brains continue to develop into their mid-20s. *Studies suggest* that heavy cannabis use among this demographic can lead to changes in the brain. Particularly concerning is the apparent link between cannabis and schizophrenia, the onset of which can happen in the early 20s.

It’s also important to keep in mind that in the grand scheme of drugs, cannabis is nowhere near as risky as opioids. But because of prohibition, scientists have been hindered in their ability to gather knowledge of how cannabis works on the human body, and how different doses affect different people (and potentially the development of CUD). Once acquired, those insights can inform how people should be using the drug. Groups like the National Organization for the Reform of Marijuana Laws, for example, want proper labeling to keep cannabis out of the hands of children. And we need clear communication of the potency of products that can be very powerful—a chocolate bar containing 100 milligrams of THC is *not* meant to be consumed all at once.

“The reasons we demand proper labeling is all because of an awareness that cannabis is a mood-altering substance,” says Paul Armentano, the organization’s deputy director. “It possesses some potential level of dependence and it carries potential risk. And we believe prohibition exacerbates those potential risks, while regulation potentially mitigates those risks.” Like other substance disorders, cannabis use disorder is **treatable**. And as scientists develop a better understanding of CUD, we can intervene with appropriate therapies.

Cannabis has big potential to treat a range of ills. And it’ll benefit users even more once we’ve characterized its risks more precisely.
FAMILY SUPPORT NAVIGATOR

Helping families navigate addiction treatment and recovery

Addiction is a family disease. It affects not only the individual, but also the family. AIM’s Family Support Navigator Program helps families understand the progression of addiction, navigate insurance and treatment systems, and find recovery supports. This free, confidential program is funded by the New York State Office of Alcoholism and Substance Abuse Services (OASAS).
Family Support Navigator services:

- Addiction education
- Recovery supports
- Treatment and recovery options
- Treatment and recovery referrals
- Health insurance information
- Referrals to self-help/support groups
- Coordination with other professionals
- Advocacy
- Educational forums

For a free appointment, call AIM Independent Living Center at (607) 962-8225. AIM’s Family Support Navigator Program serves Chemung, Schuyler and Steuben counties.