MINUTES
SUBSTANCE ABUSE SERVICES COUNCIL
MAY 13, 2015
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS
RICHMOND, VIRGINIA

MEMBERS PRESENT:

Stephanie Arnold, *Department of Criminal Justice Services (DCJS)*
B. Marshall Graham, *Department of Corrections (DOC)*
Henry Harper, *Virginia Foundation for Healthy Youth (VFHY)*
The Honorable M. Keith Hodges, *Virginia House of Delegates*
Parham Jaberi, MD, *Department of Health (VDH)*
Fatimah Belle Kirby, *Department of Medical Assistance Services (DMAS)*
The Honorable Delores McQuinn, *Virginia House of Delegates*
Butch Letteer, *Department of Motor Vehicles (DMV)*
Charlene Motley, *Commission on the Virginia Alcohol Safety Action Program (VASAP)*
Ron Pritchard, *Virginia Association of Addiction Professionals (VAAP)*
Mellie Randall, *Department of Behavioral Health and Developmental Services (DBHDS)*
Zandra Relaford, *Department of Social Services (DSS)*
Patricia Shaw, *Virginia Drug Court Association (VDCA)*
Jim Tobin, *Virginia Association of Community Services Boards (VACSB)*
Katie Weaks, *Alcoholic Beverage Control (ABC)*
Matt Wells, *Department of Motor Vehicles (DMV)*
The Honorable Jennifer T. Wexton, *Virginia State Senate*
William H. Williams, Jr., *Virginia Association of Community Services Boards (VACSB-SA Council)*
Diane Williams Barbour, *Virginia Certification Board (VCB)*

GUESTS:

Malcolm King, *Department of Behavioral Health and Developmental Services (DBHDS)*
Molly MacBean, Gerontology Student, *Virginia Commonwealth University (VCU)*
Brittany Sandidge, *Prevention Council of Roanoke County* and *CCoVA*
Regina Whitsett, *Substance Abuse Free Environment (SAFE)* and *CCoVA*

STAFF:

Lynette Bowser, *Department of Behavioral Health and Developmental Services (DBHDS)*
Margaret Anne Lane, *Department of Behavioral Health and Developmental Services (DBHDS)*
Karen Taylor, *Office of Attorney General (OAG)*

I. WELCOME AND INTRODUCTIONS: The meeting was called to order by the Council Chair, William H. Williams, Jr. The Chair welcomed members and guests and asked all attendees to introduce themselves.

II. REVIEW & APPROVAL OF MINUTES OF MARCH 10, 2015 MEETING: A motion was made by Ron Pritchard and seconded by Charlene Motley to accept the minutes as presented. The motion was carried.

III. OLD BUSINESS:

- **REPORT ON THE ANNUAL MEETING OF THE NATIONAL COUNCIL FOR BEHAVIORAL HEALTH, UPDATE ON THE GOVERNOR'S TASK FORCE ON PRESCRIPTION DRUG AND HEROIN ABUSE, AND REPORT ON THE REVIVE! PROJECT**

Ms. Randall reported on the annual meeting of the National Council for Behavioral Health, which focuses primarily on organizations that provide community behavioral health services. There was a strong emphasis on addiction at the meeting. Models were presented on integrating addiction treatment with primary health care and providing services to help people in recovery with housing. Approximately 80 people from Virginia attended, including staff from DBHDS and from the community services boards.

Ms. Randall updated members on the Governor's Task Force, which officially completes its work at the end of June. The Education Workgroup, which includes a focus on improving physician education, is developing specific recommendations to improve medical school curriculum and to expand continuing education requirements for practicing physicians. The Treatment Workgroup endorsed medication assisted treatment as the standard of care for opioid addiction and recommended allocating additional resources to support community treatment. Senator Wexton, who also serves on the Task Force, indicated that the Education Workgroup, with help from the Department of Health Professions, will be launching a website and doing some statewide PSAs to educate the general public.

Ms. Randall reported on Project REVIVE!, which is the state's opioid overdose reversal project. Almost 400 lay rescuers across the state have been trained to nasally administer naloxone. With success in two pilot areas, metropolitan Richmond and the far southwest, the Governor signed legislation that immediately allows REVIVE! to expand statewide. As a part of that legislation, lay rescuers will continue to be protected by civil immunity so they cannot be sued; physicians will be covered when prescribing naloxone; law enforcement will able to carry naloxone; and pharmacists will be able to dispense naloxone without a prescription. In separate legislation, because part of the naloxone rescue training is to call 911, any person present during a rescue and calling 911, will have an affirmative defense against criminal prosecution. DBHDS is working with the Board of Pharmacy and the Department of Criminal Justice Services to develop a training curriculum for law enforcement on REVIVE!

IV. NEW BUSINESS:

- **PRESENTATION: "THE REAL IMPACTS OF MARIJUANA: WHAT VIRGINIA CAN LEARN FROM COLORADO"**
  --Brittany Sandidge, Director of Development, Prevention Council of Roanoke County
  --Regina Whitsett, Executive Director, Substance Abuse Free Environment (SAFE), Inc.

Ms. Whitsett stated that the Community Coalition of Virginia (CCoVA) is a state level group of coalitions that educates and supports prevention programs across the Commonwealth. CCoVA sent representatives to Colorado to attend a conference of police chiefs representing 39 states and three countries.

Ms. Sandidge gave a brief history of the evolution of marijuana in Colorado. The first constitutional amendment for medical marijuana was adopted in 2000. In 2009-10, regulations were developed around medical dispensaries and the medical marijuana caregiver model. Amendment 64--legalization of recreational marijuana in Colorado--passed in 2010. In 2013, the Department of Revenue created a structure to oversee retailing of recreational marijuana, and, in 2014, the commercialization of marijuana began in Colorado.

Ms. Whitsett provided information on the "homegrows" and the "caregiver" models, which are unregulated in Colorado. The homegrow legislation allows a person to grow six plants without registration. These individuals are not licensed or regulated; anyone can grow six plants in their home. In the caregiver model, an individual can have up to six patients and grow six plants per patient (i.e., 36 plants). Ms. Whitsett presented statistics on diversion. There have been 360 packages from homegrows and the black market seized in Colorado that had been intended for diversion out of state. She provided data on butane hash oil and extraction explosions, which have increased from 12 to 32 since 2013. These are explosions caused by individuals blowing up their homes in trying to extract the THC out of the marijuana plant.

Ms. Sandidge showed photos of the shops and products available on the Green Mile, a street in Denver. Denver has 50 percent of the retail recreational and medical marijuana licenses in Colorado. She provided information on the typical marijuana card holder: 94 percent register for severe pain; two percent for seizure; one percent for glaucoma and treatment for HIV/AIDs symptoms. The average card holder in Colorado is at least 30 years old white male living in suburbia. As of December 2014, there were 115,000 medical marijuana cardholders in Colorado. Those names are held by the Department of Health, whereas licensing regulation and control for compliance purposes are with the Department of Revenue in the Marijuana Enforcement Division. Law enforcement does not have access to the patient registry because of HIPAA regulations. She noted that the average past month use of marijuana by college age (18 to 25 years old) individuals is about 30 percent since legalization; the adult age (26+) use indicates that the Colorado average is almost double the national average.

Ms. Whitsett stated that, as of January 2015, there are more marijuana dispensaries then there are Starbucks and McDonalds combined in Metro Denver. She provided data on the total revenue from marijuana taxes for calendar year 2014. The anticipated drop in medical sales and rise in recreational sales did not occur because medical sales are taxed at 18 percent whereas recreational sales are taxed at 28-32 percent. The economic incentive for most residents who buy marijuana is to use a medical marijuana card and pay the lower tax. Marijuana in edible forms accounts for 50 percent of the recreational sales in Colorado. There are over 400 different edibles on the market; 4.1 million pieces were sold last year. Until last September, there was no maximum dosage or way of verifying what a dose was in packaged products. Now there is some regulation for recreational purchases but restrictions are voluntary for medical edibles.
Ms. Whitsett and Ms. Sandidge concluded by presenting the following recommendations, which are based on the lessons learned from research, from the experience in Colorado, and from an awareness of the current climate and laws within the Commonwealth:

1. Avoid altering marijuana-related laws, as it is still a dangerous Schedule I Drug
2. Utilize the FDA process to validate all medical treatments
3. Avoid home grows and caregiver models

4. Plan regulation and tracking mechanisms: patient registry with law enforcement access
5. Create clear state *and* local governance
6. Establish case law–minimize conflicts between code changes, new laws, and federal regulations
7. Collect and manage baseline and impact data
8. Follow the advice of Colorado officials: *WAIT AND WATCH.*

- **PRESENTATION: "MARIJUANA AND ADOLESCENTS: A COMPANIONSHIP HEADED FOR DESTRUCTION"**
  --Malcolm V. King, MS, CSAC, Adolescent Substance Abuse Treatment Coordinator, Office of Child and Family Services, DBHDS

Mr. King's presentation focused on the impact of marijuana on Virginia's adolescent population. He noted that, even in the early 1980's, youth that he worked with indicated that they were "just using weed." Marijuana was viewed as harmless; it was very available, but it was looked at as an introductory drug. In the 1990s, the use of marijuana became more prevalent. Now, not only is the use more prevalent, but the cannabis level in marijuana is much higher and the methods of use have become more dangerous. Mr. King stated that marijuana is the most commonly abused illicit drug by the adolescent population in the U.S. Marijuana is continuing to be smoked and a new, more dangerous, method of abuse, smoking the extract from the drug (butane hash oil (BHO- called "dabbing") has emerged. Levels of THC, which impairs brain function and alters memory, judgment and motor skills levels, have steadily increased over the past decade. The effects on memory and judgment are the most prevalent long term effects of regular use of marijuana, and its use often leads to use of other more addictive drugs.

Synthetic marijuana is marketed as K-2 or Spice. Based on information gathered from the 2014 Monitoring the Future Study (University of Michigan conducts this study of high school students biennially), synthetic marijuana use in the 8^{th}, 10^{th} and 12^{th} grades dropped in 2013, and the declines continued into 2014. The perceived risk of harm was low but it has been rising in 12^{th} graders. The Monitoring the Future Study shows that

- Half of 12^{th} graders have used marijuana in their lifetime.
- One percent of the 8^{th} graders surveyed use marijuana daily.
- Public perception of harmlessness decreases the stigma of use;
- Use is more frequent in high-schoolers than cigarette smoking;
- Availability of over-the-counter synthetic marijuana creates a false sense of safety.

Peer pressure and curiosity are the two main reasons why adolescents use marijuana. Social, media, music and hero influence are additional pressures.
Marijuana slows down/arrests the development and maturation of the brain which does not fully mature until approximately age 25. Smoking marijuana may derail the connection between the judgment, problem solving, and emotional centers in the brain. Regular use in the early teens may lower IQ in adulthood, even if users stopped smoking marijuana as adults. Research suggests an association between adolescent marijuana use and developing psychosis or

schizophrenia. Marijuana use by adolescents is likely to increase as state and local policies move toward legalizing marijuana for medical or recreational purposes.

Mr. King suggested that the age range of adolescent treatment be expanded from age 16 to 25, and that clinicians be trained in providing treatment services to adolescents. Treatment should include screening for mental health disorders, and be both youth-guided and family-driven. Mr. King provided links to additional resources and distributed information about an evidence-based approach to treating marijuana abuse in adolescents and young adults, the CYT Cannabis Youth Treatment Series.

- **DISCUSSION:**

Mr. Harper asked if, since legalization of recreational marijuana in Colorado has become a negative issue, are Colorado legislators working on introducing bills to try to reverse these laws? Ms. Sandidge stated that they had 30 or more bills in their General Assembly at the last session trying to correct some of the language. There are also lawsuits being filed. In Colorado this is a constitutional amendment which would have to be overturned by voters. People are beginning to see the negative consequences of legalization, so the polls are starting to shift to people being in opposition to it.

Chairman Williams asked how Colorado is dealing with the federal law question. Ms. Sandidge stated that presently there is a circular conflict when comes to designation and clarity about when and where they will step in. There is not a clear picture of what will happen at the federal level. The first definitive step has come from the FDA, which issued warning letters to manufacturers of medical marijuana-based products about how their marketing language.

Ms. Randall commented that we see the problem coming and want council to think strategically about how we are going to manage it, the kind of language to use, the regulatory processes and the enforcement processes to be recommended. It is important to inform members of the legislature and the administration so that they can develop clear strategies.

Mr. Harper asked if there are any statistics on the decrease in incarcerations based on past marijuana infractions. On the pro-marijuana side it has been said that legalization would keep people out of the jails or prison. Ms. Whitsett stated that law enforcement may have those statistics, but the majority of people in prison are not there for simple possession. She noted that the HIDTA Report may contain statistics for Colorado on this question and the U.S. Attorney's Office may have a statement on their website.

Ms. Barbour addressed the difficulty faced by probation officers dealing with the interstate impact of people transferring from states that have approved marijuana to Virginia. This is especially relevant now that the District of Columbia has decriminalized marijuana use. She commented that Virginia needs to plan for how to handle this issue.

Ms. Lane asked if Colorado has a council similar to Virginia's SASC that might have made recommendations or taken an official stand. Ms. Sandidge stated that Colorado does have an advisory group, the Marijuana Enforcement Division. The Executive Director for the Department

of Revenue convenes and oversees an advisory group that gives recommendations to the Marijuana Enforcement Division.

Dr. Jaberi commented there is a lot of information sharing and education that should be provided to our public leaders about the impacts if this comes to our state. Council needs to consider the impact, decide what recommendations it can make, think about what regulatory changes or ordinances changes will need to be made, and raise public awareness.

Delegate McQuinn asked what tools are available to legislators to get ahead of this problem and how do law makers support the kind of prevention that is needed in communities to protect certain populations? Ms. Whitsett stated that some national organizations and the regional task forces that are appearing across the state provide good education. She stated that we all have the common interest of keeping marijuana out of the hands of young people.

Mr. Pritchard commented that action is taken based on statistics. He would encourage grassroots training and education, and also programs for adults and adolescents who are already addicted.

Delegate Hodges commented that, in states like Colorado, we are beginning to see the negative effects of changing marijuana laws. He urged the council to provide information to legislators to prevent this from happening in Virginia. Ms. Sandidge stated that the Community Coalitions of Virginia (CCoVA) organization is trying to provide as much of this information as possible. CCoVA is having a legislative committee meeting with some law enforcement and legislative representatives to develop a strategic plan to provide education prior to the next session of the General Assembly.

V. PLANNING AND ANNOUNCEMENTS:

Ms. Lane announced that, at council's request, a panel discussion and presentations by representatives from the law enforcement community will be arranged for the June 24th meeting. Ms. Whitsett will recommend some speakers.

The council's Annual Report, which must be completed by mid-August, will include council's recommendations. Ms. Randall suggested that staff start formulating recommendations for council's consideration. Dr. Jaberi suggested forming breakout groups to discuss various aspects of the marijuana question after the presentations at the June 24th meeting. The groups would present their draft recommendations to the full council. A motion was made by Ms. Randall and seconded by Senator Wexton to adopt Dr. Jaberi's suggestion. The motion carried.

At Chairman Williams' request, the June 24th and August 5th meetings will start at 9:00 a.m. to allow ample time for discussion and deliberation about council's recommendations to be included in the Annual Report.

Ms. Shaw announced that May is Drug Court Month. Information about activities, graduations and special events will be available on the Virginia Drug Court website.

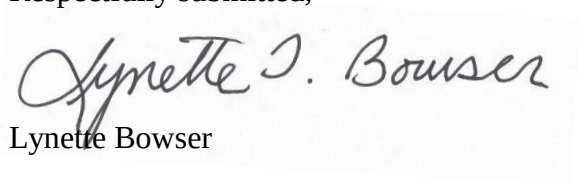
Mr. Pritchard reminded council about the Virginia Summer Institute for Addictions Studies, which is celebrating its 14th year this summer. Sessions on marijuana and treatment of co-occurring addictions will be presented.

VI. PUBLIC COMMENT

Ms. Molly MacBean, a graduate student in VCU's School Gerontology, who is studying substance abuse and older adults, stated that older adults have familiarity and experience with drugs. Problems of old age and chronic illness are compounded with the use of illicit substances. Marijuana and prescription drugs are the two main substances used by older adults. Ms. MacBean suggested that council consider older adults when making their recommendations about marijuana.

VII. ADJOURNMENT: There being no further business, the meeting was adjourned.

Respectfully submitted,



Lynette Bowser