Substance Abuse Committee  
January 16, 2019

Present:  Brian Hart, Glenn Jarvis, Erin Doyle, Nicholas Moffe, Linda Waite, Emily Wheeler, Desiree Rogers, Tara Fethers, Lisa Willson, Jennifer Emery, Suzianna Fritz

Excused:

Minutes:

Approved without changes

Director of Community Services Report – Brian Hart

- **Jail Based Treatment Update:** The Conference of Mental Hygiene suddenly thinks this is a top priority. They wanted to give out 12.8 million just for upstate, but that changed to 3.7 million and it was to be used in certain Counties and included downstate. But, none of the Counties have received any money, as it was halted. Then the Governor’s Office wanted 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. Then they changed it stating that the 3.7 million will be split equally with all Counties except a couple of Counties. This has made it through the Senate and Governors budget and Chemung County will receive around $60,000.00. This will be going to Trinity to offset the cost of the Counselor they already have providing services in the jail. The Conference is asking that within two years the money would grow to $200,000.00. This amount cannot be justified for Chemung County. If it goes in that direction, we will have to figure it out, because it is way too much money.

- **Recovery Community Centers Update:** The RFP was issued by OASAS and this is already being done in our area, so we don’t need to duplicate. The Salvation Army reached out to Brian and wanted a letter of support for this and Brian suggested they contact other organizations (AIM, Trinity etc.) and talk to them about the project. To have a Recovery Community Center in one central location, you have to have multiple entities work together. This open access is not a single licensure. Each agency would bring their own license with them on the day they are scheduled to be at the RCC. We already have agencies with peers and navigators. We already have certified peer advocates and Narcan training. The Salvation Army did reach out to these agencies and submitted their proposal. Brian did not see the proposal before it was submitted, so he does not know what is in the proposal. They are only going to approve 5 Recover Community Centers throughout the entire state. We will just have to wait and see what is going to happen. CASA of Livingston also submitted a proposal for Livingston County.

- **Medically Supervised and Withdrawal Beds:** These are stabilization 820 Residential Services beds. Chemung County is eligible to apply for 16 to 40 beds. Our House does not have the space to expand. If expansion was to be made, then they would have to build on or leave the site and build on a new site. Our House does rely on Trinity to provide services that they do not
provide. A Church in Breesport is working on a Detox Center, but they are having issues with the actual location. Trinity will be having an open house on February 6, 2019 for the Residential Treatment in Dansville NY.

Brian will share information on the PEER Program in NYS. It has OASAS credentials and it might be beneficial to look at to see what they are doing and maybe apply for it. It would be interesting to see how they do recruitment and retention. This program has Supervision and makes sure the PEERS are trained. PEERS are being recognized as a potential for a billable service. Do we have too many PEERS? We already have quite a few PEERS and we have been approved for 12 more. It was stated that Drug Court would use a PEER every morning. Drug Court is also working on having on-call with Guthrie. There is a Grant using HBSC services for PEER empowerment services. It is a 1 year pilot. The language consists of making PEERS permanent. We need to reach out and discuss the language. We need to make sure we are doing right by the PEERS, as sometimes they have their own struggles and setbacks. It is not easy to become certified as a PEER. There is nothing written that says a PEER cannot be certified if they are on probation. The biggest challenge of becoming a PEER is looking at addresses of where they have lived for the last 28 years.

Sharing by Community Members

➢ Nothing to Share.

The next meeting is scheduled for February 20, 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, compulsivity 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.