

Submitter: Kim Bartholomew

On behalf of:

Committee: Senate Committee on Human Services

Measure: SB 1547

I am writing in support of SB 1547 as a step in addressing adolescent substance abuse disorder (SUD). SUD is rising to epidemic levels and this bill begins the long conversation legislatively on how to best address the needs of adolescents. Currently, an adolescent can object to treatment. The frontal lobe of an adolescents are not fully developed which is why we associate adolescence with risky decisions making. Allowing adolescents to say no to treatment does not address needs at hand and may lead to habitual SUD. This bill affords parents the ability to force an evaluation and potential placement in a short term treatment program. The treatment facility will decide if the parameters for SUD are met and the adolescent would be admitted short term. I personally do not agree in complete and utter parental control over adolescent life as adolescence is a time to explore who you are and begin making your own decisions. In this instance, parental intervention is key and may positively impact outcome for the adolescent as we know that early intervention is important with SUD. In patient treatment would offer time for clarity of thought, reflection on the root causes of their SUD.

One issue increasingly seen with habitual cannabis users is Cannabinoid Hyperemesis Syndrome (CHS). Adolescents are at higher risk of CHS if they are long term users as they use cannabis as a maladaptive approach to dealing with the stressors in their lives. We must actively work to identify and treat the underlying root causes of their substance abuse disorder to ensure that treatment for CHS will be far more successful. Substance abuse counselors, social workers, school counselors and nurses can be instrumental in facilitating conversations with students and students and families on the school level and serve as strong advocates for students.

While rare, I have seen CHS in several students. Sometimes student present with cyclic vomiting syndrome instead of a CHS diagnosis as they have not necessarily been honest with their providers or, perhaps, their providers did not ask questions about marijuana use. The treatment modalities for cyclic vomiting vs CHS are very different and antiemetics used for cyclic vomiting will not help a person with CHS. The Cleveland

Clinic reports that one study found that 32.9% of self-reported frequent marijuana users who came to an emergency department for care met the criteria for CHS. With the widespread use of cannabis, increased potency and legalization of marijuana in multiple states including Oregon, CHS is becoming increasingly common. There are documented fatalities due to these additional problems associated with CHS.

CHS greatly affects physical and socioemotional health. CHS is a condition that leads to repeated and severe bouts of vomiting and only occurs in daily frequent users of marijuana. CHS causes weight loss, severe nausea and repeated vomiting/retching. Vomiting and retching may occur several times an hour. People may endure intense abdominal pain and discomfort. There can be loss of appetite and therefore weight with the potential for further health problems such as electrolyte imbalance, acute kidney injury, hypovolemia, esophageal injuries, and leaves people in an overall debilitated state. Fear of vomiting or retching is a concern and impacts mental health and food intake. Hot baths and showers may temporarily relieve some symptoms but are not long term cures. The only way to cure/ stop CHS is to stop using cannabis.

CHS causes a myriad of issues for adolescents at school. Attendance is an issue because they feel so unwell that they are unable to come to school due to both physical and psychological symptoms. Lack of attendance means that they fall behind and are at risk dropping out. If they are in attendance, they may not be able to attend to school/ school work with an inability to pay attention due to nutritional deficits, lack of sleep, overall physical and emotional exhaustion and so much more. Even if in attendance, grades may be poor and student may be unable to pass classes.

Here are two respected clinics sharing information regarding Cannabinoid Hyperemesis:

<https://www.cedars-sinai.org/health-library/diseases-and-conditions/c/cannabinoid-hyperemesis-syndrome.html#:~:text=Key%20points%20about%20cannabinoid%20hyperemesis,be%20diagnosed%20for%20several%20years.>

<https://my.clevelandclinic.org/health/diseases/21665-cannabis-hyperemesis-syndrome>

I am happy to provide additional scholarly articles if requested.

Respectfully,

Kim Bartholomew
School Nurse