IAAP The Indiana Association for Addiction Professionals
A NAADAC Affiliate

Spring 2016

CONNECTIONS

The Newsletter for Addiction Professionals

President's Message

By Angela Hayes

Hello fellow IAAP members, hope this finds you all well. The BOD met in January for our annual board retreat and had a pretty productive event. We continue the trend of building membership with emphasis on securing presenters to bring IAAP productive and well-rounded CEU material.

Recently we sent out a very brief survey asking members about conference days. We get periodic feedback that our members would prefer not to have conference days on a Saturday. So we want to put this question to all members. There will be ample notification to participate in the brief survey and we ask that you take the time to give us feedback as we chart our course for the future.

I also want to take a moment to alert each of you that NAADAC has opened up a grandfathering process for the MAC. This process will be available until mid to late April (I believe it is the 24th) so if you qualify you want to make sure to get in on this opportunity. For further information, you can contact NAADAC.

Continued on page 2 see PRESIDENT

ARE YOU UPDATED?

Please contact us to update your address & email to avoid missing important information!

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INSIDE THIS ISSUE

IAAP NEEDS YOU!

Look Inside this Issue for Exciting Leadership and Advocacy Opportunities to Gain Skills and Support Addiction Professionals.

A MESSAGE FROM YOUR EDITOR IN CHIEF

I was a musical prodigy. At three, I composed an opera. At four, I wrote a minuet. At five, I wrote a complete symphony. And at five-thirty, I went down and had a cup of tea. OK, OK, maybe I drank more than one cup…..Smiling is good for us. Share what makes you smile with me and see it in print!!!!

Live well. Laugh often. Love much. ~Kay

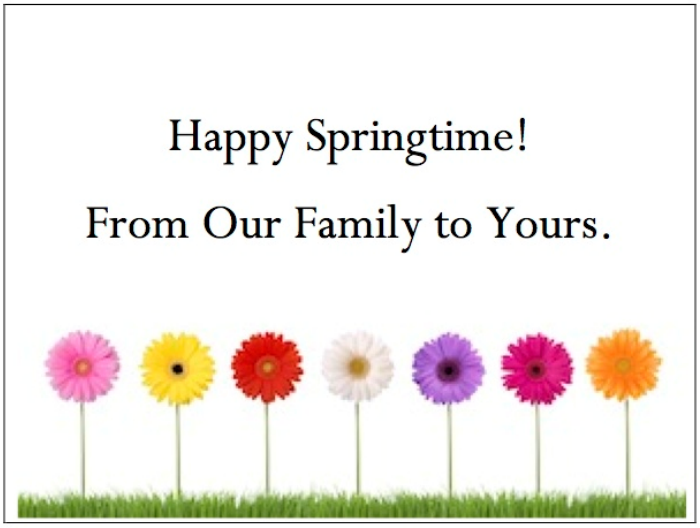
PRESIDENT Continued

On a final note, IAAP is once again participating with NAADAC for the March to Membership campaign. If you know of someone who would like to become a member or once was a member and their membership has lapsed for 12 or more months, they are eligible to rejoin with $20.00 off of the membership cost.

Have a wonderful spring everyone!

Only my best,

Angela Hayes, LMHC, LCAC
IAAP President



IAAP
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Conversations

Jeanne Hayes LMHC, LCAC

As members of IAAP, we come to know other members, who then offer an excellent opportunity to have discussions directly related to the work we do. Recently in one such group the conversation addressed two interesting topics.

The first was guilt and shame's relationship to both forgiveness and victimization. Here are some thoughts the group members shared related to this issue.

> Forgiveness of self and/or others can only be found from a position of humility.
>
> One may be a victim for one day only, after that it is participation.
>
> Irresponsible blame is a painful attempt at seeking a solution.

Both of the two feelings of guilt and shame can be blocks to personal growth. Guilt is experienced when the individual is aware of offending a code of ethics. The client's awareness of this is a strong step on the path of increased self-knowledge, and personal maturity. Shame can increase emotional paralysis unless one is open to humility. Without humility it is as though one is playing god.

The second one recalls Dr. Berne's Transactional Analysis? One of the group members shared how beneficial one of the concepts of this process has been for her to use with clients. Dr. Berne presents the personality categories of Parent, Adult, and Child as ways of understanding our or another's ego position. This concept enhances and clarifies the understanding for clients working on personal development or relationships. She talked about how it eased communication, because partners found it easy to grasp. They recognized when a partner in the conversation goes to their parent a power struggle can be diverted by the other staying calmly in their adult.

This is just a very brief sketch of possible sharing and learning that is enjoyed when members of IAAP get together for lunch. So, at the spring conference invite someone to join you for lunch, you too might have interesting conversations.

Words of Wisdom

"Life is really simple, but we insist on making it complicated." Confucius

2016 IAAP Events Calendar

Register Today!

Annual Spring Conference – April 8–9, 2016

SAVE the DATES!

IAAP Ethics Training – July 15, 2016

IAAP Annual Fall Conference – September 23–24, 2016

Next Certification Meeting

April 8, 2016

Conference and Continuing Education Committee

The Clinical Supervisor training in February was a great success. Thanks to all that came out for this conference!

Our upcoming Annual 2016 Spring Conference will include Michael Cortina, who will present on Rapid Trauma Relief on Friday. This is an intervention that has helped clients work on trauma in a brief therapy modality. There has been great success using this intervention and Mr. Cortina will explore and explain this method of treatment. Ron Chupp will present on marijuana on Saturday. Addressing marijuana use is an especially difficult task since some states have moved towards legalization and use of medical marijuana. Ron can discuss some of the implications and research regarding marijuana.

Attending conferences is a great way to network, meet new members, encourage new attendees to become part of our organization, and to support IAAP. We will continue to offer conferences with topics that are relevant to our client population and of interest to clinicians. Any suggestions provided in our feedback surveys are strongly considered in scheduling speakers. Anybody interested in sponsoring a break, or if you have an idea of any agency that is willing to sponsor, please contact the marketing committee with this information to make this a successful event. We hope to plan well in advance to allow people time to adjust their schedule. If you know of a speaker who can provide training please forward that information to me. The sooner we set the conferences up the greater the likelihood we will have a good turnout.

Thank you to all who have assisted in working on these conferences and to all of you who take time out of your busy schedule to come out and attend. For those who were unable to attend this conference, I hope to see you soon at the next one. I encourage everybody to become active in the organization. This is an opportunity to impact the profession and to continue to provide quality services to our clients.

I continue to need committee members. If you are interested in joining the conference and education committee you can reach me by email at:
peggy.payonk@regionalmentalhealth.org

Only Our Best,
Peggy Payonk

Earn up to 12.25 CEU's for attending the 2016 IAAP Annual Spring Conference.

IAAP is a NAADAC Approved Provider.
Provider #: 88754
All educational training programs are reviewed for content applicability to state/national certification standards.

CEUs approved through the IPLA for social workers, clinical social workers, marriage and family therapists, mental health counselors, addiction counselors, and clinical addiction counselors.

CHARACTER AND RECOVERY

True HUMILITY is the freedom of having nothing to prove because we are secure in our identity as children of the Divine. It is grounded in Spiritual Worthiness.

Interestingly, when our Egos are feeling insecure, not sure if we measure up, or our worth is challenged by another's criticism, or we do something so stupid that causes harmful consequences to self and others, we may be tempted to give up. But here's a thought for you on something we can do. We can check to see if some seed of arrogance has begun to sprout in our heart's garden, and caused us to forget our own true worth, our own true nature of creativity, love and wisdom.

ARROGANCE is one of the 7 basic character flaws, or "dark" personality traits. It is seen in people who are "stuck on themselves," intolerant of other people and their flaws, especially those different from them. We can see it when they are rude or downright smug, and every conversation centers on their accomplishments, their abilities. Many arrogant people have a false charm that no one seems to see through. But the arrogant person is usually more than happy to show their cruel side to those that they don't like. They often have a strong need to look good and be self-sufficient. Their work attitude is often "my-way-is-the-only-way" and refuses help from others to gain the glory for themselves. Sadly, they are spiritually myopic people who are unable to see themselves as others see them. Arrogance is the bane of humility. It can ruin and spoil a humble heart.

And it is the antithesis of **GRATITUDE!**
OFTEN THIS CAN BE THE KEY THAT
GETS OUR ATTENTION!

So what can we do when we are not grateful for what life has dealt us? When feeling insecure, we can withdraw, isolate, and sit on the PITY POT nursing our wounds of inadequacy…Or when hit by another's criticism, get up on our 'high-horse,' as my grandmother used to say, and criticize back, defending ourselves or blaming others vehemently.

OR, we can return to focus on the elemental principles of Steps 1-3. Don't let the fact that it may be years ago that you successfully had victory over alcohol or drug addiction! This is what Ernie Larson calls Stage II Recovery Work. When life hands us these kinds of challenges, it is time to practice personal mindfulness, practice using Spiritual Tools instead of letting our wills run-riot within us. Not sure of what's going on? Admit it, Go to God and ask Him to reveal to you if the seed of arrogance has begun to grow in your heart. It is amazing what God can show us when our heads are bowed before him and our eyes closed!

Here is where the Steps 1-2 come in. **ADMIT** you can't fix yourself, admit that, at times, all of us struggle to see the reality, the whole truth within us (M. Scott Peck's book: People of the Lie) Then **DECIDE** (the first step to developing belief) and, in an action that shows you will trust the process and believe God can, **ASK HIM TO TAKE THIS** from you.

He cleaned up your messy life of addiction. He can clean up those well-hidden character traits that sabotage life's serenity. He can restore you (and me) to the sanity and clarity of a spiritually led and grounded life. Be **GRATEFUL.**

Words of Wisdom

"Forgiveness is the key that unlocks the handcuffs of hate." William Ward

Words of Wisdom

"Beautiful thoughts build a beautiful soul."
Wayne Dyer

A SOBER CHUCKLE... Rx: LAUGHTER

Frogs have it made!
They can eat whatever bugs them.

Never underestimate the power of human stupidity.

A man has reached middle age when he is cautioned to slow down by his doctor instead of by the police.

God, Grant me the SENILITY to forget the people I never liked, the GOOD FORTUNE to run onto the ones I do, and the EYESIGHT to tell the difference.

Opportunity may only knock once, but temptation raps for years.

Handle every stressful situation like a dog. If you can't eat it or play with it, pee on it and walk away.

A man walks into a psychiatrist's office with a cucumber up his nose, a carrot in his left ear, and a banana in his right ear. He says, "What's the matter with me, Doc?" The psychiatrist says, "You're not eating properly."

Combined Use of Alcohol and Energy Drinks Increases Participation in High-Risk Drinking and Driving Behaviors Among College Students

Journal of Studies on Alcohol and Drugs, 76(4), 615-619 (2015). June 25, 2015
Conrad L. Woolsey, PhD Ronald D. Williams, PhD
Jeff M. Housman, PhD Adam E. Barry, PhD
Bert H. Jacobson, PhD & Marion W. Evans, DC, PhD

Objective:
A recent study suggested that college students who combined alcohol and energy drinks were more likely than students who consumed only alcohol to drive when their blood alcohol concentration (BAC) was higher than the .08% limit and to choose to drive despite knowing they had too much alcohol to drive safely. This study sought to replicate those findings with a larger sample while also exploring additional variables related to impaired driving.

Method:
College students (N = 549) completed an anonymous online survey to assess differences in drinking and driving-related behaviors between alcohol-only users (n = 281) and combined alcohol-energy drink users (n = 268).

Results:
Combined users were more likely than alcohol-only users to choose to (a) drive when they perceived they were over the .08% BAC limit (35.0% vs. 18.1%, $p < .001$), (b) drive despite knowing they had too much alcohol to drive safely (36.3% vs. 17.0%, $p < .001$), and (c) be a passenger when they knew the driver had too much alcohol to drive safely (44.1% vs. 23.6%, $p < .001$). Combined users were significantly more likely ($p < .001$) to report indicators of high-risk alcohol use, such as larger number of drinks consumed, number of days drinking, number of days drunk, number of heavy episodic drinking episodes, greatest number of drinks on one occasion, and average hours of consumption.

Conclusions:
Combined use of alcohol and energy drinks may place drinkers at greater risk when compared with those who consume only alcohol. College students in this sample who combined alcohol and energy drinks were more likely to participate in high-risk driving behaviors than those who consumed only alcohol.

Source:
http://www.jsad.com/doi/10.15288/jsad.2015.76.615

The Wonder of the Current Shortfall of Treatment

Now is a time to wonder. Time to wonder how prepared we are as a profession to approach the future. It is easily recognizable that at this time, we as a profession are not capable of meeting the clinical needs of those struggling with Substance Use Disorder. It may be that we have sufficient groups to serve our clients in an out-patient setting. It is not true that we have the clinical ability to serve our clients seeking detox, or those in need and wanting residential treatment. This is a reality that ought to shock each of us, but over time we have become immune to this situation.

We are capable of helping our clients understand that Addiction is a brain disorder. Are we Addiction Professionals capable of understanding this disorder? If so how is it that we accept the lack of treatment available to our clients? This seems to me to be an ethical dilemma for our whole profession.

No one wants to be an addict, regardless of what the addiction is. This disease is a challenge that "hi-jacks" the brain. The client's negative consequences increase over time. These consequences block the client's view that the lifestyle change required is within their grasp. They most often believe that they are alone. Withdrawal or any part of this mental health challenge is not something one ought to be punished for. It seems clinically correct that our clients, our family members, or maybe we, who struggle with Addiction as well as other mental health issues, ought to be treated by professionals in a clinical setting not punished with incarceration.

The primary reason clients are denied treatment is there are no available beds for those seeking detox or residential treatment, a two to three week wait is not unusual. Often clients are denied treatment for reasons such as: they have not yet failed at previous treatment, or they do not have the ability to pay, even though, we all may believe they are unable to stop using on their own. The Affordable Care Act has decreased the denial of treatment for many, but not for all. The not being able to stop using and stay stopped on their own is a huge component. So where are we with treatment?

If a client is arrested by the legal system due to behavior brought on by this disease, they have violated the law. They will not receive clinically safe and respectful treatment, they will be incarcerated, and they may detox in a holding cell, and/or obtain their drugs illegally in the jails or prisons. Please, please let us not wonder if in the future treatment opportunities will increase, let us today treat this disorder with the professionalism it deserves.

What are we willing to do about lack of residential care? It is not up to the other person, or the next generation this is for us to address today. I invite all Addiction Professionals to challenge their thinking about this issue. I encourage each of us to discuss this frequently in staffing, with clinical and administrative staff. Write letters expressing your perspective about this to IAAP, SAMHSA, elected officials, CARF, JCAHO, letters to the editor, anyone or any group that you think needs to be informed. If we do not raise the issue, who will?

Jeanne Hayes LMHC, LCAC

Words of Wisdom

First we make our ATTITUDES.
Then our ATTITUDES make us.
Denis Waitley

Professional Development – Making the Most of Your Career

by Kevin M. Large, M.A., LCSW, MAC

"Whatever you do will be insignificant, but it is very important that you do it." -- Mohandas K. Gandhi

Whether you are starting out in the profession, or find yourself describing yourself as a "seasoned professional," I believe that, in either case, the process of professional development is similar regardless of the amount of experience that you have.

When I think of the process of professional development, in addition to attending educational conferences and seeking to advance our skills to be able to provide services to others, I also think that many of us undergo a process of self-evaluation. We find ourselves reflecting on what led us to choose this career, and what we have hoped to achieve.

Self-Assessment – What Do We Want to Achieve in Our Career? When we are in the process of evaluating our careers, I would suggest the following questions as a form of self-assessment: What are your hopes and dreams? What do you want to accomplish? What do you want to be remembered by? Who do you want to be?

While these are open-ended questions, their value lies promoting the openness by which we can truly ask ourselves: What do we really want to do with our lives? What do we hope to achieve?

Professional Development – Metaphors for Life, Living, and Career

As many of us are involved in providing services to those whose lives have been afflicted with alcoholism and drug addiction, I think that we primarily see ourselves in the role of a professional caregiver and counselor.

For a moment, I would like to imagine other "roles" in a creative way of looking at what we do as therapists and counselors, borrowing on the imagery of the other professions and, in a poetic fashion, use the imagery of what the other professional does in their work and, in a fusion of their process combined with the therapeutic process, we can explore for a moment how we as caregivers can envision what we do in a creative way.

As such, the fusion becomes a metaphor for the work that we do on a daily basis. What I have written is a creative process – part poetry, part imagery; part representation of what we do, and part representation of what we dream to be able to do.

"Architect" Do we build our career as we go along, picking up and placing blocks as we go along? Or do we plan ahead, seeing where we want to go, and designing the blueprints for living – how we want to live our life, and where we want to go in our career?

"A Master Gardener" A person who likes to work with their hands; to help plants grow and develop. Immersing oneself in the process, digging in the earth, sprinkling the seeds for future growth, and helping to cultivate the new life and the promise of a future.

"A Baker and a Candlestick Maker" The Baker -- Making bread so that others may enjoy, sustaining life, and spreading fellowship and caring.

The Candlestick Maker -- Dipping the wick into hot molten wax, repeating the process as the candle takes shape. Molding the form, carving the design. Some in layers of various colors, some with objects sprinkled inside. Creating a piece that gives light and warmth. The illumination of yesteryear. The metaphor for a life – living so nobly, and yet sometimes… for the life that has been snuffed out.

"Tinker, Tailor, Soldier, Spy" – [taken from the title of the John LeCarre novel] The Tinker -- We fashion our lives and our career, building upon experiences and seeking out training, enrichment, and grasping at pieces of wisdom, a view of the larger picture.

The Tailor -- We seek to fashion a coherent image, made from the fabric of life, to provide a coat for warmth, a cloak for protection, a means for living, and the threads for survival.

The Soldier -- We combat the woes of society, seeking to protect the downtrodden, striving to embolden the unsure and fearful. And, all the while, on guard for the dangers and pitfalls of life – ready to hold up the rose by the thorns, and to help liberate those who keep getting their coattails caught in the briar patch.

The Spy -- We remain ever vigilant for the new threats on the horizon, recognizing the patterns of deceit and destruction, and shedding light on the path that lurks with self-defeating behaviors.

"A Poet Warrior in the classic sense…" – [taken from a line in the movie Apocalypse Now]
As we tell the narrative of a life lived, our struggle in the process, their tangled mess – all the while, we are seeking life and sanity, yet caught up in the dark chasm of pain and despair.

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We seek to help liberate the chains binding a soul, and we strive to emerge victorious – praying for peace and healing, searching for meaning, and hoping to make sense of it all…

"Career Counselor" Much like the captain of a ship, we must maintain a watchful eye as we monitor our career path. Who else will look out for us as we seek to improve ourselves? Where do we want to go in life? What do we hope to achieve? When seeking employment, how do we present ourselves to others?

Do We Choose Our Career, or Does Our Career Choose Us? There are most likely counselors out there who have been able to choose what path that they wanted to follow, including what kind of agency they wanted to work for, the type of clients or populations that they sought to serve.

As for myself, I have been grateful for the experiences that I have gained, although I don't know how much choice I have had at times with regards to my employment settings. As I reflect upon my career thus far, I think of it as being more a matter of taking what is available at a particular agency at a particular time. I have had the opportunity to work with all age groups, and at times it has fluctuated where I may be working primarily with children for a while, and then my work has involved working primarily with adults. Likewise, I have experience in working with individuals with substance abuse issues, mental health issues, and co-occurring disorders. I have worked for a number of different types of agencies, and with different populations. At the very least, it has given me such a broad range of experience that it has prepared me to work with a wide range of issues.

At any point in our career, we may want to take a look at the direction that our career is taking. Some people may feel fulfilled in what they are doing, and have ample opportunities for further professional development. I would like to suggest that we take a look at what we are doing, and ask ourselves if there are aspects to our career where we wanted to be further along by now, but it doesn't appear that we are getting there as we had hoped to.

Through a process of self-reflection, I suggest that we look at what we had hoped to achieve, and ask ourselves if there are things that we want to do, but have not yet achieved that type of experience.

Some Additional Questions and Opportunities for Professional Development: Do we want to further develop our skills so that we can do a better job with our clients? Do we want to attend specific training opportunity or workshop? Do we need a particular category of Continuing Education Units for a professional license? Do we want to seek personal counseling to deal with family of origin issues? Do we want to seek personal counseling to deal with some other area of need or concern? Do we want to seek out receiving clinical supervision from someone that does not work in my same agency? Do we want to seek out some job coaching or executive coaching to help us as a manager?

If we are seeking experience in working with a certain type of issue or population, I would recommend looking at ways in which we could get experience in that area such as through volunteer service.

We may want to pursue obtaining training in a specific area of interest; develop an area of specialization; and write articles or provide training to build your resume and reputation in providing talks and/or training on that specific area of interest.

What About A Career in Management? I would imagine that most of us in the field of addiction counselors do just that, in that we have had the experience of working with substance abuse clients. Depending upon the person, you may or may not have had any management experience.

If you want to pursue a career path of serving as a manager of an agency that provides mental health and/or substance abuse treatment services, you may be interested in seeking specific training to become a manager or administrator.

I believe that a lot of individuals may have completed college and/or graduate school, and have been working in the field as a helping professional, but have not yet completed specific coursework in a management degree program. It is to this end that I would be interested in helping to foster educational opportunities so that individuals that want to pursue a position as an agency manager or administrator can do so with the confidence that they can attain the necessary skills and experiences to help prepare them for these most important managerial and executive-level positions.

Kevin is the Regional Vice President for the NAADAC Mid-Central Region.

Some Suggestions for Further Reading:
"3 Questions from a King", email received from Mark Anderson, ExecuNet President [Mark.Anderson@exec-u-net-mail.com], January 24, 2014
"Improving the Addiction Profession," NAADAC Press Release, January 13, 2013, written by Donovan Kuehn. Source: http://www.naadac.org/default.aspx?p=110609&naid=15621

Legalized Cannabis and the Brain: NIDA Sounds the Alarm

Pam Harrison
March 17, 2016

Researchers at the National Institute on Drug Abuse (NIDA) are sounding the alarm over a possible increase in unknown cognitive and behavioral harms that widespread cannabis use may unmask.

A clinical review conducted by NIDA director Nora Volkow, MD, points out that as legalization of the drug for recreational and medical use spreads, vulnerable populations, especially adolescents, are exposed to toxic effects of the drug.

"This is not a problem that is specific to marijuana," Dr Volkow told *Medscape Medical News*. "Young brains and drugs shouldn't mix. Period."

The study was published in the March issue of *JAMA Psychiatry*.

Powerful Disruptors

Dr Volkow explained that young brains are engaged in a protracted period of "brain programming," in which everything an adolescent does or is exposed to can affect the final architecture and network connectivity of the brain.

"Drugs are powerful disruptors of brain programming because they can directly interfere with the process of neural pruning and interregional brain connectivity," she added.

In the short term, she said, this kind of interference can negatively affect academic performance. However, long-term use can impair behavioral adaptability, mental health, and life trajectories.

Currently, four states — Colorado, Washington, Oregon, and Alaska — as well as the District of Columbia have legalized cannabis for recreational use among adults. Twenty-three other states, plus the District of Columbia, also regulate cannabis use for medical purposes.

As a result of this rising tide of legalized marijuana, Dr Volkow and colleagues believed a more focused and in-depth study of its use and consequences was urgently needed.

Neuropsychological Decline

"Emerging evidence suggests that adolescents may be particularly vulnerable to the adverse effects of cannabis use," the investigators write.

Several studies, for example, have shown that individuals who use cannabis at an earlier age have greater neuropsychological impairment and that persistent use of cannabis from adolescence was associated with neuropsychological decline from the age of 13 to 38 years. This was not found to be the case when cannabis was first used in adulthood.

There is also "fairly clear evidence" of structural alterations in a number of areas in the brain associated with exposure to cannabis, although some evidence suggests that concomitant drinking may explain some of the structural alterations attributed solely to cannabis use.

fMRI studies have also pointed to changes in neural activity among cannabis users, including inefficient processing during a working memory task.

Differences in neuropsychological test performance as well as in brain structures and function in cannabis users vs nonusers may well have been there before users took up the drug, the investigators note.

Evidence suggesting alterations in brain structure and function in cannabis users is inconsistent, and both areas evidently require further research.

"There is both preclinical and clinical evidence supporting the view that cannabis use is associated with an 'amotivational' state," said Dr Volkow. The term "cannabis amotivational syndrome" is distinguished by apathy and difficulty with concentration.

She also notes that long-term, heavy cannabis use has been associated with underachievement in terms of educational pursuits.

On the other hand, it is also likely that diminished motivation could impair learning as well, she adds, inasmuch as tetrahydrocannabinol (THC), the active ingredient in cannabis, has been shown to disrupt reward-based learning.

"Amotivation in chronic heavy users may also reflect the fact that cannabis itself has become a major motivator," Dr Volkow writes, "so other activities (eg, schoolwork) become demoted in the individual's reward hierarchy."

What now needs to be established is whether higher concentrations of THC might make the risk of developing amotivation or even addiction more likely, investigators add.

Cannabis and Psychosis

There is also a lingering controversy over whether cannabis can trigger psychiatric disorders, notably, psychotic disorders and schizophrenia.

"It is recognized that cannabis with a high THC can trigger an acute psychotic episode," Dr Volkow writes.

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However, she cautions that the extent to which cannabis can result in schizophrenia is still being debated, although the consensus is that cannabis use in those at risk for schizophrenia can trigger the disease and exacerbate its course.

Particularly at high doses, THC has been known to trigger schizophrenialike positive and negative symptoms.

Studies have also consistently shown an association between the use of cannabis and schizophrenia in cases in which cannabis use precedes psychosis.

"The association between cannabis use and chronic psychosis (including a schizophrenia diagnosis) is stronger in those individuals who have had heavy or frequent cannabis use during adolescence, earlier use, or use of cannabis with high THC potency," Dr Volkow and colleagues observe.

"From these studies, ever use of cannabis is estimated to increase the risk of schizophrenia by approximately 2-fold, accounting for 8% to 14% of cases, with frequent use or use of cannabis with high THC potency increasing the risk of schizophrenia 6-fold."

Dr Volkow cautions that legitimate controversy remains as to how much cannabis use contributes to psychosis and the degree to which cannabis can precipitate psychosis in patients who have no genetic predisposition for the illness.

Key Questions

A number of key questions need to be adequately researched before a clearer picture emerges about the potential harms of cannabis use.

The first is, how much cannabis use is too much? Dr Volkow noted that it is not clear whether the effects of cannabis among heavy users apply equally to those who use cannabis much more casually.

The second is, at what age is cannabis use most harmful?

It is fairly clear that cannabis does have negative effects among adolescent users, the researchers note, but it may also have negative effects in older adults who undergo changes in brain plasticity and age-related cognitive decline, both of which could make them more susceptible to toxic effects of the drug.

"Physicians are in a key position to help prevent cannabis use disorder," said Dr Volkow. "This will require that they screen adolescents and young adults for cannabis consumption and that they intervene to prevent further use," she added.

In cases in which the adolescent or young person already suffers from the disorder, physicians need to tailor their intervention on the basis of the severity of the disorder and the presence of comorbidities, such as anxiety or depression.

"Science has shown us that marijuana is not a benign drug. The morbidity and mortality from legal drugs is much greater than that for illegal drugs, not because the drugs are more dangerous but because their legal status makes them more accessible and a larger percentage of the population is exposed to them on a regular basis," she said.

"The current 'normalization' movement presses on with complete disregard for the evidence of marijuana's negative health consequences, and this bias is likely to erode our prevention efforts by decreasing the perception of harm and increasing use among young people, which is the population most vulnerable to the deleterious effects of regular marijuana use."

Contributor to Mental Illness

Commenting on the article for *Medscape Medical News*, Oliver Howes, MD, PhD, Institute of Psychiatry, King's College London, United Kingdom, said he endorses the NIDA's position on cannabis use.

"I agree that there are potential issues around the use of cannabis, especially if you start it early, in adolescence," Dr Howes said.

"Early use seems to be what increases your risk of psychosis in particular, but it also seems to be associated with more marked effects generally, and we've certainly seen the effects of long- term, early cannabis use on the brain's dopamine systems that are linked to effects on motivation, or rather the lack of motivation, that you commonly see in heavy cannabis users," he added.

Dr Howes also shared the NIDA's viewpoint that there is much that is not known about the long-term effects of cannabis use, especially heavy cannabis use.

He also noted that "as a physician, I quite commonly see young adults who started using cannabis at the age of 12, 13, and 14 and who have come to see me in early adulthood with mental health problems.

"And yes, I do think early cannabis use contributes to the mental health problems that we see later on."

The authors and Dr Howes have disclosed no relevant financial relationships.

JAMA Psychiatry. 2016;73:292-297. Abstract

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- 33 free CE's via NAADAC's web-site: www.naadac.org - *(Medication Management for Addiction Professionals: Campral Series* and *Blending Solutions)*.
- Free access to NAADAC's online Career Center at www.naadac.org.
- Assistance with referrals concerning ethical or legal questions or complaints and two free hours of help on a Legal Assistance Hotline provided by NAADAC's liability company with malpractice insurance available through the Van Wagner Group.
- Free subscription to NAADAC's official magazine, *Addiction Professional*, which is published six times annually.
- Peer support and network opportunities through national and state conferences and workshops.
- Reduced rates for continuing education including the qualification course for the U.S Department of Transportation's Substance Abuse Professional.
- Reduced rates for publications such as the *Basics of Addiction Counseling: A Desk Reference and Study Guide*, used by experienced professionals and as a guidebook for preparation for certification exams.
- Access to the *NAADAC News*, the association publication only available to NAADAC members.
- Substantially reduced rates for professional Certification and re-certification as National Addiction Counselor (NCAC) or Master Addiction Counselor (MAC). *Please note that certification is not included in NAADAC membership but is a separate process. (Certification is not a requirement of membership in NAADAC.)*
- New avenues for job opportunities and advancement with higher levels of certification.
- A 20 percent discount on all Hazelden Publishing and Educational Services (PES) resources.