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UNINTENDED CONSEQUENCES OF THE CANNABIS PANACEA: WHAT  
ADDICTION SPECIALISTS NEED TO KNOW

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>> Hello and welcome to today's webinar, Unintended consequences of the Cannabis Panacea: What Addiction Specialists Need to Know. By Dr. Susan Bradshaw. I am so happy that you guys can join us today. I name is Jesse O'Brien, and I am the training and professional development content manager for NAADAC, the association for addiction professionals. I will be the organizing for the dock organizer for this training experience. The permanent home page for NAADAC webinars is [www.naadac.org/webinars](http://www.naadac.org/webinars). Make sure to bookmark this page so you can stay up-to-date on the latest in addiction education. Closed captioning is provided by caption access. Please check your most recent confirmation email for our Q&A and chat box if you intend to use closed captioning.

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Lastly, under the tab you will see something that says handouts. You can download the PowerPoint slides from that handout tab and a user instructor friendly instructional guide on how to access our online CE quiz and immediately get the instructions to get your certificate.

Now, let me introduce you to our presenter, Dr. Susan Bradshaw. She is a tobacco treatment specialist was had has worked in the field of prevention, production, and public health for two decades. Dr. Bradshaw began her career as a researcher working on a clinical trial which led to FDA approval of Zyban as a cessation aid. She is the first recipient of the Young Investigator award given by Mayo Clinic for the past 15 years,

she has educated health care professionals, students, and community members on a variety of topics including flavored tobacco products, and clinical interventions as a physician's specialist in the department of public health of Los Angeles County. Dr. Bradshaw has conducted many trainings locally and nationally on cannabis and the pert current president of California academic preventive medicine.

NAADAC is lighted to work on this excellent presenter. Dr. Bradshaw, if you are ready, I will have this over to you.

>> Thank you so much for that lovely introduction. And I am happy to be here. Since California legalized marijuana use or cannabis, in 1996, many Americans say that have access to some form of legalized cannabis. For many people, cannabis is held as safe, natural, and a potential cure-all.

However, some people can use it without harm, yet others experience adverse events, which may negatively affect their health, well-being, and safety.

Other problem with cannabis is that there are many unintentional consequences and challenges in addiction. This slideshow will provide an overview of several issues related primarily to the legalization of recreational cannabis. The first objective is to recognize current trends in cannabis policies and regulations. The second learning objective is to identify emerging cannabis products. The third objective is to describe unintended and evolving consequences of the legalization of recreational cannabis.

Many of you are familiar with this leaf. Some say cannabis is one of the most recognized plants in the world. It is not always entirely recognize, but it is the most used illicit drug in the world. Cannabis is the most widely cultivated, trafficked, and abused illicit drug. About half of the seizures worldwide are related to cannabis. Approximately 3% of the world's population consumes cannabis. It is a very commonly used drug in the United States, and is widespread among youth.

Historically, cannabis has been separated into three categories. One is hemp. Hemp has a very low level of THC, which is the psychoactive component in cannabis. The other types of marijuana have been classified based on their concentration of THC versus CBD. CBD is the non-psychoactive component. THC is the psychoactive component here usually, and we will talk about this later, people don't recognize that even CBD products contain traces of THC.

Just a little history as to the background of cannabis is that it has been with us long before Christopher Columbus discovered America. Actually, this chart shows some of the earliest origins of cannabis. Some people argue it has been with us for longer than disappeared but anyway, about 2500 BC, these were the origins. It was near China and some other areas. And they primarily used cannabis as hemp to produce rope and other products. And they used what they call cannabis or marijuana to help with ailments. It has been used to treat gum disease, people have put it on their skin to help heal burns. And it was also used spiritually. At that time it was not used that frequently, and people who smoked it in a manner in which it was much harsher than the cannabis that is available today.

So as you can see from the map, cannabis eventually spread during the middle ages, and then in the 1600s it made its way to the Americans.

In America, cannabis has held three primary uses in the United States.

When it first arrived back in the 1600s, it was used as a crop to produce a product similar to cotton. It was actually a stable commercial cash crop in the United States. And then about 1890, hemp was replaced by cotton, and basically it fell off the market.

Then in 1850 to 1936, it was actually widely used by health care providers to treat certain illnesses and diseases. In 1942, the American Medical Association removed cannabis from being prescribed as a treatment.

Subsequently, when alcohol was outlawed in the 1920s, there was a large resurgence in cannabis. At that time, though, it was primarily smoked. And it was legal until 1913. Now, what happened in 1913 is a lot of states started to ban cannabis. Largely because they felt as though it was something that was used in minority populations and that they considered it to be a deadly drug that would cause schizophrenia. That is what this last picture shows. There is a movie called *Reefer Madness*. And a lot of people began to demonize cannabis.

So cannabis has been with us for a long time. And going back to the 1600s, the production of hemp was encouraged. And as you can see, it has gone through a lot of regulation. In fact, it's one of the most regulated drugs in the United States. Sometimes people are for it, sometimes people are against it.

And then in the 1970s, the war on drugs began. While the war on drugs, some people say it was actually a war on people. But the confidence of drug abuse prevention and control act of 1970s, a classified cannabis as a schedule 1. And that's inclusion with a drug like morphing. It banned medical and recreational use. Also it limited research. What that did was it limited the expertise that could be developed. What have been a couple of products approved by the FDA that contain cannabis, but usually the research on this product, you just want to make sure it's safe and that it has very little side effects.

However, in the other areas of cannabis, it has left us with a void in the knowledge and expertise to make sound decisions about the use, the growth, and the cultivation of cannabis that is needed today.

Additionally what this law was followed by was mandatory sentencing and the 3 strikes law of the 1980s.

So this is another impact. Not only do we have a void of information and knowledge about the use of cannabis, but this is the impact they had on the population. 52% of all the drug arrests are for cannabis. Over 7 million were arrested for possession only.

There are a few people arrested were the drug kings. And most of the people arrested had no prior record. The impact on those families was that families were separated. It was harder for people who were released from jail to get jobs. A lot of the people were younger. However, it was difficult for them to receive Scott college scholarships. If you lived in public housing that was owned by the federal government, you really had problems being accepted or they would encourage you to leave.

Moreover, \$3 billion-\$10 billion was spent annually, not only arresting people and locking them up, but this includes some impact to the communities and also to the families of people who were incarcerated.

As time went on, feelings about cannabis change. You see in this graph do you think the use of marijuana should be made legal or not? This started to decrease. As you can see on the other hand, most people favored legalization of marijuana. In addition, after medical marijuana was approved and found to be very lucrative, the states and the politicians actually changed their minds about the use of cannabis. So in 1996, with California legalizing cannabis, the states have enacted a variety of laws. Only three

states now totally prohibit cannabis. Decriminalization means to remove any criminal elements are being arrested from possessing cannabis. That varies for example, in Colorado, in Denver, you cannot be criminalized for possessing cannabis. But they do nothing to expunge your record.

However, in California what they are trying to do is not only decriminalize current people who possess cannabis, but actually they are working on ways to expunge the record.

Another issue in terms of medical cannabis is CBD. About 33 states have medical programs for cannabis, but depending on which organization you are talking to, they also include CBD. Because CBD contains traces of THC. So when you grip the medical programs and states that have -- that allow for the sale of CBD, 47 out of the 50 states actually have some law or they are doing clinical trials which allow access to some form of cannabis. And then about 13 states actually have approved recreational cannabis.

So this is the map. I got the snap dock map from the national conference of State legislatures. So this shows how most states have allowed for access to some form of cannabis. It can be low THC, it can be copperheads of medical, it could be adult recreational use. Now, Kansas actually allows, their testing program to allow for the use of CBD and low THC. So again, the access to cannabis is really widespread.

So we have a federal law and then we have state laws. And they vary. So if a client asked where can my daughter smoke cannabis, the federal law says you cannot use it. It's illegal. You cannot consume it or even possess it on federal lands. Now, a lot of people don't know if they are on federal land. The federal and is -- some people live in housing projects. We go to the post office. That's federal property. So you really have to advise clients as to they have to be very astute about what is considered federal property and what is not.

Now, we have to be aware of the federal laws and we have to be aware of the state laws and on the local county laws. Also it's illegal to take cannabis across state lines in airplanes and other modes of travel.

And one problem that campuses have had, actually people who receive scholarship money, they are left not knowing a lot about what they should do.

In the state of California, they have made it so that there is some protection for the universities and people using cannabis. But again, it is real important that not only do people know about the side effects of cannabis, they have to be aware of the laws. For example, most states say that cannabis in public is illegal. That is hard for individuals to understand. Their thought is well, it's legal. It's only legal in most states for a small amount and it can only be consumed on private property. In addition, states are now saying that you can't use you cannabis in smoke or tobacco free locations. In addition, property owners and landlords can ban cannabis. And then you have counties like Denver, where if you are not a resident of the state, you can purchase cannabis. You can fly into Denver, a bus can pick you up, and you can go on a cannabis tour. And also you see in this picture, this is a vending machine that helps expedite the sale of cannabis.

Again, what should clients know? In most states it is illegal to purchase, possess, and use cannabis until you're 21. It is illegal to drive. It is illegal in public. It is illegal to use on federal lands, which there are sections on the amount a person can carry. Also they need to become familiar with federal, state, and local laws.

Okay. Cannabis products. I'm going to run through this just to give you an idea of what people are using.

The definition of cannabis products is so diverse. They have over 400 different names and a lot of the businesses are classifying cannabis based on the ratio of CBD to THC. This is an example of some of the cannabis that is smoked. People are very creative. In this picture, you see these are different types of joints. Some of them contain tobacco. Some of them don't. This is a very creative and artsy, and a lot of women are using this product.

These are homemade products. And these are products that you can purchase from a vendor.

Now, these are some products that are considered edibles. And they come in almost any normal dessert that we eat in America.

And this is another picture, just diagramming all of the different ways that people can consume cannabis.

So this is the first polling question.

>> All right. I will go ahead and launch the first poll here. Just a reminder, that if you have any questions please feel free to put them in the question box and we will get to them at the end of the training. I see votes coming in here. If you want to lean forward and answered which of the following is not true about cannabis concentrates? A, B, or C. Okay. I will give about five more seconds here before I close the poll and show the results. All right. Closing. And sharing the results. Dr. Bradshaw, if you want to just comment on those, they should be on the screen.

Actually, the people who voted 68%, they are correct. And we will see in the following slides what concentrates are. So concentrates. They are the new type of products that people are using. And there are a wide variety. And what I did is list the most common types. Hash is also considered a concentrate. There a lot of people who use cannabis in the 1970s and 1980s are familiar with this. And the more common ones, are the wax and the oils. And the problem with these products is that they are highly concentrated. You usually have to refine them by using a solvent of butane or CO2, which has the potential to catch on fire or explode during the process. These products are high in THC. They are fast acting, day or very potent.

Hash was also very potent. On the side, the Kief is released to -- like waxes. This is the loose version, and this is the concentrated version.

And then the way in which a person consumes cannabis has a lot to do with the side effects and how long they will last.

So let's say if you're taking cannabis through edibles, the effects can take up to two hours to take full effect. And the problem here is that people tend to consume too much of the edibles because they can't feel it. And then when they do feel it, the side effects are out of control because it groups up on you and it can take anywhere from 30 minutes, and I have read up to three hours to occur. So people have to be very careful the way they use concentrates. Because it's just very hard to determine when you will feel the effects.

I know people have told me that they tried it, nothing happened, and they woke up at 3:00 in the morning. And just they were sweating, they didn't know what to do. And they didn't remember eating the cannabis. So I reminded them, you were eating a lot of cannabis. And it's just something that can be very dangerous.

Now, these are devices that people use to consume oils and concentrates. In the vaping products, devices, it person can use dry leaves. They can use oils. And dabbing basically what you are using the most pertinent forms of candles. Such as the oils, or other more potent forms of cannabis.

So that leads us into the fact that not only do we have different laws, we have a wide variety of cannabis products and devices. For example, in terms of combustibles, we have joints, pipes, bonds, blunts. In the oral category, you can drink it, eat it, you can chew it. In the concentrates, you have extracts, pass, shatter, extract, and oils. Devices, vaping and dabbing.

And we have another think where people can rub it on their skin or they can use suppositories. And under synthetic cannabis called Spice and K2, it is not cannabis. It is potpourri sprayed with poisons, and it was, I don't know if there still is, a large cause of emergency room hospitalizations. And usually people who use this are people who are homeless. We had a terrible outbreak in Los Angeles a couple of years ago. And they use it because they just don't have the money to purchase the other types of cannabis products.

The concerns. So these are the concerns that come up with these products. The federal government basically has it set up for only the University of Mississippi can do research on cannabis products. The cannabis products that the University of Mississippi does research on, some of it is old. And it does not reflect the cannabis products that people are using today. For a while, the data that we have about cannabis is really outdated. One problem with the product we are using now is that the potency of THC has increased exponentially.

Another concern is the severe lung damage associated with vaping cannabis. This is something that occurred last year. And it took a long time to figure out what was actually going on, but because of it, there were some reductions in cannabis use. Until the coronavirus hit.

Another problem, another concern is that all the cannabis products and consumption methods possess unique risks. That is really hard to define. It's hard to define the awareness about these issues just isn't widespread. And again because of the severe restrictions on cannabis, the harms and even the benefits of using cannabis is elusive.

We just don't know how cannabis really benefits people and how cannabis harms people.

Another problem. With cannabis is that most states state that you can carry 1 ounce or 28 grams. However, that is based on the type of product you have.

For example, 1 ounce of a flower is equal to it 8 grams of the concentrate. 1-ounce of cannabis is equal to 800 milligrams of edibles. A person can Mark purchase whatever amount they want. I don't know how legal that is, but I know that people go in and they purchase whatever amount they want. So this makes it hard for people to understand. Then my complying with the law? Is challenging not only for people, but the tenders, the people who sell cannabis in a recreational vending store, they are not that aware of it either. It is very important that these budtenders understand more about the laws that surround cannabis.

Because there are -- the budtenders, I have been to a couple of stores. They have on white coats and when you talk to them, they are behind these plastic retainers. They look very professional. However, because I have knowledge of the medical industry, I start asking them questions, and they couldn't answer. And these are simple questions. And then the owner comes out, he looked a book to answer my question to see if he can find the answer. And basically, he didn't come out with the answer, the bartender didn't come out the answer, and I was just, like, whatever. It's just a big problem.

I was purchasing cannabis for a relative who was sick with cancer and was experiencing a lot of pain. So basically, this is what the kids and adults are faced with today. In terms of cannabis. The laws are diverse, evolving, they haven't been evaluated to see if they are causing more harm. And this is very confusing.

On the other hand, you have to worry about the illegal consequences of cannabis under federal law. The products have increasing potency and the varieties growing almost every month.

You have increased access to these unevaluated products and consumption methods, which makes it very difficult. And then you have the states where the trend is to legalize cannabis.

So I'm going to spend some time discussing the unintended and evolving consequences of cannabis. And these are just a few. It's not something that is all-inclusive. But it's just a few.

While most studies have shown that recreational cannabis has increased the use of marijuana among adults, however, it took the status while in the research you actually determine that the rates of cannabis use among teenagers was increasing also.

And as you can see on the slide, there was an uptick recorded in 2019. Many people feel as though it wasn't in 2019 that the uptick occurred. It's just that a lot of the surveyors were using better questions to assess and evaluate the fact that there was an uptick in cannabis use issues. And these are from monitoring the future. What they show is a significant to -- decrease labeled in green, a significant increases labeled in red picked so I just wanted to go over the decrease during briefly. You can see that vaping has decreased, cigarettes as decrease. Even some flavored tobacco and narcotics other than heroin have decreased.

In terms of vaping, they think has increased significantly. These kids are vaping nicotine, they are vaping marijuana, and finally, when they start asking questions about vaping, more specifically, they realize that the increase has occurred. And other researchers are saying that it had increase. Most people waited for these results would come out and they verified that this is a significant increase in the use of cannabis.

Here is the next polling question.

>> All right. Let me go ahead and launch this next polling question. You should see it shortly pop up on your screen. Go ahead and make your vote as to which of the following is a common cause of unintentional overdoses among children? Again, just a reminder, put all of your questions into the question box and we will get to as many of those as we can at the end of the presentation. I see lots of boats coming in. Good job, guys. Give you about five more seconds to make your selection.

I will go ahead and close the poll now, and share the results. They should pop up on your screen.

>> Most people are correct. It's the edibles again. There are couple of issues that are really concerning about the edibles. One of those actually became more commonly used after they legalized medical marijuana. And during that time they realize, that there

was an increase in the accidental ingestion among kids. So when recreational marijuana was legalized in some states, the increase still occurred in terms of kids -- these are young kids under the age of 12, ingesting edibles. Now, this occurred in spite of the fact that they had labels, they were labeled edibles. The companies were required to put seals on the packages. Additionally, they are not supposed to be putting edibles in labels that are attractive to kids. And despite these three barriers to prevent accidental ingestion, it is still occurring. So more work needs to be done in that area. And I just wanted to point that out to you because this is something that just absolutely should not be occurring. The kids accidentally getting into -- and usually if their parents or someone they are living with, if their products. And they are supposed to be educated and told about the risk.

But again, with recreational marijuana, and other people are getting their information from the budtenders. They aren't going through providers at all.

And this also, in regards to pregnant women, these are pregnant women who had complaints of nausea and vomiting during the first trimester of pregnancy. Again we are seeing as more states approve recreational cannabis, the rates of cannabis use increased. There was one strong study that actually, Andy study came from the Journal of addiction, and it was done by Washington State University, basically they noted that as the use of cannabis is legalize, there is an increased number of use, whether it be kids or adults and pregnant women. The problem with pregnant women is cannabis has negative effects to the unborn child.

Anyway, they have conducted focus groups to determine what are the issues, wire pregnant women using cannabis even though they know it could be dangerous to their child. So some of the issues that came up as they were having physical symptoms such as nausea, pain, and difficulty sleeping. As they wanted something to use. However they felt that the current medications that are usually prescribed are more harmful to their baby.

Also this is an issue because there seems to be a cry for people asking for other interventions, other treatments to address their issues in pregnancy.

Another issue is that they are getting mixed messages from the health care providers. They said that some don't ask that all about it, and others basically try to recommend that they limit their use. And again, they are getting information from the budtenders. Then a lot of the women have said that when they disclose the recreational use of cannabis to their providers, they feel stigmatized. And they are afraid of having their child taken away from them. So they don't actually disclose their actual use. So these are issues that need to be addressed. These when need to feel they are comfortable and forthcoming and selling health care providers about their candidacies.

In regards to concerns, this is a study that was actually done and it was done basically, they went into the cannabis stores and they wanted to know about the first trimester cannabis use. And these are the budtenders. 70% of the set dispensaries recommended cannabis to treat nausea. Few budtenders encourage discussion with health provider without prompting. And is cannabis legalization expense, policy and education efforts should include employers of these retail stores. Because the more they increase, the budtenders are becoming crucial to disseminate correct information about cannabis.

So you -- so these are just some of the problems that are occurring actually inside of dispensaries.

This is another endcap that recreational cannabis has. The data from Colorado, most of the data is from Colorado and a few other states. But they found that people who begin using cannabis before age 18 are 4-7 times more likely to develop a disorder. So we don't want that. We do not want children, we do not want people using cannabis for recreational purposes before the age of 18.

There also are studies from Colorado, Washington, Alaska, and Oregon that found -- these are the first four states to legalize cannabis for recreational use, they found increases in hospitalizations for cannabis use disorder toxicity compared to other states. So the question I have, is that when people come in for cannabis use, toxicity or disorder, is there a system to refer them to addiction specialists? They have the same thing for tobacco users. If you are a tobacco user, the states now are using process or even when you are screened, anytime you go see a provider, and this is not the emergency room your if you use tobacco, they are referred to a 1-800. So this is where I

see that at diction specialists can help in this term -- area in terms of referring cannabis use -- people who use cannabis to excess, at least brief intervention and counseling. And most of you know that opioid -related deaths, cannabis has no impact -- this is one state that found out it may or may not -- one study that may or may not have a reduction in 2 years after the loss, but more research is needed. Most research suggests that there is really not that much impact.

Soak driving. This is a big issue. Most people agree that cannabis impairs your ability to coordinate, to react, and impairs their judgment. And there's definitely a correlation between THC levels and your ability to drive.

However, this does not necessarily mean that if you're in an accident and you have large amounts of cannabis, or even small amounts, that that is the cause of the car crash.

And that is because right now if a person is taking urine, breath, and all screenings to detect cannabis, they are detecting the metabolites, which can be past use or chronic use. It is very difficult to assess the role of cannabis in the actual crash. We know that it does, but it doesn't mean that the cannabis is liable we can't prove that right now.

Also, the blood test is much more accurate, but usually that requires a search warrant from a judge and a nurse has to come out and the suspect has to approve it being done. And moreover, there THC Dr. THC levels can decrease in 1-2 hours which might underestimate the risk. So most cities subjective methods where you are just incapable of driving. They can't really tell which substance actually, except for alcohol. They have really good tests for detecting alcohol.

So they just say you are an impaired driver.

Another problem is that impairment from cannabis depends on what you consumed, and how you consumed it if you are a chronic user you are likely to be -- and an increasing amount of evidence suggests that it is use with alcohol and that actually is the cause of a lot of accidents.

So in California, if you have problems, they just say get an attorney. Because it is just the ability to prove that the accident was caused by cannabis is just kind of difficult.

So the last thing I will talk about is the impact on social justice. So like I said earlier, the war on drugs actually seemed like a war on people were they were arresting a lot of

minorities. So some of the cannabis laws are set up so that they would stop arresting people and they will expunge their records. So as we can see, there have been decreases in the arrests for cannabis.

However, on the other hand, there still exists a discrepancy in people being arrested for public consumption. So you can see back in 2013, there were basically no arrests for public consumption. But as these laws are being passed, you can see that African-Americans are being arrested Moran out for public consumption.

There used to be a way to increase space for people to smoke who don't have private homes. I think that would be -- that will remedy a lot, but it will help. This gentleman, he is a former NBA player, and he has set up a program so most people who have been negatively impacted by massive incarceration due to cannabis, he provides them with options to become a millionaire. That is his goal, to make 100 people millionaires. He collaborates with a definite called root and rebound. They are a group of attorneys that help people who have been arrested. And this is an example of a social equity initiative. And that really is where a lot of people are saying but we need to do. We need to address the total issue to help change behaviors in certain populations. Because we really want to change the outcomes. Also, addiction professionals, they can do a lot. They can collaborate with communities. They can aid in the development of more consistent policies. There's just a lot of work that needs to be done.

And this work needs to be done quickly and addiction professionals really need to get involved because in November there is a ballot, it's in Oregon, measured won 10. They are going to decriminalize all drugs. And use that money for addiction treatment. Also Denver and San Francisco have already decriminalized most drugs.

So this decriminalize in drug use and increasing access to addiction treatment is something that all addiction professionals need to be aware of and hopefully get involved in.

Okay. I think that's the end of the presentation.

>> All right. So I'm just going to move forward here. I think we have time for about one question, quickly. The first is from Kenny from Pennsylvania, asking what is hookah and how does it work or impact addiction or drug culture?

>> It is a device that is used. Actually works like a bong, but has like 8 arms to it. In the arms of our people can come and join and inhale whatever product they are using. Usually it contains sweetened tobacco. And they actually have hookah lounges in Los Angeles. And now people are using the same devices to consume cannabis.

>> I'm going to sneak one more question. Christa asks if wax and oil are not considered concentrated, then how are they considered?

>> They are considered concentrates.

>> Oh, they are. She must have misunderstood. Let's see. I think we are out. I was going to fit one worry. Sorry, guys. We have all of your questions. We will be sending those to Dr. Bradshaw soon and get those posted for you on the website so we have those answered for you. I'm sorry we didn't get to all of them, but we will, rest assured. Thank you so much, Dr. Bradshaw. Really appreciate that presentation and on behalf of NAADAC and all of us in attendance. Just a reminder only to find online CE. You can find it at the website listed on this slide here.

This is the schedule for upcoming webinars. Two and in if you can pick there are some interesting topics with great presenters, just like today. This Friday we are going to at wrap up our advocacy webinar series with Sherry Layton and Michael Kemp, sharing their views on grassroots advocacy.

Out next week we have three critical webinars for addiction education. When say, Thursday, Friday, starting with Dr. Malcolm Horn, working with antisocial personality, etiology through treatment and for interventions, and on November 5, Dr. Eric Davis well speak on utilizing counterconditioning treatment as an effective CBT for SUD and Friday we have David Fossett present on the presenting. If you haven't already be sure to bookmark our cultural humility webinar series showed here on this slide. Stay tuned, we have more to come.

As an additional resource, NAADAC, the association for edits and professionals has provided a COVID 19 resources page that includes six excellent free webinars including top concerns in the addiction profession. So take a look there. Lots of good stuff.

NAADAC also offers two specialty series. The first is clinical supervision in the addiction profession. You can find it at the website on the bottom of the slide shown here. It is a

covenant to our newest workbook on clinical supervision that was authored by Dr. Thomas Durham. He was a protégé of the late David Powell.

Our second series is addiction treatment I military and veteran culture. To learn more about this necklace of content, you can visit the website you see here on this thought slide.

Quick review of becoming a member with us at NAADAC. By joining, you will have immediate access to over 145 CEs which are included as an exclusive NAADAC benefit. That's a lot of CEs. Members also receive immediately -- immediate free access to our advances in addiction and recovery magazine, which is also eligible for CEs. And you can become a part of our national addiction advocacy for addiction professionals and those that we serve.

A short survey will pop up at the end of this presentation. Please give us the time to give you us though give us your feedback tell us how we can to improve. Your feedback is so important to us. Thank you again for participating in this webinar, and thank you Dr. Bradshaw for your valuable expertise, leadership, and support in the field. I encourage you to take some time to browse our website to see how NAADAC helps others. Stay connected with us on LinkedIn, Facebook, Twitter. Have a wonderful day, everyone. Take care.