Jessie O'Brien, NAADAC: Hello everyone and welcome to today's webinar be constructing substance use and wellness from associate culture perspective, presented by Dr Carla SAP.

Jessie O'Brien, NAADAC: My name is Jesse o'brien and i'm the director of training and professional development, here at NASDAQ the Association for addiction professionals.

Jessie O'Brien, NAADAC: I will be the facilitator for this training experience with me today behind the scenes.

Jessie O'Brien, NAADAC: Is our training and professional development coordinator haley harder, who will be addressing any issues or questions you have.

Jessie O'Brien, NAADAC: That are not specifically for our presenter, in other words you have a lot of support here the permanent homepage for native webinars is www.me back.org forward slash webinars so.

Jessie O'Brien, NAADAC: Make sure to bookmark this page, so you can stay up to date on the latest and addiction education.

Jessie O'Brien, NAADAC: today's webinar is sponsored by lapeer my safety, the consumer health care products association developed the lapel MIC safety campaign campaign and 2017.

Jessie O'Brien, NAADAC: To help prevent the pair might misuse by raising healthcare providers awareness of this issue, educating them about the risks and providing resources for them to use with patients, we are going to hear more from our sponsor at the end of today's presentation.

Jessie O'Brien, NAADAC: Just a reminder that we are using zoom webinar for today's live event, most people are pretty familiar with zoom by now.

Jessie O'Brien, NAADAC: But just to point out a few items on your control panel, you can see right here on the side of my screen your control panel should look, just like this.

Jessie O'Brien, NAADAC: three items that we really use here today, the chat box, which I see a lot of you utilizing if you want to send a message to everyone, just make sure that in the to.

Jessie O'Brien, NAADAC: portion of the chat box you select everyone, or you can send a message directly to the host and the panelists.

Jessie O'Brien, NAADAC: Either way, we will people will respond to you, we also have the Q amp a box, but you see highlighted on the screen, this is where we're going to gather all of the questions that you have.

Jessie O'Brien, NAADAC: For our presenter for our sponsor or for us and we will answer those questions, either as they come in, or we'll hold off for the presenter until the Q amp a at the end of the presentation, the third is the live transcript button, we are now using zoom webinar for closed captioning today.

Jessie O'Brien, NAADAC: And I just realized, I want to turn that on for you.

Jessie O'Brien, NAADAC: So you should be able to utilize that now, if you need it and.

Jessie O'Brien, NAADAC: live it has been able to, if you want to use subtitles just click on the live transcript button and select show subtitles.

Jessie O'Brien, NAADAC: And then, lastly, in the chat box I think haley already put it there, but there will be a link.
Jessie O'Brien, NAADAC: For the handouts, and all the materials for today's webinar in the chat box as well alright, moving on.

Jessie O'Brien, NAADAC: reminder that every new deck webinar has its own web page that contains everything you need to know about that particular webinar.

Jessie O'Brien, NAADAC: So immediately following the live event, you will find the online see quiz link on the exact same web page you use to register for this webinar.

Jessie O'Brien, NAADAC: So the website for this web page for this presentation is a deck that org forward slash deconstruct strutting.

Jessie O'Brien, NAADAC: dash STD def socio cultural dash perspective dash webinar.

Jessie O'Brien, NAADAC: If this is your first time going through our seat eat process, please make sure to follow the instructions guide that is right underneath the online see quiz link.

Jessie O'Brien, NAADAC: On this web page, it will help guide you through the process, you can also email us at ceo@nasdaq.org that see as in continuing he as an education at made x.org if you have any issues.

Jessie O'Brien, NAADAC: One note this is one note it's important if you need your certificate to say live on it, and some people do so if you're a certificate needs to say live on it in order for you to get CE credit, please make sure to complete the seat quiz within the next 24 hours and download it.

Jessie O'Brien, NAADAC: That is important in getting it you don't want to just take the quiz you want to make sure you down there to your certificate, if you need to say live on it okay.

Jessie O'Brien, NAADAC: let's meet our presenter Dr Carla step, she is a nationally certified counselor certified clinical mental health counselor master addiction counselor certified professional counselor supervisor.

Jessie O'Brien, NAADAC: licensed professional counselor in Georgia Georgia approved clinical supervisor and licensed mental health counselor in Florida.

Jessie O'Brien, NAADAC: Dr SAP has been practicing for 13 years specializing in mental health and addictions counseling within the following settings Inpatient acute hospitalization outpatient drug court.

Jessie O'Brien, NAADAC: And federal correctional environments, Dr SAP is presented on the global national regional state and local level at several conferences and events so Dr step i'm going to mute myself and stop sharing my slides, and you can go ahead and take the stage.

Dr. Karla Sapp (she/her): And hello to everyone first can everyone see me Jesse am I able to be seen or.

Jessie O'Brien, NAADAC: I don't see you, I can hear you.

Dr. Karla Sapp (she/her): Okay i've gotta find the button again for to pop back up perfect well.

Dr. Karla Sapp (she/her): let's see.

Jessie O'Brien, NAADAC: I can also.

Dr. Karla Sapp (she/her): Start video there we go.

Jessie O'Brien, NAADAC: I see.
Dr. Karla Sapp (she/her): There we go okay you think you are right there we go so good afternoon everyone, and thank you so much for attending today's webinar deconstructing substance use and wellness from a social, cultural perspective, I am more than happy in related to be a part of the.

Dr. Karla Sapp (she/her): webinar series, having been a part of the NASDAQ critical issues in the black Community committee on for the past two years, and so this is super exciting to be here today to kind of share some of the work that i've done.

Dr. Karla Sapp (she/her): research that has been involved in and how as put together this entire presentation, based on years of experience as my work so Jesse said I have practice in several different.

Dr. Karla Sapp (she/her): settings over the past 14 years to include Inpatient hospitalization job poured it currently working in the federal correctional system.

Dr. Karla Sapp (she/her): full time as a drug abuse program coordinator, with the Federal bureau of prisons in the residential drug abuse Program.

Dr. Karla Sapp (she/her): So I have been substance abuse has been kind of my heart and ever since I started in the field with my internship back in 2008 I was finishing up my masters Program.

Dr. Karla Sapp (she/her): And I didn't necessarily think that substance use was a area that I wanted to really focus on However, what I came to realize during my internship.

Dr. Karla Sapp (she/her): And I was working with females in the process group my internship coordinator kind of fitting in the group because she had a family session, and she said hey.

Dr. Karla Sapp (she/her): you're going to facilitate this group, and in my mind, I was thinking no i'm not going to facilitate this group, I am here to kind of absorb kind of watch i'm still learning.

Dr. Karla Sapp (she/her): And she put me in that position and so as the group started, I can remember the women in that particular group.

Dr. Karla Sapp (she/her): were ready to eat me alive, and I say that because they played one when they realized when I had very limited training, I was not someone who came from.

Dr. Karla Sapp (she/her): The background of substance, use and started asked me questions, but then one thing stuck out to me and what stuck out to me.

Dr. Karla Sapp (she/her): With what my internship coordinator sets in the prior to going in and she told me then.

Dr. Karla Sapp (she/her): Fine you're in fine What helps you to relate in when you're able to relate then you'll be able to get them to a place where they're willing to be receptive to.

Dr. Karla Sapp (she/her): It so that that moment that I realized this is that moment, and so I shared that while I do not have my own personal experiences with substance abuse and addiction.

Dr. Karla Sapp (she/her): What I am is, I am the adult child of an alcoholic who is in recovery 30 years at this as of January this year.

Dr. Karla Sapp (she/her): And so, while I did not understand it from their perspective necessarily I could understand it from everyone who in that room had children.

Dr. Karla Sapp (she/her): And the beauty of it was that my father actually through history been in the same exact place that I was doing my internship and I realized at that moment, that this was what I
Dr. Karla Sapp (she/her): And so I always tell people that this presentation, not just as a combination of my years of experience, but also where my passion lies.

Dr. Karla Sapp (she/her): And so I am Dr policy up on, and these are all of my contact information so feel free at any moment on to reach out via my email Dr Carlos APP at gmail COM, or do you matter counseling at gmail COM my phone number.

Dr. Karla Sapp (she/her): And or any of my social media handles that she would like to reach out and connect with i'm always working and then always open to connecting and networking with others and sharing my experience as you may need to know any experience or resources that are out there.

Dr. Karla Sapp (she/her): And for today's presentation objective we're going to focus on three for the most part, and ultimately at the end of this webinar.

Dr. Karla Sapp (she/her): each of you, hopefully we'll be able to identify the four functions that substance abuse SOS in society.

Dr. Karla Sapp (she/her): will be able to discuss substance abuse and wellness from a cultural context and you also become familiar with the concept of cultural recovery and how it intersects with wellness all.

Dr. Karla Sapp (she/her): three areas that I find to be very important, especially when we're thinking about substance use from a more cultural, social, cultural perspective and kind of making that shift.

Dr. Karla Sapp (she/her): In from more of the disease model on in the more model and the public health model but kind of really shifting and really starting to hone in on that social, cultural piece.

Dr. Karla Sapp (she/her): And so, is my hope that you're able to take away from today's presentation.

Dr. Karla Sapp (she/her): feel free to use the chat box, if you have any questions if i'm not able to answer the questions today i'm definitely will try my best to answer all questions, possible to send them over today back so they can get those responses to you.

Dr. Karla Sapp (she/her): So is there a difference when we think about the time substance use and addiction and what we know is with the DSM five and we've kind of made a shift.

Dr. Karla Sapp (she/her): In just even our language and that's something that I feel is very important to really note.

Dr. Karla Sapp (she/her): Is that language is so important, when we're talking about the substance use population and it's important because a lot of times there are so many negative connotations.

Dr. Karla Sapp (she/her): That come along with various terminology that we use, not just in the mental health field, but also in the field of substance use.

Dr. Karla Sapp (she/her): And so, being able to take that and understand in love with the DSM five date where it kind of started to put things more interpret diagnoses more into perspective.

Dr. Karla Sapp (she/her): And, and also kind of utilize more of a spectrum when it comes to various diagnoses and substance abuse and addiction, or one of those.

Dr. Karla Sapp (she/her): And the reason why is because, when we think about substance use, and we think about addiction.

Dr. Karla Sapp (she/her): We also have to remember that there are levels right and not just that there
are levels, we have to think about.

Dr. Karla Sapp (she/her): You know just that continuum when it comes to us so somebody who.

Dr. Karla Sapp (she/her): may use substances periodically may not find themselves addicted to it, and so, knowing that there are terms that sometimes can be interchangeable but, having.

Dr. Karla Sapp (she/her): The ability to kind of differentiate between them and understand exactly what their role is and how they are important in the field.

Dr. Karla Sapp (she/her): And so, when we think about just playing substance use and even of beings, you know that’s any consumption of any type of illicit substance, whether it be drugs or alcohol.

Dr. Karla Sapp (she/her): And ultimately it’s that generic term for machines it’s typically characterized by experimentation low frequency and or irregular use of those illicit substances.

Dr. Karla Sapp (she/her): In our society what we've seen is that substance use and we'll talk about this a little later to in the webinar presentation, but substance use.

Dr. Karla Sapp (she/her): tends to be a lot more normal in accepted within our society versus addiction and it’s normal because it tends to be something that we’ve kind of evolved into when we come to.

Dr. Karla Sapp (she/her): Looking at various aspects of a lot of things that were boom so having a wedding where there is particular substances, more so, a lot of times alcohol.

Dr. Karla Sapp (she/her): there’s a sense of normalcy that kind of comes along with that so using the substance isn’t necessarily as frowned upon.

Dr. Karla Sapp (she/her): As it is, if it was an addiction, however, at the end of the day, what we find is that there’s still that consumption level.

Dr. Karla Sapp (she/her): And for some people, it does lead to addiction and or it does feed the addiction, that they have to other particular substances.

Dr. Karla Sapp (she/her): Whereas it on the other hand, addiction, as we all know, tends to be more of a severe form of substance use it’s more characterized by dependence.

Dr. Karla Sapp (she/her): and being able to look at behaviors that are more compulsive which then ends up impacting our ability to not used for substance, and so I always think about when I am doing.

Dr. Karla Sapp (she/her): My assessments with my particular population that I work with and i’m trying to determine if they do have.

Dr. Karla Sapp (she/her): A substance use disorder, one of the questions that always asked them is Have you ever attempted to try to stop using the substance into substances.

Dr. Karla Sapp (she/her): and was able to stop using the substance of substances but find yourself going back and a lot of times for them, they don’t even realize.

Dr. Karla Sapp (she/her): How critical that aspect is and because, for some of them and, like you know yeah i’ve thought about stopping I wanted to stop i’ve tried to stop.

Dr. Karla Sapp (she/her): But you know, one of that one more time and that one more time let’s do another one more time and that led to another one more time for a new at the one more times had kind of add up, and so I continue to use.
Dr. Karla Sapp (she/her): An info they don't necessarily actually understand that aspect of the addiction and so being able to help them see that and see how it continues to perpetuate.

Dr. Karla Sapp (she/her): The substance use and the addiction, that they have is so important.

Dr. Karla Sapp (she/her): and also with addictions, we find that you have that inability to control impulses and regardless of the negative consequences that we may have.

Dr. Karla Sapp (she/her): And when we think about those negative consequences for some it's consistent do you is its lack of family relationships.

Dr. Karla Sapp (she/her): It's criminality and what we do know about substance abuse and addiction is that substance use an addiction now have become.

Dr. Karla Sapp (she/her): A criminal behavior and it is seen as criminal and individuals, find themselves locked away in jail time as a result of their addiction.

Dr. Karla Sapp (she/her): And I always tell people sometimes people don't understand that part and always tell people that you know, especially working in the prison population what you see is, you see two different individuals.

Dr. Karla Sapp (she/her): You see, the lifestyle criminal and you see the lifestyle attic the lifestyle criminal is someone who typically engages in substance use.

Dr. Karla Sapp (she/her): And they have those periods of times when they're not able to use, but their substance use tends to play a part in the level of criminality where's your lifestyle attic as an individual who's criminality continue.

Dr. Karla Sapp (she/her): Consistently centers around feeding their addiction, so you think about those who typically are addicted to use math.

Dr. Karla Sapp (she/her): In your head and they're constantly having to feed that addiction and so their behavior criminally tends to feed that addiction and so.

Dr. Karla Sapp (she/her): Being able to understand that chef and that language and how important it is to know the difference and being able to just being able to discuss the difference in between them, but also understanding that they are interchangeable times that sometimes can be misconstrued.

Dr. Karla Sapp (she/her): And so, in trying to understand the concept of substance, use and as well as the addiction.

Dr. Karla Sapp (she/her): As well as why some people rather than others become dependent we typically think of substance abuse and addiction as an individual problem right.

Dr. Karla Sapp (she/her): And so, if we take this individualistic perspective, we find that we have various models of addiction that tends to focus solely on the individual.

Dr. Karla Sapp (she/her): And during the 18th and 19th century and substance use was considered to be a fit right.

Dr. Karla Sapp (she/her): And we'll see as the fault of one's character so it's a character flaw that individuals had and as a result of that we had what was developed as the more and more substance abuse and addiction.

Dr. Karla Sapp (she/her): And individuals at that moment, who were misusing on android potentially addicted to illicit substances and alcohol typically were punished being.
Dr. Karla Sapp (she/her): punished by being meeting or the world there was public humiliation that kind of came along with it and the fines and so you think about that more model.

Dr. Karla Sapp (she/her): And you think about how that has contributed to our views of sufficiency and society, what we find is that the person who is typically out on the streets, who has the brown bag that’s drinking out of it.

Dr. Karla Sapp (she/her): they’re the bad people right, and so we have that judgmental perspective that kind of comes along with the mall model and it helps to kind of separate.

Dr. Karla Sapp (she/her): Those who tend to what precise society kind of proceed as those who are different in those who are sinful versus those who are more morally correct and so treatment typically.

Dr. Karla Sapp (she/her): included being incarcerated and there was also spiritual intervention and then, as the more model kind of took hold in so.

Dr. Karla Sapp (she/her): People sort of focus on a man and was able to gain this perspective of addiction facilities.

Dr. Karla Sapp (she/her): We then found that there was a shift that went into the disease model and we're still focused on the individual.

Dr. Karla Sapp (she/her): um, but it also assume that the origins of addiction and substance use was more of a disease and illness and it's rooted in the belief that substance abuse.

Dr. Karla Sapp (she/her): In these is irreversible and then individuals cannot control their intake of substances and so.

Dr. Karla Sapp (she/her): When we think about that we think about that tolerance, peace, and we think about how the body from a more.

Dr. Karla Sapp (she/her): Biological perspective bio psychosocial perspective, we think about how that impacts individuals who may be genetically pre.

Dr. Karla Sapp (she/her): disposed to being addicted to substances i'll use myself as an example, my father is a recovering alcoholic up 30 years.

Dr. Karla Sapp (she/her): Which means genetically predisposed to alcoholism, but it doesn't mean that i'm going to be an alcoholic and it doesn't mean that I can't drink or have a drink and not become an alcoholic.

Dr. Karla Sapp (she/her): And so that is also very important that we, you know it's kind of looking at how they play such a crucial aspect.

Dr. Karla Sapp (she/her): In focusing solely on the individual, just like the psycho dynamic model, which was developed more so out of Sigmund freud's theory and posit that substance use is related to.

Dr. Karla Sapp (she/her): A response to issues experience during childhood and then you have the shift in the 70s, that kind of swept us more tools to social learning.

Dr. Karla Sapp (she/her): And with the social learning that we found with that particular model with that certain genes was both behaviorally and it was also socially and so those two combined it came to understand that the thoughts that individual for experiencing and having.

Dr. Karla Sapp (she/her): Typically impacted what it was like for them to be under the influence and so
all those things focused on the individual yet didn't take into consideration the wider societal perspective.

Dr. Karla Sapp (she/her): And when we begin to expand our view of substance, use and begin to take in the wider society perspective, what we realized, is that we also have to take into account the family as a social system.

Dr. Karla Sapp (she/her): And not only just take into account that the family as a social system, then we also have to understand that social issues also exists within a wider political, cultural and historical framework.

Dr. Karla Sapp (she/her): And so we have to look at the environmental factors that also contribute to the use of illicit substances and even alcohol.

Dr. Karla Sapp (she/her): And understand that substance use is more of a social behavior and we realized that there is a culture that actually tends to be more.

Dr. Karla Sapp (she/her): readily available when it comes to substance use and how to be able to be able to pack all of that into one and being able to look at it from a more holistic perspective.

Dr. Karla Sapp (she/her): And so, when we think about the social, cultural perspective of substance abuse and, as I stated before you know typically.

Dr. Karla Sapp (she/her): If become more prevalent within the last 15 years or so and it's become relevant because it tends to focus more on society.

Dr. Karla Sapp (she/her): and not necessarily specifically the individual, and so it looks at all the contributing factors that actually have an impact and influence the use of illicit substances end or alcohol.

Dr. Karla Sapp (she/her): versus just saying that there's something wrong with the individual in so whether the individual is merely karate or the individual has a disease.

Dr. Karla Sapp (she/her): Or the individual had something that happened in childhood and they never were able to resolve it.

Dr. Karla Sapp (she/her): or not even that but it's behaviorally and it's the thought it looked at all of the factors that contribute and so as such.

Dr. Karla Sapp (she/her): it's based on the idea that the society in which an individual resides actually has an impact on their substations in research has shown.

Dr. Karla Sapp (she/her): Especially now, more than ever, that there are links between inequality in substance abuse monster but it's suggest that people who belong to groups that are more marginalized culturally and socially disadvantaged.

Dr. Karla Sapp (she/her): are more likely to experience substance use and abuse problems, it also recognizes that society labors users individuals who have used substances.

Dr. Karla Sapp (she/her): As deviant and therefore policy for the problems and so going back to that moment for what aspect of it, while you have this social, cultural piece where we're looking at the fact that.

Dr. Karla Sapp (she/her): Individuals doing who typically come from more disenfranchised populations populations that are more culturally, socially disadvantaged.

Dr. Karla Sapp (she/her): they're still parts of that more model that typically kind of permeates on the
social, cultural perspective in that those individual silverstein's be morally corrupt.

Dr. Karla Sapp (she/her): Because I’m only pull up the deviant and then what happened, she find that they are in front of judges their drug court and because.

Dr. Karla Sapp (she/her): they're not necessarily working and not just that they're working, but that we're looking at all of the factors that are contributing and how to be able to.

Dr. Karla Sapp (she/her): work with them in those environments in order to ensure that they're able to achieve recovery in a healthy manner we're kind of just expecting them to make this shift in these changes.

Dr. Karla Sapp (she/her): which ultimately is detrimental to them and then they start to go through the cycle of incarceration the cycle of their continues in for some of them, they tend to graduate in their use, and so, while they may be using alcohol.

Dr. Karla Sapp (she/her): or marijuana they tend to graduate to more illicit substances that are a lot harder for them to really start to achieve recovery from.

Dr. Karla Sapp (she/her): And so, because this model link substance use to the conditions of the wider society and the solution team quote unquote Joe problems and revolves around changing the social environment.

Dr. Karla Sapp (she/her): Rather than just focusing solely on treating the individual and this involves developing ways to not just address the individual, but how do we as clinicians and not just as clinicians but as individuals working.

Dr. Karla Sapp (she/her): In the mental health profession policymakers, how do we start to address issues that are more social, cultural and influential to include poverty housing discrimination lack of access to programming and so.

Dr. Karla Sapp (she/her): What is the evidence is that what the role of social, cultural factors show that there are numerous studies and that we will that ethnic, racial.

Dr. Karla Sapp (she/her): In religious groups very inert substance use, and there is a cabinet salsas use a significant varies according to age, sex and socio economic class and so we're going to kind of look at some statistics in the coming slides just to kind of be able to show kind of that variation as well.

Dr. Karla Sapp (she/her): And for these streams that I have here.

Dr. Karla Sapp (she/her): we're from 2019 I haven't been able and i've been trying to come up with the most recent numbers that I can but these were the most recent numbers and then I was able to find so according to save some.

Dr. Karla Sapp (she/her): of our lifetimes you know substance use statistics what you find is that 15.2% of Americans 12 years or older has some legal drugs on admissions prescription drugs.

Dr. Karla Sapp (she/her): And 61% of Americans 12 years or older has used tobacco products and 83% of 12 years or older has use alcohol and alcohol products, now we know that alcohol is illegal substance after you turn.

Dr. Karla Sapp (she/her): 29 However, what we find is that there's a lot of children who experiment at various ages, especially younger ages, whether it be adults being bad for them, and they have friends who are a lot older than that by it or they're kind of sneaking into their parents.

Dr. Karla Sapp (she/her): their parents kind of stash lack of better words so you're starting to see this
trend, where they're used the misuse of substances becoming normal.

Dr. Karla Sapp (she/her): I mean, in the past year, which was that was in 2018 so between 2017 and 2019 within the past year 20.8 of Americans for years overhead use.

Dr. Karla Sapp (she/her): some type of illicit drug or substance abuse issues prescription drugs 26.2 had use tobacco products for the older and 61.1% of Americans for years older had use a form of alcohol.

Dr. Karla Sapp (she/her): But we break it down by demographics, and this is where that cultural piece when it starts to come to factors in being able to look at the various cultural shift we'll see what we see as with gender mel's typically.

Dr. Karla Sapp (she/her): Use illicit substances more than females do and.

Dr. Karla Sapp (she/her): it's a different variation or we start to look at the race, ethnicity Hispanic origin because what we find is that and these all these again come from.

Dr. Karla Sapp (she/her): What you find with alcohol, that is within that years time.

Dr. Karla Sapp (she/her): Caucasian Americans were more likely to use than any other, race, ethnicity Hispanic origin, when it came to alcohol.

Dr. Karla Sapp (she/her): And the same for tobacco, however, we looked at alyssa junkies what you found was that black or African Americans will more likely than any other race.

Dr. Karla Sapp (she/her): and ethnicity Hispanic origin to use and illicit drug and so there tends to be that cultural shift that you start to see.

Dr. Karla Sapp (she/her): With the variations of gender, race, ethnicity.

Dr. Karla Sapp (she/her): But then also if we think about geographical areas, and we think about kind of county types, you also see a different shift in the various types of substances that are used and how they're used.

Dr. Karla Sapp (she/her): And so, geographically and if we're looking at just the illicit drug use in the past in the past year.

Dr. Karla Sapp (she/her): What you find is that typically individual school with more outlets and so rest tends to use a lot more according to the research and cons of the statistics.

Dr. Karla Sapp (she/her): versus the south was only 18.1% However, when we look at those numbers again in comparison with alcohol and tobacco what we find is that there’s pretty much.

Dr. Karla Sapp (she/her): it's pretty much the same across the board and that the US doesn’t typically there's not a big variation in the use of alcohol and tobacco versus druggies and then the same with counting type.

Dr. Karla Sapp (she/her): You start to see kind of those variations, and so I like to kind of point that out, as we get into kind of the social, cultural piece of being able to understand how demographics.

Dr. Karla Sapp (she/her): play a huge huge role in that cultural piece, and that culture shift and one also that I like to point out, too, is the poverty level.

Dr. Karla Sapp (she/her): And what you see what the poverty level is that individuals who are less than 100% below poverty level typically use 30.6% use alcohol 34.1% use tobacco.
Dr. Karla Sapp (she/her): But 25.9% use any type of unlisted other drugs, but then anyone, you know as the as the level of poverty tends to increase what you find is that you also have your drug use that tends to increase, except for your message like these.

Dr. Karla Sapp (she/her): And so i'm struggling for some issues and also like to cover that piece as well and I like to cover this piece just to kind of give the context and we're thinking culturally on any shift into those four.

Dr. Karla Sapp (she/her): areas and purposes that substance use and addictions, to define, is that you know alcohol coming document, all the way back to almost 4000 BC.

Dr. Karla Sapp (she/her): And not only that it's typically what we find it's used in just about every aspect of my life, still today.

Dr. Karla Sapp (she/her): Whether it's you know religiously ethnically and racially there's alcohol plays a huge role in a lot of our lives in some shape form or fashion.

Dr. Karla Sapp (she/her): And so, while it kind of all the way back to the early on Sumerian tablets in colonial times it's still just as relevant today and how it's used for various aspects.

Dr. Karla Sapp (she/her): And then you have your opium poppy boom over the years it's been used for medicinal purposes.

Dr. Karla Sapp (she/her): it's helped to provide sedation as real issue for you, and it was actually brought into the United States by Chinese immigrants initially.

Dr. Karla Sapp (she/her): And in that it became kind of introduced urban minority groups in winter was kind of introduced to other minority groups, there was a shift and what we found now.

Dr. Karla Sapp (she/her): Is that opium poppies you know the limit of that heroin and heroin has kind of taken over, and has become one of those substances that we find typically is being used more and more with the society and not just among urban minority groups, but across all ethnic, racial and cultural.

Dr. Karla Sapp (she/her): and listening for marijuana and if you kind of look at some of the historical roots and y'all wanna also use some of the for purposes of recent times.

Dr. Karla Sapp (she/her): And this ordering state that 94,000 years ago to China and later in India, and it was initially used for fiber, and so they are traces of.

Dr. Karla Sapp (she/her): marijuana being used back and close that date, more than 10,000 years ago in China, and it is the second largest crop, after call the patents on blown in the south.

Dr. Karla Sapp (she/her): And one of those people with George Washington at mount Vernon and pre us civil war in impose well we're one Mexican leaders started to introduce and more for those psychoactive properties.

Dr. Karla Sapp (she/her): which then led us to the psychoactive plants, and so you have your mind altering drugs that kind of come out of that we're peninsula James your stimulates your tobacco and all of these originally were used for some type of element so some type of medicinal purposes.

Dr. Karla Sapp (she/her): And kind of originated some English in China, India, with most likely active clients originated in the American on an America, South America, North America.

Dr. Karla Sapp (she/her): and have been used in various ceremonies religiously as well as culturally on over decades that we found and so historically substance use has been removed it.
Dr. Karla Sapp (she/her): In a way, on in our lives throughout generations were at some times there has been a sense of normalcy yet that shift happen from the substance use to that machines which didn't let from the misuse to be abused and then addiction.

Dr. Karla Sapp (she/her): And so, after this point in the presentation we focus on kind of the cultural based on ethnicity and based on race and natural origin info while the presentation kind of looks at those what's more important is being able to understand that there are subcultures when it comes to.

Dr. Karla Sapp (she/her): The substance use population and that these types of cultural groups also referred to as subcultures organized with shared cultural beliefs, customs and traditions.

Dr. Karla Sapp (she/her): In that these cultural boots can have ethical organizing factors such things as their sexuality move of the preferences political ideologies.

Dr. Karla Sapp (she/her): And, as well as criminal behavior things of that nature and so being able to change the way we understand the dressed up the shoes.

Dr. Karla Sapp (she/her): And kind of making the shift from those generic demographics, that we kind of are always based on the ethnicity, the race and matter origin.

Dr. Karla Sapp (she/her): and being able to shift into the sub groups and more The sub cultures that are inclusive of all ethnicities racial groups natural order religious groups different nature.

Dr. Karla Sapp (she/her): And so, as we said before something she's in everyday life, we have those medicinal purposes and you think about you think about your your opiates and.

Dr. Karla Sapp (she/her): Most times when you're going to the dentist you have to put your giving those medications those medications are derivatives.

Dr. Karla Sapp (she/her): of emotion substances and have the ability, because they're narcotics have the ability to lead somewhere to to addiction and so.

Dr. Karla Sapp (she/her): While we are using and for some people, we you know they use the answer so short other people do find themselves becoming heavily reliant independent on them.

Dr. Karla Sapp (she/her): And then you also have recreational use for those who tend to want to be able to utilize.

Dr. Karla Sapp (she/her): certain substances, because it kind of fits the lifestyle that they're living in in that culture.

Dr. Karla Sapp (she/her): That they have found themselves around which then kind of leads into that pop culture glorification and we've got start to think about TV and the media and how the media tends to glorify music tends to glorify.

Dr. Karla Sapp (she/her): The use of various substances or you have the Nice not gonna say my ads, but you have the ads that are very, very.

Dr. Karla Sapp (she/her): glamorizing kind of take people in, and you have each of you start to see that it shows up in just about every aspect of our life.

Dr. Karla Sapp (she/her): And so, being able to understand and feel that role, but more importantly, how does it impact, and how does it influence a social and so.

Dr. Karla Sapp (she/her): bombs and know that that that use of alcohol and drugs can be fair pimping can be seen, excuse me, sorry for functions in society and a nice for functions are to facilitate social interaction release from social obligation, solidarity and to rebel against societal norms and values.
Dr. Karla Sapp (she/her): And what the social interaction from this aspect, what we're looking at is that it tends to be more of a social lubricant so you think about.

Dr. Karla Sapp (she/her): Alcohol or you think about smoking it kind of, especially when we think about the pop culture glorification.

Dr. Karla Sapp (she/her): You think about the regulations it makes me more comfortable I hear a lot of times, a lot of times, some of my clients say.

Dr. Karla Sapp (she/her): They helped me to be more comfortable in the settings and I was able to talk to people, a lot more and not feel that I couldn't be myself.

Dr. Karla Sapp (she/her): when in reality they're not necessarily being yourself there being the person that the substance is kind of ultra deep into be.

Dr. Karla Sapp (she/her): But for those who tend to find that it's harder for them to kind of engage with people or to find that they're wanting or they're looking for this acceptance that social interaction piece place is very, very vital.

Dr. Karla Sapp (she/her): And then, that the release from social obligation.

Dr. Karla Sapp (she/her): which you have we kind of go back to that sense of normalcy.

Dr. Karla Sapp (she/her): On install it kind of allows them to kind of make excuses for why certain things are happening or being able to kind of dismiss, and so we talk about such issues being an escape a lot of times from reality, this is where that religion social obligation comes from and it allows individuals.

Dr. Karla Sapp (she/her): It allows for individuals to kind of us will excessively because we start to be relaxed and their transgressions are overlooked, a lot of times, and so it gives them this vacation and the kind of gives them that ability to kind of do what they want to do for those moments and it's okay.

Dr. Karla Sapp (she/her): And then we group solidarity.

Dr. Karla Sapp (she/her): You find that there are really distinct boundaries in with the groups on daily comes to group rituals so you're having, especially when we're talking religiously and culturally.

Dr. Karla Sapp (she/her): Especially the food alcohol on the use of alcohol during Jewish religious observances or French and Italian know times and having that glass of wine.

Dr. Karla Sapp (she/her): or frat parties like that becomes a part of that culture and so because it's a part of that culture, it makes it a lot harder.

Dr. Karla Sapp (she/her): Because while there is in a level of sensors jeans is that substance use.

Dr. Karla Sapp (she/her): More culturally appropriate or is it to the point where it's being misused it's not being used in those particular aspects anymore in those aspects are they big are they using it overly more than other only consuming more than insured and using that as an excuse for why they are.

Dr. Karla Sapp (she/her): And then the last one is just to rebel against societal norms and values and so there's this exaggerated perception that you know it's not as bad as it seems.

Dr. Karla Sapp (she/her): or they have these false alarms that they've kind of created for themselves i'm a lot of times in here that will I haven't gotten.
Dr. Karla Sapp (she/her): may have operated a car it's not that bad because you know marijuana calms me down and so it’s ladies and it's like, but essentially reaction, or like them, but I can.

Dr. Karla Sapp (she/her): I can actually think a lot better and i'm not always going so they start to create these norms and these exaggerated perceptions that kind of helped them to kind of.

Dr. Karla Sapp (she/her): make a to kind of give themselves the excuse for why they're doing it, even though they're still rebelling against social norms and values.

Dr. Karla Sapp (she/her): And for social, cultural, beliefs can definitely shape on the approach to the behavior regarding substations in culture definitely plays a central role in forming the expectations of individuals on about the potential problems that they may face with substance use.

Dr. Karla Sapp (she/her): only think about the social, cultural, want us to think about cultural groups and that culture goods are definitely a major cultural force that shapes individuals and not just individuals but societal.

Dr. Karla Sapp (she/her): world views and perspectives and that the subcultures that we typically find whether it is music pop culture glorification frat parties religious.

Dr. Karla Sapp (she/her): The offender population.

Dr. Karla Sapp (she/her): you name it and one of the time i've heard someone talk about kind of the you know.

Dr. Karla Sapp (she/her): What they called it, the kind of after work culture that the guts of the bar kind of you know, after five kind of get a little drink before we go home kind of culture and they're organized around these shared values and beliefs and customs and traditions that we only have.

Dr. Karla Sapp (she/her): Any and ultimately their core themes that they typically share have impacted the youth and the recovering and ultimately provides this it kind of ultimately provides the rationale for this entire presentation.

Dr. Karla Sapp (she/her): And so, when we think about the substance use culture in the mainstream culture what we find is that some cultures typically define themselves.

Dr. Karla Sapp (she/her): In opposition to what is considered to be the mainstream culture and that they tend to reject some of not all of the mainstream cultural values, as well as the beliefs, that they have in mainstream culture typically frowns upon the use of substances they typically don't.

Dr. Karla Sapp (she/her): See the purpose of using illegal substances, and so we go back again nation culture tends to fall apart follow along the lines of the moralistic.

Dr. Karla Sapp (she/her): ideology and the more model and the model that these individuals arson sinful the deviant they are sick.

Dr. Karla Sapp (she/her): they're not well, and so, because of that mentioned culture, for the most part, typically does not accept substance use and typically tends to kind of shut it and so when people feel that they're using.

Dr. Karla Sapp (she/her): It and people are using and they feel that they are, to some degree kind of marginalized it typically impacts their ability to one reach out for help and but, to be able to truly believe.

Dr. Karla Sapp (she/her): That they not only should seek it, but that there's something wrong with them, because we are better something not wrong with them, because they tend to take on that persona and not only take on that persona.
Dr. Karla Sapp (she/her): But they start to view their substance use misuse abuse and addiction as normal, and once they start to view it as normal, they typically don't find themselves in a place where they're willing to move forward in treatment, the better they become a lot more stuff and where they are.

Dr. Karla Sapp (she/her): And so what's the attraction to this stuff issues and a lot of times what you find with the attraction is that there is.

Dr. Karla Sapp (she/her): As far as such issues culture.

Dr. Karla Sapp (she/her): If that you have the ritualistic abuse, and so you think about kind of the fat parties and there's you know we go, we binge drink we hang out, we have fun, then we go home we don't great for weeks at a time that we have another party and so that ritualistic use.

Dr. Karla Sapp (she/her): But then also what you also find is you have.

Dr. Karla Sapp (she/her): Individuals who find themselves kind of in this initiating force for socks and shoes and when we say initiating force when I say that it's kind of their kind of play some situation where.

Dr. Karla Sapp (she/her): substance abuse has become so normal in their homes that they feel, not even in their homes, but in the environments in which they are occupying that if normal it's almost.

Dr. Karla Sapp (she/her): unknown and that's kind of like word but it's not as common for them to not use, because then they're looked at as being different.

Dr. Karla Sapp (she/her): And then he thought set to think about other factors, you have those individual risk factors being biologically predisposed or you have family was factors.

Dr. Karla Sapp (she/her): In the social responses to that bio psychosocial model of addiction typically impacts not just marginalized adolescents adults but adolescents and adults from across the spectrum i'm in a wide variety.

Dr. Karla Sapp (she/her): And then the last one I always like to talk about too is the participation in the drug trade and aspects of your culture.

Dr. Karla Sapp (she/her): And that's because a lot of times what you find is that joke pressure felt culture, excuse me.

Dr. Karla Sapp (she/her): and drug trade, typically serve as an initiate force and then Those are two of sustaining for us because it becomes a part of that lifestyle that they're living.

Dr. Karla Sapp (she/her): And so, this lifestyle is not just one ethnicity or gender or religious background or social economic background, but it typically kind of all of them kind of learn how to how to maneuver how to what to expect and it becomes a part of their everyday life.

Dr. Karla Sapp (she/her): And so to kind of start to shift into kind of.

Dr. Karla Sapp (she/her): wrapping up and when we think about the assessment, the screening in the engagement being able to take into consideration, from a social, cultural fact perspective when we're working with our clients in our in our settings being able to take into consideration reporter background.

Dr. Karla Sapp (she/her): Being able to look at what culture fetishes cultures and subcultures they may actually be followed.
Dr. Karla Sapp (she/her): And the types of culture, not just the types of cultures that they're affiliated with, but the level of involvement in those cultures.

Dr. Karla Sapp (she/her): and being able to look at the various elements also demographically that contribute to those.

Dr. Karla Sapp (she/her): And how they contribute but understanding that their cultural identity, the demographics doesn't necessarily.

Dr. Karla Sapp (she/her): mean that that is the only culture or subculture that they actually find themselves in.

Dr. Karla Sapp (she/her): And so it becomes it becomes very important to truly understand their environment and understand exactly the barriers and the factors that are just as influential on their lives and cultures that they found themselves kind of agree and being affiliated with.

Dr. Karla Sapp (she/her): And then, identifying from a recovery perspective, being able to identify alternatives to both particular subcultures.

Dr. Karla Sapp (she/her): Hoping that to strengthen their identity is so important, being able to kind of resolve who they are as individuals.

Dr. Karla Sapp (she/her): But then also challenging their involvement on in those continued subcultures and so with my offender population I find a lot of times they tend to kind of move with various populations, whether it's gang affiliation.

Dr. Karla Sapp (she/her): or religious or you know you find someone who they kind of based on geographical areas and so being able to help them kind of resolve.

Dr. Karla Sapp (she/her): But then challenged their involvement, so how if you continue to be involved in this aspect of this subculture how's that going to impact.

Dr. Karla Sapp (she/her): your ability to be able to gain gain recovery understand what is to truly be able to move forward.

Dr. Karla Sapp (she/her): But then also not just having their commitment understanding that it takes involvement from a wider society perspective.

Dr. Karla Sapp (she/her): And it takes involvement from a wider societal perspective because you have to have that family involvement, you have to have that Community involvement, you have to have that support system that's so important.

Dr. Karla Sapp (she/her): And for those people who are healthy for them, because if you don't have those healthy individuals in their lives they typically impacts them.

Dr. Karla Sapp (she/her): And they find themselves, going back to those cultures, because that's where they found that acceptance that's where they feel that they belong that's where they feel that they continue to be themselves because they have this false perception.

Dr. Karla Sapp (she/her): And for associations is more of a social and cultural issue and being able to understand, as we said before that we have to look beyond just the individual in our room and focus on water society.

Dr. Karla Sapp (she/her): And that is more of a social behavior and not only your functions you for social behavior, we have to take into consideration, various social, cultural factors.

Dr. Karla Sapp (she/her): That are very influential in the development of substance use, as well as
subcultures of substances and that those four functions that we kind of discussed.

Dr. Karla Sapp (she/her): are definitely areas that we have to be able to pay attention to, but also not just paying attention to, though.

Dr. Karla Sapp (she/her): Being able to kind of be able to differentiate between the medicinal use the recreational use and being able to deconstruct this pop culture glorification.

Dr. Karla Sapp (she/her): of such issues that tends to take a hold of our younger generation and as they continue to evolve, they find that the more the.

Dr. Karla Sapp (she/her): More that they're immersing themselves in these cultures or subcultures The more that their bodies are becoming more tolerant in their building up until they have to use more the substances.

Dr. Karla Sapp (she/her): And then ultimately cultural recovery has a significant we positive influence on overall wellness it tends to allow for them to achieve recovery at a.

Dr. Karla Sapp (she/her): More effective on long standing weight than it does if they're not so culture plays a vital process, not just.

Dr. Karla Sapp (she/her): In the substitute that in just being able to negotiate the Philistines subspecies but also in the treatment process because they're bringing them what their whole selves into the room.

Dr. Karla Sapp (she/her): And if they're bringing their whole selves into the room there is important that we're working with all aspects of who's showing up in our room, not just the individual, but also from a professional perspective.

Dr. Karla Sapp (she/her): And so I know the head that's a lot of information to take in and again i'm more than willing to provide more information.

Dr. Karla Sapp (she/her): There was so much more that could be accomplished and in less than an hour time frame, but I want to turn it back over to Jesse i'm for.

Dr. Karla Sapp (she/her): There we go okay.

Jessie O'Brien, NAADAC: So we're.

Jessie O'Brien, NAADAC: We, I see a couple questions in the Q amp a box before we get that and so that we can give you an opportunity to ask questions of our sponsors i'm going to turn it over to Mike train gail and Susan Riley we're representing the pyramid safety and I will start sharing my screen great.

Mike Tringale: Thank you just appreciate that, thank you, Dr stuff that really informative look at the social and cultural factors and substance abuse and.

Mike Tringale: i'm with the consumer health care products association, we are the.

Mike Tringale: Trade Association that represents the manufacturers of over the counter medicines and i'm joined by my colleague Susan just to briefly tell you, before you get to the Q amp a.

Mike Tringale: About a substance misuse issue, there were concerned about and we want to let you know, so you can help us prevent it.

Mike Tringale: And I will talk about look pyramid so look pyramid is an FDA approved active pharmacy to go ingredient it's it's indicated to relieve the symptoms of diarrhea.
Mike Tringale: it's medicine that's both over the counter available at eight milligrams maximum dose per day and also prescription about 60 milligrams per day maximum dose.

Mike Tringale: and actually many of you may be familiar with it, because many of your patients or clients have used with Jeremiah.

Mike Tringale: If your patients or clients have a history of opioid use disorder the pyramid is often therapeutically used appropriately to help manage their diarrhea, which is a symptom of puppets draw so.

Mike Tringale: Unfortunately, however, it has been found that met major or what we call super therapeutic doses of lapeer might have been shown to pass the blood brain barrier.

Mike Tringale: And and i'm talking about doses 140 milligrams in one dose or up to 200 milligrams it's been reported in the literature.

Mike Tringale: Remember the maximum dose of eight milligrams so massive amounts Unfortunately, however, that comes with a tremendous amount of risk.

Mike Tringale: lapel MIC that that extremely high dose can become party or toxic on an Ak can have serious cardiac events such as.

Mike Tringale: arrhythmias syncope even death and there happened some deaths reported, so we want to prevent this kind of behavior.

Mike Tringale: And what we'd like to do is talk to about a campaign we started a couple years ago reaching out to healthcare providers to educate you about this this behavior so you can help us intercede and prevent it, and with that i'll turn it over to my colleague Susan.

Susan Reilly: Thanks megan thanks to the next staffer having giving us this opportunity to talk today.

Susan Reilly: So, Michael can provided the background and context as to why we began this campaign and i'll shed a little light on why this campaign, could be useful to you.

Susan Reilly: We created the website will provide safety.org to serve as a one stop resource for questions and concerns about what pyramid safety.

Susan Reilly: And importantly, we have put information on the website that will provide a guide on how to recognize misuse and signs of cardio Cardio toxicity so on our site you'll find a range of resources from a video that provides a T shirt and toxicologist perspective.

Susan Reilly: fact sheets some specifically one specifically tailored to mental health care providers.

Susan Reilly: And we encourage you to visit our website and explore the resources available on the site and to share all this information with your colleagues, we have a range of questions you see here on the slide.

Susan Reilly: To to pose to your patients and an important science to to look for misuse so with that I will turn that back over and take any questions that you all you all may have for us, and after that.

Jessie O'Brien, NAADAC: Right, so if you have any questions about the pyramid city feel free to put those in the Q amp a box making system they're both here to answer and best possible and, obviously, you have the the website there.

Jessie O'Brien, NAADAC: As a resource okay so let's get to questions, Dr SAP if you want to join me back up here i'll start.
Dr. Karla Sapp (she/her): Looking at is.

Jessie O'Brien, NAADAC: What are your views about the historical belief that if you are addicted to one substance than you are addicted to all.

Jessie O'Brien, NAADAC: Do you believe or see any data that supports that an individual can meet the DSM criteria.

Jessie O'Brien, NAADAC: doesn't show is this a very long question.
yeah.

Dr. Karla Sapp (she/her): necessarily will be aimed or addicted to other substances, however, what I will say is that it's cross addiction.

Dr. Karla Sapp (she/her): is real right and typically what you find and I used to see this a lot when I worked, an impatient, you had an individual who was who came in, who was you know.

Dr. Karla Sapp (she/her): recovering from alcoholism, but now they're in because they have an addiction semantics, and so, then when you start to explain to them that.

Dr. Karla Sapp (she/her): was just the derivative of alcohol then they're just like no that can't be yes.

Dr. Karla Sapp (she/her): And so, a lot of times what you see is, you see that cross addiction, it tends to happen or that substitution, and so it can be very, very likely that a person has the ability to become addicted to another substance.

Dr. Karla Sapp (she/her): And, but it doesn't mean that just because you're addicted to it it's all and, as far as the rest of the conversation, so the question.

Dr. Karla Sapp (she/her): To answer because you said here many people assume an individual is at risk for all substances has that.

Dr. Karla Sapp (she/her): changed professionally or is there a clean data to support an individual window, which was will automatically become addicted to another.

Dr. Karla Sapp (she/her): So I can't say that i've seen any clear data that supports that but what I can say is that you know as the field starts to evolve what you start to see is that typically one substance is more likely typically the.

Dr. Karla Sapp (she/her): Drug of choice.

Dr. Karla Sapp (she/her): Though again they may have the ability, the likelihood to become addicted doesn't mean that they will be.

Jessie O'Brien, NAADAC: Okay let's try that one more and then i'll wrap up I think there's a pair of my question at the bottom to for those.

Jessie O'Brien, NAADAC: I might be thinking too deep into this, but how do we identify mainstream culture in the US, I asked, because we are a country of diversity is the idea of mainstream culture coming from legislation, religion or people say over 30 or 40.

Jessie O'Brien, NAADAC: I asked because mainstream culture for Native Americans, but I have a different viewpoint as a provider versus a peer support specialist.

Dr. Karla Sapp (she/her): Thanks and I don't want to say your name wrong i'm going to say true it and
i'm going to say to the can I can say lastly.

Dr. Karla Sapp (she/her): i'm thinking that might be tesla or TV i'm thinking for the question and I think the mainstream culture berries, again we can't even talk about culture we're talking about just the kind of societal perspective of shoes.

Dr. Karla Sapp (she/her): Yes, public policy plays a huge role in that not just public policy you mentioned things even bigger mo.

Dr. Karla Sapp (she/her): And so, being able to kind of take those and kind of mold them into when you start to get this mission, cultural, social feeds.

Dr. Karla Sapp (she/her): And a lot of it still comes from a beautiful talk about the individualistic perspective, an extra it comes from that.

Dr. Karla Sapp (she/her): model of addiction and matt disease model of addiction and so it's kind of mainstream culture has taken on this belief, will increase the substance use.

Dr. Karla Sapp (she/her): And the more that such as us as we kind of relevant in society, the more that that culture is falling, or that idea is starting to kind of be deconstructed and a way for people to understand.

Dr. Karla Sapp (she/her): And then, if we start to really look at it from a social perspective that the mainstream idea actually actually does more harm than it does good at this point.

Jessie O'Brien, NAADAC: All right, well, Dr SAP, that is, all the time we have for questions live, but we do send the questions that you have put in the q&a box to our presenters.

Jessie O'Brien, NAADAC: And then give them a chance to answer them and then we post them on this web page that you see here, where you registered for this event.

Jessie O'Brien, NAADAC: So you can review them and see Dr saps responses so give us a couple weeks we'd like to give our presenters a little time to type those out I just a reminder.

Jessie O'Brien, NAADAC: That, if this is your first time getting c's from us to make sure you follow the instructions and instruction guide it'll guide you through it’s got pictures and everything.

Jessie O'Brien, NAADAC: But you can always email us at see@name.org reminder if you need your certificate to say live on it, make sure to complete the sequences within the next 24 hours and download it for yourself.

Jessie O'Brien, NAADAC: I know we are one minute over so i'll just cruise through this here some upcoming webinars we are starting our adolescent treatment and recovery specialty online series enjoy by.

Jessie O'Brien, NAADAC: registrations open if he did the women's one is going to be just this awesome.

Jessie O'Brien, NAADAC: So hopefully You can check that out also registration is now open for annual conference October 7 through 12th in indianapolis indiana it is in person, I hope you guys can be there i'd love to see your faces live.

Jessie O'Brien, NAADAC: and not through a screen, even though I can't relate to them, but you know
what I mean.

Jessie O'Brien, NAADAC: So consider signing up early bird special and August 26 and I will leave it at that, thank you, everybody for being here, thank you, Dr SAP, thank you for the pyramid for being here with us and stay in touch with us, and we hope to see you at an upcoming webinar take care.