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|  | *The Commonwealth of Massachusetts*  *Executive Office of Health and Human Services*  *Department of Mental Health*  *25 Staniford Street*  *Boston, Massachusetts 02114-2575* | |  |
| **CHARLES D. BAKER**  ***Governor***  **KARYN E. POLITO**  ***Lieutenant Governor***  **KATHLEEN E. WALSH**  ***Secretary***  **BROOKE DOYLE**  ***Commissioner*** | | **(617) 626-8000**  **www.mass.gov/dmh** | |

*Statewide Mental Health Advisory Council*

*(Via Videoconference)*

*May 16, 2024*

PRESENT: Chuck Weinstein, Joan Cho Sik, Eno Mondesir, Dave Brown, Catherine Vuky, Vivian Nunez, Cynthia Piltch, Autumn Versace, Susan Martin, Karran Larson, Heather Henderson

ABSENT: Ilya Ablavsky, Jean Giagrande

STAFF: Brooke Doyle, Crystal Collier

GUESTS: Alan Burt, Alejandro Jorge, Oriana Pinto Corro, Kaitlin Eilerman, Aubrianna, Ahmad Thorley, Tim McSherry, Linda Muse, Olga Boruchovich, Dr. David Hoffman

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**Call to Order –** 8:33a.m.

**Welcome by Chair**

* + Welcome Guests; Review of On-line Etiquette, Guest Policy, Open meeting policy,
  + Approval of the Minutes
* **Approval of Minutes**
  + March 21, 2024 minutes approved.

**Commissioner’s Update – Crystal Collier**

* The HWM budget reduced DMH’s inpatient account by $61M. Senate Ways and Means has restored the money. They will go to debate next week. The Hospital Association has been advocating on behalf of DMH about this cut and the demands we face on our beds. We are hopeful for a solid budget for FY25.
* The Globe recently published an article about the conditions at Tewksbury State Hospital. The MNA has also sent a letter expressing concerns. DMH has responded and is confident in the measures taken. DMH’s Office of Inpatient Management has gone to all facilities and listened to staff and have heard concerns and have implemented various trainings to standardize our procedures throughout the system.
* The Governor has recently announced a statewide hiring pause. Because of this, DMH is monitoring and working with staff to ensure that work keeps moving. DMH is working on our strategic plan for the community and the inpatient side.
* The opioid settlement funds are controlled by DPH Crystal is not aware of the disbursement of settlement dollars.
* DMH doesn’t have any particular programming for veterans but does try to take a wholistic approach for providing services for individuals and working with other agencies to ensure needs are met.
* DMH is working with DPH at the recently developed Command Center and are deploying resources as needed to address the migrant population that are arriving to Massachusetts.

**Member Updates**

* Dave Brown - The Lynn Police Department has BH unit that works during the day. At night, the newly developed BH intervention program, which includes a recovery coach, clinician, paramedic, co-respond with police. If someone is in crisis, the unit and officers will go to the call, the unit will take over if appropriate. The CBHC in Lynn has been a tremendous help in getting services for people. It frees up ambulances and helps with diverting people experiencing a mental health crisis from going to the ED or jail.
* Susan Martin – Her office continues to see anxiety and depression in adolescents. The age is getting younger and younger. She is also seeing more and more children vaping. This is more popular right now than alcohol. The concern is that the synthetic marijuana can have adverse effects. Suicide tendencies and bipolar tendencies are more prevalent in the younger population with anxiety and depression.
* Eno Mondesir – Brockton has a high homeless population. DPW and the City are working to keep the areas clean as much as possible where the homeless camps are. They have a lot of migrants as well. The migrant needs have not been met adequately.
* Catherine Vuky – There’s been a lot of child exploitation grooming online in gaming and online chats. She has been seeing a lot of this and is a big concern. Providers are learning how to report this to the appropriate authorities.
* Crystal Collier – May is mental health month. DMH has many activities happening during the month. Recently, there was a health fair at the Brockton Multi Service Center, the NAMI walk is Saturday, EXYO is May 23 at the Boch Center.

**Interagency Health Equity Team (IHET) – Commissioner Doyle, Crystal Collier, Chief of Staff**

* There are no current updates on the mental health side. The Focus has been on maternal health and cardiometabolic health and on community engagement and outreach. DMH’s Director of Community Engagement is involved, and we will update once there are more updates.

**Cannabis impact on DMH clients, David Hoffman, MD, MFA: Metro Boston Area Medical Director, Olga Boruchovich, LICSW, Bay Cove Human Services, Ahmad Thorley, Bay Cove Human Services**

* Olga and Ahmad work for Bay Cove. They have perspective on challenges of working with DMH clients in the community in the area of legal marijuana.
* There have been multiple studies looking at whether marijuana legalization has affected rates of marijuana use. The general conclusion is that legalization has increased overall use, most notably heavy and/or daily marijuana use. Much of the increase is not attributed directly to the presence of legal dispensaries, but rather to the general social perception, which is particularly important for adolescents and young adults, that since marijuana is now legal using it must be okay.
* THC potency in current cannabis products, whether smoked, vaped or ingested orally, has increased substantially in recent years. Users are exposed to much higher doses of THC than in the past. Although legal recreational marijuana is not sold to people under the age of 21, there has been an increase in marijuana use among adolescents. Since the prices in legal dispensaries are generally higher than on the street, a large percentage of marijuana consumed in the era of legalization is still obtained illegally. The risk of marijuana laced with other drugs poses additional risks. In most studies, ER visits for the adverse effects of marijuana intoxication have increased; how much of this increase is due to legalization versus current high THC potency levels is unclear.
* Regarding so-called “medical marijuana,” many experts feel that the initial legalization of cannabis for “medical” purposes had a significant political overlay and just paved the way to more widespread legalization of marijuana for any purpose. The research regarding the efficacy of cannabis to treat various medical conditions does not provide strong evidence of its beneficial effects compared to other available medical treatments. The use of CBD for certain types of childhood epilepsy is one exception. THC for chemotherapy-induced nausea is another, although, paradoxically, many ER visits for marijuana intoxication involve a syndrome of severe vomiting. Other conditions supported by substantial evidence include spasticity in multiple sclerosis patients and some types of neuropathic pain. FDA-approved preparations of both THC and CBD are available by prescription.
* Most people, including DMH clients, continue to buy their cannabis products from illegal sources due to cost. If one has a medical marijuana certification card, the price of marijuana in a dispensary is less than if it is purchased for recreational use. There are some DMH clients who seek out and obtain a medical marijuana card. There are some physicians who specialize in the evaluation and certification of patients for medical marijuana. Generally, these physicians are not psychiatrists, and it is rare for them to consult with a patient’s treating psychiatrist before deciding whether or not to certify a patient for medical marijuana use. Often a treating psychiatrist is not aware that a patient has a medical marijuana card. One psychiatrist suggested that the MassPat database which physicians need to consult before prescribing controlled substances should require the mandatory inclusion of the fact that a patient has been certified to use medical marijuana, so that physicians would be aware of that fact when making other decisions regarding clinical treatment.
* Since cannabis is still classified as a Schedule 1 drug by the Federal government, and most programs serving DMH clients rely to some extent on Federal funding, it is currently impossible for standard community health clinics and residential programs to dispense and monitor medical marijuana. There are current plans to reclassify cannabis as a Schedule 3 drug, which would address that issue and allow for a much easier path to vital research. As the exact dose and composition of medical marijuana is not available, it would still be difficult for residential programs to administer doses under current policies.
* The major question related to DMH clients is the relationship between marijuana use and the development of major mental illness. While not all substance-induced psychotic episodes go on to become a major chronic psychotic illness, a significant number do. There are multiple studies confirming a significantly higher incidence of psychotic illnesses including schizophrenia in young cannabis users. The risk is particularly high in males who use high potency marijuana starting in their teens. When corrected for other risk factors such as family history, the risk of developing a psychotic disorder in this group is still over 3 times higher than for the general population.
* Dr. Hoffman recently reviewed the initial records of all 164 adults aged 18 and over with a psychotic disorder who became new DMH clients in the Metro Boston Area within the past year. 55 of them, about 33%, had some degree of significant marijuana use. Of those, 27, 50% of the new clients with reported cannabis use, were under 30 years old, and it is likely that heavy marijuana use may have had some role in triggering their first psychotic episode. It points to the fact that cannabis use is very common among DMH clients. To what extent the legalization of marijuana has contributed to this phenomenon is unclear. A recent Cannabis Geomapping study by Imam, Johnson, et. al. from Harvard Medical School, found that proximity to a legal dispensary in Massachusetts had no relationship to the number of patients presenting to First Episode Psychosis Clinics.
* Education has helped decrease tobacco use; perhaps it can help limit the number of people with a Cannabis Use Disorder, and hopefully reduce the number of young adults who develop chronic psychotic illness as a result of heavy marijuana use.
* The effects of legalized marijuana on DMH clients is a difficult issue in terms of lack of hard data. General conclusion is legalization has increased overall heavy/daily use. Much increase is not due to presence of legal dispensaries but the general perception that since it is legal that using it must be okay.
* Olga is a licensed social worker. Harm reduction is our approach in managing everything in our service. We know people will use - is there a way to provide a safer environment – needle exchange program, safe usage sites. Whether we agree with the behavior or not, the amount of harm that unclean products brings - providing a safer environment is a positive for them.
* Our role has always been education. Harm reduction and education go hand in hand. Even if we recommend a cleaner product, we do a lot of education around it.
* We do see a difference in people who use cleaner product, decrease in safety concerns. We don’t think that is because of clean marijuana, it just because it’s the opposite of laced products. When someone uses cleaner products, the behaviors change. We see less shame with legal products. The stress level is lower for people. The guilt and anger are less.
* Staff cannot differentiate between clean and laced products and don’t have capacity to make that distinction or monitor it. Many programs rely on federal subsidies and any drug use is prohibited.
* Ahmad – Harm reduction builds a better relationship with staff and clients – especially when recommending going to a cleaner source – such as a dispensary.
* David Hoffman – process for obtaining a legal medical card, it’s different than getting a regular prescription. The marijuana process is different.
* MAP is Medication Administration Program. Highly regimented and used in residential services across the state. Staff go through a rigorous trainings and tests to get certificate to administer meds. With the medical marijuana card, we can’t obtain the regimented dosage of medications. This is now allowed in the MAP program.
* Even if marijuana becomes a Schedule 3 instead of 1, you don’t have exact quantities to control. You don’t know what you’re getting.
* Questions/comments
  + When someone is issued a card how does the amount or the dosage get regulated. Can someone go back to get more.
    - The potency is high. You can go and request to get high dosage in one product and low in another. The amount you can buy per month is extreme.
  + Patients are asking for a medical card and are told no so they ask for their medical records and then take those records to go somewhere to get the card. And in a household. several people can have a card and they share their marijuana. There’s been an increase in medical records requests.
  + Young people sell marijuana and are making a lot of money. There is a spike in crime and home invasions. What are benefits of scheduling it as a 3 instead of a 1.
    - A lot of banks won’t do business with the dispensaries. They don’t have a normal payroll, can’t deduct business expenses, health insurance, etc because the federal government doesn’t recognize legality. Schedule 3 would change that for the dispensaries. Also when you make it a 3 –researchers across country can put in for grant funding to do research that is so vital to understand risks and benefits of cannabis and all of the components in cannabis.

**Old & New Business**

* NAMI Walk - May 18
* Express Yourself – May 23, Boch Center
* No meetings over the summer. Chuck proposes next meeting be in person/hybrid – September.
* Looking for topics for next meetings – let Chuck know.

**Next Meeting**

September 19, 2024 - Hybrid (in person and zoom)

**Future 2024 Meetings: Thursday’s 8:30-10:00am (virtual)**

November 21

**Meeting adjourned 10:00am.**