

Rommel Johnson, PhD, LPC, NCC, CAADC: Welcome to today's panel, discussion.

Rommel Johnson, PhD, LPC, NCC, CAADC: public policy and advocacy for the black Community

Rommel Johnson, PhD, LPC, NCC, CAADC: decriminalization. Can they criminalize in cannabis so racial justice issue.

Rommel Johnson, PhD, LPC, NCC, CAADC: and thank you for all for being a part of a virtual summit.

Rommel Johnson, PhD, LPC, NCC, CAADC: My name is Ramel Johnson, and i'm happy that you could join us today. I'm going to be the facilitator for today's session.

Rommel Johnson, PhD, LPC, NCC, CAADC: As we continue our session, i'd like to take a moment to thank our sponsor.

Rommel Johnson, PhD, LPC, NCC, CAADC: The sponsor for this session is renewed counseling, consulting, and wellness services.

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you for your generous support. This summit would not be possible without sponsors like you.

Rommel Johnson, PhD, LPC, NCC, CAADC: Renew counseling and consultant and wellness services is here with us today and will be available to speak with you in their zoom chat room

Rommel Johnson, PhD, LPC, NCC, CAADC: during breaks

Rommel Johnson, PhD, LPC, NCC, CAADC: during the summit

Rommel Johnson, PhD, LPC, NCC, CAADC: you can access their zoom room on the summit. Sponsors sponsor page

Rommel Johnson, PhD, LPC, NCC, CAADC: as you heard in the last session. We are using Zoom Webinar for today's live event. You will notice

Rommel Johnson, PhD, LPC, NCC, CAADC: the zoom control panel that looks like the one on my slide at the bottom of your screen.

Rommel Johnson, PhD, LPC, NCC, CAADC: They are 3 menu items to be aware of on the menu.

Rommel Johnson, PhD, LPC, NCC, CAADC: Number one is the chat box. The chat box allows you to send chat messages to the host. Panelists and other attendees.

Rommel Johnson, PhD, LPC, NCC, CAADC: Number 2 is the Q. A. box.

Rommel Johnson, PhD, LPC, NCC, CAADC: If you open the Q. A. Window, you can ask

Rommel Johnson, PhD, LPC, NCC, CAADC: questions to the host and panelists.

Rommel Johnson, PhD, LPC, NCC, CAADC: They will either reply to you by by a text in the Q. A. Window, or answer your questions, live.

Rommel Johnson, PhD, LPC, NCC, CAADC: We'll gather the questions related to the presentation and ask them to present during the live Q. A. Towards the end of our presentation.

Rommel Johnson, PhD, LPC, NCC, CAADC: please make sure to keep all comments in the comment box and all questions in the Q. A. Box

Rommel Johnson, PhD, LPC, NCC, CAADC: third.

Rommel Johnson, PhD, LPC, NCC, CAADC: the live. The third is the live trans transcript button. We'll be using Zoom Webinar for close captioning today.

Rommel Johnson, PhD, LPC, NCC, CAADC: Live transcript has been enabled. If you would like, subtitles just click on the live transcript button

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Rommel Johnson, PhD, LPC, NCC, CAADC: please also remember we will have a live, interactive question and answer time of our panelists.

Rommel Johnson, PhD, LPC, NCC, CAADC: so make sure to send in any questions you have in the Q. A. Box.

Rommel Johnson, PhD, LPC, NCC, CAADC: You can also fold up any questions that others may ask, during the presentation, that you would like to have an answer to

Rommel Johnson, PhD, LPC, NCC, CAADC: before I introduce our panelists. I'd like to take a moment to honor a distinguished social scientist and a leader.

Rommel Johnson, PhD, LPC, NCC, CAADC: Dr. David or Williams.

Rommel Johnson, PhD, LPC, NCC, CAADC: Dr. Williams is the Florence Brog, Norman and Laura Smart, Norman, Professor of Public Health and Chair of the Department of Social and Behavioral Science Sciences at the Harvard

Rommel Johnson, PhD, LPC, NCC, CAADC: School of Public Health.

Rommel Johnson, PhD, LPC, NCC, CAADC: He is also a professor of African American Studies and sociology

Rommel Johnson, PhD, LPC, NCC, CAADC: at Harvard University.

Rommel Johnson, PhD, LPC, NCC, CAADC: Dr. William is internationally recognize

Rommel Johnson, PhD, LPC, NCC, CAADC: as a social scientist focus on social influences on health.

Rommel Johnson, PhD, LPC, NCC, CAADC: His research has enhanced our understanding of complex ways in which socioeconomic status.

Rommel Johnson, PhD, LPC, NCC, CAADC: race, stress

Rommel Johnson, PhD, LPC, NCC, CAADC: racism and health behavior and religious involvement can affect. Our health.

Rommel Johnson, PhD, LPC, NCC, CAADC: is author of over

Rommel Johnson, PhD, LPC, NCC, CAADC: 475 scientific papers.

Rommel Johnson, PhD, LPC, NCC, CAADC: and one of the most well known one that I've I've utilized in my own research is called the everyday Discrimination scale

Rommel Johnson, PhD, LPC, NCC, CAADC: that he did. He developed to measure the discrimination measure, discrimination in all

Rommel Johnson, PhD, LPC, NCC, CAADC: in health studies. Today.

Rommel Johnson, PhD, LPC, NCC, CAADC: as we continue on, I want to introduce to your panelists for today's discussion.

Rommel Johnson, PhD, LPC, NCC, CAADC: and when I call their names i'll have them turn on their cameras.

Rommel Johnson, PhD, LPC, NCC, CAADC: So first we have Curt Curtis, Dorsey, Emb. C Cs. C. A. B. C. 2,

Rommel Johnson, PhD, LPC, NCC, CAADC: I see. Gc. 2

Rommel Johnson, PhD, LPC, NCC, CAADC: Welcome, Mr. Curtis, Dr. Curtis, Dorsey. Then we have Cheryl Watkins, Ph. D.

Rommel Johnson, PhD, LPC, NCC, CAADC: L. C. M. A. C.

Rommel Johnson, PhD, LPC, NCC, CAADC: S. Lcas. Crc.

Rommel Johnson, PhD, LPC, NCC, CAADC: Welcome, Dr. Watkins.

Rommel Johnson, PhD, LPC, NCC, CAADC: Then we have Sherry Wayton.

Rommel Johnson, PhD, LPC, NCC, CAADC: L Cs. Ccs.

Rommel Johnson, PhD, LPC, NCC, CAADC: Welcome sharing.

Rommel Johnson, PhD, LPC, NCC, CAADC: Then we have Mr. Peter Mott.

Rommel Johnson, PhD, LPC, NCC, CAADC: M. A. Lcdc. I see. ABC.

Rommel Johnson, PhD, LPC, NCC, CAADC: ABC.

Rommel Johnson, PhD, LPC, NCC, CAADC: Welcome, Peter, and last, but not least, you have

Rommel Johnson, PhD, LPC, NCC, CAADC: Miss Monica Rich, Mccluren.

Rommel Johnson, PhD, LPC, NCC, CAADC: Mhsa, Msw. L. M. As W.

Rommel Johnson, PhD, LPC, NCC, CAADC: Welcome each of you to our panel discussion today. Welcome panelists.

Rommel Johnson, PhD, LPC, NCC, CAADC: I would now like to give you a moment to introduce yourself and tell us why do you think decriminalization of cannabis

Rommel Johnson, PhD, LPC, NCC, CAADC: is a topic for the summit today?

I would like to start off on.

Peter Mott, MA, LCDC, ICADC, ADC: I'm. Peter Mark, I'm. A member of the critical issues in the Black Community Committee.

Peter Mott, MA, LCDC, ICADC, ADC: and the reason that I think that this is a important topic for us is because, as part of this committee our our mission is to is to make sure that we are advocating and addressing those issues that are impacting the black community.

Peter Mott, MA, LCDC, ICADC, ADC: and far too long

Peter Mott, MA, LCDC, ICADC, ADC: in regards to marijuana. We know that there have been, you know, people who have been arrested

with marijuana charges.

Peter Mott, MA, LCDC, ICADC, ADC: very small amounts of marijuana in which their lives have taken a a different direction, that maybe they would have wanted their lives to go to.

Peter Mott, MA, LCDC, ICADC, ADC: You know lots of times. There's been situations where these people could have been teenagers, and they may have been arrested for for small amounts of a possession of marijuana. Here they are 25 or 30 years old, and and they have this record that seems to just follow them wherever they go.

Peter Mott, MA, LCDC, ICADC, ADC: And then lots of times having this record brings about stigma

Peter Mott, MA, LCDC, ICADC, ADC: in regards to who they are as individuals. And so so from me as a member of critical issues in the Black Community Committee. I think it's important that we do keep this issue forefront

Peter Mott, MA, LCDC, ICADC, ADC: and

Peter Mott, MA, LCDC, ICADC, ADC: people's people's lives so we can make sure that

Peter Mott, MA, LCDC, ICADC, ADC: we need to address whatever disparities that have been impacting these people's lives.

Monica Rich-McLaurin, MHSA, MSW, LMSW: I'd like to follow up on that.

Monica Rich-McLaurin, MHSA, MSW, LMSW: For me. Decriminalization should be a topic of conversation, because there are a large number of people of color, who have either been incarcerated or are currently incarcerated because of the marijuana possession charge, and

Monica Rich-McLaurin, MHSA, MSW, LMSW: they likely have a felony or a misdemeanor on their criminal record, and this prohibits people from being able to get jobs, being able to get housing as well as to pursue higher education. If you're seeking any sort of Federal student aid.

Monica Rich-McLaurin, MHSA, MSW, LMSW: In more recent times. States all over the country have adapted into law cannabis dispensaries, whether they're medicinal or recreational, and

Monica Rich-McLaurin, MHSA, MSW, LMSW: at least here in the State of Michigan, Governor Gretchen Whitmer signed into law the Michigan clean slate program, so

Monica Rich-McLaurin, MHSA, MSW, LMSW: there are some parameters around it pretty much You're eligible to remove up to 3 felonies, unlimited misdemeanors, and most traffic offenses and misdemeanor

marijuana convictions. But there's waiting times there has to be a certain duration of time after the conviction that you have not reoffended.

Monica Rich-McLaurin, MHSA, MSW, LMSW: And essentially the record is seal. The challenge that i'm noticing here in Michigan is that this law was rolled out last, not December of 22, but December of 21, and

Monica Rich-McLaurin, MHSA, MSW, LMSW: I still know people who have signed up for this, and wanting to get their record expunge, and everything is bottleneck now.

Monica Rich-McLaurin, MHSA, MSW, LMSW: And with that bottleneck, you know people who are eager to kind of move on and upward with their lives. They're sitting in a holding pattern, because they don't know where where they are. In this large stack of applicants who are saying, I want these things off my record, so I can live my life.

Monica Rich-McLaurin, MHSA, MSW, LMSW: So I I certainly think that that's one of the major reasons why it's the topic of conversation today.

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you. Thank you.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: I'd also like to add a as well as my colleagues, that i'm very concerned about this.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: because it shows that 90% of the arrest are for low, level

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: crimes, and the majority of those people that are arrested are minorities, and and it also.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: I believe we should

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: make sure that we understand the difference between legalization and decriminalization. 2 different things that we'll be discussing that. So it's very important that we understand those things

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: look right now, 81% of all the businesses that operate cannabis legally are owned by the majority of white people 81% of them. However, the majority of those businesses operate in communities of color.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: and people that have been arrested will not be able to cash in on getting those businesses or licenses because of the record that they hold. So it's very important for me that we take a look at those things. Make sure we understand the difference between legalization and decriminalization.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: Excellent! Thank you.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: My colleagues have already expressed some

various reasons of why the decriminalization of marijuana is so important. The breakdown of the black family the breakdown of our communities within the within the black communities.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: And so, as we have talked about many of these different issues, we also have to talk about like, for example, in many different states, the criminalization also has affected how they define what is legal and what is not.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: And so, even, for example, in the state that i'm currently in in Utah. They've only made it legal for medicinal purposes only.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: and they have also defined what diseases have been deemed appropriate for medicinal purposes. They would go and look at that list. You see, specifically only certain diseases that they have described as appropriate for it.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: And then you look at the list of diseases, and.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: for example, HIV and a more differentiate for African Americans, multiple some sclerosis, more disenfranchised for those of people of color.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: And then you go, and you look at sickle cell disease, or disenfranchise for sickle cell of color. And then you look at intersectionality, and you looking at chronic pain. And you look at the statistics of what's the likelihood of us being able to enter into these ambulatory care spaces and emergency room spaces to get

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: paying treatment, and then also to get medicinal marijuana treatment.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: We're already looking at that. This is still not set up for us to get treatment period, and so we have to look at these laws for decriminalization, because, even though they are making it so called, available for us for additional purposes, it's still not available for us.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: And so we have to start having these conversations of how they're defining chronic pain versus acute pain. And it just cannot just be for cancer treatment. We have to have some more variety of treatments and conversations that looks at everyone regardless of their race.

Yeah.

Rommel Johnson, PhD, LPC, NCC, CAADC: this share, Layton, you wanna share.

Sherri Layton, LCDC, CCS: Yeah, thank you so much. I'm. Sherry Layton and I'm. A chair of the Latex Public Policy Committee. And so a lot of the a lot of my thought process is is around in in participation in the public policy arena, and you know we know that this is not an easy question. You know you

Sherri Layton, LCDC, CCS: for many people. It's even hard to say. Here's the difference between

legalization and decriminalization. And so I really appreciate that the committee wanted to address this issue during this summit. And so, you know, as addiction professionals. We have great expertise, and we also have great experience to be able to

Sherri Layton, LCDC, CCS: talk about this challenge of we. We all know professionally individuals who have had significant impacts in their life because of cannabis misuse. We also know individuals who use cannabis and have, and really have no issues with it. And so we to, and so many

Sherri Layton, LCDC, CCS: cannabis is so widely used that lots of people have that experience. Well, I use it, and i'm fine, you know. And so how do we as addiction professionals? Talk about that balance of of

Sherri Layton, LCDC, CCS: like alcohol? Yes, lots of people drink alcohol and don't develop alcohol, use disorder. Lots of people use cannabis and don't develop cannabis. Use disorder, but there's some people who use alcohol and have significant problems in their life. There's some people who use cannabis and have significant problems in their life.

Sherri Layton, LCDC, CCS: So I I think we have to as addiction professionals. We have to bring the the the disordered use of cannabis into the conversation, and you know I

Sherri Layton, LCDC, CCS: at 13 years old I was arrested for possession of marijuana. It was a felony offense at that time, because I was 13 and I was a minor. It did not follow me through the rest of my life.

Sherri Layton, LCDC, CCS: But that was a you know that was a big deal in the 19 seventies. What you know to to be arrested for marijuana at that point in time. And so, you know there's I. I'm so glad that we are seeing change that people that we're looking at this decriminalization issue.

Sherri Layton, LCDC, CCS: But I also believe and stand very firmly with Natx. You know. Position on this is that you know we can fully support decriminalization. But legalization is really something that that we, as addiction professionals know, is is going to have impacts in our society and in people's lives.

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you. Thank you. Yeah. A lot of good points I know we brought some of the issues that we're going to be talking about for me. Talking about this

Rommel Johnson, PhD, LPC, NCC, CAADC: falls within just my my fundamental beliefs about how addiction.

Rommel Johnson, PhD, LPC, NCC, CAADC: treatment.

Rommel Johnson, PhD, LPC, NCC, CAADC: and the thought about how it happens and how laws were created.

Rommel Johnson, PhD, LPC, NCC, CAADC: You know it goes with all of that. If we look at you know how you know laws were created in this country.

Rommel Johnson, PhD, LPC, NCC, CAADC: It was not based on on the best scientific research base



approaches. It was based on a unfair and a lot of racialization of various minority groups, including African Americans. So a a and those who are black, so it it's not a surprise, you know.

Rommel Johnson, PhD, LPC, NCC, CAADC: as you heard the different statistics on on where bring the brunt of it, whereas you know.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know other people use it too, so it it's about fairness. It's about justice, you know. It's about really recognizing that

Rommel Johnson, PhD, LPC, NCC, CAADC: black bodies

Rommel Johnson, PhD, LPC, NCC, CAADC: deserve respect and and a treatment approach rather than a punitive approach, which is what you know we see in a lot of these instances, you know, looking again at the War on Drugs, you know, that has caused significant harm to our community. So

Rommel Johnson, PhD, LPC, NCC, CAADC: recognizing our bodies as in our people who grapple with the disease of it. Addiction, you know, and looking at okay, how do we address this?

Rommel Johnson, PhD, LPC, NCC, CAADC: And a supportive way that focuses.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know, because

Rommel Johnson, PhD, LPC, NCC, CAADC: if someone is battling cancer, we don't lock them up for having cancer

Rommel Johnson, PhD, LPC, NCC, CAADC: right or any of the diseases that we see. And again, as you all have stated, you know, we see

Rommel Johnson, PhD, LPC, NCC, CAADC: the

Rommel Johnson, PhD, LPC, NCC, CAADC: the disproportionate.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know, application of of the heavy consequences

Rommel Johnson, PhD, LPC, NCC, CAADC: predominantly

Rommel Johnson, PhD, LPC, NCC, CAADC: in the black community. So absolutely we need to talk about this issue. And yes, we we'll talk about, you know. Legalization become a what? What are we talking about? We're gonna put up a polling question for you.

Rommel Johnson, PhD, LPC, NCC, CAADC: And then, as Sherry stated, that does have a position on

Rommel Johnson, PhD, LPC, NCC, CAADC: decriminalization of legalization, I'll read part of that for you. So the polling question should be on your screen. First question that someone asks you, Would you be able to give a 30 s explanation on the difference between legalization and the criminalization of cannabis.

Rommel Johnson, PhD, LPC, NCC, CAADC: And then the second one is, what is your position?

Rommel Johnson, PhD, LPC, NCC, CAADC: You have various options here, so I

Rommel Johnson, PhD, LPC, NCC, CAADC: I see the voting happening.

Okay.

Rommel Johnson, PhD, LPC, NCC, CAADC: this is really interesting.

Peter Mott, MA, LCDC, ICADC, ADC: Let me get a drum room.

Rommel Johnson, PhD, LPC, NCC, CAADC: We we have.

Rommel Johnson, PhD, LPC, NCC, CAADC: Okay, seems to be slowing down.

Rommel Johnson, PhD, LPC, NCC, CAADC: and we do have in the chat box.

Rommel Johnson, PhD, LPC, NCC, CAADC: Kristen Hamilton did put a link to that that to me. That statement. So again i'll i'll read it's it's a quite a long document. I'm not going to read the whole thing, but i'll read the gist of it so

Rommel Johnson, PhD, LPC, NCC, CAADC: as we can see that number one most of the 67, you know you said Yes.

Rommel Johnson, PhD, LPC, NCC, CAADC: and oh, number 2,

Rommel Johnson, PhD, LPC, NCC, CAADC: Most of you said legalize. So we have 55

Rommel Johnson, PhD, LPC, NCC, CAADC: and decriminalize but keep legal at 33%.

Rommel Johnson, PhD, LPC, NCC, CAADC: So thank you thank you for your participation.

Rommel Johnson, PhD, LPC, NCC, CAADC: and some of you have differing opinions.

Rommel Johnson, PhD, LPC, NCC, CAADC: and and we'll get into the discussion. So I i'm gonna read you part of the position, statement, and then we'll. We'll go right into the discussion so

Rommel Johnson, PhD, LPC, NCC, CAADC: essentially made that finds no benefits legalizing cannabis things. The criminalization alone will address many of the social injustices specifically within the criminal justice system

Rommel Johnson, PhD, LPC, NCC, CAADC: and stimuli greatest. So social change, so in that in that statement that nedak has laid out again, it's in the chat box and click on it. You'll go right to it. Nedak has laid out a lot of policy recommendations that should be taken into account by by the States that have begun to legalize cannabis.

Rommel Johnson, PhD, LPC, NCC, CAADC: including certain policies so, and to protect an underage population, require and standardization, testing, labeling, and so forth. So please take a look at that.

Rommel Johnson, PhD, LPC, NCC, CAADC: and it's it's it's a very insightful, and and there's a lot of resources you could continue. So let's go right into the discussion. I've already been brought up. So

Rommel Johnson, PhD, LPC, NCC, CAADC: when we talk about I I know for me. Years ago I interchangeably use these terms: decriminalization and legalization.

Rommel Johnson, PhD, LPC, NCC, CAADC: So so panelists.

Rommel Johnson, PhD, LPC, NCC, CAADC: what? What does, what's the difference between the 2 things when we say, decriminalize? What are we saying when we say legalize?

Rommel Johnson, PhD, LPC, NCC, CAADC: Or or are we mixing it up like I did a few years ago.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: Well, so what i'm what i'm finding in and i'm here in Georgia and the city of Atlanta

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: when we talk about decriminalizing it. What we're doing is just loosening the criminal penalties that are imposed on individuals.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: So, for example, in in the city of Atlanta. If If you Haven't possessed 2 ounces or less, it's decriminalized in the city of Atlanta, where you'll be given a ticket, and then you come to court. Take care of your ticket, similar to a parking ticket situation

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: rather than in the past, where you were hauled off to the county jail. You have to go through that process. So when we're talking about decriminalization, we're looking at it from that aspect.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: Now, there's only 11 states that have legalized marijuana 11 States, and in Washington, DC. So we have to take a look at that as well. And then there's 10 States that have decriminalized cannabis.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: and then there are 6 states that have personally decriminalized it. So they're still working toward. So we still have a long way to go when it comes to decriminalization.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: So the difference is, we need to make sure that we understand when we're talking about this, that legalization and decriminalization of 2 different things. So in Atlanta, if you get called 2 ounces or less, it still will legal. However, it's be criminalized where you're not called off to jail. You don't get this

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: a long record behind you, similar to a traffic.

Rommel Johnson, PhD, LPC, NCC, CAADC: So what I what I hear you emphasizing is that the the

thought decriminalization doesn't necessarily make it

Rommel Johnson, PhD, LPC, NCC, CAADC: legal. There's still some some consequences. However, there's some protective

Rommel Johnson, PhD, LPC, NCC, CAADC: factors that we're looking at, where you know, as others have pointed out. And

Rommel Johnson, PhD, LPC, NCC, CAADC: when we started that you're not, you're not going to have this record that's going to keep you from getting a job and housing and some of these benefits, and all of these different things anyone else on legalization, big realization, anything else to add

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: my way of. I'm looking at it from. You know I used to be my school teacher. I try to make sure in my mind when i'm trying to explain it to. I say, you know, keep it simple, stupid decriminalization. I think of position I think of.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: I think of the they raid my house. Am I going to end up in the courthouse? And what does it equate to in regards to the law. Am I going to end up with a ticket? Am I going to end up with? You can walk, walk away and go back home, or what will they wait to when it comes to going behind jail?

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: And so that's what I think of criminalization. As Monica stated. This is going to be able to impact me getting a job getting housing, getting financially. That's what the criminalization is escaping. And the most important is it going to impact how it my household am I going to present or not? Present

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: legalization is something, you know, total this different category. It means that, regardless about this, I'm selling it on. I'm distributing it.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: They can case me with it, or whatever it is like. Hey.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: you won't sound

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: well, something okay.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: because you know, as we're talking about the legalization you're saying in this state or in this city or in this town. We're saying that whether this you you equating it as if it's over the calendar.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: anyone could have it. Anyone could have access to it, and there's no specific category of who can have it and who can't have it if it can be Thc. Or it can be if it can be completely cannabis. We're saying, everyone can have access to it.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: That's my way of remembering it again and keeping it very simple.

Peter Mott, MA, LCDC, ICADC, ADC: you know, and

Rommel Johnson, PhD, LPC, NCC, CAADC: go ahead, Peter.

Peter Mott, MA, LCDC, ICADC, ADC: Yeah, when I think of decriminalizing and and legalizing.

Peter Mott, MA, LCDC, ICADC, ADC: my thing is that you know

Peter Mott, MA, LCDC, ICADC, ADC: I won't, I mean people should always be accountable responsible for their behavior.

Peter Mott, MA, LCDC, ICADC, ADC: So if people are engaging in and behaviors, you know that they're breaking the law, then those people should be held accountable, you know, for whatever actions that they might be in engaging in so so so definitely. You know i'm not for people, you know, promoting people to engage in in illegal behavioral criminal behavior.

Peter Mott, MA, LCDC, ICADC, ADC: and they can No, that's fine and dandy, and and we shouldn't do anything about it.

Peter Mott, MA, LCDC, ICADC, ADC: But but but if there, if there are a laws in place.

Peter Mott, MA, LCDC, ICADC, ADC: yeah, I have

Peter Mott, MA, LCDC, ICADC, ADC: impacted people, you know, from a social standpoint, from a financial standpoint from an educational standpoint.

Peter Mott, MA, LCDC, ICADC, ADC: you know. Then maybe we need to look at it. I can recall back in the eighties I'm. From Memphis.

Peter Mott, MA, LCDC, ICADC, ADC: and I worked in a children, and youth, facility.

Peter Mott, MA, LCDC, ICADC, ADC: and

Peter Mott, MA, LCDC, ICADC, ADC: many occasions

Peter Mott, MA, LCDC, ICADC, ADC: when there were kids admitted, and and to the facility.

Peter Mott, MA, LCDC, ICADC, ADC: and.

Peter Mott, MA, LCDC, ICADC, ADC: you know, look back at it now.

Peter Mott, MA, LCDC, ICADC, ADC: and and I. I wasn't as aware of these as I am today. But

Peter Mott, MA, LCDC, ICADC, ADC: the the white kids, when they were

Peter Mott, MA, LCDC, ICADC, ADC: arrested for marijuana possession, they ended up

Peter Mott, MA, LCDC, ICADC, ADC: in the facility to get treatment.

Peter Mott, MA, LCDC, ICADC, ADC: The black kids in the community. When they got arrested they ended up going into

Peter Mott, MA, LCDC, ICADC, ADC: the criminal justice system.

Peter Mott, MA, LCDC, ICADC, ADC: And so now, when we say no, we might say that marijuana is a gateway drug.

Peter Mott, MA, LCDC, ICADC, ADC: But for for black people Marijuana has been a gateway to the criminal justice system.

Peter Mott, MA, LCDC, ICADC, ADC: and so and and so. So

Peter Mott, MA, LCDC, ICADC, ADC: that's a concern in regards to

Peter Mott, MA, LCDC, ICADC, ADC: decriminalizing marijuana. You know, from my standpoint.

Rommel Johnson, PhD, LPC, NCC, CAADC: Yeah, I I I like that that that how you said that the the gateway to prison, and and we certainly see that again

Rommel Johnson, PhD, LPC, NCC, CAADC: for for me, understanding how we got here is very important. So when we look at the history even starting with, You know, Harrison, act

Rommel Johnson, PhD, LPC, NCC, CAADC: we when we look at the war on Drugs, those different policies again. I mean, we have documentation that they were targeting

Rommel Johnson, PhD, LPC, NCC, CAADC: the black community. That's why there's a heavy emphasis of incarceration as opposed to treatment, so the intentionality behind it

Rommel Johnson, PhD, LPC, NCC, CAADC: was always an aggressive tax tactic

Rommel Johnson, PhD, LPC, NCC, CAADC: in a version of the black community. So we as treatment professionals, we can't ignore that

Rommel Johnson, PhD, LPC, NCC, CAADC: we can ignore that when people are suffering a disease, and instead of getting treatment, they're being punished. When we look at aggressive policing. A lot of these laws are based in

Rommel Johnson, PhD, LPC, NCC, CAADC: regulating

Rommel Johnson, PhD, LPC, NCC, CAADC: substance. Use

Rommel Johnson, PhD, LPC, NCC, CAADC: a heavy handed approach. No knock warrants, for instance, right

Rommel Johnson, PhD, LPC, NCC, CAADC: when that who who came up with that? And what have been the consequences in the black community?

Rommel Johnson, PhD, LPC, NCC, CAADC: Well, Brianna Taylor.

Rommel Johnson, PhD, LPC, NCC, CAADC: how in a country where you're free and you're sleeping in your own house.

Rommel Johnson, PhD, LPC, NCC, CAADC: you get killed

Rommel Johnson, PhD, LPC, NCC, CAADC: because of a drug policy.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know. So so there are a really harmful consequences to this. So thank you, Peter and Dr. Watkins, and all of you, for you know, really

Rommel Johnson, PhD, LPC, NCC, CAADC: expanding on this any any thoughts. And now, Sherry, I know you deal with a lot of policy in the legal realm, and perhaps these Congress people on how they think you know what are the implications of legalization versus the criminalization? What? What? What do you? What is your perspective

being in that realm of things?

Sherri Layton, LCDC, CCS: Well, I think a great many policymakers don't have a clue.

Sherri Layton, LCDC, CCS: you know they they don't understand this conversation, either, and so so we have the opportunity to educate, you know, and we have the opportunity to to help them understand what those differences are and why it makes a difference. And I, you know, I think, that there are so many

Sherri Layton, LCDC, CCS: areas that and that cost bottom line. They cost taxpayer dollars. You know that that are addressed when we start having these conversations. And so you know the the not just the impact, you know, and and

Sherri Layton, LCDC, CCS: a lobbyist friend of mine told me one time in in Texas we we were able to get a very large increase in funding for a appropriations increase for funding of service. So substance use services, and at the end of that session he told our our advocacy group, he said. You know you'll finally stop talking about saving lives and started talking about saving money

Sherri Layton, LCDC, CCS: and look what happened, you know. And so I you know I hate to put it in that perspective, but what I always try to tell people from a policy perspective is.

Sherri Layton, LCDC, CCS: you know, we we have solutions to so many of the the challenges that society faces and the challenges that cost huge amount of taxpayer dollars. And so, you know, bringing all of those things together, and one of those is

Sherri Layton, LCDC, CCS: just simply the the criminal justice costs that are associated with the criminalization, you know. And so, being able to to talk in those kind of terms, and then also how that you

know. But but yeah, you know, Peter talked about accountability, and I think that

Sherri Layton, LCDC, CCS: because this is a substance that causes people to have problems in their life, we can't just, you know we can't just act like it. It that doesn't happen that that's not a part of this conversation.

Sherri Layton, LCDC, CCS: And so, when you know you have somebody whose children are in the Foster care system, and they continue to have a positive. You're in direct screen for for cannabis.

Sherri Layton, LCDC, CCS: You know that there there is. You have to start saying, you know. Let how can we assist that person with that problem that they're having, so that they can get their children back out of the child. The you know, out of the foster care system, and have the opportunity to restore that family

Sherri Layton, LCDC, CCS: and and be the parents that they want to be, you know. So it's it's being able just to talk about all of those things that come into play when we're talking about any kind of substance use issue. But then, you know, in in so many lawmakers.

Sherri Layton, LCDC, CCS: They still see this, you know they they. They are still greatly influenced by the War on Drugs, and how you know just how much emphasis was put on that, especially on on the Government side of things for so many years. And so, I think you know, we have a a great opportunity to educate.

Sherri Layton, LCDC, CCS: not just the

Sherri Layton, LCDC, CCS: you know, not just the

Sherri Layton, LCDC, CCS: you know. Not

Sherri Layton, LCDC, CCS: yeah, really, just being able to talk about how you know. What I tell people is that we are the solution, you know, as treatment providers. We are the solution to so many things.

Sherri Layton, LCDC, CCS: and oftentimes we have to connect those dots for people. And so I think that you know this. The decriminalization is a part of connecting those dots. How people's lives have been

Sherri Layton, LCDC, CCS: incredibly impacted. The you know the assistance that they can't receive the funding opportunities that they don't have the housing. You know, student loan opportunities that they may not have. You know, if they really want to change their life, and and, you know, get ahead and things. And so you know how that.

Sherri Layton, LCDC, CCS: having those barriers in place

Sherri Layton, LCDC, CCS: causes other problems that ultimately lawmakers have to figure out how to address, you know. So we, you know we we want to talk about how you know, and and it's so crass. But you know how we save money rather than saving lives.

Sherri Layton, LCDC, CCS: We know we save lives, we know, we save families, we know we save



communities, but sometimes we have to talk about it in some of those other kind of ways, you know.

Rommel Johnson, PhD, LPC, NCC, CAADC: So so one of the Thank you so much sherry. One of the questions that that was brought up. You know the Oregon has legalized all drops, and one of the questions is that okay? If we emphasize the criminalization.

Rommel Johnson, PhD, LPC, NCC, CAADC: what

there

Rommel Johnson, PhD, LPC, NCC, CAADC: be an increased use of

Rommel Johnson, PhD, LPC, NCC, CAADC: of substances, whether it's, you know.

Rommel Johnson, PhD, LPC, NCC, CAADC: If we remove that, if we you know what, what, what what are your thoughts, you know? Does that increase

Rommel Johnson, PhD, LPC, NCC, CAADC: increase the use?

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: Well, so

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: if if we do decriminalize this, we have to look at it

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: the pretty much the same way we did when there was prohibition

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: right with with alcohol. People went from prohibition, and we legalize. This people became owners all of a sudden that we're running these problems and bootleggers.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: However, there is still a criminal aspect to alcohol.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: but it doesn't hold the same weight as that of cannabis. So example a person

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: 21 years old enough to purchase alcohol, but if he's drunk driving, he's still going to have to face that responsibility and the legal aspect of that right, because it's a criminal charge.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: However, that individual still can get a student loan that an individual still can go and purchase a house, and they don't have to answer a dui client.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: but an individual who has received a crime for cannabis. They can't get a student loan. They may not be able to get housing and things of that nature.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: so we have to look at it from that standpoint of view. So

if we decriminalize it, there's still, as Peter mentioned, there still has to be accountability, and we're not backing away from that

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: right, so we still have to look at it from that aspect if we go back

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: to prohibition.

Rommel Johnson, PhD, LPC, NCC, CAADC: Okay, very good. Any anyone want to share anything else on that.

Peter Mott, MA, LCDC, ICADC, ADC: Well, let me just share, You know, when when I was in on a graduate school in and in Memphis at the University of Memphis.

Peter Mott, MA, LCDC, ICADC, ADC: Yeah. I live in a fraternity house.

Peter Mott, MA, LCDC, ICADC, ADC: and a lot of my fraternity brothers were marijuana smokers.

Peter Mott, MA, LCDC, ICADC, ADC: and over a period of time

Peter Mott, MA, LCDC, ICADC, ADC: those brothers got suspended from school, and a lot of little brothers never returned to school.

Peter Mott, MA, LCDC, ICADC, ADC: And and so for me.

Peter Mott, MA, LCDC, ICADC, ADC: you know. No, no, marijuana Smoking for them

Peter Mott, MA, LCDC, ICADC, ADC: was was a was a was a personal problem for them.

Peter Mott, MA, LCDC, ICADC, ADC: because.

Peter Mott, MA, LCDC, ICADC, ADC: you know.

Peter Mott, MA, LCDC, ICADC, ADC: their marijuana. Smoking became priority in their life.

Peter Mott, MA, LCDC, ICADC, ADC: You know their passion for for school and education, you know, got somewhere lost in this in the smoke. If you want to say that. And and so therefore, you know as a clinician, you know I I i'm also concerned about. You know decisions. You know that we make. You know.

Peter Mott, MA, LCDC, ICADC, ADC: in society, in regards to how people should conduct themselves.

Peter Mott, MA, LCDC, ICADC, ADC: because as a clinician, I think that

Peter Mott, MA, LCDC, ICADC, ADC: you know, we we have prevention programs, and we have treatment programs, and and I know that.

Peter Mott, MA, LCDC, ICADC, ADC: But with the way

Peter Mott, MA, LCDC, ICADC, ADC: public schools are today, it is only so much we can teach

Peter Mott, MA, LCDC, ICADC, ADC: young people about certain topics and and and we're supposed to leave it up to their parents or or to somewhere else. I I don't know who else needs to teach young people about things that that's important. That's going to prevent them from from going down the wrong path.

Peter Mott, MA, LCDC, ICADC, ADC: But

Peter Mott, MA, LCDC, ICADC, ADC: we still have to as a clinician for me myself. I know that I have to work so from different hats in regards to the issue of

Peter Mott, MA, LCDC, ICADC, ADC: no marijuana itself to use disorders, because, on one on one hand, i'm here to help people

Peter Mott, MA, LCDC, ICADC, ADC: to address whatever

Peter Mott, MA, LCDC, ICADC, ADC: substance use problems that they might have, but also those very same people that i'm trying to get them into some type of recovery.

Peter Mott, MA, LCDC, ICADC, ADC: If they have

Peter Mott, MA, LCDC, ICADC, ADC: issues in their lives like a marijuana possession

Peter Mott, MA, LCDC, ICADC, ADC: that's gonna impact them

Peter Mott, MA, LCDC, ICADC, ADC: from getting a job, and they're in recovering. They're trying to better themselves.

Peter Mott, MA, LCDC, ICADC, ADC: Then.

Peter Mott, MA, LCDC, ICADC, ADC: as a clinician I've got to be, you know, all share with his bandwagon in regards to advocacy.

Peter Mott, MA, LCDC, ICADC, ADC: making sure that lawmakers really understand the impact

Peter Mott, MA, LCDC, ICADC, ADC: of laws in. And just like Monica was talking about in Michigan. Oh, yeah, Michigan, you know, they pass legislation, and and they're going to, you know. Address the racial disparity issues. But people get caught up in bureaucracy.

Peter Mott, MA, LCDC, ICADC, ADC: and so they're still not getting anywhere.

Monica Rich-McLaurin, MHSA, MSW, LMSW: So

Peter Mott, MA, LCDC, ICADC, ADC: so definitely. We've we've just gotta get a better understanding.

Oh, okay, if we're talking about decriminalizing, then

Peter Mott, MA, LCDC, ICADC, ADC: what does that look like

Peter Mott, MA, LCDC, ICADC, ADC: in in in real life.

Peter Mott, MA, LCDC, ICADC, ADC: in regards to

Peter Mott, MA, LCDC, ICADC, ADC: how's that going to impact People's lives?

Monica Rich-McLaurin, MHSA, MSW, LMSW: I just to put something on paper

Peter Mott, MA, LCDC, ICADC, ADC: and then say, okay, Well, we've done our job. We put it on paper. You know we fixed the problem.

Rommel Johnson, PhD, LPC, NCC, CAADC: No, right right now, Monica, I think you're going to answer that. I'll let you speak, but I think you're going to answer this question. I have to acknowledge here what happened to those that were incarcerated, and states that later later legalize

Monica Rich-McLaurin, MHSA, MSW, LMSW: right? That's a part of the clean slate legislation. So it's getting those convictions removed now in terms of incarceration and any restitution being paid to those individuals that part I have not heard anything about.

Monica Rich-McLaurin, MHSA, MSW, LMSW: But you know I just wanted to piggyback on what Peter was talking about, you know, and and also what you're talking about, Romeo, when people come out of prison or jail after a substantial period of time. You know they're starting literally from the ground up right

Monica Rich-McLaurin, MHSA, MSW, LMSW: so oftentimes. What are some of the first things that we need. We need food.

Monica Rich-McLaurin, MHSA, MSW, LMSW: We need housing.

Monica Rich-McLaurin, MHSA, MSW, LMSW: We need medical insurance. All 3 of those are government entities. Right? So the challenge is that.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Where do you? Where does that person go? Because

Monica Rich-McLaurin, MHSA, MSW, LMSW: again, keeping in mind the clean slate law is bottleneck right now.

Monica Rich-McLaurin, MHSA, MSW, LMSW: so it's it's like it. A slow drip, and you got, you know, a huge vessel of liquid, and it's coming out of the slow drip in terms of people actually crossing that finish line to having those things expunge from their record. So

Monica Rich-McLaurin, MHSA, MSW, LMSW: you know again, by denying these individuals the basic

essentials, whether it be Section 8, whether it be food, stamp assistance, whether it be state medicaid.

Monica Rich-McLaurin, MHSA, MSW, LMSW: it's a travesty to be perfectly honest with you.

Sherri Layton, LCDC, CCS: Yeah. But the people most in need of those services are oftentimes the people that they are most out of reach for

Monica Rich-McLaurin, MHSA, MSW, LMSW: exactly.

Monica Rich-McLaurin, MHSA, MSW, LMSW: And then that typically does that could lead that person just got out of jail or prison for a drug possession charge into other criminal activities.

Monica Rich-McLaurin, MHSA, MSW, LMSW: There it's robbing, carjacking whatever, because they don't see any other way out.

Monica Rich-McLaurin, MHSA, MSW, LMSW: You know they see this big vessel of liquid that's going at a drips pace, and they're saying, I can't seem to get anywhere with this. So how am I going to survive

Rommel Johnson, PhD, LPC, NCC, CAADC: right? And you just kind of thought like what you said earlier, Peter, about being the gateway, you know, and i'll be a gateway drug per say. But definitely.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know that that gateway to you know incarceration and being part of the system and surviving.

Rommel Johnson, PhD, LPC, NCC, CAADC: You know in that in that you know in that format you know one of the things that in in looking at this and and doing research for an article I wrote recently, you know there are countries who they've done decriminalization. I think Portugal was one of the first back in

Rommel Johnson, PhD, LPC, NCC, CAADC: 2,001, and it's not a perfect system, but even in their system. What they emphasize is, if you have enough for for 10 days of use.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know that's one thing. As if you have more than that, it becomes more of a criminal thing.

Rommel Johnson, PhD, LPC, NCC, CAADC: But when you're caught you're referred to this panel, and on the panel there's like a a a lawyer. I think the social worker, you know, and they make a determination and and emphasize a you know, treatment, including self harm.

Rommel Johnson, PhD, LPC, NCC, CAADC: and it has been very helpful for people to have less stigma and get that help that they need to not suffer these consequences. So again, it's not, you know, cart launched like you know, Dr. Curtis, you were saying, like, you know, do what you want

Rommel Johnson, PhD, LPC, NCC, CAADC: It's You know where they They're focusing more on treatment

Rommel Johnson, PhD, LPC, NCC, CAADC: than incarceration, because they really weren't helping

people.

Rommel Johnson, PhD, LPC, NCC, CAADC: If everyone that's caught for simple possession was locked up and get caught up in the system, as you say in Monica, and the consequences there, right as you and Peter were talking about

Rommel Johnson, PhD, LPC, NCC, CAADC: how how we we're losing those people from participating in society. If they're not working, they're not

Rommel Johnson, PhD, LPC, NCC, CAADC: bringing in taxes. You know they can't actively participate in society, and in some places you can't even vote. If you have certain. You know

Rommel Johnson, PhD, LPC, NCC, CAADC: things in your record. So whose voices are we not hearing from in society.

Rommel Johnson, PhD, LPC, NCC, CAADC: You know people who get caught up, you know a lot, and how many of us is kids did stuff.

Rommel Johnson, PhD, LPC, NCC, CAADC: and we just either weren't caught or our parents had the means and resources.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know. So it really is a big issue, and there's a way that we could do it. And people say, Well, not. We're not Portugal. Yeah, we're not, or we're not Switzerland and some of these other places. That's true. We have our own dynamics. But again, my thing is what got us here.

Rommel Johnson, PhD, LPC, NCC, CAADC: There were laws that were intentionally created with, You know, racist ideologies.

Rommel Johnson, PhD, LPC, NCC, CAADC: You know that

Rommel Johnson, PhD, LPC, NCC, CAADC: we need to address we need to look at. They were not created with the intent of hey, You have an issues. Let's take care of you

Sherri Layton, LCDC, CCS: and talking about the expungement issue, and you know we

Sherri Layton, LCDC, CCS: this is a state by State. You know the it's a state by State issue, and we know that there's a huge disparity across the United States, and how States deal with this. But expungement really is something that has to be addressed at the State level.

Sherri Layton, LCDC, CCS: because you you probably know that the end of last year, President Biden, you know, called for. You know the the forgiveness of Federal charges, Federal simple possession charges that affected 6,000 people.

Sherri Layton, LCDC, CCS: Okay, because simple possession of marijuana is so rarely a Federal charge. It is generally a State charge, or in some, sometimes some of these places. It's a a municipal charge.

Sherri Layton, LCDC, CCS: And so to really have this conversation and and bring bring wide ranging impact, we have to begin to talk about state policy and talk to State government officials, and so that, you know.

Sherri Layton, LCDC, CCS: you know I'll plug our advocacy and Action Conference. You know we we talk about Federal issues there. But we also talk about how to be an effective advocate, and we also address how do you take this back home? And so the skills you learn and advocacy. They work at the Federal level, but they also work at the State level.

Sherri Layton, LCDC, CCS: But to to make meaningful change, especially around the area of expungement that is gonna have to happen in, you know, in your your State Government offices, and so

Sherri Layton, LCDC, CCS: so come to advocacy in action. We'll we'll, you know we'll teach you skills that you need to do that, but it's there's only so much that we can do at the Federal level with some of these topics.

Rommel Johnson, PhD, LPC, NCC, CAADC: Now i'll share it with you to stay there. Our next question relates to to this: so essentially, you know, someone is, you know, really highlighting and appreciating that we're doing this topic. So the question is, you know, can

Rommel Johnson, PhD, LPC, NCC, CAADC: Well, this is the most critical as the issue for the addiction profession. Can we make this topic

Rommel Johnson, PhD, LPC, NCC, CAADC: a part of needx advocacy and Action Conference? So

Rommel Johnson, PhD, LPC, NCC, CAADC: can you speak to any type of advocacy or or any legislation that's out there that's actually addressing some of those issues. I I know you know

Rommel Johnson, PhD, LPC, NCC, CAADC: you're not in every State, but but even on the Federal level, and and even some States what? What's, what's going on out there that that people can can support.

Sherri Layton, LCDC, CCS: Well, for the last, you know, Con, each Congress is 2 years. Okay, and we just finished in December 30 first, the the last Congress ended, and we just started a new Congress at the beginning of of this year, and so every bill that had been in process

Sherri Layton, LCDC, CCS: died on the vine. Okay, if it didn't get passed, it died on the Vine December 30 first, and it and it would have to be re-introduced. Now every Congress has had some shape, form, or fashion of legalizing marijuana.

Sherri Layton, LCDC, CCS: you know, or legalizing cannabis is you know, as a for the a whole bunch of congresses in the past. So i'm sure that there will be some. You know things along those app along those lines

Sherri Layton, LCDC, CCS: a big issue, a bill that got a lot of attention last session it did not pass, was the safe banking act which addressed this quandary. That

Sherri Layton, LCDC, CCS: dispensary owners are in states where it's legal, so that they cannot. You know there's limitations on what they can do with their money. They can't deposit them in Federal banks, and so that did not pass there. There was some.

Sherri Layton, LCDC, CCS: There was a number of aspects of that bill that that made out Wasn't really excited about. So we're we're not sad that it didn't pass, but we have. We have 3 identified issues for advocacy and action, and they are.

Sherri Layton, LCDC, CCS: They. They have to do with the with Medicare, and they're in addressing a full continuum of care for Medicare beneficiaries and addiction professionals being a recognized and several parity being applied to Medicare appropriations asking about appropriations for

Sherri Layton, LCDC, CCS: the Block Grant, which funds up a lot of the publicly funded treatment across the country. Also our our minority fellowship grants that Nadak is an administrator of.

Sherri Layton, LCDC, CCS: And so. But then the third piece that we that is our identified topic for advocacy in action is the decriminalization of cannabis. And so that is, that will be one of our big topics that we're talking about in every

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you. Thank you. Thank you so much, Eric. This this I'm gonna go to. Not another question here which goes back to some of the consequences. So this person essentially is at it. I guess they work with social services and and kids, and so they have

Rommel Johnson, PhD, LPC, NCC, CAADC: children that are being removed from homes, for you know, for failing drug screens where it is a Thc. Is found. So what are panelists? This is, you know, out to anyone who feels like answering. You know, what are your your thoughts on.

Rommel Johnson, PhD, LPC, NCC, CAADC: You know Cannabis use of children in the Home. And

Rommel Johnson, PhD, LPC, NCC, CAADC: and and and again, this is a state by state issue as well. But the idea of moving children from their parents because they fail.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know a. A.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: So a a a couple of things happen there, because that generally doesn't happen, and and I kind of look at the 2 when we, when we were talking about alcohol and cannabis right, they don't remove children from their home, when perhaps you have an apple, call it, unless there's some abuse going on

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: right. So if there's no abuse going on, because alcohol is legal, and there's still forms of of criminal action, you know, because of your behavior they don't remove you.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: but with cannabis it is. Now, if you take a look at the 11 States where it's legalized. And then there's 10 States where it's deep criminalized. You have the pro of 21 plus DC.



Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: How are those states managing those things. So i'm in Georgia, and of course it's me they're in Georgia unless you're in the city of Atlanta, and there's something a little different. There.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: So it's hard to to judge that.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: But if we take a look at those 2 aspects, and and eventually we we've got to take a look at how we're going to do this the same way. We deal with alcohol

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: right? Because it's legal. But there's.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: you know, a kid goes in a liquor store, and he purchased some alcohol, and he's 17

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: right. You'll probably go to juvenile and go back home.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: But if he has cannabis, it's a whole different story, and those are the things that we have to take a look at from my perspective.

Okay.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: I don't know if I answered that question.

Rommel Johnson, PhD, LPC, NCC, CAADC: Yeah, no, no, thank you for that perspective and anyone else. What! What are your thoughts, or even unification? Reunification? I've I've had some cases where you know that that comes up right. So let's say that the person has had issues with other substances.

Rommel Johnson, PhD, LPC, NCC, CAADC: but and which they've stopped using.

Rommel Johnson, PhD, LPC, NCC, CAADC: But now they're still using cannabis.

Rommel Johnson, PhD, LPC, NCC, CAADC: and on that drug screen. That's the only thing that comes up that you know they they fail just that, but not the substance that got them in trouble, or or cause them to to to neglect the child. So you know what what are your thoughts on?

Rommel Johnson, PhD, LPC, NCC, CAADC: You know that side of the equation for unification should.

Rommel Johnson, PhD, LPC, NCC, CAADC: if if they're so

Rommel Johnson, PhD, LPC, NCC, CAADC: using cannabis.

Peter Mott, MA, LCDC, ICADC, ADC: should they, the the child of children, be returned to their care for that, that might, you know they might. They might have cps, you know, in their lives

Peter Mott, MA, LCDC, ICADC, ADC: they first of all, they need more than than than just probation in their lives. You know they need other supportive services or wrap around services, and and but to speak

to specifically about, you know a parent no testing positive for marijuana, I mean.

Peter Mott, MA, LCDC, ICADC, ADC: if if they are, you know, drug testing

Peter Mott, MA, LCDC, ICADC, ADC: the parent on a on a monthly basis, and it hopefully, you're looking at

Peter Mott, MA, LCDC, ICADC, ADC: the toxicology. Report to see if the marijuana is decreasing.

Peter Mott, MA, LCDC, ICADC, ADC: because

Peter Mott, MA, LCDC, ICADC, ADC: we know that if someone has been, you know, you know.

Peter Mott, MA, LCDC, ICADC, ADC: hey.

Peter Mott, MA, LCDC, ICADC, ADC: an individual marijuana smoker that is gonna take some time, you know, for the marijuana, you know, to metabolize out of your system. And so, therefore, if you, if you, observing the Tox cause, reports, and you see there's there's that

Peter Mott, MA, LCDC, ICADC, ADC: that is slowly decreasing.

Peter Mott, MA, LCDC, ICADC, ADC: Then this should be something that you should be

Peter Mott, MA, LCDC, ICADC, ADC: working with the parent and and and supporting them and and getting their, you know, their kids

Peter Mott, MA, LCDC, ICADC, ADC: back at home, and not continually

Peter Mott, MA, LCDC, ICADC, ADC: just know

Peter Mott, MA, LCDC, ICADC, ADC: smacking. No, the parent on the hand and say, Well, you know you still haven't changed your behavior because we know that

Peter Mott, MA, LCDC, ICADC, ADC: this Isn't going to just distinguish, you know, exchange itself overnight.

Peter Mott, MA, LCDC, ICADC, ADC: And so, therefore you've got to have all the people working with this current and making sure that they're They're getting all the support that they need

Peter Mott, MA, LCDC, ICADC, ADC: as well. They're still holding them accountable for whatever behaviors it may have gotten them in the situation that they're in.

Monica Rich-McLaurin, MHSA, MSW, LMSW: And if I can also add to that, Peter, you know, during my experience in working in foster care as well as working in the hospital setting, you know, especially in the hospital setting. I saw all too often where a pregnant mom was in the hospital, and tested positive for marijuana upon, you know.

Monica Rich-McLaurin, MHSA, MSW, LMSW: just regular routine testing. And you know that was where me? As the social worker had to come in and intervene and have the discussion like, okay.

Monica Rich-McLaurin, MHSA, MSW, LMSW: what's going on? This is in your system. Let's talk about it. Let's see what's going on, and in most cases not in most cases, but in some cases some pregnant moms smoke marijuana to combat nausea

Monica Rich-McLaurin, MHSA, MSW, LMSW: and to give them an appetite.

Monica Rich-McLaurin, MHSA, MSW, LMSW: So you know, they figure okay. I smoke marijuana. I get an appetite I eat My! But at the same time they're not looking at the big picture of

Monica Rich-McLaurin, MHSA, MSW, LMSW: If your child comes out and test positive for Thc. There are many more ramifications behind that. And you know, when I have those discussions with some of the parents, If they have other children, sometimes they'll even say, oh, yeah, this happened with my last kid.

Monica Rich-McLaurin, MHSA, MSW, LMSW: so it makes it it. May it lead you to wonder, like, okay, if this happened with your last kid. Why are we doing it again now? So those are some of the red flags that signal to me that there's a broader problem other than just a situational use of marijuana to stimulate your appetite.

Monica Rich-McLaurin, MHSA, MSW, LMSW: And you know the other thing, too, that

Monica Rich-McLaurin, MHSA, MSW, LMSW: Peter kind of lended us lended something to

Monica Rich-McLaurin, MHSA, MSW, LMSW: when an alcoholic or somebody who drinks alcohol and drives a car

Monica Rich-McLaurin, MHSA, MSW, LMSW: gets arrested. They are typically on probation or dependent on

Monica Rich-McLaurin, MHSA, MSW, LMSW: offender. They might go to jail for a period of time, but when they come out they still have

Monica Rich-McLaurin, MHSA, MSW, LMSW: to do.

Monica Rich-McLaurin, MHSA, MSW, LMSW: and part of that probation in just about every state that I know of requires random testing. Right?

Monica Rich-McLaurin, MHSA, MSW, LMSW: So

Monica Rich-McLaurin, MHSA, MSW, LMSW: you know, in talking about you know the use of marijuana around children. It's a very fine line, because, of course, you know, depending on the volume that smoked in the presence of children, can certainly have an impact. And are the parents responsible enough to actually remove themselves from the home, maybe, you know, sit in the garage on the front porch, or whatever it is.

Monica Rich-McLaurin, MHSA, MSW, LMSW: and do your thing.

Monica Rich-McLaurin, MHSA, MSW, LMSW: But I I will certainly say that use of marijuana, and having children, should not immediately condemn a parent from being declared and able to parent their child.

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you, thank you. Trying to get to as many questions as possible, so we kind of move on to another one. I don't know to what extent we could answer this, but I think Sherry definitely just might fall in your real house. So the question relates to the what's the prediction on what might happen

Rommel Johnson, PhD, LPC, NCC, CAADC: at the Federal level, because.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know, cannabis is still considered a control substance.

Rommel Johnson, PhD, LPC, NCC, CAADC: so there can be confusion issues even in States where it is

Rommel Johnson, PhD, LPC, NCC, CAADC: legalized. So again, I don't know.

Rommel Johnson, PhD, LPC, NCC, CAADC: but anyone can predict, but that that is a point that that is to be saying that at at the Federal level, you know, cannabis is still a control substance, and so you know I I

Rommel Johnson, PhD, LPC, NCC, CAADC: I I would ask the question. The individual, as you know, what is the prediction of what might happen, but also

Rommel Johnson, PhD, LPC, NCC, CAADC: what

Rommel Johnson, PhD, LPC, NCC, CAADC: advocacy can happen to, or should should happen to, to make changes.

Sherri Layton, LCDC, CCS: Well, I've recently misplaced my crystal ball

Sherri Layton, LCDC, CCS: so, but what I've been told by our Governor Government relations. Folks that we work with with Nadak is that, you know, legalization of cannabis will not pass as long as you know. We have a a

Sherri Layton, LCDC, CCS: Senate controlled chamber. So excuse me, a a Republican controlled chamber, of which just happened in the You know this past election with the House of Representatives, but for the past 2 years we had a

Sherri Layton, LCDC, CCS: a Democrat controlled Congress and a Democrat President, and we had passed any of those laws, so I I don't know that it's just specifically a party thing. So. But I think, as I said earlier, the importance of education and any policy change

Sherri Layton, LCDC, CCS: begins with education of our elected officials. And so you know

Sherri Layton, LCDC, CCS: one of my advocacy. Mentors used to say, Advocacy is like baseball. It's a very slow game, you know, and you keep. You know it's mine innings, and you keep getting up to bat, and you gotta keep plugin and all of this so significant

Sherri Layton, LCDC, CCS: legislative successes that we have had have all come

Sherri Layton, LCDC, CCS: over time. None of them have been. Hey, we're gonna pass this this year. Let's go and it's done. They all come over time, and so, being a part of that process, and working with your elected officials, be that if they're Washington, DC. Office, their district office, it's closer to home for you your State elected officials.

Sherri Layton, LCDC, CCS: It's really about starting to have this conversation and bringing

Sherri Layton, LCDC, CCS: bringing solid factual information. It it it, you know, when we just go in with a really emotionally charged presentation. And you know a lot of pounding on the desk and stomping of our feet. We we generally don't. We Don't make a lot of progress. And so.

Sherri Layton, LCDC, CCS: knowing, you know, being able to present your information factually, objectively, and beginning to educate our elected officials, is going to be the the first and most important step to to accomplishing this change that we want to see.

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you. Thank you. You know, especially generationally, and I saw in the chat some people mentioned some some films propaganda films. I 1 one that I actually watch with, you know Re. For madness.

Rommel Johnson, PhD, LPC, NCC, CAADC: and a lot of people that perhaps are in this position. Political positions grew up with that ideology

Rommel Johnson, PhD, LPC, NCC, CAADC: that where marijuana is demonized, then you know, the blacks are getting crazy going on it.

Rommel Johnson, PhD, LPC, NCC, CAADC: chasing on raping white women I mean, literally. That was the kind of information

Rommel Johnson, PhD, LPC, NCC, CAADC: that we had in in some of these films. And so a lot of people grew up on, and that's the ideology. So I think what you said Sherry, about having the factual information to educate people.

Rommel Johnson, PhD, LPC, NCC, CAADC: Hey? Here here. Here's the real data. Here's what's really happening, because some of these laws have been in in existence for so long. No one is monitoring, you know, and they think it is solving the problem, but it's not because it wasn't designed to solve

Rommel Johnson, PhD, LPC, NCC, CAADC: the issue. It was designed again to penalize and put away the quote Unquote troublemaker.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know, and which is devastated with this ravished our

communities right? So I think, having factual information, even when we talk about legalization. Some individuals a moment use that term. It conveys to them

Rommel Johnson, PhD, LPC, NCC, CAADC: what

Rommel Johnson, PhD, LPC, NCC, CAADC: you know certain things that they have is about so being clear in the language that you use, because I have heard I used to use the term legalization to represent more. What I I understand now is decriminalization. So I wasn't saying, legalize every drug. At 1 point of society every drug was legal

Rommel Johnson, PhD, LPC, NCC, CAADC: that didn't work out well, either, you know. So so thank you so much, Sherry, for for sharing that I I I wanted to move through.

Sherri Layton, LCDC, CCS: You know the somebody asked about the reference to Re for madness, and is that the ninth the the 1936 film, and was that is that still relevant to this generation? I I was, I would say, that I am probably of the generation of most elected officials, and I was shown that film and Junior High. Okay. And so

Sherri Layton, LCDC, CCS: I think it it was. I think you know. And what it said to me was the first time I smoked marijuana and all those horrible things didn't happen to me that just negated everything else. They told me about drugs. So you know I had a different effect on me. But the

Sherri Layton, LCDC, CCS: but you know my at the our elected officials and the staff who work for them, who are critical people in this process. They are just like the rest of us. They probably have been impacted by someone that they love substance, use problem.

Sherri Layton, LCDC, CCS: and or maybe their own, you know. And so they They already have a personal idea about these things. And sometimes, you know, I I I met with my Congressman staff member last fall, and he's shared with me all about his father's current active addiction.

Sherri Layton, LCDC, CCS: you know, and so remember that always is that these people are not removed. They're just like the rest of society where it's very hard to find someone who has not been touched by addiction. So just remember that

Rommel Johnson, PhD, LPC, NCC, CAADC: awesome? Thank you. Thank you. Moving on to another question here.

Rommel Johnson, PhD, LPC, NCC, CAADC: So do we feel that legalization here would decrease disparities in the black community, or

Rommel Johnson, PhD, LPC, NCC, CAADC: do what they create other opportunities to keep oppression for for drug use.

Peter Mott, MA, LCDC, ICADC, ADC: I mean, that's a 2 side of calling there, because again, you know, we we're talking about people here.

Peter Mott, MA, LCDC, ICADC, ADC: and

Peter Mott, MA, LCDC, ICADC, ADC: just as I mentioned earlier about you know, those fraternity brothers of mine who became a virtual marijuana smokers and their use of marijuana, you know, became problematic for them, and and

Peter Mott, MA, LCDC, ICADC, ADC: and so, therefore

Peter Mott, MA, LCDC, ICADC, ADC: is it. We still have to hold people accountable, even if we do no decriminalize cannabis. People still have to be hell of

Peter Mott, MA, LCDC, ICADC, ADC: accountable. And also I think we have to look at.

Peter Mott, MA, LCDC, ICADC, ADC: You know there are lots of things that go into people's behaviors, you know they're upbringing traumatic experiences what they're exposed to. So we have to consider a lot of different things that that impact people's behaviors and and the decisions that they make in their lives, particularly when it

Peter Mott, MA, LCDC, ICADC, ADC: when it comes. I mean, you know we're all clinicians here, and we know that people, you know.

Peter Mott, MA, LCDC, ICADC, ADC: use. Get use substances for various reasons.

Peter Mott, MA, LCDC, ICADC, ADC: You know. I see chronic pain patients, you know, every day here in the office, and and and a lot of those patients.

Peter Mott, MA, LCDC, ICADC, ADC: you know they

Peter Mott, MA, LCDC, ICADC, ADC: they might test positive for for a cannabis product, because somebody may say something to them, and they try to gummy, and they work better than the prescription of your medication that they are prescribing. And but

Peter Mott, MA, LCDC, ICADC, ADC: that's a violation of their

Peter Mott, MA, LCDC, ICADC, ADC: patient agreement that they have here at the clinic.

Peter Mott, MA, LCDC, ICADC, ADC: So

Peter Mott, MA, LCDC, ICADC, ADC: what do you do in that situation?

Peter Mott, MA, LCDC, ICADC, ADC: And so there. There are just so many factors that

Peter Mott, MA, LCDC, ICADC, ADC: you know that that we have to consider, you know. Yes.

Peter Mott, MA, LCDC, ICADC, ADC: no. These this law, these laws

Peter Mott, MA, LCDC, ICADC, ADC: have

Peter Mott, MA, LCDC, ICADC, ADC: impact it, you know, a certain group of people

Peter Mott, MA, LCDC, ICADC, ADC: in a negative way.

Peter Mott, MA, LCDC, ICADC, ADC: but also we have to make sure that

Peter Mott, MA, LCDC, ICADC, ADC: we have services in place

Peter Mott, MA, LCDC, ICADC, ADC: for those people who actually need those services, because we we don't want to make things worse in our society than what they already are.

Peter Mott, MA, LCDC, ICADC, ADC: you know. And so so we have to be mindful of that, too, as well, and and and like Sherry mentioned, and, like you know.

Peter Mott, MA, LCDC, ICADC, ADC: as conditions

Peter Mott, MA, LCDC, ICADC, ADC: we we do have to be knowledgeable about more than just

Peter Mott, MA, LCDC, ICADC, ADC: one area. When it comes to this problem

Peter Mott, MA, LCDC, ICADC, ADC: of of of substance, use disorder and and and legalizing different types of substances. Because if we, if we know if we decriminalize or legalize marijuana, then what's next?

Peter Mott, MA, LCDC, ICADC, ADC: And then what comes out of that

Peter Mott, MA, LCDC, ICADC, ADC: I mean so. So where? Where would it stop?

Right?

Rommel Johnson, PhD, LPC, NCC, CAADC: I I I think you know, as a society and Dr. Watkins I I see I'll I'll I'll get to you as a society. We we we're between these 2 spaces, right? Drugs are always going to be in existence right? And people are going to use drugs.

Rommel Johnson, PhD, LPC, NCC, CAADC: What what you know when I, when I I taught the call the course on drug use impact on society. What I would emphasize students is what we have to look at is

Rommel Johnson, PhD, LPC, NCC, CAADC: educating people about the relationship

Rommel Johnson, PhD, LPC, NCC, CAADC: they have with substances, and so

Rommel Johnson, PhD, LPC, NCC, CAADC: does your use race to the level, being problematic, because now it affects you, and and your health, and the health care system, and the availability for beds and all that. Or if you get behind the car.



Rommel Johnson, PhD, LPC, NCC, CAADC: You're now exposing all of us to rest. Just you know, Dr. As you said about you know, drinking and driving right, you know. So it's about the relationship, and we can look at laws and regulations and different things in that realm.

Rommel Johnson, PhD, LPC, NCC, CAADC: That okay, we're not telling you to use, but understanding that people are going to use.

Rommel Johnson, PhD, LPC, NCC, CAADC: How can we

Rommel Johnson, PhD, LPC, NCC, CAADC: promote health? How can we just like, you know.

Rommel Johnson, PhD, LPC, NCC, CAADC: Alcohol, as you said, you know.

Rommel Johnson, PhD, LPC, NCC, CAADC: drink a glass of wine after work.

Rommel Johnson, PhD, LPC, NCC, CAADC: Okay.

Rommel Johnson, PhD, LPC, NCC, CAADC: you drink a 40 to get behind the wheel.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know, or a 6 back of whatever you know, and we regulate that with pilots we don't allow them to have certain levels of alcohol in their system.

Rommel Johnson, PhD, LPC, NCC, CAADC: do you but it see a pilot take it straight before you know stressful flight right now, right? And so it's. So it's. It's this this tension that we have in society. But whatever we do, it has to be a just act.

Rommel Johnson, PhD, LPC, NCC, CAADC: It has to be just. We can't unfairly disadvantage.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know black and brown bodies and communities and punish them.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: and that's the only thing that's that's done. Go ahead, Dr. Logan. Sorry Sorry to you. Awesome this way, and added to what you and Peter were sharing, is that, you know, even in the chat box people are talking about education in provision.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: If we're talking about people's use, we have to talk about the the fitness being added to a marijuana Friday. How do you test? What do you purchase it? I'm having the same type of buyer where you getting your products from.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: but also as people are missing in the chat. And as we discuss, even before you have to even know that this is not the typical marijuana that I parents are smoking back in the day. So

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: tasty content was like one to 5%, and it doesn't matter what whether it's medicinal or it's recreational. When all this they doing a study, and they're sitting it down on to one of the universities in the South. And of course I can't remember the name of it, but

they're saying that the average

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: it's between 15 to 35. They've seen it as even as high. It's like 39% almost close to 40. And so what these studies are showing is that anything that's typically above 20. We're seeing a higher correlation between

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: psychosis. If you have undermined condition conditions of anxiety and depression.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: and even if not psychosis. We're seeing a higher correlation with suicide. But then you have to compare that to our current cities that we're seeing already what is suicide log among African American man.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: African-american females, African American adolescents.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: So this is already going to sit there and cause even more disposition and interceptionality when it comes to mental health and substance and treatment. And so we have to be able to say.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: as we decriminalize, and even having the other conversation of legalization, this is going to affect our population, our community more so than any other populations that it may possibly affect. We we are already seeing suicide as being one or 2 for us.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: So what does that mean when it is us that is seeing more so.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: more suicide? And then.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: as one of my young brothers would tell. I'm told in my private practice. No, Dr. This this don't have nothing to do with me.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: I just know, you know every now then.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: and I had to watch him in the midst of Covid.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: Go to the emergency room in active psychosis, and the physicians told him, after they having a 3 day. If you smoke again.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: there's a likelihood that if you do it you may not come back out there, psychosis.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: and i'm. I'm talking with him. We all on the phone call, and his kerosene, and his mom said.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: You heard what the doctor said you heard? We

got the right it.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: and he was good to this way that I did another phone call. He's back in there this time. This day was 3 weeks. That's how long it took for him to come out the South coast.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: But you know, as we say in in in the Southern Black Church community he had a praying mama and grandma.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: who was hoping that he will come out the the psychosis. But it was touching, though, and we have to educate our young analysts as men and women, that there's a likelihood. If you have a psychotic break.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: If you have a attempt in suicide, there is a possibility that you may not come back out.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: That's the reality

Rommel Johnson, PhD, LPC, NCC, CAADC: right.

Rommel Johnson, PhD, LPC, NCC, CAADC: right? And and and thank you. Thank you for for focusing on on the adolescents as your dad. And one of the questions further down the chat really was was zoom in, and that population of adolescents. And then one of the aspects that individual pointed out, Where was you know where

Rommel Johnson, PhD, LPC, NCC, CAADC: it's being used in the home right?

Rommel Johnson, PhD, LPC, NCC, CAADC: So there's this this thought process that it's harmless, you know grandpa is doing a grandma whomever, uncle, because especially young people that's the toughest crowd I've had young people Code Scripture to me, you know.

Rommel Johnson, PhD, LPC, NCC, CAADC: Was it natural? God created it, You know it was like they see nothing wrong, and you can't convince them. Alcohol. They'll agree with you any other substance. They'll agree with you that is harmful. But

Rommel Johnson, PhD, LPC, NCC, CAADC: Don't don't talk about weed right because God created it. You don't even go to church. We're talking about, you know. But but there's that thinking there's that belief that it's harmless. It it it, you know, and family members use it, and and and my cool, long trouble smoking so it's, you know. But but thank you for pointing that out that that's that's very important. And there's actually risk

Rommel Johnson, PhD, LPC, NCC, CAADC: to to young people.

Sherri Layton, LCDC, CCS: and it is a no active substance. You know whether we you know how harmless we think it is, or is it? It's a psychoactive substance that alters your neurochemistry. And when that happens.

Sherri Layton, LCDC, CCS: you know it's the and you and and it's you don't, you don't smoke, or you know you don't do it. You know what the The. Is, the issue that but you don't. You know you don't use it without having that experience, you know, in your brain

Sherri Layton, LCDC, CCS: your brain is affected, your neurochemistry is altered, and so it doesn't matter how much or how often. It's still psychoactive substance, you know.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: So it's pretty interesting, so I I have a young adult, and i'm working with as well. Here again. I always talked about me this as being a plant, and and and so I address those individuals with, you know. So it's breaks.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: and you know what they do. It great right, and and and he explains where wine comes from, and then we talk about the cocoa plan and and and we talk about the copy seeds on a Chicago style. Hot dog, if you eat enough of those. So we have to take a look at all those other things.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: When we talk about plants. We're talking about the the poppy seed we're talking about the cocoa plant. We're even talking about great, so that they can see that there are other plants out there. That also causes harm.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: and I found that has helped with this individual. At least he's getting the knowledge. So we have to go through all of that. It it's, and and and it's hard to break that that young adult

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: about that natural substance, as they call it.

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you, thank you all. Thank you all. So that is all the questions that you know we have. We can we could handle today. Thank you for your your participation in chat. We're gonna put up the the polling question again.

Rommel Johnson, PhD, LPC, NCC, CAADC: just to see where we're at. If any

Rommel Johnson, PhD, LPC, NCC, CAADC: there any changes. So

Rommel Johnson, PhD, LPC, NCC, CAADC: as we wait for there we go, pull, question number 3.

Rommel Johnson, PhD, LPC, NCC, CAADC: What is your position on

Rommel Johnson, PhD, LPC, NCC, CAADC: cannabis?

Peter Mott, MA, LCDC, ICADC, ADC: While while we're waiting? I have. I have a quick story here. I was talking to the the president of a large manufacturing company, and he's overteling acquisition.

Peter Mott, MA, LCDC, ICADC, ADC: and he was talking to me about coming and talking about the issue of substance, abuse in the workplace.

Peter Mott, MA, LCDC, ICADC, ADC: and we and we were talking about marijuana. And and he said that you know his company.

Peter Mott, MA, LCDC, ICADC, ADC: They do not screen for marijuana

Peter Mott, MA, LCDC, ICADC, ADC: anymore.

Peter Mott, MA, LCDC, ICADC, ADC: because they were missing out on good talent.

Peter Mott, MA, LCDC, ICADC, ADC: Yeah. So I I've heard that other employers is not.

Peter Mott, MA, LCDC, ICADC, ADC: It's quite interesting that you know that it that a large, you know.

Peter Mott, MA, LCDC, ICADC, ADC: Manufacturing company that you know that makes you know billions of dollars that they are willing to impact their bottom line, which is revenue by hiring potential

people who might have something to use this orders

Rommel Johnson, PhD, LPC, NCC, CAADC: and and and that's interesting. And and we could go very deep into it, because then you know, whoever covers their liability insurance right or discount that someone gets hurt on the job.

Rommel Johnson, PhD, LPC, NCC, CAADC: So I don't know how they negotiate that with with the insurance. But as we can see, are pulls out, and in things that change so legalize is that 43% decriminalized but people legal is at 45.

Rommel Johnson, PhD, LPC, NCC, CAADC: You know, technically kind of still within the margin of error. And again, we we, wherever you are, in your your your position, and I think sometimes having clarity, because I know.

Rommel Johnson, PhD, LPC, NCC, CAADC: I said one thing when you know I meant something else, and I think at the end of the day is looking at reducing the harmful impact that it does to our community. But being aware that it is a cycle.

Rommel Johnson, PhD, LPC, NCC, CAADC: and it's it, it does cause harm and being able to help individuals who need help. So so as we wrap up in 2 min the last panelists, what is one thing you hope that people in the audience would

Rommel Johnson, PhD, LPC, NCC, CAADC: you should take away from today's panel this section.

Peter Mott, MA, LCDC, ICADC, ADC: I would hope that

Peter Mott, MA, LCDC, ICADC, ADC: they educate themselves.

Peter Mott, MA, LCDC, ICADC, ADC: I think we all need to, You know.

Peter Mott, MA, LCDC, ICADC, ADC: when

Peter Mott, MA, LCDC, ICADC, ADC: when we have to take a stand on something we need to make sure that we're educated in regards to. If this happens, then what type of ripple effect will it have

Peter Mott, MA, LCDC, ICADC, ADC: on a society on a, on a group of people.

Peter Mott, MA, LCDC, ICADC, ADC: because, whatever we decide, you know to do there there is going to be a ripple effect, and so we have to make sure that we be prepared for whatever the outcome might be.

Thank you.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: I would say for me is that we can hold space for all of the above we can be for decriminalization. We can be for legalization we can be, for we can be for psycho education. I don't think we have to necessarily pick and choose and get the whole space for our own personal beliefs.

Sherra' Watkins, PhD, LCMHC-S, LCAS, CRC, CCS: I think we have to be able to say that we can be motivated.

Monica Rich-McLaurin, MHSA, MSW, LMSW: Yeah, I would agree with Dr. Watkins on that, you know, because of some people might be on the fence between decriminalization. But whatever position that you're in, you know, just advocated and advocate for it. Stand behind it, and, as Peter said, educate yourselves about it.

Monica Rich-McLaurin, MHSA, MSW, LMSW: and you know i'm sure that Sherry probably has a lot of advice on advocacy on the on the you know, the state levels, local levels and things like that, so

Monica Rich-McLaurin, MHSA, MSW, LMSW: you know, reach out to us. We're wealthy resources for you.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: I I really

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: I'm: Sorry.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: Okay, thanks. I also agree that one of the things that we should take a look at here in this information and knowledge, and I understand that there is a difference between legalization and decriminalization.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: And and just take a look at the times you're changing. There was a survey done in 1,969, where it asked people should marijuana be legalized, and in 1,969 32 of the population that was survey said that it should be legalized.

Curtis Dorsey, MEd, CCS, CADC-II, ICGC-II: The same survey was done in 2022, and 68. Of the population says it should be legalized, so they They're changing times, and we need to make sure that

we're taking a look at the the educational part and the difference between legalization and decriminal.

Yeah.

Sherri Layton, LCDC, CCS: I I really hope that people will come away from this with a good understanding of the difference between decriminalization and legalization, and, most importantly, have a feeling of confidence to engage in those in that conversation, especially with government officials.

Sherri Layton, LCDC, CCS: You know you're elected folks, you know. There's a test policy does vary from State to state. There's no one stunt speech so to you know, so to speak. But but we all

Sherri Layton, LCDC, CCS: as addiction professionals. We all have great expertise to bring to these conversations, and you know, and I hope people will feel confident to share. And I also encourage people to

Sherri Layton, LCDC, CCS: really look for solid research, and we and we did pass a law the end of last year, a Federal law that will allow so much more research to take place into the you know, possible medical benefits.

Sherri Layton, LCDC, CCS: But what we have thus far is just so. Anecdotal, and we don't have a lot of good solid research. So hopefully, that will come to pass, and it's certainly something that we can continue to support and advocate for.

Sherri Layton, LCDC, CCS: And again I invite you all to to participate in our advocacy and Action Conference, which a month from today will be on Capitol Hill. Talking about these very issues. I love to have you join us?

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you for for me, you know, echoing everything that that was said. But again emphasize and educating yourself. I think that's that's the key and advocacy. I I think an advocate advocacy can happen in so many different levels

Rommel Johnson, PhD, LPC, NCC, CAADC: definitely. If you could do advocacy on the hill, i'm gonna be the first time participate at that. So i'm gonna do that. But I think even more on the local level or on the community level. Even that you know in in your church, wherever you are, you can advocate by educating people about these things.

Rommel Johnson, PhD, LPC, NCC, CAADC: You know there are people that have different views on cannabis

Rommel Johnson, PhD, LPC, NCC, CAADC: that are really not based in facts or science. It's really based in myth and and biases of racial stereotypes, you know. So if you're educating yourself, and that is a wonderful. There's so many resources that Nate that has.

Rommel Johnson, PhD, LPC, NCC, CAADC: you know, join our committee, you know. But there are other committees that need that as well, but you you educate yourself, and with that knowledge and information, wherever you are, wherever you're planted you can where you can spread, you know correct

information to educate

Rommel Johnson, PhD, LPC, NCC, CAADC: individuals. So thank you all so much for

Rommel Johnson, PhD, LPC, NCC, CAADC: being here today, and that's all the questions we could

Rommel Johnson, PhD, LPC, NCC, CAADC: we have time for for today, and thank you panelists for a lively discussion, just a reminder that

Rommel Johnson, PhD, LPC, NCC, CAADC: live virtual events

Rommel Johnson, PhD, LPC, NCC, CAADC: attendees can navigate to the C Quiz by clicking on the link in the thank you box or through the link on the same web page, or you can access this session.

Rommel Johnson, PhD, LPC, NCC, CAADC: We do recommend that you make sure to save the the instructional guide attached to your chat box during this session. If you haven't done so already

Rommel Johnson, PhD, LPC, NCC, CAADC: Once again, i'd like to take a moment to thank our sponsor

Rommel Johnson, PhD, LPC, NCC, CAADC: for the session. Renew counseling, consulting wellness services.

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Rommel Johnson, PhD, LPC, NCC, CAADC: during the break.

Rommel Johnson, PhD, LPC, NCC, CAADC: and you can access it on the summit. Sponsors web page on a native app website again. Thank you all for joining us. Be sure to be back.

Rommel Johnson, PhD, LPC, NCC, CAADC: Enjoy your break, and be back at 4 Pm.

Rommel Johnson, PhD, LPC, NCC, CAADC: For the session, Black and Lgbtq plus understanding and intersectional treatment conversations that will be presented by Daryl Shorter.

Dr. Daryl Shorter.

Rommel Johnson, PhD, LPC, NCC, CAADC: Thank you all.