Southern California

PSYCHIATRIST

Volume 68, Number 7 March 2020 Newsletter of the Southern California Psychiatric Society

President's Column

Marijuana and Mental Illness - Not a Laughing Matter

Erick H. Cheung, M.D.

In 1996, California passed the Compassionate Use Act legalizing marijuana (MJ) for medicinal use*. 20 years later, voters passed Proposition 65 to legalize the cultivation, sale and use of MJ for adults 21 years and older. Starting in early 2018, businesses opened in cities who chose to grant local licenses, making recreational MJ available for the first time. Pot remains the most commonly used "illicit" drug in the US (still a schedule I under federal law), and if many questions about the health and safety aspects of marijuana existed before medicinal and recreational legalization, now we are faced with numerous more. The grassroots activism, public acceptance, and private profiteering has far outpaced our current scientific knowledge of the psychiatric effects of the drug. What are the health implications for the various patterns of MJ use (casual vs. chronic or heavy users), route of administration (smoked vs. vaped vs. edibles vs. topical, etc), chemical composition (different ratios of CBD:THC, extractions, resins, or concentrates), or baseline health status (such as predispositions to psychosis or addiction)? Psychiatrists are in the hotseat for the current societal shift towards rapidly increased marijuana availability and use.

A 75-year old woman is hauled into the emergency department by police for paranoia and aggression. Sadly, she has suffered the relentless decline of dementia for the past 8 years. Following a careful history with her son, a routine urine toxicology study showed cannabis - to which he reponds, "oh, right… we have been trying marijuana edibles for her sleep." Who knows what they gave her? Another illustration: A gentleman in his 50's with Bipolar Type I had been doing well, in remission for years. He goes to a holiday party, meets a doctor from Mill Valley who says he has been "doing lots of work with marijuana" to treat… guess what? Bipolar disorder. 3 months later we are putting out the fire of another episode. Beyond these examples, patients are commonly asking about marijuana, and whether it can help or make matters worse… here are 4 common discussions I have seen:

"I prefer natural products, should I use marijuana for my depression?"

Generally speaking, regular marijuana use is associated with an increased risk of anxiety and depression. A report by the LA County Department of Public Health in 2015 showed that adults who reported using marijuana in the past year were more likely to report having depression (16.7%) compared to non-users (7.6%). Studies have yet to establish causality. Co-

In This Issue...

morbid marijuana use in people with MDD is associated with increased rates of suicidal ideation and attempts. There are zero studies that show that marijuana has successfully alleviated or treated depression, and according to the APA position statement in 2018 "there is currently no scientific evidence to support the use of cannabis as an effective treatment for any psychiatric illness". So, the answer here is, no – don't use marijuana to treat your depression.

"Will marijuana make my son (more) psychotic?"

The data so far is highly suggestive that MJ (to be clear, THC) appears linked to the emergence or precipitation of psychotic disorders especially in individuals who are genetically pre-disposed. It's not clear if the link is direct causality, gene-environment interactions, shared etiology, or self-medication for premorbid symptoms. It is critical to counsel patients who have a family history, or individual history, of psychotic illness that they are likely at greater risk for experiencing onset or exacerbation of psychoses including most notably schizophrenia. Though there are very few randomized controlled studies of THC in patients with schizophrenia, one study quite clear suggests that THC worsens psychiatric symptoms of learning and recall deficits, positive and negative symptoms, perceptual alterations, akathisia, and dyskinesia. If your son has already experienced a psychotic episode, using marijuana (THC) is bad news. Weed is considered a preventable risk factor for psychosis. On the other hand, pure pharmaceutical CBD may have some future benefits for illnesses like schizophrenia.

"Does marijuana use cause any long-term cognitive problems (i.e. will pot make me stupid)?"

Maybe. It is clear that MJ is associated with *short term* cognitive deficits. Non-intoxicated regular cannabis users have impaired neuropsychological test scores (executive functioning, attention, learning and memory, motor and verbal skills) by 1/3 of a standard deviation or less, an effect that may recover over days to months of cessation. There appears to be heavier impacts on adolescents, including an association with lower IQ scores. MJ is associated with poor educational outcomes, increased likelihood of dropping out of school, decreased life satisfaction and achievement (as measured both subjectively and objectively). Thus far, it appears that the earlier the age of onset of use - the worse the outcomes on most of these factors.

"Can I get addicted to marijuana?"

Yes. In a national epidemiological sample of over 34,000 people in the early 2000's, it was observed that rates of developing a "cannabis use disorder" or addiction for marijuana is approximately 9%. The rate of addiction is higher for those who start using in adolescence (17%), and those who are daily users (25-50%). According to the 2012 National Survey on Drug Use and Health, an estimated 2.7 million people 12 years of age and older met the DSM-IV criteria for dependence on marijuana, and 5.1 million people met the criteria for dependence on any illicit drug[1] . For perspective, 8.6 million met the criteria for dependence on alcohol. [1]

*Marijuana and cannabis (and the terms "pot" and "weed") are used interchangeably in this article, though often cannabis refers to the plant and marijuana refers to the dried leaves, flowers, stems, and seeds. Where applicable, cannabidiol (CBD) is identified as a pure pharmacologic substance.

References

1. Volkow ND, Baler RD, Compton WM, Weiss SRB. Adverse health effects of marijuana use. *N Engl J Med*. 2014;370:2219-2227.

2. Volkow ND, Swanson JM, Evins AE, et al. Effects of cannabis use on human behavior, including cognition, motivation, and psychosis: a review. *JAMA Psychiatry*. 2016;73:292-297

3. Foti DJ, Kotov R, Guey LT, Bromet EJ. Cannabis use and the course of schizophrenia: 10-year follow-up after first hospitalization. *Am J Psychiatry*. 2010;167:987-993.

4. APA, "Resource Document on Opposition to Cannabis as Medicine", October 2018, accessed online 2/29/20: C:\Users\Erick\Downloads\Resource-Document-on-Opposition-to-Cannabis-as-Medicine (1).pdf https://www.psy-

chiatry.org/File%20Library/Psychiatrists/Directories/Library-and-Archive/resource_documents/Resource-Document-on-Opposition-to-Cannabis-as-Medicine.pdf

5. Stea, J., “Is Cannabis Good or Bad for Mental Health,” Jan 2019; Scientific American, accessed online at https://blogs.scientificamerican.com/observations/is-cannabis-good-or-bad-for-mental-health/, 2/29/20.
6. Kelley et al., Marijuana use in the immediate 5-year premorbid period is associated with increased risk of onset of schizophrenia and related psychotic disorders, Schizophr Res. 2016 Mar;171:[1-3]:62-7
7. Lopez-Quintero C. et al., Probability and predictors of transition from first use to dependence on nicotine, alcohol, cannabis, and cocaine: results of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). Drug Alcohol Depend. 2011 May 1;115(1-2):120-30

8. Noel, C., Evidence for the use of “medical marijuana” in psychiatric and neurologic disorders. Ment Health Clin. 2018 Mar 23;7(1):29-38. doi: 10.9740/mhc.2017.01.029. eCollection 2017 Jan.

This Year's Awardees include:

Distinguished Service Award – Anita Red, M.D.

Outstanding Resident Awards – Katherine Camfield, M.D., Vivian Tang, M.D. and Eric Wagreich, M.D.

Outstanding Achievement Awards – Mark DeAntonio, M.D. and Peter Whybrow, M.D.

Appreciation Award – Kavita Khajuria, M.D.

Special Awardees:

Daniel H. Willick - Mr. Willick has practiced law since 1973, with an emphasis on healthcare law and complex civil litigation. He has been involved in precedent-setting lawsuits concerning important healthcare issues. Dan is the attorney for the Southern California Psychiatric Society and has been a legal consultant to the University of California system on mental health law and general counsel to the California Psychiatric Association.and;

Brian Bixler - LAPD's Mental Illness Project Coordinator, Lieutenant Bixler is a 20-year veteran of the Los Angeles Police Department. He is Officer In Charge of the Crisis Response Support Section, which includes the Threat Management Unit and Mental Evaluation Unit.

The fee to attend this year is $30/person. Valet Parking is complementary.

Please visit this link to attend

Large Buffet will be served!

Come mingle with your leadership!

The Green Issue
By: Matthew Goldenberg D.O.
SCPS Newsletter Editor

In February, we featured an article by SCPS President-Elect Dr. George Fouras, "Applying the concept of deprescribing to child and adolescent psychiatry". Dr. Fouras provided very practical recommendations that all psychiatrists can utilize to fine tune their patient's medication regimes. I want to again thank Dr. Fouras for his contribution!

You may notice that our newsletter has a greener hue than normal. That is because this month we are focusing on two articles that discuss different aspects of cannabis:

First, I am pleased to present our featured article by Dr. Thomas Strouse, "Cannabinoids in Psychiatric Practice". Patients often have questions about using marijuana and/or specific cannabinoids like CBD for the treatment of various mental health conditions. In my experience, this can range from anything at all, to anxiety, or sleep. Dr. Strouse cuts through the noise and helps us to understand what the current data actually shows.

Second, Dr. Janet Charoensook has contributed an article that looks at hot topics regarding how marijuana is impacting our patients, specifically adolescents. From her experience working with this demographic, she shares her observations and some of the trends and common motivations regarding the use of marijuana.

Cannabis has been and continues to be a very hot topic. More states are legalizing, and others are decriminalizing marijuana and the perception of harm is decreasing. Patients more and more commonly have questions about both medical cannabis use and recreational marijuana.

What are the common questions patients ask you about marijuana use?

How do you counsel patients about the effects of THC, CBD and newer trending cannabinoids like CBL?

What challenges are you seeing in your practice related to cannabis?

Please write in and we may share your thoughts in the April newsletter!

Matthew Goldenberg D.O.
SCPS Newsletter Editor
Secretary (2019 – 2020)
Email: docgoldenberg@gmail.com

Cannabinoids in Psychiatric Practice

by: Thomas Strouse, M.D.

Me and Martha took a honeymoon

Below the border 'neath the silvery moon

She was eighteen and I was twenty-two

Now we're just a-doin' what the young folks do

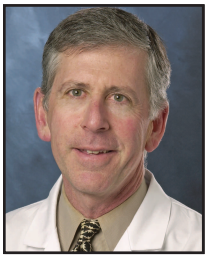
We're goin' south to get that Acapulco Gold

Ain't nothin' it can't fix

Old dogs can learn new tricks

When the streets are lined with bricks of Acapulco Gold

From "Acapulco Gold" by the Rainy Daze, c. 1965



Polls repeatedly show that the vast majority of the American public favors legalization of marijuana for "medical" or therapeutic uses. Some states, including California, have legalized "adult" (e.g., recreational) marijuana use as well. Federal drug policy, and the persistent classification of marijuana as a Schedule I substance, favors politics over science and sustains conflicts between state and federal law. Meanwhile in many sectors of the public square, marijuana is seen as "good for whatever ails you" or as the Rainy Daze opined, "aint nothin it can't fix." Hemp-derived cannabidiol (CBD), for example, has found its way into a variety of human products, including cosmetics, and is now available for family pets as well.

Psychiatrists have in general been appropriately skeptical about marijuana. Reasonable concern exists about abuse, dependence, and the impact of cannabis on the developing brain. The potential role of marijuana in unmasking psychotic illnesses in teens and young adults remains a serious issue (for more on this, see Volkow). Yet psychiatrists in clinical practice in 2020 routinely encounter patients who are using cannabinoids in one form or another, or who may ask for our advice about the potential role of cannabinoids to augment or replace standard, FDA-approved medication treatments for a variety of disorders or symptoms.

DEFINITION OF TERMS

The marijuana plant contains many cannabinoid molecules, although THC and CBD are the most widely studied and have differing pharmacologic properties. THC is often described as "the psychoactive" component of whole-plant cannabis, whereas CBD is generally viewed as non-psychoactive, with anti-inflammatory and possibly analgesic properties.

There is wide variation of THC and CBD concentrations both within specimens of the same marijuana strains and among different strains. In this commentary, "marijuana," "medical marijuana" and "cannabis" refer to naturally-grown plant materials that are not approved or regulated by the FDA, and which are procured by patients in a variety of forms (edible, drinkable, volatile) from legal marijuana dispensaries or street suppliers. "Cannabi-

noids" refers to three chemical classes of compounds: naturally occurring molecules found in the cannabis plant, synthesized molecules, and the so-called endocannabinoids, which are produced in the CNS of most animals. "Pharmaceutical cannabinoids" refers to those cannabinoids that have demonstrated safety and efficacy to treat specific clinical problems and have been approved by a national regulatory agency such as the FDA for manufacture and sale based on a physician's prescription. In this latter circumstance, the companies that legally produce "pharmaceutical cannabinoids" are subject to the same manufacturing standards for safety/purity/content required by FDA (or its counterpart in other countries) for other drugs and devices.

THE CURRENT ARMAMENTARIUM

At the time of this writing, there are three FDA-approved cannabinoid drugs available for prescription in the United States: dronabinol, nabilone, and cannabidiol. Dronabinol is a synthetic THC compound; nabilone, is a semi-synthetic analogue of THC approximately ten times more potent than dronabinol. Both are approved for chemotherapy-associated nausea and vomiting. Plant-derived Cannabidiol (Epidiolex®) was recently approved by the FDA as an adjunctive treatment for two devastating forms of childhood epilepsy.

There are no FDA approved psychiatric indications for these three drugs. Both dronabinol and nabilone have been studied as possible treatments for other symptoms; though each has shown some efficacy as an adjuvant analgesic, the sedating and psychotropic properties of both agents tend to limit their utility. Cannabidiol has been studied in Europe as an adjunctive treatment in schizophrenia, with some positive results.

Cannabidiol's FDA approval for Lennox-Gastaut and Dravet syndromes includes strict limitations on its use. Although cannabidiol is categorized by FDA as a Schedule V drug, it cannot be prescribed "off label" for any other indication.

Nabiximols, a plant-derived oral spray that is an approximately racemic mixture of THC and CBD, is approved in Canada for opioid-resistant, treatment-refractory cancer pain, and MS-associated spasticity and central pain, and in the UK, Spain, and New Zealand for MS-associated spasticity. It is undergoing phase 3 trials in the United States for cancer pain and may eventually be available here.

All other "medical marijuana" ingested by patients in the United States represents products unregulated by the FDA.

EFFICACY

A recent Cochrane-style review of the evidence regarding the uses of cannabinoids to treat psychiatric illness concludes "there is scarce evidence to suggest that cannabinoids improve depressive disorders and symptoms, anxiety disorders, attention-deficit hyperactivity disorder, Tourette syndrome, post-traumatic stress disorder, or psychosis."[1]

A 2017 consensus-panel monograph produced by the National Academies of Sciences, Engineering, and Medicine[2] draws similar conclusions. It alludes to "limited evidence" to support therapeutic efficacy of cannabinoids for Tourette's DIsorder (THC capsules), social anxiety disorder (CBD), and PTSD (nabilone). Short-term sleep benefits were noted for patients with obstructive sleep apnea, fibromyalgia, chronic pain, and multiple sclerosis (nabiximols). There is no mention of evidence supporting uses for mood disorders or psychotic illness. A recent meta-analysis concluded that overall, cannabis use was associated with worse, not better, outcomes for groups of patients with mood and anxiety disorders who were also receiving standard treatments.

There is much stronger evidence[3] supporting the effectiveness of cannabinoids in the treatment of nausea and vomiting due to chemotherapy (CINV), appetite stimulation in HIV/AIDS, chronic pain, and spasticity from MS or paraplegia.

There is some emerging evidence in pain management that cannabinoids may contribute to reversing opioid-associated hyperalgesia, [4] may work synergistically to allow lowered opioid dosing, [5] and may have unique efficacy in the prevention and/or treatment of chemotherapy-induced peripheral neuropathic pain. [6] This information could be relevant to psychiatrists working with patients struggling with opioid abuse/dependence.

SAFETY

Nora Volkow and her colleagues from the National Institute on Drug Abuse (NIDA) recently published an excellent review on the health risks of recreational MJ.[7]

Recreational use of cannabinoids is particularly dangerous for the developing brains of young people, and for individuals with existing substance abuse problems and other mental illnesses. Regular use can hasten or unmask psychotic illnesses, and it has been associated with diminished social, work, and academic functioning. Individuals who use cannabinoids chronically can develop addiction and physical dependence, and there is a well-described withdrawal syndrome. Chronic marijuana use is also associated with increased risk for dropping out of school, overall diminished life satisfaction and achievements, and chronic bronchitis. Short-term use of (presumably high THC-containing) recreational marijuana impairs memory, motor coordination, and judgment. All of these are highly concerning findings and may well apply equally to the regular “medical marijuana” user and the “recreational” user, who some believe differ only in the stated intent or “use motive.”

There is also concerning evidence about the public health consequences of widespread cannabis legalization. A recent study suggested that after cannabis legalization in Colorado, there was a two-fold increase in the frequency of marijuana-positive drivers in fatal auto crashes, with no increase in alcohol.[8]

A recently recognized problem of serious, and even life-threatening pulmonary complications of at least some vaped nicotine products also adds concern—the mechanism of this toxicity remains unclear, and since all vaped cannabis products are unregulated, warrants caution.

Early state-by-state studies correlating significant reductions in opioid overdose deaths after the enactment of medical marijuana laws have now been challenged by contrary results.[9] While the nature of these correlations remains uncertain, it raises interesting public policy questions and calls out for further study.

Almost nothing is known about the potential for drug-drug interactions if/when cannabis is added to an existing psychotropic medication regimen. In particular, there are no evidence-based guidelines to describe whether/how cannabis might interact with the P450 isoenzyme system or other pharmacokinetic variables, nor to inform thinking about pharmacodynamic interactions.

RELIABILITY / REPRODUCIBILITY OF EFFECTS

In California, legal/licensed cannabis dispensaries are now obliged to warrant that their products meet a variety of safety and purity standards, and that labels accurately reflect the mg content of THC and CBD in the product. However higher pricing in the licensed dispensaries continues to fuel a gray market, where adherence to the state regulations is not mandated or enforced. Consumers, meanwhile, often have difficulty distinguishing licensed from unlicensed dispensaries, and thus may have difficulty knowing whether the products they are buying are accurately labelled and free from contaminants. This leads to at least the possibility of content variability from batch to batch.

TAKE HOME

Based on the currently available evidence, it is difficult to endorse routine use of cannabis for psychiatric symptoms or disorders. Our individual patients often have strong beliefs to the contrary, and may provide credible

narratives regarding how their symptoms have improved with cannabinoid augmentation, or even cannabinoid monotherapy. To the extent possible, it can be helpful to try to find a tone of interested skepticism, where your emphasis is on the patient's safety and wellbeing. Harm reduction strategies may also be useful. We will be learning more in the years to come.

---

[1] Black N, Stockings E, Campbell G, et al. Cannabinoids for the treatment of mental disorders and symptoms of mental disorders: a systematic review and meta-analysis. Lancet Psychiatry 2019; 6: 995-1010.

[2] http://nationalacademies.org/hmd/~/media/Files/Report%20Files/2017/Cannabis-Health-Effects/Cannabis-report-highlights.pdf

[3] Whiting PF, Wolff RF, Deshpande S, et al. Cannabinoids for Medical Use: A Systematic Review and Meta-analysis. JAMA 2015;313;2456-2473.

[4] Cichewicz DL, McCarthy EA. Antinociceptive synergy between delta(9)THC and opioids after oral administration. J Pharmacol Exp Ther 2003;304:1010-1015

[5] Russo EB and Hohmann AG. Role of Cannabinoids in Pain Management (book chapter) in Deer TR et al eds. Comprehensive Treatment of Chronic Pain by Medical, Interventional, and Integrative Approaches. DOI 10.1007/978-1-4614-1560-2_18, American Academy of Pain Medicine Press, 2013.

[6] Lynch ME Cesar-Rittenberg P, Hohmann AF. A double-blind, placebo-controlled crossover pilot trial with extension using an oral mucosal cannabinoid extract for treatment of chemotherapy-induced neuropathic pain. J Pain Symptom Management 2013. DOI: 10.1016/j.painsymman.2013.02.018

[7] Volkow ND, Baler RD, Compton WM, Weiss SRB. Adverse Health Effects of Marijuana Use. NEJM 2014;370:2219-2227.

[8] Salomunson-Sautel S, Min SJ, Sakai JT et al. Trends in fatal motor vehicle crashes before and after marijuana commercialization in Colorado. Drug and Alcohol Dependence 2014; 137–144

[9] Marcus A. Bachhuber, MD[1] Brendan Saloner, PhD[3,4]; Chinazo O. Cunningham, MD, MS[5]; Colleen L. Barry, PhD, MPP[3,6]. Medical Cannabis Laws and Opioid Analgesic Overdose Mortality in the United States, 1999-2010. *JAMA Intern Med*. Published online August 25, 2014. doi:10.1001/jamainternmed.2014.4005

Adolescents and Cannabis Use

by: Janet Charoensook, M.D.

With the recent cannabis legalization in California and other states, there has been a more permissive attitude towards cannabis. The Monitoring the Future study shows an increase in daily cannabis use among 8th and 10th graders (1). Also notable is the increase in cannabis vaping among adolescents adding an additional million vapers between 2018 and 2019 (1). This is a concerning increase and one that psychiatrists, particularly child and adolescent psychiatrists, should be aware of.

As a child and adolescent psychiatrist, working with teenagers has made me realize that I am now the grown up in the conversation. Teenagers hesitate to tell me their favorite music artists, as they think I'm too old to understand (which I may now be). This is particularly true when asking them about any substance use. "Do you use any drugs?" does not lead to a lot of answers.

However, asking about "weed" will lead to a lot of nodding and some grinning. More concerning is when asking about wax. Wax is a highly concentrated cannabis product. Wax can contain 40-80% THC while traditional weed contains about 20% THC (2). Sometimes the THC content can reach 90% (3). From my experience working with teenagers, they seem to use wax as much as they use marijuana flower without any apparent acknowledgement that wax may be more harmful.

As a resident, I saw a previously healthy young adult man develop status epilepticus from wax use. He was also very agitated and aggressive, which is contrary to how his family described him. Thus, this image in my mind of a well-liked young man being so hostile, with severe medical consequences, serves as the cautionary tale I warn my young patients of.

While the form of cannabis is important to understand and discuss, the delivery mechanism is equally relevant. We have all seen the news reports of adolescents with permanent lung injury after vaping, more so with cannabis vaping (4). In my experience, teenagers often have a feeling of invincibility, which coupled with the permissive attitude towards cannabis and peer pressure to experiment, can sometimes lead to unimaginable consequences. Sometimes, teenagers report only a one time use of these concentrated cannabis products and end up critically ill.

Teenagers report to me a variety of reasons that they use cannabis for – anxiety, relaxation, sleep, and socially. Teenagers may use more frequently if the household has a more permissive attitude towards cannabis and if parents or older siblings have it readily available. Parents sometimes discuss giving their child CBD oil for sleep, anxiety, autism, and agitation with a varying degree of results. Some parents feel more comfortable giving their child CBD oil rather than stimulants for conditions like ADHD citing their concerns about the pharmaceutical industry.

An important reminder for parents is that the cannabis of today is different from the plant grown in the 70's – it is now chemically manufactured and bred in labs. A study in JAMA shows that there is a lack of accurate labelling of CBD oils available online where there are varying concentrations, under labelling, and THC being found in the oil (5).

In my experience, a wide range of teenagers use cannabis. They seem to range from kids who are popular, to ones who describe themselves as geeky. Those we tend to interact with in the acute hospital or ER settings are the ones who either had an edible and became briefly psychotic or those who smoked a joint and had an altered mental status change.

The most interesting cases I've seen have been cannabinoid hyperemesis syndrome. These cases typically involve older teenagers who've been using cannabis regularly. A lot will say that the cannabis is "the only thing that helps them with their anxiety". They will present with nausea and repetitive vomiting. Fascinatingly, the only relief these patients get from the nausea and vomiting is by taking a hot shower. I have found that many of these

teenagers are able to name the numerous psychosocial stressors that led them to start using cannabis and may respond in the long term to the start of an antidepressant. Some of the teenagers will have recurrent nausea/vomiting after returning to cannabis use and even though the relationship is pointed out, the teenagers often do not identify cannabis as the culprit.

In conclusion, cannabis has origins as an herbal medicine with uses dating back to 500 BC. However, it has now become a 10-billion-dollar industry with its legalization spreading throughout the US. It is important to be aware that as its use becomes more normalized, children and adolescents may have more exposure to it and start using it. Psychiatric symptoms may manifest themselves, or even worse, serious medical complications. It is no longer a simple plant and we should all be aware and ready to educate our patients and their families.

Johnston, L. D., Miech, R. A., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E., & Patrick, M. E. (2020). Monitoring the Future national survey results on drug use 1975-2019: Overview, key findings on adolescent drug use. Ann Arbor: Institute for Social Research, University of Michigan.

"Just Think Twice." *The Facts About Marijuana Concentrates | Just Think Twice*, DEA, 2017, www.justthinktwice.gov/facts-about-marijuana-concentrates.

Jiries Meehan-Atrash, Wentai Luo, & Robert M. Strongin. (2017). Toxicant Formation in Dabbing: The Terpene Story. *ACS Omega*, *2*(9), 6112–6117. https://doi.org/10.1021/acsomega.7b01130

Office of the Commissioner. "Respiratory Illnesses Associated with Use of Vaping Products." *U.S. Food and Drug Administration*, FDA, 2019, www.fda.gov/news-events/public-health-focus/lung-injuries-associated-use-vaping-products.

Bonn-Miller MO, Loflin MJE, Thomas BF, Marcu JP, Hyke T, Vandrey R. Labeling Accuracy of Cannabidiol Extracts Sold Online. *JAMA*. 2017;318(17):1708–1709. doi:10.1001/jama.2017.11909

University of Southern California/LAC+USC Medical Center Psychiatry Residency Program

by: Isabel Lagomasino, M.D.

Established in 1943, the goal of the psychiatry residency program at USC is to train psychiatrists from diverse backgrounds who are expert in providing culturally competent, evidence-based, comprehensive care to patients from across the social, economic, and cultural spectrum who are dealing with complex, comorbid conditions (psychiatric, substance use, medical, and legal). We also train residents to become physician leaders, clinician educators, and clinician scientists.

The residency program draws upon USC's expansive clinical, educational, and research resources and partnerships. Taken together, our clinical facilities and associated sites provide exposure to a rich and diverse clinical population. The primary training site is the Los Angeles County (LAC)+USC Medical Center, one of the largest public health care facilities in the nation and the sponsor of over 950 postgraduate physicians in more than 70 medical specialty programs annually. At the LAC+USC Medical Center, residents train in inpatient psychiatry (62 inpatient beds, including a 10-bed adolescent unit); emergency psychiatry (at one of the busiest psychiatric emergency rooms in the country); consultation-liaison psychiatry (including experience on a specialized behavioral medicine unit as well throughout the medical center); outpatient psychiatry; and integrated care (providing and collaborating on the psychiatric care of patients in primary care, geriatrics, obstetrics, and pediatrics clinics). Additional training sites include the Keck Hospital of USC (a quaternary care academic healthcare center) and the Norris Comprehensive Care Center, where residents have additional experiences in consultation-liaison psychiatry, outpatient psychiatry, integrated care practices, and neuromodulation therapies. Affiliated sites include the Greater Los Angeles VA (where residents train in addiction and geriatric psychiatry), Children's Hospital Los Angeles, the USC Student Counseling and Mental Health Center (recently incorporated into the department), and a new outpatient continuity clinic for USC students (founded by the department in November of 2019). USC is the first major university in the country to incorporate student mental health services into the medical school's psychiatric department.

The psychiatry department currently includes 135 faculty with a wide range of expertise and academic interests. Together, we train 65 residents and fellows per year, including 48 residents, 12 child and adolescent psychiatry fellows, 3 forensic psychiatry fellows, and 2 consultation-liaison psychiatry fellows. We also provide education and clinical training for residents in other medical specialties (including neurology and emergency medicine); students from the Keck School of Medicine of USC; and psychology doctoral students. Medical students enter the residency program from all across the country; current residents stem from 30 different medical schools, including the Keck School of Medicine of USC, Columbia University, New York University, Mayo Clinic, Baylor College of Medicine,

UC San Francisco, and UC San Diego. Although residents are diverse in demographics, educational backgrounds, and clinical interests, they share a passion for caring for the most vulnerable populations. Approximately half of residents enter fellowship programs in diverse subspecialties; recent graduates have entered fellowships at Stanford University, UC San Francisco, Brigham and Women's Hospital, Northwestern, and Baylor College of Medicine, as well as USC, UCLA, and Harbor UCLA. Others immediately pursue careers in academic medical centers, both private and public healthcare organizations, and private practice.

All residents participate in activities related to research, quality improvement, and medical education. They enjoy close faculty mentorship and have access to research institutes at USC, including the Stevens Neuroimaging and Informatics Institute, the Zilkha Neurogenetic Institute, and the CHLA Institute of the Developing Mind. With generous funding from the Della Martin Foundation, the department sponsors resident research awards. Currently funded residents are investigating the neurobiological mechanisms that underlie the antidepressant efficacy of mindfulness interventions, and the use of transcranial magnetic stimulation for treatment-resistant schizophrenia. All residents present their research, quality improvement, and medical education projects at an annual departmental poster session. Many present their work at national and international professional meetings; for example, last year, residents delivered 15 presentations at annual meetings of the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, the Academy of Consultation-Liaison Psychiatry, the American Academy of Addiction Psychiatry, the American Association of Directors of Psychiatry Residency Training, and the Anxiety and Depression Association of America. At the most recent meeting of the Academy of Consultation-Liaison Psychiatry, USC residents won both the Best Trainee Poster Award, for research on the use of clozapine during chemotherapy, as well as the Best Case Report Award, for an examination of special considerations during evaluations of transgender organ donors. At the most recent meeting of the American Association of Directors of Psychiatry Residency Training, one chief resident presented his medical education project regarding the design and evaluation of a comprehensive, milestones-based, didactic curriculum. This work was recently requested by over 40 program directors nationally who are seeking to develop similar curricula. Residents also compete very successfully for fellowship and travel awards from similar national professional organizations; last year, eight residents won awards to attend national conferences and provide leadership on subcommittees of national organizations.

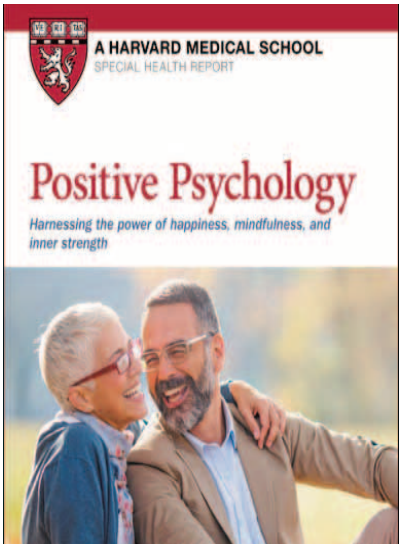
Finally, all residents are encouraged to develop their identities as leaders and advocates. Residents are actively engaged in all departmental initiatives, and many serve as leaders of the LAC+USC Medical Center's Graduate Medical Education programs and the Committee of Interns and Residents, one of the largest housestaff unions in the country. Several residents are selected each year for the LAC+USC Healthcare Administration Scholars Program, an institutional two-year mini-fellowship program that provides training for leadership in healthcare administration and quality improvement. Residents compete successfully for institutional funding of quality improvement projects; recent projects have focused on the use of physician report cards to improve performance, and on the development of novel health education materials for children. Residents also participate in the USC Saks Institute for Mental Health Law, Policy, and Ethics; the current Saks project seeks to improve shared medical decision making for patients who have schizophrenia. Given their dedication to improving access and care for persons with mental illness, our residents frequently participate in events sponsored by the National Alliance on Mental Illness and serve on committees for the Group for the Advancement in Psychiatry. We are also very proud to have elected resident-fellow member representatives for the California Psychiatric Association and the Southern California Psychiatry Society!

The psychiatry residency program at USC is part of the extended Trojan family, a warm and inclusive network that values individual differences, promotes the free and open exchange of ideas, and fosters lifelong connections. While our cornerstone and shared core mission is service to the most vulnerable and underserved persons of the County of Los Angeles, we also provide experience in caring for persons with mental illness across a variety of settings, as well as opportunities for research, education, and physician leadership, drawing upon the unique resources of USC and the city of Los Angeles.

Program Director: Isabel T. Lagomasino, MD MSHS
Department Chair: Steven Siegel, MD PhD
Associate Program Directors: Darin Signorelli, MD and Christopher Snowdy, MD

Positive Psychology
A Harvard Medical School Special Mental Health Report
Harvard Health Publications
50 pages
2019
$20 Paperback/ $18 Ebook
ISBN 978-1-61401-216-0

Book reviewed by Kavita Khajuria, MD



This updated report reviews the highlights of Positive Psychology - a term coined by the American psychologist Abraham Maslow in 1954. Considered a supplement to the treatment of mental disorders, it's geared to the goal of greater happiness and a meaningful life. It includes 'the study of positive emotions, full engagement in activities, virtuous personal characteristics, and paths to fulfillment and meaning in life'. Other concepts include life satisfaction, inner strengths, gratitude, getting in the 'flow' and the utilization of a positive outlook. Illustrated with exercises, questionnaires, tables, quizzes and other resources - its food for thought in the big picture.

Authors readily acknowledge ancient religious and philosophical roots - a historical summary includes references to Maslow, Seligman and thoughts by Aristotle. A discussion of the biological aspects of happiness guide the reader on a brief trip through relevant brain centers, neurotransmitters, PET and EEG findings. Terms include a 'happiness heritability ratio' and readers are encouraged to consider how much happiness is under personal control. Asides from being infectious, authors cite happiness to bestow numerous benefits - well illustrated by the long term Nun Study. The myths of what won't make you happy are interesting, and no - the United States is not included in the top 10 happiest countries.

Positive psychology focuses on building upon unique character strengths and argues moral strengths to lack evidence as analytic defenses against negative emotions. Daily gratitude checks are encouraged, given their strong and consistent associations with happiness. The need to slow down, simplify, and celebrate the good moments are stressed - all while limiting excessive choices, given the potential for exhaustion from choice overload. The 'flow' is reviewed – that total and effortless immersion on a task – which can provide great satisfaction - best struck with a balance of challenge and skill.

The mindfulness section is summarized in a practical manner referencing neurobiology. Self compassion and well-being are cited as necessary for improved health and relationships - and selfless service as a tool for appreciation of meaning and life purpose. This new edition includes a section on the implications of social media - including Facebook envy and Twitter rage.

A number of therapies utilize various concepts of positive psychology, and numerous large companies have incorporated these elements into their training programs - pilot studies that utilize positive psychology in schools demonstrate improved attention, connection and social compliance. With a modern twist on ancient philosophical approaches - this can be a helpful and inspiring read. It delivers a good review of what it portends - material geared towards wellbeing, happiness and long term satisfaction.

On a personal note - I pondered on the implications to focus relentlessly on the positive. Exposure to traumatic events are a part of life and can't be avoided. Furthermore -there may much to be gained by allowing a traumatic incident to have an impact - it can further growth in many ways, including pragmatic preparedness, personal and existential reflections, and can further inspiration, creativity and social transformations.

Council Highlights
January 9, 2020
Matthew Goldenberg, D.O., *Secretary*

Outline of Notable Meeting Events and Discussion

The meeting was called to order by Dr. Fouras at 6:59PM.

Introductions: All council members and guests in attendance introduced themselves, their current position, affiliations, work-setting and any conflicts of interest.

CPA Update: Dr. Fouras provided an update of the current negotiations and mediation of the five California district branches. Each district branch has started collecting CPA dues. Randall Hagar has resigned from his position as a full-time lobbyist.

Minutes from the previous meeting were unanimously approved.

CPPAC Update: Dr. Fouras gave an update about the PAC. There is no Board and discussion will be had at the next CPA meeting.

February Meeting Change: Next month's meeting is moved to the 3rd Thursday, February 20th and will be on the 2nd floor.

February Phone Bank:
A motion was made to have a phone bank to call the SCPS members who have not paid their CPA portion of dues, the motion did not pass by a clear majority.

APA Innovative Grant: SCPS has won a $5000 grant to get SCPS merchandise to be given to residents and early career members to improve membership and retention.

Career Fair Survey: Mindi provided an update. There were only two responses, which were positive, other than not liking the venue.

Newsletter: Dr. Goldenberg again acknowledged Ronald C. Thurston for his contribution to last month's newsletter on "The Story of CPA and Ourselves." There was also the first residency program update from Harbor UCLA. Dr. Goldenberg thanked Mindi for her continued assistance and encouraged members to contribute articles and share the newsletter with colleagues.

CPA Officer Nominations: Dr. Fouras asked for nominations for members to run for CPA leadership positions. Dr. Soldinger was nominated to run for treasurer.

Treasurer's Report: Dr. Ijeaku provided a financial update and we were over budget for the month but under budget for the year. We are currently $60,000 over cash on hand for the mutual funds.
The report was unanimously accepted.

Legislative Report: Dr. Shaner noted the deficit of information available at this time due to confusion at CPA.

Assembly Report: Dr. Soldinger provided an update about the action paper deadline of March 5th, 2020. You no longer need to figure out the financial costs of the action paper. Rules committee has a call on March 8th, 2020.

Membership Report: Dr. Ijeaku listed the members who have submitted applications. The new members were unanimously approved.

Program Report: Dr. Gales asked Mindi to announce the paid attendance of 65 members to date for the Advances in Psychiatry meeting to be held at the end of January.

New Business: There was no new business.

Old Business: There was no old business.

The meeting was adjourned by Dr. Fouras at 9:01pm.

Committee Corner

Art of Psychiatric Medicine Commitee

The Art of Psychiatric Medicine Committee (APMC) is, unfortunately, currently on hiatus. This committee, however, has been responsible for some of SCPS' most innovative and creative projects—including SCPS' full-length feature documentary, *The Art of Storytelling: The Human Experience of Being a Psychiatrist.* Other projects included a group collage project of Feared vs. Favored Experiences, Life as a Song, and a comedy workshop, Laughter is the Best Medicine.

The best news coming out of this committee right now, is that we have just made the documentary available to the public via YouTube. If you haven't yet seen it and would like to view the documentary please go to SCPS' YouTube channel at https://www.youtube.com/watch?v=fQjA_2eVGPA&feature=youtu.be

Please feel free to share this link widely. We would love for the film to have robust exposure.

After 30 years of the premiere SCPS Psychopharmacology Update, the Program Committee decided to broaden the scope of the annual meeting and on January 25, 2020, held its first annual, Advances in Psychiatry meeting. Here are photo highlihgts!

Richard Balon, M.D., talks about benzodiazepines.

Mark Frye, M.D., talks about bipolar disorder.

Brian Anderson, M.D., talks about therapies with psychedelic substances.

Michael Irwin, M.D., talks about alternative sleep therapies.

Attendees, Dr. Ross and Dr. McDaniels catching up with each other.

Attendees engrossed in the topic.

Attendees visiting with our exhibitors,
whom we appreciate for their support!

ALL EDITORIAL MATERIALS TO BE CONSIDERED FOR PUBLICATION IN THE NEWSLETTER MUST BE RECEIVED BY SCPS NO LATER THAN THE 1ST OF THE MONTH. NO AUGUST PUBLICATION. ALL PAID ADVERTISEMENTS AND PRESS RELEASES MUST BE RECEIVED NO LATER THAN THE 1ST OF THE MONTH.

SCPS website address: www.socalpsych.org

Southern California PSYCHIATRIST, is published monthly, except August by the Southern California Psychiatric Society, 2999 Overland Ave., Suite 208, Los Angeles, CA 90064, (310) 815-3650, FAX (310) 815-3650.