

BEHAVIORAL HEALTH ADVISORY BOARD

PREVENTION COMMITTEE

MINUTES ■ Tuesday, January 14, 2020

<p>Members Present Janis Gardner, Chair Cmdr. James Fryhoff, BHAB Claudia Armann, BHAB Patricia Mowlavi, BHAB Gabe Teran, Ventura County Office of Education (VCOE) Katherine Kasmir, Straight Up Ventura County Vanessa Alva, Straight Up Ventura County Javier Bautista, TAY Tunnel Maya Lazos, Vista del Mar Hospital Scott Walker, Crisis Intervention Team (CIT) Theresa Plante, Casa Pacifica Yaakov Cahnman, Saving Lives Camarillo</p> <p>Others Present Vicky Gonzales, Ventura County Public Health (VCPH) Grizelda Gaytan, Adult Protective Services Stuart Fiedler, Client Network Mia Lewis, TAY Tunnel</p>	<p>Ventura County Behavioral Health (VCBH) Managers/Staff Present Dan Hicks, Alcohol & Drug Programs (ADP) Prevention Services Manager Anna Flores, ADP DUI Manager Edith Pham, BHAB Assistant</p> <p>NEXT MEETING: Wednesday, February 11, 2020, 3:15 – 4:30 p.m.</p> <p>Ventura County Behavioral Health (VCBH) 1911 Williams Drive, Lake Tahoe Room (second floor), Oxnard</p>
--	---

Note: The committee has not yet approved these minutes. There may be additions/deletions or corrections before the minutes are accepted in final form.

	DISCUSSION/CONCLUSIONS	RECOMMENDATIONS/ ACTIONS	RESPONSIBLE
I.	Call to Order Chair Gardner called the meeting to order at 3:15 p.m.		
II.	Approval of the Agenda Ms. Gardner asked the Committee to review and approve today’s agenda. Patricia Mowlavi moved to approve, Cmdr. Fryhoff seconded. The motion carried unanimously.	The agenda was approved as written. M/S/C	
III.	Approval of the Minutes Ms. Gardner asked the committee to review and approve the minutes of the November 12, 2019 meeting. Claudia Armann moved to approve, Maya Lazos seconded. The motion carried unanimously.	The minutes were approved as written. M/S/C	
IV.	Welcome and Introductions Ms. Gardner welcomed everyone and asked for self-introductions. She congratulated Cmdr. Fryhoff for his recent promotion and new position as Chief of Police for Thousand Oaks.		
V.	Chair Announcements None.		
VI.	Public Comments Stuart Fiedler noted that this is his fourth time attending a meeting of this committee and thanked Chair Gardner for appointing him as a member.		
VII.	Ventura County Behavioral Health (VCBH) Staff Updates A. Dan Hicks, ADP Prevention Services Manager There is a substantial and growing body of evidence regarding the adverse effects of heavy and early use of marijuana. Mr. Hicks reviewed some of the information contained in an article from the British Journal of Psychiatry titled “Cannabis and psychosis: what do we know and what should we do?” See attached. B. Kiran Sahota, Mental Health Services Act (MHSA) Manager Ms. Sahota was not in attendance. Ms. Gardner invited all to participate in an MHSA Community Input meeting on January 15 from 6:00 to 8:00 p.m. in the VCBH training room. C. Vicky Gonzales, Public Health 1. A few youth deaths in the country have been confirmed to be due to vaping. 2. The Board of Supervisors (BOS) has passed an ordinance banning commercial marijuana businesses in unincorporated areas, and it directed staff to study a possible exception for		

	<p>Nyeland Acres. Ms. Gonzales thanked Ms. Gardner for addressing the BOS on this issue. Several tobacco retailers spoke at the same meeting. The tobacco industry is well organized.</p> <p>3. The City of Oxnard and the City of Ventura have adopted their own tobacco retail license policies.</p> <p>D. Other Staff Update None.</p>		
VIII.	<p>Prevention Committee Member Comments</p> <p>Javier Bautista noted that an interfaith event, called Oxnard Together, took place on January 12. It was organized by the Oxnard Police Department. Chief Whitney spoke about homelessness. Churches of various faith participated, and so did the TAY Tunnel. The TAY Tunnel is accepting donation of clothes, which can be dropped off at the center, 141 W. 5th Street in Oxnard.</p> <p>Gabe Teran noted that a Mental Health Youth Conference in collaboration with Assembly-member Jacqui Irwin took place in November; about 160 youth participated, along with NAMI, VCBH, BRITE and other organizations. On February 19-20 a Kids Kick Ash event will take place for middle and high school students; it will focus on nicotine addiction and e-products. On March 14 there will be a youth leadership conference. Ms. Gardner noted that she attended the conference in November and found that youth were very engaged.</p> <p>Claudia Armann noted that she attended a conference in Santa Barbara for teen advocates for mental health. Youth from local counties talked about their mental health needs. One spoke about his positive use of the TAY Tunnel, many spoke about the need to have mental health services on school campus and how important it is to have a safe place for LGBTQ.</p> <p>Yaakov Cahnman noted that on January 28 Saving Lives Camarillo will have a coalition celebration, recognizing members of the coalition for their prevention efforts in Camarillo.</p> <p>Maya Lazos noted that Vista del Mar Hospital was approved to provide training on Bartenders as Gatekeepers. The expansion of the outpatient program is being pushed back; it will include a partial hospitalization program for adolescents. Also, Vista del Mar is an affiliate of the Jason Foundation; it will purchase material and make it available to others.</p>		
IX.	<p>Presentation: BRITE/Reality Improv Connection – Katherine Kasmir, Executive Director, and Vanessa Alva, Prevention and Mental Health Specialist</p> <p>The program was started in 2005 to engage youth and young adults to reduce underage and binge drinking. It has grown to address a wide range of health concerns. BRITE provides education through fun and educates parents during Reality Parties. These programs provide a platform for youth to be heard and to help them be resilient. See attached.</p>		
X.	<p>Old Business</p> <p>A. Prevention Committee Round Table Meeting - Discussion This discussion was tabled as the person who had proposed this was not in attendance.</p>		
XI.	<p>New Business</p> <p>A. Youth Vaping/Mental Health Effects Ms. Gardner thanked staff and agencies for addressing both mental health and substance use in their programs.</p>		
XII.	<p>Items for the Next Meeting Agenda</p> <p>Ms. Gardner suggested to have member organizations bring their public service announcements (PSA). A discussion took place regarding the best way to do this: narrowing down to a specific area, e.g. the rise in deaths linked to alcohol, or having two PSAs per month as a regular agenda. Six participants agreed to show their PSAs at the February meeting: Public Health, TAY Tunnel, VCOE, VCBH Prevention Services, BRITE, Saving Lives Camarillo.</p>	Present PSAs at the February meeting	Public Health, TAY Tunnel, VCOE, VCBH Prevention, BRITE, Saving Lives Camarillo
XIII.	<p>Adjourn</p> <p>The meeting adjourned at 4:25 p.m.</p>		

CONSEJO ASESOR DE SALUD DEL COMPORTAMIENTO

COMITÉ DE PREVENCIÓN

MINUTOS ▪ Martes , 14 de enero de , 2020

<p><u>Miembros presentes</u> Janis Gardner, presidente Cmdr. James Fryhoff, BHAB Claudia Armann, BHAB Patricia Mowlavi, BHAB Gabe Teran, Oficina de Educación del Condado de Ventura (VCOE) Katherine Kasmir, Condado de Ventura Vanessa Alva, Directa del Condado de Ventura Javier Bautista, Túnel TAY Maya Lazos, Hospital Vista del Mar Scott Walker, Equipo de Intervención de Crisis (CIT) Teresa Plante, Casa Pacifica Yaakov Cahnman, Salvando vidas Camarillo</p> <p><u>Otros presentes</u> Vick y Gonzales, Salud Pública del Condado de Ventura (VCPH) Grizelda Gaytan, Servicios de Protección para Adultos Stuart Fiedler, red de clientes Mía Lewis, Túnel TAY</p>	<p><u>Gerentes / personal presente de Ventura County Behavioral Health (VCBH)</u> Dan Hicks , Gerente de Servicios de Prevención de Programas de Alcohol y Drogas (ADP) Anna Flores, Gerente de ADP DUI Edith Pham, Asistente BHAB</p> <p>SIGUIENTE JUNTA: Cerrado miércoles , 11 de febrero de, 2020 , 3:15-16:30</p> <p>Salud conductual del condado de Ventura (VCBH) 1911 Williams Drive , Lake Tahoe Room (segundo piso) , Oxnard</p>
--	---

Nota: El comité aún no ha aprobado estas actas. Puede haber adiciones / eliminaciones o correcciones antes de que las actas se acepten en forma final.

	DISCUSIÓN / CONCLUSIONES	RECOMENDACIONES / COMPORTAMIENTO	RESPONSABLE
YO.	Llama para ordenar El presidente Gardner dio por terminada la reunión a las 3:15 p.m.		
II	Aprobación de la agenda La Sra. Gardner solicitó al Comité que revise y apruebe la agenda de hoy. Patricia Mowlavi se movió para aprobar, Cmdr. Fryhoff lo secundó . La moción fue aprobada por unanimidad.	La agenda fue aprobada como está escrita . M / S / C	
III.	Aprobación del acta La Sra. Gardner le pidió al comité que revisara y aprobara el acta de la reunión del 12 de noviembre de 2019 . Claudia Armann hizo una moción para aprobar, Maya Lazos la secundó. La moción fue aprobada por unanimidad.	Las actas fueron aprobadas tal como están escritas. M / S / C	
IV.	Bienvenida y Presentaciones Sra. Gardner dio la bienvenida a todos y pidió auto- presentaciones. Ella felicitó al Comandante. Fryhoff por su reciente promoción y su nuevo puesto como Jefe de Policía de Thousand Oaks.		
V.	Anuncios de la presidencia Ninguna.		
VI.	Comentarios públicos Stuart Fiedler señaló que esta es la cuarta vez que asiste a una reunión de este comité y agradeció al Presidente Gardner por designarlo como miembro.		
VII.	Actualizaciones del personal de Ventura County Behavioral Health (VCBH) A. Dan Hicks, gerente de servicios de prevención de ADP Existe una evidencia sustancial y creciente sobre los efectos adversos del uso intensivo y temprano de la marihuana . Hicks revisado algunas de las informaciones contenidas en un artículo de la revista British Journal of Psychiatry titulado “El cannabis y la psicosis:¿ Qué sabemos y qué debemos hacer” Ver adjunto. B. Kiran Sahota, Gerente de la Ley de Servicios de Salud Mental (MHSA)		

	<p>La Sra. Sahota no estuvo presente. La Sra. Gardner invitó a todos a participar en una reunión de participación comunitaria de MHSA el 15 de enero de 6:00 a 8:00 p.m.</p> <p>C. Vicky Gonzales, Salud Pública</p> <ol style="list-style-type: none"> 1. Se ha confirmado que algunas muertes de jóvenes en el país se deben al vapeo. 2. La Junta de Supervisores (BOS) ha aprobado una ordenanza que prohíbe las empresas de marihuana comerciales en áreas no incorporadas , y se dirigieron al personal para estudiar una posi excepción ble para Nyeland Acres. La Sra. Gonzales agradeció a la Sra. Gardner por dirigirse al BOS sobre este tema . Varios minoristas de tabaco hablaron en la misma reunión. La industria del tabaco está bien organizada. 3. La Ciudad de Oxnard y la Ciudad de Ventura han adoptado sus propias políticas e licencias de venta minorista de tabaco . <p>D. Otra actualización del personal N uno.</p>		
<p>VI I I.</p>	<p>Comentarios de los miembros del Comité de Prevención</p> <p>Javi er Bautista señaló que un evento interreligioso, llamado Oxnard Together, tuvo lugar el 12 de enero. Fue organizado por el Departamento de Policía de Oxnard. El jefe Whitney habló sobre la falta de vivienda. Participaron iglesias de diversas religiones , y también el Túnel TAY. El túnel TAY está aceptando la donación de ropa, que se puede dejar en el centro, 141 W. ^{5th} Street en Oxnard.</p> <p>Gabe Teran señaló que en noviembre tuvo lugar una Conferencia de Jóvenes de Salud Mental en colaboración con la miembro de la Asamblea Jacqui Irwin ; participaron unos 160 jóvenes, junto con NAMI, VCBH, BRITE y otras organizaciones. Los días 19 y 20 de febrero se llevará a cabo un evento Kids Kick Ash para estudiantes de secundaria y preparatoria; se centrará en la adicción a la nicotina y los productos electrónicos . El 14 de marzo habrá una conferencia de buques líderes juveniles . La Sra. Gardner señaló que asistió a la conferencia en noviembre y descubrió que los jóvenes estaban muy comprometidos.</p> <p>Claudia Armann señaló que asistió a una conferencia en Santa Bárbara para adolescentes defensores de la salud mental . Los jóvenes de los condados locales hablaron sobre sus necesidades de salud mental. Una vez habló sobre su uso positivo del Túnel TAY, muchos hablaron sobre la necesidad de tener servicios de salud mental en el campus de la escuela y lo importante que es tener un lugar seguro para LGBTQ.</p> <p>Yaakov Cahnman señaló que el 28 de enero Salvando vidas Camarillo tendrá una celebración de la coalición, reconociendo a los miembros de la coalición por sus esfuerzos de prevención en Camarillo.</p> <p>Maya Lazos señaló que el Hospital Vista del Mar fue aprobado para proporcionar capacitación en licitaciones de Abogados como Guardianes. La expansión del programa ambulatorio se está retrasando; incluirá un programa de hospitalización parcial para adolescentes. Además, Vista del Mar es un afiliado de la Fundación Jason; la compra del material y de ponerla a disposición de othe r s.</p>		
<p>IX .</p>	<p>Presentación: BRITE / Reality Inmprov Connection - Katherine Kasmir, Directora Ejecutiva, y Vanessa Alva, Especialista en Prevención y Salud Mental</p> <p>El programa se inició en 2005 para involucrar a jóvenes y adultos jóvenes para reducir el consumo de alcohol y el consumo excesivo de alcohol. Ha crecido para abordar una amplia gama de problemas de salud. BRITE brinda educación a través de la diversión y educa a los padres durante las fiestas de realidad. Estos programas proporcionan una plataforma para que los jóvenes sean escuchados y para ayudarlos a ser resilientes. Ver adjunto.</p>		
<p>X .</p>	<p>Viejo negocio</p> <p>A. Mesa redonda del Comité de Prevención - Discusión Esta discusión fue presentada ya que la persona que había propuesto esto no estaba presente.</p>		

XI	<p>Nuevo negocio</p> <p>A. Efectos del vapeo juvenil / salud mental</p> <p>La Sra. Gardner agradeció al personal y las agencias por abordar tanto la salud mental como el uso de sustancias en sus programas.</p>		
X II	<p>Artículos para la agenda de la próxima reunión</p> <p>La Sra. Gardner sugirió que las organizaciones miembros traigan sus anuncios de servicio público (PSA). Se llevó a cabo una discusión sobre la mejor manera de hacer esto: reducir a un área específica , por ejemplo, el aumento de las muertes relacionadas con el alcohol, o tener dos PSA por mes como una agenda regular.</p> <p>Seis participantes acordaron mostrar sus anuncios de servicio público en la reunión de febrero: Salud pública, TAY Tunnel, VCOE, VCBH Prevention Services , BRITE, Saving Lives Camarillo.</p>	<p>Presente anuncios de servicio público en la reunión de febrero</p>	<p>Salud Pública, Túnel TAY, VCOE, Prevención VCBH , BRITE , Salvando Vidas Camarillo</p>
X II I.	<p>Aplazar</p> <p>Se levanta la sesión a las 4:25 p.m.</p>		

Editorial

Cannabis and psychosis: what do we know and what should we do?

Marco Colizzi and Robin Murray

**Summary**

It is now incontrovertible that heavy use of cannabis increases the risk of psychosis. There is a dose–response relationship and high potency preparations and synthetic cannabinoids carry the greatest risk. It would be wise to await the outcome of the different models of legalisation that are being introduced in North America, before deciding whether or not to follow suit.

Declaration of interest

None.

Copyright and usage

© The Royal College of Psychiatrists 2018.

Marco Colizzi (pictured) is a psychiatrist and clinical researcher interested in psychosis and addiction. He is studying the neurocognitive and neurochemical effects of cannabinoids on the human brain. Robin Murray is a professor of psychiatric research and has spent much of his life studying the causes of psychosis.

Cannabis is used by approximately 200 million people across the world. The current trend to popularise its medicinal properties, real and imagined,¹ and to decriminalise or legalise it in many countries, is likely to be followed by greater use.^{2,3} However, cannabis is not as safe as was once thought.^{1,4} Just as longitudinal studies of tobacco smokers versus non-smokers nailed the link between cigarettes and lung cancer, so similar prospective studies have shown that heavy cannabis use carries with it an increased risk of psychosis.

Of 13 longitudinal studies in the general population, 10 have shown that cannabis users are at significant increased risk of subsequently developing psychotic symptoms or schizophrenia-like psychotic illness. The remaining three studies showed a trend in the same direction; two had a short follow-up period and the third limited power.⁴ A recent meta-analysis⁵ reported that the odds ratio for developing psychotic symptoms or a psychotic disorder in individuals who had used cannabis over non-users reached 3.9 (95% CI 2.84–5.34) among the heaviest users.

Of course, association does not prove causation. However, one by one, alternative explanations have gradually been disproved.⁴ Patients do not start using cannabis to self-medicate their psychotic or prodromal symptoms or side-effects of drugs, but rather use it for the same reasons as the rest of the population, principally for its 'high'. The risk of psychosis remains after controlling for personality disorder and use of other psychotogenic drugs. Some overlap between genes carrying susceptibility to schizophrenia and to drug use has been reported but insufficient to explain more than a fraction of the relationship.⁴

Of course, the vast majority of people using cannabis do not develop a psychotic disorder. Not surprisingly, people with a paranoid or 'psychosis-prone' personality are especially vulnerable, alongside people with other risk factors for psychosis such as childhood trauma. Starting use in adolescence and having a family history of psychosis also carry more risk; some evidence points to variants of genes involved in the dopamine system conveying susceptibility.⁶

Neuroimaging studies have begun to clarify the neural underpinning of the psychotic symptoms induced by cannabinoids.⁴ Unlike other drugs of misuse that have their maximum impact on dopamine in the ventral striatum, long-term cannabis use induces

alterations in dopamine in the associative striatum, which recent evidence pinpoints as the locus of abnormality underlying positive psychotic symptoms.

The changing nature of recreational cannabinoids

Extract of *Cannabis sativa* contains over 80 different cannabinoids, with delta-9-tetrahydrocannabinol (Δ 9-THC) and cannabidiol (CBD) the most important. Δ 9-THC is the main psychoactive ingredient, and administering it experimentally to healthy volunteers can induce transient psychotic symptoms.^{4,7} CBD appears to counteract Δ 9-THC-induced psychotic symptoms and cognitive impairment, and may even have antipsychotic properties.⁷

Most traditional forms of cannabis such as marijuana or hashish used in the 1960s and 1970s contained less than 4% of THC and often an equal proportion of the ameliorating CBD. However, these have been displaced by stronger varieties in many countries.⁴ In the UK, the type colloquially known as skunk now dominates the market; it contains on average 16% THC; CBD is barely detectable as the plant cannot produce high concentrations of both cannabinoids. In Holland forms of *Nederwiet* containing up to 60% THC can be lawfully smoked in coffee shops. In Colorado, where cannabis has been legalised for recreational use, preparations such as wax dabs containing up to 90% THC can be bought.

In the last 5 years, synthetic cannabinoids, often termed collectively spice, have hit the market. In contrast to THC which is a partial agonist at the cannabinoid CB₁ receptor, most synthetic cannabinoids are full agonists and consequently more powerful. Acute anxiety and paranoid reactions are common but because new molecules are constantly being produced and few have been tested in animals, incidental toxic reactions can be dangerous.⁸ Difficulty in detecting synthetic cannabinoids in urine has made them especially popular in prisons.

Need for much more research

Little effort has been put into studying cannabis, compared with that into alcohol or other recreational drugs. Effects of cannabis use on other psychiatric disorders need to be further examined, with some early reports claiming its use is beneficial for disorders such as post-traumatic stress disorder and depression and others that it increases their risk.¹ The role of cannabis composition needs to be further examined in such studies, as it is still unclear whether at specific concentrations CBD might outweigh any harmful effects of Δ 9-THC.⁷ The role of cannabis dependence in perpetuating use

deserves more study as does the possible synergistic effects of tobacco and cannabis, a major issue as the two are commonly smoked together.

Research into the numerous components of cannabis should be encouraged since, like research into opiates, it may produce drugs with important medical uses. Individual cannabinoid components can then be subject to trials measuring their effectiveness for a variety of ailments (for example pain, childhood epilepsy) in the same way any other proposed drug is evaluated. When effective, it should be introduced for prescription by doctors; several cannabinoid drugs already have become available in this manner.

What should we do now?

We psychiatrists need to be more alert to cannabis use by our patients and take as detailed a history of drug use as we do of alcohol consumption. Certain characteristics should give rise to particular suspicion.⁴ Patients who develop psychosis following misuse of cannabis tend to have an earlier onset of illness and to have better premorbid cognition and social function than other patients with schizophrenia. We need to get better at detecting those patients with established psychosis who continue to use cannabis, especially high potency varieties, as this is associated with worse outcomes;⁹ continued cannabis use and poor adherence to antipsychotics tend to go together.¹⁰

There is no strong evidence that any particular psychological intervention is particularly helpful in aiding patients to stop using cannabis. Nor have there been formal studies of which antipsychotic is best although some evidence suggests that clozapine is less likely to increase craving.

A curious divide has opened up between North America and the UK. In the USA, cannabis use in young people has increased since the mid-1990s as the number regarding use of cannabis as risky has fallen; use and potency of the drug is greater in those states that have legalised cannabis for medicinal or recreational purposes.² In contrast, use has fallen in England; in 1996, 25.8% of people aged 16–24 admitted to having used cannabis in the previous year; by 2016, that number had declined to 16.4%.

This decline has occurred in spite of the fact that use of cannabis has, in practice, been decriminalised in most parts of the UK. But, should it be legalised? This was the policy of the Liberal Democrats at the last election – although it did not turn out to be a vote winner. Indeed, it is the case both in the USA and the UK that much of the pressure to legalise is not coming from the public but rather from investors keen to make a fast buck. Would legalisation in the UK lead to an increase in consumption and cannabis tourism as evident in Amsterdam and Colorado, or could it be combined with education so that consumption would actually fall? The honest answer is that no one knows.

The sensible thing is to watch what happens in the next few years as different models of legalisation are implemented in different states in North America. The USA and Canada have embarked on a major pharmaceutical experiment with the brains of their

youth, and we should wait and see the outcome of the experiment. While we wait, we need public education to make the public aware of the risks associated with heavy cannabis use. It would be a shame when we are in sight of ridding the country of the scourge of tobacco use, if it were to be replaced by use of a drug that, although less harmful to the body, is more toxic to the mind.

Marco Colizzi, MD, National Institute for Health Research (NIHR) Biomedical Research Centre (BRC), South London and Maudsley NHS Foundation Trust, UK; Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK; **Robin Murray**, FRS, FRCPsych, National Institute for Health Research (NIHR) Biomedical Research Centre (BRC), South London and Maudsley NHS Foundation Trust; Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, UK; Department of Psychiatry, Experimental Biomedicine and Clinical Neuroscience (BIONE), University of Palermo, Italy

Correspondence: Marco Colizzi, Department of Psychosis Studies, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London SE5 8AF, UK. Email: marco.v.colizzi@kcl.ac.uk

First received 12 Sep 2017, accepted 13 Dec 2017

Acknowledgements

We thank Professor Wayne Hall for his comments on a draft.

References

- 1 National Academies of Sciences, Engineering, and Medicine. *The Health Effects of Cannabis and Cannabinoids: The Current State of Evidence and Recommendations for Research*. The National Academies Press, 2017.
- 2 Hasin DS, Sarvet AL, Cerdá M, Keyes KM, Stohl M, Galea S, et al. US adult illicit cannabis use, cannabis use disorder, and medical marijuana laws: 1991-1992 to 2012-2013. *JAMA Psychiatry* 2017; **74**: 579–88.
- 3 Hall W, Lynskey M. Evaluating the public health impacts of legalizing recreational cannabis use in the United States. *Addiction* 2016; **111**: 1764–73.
- 4 Murray RM, Englund A, Abi-Dargham A, Lewis DA, Di Forti M, Davies C, et al. Cannabis-associated psychosis: neural substrate and clinical impact. *Neuropharmacology* 2017; **124**: 89–104.
- 5 Marconi A, Di Forti M, Lewis CM, Murray RM, Vassos E. Meta-analysis of the association between the level of cannabis use and risk of psychosis. *Schizophr Bull* 2016; **42**: 1262–9.
- 6 Colizzi M, Iyegbe C, Powell J, Blasi G, Bertolino A, Murray RM, et al. Interaction between DRD2 and AKT1 genetic variations on risk of psychosis in cannabis users: a case-control study. *NPJ Schizophr* 2015; **1**: 15025.
- 7 Englund A, Freeman TP, Murray RM, McGuire P. Can we make cannabis safer? *Lancet Psychiatry* 2017; **4**: 643–8.
- 8 Altintas M, Inanc L, Oruc GA, Arpacioğlu S, Gulec H. Clinical characteristics of synthetic cannabinoid-induced psychosis in relation to schizophrenia: a single-center cross-sectional analysis of concurrently hospitalized patients. *Neuropsychiatr Dis Treat* 2016; **12**: 1893–900.
- 9 Schoeler T, Petros N, Di Forti M, Klamerus E, Foglia E, Ajnakina O, et al. Effects of continuation, frequency, and type of cannabis use on relapse in the first 2 years after onset of psychosis: an observational study. *Lancet Psychiatry* 2016; **3**: 947–53.
- 10 Colizzi M, Carra E, Fraietta S, Lally J, Quattrone D, Bonaccorso S, et al. Substance use, medication adherence and outcome one year following a first episode of psychosis. *Schizophr Res* 2016; **170**: 311–7.

Psychiatric Times

Marijuana and Madness: Clinical Implications of Increased Availability and Potency

Robin M. Murray, MD April 30, 2015 - Volume: 32 Issue: 4

Could It Be All the Marijuana?

Beginning in the mid-1980s, psychiatrists like me who specialize in schizophrenia started seeing an increasing number of previously well-functioning teenagers whose school performance had gradually dropped off, who had become increasingly alienated from their friends, and who then started having paranoid delusions and hallucinations. These patients puzzled us because most had been bright and sociable and showed no evidence of the usual risk factors for schizophrenia (eg, family history, developmental insult to the brain). Family and friends would often ask, "Could it be all the marijuana they have been smoking?" We would confidently reassure them that they were mistaken and tell them that cannabis was known to be a safe drug. How wrong we were! Twenty-five years later, there is convincing evidence that heavy use of cannabis, especially the high-potency types, increases the risk of schizophrenia up to 5-fold.

Could It Be All the Marijuana?

Attitudes toward cannabis are changing. Uruguay has legalized its use as have 4 American states; Jamaica is in the process of following suit. In addition, 17 US states have decriminalized cannabis, while 23 others have passed medical marijuana laws.

In many ways, cannabis is similar to alcohol; most of those who use it do so moderately, enjoy it, and suffer few if any adverse effects. However, in a minority of heavy users, problems develop. Given the likelihood that cannabis will become more available, it is important to establish any harms its use may cause so clinicians can identify and treat these. The main psychological harms that have been reported are dependence, cognitive impairment, and psychosis.

Why do people enjoy smoking cannabis?

The cannabis plant produces compounds known as cannabinoids in glandular trichomes, mostly around the flowering tops of the plant. Recreational cannabis is derived from these and has been traditionally available as herb (marijuana, grass, weed) or resin (hashish, hash). The cannabis plant produces more than 70 cannabinoids, but the one responsible for the "high" that users enjoy is tetrahydrocannabinol (THC). This activates the CB1 receptor, part of the endocannabinoid system, which, in turn, affects the dopaminergic reward system that is altered by all drugs of abuse.

Psychological dependence and tolerance can occur with cannabis. It remains in the body for several weeks, so withdrawal is very gradual but anxiety, insomnia, appetite disturbance, and depression can develop. Some reports claim that in 10% of persons who use cannabis and in 25% of daily users, dependence develops.¹ Cannabis dependence is an increasingly common reason why patients seek help from drug treatment clinics.

Cognitive impairment

Many studies implicate adolescent cannabis use with poor subsequent educational achievement. Silins and colleagues² observed more than 2500 young people in Australia and New Zealand. Their findings suggest that daily cannabis use before age 17 was associated with “clear reductions” in the likelihood of completing high school and obtaining a university degree.

THC disrupts the function of the hippocampus, a structure crucial to memory, and when it is given to volunteers, transient cognitive impairment is seen. Such impairment likely is why drivers under the influence of cannabis are at double the risk for traffic accidents.² Long-term users show more obvious deficits, but questions remain about what happens when they stop. Some studies suggest they can recover fully, while others indicate that only partial recovery is possible.³

Risk of psychosis

It has long been known that persons with schizophrenia are more likely to smoke cannabis than is the rest of the population. Until recently, the general view was that they must be smoking to self-medicate or otherwise help them to cope with their illness. If this were so, then one might expect psychotic cannabis users to have a better outcome than non-users. However, the opposite is the case; the patients who continue to use cannabis are much more likely to continue to have delusions and hallucinations.⁴

However, this does not prove that cannabis use causes the poor outcomes. The possible causal role of cannabis can only be answered by prospective epidemiological studies. In the first of these, 45,750 young men were asked about their drug use when they were conscripted into the Swedish army.⁵ Those who had used cannabis more than 50 times when conscripted, were 6 times more likely to receive a diagnosis of schizophrenia over the next 15 years(**Figure 1**). Since 2002, a series of prospective studies have confirmed that individuals who used cannabis at the baseline evaluation had a greater risk of subsequently developing psychotic symptoms or full-blown schizophrenia than non-users.⁴⁻⁷

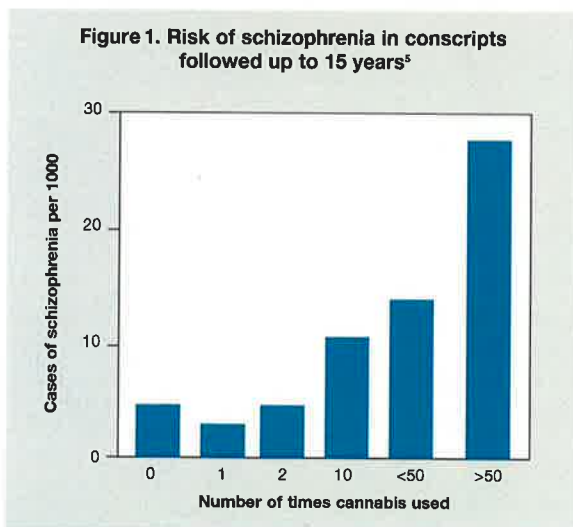


Figure 1

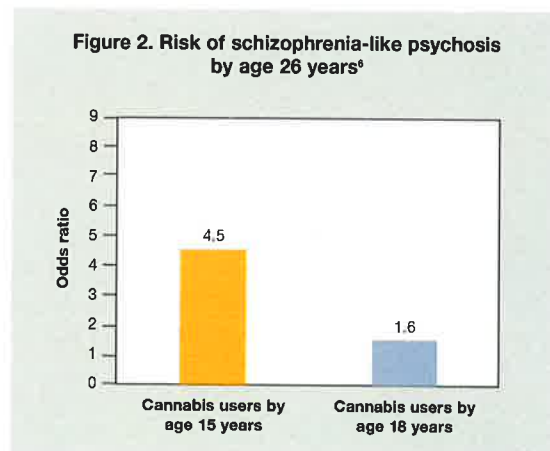


Figure 2

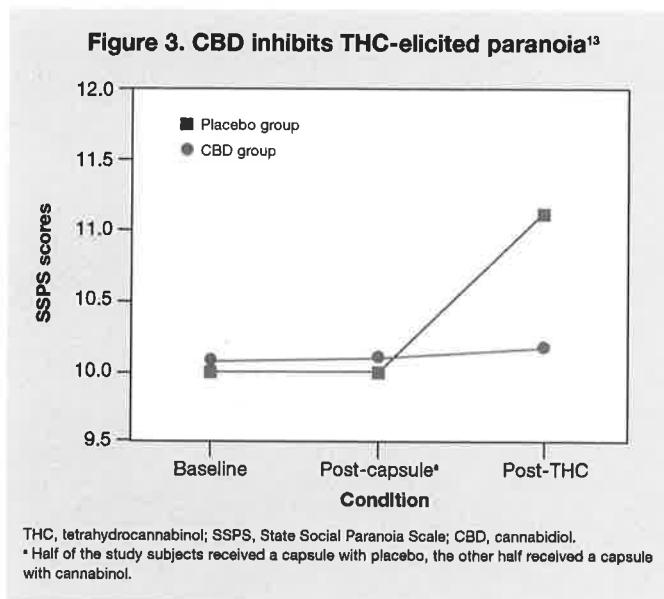


Figure 3

Could It Be All the Marijuana?

Some skeptics have suggested that perhaps those who are predisposed to schizophrenia are especially likely to use cannabis. However, in the Dunedin birth cohort study, the subjects were intensively studied since childhood, so those who had already appeared psychosis-prone at age 11 were excluded.⁶ The researchers found a link between cannabis use and later schizophrenia, even when the effects of other drugs known to increase risk of psychosis were excluded (**Figure 2**). Another criticism was that some individuals might have been using cannabis in an attempt to ameliorate symptoms of psychosis or its precursors. However, a second New Zealand study, this time from Christchurch, showed that once minor psychotic symptoms developed, individuals tended to smoke less.⁷

Anyone familiar with the effects of alcohol would immediately accept that the frequency of drinking is relevant to its adverse effects. The same is true with cannabis; long-term daily users are most at risk. Nevertheless, the majority of daily users will not become psychotic. Indeed, when a young man in whom schizophrenia has developed after years of smoking cannabis is asked whether he thinks his habit may have contributed to the disorder, he might answer, “No, my friends smoke as much as I do, and they’re fine.” It seems that some people are especially vulnerable.

Individuals with a paranoid personality are at greatest risk, along with those who have a family history of psychosis. Inheriting certain variants of genes that influence the dopamine system, which is implicated in psychosis, may also make some users especially susceptible; examples include *AKT1*, *DRD2*, and possibly *COMT*.^{8,9}

Changes in potency

In 1845, French psychiatrist Jacques-Joseph Moreau used cannabis and gave it to some of his students and patients. He concluded that cannabis could precipitate “acute psychotic reactions, generally lasting but a few hours, but occasionally as long as a week.”¹⁰ Modern experimental studies confirm that intravenous administration of THC in healthy volunteers can produce acute psychotic symptoms in a dose-dependent manner.⁸

The proportion of THC in traditional marijuana and resin in the 1960s was approximately 1% to 3%. Potency began to rise in the 1980s, when cannabis growers such as David Watson, commonly known as “Sam the Skunkman,” fled the Reagan-inspired “War on Drugs” and brought cannabis seeds to Amsterdam, where cannabis could be sold legally in “coffee shops.” Together with Dutch enthusiasts, they bred more potent plants, setting the scene for a slow but steady increase in new varieties of marijuana, including sensimilla (often called “skunk” because of its strong smell) harvested from unpollinated female flowers. The proportion of THC in sensimilla has risen to between 16% and 20% in England and Holland, respectively, and high-potency varieties have taken over much of the traditional market^{9,11}; the same trend, although lagging a few years behind, has occurred in the US.¹²

Traditional cannabis often contained not only THC but an equivalent amount of cannabidiol. This has been shown in experimental studies to ameliorate the psychotomimetic effects of THC, and possibly to have antipsychotic properties (**Figure 3**).¹³ However, plants bred to produce a high concentration of THC cannot also produce much cannabidiol, so the high THC types of cannabis contain little or no cannabidiol. Such varieties are more psychogenic; one study showed that persons who used high-THC–low-cannabidiol cannabis on a daily basis were 5 times more likely than non-users to suffer from a psychotic disorder.¹⁴ Another study that tested hair for cannabinoids showed that users with both detectable THC and cannabidiol in their hair had fewer psychotic symptoms than those with only THC.¹⁵

The increasing availability of high-potency cannabis explains why psychiatrists are more concerned about cannabis now than they were in the 1960s and 1970s. The trend toward greater potency continues: new forms of resin oil reportedly contain up to 60% of THC.¹¹ These very potent forms remain unusual, but synthetic cannabinoids, often termed “spice” or “K2,” are now commonly advertised and sold on Web sites that keep within the law by labeling their products as incense—or adding “not for human consumption.” While THC only partially activates the CB1 receptor, most spice/K2 molecules fully activate the receptor and, consequently, acute adverse reactions are more common. A survey of 80,000 drug users showed that those who used synthetic cannabinoids were 30 times more likely to end up in an emergency department than users of traditional cannabis.¹⁶

Cannabis and the developing brain

It seems that starting cannabis use in early adolescence increases the likelihood of problems. For example, in the Dunedin study, those starting at 18 years or later showed only a nonsignificant increase in the risk of psychosis by age 26, but among those starting at age 15 or earlier, risk was increased 4-fold (**Figure 2**).⁶

Could It Be All the Marijuana?

Those starting cannabis use early also appear more likely to develop cognitive impairment. Pope and colleagues¹⁷ found that long-term heavy cannabis users who began smoking before age 17 had lower verbal IQ scores than those who began smoking at age 17 or older. Meier and colleagues¹⁸ followed a birth cohort in Dunedin, New Zealand, up to age 38 years. Their findings suggest that persistent cannabis use over several decades causes a decline of up to 8 points in IQ; such dramatic findings need to be replicated before they can be accepted.

The results from animal studies also show that THC administration produces a greater effect on cognitive function in juvenile rats than in adult rats. Moreover, imaging studies in persons with long-term, very heavy cannabis use indicate detectable brain changes, especially in those who started

smoking in adolescence.¹⁹ Although the studies remain contentious, a possible explanation is that beginning cannabis use at an age when the brain is still developing might permanently impair the endocannabinoid system; this may affect other neurotransmitters, such as dopamine—known to be implicated in both learning and in psychosis.

Implications

Cannabis is now generally recognized as a contributory cause of schizophrenia. Although psychosis develops in only a small minority of cannabis users, when you consider that almost 200 million people worldwide use cannabis, the number of people who suffer cannabis-induced psychosis is likely to be in the millions, and the impact on mental health services is significant. The proportion of psychosis that has been attributed to cannabis use in different countries ranges from 8% to 24%, depending, in part, on the prevalence of use and the potency of the cannabis.¹⁶

Politicians have the difficult job of balancing the enjoyment that many people get from cannabis against the harm that afflicts some people. Furthermore, cannabis can alleviate chronic pain or symptoms associated with chemotherapy. Medical marijuana may be largely a cover used by the increasingly powerful marijuana industry to introduce recreational use, but research into the numerous components of cannabis should be encouraged, since it may produce drugs with important therapeutic uses.

Current trends are toward relaxing laws on cannabis, but no one knows the likely outcome. Will legalization mean an increase in consumption? Early reports from Colorado and Washington suggest an increase. Will this have knock-on effects on use by those in their early teens who seem most susceptible to adverse effects? Will the mental health and addiction services be able to cope? How effective will educational campaigns regarding the risks of regular use of high-potency cannabis or synthetic cannabinoids be? Might a simple genetic test reveal who is most likely to suffer adverse mental effects?

Many questions remain to be answered. In the meantime, as cannabis use continues to win acceptance, psychiatrists are likely to see more of the casualties.

Disclosures:

Sir Robin Murray is Professor of Psychiatric Research at the Institute of Psychiatry, King's College London. He has received honoraria for lectures from Janssen, Lundbeck, Otsuka, Bristol-Myers Squibb, and Roche.

References:

1. Hall W. What has research over the past two decades revealed about the adverse health effects of recreational cannabis use? *Addiction*. 2015;110:19-35.
2. Silins E, Horwood LJ, Patton GC, et al; Cannabis Cohorts Research Consortium. Young adult sequelae of adolescent cannabis use: an integrative analysis. *Lancet Psychiatry*. 2014;1:286-293.
3. Solowij N. *Cannabis and Cognitive Functioning*. Cambridge, UK: Cambridge University Press; 1998.
4. Casadio P, Fernandes C, Murray RM, Di Forti M. Cannabis use in young people: the risk for schizophrenia. *Neurosci Biobehav Rev*. 2011;35:1779-1787.

5. Andréasson S, Allebeck P, Engström A, Rydberg U. Cannabis and schizophrenia: a longitudinal study of Swedish conscripts. *Lancet*. 1987;2:1483-1486.
6. Arseneault L, Cannon M, Poulton R, et al. Cannabis use in adolescence and risk for adult psychosis: longitudinal prospective study. *BMJ*. 2002;325:1212-1213.
7. Fergusson DM, Horwood LJ, Ridder EM. Tests of causal linkages between cannabis use and psychotic symptoms. *Addiction*. 2005;100:354-366.
8. Morrison PD, Zois V, McKeown DA, et al. The acute effects of synthetic intravenous Delta9-tetrahydrocannabinol on psychosis, mood and cognitive functioning. *Psychol Med*. 2009;39:1607-1616.
9. Potter DJ, Clark P, Brown MB. Potency of delta 9-THC and other cannabinoids in cannabis in England in 2005: implications for psychoactivity and pharmacology. *J Forensic Sci*. 2008;53:90-94.
10. Murray RM, Morrison PD, Henquet C, Di Forti M. Cannabis, the mind and society: the hash realities. *Nat Rev Neurosci*. 2007;8:885-895.
11. van Laar M, Cruts G, van Ooyen-Houben M, et al. Trimbos Institute. *Report to the EMCDDA by the Reitox National Focal Point: the Netherlands Drug Situation 2014*. <http://www.trimbos.nl/~media/files/gratis%20downloads/af1367%20the%20netherlands%20drug%20situation%202014%20a4-web.ashx>. Accessed March 17, 2015.
12. Mehmedic Z, Chandra S, Slade D, et al. Potency trends of Δ^9 -THC and other cannabinoids in confiscated cannabis preparations from 1993 to 2008. *J Forensic Sci*. 2010;55:1209-1217.
13. Englund A, Morrison PD, Nottage J, et al. Cannabidiol inhibits THC-elicited paranoid symptoms and hippocampal-dependent memory impairment. *J Psychopharmacol*. 2013;27:19-27.
14. Di Forti M, Marconi A, Carra E, et al. Proportion of patients in south London with first-episode psychosis attributable to use of high potency cannabis: a case-control study. *Lancet Psychiatry*. February 18, 2015. http://www.thelancet.com/pb/assets/raw/Lancet/pdfs/14TLP0454_Di%20Forti.pdf. Accessed March 17, 2015.
15. Morgan CJ, Curran HV. Effects of cannabidiol on schizophrenia-like symptoms in people who use cannabis. *Br J Psychiatry*. 2008;192:306-307.
16. Winstock AR, Barratt MJ. Synthetic cannabis: a comparison of patterns of use and effect profile with natural cannabis in a large global sample. *Drug Alcohol Depend*. 2013;131:106-111.
17. Pope HG Jr, Gruber AJ, Hudson JI, et al. Early-onset cannabis use and cognitive deficits: what is the nature of the association? *Drug Alcohol Depend*. 2003;69:303-310.
18. Meier MH, Caspi A, Ambler A, et al. Persistent cannabis users show neuropsychological decline from childhood to midlife. *Proc Natl Acad Sci U S A*. 2012;109:E2657-E2664.
19. Battistella G, Fornari E, Annoni JM, et al. Long-term effects of cannabis on brain structure. *Neuropsychopharmacology*. 2014;39:2041-2048.

**BEHAVIORAL HEALTH ADVISORY BOARD
PREVENTION COMMITTEE
2018-2019 Annual Report**
Submitted by Janis Gardner, Chair

Prevention Committee members

Janis Gardner, Committee Chair
Captain James Fryhoff, BHAB Member
Claudia Armann, BHAB Member
Ezequiel A. Sanchez, BHAB Member
Gane Brooking, BHAB Member
Marlen Torres, BHAB Member
Mary Haffner, BHAB Member
Patricia Mowlavi, BHAB Member
Maya Lazos, Vista del Mar Hospital

Diana Hernandez, The Client Network
Gabe Teran, Ventura County Office of Education
Katherine Kasmir, Straight Up
Lori Litel, United Parents
Natalie Gabrie, Aegis
Rachel McDuffee, Aegis
Stephanie Flournoy, Interface Children & Family Services
Vanessa Alva, Straight Up
Yaakov Cahnman, Saving Lives Camarillo

Participants

Casa Pacifica
Community Coalition United
Conejo Valley Unified School District
MICOP
Pacific Clinics TAY Tunnel

Ventura County Behavioral Health
Ventura County Probation
Ventura County Public Health
Ventura County Sheriff's Office, Crisis Intervention Team (C.I.T.)

MISSION

To promote measures that prevent mental illness and/or substance use issues from becoming destabilizing components in the lives of Ventura County residents. Our aim is to collaborate and help support education, prevention and early intervention efforts with particular emphasis on community health, engagement and the interaction of mental health and substance use challenges.

2018-19 OBJECTIVES OF THE BHAB PREVENTION COMMITTEE

- 1) Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use and mental illness amongst multi-generational populations.
- 2) To promote vaping and cannabis education and awareness.

INTRODUCTION

Participating members in the Prevention Committee include individuals who have an interest in helping to mitigate mental illness and substance use challenges for adults, transitional aged youth and children who reside in Ventura County. Its membership and partners include persons from various entities around Ventura County, including, but not limited to, persons from multiple county agencies, stakeholders, contract providers, VCBH staff, health care professionals, law enforcement and consumers.

Chaired by an appointed BHAB member and reporting directly to the BHAB, this committee shall advocate for greater community awareness of behavioral health risks for individuals with mental illness, a dual diagnosis, or substance use disorder and shall:

- (1) Monitor and advise VCBH regarding its efforts to prevent the onset and exacerbation of behavioral health disorders.
- (2). Comply with the requirements of the Brown Act.

ACHIEVEMENTS

- 1) This past year, the BHAB Prevention Committee has added numerous new stakeholders, a Sheriff's Captain, community participants and providers from various entities throughout Ventura County. These new members have proved to be valued members of the committee.
- 2) The Ventura County BHAB Prevention Committee has supported, collaborated and advocated for information on topics within the scope of Cannabis Education and Awareness for Youth, MHSA, Mental Health Prevention, Early Intervention, and Alcohol and Drug Substance Abuse concerns.
- 3) The BHAB Prevention Committee, stakeholders and staff attendees have shared information on prevention efforts within Ventura County concerning Mental Illness, Opioid use, E-Cigarette usage, Youth Cannabis usage, Suicide prevention and Vaping .
- 4) BHAB Prevention Committee members' attendance at various events have included Cannabis Prevention Awareness presentations, Opioid and Marijuana conferences, Suicide Prevention Conferences and meetings and MHSA Stakeholders Committees and conferences.
- 5) Prevention committee members have attended local NAMI events (National Alliance for Mental Illness); events related to the LGBTQ population; events with Rainbow Umbrella; ADP Prevention Services contractor meetings, and Straight Up's local "Reality Parties for Parents," (both in English & Spanish), and have participated in CAUSE events and meetings.
- 6) The BHAB Prevention Chairperson attended the National Rx and Heroin Convention in Atlanta, Georgia, the Statewide Substance Abuse conference, the Suicide Prevention Conference and numerous other meetings, conferences and summits throughout the year.
- 7) The BHAB Prevention Committee has advocated for cannabis awareness and education for youth, Transitional Aged Youth, and for cannabis awareness programs within VCBH and in collaboration with other stakeholders.
- 8) The BHAB Prevention Committee has advocated for prevention efforts in the Latino community and for others in disadvantaged populations.
- 9) BHAB Prevention Committee members have pooled resources with members of the Rx Opioid and Heroin Workgroup concerning the workgroup's outreach efforts on the Opioid crisis, Fentanyl and E-Cigarette youth usage.
- 10) The BHAB Prevention Committee has supported efforts for MHSA 's regional Needs Assessment, that gathered information from VC Public Health, VC Behavioral Health, the community, stakeholders and VC School Districts.
- 11) BHAB Prevention Committee members attended the NAMI Walk and several NAMI conferences. The BHAB Prevention Committee advocated for efforts for the LGBTQ+ population and attended events and LGBTQ+ local conferences.
- 12) The VC BHAB Prevention Committee advocated for prevention efforts surrounding the Human Trafficking problem in Ventura County.

13) The BHAB Prevention Committee members, stakeholders and providers advocated for and supported the “No O.D.” program, DUI –Impaired Driving efforts, Drug Disposal efforts, The Ventura County Office of Education Youth Prevention efforts, Latino Outreach efforts, MHSA-PE & I Mental Health efforts and Law Enforcement’s prevention efforts throughout the county.

2018-19 PRESENTATIONS

The BHAB Prevention Committee Presentations are carefully selected. ADP Prevention Services and MHSA/Mental Health Prevention and Early Intervention topics and those of related partners are given the opportunity to give a monthly presentation. These presentations allow the BHAB Prevention Committee to learn about and oftentimes collaborate, concerning current research, educational opportunities and trends within the Ventura County community. The BHAB Prevention Committee meeting attendees share community campaign projects and resources with each other. They, in turn, bring relevant information to their staff, clients and various agencies who can further disseminate this information throughout Ventura County and the Community- At- Large.

August 2018: “Opioid & Cannabis Efforts Update,” presented by Dan Hicks, Manager, Ventura County Behavioral Health ADP Prevention Services.

September 2018: “VCOE: Suicide Prevention Efforts,” presented by Hunter Poulson, Ventura County Office of Education.

October 2018: “Environmental Prevention through Youth Engagement,” presented by Katherine Kasmir, Executive Director, Straight Up.

November 2018: “Pacific Clinics TAY Tunnel 2018” presented by Jennifer Goble, Program Director, and, Anthony Marron, Recovery Specialist, Pacific Clinics TAY Tunnel.

January 2019: “Juvenile Probation Services,” presented by Crystal Davis, Division Manager, Ventura County Probation Services.

February 2019: “The Great Vape Escape,” presented by Dan Hicks, Manager, Ventura County Behavioral Health, Alcohol & Drug Programs, Prevention Services.

March 2019: “Integrated Prevention: Cannabis Dispensaries and City Policies,” presented by Captain James Fryhoff, Ventura County Sheriff’s Office & Chief of Police for the City of Ojai.

April 2019: “Latest Trends from the California Healthy Kids Survey,” presented by Dr. Heidi Christensen, Ventura County Office of Education.

May 2019: “Highlights from the Rx Summit in Atlanta,” presented by Dan Hicks, Manager, and David Tovar, Office of Traffic Safety Grant Coordinator, Ventura County Behavioral Health, Alcohol & Drug Programs Prevention Services.

June 2019: Student Video Presentations presented by Gabe Teran, Operations Specialist for Youth Development, Friday Night Live, and, Katherine Kasmir, Executive Director, Reality Improv Connection, Inc. dba “Straight Up,” which included: “Choose Your Own Path,” by Middle School students from Juan Lagunas Soria School; “Stickman’s Beer,” created by students from Oxnard Middle College High School (OMCHS); “Incarcerated,” by a student from Providence High School; “Teen Depression,” by a student, Caroline M., from Vista Real High School; “Pretty Brown Eyes;” by Pacifica High School students; and, “Just one Puff?” by Hillside Middle School students.

CHALLENGES

The Prevention Committee acknowledges the following Challenges within Ventura County as related to community needs within the scope of Alcohol & Drug related Prevention Services and MHSA's Mental Health Prevention and Early Intervention. Challenges are as follow:

- Concerns about increased access to highly potent opiates such as Fentanyl within Ventura County.
- Piecing together funding from various sources to purchase Naloxone for the VCBH ADP Prevention Services Overdose Prevention Project.
- There needs to be an increase in access to prevention services that serve indicated, higher risk populations.
- The impact of broader availability and normalization of cannabis for youth and young adults.
- Implementation of ordinances and guidelines regarding cannabis sales.
- Ordinances and guidelines regarding youth vaping and vape products.
- Suicide Prevention outreach for older adults, men and youth.
- Address emerging issues related to the cultivation of Hemp in Ventura County
- Odor mitigation regarding Hemp fields which may trigger cannabis cravings or use for Tay and other Ventura County residents due to environmental challenges.

RECOMMENDATIONS

- Advocate and support mental health and substance use prevention and early intervention programs, including those in collaboration with providers and contractors.
- Help educate and inform the Board of Supervisors, VCBH staff, other agencies, and the public, on the negative impacts of alcohol and drug abuse.
- Advocate for policy prevention efforts around vaping products for youth and older adults.
- Advocate and support outreach efforts concerning cannabis and the potential harmful effects on youth's still developing teen brains with consistent cannabis usage.
- Increase the number of Prevention Committee members including persons in the community, stakeholders, providers and contractors.
- Search for gaps and needs in services in both mental health and substance use where no prevention methods or programs currently exist.
- Advocate for prevention efforts concerning suicide prevention and mental health challenges.
- Promote education for raising awareness of the negative impacts of Fentanyl and opioid usage.
- Develop a troupe of spokespersons to engage older adults
- Increase services and businesses at Hillmont, St. Johns, and other private hospitals and entities to adopt public and private Mental Health In-Patient and Crisis Stabilization services at these sites.

2019-20 OBJECTIVES OF THE BHAB PREVENTION COMMITTEE

1. Support and collaborate with VCBH and the BHAB in helping to prevent the onset of substance use and mental illness amongst multi-generational populations.
2. Promote vaping and cannabis education and awareness, and advocate for banning flavored vaping products.

ABOUT THE JASON FOUNDATION, INC.

The Jason Foundation, Inc. (JFI) was founded in 1997, after the tragic suicide of JFI's President Clark Flatt's youngest son Jason. JFI has never charged a school, educator, church, youth group, or community for the use of any of our programs or services. This assures that "lack of funding" is never the sole deciding factor of who can receive these life-changing/life-saving programs and resources. From a kitchen table start-up, JFI is now considered to be a national leader in youth suicide awareness and prevention. JFI's suicide prevention programs are in use in all 50 states and several foreign countries. To learn more visit www.jasonfoundation.com.

MISSION STATEMENT

The Jason Foundation, Inc. is dedicated to the prevention of the "Silent Epidemic" of youth suicide through educational and awareness programs that equip young people, educators/youth workers, and parents with the tools and resources to help identify and assist at-risk youth.



The Jason Foundation, Inc.
18 Volunteer Drive
Hendersonville, TN 37075
615.264.2323 | Fax 615.264.0188
Toll Free 888.881.2323
www.jasonfoundation.com



WORKING TOGETHER TO GIVE OUR YOUTH A PROMISE FOR TOMORROW

FOR THE AWARENESS AND PREVENTION OF YOUTH SUICIDE

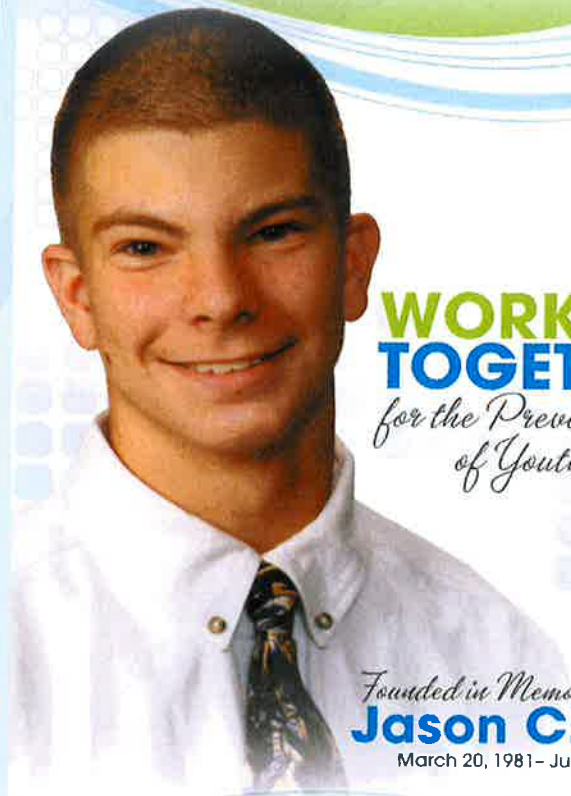


THE JASON FOUNDATION STORY

Jason Flatt was an average 16 year-old student. He loved sports and played football for his high school. He was active in his youth group at church and had a lot of friends. He had no drug or alcohol problems. He had an older brother, John, and two loving parents, Clark and Connie. It seemed that he loved life and "had everything to live for." However, on July 16, 1997, everything changed and Jason became a victim of the "Silent Epidemic" of youth suicide.

From this tragedy, The Jason Foundation, Inc. (JFI, as our friends call us) was created by Jason's family and friends. JFI set out to provide information, tools, and resources that could help friends, family, and educators better identify at-risk behavior and know how to help when someone turns to them hurting, considering suicide. Ultimately, JFI wanted to prevent the tragedy that took Jason far too soon from his family and friends.

Please see our website for a detailed listing of the programs and services that we offer. www.jasonfoundation.com



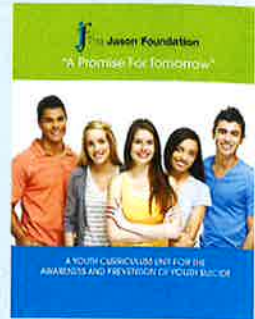
**WORKING
TOGETHER**

*for the Prevention
of Youth Suicide*

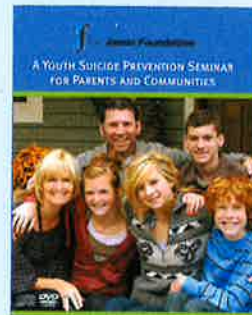
Founded in Memory of
Jason C. Flatt
March 20, 1981 - July 16, 1997

A PROMISE FOR TOMORROW

A Promise for Tomorrow provides a three to five lesson unit for grades 7-12 in positive peer support for the awareness and prevention of youth suicide. The curriculum is evidence-based, regularly reviewed for clinical and educational soundness, and is one of the most widely used youth suicide prevention programs in the United States.



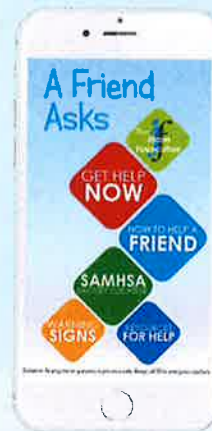
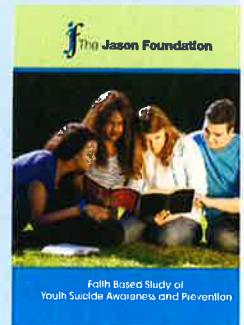
A YOUTH SUICIDE PREVENTION SEMINAR FOR PARENTS AND COMMUNITIES



A program complete with an instructional DVD, facilitator's guide and marketing materials. This seminar packet is designed so that people from both inside and outside the mental health arena can deliver a quality, professional presentation on youth suicide prevention.

FAITH-BASED PROGRAM

This program combines the clinical approach of suicide prevention with the concept of how faith can help in prevention.



"A FRIEND ASKS" APP

This program is a smart-phone app to help provide the information, tools, and resources to help a friend (or yourself) who may be struggling with thoughts of suicide. Download this FREE app from the Apple App Store or Google Play, or go to jasonfoundation.com and look for "A Friend Asks."

PARENT RESOURCE PROGRAM (PRP)

A web-based program for schools, churches, or community organizations that provides insight into awareness and prevention. Statistics, warning signs, and elevated risk factors are discussed. Also, information is provided to help build an action plan for prevention.



#IWONTBESILENT

#IWONTBESILENT is an ongoing, awareness campaign from The Jason Foundation that encourages the community to raise the national conversation of youth suicide prevention. The campaign encourages and offers suggestions to conduct awareness events in schools, businesses, churches, and other organizations.



BI PROJECT

BI is a collaborative effort with Rascal Flatts. The theme, "Someone you know may need a friend - BI", encourages young people to "Be Aware, Be Able, and Be Prepared" for their friends. Learn more at www.rascalflattsbi.com.

JEANS 4 JASON

At your place of business, school, or office, your participants, who are normally required to wear business attire or uniform, can make a donation and in return, wear jeans for a day, week, or however long you designate. To download a kit, or to get more information, please visit www.jeans4jason.com.



STAFF DEVELOPMENT MODULES

JFI offers staff development modules via an online library on JFI's website or by DVD. The modules are designed specifically for educators but are also useful for any type of youth worker. On average, more than 100,000 teacher trainings are completed each year through JFI modules. For a detailed description of each of the trainings, visit our Online Professional Development Library at learn.jasonfoundation.com.



THE JASON FLATT ACT

Passed in over a third of the states, The Jason Flatt Act is the most comprehensive suicide prevention law in the country requiring educators to have training in youth suicide awareness and prevention. Visit our website for the complete list of participating states. Educating teachers on recognizing signs of concern and elevated risk factors is a major step in saving young lives. The Jason Flatt Act works within a state's current continuing education requirements by mandating youth suicide prevention training. Although The Jason Flatt Act does not require teachers to use specific programs, many states and school districts use JFI's staff development modules to satisfy the requirement. Please refer to your local school district with questions regarding requirements for staff development programs. The states highlighted in teal are our JFA states.



AMBASSADORS



Phillip Fulmer, former Head Football Coach (HDF) and current Athletic Director of The University of Tennessee, has served as JFI's National Spokesperson since May 1998. Coach Fulmer's efforts continue to help JFI bring national attention to the tragedy of youth suicide, as well as the resources available for prevention

efforts. Coach Fulmer also leads JFI's efforts with the American Football Coaches Association and is co-host of JFI's largest annual fundraiser, The Phillip Fulmer & Charlie Daniels Golf Classic. www.phillipfulmer.com



In 2003, legendary entertainer **Charlie Daniels** became a celebrity spokesperson for JFI. In addition to being co-host for The Phillip Fulmer & Charlie Daniels Golf Classic, Charlie lends his passion and support in many ways. Through interviews, public service announcements, and other

media, Charlie helps keep the mission of The Jason Foundation in the forefront of his many fans and the nation. www.charliedaniels.com



Rascal Flatts - Gary LeVox, Jay DeMarcus and Joe Don Rooney - became Ambassadors for JFI in June 2010. In addition to their roles in public service announcements, public

awareness programs and fundraising, Rascal Flatts also lead the BI Project. www.rascalflatts.com

In 2004, the National Association of Attorneys General passed a resolution encouraging members to become involved in educating the public about youth suicide. The State Attorneys General, who work with JFI as Ambassadors, are instrumental in helping JFI build relationships in their states for youth suicide prevention.

STATISTICS

- For middle and high school age youth (ages 12-18), suicide is the 2nd leading cause of death. (2017 CDC WISQARS)
- For college age youth (ages 18-22), suicide is the 2nd leading cause of death. (2017 CDC WISQARS)
- Overall, suicide is the 2nd leading cause of death for our youth ages 10-24. (2017 CDC WISQARS)
- On average, we lose more than 100 youth to suicide every week.

2017 - CDC YOUTH RISK BEHAVIORAL SURVEY:

- Over one out of every six of our nation's youth (17.2%) seriously considered suicide in the previous twelve months.
- Almost one out of every seven young people (13.6%) actually made a plan to attempt suicide in the previous twelve months.
- Over one out of every fourteen young people (7.4%) reported attempting suicide one or more times in the past twelve months.

NATIONAL COMMUNITY AFFILIATES



NATIONAL AWARENESS AFFILIATES



**ATTORNEY
GENERAL
STATE PROGRAM**

For a listing of our dynamic partners and affiliates, please visit our website at www.jasonfoundation.com/about-us/our-support/affiliates/



UN LUGAR DE CUIDADO SEGURO
PARA SATISFACER SUS NECESIDADES
DE SALUD MENTAL

- Programa de hospitalización para adultos
- Diagnóstico dual para adultos y desintoxicación
- Programa militar
- Hospitalización parcial de adultos
- Programa de hospitalización para adolescentes
- Programa externo intensivo para adolescentes
- Programa externo intensivo para adultos
- Programa durante el día de Vista del Mar



VISTA*del***MAR**

Behavioral Healthcare Hospital

801 Seneca Street . Ventura, CA 93001

805.653.6434

SERVICIOS EXTERNOS

801 S. Victoria Avenue . Suite 303
Ventura, CA 93004

www.VistadelMarHospital.com

Accredited by the Joint Commission for
Accreditations of Health Care Organization



VISTA*del***MAR**

Behavioral Healthcare Hospital

PARA MÁS INFORMACIÓN,
LLAME AL:

805.653.6434

PROGRAMA PARA ADULTOS

... para adultos con enfermedad psiquiátrica aguda.

El programa de hospitalización para adultos de Vista del Mar Hospital usa un enfoque de tratamiento integrado que proporciona la más alta atención de calidad en salud mental.

- Currículo estructurado de tratamiento basado en evidencias
- Cuidado de crisis
- Terapia expresiva
- Arte, música, terapias de movimiento
- Planificación de alta individualizado con atención de seguimiento en su comunidad

PROGRAMA DE DIAGNÓSTICO DUAL PARA ADULTOS

... para adultos que lidian con enfermedades psiquiátricas agravado por la dependencia química.

- Tratamiento y desintoxicación bajo supervisión médica
- Plan de tratamiento integral
- Planificación de alta para la continuación de la atención para asistir con el proceso de recuperación

PROGRAMA DE HOSPITALIZACIÓN PARCIAL PARA ADULTOS

... opción de tratamiento alternativo para adultos en un entorno externo.

- Dos opciones: diagnóstico dual y salud mental
- Educación y asesoramiento grupal disponible de lunes a viernes
- Transporte gratuito dentro del condado de Ventura

PROGRAMA INTENSIVO PARA PACIENTES ADULTOS EXTERNOS (IOP)

El Programa IOP para adultos proporciona un tratamiento intensivo a corto plazo con flexibilidad para programar y equilibrar las necesidades de tratamiento y responsabilidades de todos los días. La asistencia es de tres días a la semana, tres horas por día, con la finalización del programa dentro de cuatro a seis semanas. Los grupos se centran en herramientas para el manejo de síntomas y recuperación sostenida.

PROGRAMA DE APOYO A SERVICIO ACTIVO MILITAR Y VETERANOS

... un programa especializado para militares. Ayudando a abordar problemas relacionados con:

- Trastorno de estrés postraumático
- Estrés relacionado con la guerra
- Abuso de sustancias / dependencia
- Trastornos del estado de ánimo
- Trastornos co-ocurrentes (TEPT / CD)

El Hospital Vista del Mar ha ofrecido servicios a nuestros militares y familias militares por más de 20 años. Ahora ofrecemos un programa especializado que utiliza práctica basada en evidencia de terapias aprobadas por el Departamento de Defensa y Departamento de Asuntos de Veteranos.

- Desintoxicación bajo supervisión
- Plan de tratamiento integral
- Planificación de alta

PROGRAMA DE ADOLESCENTES

... un programa psiquiátrico agudo para pacientes-adolescentes hospitalizados de 12 a 17 años de edad.

El programa para adolescentes en el Hospital Vista del Mar es para estancias hospitalarias intensivas cortas diseñadas para estabilización de crisis. Los adolescentes son tratados por profesionales certificados cuyas especialidades combinadas se centran en el trato con depresión, abuso de sustancias, agresión, autolesiones y conductas suicidas. El tratamiento incluye encuentros de grupos diarios, sesiones familiares, terapia expresiva, manejo de medicamentos y educación de manejo de comportamiento.

Un programa escolar aprobado por el estado asegura la continuación del trabajo académico actual, mientras que el adolescente se encuentre en tratamiento.

PROGRAMA INTENSIVO PARA PACIENTES ADOLESCENTES EXTERNOS (IOP)

Nuestro programa IOP para adolescentes está diseñado para ayudar a abordar problemas que los adolescentes de 12 a 17 años enfrentan hoy. Nuestro programa proporciona herramientas y crea apoyo al mismo tiempo que conecta a los adolescentes y sus familias. Nuestro equipo de profesionales usan currículo basado en evidencia y prácticas para el tratamiento de síntomas psicológicos. El programa IOP permite que el adolescente asista a la escuela durante el día y regrese a casa después de nuestro programa.

PROGRAMA DURANTE EL DIA DE VISTA DEL MAR PARA ADOLESCENTES (PROGRAMA DE HOSPITALIZACIÓN PARCIAL / PHP)

El programa durante el día permite el tratamiento mientras sigue manteniendo responsabilidades académicas. Nuestro equipo multidisciplinario de profesionales incluye un Psiquiatra, terapeutas, enfermera titulada, docentes certificados y especialista en dietas. La programación se basa en evidencia e incluye una combinación de psicoeducación, desarrollo de habilidades, terapia individual y apoyo familiar. Actividades terapéuticas como el arte, la música y la terapia con caballos también son parte de la rutina semanal. Los adolescentes asisten de lunes a viernes 8 horas por día y se les proporciona desayuno, almuerzo y meriendas. Ofrecemos transportación al programa, y al fin del día. Además, el éxito del programa es la parte integral y el apoyo de los padres / la familia.

PARA MÁS INFORMACIÓN, FAVOR DE LLAMAR AL:

805.653.6434

www.VistadelMarHospital.com
www.facebook.com/vistadelmarhospital



VISTA del MAR

Behavioral Healthcare Hospital



Programa externo de pacientes adolescentes

PROGRAMA DURANTE EL DÍA Y DESPUÉS DE LA ESCUELA DE TRATAMIENTO PARA ADOLESCENTES

Vista del Mar Hospital ofrece programación especializada para el tratamiento de problemas de salud mental y problemas de uso de sustancias para adolescentes (de 12 a 17 años). Los programas durante el día después del horario escolar ofrecen a los adolescentes y las familias opciones de tratamiento alternativas que no requieren hospitalización o colocación residencial fuera de casa.

PROGRAMA DURANTE EL DÍA DE VISTA DEL MAR (PROGRAMA DE HOSPITALIZACIÓN PARCIAL / PHP)

El programa durante el día permite el tratamiento mientras se continua manteniendo responsabilidades académicas. Nuestro equipo multidisciplinario de profesionales incluye un psiquiatra, terapeutas, enfermeros titulados, maestros certificados y especialistas en dietas. El programa se basa en evidencia e incluye una combinación de psicoeducación, desarrollo de destrezas y habilidades, apoyo de terapia individual y familiar. Actividades terapéuticas como arte, música y terapia asistida con caballos es también parte de la rutina semanal. Los adolescentes asisten de lunes a viernes, 8 horas al día y se les proporciona desayuno, almuerzo y meriendas. Ofrecemos transportación al programa, y al fin del día cuando los recogemos. Además, una parte integral del éxito del programa es el apoyo de los padres / familia que brindan educación y apoyo.

PROGRAMA INTENSIVO DESPUÉS DE LA ESCUELA DE VISTA DEL MAR PARA PACIENTES EXTERNOS (IOP)

El programa intensivo después de la escuela de Vista del Mar ofrece programación tres días a la semana de 4:00 a 7:00 p.m. para tratamiento de salud mental y uso de sustancias. El programa después de la escuela le permite al adolescente asistir a la escuela en un entorno tradicional durante el día, mientras recibe apoyo terapéutico después de la escuela. El tratamiento se proporciona en un entorno grupal, ayudando a los adolescentes a sentirse conectados y con el apoyo de compañeros y personal. El programa extracurricular de Vista del Mar proporciona grupos de chequeo semanales y de apoyo familiar.

APOYO DURANTE LAS VACACIONES ESCOLARES (VERANO, OTOÑO E INVIERNO)

Actualmente, Vista del Mar ofrece un programa de verano y se expandirá para incluir la programación de las vacaciones de otoño e invierno.

LOS BENEFICIOS DEL PROGRAMA INCLUYEN:

- Visita psiquiátrica
- Alternativa a la hospitalización
- Sirve como un paso hacia reducir la atención hospitalaria
- Una evaluación integral y plan de tratamiento de bienestar individualizado
- Los clientes reciben referencias de cuidados posteriores y un plan para cuando se le dé de alta el cual garantiza la continuidad de la atención



VISTA *del* MAR

Behavioral Healthcare Hospital

Para más información o para referir a un paciente, favor de llamar al: **805.653.6434**

VISTA DEL MAR OUTPATIENT SERVICES

801 S. Victoria Street, Ventura, CA 93003
805.653.6434

www.vistadelmarhospital.com

Para más información sobre nuestros programas, favor de llamar al: 805.653.6434



Programa externo de pacientes adultos

PROGRAMA DE HOSPITALIZACIÓN PARCIAL PARA ADULTOS (PHP)

El programa PHP proporciona tratamiento activo para personas con problemas mentales o problemas de adicción agudos. La asistencia es de lunes a viernes de 9:00 a.m. a 3:00 p.m. con una duración de una a dos semanas, con la oportunidad de cuidado descendente y continuo (Programa intensivo para pacientes externos). El programa se basa en evidencia altamente estructurada derivada de modelos de tratamiento ofrecidos dentro de un ambiente seguro y terapéutico. Los pacientes participan en terapia grupal, así como en sesiones de grupo de apoyo educativo y familiar. El equipo de tratamiento incluye: psiquiatra, enfermeras psiquiátricas, terapeutas expresivos y terapeutas certificados. Se ofrece transportación sin costo dentro del Condado de Ventura.

PROGRAMA INTENSIVO PARA ADULTOS (IOP)

El programa IOP para adultos proporciona un tratamiento intensivo a corto plazo con una programación flexible que ayuda a el tratamiento, las necesidades y responsabilidades cotidianas. La asistencia es de tres días por semana, tres horas al día, con finalización del programa en cuatro o seis semanas. Los grupos se enfocan en destrezas y habilidades para el manejo de síntomas y recuperación de largo plazo.

LOS BENEFICIOS DE LA PROGRAMACIÓN INCLUYEN:

- Alternativa a hospitalización
- Puede servir como un programa reductor de cuidado de paciente que han sido hospitalizados
- Destrezas para identificar y lidiar con situaciones difíciles
- Plan de evaluación integral e individualizada de tratamiento y bienestar
- Consulta y manejo de medicamentos.
- Tratamiento basado en evidencia (EBT)
- Terapia grupal intensiva TCC, IMR, en busca de seguridad
- Referencias de cuidados posteriores



Para más información o para referir a un paciente, favor de llamar al:
805.653.6434

VISTA DEL MAR OUTPATIENT SERVICES

801 S. Victoria Street, Ventura, CA 93003
805.653.6434
www.vistadelmarhospital.com