



SBIRT NEWSLETTER

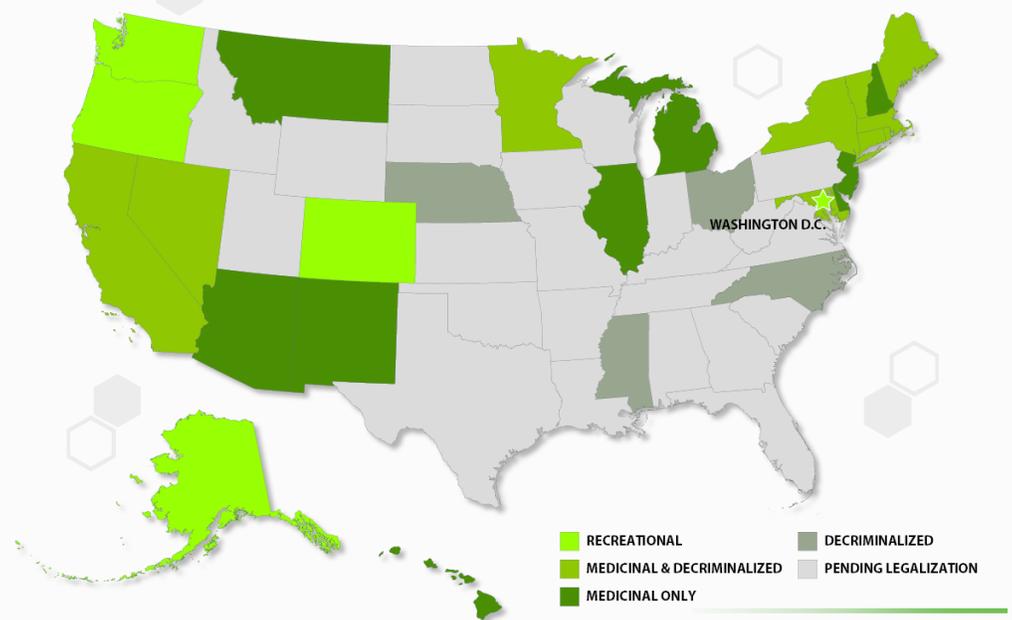


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MARIJUANA: CHANGING POLICIES WITHIN CALIFORNIA

MAP OF CANNABIS LEGALIZATION IN THE UNITED STATES



The map above illustrates the wide-array of marijuana-related policies throughout the U.S. In 2012, Colorado and Washington passed laws to legalize marijuana for recreational use. Currently, in California, marijuana is only approved for medical use; however, if a November 2016 legalization initiative is approved, California will approve marijuana for recreational use as well. Legalization differs from decriminalization in that marijuana is able to be possessed, distributed, transported, and produced legally, while decriminalization prevents the incarceration of individuals with possession of small quantities of marijuana. Click [here](#) for more.

MARIJUANA LEGALIZATION

STATES THAT HAVE LEGALIZED MARIJUANA



WHERE DO THE VOTERS STAND NATIONWIDE?



WHICH STATES ARE NEXT?



The California Marijuana Legalization Initiative, also known as the “Adult Use of Marijuana Act,” will be on the 2016 November ballot as an initiated state statute. This initiative proposes to legalize marijuana for adults (21 years or older), allowing the state to regulate and tax the distribution of marijuana, similar to that of alcohol and tobacco. This initiative has been at the center of debate. On the one hand, it has significantly stirred public health concerns tied to increasing access and early uptake among youth populations, raising social hazards and risks associated with “drugged driving” (as shown from [Colorado and Washington data](#) on marijuana legalization), as well as growing disparities in mental and physical health related conditions among underserved and at-risk populations ([Kilmer, 2016](#)). Despite concerns about these changing policies on the welfare of local communities, the initiative has gained increasing acceptance throughout California, with supporters growing from 48% to **53%** since 2010 ([Public Policy Institute of California, 2015](#)). Primary support for the initiative is based upon projected increases in state revenue, more effective use of criminal justice resources, and better access to medicinal use.

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STAFF HIGHLIGHTS



Dr. Curtis Lehmann, a faculty liaison for the Project, will be bringing SBIRT into the classroom starting this Fall 2016. He has expertise in psychology of religion, substance use, and trauma. He will be speaking at the Summit on faith integration.



Dr. William Whitney, a faculty liaison for the Project, will also be speaking at the upcoming Summit on faith integration. His areas of expertise include integration of psychology and theology, and the spiritual and religious development of emerging adults.



Dr. Samuel Girguis is a member of the Project's Council of Directors. He is the Program Director of the Clinical PsyD Program at APU and will be speaking at the Summit on the importance of integrating SBIRT into Practicum Settings.

MARIJUANA: CHANGING POLICIES WITHIN CALIFORNIA (CONT.)

However, marijuana is federally illegal as it is still considered to be a harmful, potent and addictive psychoactive substance (classified as a [Schedule I Substance](#) by the Federal Drug Enforcement Agency [DEA]). Research on marijuana within the U.S. supports that marijuana is not only highly addictive, but that cannabis use disorder is very common among the general population, which has shown to be associated with detrimental cognitive impairment and substantial health issues, including medical and psychotic outcomes. Recent work presented at a [2016 Neuroscience Research Summit on Marijuana and Cannabinoids](#) indicate that changing state laws will have a significant impact on the growing development and prevalence of cannabis use disorders in the U.S. and associated risk outcomes (Meier, 2016; Evins, 2016; Budney, 2016).

What are implications of changing marijuana policies on the allied healthcare system and the practice of SBIRT? The allied healthcare system, spanning social work, counseling/psychology, and general healthcare can anticipate an increased number of individuals screening positive for marijuana use, with growing uncertainty and/or ambivalence among the general public related to the risks/safety associated with use. Another SBIRT consideration has to do with identifying appropriate "risk levels" associated with marijuana use (similar to the ["Low Risk" drinking guidelines](#) developed by the NIAAA). To date, "low risk" levels of marijuana use have not been established. The wide variation in cannabis strains (i.e., indica, sativa, hybrid), different cannabis products (i.e., synthetic, wax) and diverse administration methods (i.e., smoking, edibles) that exist will make efforts around establishing risk standards very difficult. Healthcare practitioners practicing Brief Interventions (BI) or giving a referral to treatment (RT) need to consider these issues when screening for marijuana use in patients and clients.

"It is hard for most to be objective about cannabis. Some say it is the greatest thing ever, others say if you use you are doomed. Neither is true. I encourage everyone to be open to the idea that the real answers are somewhere in the middle."

- Kevin Hill, MD

1ST ANNUAL TRAINING SUMMIT

The Faith & Spirituality Integrated SBIRT Network will be hosting its First Annual Training Summit at Azusa Pacific University on September 23, 2016. The goal of the summit is to provide SBIRT training to faculty liaisons from partner universities to help them prepare for the implementation of the student SBIRT training that is scheduled to begin in the Spring of 2017 at all partner university settings. The Summit will cover SBIRT training, faith and spirituality integration, as well as the implementation and sustainability of student training in practice settings. The Summit will feature talks by the Training Director, Dr. Sherry Larkins, Project Directors, Drs. Rachel Castaneda, Mary Rawlings and Sheryl Tyson, and the Network's Faculty Liaisons, Drs. Curtis Lehmann, Jennifer Payne, Lynda Reed, William Whitney, and Samuel Girguis. Continuing Education (CE) credits will be offered at the Summit to faculty and staff from the various fields of psychology, counseling, social work and nursing. To register for the Summit, please follow this link: <https://goo.gl/forms/vD5nfe5UAGBG87w22>

DEVELOPING SBIRT TRAINING VIDEOS



Drs. Rachel Castaneda and Sheryl Tyson, are shown above, watching the filming of the SBIRT training videos for the allied healthcare fields. In July, the Network filmed three SBIRT practice videos for each of the respective allied health care disciplines—psychology, social work, and nursing. These videos will be featured in the online SBIRT training to guide students in SBIRT practice and features the integration of cultural components of faith and spirituality.

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**REGISTER HERE FOR THE
SUMMIT!**

**FOR MORE INFORMATION ON
MARIJUANA EFFECTS AND LE-
GALIZATION, PLEASE VISIT:**

SAMHSA:

<http://www.samhsa.gov/atod/marijuana>

RAND: <http://www.rand.org/multi/dprc/marijuana.html>

Pew Research Center: <http://www.people-press.org/2014/04/02/americas-new-drug-policy-landscape/>

NIDA Drug Facts: <https://www.drugabuse.gov/publications/drugfacts/marijuana>

MJ Neuro Summit:

<https://www.drugabuse.gov/sites/default/files/briefmjsummitmeetingsummary.pdf>

MJ SBIRT COLORADO:

http://improvinghealthcolorado.org/wp-content/uploads/2014/02/SBIRT_LitReview_2013_marijuana.pdf

PUBLICATION FLASH

Exploring the Relationship between Religious Coping and Spirituality among Three Types of Collegiate Substance Abuse

The college years are considered to be peak periods for engaging in substance use risk behaviors as well as religious/spiritual formation (e.g., exploring, questioning, examining, and (re)constructing one's personal, individualized faith). Giordano and colleagues (2015) conducted a study to examine the extent to which religious coping styles and spirituality (defined by four sub-constructs: Purpose/Meaning, Innerness, Unifying Interconnectedness, and Transcendence using the *Spirituality Assessment Scale [SAS]*) played a role in collegiate substance use patterns. Substances explored included alcohol, marijuana and prescription psychostimulants. Aligned with extant research, the study found that positive religious coping and certain dimensions of spirituality (purpose/meaning and innerness) buffered against the uptake of hazardous drinking and marijuana use; however this relationship was not observed for prescription psycho-stimulant drugs. The authors suggested that the lack of support for this inverse relationship between spirituality and substance use with prescription psychostimulants may be related to students not viewing prescription drug use as contradictory with spiritual (moral) beliefs, i.e., they are medicines vs. illicit substances, like marijuana. Findings also showed that college students who did not have high spiritual interconnectedness were at greater risk for hazardous drinking. Authors suggested that low spiritual interconnectedness may be an underlying risk factor for motivating hazardous alcohol use with peers (i.e., seeking connectedness with peers through alcohol rather than spirituality).

Giordano, A. L., Prosek, E. A., Daly, C. M., Holm, J. M., Ramsey, Z. B., Abernathy, M. R., & Sender, K. M. (2015). Exploring the relationship between religious coping and spirituality among three types of collegiate substance abuse. *Journal of Counseling & Development*, 93(1), 70-79. doi:10.1002/j.1556-6676.2015.00182.x

Read full article here: <http://O-search.ebscohost.com.patris.apu.edu/login.aspx?direct=true&db=psyh&AN=2015-00058-007&site=ehost-live>

HIGHLIGHTS & FUTURE ACTIVITIES

The Faith & Spirituality Integrated SBIRT Network has been active over the Summer...

- Planning its First Annual Training Summit scheduled for September 23, 2016 at Azusa Pacific University.
- Developing SBIRT training modules with a focus on faith integration with our faculty expert stakeholder liaisons and Council of Directors.
- Working with our partner EPG Technologies for the launching of our website and Learning Management System (LMS) for hosting the web-based interactive SBIRT training.
- Coordinating the filming of our own SBIRT practice videos specific to each of our targeted allied healthcare student disciplines—psychology, nursing, and social work.
- Pilot-testing our SBIRT Training via presentations in APU's social work and graduate psychology programs (led by Dr. Sherry Larkins).

Future Activities:

- Phase I of the SBIRT Student training will occur this Fall with the Los Angeles Department of Mental Health's Clergy Academy and APU's Psychology Department.
- Phase II of the SBIRT student training will occur during Spring 2017 at APU and all partner sites: Biola University, California Baptist University, Concordia University Irvine, Fresno Pacific University, and La Sierra University.