Maine Behavioral Health Workforce Development Collaborative

What Maine Behavioral Health Providers Need to Know in the New Era of Marijuana Policy?

Held Friday, April 21, 2017, 9:00 AM to 12:00 PM

Augusta Armory, 179 Western Avenue, Augusta, ME

Attendees: 46

Last November, Maine voters narrowly approved the legalization of adult use, retail marijuana. As of January 30th, possession is now legal and the Maine Legislature has undertaken a year long process of developing the rules and regulations that will govern the new marijuana law. With the new law, there is a new landscape for behavioral health and other service providers to navigate.

This forum brought together a panel of experts from various sectors including prevention, treatment, medicine, and law enforcement. Our panel of experts shared what they saw as the short term and long term training and capacity building needs for each of their sectors as this new law rolls out. Panelists also talked about some of the cross-sector training and collaboration opportunities. Following the panel presentations, forum attendees broke into small groups with some guided questions with the goal of creating some training strategies that will build the capacity of the workforce so it is equipped to navigate the new marijuana policy landscape.

Objectives

1) Analyze the anticipated changes in the behavioral health landscape with the approved legalization of marijuana use for adult
2) Identify training and capacity building needs for prevention, treatment, medicine, and law enforcement related to the passage of retail marijuana.
3) Engage the expertise from the field in the discussion about what next steps are needed to respond to the health needs of Maine citizens.

Panel

Facilitator: Scott M. Gagnon, MPP, PS-C Director of Operations, AdCare Educational Institute of Maine

- Rebecca L. Miller, MPH, BSN, CSPI, CHES, Maine Health Educator, Northern New England Poison Center
- Sheriff Joel A. Merry, Sagadahoc County Sheriff's Office
- Peter Michaud, J.D., RN, Associate General Counsel, Maine Medical Association
- Douglas Robbins, MD, PIER Program Psychiatrist
- Christine McNulty Grant, LCSW, LADC, CCS, Program Manager of Corrections Services, Day One

Becky Miller from the NNE Poison Control Center shared that although there is no mandated required reporting of overdoses they have seen an increase in the incident of overdoses especially with the edibles. One benefit to the legalization may be that patients may be more willing to disclose their use in emergency situations. Young children are at risk of eating the edibles and even adults may end up taking more than recommended because the effects are not immediate as with smoking and can last longer. The symptoms may include anxiety and lethargy along with vomiting. There is a risk of choking with the CNS depression pared with increased appetite. The hash oil has significantly higher amounts of THC and because it flammable and is used in pipes, there is a fire hazard risk. More data and research on the effect is needed.

Sheriff Joel Merry remarks included the difficulty to determine impair driving as drug/urine/salvia tests do not reflect immediate use and differentiate it from chronic/past use. There is a field test but to administer it one needs to have 100 hours of training which is costly. Prevention efforts have mixed messages with legalized recreational use – what is the difference between medical use and recreational use. There also is a possibility of a growing black market for selling marijuana as it is so easy to grow especially if the tax is high. In the west other states are suing Colorado for exporting marijuana across stateliness. Similar issues will arise here in Maine with our neighboring states.

Peter Michaud noted that the Maine Medical Association with its 4000 physicians opposed medical marijuana initially and then was neutral when it passed. The list of conditions that one can obtained a medical marijuana card has grown but the science behind it lags. The federal government has had limited research. Also we know that the brain matures much later than we originally thought and substance use on the brain is detrimental. There is concern by the medical community that recreational marijuana will spurn increase use by children and the pediatric community has concerns about the effects on learning and the reduction of IQ. Smoking also will have respiratory effects. The messages we use for prevention need to be credible otherwise people won't listen.

Dr. Doug Robbins underscore that the level of evidence and science about marijuana use is not where it should be and we need to base our responses on evidence and not overstate things or we won't be believed. He reviewed the effects of marijuana which include distortions of time perception, impairment of executive functioning, changes in mood, psychosis for some and decreased cognitive functioning with slower processing speed and decreased working memory. It may be causative for psychosis for a small minority of the population. To engage youth about their use, you need to understand it from their prospective and not be judgmental.

Christine Grant reflected that she sees the use patterns changing for youth involvement in the correctional system. For many, their use started with their parents. There is a culture of acceptance. Kids might also take from their parent's medical marijuana and sell it to their friends for money. Although not necessarily causative, most youth who are using opiates also had/have used marijuana. The perceived risk is lower even though we know it is a neurotoxin for youth. Also we can't just say no, we need to understand it from the youth perspective to engage them. It is hard to compete with social media and the misinformation out there. We need more education but it is a complex message and we need more and better information. Also a point that hasn't been brought up is the employer perspective and how they handle use and impairment. There is training that is available through the department of labor for employers that has been developed.

Participant Responses to Discussion Questions:

1) What are the challenges facing the various sectors with the passage of the retail marijuana law?
    a. Prevention – lack of consistent and proven communication, weak criteria for issuance of medical card, determination of schedule 1 drugs, dosages, who's at the top? Restrictions on what can be said and done due to funding – no advocating/lobbying, legislators cannot make recommendations for policy, lack of understanding of what prevention really means, lack of credible/usable data, big focus on opiate and less on marijuana, use start in schools early, banning marijuana use in public places, distinguish differences between marijuana and tobacco, trauma, mental health in relation to marijuana use.
    b. Treatment – insurance coverage, not always identified as an illness, measuring cause and effect, no age limitations for use, no proof of long term effects, substituting marijuana for other substances i.e., "I will quit this, but use marijuana instead," acute vs. chronic use. Different issues affecting treatment access: Cannot get treated because they (clients) are still using marijuana, a harm reduction focus of continuing marijuana use while decreasing

other substances, abstinence may be too overwhelming to a client, lack of education around marijuana in the provider community, lack of definition of "drug free" policies re: MAT and marijuana use, complexity of symptoms: are young persons' symptoms a result of drug use or mental illness

c. Law Enforcement/Legal – no standards by which to measure infractions, technological testing and development lagging, certification of testing devices, quality assurance standards, lack of consequences, daytime drugged driving, capacity, rural, weak or no dispensary regulations, legal representation required to assist with education on laws
d. Training – the challenges of putting resources in place, physicians, employers and HR, law enforcement, educational systems, all providers and beating social media messaging

2) What types of strategies are needed to address those challenges **Law Enforcement** – train everyone in schools and law enforcement in ARIDE – diversion pipeline for early intervention, answer employer questions, address law loopholes **Prevention**- educate city and town councils,, community mobilization, lobbying & education, separate venues, i.e., employees, schools, municipal employees, transportation, zoning, marketing/advertising, packaging, policies, enforce consequences, Center for Marijuana, lobbying, partnering, regional collaboration, i.e., video, testimonials, PSAs, brain science, core class requirement in schools, equate it to tobacco, need credible/knowledgeable people to go out and education all facets: healthcare, employers, law enforcement, more effective collaboration between agencies and government, include marijuana misuse and marijuana use disorders with education about the opioid crisis, require data collection, need age appropriate messaging to more effectively target audiences, social norming, limit drug availability, need evidence-based programming, funding, controlling black market, define co-occurring then set core competencies of treatment. **Treatment** – collaboration across continuum of care and trauma informed care. MI training needed ("just ask why" vs "just say no") as well as advancing and incentives for co-occurring competency. Funding needed. More training on evidence-based interventions.

3) What are some cross-sector collaboration that can advance these strategies and capacity building to can support the strategies Agencies and government need to know about each other and what they do, create a cross-sector group that can get together, have business and treatment interfacing; meet people where they are, presenting at member organizations, messaging for priority populations – general public, veterans, senior centers, medical, schools/educators, parents, law enforcement, recovery groups, churches, fraternal organizations, science based education. Promote the DOL/CDC training on impairment.

4) What type of training and for whom is needed
Ground level education for everyone, healthcare, businesses, schools, government (legislators) and parents, trauma training, social media prevention messaging - establish "super users," and Social Media Immersion day – all bring their computer to initiate an online setting up/sharing system (robust Internet capacity required) eliminate confusion and mixed message with a common language and showing all perspectives from law enforcement to treatment, training on Marijuana – what does it do, what is it, and what are impacts of long term use, understanding and navigating finalized laws.

5) What role can MBHWFDC do to support these efforts –
Provide different levels of education and training: MJ 101 and next level, collaborate with other agencies to advocate, funding from unrestricted sources for education – MMA, Medical Marijuana Program, assist to coordinate educational activities, advertising, getting the word out, identify linkages.