

**MINUTES**  
**OF THE**  
**SUBSTANCE ABUSE SERVICES COUNCIL**  
**APRIL 25, 2018**  
**MARY McMASTERS, M.D., CHAIR**  
VIRGINIA ASSOCIATION OF COMMUNITY SERVICES BOARDS  
RICHMOND, VIRGINIA

**MEMBERS PRESENT:**

Katie Weaks, *Department of Alcoholic Beverage Control*  
Mellie Randall, *Department of Behavioral Health and Developmental Services*  
Anna Burton, *Department of Corrections*  
Stephanie Arnold, *Department of Criminal Justice Services*  
Arthur Mayer, *Department of Juvenile Justice*  
Ke'Shawn Harper, *Department of Medical Assistance Services*  
Delegate Delores McQuinn, *Virginia House of Delegates*  
Senator George Barker, *Senate of Virginia*  
Henry Harper, *Virginia Foundation for Healthy Youth*  
Ron Pritchard, *Virginia Association of Addiction Professionals*  
Jamie MacDonald, *Virginia Association of Community Services Boards – Prevention*  
Sandra O'Dell, *Virginia Association of Community Services Boards*  
Marjorie Yates, *Substance Abuse and Addiction Recovery Alliance of Virginia*  
Mary McMasters, M.D., *Advocate*

**GUESTS:**

Thomas Mott, *Civitas Health Agency*  
Gabriella Caldwell-Miller, *Department of Behavioral Health and Developmental Services*  
Amanda Stehura, *Department of Behavioral Health and Developmental Services*  
Paula Margolis, *Joint Commission on Health Care*  
Andrew Mitchell, Sc.D., *Joint Commission on Health Care*  
Greg Hopkins, *Virginia Association of Drug Court Professionals*

**STAFF:**

Kate Marshall, *Department of Behavioral Health and Developmental Services*  
Lisa Street, *Department of Behavioral Health and Developmental Services*  
Karen A. Taylor, *Office of the Attorney General*

- I. WELCOME AND INTRODUCTIONS.** Dr. McMasters called the meeting to order and asked members and others present to introduce themselves and share what organization they represented.
- II. REVIEW AND APPROVAL OF THE MINUTES OF MARCH 28, 2018.** Delegate McQuinn made a motion to approve minutes which was seconded by Mr. Pritchard and accepted by voice vote.

**III. OLD BUSINESS.** Ms. Randall gave an update on relevant legislation introduced in the 2018 Session of the General Assembly relevant to the Council's purpose. A revised table of all the legislation discussed is attached to the minutes.

**IV. NEW BUSINESS.**

- A. Discussion: Definitions and ACOG Curriculum. Dr. McMasters provided an overview of addiction with the purpose of providing a common understanding of the problem that the Council is charged with addressing. She noted that there are three major accepted sources for definitions: the Diagnostic and Statistical Manual V, the criteria established by the American Society of Addiction Medicine and the International Code of Diseases. These documents also provide appropriate language for talking about substance use disorders; much of the language used commonly is pejorative (e.g., "getting clean.") She stressed the difference between physical dependence on a drug (such as opioids) and addiction. Physical dependence means that the body has developed a tolerance (needs more of the substance to achieve the same effect) and withdrawal symptoms will be present if the substance is reduced or stopped. Addiction requires specific behaviors, including using the drug in spite of the knowing that is harmful, and being unsuccessful at reducing use, are also necessary for the person to have a diagnosis of addiction.

Individuals with the disease of Addiction lack control over their use of the substances to which they are addicted. Use contributes to poor life functioning, and they are driven by cravings. Addiction is not substance specific, so if the person cannot find one drug he or she will resort to another to address the craving, which is a symptom of the chronic brain disease that is addiction. Recovery is possible and has been achieved and maintained by many individuals, but relapse is always a possibility. The disease must be managed just as any other chronic condition. Dr. McMasters quoted Dr. Steven Hyman: "...addiction represents a pathological usurpation of the neural mechanisms of learning and memory that under normal circumstances serve to shape survival behaviors related to the pursuit of rewards and the cues that predict them."

She went on to stress that standards of care for the treatment of addiction should be based on evidence based medical information that has been reviewed by peer-scientists. Management of the disease should be based on criteria established by the American Society of Addiction Medicine to assure that the person received the right level of care for the right period of time provided by the right professionals. Overtime, given the right treatment and peer and community support, the brains of individuals with substance use disorders can heal. Medications can play an important role for helping this to happen when combined with skilled counseling and support. These medications include methadone and buprenorphine products for individuals with opioid use disorder, acamprosate and naltrexone for individuals with alcohol use disorder, and varenicline and nicotine replacements for individuals addicted to nicotine.

Neonatal abstinence syndrome (NAS) occurs when women are using opioids during pregnancy; the infant is born physiologically dependent on opioids and his or her withdrawal must be carefully managed to minimize the stress of withdrawal. Pregnant women who are using street opioids should be placed on opioid replacements such as

methadone or buprenorphine products to avoid putting the fetus under the stress of withdrawal. These medications will keep the fetus at a steady level instead of the ups and downs of street use, and will assure that the pregnant woman has frequent contact and support with health and behavioral health professionals. This also provides an opportunity to help the woman learn how to take care of her infant.

Dr. McMasters concluded by sharing that the information she had just provided the Council was more education about the disease of addiction than most medical students, residents and physicians ever receive as part of their education.

- B. Report: Pregnant and Postpartum Women Grant. Dr. Gabriella Caldwell-Miller, Director, Office of Adult Community Behavioral Health Services, DBHDS, reported on a grant for pregnant and postpartum women (PPW) that DBHDS was awarded by SAMHSA. The three year grant expanded the existing Project Link and provides just over \$1million a year for three years to provide community based, trauma informed and family-centered SUD services to pregnant and postpartum women. The project period started September 2017 and ends in September 2020. There are nine Project LINK-PPW sites: four in Southwest, three in Central and two in Southeast, Virginia.

Project LINK provides intensive case management and home visiting services to pregnant and parenting women who are “at risk” or are currently abusing substances. DBHDS funds eight Project LINK sites. Each site is affiliated with at least one CSB and provides services to pregnant and parenting women and their families that live within the community served by that CSB.

The purpose of the grant is to leverage existing resources in order to enhance and expand existing services to meet the multiple needs of PPW and their children whose lives are affected by substance abuse. The goals are to:

- Reduce abuse of alcohol and other drugs
- Increase engagement in treatment services
- Increase retention in the appropriate level and duration of treatment
- Ensure that opiate-dependent women have access to both methadone and buprenorphine and receive support services
- Enhance parenting and family functioning.

- C. Summarize Points from Presentation. In preparation for the Council’s report to the Governor, members and guests were asked to share their thoughts on the meeting’s presentations.
- Combination of Dr. McMasters’ and Dr. Caldwell-Miller’s presentations was excellent, with an emphasis on genetic predisposition. If children know that there is a family history of substance use, they can be educated so that their exposure is reduced, thereby reducing the chance that they will develop problems with alcohol or other drugs.
  - There are challenges regarding training physicians in terms of understanding and awareness. Primary care physicians are being brought into conversations about mental health and substance abuse, and there needs to make more progress on this,

and physicians in other fields, especially those dealing with acute pain, need more education about pain management and addiction. Education and preparation of medical and mental health professionals needs to be ongoing.

- Individuals need to have access to care and treatment on demand.
- Individuals with substance use disorders are “just like us.” Helping the public realize this will reduce shame and stigma.
- Availability of treatment options affects the individual and improves community at large. We know drug treatment is effective, but the community needs to understand this as well. The community sees this as an expenditure, but if you make the right investment at the right time, it benefits the entire community
- Addiction is not substance-specific. Individuals with an opioid use disorder could just as easily be addicted to alcohol or cocaine.
- It was helpful to hear the difference in withdrawal verses addiction. There are more programs in jails now.
- Methadone clinics should be better integrated into the treatment system.
- American Society for Addiction Medicine criteria for patient placement should become the common language of all substance use disorder treatment providers.
- Jails are not equipped to provide detoxification centers.
- The criminal justice system is being burdened unnecessarily because other resources are not available.
- Treatment programs need to utilize outreach and engage individuals in services before they “hit bottom” or worse, die from an overdose.
- Addiction professionals need to be well educated about the disease and the best evidenced based medical practice methods for treatment.
- Students considering careers in the helping professions need to hear that working in the field of addiction is very rewarding.
- We need to realize that the “opioid crisis” is really an “addiction crisis.”
- ACEs (Adverse Childhood Experiences) play a significant role in increasing risk for addiction.
- Treatment professionals need to be aware of the living conditions of their clients, including home visits.
- There is a larger population who are misusing substances (alcohol) who are at risk for becoming addicted. More SBIRT (screening, brief intervention and referral to treatment) services should be available to identify and access services for people before their problems become severe.
- More education needs to be provided about the medical and psychosocial needs of pregnant women with substance use disorders.
- The Council should continue to emphasize utilization of evidence-based practices and support integrating them into policy.
- Technical support through smartphone apps and telemedicine can provide needed expansion of workforce.
- Systems (e.g., criminal justice, behavioral health, physical health, economic development, education) need to collaborate to avoid building silos around the problem.

**V. PUBLIC COMMENTS**

Mr. Pritchard shared information on the Virginia Summer Institute for Addiction Studies, July 16-18, 2018 in Williamsburg, Virginia. For more information, visit [www.vsias.org](http://www.vsias.org).

**VI. ADJOURNMENT.** Senator Barker made a motion to adjourn that was seconded by Mr. Pritchard. The motion was passed on a voice vote and the meeting adjourned.

Respectfully submitted,

Kate Marshall  
Staff to the Council