



National American Indian & Alaska Native

MHTTC

Mental Health Technology Transfer Center Network  
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# Mental Health

IN OUR NATIVE AMERICAN COMMUNITIES · VOL 2 ISSUE 3 SPRING 2021

**Protecting  
Our Youth:  
Rethinking  
the Risks of  
Cannabis**



## DIRECTOR'S CORNER

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Welcome to the spring issue of the newsletter from the National American Indian and Alaska Native Mental Health TTC. Things have improved since our last issue in November. The pandemic is no longer as rampant, and the opportunity for immunization has been provided to many tribal communities across the country. Even though we have been working from home for over a year now, there is light at the end of the tunnel, and the new CDC guidelines are reflective of the possibility of being able to offer some of our programs face-to-face soon. However, one year of social distancing and limited face-to-face interactions with people that are near and dear to our hearts has taken a toll on all of us. Our Native family members are suffering disproportionately from this virus and the full extent of the mental health consequences are still not yet known. But we are heading into the spring and summer season with more opportunity to be outside and interact with families and friends.

Some of the consequences of the pandemic include an increase in use of substances. In this issue we decided to focus on the use of marijuana and the impact on mental health, especially among youth. Cannabis is a substance that has both uplifting and depressive properties. Even though many people consider cannabis to be a more harmless substance, and many states have legalized marijuana for both medicinal and recreational purposes, the psychological impact of cannabis on mental health should not be overlooked. This is especially true for the growing brain of teenagers. We also need to remember that there is a great change in the quality and strength of the substance compared to 40 – 50 years ago. Cannabis is now stronger than it was at that time, and may have an even more serious impact on the intellectual and emotional development of young people.

We are featuring an article by Dr. Dan Foster in this issue, who reflects on the Native American and Alaska Native cultural contributions to emotional healing during these challenging times. One of the things he considers is the impact of historical and generational traumas on the wellbeing and health of tribal members during this current crisis. He also praises the importance of using culturally based practices to handle the losses and tragedies of this past year, of the loss of family members, colleagues and friends. I am sure there are very few Native families who have not experienced a loss in their immediate family and group of friends.

COVID-19 has occupied our minds constantly in the past year and we have changed our initiatives immensely to meet the need of Native communities by providing programs like 1) Strategies of Support, a regular listening session 2) Virtual Project Enhancement and Implementation programs presented by Pam Baston, 3) Understanding Suicide series offered by Dr. Avis Garcia, Northern Arapaho, 4) Protecting Native Families from COVID-19, offered by Dr. Kathy Tomlin, Cheyenne River Sioux tribe. Our MHTTC K–12 program has also been offering sessions in support of school personnel through the Special Weekly Series for Tribal Schools as they Reopen Amidst COVID-19, and also Overcoming the Storm: Special Bi-Monthly Training for Native School Communities in the COVID-19 Pandemic.

As always, we will include some words of wisdom and encouragement from our Co-Director, Sean Bear, Meskwaki. Thank you all for your contributions and support, and for sharing your inspiring stories of hope and resilience, creativity and ingenuity throughout this past year.

***Anne Helene Skinstad, PsyD, PhD***

# Cannabis and Risk of Mental Illness:

## A Public Health Topic Often Lost in the Pro-Cannabis Debate

**KEN C. WINTERS, PhD**

Contributions from

**MARY K. WINTERS, MEd**



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### **Introduction**

Cannabis has a complex history in the US, including among Native Americans and Alaska Natives. The cannabis plant, like other herbs, was traditionally thought to have healing powers by many, but not all Native tribes. It has been used in rituals and religious ceremonies, and as medicine to treat various ailments (e.g., stomach aches). Yet cannabis has been ruled by the federal courts to be illegal for use in religious ceremonies, which has been the legal perspective on many other ceremonial herbs used by Native communities (e.g., peyote).

It is too often the case in the research literature that data specific to Native communities is lacking. But this gap should not minimize the importance of the issue of cannabis use and mental health. Millions of Native people reside in states where cannabis is available as medicine or sold on a commercial basis. By the end of 2020, 15 US States and the District of Columbia legally allowed personal use and commercial sales of cannabis use by adults, and an additional 27 states allowed use of cannabis for medicinal purposes.<sup>1</sup> Clearly, the legality of cannabis at the state-level is changing in the US.

As shifts in policy and public opinion gain favor toward the medicalization and legalization of cannabis, the pro-cannabis movement coincides with heightened attention toward the possible health effects of its use, including mental health. Following a brief overview about cannabis, the effects of cannabis use on mental health and clinical issues will be addressed.

### **Brief Overview of Cannabis**

#### **The Plant**

Cannabis refers to the dried leaves, stems and flowers from the marijuana sativa or indica plants.<sup>2</sup> The plant contains more than 100 cannabinoid molecules that can bind to the body's cannabinoid receptors and activate chemical messengers naturally produced by the body.<sup>3</sup> Delta-9-tetrahydrocannabinol (THC) is the plant's primary psychoactive component, and the non-intoxicant compound, cannabidiol (CBD), has been found to provide various medicinal benefits, most notably for the treatment of seizures.<sup>4</sup>

There exists a wide variety of cannabis products, including high-potency THC oils and resins, and edible products containing cannabis plant extracts. The phrase 'medical marijuana' has been used inconsistently. There are some FDA-approved cannabis-based medicines for specific disorders; states that have approved medical marijuana typically allow the marijuana plant and leaf-based extracts from the marijuana plant.

#### **Prevalence of Use Among Native People**

In the 2019 National Survey of Drug Use and Health, 20.1% of Native Americans and Alaska Natives 12 years of age or older reported using cannabis at least once in the prior year. By comparison, 6.3% Native people reported using an opioid once or more during the prior year.<sup>5</sup>



## **Cannabis and Mental Health**

### **Impact of Cannabis on Brain Functioning**

The issue that cannabis use may impact a user's mental health begins with what we know about how THC impacts brain functioning. THC is known to affect a wide range of thinking and perception. THC overwhelms the brain's cannabinoid receptors, resulting in the various psychoactive effects reported by users, which include muted euphoria, altered sensory perceptions, disrupted memory and unpleasant reactions, such as paranoia, for some.<sup>6,7</sup> Laboratory studies further document THC's role in decreasing motor coordination, impairing decision making and disrupting attention.<sup>8</sup>

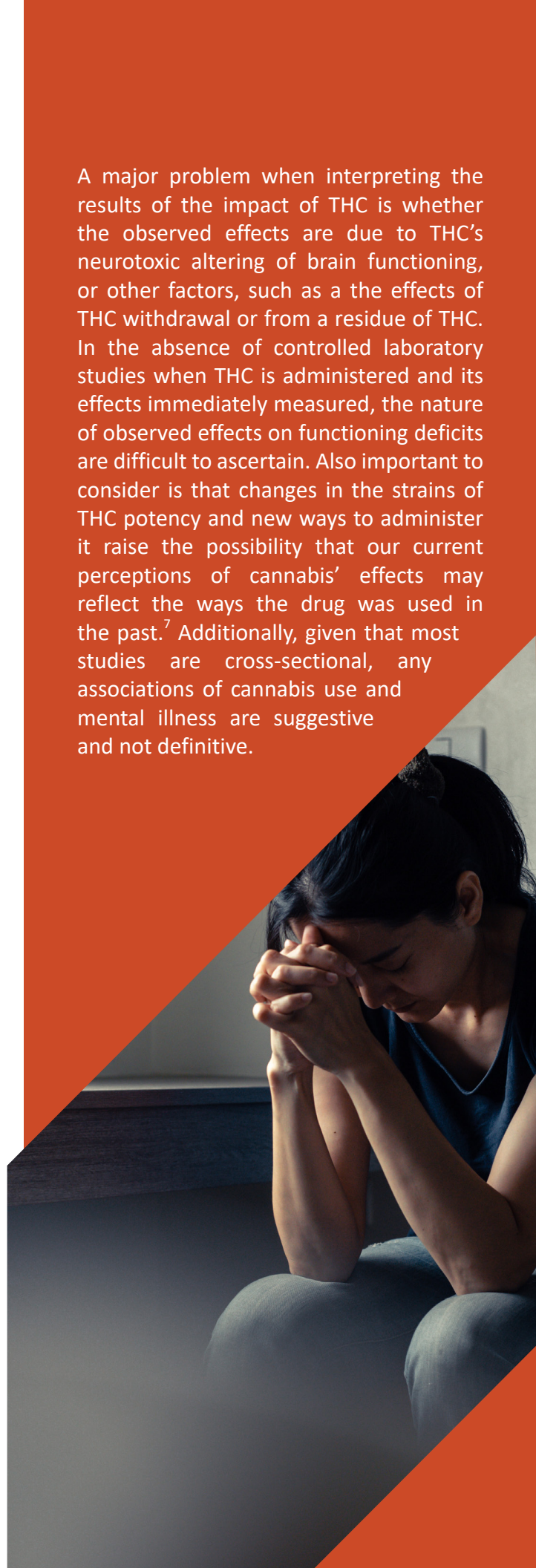
### **Cannabis Use and Risk for Mental Illness**

Several recent literature reviews (2019-2021) have been published that address the intersection of cannabis use and mental illness. Some reviews focus on psychosis and others on a broad range of mental disorders. We summarize them below, listed in alphabetical order.

1. Colizzi & Bhattacharyya (2020). It is concluded, based on a comprehensive review of 14 studies, that "there is robust evidence for an association between cannabis use and psychosis" (p. 321). The overall strength of the association appears to be modest, but is likely more elevated among those that frequently use high potency cannabis and have specific genetic or neurophysiological vulnerability factors.<sup>9</sup>
2. Hamilton (in press). The author's main conclusions based on a literature review is that 1) the empirical data indicates that cannabis use increases the risk of cannabis-induced psychosis, and 2) the increasing availability of high potency cannabis further increases the risk of developing cannabis psychosis, as a dose response relationship has been established as a risk factor.<sup>10</sup>
3. Hasin & Walsh (2021). The authors conducted a literature review of studies that examined cannabis use and cannabis use disorder (CUD) and co-occurring psychiatric disorders. They found consistent associations between cannabis use and CUD, as well as cannabis use and psychosis, mood disorders, anxiety disorders, and personality disorders. "The strongest evidence of a potential causal relationship exists between cannabis use and psychotic disorders." Regarding other psychiatric illnesses, the authors argue that there is mixed causal evidence regarding the cannabis association with non-psychotic disorders.<sup>11</sup>

A major problem when interpreting the results of the impact of THC is whether the observed effects are due to THC's neurotoxic altering of brain functioning, or other factors, such as the effects of THC withdrawal or from a residue of THC. In the absence of controlled laboratory studies when THC is administered and its effects immediately measured, the nature of observed effects on functioning deficits are difficult to ascertain. Also important to consider is that changes in the strains of THC potency and new ways to administer it raise the possibility that our current perceptions of cannabis' effects may reflect the ways the drug was used in the past.<sup>7</sup> Additionally, given that most studies are cross-sectional, any associations of cannabis use and mental illness are suggestive and not definitive.

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4. Hindley et al. (2020). Summarizing the findings from 15 studies involving the acute administration of THC and four studies on CBD plus THC, a single THC administration was found to induce a range of psychiatric symptoms, based on the self-report from participants on standardized psychiatric scales. The evidence was inconsistent that CBD induces symptoms or moderates the effects of THC.<sup>12</sup>
5. Hines et al. (2020). Using a sample from a major longitudinal study in the UK (Avon Longitudinal Study of Parents and Children), participants at age 24 who reported recent cannabis use were asked about the frequency and type of cannabis most commonly used in the past year, and if use was either high-potency or lower-potency cannabis. Use of high-potency cannabis was associated with increased frequency of cannabis use and increased likelihood of an anxiety disorder. High frequency of cannabis use was associated with psychotic experiences, tobacco dependence, and other illicit drug use.<sup>13</sup>
6. Kroon et al. (2019). The authors conducted a traditional review of the relevant literature on the association of heavy cannabis use and several health impacts. Heavy and dependent cannabis use was found to be consistently associated with a high prevalence of co-existing psychiatric disorders.<sup>14</sup>
7. Lowe et al. (2019). This research report examines the question of possible benefits versus possible harm of cannabis use by psychiatric populations. Based on a comprehensive literature review, the authors conclude that potential benefits of cannabis use are limited, yet potential harms for patients with psychotic and mood disorders are being “increasingly documented.”<sup>15</sup>
8. Miller (2018). Cross-sectional and longitudinal studies for the following disorders are highlighted by Miller’s book chapter: schizophrenia, bipolar disorder, anxiety disorders, depressive disorders (including risk for suicide). Miller concludes that “the preponderance of evidence” points to a significant, causal role for cannabis use with respect to schizophrenia, and a strong association for bipolar, anxiety and depressive disorders, including suicidal ideation. “Thus, there can no longer be any doubt that the range of negative mental health impacts of this drug, too frequently dismissed as fear-mongering rhetoric, must be positioned at the front and center of international drug policy dialogue” (p. 149).<sup>16</sup>
9. Onaemo et al. (2020). This literature focuses on the association of cannabis and affective disorders. Rates of major depressive disorder and generalized anxiety disorder were found to be three times higher in people who have a cannabis use disorder compared to those without a cannabis use disorder.<sup>17</sup>
10. Patten (in press). A comprehensive review of the literature on the possible link of cannabis use and non-psychotic disorder leads the author to conclude that cannabis use is consistently associated with non-psychotic mental disorders, yet establishing that its causal effects on mental disorders is still an open issue.<sup>18</sup>

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What are the implications of legalization on the issue of mental health and cannabis use? Murray and Hall (2020) provide a recent commentary on this issue, and conclude the following: “It is possible to legalize cannabis in ways that do not increase potency and prevalence of use but, so far, experience with commercialization in North America is not encouraging. It seems likely that the current commercialization of recreational cannabis in North America will be followed in a few years by a rise in the incidence of new cases of psychosis and in the prevalence of people with more chronic psychoses” (p.778).<sup>19</sup>

## Why THC May Contribute to Mental Illness

As the literature reviews indicate, there is a consistent finding among researchers that cannabis use is associated with an elevated risk for mental illness. Most of the authors of these reviews stopped short of the conclusion that cannabis directly causes mental illness, but the link is so robust that it is logical to think cannabis use exacerbates mental illness among vulnerable individuals.

How might cannabis have a contributing effect on mental illness? From a brain science perspective, this question has received some research attention. Manza and colleagues found that people with cannabis dependence have changes in neural circuitry in brain regions related to mental illness (mood, emotional regulation and thinking).<sup>20</sup> A related study using an animal model shed some light on how heavy use of cannabis during youth may elevate risk for psychopathology. Adolescent rats that were exposed to THC had a disruption in normal neuron development in the area that corresponds in humans to the prefrontal cortex (the brain region associated with decision making and engaging in complex thinking tasks).<sup>21</sup> The suggestion is that THC alters early neural circuitry, and that during adulthood this early damage is manifested by an elevated risk for mental illness and other cognitive deficits.

## Clinical issues

There is an upward trend in cannabis as the drug of choice in people seeking treatment for a substance use disorder. Evidence-based treatment approaches appear to be effective when addressing those with a cannabis use disorder. Other considerations when addressing cannabis use issues for all clients with a substance use disorder:

1. Because THC can be addictive, it is ill advised for a client to think they can safely use cannabis while in recovery from addiction to another drug.
2. It is also ill advised for a person in recovery to think it is safe to switch from a high-potency THC to a low-potency THC product.
3. Some medical cannabis products contain THC. CBD-only medical cannabis products are more advisable for a person in recovery from any substance use disorder.

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Anecdotal reports suggest that cannabis may be medicine for some who suffer from a mental illness. Black and colleagues (2019) reviewed this literature and concluded the following:

1. There is scarce evidence to suggest that THC or CBD improves depressive disorders and symptoms, anxiety disorders, attention-deficit hyperactivity disorder, Tourette syndrome, post-traumatic stress disorder, or psychosis.
2. Among individuals with symptoms of anxiety associated with other medical conditions there is very low-quality evidence that pharmaceutical THC (with or without CBD) leads to a small improvement in the anxiety symptoms.<sup>22</sup>



## Summary

As the popularity increases and policy shifts toward medicalization and legalization of cannabis, several complex health issues become prominent. The health implications of cannabis use is a core topic when it comes to the debate regarding the pros and cons of marijuana legalization. Yet the trend in the last decade is that numerous states in the US, many of which have large Native populations, have either eliminated or reduced cannabis prohibition with legislation regarding medicalization and commercialization.

The science regarding the connection of cannabis and mental illness is very strong. Several studies have linked cannabis use with an increased risk of developing psychosis, depression, anxiety, and additional substance use disorders. The link between cannabis use and the negative impact on mental health varies as a function of age of onset of use, regularity of use, potency of the cannabis used, administration method, genetic vulnerability, socio-cultural factors, and the mental health disorder. The research is too limited to validate the position that cannabis use has medicinal value for a mental illness. Yet as noted above, the available research literature may only give us a “rear-view mirror” understanding of cannabis, which raises caution that our current understanding is not reflective of what will be discovered with future studies.<sup>7</sup>

It seems incumbent on the mental health field to educate patients that use of cannabis is ill advised. Whereas some patients may point to short-term beneficial effects, there is great risk for longer-term negative impacts with regular cannabis use.

Cannabis use may have a profound causal role by virtue of eliciting the disorder in a highly vulnerable person, or aggravating symptoms in a person already showing symptoms. We concur with Miller’s position after reviewing the literature: “Thus, there can no longer be any doubt that the range of negative mental health impacts of this drug, too frequently dismissed as fear-mongering rhetoric, must be positioned at the front and center of international drug policy dialogue” (p. 162).<sup>21</sup>

Attitudes toward cannabis most certainly differ between Native American and Alaska Native communities based on ethical, moral and health perspectives. As long as cannabis remains federally illegal, legalizing cannabis on Native land poses a risk to tribes that rely on federal funding. Yet, regardless of its legal status, the data suggest that use of cannabis poses a significant mental health risk for anyone who is currently suffering from or have a vulnerability to mental illness.

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# Commentary on Cannabis Use and Risk to Youth Mental Health

Ken C. Winters, PhD



This issue's column on the risk to mental health among cannabis users is a more salient topic when it comes to adolescents and young adults.<sup>1</sup> Troubling trends in cannabis use by youth contribute to the reasons for this concern. In the context of an overall decline in the prevalence of non-cannabis illicit drug use by youth, trend data of cannabis use are not showing the same downward path. For example, based on the national survey of high school students in the US, the prevalence rate of cannabis use has increased over the past few years among 8th and 10th graders and has stayed level among 12th graders.<sup>2</sup>

## *The Normalizing of Cannabis Use*

As legalization of cannabis use by adults becomes more the norm, the perception by youth that cannabis use is not harmful appears to be following suit. Trend data from the Monitoring the Future Survey continue to indicate that a large proportion of high school students do not perceive use of cannabis as harmful.<sup>2</sup> Also, there are now several publications indicating that states having legalized cannabis for commercial sales may be experiencing greater escalations of cannabis use by adolescents compared to states where it is not legalized. A recent report from the state of Colorado is instructive. Whereas survey data showed no increase in adolescent cannabis use in the first few years of legal commercial sales to adults (2014-2016), in more recent years the trend data show an increase. During years 2017-2019, the rate of prior year cannabis use increased by 15% among youth younger than age 15, and by 3% among youth age 16-17.<sup>3</sup> That same report also cited a large increase in recent years in the percent of youth who report using high potency cannabis. Cerda and colleagues compared prevalence rates of youth with a Cannabis Use Disorder (CUD) in states before and after commercial legalization. Among adolescents who reported past year cannabis use, there was an increase in the prevalence of past year cannabis use disorder from 22.8% (in states prior to commercializing) to 27.2% (in those same states after commercialization).<sup>4</sup>

## *Native Youth and Cannabis Use*

A recent study of Native American and Alaska Native adolescents reported survey results about perceived availability of cannabis use and use of this drug. Findings included the following: (1) perceived availability is strongly associated with cannabis use; (2) increased perceived availability is associated with increased perceived approval; and (3) increased perceived availability is associated with increased acceptability. Yet the findings provide a pathway for prevention programming: increase youth's perception that cannabis use is harmful and provide a more realistic view that cannabis use is not the norm.<sup>5</sup>



## The Distressing Connection of Youth Mental Health and Cannabis Use

It is still true that the majority of Native adolescents do not use cannabis. For those who do, they are increasing their risk for future mental health issues for the following reasons.

1. When the active ingredient of cannabis, THC, is consumed, the numerous cannabinoid receptors that are important to brain development are over-activated and their normal neurodevelopment can be disrupted. Experts contend that this negative impact on brain development manifests in deficits in learning, emotional regulation, and judgement; all of which may negatively impact the youth's mental health.<sup>6</sup>
2. Several literature reviews on the possible link of cannabis and mental illness point to reliable findings that initiating cannabis use during adolescence significantly elevates that person's risk of mental illness compared to starting cannabis use during adulthood.<sup>7,8</sup> An aggravating factor is that high potency THC adds additional risk of mental illness.<sup>9</sup>

3. The consensus view in the various literature reviews on this topic is that cannabis use is not a single and direct cause of mental illness. Yet for those with an existing vulnerability to a mental illness, which may have origins from biological or non-biological sources, use of cannabis may (1) elicit the mental disorder when it may have remained in a latent state if cannabis was not used, (2) aggravate symptoms in a person who is already suffering from a mental illness, or (3) create a barrier to getting legitimate treatment due to the negative impact of cannabis on the person's judgement.

*References can be found on page 11.*

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## Final Thoughts

The data suggest that use of cannabis poses a significant mental health risk for Native people who are currently suffering from or have a vulnerability to mental illness. Legalizing cannabis for commercial sales to adults, while popular among some, does not make sense from a youth health perspective.





Within  
difficulty,  
we look behind  
and wish ahead,  
not wanting to see  
what's before us.

- Sean A. Bear

## ACTIVITIES & EVENTS

For all of our upcoming events, publications, and announcements, [please visit our website.](#)

Date	Event
2nd Wednesday of the month	<b>Trauma-Informed Therapy webinar series</b> - This five-part series is presented by Avis Garcia, PhD, LAT, LPC, NCC, Northern Arapaho. See the links below to view previous sessions, and register for upcoming sessions. Part 1 - <a href="#">View the recording</a> Part 2 - <a href="#">View the recording</a> Part 3: April 14 - <a href="#">Register</a> Part 4: May 12 - <a href="#">Register</a> Part 5: June 9 - <a href="#">Register</a>
Twice monthly	<b>Overcoming the Storm: Special Bi-Monthly Training for Native American School Communities in the COVID-19 Pandemic</b> - Our MHTTC K-12 program hopes to offer support, resiliency tools, and connections that are relevant and supportive. <a href="#">Register for the session on March 25.</a> <a href="#">View recordings of previous sessions.</a>

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# Native Cultural Contributions to Emotional Healing During These Challenging Times



**Daniel V. Foster, PsyD, MSCP**



2020 and 2021 are unprecedented over the past 50 years, for social unrest and pandemic health risk in the United States and its territories. Persons of color generally, and Native Americans in particular, have been the most vulnerable to death and long-term negative health outcomes from COVID-19. Elected officials in high office and millions of fellow citizens have sought to revise history, to ignore the horrific facts and outcomes of genocide, slavery, and systemic racism, brought to this continent in 1492.

The last four years have reminded us, in an ongoing manner, of our lack of representation in any of the three branches of government or policy making. When President Biden said "... we are better than this..." we nodded our heads in agreement and shook our heads in disagreement. Native Americans and persons of color have experienced fellow Americans who behave in discriminatory and demeaning ways all of our lives. Unless you are shopping, traveling, or otherwise sharing our life spaces with us, our allies will only see newsworthy examples of every day discriminatory behaviors of folks responding to leadership, such as that experienced the past four years. Truth matters. Integrity matters. Relationships matter. Love matters. Taking care of the Earth, Waters, life in all its expressions, of one another, matters. We have born the brunt of being taught our "place" for the duration of our lifetimes, secondary to the specific characteristics of our skin color and appearance. For those among us reflecting the genetics of Euro ancestry, we still witness daily the subtle and overt cues, associated with the "politics of race" which have been so on display this past year, in particular.

Now add the pandemic experienced since last March to make clearer, long-standing "disparities." Poverty, lack of employment and housing; lack of functional health, legal, educational, social service, and educational systems in our reservations, rural, and urban communities, have now been further affected by COVID-19. We know of no Native American family in Montana, South or North Dakota that has not been affected by death or negative long-term health outcomes from this pandemic. Our many non-Native friends, relatives and allies have stood by us and other persons of color, in greater numbers than those who would do us harm.

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While we, as Native Americans and Alaska Natives, represent hundreds of different cultural world views and dozens of languages, we share some common values, practices, and teachings, to which we take refuge. We have found culture to be protective, to be inspirational, to be healing and therapeutic. We are cultures of “we” vs. “me,” of “relationships” rather than “acquisitional transactions,” of “interdependence” rather than each person for themselves. For us the Earth, the Winds, the Air, the Fire are alive and related. We are interdependent, we are interconnected, we are all related. While “Westerners” might romanticize, or even share these views as individuals or groups, for Indigenous they are informed by thousands of years of practice and refinement. They live on in a continuous Circle of Life and Culture, of which we get to be the caretakers and keepers during our time here on Unci Maka (Grandmother Earth).

The American Indian and Alaskan Native MHTTC virtual listening sessions have been a safe shelter during this time of storm. Our grief and losses are immense, and yet we can come to this location, virtually, and hear Native presenters and allies sharing important information for coping, managing, enduring, and overcoming, in a manner that is culturally and spiritually appropriate, compassionate, and trauma healing informed. We can hear songs and prayers, and experience encouragement in a manner that validates our lives and existence as Indigenous peoples. What a welcome respite, and place where safety, love, and respect manifest. Thank you presenters, planners, managers, facilitators, tech professionals, all who have contributed to these ongoing opportunities for gathering, prayer, song, learning and wellness. Wopila Tunkasila Wakan Tanka, Pilamaya Ate Wakan Tanka. We offer thanks for your ongoing contributions to wellness and endurance, through utilizing culturally informed and appropriate presenters, presentations and forums over this most difficult year. Doksa, ake' wacinyankinkte (Later, until our eyes meet again). Practice safety and stay well. You are loved, valued and needed in this lifetime.

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# As We Come Into Life

From teachings, most people today have forgotten the reason we have come into this physical existence, which was to evolve spiritually. Not knowing this makes it difficult to understand our purpose, but is also further compromised by the materialism which now interferes with true spiritual growth.

With more common exterior demands to adhere to, what many today call success, further divides what really matters in life, which was to evolve further in our spiritual growth and closer to what our Creator meant for us to be.

Of course, as more and more people have changed their perceptions of what people should look like or how people should be, this continues to push others away causing additional hardship. For instance, long ago, those dressed in ragged clothes may be those seeking a much higher state of mind, such as monks or saints of the past, who were considered mentally ill before ever being acknowledged as enlightened or saintly.

As stated before, many have forgotten the knowledge that we have come here to learn more so than living a life free of difficulties. Within the teachings of Native Americans, our lives are not here to just be carefree, but to learn that we might evolve so we no longer have to return to this physical form. This initial goal was so we no longer had to leave our previous existence of spirit, united with the Creator, but to become as close to the Creator as possible in eternal life.

Many must reconsider what they call difficulties in life, as an opportunity to evolve higher. Many may not realize that their difficulties have naturally become more difficult throughout one's life, as the increasing levels may be unrecognizable as each learns their perspective lessons.

You see, as our lives progress, so too does our knowledge of life and all the complexities that come along with learning from and "of" our experiences. This allows us to better meet the demands and level of knowledge which is necessary in accomplishing the lessons learned. In a progressive fashion we move through the medicine wheel depending upon which level of teachings one is referring to.

Because of this, more must learn to welcome hardships for potential growth and that we may better understand ourselves and that of others, which helps all see that others are not so different from oneself. This has the mass potential to unite people rather than divide, but also allows us to see the much grander picture we were meant to realize from the beginning.

- Sean A. Bear

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