



NEWSLETTER

NOVEMBER 2015 / VOL 3 ISSUE 1



DIRECTOR'S CORNER

Welcome to the Newsletter published during National American Indian Heritage month. Last year we offered our first Spirituality Roundtable discussion at the Shakopee Casino and Hotel in Mystic Lake, MN. The discussions were very fruitful, touched on issues of culturally informed practices in Behavioral Health care, and thoroughly discussed the particular importance of including spirituality. Since last November, this topic has been very popular and requested by many different groups. We have chosen to repeat this topic again during our webinar on November 12th, the day after Veterans' Day. We are collaborating with the Student Association in our Department of Community and Behavioral Health at the University of Iowa to make this event as festive as possible to commemorate the rich American Indian culture around us.



November is also a month that starts an active season for celebration for many families in the US, starting with Thanksgiving and ending with Christmas, Hanukkah, Kwanza, etc. Many cultures celebrate holidays at this time of the year, but for some people it is a difficult time

if they are away from their family, or are struggling with behavioral health disorders. It is important to be inclusive during these upcoming two months, take care of yourself and your family and community. The legend of Thanksgiving is alive among us all, but for many American Indian communities this holiday may represent the beginning of a very traumatic history. We will address the story of Thanksgiving and how the American Indian and Alaska Native communities started celebrating the harvest long before the settlers came to the continent. However, we also want to underline the importance for behavioral health professionals to practice trauma-informed care, and be aware that this holiday season may be associated with historical trauma.

We continue to focus on issues of adolescents with behavioral health disorders and this time we want to address issues of marijuana abuse among Native adolescents. We will also raise concerns about increases in access to marijuana through legalization in many states, and industrial production of marijuana products in tribal communities. There is a paucity of discussion of the implication of increased access to marijuana and especially its effect on adolescents.

NATIONAL AMERICAN INDIAN HERITAGE MONTH

When travelling in any part of the country, I try to visit with tribal communities on my way, and I want to highlight my recent visit to the Urban Indian Center in Buffalo, New York. Urban Indian communities are expanding and many tribal members are "commuting between tribal land and urban centers." It is sometimes difficult to maintain cultural identity as a community member, as some are highly assimilated, some are living in a bi-cultural world, and a few living in traditional ways.

In the spirit of bringing thanks to our fellow members of the behavioral health workforce, I would like to thank our Advisory Council members, collaborators and consultants for the support and contributions you make to the work of this Center. Finally, I want to thank staff for the important work you do to make this Center productive and successful.

Regards,
Anne Helene Skinstad



MARIJUANA: HEALTH ISSUES AND PUBLIC POLICIES

By: Mary K. Winters, MEd

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Introduction

Marijuana is the most widely used drug in the US, after tobacco and alcohol. Based on a 2013 national survey (*Substance Abuse and Mental Health Services Administration, 2014*), about 20 million people age 12 or older reported past-month use of the drug in 2013, and daily or near daily use was reported by nearly 40% (8 million) of these users. Among high school youth nationally surveyed (Monitoring the Future - MTF), marijuana use now exceeds that of tobacco; about 17 percent of 10th graders and over 21 percent of 12th graders reported past-month marijuana use in 2014, and nearly 6 percent of high school seniors reported that they used marijuana on about a daily basis (*Johnston et al., 2014*). The initiation of marijuana use commonly occurs during adolescence (ages 15-18), with peak rates of use emerging in late adolescence and young adulthood (*Lanza et al., 2015; Wagner & Anthony, 2002; Young et al., 2002*).

National data collected in 2012 (*Substance Abuse and Mental Health Services Administration, 2013*) of recent (past 12 months) marijuana use broken-down by ethnic group indicates that prevalence rates by American Indian and Alaska Native (AI & AN) individuals were the highest. Among adolescents 12 to 17 years of age, the past 12-month prevalence of marijuana use by AI & AN youth was 20.1%, followed by Blacks or African Americans (14.7%) and non-Hispanic, Whites and Hispanics with similar rates (13.5%). Among adults 18 years of age and older, the past 12-month prevalence of marijuana

use was 19.5% among AI & AN, followed by Black or African Americans (14.1%), Non-Hispanic, Whites (12.9%), Hispanics (10.3%), and Asians (5%). The SAMHSA survey shows a similar pattern for both prior 30 day and lifetime marijuana use: AI & AN prevalence rates were the highest when compared to other ethnic groups.

National surveys reflect a shift in perceptions of the health risks associated with marijuana use. Trends in recent MTF surveys show a consistent decline in teens' perceptions of the risks of marijuana over the past decade, and there is a similar shift of attitudes toward greater acceptance of marijuana among adults (*Pew Research Center, 2014*).

Marijuana contains over 400 chemical compounds, including 80 compounds that are unique to the plant (*Gaoni & Mechoulam, 1964*). The best known of these compounds is the element associated with the plant's psychoactive effects, delta-9-tetrahydrocannabinol (THC) (*ElSohly & Slade, 2005*). One compound, cannabidiol (CBD), may have therapeutic value (*Morgan et al., 2010*). Marijuana is most frequently smoked in the form of cigarettes, joints or blunts (i.e. dried marijuana leaves rolled up in paper), water pipes or vaporizers (device that vaporizes the THC for inhalation). Alternate routes of administration include as an edible (marijuana leaves, stems and buds are baked into sweets and other baked goods), as topicals made from marijuana oils (e.g. lotions, balms or salves), and wax made by collecting resins from the flowering tops.

Potential Adverse Effects of Marijuana

Increasingly, Americans are buying into the position that because of the easing of restrictions of marijuana use one may assume that, after all this time; the drug really is safe for unrestricted use. In fact, it is so strongly hyped as a safe drug, that research findings may risk being largely ignored regarding the marijuana's potential health risks. Yet the possible adverse effects on its users of marijuana has been studied scientifically and objectively for a significant period of time. Research has demonstrated that when youth and young adults use during the critical years of brain maturation, the effects may be long lasting and may impact these individuals' potential achievement in school and work. Despite the changing social landscape regarding acceptable use of marijuana and its current fast track to legalization, the potential dangers of marijuana to some users still exist. A review of the research literature on the long-term effects was recently published by Volkow and colleagues (Volkow et al., 2014). We provide a summary of three long-term effects discussed in that article.

Risks of Addiction

It is typically viewed that the progression from initial use to regular use of any drug is due to its acute rewarding effects, but the transition to addiction involves a shift to habit-driven use (Koob & Volkow, 2010). The likelihood of transition from use to dependence varies considerably across drugs, likely the result of drug-specific physiological effects, individual differences in drug response, environmental risks (e.g., drug availability), and the interaction of these factors (Ridenour et al., 2005). Marijuana use, compared to other drugs, yields fewer rates of progress to dependence. The marijuana dependence rate among users is estimated to be 9%, which compares to tobacco (67%) and alcohol (23%) (Lopez-Quintero et al., 2011). However, for those who start using as teens, the number rises to 25-50 percent who smoke marijuana daily. In addition, the transition to marijuana dependence appears to occur faster relative to tobacco or alcohol (Lopez-Quintero, et al., 2011; Wagner & Anthony, 2002), suggesting that the addictive potential of marijuana is particularly significant among vulnerable individuals (e.g., youth; those with a family history of addiction).

Effect on Brain Development

The brain continues to develop until the age of approximately 21 years (Gogtay et al., 2004). There is converging, albeit still preliminary, evidence that the maturing brain is more vulnerable than a fully developed brain to the adverse long-term effects of alcohol and other drugs. One drug – marijuana – has received considerable attention regarding this research question. For example, animal studies have shown that prenatal or adolescent exposure to THC, the active ingredient in marijuana, can sensitize the reward system to other drugs (Dinieri & Hurd, 2012) and may disrupt the development of axonal connections between neurons (Tortoriello et al., 2014). Another concern is that early exposure to marijuana has a deleterious effect on the functional connectivity of the brain (Zalesky et al., 2012); healthy functional connectivity is important for learning and memory.

Relation to Mental Health

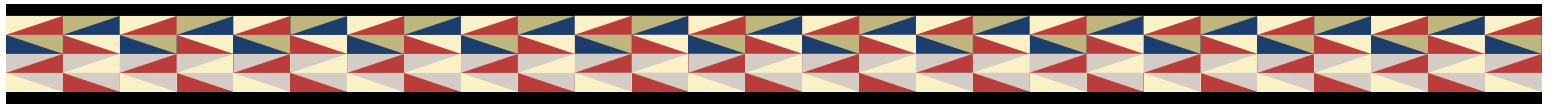
While scientists cannot demonstrate that marijuana use directly causes anxiety and depression in some users (Patton et al., 2002), there are significant findings of a relationship between use and mental health issues of users. The same is true for psychoses, which also may occur amongst users who have a genetic predisposition for these risks (Caspi et al., 2005).



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Additional Comments on This Body of Research

One significant issue regarding research on the adverse health effects of marijuana is the potential pivotal role legalization plays in influencing public sentiment about this drug. Public perception is, in many cases, driven by a double-edged distribution tool of information, such as when years of research on a subject are summarized into truncated sound bites that do not fully explain the constraints of how the research findings can be interpreted. To illustrate, the public's perception of marijuana's effect on lung health is largely based upon the notion that it is safer than cigarette smoking. However, there are many caveats to consider with respect to this. For example, when marijuana is smoked it is deeply inhaled and the smoke is held a longer time in the lungs when compared to cigarette smoking (Tashkin, 2013).



Another issue to consider is that most of the long-term effects of marijuana use summarized above were observed among users who used marijuana with THC content, or potency, that was much less than typical THC levels in marijuana commonly used today. THC levels, as measured in confiscated samples, have been steadily increasing from about 3% in the 1980s to 12% in 2012 (*EISobhy, 2014*). Thus, the consequences of marijuana use may be worse now than in the past because current users are smoking marijuana with much higher potency levels than in the past.

Finally, it is inherently difficult to establish scientific causality in studies of marijuana and health effects because factors other than marijuana use may be directly associated with the health outcomes. These other factors may predispose a person to use marijuana, thus making it difficult to confidently attribute the increased risk of negative health outcomes to marijuana use.

Policy

No longer carrying a strict classification of other Schedule I drugs (e.g., cocaine or methamphetamine), marijuana is currently the most commonly used illicit drug in the US. Furthermore, it has been reported that a majority of Americans, including teenagers, no longer consider marijuana to be a harmful drug, and believe that it should be legal and not subject to governmental regulation (*Pew Research Center, 2013*).

The legal landscape of marijuana use has recently undergone significant changes in the US. Of prominence are California's 1996 law legalizing medical marijuana and the present situation where recreational marijuana use is legal in four states (Colorado, Washington, Alaska and Oregon) and the District of Columbia. In addition, twenty-three other states have medical use or decriminalization laws, or both (see www.learnaboutsam.org), with several more having the issue placed on November's election ballots this year and likely in 2016. Also, for states with medical marijuana, availability ranges widely. California has a very liberal medical access policy while some states restrict access to the few medical conditions for which, there is scientific evidence of marijuana's effectiveness (e.g., Minnesota). Other regulations vary across states, such as who is permitted to grow the plants, which plants may be grown, packaging and labeling requirements, and distribution limitations. The public health concern with permissive medical laws is that it may make obtaining marijuana easier for individuals without a prescription.

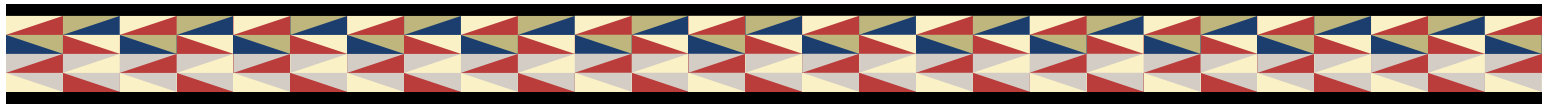
The legal landscape becomes even more complicated when the State and Tribal laws and sovereignty are in conflict with each other. In addition, federal laws have to be considered as well, even though there are examples

of federal agencies wanting to stay out of this disagreement. Many tribal communities are in the process of developing plans and agreements for hemp production (Passamaquoddy, in Indian Township of Maine) and not production of medical marijuana. The primary goal of the production of marijuana is to develop employment opportunities for communities with few job opportunities. Similarly, federal agents "swarmed the Menominee Indian Tribe in Wisconsin and eradicated 30,000 cannabis plants that were intended to lawful research into growing industrial hemp" (*Nelson, 2015*), while the Menominee Nation referred to "the Amendment to the 2014 federal farm bill allowing states to implement pilot programs to grow hemp for academic or agricultural purposes."

The legalization of marijuana in some states may come with job opportunities for tribal members, which is sorely needed in many communities (*Talamo, 2015*). However, it is going to be increasingly important to include in the discussion a public health debate. How will this production of marijuana increase access for tribal members to abuse? How will the tribal community take care of their members, who may have a hard time, or may even lose control over their abuse of marijuana. Many tribal leaders are very worried about increasing access to marijuana in their communities, because of their concerns of increase in drug abuse in their communities. (*Urbina, referred to by Talamo, 2015*).

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Medical Marijuana

There are now compelling reports of the potential benefits of marijuana's analgesic effect in the treatment of people suffering from some illnesses. According to a report from the Institute of Medicine (*Joy et al., 1999*), marijuana has been shown to be helpful in many ways: stimulating appetite in persons with wasting syndrome associated with AIDS; easing chemotherapies' side-effects of nausea and vomiting; reducing chronic pain; ameliorating some forms of spasticity; and useful in treating glaucoma. But the report emphasizes the need for further research, including efficacy of smoked marijuana versus use of synthetic or pharmaceutically pure cannabinoids (e.g., marinol, dronabinol and nabilone), and whether the positive effects may be compromised when therapeutic use is prolonged, giving rise to negative exposure effects. More recently, the efficacy of studies touting robust medical benefits of marijuana are challenged due to the lack of randomized controlled trials. Yet some physicians continue to prescribe marijuana for medicinal purposes despite limited evidence of a benefit, a practice that raises concerns given that marijuana "medicine" may pose long-term negative effects.

Synthetic Marijuana

It started with a researcher in a lab (*Office of National Drug Control Policy; National Cannabis Prevention and Information Centre, 2013*) using empirical science to figure out how to use THC, the primary active ingredient of marijuana, to help very sick people. And this work did lead to pure, synthetic THC, such as marinol, which is currently in use and still undergoing further study for use in treating intractable pain, stimulating appetite, reducing epileptic seizures, alleviating glaucoma symptoms, and more. His research also yielded an international, multi-billion dollar business, primarily operating in China, India, and Pakistan, where chemists use their skills to concoct novel compounds that are sprayed onto marijuana leaves, resulting in new drugs that are marketed and sold as legal marijuana to young people all over the world.

These synthetics are cheaper than marijuana, have distinctive names that are designed to catch the attention of young users (e.g., Spice, Special K), and their legal status can be ambiguous.

Easy to find in urban and rural locations and widely available for purchase on the internet, synthetic marijuana is far more potent than the regular marijuana plant and sometimes results in trips to emergency rooms. In a recent national survey, one in nine US high school seniors reported using synthetic marijuana in the past year, placing it as their second most frequently used illegal drug (after marijuana) (*Johnston et al., 2013*).

These manufactured chemicals are applied (sometimes sprayed) onto plant material and falsely marketed as a "legal" high. The substance often appears as a brownish mixture of dried, shredded plant material, similar to marijuana. It is typically smoked, sometimes mixed with marijuana, in cigarette (joint) form or in a pipe; it may also be prepared as a tea. Users claim that synthetic cannabinoids are safe and that they mimic the active ingredient in marijuana, THC. The chemicals used in the manufacturing of synthetic cannabinoids are constantly changing, and the government does not regulate these contents.

Often unpredictable, the acute effects include elevated mood, relaxation, altered perceptions, and possibly agitation and hallucinations. Longer-term effects may include addiction, severe agitation and anxiety, panic attacks, suicidal thoughts, and psychotic episodes.

Legal Status

Throughout history, people have devised new psychoactive substances, often staying a step ahead of legal and social controls. Synthetic marijuana is among the latest in this category, and more are sure to follow. This drug is widely available on the internet, although recent laws have made it less available in retail outlets. These products are often labeled "not for human consumption" to mask their intended purpose and avoid Food and Drug Administration regulatory oversight of the manufacturing process. The federal government has been working with state, local, and non-governmental partners to put policies and legislation in place to educate people about the tremendous health risk posed by these substances, and to combat their distribution. Many states have enacted wide-ranging legislation to prohibit the sale and supply of synthetic marijuana.

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NATIVE AMERICAN COMMUNITY SERVICES OF ERIE AND NIAGARA COUNTIES (NACS)

By: Anne Helene Skinstad, PhD; with Starlene Wheeler, MS



The wampum belts on the bottom are the Hiawatha Belt (or Iroquois Confederacy Belt) and the Two Row Wampum-Guswenta (in one row is a ship with the US government and their ways; in the other a canoe with our ways. Each will travel down the river of life side by side. Neither will attempt to steer the other's vessel). Basically, it's a treaty of peace and friendship, and states that we will not interfere in each other's affairs.

Every time I visit with family or go to meetings, I try to visit with tribal providers or urban Indian providers in the communities I travel to. On a recent trip across the country, I stopped in Buffalo, New York and met with one of our mentees in the Leadership Academy, Star Wheeler. Ms. Wheeler is a member of the Seneca tribe and also the Health and Wellness Director for the Native American Community Services of Erie and Niagara Counties. We met and she showed me around their facility and introduced me to staff and the Director of the Center, Mr. Michael N. Martin.

The NACS organization is intent on bringing back Native language and cultural practices. The Center was humming with activities and community members coming and going and taking advantage of the programs and the activities offered. Many community members are actively involved in the language education program. The community rooms also included an extensive library and a display about the tribe's history, including works created by community members.


In the development of the programs, the Center engaged elders, adolescents, and members of the community to decide how to develop the center and what programs to focus on. Community members made suggestions on how to be open and culturally sensitive to different tribes in the community and at the State University of New York at Buffalo. Adolescents told how they visualized their role in the immediate community and their surrounding in the painting that has a prominent place in the community room.

This NACS is housed in a beautiful, old school building and the NACS offers many different programs, including 1) Community and Cultural Services (including language immersion programs, a cultural resource library, other cultural

activities and programs for elders in the community); 2) Economic Self-Sufficiency programs, focused on workforce development (including a food pantry, and financial literacy programs); 3) Family Services, (including in-home parenting programs, family preservation services, Medicaid service coordination, wraparound family services, and foster care programs), 4) Health and Wellness; (alcohol and tobacco, and other drug prevention education programs), Stages of Life Empowerment programs (SOLE),(teen pregnancy prevention education, youth case management, and information and referral services). This is not a treatment provider organization; it focuses primarily on prevention efforts and community



This is a painting created by the Native American youth group in Niagara Falls, NY. They were asked to create a painting that depicted how they see themselves. This painting shows that they feel like they are living in two worlds - one world they live in is their city life and the other their Native community.



outreach. It was very clear during the visit that the organization was frequently visited by members of the community for a range of culturally informed activities.

It is a challenge to develop an urban Indian center, because of the many diverse needs that differ from tribe to tribe and person to person in the center. The goal for the staff is to offer comprehensive programs that serve the needs of a very diverse community. It is great to visit a community center that really has managed to offer comprehensive programs, and is working on expanding the programs offered. It was clear that the adolescent group feels proud of their culture and tries to learn as much as possible in order to ensure that different tribal members find the community and programs inclusive and meaningful.

A SEASON OF CHANGE

As we enter this season of change and weather, let us remember that the winter months are darker, and also a time when many of Nature and our relatives will be either migrating or slumbering until spring, a time of renewal and rebirth. While this can be an exciting time for many, it can also be a hardship for those who suffer from seasonal affective disorder. February marks the month when Vitamin D is normally at its lowest of the year, while August is normally the highest. Vitamin D is released when the skin is exposed to sunlight. Low levels of Vitamin D have been associated with symptoms of depression. Depression carries a high risk of suicide, with highest rates in spring.

Traditionally, we are at a time when the thunder beings are making their way. The turtles, frogs, and others have sung their songs of farewell in hopes of a quick return. The bears, amphibians, and others are preparing their dens; the birds are gathering and mingling for their flights to warmer weather. Many of our standing brothers' and sisters' color is changing and shedding their leaves. So much is going on in preparation for the long night.

Winter, and especially with snow, marks that the Creator is upon the earth. Other life is revealed, but also winter can be seen as a time for hardship, when people wouldn't have traveled as much. They had prepared for the long night with wood for fires, grains, fruit, and vegetables for food, but also to add with the game that will be gathered during this time.

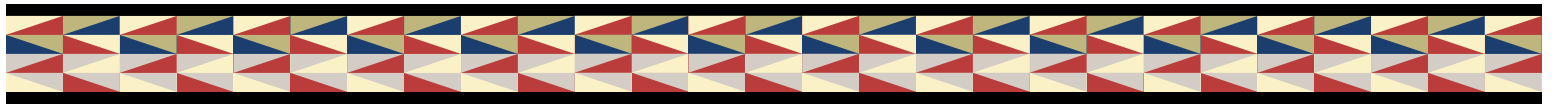
Winter also marks the time of the Grandfathers and Grandmothers of the North's influence and powers being present, bringing cold winds, old knowledge, teachings, and wisdom. Stories will and have been told during these times, as people become closer, wiser, and more emotional, presenting times of teachable moments.

So, as we enter this time, let us remember what we will also need for us, our families, and people, including clients and patients. These may include extras for our health toolbox in preparation for affective reactions to the seasonal change, but also a time when we may need more support for emotions and relationships of all sorts. This is a time to build rapport and healthy relationships for the betterment of all, but also a time to educate each other for the future for us and all our relations.

Thank you,
Sean A. Bear

“The Great Spirit is in all things, he is in the air we breathe. The Great Spirit is our Father, but the Earth is our Mother. She nourishes us, that which we put into the ground she returns to us...”

- Big Thunder (Bedagi) (Wabanaki Algonquin)



Harvest Feast Celebration

By: Sean A. Bear, BA; and Anne Helene Skinstad, PhD

Photo: Shutterstock

In many cultures, the fall has been associated with preparing for winter, gathering food, and ensuring that food will last through the long winter months. Many of us have happy memories of this time, when the harvest was celebrated. For Dr. Skinstad, in her own Norwegian culture, there are specific foods associated with the main harvest festival, which is Christmas. As a little girl she was taught to pick cloudbberries (in Alaska referred to as Salmonberries) because that was the only dessert that should be served for Christmas Eve. However, cloudbberries are some of the most difficult berries to pick.

November in this country is the beginning of many celebrations, starting with Thanksgiving and ending with Christmas, Hanukkah, Kwanza, etc. Many cultures celebrate holidays at this time of the year, but because so many of us gather around the dinner table to celebrate these holidays with our families, it may be a difficult time for those who are away from their families, and especially those who are also struggling with behavioral health disorders. It is important to be inclusive during these upcoming two months: remember to take care of yourself, your family, and community.

November is also American Indian Heritage Month, and we should remember that Native communities celebrated the harvest long before the Pilgrims reached the shores of New England and what is now known as the Americas. The harvest is alive among us all, but for many Native communities, this holiday may well represent the beginning of a very traumatic period. Children in the US have often heard the Thanksgiving legend, in which the Pilgrims and their neighbors, a group of Native people, peacefully celebrated thanksgiving together. This event did take place at least once, but this legend differs greatly from the stories passed down through generations of Native Americans. They tell a very different story of the history from their own point of view, and these stories have mostly been

shared through oral traditions by Native Elders, so they have not often reached non-native audiences. It might be a good idea to check out some of the Thanksgiving stories that are now available, as increased pride in Native history has given us greater access to the stories in the way they were experienced by Native peoples (e.g The Real Story of Thanksgiving: www.manataka.org/page269.html). These stories and Native perspectives on this time of year may help to better understand why some of our Native relatives and friends are ambivalent about this season, even though they may celebrate the harvest feast along with their non-native neighbors.

The North-Eastern tribes and those that originated from that area, such as the Meskwaki of Iowa, have passed down a very different traditional story from generation to generation. Other tribes may not have heard this story, as their tribes may not have had contact with the Pilgrims at this time. Also, those that are more assimilated may not believe the same way as traditional groups, but follow more modern beliefs and celebrations that were not traditional to the Americas.

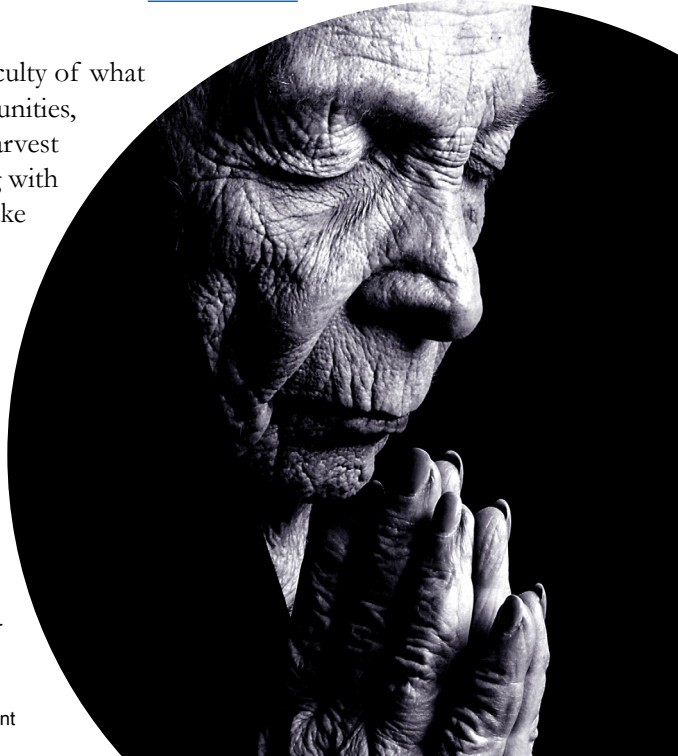
From a traditional point of view, the Natives would not have Thanksgiving, nor Christmas, but many practice the Harvest Feast. This feast was a time of what is very close to the Ghost Feast, which was a time of prayer and asking for help from the spirits for the upcoming winter months after the harvest season. At this time crops had been gathered and dried, in preparation of winter along with some meats. Native people used this time to thank the Creator and spirits for a bountiful harvest given to them for the winter months.

We recommend that providers who are working with Native clients consider initiating a discussion of the holiday season, asking whether and how the client might be celebrating the harvest feast, and when this celebration might take place. A good way to approach the topic is to show interest in how



our clients celebrate the harvest. Some tribal communities exchange recipes of their favorite harvest meal (Walker, 2015), some communities share the proud history of cooking in traditional ways (e.g. We R Native: www.wernative.org), and others return to other cherished customs during this time.

During this important holiday season, we don't want to dwell on the difficulty of what appears to have taken place, and the traumas inflicted on the tribal communities, as we may overlook the strengths of these communities and the strong harvest traditions that have been established long ago. For those who are working with tribal communities, let us show cultural sensitivity and humility and not take for granted that Thanksgiving customs and narratives are not celebrated the same way or at the same time as the Native harvest. Let us reach out to our Native community members and try to bridge the gap between their experience and generational memories and our understanding of the history in order to support our Native relatives and clients during one of the most celebrated – and bittersweet – of America's annual holidays. To quote our late, beloved colleague Duane Mackey (2010), "Let us look forward, but never forget". Have a happy Harvest Feast.



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TRAININGS, EVENTS and OPPORTUNITIES:

NOVEMBER

11/9/2015	Methamphetamine Treatment Training	Rosebud, SD
11/12/2015 12 - 2:30 pm Central	National American Indian Heritage Month event: <i>Native American Culture, Spirituality, and Healing Practices</i>	Online*, see Behavioral Health webinar page for registration information
11/18/2015 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>Professional and Ethical Responsibilities</i>	Online*, see ESAS webinar page for registration information
11/19-20/2015	ATTC Network Director's Meeting	Kansas City, MO
11/24/2015	<i>Ramsey County Focus Group Findings Presentations</i>	St. Paul, MN

DECEMBER

12/2/2015 12 - 1 pm Central	Behavioral Health webinar series: <i>The Impact of Colonization on Native Communities</i>	Online*, see Behavioral Health webinar page for registration information
12/16/2015 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>Clinical Evaluation: Treatment Planning</i>	Online*, see ESAS webinar page for registration information

JANUARY

1/13/2016 12 - 1 pm Central	Behavioral Health webinar series: <i>Mental and Behavioral Health Considerations for Native Transgender People</i>	Online*, see Behavioral Health webinar page for registration information
1/12-13/2016	Clinical Supervision Training	Navajo Nation
1/20/2016 12 - 1:30 pm Central	Essential Substance Abuse Skills webinar series: <i>Referral, Service Coordination, and Documentation</i>	Online*, see ESAS webinar page for registration information
1/21-22/2016	Leadership Academy Enhancement Session	Miami, FL

**Do not give in to
anger or fear or you
may succumb to
hatred and
despair;
but fight fiercely
with love that you
may attain
peace.**

Sean A. Bear, BA, Meskwaki Tribal Nation;
and Lena Thompson, MPH

*Webinars require advance registration. Go to our website: attnetwork.org/americanindian and click on *Trainings & Events* to see a full list of upcoming webinars and registration information. Questions? Contact Kate Thrams at kate-thrams@uiowa.edu or 319-541-7032.

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